1 Adolescent Vulnerability and the Need for Youth-Friendly Healthcare: The NP's Role

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3 **Corresponding Author:**
4 Elizabeth K. Kuzma, DNP, FNP-BC
5 Clinical Instructor
6 University of Michigan
7 School of Nursing
8 400 N. Ingalls Room 3173
9 Ann Arbor, MI 48109
10 Phone: 586-909-4537
11 Fax: 734-647-0351
12
13 Email: ekuzma@med.umich.edu
14 Alternate e-mail: bethkuz@hotmail.com
15
16 and
17
18 Rosalind M. Peters, PhD, RN, FAAN
19 Associate Professor
20 Wayne State University
21 College of Nursing
22 5557 Cass
23 Room 358 Cohn Building
24 Detroit, MI 48202
25
26 Email: rpeters@wayne.edu
27 Alternate Email: peters.rosalind@gmail.com
28

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1 **Abstract**

2 **Purpose:** To describe adolescents as a vulnerable population with unique healthcare needs,
3 especially in relation to their sexual risk-taking behaviors; and to explicate the necessity of
4 nurse practitioners advocating for youth-friendly services and policies to meet adolescents'
5 sexual and reproductive healthcare needs.

6 **Data Sources**: CINAHL, Medline, PsychInfo, and PsychArticle data bases were searched to
7 identify theoretical and empirical literature regarding adolescence, vulnerability, sexual
8 health outcomes, barriers to accessing reproductive health services, what it means to be youth
9 friendly, and health advocacy to meet the health needs of adolescents.

10 **Conclusions:** Adolescents' health needs may not be fully met in traditional healthcare
11 settings. Lack of access to youth-friendly sexual and reproductive health services increases
12 adolescents' risks for poor health outcomes including sexually-transmitted disease and
13 unplanned pregnancy. Clinic, state, and national policies can create barriers for adolescents in
14 obtaining sexual-health services.

15 **Implications for Practice**: Nurse practitioners are philosophically and educationally
16 prepared to be leaders in improving adolescent health outcomes. Nurse practitioners can
17 directly provide youth-friendly care as well as advocate for youth-friendly practices within
18 their health system. In addition, nurse practitioners are well-positioned to be leaders in
19 advocating for state and national policies that improve adolescents' access to appropriate
20 sexual and reproductive healthcare.

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22 **Key Words:** adolescent, youth-friendly, vulnerable, health policy

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Adolescence is a critical period in the transition from childhood into adulthood during which young people, 12 to 18 years of age, experience significant physical, psychological, social, and emotional changes. Adjusting to their sexually maturing bodies, developing new perspectives on human relationships, and developing new coping and decision-making skills are among the major tasks of this developmental stage (Erikson & Erikson, 1998; Havighurst, 1956). Risk-taking is part of normal healthy development as adolescents move toward independence. However, risky behaviors, especially sexual risk-taking behaviors, have consequences that may significantly impact the youth's future health and well-being. Although adolescents are at risk for many adverse outcomes from sexual risk-taking behaviors, they are less likely to seek reproductive health services due to a variety of barriers. To help adolescents transition into a healthy adulthood, nurse practitioners [NPs] need to address the unique needs of youth, especially those related to their sexual expression (Lim, Chhabra, Rosen, Racine, & Alderman, 2012). The purpose of this paper is to address NPs role in improving adolescent health by understanding why adolescents are a vulnerable group, directly providing youth-friendly healthcare (i.e., care that is safe, confidential, and age-appropriate), and by advocating for youth-friendly policies at their practice sites, as well as advocating for policy change at the state and national level.

## Adolescent Vulnerability

Within healthcare, vulnerable populations are those that are not well-integrated into the healthcare system, putting them at risk for serious health problems (Urban Institute, 2014). Typically, vulnerable groups are those at risk due to racial, ethnic, economic, geographic, or health characteristics (e.g., disabilities), but age is also a potential source of vulnerability (Office of Minority Health, 2014). Adolescents are a vulnerable population due to their psychosocial developmental stage and its associated challenges, as well as the

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structural and functional changes occurring in the brain (World Health Organization [WHO], 2012).

