Youth Perspectives

Adolescent Perceptions of Reproductive Health Issues, Health Information, and Access to Health Care Services in Orleans Parish, Louisiana

January 2016

The Louisiana Public Health Institute

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Executive Summary

This report is a summary of findings from interviews conducted with adolescents and young adults in Orleans Parish, Louisiana between November 1, 2014 and December 31, 2015 in order to better understand:

- Adolescent perceptions around reproductive health
- Adolescent experiences accessing reproductive health information and health services

Adolescent reproductive health is a critical, yet often neglected issue in Louisiana. In spite of having some of the highest STD rates nationally, and a higher than average teen birth rate, state laws restricting sex education and collection of sexual risk behavior data in schools pose major barriers to building coordinated, evidence-supported systems to improve health outcomes.

To address these challenges, the Louisiana Public Health Institute (LPHI) conducted a one-year project to capture youth perspectives on adolescent reproductive health in order to provide health advocates with tools to understand the barriers as well as the opportunities, that will help them move forward in planning and implementing larger programmatic solutions.

Key Findings

- *"It is something that is almost normal."* Many of the Orleans Parish informants identified Sexual Violence and abuse, including rape, sexual assault, and dating/intimate partner violence as a serious health issue faced by themselves and their peers. Louisiana youth have a higher rate of experiencing physical dating violence (15%), including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating, than teens nationwide (10%.)

- *"We never talked about it even to each other. It was like, you are pregnant." A*lthough informants identified pregnancy prevention as the largest overall health concern they faced, many felt that teen pregnancy had become normalized among themselves and their peers in New Orleans. Despite normalization, adolescents were fearful of the judgment they faced for being pregnant, hid their conditions, and avoided seeking pre-natal care until they were in pain or had visible signs of pregnancy. They also reported being unaware of where to access care once pregnant.

- Perceived and real coverage gaps were reported by almost every adolescent interviewed in Orleans Parish despite availability of multiple sources of coverage and entitlement programs for adolescents, including Medicaid/LaChip, Take Charge Plus, and the GNOCHC Waiver.

- Mental health was reported as a critical health concern by the majority of informants, and was connected to sexual health and healthy behaviors. This connection is especially important owing to the potential impacts trauma can have on sexual health behaviors, namely: early sexual debut, teen pregnancy, and risky sexual behaviors, including unprotected sex, sex with multiple partners, sex while using drugs/alcohol, and sex for money.

Introduction

Adolescent reproductive health is a critical, yet often neglected issue in Louisiana. This is evidenced by the fact that Louisiana has some of the highest sexually transmitted infection (STI) rates in the country, consistently surpassing national averages. Nationally, young people, ages 15-24, account for over half of new STD infections every year.[1] Moreover, the birth rate for adolescent girls ages 15-19 in Louisiana was 39.2/1,000 in 2013, the eighth highest teen birth rate in the country.[2] Additionally there are clear racial disparities around adolescent reproductive health, with African American females making up over half of the reported teen births in Louisiana as compared with 24% in the United States overall.[3] In spite of having some of the highest STD rates nationally, and a high teen birth rate, state laws restricting sex education and collection of sexual risk behavior data in schools pose major barriers to building coordinated, evidence-supported systems to improve health outcomes. While schools, health care providers, and community-based organizations (CBOs) interact with adolescents within their own institutional arenas, the systems are fragmented and there is no consolidated statewide strategy to address adolescent reproductive health.

To address these challenges, the Louisiana Public Health Institute (LPHI) conducted a one-year project **to map the strengths and weaknesses of the health system in order to provide health advocates with tools to understand key systems assets, barriers, and opportunities to move forward in planning and implementing larger programmatic solutions that address adolescent reproductive health.** The primary rationale for this project was:

- The high rate of STDs
- An above-average teen pregnancy rate
- The lack of accessible and quality reproductive health services for adolescents and young adults.

This report is a summary of findings from interviews conducted with adolescents and young adults in Orleans Parish, Louisiana between November 1, 2014 and December 31, 2015 in order to understand: a) their overall perceptions around reproductive health, and b) their experience accessing both reproductive health information and health services. For the purposes of this report "adolescents," "youth," and "young adults" are used to describe the ages between 14 and 24.[i] Although referred to in

[i] Interviews were conducted with ages 14 and above only owing to assessment content and study design, however, additional health and demographic data within this report include ages 10-24 to capture a full range of youth needing, or accessing reproductive health services.

the literature, and in clinical settings as “pediatric” or “adolescent” patients, interviewees reported preferring to be referred to as “youth” or “young adults,” and thus all three are used interchangeably throughout the report.

Methodology

In-depth interviews (both individual interviews, group interviews, and focus groups) were conducted with 41 youth informants between the ages of 14 and 24 in Orleans Parish. Participants were identified and recruited through community health clinics, pediatric provider groups, and youth-serving community based organizations (CBOs) in the Greater New Orleans (GNO) area. Ten interviews were conducted. Several participants were interviewed individually, and others were broken into focus groups of six to eight participants and small group interviews of two to three participants. Thirty-five participants (87%) identified as female. At least one participant identified as transgender. Twenty-nine identified as Black or African American (72%), six as White (15%), four as Asian (10%) and two as Latino (5%).

Adolescent Sexual Development

Adolescence is a time of rapid development; one of the many changing factors during adolescence is sexual health. The World Health Organization defined sexual health as “state of physical, emotional, mental and social well-being in relation to sexuality…not merely the absence of disease… Sexual health requires a positive and respectful approach to sexuality and sexual relationships… free of coercion, discrimination, and violence.” Sexual development involves changes in the adolescent’s psychological (brain development), biological (puberty), and socio-cultural (family and friends) positions. Adolescent sexual development is about more than just STDs and pregnancy. It includes other developments such as defining gender identity, sexual orientation, and developing healthy relationships. All of these factors affect an adolescent’s relationships from teen years throughout the life span (WHO, 2016).

Interviews varied in length from thirty minutes to two hours. All interviews were recorded and transcribed verbatim for accuracy, and a thematic analysis was conducted using a team-based approach. Each team member read through the transcripts and then met collectively to identify themes and code the data.

Key Topics of Investigation Included

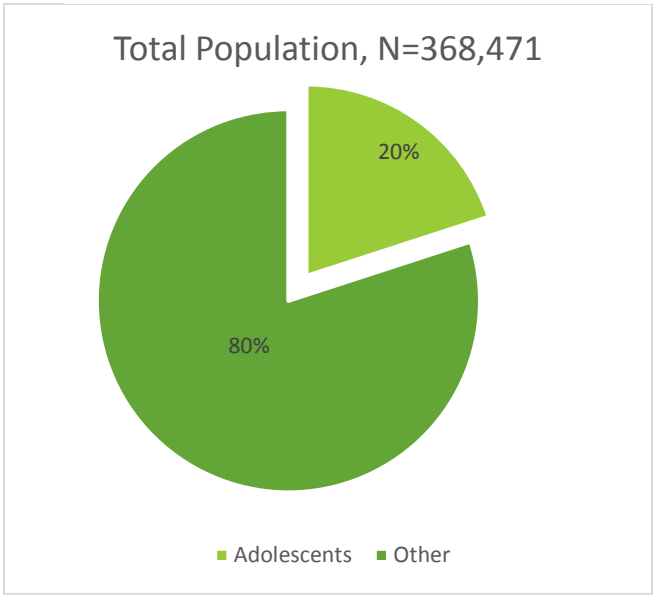
- Understanding where and from whom adolescents get their reproductive health information
- Perceptions of the accuracy of the reproductive health information they receive
- Issues encountered by adolescents around access and utilization of reproductive health care
- If and how adolescents engage social media and the internet to access reproductive health information and resources

Who Are the Young People Living in Orleans Parish?

Orleans Parish is located in the southeastern part of Louisiana. The estimated population for the parish was 368,471 in 2014 with a median age of 34.6 years. The GNO area is comprised of Orleans, Jefferson, Plaquemines, and St. Bernard Parishes. While these parishes have urban areas, they also possess large rural tracts the farther one travels from the city of New Orleans. Orleans Parish as a whole has a higher percentage of females (55% female; 45% male); for adolescents the population is 52% female/48% male.

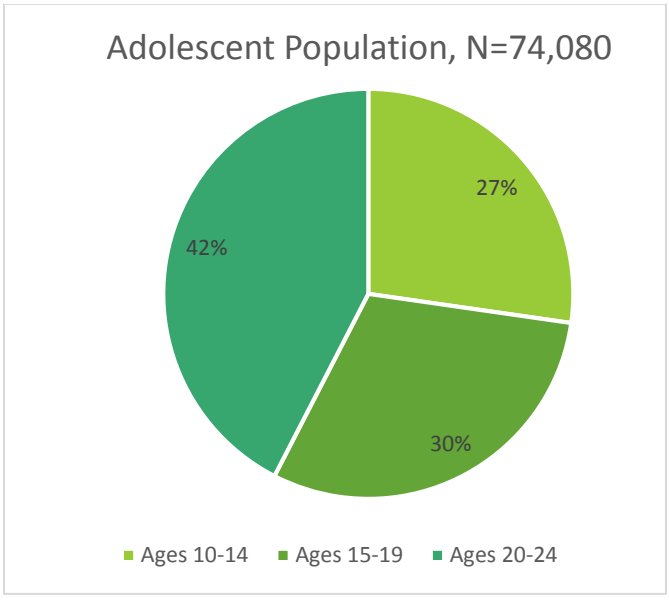
Adolescents make up approximately 20% of the total population in Orleans Parish (Figure 1). Of that, approximately 27% are ages 10-14, 30% are ages15 -19, and 42% are ages 20 - 24 (Figure 2).

