AETC AIDS Education & Training Center Program Mountain West

Washington State Department of Health

Washington Association for Community Health

Building Skills in Sexual Health Series
Session #1:
SOGI and Taking a Sexual History

Friday, July 15, 2022

WELCOME!!!

Washington State Department of Health, the Washington Association for Community Health, and the Washington AIDS Education and Training Center are partnering to offer a monthly webinar series that will aid primary care health care professionals and organizations in Washington leverage the whole care team to address patients' sexual health.

WELCOME!!!

Third Friday of each month

July 2022 through April 2023
(No session in December)

Most sessions 90-minutes

Clinical information

Resources

Washington State Department of Health
Office of Infectious Disease

The Office of Infectious Disease

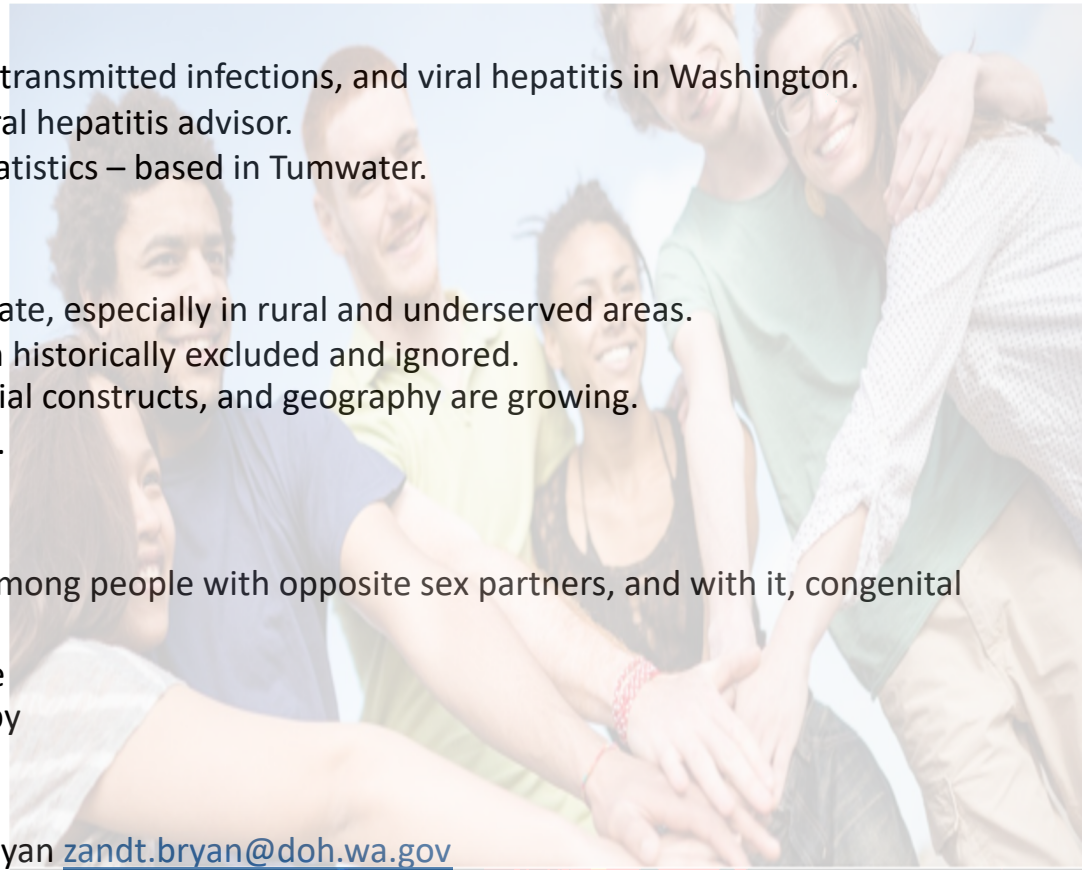
- Works to reduce the burden of HIV, sexually transmitted infections, and viral hepatitis in Washington.
  - State's HIV, sexual health prevention, and viral hepatitis advisor.
  - Sits in the Division of Disease Control and Statistics – based in Tumwater.

Barriers

- Screening and treatment is low across the state, especially in rural and underserved areas.
- Access to services for people who have been historically excluded and ignored.
- Disparities across race/ethnicity, gender, social constructs, and geography are growing.
- Gaps between public health and health care.

Hot Topics in Sexual Health at DOH

- Syphilis is skyrocketing, especially recently among people with opposite sex partners, and with it, congenital syphilis
- Stigma, bias, health disparities in health care
- Provider uptake of Expedited Partner Therapy
- Roe vs. Wade Decision



- Sexual Health Prevention Manager: Zandt Bryan zandt.bryan@doh.wa.gov

Washington Association for Community Health

Community Health Centers Advancing Quality Care for All

The Association's participation in the Building Skills in Sexual Health series is supported by a cooperative agreement with Health Resources & Services Administration (HRSA) to increase the percentage of health centers that are successfully implementing Ending the HIV Epidemic (EHE) supplemental funding.

Health centers use EHE funding to conduct outreach and HIV testing, expand their workforce to increase access to and use of PrEP, and connect individuals who test positive for HIV to treatment.

Mountain West AETC – About Us

- Funded by HRSA (0% funding from non-governmental sources)
- Part of Ryan White HIV/AIDS Program: Part F

MISSION: Deliver innovative education and training to improve access to care and quality of life for people who are living with or at risk for acquiring HIV.

Training

- Offers HIV treatment education, clinical consultation, and capacity-building assistance
- Clinicians: Physicians, physician assistants, nurse practitioners, pharmacists, nurses, dentists, and other health care team members.
- Allied health professionals: Medical case managers, social workers, community health workers, mental health and substance use treatment professionals

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Logistics

- Zoom Meeting
- The session is being recorded
- We encourage you to have your camera on
- Q/A and Chat
- Mute and unmute yourself
- Evaluations
  - In session
  - AAFP CE Credits

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Logistics

- All MWAETC events are intended for healthcare and allied health professionals and organizations.
  - If you are a representative from a commercial entity we kindly request that you log off from the conference

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Sexual Orientation and Gender Identity & Taking a Sexual History

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University of Washington

Last Updated: 7/15/22

Disclaimer

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Disclosures

I have no conflicts of interest or relationships to disclose

Acknowledgements:

Thank you to Dr. Christine Johnston

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Data presented in this presentation offer a limited glimpse of health inequities that exist within a larger social context. Racism, not race, creates and perpetuates health disparities.

https://www.ama-assn.org/press-center/press-releases/new-ama-policies-recognize-race-social-not-biological-construct
April 2022

Acknowledgement

This Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3,098,654 with 0% financed with non-governmental sources.

