

Emerging Topics in ID Medicine: HIV Stigma and Ending the HIV Epidemic in Primary Care

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Learning Objectives

- Overview of the Midwest AIDS Training+ Education Center of Michigan
- Ending the HIV Epidemic in Primary Care
- HIV Stigma and Cultural Competency Introduction

MATEC Overview

MATEC Michigan

The Michigan site of the Midwest AIDS Education and Training Center (MATEC) is located in Detroit at Wayne State University School of Medicine, Division of Infectious Diseases.

MATEC Michigan's mission is to increase the number of health care professionals who provide excellent quality HIV care and prevention services to our state's underserved and vulnerable populations.



MATEC Statement on Equity and Inclusion

MATEC has a strong commitment to fair, respectful and unbiased representation of humankind. We strive to be anti-racist, gender affirming and honor all people in an authentic way. This is our goal in all of our work, including this presentation.

Our commitment to you is that we take this stance seriously and invite you to do the same. We ask that if you find something offensive, off-putting, or inaccurate to please let us know.

We continue to grow and evolve and welcome you on our journey.

HRSA Disclaimer

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,960,892 .00 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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MDHHS Disclaimer

Funding for the AIDS Research and Education Center in the School of Medicine at Wayne State University is provided in part by Michigan Department of Health and Human Services (MDHHS) Division of Communicable Diseases

MIDWEST AETC >
MIDWEST INTEGRATION OF NATIONAL HIV CURRICULUM
MIDWEST FELLOWSHIP FOR PRIMARY CARE CHAMPIONS
CBA PROVIDER NETWORK
COVID



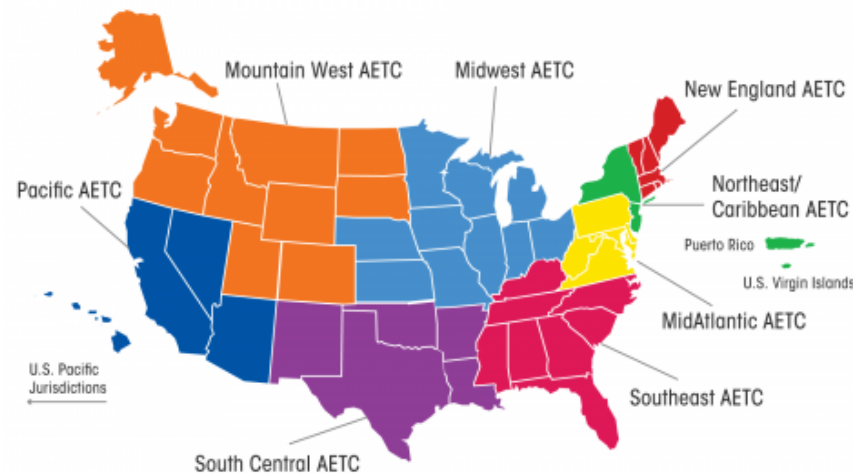
Overview

The Midwest AIDS Education and Training Center (Midwest AETC) is a ten-state consortium that includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, and Wisconsin. We offer training, technical and capacity building assistance to meet the needs of health care professionals and increase the size and strength of the HIV clinical workforce in our region with the goal of reducing the rate of new HIV infections.

The Midwest AETC is part of a national network of 8 regional AIDS Education and Training Centers founded in 1987 by the Health Resources Services Administration (HRSA) to train healthcare providers and disseminate rapidly changing information about HIV/AIDS., serving all states and territories and including two supporting national centers. Visit our National Coordinating Resource Center website <https://aidsetc.org> for more information about the national network.

MATEC Local Offices

ILLINOIS
INDIANA
KANSAS/NEBRASKA
MICHIGAN
MINNESOTA/IOWA
MISSOURI
OHIO – CINCINNATI
WISCONSIN



MATEC Michigan Services

- Continuing Education Training Programs
- Clinical Preceptorship
- Clinical Consultation
- Technical Assistance
- Monthly HIV ECHO
- Monthly Hepatitis C Clinical Decision Support
- HIV Clinician Scholars Program
- HIV Practice Transformation Project

Ending the HIV Epidemic – Primary Care HIV Prevention

- HRSA-23-025 *Up to \$50 million to expand HIV prevention, testing, and treatment services at health centers*
- Health Center Goals:
 - Increase the number of patients counseled and tested for HIV
 - Increase the number of patients prescribed pre-exposure prophylaxis (PrEP)
 - Increase the percentage of patients newly diagnosed with HIV who are linked to care and treatment within 30 days of diagnosis
- PrEP prescribing, outreach, HIV testing, and workforce development

Ending the HIV Epidemic – Primary Care HIV Prevention

- HRSA-23-025, Bureau of Primary Health Care (BPHC)
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HIV Basics

Human Immunodeficiency Virus

- Retrovirus identified in the 1980s
- Attacks the immune system
- Current treatment reduces amount of HIV in the body which allows the immune system to work normally
- Currently no cure, but treatment can allow persons to live a near-normal life expectancy
- HIV can be transmitted through:
 - Blood, genital fluids (semen, vaginal fluids, rectal fluid), and breastmilk
 - How?
 - Condomless anal, vaginal sex
 - Sharing injection drug use equipment
 - Mother-to-baby during pregnancy, birth, or breastfeeding

HIV Facts

- <https://www.aidsmap.com/about-hiv/basics/hiv-and-immune-system>
- <https://www.aidsmap.com/about-hiv/basics/myths-and-facts>
- <https://www.aidsmap.com/about-hiv/basics/undetectable-viral-load>

✘ **Myth: If you have sex with someone living with HIV, you will get HIV too.**

✔ **Fact: People taking effective HIV treatment cannot pass HIV on through sex.**

U=U

Undetectable equals Untransmittable

✘ **Myth: HIV is very hard to live with.**

✔ **Fact: People living with HIV can expect to live relatively normal lives.**

✘ **Myth: HIV is a death sentence.**

✔ **Fact: People living with HIV can live long and healthy lives, if they are on treatment.**

✘ **Myth: HIV and AIDS are the same thing.**

✔ **Fact: Every person who has AIDS has HIV, but many people with HIV will never have AIDS.**

Ending the HIV Epidemic: Screening, Treatment, and Prevention

Ending the HIV Epidemic: Screening, Treatment, and Prevention

A Guide for Health Care Providers
2022



Overview



- The scope of HIV in the United States
- New HIV diagnoses in United States subpopulations and trends
- Introduction to *Ending the HIV Epidemic in the U.S.*

HIV in the United States

In 2019

The number of new HIV diagnoses fell 9% between 2015 and 2019:

from **40,431** in 2015

to **36,801** in 2019¹

~1.2M

people were living with HIV in the United States²

1 in 8

people with HIV did not know it²

1 in 5

people diagnosed with HIV were young adults (13–24 years)¹

1 in 5

people already had AIDS³

About **40% of new HIV transmissions** are from people undiagnosed and unaware they have HIV⁴

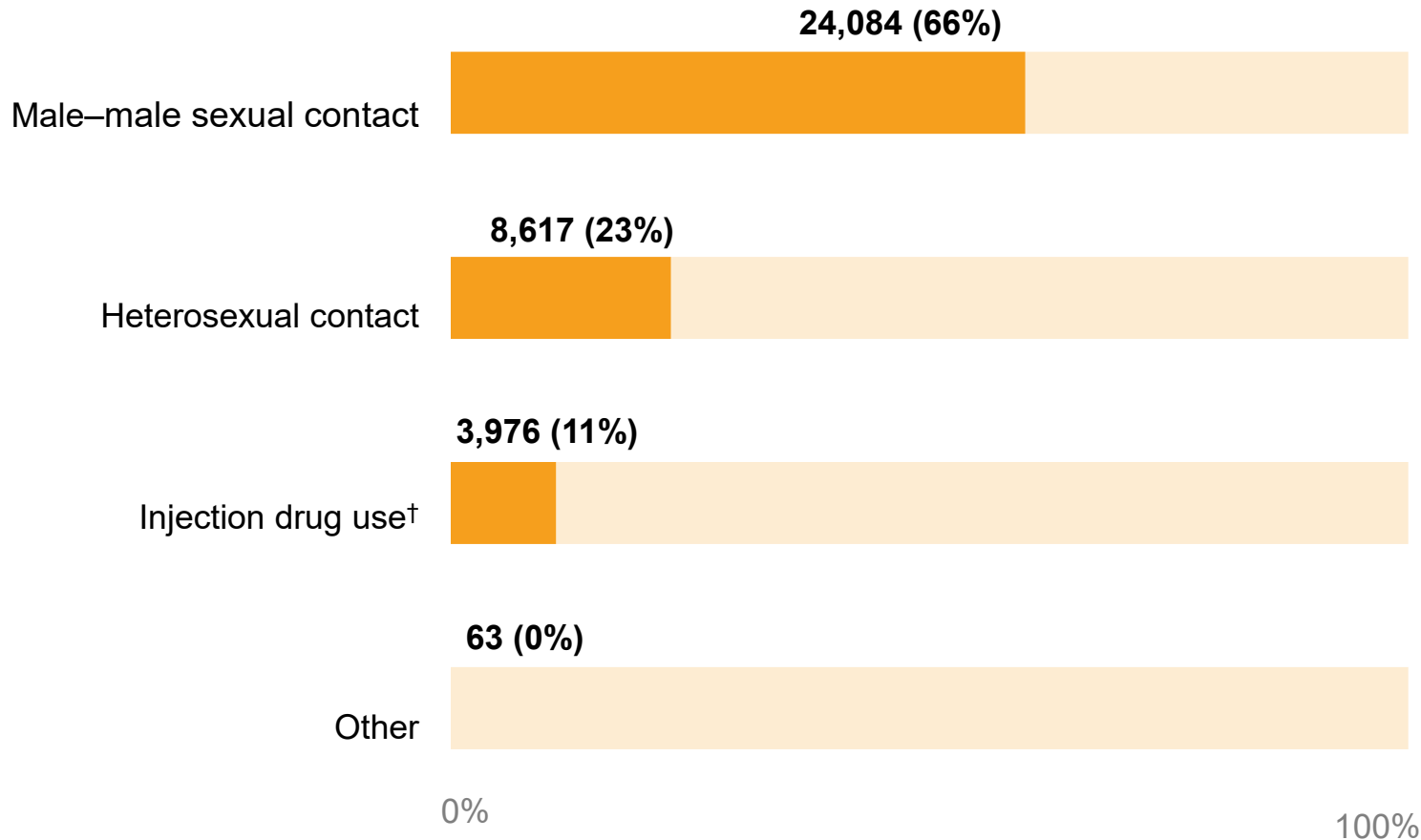
¹ Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report*. 2021;32:51. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-32.pdf>

² Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2015–2019. *HIV Surveillance Report: Supplemental Report*. 2021;26(1):44. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-26-1.pdf>

³ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using surveillance data. United States and 6 dependent areas, 2019. *HIV Surveillance Report: Supplemental Report*. 2021;26(2): 11. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-vol-26-no-2.pdf>

⁴ Dailey AF, Hoots BE, Hall HI, et al. Vital signs: human immunodeficiency virus testing and diagnosis delays—United States. *MMWR Morb Mortal Wkly Rep*. 2017;66:1301-1302.

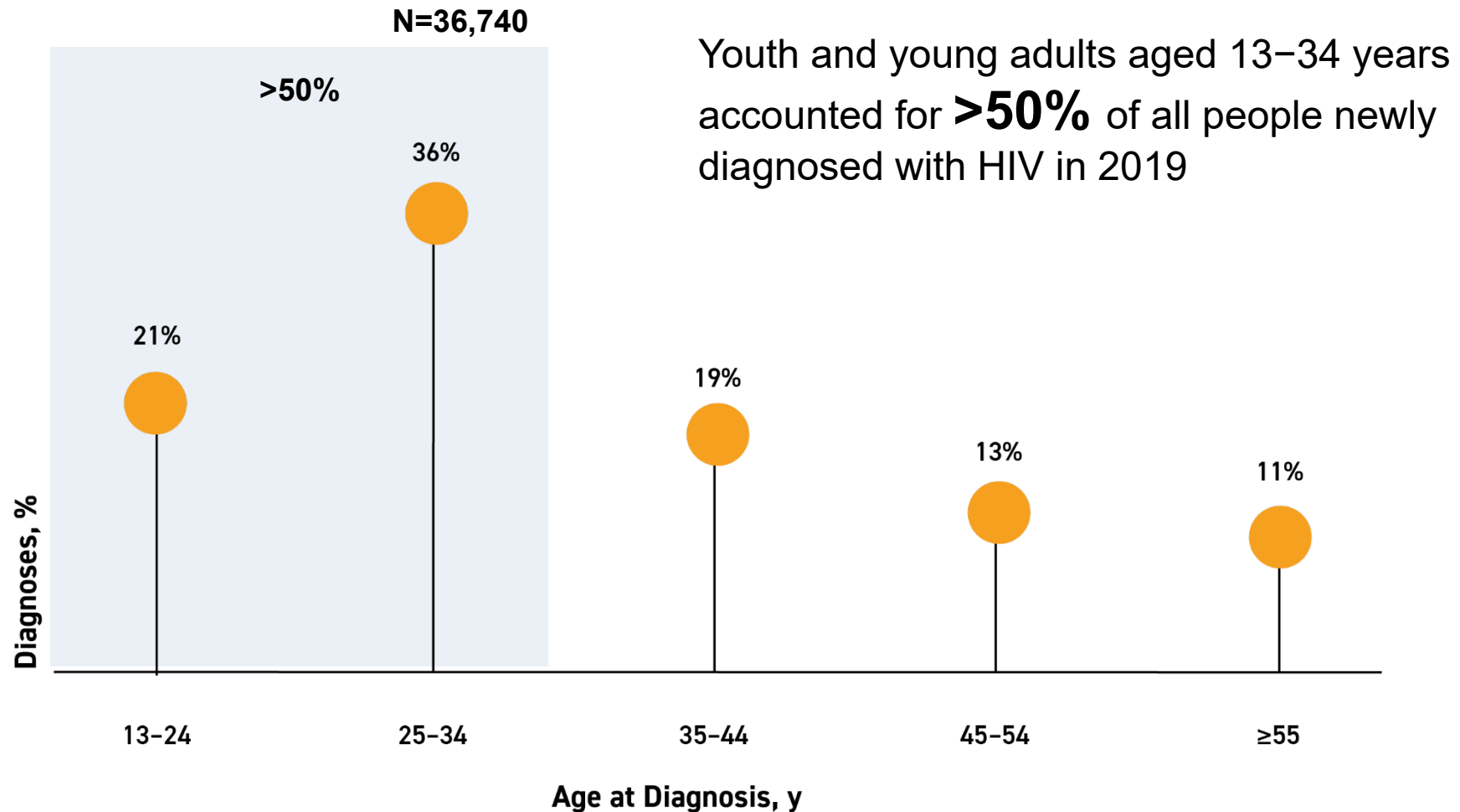
HIV Diagnoses by Transmission Category*



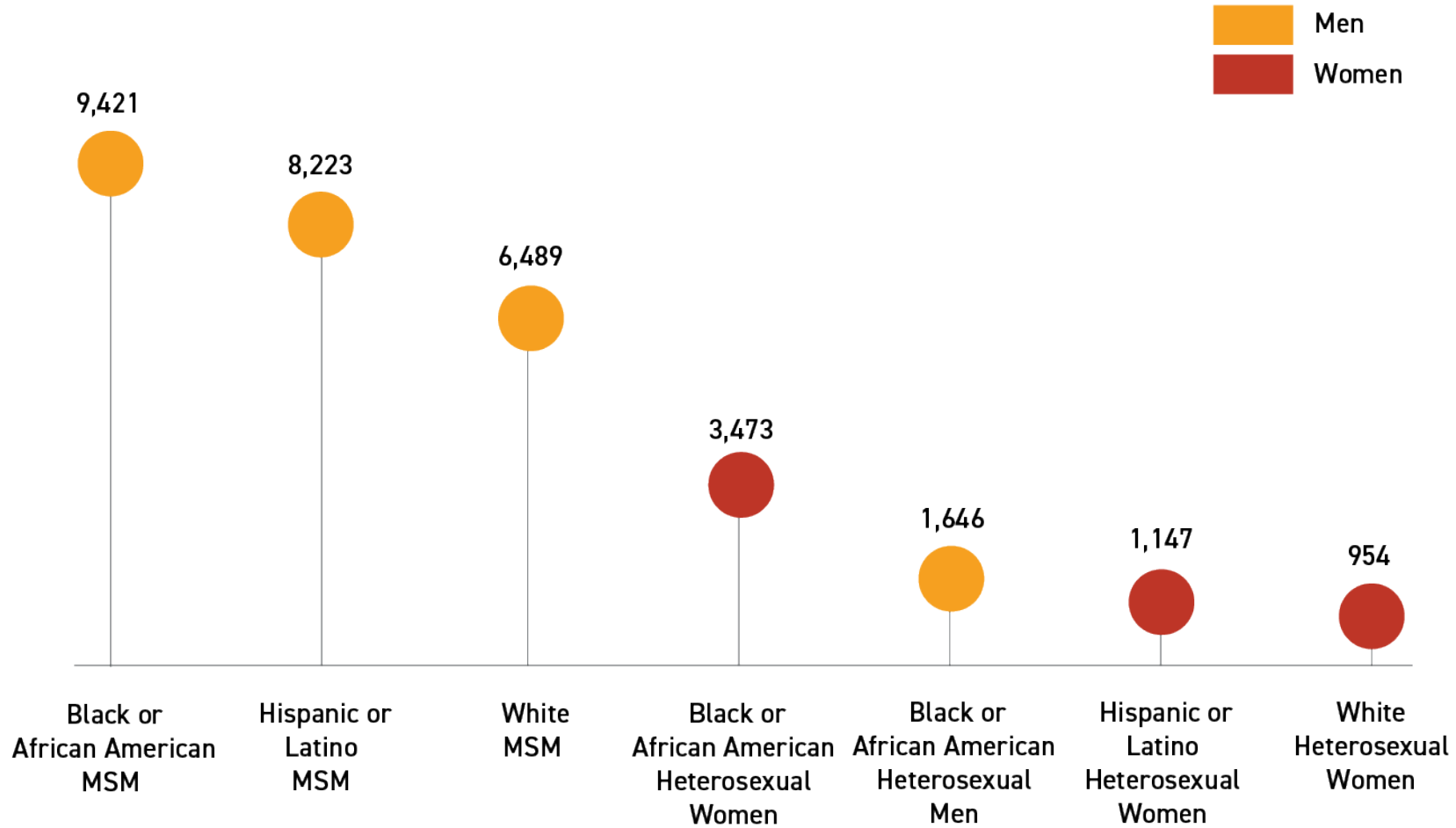
Two-thirds of new HIV diagnoses in 2019 were among gay, bisexual, and other men who have sex with men

*Excluding children (aged <13 y; n=61); †Includes infections attributed to both male-male sexual contact *and* injection drug use.

