

# Data Collection

*In order to support the growth of the ECHO movement, Project ECHO® collects participation data for each teleECHO™ program. This data allows Project ECHO to measure, analyze, and report on the movement's reach. It is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.*

# Intermountain Project ECHO

## LGBTQ+ Patient Care

### Taking a Sexual Health History from LGBTQ Patients

Kelsey Genovesse (she/hers) PA-C, MPAS

Assistant Professor

University of Utah Physician Assistant Program & Infectious Disease  
Department

# Disclosure

*The content of this presentation does not relate to any product of a commercial entity; therefore, I have no relationships to report.*

# Objectives

*At the conclusion of this activity, participants should be able to successfully:*

- 1. Conduct appropriate sexual history of LGBTQ individuals*
- 2. Compare differences between sexual health histories of non-LGBTQ population vs. LGBTQ population*
- 3. Develop comfort level in taking sexual histories of LGBTQ patients*

# Sexual Health Histories for LGBTQ vs non-LGBTQ

- The questions and structure remain the same.
- Your understanding of social determinants, specific health screenings and people first language should adapt for LGBTQ individuals.



Sexual Health

Capital Pride Alliance

# STI Risk Factors

- LGBT individuals face increased risk for HIV and STIs
  - Best documented for cMSM - rates of HIV, syphilis, and gonorrhea exceed that of the general population.
  - Transfeminine individuals face a 49x greater odds of HIV infection compared to all adults.
  - Infection rates of STIs among lesbians, trans masculine, and non-binary folks remain unknown.
    - 24% of trans masculine individuals report avoiding health care due to fear of discrimination and harassment.
- Shared from Fenway Health PPT: Taking a Sexual History with Sexual and Gender Minority Individuals

# Importance of Sexual Health History Taking

- Determines what recommended health screenings your patient needs
  - 3-site testing for gonorrhea/chlamydia is recommended by CDC for all MSM patients based on sexual practices and should be considered in trans individuals and cis women based on practices and anatomy
  - HIV screening should be performed at least once between ages 13 to 64 but up to every 3 months for high-risk sexual exposures
  - PrEP for HIV prevention is a Grade A USPSTF
- Sexually Transmitted Infections have been increasing in Utah over the last 10 years
- It guides you on what services your patient needs
  - Contraception options, emergency contraception, PEP, gender affirming care, immunizations, cervical and anal cancer screening, and possibly social work

# Creating a Safe Space

- Patients interpret the clinic setting from the moment they come in
  - Does your clinic have any indication they are LGBTQ supportive?
  - Do the patient materials available represent the folks & cultures in your community?
- Collecting SOGI data for every patient
  - If your support staff does this for you, I would recommend you reaffirm the responses when you go into the room.
  - Gives you the opportunity to get to know the patient on a deeper level and you can inform the patient the informational is helpful to develop specific health plans.
  - “I want to make sure our medical records reflect your most authentic self. Please feel free to skip any questions you want to.”



# First Person Language

| REPLACE THESE TERMS...     | WITH THESE...                       |
|----------------------------|-------------------------------------|
| Promiscuous                | Multiple partners                   |
| Unprotected sex            | Condomless sex with or without PrEP |
| Sex change surgery         | Gender affirming surgery            |
| HIV infected               | Person Living with HIV (PLWH)       |
| HIV infection/Infections   | HIV acquisition/transmissions       |
| Prostitute or prostitution | Sex worker or transactional sex     |
| Biological sex             | Assigned sex at birth               |



Iris Center-  
Vanderbilt  
University



# When do you perform a sexual health history?

- Most common visits:
  - Initial Visits
  - Yearly/Health Prevention visits
  - Sexually Transmitted concern or symptoms
  - Contraception visits
- Less obvious visits:
  - Rash with unknown cause
  - Viral symptoms that may be related to HIV
    - Sore throat, swollen lymph nodes, fever
  - Mental status changes with unknown cause
  - Vision changes with unknown cause

# Performing a Sexual Health History

- The CDC's '5 P's'

- Partners
- Practices
- Protection from STI's
- Past history of STI's
- Prevention of Pregnancy

- The '8 P's'

- **Preferences**
- Partners
- Practices
- Protection from STI's
- Past history of STI's
- Pregnancy
- **Pleasure**
- **Partner violence**



Dreamstime.com

\*Shared from Fenway Health

# Poll Question 1

- Which is not one of the 8 P's?
  - Pregnancy
  - Pleasure
  - Pain
  - Partners

# Preferences

- Do you have preferred language that you use to refer to your body (i.e., genitals)?
  - Upper body vs chest/breast
  - Internal/external gonads vs ovaries/testicles
  - Front sex vs vaginal sex
  - External genital vs penis or vulva
- If a patient asks what you mean by the question you can simply say “Some folks don’t identify with common language used for the body and prefer other words. We just want to use the language you are most comfortable with.”
- Are you currently on hormone therapy, have you had any gender confirming surgeries or procedures?

