



TAKING ROUTINE HISTORIES OF SEXUAL HEALTH:

A System-Wide Approach for Health Centers

New Edition: November 2015



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EDUCATION CENTER

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Introduction

Learning about the sexual health and behavior of patients is an important part of providing high-quality, patient-centered, accessible, and efficient health care to the people in your health center. This toolkit has been created to help develop and implement systems for collecting routine histories of sexual health with all adult patients. Sexual histories should also be taken with adolescent patients. However, because the history-taking approach differs somewhat for adolescents, we recommend supplementing the information provided here with additional resources focused on adolescents. Understanding that all health centers are different, the tools have been designed to be adaptable to different practices and patient populations. Additionally, an extensive list of resources has been included to further your learning about sexual health and behavior and taking routine sexual histories.

This toolkit is divided into three sections:

- [The Routine Sexual History Tool](#) 2
- [Special Populations and Considerations](#) 16
- [Getting it Done: Recommendations and Tools for Implementing Routine Sexual Histories in your Health Center](#) 22



Section I. The Routine Sexual History Tool

We can learn about our patients' sexual health and behavior by taking a routine sexual history. Sexual history information should be taken from all adolescent and adult patients, regardless of gender, race, ethnicity, socioeconomic status, sexual orientation, and gender identity.

IN THIS SECTION:

- The Routine Sexual History: What, Why, and How? 3
- Asking Sexual History Questions: How to Begin 5
- Sexual Risk Assessment 8
- Counseling and Education 12
- Sexual Health, Function, and Identity Questions 14
- Resources for Further Learning 15

The Routine Sexual History: What, Why, and How?

WHAT IS A ROUTINE SEXUAL HISTORY?

The routine sexual history is an essential part of a patient's comprehensive history during an annual prevention visit. In busy health care practices, it is not uncommon for providers to skip the sexual history unless a patient has signs or symptoms of sexually transmitted diseases (STDs). Providers may also avoid taking sexual histories because they do not feel comfortable asking sensitive and potentially embarrassing questions. However, the sexual history can be done in a timely and straightforward manner when health centers take a few initial steps to set up systems that support providers, and other members of the clinical care team, in taking histories.

WHY IS THE ROUTINE SEXUAL HISTORY IMPORTANT FOR PATIENT HEALTH?

When we ask about our patient's sexual partners and practices, we are practicing patient-centered care. Studies show that our patients want us to ask about sexual issues. 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.¹ Moreover, a sexual history followed by appropriate, targeted discussion about ways to stay healthy can enhance the patient-provider relationship.

The sexual history not only gives opportunities to educate and counsel patients about HIV, STDs, and viral hepatitis, but also allows providers, or other members of the clinical care team, to connect patients to treatment and care. Without taking a sexual history, it is difficult to know what tests or vaccinations are needed. These mostly "silent" diseases can go unnoticed for long periods of time until they lead to more serious illness. Without treatment, they can also spread to other partners and increase disease in the community.

There are new federal government programs and initiatives that have the goal of greatly reducing HIV, STDs, and viral hepatitis in the U.S. health care system. Community health centers and other health care practices that care for underserved and vulnerable populations are essential to reaching these goals because their patients are often most at risk.

¹ Marwick C. Survey says patients expect little physician help on sex. *JAMA*. 1999;281:2173-4.

HOW IS THE SEXUAL HISTORY TAKEN?

Ideally, a patient's sexual history should be taken at their initial visit to the health center, and at annual prevention visits. There are two methods for taking the sexual history:

1. By the provider, or other member of the clinical care team, during the visit
2. Filled out by the patient in a paper or electronic form in advance of the visit, and then reviewed with the provider, or other member of the clinical care team, during the visit

Your team can decide what works best for your practice. Paper and electronic forms can provide more information in a shorter amount of time, and can save a lot of time during the visit. Because the questions are standard across all patients, this makes it easier for entering information into electronic health records, ensures that these questions are asked, and helps your team measure and track population health. Templates for sexual histories can often be built into electronic medical records (see the sample at the end of this tool kit).

If using paper or electronic forms, you should consider the following:

- Will paper forms be sent to patients' homes and/or filled out in the waiting rooms?
- Do the waiting rooms offer enough privacy when filling out forms?
- Might patients feel uncomfortable handing forms to receptionists or medical assistants, some of whom they might know from the community? How can you train staff to handle the forms?
- How will you ensure protection of data in electronic forms?
- Is the health literacy level of the questions and instructions appropriate for your population?

