

Virtual Summit on Youth Access to Reproductive Health Care

September 10 – 15, 2021



Meeting Report Executive Summary

PREPARED FOR

American Academy of Pediatrics

PREPARED BY

Commonality, Inc

PREPARED ON

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American Academy of Pediatrics

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Acknowledgments

The American Academy of Pediatrics would like to thank the following individuals and organizations for their contributions to meeting planning as well as the drafting of this report. All affiliations are current as of September 2021; the views and opinions reflected within this document do not necessarily reflect those of the individuals and/or organizations listed below.

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Funding Partner

The Collaborative for Gender and Reproductive Health Equity

Important Notes & Terminology

Important Notes

- For the statistics included in the following pages, references have been listed when and where possible. Any other statements included are the opinion of Summit participants and were captured for the purposes of the Executive Summary only. They should not be taken as declarative scientific findings.
- All programs, practices, and protocols included in the Executive Summary were mentioned by Summit participants as part of meeting presentations and/or discussion proceedings and have not been selected for Executive Summary inclusion due to any other qualifying criteria.
- The Virtual Summit on Youth Access to Reproductive Healthcare was hosted to inform the development of an upcoming **published resource** that will outline the importance of equitable youth access to sexual and reproductive health care. This resource will detail the potential impacts of bans and limitations on access to comprehensive sexual education, contraception, and abortion for adolescents, children and families, and health care providers – especially in communities impacted by other health disparities – and discuss strategies to engage key collaborators in protecting access to reproductive health care for all.

Key Terminology

For the purposes of the Executive Summary:

- References to the term “**parent**” are meant to include anyone who serves in a parental role in a young person’s life, including, but not limited to, adoptive parents, biological parents, foster parents, grandparents, stepparents, and guardians.
- References to “**youth**” and/or “**young people**” are meant to include all adolescents and young adults from 11 to 25 years in age.
- The phrase “**Reproductive Justice**” can be defined as the human right to maintain bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.¹
- Use of the term “**Reproductive Health Care**” encompasses comprehensive sexual education, contraception, and abortion.
- The use of the acronym “**BIPOC**” signifies Black, Indigenous, and People of Color.
- The use of the acronym “**LGBTQ+**” stands for lesbian, gay, bisexual, transgender, queer, and all other gender identities and sexual orientations not specifically addressed in the first five initials.
- Participants in the meeting convened in agreement with the following **shared understanding**:
 - **Young people have the right to make informed decisions** in matters affecting their lives.
 - **Young people have the right to confidentiality** when accessing reproductive health services.
 - **Young people have the right to be included in the development of programs and policies** that impact their lives.

EXECUTIVE SUMMARY

Overview

Access to comprehensive, confidential sexual and reproductive health (SRH) services is a critical component of a young person's health and well-being. Recognizing that pediatricians in the United States play a critical role in supporting youth to make informed decisions about their health – and to access the SRH services they need – the American Academy of Pediatrics (AAP) has long advanced policy, care guidelines, and advocacy priorities that reflect the importance of fostering sexual health and well-being at all developmental stages. Even so, access to such essential care is severely limited for many young people nationwide; longstanding systemic inequities impact the ability of many to access SRH services, a crisis that is exacerbated by a continual rise in legislation to further restrict access. In fact, since January 2021, more than 100 abortion restrictions have been enacted across 19 states – the highest annual count of such restrictions since *Roe v Wade* was decided in 1973.²

It is within this context that the AAP, with generous support from the Collaborative for Gender and Reproductive Health Equity, has embarked on a new initiative to support and bolster equitable youth access to SRH care nationwide. Understanding that reduced access to SRH services can have a lasting impact on a young person's life, the AAP has convened a series of meetings (listening sessions, an expert summit, and follow-on focus meetings) with the purpose of developing a [published resource](#) that outlines the importance of equitable youth access to SRH care nationally.

To inform the creation of this resource, the AAP hosted a **Virtual Summit on Youth Access to Reproductive Health Care** (the Summit). Held on September 10, September 13, and September 15, 2021, the Summit convened approximately 40 key collaborators ([Appendix A](#)) from multiple sectors; special attention was made to identify collaborators who could speak to inequities and disparities in the landscape of SRH care. Discussions during the Summit specifically centered on youth SRH care access in the United States. Its objectives were to: 1) discuss the current landscape of policy related to youth SRH care services; 2) focus particular attention on the needs of young people who face additional barriers to SRH care access; 3) identify the impact of limiting access to SRH care on adolescent health overall and on health care providers; and 4) generate ideas for improving access to SRH care.