HIV Diagnoses by Age at the Time of Diagnosis



HIV Diagnoses by Subpopulation



MSM, men who have sex with men.

HIV and Transgender People

Nearly
1 million
adults in the United
States **identify as**
transgender¹

HIV diagnoses among
transgender adults and
adolescents
increased
7%
between 2015 and
2019²

Approximately
1 in 7
transgender people
with HIV already had
AIDS when they were
diagnosed³

Disproportionately high
numbers of
transgender people of
color were diagnosed
with HIV in 2019:
48% were
Black or African
American,
and **37%** were
Hispanic or Latino²

¹ Becasen JS, Denard CL, Mullins MM, Higa DH, Sipe TA. Estimating the prevalence of HIV and sexual behaviors among the US transgender population: a systematic review and meta-analysis, 2006-2017. *Am J Public Health.* 2018;109(1):e1-e8.

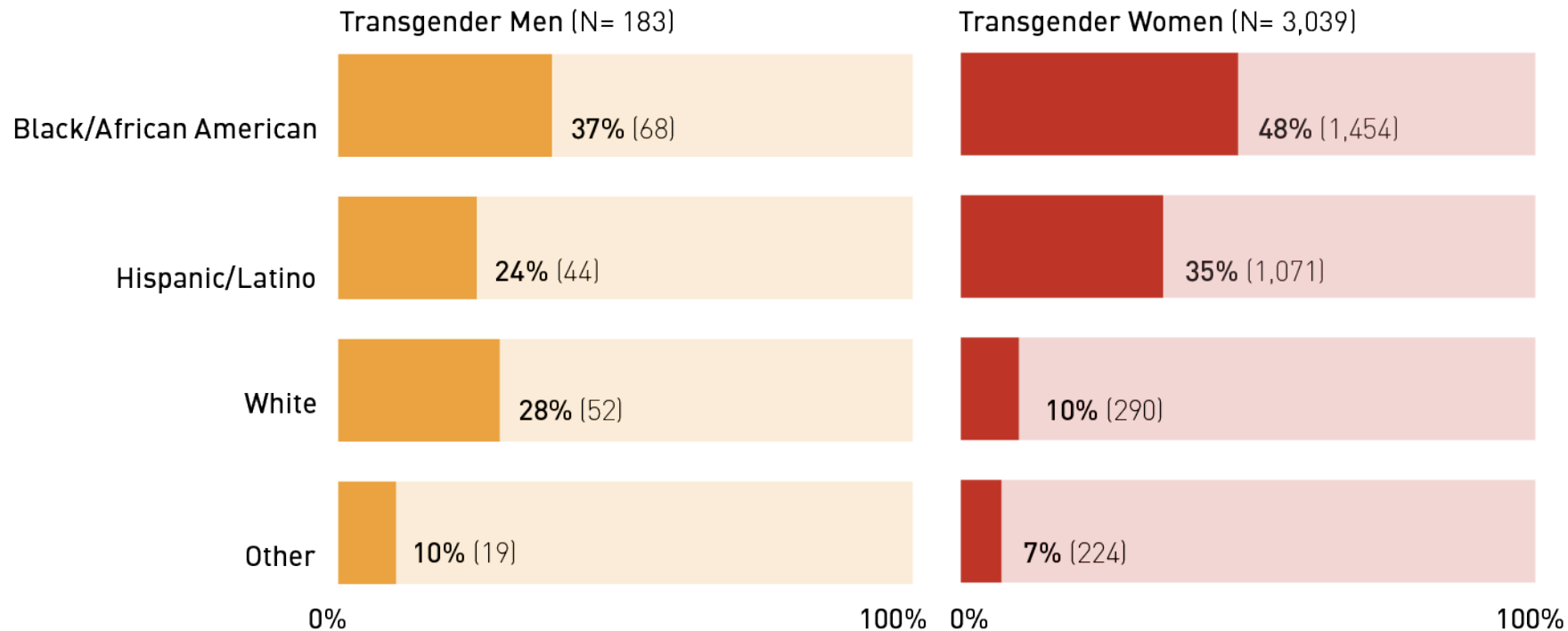
² Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report.* 2021;32:57. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-32.pdf>

³ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using surveillance data: United States and 6 dependent areas, 2019. *HIV Surveillance Report: Supplemental Report.* 2021;26(2):69.

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-vol-26-no-2.pdf>

HIV Diagnosis Disparities Among Transgender People*

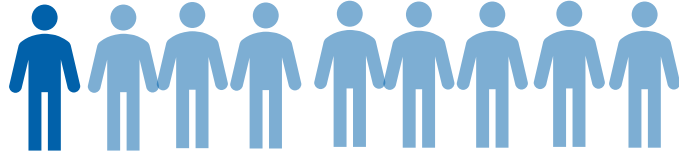
HIV Diagnoses Among Transgender People in the United States, 2015–2019



Between 2015 and 2019, transgender women accounted for **94% of all HIV diagnoses** among transgender people¹

*Data for people of additional gender identities, such as nonbinary, genderqueer, two spirit, and others, are not included because of small numbers.

HIV Diagnoses Among People Who Inject Drugs*

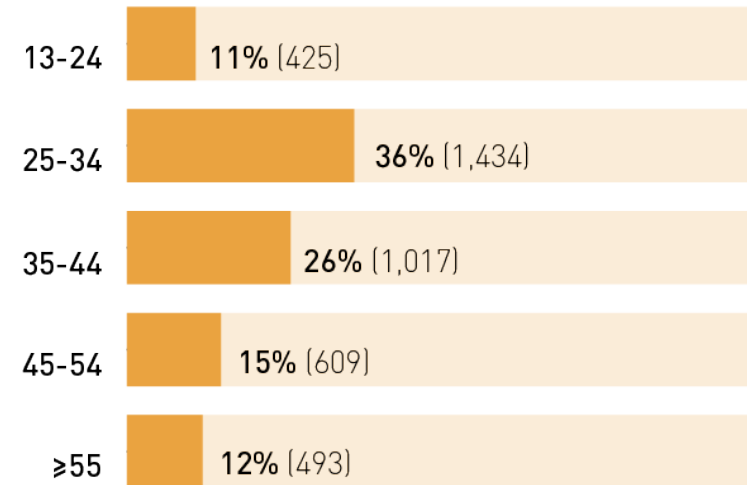


In 2019, **1 in 9 people** (3,978/36,801) diagnosed with HIV got HIV through injection drug use

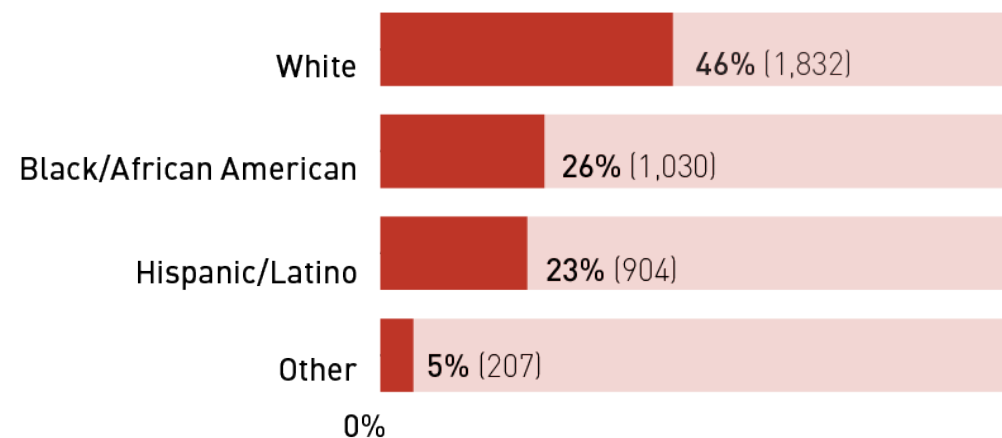
28%
Female
(1,111)

72%
Male
(2,867)

