

ISSUE BRIEF #1, DECEMBER 2017

Assessing barriers to medication abortion among California's public university students

Executive summary

Abortion is a commonly needed health service for students attending California's public universities, but obtaining an abortion is difficult for students. Every month, up to 519 students at the 34 University of California (UC) and California State University (CSU) campuses seek medication abortions at off-site health care facilities.

Students at California's public universities face several barriers to obtaining an abortion. Many college students have no or limited income. Over half (51%) of students across the UC and CSU systems are low-income (defined as qualifying for a Pell Grant). Financial limitations already impact students' daily needs, with 42% of UC students and 21% of CSU students experiencing food insecurity. Additionally, 9% of CSU students suffer housing displacement such as homelessness. Consequently, paying for the abortion may be a significant financial stressor as students may go to a provider that does not accept their student or other private health insurance, may not want to use their health insurance so they can keep the abortion private, may not have health insurance that covers abortion, or may not have insurance coverage at all.

Public transit is key to abortion accessibility off-campus, as over two-thirds of UC students and one-third of CSU students do not have a car. 22 UC and CSU campuses, which account for 62% of the UC and CSU student body, are more than 30 minutes away from the closest abortion provider via public transportation. For these students, the multiple visits for a medication abortion requires a minimum of two hours travel by public transportation.

Distance and cost barriers are further compounded by the inherent delays in scheduling an appointment at an off-campus abortion provider. Since only 15% of providers closest to university campuses are open

on weekends, students may need to alter classes, exams, and work schedules to attend appointments. Even after students identify a provider, they will have to wait an average of one week for the next available appointment at the facility closest to their campus. Ultimately, the cumulative delay from all of these barriers can make a student ineligible for medication abortion which can only be done through the 10th week of pregnancy.

Finally, access to abortion care is also important to college participation. Women who have a child while in college are less likely to graduate than those who do not, and 89% of students say that having a child while in school would make it harder to achieve their goals. Students seeking abortion need convenient access to services that do not involve unnecessary interruption in their complex schedules. The necessity of leaving campus for this service while other healthcare services can be obtained on campus unnecessarily burdens the student who needs an abortion.

Research aims

To better understand the barriers that California university students face in accessing abortion, we conducted background research, data collection, and analysis. The aims of this research were:

- To describe and quantify access to abortion for students at University of California (UC) and California State University (CSU) campuses
- To assess how far and for how long these students currently have to travel to receive the care which would be covered by SB320

Methodology

Data for this assessment came from several sources involving different analyses. The sources and methods for our findings are:

For more information about this research and other ANSIRH work, please visit www.ansirh.org

- Projection of total medication abortion demand on campus calculated using age- and state-adjusted abortion rates and a range of rates for medication abortion as preferred abortion type (see below for detailed assumptions and data sources)
- Determination of existing care providers in California from an abortion facilities database maintained by the UCSF Advancing New Standards in Reproductive Health (ANSIRH) program
 - Based on publically available information obtained in systematic online searches
 - Verified with phone calls to facilities
- Distance calculations using Stata and Google Maps
 - Calculated driving distance in miles and travel time from every campus to every abortion provider
 - Minimum distance value was closest facility
 - Calculated public transit time for closest facilities
- US News & World Report for demographic information about campus populations
 - Enrollment, tuition, race, sex, and car ownership information as of November 2017
- Mystery calls to all abortion providers in California to determine types of abortion offered, Medi-Cal and insurance acceptance, and wait times until first available appointment
- Review of the grey and published literature on students' financial and mobility barriers

Findings

Current and expected abortion rates:

Methodology for calculations¹

- Age-specific estimates of abortion
 - Abortion rate for ages 18-19 = 1.8%
 - Abortion rate for ages 20-24 = 2.8%
 - Given that approximately half of undergraduate students are 18-19 & half 20-24, the simple average = 2.3%
- Adjusted for higher abortion rate in California compared to national averages
 - US overall abortion rate = 1.46%
 - California abortion rate = 1.95%
 - California has 34% higher abortion rate
- Used a range of estimates for percent of all abortions that are medication abortion
 - No California-specific estimates exist
 - Percent of abortions that are medication abortion in the US = 31%

- Given increasing popularity, and potential higher demand if greater accessibility, assumed high percentage of 50%
- Estimate of number of medication abortion equations
 - Low estimate (using lower rate of medication abortion) = campus population x % female [proxy for % with uteri] x 0.023 x 1.34 x 0.31
 - High estimate (using higher rate of medication abortion) = campus population x % female [proxy for % with uteri] x 0.023 x 1.34 x 0.50