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Objectives

- Describe LGBTQ+ health disparities and impacts on health outcomes
- Discuss ways to provide culturally competent medical care for these populations
- Identify barriers to obtaining sexual history
- Describe an approach to taking a sexual history
- Practice using language for taking a sexual history
- List 5 key components of a routine sexual history
- Discuss “safer sex” interventions

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ALLIES
PRIDE
RIGHTS
ADVOCATE
LGBTQ
LGBTQ2S
HOMOPHOBIA
TRANSGENDER
FEMININE
LESBIAN
GENDER IDENTITY
QUESTIONING
GENDER EXPRESSION
FLUID
FEMALE
ALLY
GENDERQUEER
LGBT
QUEER
INTERSEX
AGENDER
ASEXUAL
BIGENDER
GAY
TRANSITIONING
PANSEXUAL
IDENTITY
COMMUNITY
GENDER EXPRESSION
BISEXUAL
SAME SEX
COMING OUT
MASCULINE
GENDER
PERSON
MALE
SEXUAL ORIENTATION
ANDROGYNY
Adobe Stock | #119008380

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Definitions

- ***Transgender*** - an umbrella term for persons whose gender identity or expression (masculine, feminine, other) is different from their sex (male, female) at birth
- ***Gender identity*** - refers to one's internal understanding of one's own gender, or the gender with which a person identifies (woman, man, non-binary, etc.)
- ***Gender expression*** - a term used to describe people's outward presentation of their gender.
- ***Sexual orientation*** – refers to a person physical, emotional, and romantic attraction to others (gay, lesbian, etc.)
- ***Sex assigned at birth*** – refers to sex assigned as an infant and documented on the original birth certificate
- ***MSM*** – Men who have sex with men

https://www.cdc.gov/lgbthealth/transgender.htm

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Gender identity questions have two parts:
One about current gender identity and one about sex assigned at birth. This offers clearer and more relevant information and assures that people's specific health care needs are being identified and met.

*More on this later**

https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo-FINAL.pdf

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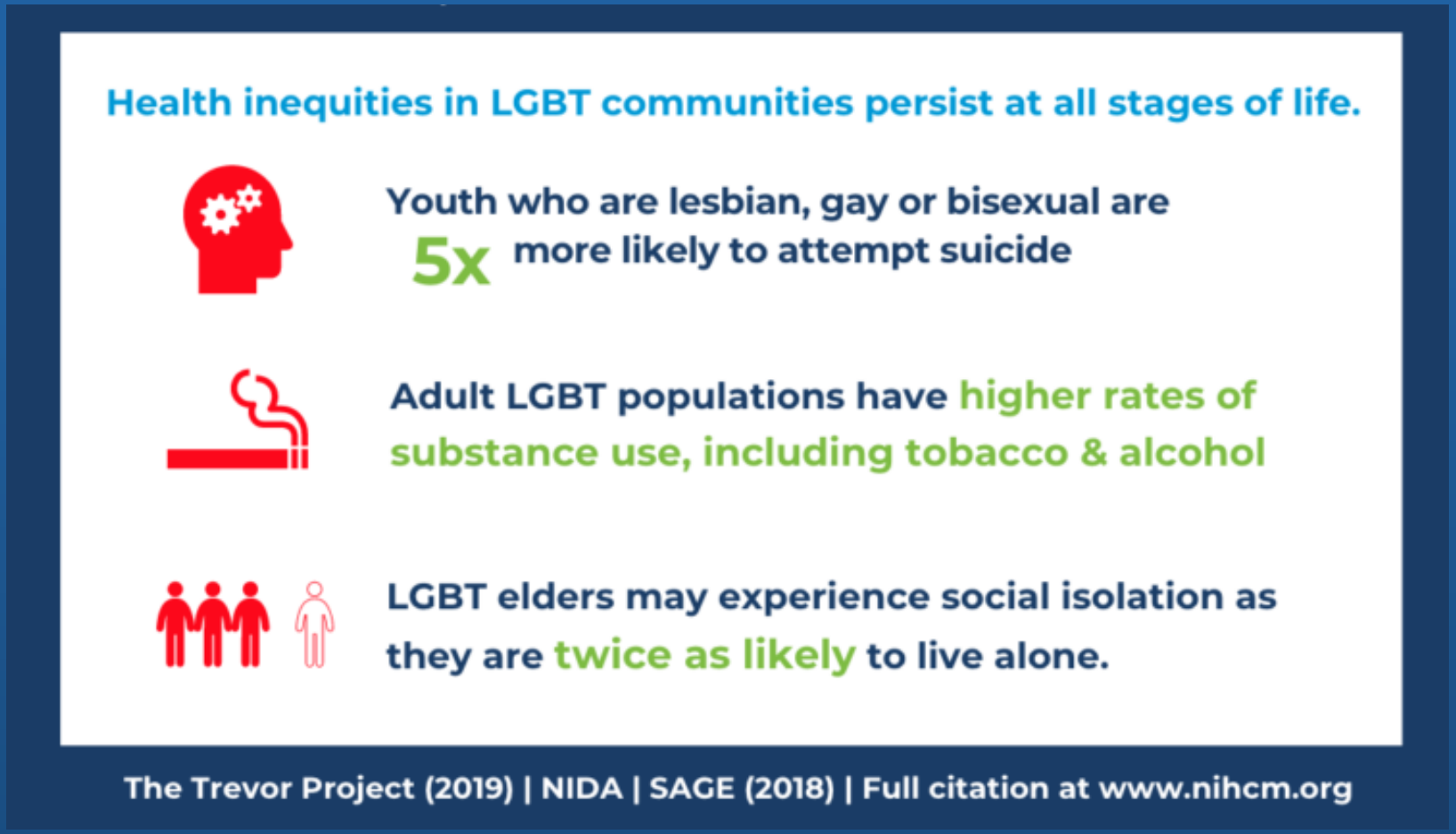
LGBTQ+ Health Disparities