Age



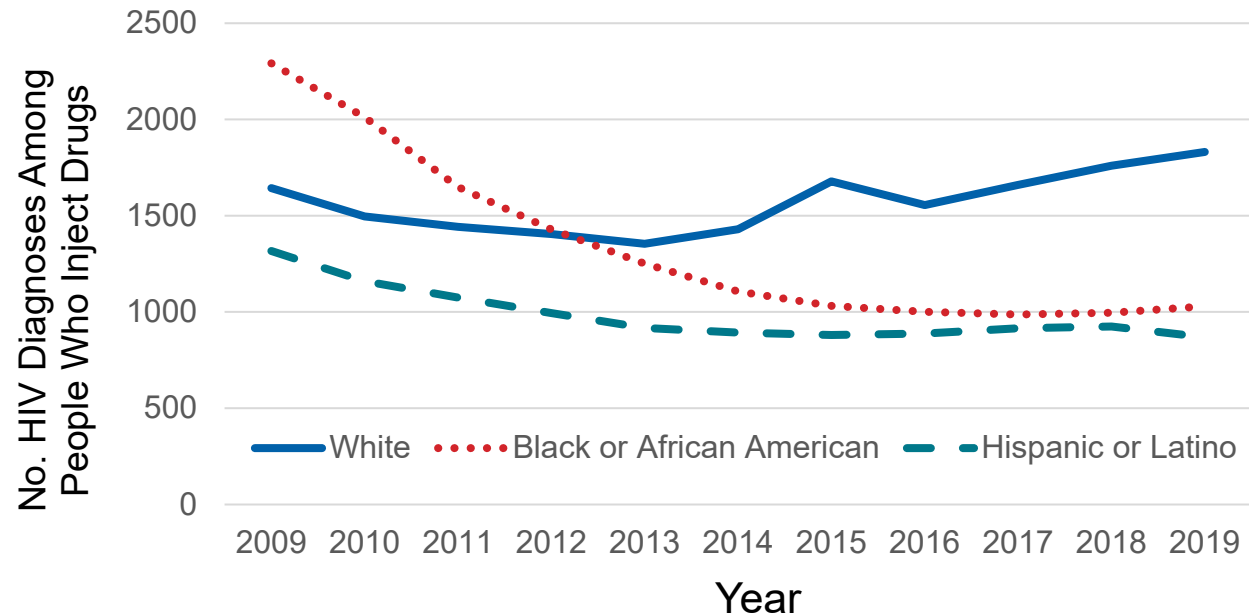
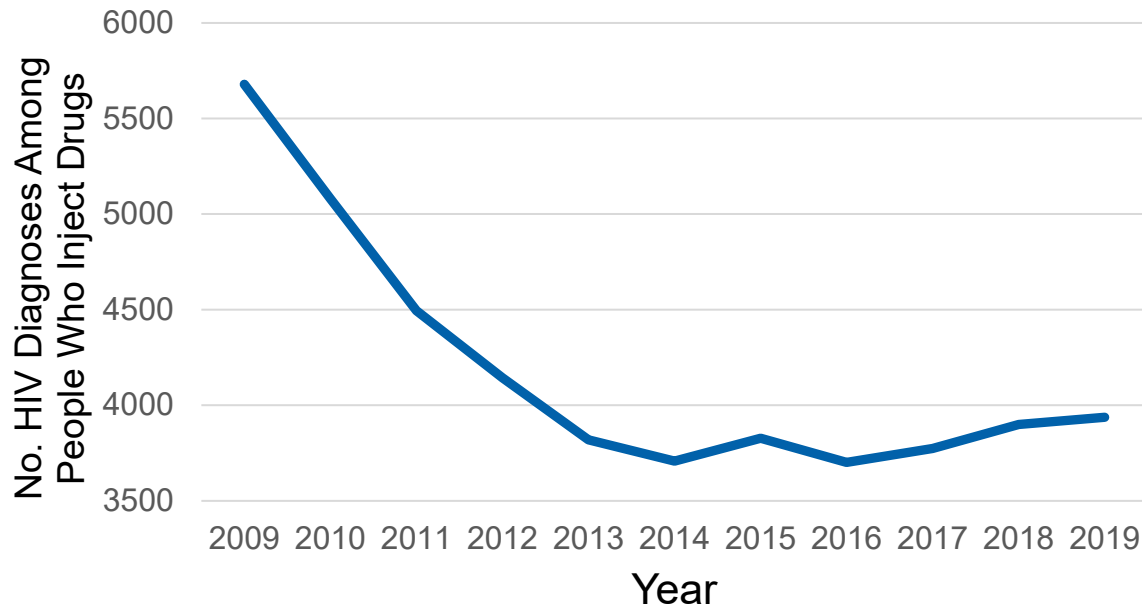
Race/Ethnicity



* These data include infections attributed to male-male sexual contact *and* injection drug use (i.e., men who reported both risk factors)

Trends in HIV Diagnoses Among People Who Inject Drugs*

Between 2009 and 2019, HIV diagnoses attributed to injection drug use decreased by **31%**

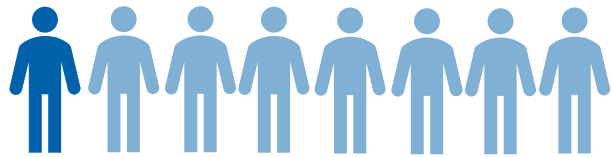


* These data include infections attributed to male-male sexual contact *and* injection drug use (i.e., men who reported both risk factors). Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. Accessed July 19, 2021. <https://www.cdc.gov/nchhstp/atlas/index.htm>

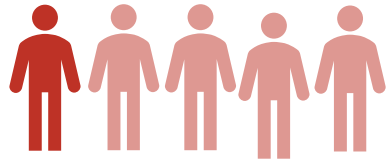
Summary: HIV in the United States



Around **1.2 million people** in the United States are living with HIV¹



Approximately **1 in 8** do not know they have HIV¹



Roughly **1 in 5** already have AIDS at the time of HIV diagnosis²

HIV disproportionately affects some populations:

- Men who have sex with men
- People of color
- Transgender people
- People who inject drugs

If current trends continue, an additional

400,000 people in the United States will be diagnosed with HIV over the **next 10 years³**

¹ Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2015–2019. *HIV Surveillance Report: Supplemental Report*. 2021;26(1):44. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-26-1.pdf>

² Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using surveillance data. United States and 6 dependent areas, 2019. *HIV Surveillance Report: Supplemental Report*. 2021;26(2): 11. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-vol-26-no-2.pdf>

³ About Ending the HIV Epidemic in the U.S.: Overview. HIV.gov. Updated June 2, 2021. Accessed July 19, 2021. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

Looking to the Future: *Ending the HIV Epidemic in the U.S.*

Ending the HIV Epidemic in the U.S. is a bold plan announced in 2019 that aims to end the HIV epidemic in the United States by 2030 by:

- Reducing the number of new HIV infections by **75% by 2025**
- Reducing the number of new HIV infections by **at least 90% by 2030**
- Averting an estimated **250,000 total HIV infections**

Ending
the
HIV
Epidemic
A PLAN FOR AMERICA

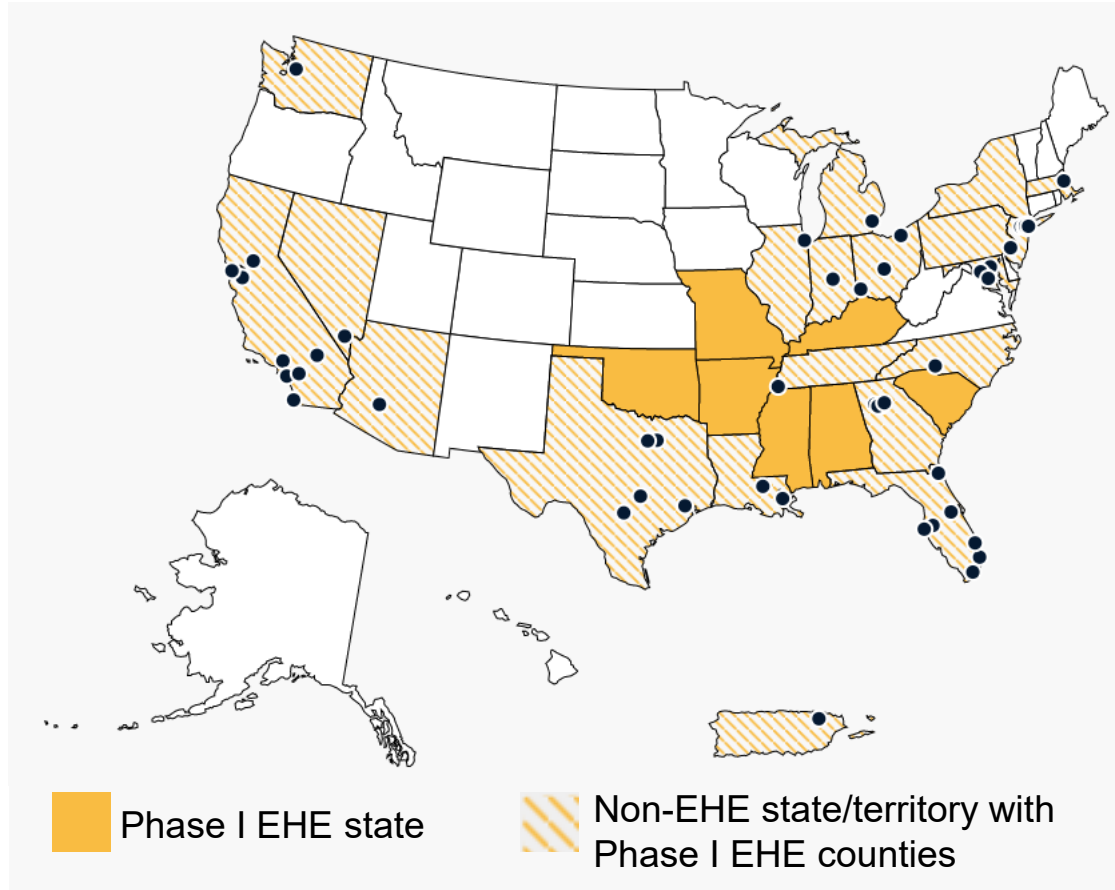


GOAL:

75%
reduction in new
HIV infections
by 2025
and at least
90%
reduction
by 2030.

www.hiv.gov

Ending the HIV Epidemic Priority Jurisdictions



Ending the HIV Epidemic identified 57 U.S. jurisdictions highly impacted by HIV¹:

