

Telehealth Services: Taking an Inclusive, Equity-Driven, and Trauma-Informed Approach



While telehealth services have increased access for many family planning clients, it is essential that historically marginalized and underserved clients have access to these services. This job aid encourages you to take an equity-driven and trauma-informed approach, ensuring that your family planning agency's communication about telehealth advances inclusive service delivery. Inclusion is accomplished "... when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."¹

Draw from the following six strategies to communicate about telehealth services more effectively with your clients. **Each strategy, with accompanying action steps, incorporates the principles of inclusion and equity, while also taking a trauma-informed approach into account.** These strategies have been compiled to support your agency when establishing an environment of safety and trust for telehealth clients.

STRATEGY 1

Communicate your agency's services and structure of telehealth

Being clear about your agency's telehealth structure can help to establish trust and ensure that clients know what to expect.

- Describe, using plain language, which sexual and reproductive health services your agency can provide virtually.
- Provide services in a client's preferred language. This shows that your agency and staff value and appreciate their language and culture. Communicate all information about services in a way that your client understands and feels reassured that the services will be appropriate. Personalize communication when possible, using preferred name and gender pronouns. Review the [Cultural Competency in Family Planning eLearning](#), as well as related materials specific to CLAS standards.

"Language justice is an evolving framework based on the notion of respecting every individual's fundamental language rights—to be able to communicate, understand, and be understood in the language in which they prefer and feel most articulate and powerful." –American Bar Association

- Explain the circumstances when a client will need to make an in-person visit (e.g., medication pick-up, IUD insertion).
- Describe how your agency uses audio-only and/or audiovisual platforms.
- Explain how your agency maintains client privacy and confidentiality when providing virtual services.
- Ask clients if accessing internet data on a cell phone or WiFi presents challenges. If so, consider offering audio-only visits or finding a community access point, such as a library, where a client could access free WiFi.
- Provide information via an equitable and trauma-informed lens. Review the [Tips for Using a Trauma-Informed Lens to Develop or Select Informational and Educational \(I&E\) Materials](#) job aid.

¹ The Office of Population Affairs. <https://www.federalregister.gov/documents/2021/10/07/2021-21542/ensuring-access-to-equitable-affordable-client-centered-quality-family-planning-services>



STRATEGY 2

Ensure accessibility of services

Factors influencing the accessibility of services will be specific to your client population. For example, clients who live in rural communities may not have easy access to broadband.

- Define the barriers that may prohibit telehealth from being accessible to your community/clients by asking yourself and the community what is keeping them from accessing sexual and reproductive health services via telehealth.
- Bring in underrepresented populations identified through your needs assessment to tailor your I&E messages and community engagement activities.
- Conduct in-person or virtual interviews, focus groups, and/or forums to gain insight into what is important to community members and how you can improve accessibility of telehealth services.
- Consider accessibility concerns related to confidentiality, technology, and/or disability, and how you can address them with clients.
- Ensure your agency's policies, practices, procedures, communication, virtual services, and other services are accessible to all clients. The [Americans with Disabilities Act \(ADA\)](#) requires health care entities, such as Title X agencies, to provide full and equal access for people with disabilities. Consider reviewing the National Clinical Training Center's [Clinician Café](#) focused on providing inclusive family planning care to individuals with disabilities, the [Telehealth & Disability: Recommendations for Providers](#) factsheet, and/or [Building Accessible Telehealth for Patients with Disabilities From the Ground Up](#), an archived webinar from the National Consortium of Telehealth Resource Centers.
- Conduct satisfaction surveys or interviews with clients who have received services through telehealth. Include questions that ask clients what they valued and what your agency can improve upon. See a sample [Patient Satisfaction Survey for Telehealth Visits](#).



STRATEGY 3

Outline how confidentiality is maintained/protected in a virtual visit

Even clients who are familiar with your agency's process for maintaining confidentiality during in-person visits may not understand that the same standards apply to telehealth visits. Consider reiterating your agency's confidentiality policies and how they apply to telehealth visits, affirming that confidentiality will be maintained, regardless of service modality. During any visit with a client:

- Assure that the telehealth visit will not be recorded or shared.
- Suggest using headphones, so that those within a client's vicinity cannot hear the provider's explanations during a visit.
- Describe if the telehealth technology allows for using the chat feature to respond and emojis when appropriate (e.g., if a client is unable to respond verbally).