To develop an agenda that advanced the Summit's objectives and reflected the needs and interests of key collaborators, the AAP first hosted a series of listening sessions in June 2021 which explored the current landscape of access to SRH care for adolescents, young adults, and families. Leaning on listening session findings, the Summit Planning Committee and Facilitators next designed a 3-day, 12-hour virtual convening centered around the following core themes (see [Appendix B](#) for the full agenda):

- **Day One: Setting the Stage**, which provided background on the broader AAP project as well as offered critical context on the current state of youth access to SRH care nationwide

- **Day Two: Youth and Reproductive Health – Perspectives from the Field**, which examined the impact of restricting access to SRH care (including comprehensive sex education, contraception, and abortion services) on young people and their families
- **Day Three: Forging Ahead**, which explored the importance of partnering to support and expand SRH care access from many perspectives, including youth, clinicians, community organizations, and the legal field

Summary of Proceedings and Key Learnings

Day 1: Setting the Stage

The Summit began with welcome remarks from AAP and partner leaders. Each speaker underscored the barriers that many young people encounter when attempting to access the SRH information and services they need to achieve optimal health. The presenters urged Summit participants to center the work of the Summit through the framework of [reproductive justice](#),¹ and on the needs of those who experience the greatest barriers to SRH care – especially as systemic inequities, including the persistent racism experienced by under resourced communities, have long impacted the ability of many to access SRH care.³

To provide insight into the youth perspective on the importance of SRH care access, the Summit next featured a roundtable of youth advocates. Key insights from the youth included: 1) how youth access to comprehensive SRH care and education creates a lifelong foundation for health; 2) that age-based SRH care restrictions exacerbate difficult situations and increase the number of youth faced with challenging decisions surrounding pregnancy, adoption, abortion, and other SRH care; 3) how sex education focuses on anatomy, with little insight into SRH access or care; 4) that trust must be established – and youth must feel heard – to create positive clinic environments; 5) how SRH care has a history of focusing on the needs of cisgender white women, leading to stigma and barriers for other populations; 6) that misinformation on the topic of SRH abounds, especially as some of the loudest voices (eg, social media influencers) can be inaccurate.

Following the roundtable of youth advocates, the Summit next featured a panel discussion of experts which explored the current landscape of contraception and abortion access. Key learnings included: 1) although SRH care access depends upon the laws and regulations of each state, it also depends upon personal circumstances, as individuals with means have more resources to overcome barriers; 2) Crisis pregnancy centers (CPCs) are thriving, and can be mistaken as clinics that provide comprehensive sexual and reproductive health services, like contraception and abortion³; 3) community organizations welcome partnerships with clinicians and national/state medical organizations as they seek to counter stigma, change restrictive policy, and expand SRH; 4) although technology can be leveraged to expand the reach of evidence-based information, improve SRH care access, and help providers meet young people where they are, barriers can hinder its utility.

To explore ways to support equitable abortion access for all young people – including communities with identities related to culture and gender – the Summit featured a presentation examining the work of an innovative SRH care center in Atlanta, as well as a small group exercise. Both the presentation and small group exercise urged participants to: 1) consider the opportunities that exist for communities to thrive when

accessing care, 2) reflect upon the importance of creating an ecosystem that supports patients every step of the way, and 3) integrate shared values, as well as reproductive and social justice, in all decision-making processes. Day 1 concluded with a highlighting of key learnings from the day's proceedings.