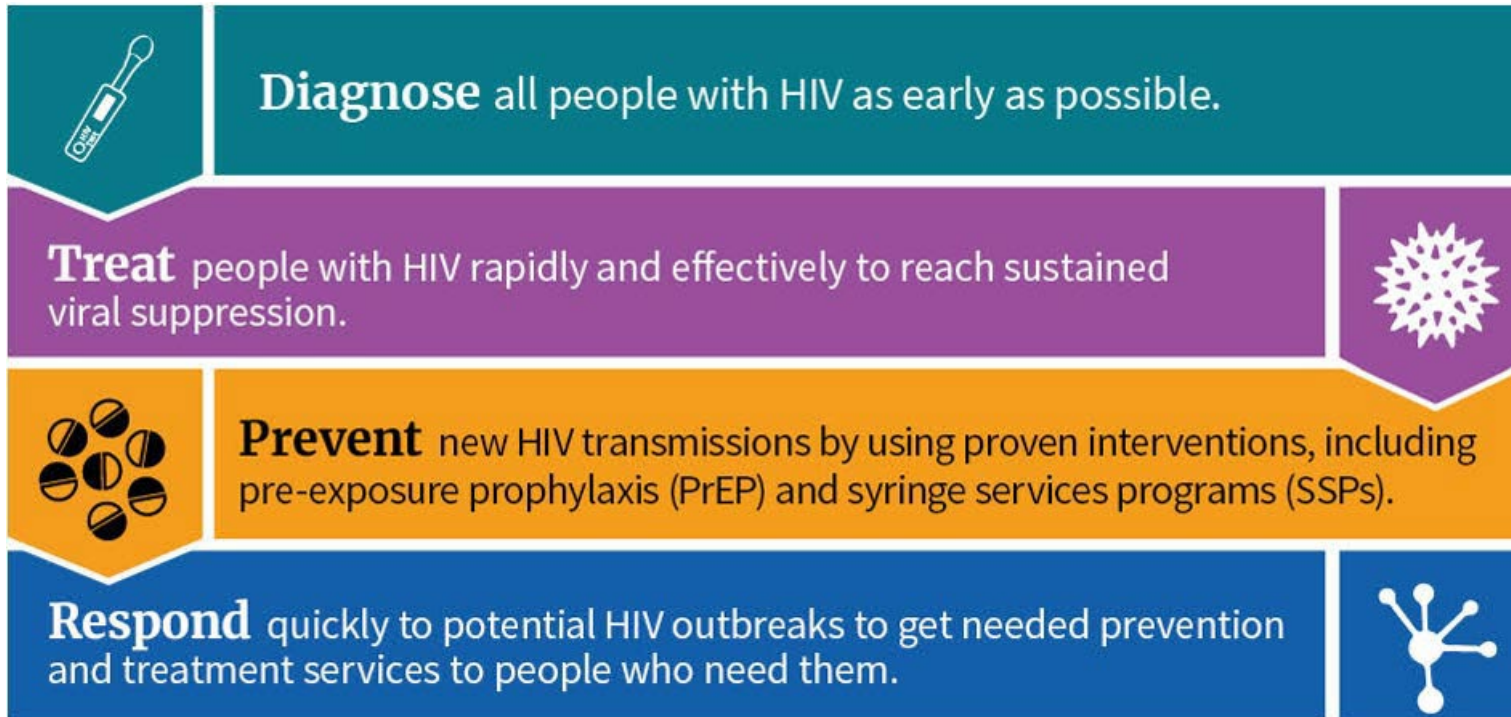
- 48 counties
- Washington, DC
- San Juan, Puerto Rico
- 7 states with substantial HIV burden in rural areas

Phase I (the first 5 years) of this initiative will target these jurisdictions with additional personnel, prevention resources, expertise, and technology²

¹ AHEAD: America's HIV Epidemic Analysis Dashboard. AHEAD.HIV.Gov. Accessed July 19, 2021. <https://ahead.hiv.gov/>

² About Ending the HIV Epidemic in the U.S.: Key Strategies. HIV.gov. Updated May 8, 2020. Accessed July 19, 2021. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/key-strategies>

Ending the HIV Epidemic: Four Pillars



Through its four pillars—
Diagnose, Treat, Prevent,
Respond—Phases I and II of
Ending the HIV Epidemic aim to
reduce the number of new HIV
diagnoses by 90% by 2030

Phase III will leverage intensive
case management to maintain
<3,000 new HIV infections per year

Ending the HIV Epidemic: AHEAD Indicators

Overarching Goal: To decrease HIV incidence in the United States by 75% by 2025 and by 90% by 2030



Incidence

Estimated number of new HIV infections in a given year

Midterm Goal: Will be used to show historical movement toward achieving the overall goal



Knowledge of Status

Estimated percentage of people with HIV who have received an HIV diagnosis

Leading Indicators (Ending the HIV Epidemic pillars)



Diagnoses

Number of people with HIV diagnosed in a given year confirmed by laboratory or clinical evidence



Linkage to HIV Medical Care

Percentage of people with HIV diagnosed in a given year who receive medical care for HIV within 1 month of diagnosis



Viral Suppression

Percentage of people living with diagnosed HIV infection in a given year who have <200 copies per milliliter of blood



Pre-Exposure Prophylaxis (PrEP) Coverage

Estimated percentage of individuals with indications for PrEP classified as having been prescribed PrEP

Ending the HIV Epidemic: Indicators



Diagnoses



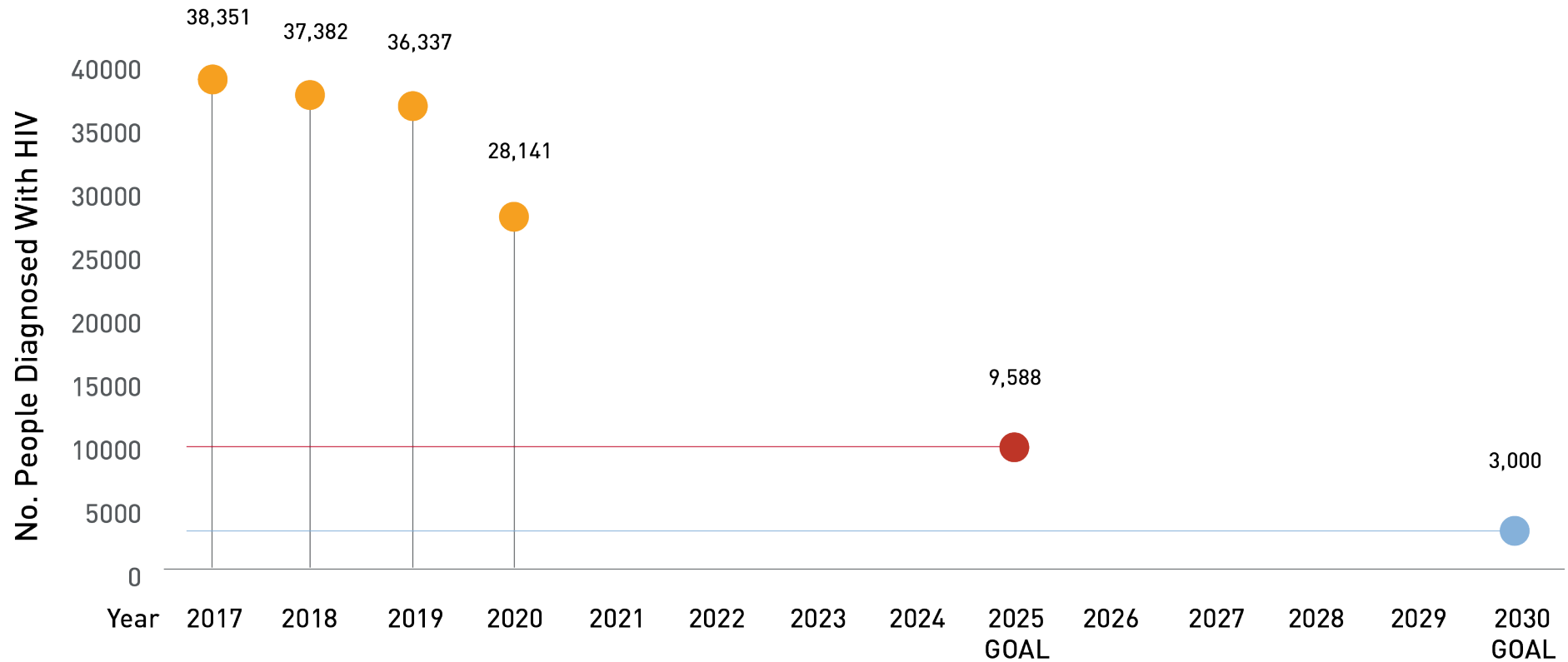
Linkage to HIV Medical Care



Viral Suppression



PrEP Coverage



Ending the HIV Epidemic: Indicators (cont'd 1)



