

NYC Abortion Access Hub

Year 1 Report



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A note on gendered language: Throughout this report, we use language that is both gendered and nongendered, at times referring to our constituency as “women” and at other times “pregnant people.” Our aim is to be inclusive while also calling out the specific ongoing political attack on women. We do not intend to discount the political attacks against transgender, gender-nonconforming and nonbinary people, a community with whom we stand in solidarity.

Introduction



Abortion has been safe, legal and accessible in New York State (NYS) since 1970. Since then, both NYS and NYC have taken steps to further affirm and protect the right to abortion. However, in America, having the right to an abortion does not guarantee access to abortion care.

In the landmark 1973 case of *Roe v. Wade*, the U.S. Supreme Court decided that the constitutional right to privacy protects a pregnant person's right to have an abortion. But on June 24, 2022, in its ruling on *Dobbs v. Jackson Women's Health Organization*, the court decided that the U.S. Constitution does not explicitly protect abortion itself. The decision overturned *Roe v. Wade* and ended the federal right to abortion, allowing states to ban or restrict abortion care. The *Dobbs* decision was the result of decades of anti-abortion efforts from conservative and religious groups. These efforts included the drafting and passing of several "trigger laws," state laws that would severely restrict or ban abortion and immediately go into effect if *Roe* were overturned. Following the *Dobbs* decision, many trigger laws went into effect, and many other states enacted new abortion bans or restrictions drastically limiting abortion access across the U.S., endangering the health and lives of women and anyone who can become pregnant.

Between trigger laws and other newly passed legislation, 14 states have enacted near-total abortion bans and another 11 have enacted other abortion restrictions since *Dobbs*.¹ Many states have created additional legal barriers to obtaining abortion care within their borders, such as by making it a crime to provide abortion care or to aid others in accessing abortion. Due to this patchwork of laws regulating access to abortion care, there is growing confusion about the legal status of abortion in the U.S., even in places where abortion is legal and accessible. In response to this increasingly hostile landscape, on November 1, 2022, the NYC Department of Health and Mental Hygiene (NYC Health Department) launched the New York City Abortion Access Hub (the Hub) (nyc.gov/abortion) to both affirm the right to abortion and ensure access to abortion care in NYC.

The Hub is a compassionate, confidential referral resource, available in a variety of languages, through which people seeking abortion care can make appointments with abortion providers and connect with organizations that provide Medicaid enrollment, abortion funding, transportation and lodging. The Hub not only facilitates access to care but also reduces the burden on patients of navigating the health care system, which is especially important for people who have historically lacked equitable access to health care. Lack of abortion access in the U.S. is a public health crisis, and the NYC Health Department is addressing it as such with the Hub.

The Hub's mission and vision statements reflect NYC's goals and priorities in protecting the health of New Yorkers:

Mission

We connect people seeking abortion to quality care and supportive resources they need in NYC.

Vision

We envision a world where abortion care is accessible to all people, without barriers or stigma.

¹ Center for Reproductive Rights. After *Roe* fell: abortion laws by state. Retrieved July 23, 2024. <https://reproductiverights.org/maps/abortion-laws-by-state>

How Did We Get Here?



Abortion is essential health care, yet there have been numerous politically motivated attempts to limit access to it, with far-reaching consequences that disproportionately affect women. Laws regulating abortion vary widely between states, creating a patchwork of access across the country. Currently, many pregnant people in states that limit abortion access are forced to seek abortion care in protective states such as New York.

Three major court cases led to the current state of abortion access in the U.S.:

1. Roe v. Wade (1973)²: In 1970, Norma McCorvey (“Jane Roe”) filed a lawsuit challenging several Texas laws that made abortion illegal except by a doctor’s order to save a person’s life. In her lawsuit, Roe alleged that the state laws were unconstitutionally vague and abridged her right to personal privacy protected by the U.S. Constitution. The U.S. Supreme Court ruled that there is a fundamental “right to privacy” inherent in the due process clause of the 14th Amendment³ that protects a pregnant person’s choice to have an abortion. However, the court also ruled that this right to privacy is balanced against the government’s interests in protecting women’s health and “the potentiality of human life.” The decision prohibited states from making abortion illegal and established a pregnancy-trimester framework:

- **First trimester:** States could not regulate a pregnant person’s decision to have an abortion – only the pregnant person and their health care provider could make that decision.
- **Second trimester:** States could impose regulations on abortion that are reasonably related to maternal health.
- **Third trimester:** States could regulate abortion or prohibit it entirely as long as the laws contained exceptions for cases when abortion is necessary to save the life or protect the health of the pregnant person.

Takeaway: Roe v. Wade legalized abortion nationally on the basis of the right to privacy within the 14th Amendment.

