NATIONAL COALITION FOR SEXUAL HEALTH

It's about honesty. It's about knowledge. It's about time.

Taking a Comprehensive Sexual History: Why It Matters & What is Needed

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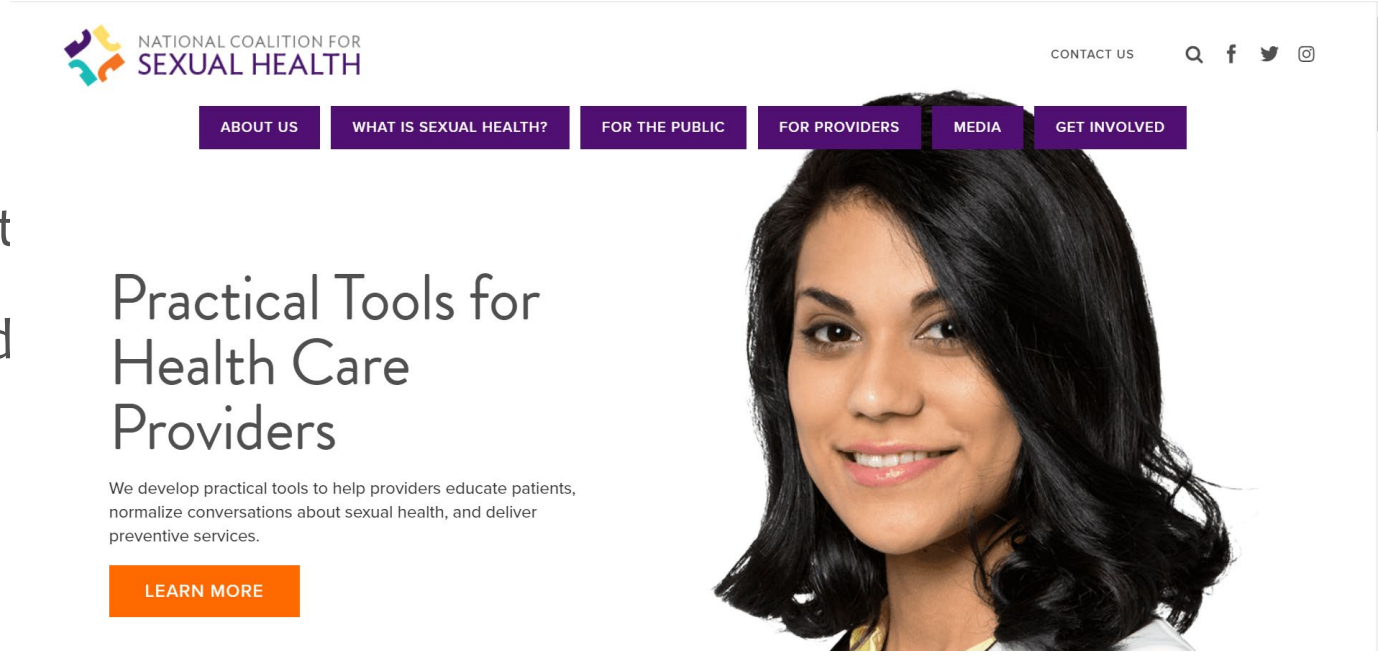
The National Coalition for Sexual Health

- Funded by the CDC Division of STD Prevention
- Coalition made up over 200 members (health care providers, sex educators, provider organizations, advocacy groups)
- Aim to make sexual health a common part of our national discourse and to promote high quality sexual health information and services by:
  - Conducting national media outreach
  - Developing practical products and tools
  - Encouraging the public and health care providers to take action



