



Health Care Action Group  
Summary of December 14, 2015 Conference Call

**Participants:**

Caryn Bernstein – National Association of Community Health Centers  
Erin Duggan Butto – Altarum Institute  
Caitlin Ellis – National Institute for Health Care Management Foundation  
Alice Gandelman – California STD/HIV Prevention Training Center  
Charlotte Gaydos – The International Union against Sexually Transmitted Infections (IUSTI)  
Susan Gilbert – Altarum Institute  
Michael Horberg – Mid-Atlantic Permanente Research Institute  
Alyson Kristensen – Altarum Institute  
Bianca Palmisano – Intimate Health Consulting  
Sharon Rachel – Morehouse Center of Excellence in Sexual Health  
Kayla Wingert – Center for Sexual Pleasure and Health

**Review of the revised provider guide and discussion of remaining issues**

Alyson first walked through version 7 of the provider guide so participants had an understanding of why some changes were made. Several specific issues were then discussed. A brief summary of these changes and the ensuing discussion is below. The page numbers refer to the pages in version 7.

**Page 1**

- Revised title to “Sexual Health 101: Essential Information for Primary Care Providers”  
Discussion: We should try to make the title more active to better engage potential readers. Alyson will circulate a few options via email and HCAG members can indicate which they like best.

**Page 2**

- Pared down “What’s in this guide?” box
- Expanded the Contents to include all sub-sections [focus group recommendation]

**Page 3: How to Address Sexual Health**

- Reframed section to “How,” rather than “Why” and created new supporting bullet points [focus group recommendation]
- Removed most of the explanation and kept the two sentences that focus group participants reported liking the most.

Discussion: It was recommended that we remove the first sentence that still refers to why address sexual health. Overall participants liked the revisions and the new bullet points. A question was raised about how to help providers assess their own comfort discussing sex and identify biases. The group didn’t want to link directly to a resource in the bullet points, but instead recommended adding a sentence that directs readers to the resources in the back of the guide. The Sexual Attitude Reassessment (SAR) was mentioned as a resource to include to help with assessing biases.

**Pages 4-8: Essential Sexual Health Questions to Ask**

- Reformatted the whole section to use bullet points

- Removed unnecessary detail in the text
- Switched the order of the sub-sections for adults so that “essential questions to ask at least annually” comes before “essential questions to ask at least once.” The questions to ask at least once are the sexual orientation and gender identity (SOGI) questions that made the focus group participants uncomfortable.
- Added new sub-section “Additional questions to ask adolescents and adults” that is intended to help the reader use Table 1 (follow up questions). In this sub-section, four examples of patients are outlined, each with sample questions taken from Table 1.

#### Page 4

- Added a sentence for what the provider should do if someone has accompanied the patient into the exam room.
- Turned the three essential questions into a flow chart.

Discussion: Call participants thought it was important to include guidance for when someone has accompanied an adult patient. However, it was recommended that the provider, rather than the patient, ask the other person to leave the room. There was some discussion about the wording of question #2 (Do you have sex with men only, women only, or both?) with a few participants advocating for “people who have penises/vaginas” instead of “men” and “women.” Others felt this distinction added unnecessary complexity for providers while not providing additional information. It was decided that the guide would continue to use the standard terminology “men” and “women.”

#### Page 5

- Added a new resource developed by Fenway Institute to the subsection for questions to ask at least once. This resource helps practices implement and document collecting SOGI information.
- Removed intersex from question #3 and from the definitions box. Fenway has continued to revise the gender identity questions and the last now specifically refers to sex assigned at birth as documented on the original birth certificate.

#### Page 6

- Added a new placeholder for guidance for when a teen identifies as LGBT.

Discussion: Call participants agreed with including guidance for when a teen identified as LGBT and the new sub-section of additional questions. However, they did not think four examples was necessary and thought the first two examples were most likely to be encountered (a patient with one partner and a male patient who has other male partners). There was also a question about why “Have you ever been tested for HIV?” was included in all the examples but there weren’t questions about screening for other STIs. Call participants responded that testing for HIV is a universal recommendation whereas STI screening recommendations are more targeted to certain populations or people with risk factors.

#### Page 8

- Stripped out all the columns from Table 1 to streamline and simplify.

### Pages 9–10: Delivering Recommended Preventive Sexual Health Services

- Created new section to better organize content pertaining to preventive sexual health services.

#### Page 9

- Added behavioral counseling to prevent STIs and contraceptive counseling into Table 2 to reflect a comprehensive set of preventive sexual health services. Table 2 previously focused on screenings and vaccines.

Discussion: Alyson asked if contraceptive counseling should be indicated for men despite the service being recommended for women. The group debated about whether the table should stay true to the recommendations and ultimately decided to indicate contraceptive counseling as a service “to consider” for men. This should be done by using a different symbol within the table and clearly marking in the footnotes. It was also recommended that we add “individuals” under “transgender” in the column header.

### **Pages 11-16: Responding to Your Patients’ Questions**

- Mostly minor changes were made to this section. These included removing extra detail [focus group recommendation] and more clearly delineating the sub-sections by adding “Questions about” before each sub-header (e.g., Questions about Sexually Transmitted Infections).

Page 11

- Created a new sample response for “Should I be tested for STIs, including HIV?” because HIV testing is universally recommended for adolescents and most adults.

Discussion: Call participants agreed with the new sample response and the other minor changes that were made to this section.

### **Pages 17-20: Information about Recommended Screening Tests**

- Removed “CPT Codes” and “Possible Test Results” from each table. [Focus group participants said the CPT codes were unhelpful and the physicians who participated in the focus groups felt the Possible Test Results information was patronizing.]
- Reformatted each table, including consolidating the two Cervical Cancer Screening tables.
- Included “Recommended” in the title to more clearly indicate that the section focuses only on recommended services.

### **Pages 21-23: Where to Learn More**

- Modified main headers to include “Clinical Education”

### **Discussion of the next activity for this initiative**

Alyson asked call participants what they thought the HCAG should work on next. Now that content development is nearly complete for the provider guide, it is a good time to start planning the next activity. The group thought a brainstorming call would be needed to develop the dissemination and promotion plan. They also thought the brief reference guide that was recommended during the summer focus groups would be a good next activity. This product would complement the full guide. Alyson said she would get a cost estimate for creating this product, along with a pocket card that could be printed out and laminated. The next HCAG call will likely be in February when we will focus on fleshing out the dissemination strategy.

### **Communications Action Group update**

The CAG’s top priority for this year is to develop detailed content for the NCSH’s five action steps to good sexual health, which are aimed at the general public. To date, the CAG has created content for two steps – “Make sexual health part of your healthcare routine” and “Get smart about your body and protect it.” Currently, the CAG is fleshing out content for a third step: “Value who are and decide what is right for you.” The content for each step will include key benefits of taking the step, practical tips and advice, and links to resources to learn more. We also continue to promote key sexual health messages to the public through content development and media outreach. Through a content partnership with Refinery29, a leading lifestyle website for women, NCSH placed an article, “Just

Diagnosed with an STI?” that was written in collaboration with Amber Madison. During the next CAG call, the group will select three new sexual health story ideas to pitch to Refinery29, and Amber Madison will write one to two stories for placement. In collaboration with media consultant Lisa Guiterman, we continue to respond to media opportunities around sexual health, and recently linked reporters with NCSH members for stories on contraception, STIs, and other topics. The next quarterly social media campaign, which is under development, will focus on parent and child communication about sexual health and will be distributed in early January.