Youth Access to <u>Telehealth</u> for Sexual & Reproductive Health Care



<u>Telehealth</u> offers a path forward for young people to privately and confidentially access sensitive services at the time and setting of their choosing.

- Telehealth can help overcome the geographical, financial, and logistical barriers that many people face when trying to access sexual and reproductive health (SRH) care in person.¹
 - It is important to keep in mind that in order to benefit from telehealth, young people need access to a phone or laptop with internet connection, and may need a safe and private space for a mobile or video appointment which can pose additional barriers.
- Research shows that young people are interested in utilizing telehealth for SRH care.
 - One study highlighted that adolescents and young adults and their caregivers found telehealth visits easy to use and time-saving, and expressed willingness to have another telehealth appointment.²
 - Additional research found that among low-income youth seeking sexual health care, a majority believed that a telehealth appointment could save them time and that they would be satisfied with the visit.³
 - Transgender and gender-diverse youth and their caregivers have found telehealth-delivered gender-affirming care (TGAC) highly acceptable, and studies have shown that when youth receive TGAC, they are less likely to experience depression and suicidal thoughts. 5, 6
- Compared to older patients, telehealth is more likely to increase abortion access for adolescents and young adults as it alleviated privacy concerns and helped overcome logistical barriers.⁷



Young people need comprehensive SRH care services, including abortion, birth control, gender-affirming care (GAC), sexually transmitted infection (STI) screening and treatment, and emergency contraception.

- Adolescents (age 15-19) have the highest rates of unintended pregnancies among all sexually active individuals, and they account for approximately 9% of individuals who have abortions the highest abortion rate of any age group.
- Young people account for nearly 50% of all new STIs despite comprising only 13% of the population.¹⁰ Additionally, Black, Hispanic, and American Indian/Alaska Native adolescents experience STIs at higher rates than their white peers,¹¹ a trend that must be understood in the context of structural racism that creates barriers to health care and the quality of care, along with disparities in health education.¹²
- A recent study showed that half of all trans and nonbinary youth reported that they were not using gender-affirming hormone therapy, but would like to be. Youth of color had lower rates of access than white youth.¹³











There are unique and institutionalized barriers that prevent young people from being able to access SRH care.



Policy Barriers

- Only two states and the
 District of Columbia explicitly
 allow all individuals to
 consent to abortion services,
 regardless of age, while 36
 states have parental involvement laws that
 require parental or guardian consent and/or
 notification for minors.¹⁴
 - The majority of young people faced with an unintended pregnancy involve a parent or guardian in their decision to seek abortion care. For youth who cannot, they must seek a judicial bypass or waiver, which is permission from a judge to consent to their own abortion care.¹⁵
 - Despite the mandate that judicial bypass be confidential and move quickly, this is often not the case as multiple court appearances, meetings with lawyers, medical appointments, and hearings further delay access to care.¹⁶
 - This additional burden often delays care by days or weeks and undermines a young person's bodily autonomy. Young people needing abortion services are also often those struggling to make ends meet, and may be more in need of telehealth as the most accessible option.
 - With a patchwork of abortion laws across the country, many state courts and attorneys are not equipped to support youth seeking to access a bypass hearing.
 - These laws disproportionately impact young women of color and immigrant youth.¹⁷
- Nearly 40% of trans youth live in states that restrict their access to gender-affirming care.¹⁸ Importantly, access to gender-affirming care can help reduce depression and risk of suicide.¹⁹
- Federal privacy regulations prohibit youth under 13 from accessing telehealth services without parental consent.²⁰

Privacy Concerns and Fear of Stigma

- Insured adolescents may go without SRH care due to their fear of parents discovering that they accessed services.²¹
- Cisgender girls who are concerned about maintaining confidentiality are less likely to access SRH care services than their peers who do not have concerns.²²
- One study found that young people may go without contraceptive services due to fear of provider disapproval.²³

Financial Constraints

More than half of the young people surveyed in a 2021 California study were concerned about the cost of SRH services.²⁴ Lack of insurance, high cost, and unreliability of public transportation have been reported as key barriers to accessing care.²⁵

Burden of Travel

Young people seeking birth control cited travel as an obstacle to obtaining a prescription, including the distance they might have to travel for an appointment; whether they had to miss school or work to schedule, travel to, or attend an appointment; and whether they faced challenges figuring out transportation to get to and from an appointment.²⁶



 Minors may face practical and legal barriers to travel for abortion access while maintaining confidentiality.²⁷

RHITES.ORG 2



To enhance youth access to SRH care via telehealth, there are clear programmatic and policy changes that need to be made.

Train clinicians to provide tailored counseling that allows young people to make informed, autonomous decisions about their sexual and reproductive lives, and encourage telehealth providers to offer services to all young people, including those under 18 years old.

Research youth perceptions of and experiences with telehealth SRH services and how platforms and protocols can be made more youth-friendly and accessible.

Educate state policymakers about the harm of parental consent laws and encourage them to make decisions based on the needs of their young constituents.