Additionally, always inform the client:

- Of all parties present on the provider side of the telehealth visit.
- That all federal and state laws and regulations protecting privacy and confidentiality of medical information also apply to telehealth services.

Finally, consider reviewing examples of [Telehealth Services Informed Consent](#) to update your agency's telehealth consent processes.



STRATEGY 4

Communicate benefits of telehealth visits

There are several benefits for clients who use telehealth services: no need to travel (by car or public transportation), using less sick time or unpaid leave from work for the actual appointment, and increased comfort. The benefits of telehealth visits will vary depending on the clients and the communities that take advantage of telehealth services. Ask clients who have used telehealth services what the benefits are to them and their lives. Share what they tell you are the benefits with clients who have not had telehealth visits yet.

Clients* described the benefits of telehealth visits:

“I didn’t have to load four kids in the car or find someone to watch them.”

“Quick and convenient. Sometimes it is easier to discuss matters when you are not face-to-face, as it eases social anxiety.”

“Not having to take as much sick time from work and was able to call in from our field office and be done within 30 minutes total.”

*Derived from satisfaction surveys completed at Maine Family Planning.

STRATEGY 5

Address barriers to telehealth visits directly

While there are benefits, barriers that may impact a client’s experience, ability, and/or interest in accessing sexual and reproductive health services via telehealth still exist. These include profound technological access ones and inequities based on the affordability, quality, and accessibility of broadband internet. Clients may have cell phones that are affordable but have limited data or less reliable coverage, creating a barrier to using telehealth services. There are steps you can take:

- Talk with clients who may consider scheduling a telehealth visit to confirm they have a space that protects their privacy.
- Suggest alternatives to reinforce the client’s privacy. For example, If the client has concerns (e.g., has been experiencing intimate partner violence or has children in the background during the visit), agree on a “safe” word for the client to use to end the visit. Perhaps suggest that the client take the visit in a safer or more private setting, such as a car if available.

STRATEGY 6

Acknowledge medical discrimination and its impacts

Historically marginalized populations continue to experience medical distrust, discrimination, and differential quality of care. Methods you can use to address these include:

- Acknowledge that distrust has built over time due to a history of lack of transparency, bodily harm, coerced sterilizations, and other negative experiences within health care settings.^{2,3,4,5,6}
- Listen to and understand client and/or community member concerns with—or hesitation to—attend telehealth visits.
- Examine both your agency’s and individual staff biases and assumptions toward clients whom, for example, you perceive to be noncompliant. Emphasize understanding the context of their lives and having compassion for them and other community members whom you may perceive to be unreliable. Review the Cultural Competency in Family Planning eLearning and [Cultural Competency in Family Planning Care Worksheet: Counter-Stereotype Imaging Agency Self-Assessment](#).

Above all, keep a client-centered perspective and brainstorm how you might best meet your clients’ sexual and reproductive health needs by providing alternatives to in-person services. Allow all clients to decide whether and when telehealth visits make sense.

For more information about how Title X agencies can better identify populations within an underserved service area, review the [Using Virtual and Remote Outreach to Meet CPEP Requirements](#) job aid.

² Smaw, E. D. (2021). Uterus collectors: the case for reproductive justice for African American, Native American, and Hispanic American female victims of eugenics programs in the the United States. *Bioethics*, 36, 318–327.

³ Hostetter, M & Klein, S. (14 January 2021). *Understanding and Ameliorating Medical Mistrust Among Black Americans*. The Commonwealth Fund.

⁴ Center for Disease Control & Prevention. (25 January 2022). Health Equity Considerations and Racial and Ethnic Minority Groups. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>.

⁵ Pacheco, et al. (December 2013). Moving Forward: Breaking the Cycle of Mistrust Between American Indians and Researchers. *American Journal of Public Health*, 103, 12.

⁶ Relias Media. (1 April 2022). People with Disabilities Often Left Out of Contraceptive Conversation.

<https://www.reliasmedia.com/articles/149207-people-with-disabilities-often-left-out-of-contraceptive-conversation>