Figure 1: Total Population, Orleans Parish 2014



Source: ACS, 2014

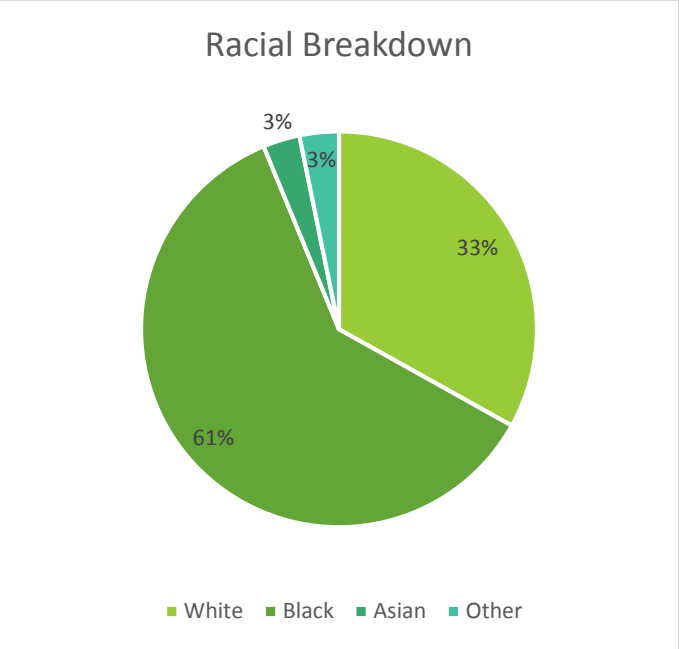
Figure 2: Adolescent Population, Orleans Parish 2014



Source: ACS, 2014

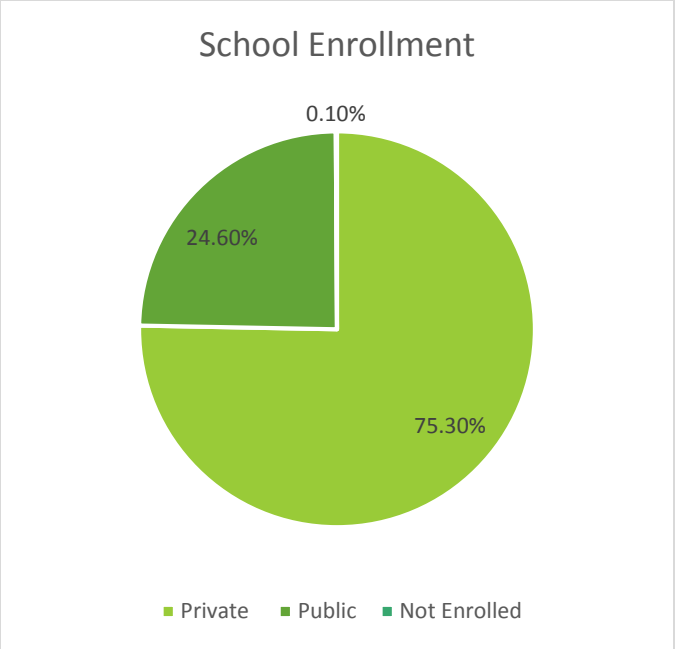
Approximately 33% of the population is White, 60.5 % is Black or African American. Most youth attend public and charter schools that fall under the Orleans Parish School District or the Recovery School District. A large number of New Orleans's youth also attend parochial schools.

Figure 3: Racial Breakdown, Orleans Parish 2014



Source: ACS, 2014

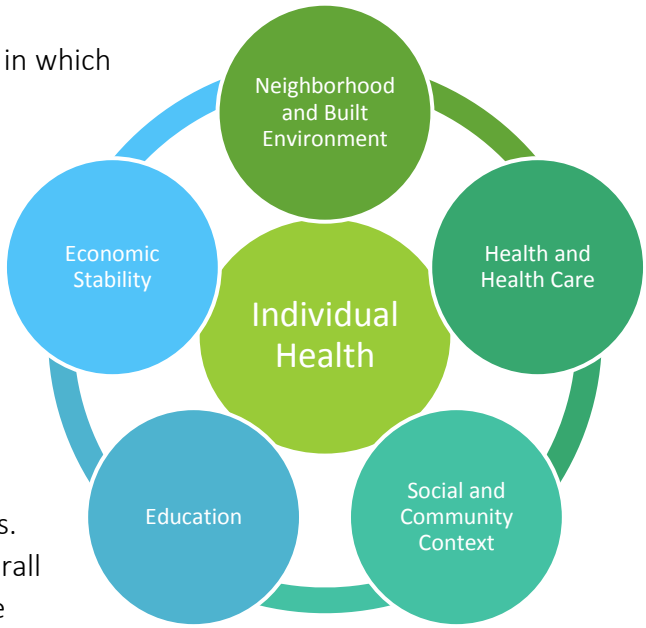
Figure 4: School Enrollment, Orleans Parish 2014



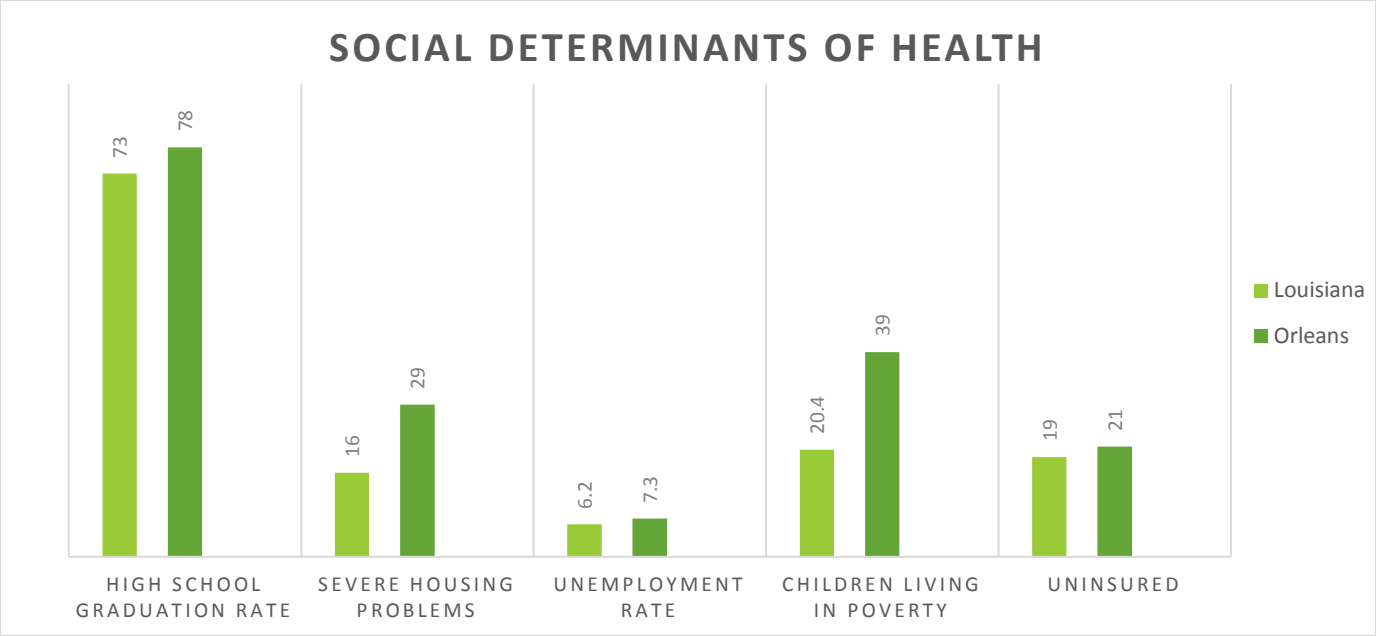
Source: ACS, 2014

Race	Number	Percent
White	125,296	33%
Black or African American	219,645	60.5%
Indian/Alaskan Native	1,030	0.3%
Asian	10,885	3%
Native Hawaiian/Other Pacific Islander	105	0.0%
Other | Two or More Races	11,510	3.2%
Total	368,471	100%
Ethnicity		
Hispanic or Latino	19,911	5.4%

What Affects Health?



Social determinants of health (SDOH) are the conditions in which people live, learn, work, and play that affect a vast range of health risks and outcomes.[ii] Factors such as the neighborhood and the built environment in which a person lives, their access to quality health care and education, their social and community context, and the economic stability of the individual and their community are the most consistent predictors of positive health outcomes. Poverty plays a major role in an individual's life trajectory and his/her overall health outcomes by limiting access to basic resources such as healthy foods, better education, and safe neighborhoods. Social determinants of health play a large role in the overall health of the population in Orleans Parish (Figure 5). The poverty rate of the parish (27.7%) is significantly higher than the national average (14.5%); the most recent census demonstrates a child poverty rate of 41.5%. Further, there is a lower high school graduation rate, and a higher uninsured rate than in the rest of Louisiana. Poverty is also an indicator for increased rates of teen childbearing. Not only are rates of teen pregnancy higher in states with higher income inequality, the rates of abortion are lower, meaning that more children are born to teens in lower income states, such as Louisiana.[4,5]



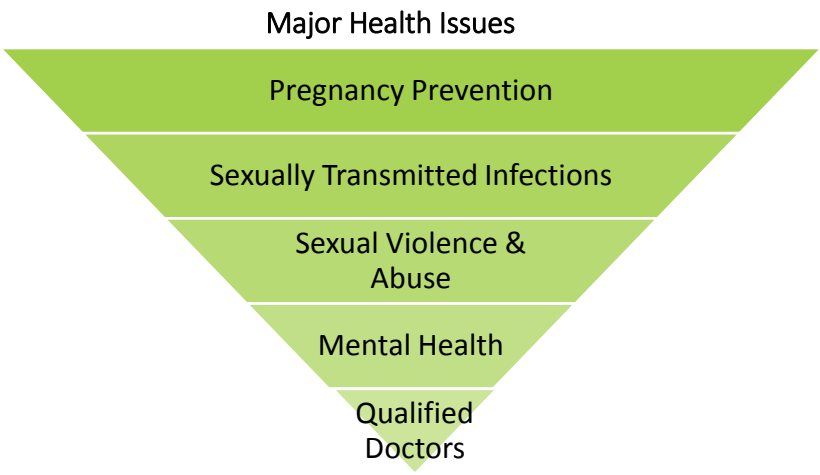
Source: America's County Health Rankings, 2015

[ii] http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

What Do Adolescents and Young Adults Identify as Their Most Important Health Issues?

