



Health Care Action Group
Summary of April 5, 2016 Conference Call

Participants:

Eileen Beard – American College of Nurse-Midwives
Caryn Bernstein – National Association of Community Health Centers
Erin Duggan Butto – Altarum Institute
Aleece Fosnight – American Academy of Physician Assistants
Donna Futterman – Albert Einstein College of Medicine, Adolescent AIDS Program
Susan Gilbert – Altarum Institute
Michael Horberg – Mid-Atlantic Permanente Research Institute
Alyson Kristensen – Altarum Institute
Penny Loosier – Centers for Disease Control and Prevention
Arik Marcell – Johns Hopkins University
Bianca Palmisano – Intimate Health Consulting
Lilly Pinto – Nurse Practitioners in Women’s Health
Christine Rodriguez – National Viral Hepatitis Roundtable
Karen Shea – Planned Parenthood Federation of America
Dana Van Gorder – Project Inform
Beverly Whipple – Rutgers University
Kayla Wingert – Center for Sexual Pleasure and Health

Review of proof of full guide and overview of revisions since December call

Alyson walked participants through the major changes made to the full guide since the last HCAG call in December 2015, which affected both the layout and content. These changes are summarized below along with the discussion.

Cover

The guide now features a more creative cover with images of both providers and patients, and the recommended services. Call participants recommended (1) changing the photo of the young girl getting vaccinated to be of an adolescent, (2) not having only female patients, (3) having people of color (particularly a provider), and (4) using a different image of a preventive service, perhaps an array of contraceptives.

Definitions box (in Adults: Essential Questions to Ask At Least Once)

Alyson expanded the definitions box to include “sexual orientation” and “transgender.” There aren’t gold standard definitions for all the terms used in the definition box. There are variations of each definition currently in use, which makes it difficult to decide which to use. The group debated whether to remove “sex assigned at birth” and settled on keeping the definition. The definitions box helps ensure that providers understand the terms themselves and are also prepared to define them for patients. The group also decided that “gender identity” should not only include male or female (as it is currently written) but to also include both and neither.

It was also recommended to include examples of different sexual orientations. This raised the issue of whether to include newer terms, such as pansexual. It was decided that newer orientations would not be included. Instead, a new bullet point will be created in the box “Key Points to Ensuring a Productive Sexual Health Conversation” to ask the patient to explain any terms that are unfamiliar to the provider.

Sub-section for adolescents in “Essential Sexual Health Questions to Ask”

This sub-section was revised quite extensively. Alyson added information about how the sexual history is part of a larger psychosocial history to provide more context for the provider, particularly those who may not regularly see adolescents. A few recommendations for the introductory language were: (1) to include mentioning abuse as an instance of when a provider may need to breach confidentiality and (2) to incorporate into the script that these questions are asked to all patients and that the questions “may” be sensitive.

The essential questions themselves were also revised after the December call to reflect the decision to separate gender identity from sexual orientation. Alyson found no resources online to help providers ask youth about gender identity or being transgender. She spoke to several experts to try to understand whether all youth, or only some, should be asked about gender identity and what the question would be. She was directed to an article from Contemporary Pediatrics on providing care to gender atypical children and adolescents that included screening questions. The new question #2 was taken from that article.

The question about sexual orientation was also revised to focus instead on attraction. This was made at the urging of CDC who feels that attraction is a more appropriate measure for adolescents. Alyson instead added sexual orientation as a follow up question that a provider should ask to teens who have had sex, which was recommended by one of the experts she spoke with. It was recommended that sexual orientation be an essential question, not a follow up question that is only asked to sexually active teens.

It was also recommended to adjust the layout so the essential questions are all on one page. Right now they are separated with two questions on one page and the remaining two on the subsequent page.

Table 2: Recommended preventive services for various patient populations

Two recommendations were made to improve the table: (1) to remove the transgender column since it is largely redundant with the services for the general population, and (2) to add a notation that the MSM column is for all ages.

Responding to Your Patients’ Questions section

This entire section was reformatted into tables to better organize the questions. Call participants liked the new format but thought a horizontal orientation of the table may be preferable. It was suggested to delete the box for “Questions about Screening and Testing” because the questions were vague and similar to those found in “Questions about Sexually Transmitted Infections.” It was noted that the questions are taken directly from the NCSH’s consumer guide and to omit this portion would create a gap between the two guides. Another recommendation was to not use a reverse typeface since white font can be hard to read.

Review of potential material for brief reference guide and pocket card

The idea for a brief reference guide came from last summer’s focus groups with primary care providers who strongly preferred a very brief guide over a long document. Participants on the December HCAG

call were interested in creating a brief reference guide and a pocket card to offer providers an array of materials.

Call participants reviewed draft material that contained information pulled from the first three sections of the full guide: How to Address Sexual Health, Essential Sexual Health Questions to Ask, and Delivering Recommended Preventive Sexual Health Services (specifically Table 2 of recommended services). Alyson thought this content would best equip providers to have sexual health discussions and deliver relevant services. After reviewing, participants were unsure of the benefit of this guide over the full guide since the information was largely the same. It was decided that we would not create the brief guide at this time.

Two mock ups of a 5 x 7 pocket card were also reviewed:

- Mock-up #1 included the essential sexual health questions for adults (front) and adolescents (back)
- Mock-up #2 included the essential sexual health questions for adults (front) and the table of recommended services for adults (back)

Those on the call liked the pocket cards and thought that they could be made larger, even as large as 8 ½ x 11. Although that would no longer be pocket size, it could be printed out and hung in the exam room or in an office. Another suggestion was to make them available in black and white.

Communications Action Group update

The Communications Action Group (CAG) has been very busy on the media front. Since December, we have placed eight stories on topics including condoms, mixed HIV status couples, STIs, contraceptive methods, anal sex, and cervical cancer. Media outlets include Blackdoctor.com, Refinery29, Self.com and Medical Daily. Generating up to 22.4 million audience impressions, these stories have featured interviews with several NCSH members, along with other sexual health experts. New stories are currently under development with Refinery29, Self.com, and Blackdoctor.org.

The CAG continues to develop detailed content for the NCSH's five action steps to good sexual health. Currently, we are fleshing out action step #1: Value you who you are and decide what's right for you. The CAG will hold its next call on April 27th to review this draft, and to start brainstorming content for action step #3: Build positive relationships.