Monthly estimates

- Currently, we estimate that students across UC and CSU campuses obtain 1,038 abortions each month
 - 365 each month at UC campuses
 - 674 each month at CSU campuses
- Given the lower estimate that 31% of abortions are medication abortions, and the higher estimate that up to 50% of abortions could be medication abortions if the service were available on campus, we estimate there would be between 322-519 medication abortions occurring across UC and CSU campuses every month.
 - 113-182 medication abortions per month for the UCs combined
 - On average, 10-17 medication abortions per month per UC campus
 - 209-337 medication abortions per month for the CSUs combined
 - On average, 9-15 medication abortions per month per CSU campus

Key finding: We project that there would be up to 519 medication abortions each month across the UC and CSU campuses if student health centers offered medication abortion.

Student socioeconomic status and abortion access:

Limited financial resources

College students have limited financial resources for several reasons, including paying the cost of tuition and room and board, as well as reduced time for employment due to class attendance and homework obligations. These financial constraints may limit students' ability to cover the costs of an abortion and pay for other

transportation options such as taxi or rideshare service to an off-campus provider.

- The average yearly cost of attending university (including tuition and room and board) is \$30,083 for UC students and \$20,354 for CSU students.²
- Over the past 20 years, in-state tuition for UCs and CSUs has tripled.³

The percentage of students qualifying for Pell grants is the best available indicator of how many low-income students there are on a campus.

- 51% of students across UC and CSU systems received Pell Grants—44% at UCs and 53% at CSUs.⁴

Due to increasing tuition costs and cost of living in California, many students at UC and CSU campuses are financially insecure and may lack funds to cover the cost of abortion.

- 42% of UC students were experiencing low or very low food security in 2015 and 25% said they had to choose between paying for food or educational and housing expenses.⁵
- According to a 2015 CSU campus-wide survey, 21% of CSU students are food insecure and 9% suffer housing displacement such as homelessness.⁶

Health insurance limitations

UCs require students to either be enrolled in their Student Health Insurance Plan (SHIP) or to provide waiver documentation that they have another source of health insurance. CSUs do not offer any campus-specific student health insurance.

- About 10% of CSU students lacked health insurance in 2014, and this was higher on certain campuses (CSU, Los Angeles reported 19% of students uninsured).⁷
- Latino and African American students at CSUs were more likely to be uninsured than white or Asian American students.⁶
- Approximately 23% of CSU students⁶ and 12% of UC students⁸ are enrolled in Medi-Cal.

Most providers closest to UC and CSU campuses accept Medi-Cal.

- 1 provider did not accept Medi-Cal, but the next closest provider is only 0.05 miles further away

As students currently have to obtain abortion services off-campus, it is possible that that a provider will not accept their student or other private health insurance to cover the cost of the abortion. Further, some students covered by their parent's health insurance may want to keep the

abortion private from their parents and not charge their insurance for the abortion. Other students may not have health insurance that covers abortion or may not have insurance coverage at all. For numerous reasons, students may have to pay out-of-pocket for an abortion.

The average out-of-pocket cost of medication abortion at the providers closest to campuses was \$604. Costs at an off-campus provider include coverage of facility overhead that student health centers would not need to charge. Student health centers have the potential to offer medication abortion at a lower cost than what is currently charged out-of-pocket at off-campus providers.

Key finding: Paying for an abortion out of pocket at an off-campus provider may be difficult for already financially stressed students.

Distance and time to closest providers:

Limited mobility

Though variable by campus, students at public universities in California are unlikely to own a car and have it on campus.

- Weighted by campus enrollment, 28% of UC students have a car on campus⁹
- Weighted by campus enrollment, 63% of CSU students have a car on campus

Distance and public transit

Students without a car are likely to rely on public transit to access healthcare which cannot be obtained on campus. Traveling more than 30 minutes for primary health care is considered inaccessible according to California Code of Regulations; that translates to roughly 5 miles without a car.¹⁰

- 15 campuses (44%) are further than 5 miles from the nearest provider—6 UC campuses and 9 CSU campuses
- Among all campuses, median time by public transit to closest provider is 34 minutes one-way
 - UCs: Median 29 minutes, max 55 minutes
 - CSUs: Median 34 minutes, max 1 hour 32 minutes
- 22 campuses (65%) are more than 30 minutes from the nearest provider via public transit

- Given two round-trip visits for medication abortion, this equates to over 2 hours of travel time

Key finding: As medication abortion requires 2 visits to an off-campus provider, each with travel to and from the facility, the average time students must travel to obtain an abortion using public transit is over 2 hours.