2. Planned Parenthood v. Casey (1992)⁴: In 1988 and 1989, Pennsylvania amended its abortion control law. The amendments required the following:

- The pregnant person must give informed consent before the abortion.
- There must be a 24-hour waiting period before the abortion.
- If a minor, the pregnant person must show the consent of one parent to the abortion.
- If a married woman, the pregnant person must show that she notified her husband of her intention to have an abortion.

² Roe v. Wade, 410 U.S. 113 (1973)

³ The due process clause of the 14th Amendment states no person shall be “deprive[d] ... of life, liberty, or property, without due process of law.”

⁴ Planned Parenthood v. Casey, 505 U.S. 833 (1992)

These provisions were challenged by several abortion clinics and health care providers. In its decision, the U.S. Supreme Court reaffirmed parts of *Roe v. Wade* but upheld most of Pennsylvania’s abortion control law amendments. The court also imposed a new standard for determining the validity of laws restricting abortions, which asks whether a regulation has the purpose or effect of imposing an “undue burden” on a person seeking an abortion. This meant laws could not create a “substantial obstacle in the path of a woman seeking an abortion before the fetus attains viability.” As a result, this undue burden standard eliminated the husband notification requirement of Pennsylvania’s abortion control law amendment but upheld the other three requirements.

Takeaway: *Planned Parenthood v. Casey* established the undue burden standard for laws that aim to make abortion more difficult to access.

- 3. *Dobbs v. Jackson Women’s Health Organization (2022)*⁵:** In 2018, Mississippi passed a law that prohibited abortions after 15 weeks of pregnancy, with exceptions for medical emergencies and severe fetal abnormalities but not rape or incest. Jackson Women’s Health Organization, Mississippi’s only abortion clinic, filed a lawsuit to block the law. Lower courts temporarily restrained Mississippi from enforcing the law. However, in its decision, the U.S. Supreme Court ruled that the U.S. Constitution does not grant the right to abortion and returned the ability to regulate abortion to each state. The decision overturned *Roe v. Wade* and *Planned Parenthood v. Casey*, reversing nearly 50 years of precedent and preventing many people capable of becoming pregnant from accessing essential health care and their fundamental rights.

Takeaway: *Dobbs v. Jackson Women’s Health Organization* allowed states to place legal restrictions on abortion, including limiting or prohibiting access to abortion within their borders, statistically ensuring poorer health and economic outcomes for women and people who can become pregnant in those states.

After the *Dobbs* decision, Mayor Eric Adams asked the NYC Health Department to make sure the public knows that abortion is essential health care and that NYC is committed to keeping abortion legal and accessible. In response to the worsening public health crisis surrounding abortion access, the NYC Health Department launched the New York City Abortion Access Hub (nyc.gov/abortion).

⁵ *Dobbs v. Jackson Women’s Health Organization*, 597 U.S. 215 (2022)

What We Accomplished



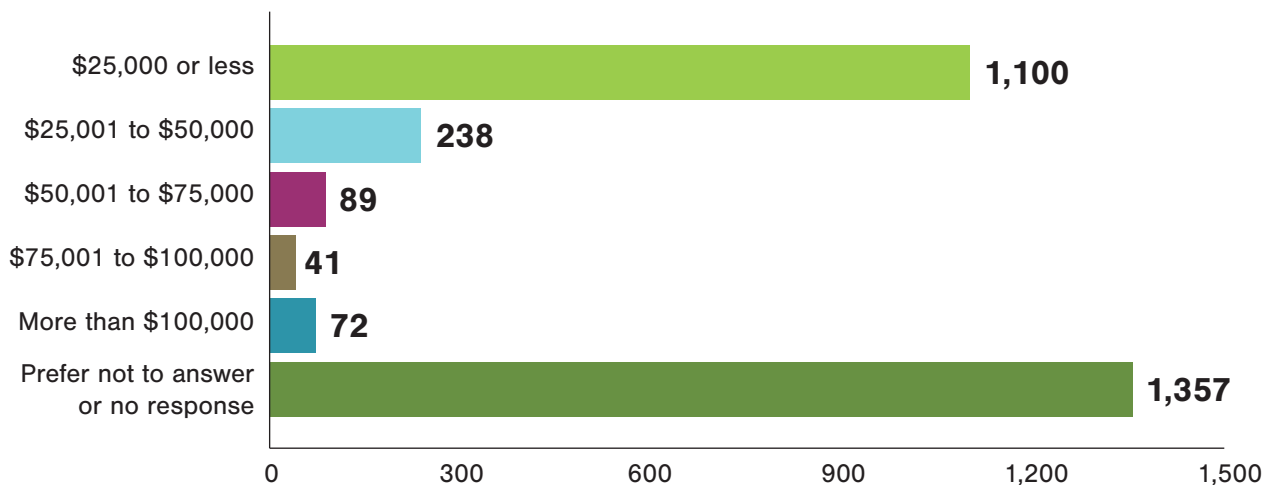
Launching the Hub

The NYC Health Department launched the Hub thanks to a team of passionate professionals who care deeply about abortion access and the rights of women and pregnant people. Its Abortion Access Workgroup laid the groundwork for the department’s response to the Dobbs decision. The Hub was born out of the workgroup’s recognition of a need to support people seeking abortion care and related supportive services.