Day 1 Key Learnings

- 2021 had the biggest increase in restrictions on SRH rights on record; >500 restrictions were introduced in state legislatures, of which nearly 100 were enacted across 16 states – including 10 abortion bans.²
- Systemic inequities, including the persistent racism and historical oppression experienced by under resourced communities, have long impacted the ability of many to access SRH care; to counter barriers rooted in structural injustice, the framework of reproductive justice must be advanced.¹
- Opportunities to correct for justifiable, multi-generational mistrust in the health care system include:
 - Acknowledging, understanding, and reflecting upon the origin of a community's mistrust.
 - Advancing clinic-community partnerships that meet youth in the spaces in which they are most comfortable and invite youth to take leadership roles in program development, program delivery, staffing, policy, and beyond.
 - Ensuring health care providers interact with individuals in a way that: 1) models cultural humility, 2) leads with bodily autonomy, confidentiality, and consent, 3) avoids making assumptions, 4) ensures all care options are presented, 5) practices trauma informed care, 6) offers care guided by the young person's journey and desires, and 7) encourages youth to make decisions based upon their own needs and lived experiences.
 - Elevating providers from communities that experience additional barriers when accessing SRH, including providers of color and providers from the LGBTQ+ community.
- Youth who receive comprehensive sexual education, as well as education on what, where, when, and how to access SRH services in their youth, are not only better prepared to make health decisions in their adolescence – they are also better prepared to enter adulthood.
- Crisis pregnancy centers do not provide comprehensive SRH care, including contraception and abortion services,³ and will continue to play a role as dynamics and the policy landscape changes.
- Misinformation on the topic of SRH abounds, especially as some of the loudest, easiest-to-find voices (eg, social media) can be inaccurate.
- Clinician voices are needed in advocacy to counter stigma, change restrictive policy, and expand access.
- Telehealth can help expand access to SRH care for youth, but barriers – including laws, regulations, broadband access, and clinic culture – must be overcome to ensure equity.
- SRH should be framed as a human issue, not a women's issue, and all providers – not just obstetrician-gynecologists (OB-GYNs) – should receive adequate training to support SRH care.

Day 2: Youth & Reproductive Health – Perspectives from the Field

Day 2 commenced with a roundtable conversation between experts who gathered to share their unique perspectives on SRH in the US. Their discussion touched on a range of relevant topics, including the many barriers that exist to providing SRH care to young patients (eg, navigating parental consent, clinician training and education, and more), the system-wide changes needed to advance reproductive rights (eg, ensuring

confidential time with all patients, and protecting patient confidentiality in the age of the [21st Century CURES Act/Open Notes](#)), and how challenges posed by state restrictions to SRH care impact physicians and the delivery of care (eg, clinicians may need educational support to stay aware of their state's laws around adolescents and SRH care).

The Summit next featured 2 presentations designed to share insight on the state of sex education nationally, as well as provide an overview of what comprehensive sex education entails. The core themes examined across presentations included: 1) the variation in sex education offered across states, 2) that abstinence-only programming has not proven effective, 3) the confirmed benefits that can be derived from comprehensive sex education, and 4) how the nation's understanding of comprehensive sex education must expand to include medically accurate and developmentally appropriate information on a range of topics including (but not limited to) consent, social pressures and healthy relationships; adolescent development, anatomy and physiology; and sexual behavior and reproductive healthcare.⁴

The next session focused on youth access to contraception in the US. This presentation commenced by sharing a "day in the life" of the steps a 17-year-old youth living in Indiana would need to take to access contraception, underscoring the many barriers faced throughout. This example was followed by an outline of innovations in contraceptive access that are on the rise, including: 1) pharmacist-initiated prescriptions, 2) the potential of over-the-counter sales of oral contraception, and 3) mail-order purchasing.

Summit participants next heard from 2 presenters who addressed the impact of abortion restrictions on maternal and child health and well-being. The first presenter provided insight into the experience of providing abortion care in a state with restrictive abortion laws/bans; this presenter also described the ways in which laws specific to minors (eg, parental consent laws) can add burden to youth access to abortion care. The second presenter highlighted insights from the Turnaway Study, a longitudinal analysis examining the effects of being denied a wanted abortion on a person's mental, physical, and socioeconomic health and well-being.⁵ Overarchingly, the Turnaway Study offered substantial evidence that individuals who were denied a wanted abortion are more likely to live in poverty, report being in unfair or poor health, and experience chronic pain than similar individuals (as it pertains to pre-pregnancy mental health, physical health, socioeconomic status, reproductive experiences, and more) who received a wanted abortion.

Day 2 concluded with a small group exercise designed to delve deeper into the day's learnings as well as the role pediatricians and other clinicians can take in providing comprehensive SRH care access.