# Partners

- Most of us have been taught to ask...
- Are your partners men, women or both?
  - Do any of your partners identify as transgender?
- Consider switching to a more neutral phrasing...
- How would your partners identify themselves in terms of gender?
- Do you have transactional sex with any of your partners?
  - Exchange for money, food, security, drugs

# Practices

- Be cognizant of patient's preferred words for their anatomy.
    - Use language identified in preferences.
  - Do you have oral, vaginal and/or anal sex with your partners?
  - Do you have top, bottom or verse sex?
    - Insertive, receptive anal sex or both?
  - Consider neutral phrasing...
  - What body parts due use for sex?
- 
- These questions help identify needed screening.
  - They can also help with educating on risk.

# Protection from STIs

- How do you protect yourself from STIs?
- Do you ever choose to wear condoms?
- How do you decide if you will use a condom or not?
- Are there some kinds of sex where you do not use barriers? Why?





# Past History of STIs

- Have you been told you had an STI in the past?
  - Which one?
  - Which site?
  - Did you take any treatment?
    - Some folks were told by a partner they were exposed- but not treated.
    - Do you remember what treatment or for how long?
  - Always ask specifically about syphilis.

# Poll Question 2

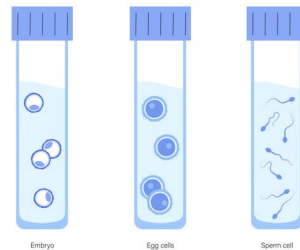
- How can you use person first language when asking about protection from STIs?
  - How often do you have condomless sex?
  - How often do you have unprotected sex?

# Pregnancy

- Have you considered having a child of your own that you would carry?
- Have you considered utilizing a surrogate with your gamete?



Stat News



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# Pleasure

- How satisfied are you with your ability to achieve orgasm?
- Do you have any pain or discomfort during or after orgasm?
- But what if they say they are having issues??
  - Treat as any another concern
    - Symptoms? Concerns? Duration?
    - Things they have tried?
    - Organ systems involved?
    - Medical history?



Meme-arsenal

# Partner Abuse

- Has anyone ever forced or compelled you to do anything sexually that you did not want to do?
- If yes, check in prior to performing exam- especially genital exams.
- Keep in mind:
  - As you develop a place of trust and safety with LGBTQ patients when they mention recent 'injuries' gently inquire the history surrounding their injury.
  - LGBT folks are nearly four times more likely than non-LGBT folks to be survivors of violent crime.

# Review Important Findings and Empower Patient Choices

- Reinforce protective health choices
  - “Asking your partners if they have had STI screenings prior to engaging in sexual activity is a great discussion to help you decide what barriers you may want to use”
- Discuss high risk behaviors and options for reducing risk
  - “You reported you often forget to use barriers when engaging in sexual activity after using alcohol, let’s discuss ways you can reduce your risk for STI exposure at these times.”
  - “Thank you for sharing this sensitive information with me. I heard you express that you find it challenging to ask partners to use condoms that you have just met. Let’s talk about ways you can protect yourself and ways you can have that conversation with a new partner.”

# Create Health Plan

- Discuss how often STI screening should take place
- Discuss PrEP for HIV prevention and decide if indicated
- Are vaccinations needed?
- Contraception?
  - Or referrals for OBGYN, surrogacy information, vasectomy
- If history of trauma or partner violence
  - Counseling?
  - Filing report with police?
  - Crisis planning?

# Some Resources for LGBTQ Patients

- Utah Pride Center
  - [www.utahpridecenter.org](http://www.utahpridecenter.org)
- Utah AIDS Foundation
  - [www.utahaids.org](http://www.utahaids.org)
- University of Utah Transgender Health
  - <https://healthcare.utah.edu/transgender-health/>
- AETC Map of LGBTQ friendly providers and services
  - <https://medicine.utah.edu/internal-medicine/infectious-diseases/uaetc/providers>
- Encircle- counseling for LGBTQ youth
  - <https://encirclettogether.org/>



# Resources for Providers

- Utah AIDS Education and Training Center (AETC)
  - <https://medicine.utah.edu/internal-medicine/infectious-diseases/uaetc/provider-resources>
- National LGBTQIA+ Health Education Center
  - <https://www.lgbtqiahealtheducation.org/#learn>
- This ECHO Series!
- Local providers that you know are champions in these areas

# Questions?

- Thank you!
- Contact:
  - [Kelsey.genovesse@hsc.Utah.edu](mailto:Kelsey.genovesse@hsc.Utah.edu)

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