A tremendous amount of work went into the launch. Due to timing and concerns for callers’ privacy and safety, many systems and protocols were fine-tuned as Hub staff learned what worked and how best to protect callers’ safety and anonymity. Hub staff found that the best predictors of support were household income, race and ethnicity, and insurance status.

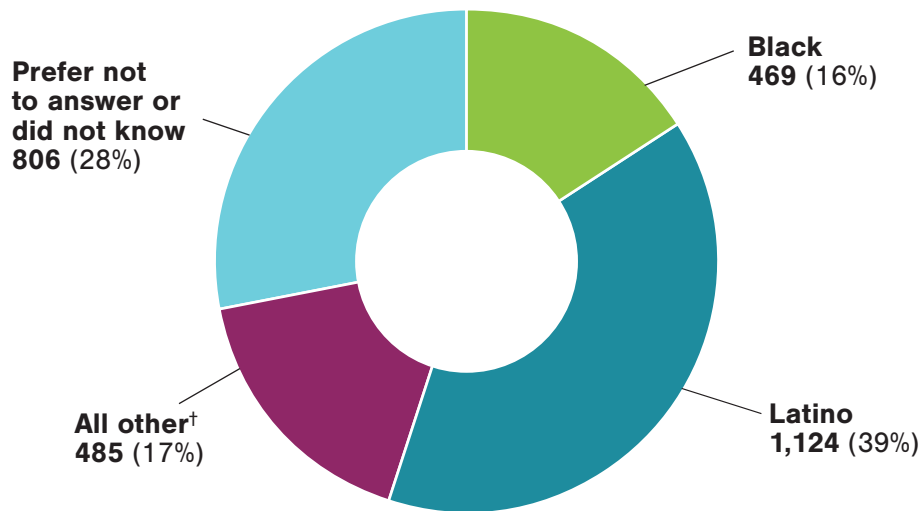
Many clients chose not to respond to questions of household income. Among those who did, an overwhelming majority said their income was \$25,000 or less per year.

Figure 1. Household Income Among Hub Callers and Chatters



People who contacted the Hub were most likely to identify as Latino (39%) or Black (16%) or to prefer not to answer about their race and ethnicity (28%).

Figure 2. Race and Ethnicity Among Hub Callers and Chatters*



* Black and all other categories exclude Latino ethnicity. Latino includes Latino or Hispanic of any race.

[†] Includes Asian, Indigenous peoples of Mexico, Middle Eastern or North African, Native Hawaiian, white and other.

A majority (52%) of people who contacted the Hub had health insurance coverage. This serves as proof that access to abortion services depends on more than just access to health insurance coverage.

Figure 3. Health Insurance Among Hub Callers and Chatters



When Calls Are Made to the Hub

The Hub can be contacted by phone at 877-NYC-AHUB (877-692-2482) or live chat in English or Spanish at dohchat2.dirad.com/chat/index.html, Monday through Friday, 8 a.m. to 8 p.m.

Hub navigators ask callers a series of questions, including their preferred language, their gestational age, the type of abortion wanted, their preferred borough and appointment day, and whether they need supportive services (such as help with paying for their abortion, health insurance enrollment, or travel and accommodations). Based on the caller's responses, the navigator will connect them with the abortion provider who can best meet their needs and preferences. This connection can happen in a few ways, depending on the caller's request:

- The Hub can initiate a “warm transfer,” a direct transfer to a live person at the abortion provider's clinic by phone.⁶
- The Hub can give the caller the abortion provider's contact information so they can call on their own, or submit a secure, confidential request to have the provider call either the Hub or the caller directly.

The average caller:

- Lives in NYC
- Is between ages 18 and 29
- Identifies as Black or Latino
- Is less than three months pregnant
- Is enrolled in public health insurance, such as Medicaid or Medicaid Managed Care
- Lives in a household that earns less than \$25,000 annually
- Found the Hub via Google search

A caller from Louisiana called from a hospital where they were being treated for a pregnancy-related medical condition. Due to Louisiana's restrictive abortion laws and gestational restrictions in neighboring states, the caller chose to travel to NYC for a procedural abortion. We made a direct referral to the clinic's navigator at a hospital-based provider.