Psychosocially, adolescents are increasing their level of autonomy and independence, yet are still dependent on their families for food, housing, financial support, and safety, including access to healthcare (Bailey, 2012). Risk taking in adolescence is a part of identity development (Erikson & Erikson, 1998). Many of the risks taken by adolescents are those associated with a sense of invincibility; the belief that consequences from risky behaviors will not happen to them.

Risk-taking behaviors may reflect not only psychosocial changes, but also developmental changes occurring in the brain. Researchers have suggested two processes of brain maturation resulting in development of the social-emotional and cognitive control systems (Steinberg, 2007; 2008). The social-emotional system, involving the amygdala, matures more rapidly than the prefrontal cortex which acts as the cognitive control system. This imbalance in maturation predisposes adolescents to risk-taking behaviors. While the brain is maturing, the adolescent may be making decisions guided by the amygdala, the portion of the brain responsible for emotions and emotional behaviors, leading to increased reward-seeking, especially in the presence of peers (Steinberg, 2008). It takes longer for the prefrontal cortex, the portion of the brain responsible for decision-making, impulse control, and the ability to envision long-term consequences, to mature. Thus, the adolescent prefrontal cortex may not provide the self-regulatory capacity needed to adequately assess and control impulsivity and risk-taking behavior that is driven by social-emotional processes (Blakemore, 2012; Steinberg, 2007; 2008).

**Adolescent Vulnerability and Sexual Health**

As part of normal physical and biological development, it is natural for adolescents to begin to explore their sexual identity and sexual feelings through dating and sexual

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experimentation (Mannheim, Zieve, Eltz, Slon, & Wang, 2013). When paired with increased reward-seeking behaviors and poor impulse control, this stage of development makes adolescents especially vulnerable to problems related to sexual behaviors.

Adolescents are susceptible to sexual risk-taking due to social pressures, mixed messages about sexuality, as well as having limited resources, or support to protect themselves from unsafe sex, sexually transmitted infections (STIs), or pregnancy (Bailey, 2012). In addition, the use of tobacco, alcohol, or illicit drugs, even casually, increases the chance that an adolescent will engage in high-risk sexual behaviors (CDC, 2015a).

In 2013, nearly 50% of all high school students in the U.S. reported engaging in some form of sexual activity (oral, vaginal, or anal) at least once. Among those reported engaging in sexual activity in the past three months, 40.9% did not use a condom. Fifteen percent of the students surveyed reported having four or more sexual partners while still in high school (CDC, 2014). Specific consequences of sexual risk-taking behaviors include teen pregnancy, STIs, and human immunodeficiency virus (HIV) (CDC, 2015b). The consequences of adolescent sexual risk-taking behaviors are associated with significant costs for both the individual and society as a whole (Blank, Baxter, Payne, Guillaume, & Pilgrim, 2010).

**Consequences and Costs**

While older adolescents (ages 15 to 19) and young adults (ages 20 to 24) represent only 14.1% of the population in the U.S. (U.S. Census Bureau, 2011), in 2013 they accounted for 56% of new diagnoses of gonorrhea, 67% of new chlamydia cases (CDC, 2014), and those ages 13-24 accounted for 26% of new HIV infections (CDC, 2013b). The CDC estimates these infections account for nearly $16 billion dollars in direct medical costs (CDC, 2013a).

Teen birth is another major health consequence of adolescent sexual risk behavior. Although the U.S. teen birth rate has decreased by 40% over the last 20 years, in 2013 there

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were still more than a quarter million babies born to adolescent girls aged 15 to 19 (Hamilton, Martin, Osterman, & Curtin, 2014). Teen pregnancy has negative consequences for teen parents, their children, and society. Children born to teenage mothers are at increased risk of being born prematurely and having low birth weight resulting in complications requiring additional medical interventions (March of Dimes, 2012). Teen pregnancy and childbirth is estimated to cost U.S. taxpayers $9.4 to $28 billion annually. These costs are due to increased healthcare and foster care costs, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers (National Campaign, 2013; U.S. HHS, 2015).

