



**National Coalition for Sexual Health Meeting  
Health Care Action Group Session  
September 20, 2013**

**Participants**

- Eileen Beard, American College of Nurse-Midwives
- Susan DeLisle, Partnership for Prevention
- Alyson Kristensen, Partnership for Prevention
- Arik Marcell, Johns Hopkins University
- Rose Matulionis, Partnership for Prevention
- Kathy McNamara, National Association of Community Health Centers, Inc.
- Wendy Nakatsukasa-Ono, Cardea Services
- Sharon Rachel, Center of Excellence for Sexual Health, Morehouse School of Medicine
- Claire Rudolph, National Institute for Health Care Management Foundation
- Lori Seaborne, American Academy of Physician Assistants
- Katie Spencer, Program in Human Sexuality, University of Minnesota Medical School
- Bradley Stoner, National Network of STD/HIV Prevention Training Centers
- Jan Towers, American Academy of Nurse Practitioners
- Alana Ward, Partnership for Prevention
- Gretchen Weiss, National Association of County & City Health Officials

The goal for the session was to set a course of action for the coming year. The group discussed potential uses for *Take Charge of Your Sexual Health: What you need to know about preventive services* and options for other formats, as well as what additional activities could be taken on. Questions were posed to facilitate the discussion.

***How can the guide be used and/or disseminated?***

Discussion focused on groups to partner with to disseminate the guide. The HCAG thought the full guide would be most useful for organizations working in the field of sexual health, rather than for consumers.

- The National Association of Community Health Centers (NACHC) has created a sexual health framework for its members and could include the guide in their work at the state and local levels.
- Partner with organizations or professional groups that can disseminate the guide to:

- Colleges, universities, and community colleges
- Retail clinics
- Pharmacists
- School nurses
- Religious leaders
- Parents
- Could be useful for states working on sexual health improvement plans.
- Questions were raised about how to ensure at-risk populations get the guide. Could use disparity data and other data to guide this effort.

*What could be changed? What else do we need to think about?*

The HCAG recommended some additional information and suggested changes that would help coalition members to promote it among their constituents.

- Information was missing for some key groups of people.
  - Transgender – Consider adding a call-out box (as was done for women who have sex with women) or more text.
    - The group noted the difficulty in doing this as there aren't specific USPSTF recommendations for transgender individuals. USPSTF recommendations are made on the basis of dichotomous sex identification (M/F).
  - Older adults - The Coalition on Sexuality and Aging could be engaged to help.
- There was some concern that it targeted upper- and middle- class individuals and didn't adequately factor in cultural issues.
- The HCAG recommended allowing NCSH members to tailor the guide, including swapping out the cover images, and co-brand with their logos. This would make the guide more culturally-relevant to their particular audience.
- Other suggestions included:
  - Translating it into Spanish; possibly also other languages.
  - Creating additional materials for specific populations
    - adolescents (could include information on state confidentiality laws)
    - the disabled
    - the homeless
    - community leaders
- Need also to think about a process for keeping the guide current and disseminating the updated version. It is a living document because recommendations change and new ones are issued.

### *What other formats should we consider?*

- The group felt it was very important to create made-for-mobile web pages. This is how young people access information.
- Other suggested formats were:
  - o PDFs of the individual sections
    - What is sexual health and how to do I achieve it?
    - What are preventive sexual health services?
    - What sexual health services do women need?
    - What sexual health services do men need?
    - How can I talk with my health care provider about sexual health?
    - What to look for in a sexual health care provider
    - Where to learn more
  - o Text-for-baby model where one key fact is sent via text. Could use same technique for sexual health messages in social media, mainly Twitter.
  - o Mobile app, although this is more difficult to do than a made-for-mobile format, is more expensive, and requires people to install it.
  - o Short documents lifted from the guide (e.g., 1- or 2-pagers)
- Although many people now access health information on mobile devices, older adults still prefer hard copy. When making PDFs/printable versions, keep it simple and black/white to make printing easy.

### *What other activities could the HCAG take on this year?*

The HCAG felt that activities aimed at providers should be undertaken. Providers are inadequately prepared to address their patient's sexual health.

- Provider-directed activities could include:
  - o Creating a slide set on provider actions to improve their patients' sexual health. Coalition members could insert them into existing slide decks for trainings, etc.
  - o Developing scripts to help providers initiate a conversation about sexual health and answer key questions.
  - o Finding ways to build sexual health into clinical decision support tools, such as electronic health records.
  - o Working with medical professional organizations, perhaps through co-branding materials. Providers take advice from their professional society.
- The group noted that many materials already exist for providers, but they target specific sexual health issues or populations, or are produced by groups working in silos. Most do not address sexual health broadly and are not endorsed by a national organization like the NCSH.