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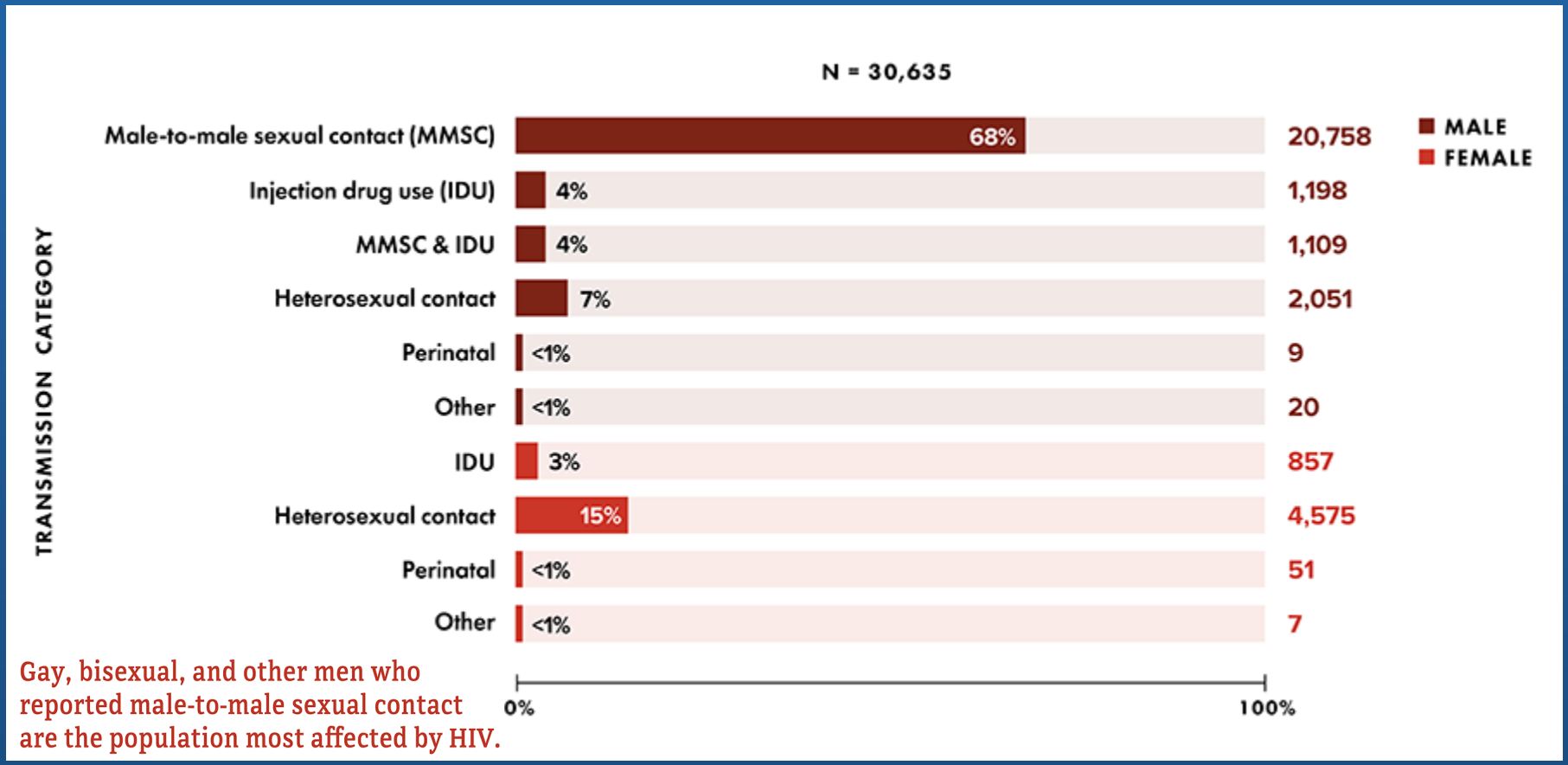
Diagnosis of HIV Infection in the US 2020 (CDC)



Gay, bisexual, and other men who reported male-to-male sexual contact are the population most affected by HIV.

https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html

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LGBTQ+ Health Disparities

- Higher rates of STI's
- Higher rates of substance abuse
- Higher rates of mental health conditions
- Higher rates of obesity and eating disorders
- Increased risk of certain cancers
- Greater risk of heart disease

Due to

- Stigma
- Discrimination
- Bullying/rejection
- Social isolation
- Lack of provider sensitivity
- Lack of supportive services
- Lack of insurance coverage

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/

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National Survey on LGBTQ Youth Mental Health 2020

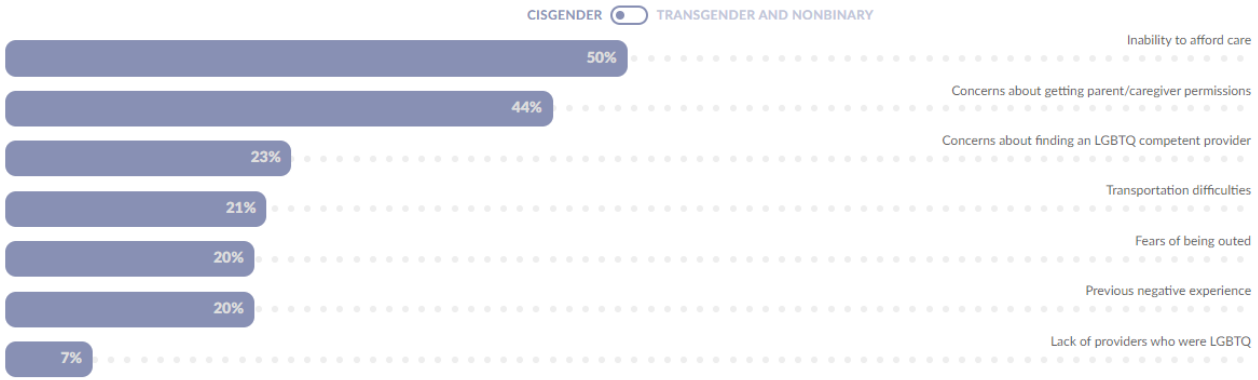
- **40% of LGBTQ respondents** seriously considered attempting suicide in the past twelve months, with **more than half** of transgender and nonbinary youth having seriously considered suicide
- **68% of LGBTQ youth** reported symptoms of generalized anxiety disorder in the past two weeks, including **more than 3 in 4** transgender and nonbinary youth
- **48% of LGBTQ youth** reported engaging in self-harm in the past twelve months, including **over 60%** of transgender and nonbinary youth

Over 40% of LGBTQ youth reported they were unable to receive care due to concerns with parental permission.

Ability to afford care was the strongest barrier to receiving mental health care.

Nearly half of transgender and nonbinary youth didn't receive wanted mental health care due to concerns related to the LGBTQ competence of providers.