⁶ People using the live chat are also asked about their needs and preferences, but technological limitations currently prevent Hub navigators from providing callers with a warm transfer.

By the Numbers

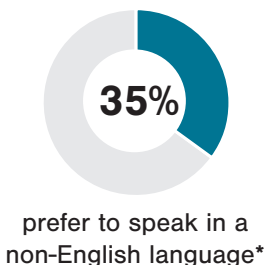
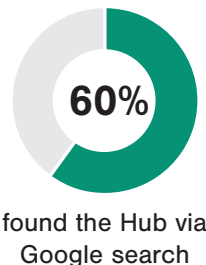
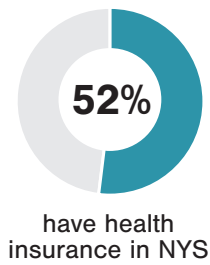
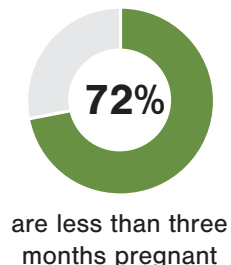
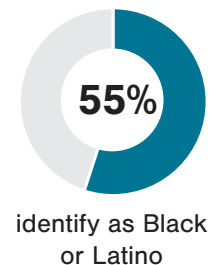
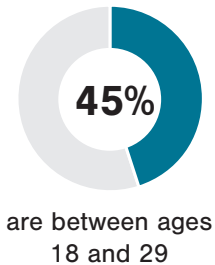
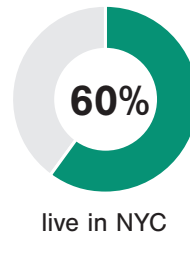
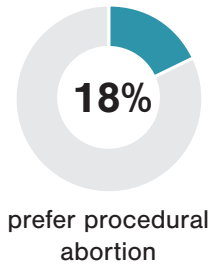
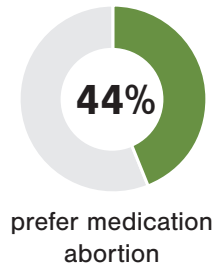
From November 1, 2022, through December 31, 2023, the Hub:

Answered
3,411
calls

Answered
747
chats

Received
224
monthly calls and
chats, on average

A snapshot of Hub callers and chatters reveals the following trends:

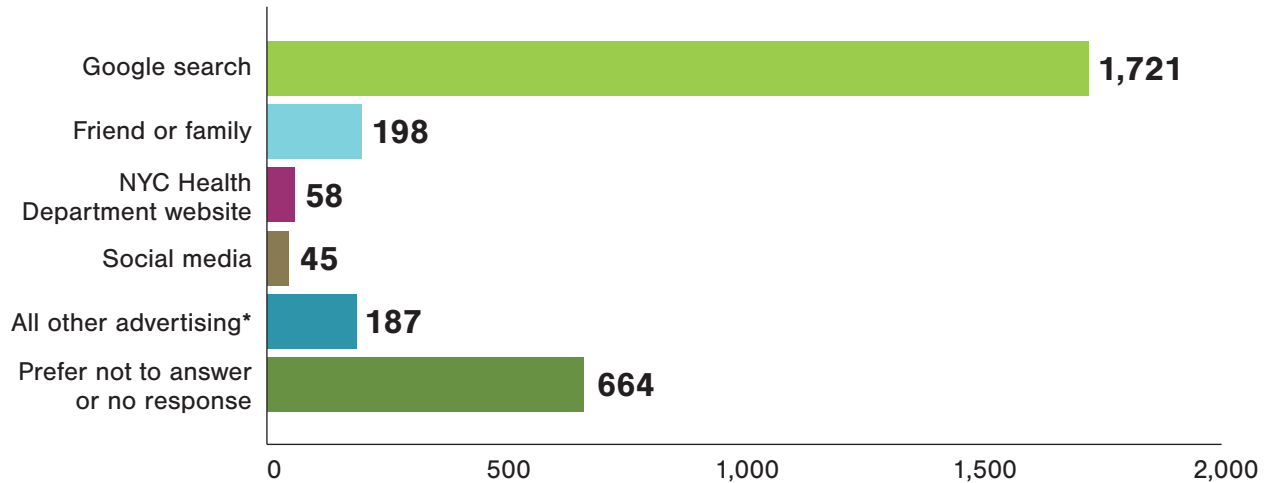


Note: For all metrics, a high number of callers and chatters had no preference or chose not to respond.
* Percentage of callers only.