Adolescents and young adults were asked to identify what they saw as the greatest health concerns for people their age in Orleans Parish. The most commonly reported health issues were of a reproductive health nature. Some type of reproductive health issue was mentioned in every interview conducted with adolescents in Orleans Parish. More specific concerns of the adolescents in this region around reproductive health ranged from pregnancy prevention, to STDs, to sexual violence. The primary health concerns listed by adolescents included:

- Pregnancy prevention
- Sexually transmitted infections (STI)
- Sexual violence and abuse
- Mental health
- Access to qualified doctors



Pregnancy Prevention

Both male and female informants reported that pregnancy prevention was a primary health concern. Nationwide, 47% of high school students have ever had sex, and that rate increases to 64% by twelfth grade. [6] Thirty-four percent of high school students, including nearly 50% of twelfth graders are currently sexually active.[iii]

> *Pregnancy. I mean you can preach as many times as you want about wearing condoms but they are not 100 percent effective. They pop, you can be drunk in the middle of the night, and you get pregnant. Pregnancy is a big problem.*

While teenage pregnancy trends are declining nationally, the teen birth rate was 39 per 1,000 in Orleans Parish, approximately 20% higher than the national average of 31.3 per 1,000.[7] Teen childbearing is also associated with an increased risk of an adverse birth outcome, including preterm delivery, low birth weight, extremely low birth weight, and neonatal mortality.[8] In Louisiana 12% of females under 20 years of age give birth to low-birth weight infants compared to the national average of 9%.[9]

Teen childbearing carries negative short- and long-term consequences for these young parents and their children, as well as negative social and economic impacts on society. Only 50% of teen mothers earn a

[iii] These percentages are based on information on teenagers in the Youth Risk Behavior Survey (YRBS), a biennial survey of high school students in the United States, conducted by CDC. As a result of RS 17:281 passed by the Louisiana State Legislature in 2014, students are not allowed to be 'tested, quizzed, or surveyed about their personal or family beliefs or practices in sex'. Many members of the house were concerned that asking young people about sex would encourage curiosity and sexual behavior (Kemper, 2014). As a result, there is no New Orleans or Louisiana data available on adolescent sexual behavior.

high school diploma by age 22, and teen fathers are 25- 30 % less likely to graduate than teens who are not fathers.[10] It is also estimated that 20-37% of teen mothers have a subsequent birth within two years of their first child, making 1 in 5 births to a teen mother a repeat birth.[11,12]

Pregnancy complications remain the single highest hospital admission of young people in the Greater New Orleans area. They account for 46.4 % of all adolescent in-patient admissions.[13]

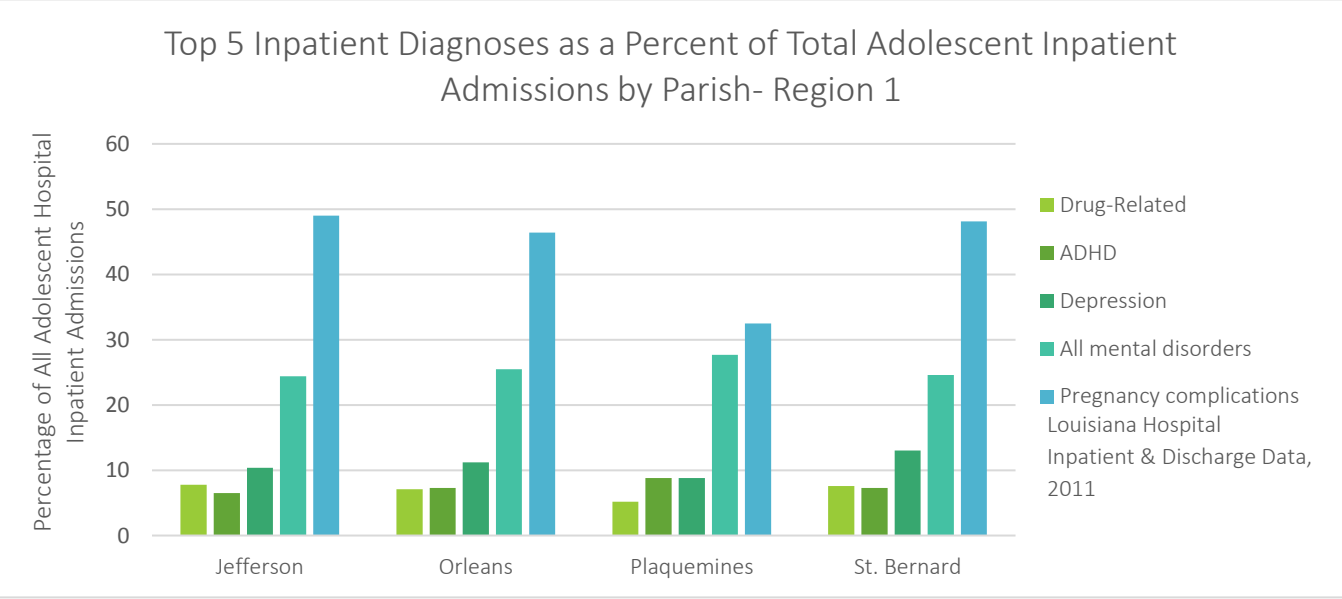
Although informants identify pregnancy prevention as a major health concern, many felt that pregnancy has become normalized among teens in New Orleans. In spite of this normalization, many adolescents and young adults are afraid of being judged by family members and peers. They often avoid seeking care until they are in pain or have visible signs. One informant noted how her friend tried to keep her pregnancy hidden from her parents:

> *My friend was pregnant at 15 and she waited five months to tell her parents. She was carrying low so it was easy. We never talked about it even to each other. It was like, you are pregnant. I just wish we could go back because so many things would be easier.*

During one interview, an informant acknowledged that she had just found out that she was pregnant. She noted that she was afraid to tell her mother and unsure about where to access services. Another informant shared,

> *My cousin kept saying I was pregnant. I started crying and I had missed my menstruation and I threw up and I was trying to give my mother hints. I did not want to tell her, I was scared. It just came out, my sister told her and then I found out I was two months*

Figure 8: Adolescent Inpatient Admission for Greater New Orleans Area

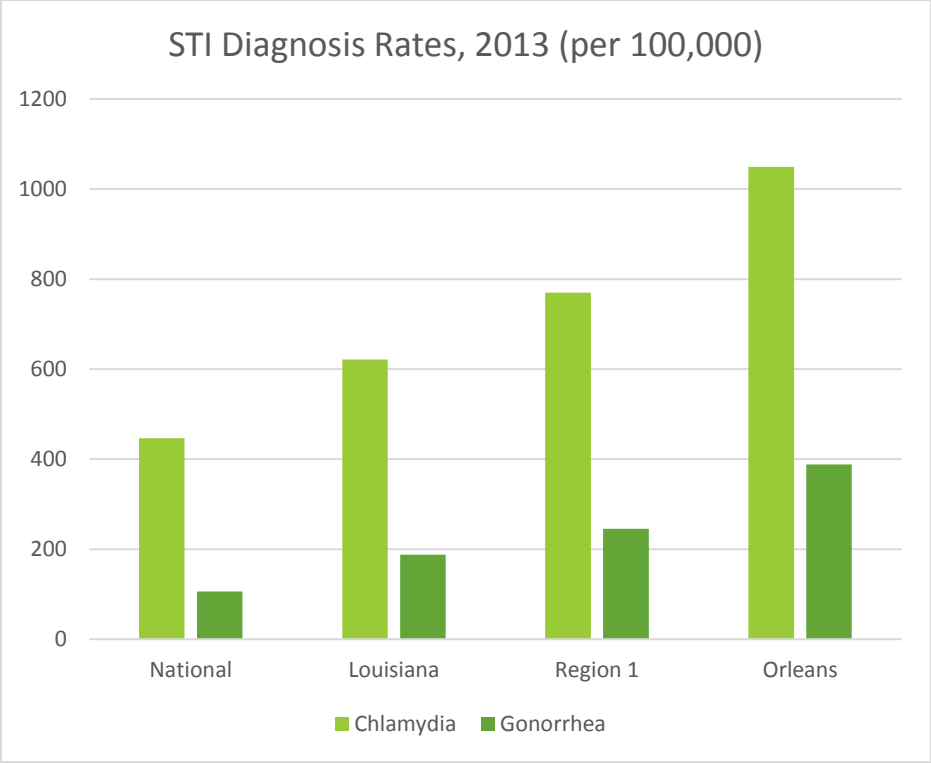


In 2013, Louisiana ranked first in the nation for gonorrhea diagnoses and second for chlamydia.[14]

Sexually transmitted infections (STI) are an important reported concern for adolescents and young adults in New Orleans. Untreated STIs are a common cause of pelvic inflammatory disease, infertility, and chronic pelvic pain.[15] Three out of every four cases of chlamydia in Louisiana occur among persons 10-24 years of age.[16] Adolescent minorities and females are disproportionately impacted by STIs.

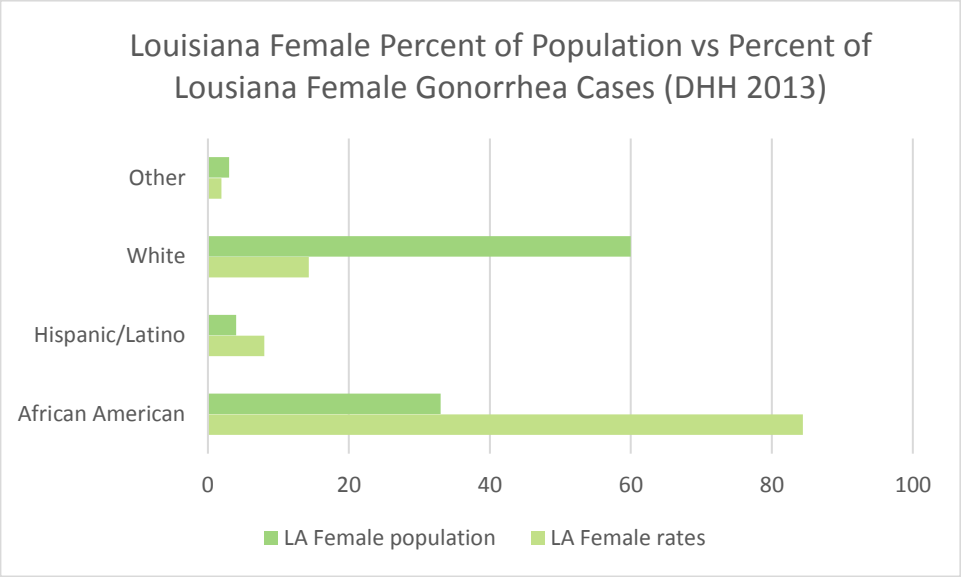
Nationwide estimates suggest that young people aged 15–24 acquire half of all new STIs and that one in four sexually active adolescent females has an STI.[17] Young people are at a higher risk of acquiring STIs due to a combination of behavioral, biological, and cultural reasons. Female adolescents in particular are more susceptible to contracting an infection for anatomical reasons, and also more likely to be screened than their male counterparts, contributing to the higher diagnosis rates. Adolescents and young adults are also less likely to disclose or seek care when they have an STI. One informant who is a peer mentor noted,

> *I think the STD thing is a big deal because I was actually surprised when I got okay with talking about sex and how many of my friends did not use condoms and that was scary. A lot of them are too scared to get tested or that their parents will find out.*



