The webinar will begin shortly.
Slides for today’s webinar are available on the CIHS website at:

http://www.integration.samhsa.gov/pbhci-learning-community/webinars
Sexual Health: An Equal Opportunity in PBHCI

August 26, 2015
SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators

Brie Reimann, MPA, Deputy Director, CIHS

Emma Green, MPH, Training & Technical Assistance Coordinator, CIHS
How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)
Today’s Purpose

1. Recognize the importance of facilitating an organizational culture that promotes sexual health.
2. Dispel common myths around sexual health promotion.
3. Learn about strategies to integrate DCI questions into workflow.
4. Understand practical approaches to promoting sexual health.
Poll Question: Sexual Health Promotion is a core function of our service provision.

- True
- False
Poll Question: Our Staff is comfortable addressing sexual health with our consumers.

• True
• False
Myth or Fact

• Sexual histories are only necessary for clients who have signs or symptoms of sexually transmitted diseases (STDs).
• Clients are uncomfortable talking about sexual issues.
• Sexual heath questions should only be asked once.
• Sexual orientation and behaviors remain constant over time.
• Sexual histories should only be completed with adults.
DCI Questions

1. Which of the following do you consider yourself to be?

2. In the past 12 months, who have you had sex with?

3. Which statement best describes your feelings?

4. If you ever experienced an event that resulted in you feeling physically or emotionally harmed or threatened, what kind of event was this?
Today’s Speakers

David Dean Jr., MS, PhD
Center for Behavioral Health Statistics and Quality

Tierra Ortiz-Rodriguez, MEd, LPC
The Montrose Center

Jim Pavlik, MA
Behavioral Health and Wellness Program

Jamarie Geller, MA
Behavioral Health and Wellness Program
LGBT Questions at SAMSHA

People are different in their sexual attraction to other people. Which statement best describes your feelings?

- I am only attracted to males
- I am mostly attracted to males
- I am equally attracted to males & females
- I am mostly attracted to females
- I am only attracted to females
- I am not sure

Which one of the following do you consider yourself to be?

- Heterosexual, that is straight
- (If female R) Lesbian or Gay
- (If male R) Gay
- Bisexual
LGBT Questions at SAMSHA

In the past [time period] who have you had sex with?
• Men only
• Women only
• Both men and women
• I have not had sex

What sex were you assigned at birth, meaning on your original birth certificate?
• Male
• Female

What is your current gender identity?
• Male
• Female
• Trans male/Trans man
• Trans female/Trans woman
• Genderqueer/Gender non-conforming
• Different identity (please state): _______
Future LGBT Data Collection…?

NSDUH
- Addition of sexual behavior question
- Addition of (trans)gender identity question(s)
- Addition of all questions for adolescents

Program Monitoring & Evaluation
- The questions we want…
- Potential addition to block-grant reporting
LGBT Behavioral Health Reporting

Data systems
- NSDUH same-sex couple behavioral health
- NSDUH LGB health (2016)

- CBHSQ Spotlights, Short Reports, Data Reviews
- Peer-reviewed journal articles
- Public-use datasets
Summary

• LGB data collection in 2015 and estimates will be available in 2016
• Interesting and necessary topic to better understand U.S. population
• Gender identity and youth questions to be determined
• Interest from States and data users
Data & services resource

Developed by Dr. Alex Camacho (now at HRSA)

Topics

- Terms and definitions
- LGBT sections
  - physical health
  - behavioral health
- Web-based resources

Office of Behavioral Health Equity
Integrating Sex-Positive Interventions at All Levels of Care

Tierra Ortiz-Rodriguez, LPC
Staff Therapist and Case Manager
The Montrose Center, EMBody Program
Patients want to talk about sexual concerns

• In a survey of 500 men and women over age 25, 85% of respondents expressed an interest in talking to their providers about sexual concerns, even though 71% thought their provider would likely dismiss their concerns.
Great reasons to start conversations about sexual health

• Assess patient’s level of understanding of sexual health
• Opportunity to educate and counsel patients about sexual health
• Opportunity to connect to treatment and care
Building a sex-positive organizational culture

• Addressing sexual health starts at intake and is elaborated throughout, via clinical interventions, staff trainings, and community education and outreach.
At the Montrose Center, addressing sexual health starts at intake

