

Promoting Sexual Health and Wellness in Primary Care

LGBTQ Health Series 3

Primary Care Development Corporation

Webinar Series



About the Primary Care Development Corporation (PCDC)

Founded in 1993, PCDC is a nonprofit organization dedicated to expanding and transforming primary care in underserved communities to **improve health outcomes, lower health costs and reduce disparities.**

- Certified as a Community Development Financial Institution (CDFI) by the U.S. Treasury
- Offices in New York City and Los Angeles County
- Three Programs:
 - Capital Investment
 - Performance Improvement
 - Policy & Advocacy

About HIP in Health Care

PCDC's HIP (High-Impact Prevention) in Health Care program is funded by the U.S. Centers for Disease Control and Prevention (CDC) to **build the capacity of healthcare organizations to deliver HIV prevention services** and strategies within clinical settings.

- In support of the National HIV/AIDS Strategy (NHAS) and CDC's High-Impact Prevention approach, our capacity building assistance (CBA) is focused on:
 - **HIV Testing**
 - **Prevention with Positives**
 - **Prevention with High-Risk Negatives**
- We provide training and technical assistance at no cost to healthcare organizations (i.e., direct service providers) across the United States and its affiliated territories

About the Capacity Building Provider Network (CPN)

HIP in Health Care is part of the national Capacity Building Provider Network.

- The CPN is a network of 22 organizations that are funded by CDC to build the capacity of the nation's HIV prevention workforce in 3 Settings:
 - Health Departments
 - Community-Based Organizations
 - Health Care Organizations
- CPN providers provide CBA in the following areas:
 - HIV testing
 - Prevention with HIV-positive persons
 - Prevention with HIV-negative persons
 - Condom distribution
 - Organizational development & management
 - Policy



<http://www.cbaproviders.org>

Today's Agenda

- Current Affairs
- Key Components of a Sexual Health History
- Tips for Facilitating Patient-focused Discussions on Sexual Health
- Discuss promoting sexual health and wellness in in LGBTQ populations

Today's Learning Objectives

- Define barriers that may prevent providers and patients from discussing sexual health issues
- Identify key components of a comprehensive sexual health history
- Discuss strategies for having conversations about sexual health and wellness with patients

- Please use the question box to ask questions. Questions will be answered at the end of the presentation. All unanswered questions will be addressed and sent out to attendees
- Attendees will receive webinar slide set, recording and evaluation link by the end of the webinar business day

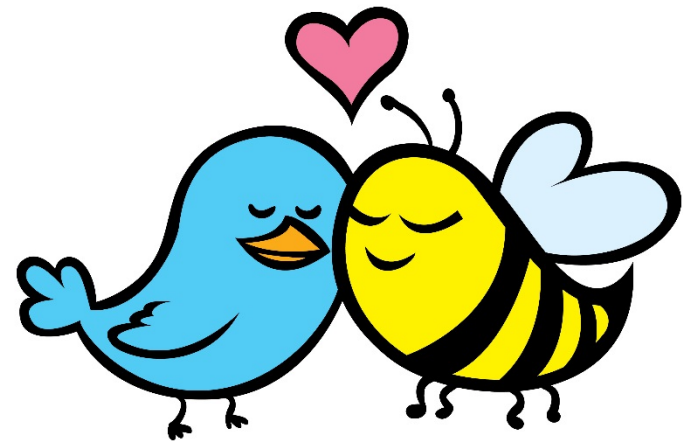


Primary Care Development Corporation



Stephen Perez, PhD, RN, CRNP, AAHIVS

“Let’s talk about...ummm...well,
ya know.”



Current Affairs

How do providers currently address sexual health in primary care?

How do providers address sexual health in primary care?

- Sexual history taking is usually precipitated by specific complaint
- Sexual histories as part of routine care is not as common as those for specific complaints
- Many providers ask about general sexual activity, but not specifics (sexual partners, orientation, etc.)
- Prevalence of sexual health concerns may be underestimated by physicians

Nusbaum, M. R. H., & Hamilton, C. D. (2002). The proactive sexual health history. *American Family Physician*, 66(9), 1705–1712.

Wimberly YH., Hogben M., Moore-Ruffin J., Moore SE., Fry-Johnson Y. Sexual history-taking among primary care physicians. *J Natl Med Assoc* 2006;98:1924–1929

What's the issue?

Sex is difficult to talk about.