REGIONAL STD TRAINING CENTERS

OUR 8 REGIONAL CENTERS ASSIST CLINICIANS IN THEIR TRAINING AREAS ACROSS THE UNITED STATES

SOUTHEAST STD/HIV PREVENTION TRAINING CENTER

Denver PREVENTION TRAINING CENTER

STD HIV PREVENTION TRAINING CENTER

Sylvie Ratelle STD/HIV Prevention Training Center

California PTC

STD/HIV Prevention Training Center JOHNS HOPKINS MEDICINE

St. Louis STI/HIV Prevention Training Center

UNIVERSITY of WASHINGTON STD Prevention Training Center

Overview

1. Summarize national STI data
2. What is a sexual history?
3. Discuss major barriers
4. Share the National Coalition for Sexual Health's new tools
5. Ps & Pearls: Discuss sexual history taking questions and share real-life clinical stories

STIs REMAIN COMMON AND COSTLY TO THE NATION'S HEALTH

STIs IN 2018 (PREVALENCE)

Nearly 68 million infections

ANNUAL NEW STIs IN 2018 (INCIDENCE)

26 million

STIs acquired in 2018

DIRECT LIFETIME MEDICAL COSTS OF 2018 NEW STIs

Nearly

16 billion

Total medical costs
(in 2018 dollars)