LGBTQ youth who wanted mental health care but were unable to get it cited the following reasons:



https://www.thetrevorproject.org/survey-2020/?section=Suicide-Mental-Health

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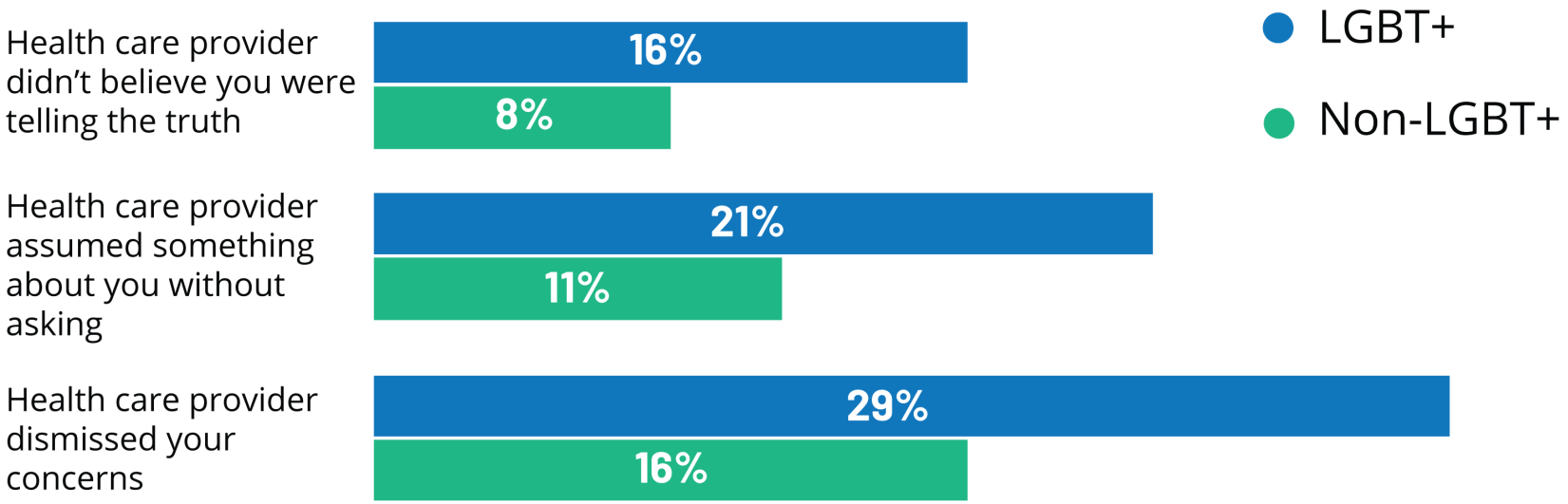
Kaiser Family Foundation Survey

Larger Shares of LGBT+ Adults Report Negative Experiences with Their Providers Compared with Non-LGBT+ Adults

Thinking about your health care visits in the last two years, did you experience any of the following, or not?



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Tips for providing culturally competent care

- Never make assumptions about ones gender identity or sexual practices
- Utilize the electronic health record to communicate preferred gender and names
- If you make a mistake, apologize and move on
- Educate yourself and others about terms and definitions
- Learn about the unique barriers these communities face in order to provide better care
- Address training gaps at your institutions

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The National Coalition for LGBT Health The National Coalition for LGBT Health project seeks to de-stigmatize LGBTQ healthcare and raise awareness of LGBTQ health disparities. The coalition also seeks to expand cultural competency for the diverse LGBTQ population, and to improve both access to, and utilization of, health care resources. PFLAG National is a member organization.

Expanding Care Services for Gender-Diverse Patients

Since 2018, the Transgender and Gender Non-Binary (TGNB) Health Program has been providing gender-affirming care to UW Medicine patients. The program offers a complete spectrum of gender-affirming care. Primary care, medication management, hormone replacement therapy, reproductive and sexual healthcare, and mental health care are core services, along with psychological evaluations that insurers require to cover surgery. The TGNB team is working to expand access to their services and offer more training opportunities for faculty, students, residents and fellows.

straight FOR equality

AGLP

A community of psychiatrists that educates and advocates on LGBTQ mental health issues.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Lesbian, Gay, Bisexual, and Transgender Health

The Gay and Lesbian Medical Association's (GLMA) mission is to ensure equality in health care for lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) individuals and health care professionals. Visit www.GLMA.org for more information.

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Audience poll!

Are We Doing Sexual Histories?

- Fewer than half of physicians report taking a sexual history from their patients
  - 40% of MDs screened adolescents for sexual activity
  - 15-40% asked questions of adult patients about # and gender of partners and condom use
- Kaiser Family Foundation patient survey
  - 12% were asked about STIs
  - 83% patients felt STIs should be discussed at a first-time Ob/Gyn visit