Cleland and colleagues (2011) estimated that for every $1 spent on family planning services the U.S. taxpayers could save $3.74 in pregnancy related healthcare costs. In addition, the CDC (2015b) stresses the urgency of improving access to STI screening, treatment, and primary prevention services to decrease the burden of STIs. Yet, teens often do not avail themselves of sexual health services. Identifying and overcoming the barriers to sexual healthcare is critical in improving health outcomes for this vulnerable population.

## Barriers to Sexual Health Services for Adolescents

Adolescents in the U.S. experience a number of barriers to sexual and reproductive healthcare services. A review of relevant literature revealed that the major barriers to adolescents obtaining appropriate sexual healthcare included access, communication and trust in provider, with concerns about confidentiality as an overarching issue influencing the other barriers. State and federal policies can create additional barriers to care by limiting youths' ability to access necessary sexual and reproductive health services.

### Confidentiality

Concern for confidentiality is seen as a significant barrier for adolescents in accessing healthcare services. Adolescents may be concerned about being recognized in the waiting

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room by family, friends, or other people in the community who may know their parents. They may also be concerned that their provider may have social interactions with parents in which the provider might purposefully or accidentally disclose that the teen was seen by them (WHO, 2012). Having parents learn about services sought is a profound fear of adolescents. One study found that 83% of the adolescent participants would stop accessing sexual health services if their parents were notified, while only one percent of the participants would abstain from sex (Alford, 2009).

**Access.** Access to sexual healthcare is another major barrier facing adolescents. Access can be impeded in multiple ways including: time and space available for services, access to a provider who will give them time alone for appointments and will talk about sexual issues, access to confidential services that are affordable, and access to transportation for appointments (WHO, 2012).

Adolescents may have a healthcare provider they see regularly, but may lack access to sexual health services because the provider does not see them privately without a parent being present. Additionally, some healthcare providers will either choose not to ask adolescents about sexual health issues, or will do so in front of a parent, which inadvertently limits adolescents' ability to access necessary services.

Access may also be affected by the nature of the clinic itself. Many clinics do not have late, weekend, or adolescent-specific hours. Further, an adolescent may feel uncomfortable addressing sexual concerns in a pediatric clinic, yet may not know where or how to access an adult clinic, let alone one that is youth-friendly

Cost creates another access issue for adolescents as well as a potential breech in confidentiality (Tebb, et al., 2014). If adolescents are insured under their parents' plan and the services are billed to that insurance, an explanation of benefits letter is often sent home. Such a letter would alert parents that the adolescent had sought health services, threatening

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the confidentiality of the services provided. To avoid this breech in confidentiality, adolescents may elect to not have the insurance billed, which then requires adolescents to pay out-of-pocket for what could be expensive clinic and laboratory services.

Access to transportation for confidential health appointments may create an additional barrier (WHO, 2012). Clinics may not be conveniently located near public transportation routes and adolescents may not have the financial means to afford cab service or other types of transportation to obtain healthcare without their parents' knowledge.

**Communication/Trust.** Effective communication skills are essential for establishing trust with adolescent patients (Ambresin, Bennett, Patton, Sanci, & Sawyer, 2013). Adolescents have expressed a willingness and desire to discuss sensitive topics with their providers, but the providers' communication style is a determining factor as to what information the adolescent will share (Martyn, et al., 2013). Informing adolescents they have a right to confidentiality protected by law helps promote a culture of openness and disclosure. A significant barrier can be created if a healthcare provider unintentionally disrespects, ignores, or judges an adolescent (Alford, 2009). This can happen when providers fear their guidance is not being accepted by the adolescent. This fear may lead to frustration impeding effective communication and potentially jeopardizing the adolescents' return for needed follow-up care.