- Many providers report not receiving formal training
- Providers aren't sure what to ask or how far to push to get specific information
- Issues around sexuality
 - Sexual identity
 - Gender identity
- Misunderstandings and assumptions can lead to mistrust or embarrassment
- Significant emotions and feelings can accompany any sexual behavior

Key Components of a Sexual Health History

1. Assess Risk



The 5 P's

- Partners
- Practices
- Past STDs
- Pregnancy Plans
- Protection from STDs



Partners

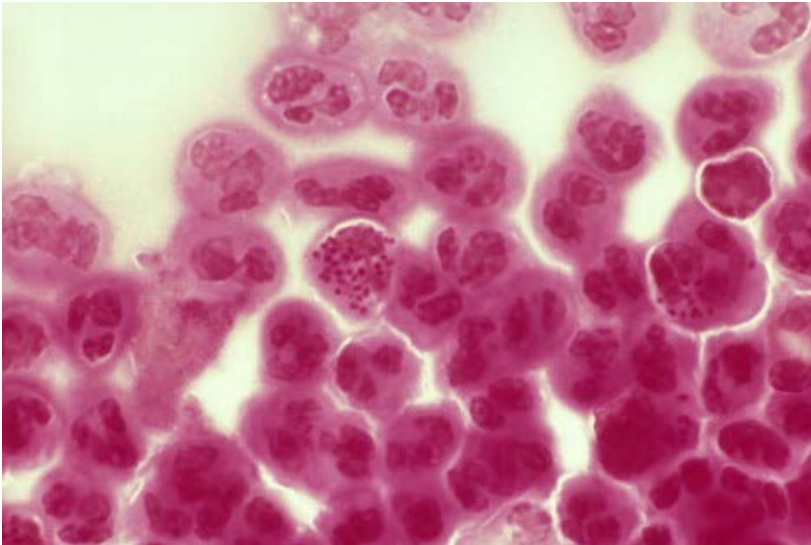
- Number of partners over the past 3 months
- Number of partners over the past 12 months
 - With multiple partners:
 - Length of relationships
 - How is the patient meeting them?
 - Partner risk factors (partner drug use, STI exposure)
 - Gender of partners or gender identity of partners
- Direct Questions
 - *How many partners in the past 3 months?*
 - *How about in the past 12 months?*
 - *How long have you been having sex with them?*
 - *How did you meet?*
 - *Do you know if any of your partners are using drugs?*
 - *Have any of them ever had an STD?*
 - *How do your partners define their gender identity?*

Practices

- Assess sexual behavior practices
 - Vaginal sex, anal sex, oral sex, penetration
- Assess risk and exposure; this will guide screening and physical exam
 - Screening should be completed based on risk exposure
- Be direct but sensitive
 - *I'm going to ask you a few direct questions to make sure I have the information I need to provide the best care.*
 - Remember terminology is different for everyone
 - Sex does not always mean sex
 - Consider trauma or abuse situations

Past STDs

- Have you ever had an STD in the past?
 - What was it?
 - Where was it?
 - How was it treated?



Pregnancy Plans

- If after your assessment you have determined that your patient is at risk for unintended pregnancy, or has plans for intended pregnancy (including fathering a pregnancy)
 - Use direct questions, but try to be open ended
 - *What are your thoughts about pregnancy?*
 - *How would you feel if you were to become pregnant right now?*
 - *Are you trying to get pregnant? Do you want to get pregnant or have plans to become pregnant?*
 - *If not, what steps are you taking to prevent pregnancy? What birth control methods are you using?*
 - *Do you want to explore additional/other methods?*

Protection from STDs

- Based on assessment of behaviors and determination of risk, ask about protection from STDs
- Particularly if the patient is on PrEP, ask about protection from STDs