Day 2 Key Learnings

- SRH care decision-making hinges at the nexus of what a young person wants, what their parents want, and what the state permits:
 - Some states require parental notification/consent (ie, judicial bypass), and other states view minors as fully emancipated as it pertains to SRH care decision-making.
 - This variability is confusing for minors, parents, and providers alike, and can lead to complex situations for providers to navigate if parents and their minor children are not aligned as it pertains to SRH care options and decision-making.

- The judicial bypass process can be challenging for minors, and may require missing school or work multiple times, with implications for confidentiality and safety.
- To bolster clinician comfort in providing comprehensive SRH care services, educational support is needed to ensure clinicians remain up to date on SRH health care law, provide care to the fullest extent of the law, and aren't overregulating their practice to be more restrictive than the law.
- SRH should be woven into the life course model of health care, and all pediatric and primary care providers should engage their patients in developmentally appropriate SRH care from a young age.
- Confidentiality is an essential part of providing SRH care to youth, however:
 - Pediatricians do not consistently spend confidential time with adolescent patients during visits.^{6,7}
 - To ensure confidential data stays confidential, pediatricians need health system-wide protocols established to confirm that privacy is maintained throughout all visit, EHR documentation, and billing processes.
- Although used in multiple states, there is no substantial evidence supporting the effectiveness of abstinence-only sex education programs.
- Comprehensive sex education has been associated with a range of benefits, including increases in self-protective skills, self-esteem, self-efficacy, feelings of safety, knowledge of how to navigate appropriate and safe touch, and more.
- Innovations in oral contraception access are on the rise, including pharmacist-initiated prescriptions, mail-order purchasing, and (potentially in the future) over-the-counter sales.
- Individuals denied a wanted abortion are more likely to live in poverty, report being in unfair or poor health, and experience chronic pain than similar individuals (as it pertains to pre-pregnancy mental health, physical health, socioeconomic status, reproductive experiences, and more) who received a wanted abortion.
- National medical associations are urged to update, improve, and expand their policy statements on SRH, as well as encourage and support their members in partnering with non-profits on advocacy work.

Day 3: Forging Ahead

To describe a teen-centered care model within a community health center and highlight how youth-adult partnerships can contribute to equitable SRH care access, Day 3 of the Summit commenced with a presentation about El Rio Health's Reproductive Health Access Project (RHAP). Featuring youth leaders from RHAP, the presentation sought to: 1) inspire providers to collaborate with young people as partners in their work, 2) encourage a commitment to prioritizing youth/adult collaboration, and 3) motivate providers to recognize that engaging youth as leaders and service providers is critical to increasing youth SRH care access.

The next presentation focused on the value of medical and community partnerships to increase youth access to SRH care. To provide a real-world example of such a powerful partnership in action, presenters described the Chicago Healthy Adolescents and Teens (CHAT) program, a collaboration between the Chicago Department of Public Health, Chicago Public Schools, and Planned Parenthood of Illinois. An intervention that includes a SRH educational presentation, optional and confidential chlamydia/gonorrhea screening, and a private meeting with a health educator, CHAT reaches 40-45 schools per year and is looking to expand.

Participants met in small teams to discuss challenges and solutions to providing equitable youth access to SRH care. Topics discussed included: 1) ways to address cultural considerations when providing youth with SRH services; 2) culturally appropriate tools and interventions that can support the equitable provision of SRH care; 3) how clinicians and community organizations can collaborate to better support youth access to SRH care; 4) ways to support the equitable provision of SRH care when culturally congruent care is not possible; 5) the role technology can play in advancing equitable SRH care access, 6) the value of youth-adult partnerships when designing and implementing SRH care programming and services.

Day 3 of the Summit concluded with a presentation outlining the many legal barriers that impact youth access to SRH care (from Supreme Court changes, to parental consent, and more), as well as a large group discussion.