**Health Policy as a Barrier**

Public health policies are made in the legislative arena with the presumed goal of achieving specific health objectives (WHO, 2015). However, health policies are influenced by the beliefs and values of those who develop and enact them (Leavitt, 2009), and thus may reflect political rather than health-oriented goals. Adolescent sexual and reproductive health is a very controversial political issue. Many view allowing adolescents to access confidential reproductive health services as a threat to parental rights (Herrman, 2013). Currently minors

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aged 13 to 17 have the legal right to access confidential health services in all states, but some policymakers want to restrict the confidential services youth can access by requiring parental notification (ACLU, 2015). While parental involvement is vital to the reproductive health of their children, consent laws could create a severe barrier and put their teens' health at risk. Research has shown that mandated parental notification does not deter adolescents from engaging in sexual activity, as adolescents reported they would continue having sex even if they could not access confidential health services (Goodwin, et al., 2012).

## Clinical Implications - Youth Friendly-Healthcare

Adolescents are generally healthy and the major health problems they face are due to preventable conditions arising from risky behaviors. Meeting the sexual and reproductive healthcare needs of adolescents requires a re-thinking of the clinical services provided to this at-risk, vulnerable population. As identified by WHO (2012), the major clinical implication to improve care for adolescents is the need to establish youth-friendly practices and policies that reduce or remove identified barriers to care. Because of their philosophical approach to practice, NPs are well suited to providing care that is sensitive to adolescents' cognitive, biological, and psychological stage of development. NPs can play an important role in reducing adolescents' barriers to care by directly providing youth-friendly services, advocating for the creation of youth-friendly environments, and addressing state and federal policy issues that could help overcome barriers to adolescent care.

### Youth-Friendly Care

Being youth-friendly means meeting the needs of youth by providing a safe, comfortable, confidential environment for youth (WHO, 2012). Youth-friendly clinics have policies and services that attract and retain adolescent patients. Characteristics of a youth-friendly clinic include having providers who are specially trained to work with adolescents

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and who understand the need for protecting privacy and confidentiality, offer services at an affordable cost, and have flexible, convenient hours for youth.

**NPs Directly Providing Youth-Friendly Healthcare**

To provide youth-friendly services, NPs may have to undergo a paradigm shift to recognize adolescents as a vulnerable population with needs very different from children or adult patients. Barriers are reduced when NPs are committed to confidentiality, therapeutic communication, and clearly understand minor consent laws.

**Commitment to confidentiality.** A major way in which NPs can reduce barriers to care for adolescents is by recognizing the need for confidentiality and ways in which it can be broken, even inadvertently. NPs must communicate their commitment to maintain confidentiality to the adolescent, while also being honest about the limits to confidentiality, such as ensuring patient safety, and the laws related to reporting communicable diseases (WHO, 2012).

**NP communication.** NPs should be prepared to talk to adolescents about sexual health in a non-judgmental, respectful manner. Discussions should address: the youth's emotional readiness for sex; the benefits of abstinence; strategies for maintaining abstinence; and safe sexual practices for sexually active teens including how to prevent pregnancy and/or STIs. NPs must provide accurate information about the options, safety, and side effects of multiple contraceptive methods, including condoms, as well as information regarding where contraceptives are available for free or low cost (Martyn et al., 2013). NPs must also be willing and able to discuss pregnancy options for an adolescent, including choosing to keep the pregnancy, considering adoption, or termination of the pregnancy. NPs must know state laws regarding a minor’s ability to consent to adoption or access abortion services if desired. To ensure patients can access information to which they are legally entitled, NPs also need to

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know local resources to refer an adolescent if not comfortable discussing all pregnancy options, including abortion.