Asking Sexual History Questions: How to Begin

For a customizable Word version of this section, visit

http://www.lgbthealtheducation.org/?attachment_id=3122 or

<http://www.nachc.org/client//AskingSexualHistoryQuestions%200513.docx>

1. SET THE STAGE:

- The sexual history can come up naturally when talking with a patient as part of the social history. It can also be asked in relation to their past medical history or history of reproductive health.
- Before starting, you can let the patient know that you ask sexual history questions of all patients every year as part of their routine care. You can use a statement such as:
 - I am going to ask you a few questions about your sexual history. I ask these questions at least once a year of all my patients because they are very important for your overall health. Everything you tell me is confidential. Do you have any questions before we start?
- If patients want to know why you need to ask these questions, and why they are important to their health, you can use statements such as:
 - Your sexual health is important for your overall emotional and physical health.
 - We ask these questions every year because it is common for people's sexual behaviors and partners to change over time.
 - As you may know, sexual activity without protection can lead to sexually transmitted diseases. These kinds of diseases are very common and often there is no way for you to tell you have them. If we don't catch and treat these diseases, you can become very sick.
 - These questions can also help guide a conversation about ways to protect yourself from sexually transmitted diseases, unwanted pregnancy, or other things that may concern you. It will also give you an opportunity to talk about problems with, or changes in, sexual desire and functioning.
- If the patient declines to complete a sexual history with you, ask if there is another member of the clinical care team with whom they might be more comfortable. If they have already provided this information to someone else (e.g., social worker), see if they will sign a release to allow primary care to obtain that information.
- Be straightforward, but sensitive and open to different behaviors (See [Effective Communication Strategies When Taking a Sexual History](#) in Section III for more recommendations on ways to do this).

2. ASK THREE SCREENING QUESTIONS:

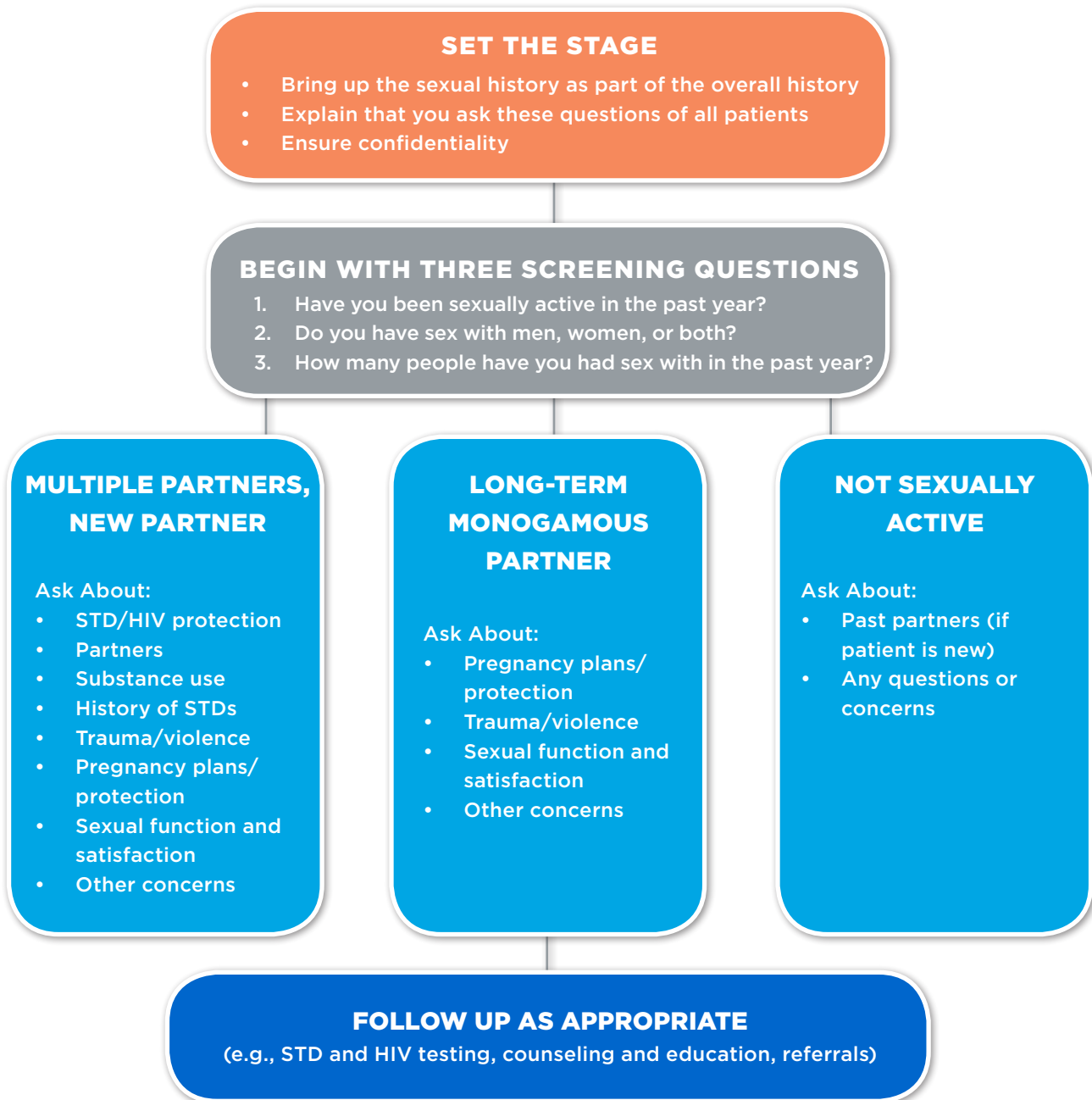
- Have you been sexually active in the past year?
- Do you have sex with men, women, or both? (If both, ask the next question twice—once for male partners, and once for female partners.)
- How many people have you had sex with in the past year?