Day 3 Key Learnings

- The youth-adult partnership model – which empowers young people to make decisions, take on leadership roles, and collaborate equally with adults – creates a coupling of adult/youth skills that lead to more effective, feasible, and responsive programs, and can make a meaningful difference in expanding youth access to SRH care in ways that meet youth needs.
- Any SRH care decision a young person makes may be rooted in strongly held beliefs that vary across culture, religion, and individual; to respect bodily autonomy, providers must respect a patient's decision regardless of what it is – even if the decision differs from what the provider's culture, values, and beliefs would support.
- SRH care tends to be heteronormative/cisgender-normative in focus; it's essential to develop a space that is inclusive of, and safe and welcoming to, transgender and gender nonbinary individuals.
- SRH care is often so focused on specific services that a young person's goals and plans are left out of the equation; providers should listen with cultural humility to what a young person wants and needs, and balance the care offered accordingly.
- Access to SRH care may depend upon the health system's culture; hospitals affiliated with religious entities may not provide certain services (eg, abortion, or access to contraception), and insurance coverage may vary by employer.
- The logistics of the health care system – especially when it comes to abortion – are incredibly complex; non-profits exist that can assist youth every step of the way, from transportation, to lodging, to funding, to accessing legal/judicial bypass support.
- To advance reproductive justice, all providers should receive ongoing anti-racism and implicit bias training, take part in values clarification exercises, as well as receive education on the oppressive history of SRH care practices.
- The dearth of culturally congruent care options must be reviewed through the lens of structural racism within the health care system; It's essential to break down barriers/open academic opportunities to diverse populations to develop and expand the pipeline of health care providers across disciplines.

Next Steps

Follow up to the Summit will take place in early-2022 via 2 related focus meetings – 1 centered on ensuring the published resource effectively supports youth communities that experience additional barriers when accessing reproductive health care, and 1 that directly engages youth leaders on the resource’s development. AAP also plans to continually engage Summit participants throughout the development, refinement, and dissemination of the final resource.

APPENDICES

Appendix A: Summit Roster

All affiliations noted below are current as of September 2021; the views reflected within this document do not necessarily reflect those of the individuals and/or organizations listed below.

Meeting Participants

- Shaunte Anum-Addo, MD, FAAP – Pediatrician, Section on Minority Health, Equity, and Inclusion
- Sarah Axelson, MSW – Interim Head of Programs, Power to Decide
- Mousumi Banikya-Leasebury, MD, MPH, CPH – Supervisory Management Analyst/Lead Title X Family Planning Program, Office of Population Affairs, Department of Health and Human Services
- Nimra Chowdhry, JD – State Legislative Counsel, Center for Reproductive Rights
- Abigail English, JD – Director, Center for Adolescent Health & the Law
- Zsanai Epps, MPH, CHES – Program Director, MSK and Positive Period, Black Women’s Health Imperative
- Kami Geoffray, JD – President, Geoffray Strategies, LLC
- Kalin Gregory-Davis, Medical Student, Medical Students for Choice
- Brenda Morgan – Operations and Compliance Director, Whole Woman’s Health and Whole Woman’s Health Alliance
- Debra Hauser, MPH – President, Advocates for Youth
- Jessie Hill, JD – Associate Dean for Research & Faculty Development, and Judge Ben C Green Professor of Law, Case Western Reserve University School of Law
- Jessica Goldberg, JD – Senior Youth Access Counsel, If/When/How: Lawyering for Reproductive Justice
- Loris Hwang, MD – Associate Professor of Pediatrics, UCLA School of Medicine, Department of Pediatrics, Division of Adolescent and Youth Adult Medicine
- Tonya Katcher, MD, MPH – Program Director, Advocates for Youth
- Melissa Kottke, MD, MPH, MBA – Associate Professor, Emory University
- Michelle Pickett, MD, MS, FAAP – Associate Professor, Medical College of Wisconsin
- Lupe M Rodriguez – Executive Director, National Latina Institute for Reproductive Justice
- Renee Sieving, PhD, RN, FAAN, FSAHM – Professor, School of Nursing and Department of Pediatrics, and Pauline A Vincent Chair in Public Health Nursing, University of Minnesota
- Brittany Smith, MPH – Program Director, SisterSong
- Chez Smith – Founder, Cyrls in the HOOD (Healthy Optimistic Outstanding Determined) Foundation
- Hannah Wheelwright – Senior Federal Policy & Advocacy Strategist, Center for Reproductive Rights