Increase awareness of and access to telehealth services through affordable, high-quality technology and broadband, and education on how to set up an appointment, or request care via telehealth platforms.

- 1. Center for American Progress. States Must Expand Telehealth To Improve Access to Sexual and Reproductive Health Care. May 2021.
- 2. Wood, S., Pickel, J., Phillips, A., Baber, K., Chuo, J., Maleki, P., Faust, H., Petsis, D., Apple, D., Dowshen, N. & Schwartz, L. Acceptability, Feasibility, and Quality of Telehealth for Adolescent Health Care Delivery During the COVID-19 Pandemic: Cross-sectional Study of Patient and Family Experiences. JMIR Publications. November 2021.
- 3. Raphael, M., Abacan, A., Guzick, A., Storch, E., Vick, A. & Chacko, M. Technological Determinants of Health: Factors Associated With Equitable Utilization Among Adolescents and Young Adults receiving Sexual Health Services. Journal of Adolescent Health. April 2022.
- 4. Apple, D., Lette, E., Wood, S., Freeman Baber, K., Chuo, J., Schwartz, L., Petsis, D., Faust, H., & Dowshen, N. Acceptability of Telehealth for Gender-Affirming Care in Transgender and Gender Diverse Youth and Their Caregivers. Transgender Health. April 2022.
- 5. Tordoff, D., Wanta, J., Collin, A., Stepney, C., Inwards-Breland, D. & Ahrens, K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA Network. February 2022.
- 6. Green, A., DeChants, J., Price, M. & Davis, C. Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. Journal of Adolescent Health. April 2022.
- 7. Koenig, L., Becker, A., Ko, J. & Upadhyay, U. The Role of Telehealth in Promoting Equitable Abortion Access in the United States: Spatial Analysis. JMIR Public Health and Surveillance. November 2023.
- 8. Finer, L. Unintended Pregnancy Among U.S. Adolescents: Accounting for Sexual Activity. Journal of Adolescent Health. September 2010.
- 9. Hoopes, A., Maslowsky, J., Baca, M., Goldberg, J., Harrison, M., Hwang, L., Romano, M., Tebb, K., Tyson, N. & Grubb, L. Elevating the needs of minor adolescents in a landscape of reduced abortion access in the United States. Journal of Adolescent Health. September 2022.
- 10. CDC. Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. March 2022.
- 11. ASTHO. Current Trends in Adolescent Sexual and Reproductive Health. October 2023.
- 12. Coutrin, M-C. & Williams, D. What Racism Has to Do with It: Understanding and Reducing Sexually Transmitted Diseases in Youth of Color. Healthcare. June 2021.
- 13. Green, A., DeChants, J., Price, M. & Davis, C. Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. Journal of Adolescent Health. April 2022.
- 14. Guttmacher Institute. An Overview of Consent to Reproductive Health Services by Young People. August 2023.
- 15. Ralph, L., Gould., H., Baker, A. & Greene Foster, D. The role of parents and partners in minors' decisions to have an abortion and anticipated coping after abortion. Journal of Adolescent Health. December 2013.
- 16. Horvath, S. & Frietsche, S. Judicial bypass for minors post-Dobbs. December 2023.
- 17. Advocates for Youth. Abortion and Parental Involvement Laws. June 2019
- 18. KFF. Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions. April 2024.
- 19. Tordoff, D., Wanta, J., Collin, A., Stepney, C., Inwards-Breland, D. & Ahrens, K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA Network Open. February 2022.
- 20. 15 U.S.C. 6501-6508.
- 01 11-1-1
- 22. Copen, C., Dittus, P. & Leichliter, J. Confidentiality Concerns and Sexual and Reproductive Health Care Among Adolescents and Young Adults Aged 15-25. NCHS Data Brief. December 2016.
- 23. Johnson, K., Dodge, L., Hacker, M. & Ricciotti, H. Perspectives on family planning services among adolescents at a Boston community health center. Journal of Pediatric and Adolescent Gynecology. June 2014.
- 24. Decker, M., Atyam, T., Zárate, C., Bayer, A., Bautista, C & Saphir, M. Adolescents' perceived barriers to accessing sexual and reproductive health services in California: a cross-sectional survey. BMC Health Services Research. November 2021.
- 25. Hubach, R., Zipfel, R., Muñoz, F., Brongiel, I., Narvarte, A. & Servin, A. Barriers to sexual and reproductive care among cisgender, heterosexual and LGBTQIA+adolescents in the border region: provider and adolescent perspectives. Reproductive Health. April 2022.
- 26. Advocates for Youth. Behind the Counter: Findings from the 2022 Oral Contraceptives Access Survey. September 2022.
- 27. Hoopes, A., Maslowsky, J., Baca, M., Goldberg, J., Harrison, M., Hwang, L., Romano, M., Tebb, K., Tyson, N. & Grubb, L. Elevating the needs of minor adolescents in a landscape of reduced abortion access in the United States. Journal of Adolescent Health. September 2023.