3. DETERMINE IF THE PATIENT NEEDS A MORE DETAILED RISK ASSESSMENT:

- In general, patients with multiple sex partners, and male patients who have sex with men, should be asked additional questions to assess their risk for HIV and STDs.
- If a patient reports only one partner, ask if this is a casual or long-term partner, and if the patient knows if their partner is having sex with other people. Questions about the use of protection, history of STDs, and other risk factors may still be needed for these patients.
- If a patient has not been sexually active in the past year, but this is the first time you have taken their sexual history, ask if they've ever been sexually active, the gender of their past partners, and how many partners they have had. Again, you may wish to do further screening questions about protection, relationship to partners, etc.
- All patients, regardless of sexual history, should also be asked whether or not they have any concerns about keeping themselves sexually safe and healthy.
- Although these questions are brief, it is important for providers, or other members of the clinical care team, to recognize that a sexual history will, in some situations, lead to a longer discussion of important sexual health and related issues.

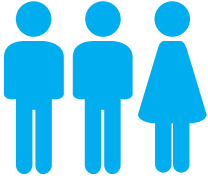
ALGORITHM FOR CONDUCTING A SEXUAL HISTORY

For a customizable Word version of this section, visit
http://www.lgbthealtheducation.org/?attachment_id=3072
or www.nachc.org/client/SexualHealthAlgorithm%200513.docx



Sexual Risk Assessment^{2, 3}

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P's:



Partners



Practices



**Past History
of STDs**



**Protection
from STDs**



**Pregnancy
Plans**

The following risk assessment questions are organized according to these categories.

PARTNERS

These questions may already have been covered during the first three screening questions (see page 6) of the sexual history. They are listed again here but do not need to be repeated.

- Do you have sex with men, women, or both? (if both, ask the next question twice - once for male partners, and once for female partners)
- How many people have you had sex with in the past year?

Additional questions about partners:

- Is it possible that any of your sex partners in the past year had sex with someone else while they were still in a sexual relationships with you?
- Have you experienced physical, sexual, or emotional violence from a partner?

2 This risk assessment has been adapted from: Centers for Disease Control and Prevention. A guide to taking a sexual history. Available at: <http://www.cdc.gov/lgbthealth/>

3 STD/HIV Risk Assessment & Risk Reduction: A Quick Reference Guide. March 2008. Mountain Plains AIDS and Education Training Center. Seattle STD/HIV Prevention Training Center.

PRACTICES AND PROTECTION FROM STDS

Some patients respond better to open-ended questions about their sexual practices, and some prefer yes or no questions. For transgender patients, younger patients, and women who have sex with women, for example, you may find that open-ended questions are preferred and may bring you more accurate information. These questions can be asked in a conversational manner, and may make your patient feel more comfortable. Here are some examples:

- What kinds of sex are you having? (for example, oral sex, vaginal sex, anal sex, sharing sex toys)
- What do you do to protect yourself from HIV and STDs?
- Tell me about when you use condoms.
- When was the last time you had unprotected sex?
- What do you know about your partner(s)' past or other sexual activities?
- Do you have any concerns about your sex life?