Millstein et al, J Adol Med., Oct, 1996 Haley et al, AJPH, June 1999

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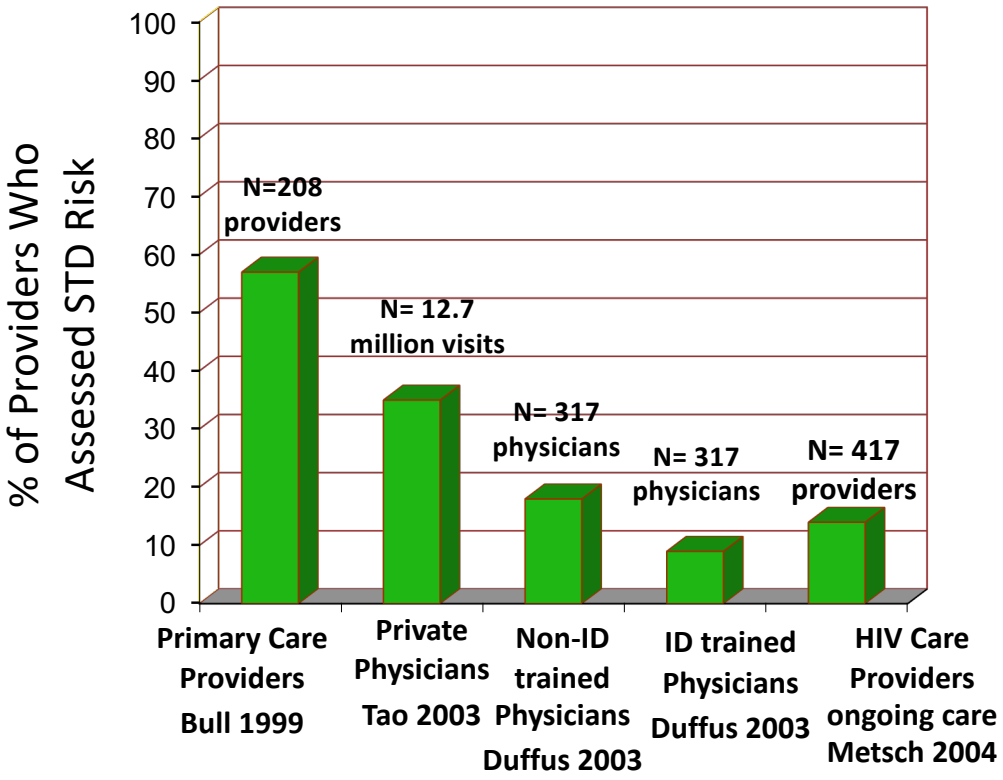
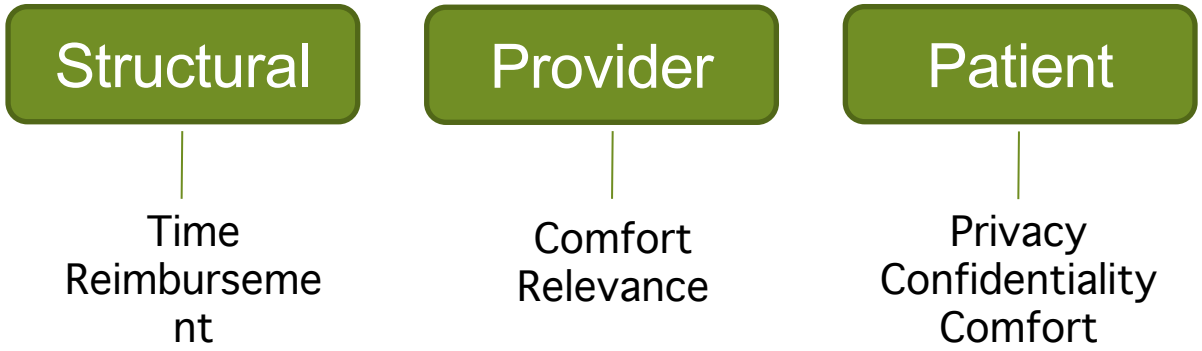
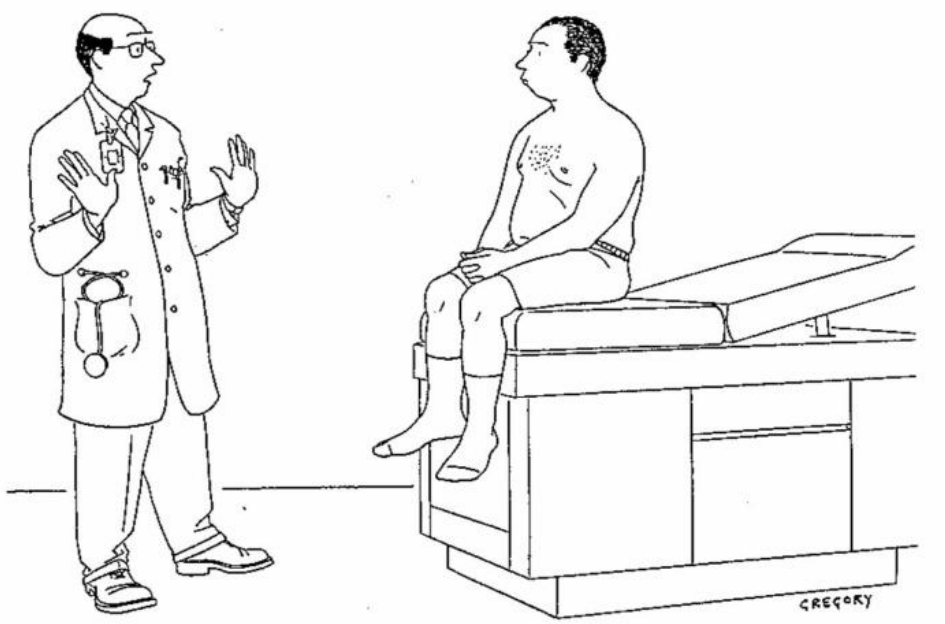
Do Providers Ask About Risk?



Audience poll!

Barriers to Taking a Sexual History





"Whoa—way too much information."

Provider Barriers

- Staff discomfort discussing sexual issues/health
- Personal bias/judgment
- Inadequate training
- Unfamiliar with content or language
- Perceived complexity of the sexual history
- Low priority given to STI prevention
  - Acute vs. preventive role perception
  - Low priority given to sexual health issues
  - Devaluation of behavioral interventions

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What is your comfort level?

- Realize that your patients are vulnerable
- Understand that you are asking intimate questions
- Assess your own biases, misconceptions
- What is your tone?
  - Neutral – “Tell me about…”
  - Professional – “I ask this of all patients”
  - Calm
  - Judgmental – “You had HOW many partners?”
  - Shaming – “Stop misbehaving”

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Sexual Health Model > Disease Model for STI Prevention

Sexual Health Model	Disease Model
• Sexual Health = Component of health as a basic human right • STIs as a threat to sexual health • Health Preservation through: 1. Education 2. Vaccination 3. Testing (Screening) 4. Treatment 5. Communication between partners	• Disease = Something to avoid • STIs [illegible] of irresp[illegible] leading to embarra[illegible] stigmatization • Disea[illegible]ugh: 1. [illegible]ing 2. [illegible]reatment 3. Partner Notification

Slide adapted from Dr. Ned Hook

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USPSTF Recommendation!

Clinical Review & Education

JAMA | US Preventive Services Task Force | RECOMMENDATION STATEMENT

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

US Preventive Services Task Force Recommendation Statement

US Preventive Services Task Force

The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults at increased risk for sexually transmitted infections (STIs).	B

OBJECTIVE To update its 2014 recommendation, the US Preventive Services Task Force (USPSTF) commissioned a review of the evidence on the benefits and harms of behavioral counseling interventions for preventing STI acquisition.

POPULATION This recommendation statement applies to all sexually active adolescents and to adults at increased risk for STIs.

EVIDENCE ASSESSMENT The USPSTF concludes with moderate certainty that behavioral counseling interventions reduce the likelihood of acquiring STIs in sexually active adolescents and in adults at increased risk, including for example, those who have a current STI, do not use condoms, or have multiple partners, resulting in a moderate net benefit.

RECOMMENDATION The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults at increased risk for STIs. (B recommendation)

JAMA. 2020;324(7):674-681. doi:10.1001/jama.2020.13095

jamacmelookup.com

Author/Group Information: The US Preventive Services Task Force (USPSTF) members are listed at the end of this article.

Corresponding Author: Alex H. Krist, MD, MPH, Virginia Commonwealth University, One Capitol Square, 6th Floor, 830 E Main St, Richmond, VA 23219 (chair@uspstf.net).