Promotion and Marketing

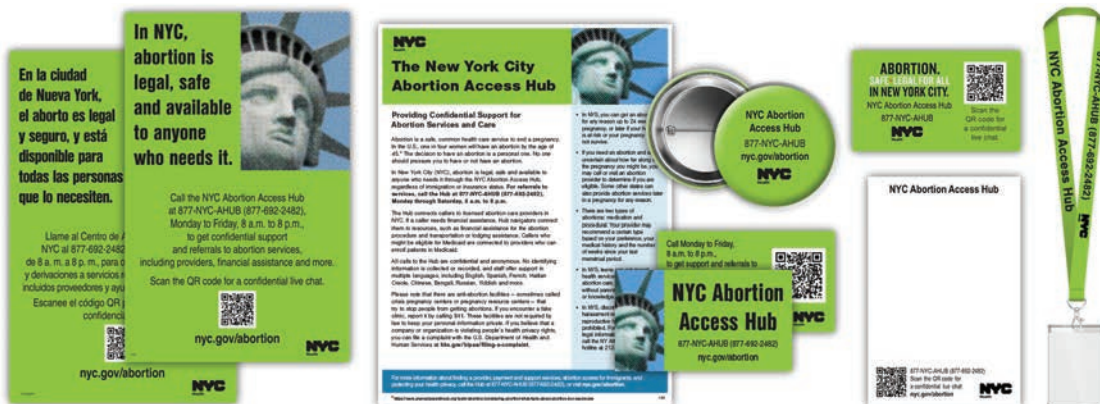
Data show that most clients found the Hub via Google search.

Figure 4. Ways Clients Found the Hub



* Includes LinkNYC ads, news or newspaper ads, flyers, and other.

The Hub can only help people who know about it, so marketing and promotion are critical. Since the launch of the Hub, the NYC Health Department has created and distributed printed promotional materials, including posters, palm cards and one-pagers, in the 14 most common languages spoken in NYC.⁷ We placed advertisements in more than 100 community newspapers to reach a variety of immigrant New Yorkers and used free advertising on LinkNYC kiosks across the city. Other promotional and marketing materials include buttons, magnets, lanyards and notepads. These items were intended for both the general public and those who provide health care and services to people who can become pregnant.



Note: Materials not shown to scale.

Design and branding of promotional materials was very intentional. We decided to use a pixelated image of the Statue of Liberty – an iconic NYC woman and immigrant who represents freedom and asylum to everyone who comes to NYC seeking safety and self-determination. The image serves as a visual message that aligns with the Hub’s mission.

⁷ The most-requested languages are English, Spanish, Chinese, French and Haitian Creole.

Our Work With Partners



The Hub's strength is due in part to the NYC Health Department's existing institutional, clinical and community partnerships. We have been fortunate to build many strong relationships with trusted abortion providers and practical support organizations throughout NYC. Due to our role in the City government and our team members' many connections, we were well positioned to identify and recruit dozens of high-quality abortion providers and partners.⁸

Utilizing Existing Networks

We created an initial contact list of all known and trusted abortion providers in NYC, in collaboration with [NYC Teens Connection](#) and other partners. We then cross-referenced this list with known abortion organizations, including the [National Abortion Federation](#) (NAF), [Abortion Care Network](#) (ACN), the [Society of Family Planning](#) and the [American College of Obstetricians and Gynecologists](#) (ACOG), and online resources, such as [AbortionFinder](#) and [INeedAnA.com](#), to make sure we had vetted providers.

- **AbortionFinder:** This website is supported by partnerships with reproductive and sexual health organizations, including NAF, [Planned Parenthood Federation of America](#), [Apiary for Practical Support](#) and [Advancing New Standards in Reproductive Health](#) (ANSIRH). It includes independent providers as well as providers affiliated with abortion care organizations.
- **INeedAnA.com:** This online abortion navigator displays abortion funds, providers and support networks by state, including telemedicine options. INeedAnA.com partners with organizations such as ACN, Apiary for Practical Support and the [National Network of Abortion Funds](#).
- **Professional partnerships:** The NYC Health Department and staff have extensive partnerships with many abortion service providers, from among whom partners were also selected.

Criteria for Partnership

To become a Hub partner, a clinic must provide abortion services, either medication or procedural, in NYC. We strongly recommended that potential partners designate at least one person as a warm transfer contact to whom the Hub could reach out. This helped us achieve our goal of providing each caller with a chance to make a same-day appointment. We also strongly recommended that clinics have financial options for patients who cannot afford to pay. Examples of these financial options included health insurance enrollment, sliding scales, cash packages and external funding support. Partners agreed to meet with Hub representatives regularly to review referrals and incidents, share any relevant updates, and address barriers to care as they arose.