***What are the laws?*** Adolescents are not legally adults, thus it is crucial for NPs to be knowledgeable about laws that affect adolescents' access to healthcare. (Riley, Ranalli, Lane, & Sohikian, 2014). Nationally, minors are legally able to access confidential reproductive and sexual health services (Guttmacher, 2015). A minor's right to access contraception services is protected by the Supreme Court ruling in *Carey versus Population Services International* (1977, 431 U.S.678). Additionally, minors aged 13 and older are ensured access to confidential reproductive health services through requirements in federally-funded programs such as Medicaid and Title X (U.S. HHS, 2014). In most states minors can be tested and receive treatment for STIs, including HIV, receive testing for pregnancy and prenatal care, and obtain contraception without parental consent. Many states require minors to have parental consent for adoption or an abortion. The laws vary by state requiring healthcare providers working with adolescents to be aware of the specific minor consent law in the state(s) in which they practice. Information on state laws affecting adolescent services can be found in Table 1.

**NPs Creating a Youth-Friendly Care Environment**

NPs can advocate for environmental and policy changes at their clinic or health system level. Clinic level changes to improve access for adolescents could include having specific clinic times dedicated to adolescent services; allowing walk-in or evening appointments. Having specific time designated for adolescents and allowing more flexibility when they arrive late could reduce the barriers they face in accessing care. Youth-friendly clinics would have exam rooms that are appealing and inviting to adolescents by having posters that clearly list confidential and sensitive services to encourage them to discuss risky behaviors. All office staff need to be trained in serving youth, including minor consent laws,

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documentation, and billing practices for confidential services because staff attitudes, values, and beliefs can greatly impact the clinic's ability to provide youth-friendly care (WHO, 2012). Any breech in confidentiality or perceived disrespect could prevent an adolescent from seeking services again (Alford, 2009).

**NPs Role in Advocacy for Youth-Friendly Health Policy**

Nurses have a long history of patient advocacy at both the individual and population level (Selanders, & Crane, 2012). NPs can continue this tradition by using their clinical expertise in a health advocacy role. Health advocacy encompasses direct services at the individual and family level, but also includes being involved in the political processes that affect access to healthcare for communities and the general public.

As described above, there are numerous ways in which NPs can advocate for individually-focused youth-friendly services within their own practice sites. Policy advocacy efforts at the population level need to recognize the varying opinions and preferences about how tax dollars should be spent. Further, there are public concerns that investing in the health of adolescents is an enormous expenditure with limited return. Thus, much of the NP advocacy role may be related to educating policymakers and the public about the costs of *not* meeting the sexual and reproductive health needs of adolescents. Areas for advocacy efforts could include: augmenting services in existing youth-friendly models of care, improving funding to clinics that provide comprehensive sexual and reproductive health services, removal of unnecessary and burdensome requirements for clinics that provide abortion services, and broader over-the-counter [OTC] access for emergency contraception.

**Advocating for enhanced services in existing youth-friendly models of care.** NPs could advocate for policy changes that would allow established youth-friendly clinics, such as school-based health centers (SBHCs), to provide comprehensive sexual and reproductive health services on-site. When SBHCs are able to provide comprehensive services, there is a

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decreased prevalence of sexual risk-taking behaviors and decreased incidence of STIs among patients (Gonzales, 2011). Multiple studies endorse the benefits of SBHCs providing contraception on-site; including improved consistency of contraception use and increased chance of SBHC patients using hormonal or emergency contraception at their last sexual encounter (Blank et al., 2010; Ethier et al., 2011). Despite the research demonstrating high quality outcomes of SBHCs, less than half of the 1900 SBHCs nationwide have the legal ability to prescribe or dispense contraception on site, thus limiting their ability to fully meet the needs of the youth they serve (Keeton et al., 2012). The services provided by SBHCs may be restricted at either the state or local community level, so NPs must be prepared to advocate for policy change at all levels.

