



**Health Care Action Group
Summary of September 9, 2015 Conference Call**

Participants:

Caryn Bernstein – National Association of Community Health Centers
Jaclyn Fontanella – Altarum Institute
Aleece Fosnight – American Academy of Physicians Assistants
Susan Gilbert – Altarum Institute
Michael Horberg – Mid-Atlantic Permanente Research Institute
Alyson Kristensen – Altarum Institute
Penny Loosier – CDC
Arik Marcell – Johns Hopkins University
Lilly Pinto – Nurse Practitioners in Women’s Health
Chris Thrasher – Morehouse Center of Excellence in Sexual Health
Jan Towers – American Association of Nurse Practitioners
Beverly Whipple – Rutgers University

Review of graphically designed guide and discussion of focus group feedback

Alyson gave a brief overview of the focus groups that were conducted over the summer with primary care providers. Key points from this overview are below.

- Recruitment occurred in May and June. Finding providers who were interested in sexual health but not already prioritizing it was difficult due to recruitment occurring through NCSH members.
- Two one-hour focus groups were held in the evenings on July 28 and August 3. The first group had 4 participants and the second group had 5 participants.
- The 9 participants included 4 physicians, 3 physician assistants, and 2 nurse-practitioners (one of whom was also a nurse midwife). These providers practiced in the states of NY, NJ, PA, DE and TX, as well as the District of Columbia. Practice settings included private group practice, a community health center, a university student health center, and an outpatient clinic in a hospital.
- Participants on the July 28th seemed to be less experienced and knowledgeable about sexual health than those on the August 3rd group. As a result, feedback varied somewhat.
- During the focus groups, the guide was reviewed in order of priority to ensure that the most important sections were covered. As a result, the Where to Learn More section was omitted.
- The moderator asked each participant to rate each section on a scale from 1 to 5, with 1 being the lowest and 5 being the highest.
- Main findings were that the guide was rated more highly by those who were less experienced or familiar with sexual health, but all thought it was too long and difficult to navigate. Participants reported liking brief materials that help them do their job over longer, educational reference guides.

Alyson then led the call participants through each section and shared pertinent focus group feedback. The feedback on each section is summarized below.

Why Address Sexual Health

- Responses somewhat varied but skewed toward not liking this section. It was too long and some found it to be patronizing and stating the obvious.
- The first focus group wanted to be told how to address sexual health, not why.
- All recommended deleting entirely or greatly condensing to just a few key sentences.
 - o One provider liked the first sentence because it told her what her patients expect of her.
 - o Another liked the sentence about normalizing conversations.

Essential Sexual Health Questions to Ask

- Both groups rated this section a 3 or 4. They particularly liked Table 2 and the use of boxes, but still felt it was too long and had too much explanation. It was recommended to remove the explanations entirely or rearrange to put the main point/action first, followed by the explanation.
- Participants were uncomfortable with the gender identity questions to ask adults.
 - o One provider would not ask about gender identity without more training.
 - o Several thought they did not see transgender patients and that it wasn't worth spending the time to ask these questions to find so few patients.
 - o It did not seem to be entirely clear to participants that these were questions to ask once or only a few times.
- A few thought the questions to ask at least annually and the questions to ask adolescents were formal and awkward.
- The Tailoring the Conversation box was text-heavy and it wasn't clear what the main point was. They liked the box for older adults and the highlighted sentence.
- One provider didn't understand how page 7 fit with the rest of this section (page 7 has two sub-sections: Counseling Your Patients and Delivering Preventive Sexual Health Services).
- Another commented that the sentence about Medicare reimbursement should be made more prominent.
- Table 1 was viewed as being too busy and not something they would use. Table 3 could be a good teaching tool for residents. A suggestion was made to make the table less redundant and to add the grade of each service into Tables 2 and 3.

Responding to Your Patients' Questions

- Ratings varied from a 2 to 4 with the first group rating this section higher than the second focus group.
- Favorable feedback was that this section taught them something new and it was interesting. A few liked the Q&A format and thought the layout was fairly useful as is. It would help them to remember the key elements to include in their own responses.
- Less favorable feedback was that this section was wordy and hard to navigate. "What you need to know before you can answer" had too much explanation, which some of the physicians found patronizing. One provider questioned the purpose of this section and thought it was perhaps better to offer techniques for responding, rather than providing word-for-word responses.

Information on Screening Tests

- Rating ranged from a 2 to 4 with the first group again rating this section higher than the second group.
- Favorable feedback included that it was useful and helpful. They liked the table format, especially the summaries at the top.