Diagnoses



Linkage to HIV Medical Care

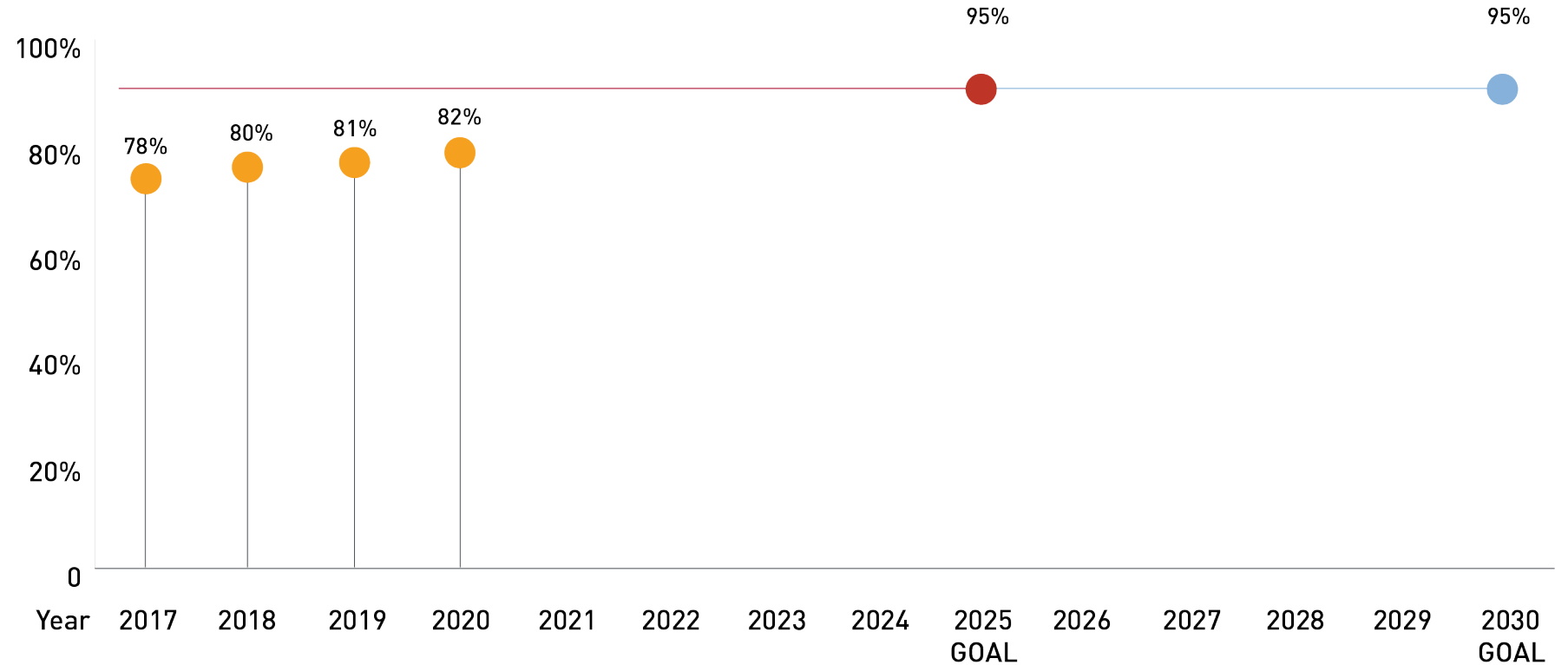


Viral Suppression



PrEP Coverage

Percentage of People Linked to Medical Care <1 Month After Diagnosis



Ending the HIV Epidemic: Indicators (cont'd 2)



Diagnoses



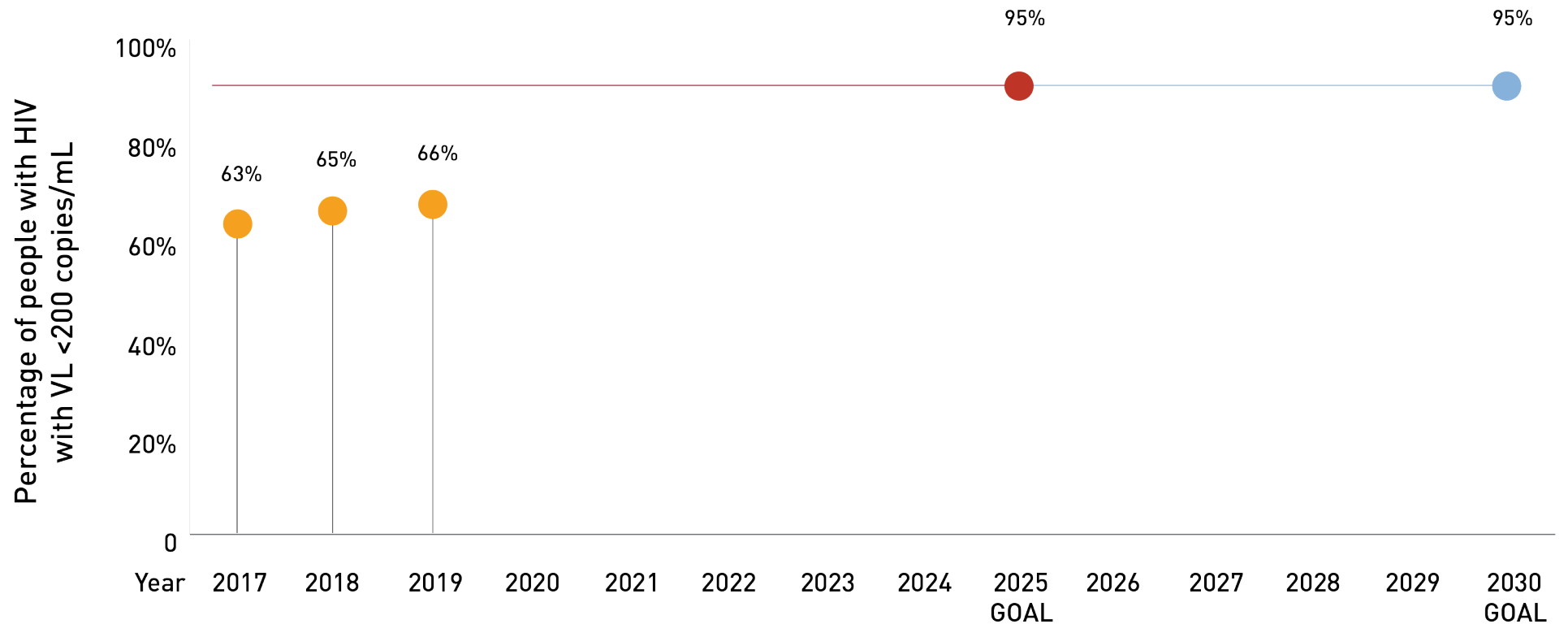
Linkage to HIV Medical Care



Viral Suppression



PrEP Coverage



Ending the HIV Epidemic: Indicators (cont'd 3)



Diagnoses



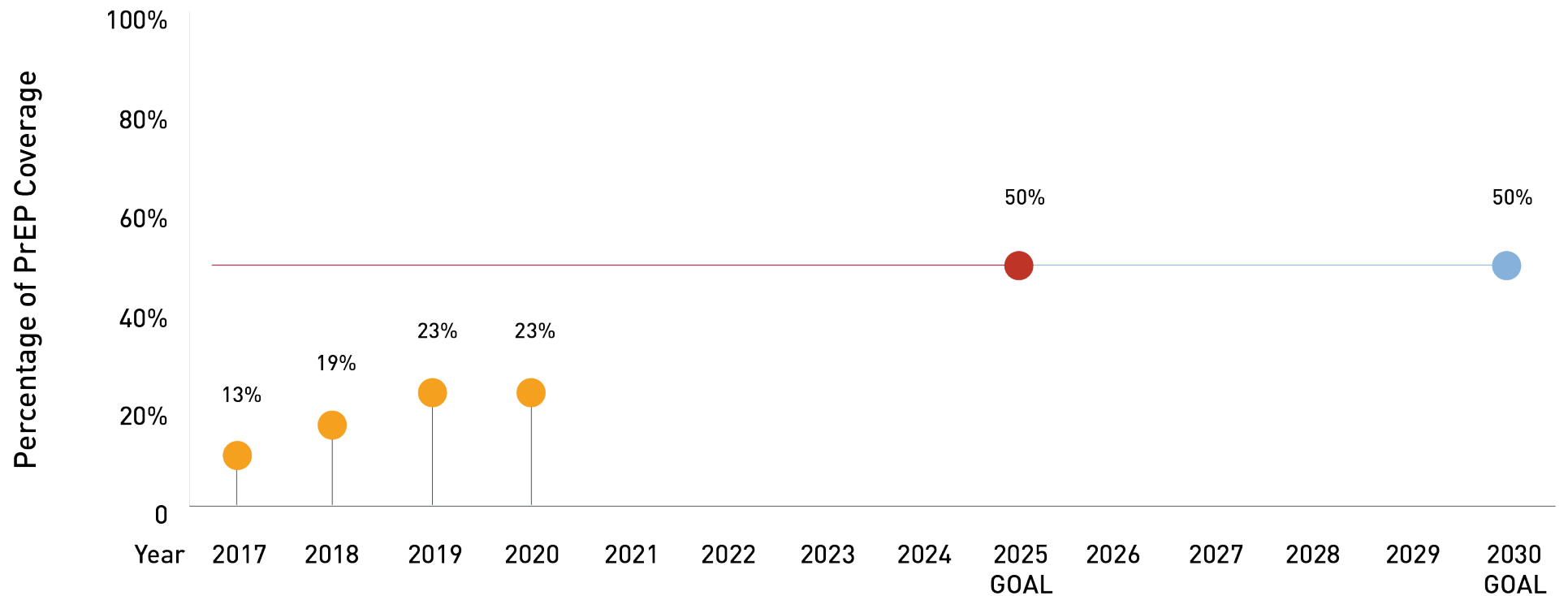
Linkage to HIV Medical Care



Viral Suppression



PrEP Coverage



Cultural Competency

Slides adapted from:

“Integrating HIV Care, Treatment & Prevention Services
into Primary Care – A Toolkit for Health Centers”