Summary of Recommendation

The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults at increased risk for sexually transmitted infections (STIs).	B

USPSTF, JAMA 2020

Figure. Clinician Summary: Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

August 2020

What does the USPSTF recommend?	**For sexually active adolescents and for adults at increased risk:** **Provide behavioral counseling to prevent sexually transmitted infections (STIs). Grade: B**
To whom does this recommendation apply?	All sexually active adolescents and adults at increased risk for STIs
What's new?	This recommendation is consistent with the 2014 USPSTF recommendation. The current recommendation offers a broader range of effective counseling approaches, including those involving less than 30 minutes of counseling.
How to implement this recommendation?	1. **Assess** whether adolescents are sexually active and, for adults, assess risk for STIs. Factors that put a person at increased risk include a. Being diagnosed with an STI within the past year b. Not consistently using condoms c. Having multiple sex partners or having a partner(s) at high risk for STIs d. Belonging to a population that has a high STI prevalence (such as persons seeking STI testing or attending an STI clinic, sexual and gender minorities, persons living with HIV, persons with injection drug use, persons who exchange sex for money or drugs, persons who have recently been in a correctional facility, and some racial/ethnic minority groups) 2. Provide behavioral counseling to sexually active adolescents and to adults at increased risk: a. Deliver counseling in person, refer patients to outside counseling services, or inform patients about media-based interventions b. Interventions that include group counseling, involve more than 120 minutes of counseling, and are delivered over several sessions have the strongest effect in preventing STIs • Counseling interventions shorter than 30 minutes delivered in a single session may also be effective c. Provide information on common STIs and STI transmission; aim to increase motivation or commitment to safer sex practices; and provide training in condom use, communication about safer sex, problem solving, and other pertinent skills.
What are other relevant USPSTF recommendations?	The USPSTF has issued relevant recommendations on the following: • Screening for chlamydia and gonorrhea • Screening for syphilis in nonpregnant persons and pregnant persons • Screening for HIV • Preexposure prophylaxis for HIV • Screening for intimate partner violence
Where to read the full recommendation statement?	Visit the USPSTF website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision-making to the specific patient or situation.

USPSTF indicates US Preventive Services Task Force.

USPSTF, JAMA 2020

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When is the right time to take a sexual history?

Better Times	Times to Avoid
• During an initial visit • During routine preventative exams • When signs of STI are present • Whenever possible!	• When others are in the room • During the physical exam • When discussing recommendations that do not depend on sexual risk

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General Considerations for Taking a Sexual History

- Recognize patient vulnerability and perhaps anxiety
- Ask permission
- Make no assumptions
  - Ask all patient about gender and number of partners
  - Ask about specific sexual practices
    - Vaginal, anal and oral sex

- Be clear and avoid medical jargon
- Assess and check your own biases or misconceptions
- Be aware of your own tone
  - Strive to be neutral, professional, respectful, calm NOT judgmental
  - Use accepting, permission-giving language and cues
  - Avoid value-laden language (“You should…Why didn’t you…I think you…”

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How to start

- Make your patient comfortable
  - Establish rapport
  - Let them know that the sexual history is a routine part of the history
  - Explain how the sexual history will improve their medical care
  - Let them know their responses are confidential
  - Provide a non-judgmental environment

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Example: CDC guide to taking a sexual history

"I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health."

"Now I'm going to ask you some questions about your sex life."

5 steps of GOALS Framework

CLINICAL GUIDELINES PROGRAM

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV · HCV · SUBSTANCE USE · LGBT HEALTH

GOALS Framework for Sexual History Taking in Primary Care

Developed by Sarit A. Golub, PhD, MPH, Hunter College and Graduate Center, City University of New York, in collaboration with the NYC Department of Health and Mental Hygiene, Bureau of HIV, July 2019

BACKGROUND: Sexual history taking can be an onerous and awkward task that does not always provide accurate or useful information for patient care. Standard risk assessment questions (e.g., *How many partners have you had sex with in the last 6 months?*; *How many times did you have receptive anal sex with a man when he did not use a condom?*) may be alienating to patients, discourage honest disclosure, and communicate that the number of partners or acts is the only component of sexual risk and health.

In contrast. the GOALS framework is designed to

- Enhance the patient-care provider relationship, making it a lever for sexual health specifically and overall health and wellness in general.

THE GOALS FRAMEWORK INCLUDES 5 STEPS:

1. **Give a preamble that emphasizes sexual health.** The healthcare provider briefly introduces the sexual history in a way that de-emphasizes a focus on risk, normalizes sexuality as part of routine healthcare, and opens the door for the patient's questions.
2. **Offer opt-out HIV/STI testing and information.** The

https://cdn.hivguidelines.org/wp-content/uploads/20190822093153/NYSDOH-AI-GOALS-Framework-for-Sexual-History-Taking-in-Primary-Care_8-22-2019.pdf

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Collecting SO/GI Data

Sexual Orientation

Do you think of yourself as:

- Straight or heterosexual
- Lesbian or gay
- Bisexual
- Queer, pansexual, and/or questioning
- Something else; please specify:_____
- Don't know
- Decline to answer

Gender Identity

Do you think of yourself as:

- Male
- Female
- Transgender man/trans man
- Transgender woman/trans woman
- Genderqueer/gender nonconforming neither exclusively male nor female
- Additional gender category (or other); please specify:_____
- Decline to answer

What sex was originally listed on your birth certificate?

- Male
- Female
- Decline to answer

https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/collecting-sexual-orientation.html

Figure 2: Suggested SOGI Questions

Introduction: *We are asking the following information in order to understand whom we are serving and to provide you with more patient-centered health care. This information will be entered into your electronic health record.*

Sexual Orientation

Do you think of yourself as: *(Check all that apply)* or *(Please choose the option that best describes you. Currently our system allows only one option.)*

- ☐ Lesbian or gay
- ☐ Straight or heterosexual (that is, not gay or lesbian)
- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual
- ☐ Something else: _____
- ☐ Don't know
- ☐ Prefer not to answer

What is your current gender identity? *(Check all that apply)* or *(Please choose the option that best describes you. Currently our system allows only one option.)*

- ☐ Female/woman/girl
- ☐ Male/man/boy
- ☐ Nonbinary, genderqueer, or not exclusively female or male
- ☐ Transgender female/woman/girl
- ☐ Transgender male/man/boy
- ☐ Another gender: _____
- ☐ Don't know
- ☐ Prefer not to answer

What sex were you assigned at birth, on your original birth certificate? (Check one.)