Guest Speakers

- Jacqueline Ayers, JD – Vice President of Government Relations and Public Policy, Planned Parenthood
- Joy Baynes, FNP – Teen Health Programs Manager, El Rio Health
- Yael Benvenuto Ladin – Youth Panelist

- Nancy Berglas, DrPH – Public Health Social Scientist, Advancing New Standards in Reproductive Health, University of California, San Francisco
- Elise Berlan, MD, MPH, FAAP, FSAHM – Associate Professor of Pediatrics, The Ohio State University College of Medicine; Faculty Physician, Division of Adolescent Medicine, Nationwide Children's Hospital
- Rebekah Fenton, MD, FAAP – Fellow, Adolescent Medicine, Northwestern University Feinberg School of Medicine
- Christine Soyong Harley, MPP – President and CEO – Sex Ed for Social Change
- Frankie Heightchew-Howard – Program Assistant Intern, Reproductive Health Access Project (RHAP), El Rio Health
- Kwajelyn Jackson, MS – Executive Director, Feminist Women's Health Center
- Tammi Kromenaker, BSW – Clinic Director, Red River Women's Clinic
- Justin Lappen, MD – Division Director of Maternal Fetal Medicine, Associate Professor of Obstetrics/Gynecology and Reproductive Biology; Cleveland Clinic Lerner College of Medicine, Case Western University
- Bailey Lockwood – Project Coordinator, Reproductive Health Access Project (RHAP), El Rio Health
- Tamara Marzouk – Director, Youth Abortion Access, Advocates for Youth
- Raegan McDonald-Mosley, MD, MPH – CEO, Power to Decide
- Jen Moore Conrow, MFS – Executive Director, Preterm
- Sarah Parchem, MPH – Program Director, Chicago Department of Public Health
- Sonya Rahders, JD – Staff Attorney, Regulatory Assistance for Abortion Providers, Resources for Abortion Delivery
- Lauren Ralph, PhD, MPH – Associate Professor and Epidemiologist, Advancing New Standards in Reproductive Health, University of California, San Francisco
- Deonn Strathman – Director of Community Engagement and Adolescent Health Initiatives, Planned Parenthood of Illinois
- Andrea Swartzendruber, PhD, MPH – Associate Professor, Epidemiology and Biostatistics Department, University of Georgia College of Public Health
- Karen Torres – Program Assistant Intern, Reproductive Health Access Project (RHAP), El Rio Health
- Lucy Vuong – Youth Panelist
- Tracey A Wilkinson, MD, MPH, FAAP – Assistant Professor of Pediatrics, Physicians for Reproductive Health

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- Trisha Calabrese, MPH – Senior Director, Pediatric Population Health, American Academy of Pediatrics
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- Karen Smith, Manager, Adolescent Health Services, American Academy of Pediatrics
- Margaret Stager, MD, FAAP – Director of Adolescent and Youth Adult Medicine, MetroHealth Medical Center
- Krishna Upadhyaya, MD, MPH, FAAP – Vice President of Quality Care and Health Equity, Planned Parenthood Federation of America
- Ian Van Dinther – Senior State Government Affairs Analyst, American Academy of Pediatrics

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- Gretchen Niemann, M
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- Debra Waldron, MD, MPH, FAAP - Senior Vice President, Healthy Resilient Children Youth and Families

Commonality: Summit Facilitation and Summary Report

- Jenny Bogard, MPH (Meeting Facilitator) – Founder and Managing Partner, Commonality, Inc
- Anne Valik, MPH (Report Author) – Founder and Managing Partner, Commonality, Inc

Appendix B: Meeting Presenters

Day One Session Title	Presenter(s)
Welcome & General Summit Overview	Debra Waldron, MD, MPH, FAAP Krishna Upadhy, MD, MPH, FAAP Rebekah Fenton, MD, FAAP Jenny Bogard, MPH Kristen Kaseeska, MPH
Roundtable: Youth Perspective on Reproductive Access	Tamara Marzouk Yael Benvenuto Ladin Lucy Vuong Frankie Heightchew-Howard
Roundtable: The Current Landscape of Adolescent Reproductive Access	Seema Menon, MD Jacqueline Ayers, JD Andrea Swartzendruber, PhD, MPH Raegan McDonald-Mosley, MD, MPH
Understanding Our Audience	Kwajelyn Jackson, MS Jenny Bogard, MPH
Summary of Day & Outcomes	Kristen Kaseeska, MPH Jenny Bogard, MPH