For more information visit ***www.cdc.gov/nchhstp/newsroom***

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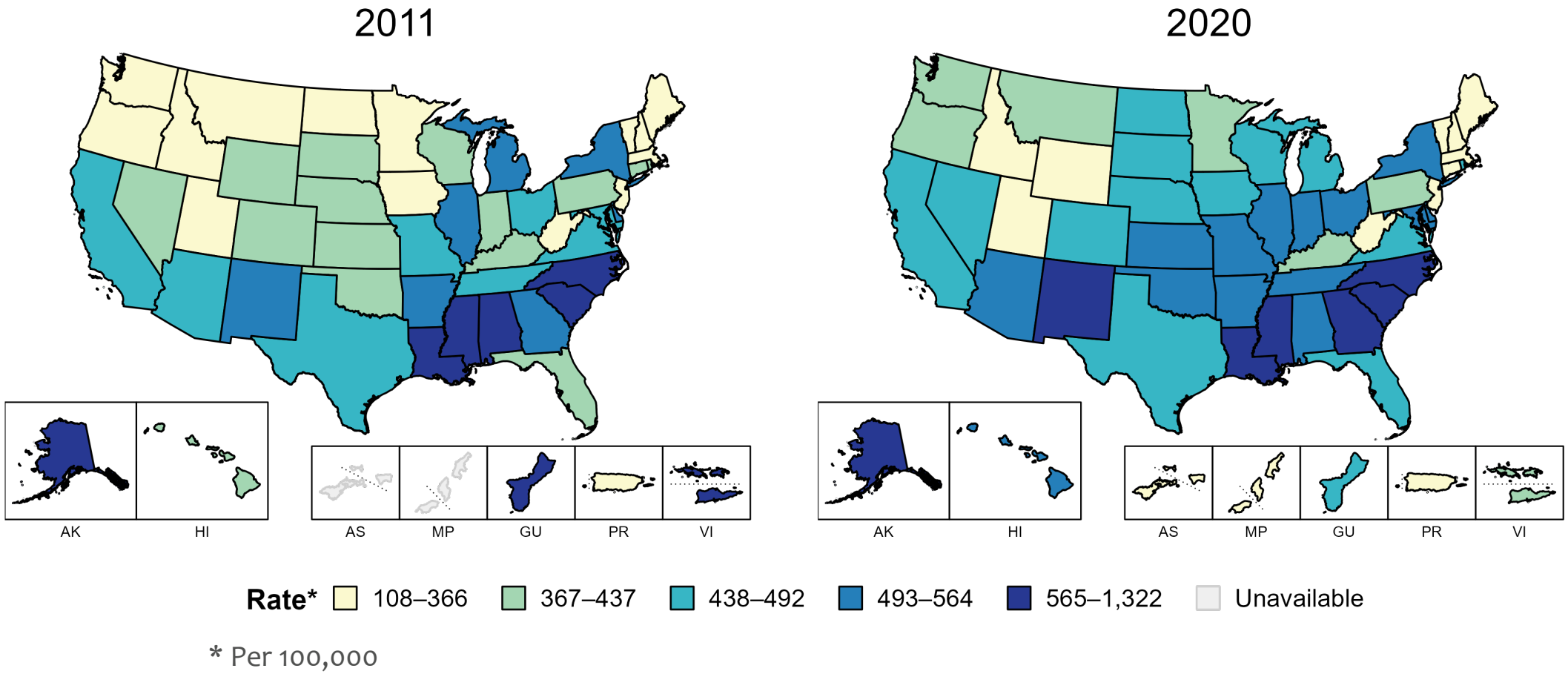
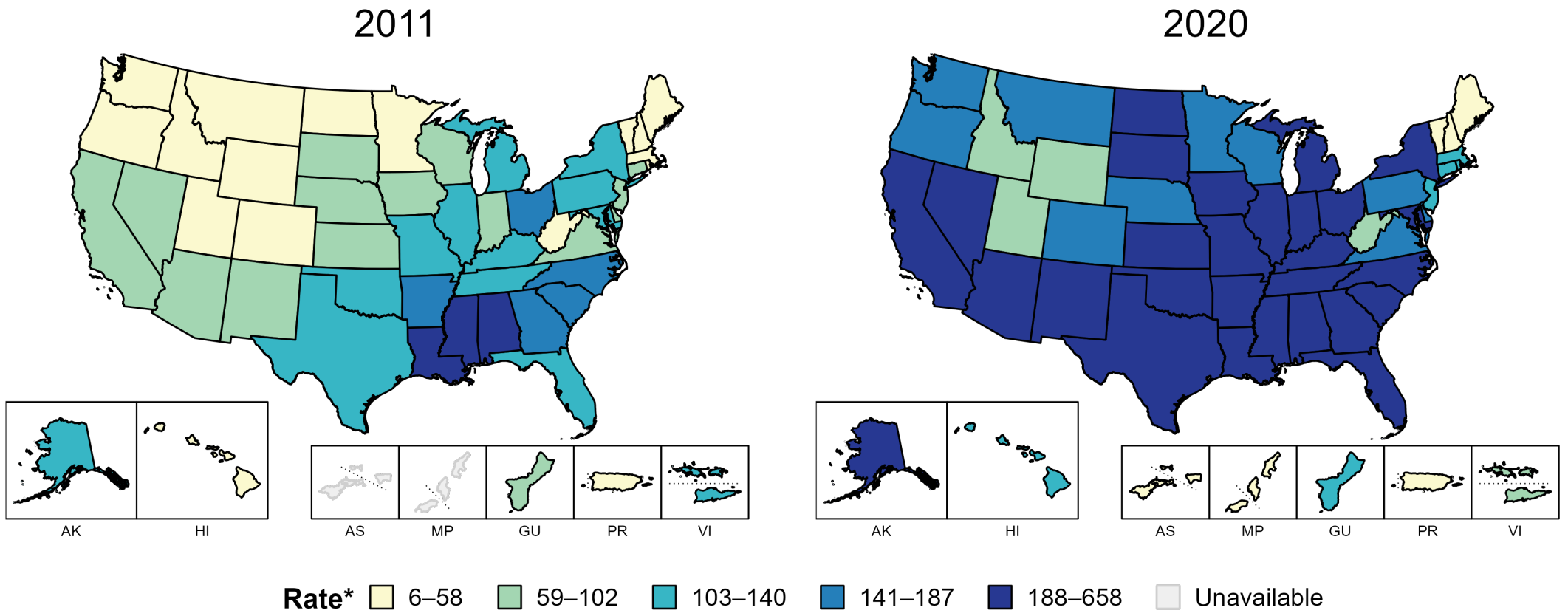
Chlamydia — Rates of Reported Cases by State, United States and Territories, 2011 and 2020



* Per 100,000

Gonorrhea — Rates of Reported Cases by State, United States and Territories, 2011 and 2020



* Per 100,000

Why is a Sexual History Important?

Obtaining a sexual history… is crucial.

However, many providers are not doing so.