- ☐ Female
- ☐ Male
- ☐ X/Another sex: _____
- ☐ Don't know
- ☐ Prefer not to answer

https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64_Updates2022_ReadySetGo-FINAL.pdf

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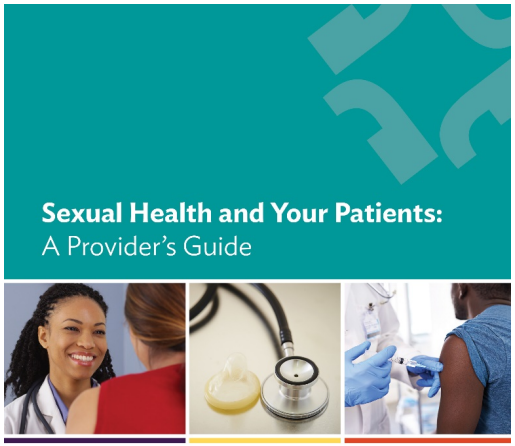
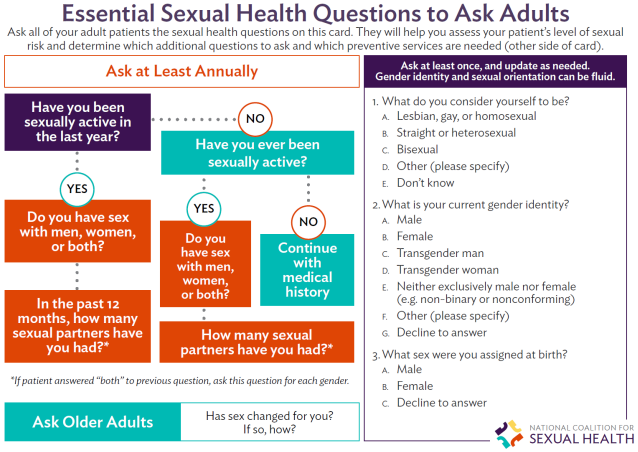
Box 1: GOALS Framework for the Sexual History

Component	Suggested Script	Rationale and Goal Accomplished
Give a preamble that emphasizes sexual health.	*I'd like to talk with you for a couple of minutes about your **sexuality and sexual health**. I talk to all of my patients about sexual health, because it's such an **important part of overall health**. Some of my patients have **questions or concerns** about their sexual health, so I want to make sure I **understand what your questions or concerns might be and provide whatever information or other help you might need**.*	• Focuses on sexual health, not risk. • Normalizes sexuality as part of health and healthcare. • Opens the door for the patient's questions. • Clearly states a desire to understand and help.
Offer opt-out HIV/STI testing and information.	*First, I like to test all my patients for HIV and other sexually transmitted infections. Do you have any concerns about that?*	• Doesn't commit to specific tests, but does normalize testing. • Sets up the idea that you will recommend some testing regardless of what the patient tells you. • Opens the door for the patient to talk about HIV or STIs as a concern.
Ask an open-ended question.	Pick one (or use an open-ended question that you prefer): • *Tell me about your sex life.* • *What would you say are your biggest sexual health questions or concerns?* • *How is your current sex life similar or different from what you think of as your ideal sex life?*	• Puts the focus on the patient. • Lets you hear what the patient thinks is most important first. • Lets you hear the language the patient uses to talk about their body, partners, and sex.
Listen for relevant information and probe to fill in the blanks.	→ *Besides* [partner(s) already disclosed], *tell me about any other sexual partners.* → *How do you protect yourself against HIV and STIs?* → *How do you prevent pregnancy (unless you are trying to have a child)?* → *What would help you take (even) better care of your sexual health?*	• Makes no assumption about monogamy or about gender of partners. • Avoids setting up a script for over-reporting condom use. • Can be asked of patients regardless of gender. • Increases motivation by asking the patient to identify strategies/ interventions.
Suggest a course of action.	→*So, as I said before, I'd like to test you for* [describe tests indicated by sexual history conversation]. →*I'd also like to give you information about PrEP/contraception/other referrals. I think it might be able to help you* [focus on benefit].	• Allows you to tailor STI testing to the patient so they don't feel targeted. • Shows that you keep your word. • Allows you to couch education or referral in terms of relevant benefits, tailored to the specific patient.

Resources for taking a sexual history: National Coalition for Sexual Health





Nationalcoalitionforsexualhealth.org

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Essential Sexual Health Questions to Ask Adults

Ask all of your adult patients the sexual health questions on this card. They will help you assess your patient's level of sexual risk and determine which additional questions to ask and which preventive services are needed (other side of card).

Ask at Least Annually

*If patient answered "both" to previous question, ask this question for each gender.

Ask Older Adults — Has sex changed for you? If so, how?

Ask at least once, and update as needed. Gender identity and sexual orientation can be fluid.

1. What do you consider yourself to be?
   - A. Lesbian, gay, or homosexual
   - B. Straight or heterosexual
   - C. Bisexual
   - D. Other (please specify)
   - E. Don't know
2. What is your current gender identity?
   - A. Male
   - B. Female
   - C. Transgender man
   - D. Transgender woman
   - E. Neither exclusively male nor female (e.g. non-binary or nonconforming)
   - F. Other (please specify)
   - G. Decline to answer
3. What sex were you assigned at birth?
   - A. Male
   - B. Female
   - C. Decline to answer

NATIONAL COALITION FOR SEXUAL HEALTH

CDC's Approach: The 5 "Ps"

- Partners
- Practices
- Protection for STIs (and HIV)
- Past history of STIs
- Pregnancy Intention

CDC guide to taking a sexual history https://www.cdc.gov/std/treatment/sexualhistory.pdf

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Partners: Assess for STI/HIV risk

- Are you currently having sex of any kind (oral, vaginal, anal)?
- Have you ever had sex of any kind with a person?
- When is the last time you had any sexual relations?
- Do any of your sex partners have HIV?
- In recent months, how many sex partners have you had?

https://www.cdc.gov/std/treatment/sexualhistory.htm

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Partners

- What are the genders of your partners?
- How/where do you meet your partners?
- Do your partners currently have other sex partners?

Pitfalls

Problem Question	Why Problematic
How long have you been sexually active with your girlfriend?	Making assumptions about partners
Are you gay, straight, or bisexual?	Sexual orientation ≠ sexual partners
Are you attracted to men, women, or both?	Does not provide the information you need

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Practices

GOAL: Help determine patient risk, what risk-reduction strategies to implement, and type and anatomical location for STI testing

- Extragenital testing recommended for MSM
  - Test based on exposure
  - Oral, anal, genital
  - Women reporting increased anal sex, although no current recommendations to screen for women

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Practices

- "What kind of sexual contact do you have or have you had?"
  - Genital (penis in the vagina)?
  - Anal (penis in the anus)?
  - Oral (mouth on penis, vagina, or anus)?
  - Do you meet your partners on apps or online?

❖ Answers will guide what extragenital testing is required

https://www.cdc.gov/std/treatment/sexualhistory.htm

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Practices

GOAL: <u>Determine risk behavior for HIV acquisition</u>

- Concurrent drugs/alcohol
  - "Have you or any of your partners ever used drugs?"
- Transactional sex
  - "Have you ever paid or gotten paid for sex?"
  - "Have you ever exchanged sex for your needs?"

https://www.banyantreatmentcenter.com/2019/11/12/infections-iv-drug-users-can-get-heartland/

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Protection

GOAL: Assess patient's perception of risk and educate about risk reduction

- Do you worry about HIV?
- Have you ever considered PrEP?
- Have you ever felt you might have been exposed to HIV? Or ever taken PEP?
- Do you talk to your partners about their HIV or STI status?
- Do you and your partner(s) use any protection against STIs?
  - If so, how often? What kind? In what situations do you use protection?
- How many times have you had condomless sex?
- Have you received HPV, hepatitis A, and/or hepatitis B shots?