**Advocating for improved funding to clinics that provide comprehensive reproductive health services.** NPs also could advocate for sustained funding to programs that provide vital sexual and reproductive services to youth. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Programs funded by Title X offer a broad range of FDA-approved contraceptive methods and related counseling; as well as breast and cervical cancer screening; pregnancy testing; screening and treatment for STIs including HIV; and other patient education and referrals (U.S. HHS, 2014). By law, Title X funds cannot be used to pay for abortion. Despite the fact that Title X centers serve over 4.5 million clients annually, for the fifth year in a row, the U.S. House of Representatives has proposed ending the program, and the U.S. Senate is recommending a major reduction in funding. Such policy decisions disproportionally affect adolescents and disadvantaged women who do not have resources to obtain reproductive healthcare elsewhere (Guttmacher, 2015). As patient advocates, NPs must work to ensure that patients have access to essential reproductive healthcare services to achieve and maintain optimal health.

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**Advocating for the removal of unnecessary and burdensome requirements for clinics that provide abortion services.** Although abortion remains a legal right for women in the U.S., a number of policy and funding decisions have created major barriers for women to access abortion services. There has been almost a 50% reduction in clinics providing abortion services since the 1980's (Guttmacher, 2014). This has occurred as states have enacted laws that severely limit who provides and where abortion services can be offered. The ability of adolescents to obtain abortions also varies by state. Some states require parental notification while others require either parental or other adult family member consent. Some states have judicial bypass laws allowing a teen to petition the court to obtain an abortion without parental consent. NPs working with adolescents considering abortion need to be aware of the laws in their state. Table 2 lists a website that offers an overview of state abortion laws.

**Advocating for broader OTC access to emergency contraception.** Over-the-counter access to emergency contraception is a safe, effective method for preventing pregnancy, but only branded medications (e.g., Plan B®) are available without age restrictions (Munro, Dulin, & Kuzma, 2015). Generic formulations of emergency contraception still have restrictions on availability, some require a prescription, and others are only available OTC for youth 17 years and older. Many pharmacies keep emergency contraceptives behind the counter, available for purchase without a prescription, which requires teens to have confidence in requesting the medication and the financial means to pay for it. Such restrictions result in cost and access barriers for adolescents.

**Steps in health advocacy.** There are multiple ways for NPs to be involved in advocating for health policies that support adolescents' access to comprehensive sexual and reproductive health services. The level of involvement depends on the level of investment an NP is willing to make. The simplest level of involvement is to become a member of an adolescent health organization that endorses advocacy efforts that an NP supports

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(HealthPAC, 2015). Membership dues help maintain the organization's ability to continue advocacy efforts, and donating to the organization's political action fund (PAC) helps the organization to be active and effective in the political arena.

Another method of involvement that requires minimal time commitment and effort is signing up for listservs, e-mail alerts, or following organizations social media page(s) in order to be notified when action on important issues is necessary. These action efforts usually involve easily signed pre-written electronic messages sent to policymakers to express support for an important issue and take only a few minutes to complete.

Much of advocacy is interpersonal in nature, thus establishing a relationship with lawmakers is important. The most valuable advocacy effort requires NPs to personally connect with their local, state, and federal elected officials (Table 2 provides website links for finding elected officials by zip code). Communication can be achieved by sending e-mails, speaking with office staff, and/or scheduling face-to-face meetings. It is essential that in these communications the NP present factual information along with related patient stories to counter any misinformation regarding adolescents' ability to access comprehensive sexual and reproductive health services. In order to be effective in policy advocacy, NPs must be informed of the issues surrounding adolescent access to comprehensive sexual and reproductive healthcare. Table 2 presents numerous resources to help NPs be able to respond effectively to questions about adolescent sexual and reproductive health. As part of the most trusted profession in the U.S., NPs are in a unique position to use their knowledge, interpersonal skills, and clinical expertise to influence health policy.