- Less favorable feedback included that the CPT codes were not useful and took up space, and the information for Possible Test Results was not helpful and even patronizing for physicians. Several wondered by other STIs weren't included, such as herpes and trichomoniasis. Another was concerned about providers trying to order tests from such basic information (it didn't seem to be clear to this provider that this section focused on screening tests for asymptomatic patients, not diagnostic tests for patients presenting with symptoms).

Review of plan for revising the guide

Call participants then reviewed the plan for revising the guide. This document outlined priority actions to address the focus group feedback and included discussion questions on specific comments raised during the groups. There was insufficient time to review the entire document so Alyson will work with Michael Horberg on the remaining discussion questions.

Why Address Sexual Health

- Call participants agreed to pare down to one brief paragraph "Many patients want to discuss their sexual health with you, and most want you to bring it up. By asking sexual health questions to all your adolescent and adult patients, you remove the stigma around discussing sex and normalize these conversations.
- Other suggestions were to reframe the section "How to Address Sexual Health," make the bullet points a concluding paragraph, and make more explicit what readers will find in the guide.

Essential Sexual Health Questions to Ask

- Call participants agreed on the following priority actions:
 - o Reorganize the content for adults so that "Questions to Ask at Least Annually" comes before "Questions to Ask at Least Once."
 - o Remove explanations and lead with the main point or action
 - o Add USPSTF grade to Tables 2 and 3
 - o Reformat Table 3 to remove the redundancy
- Other suggestions were reformat page 7 so it is one column, which could make that text seem less separate from the earlier text.
- A suggestion was made about creating an algorithm to help providers go through the questions. Algorithms can be complicated so the group was unsure that was a good approach to take. This idea may be revisited later.

Arik Marcell asked about dissemination. Alyson said a dissemination plan has not yet been created and this will be an activity for the HCAG session at the NCSH annual meeting. Alyson will work with Arik offline about ideas for promotion and dissemination.

Overview of Spanish translation of the Take Charge guide

The NCSH has started a new initiative to translate *Take Charge of Your Sexual Health: What you need to know about preventive services* into Spanish. This was suggested during the HCAG session at the 2013 annual meeting, but there was insufficient funds at that time. Carryover funding was approved in the winter by CDC for this new initiative.

The NCSH is working with a small group of organizations with expertise in Latino sexual and reproductive health to culturally adapt and translate the guide. A series of consultations is being held

with the organizations. The first consultation was in July when the guide was carefully reviewed to identify any photos, concepts, or words that may not translate well, could be misconstrued, or might be offensive to a Latino audience. In addition, it was asked if any portions of the guide might need additional explanation. The NCSH team revised the guide to incorporate the consultants' feedback and it is currently being translated.

The second consultation will be in early October. The consultants will review the draft translation and a preliminary list of key questions to ask during focus groups. The guide will be focus group tested in January. The third and final consultation will be in late winter/early spring to review the focus group report and identify key feedback to incorporate, and to develop a plan for promotion and dissemination.

Communications Action Group Update

On Jun 24, 2015 the CAG launched a media campaign to encourage African Americans to take advantage of recommended preventive sexual health services, including the HPV vaccine, screening for sexually transmitted infections, and female contraceptives. The campaign employed a very positive approach, with a strong service angle. Through a press release distributed nationwide and interviews, the campaign featured six spokespeople, including Dr. Yolanda Wimberly and Chris Thrasher of Morehouse, Dr. Nerys Benfield of Montefiore Medical Center, Deborah Arrindell of the American Sexual Health Association, Dana Van Gorder, of Project inform, and NCSH Co-Director, Susan Gilbert.

Media outreach targeted leading national radio, print, and online outlets, along with sexual health bloggers and newspapers in the largest African American media markets. As of September 10th, the campaign generated 34 stories in 29 different media outlets. Notable national placements include: The Tom Joyner Morning Show, which is the nation's #1 syndicated urban morning radio show; American Urban Radio Network, which airs over 200 weekly shows via more than 300 stations; and three stories featured in BlackDoctor.org, a leading online source of sexual health information. A full media report will be made available at the NCSH annual meeting on September 25th.

The CAG is also conducting a Media Standards and Practices Initiative to encourage leading social media sites to allow placement and promotion of comprehensive, medically-accurate sexual health content. Currently, many sites limit or censor sexual health content. Over the summer, a small working committee met several times to define the specific content that should be considered sexual health information, and created a message strategy to approach companies, such as Google, Facebook, YouTube, and Twitter. Currently, the committee is reaching out to Google to request a meeting to explore the issue, and hopefully to work together to come up with a solution. Based on this experience, the committee will reach out to other social media companies.

Lastly, the CAG is continuing to develop content for the NCSH's five action steps to good sexual health. Each action step will include the top reasons why you should take the step; practical tips and advice; and links to resources to learn more. The CAG has completed drafts of two action steps, and will continue to develop the remaining three steps this fall.