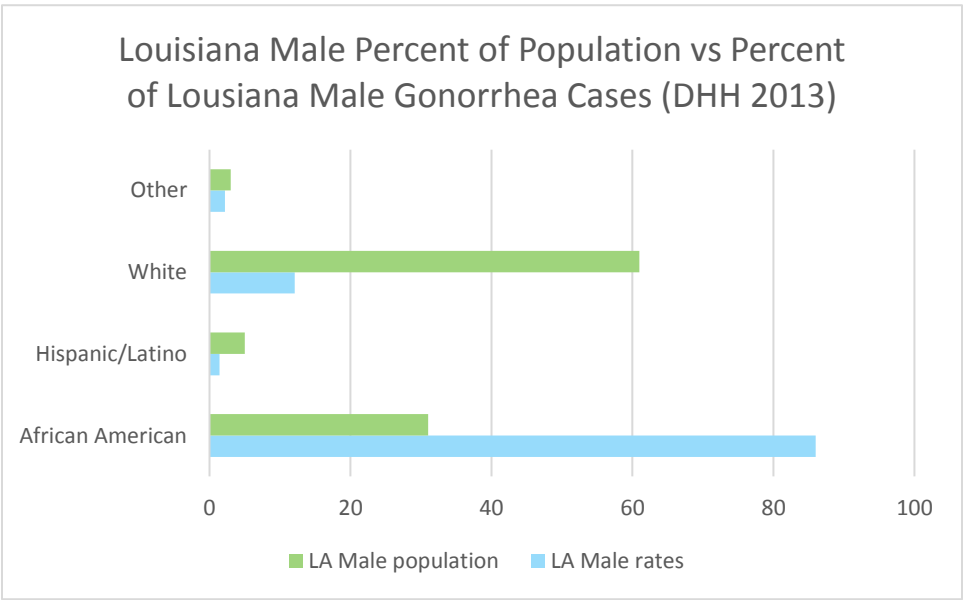
In Orleans Parish, rates of chlamydia and gonorrhea among African Americans are substantially higher than whites, with African American females having the highest rates.[18] While African American women make up only 33% of the female population in Louisiana, they carry the majority of the reported gonorrhea cases, at 84% of the total.

Figure 9: Female Percent of Population vs. Percent of Female Gonorrhea Cases



It is worth noting that while African American males have a greater discrepancy in the population percentage versus case percentage than African American females, African American females have a much higher case rate. African American female case rate is 4,099/100,000 while the African American male rate is 3,168/100,000, meaning that African American females have a 130% higher case rate of gonorrhea in Louisiana than African American males.

Figure 10: Male Percent of Population vs. Percent of Female Gonorrhea Cases



In addition to a high burden of chlamydia and gonorrhea, in 2014 New Orleans ranked third in the nation for estimated HIV cases among large metropolitan cities in the US (43.4/100,000).[19]

New Orleans was among the top 5 cities in the nation for new diagnoses of HIV in 2014. Louisiana has 2 of the top 5 cities, with Baton Rouge being first and New Orleans ranking third. New diagnoses of HIV in New Orleans were more than double the national average for metropolitan statistical areas.

African Americans carry a significant burden of new HIV diagnoses in Louisiana, accounting for over two-thirds (70%) of the new HIV diagnoses in 2013, despite making up only one-third of the population.

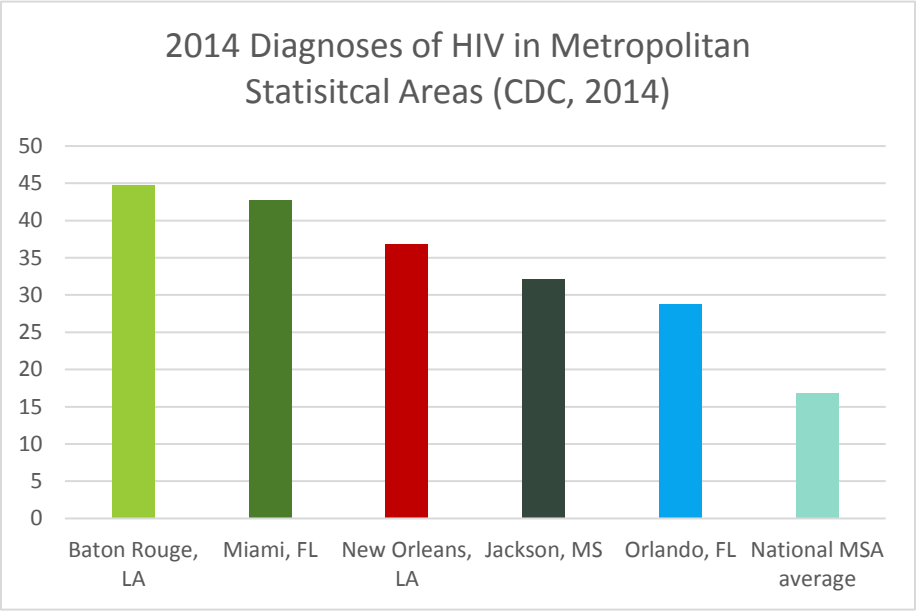


Figure 11: HIV Diagnoses in Metropolitan Statistical Areas, 2014

One out of every four new HIV diagnoses occurred among persons 13-24 years of age.[20] However, the percentage of high school students (grades 9-12) that have ever been taught in schools about AIDS or HIV infection is 75% in Louisiana (males 70% and females 79%), compared to the national average of 84% (84% in both sexes).[21]

Sexual Violence and Abuse[iv]

Several informants identified dating and intimate partner violence as a serious health issue faced by themselves or their peers. Studies have found that approximately 1 in 5 female high school students report being physically and/or sexually abused by a dating partner.[22] One informant shared:

> *Unwanted sexual intercourse. So many of my friends have been like, I don't know if it was rape, and I was like, it was rape. If you were unconscious or too drunk, you were raped. I think that was never touched on what to do afterwards.*

According to the 2013 Youth Risk Behavior Survey, 15% of Louisiana high school students who had dated someone in the 12 months before the survey had experienced physical dating violence, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with, compared with 10% nationwide.[23]

[iv] For the purposes of this report and clarification and owing to differences in language used by interviewees, sexual violence, intimate partner violence, sexual abuse, and dating violence have been classified as sexual violence and abuse.

Male and female informants also noted that sexual violence and abuse, particularly in the form of intimate partner violence (IPV), has become normalized among their peers while simultaneously acknowledging that this type of violence is still a stigmatized issue.

> *It is something that is almost normal. People just accept it now. I am not saying that it is right, but it is becoming the norm. It could be both [physical and emotional]. A lot of males tell females what they want to hear just so they can have sex with them. After that, maybe he will not be abuse like a full on fight, but shoving her or pushing her and nobody would say anything about it. They would try to keep their business to themselves. It happens a lot outside of school, mostly.*

Teens do not talk openly about sexual violence and abuse to parents or, in many cases, peers. One informant noted:

> *I think they feel like pregnancy is more open. It is a natural thing. I don't think they realize how much people go through with abuse, because nobody really speaks about it. They don't think about it, but if you get pregnant a lot of people talk about it. They feel more comfortable to talk about it.*

In some case, adolescents and young adults who are experiencing sexual abuse do not feel that they will be believed.

> *My friend was at her house and she was touched by her brother and she didn't want to say anything happened, but she finally said something and the other person said she was lying about the situation. She was like 'yeah and nobody believes her or thinks that happened.' I think it happened.*

"My friend was at her house and she was touched by her brother and she didn't want to say anything happened, but she finally said something and the other person said she was lying about the situation. She was like 'yeah and nobody believes her or thinks that happened.' I think it happened."

Additionally, adolescents and young adults often feel ill-prepared to respond to those experiencing sexual violence and abuse. One informant shared her frustration:

> *She doesn't act the same towards her friends. It's like the person that she is with is changing her. I guess there are certain things he doesn't like her to do and she does not feel like it is right, but she won't say anything about it. It affects her friends who really want to be there for her. She usually tells her friends stuff or hang out with her friends and she can't do this now because her boyfriend thinks this and he controls this. It's crazy… I don't think he loves her, he just controls everything and I think he puts his hands on her because he has an anger problem. She told me yesterday that she does not know what to do. I told my mom and she told me, 'don't worry about it' and I felt she needs somebody to help her file a restraining order or something. Today she had people talk about it and she wanted to leave [quit school] and I don't know what to do, I just want to leave school.*

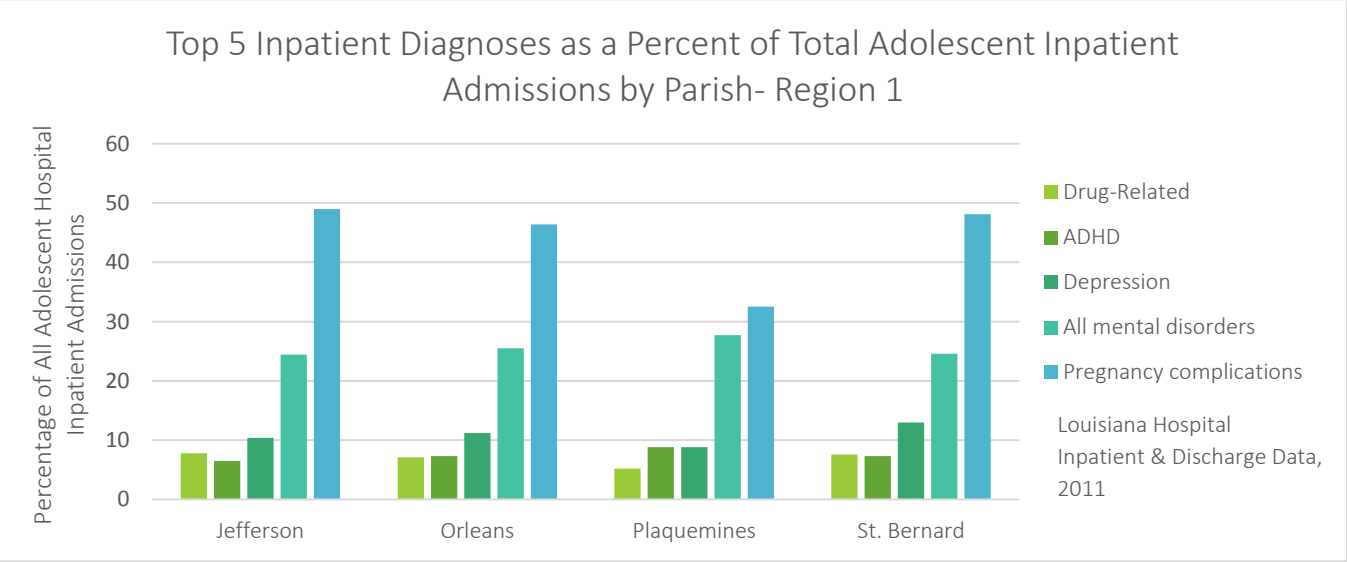
Emerging research from Tulane University examined potential sources of help for dating violence victims among teens in two New Orleans high schools.[24] Teens reported that victims were unlikely to seek help if they were committed to staying in their relationship; if the abuse experienced was emotional or sexual rather than physical; or if the victim was male. Teens reported that victims were most likely to seek advice from friends. However, most stated that friends have difficulty assisting victims due to a lack of experience or knowledge. Also, teens reported friends were less likely than adults to perceive dating violence as a serious problem. Some teens described seeking help from family members with whom they have close relationships, although other teens were strongly opposed to seeking help from family due to the fear that family members would overreact or seek retribution. Fear that their complaint would be shared with others (i.e., the police) was described as a barrier to disclosing to school or health professionals.