Below are simple, direct questions about sexual practices and condom use. Some patients may feel more comfortable with these rather than more open-ended questions. Choose questions based on the sex of partners.

- I am going to ask you some questions about the kinds of sex you have and whether you use protection.
- In the past year, have you had:
 - Anal sex? (penis in the anus/rear end)
Do you use condoms never, sometimes, or always when you have anal sex?
For men who have sex with men, you will need to ask if they received and/or gave anal sex
 - Vaginal sex? (penis in the vagina)
Do you use condoms never, sometimes, or always when you have vaginal sex?
 - Oral sex? (mouth on penis, vagina, or anus)
Do you use condoms/dental dams never, sometimes, or always when you have oral sex?
- If condom use is sometimes:
 - Can you tell me when you use condoms? With which partners?
- If never:
 - There are a lot of reasons why people don't use condoms. Can you tell me why you are not using them for sex?

PRACTICES: ADDITIONAL QUESTIONS TO IDENTIFY HIV AND VIRAL HEPATITIS RISK

These questions are very sensitive, so you can remind patients that their answers are confidential.

- Have you or any of any of your partners ever injected drugs / shot drugs into their bodies?
- Have you or any of your partners ever received or given money, shelter, or drugs for sex?
- Have you or any of your partners ever been in jail?

PRACTICES: SUBSTANCE USE DURING SEX

Drugs and alcohol can increase risk for HIV and STDs and can affect decisions about the types of counseling and referrals patients need. Additional resources on this topic can be found in the resources section.

- Do you use alcohol or drugs when you have sex?
- Do/does your partner(s)?

PAST HISTORY OF STDS

- Have you ever had a sexually transmitted disease?
 - These are often called STDs. They are diseases you can get from a sexual partner.
 - Some examples are gonorrhea, chlamydia, herpes, genital warts, and syphilis.
 - Sometimes, but not always, when you have an STD, there will be itching, burning, dripping, or warts or sores on or near your (vagina / penis / genitals) or buttocks (rear end, bottom).
 - If yes:
 - What kind have you had?
 - When did you have it?
 - How were you treated/what medications did you take?
 - Have you noticed any symptoms, like burning, itching, sores or dripping, since you were treated?
- Have you ever been tested for any (other) STDs?
 - If yes, when and what were the test results?

- To your knowledge, have you ever had sex with someone who has been diagnosed with an STD?
 - If yes, did you see a health professional for the same STD?
 - Were you treated? What medications did you take?
 - If you don't know, do you want to talk to someone about how to talk to your partner(s) about STDs?
- Have you ever been tested for HIV?
 - If yes, when were you tested? Can you tell me the test result?
 - If patient did not return for test result, ask why.
 - If no, would you consider being tested today? It is recommended that everyone in the country get tested for HIV at least once, just to be safe and sure.
 - There are recommended tracking tools for routine HIV testing. A good resource for this is: NACHC's Integrating HIV Screening into Routine Primary Medical and Dental Care: A Health Center Model (www.nachc.com/hiv_andmodel.cfm).

PREGNANCY PLANS

When asking questions about contraception, it is important to avoid assumptions about pregnancy risk or need for prevention. For example, people who exclusively have same-sex partners may feel misunderstood or invisible if they are asked about contraceptives and pregnancy prevention without acknowledgement that this may not apply to them.

At the same time, do not assume that LGBT patients are not interested in having children. For all patients, be sure to have adoption, insemination, and surrogacy referrals on hand.

Sample questions (choice of questions will depend on how the patient answered questions on partners and practices):

- Do you have any plans or desires to have (more) children?
- Do you or your partner(s) ever have a need for a contraceptive to avoid pregnancy?
- Do you want information on birth control?
- Do you have any questions or concerns about pregnancy prevention?
- What are you doing to prevent yourself or your partner from getting pregnant?