U.S. Department of Health and Human Services

Health Resources and Services Administration, 2018

Cultural Competency

- Many populations disproportionately affected by HIV are also marginalized and/or stigmatized by the health care system and society
- Culturally competent care helps build trust, promote patient advocacy, increase the effectiveness of engagement efforts, and support progression along the HIV care continuum
- Health centers provide care to persons of varying race, ethnicity, sexual orientation, nationality, and primary language
- Creates a safe, inclusive, welcoming health care space

Increasing Cultural Competency in Health Centers

- Address the stigma and discrimination experienced by persons with HIV and lesbian, gay, bisexual, and transgender patients
 - Provide inclusive and affirming environment
 - Meet their health care needs
 - Reach young men who have sex with men
 - Learn effective communication strategies
- Engage immigrant and refugee populations in HIV services
- Engage migrant and agricultural workers in health center services
- Engage older adults
- Establish and maintain culturally competent environments for racial and ethnic minorities
- Utilize the Culturally and Linguistically Appropriate Services (CLAS) Standards to Engage Cultural Competence in Integrated Care (<https://thinkculturalhealth.hhs.gov/clas/standards>)

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

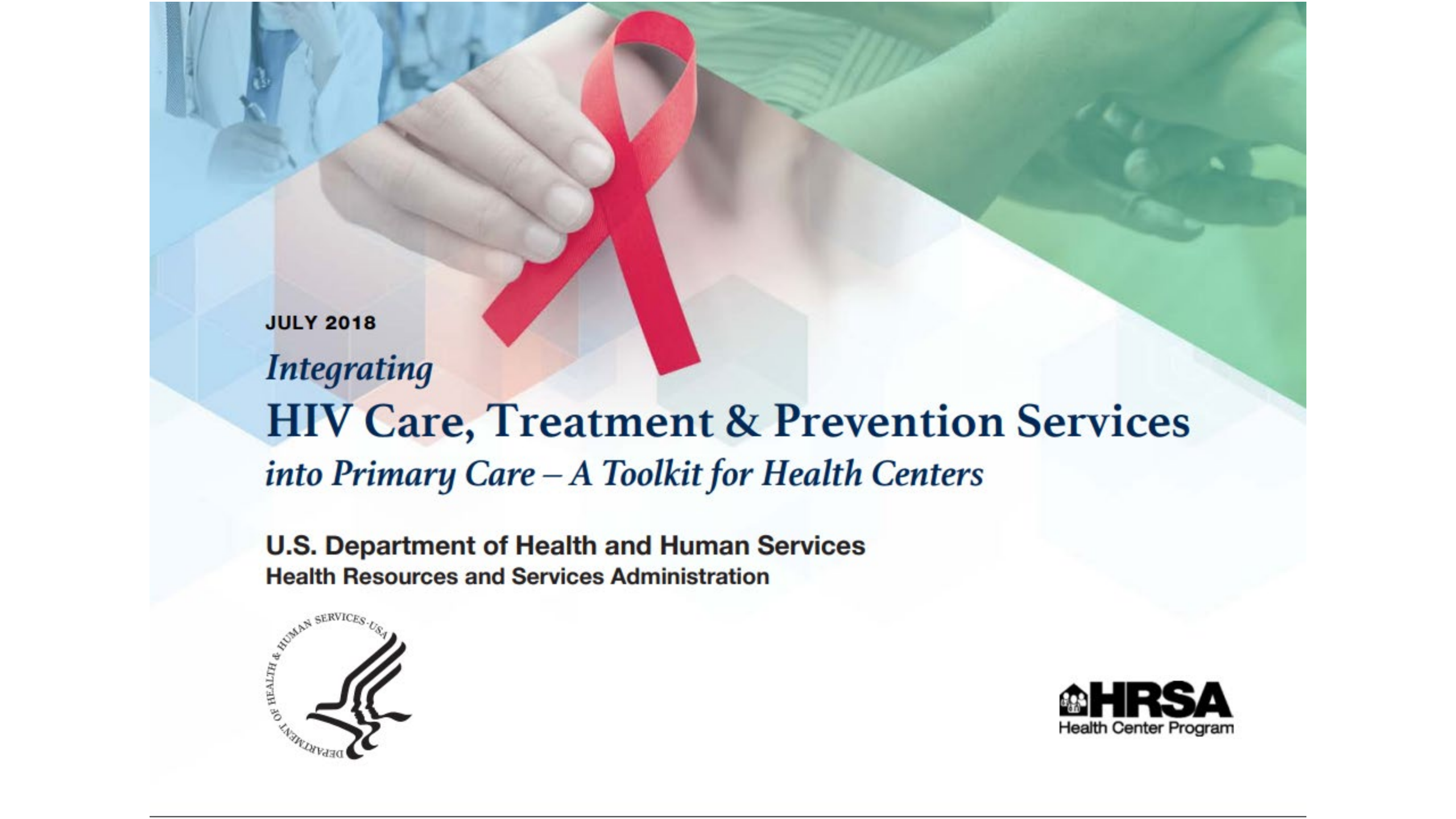
Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

HIV Stigma



JULY 2018

Integrating

HIV Care, Treatment & Prevention Services

into Primary Care – A Toolkit for Health Centers

**U.S. Department of Health and Human Services
Health Resources and Services Administration**



HIV Stigma

- HIV-related stigma can be defined as “a process of devaluation of people either living with or associated with HIV and AIDS” - National AIDS Control Organization, National Consultation on HIV estimates/surveillance India 2004: Policy and Program Implications.
- Negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable. (CDC, 2021)
- Stigma can prevent individuals from seeking information about HIV, reduce the likelihood of testing, and delay successful progression along the HIV continuum of care
- Can be overcome!
 - Needs to be recognized and addressed through practice and policy changes

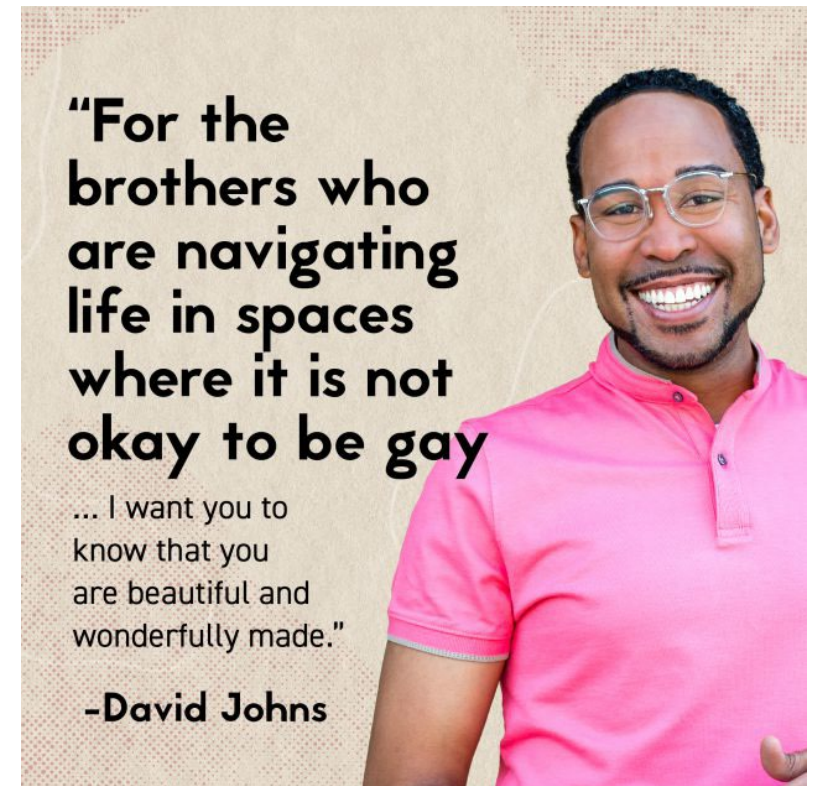
Examples of HIV Stigma

- Belief that only certain groups of people can get HIV
- Moral judgments about people who take steps to prevent HIV transmission
- Feeling that people deserve to get HIV because of their choices



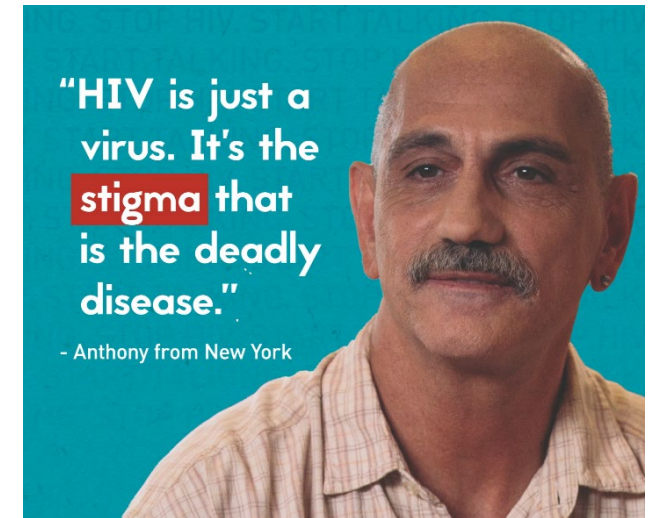
Examples of HIV Discrimination

- Treating people with HIV differently than those who do not have HIV
- Refusal to provide health care or services to persons with HIV
- Socially isolating a member of the community due to HIV status
- Referring to persons with HIV using offensive language