Brookmeyer et al, 2020

Missed Opportunities

- Self report is high (71.8% of providers in a statewide study)
- Chart reviews tell a different story (20.8% in one study)
- Patients who had a sexual history taken during a well visit or annual visit ranged from 21% to 30%
- Even when patients come in for an STI related or gyn issue, sexual history taking is not 100% (8% to 82%)
- When sexual histories are taken, they are incomplete (not asking the CDC's recommended 5 P's)

Brookmeyer KA, Coor A, Kachur RE, Beltran O, Reno HE, Dittus PJ. (2020) *Sexual History Taking in Clinical Settings: A Narrative Review.,* Sex Transm Dis.

Patient Factors

- Older adolescents are more likely to have a sexual history taken than younger adolescents
- For adults, sexual history taking decreased as the age of adults increased
- Female patients were more likely to have a sexual history taken than male patients
- Black patients in primary care and ER settings were more likely to have a sexual history taken as compared with patients of other races
- Patients with public insurance were more likely to have a sexual history taken than those who were privately insured
- Non-English speaking patients had low rates of sexual history taking by providers.

Brookmeyer et al, 2020

Provider Factors

- Primary care providers were significantly more likely to obtain a sexual history than ED providers or hospitalists.
- Female clinicians were more likely to take a sexual history as compared with male clinicians
- When the provider and patient were both female or both male (i.e., sex concordant), providers were more likely to take a sexual history.
- Assumptions
  - Disproportionately discuss sexual history based on preconceptions driven by their patients' demographic characteristics.

Brookmeyer et al, 2020

Polling Question

What are the primary reasons why health care providers do *not* take a sexual history?

Barriers to Quality Sexual Health Care

- Lack of time during visit
- Provider knowledge, skills & attitudes
  - Lack of testing and treatment knowledge
  - Discomfort with sexual history-taking, discussing trauma, violence, pleasure, and genital exams
  - LGBTQIA2S+ sexual health
    - lesbian, gay, bi, trans, queer, intersex, asexual, two spirit
  - Language and cultural differences
  - Lack of formal curriculum in med/nursing schools
- Patient reluctance (confidentiality concerns & discomfort)
- Provider assumptions about patient needs

Essential SH Questions: Provider Pocket Cards

Essential Sexual Health Questions to Ask Adults

Ask all of your adult patients the questions on this card to start the conversation and to begin taking a thorough sexual history. For more questions to assess risk, refer to Table 1 of *Sexual Health and Your Patients: A Provider's Guide.*

Ask at Least Annually

Have you been sexually active in the last year?

- **NO** → **Have you ever been sexually active?**
  - **NO** → Continue with medical history.
  - **YES** → What types of sex do you have (oral, vaginal, anal, other)?
    - What types of sex do you have (oral, vaginal, anal, other)?
    - With men, women, both, or another gender identity?
- **YES** → What types of sex do you have (oral, vaginal, anal, other)?
  - What types of sex do you have (oral, vaginal, anal, other)?
  - With men, women, both, or another gender identity?

Ask Older Adults

Has sex changed for you? If so, how?

Conversational Tips

- Ensure confidentiality and emphasize this is routine for all patients
- Ask open-ended questions, for example, "Are there any sexual concerns or questions you'd like to discuss?"
- Be non-judgmental (verbal and non-verbal)

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 or gay
   - B. Straight or heterosexual
   - C. Bisexual
   - D. Another (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. Another (please specify)
   - G. Decline to answer
3. What sex were you assigned at birth?
   - A. Male
   - B. Female
   - C. Decline to answer

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Recommended Preventive Sexual Health Services for Adults