Mental Health

Mental health was identified as an important health issue for adolescents and young adults interviewed. Approximately one in three Louisiana high school students reported they felt sad or hopeless during the last twelve months.[25] One in five reported contemplating suicide.[26] In Orleans Parish, females (38.1%) were more likely to report depressive symptoms (20.5%) than males and more likely to report considering suicide.[27]

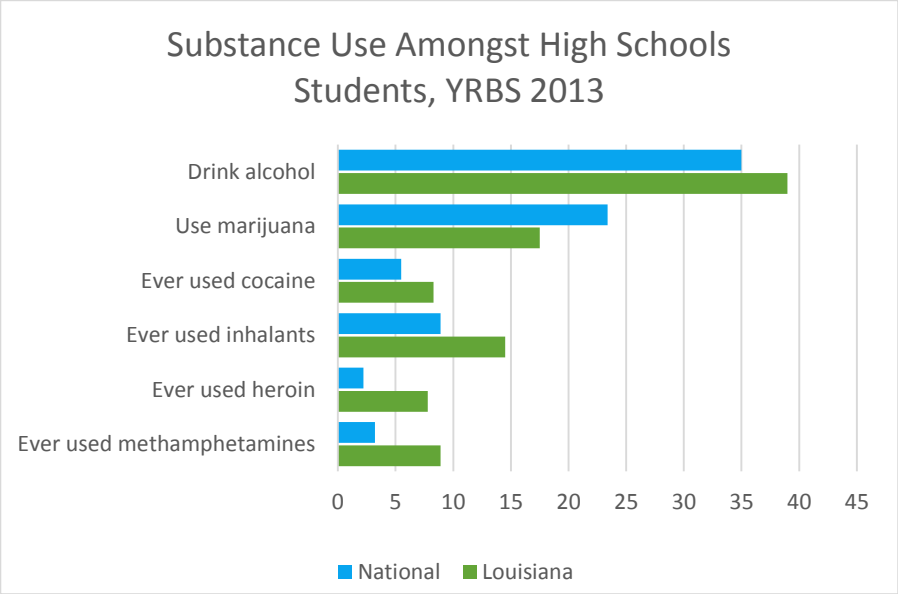
Mental health disorders account for 25.5% of all adolescent in-patient hospital admission in Orleans Parish.[28]

This is especially important when noting the impact of trauma on mental and sexual health. Trauma may affect early sexual debut and teen pregnancy, as well as risky sexual behavioral, including unprotected sex, sex with multiple partners, sex while using drugs/alcohol, and sex for money.[29]



Mental health concerns are often linked to behavioral health issues (mental health and substance abuse). Drug use in adolescents often overlaps with other mental health conditions. Adolescents with substance abuse issues are more likely to have mood, anxiety, behavioral or learning disorders as well.[30]

In addition to social drug use, many adolescents may use substances to deal with depression and anxiety. According to the 2013 Youth Risk Behavior Survey, approximately 39% of adolescents in Louisiana currently drink alcohol, compared to about 35% nationwide.[31] Adolescents in Louisiana were less likely to use marijuana (17.5% versus 23.4%), but were more likely to have ~~ever~~ used cocaine (8.3% versus 5.5%), inhalants (14.5% versus 8.9%), heroin (7.8% versus 2.2%), and methamphetamines (8.9% versus 3.2%). Young people who use substances are more likely to have sex, initiate sex at a younger age, and have multiple sex partners, thus placing them at a higher risk of unintended pregnancy and acquiring an STD.[32] Alcohol and drug use are also risk factors associated with a greater likelihood of sexual violence.



Access to Health Professionals

Informants identified access to qualified health professionals as another important health concern. Orleans Parish is designated as a primary medical care health provider shortage area (HPSA) for low income populations.[33] Access to primary care physicians in Orleans Parish (1 PCP: 1,163 residents) is below the national benchmark (1 PCP: 1,067 residents). The Association of American Medical Colleges states that the physician shortage is "projected to climb to more than 90,000 by 2020."[34] This is further compounded by the Affordable Care Act where that will give health care to 23.9 million people who were previously uninsured, increasing their ability to access care. The Children's Health Insurance Program (CHIP) will account for "disproportionately large gains in coverage" among African American children with an approximate 8.4% increase in coverage. In addition to overall physician shortages, there remains an ongoing shortage of physicians of color throughout the United States. Only 4% of physicians nationwide are African American and 5% are Latino.[35] This can negatively affect the quality and culturally-sensitive health care provided to underserved communities.

Although school-based health providers are a critical resource for primary care and behavioral health in some Orleans parish schools, they often fall short in providing adolescent and young adult clients with

comprehensive reproductive and sexual health information. When asked about what type of health information she would like, one informant noted:

> *I want to know when I am fertile. When my ovaries are producing, that's what I want to know about. I asked my doctors and they don't really tell me.*

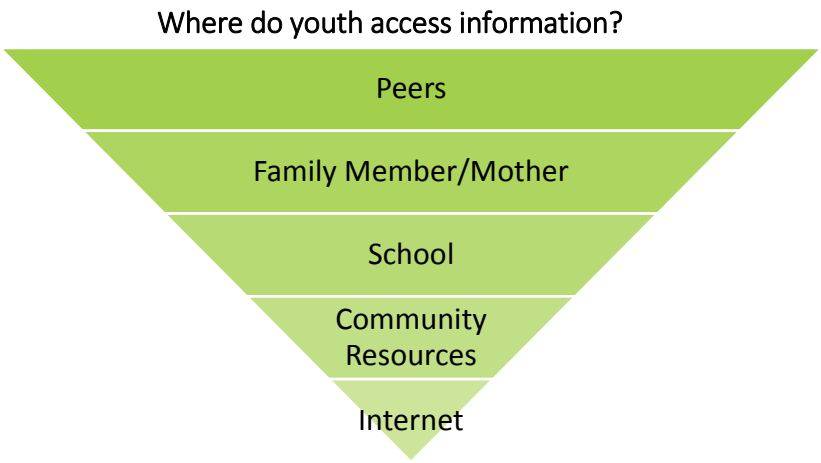
One informant wished her school nurse would provide more information:

> *At school, I wish the nurse wrote articles or somebody had facts and just gave it to the kids. At my school, most kids don't go to the doctor and get checked or anything. Their parents probably don't really care either. So, if they are getting information they probably would use it.*

In addition to having an adequate number of health care providers, the World Health Organization in its recommendations for adolescent-responsive health systems suggests that providing convenient services and training providers in youth-friendly services is key to the success of engaging adolescents in health care.[36]

Accessing Reproductive Health Information

Informants were asked where they and their friends go to access reproductive health information. Peers and family members (usually mothers) were reported as main sources for information. Schools were also potential sources. Informants noted that in some cases they receive information from social workers, school nurses, and teachers. Other informants mentioned the Medicaid hotline and Healthy Start, a resource for Orleans Parish residents who are pregnant or are parenting children under two years of age. Finally, adolescents and young adults turn to the internet for reproductive health information.



Barriers to Accessing Reproductive Health Information

Adolescents and young adults often encounter barriers when trying to access information on reproductive health. They voiced their frustration with the lack of adolescent reproductive and sexual health information available to them.

> *Louisiana is probably one of the top ranking STD states because they don't talk about it and that is why we have so many teen pregnancies because they don't talk about it.*

Of particular concern to teens is how to protect themselves from STIs, and how to respond if they are infected. Even though Louisiana leads the nation in new HIV infections, Louisiana teens are less likely to

be taught in school about HIV/AIDS (75%) as compared with their counterparts in the rest of the nation (84%).[37] This is particularly problematic in Orleans Parish, which is ranked third in the nation for HIV incidence.[38] As one informant noted:

> *We need to know what happens when you do things wrong. I have a friend who recently contracted an STD which is not curable and no one knew what to do. It is really scary and had never thought of that before and I was like 'oh my God.'*

In some cases, parents are uncomfortable talking with their children. Research shows that adolescents who felt connected to their parents, and parents who were warm, firm, and granted adolescents the right to make decisions were more likely to:[39]

- Delay initiating sexual intercourse
- Report less emotional distress than their peers
- Report less depression and anxiety
- Score higher in self-reliance and self-esteem

"Books. I remember in seventh grade my stepdad gave me a book. I did not read it, but he said to and thought I did. The fact is he gave it to me because my mom won't talk to me about it."

In addition to being important reproductive health educators for their children, parents can also be important advocates for comprehensive sex education in schools. Nationwide, parental support for school-based comprehensive sex education is overwhelmingly positive. Parents see such courses and content as supplementing, not supplanting, their discussions at home.[40] One informant noted that her stepfather gave her a book because her mother was too uncomfortable talking to her about reproductive health.

Trusted Sources and Reliable Information

Although informants presented conflicting views about who they would talk to about reproductive and sexual health issues, the main influence on their information-seeking behavior was trusting the source. Adolescents sought out trusted resources to access information. Many informants reported being comfortable talking to their mothers:

> *I don't have a problem talking to my mom, because she was pregnant as a teenager*.

> *I would go to my mama. What you think a friend is gonna know but the same stuff you know*.

However, informants also felt that adolescents and young adults were afraid to share openly with peers and sometimes family members. One female informant noted, "*I personally don't think girls get information from parents*." Another felt that "*they don't find it comfortable to talk to their parents about things or situation*s." One informant admitted that she would not take advice from her friends even if it was good advice.

Male informants felt that males "*want to hear from their peers. They would not get as much out of a class*."