- Using a population-weighted average analysis based on the number of students at each campus, the average distance is 5 miles one-way, and average public transit time is 38 minutes one-way
 - UCs: 7 miles, 37 minutes one-way
 - CSUs: 5 miles, 38 minutes one-way
- Travel time for five campuses is more than 1 hour each way
 - California State University, Stanislaus is the furthest campus from an abortion provider, at an hour and a half by public transit one-way, or 6 hours in travel time for two round-trip visits
 - UC Davis is the furthest UC campus from a provider, at 55 minutes by public transit one-way, resulting in nearly 4 hours in travel time for two round-trip visits

On-campus referral and travel distance

- Some campuses may refer students to a campus-affiliated provider (e.g. a UC hospital-based provider) or to a clinic which they have an established relationship rather than the closest public abortion provider.
- This provider may not be the closest, but may have other accessibility benefits, such as free on-campus shuttles or streamlined insurance processes.

Additional barriers to access:

Weekend services

Students attend classes during the week. In order to access weekday off-site services, students may need to miss class.

- Only 5 of the abortion facilities closest to UC and CSU campuses (15%) are ever open on weekends.

Wait times for appointments

Medication abortion can only be used in the first 70 days (10 weeks) of pregnancy. There is a limited time frame to

access medication abortion, and any delays limit opportunities for receiving care.

- People recognize that they are pregnant at 41 days (6 weeks) on average.¹¹
- Women with unplanned pregnancies and younger women are significantly less likely to recognize a pregnancy within the first 6 weeks.¹²

The average wait time until first available appointment at the facilities closest to campus was 7 days (range 1-20 days).

- UCs: average 5 days
- CSUs: average 7 days

Key finding: With limited weekend options and appointment wait times of one week, having to seek care off-campus may lead to delays in care and interruption to coursework.

College continuation:

An unplanned pregnancy during college can involve a substantial amount of disruption to course work and pose a risk to college continuation and completion.

- In surveys, 89% of all students say that preventing unplanned pregnancy is very important to them and 89% also say that having a child while in school would make it harder to achieve their goals.¹³
- 61% of community college students who have children after enrolling do not finish their education, which is 65% higher than women who do not have children in college.¹⁴
- In some studies, adolescents and young adults are more likely to report that they would have preferred to get pregnant at a later time or not at all and are unhappy about their pregnancy when compared to adult women.¹⁵

Key finding: Young adults who want to obtain an abortion for an unplanned pregnancy need timely access to care to ensure continuation and completion of their college education.

References

- ¹ Jones, R. K., & Jerman, J. (2017). "Abortion incidence and service availability in the United States, 2014." *Perspectives on Sexual and Reproductive Health*, 49(1), 17-27.
- ² U.S. News and World Report, 2017-2018 in-state tuition and room and board.
- ³ Public Policy Institute of California, 2014, "Higher Education in California: Institutional Costs.": www.ppic.org/publication/higher-education-in-california-institutional-costs/
- ⁴ U.S. News and World Report, 2017, "Economic Diversity: National Universities": <https://premium.usnews.com/best-colleges/rankings/national-universities/economic-diversity>; California State Universities "Measuring the Value of the CSU": www.calstate.edu/value/public-good/
- ⁵ University of California Global Food Initiative, 2016, "Student Food Access and Security Study": regents.universityofcalifornia.edu/regmeet/july16/e1attach.pdf
- ⁶ California State University, 2015, "Serving Displaced and Food Insecure Students in the CSU": www.calstate.edu/AcadAff/documents/ServingDisplacedandFoodInsecureStudentsintheCSUJanuary20163.8.16.pdf
- ⁷ CSU Health Insurance Education Project: Project Poll & Analysis, 2014: www.calstatela.edu/sites/default/files/users/u10891/press_conference_slides_june_2014_es.pdf
- ⁸ UC SHIP Enrollment Waivers Fall 2016 for 6 UC Campuses
- ⁹ U.S. News and World Report, 2017, percent of students with car on campus
- ¹⁰ California Code of Regulations, Title 22, Section 53885, "Travel Distance Standards"
- ¹¹ Ayoola AB, Stommel M, Nettleman, MD. 2009, "Late recognition of pregnancy as a predictor of adverse birth outcomes", *Am J Obstet Gynecol*, 201:156.e1-6: www.sciencedirect.com/science/article/pii/S0002937809005055
- ¹² Kost K, Landry DJ, Darroch JE, 1998, "Predicting Maternal Behaviors during Pregnancy: Does Intention Status Matter?" *Family Planning Perspectives*, 30 (2): 79-88: www.guttmacher.org/sites/default/files/article_files/3007998.pdf
- ¹³ American Association of Community Colleges, 2012, "Make It Personal: How Pregnancy Planning and Prevention Help Students Complete College": powerto-decide.org/sites/default/files/resources/primary-download/make-it-personal.pdf
- ¹⁴ U.S. Department of Education, 2002, "Short-term Enrollment in Postsecondary Education": nces.ed.gov/pubs2003/2003153.pdf
- ¹⁵ Kingston D, Heaman M, Fell D, Chalmers B, 2012, "Comparison of Adolescent, Young Adult, and Adult Women's Maternity Experiences and Practices," *Pediatrics*, 129 (5)