Service	Female			Male			Transgender Individuals
	18-64	65+	Pregnant	18-64	65+	MSM	
STI Counseling	✓a	✓a	✓a	✓a	✓a	✓a	✓a
Contraceptive Counseling	✓		✓	✓	✓		✓
Cervical Cancer Screening	✓		✓				✓b
Chlamydia Screening	✓c	✓c	✓c	✓d		✓e	✓
Gonorrhea Screening	✓c	✓c	✓c			✓e	✓
HIV Testing	✓	✓a	✓	✓	✓a	✓	✓
Syphilis Screening	✓f	✓f	✓	✓f	✓f	✓	✓f
Hepatitis B Screening	✓g	✓g	✓	✓g	✓g	✓	✓g
Hepatitis C Screening	✓	✓	✓	✓	✓	✓	✓
Hepatitis A Vaccine	✓h	✓h	✓h	✓h	✓h	✓h	✓h
Hepatitis B Vaccine	✓	✓i	✓	✓	✓i	✓	✓i
HPV Vaccine	✓j			✓j		✓j	✓j
PrEP	✓*	✓*	✓*	✓*	✓*	✓*	✓*

* HIV-negative and at substantial risk for HIV infection (sexual partner with HIV, injection drug user, recent STI, high number of sex partners, commercial sex worker, lives in high-prevalence area or network)

a = At increased risk: inconsistent condom use, multiple partners, current STI or history of STI within a year, or have sex partners within populations with a high prevalence of STIs

b = Screen male transgender patients who still have a cervix according to the guidelines for non-transgender females

c = Sexually active women aged <25; women aged ≥25 at increased risk (new sex partner, multiple partners, sex partner with concurrent partners, sex partner who has an STI, inconsistent condom use, previous or coexisting STI, exchanging sex for money or drugs, history of incarceration)

d = Young adult males in high-prevalence communities or settings

e = Screen all MSM at least annually on the basis of sexual behavior and anatomic site of exposure (including pharyngeal or rectal testing)

f = Screen those who are HIV-positive, pregnant, and at increased risk: exchange sex for drugs or money, in high prevalence communities

g = At risk: HIV-positive, unprotected sex, injection drug users, MSM, family member or sexual partner infected with HBV, born in an HBV-endemic country, born to parents from an HBV-endemic country

h = Those who wish to be vaccinated or are at-risk: HIV-positive, illicit drug users, people with chronic liver disease, MSM, international travelers, people experiencing homelessness

i = Recommended for all plus those 60+ at-risk: people who inject drugs or share drug equipment, MSM, family member or sexual partner infected with HBV

j = Everyone through age 26 years. Some adults aged 27-45 may decide to get the vaccine based on discussions with their clinician if they did not get adequately vaccinated when they were younger.

For more information, visit: nationalcoalitionforsexualhealth.org

Recommended Preventive Sexual Health Services for Adolescents

Service (Ages 13-17)	Female	Male
STI Counseling	✓a	✓a
Contraceptive Counseling	✓	✓
Cervical Cancer Screening		
Chlamydia Screening	✓a	✓b
Gonorrhea Screening	✓a	✓b
HIV Testing	✓	✓
Syphilis Screening	✓c	✓c
Hepatitis B Screening	✓d	✓d
Hepatitis C Screening	✓e	✓e
Hepatitis A Vaccine	✓	✓
Hepatitis B Vaccine	✓	✓
HPV Vaccine	✓	✓
PrEP	✓*	✓*

* HIV-negative and at substantial risk for HIV infection (sexual partner with HIV, injection drug user, recent STI, high number of sex partners, commercial sex worker, lives in high prevalence area or network) weighing at least 75 pounds (35 kg)

If the Adolescent Identifies as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)

- ✓ Ask whether they have a trusted adult to talk to.
- ✓ Assess safety at home and school and whether they are being bullied or harassed.
- ✓ Link your patient to community or national organizations such as **pflag.org** or **thetrevorproject.org** for education and support.
- ✓ Counsel about using condoms and contraception. Adolescents who identify as lesbian or gay may also have sex with members of the opposite sex, which increases the risk for unintended pregnancy.
- ✓ Before counseling transgender patients, make sure you have knowledge of the patient's current anatomy and patterns of sexual behavior.

a = All sexually active adolescents

b = Consider screening young adult males in high prevalence settings; screen all MSM at least annually on the basis of sexual behavior and anatomic site of exposure (including pharyngeal or rectal testing)

c = Screen those who are HIV-positive, pregnant, MSM; consider screening those with a history of incarceration or sex work

d = At risk: HIV-positive, pregnant, unprotected sex, injection drug users, MSM, family member or sexual partner infected with HBV, born in an HBV-endemic country, born to parents from an HBV-endemic country

e = At risk: pregnant, past/current injection or intranasal drug use, long-term hemodialysis, born to mother with Hepatitis C, unregulated tattoo

For more information, visit: nationalcoalitionforsexualhealth.org

6 Ps: Additional Sexual Health Questions

1. Partners
2. Practices
3. Past History of STIs
4. Protection
5. Pregnancy
6. PLUS: Pleasure, Problems & Pride

Why It Matters?