Both male and female informants felt that adolescents and young adults maintain gendered boundaries when seeking reproductive and sexual health information. One informant observed:

> *They [boys] keep stuff in between them. You never hear boys talking about something with another girl, it's always boys. The thing is that boy's stuff does not get around as much as girls. If there is a group of girls talking about something, somebody is going to run back and tell something. With boys it is always just between them if that's what they are talking about.*

Not only is it important for adolescents and young adults to access information through trusted sources, it is equally important that they view the information as reliable.

"Up until I was a junior, I thought oral sex was phone sex."

> *You need a place you can make sure you get the right information. There are many tools, but they are not always right.*

Often adolescents and young adults access trusted sources that have unreliable information, such as older family members and peers. Several informants shared examples of misinformation they had received around reproductive and sexual health.

> *You can get in so much trouble talking to friends because up until like tenth grade I thought you could get pregnant from swallowing semen because somebody told me that.*

Health Information in Schools

Several informants noted that schools fall short in providing reliable reproductive and sexual health information. Sometimes they are even seen as places that spread misinformation.

> *I have gone to school so long with health classes below minimum that I don't even expect it anymore. It is like every time I know to take everything they say with a grain of salt and I know a lot of kids are like that. I hope they make a change. I did not take my health classes seriously because of it.*
>
> *I don't have any good health teachers though. I just read the book or look through the pictures*

There are many misconceptions around the legality of teaching sex education in schools in Louisiana. Louisiana does not require instruction in sexual health education at any grade level, although schools are allowed to teach sex education in grades 7-12.[v] Sex education must emphasize abstinence, but can include information on other risk reduction methods such as condoms and birth control, although neither of these can be distributed on school campuses. Since sex education is allowed, but not required, there are great disparities in what schools offer, with some schools teaching comprehensive sexual health education, some teaching abstinence-only education, and many teaching nothing at all.

[v] See "Louisiana Sex Education Law" (lphi.org) for more information on sexual health education law in Louisiana.

According to a baseline completed by LPHI in 2015 of 20 charter school operators, no secondary schools have sex education incorporated into their curriculum and none of their teachers are providing sex education to students. There were 9 charter operators that brought in outside operators to provide sex education to students.

The United Nations[41] supports sex education that is scientifically accurate, culturally and age-appropriate, gender-sensitive and life skills-based, stating that it provides adolescents with the tools to make informed decisions about their own sexuality and lifestyle. Research demonstrates that it increases knowledge, skills, and efficacy that can effectively delay first sex, while at the same time reducing risk-taking behaviors among those who are already sexually active, including increasing condom and overall contraceptive use. Further, a study at the University of Washington showed that young people who received sex education were 50-60% less likely to report experiencing a teen pregnancy than those who received abstinence-only or no sex education at all.[42] Sex education equips adolescents to avoid unwanted pregnancies and unsafe abortions, while at the same time protecting them against STIs, including HIV, and improving their overall sexual and reproductive health (UNFPA).

Informants presented conflicting views about accessing reproductive and sexual health information at school. Some informants felt that teachers were a reliable and trusted source of reproductive health information.

> *I would go to my health teacher at school. She told me a lot about diseases and different STD's. When I have a problem I just go to her. She knows everything in the book so I go to her for everything.*
>
> *That is the biggest thing, in school, because if you are not hearing it at home, then school is the best place.*

While others felt that information was not accessible through their schools.

> *Teachers don't really talk about it. You would have to go to your doctor because we had like one or two classes at this school that I go to now. I forgot what kind of science I was taking-it might have been a biology class- the teacher talked about it. [They don't have] classes that they could go on into full blown detail about birth control. Other than that [science class], no, the teacher didn't try to encourage you or nothing.*

Students interviewed at schools with a school-based health center did not view them as trusted sources for reproductive and sexual health information. They felt that their confidentiality would be breached if they sought reproductive and sexual health service from them. As mentioned above, although school-based health providers are a critical resource for primary care and behavioral health in multiple Orleans parish schools they often fall short in providing adolescents and young adults with comprehensive reproductive and sexual health information and services. Participants stated "*they don't really tell me anything"* and *"At school, I wish…somebody have facts and just give it to the kids."*

Internet and Social Media

Informants presented a conflicting picture of their internet and social media usage with regard to accessing reproductive and sexual health information. Adolescents and young adults often turn to the internet when:

- Trusted sources are not available. One teen mother shared that '*Google was my best friend because I was too scared to keep coming to the doctor*.'
- When reliable information is lacking. '*If my mom don't have the answers, I always go on the internet*.'

Among the appealing aspects of utilizing online sources were the multiple perspectives available around topics of interest. Informants noted,

> *Online you get different options, you get more than just one perspective. So you have different people talking about it.*
>
> *If I don't feel comfortable asking my mom, then I would research it to see what is the main thing they say so I would know it's most likely the truth about it.*

Although adolescents and young adults turn to the internet for reproductive health information, informants also shared their skepticism about it as a reliable source of information.

> *I see familiar sites or if it has '.gov' or something behind it. I will just look at different sites and if they all say the same thing. That's why I would rather have someone to ask the questions to.*
>
> *Either we get it from class at school or information from our doctors, we discuss it with each other and look online, but I try to stay away from looking online.*
>
> *Because most of the opinions are fakes. I would believe a doctor before I would believe the Internet.*

"Because most of the opinions are fakes. I would believe a doctor before I would believe the Internet."

Several informants joked that on the internet all roads lead to cancer.

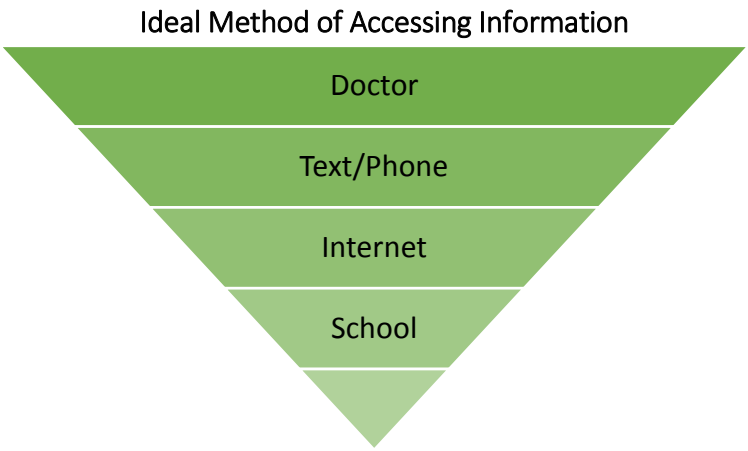
> *I have an app on my phone that tells me certain stuff, but if I feel a certain way I might Google it. Really, I just wait until I can see the doctor. You stress yourself out more by thinking that it might be something, when you just have a regular headache.*

Teen and young adults also turn to the internet because it provides a degree of privacy that is important in their health information seeking behavior. One notable exception was social media. Informants did not feel social media was a trusted source for reproductive and sexual health information. Many felt that there was a lack of privacy. One informant noted that "*things get around so fast*'" and another felt that '"*that's not what this is for."*

Ideal Way to Access Reproductive Health Information

Informants were asked about the ideal way they would like to access reproductive health information. Many said that they would prefer to get it from the healthcare provider and that they would prefer it delivered through technology rather than face-to-face. One informant talked about being able to receive a text from her doctor:

> *I wish I could text the doctor. Instead of having to call and all that. Sometimes I just wish I could text him and get an answer instead of having to go through all that. I took time to make an appointment, go to the doctor, wait for you, talk to you, and wait for you to give me answer to my question. That is all a waste of time. I could have texted you. Then, it is expensive, too.*



Informants talked about a blog or a website that could direct adolescents and young adults to care.

> *I would like for an organization to have a page dedicated to doctors or clinics they recommend you to go to. I hear that there are some clinics that are free, but I don't know how to get to them or where they are at. I don't know anything.*

Health and Health Care Access

Informants were asked where they access health services.[vi] They identified school-based health centers, community health centers, the parish health unit, and hospitals. These findings were in line with the 2012 LPHI School Based Health Center IMPACT Survey, which found that 43% of adolescents reported going to a hospital for their usual health care services while 39% accessed care at a community clinic.

Adolescents tend to access care where they or their parents have a previously established relationship. The main reason informants gave for choosing a particular location for accessing services was because it was where their primary care physician was located. Several informants noted that they went to a parent's provider but did not specify a provider type. ~~In addition,~~ many informants were unaware of other clinics located in their communities where they might be eligible to access care.

Several informants, particularly those without insurance, talked about accessing care through the emergency department.

> *I go to the emergency room. I don't have Medicaid.*

[vi] A social network analysis was conducted with health service providers as part of a larger health systems mapping for Orleans Parish.

Additional adolescent-specific clinics were mentioned in numerous interviews, including the Tulane Drop-In Clinic, located at Covenant House, which offers care to homeless and at-risk youth. One informant noted, "*I only used to go here before my Medicaid got cut off. I don't go here no more."*

Barriers to Accessing Services

Not accessing care is prevalent among adolescents in the United States in general.[43,44] National studies show that approximately one-quarter of middle and high school students do not recall having had a routine preventative care visit in the past two years. Further, 19-27% of adolescents report having forgone health care that they believed was necessary. Similar to national trends, the young people in Orleans Parish were hesitant to access services at all, and several mentioned waiting as long as possible before accessing care.[45]

Nationally, self-reported reasons for not seeing a heath professional when it was needed include: fear of what the doctor would say or do, not wanting parents to know, belief that the problem would go away, lack of transportation, and the inability to pay.

Adolescents and young adults in Orleans Parish identified several barriers to care with the main reasons cited being:

- Lack of insurance and/or knowledge of coverage information
- Misconceptions around consent
- Transportation
- Poor treatment, environment, and customer service

Insurance knowledge

Insurance was identified as a major barrier to accessing care. Currently, 61.6% of Orleans Parish residents under 18 years old receive Medicaid/CHIP insurance benefits.[46] Less than 10% of the population under 18 in the GNO area is uninsured.[47] Many adolescents covered under Medicaid often find themselves un- or underinsured when they turn nineteen, and young adults find themselves burdened with medical debt as a result. One informant shared, "*Money – insurance - I owe the hospital so much money. Good thing I don't have no credit yet."* In addition, adolescents report delaying needed health care, including reproductive health services owing to coverage issues or ambiguity. One informant shared the challenges she encountered while trying to access family planning after her first pregnancy, resulting in a second unintended pregnancy.