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Motivating Towards Condom Use

Clinically determine how much risk reduction counseling is needed

- Tell me what steps you plan to take to make it easier to use condoms?
- Tell me about the times you have been successful using condoms?
- What situations made it easier to use condoms?
- What situations have made it difficult for you to use condoms?
- How can you change these situations so you will succeed most of the time?

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Past History of STIs

- Have you ever been diagnosed with an STI? When? Treatment?
- Have you had any recurring symptoms or diagnoses?
- Have you ever been tested for HIV or other STIs? Would you like to be tested?
- Has your current partner or any former partners ever been diagnosed or treated for a STI?
- Were you tested for the same STI? If yes, when were you tested? What was the diagnosis? How was it treated?

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Pregnancy Intention

- Are you currently trying to have children, or would you like to have more children at some point?
- How important is it for you to prevent pregnancy?
- Are you using contraception or practicing any form of birth control?
- Do you need any information on birth control?

https://www.cdc.gov/std/treatment/sexualhistory.htm

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Don’t close the door!

- You may have provided a safe space for patients to mention issues they were not comfortable with before
  - “What other things about your sexual health and sexual practices should we discuss to help ensure your good health?”
  - “What other questions would you like to discuss?”
  - “Any concerns about pleasure or performance?”
  - “Has anyone ever made you feel unsafe in your sexual relationship or made you do something you didn’t want to do?”

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Populations

- Adolescents
- Transgender
- Cultural competency
- Know your population

The importance of language

COMMENTARY

Words Matter: Putting an End to "Unsafe" and "Risky" Sex

Julia L. Marcus, PhD, MPH and Jonathan M. Snowden, PhD†*

Change is constant in sexual health, as in health care more broadly. Novel pathogens are identified, epidemics emerge and reemerge, and new preventive and therapeutic agents are introduced and taken up by populations. On the other hand, some care strategies and practices fall by the wayside among clinicians and populations. Just as health and health care evolve, so too should the language that we use to describe them.

In this commentary, we express our concerns about the use of ambiguous and stigmatizing language when describing sexual behavior. A search on PubMed in September 2019 yielded over 4000 articles with "unsafe sex," "risky sex," "risky sexual behavior," "high-risk sexual behavior," or "sexual risk behavior" in the title or abstract alone, including articles recently published in *Sexually Transmitted Diseases* and other leading journals.[1–10] We propose that the language we use to describe sexual behavior should be updated to reflect the current landscape of sexual health and sexually transmitted infections (STIs). In 2014, at the request of human immunodeficiency virus (HIV) advocates, the Centers for Disease Control and Prevention agreed to discontinue the use of the phrase "unprotected sex," opting for the more precise "condomless sex."[11] However, the continued use of ambiguous and stigmatizing language in the scientific literature points to the need for further action. We recommend that *Sexually Transmitted Diseases* and other peer-

partner is HIV-uninfected and the other is living with HIV with unsuppressed viral load. Similarly, any one of these sexual behaviors can be associated with multiple potential risks, including pregnancy or the acquisition or transmission of HIV, gonorrhea, chlamydia, or syphilis. Phrases like "unsafe sex" and "risky sexual behavior" conflate the sexual behavior (e.g., sex without a condom) and the outcome of interest (e.g., risk of gonorrhea acquisition), such that both are left unclear. These phrases are frequently also used to describe the health risks associated with some sexual acts (e.g., anal sex, vaginal sex) and not others (e.g., oral sex, oroanal sex), increasing their vagueness. "Unsafe" and "risky" also do not distinguish between risk of disease *acquisition* and risk of disease *transmission*, leaving it unclear to whom the risk applies.

Imprecise language does not just obscure nuances of individual sexual behaviors and their associated risks, it also conflates risk derived from *individual behavior* and risk derived from *contextual factors*.[12,13] The risks associated with condomless sex can vary dramatically based on the context (e.g., the sexual encounter, a person's socioeconomic position, or their role within a broader community).

In terms of the sexual encounter, relevant contextual questions that affect risk include the following: is highly effective contraception being used? Is HIV preexposure prophylaxis (PrEP) being used? Has HIV serostatus been discussed between sexual

Marcus STD Journal 2020

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The importance of language: People first!

- *People First Language* , which puts the person before their diagnosis. A person is more than their medical diagnosis.

- *People First Language* puts the person before the illness or medical condition and describes what a person has, not who a person is.

- *People First Language* helps to eliminate prejudice and it removes value judgements about the person. When we describe people by labels or medical diagnoses, we devalue and disrespect them as individuals.

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Welcoming language

Stigmatizing	Preferred
HIV positive, AIDS patient, HIV-infected	Person living with HIV
Unprotected sex	Condomless sex; sex not protected by condoms or antiretroviral prevention methods such as TasP &/or PrEP
Promiscuous	Avoid value judgement
IV drug user	Person who injects drugs (PWID)
Addict	Person with opiate use disorder
“Failed” therapy, non-adherent, non-compliant	Identify barriers to care
Assume pronouns	Ask for preferred pronouns

https://www.naabt.org/documents/NAABT_Language.pdf

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Audience poll!

Reflection/Goals

- What is one thing you will take away from this session?
- What is one thing from today you will incorporate into your practice?
- How do you plan to improve your cultural competency and comfort with diverse populations?

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Resources

- National LGBTQIA+ Health Education Center (Fenway Institute)
  - https://www.lgbtqiahealtheducation.org/resources/
- National Coalition for Sexual Health: A Provider's Guide
  - www.ncshguide.org/providers
- CDC
  - Collecting SO/GI Information
    - https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/collecting-sexual-orientation.html
  - "A guide to taking a sexual history"
    - http://www.cdc.gov/std/treatment/SexualHistory.pdf

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THANK YOU!

Next Session

Friday, August 19

12:00 – 1:30 PM PT

STI Update for Primary Care

Chase Cannon, MD
Acting Assistant Professor
Department of Medicine,
Division of Allergy and Infectious Diseases

Co-Director, Public Health Sexual Health Clinic
Harborview

Speakers from:
UW STD Prevention Training Center
National STD Curriculum

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Additional Topics

- HIV Prevention
- HIV Testing in Primary Care
- HIV Stigma and Implicit Bias
- Hep B and C Screening and Treatment
- STI and HIV in Adolescents
- Reproductive Health
- Chem Sex

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Questions

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