⁸ For a complete list of URLs for the partner organizations and resources in this section, see Resources on Page [17](#).

Vetting Partners

The Hub’s provider liaison reviewed all providers’ credentials to make sure all licenses, accreditations and memberships were current. They also confirmed that potential partners were not “crisis pregnancy centers,” which are fake clinics that lie about providing abortion services and try to coerce pregnant people not to have an abortion.

We vetted for the following credentials, among others:

- [Article 28 certification](#)
- [NAF membership](#)
- [ACN membership](#)
- [Society of Family Planning membership](#)
- [American Association for Accreditation of Ambulatory Surgery Facilities accreditation](#)
- [NYS Education Department Office of the Professions verification](#)
- A passed fraud review using the Medicaid Fraud Database
- Partnerships with funding and support organizations, such as NAF, the [Brigid Alliance](#), the [New York Abortion Access Fund](#) (NYAAF) and the [Haven Coalition](#)
- Referrals from other known and vetted clinicians

By December 31, 2023, the NYC Health Department had selected 30 abortion providers – many of which have multiple locations – as formal Hub partners.

A caller disclosed they were being forced by their husband to have an abortion. The Hub navigator made sure the caller was safe, confirmed they did not want an abortion and connected them with intimate partner violence (IPV) resources, including a warm transfer to an IPV support organization.

How We Innovated



Because the Hub was new, we reviewed our policies and procedures on an ongoing basis so we could better adapt to the needs of patients and providers.

Live Chat

In May 2023, the Hub added a live chat feature (dohchat2.dirad.com/chat/index.html). Services available via live chat are currently limited, only serving people within NYC in English and Spanish and not allowing for warm transfers to abortion providers. This means that people who access the Hub via live chat will receive contact information about an abortion provider, but they must call the provider themselves, and we are unable to confirm whether they schedule an appointment.

Partner Cultivation and Capacity Building

We provided timely and constructive feedback to partners on how to work with patients optimally in a post-Dobbs environment. We also made introductions to funding and practical support organizations when needed. Many partnering organizations have decided to invest in their own navigation staff to help manage the uptick in demand for abortion services, particularly from out-of-state visitors. Many Hub partners received a grant from the NYS Department of Health to expand their capacity to provide abortion care. This funding allowed them to launch new or enhance existing abortion navigation services, including having dedicated staff to coordinate abortion access. Our regular conversations and other outreach activities help cultivate relationships and provide an opportunity for us to share success stories with partners.

Internal Capacity Building

We provide ongoing professional development to all Hub navigators so they can provide the best customer service to callers and chatters. Topics include maternal health, customer service provision, health insurance, surveying and how best to collect survey responses.

Challenges We Faced



During the first year of Hub operations, we responded to obstacles with creativity and a sense of purpose. This allowed the Hub to improve and grow.

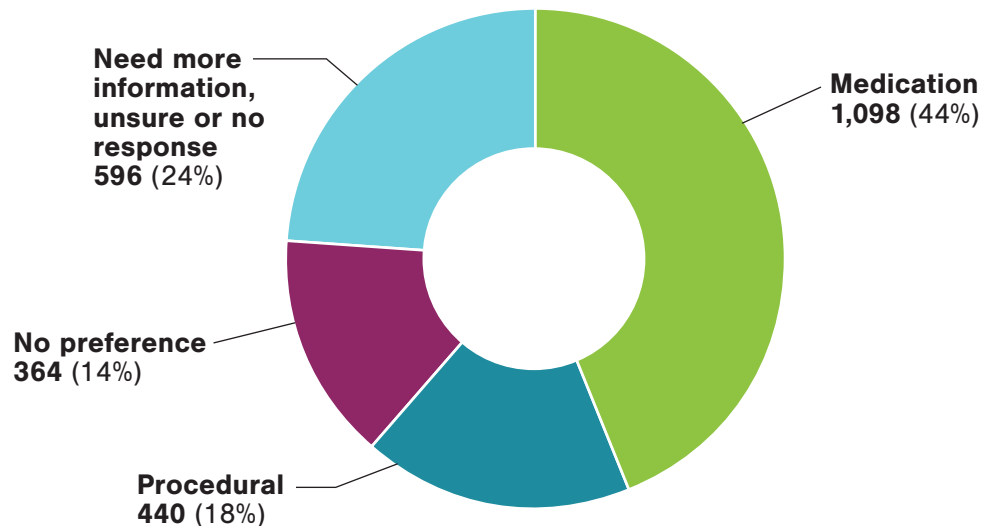
Toll-Free Phone Number

We considered and rejected several phone numbers before choosing 877-NYC-AHUB. The numbers originally identified were not easy to memorize, and we knew we wanted a phone number people could easily recall and share.