Day Two Session Title	Presenter(s)
Welcome Back & Recap	Jenny Bogard, MPH
Roundtable: Perspectives on Sexual Reproductive Health	Margaret Stager, MD, FAAP Elise Berlan, MD, MPH, FAAP Jen Moore Conrow, MFS Justin Lappen, MD
The Benefits of Comprehensive Sex Education & the Role of Collaborators Who Serve Youth	Nancy Berglas, DrPH Christine Soyong Harley, MPP
Access to Contraception & the Future of Contraceptive Access	Tracey A Wilkinson, MD, MPH
Perspectives on Abortion Restrictions	Tammi Kromenaker
Impact of Abortion Restrictions on Maternal & Child Health & Well-Being	Lauren Ralph, PhD, MD
Small Group Work & Reflection	Jenny Bogard, MPH

Summary of Day & Outcomes	Kristen Kaseeska, MPH Jenny Bogard, MPH
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Day Three Session Title	Presenter(s)
Welcome Back & Recap	Jenny Bogard, MPH
Ensuring Equitable Access to Reproductive Services	Joy Baynes, FNP Bailey Lockwood Frankie Heightchew-Howard Karen Torres
Ways the Medical Community & Community Organizations Can Partner to Support Equitable Access to Reproductive Services	Sarah Parchem, MPH Deonn Strathman
Small Group Work & Reflection	Jenny Bogard, MPH
The Future of Youth Access to Reproductive Health Care	Sonya Rahders, JD Jenny Bogard, MPH
Summary of Meeting & Next Steps	Kristen Kaseeska, MPH Jenny Bogard, MPH

Appendix C: Shared Resources

The following resources were shared over the course of the Summit's 3 days:

AAP Policy and Resources

- [Adolescent Sexual Health Overview](#)
- [The Adolescent's Right to Confidential Care When Considering Abortion](#)
- [Sexuality Education for Children and Adolescents](#)
- [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#)
- [Sexual and Reproductive Health Care Services in the Pediatric Setting](#)
- [Options Counseling for the Pregnant Adolescent Patient](#)
- [Diagnosis of Pregnancy and Providing Options Counseling for the Adolescent Patient](#)
- [Emergency Contraception](#)
- [Unique Needs of the Adolescent](#)
- [Barrier Protection Use by Adolescents During Sexual Activity](#)
- [Long-Acting Reversible Contraception: Specific Issues for Adolescents](#)
- [Care of Adolescent Parents and Their Children](#)
- [The Impact of Racism on Child and Adolescent Health](#)

National and Community Nonprofit Initiatives, Programs and Resources

- Advocates for Youth's [#FreeThePill Campaign](#)
- Power to Decide's [Bedsider](#) & [Bedsider Provider Portal](#)
- Power to Decide's [Contraceptive Desert Map](#)
- [Planned Parenthood affiliates](#)
- Boston Children's Hospital's [Center for Young Women's Health](#)
- [Lifting Latinx Voices Initiative](#)
- [Teen Doula Project](#) from Perinatal Safe Zone: Supporting Healthier Pregnancies Together, with training provided by [Doula Trainings International](#)
- Power to Decide's [BCBenefits](#)
- If/When/How: [Judicial Bypass Wiki](#) and [Judicial Bypass Convening Report](#)
- Advocates for Youth: [Abortion and Parental Involvement Fact Sheets](#)
- Amaze: [Educational Videos](#)
- Jane's Due Process: [Judicial Bypass and Pregnancy Resources](#)
- Kari White et al 2020 Study: [Parental Involvement Policies for Minors Seeking Abortion in the Southeast and Quality of Care](#)
- Guttmacher Institute: [Teenagers' Access to Confidential Reproductive Healthcare Services](#)
- [North Dakota Women in Need Abortion Access Fund](#)
- [Indigenous Women Rising](#)
- [National Network of Abortion Funds](#)