> *The whole Medicaid thing is a process. My Medicaid closed after I had [my son] and when I went to get my birth control, they were like 'no, sorry you don't have Medicaid.' After I applied, I went to the doctor and I was pregnant again. My first pregnancy I was still at my mom's and was a minor. This time it was a process and I did not get insurance until I was six months* [Four months after first birth].

In some cases, young adults who are no longer eligible for Medicaid may be entitled to Take Charge Plus, an 1119 Waiver program[vii] that provides reproductive health services for uninsured males and females of reproductive age. Informants took issue with the fact that Take Charge Plus only covered certain reproductive health services.

> *It only covers like birth control and that's it. Getting seen by the doctor. That is not enough… No, you can have that back. I don't need nothing at all if you are giving me that.*

In many cases, adolescents and young adults try to engage care only to find that they lack required personal information, such as their social security number or a parent's social security number.

> *They ask for information like your social security number and some kids don't know that. That's when they ask for their parent's help. I don't even know my social security number, how am I gonna know my Daddy's social security number?*

In some cases, they may not have access to or may feel uncomfortable asking their parents for their insurance information. As one informant noted:

> *Even if kids go to a clinic and they don't know what to do, they don't know how to deal with the insurance. That's the first question they ask is if you have insurance. I don't know if I have insurance.*

"Even if kids go to a clinic and they don't know what to do, they don't know how to deal with insurance. That's the first question they ask is if you have insurance. I don't know if I have insurance."

Consent, Confidentiality and Patients' Rights

Misconceptions about consent and patient rights were reported as a barrier to care. Although students need parental consent to be seen at a school-based health center, many informants were under the impression that they needed parental consent to be seen at a community health center.

Transportation

Transportation, particularly for younger teens and teen parents, was identified as a barrier to accessing care. Many young people reported that if they were able to identify a provider and set up an appointment the issue of transportation to actually get to the appointment immediately arose. Almost all informants stated that transportation would be an issue for them despite the bus system in New Orleans. The most commonly noted way of getting to an appointment would be to have a parent or friend take you.

> *When you are younger, your parents are your mode of transportation and you don't want to tell them you are going to Planned Parenthood. Not being able to talk to them about it*

[vii] It should be noted that Take Charge, an 1119 Medicaid Waiver program became Take Charge Plus during the duration of this project. It is hypothesized that this waiver under Medicaid expansion will be eliminated by the LA-DHH Medicaid Office.

because you are too scared or you know they are going to flip out about it. I never had that but my friend did.

Poor Treatment, Environment and Customer Service

Many informants felt that health-seeking behavior starts at home. Several of them identified lack of parental involvement in health-seeking behavior as a serious barrier to care.

> *If a parent never took a kid to the clinic like they were supposed to, then it could be hard to get started.*

In addition to one's home environment influencing health care access and utilization, adolescents reported that the clinical environment that young adults encounter plays an important role in access to and utilization of reproductive health services. Adolescents want reproductive health services that they perceive as sensitive to their needs, or youth friendly. Informants identified several issues within the clinical environment that affected their levels of access to and utilization of reproductive and sexual health services.

Main challenges reported around poor treatment, environment and customer service include:

- Confidentiality
- Reliability
- Respect
- Responsiveness

Confidentiality

Confidentiality was cited as a major concern for adolescents and young adults when accessing care. Several informants indicated that they would rather access services outside of school rather than use the school-based health center, owing to perceived confidentiality concerns.

> *If you went to a clinic at the school they would talk about it. They would more likely go to the school counselor for assistance*.

Reliability

Reliability was also identified as an important concern of adolescents and young adults. Although schools are an access point for reproductive and sexual health care, many informants did not feel that school nurses were a reliable source for information and service delivery.

> *School nurse not at school every day, so that is not reliable*.

> *School nurse are just dumbfounded. School nurses went to school? They don't seem like it. They don't know nothing.*

> *Our nurse is there once a week or not even. They are not there to teach you how not to get pregnant. If you need a tampon, they are there.*

Informants also noted challenges that they and their peers encountered when trying to access reliable reproductive health services outside of school.

> *A couple of months ago my friend thought she had an STD and I was trying to help her. We were going to clinics on St. Claude and they were closed. And we were like Planned Parenthood, but she doesn't have health insurance. It was like $500 to get an STD test. So we couldn't come here. She just didn't go. There is St. Claude right by the food center and for $10 dollars the STD center checks for everything. We were going to go there, but they were closed. Then we were going to go across the street, but they randomly closed and didn't put their hours up.*

Respect

Respect is another critical element that adolescents and young adults desire when accessing care. As one informant explained,

> *I go to a cool doctor at [FQHC]. I got a new one because my other one was telling me I had all kinds of things. The new one is really cool talking to me.*

In some cases, providers brought assumptions to patient encounters that were neither patient-centered nor culturally sensitive. One teen mother shared how a provider told her, *"you are pregnant and I am done with you, you can go.*" Another pregnant teen shared, "t*hey asked me 'abortion or adoption?' If I go through nine months of pregnancy, do you think I am about to give this baby up?"* In some cases, providers failed to support patients in their decisions. At one school-based health center, the nurse shared how she had tried to talk a pregnant student out of having an abortion despite the student and her mother stating this was their preferred choice.

"I go to a cool doctor at [FQHC]. I got a new one because my other one was telling me I had all kinds of things. The new one is really cool talking to me."

Adolescent-friendly services extend beyond the patient-provider encounter to frontline staff; however, several informants shared encounters with frontline clinic staff where they were treated poorly.

> *There is one specific person in the clinic and she always messed with me. She used to schedule all of the appointments and she would tell me the first available appointment is such and such. I would ask if she had anything earlier than that and she said we have the next day for 8:15. When I told her I would take it, she told me, "you better be here because nobody wants to be here early."*

Responsiveness

The responsiveness of the health system to the needs of adolescents and young adults can serve to enhance or inhibit their utilization of reproductive health services.

My doctor makes me feel comfortable. I can tell her about anything. She will tell you your options and has models to show you it all.

One of the challenges within the health system is the limited access adolescents and young adults have to contraception at their care access points. For example, school-based health centers are not allowed to provide contraception under Louisiana law. For those informants that reported that they receive care from a Community Health Center (CHC), most frequent a CHC that does not provide contraception. As a result, they must ask for a referral, or find family planning services on their own.

Another challenge that adolescents encounter is that care is not always accompanied by patient education, or encouragement around the role patients play in their own medical decision-making and future healthy decision-making processes. Adolescence is a developmental period characterized by experimentation synonymous with high-risk behavior. It is critical that health providers are responsive to the needs of adolescents and young adults, and empower them through patient education to make good decisions.

In some cases, informants felt that providers either did not provide them with the information that they needed, or dismissed their needs outright.

I went to a doctor who was always giving pills and I said, 'no, I don't want to take this pill sometimes.' They just throw pills at us.

One informant noted, "*I was just prescribed something and I didn't know what it is.*"

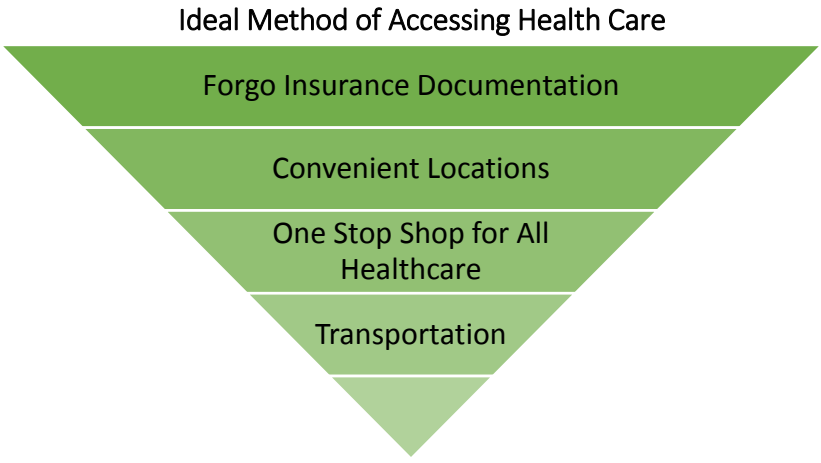
Another informant voiced her frustration:

Last year I was really stressed and kept getting UTIs and that is all my doctor would test me for. She was not really helpful. What if I do have an STD and they won't work with you?

Recommendations on Accessing Healthcare

Informants were asked about the ideal way that adolescents and young adults could access care. One suggestion was to remove the barrier of documentation.

You walk in and they don't ask for insurance, any pay and they deal with all that at the very end. If you are unable to pay, they either come up with a payment plan that is reasonable or just waive it.



Don't ask for stuff like if you have a social because there are some places that you do get turned away if you are undocumented.

Informants felt that services should be available in accessible locations.

Having health centers where they are needed, like downtown has enough. Our community just got our first one a couple of months ago and we needed it years ago.

In addition to accessible locations, informants felt that providing comprehensive services in one location reduced barriers to care. One informant shared her experience with her clinic:

If you were dealing with depression or stress, they have counselors who are there. They won't have to write me something or send me to a different location. It is right there. I recently found I was pregnant, and I thought I was going to have to go to an OB/GYN far away, but it was right by the clinic.

Finally, several informants talked about having a bus that would provide adolescent-friendly reproductive health services.

I think a bus would be okay for some kids. They might be more comfortable going to a bus because a clinic makes you wait. Some younger kids are embarrassed about going to a clinic and getting stuff done.

We have a blood bus that comes to the school. Why not a women's health bus?

Overall Findings

Perceived Coverage and Coverage Gaps

Despite some additional coverage beyond Medicaid/LaCHIP, adolescents were wary of, and in some cases strongly against entitlement programs that offered additional coverage for reproductive health services. Multiples interviews in Orleans Parish mentioned Take Charge or Take Charge Plus[viii] as inadequate for their needs, or too limiting to be considered real coverage. Even with the entitlement programs, cost was listed as a significant barrier perceived by youth, even when youth were potentially eligible for coverage under additional programs, and less than 10% of the population under 18 years of age in the GNO area is uninsured.[48]

Louisiana is one of the states that chose not to expand Medicaid under ACA in Louisiana.[ix] This has had an impact on low income young adults, because when they turn 19, they are dropped from LaCHIP. Often these young adults fall into a "coverage gap" of having incomes above Medicaid eligibility limits, but below the lower limit for Marketplace premium tax credits. Several youth informants talked about accessing care through the emergency department as a result of not having health insurance: '"*I go to*

[viii] It should be noted that Take Charge, an 1115 Medicaid Waiver program became Take Charge Plus during the duration of this project. Take Charge Plus covers additional visits and treatment of STI's. It is hypothesized that this waiver under Medicaid expansion will be eliminated by the LA-DHH Medicaid Office.