Campus- and system-level data

Campus type and name	Medication abortion per month		Travel to closest provider		Campus enrollment				
	Low estimate	High estimate	Driving (miles)	Public transit (minutes)	Total	% female	% with cars on campus	Annual tuition + room/board	% undergrads on Pell grants
CSU campuses									
Cal Poly San Luis Obispo	8	13	1.7	23	20944	47	35	\$22,547	20
Cal Poly Pomona	8	14	4.9	36	23717	45	88	\$21,811	49
CSU Bakersfield	4	6	7.1	63	8002	60		\$21,780	68
CSU Channel Islands	3	5	10.0	64	6167	64		\$22,693	55
CSU Dominguez Hills	7	12	4.4	38	14731	63	90	\$19,326	66
CSU East Bay	7	12	2.4	24	14823	61	95	\$21,018	55
CSU Fresno	11	18	1.9	30	24403	58	60	\$16,287	63
CSU Fullerton	18	29	5.3	82	40235	56	94	\$22,492	52
CSU Long Beach	17	27	4.6	25	37446	56		\$19,168	56
CSU Los Angeles	13	21	2.9	23	27681	58		\$19,969	72
CSU Maritime Academy	<1	<1	3.7	72	1120	17	20	\$18,478	35
CSU Monterey Bay	4	6	5.1	27	7600	62		\$18,309	57
CSU Northridge	17	28	3.6	31	40689	54		\$16,841	57
CSU Sacramento	14	22	2.6	31	30284	56		\$19,060	60
CSU San Bernardino	10	16	11.2	47	20767	60		\$19,567	67
CSU San Marcos	7	11	4.1	46	14179	61		\$20,604	52
CSU Stanislaus	5	8	15.8	92	9282	65	50	\$15,708	69
Chico State	7	12	2.2	33	17287	53	10	\$21,440	50
Humboldt State	4	6	9.9	46	8116	56	25	\$20,548	59
San Diego State	15	23	1.4	18	33778	54		\$23,426	38
San Francisco State	13	22	6.2	34	30256	56		\$20,502	48
San Jose State	13	20	4.5	33	32773	48	36	\$25,294	44
Sonoma State	4	7	8.2	40	8668	63	98	\$21,278	37
UC campuses									
UC Berkeley	17	27	4.4	24	40173	52		\$31,372	33
UC Davis	17	27	11.8	55	35186	59		\$30,518	40
UC Hastings	<1	1	1.4	20	930	56			
UC Irvine	14	23	8.0	48	33467	53	30	\$30,345	46
UC Los Angeles	20	33	3.9	37	44947	57	17	\$28,697	37
UC Merced	3	5	5.6	28	7336	51		\$29,521	62
UC Riverside	9	15	6.2	41	21539	54	40	\$29,417	58
UC San Diego	14	22	5.8	29	35821	48	54	\$29,437	36
UC San Francisco	2	3	2.6	28	3300	64			
UC Santa Barbara	10	17	10.6	46	24346	53	6	\$30,627	40
UC Santa Cruz	7	11	3.3	12	17335	51	19	\$30,083	46
Combined results—total or population-weighted average									
	Total	Total	Average	Average	Total	Average	Average	Average	Average
CSU campuses	209	337	4.7	38	472,948	55	63	\$30,026	53
UC campuses	113	182	6.6	37	264,380	54	28	\$20,514	41
All campuses	322	519	5.4	38	737,328	55	48	\$23,889	49

Advancing New Standards in Reproductive Health (ANSIRH) is a collaborative research program in the Bixby Center for Global Reproductive Health in the Department of Obstetrics, Gynecology & Reproductive Sciences at the University of California, San Francisco (UCSF).

This study was conducted and the report prepared by Ushma Upadhyay, PhD, MPH; Nicole Johns, MPH; Alice Cartwright, MPH; Athena Edwards, BA candidate, UCLA; and Aderayo Soyemi, BA candidate, UC Merced.