Legal Challenges to Abortion Access

Most recently, the U.S. Supreme Court rejected a challenge to the use of mifepristone for medication abortion. Mifepristone has been safely used in the U.S. for more than 20 years (and internationally since 1988) to terminate early pregnancies, and the majority of Hub callers and chatters prefer medication abortion (44%) over procedural abortion (18%).⁹ This decision, which would have limited the use of mifepristone in the U.S., could have impacted the majority of pregnant people seeking abortion services and put them at greater risk by unnecessarily delaying their abortions or preventing access entirely.

Figure 5. Abortion Preferences Among Hub Callers and Chatters



⁹ A high number of callers and chatters (38%) had no preference or chose not to respond.

What Did We Learn?



We learned a great deal after the hotline went live and implemented many quality improvement measures while delivering services.

Google

Callers and chatters primarily found the Hub through Google searches, and a Google Ads purchase helped make sure the Hub would be one of the top results when people searched online for abortion in NYC. Despite ad placements in 14 languages in more than 100 local community newspapers, the leading driver of callers and chatters to the Hub was internet searches via Google.

Data Equity

Anonymity and confidentiality are a top priority for the Hub. Given the current hostile political environment, the Hub collects the minimum amount of information to be able to connect people to care, and at no time do we have any identifying information about our callers and chatters.

Languages Available

To meet the needs of callers to the Hub, we hired staff who were bilingual in English and either Spanish or Haitian Creole, as these are the two most common non-English languages requested. Moving forward, hiring decisions will include candidates' ability to speak other languages, such as Chinese.

Finding a Good Fit

By focusing on callers and chatters' logistical needs and having direct contact information at each partner site, we have been able to match people who contact the Hub to a range of providers who fit their unique personal situations. In addition, the Hub can easily connect with providers who might have other resources, such as language access or insurance enrollment. Through the Hub's partnerships with a wide range of abortion providers and practical support organizations, we can direct people to clinicians and supports they might not have considered or known about that can meet their needs and preferences. Through bilateral feedback with partners and continuous quality improvement activities, we have been able to refine our processes to better meet the needs of callers, chatters and partners.

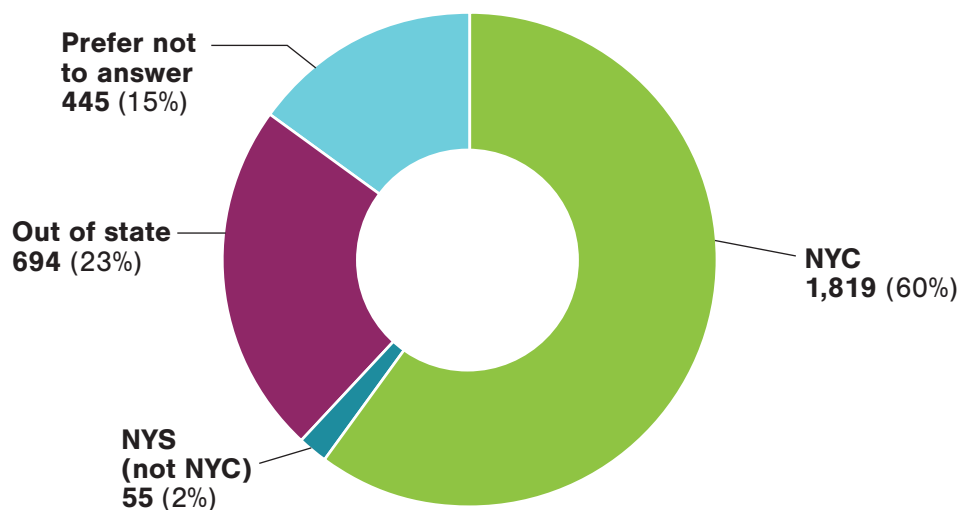
An out-of-state caller was seeking a procedural abortion in NYC during an upcoming visit. They needed financial assistance but not transportation or housing. The first provider we referred them to could not accommodate the caller's schedule, so we made another warm transfer to a different provider and stayed on the line until the appointment was scheduled. We also offered information about a third provider who offered walk-in care in case anything went wrong with the scheduled appointment.

Harassment

To promote abortion care in NYC to people who live in states with restricted abortion access, the Hub placed digital billboards in Georgia, Florida and Texas¹⁰ after the Dobbs decision. These digital billboards seem to have sparked much of the harassment that navigators received, as most of the harassing calls came from these states. Despite this, the Hub continues to fill a gap in abortion care for people who live in these states while balancing the need to prioritize the safety and security of Hub staff.