## NPs as Leaders in Youth-Friendly Initiatives and Care

Adolescents are a vulnerable population at increased risk of serious health problems due to their developmental state. NPs advocacy efforts can help improve adolescent health outcomes. Advocacy by a particularly skilled and knowledgeable group with a common

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philosophy, such as NPs, brings the strength of numbers of like-minded people advocating for youth-friendly practices and policies to overcome barriers to care faced by adolescents. NP's can effect change, not only in their own practice, but can influence and implement change at the clinic, healthcare system, and community level, as well as advocate for policy change at the state and national level to ensure the healthcare needs of adolescents are met. NPs have an obligation to advocate for their adolescent patients, serving as champions for change.

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7
8
9 Table 1.
10 *Health Policy Resources: State Laws And Information To Locate Elected Officials.*

| Website | Highlights |
|---|---|
| http://www.reproductiverights.org | Center for Reproductive Law & Policy<br>• Information regarding state laws for a minor's ability to access contraception, consent for an abortion, and consent for an adoption |
| http://www.guttmacher.org | Guttmacher Institute<br>• Information regarding state laws for a minor's ability to access contraception, consent for an abortion, and consent for an adoption |
| https://www.opencongress.org/people/zipcodelookup | Open Congress<br>• This site lists Federal Senators and Representatives by zip code. |
| http://openstates.org/find_your_legislator/ | Open States<br>• This site lists State Senators and Representatives by zip code. |
| http://www.statelocalgov.net/ | State & Local Government<br>• This site lists local elected officials by zip code. |

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14 Table 2.
15 *Resources on Adolescent Sexual and Reproductive Health for Nurse Practitioners*

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| Website | Highlights |
|---|---|
| http://www.guideline.gov/content.aspx?id=47031&search=abortion+and+adolescent | 2013 UK national guideline sexual history taking |
| http://umhs-adolescenthealth.org | Adolescent Health Initiative<br>• Provider Resources, trainings, annual conference |
| http://www.ahwg.net/ | Adolescent Health Working Group<br>• Training sessions, modules, online toolkits |
| http://www.advocatesforyouth.org | Advocates for Youth<br>• Publications, resources, professional education, and patient resources |
| http://www.aap.org | American Academy of Pediatrics<br>• Publications, resources, professional education, and patient resources |
| http://www.acog.org | American College of Obstetricians and Gynecologists<br>• Publications, resources, professional education, and patient resources |
| https://www.arhp.org/ | Association of Reproductive Health Professionals<br>• Publications, resources, professional education, and patient resources |
| https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx | **Bright Futures: Promoting Healthy Sexual Development and Sexuality**<br>• Toolkit for providers |
| http://leah.mchtraining.net/ | Leadership Education in Adolescent Health<br>• Leadership training program |
| https://www.napnap.org/ | National Association of Pediatric Nurse Practitioners<br>• National conference offers sessions on adolescent sexual and reproductive health and other online resources |
| http://www.ncsddc.org/ | National Coalition of STD Directors, promoting sexual health through STD prevention<br>• Resources and publications |
| http://www.naspag.org/ | North American Society for Pediatric and Adolescent Gynecology<br>• Publications, resources, professional education, and patient resources |
| http://prh.org/teen-reproductive-health/arshep-downloads/ | Physicians for Reproductive Health<br>• Many power point presentations and other helpful resources for providers |
| http://www.plannedparenthood.org | Planned Parenthood Federation of America<br>• Publications, resources, professional education, and patient resources |
| http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm?s_cid=rr6304a1_w | Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs: *Recommendations and Reports* April 25, 2014 / 63(RR04);1-29 |

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|---|---|
| http://www.reproductiveaccess.org/ | The Reproductive Health Access Project<br>• Publications, resources, professional education, and patient resources |
| http://www.adolescenthealth.org/ | Society for Adolescent Health and Medicine<br>• Offers fellowships and trainings annually, webinars, clinical care guidelines, annual conference |
| http://www.hhs.gov/ash/oah/ | U.S. Office of Adolescent Health<br>• Publications, resources, professional education, patient resources, health initiatives, state data |

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