Key Components of a Sexual Health History



2. Assess Health and Wellness (Routine Health History)



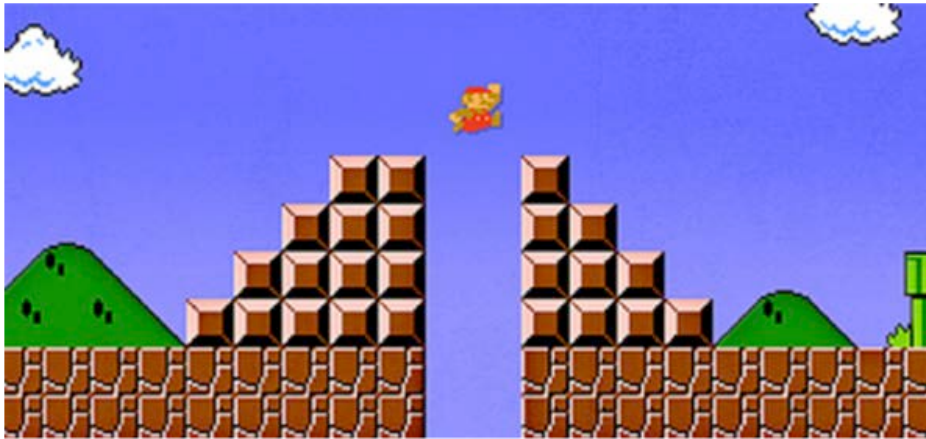
The “Routine” Sexual Health History

- Should be completed at least at the annual visit or for new patients (not necessarily at the first visit!)
- Determine risk for STDs and family planning needs or concerns
- Address sensitive issues
 - Sexual Identity and Gender Identity
 - If this is the first visit, ask the patient how they would like to be addressed (for example, *what is your preferred gender pronoun?*)
 - Should include questions about about risk for violence & coercion
 - Risk behaviors that can coincide with sex (alcohol and drug use)

Facilitating the “Routine” History

- Consider the use of a form that can be filled out while the patient is waiting to see the provider
 - Ensure an environment of confidentiality and acceptance
 - Exam room might be more appropriate to fill out forms
- Conduct the interview before the patient changes into gown for the the exam
- Be upfront at the outset of the interview
 - *At our health center we encourage sexual health and wellness for our patients, and part of that is listening to your concerns and asking you some important questions.*
 - Also remember that some patients may not have an interest in sex!

Tips for Facilitating Patient-focused Discussions on Sexual Health



FIND YOUR WAY AROUND THE PITFALLS!!

Common Provider Pitfalls

- Not asking about sex at all
- Relying on risk categories (“MSM”, “Straight”, “Gay” etc.)
- Thinking that we don’t have enough time or expertise
- Thinking that other providers will probably address the issue

Providers' ways around the pitfalls

Be proactive AND strategic!

- Start by asking about other lifestyle factors
- Ask about sex
 - Use plain language and an introduction
 - *Just like I talk with my patients about healthy behaviors, like exercise and diet, I also talk with them about sex which is also a healthy activity/behavior.*
 - Don't include sex with drugs, smoking and alcohol

Providers' ways around the pitfalls

- Be Specific
 - Ask about gender
 - *What is your preferred gender pronoun?*
 - Can ask “have you ever???”
 - Don’t press if you don’t get the answer you thought
 - Ask about sexual behaviors
 - Risk, protection, toys, etc.
 - Use open-ended questions but also be specific when needed, especially if this is a focused exam
 - *Ok to say....”some of these questions might be a little strange or uncomfortable for you, but it’s really important that we talk about this”*

Providers' way around the pitfalls

- Be open and honest with your patients
- Give the patient space and time
- Ask about patient concerns or satisfaction with sexual functioning

Wrapping it Up! (so to speak)

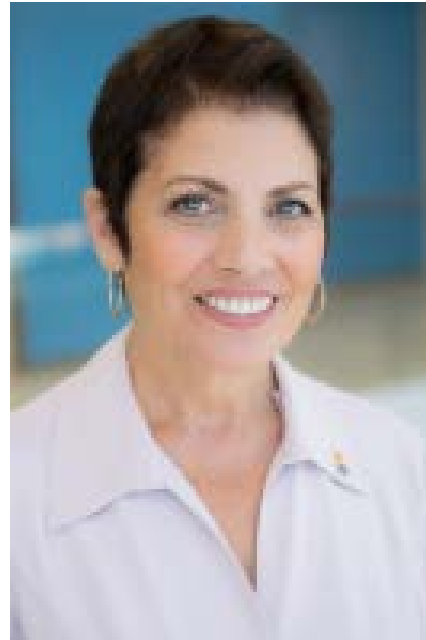
- Sexuality and sexual health are important parts of healthy living and wellness for most people
- Can be a tough thing to talk about in the clinical setting and elsewhere
- Comfort, rapport, and trust between provider and patient is key to making sure we provide high quality care that includes sexual health and wellness
- Be ready to talk, but also be ready to listen.
- If you don't know something ask a colleague or listen to your patient. They can be great educators!

Let's go live!

- Panel discussion



Mazdak Mazarei
*PCDC Senior Project
Manager*



Barbara Warren
*Psy.D., LMHC, CASAC,
CPP*



Stephen Perez
PhD, RN, CRNP, AAHIVS

QUESTIONS



THANK YOU!

For more information about PCDC's HIP in Health Care capacity building assistance services, contact us at:

T: (212) 437-3970

E: hip@pcdc.org

W: www.pcdc.org/hipinhealthcare