[ix] With the election of Governor John Bel Edwards, Louisiana is now beginning the process of Medicaid expansion.

the emergency room. I don't have Medicaid." This is in line with the 2012 LPHI School Based Health Center IMPACT Survey, which found that 43% of adolescents reported going to a hospital for their usual health care services.

While young adults may fall into a "coverage gap" with regard to traditional Medicaid, there are two health entitlement programs that are available. The first, Take Charge, is available to all low-income young adults of reproductive age in Louisiana. The second, GNOCHC, is available specifically for low-income adults in the Greater New Orleans area. But in many cases, uninsured young adults are unaware that they are eligible for these entitlement programs or, if they are enrolled, their providers may not accept them.

Take Charge Plus

Take Charge Plus[x] is a Medicaid waiver program that provides health coverage for family planning and family planning related services to males and females of reproductive age that do not qualify for Medicaid but are not more than 158% above the poverty level. Take Charge covers seven office visits (per calendar year) including a well visit and care related to family planning; prescriptions and lab work related to family planning or family planning related services; birth control (including pills, patches, implants, injections, condoms, diaphragms, and IUDs); cervical cancer screening and treatment for cervical dysplasia; contraceptive counseling and education; testing and treatment for sexually transmitted infections (STIs other than HIV/AIDS and hepatitis); voluntary sterilization for males and females (over age 21); vaccines for males and females for the prevention of HPV; and transportation for family planning appointments.

> *People need to know that they can get Take Charge and LaMOM. People don't know this and it's ridiculous. It should be like the draft card when you're 19. It should just roll over. What we do is enroll everyone in GNOCHC and Take Charge; it's part of their paperwork. If all pediatricians did the same thing, it would work out better. Even if they let them know, it would be better. The best would be best if the people who run Medicaid took care of that. (Provider)*

Youth informants took issue with the fact that Take Charge only provides reproductive health services. As one youth informant noted:

> *It only covers like birth control and that's it. Getting seen by the doctor. That is not enough… No, you can have that back. I don't need nothing at all if you are giving me that.*

GNOCHC 1115 Waiver

Currently 16 safety-net clinics accept the GNOCHC waiver in Orleans Parish. The GNOCHC program is a special program created through an 1115 Demonstration Waiver approved by the Centers for Medicaid and Medicare Services to provide no-cost health insurance coverage to uninsured adults aged 19 to 64. It is funded through the Primary Care Access and Stabilization Grant and is intended to preserve primary and behavioral health care access that was restored and expanded after Hurricane Katrina. GNOCHC

[x] For more on Take Charge/Take Charge Plus, go to http://www.dhh.state.la.us/index.cfm/page/232.

does not cover prescription drugs, inpatient and outpatient hospital services, emergency room visits, or dental care. GNOCHC participants must be U.S. citizens or legal residents living in Orleans, Jefferson, St. Bernard, or Plaquemines parishes, who are otherwise uninsured and not pregnant.

Pregnancy Prevention and Normalization

"Pregnancy is a big problem."

Although informants identified pregnancy prevention as the largest overall health concern they faced, many also reported that pregnancy had become normalized among teens in New Orleans. Orleans Parish continues to have a teen pregnancy rate 20% higher than the national average of 31.3 per 1,000.[49]

A major cause for concern around the high teen pregnancy rate in Orleans Parish is that pregnancy complications remain the single highest hospital admission of young people in the Greater New Orleans area.[50] Adolescents, fearful of judgment around their pregnancies, often avoided seeking care or prenatal care until they were in pain or had visible signs of pregnancy. They also reported being unaware of where to access care once pregnant. The short- and long-term effects on maternal and child health outcomes owing to delays in seeking care can be disastrous. Prenatal visits are critical to the health of both infant and mother. Women who receive delayed, late, or no prenatal care are more likely to have babies with health problems. Women who do not receive prenatal care are three times more likely to give birth to low-weight babies.[51] No prenatal care also puts an infant at five times greater risk of neonatal death.

Mental Health

Mental health was reported as a major health concern by the majority of informants, and is connected to sexual health and healthy behaviors. Although there is limited research around sexual behaviors of young adults with serious mental health conditions, there is evidence that depression and trauma disproportionately impact sexual health, and increase the rates of risky sexual behavior and negative sexual outcomes in young adults. This connection is especially important because of the negative impact of trauma on sexual health behaviors. There continues to be a need for additional programming, and program development that incorporates a trauma-informed lens into adolescent reproductive health and education.

Barriers, Assets and Opportunities

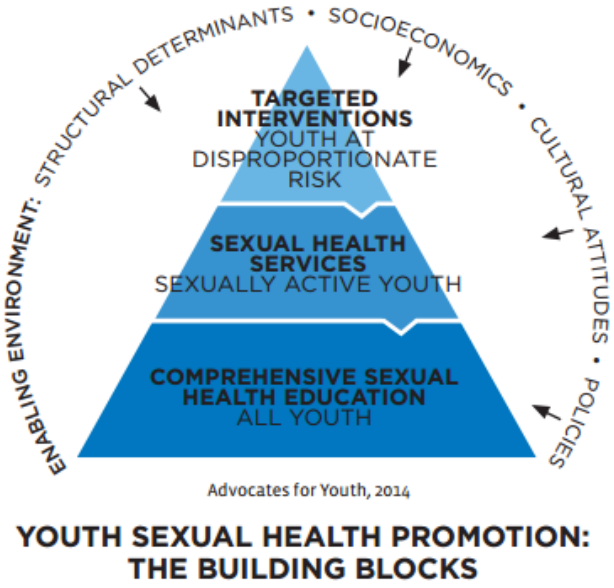
While there are many assets to be leveraged within Orleans Parish, several barriers exist in improving access to and quality of reproductive health services and access to health information for adolescents. These reported overall barriers are:

- A Lack of Youth Friendly Services (YFS) that results in poor treatment, unfriendly environments, and poor customer service

- A Lack of trust in schools and school-based health services
- Misconceptions about consent and confidentiality

Despite barriers, there are many assets in the region for improving access to comprehensive reproductive health services and information for adolescents. These reported overall assets include:

- Adolescent Health Providers and Youth Friendly Services
- Schools and School Based Health Services
- Community-Informed Priority Areas



Youth Friendly Services (YFS)

Adolescents interviewed described areas that they saw lacking in YFS, from the ways in which clinical environments did not feel welcoming and disrespectful treatment by frontline staff to not trusting healthcare professionals' information. Without key elements to YFS, including confidentiality, respectful treatment, integrated services, culturally appropriate care, free or low cost services, and easy access, appropriate clinical services for adolescents and young adults are not successful.

Studies show that youth want to discuss sexual health, STI prevention and testing, and/or birth control options with their clinician. But Adolescents are less likely to access care if they fear embarrassment, or perceive that clinicians are uncomfortable with the subject matter.[52,53] Research also shows that developing YFS and clinician comfort is critical to the elimination of perceived barriers to care.

Health care professionals need further support in order to improve their adolescent services. Very few of the clinics surveyed offered any sort of the adolescent-friendly features outlined by the World Health Organization's national quality standards for adolescent friendly health services.[54] In addition to improved services, health care professionals need a mechanism for referrals of care, both to and from their clinics. Ideally these referrals would come from schools; however, referrals from community-based organizations and faith-based organizations could be a solid foundation. Outside of schools these are the most common touch points for adolescents to receive referrals to care. Clinics that begin receiving more adolescent clients, and see adolescents requesting reproductive health care, may be more incentivized to improve the overall components of their clinics that would make them more adolescent-friendly.

Schools and School-Based Health Services

In addition to increasing comfort with clinicians, trust in schools, school personnel, and school health services remains an area greatly in need of improvement for youth in New Orleans. Many studies show that adolescents are far more likely to access health services at school-based health centers than at

community health centers, making school-based centers a critical access point if they are equipped to provide YFS, and are explicit in their confidentiality protocols.[55] School-based health centers are a resource worth leveraging and supporting with further YFS training. Further studies have shown that their longer clinic hours were associated with teen males' increased use of services, making them a critical resource for underserved youth.[56] In short, there remains great opportunity to enhance a more trusting relationship between youth and school-based services in order to better serve youth where greater access to care is possible.

Confidentiality

Confidentiality remains a large issue for adolescents in the region. There is no guarantee of confidentiality of health information for minors in Louisiana. While health care providers are not required to inform parents about any health services provided to minors, they have the right to do so at their discretion. This means that health care providers may choose to notify parents about care received. While adolescents have the right to consent to most medical procedures, current state law does not guarantee confidentiality after consenting. Consent is when a person agrees to a certain action or behavior. A person, in order to consent, must have the capacity to consent, which means they are not mentally disabled, not under the influence of drugs or alcohol, and are of legal age to be able to consent. Revised Statute 40:1079.1 allows minors (under 18 years of age) to consent for their own medical services without the consent of a parent, but gives medical providers the right to notify parents about the services provided. Despite this law, many providers require parental consent for medical services. While many providers in the region stated that they were more likely to preserve confidentiality, many adolescents reported that they were not able to get services without parental notification, insinuating a miscommunication between patient and provider. Ensuring patient confidentiality increases the likelihood that an adolescent will seek reproductive health services.

> Confidentiality is essential for ensuring adolescent access to care. Adolescents, particularly high-risk adolescents, are more likely to delay or forgo care when confidentiality is a concern.
> (Ford, et. al., 2004; Lehrer, et. al., 2007)

Beyond knowing where to access care, youth expressed wanting to know what types of services could be provided to them, questions they could ask a clinician about their health, and an overview around their rights to confidentiality. Resources should be developed to address these concerns, in order to foster adolescent empowerment around their health care and accessing health care and information.

Adolescent Health Providers

As identified through a comprehensive mapping of the health systems, many health providers and clinics exist in New Orleans that currently serve adolescents. Some of these practices are school-based, some are adolescent-specific clinics; however, many also appear to be private adult and pediatric practices that see large numbers of youth. Additional research on these practices and their youth-friendly service

provisions is necessary; however, the saying ‘voting with your feet’ may suggest that these clinical entities are frequented because they offer easy access to adolescent health services, perhaps thanks to their geography, appointment-making ease, clear payment policies, convenient hours, and/or culture and language specific services. There remains great opportunity to further research what these practices are “doing right,” or whether they are simply utilized as the “only option” by youth.

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