- Assess whether patient is established in medical care, has tested or received treatment for HIV and STIs
- Assess sexual activity
  - Sexual orientation: sex with men, women, both, pansexual
  - One partner or multiple partners; monogamous or not monogamous
  - What kinds of sex are you having? (e.g., oral, vaginal, anal, masturbation, sex toys)
- Ask about perceived level of risk
  - What are your safer sex practices and sexual health habits?
  - Did you use condoms the last three times you had sex?
  - Any sexual activity under the influence of alcohol and drugs?
- Ask about concerns with sexual functioning
  - Do you have any concerns about your sexual health or sex life?
Clinical interventions

8 DIMENSIONS OF WELLNESS

- EMOTIONAL: Coping effectively with life and creating satisfying relationships.
- ENVIRONMENTAL: Good health by occupying pleasant, stimulating environments that support well-being.
- INTELLECTUAL: Recognizing creative abilities and finding ways to expand knowledge and skills.
- PHYSICAL: Recognizing the need for physical activity, diet, sleep, and nutrition.
- OCCUPATIONAL: Personal satisfaction and enrichment derived from one’s work.
- SOCIAL: Developing a sense of connection, belonging, and a well-developed support system.
- SPIRITUAL: Expanding our sense of purpose and meaning in life.
- FINANCIAL: Satisfaction with current and future financial situations.

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Clinical interventions

1. Dimensions of wellness
2. Invite patients to talk about sexual functioning and sexual practices
3. Provide sexual health information (with permission)
   1. Regular check-ups
   2. STI testing
4. Encourage medical self-advocacy
5. Talk about sex, mental health, and drugs/addiction
Promoting a sex-positive culture

1. Staff meetings and trainings on sexuality – e.g., routine sexual histories, lesbian sexuality, PrEP, PEP

2. Community-wide outreach and education – e.g., LGBT Health Awareness Week, sexual ethics workshop, offer STI testing

3. Create spaces that welcome people of all sexual orientations and gender identities – e.g., polyamory support group, transgender support group
SUPPORTING CLIENTS TO MAKE BETTER CHOICES FOR SEXUAL HEALTH

Jim Pavlik, MA
Jamarie Geller, MA
26 August 2015
Supporting Clients on Sexual Health: A Provider Action Brief

- Guidelines to ensure a respectful, non-threatening conversation
- Protocol for ensuring that clients receive good advice in an efficient manner
- Standard protocol for assessing risk
- Quick reference list of example language
- Example questions you can ask during assessments
- List of national resources on various topics
Why Talk to Clients about Sexuality and Sexual Health?

- 110 million Americans have an STI
- 20 million new infections each year
- 1 million living with HIV
  - 1 in 6 unaware they are infected
- About 50% pregnancies are unintended
- Many adverse outcomes are preventable
The 5As:
- Ask
- Advise
- Assess
- Assist
- Arrange

Promoting healthy behaviors requires repeated interventions and a systematic approach.
Asking

- “I talk to all my clients about their sexual health. Is there anything in particular you’d like to discuss?”
- “Have you ever talked about your sexual health?”
- “I’d like to discuss your sexual history, which I know can be personal. Is that ok?”
Advising

Encourage the client to stop or reduce some behaviors, focusing on those that:

- Are posing the highest risk
- The client wants to change
- Are achievable
Assessing

- Assess the client’s willingness to change
- Assess the client’s risk level
“It seems like you’re saying you don’t use condoms often, yet you want to stay protected against HIV. Is that accurate?”

“It sounds like the fear of getting pregnant is causing you a lot of anxiety, but you think you can’t afford birth control. Do you want to talk about some options?”
Assessing the Client’s Risk

The 5 Ps:
- Partners
- Practices
- Past STIs
- Pregnancy
- Protection
Assisting

- Developing skills
- Creating an action plan
Action Plan Examples:

- I will get an STI/HIV screen every time I have a new sexual partner.
- I will visit my primary care provider or OB/GYN for my yearly exam before the end of the month.
- I will limit my sexual partners to only those who are willing to use protection.
- I will plan for sexual safety and prevention before using alcohol or drugs.
Arranging

- Make a plan to track and follow up
- Stay positive and focused on the client’s goals
- Congratulate any successes, even if they seem minor
- Encourage continued effort
Behavioral Health & Wellness Program

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Resources

American Medical Association’s *Patient sexual health history: What you need to know to help* (Video)
http://www.bigshouldersdubs.com/clients/AMA/23-AMA-HealthHistory.htm

CDC’s *A Guide to Taking a Sexual History* (Brochure)
http://www.cdc.gov/std/treatment/SexualHistory.pdf

The Proactive Sexual Health History (Journal article)

Taking Routine Histories of Sexual Health (Toolkit)
For More Information & Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org
Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.