A New Approach to Sexual History Taking: A Video Series

Ps & Pearls

Partners

Partners	Could you tell me about your current relationships (e.g., no partner, one partner, multiple partners)?
	In the past 3 months, have you had sex with someone you didn't know or had just met?
	Have you ever been forced or coerced to have sex/sexual activity against your will as a child or an adult?* ***If yes,*** does that experience affect your current sex life or sexual relationships? (Probe: In what ways?) ***If yes,*** does that make seeing a health care provider or having a physical exam difficult or uncomfortable?
	Are you having any difficulties with your sexual relationships?
	Do you or your partners have problems with sexual functioning (see "Problems" below)?

Practices

Practices	In the past 3 months, what types of sex have you had? Anal? Vaginal? Oral? (Also, ask whether they give or receive each type of sexual activity.)
	Have you or any of your partners used alcohol or drugs when you had sex?
	Have you ever exchanged sex for drugs or money?

Past History of STIs

Past History of STI (s)	Have you ever had a sexually transmitted infection (or disease)? ***If yes,*** which STI(s)? Where on your body were the infections? When did you have it? Were your partners tested and treated too?
	Have you ever been tested for HIV? ***If yes,*** how long ago was that test? What was the result?

Protection

Protection	What do you do to protect yourself from STIs, including HIV?
	When do you use this protection? With which partners?
	Have you been vaccinated against HPV? Hepatitis A? Hepatitis B?

Pregnancy

Pregnancy	Do you have any desire to have (more) children? ***If yes,*** how many children would you like to have? When would you like to have a child? What are you and your partners doing to prevent pregnancy until that time? ***If no,*** are you doing anything to prevent pregnancy? How important is it to you to prevent pregnancy? Would you like to talk about birth control options?

The 6th P: Pleasure, Problems & Pride

Plus	Pleasure	Start the conversation with, "It is part of my routine to ask about sexual health, including sexual functioning and pleasure, as part of your visit."
		• How is your sex life going? What concerns do you have about your sex life?
		  • Are you currently involved in any sexual relationships?
		  • Is the sex you're having pleasurable for you? ***If no,*** why not?
		  • Are you and your partners on the same page about what's pleasurable?
		  • Do you and your partners talk openly about sexual desires and boundaries? Are you able to advocate for sexual pleasure in your relationships?
		• If not sexually active:
		  • Would you like to have a sexual relationship or a better sex life?
		  • Is there anything holding you back or getting in your way? (This could lead to a discussion of problems (see "Problems" below) and of other issues such as sexual assault and porn use.)

	Problems	Are you having any difficulties when you have sex (e.g., pain, discomfort, vaginal dryness, lack of arousal, lack of orgasm, lack of erection)?
		Are you concerned about your sex drive or the sex drive of your partners (e.g., low or high level of interest in having sex, mismatched sex drives)?
	Pride**	What support, if any, do you have from your family and friends about your gender identity?
		What support, if any, do you have from your family and friends about your sexual orientation?
		Are you experiencing any harassment or violence—at home, at work, at school, or in your community—due to your sexual orientation or gender identity?

Visuals: Normalizing Sexual Pleasure

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ALTARUM
SOLUTIONS TO ADVANCE HEALTH

It's about honesty. It's about knowledge. It's about time.

Thank you and Please Join Us!

https://nationalcoalitionforsexualhealth.org/

https://nationalcoalitionforsexualhealth.org/membership-application

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Questions?