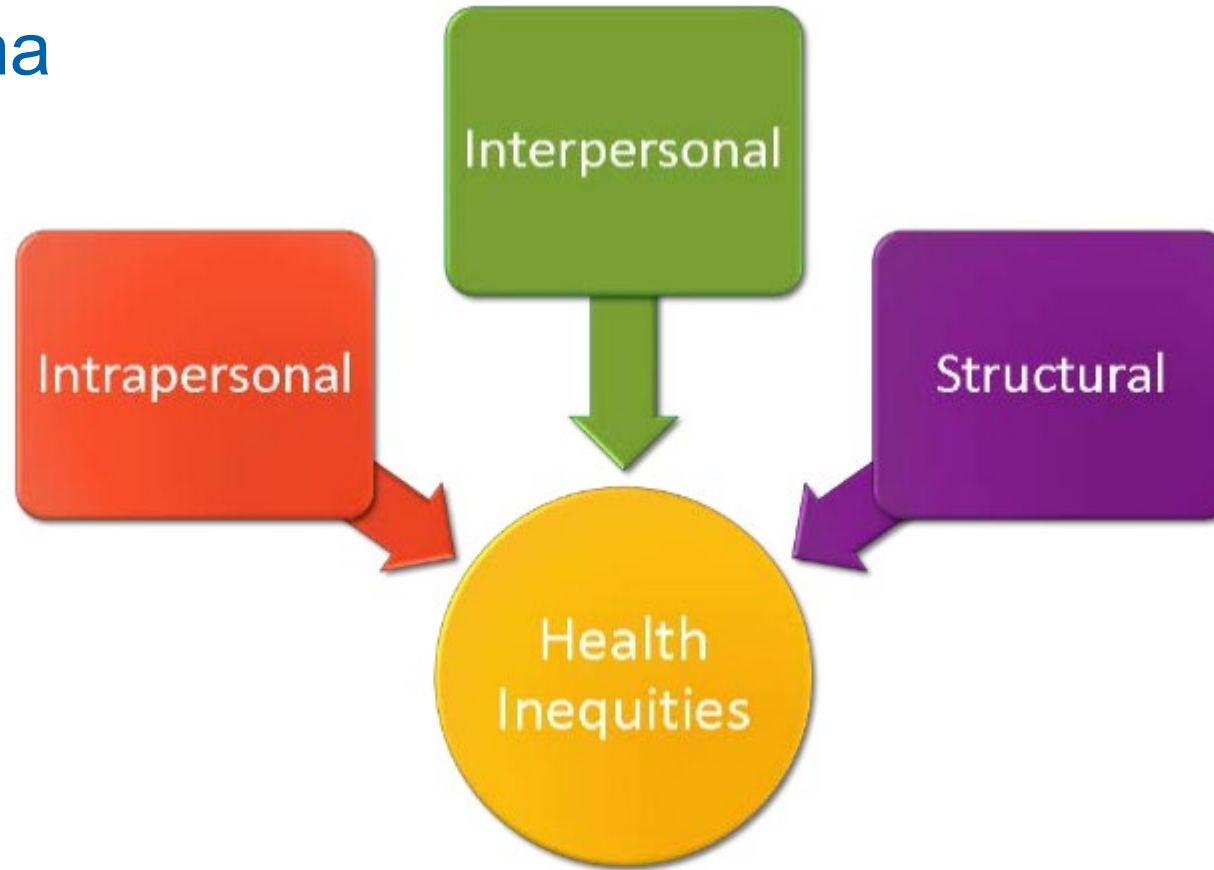


Effects of HIV Stigma and Discrimination

- Emotional well-being
- Self-image
- Shame
- Fear
- Isolation



Types of Stigma



Hatzenbuehler, ML, Link, BG. Introduction to the special issue on structural stigma and health. Soc Sci Med 2014 Feb;103:1-6. doi: 10.1016/j.socscimed.2013.12.017. Epub 2013 Dec 25

What Can You Do About It?



HIV Stigma Scenario: In the Community

- During your weekly basketball league game, the subject comes up of a team member sharing on Facebook that he was going to get an HIV test. This individual is absent from the game this day. Several negative and judgmental comments are expressed by your fellow teammates.
- What can you do?

HIV Stigma Scenario: In the Workplace

- A friend at work remarks to you that another co-worker shouldn't be participating in the office potluck because he has HIV.

- How do you respond?

Creating Inclusive Health Care Environments for LGBT People: 10 Steps

Slides adapted from:

TEN THINGS: Creating Inclusive Health Care Environments for LGBT People

Harvey J Makadon, MD

The National LGBT Health Education Center, The Fenway Institute

Professor of Medicine, Harvard Medical School

<https://bphc.hrsa.gov/sites/default/files/bphc/technical-assistance/lgbt-2-inclusive-healthcare-environs-slides-ead.pdf>

1. The Board and Senior Management are Actively Engaged

- Build an LGBT-inclusive environment
- Board and senior management support is critical
- Sets the tone for the organization
- Identify staff champions
- Inclusive non-discrimination policy that includes
 - Sexual orientation, gender identity, gender expression, race, ethnicity, language, residency status, financial status, education level

2. Policies Reflect the Needs of Patients and Employees

- Patient AND employee non-discrimination policies
- Recourse should be clearly accessible in cases of questions of discrimination
- Example policy language:
 - The health center prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.
 - Every patient shall have the right to receive medical care that meets the highest standards of our health center, regardless of his/her race, religion, national origin, any disability or handicap, gender, sexual orientation, gender identity or expression, age, military service, or the source of payment for his/her care.

3. Outreach Efforts in the Community

- Understand the diversity of various groups such as young men who have sex with men, persons who identify as LGBT+, persons of color
 - Community assessments, focus groups
- Outreach goals can be to help people sign up for health insurance, engage them in primary care services, offer HIV testing
- Outreach helps bring a new segment of the community into your organization, which ultimately helps improve the health of the surrounding community
- Outreach helps make the invisible visible

4. All Staff Training on Culturally Affirming Care

- Respectful communication
- Training on diverse sexual orientation and gender identifies, terminology, and health disparities
- Avoid assumptions and stereotypes
 - You cannot always correctly guess someone's gender, sexual orientation, place or origin, race, etc. based on how they look or sound
- All levels of the organization
- Helps improve retention in care
- Preferred names and pronouns
- Accept that mistakes will happen – apologize and move forward

5. Processes and Forms Reflect the Diversity of Persons and Their Relationships

- Avoid gender-specific terms like wife/husband or mother/father in favor of “partner” or “parent”
- Include questions about gender identity and sex assigned at birth
- Preferred names and pronouns
- All staff have access to preferred names and pronouns and how to address changes from earlier documents

6. Data is Collected on the Sexual Orientation and Gender Identity of Patients

- Recommended by The Joint Commission and the Institute of Medicine
- Cannot adequately assess quality of care or disparities without collecting this information
- Examples:

Do you think of yourself as:

- Gay, lesbian, or homosexual
- Straight or heterosexual
- Bisexual
- Something else
- I don't know

What is your current gender identity?

- Male
- Female
- Transgender male/Trans Man/FTM
- Transgender Female/Trans Woman/MTF
- Gender Queer
- Additional category (please specify)

What sex were you assigned at birth?

- Male
- Female
- Decline to answer

What is your preferred name and what pronouns do you use?
(e.g. he/him, she/her)

7. All Patients Receive Routine Sexual Health Histories

- Routine part of a comprehensive health history for all adult and adolescent patients
- Not just focused on risk behaviors
- Use gender-neutral language
- Do not assume
- Contextualize the conversation
- Assure confidentiality

The Importance of Taking a Sexual History

Recommended for **all adult and adolescent patients** as part of primary care

Helps identify patients' **sexual health needs**, including need for PrEP

A comprehensive **sexual history is not required for PrEP**



Providers can introduce the discussion by emphasizing that it is **routine and confidential**

“

Taking a brief sexual history is routine.

“

Everything you say is confidential.

The 5 “Ps” of the Sexual History

PARTNERS

PROTECTION from
STIs

PREGNANCY
INTENTION

PRACTICES

PAST HISTORY of STIs

PLEASURE

8. Clinical Care and Services Incorporate LGBT Health Care Needs

- Deliberate programs to lower barriers
- Outreach focused on populations who experience disproportionate rates of HIV
- Transgender persons often have difficulty accessing care
 - Providers inexperienced
 - Providers unwilling to provide basic hormone therapy
 - Providers unaware of routine healthcare needs of transgender people
- Transgender men and cervical cancer screening, breast cancer screening
- Transgender women and prostate cancer screening, prostatitis

9. The Physical Environment Welcomes and Includes LGBT People

- What message does the physical environment of your clinic send to various audiences?
- Are there images or brochures specific to LGBT person?
- Are there single occupancy or gender neutral restrooms?
- What about for employees?

10. LGBT Staff are Recruited and Retained

- Having openly LGBT people on staff can help build a foundation for a respectful, inclusive health care environment
- Consider LGBT equitable policies in insurance and retirement benefits
- Does insurance coverage transition related expenses for transgender employees?
- LGBT non-discrimination policies for employees, mentioned in job recruitment ads

National LGBT Health Education Center: A Program of the Fenway Institute

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MATEC Resources

Clinician Consultation Center

<http://nccc.ucsf.edu/>

- HIV Management
- Perinatal HIV
- HIV PrEP
- HIV PEP line
- HCV Management
- Substance Use Management

AETC National HIV Curriculum

<https://aidsetc.org/nhc>

www.hiv.uw.edu

AETC National HIV-HCV Curriculum

<https://aidsetc.org/hivhcv>

Hepatitis C Online

<https://www.hepatitisc.uw.edu>

AETC National Coordinating Resource Center

<https://aidsetc.org/>

Additional Trainings

<https://matec.info>