Most callers and chatters (at least 60%) live in NYC. Nearly one in four (23%) people who contacted the Hub reported living outside NYS.¹¹ We are proud to see the Hub succeeding in its mission to serve both NYC residents and people from states with restrictive abortion laws.

Figure 6. Place of Residence Among Hub Callers and Chatters



¹⁰ These three states have the most out-of-state callers to the Hub.

¹¹ These numbers could be an underestimate as 15% of callers and chatters preferred not to disclose their residence.

The Future



The following are our aspirations for the Hub's continued growth:

Becoming the Go-To Resource for Abortion in NYC

We would like to see the Hub become a household name and 877-NYC-AHUB become synonymous with abortion access in NYC, in the way that 911 and 988 are with emergencies and mental health crises, respectively. This means broadly promoting the Hub, including reaching people who cannot become pregnant themselves, as they certainly know people who can become pregnant and may need the Hub someday. We plan to continue our efforts to raise awareness of the Hub through distribution of promotional materials, targeted ad placements throughout NYC, Google Ads purchases, social media, and word-of-mouth recommendations from callers and chatters who had a positive experience with the Hub. We will also continue promoting the Hub to other NYC Health Department bureaus, City agencies and community partners.

Growing Navigation Services

Partnership with the Hub has made many providers more responsive and adaptive in the post-Dobbs landscape, where many more people seeking abortion need supportive services. Initially, there were several instances in which we could not complete a warm transfer because it was challenging to reach some providers by phone. As we collected information about these incidents over time, and shared it with providers on monthly calls, providers became increasingly more responsive. Overall, partners have addressed these start-up issues and improved their capacity to respond to the Hub.

After seeing the effectiveness of Hub navigators, and as more states place restrictions on abortion access, many Hub partners have identified a need for navigators at their own sites. Providers having navigators of their own further streamlines many patients' paths to accessing abortion care. We are already seeing how navigators help expedite the process as the first point of contact at partnering abortion clinics, such as by ensuring a warm transfer so callers do not get overwhelmed by an abundance of phone options.

Blanketing the City With Promotional Materials

All ongoing promotional efforts for the Hub will be sustained indefinitely and joined by paid promotion throughout NYC. We will continue to distribute branded promotional materials upon request, as well as conduct outreach to community-based organizations, health care providers, schools and other locations that have not yet ordered materials. We would also like to expand paid media and continue to partner with mission-aligned businesses and services for cross-promotion of the Hub. Our hope is that 877-NYC-AHUB will become immediately recognizable to NYC residents.

Building Capacity

In the future, we are looking to provide capacity-building support for medical providers outside of sexual and reproductive health care, such as those who work in primary care settings and emergency departments. Improving these providers' knowledge and comfort discussing abortion care with their patients will help to destigmatize abortion care in the health care community and help patients both before and after seeking abortion care. We would also like to expand the Hub's services to include enhanced support for clinicians in referring patients for later-term abortions and complex care. We would ultimately like all medical providers in NYC to know about the Hub and how to either refer their patients to it or contact the Hub on their own. While the Hub's primary service is to help abortion seekers, we have occasionally had providers call to refer their patients or get support.

Refining Services

We plan to continue perfecting the services we provide, addressing challenges and innovating through bilateral feedback with partners and continuous quality improvement activities.

Launching Abortion Access Hubs in Other Municipalities

We hope to inspire other municipalities to launch their own abortion access hubs. We are prepared to offer capacity-building support to make sure pregnant people everywhere have access to this essential health care service.

Resources



Below are links to all the resources mentioned in this report:

AbortionFinder	abortionfinder.org
Abortion Care Network (ACN)	abortioncarenetwork.org
Advancing New Standards in Reproductive Health (ANSIRH)	ansirh.org
American Association for Accreditation of Ambulatory Surgery Facilities	quada.org
American College of Obstetricians and Gynecologists (ACOG)	acog.org
Apiary for Practical Support	apiaryps.org
Article 28 certification	Visit health.data.ny.gov and search for article 28 .
Brigid Alliance	brigidalliance.org
Haven Coalition	havencoalition@gmail.com
INeedAnA.com	ineedana.com
National Abortion Federation (NAF)	prochoice.org
National Network of Abortion Funds	abortionfunds.org
New York Abortion Access Fund (NYAAF)	nyaaf.org
New York City Abortion Access Hub live chat	dohchat2.dirad.com/chat/index.html
NYC Teens Connection	Visit nyc.gov/health and search for teens connection .
NYS Education Department Office of the Professions verification	Visit op.nysed.gov and click the Verifications & Certifications tab.
Planned Parenthood Federation of America	plannedparenthood.org
Society of Family Planning	societyfp.org

For more information, visit nyc.gov/abortion.