- Planned Parenthood: [Roo Sexual Health Chatbot](#)
- [Quality and Access for Reproductive Health Equity for Teens \(QARE for Teens Project\)](#)
- [amaze jr. videos](#)
- [Coalition to Expand Contraceptive Counseling](#)
- [RHAP Video Overview](#)
- National Academies Report, [The Promise of Adolescence: Realizing Opportunity for All Youth](#)
- National Academies Report, [Promoting Positive Adolescent Health Behaviors and Outcomes](#)
- CPS: [Sexual Health Education Policy](#)
- Illinois Department of Public Health: [Illinois National Electronic Disease Surveillance System](#)
- US Office of Adolescent Health's [Checklist for Integrating a Trauma-Informed Approach Into Teen Pregnancy Prevention Programs](#)
- CDC's [Teen Access and Quality Initiative \(TAQI\)](#)
- [Bold Futures](#)
- [RHEDI program](#)
- Advocates for Youth's [Youth Leadership and Activism Programs](#)
- Sonya Rahder's course, [Policy in Human Sexuality: Cutting-Edge Analyses](#)
- [Texas is Ready](#)
- [Hoosier Action](#)
- [California Latina's for Reproductive Justice](#)
- [Euki Sexual Health App](#)
- [Protecting Privacy to Promote Interoperability](#) Workgroup

CPC and Abortion Clinic Databases

- University of Georgia College of Public Health's [CPC Map](#)
- Power to Decide's [AbortionFinder.Org](#)
- Reproaction's [The Fake Clinic Database](#)

Judicial, Legislative, Advocacy, Policy & Legal Organizations and Resources

- [SiX \(State Innovation Exchange\)](#)
- House of Representatives' [Women's Health Protection Act](#)
- Congressional Black Caucus' [Black Maternal Momnibus Act of 2021](#)
- If/When/How's [Judicial Bypass Wiki](#)
- [Guttmacher Institute](#)
- [National Abortion Federation](#)
- [Center for Reproductive Rights](#)
- [RAD/RAAP](#), and RAAP's [Medication Abortion by Telehealth: Legal Issues for Providers](#)
- Access, Delivered [Toolkit for Family Practice Providers](#)
- Law Atlas Policy Surveillance Program [Abortion Law Database](#)

- Guttmacher Institute [State Laws and Policies Resources](#)
- [Repro Legal Helpline](#)
- [Oral Contraceptives OTC Working Group](#)
- Power to Decide's [Advancing Contraceptive Access Toolkit](#)
- ACLU: [Laws Restricting Teenagers' Access to Abortion](#)
- Center for Reproductive Rights' [What if Roe Fell Map](#)
- Guttmacher Institute: [State-by-State Minor Consent Laws Overview](#)
- Illinois Government: [Minors Access to Health Care Services in Illinois](#)
- Illinois Government: [Minors Access to Birth Control in Illinois](#)

Sex Education Research, Curriculum, Programs & Resources

- [Positive Prevention PLUS](#)
- [Future of Sex Education Initiative's National Sex Education Standards](#)
- [Three Decades of Research: the Case for Comprehensive Sex Education](#) by Goldfarb and Lieberman
- Advocates for Youth [3Rs curriculum](#)
- SIECUS' [Community Action Toolkit](#)
- Advocates for Youth's [Amaze](#) program
- [Awk Talk](#)

Healthcare Provider Resources

- Physicians for Reproductive Health's [Advocacy Training, Medical Education and Direct Physician Support resources](#)
- Reproductive Health National Training Center's [Telehealth Etiquette for Family Planning Visits](#)
- National Clinical Training Center for Family Planning [podcasts](#)
- [PATH Framework for Clarifying Reproductive Goals](#) and [PATH Questionnaire](#)
- [Q Card Project](#)
- CDC resource: [Teen Health Services and One-On-One Time with A Healthcare Provider](#)
- Power to Decide's [One Key Question](#)
- Advancing New Standards in Reproductive Health (ANSIRH) research on [OTC medication abortion](#)
- Family Planning National Training Center's [Counseling Adolescents Seeking Family Planning Services: A Checklist for Providers](#)
- Advocates for Youth's [Virtual Professional Development](#)
- University of Michigan's Adolescent Health Initiative's [LGBTQ+ Youth Spark Training Series](#)
- Nursing License Map's blog, [How to Use Inclusive Language in Healthcare](#)
- [UCSF's Guidelines for Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People](#)

Appendix G: References

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