Counseling and Education

COUNSELING AND REFERRALS

During the visit, you can talk to all patients about their interest in learning risk reduction behaviors. Let them know there are a number of steps they can take to protect themselves, such as:

- Reduce number of partners
- Avoid or reduce having anonymous partners or “one night stands”
- Only engage in lower-risk activities, like oral sex or mutual masturbation
- Carry condoms at all times
- Use condoms consistently (at every encounter) for anal and vaginal sex
- Write down ideas about how you might protect yourself and your partners. Think about situations where you find yourself taking risks. What could you do differently?
- Do not have sex while drunk or high, or develop a plan for how you can make sure you are protecting yourself
- Talk to your partners about HIV and STD status
- Talk to your partners about using condoms before you have sex
- Make sure you are following directions on how to use condoms correctly

It will be very helpful if you have resources on hand to support the above points. Offer brochures, websites, referrals, etc.

For very high-risk patients, especially those with complicating behavioral, drug and alcohol use issues and/or history of trauma, you can manage their care in conjunction with appropriate counseling resources and colleagues. As part of your practice’s transformation to a patient-centered medical home, create a team-based care plan with behavioral health staff and patient input. Make sure you have network systems in place to ease the referral process.

You may also need to look into referrals to outside service agencies and community-based organizations. Some organizations offer evidence-based behavioral interventions appropriate for different populations, such as youth, racial/ethnic minorities, and gay and bisexual men.

EDUCATION

Some patients want to understand the difference between HIV prevention and STD prevention. Here are a few points you can share:

- It is not likely you will get HIV from oral sex. However, giving and receiving oral sex can give you STDs
- Sharing sex toys without condoms or other latex barriers can give you STDs
- Condoms greatly reduce the risk of STDs, but it is still possible to get them through areas not covered by the condom
- Even when both partners are HIV-infected they should still use condoms to avoid STD transmission and the (small) possibility of infection with a second strain of HIV
- Having an STD can make it more likely you will get HIV

Sexual Health, Function, and Identity Questions

In addition to sexual risk questions, there are a few questions to assess your patients' sexual health, function, and comfort with their sexuality. These issues are very important to a person's emotional and physical health. We recommend you ask these periodically.

- Do you have any concerns about your sexual function? For example, do you have trouble with (maintaining an erection, ejaculation, achieving orgasm?)
- Have you had any changes in sexual desire or satisfaction?
- Do you have any concerns or questions about your sexual orientation, sexual identity, or sexual desires?
 - Do you feel you are getting enough support and acceptance of your sexual / gender identity from friends and/or family?
 - Do you want to speak with anyone further (or join a support group) about any concerns you have about your sexual / gender identity? (Have appropriate behavioral health referrals on hand.)

Resources for Further Learning

NATIONAL HIV/STD INITIATIVES

National HIV/AIDS Strategy www.whitehouse.gov/administration/eop/onap/nhas

CDC's HIV/AIDS Testing Recommendations www.cdc.gov/hiv/topics/testing/guideline.htm

Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care and Treatment of Viral Hepatitis www.aids.gov/news-and-events/hepatitis/

NACHC video series on HIV and Related Issues www.nachc.com/clinical-issues.cfm

TAKING A SEXUAL HISTORY

Patient sexual health history: What you need to know to help. (free training video) American Medical Association: www.bigshouldersdubs.com/clients/AMA/23-AMA-HealthHistory.htm

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

The Proactive Sexual Health History. (Journal article) Margaret R.H. Nusbaum, Carol D. Hamilton, *Am Fam Physician*. 2002 Nov 1;66(9):1705-1713. www.aafp.org/afp/2002/1101/p1705.html



Section II. Special Populations and Considerations

Gay and bisexual men, or other men who have sex with men (MSM), and transgender women are at high risk for HIV, STDs and viral hepatitis. In order to better serve these populations, it is important for sexual histories to be sensitive to and inclusive of these patients.

IN THIS SECTION:

- [Some Helpful Definitions to Start](#) 17
- [Special Considerations for Men who Have Sex with Men](#) 18
- [Special Considerations for Transgender People](#) 20
- [Resources for Further Learning](#) 21

Some Helpful Definitions to Start

LGBT stands for lesbian, gay, bisexual, and transgender people. LGBT Americans are diverse in terms of race, ethnicity, age, income levels, education, personality, and all other factors that make individuals unique. What unites them is the fact that they are sexual and gender minorities. In other words, their sexual orientation or gender identity is different than the majority of the population, and they experience discrimination and stigma based on this status.

Sexual orientation tells you about a person's sexual and romantic attractions. Common words used to describe sexual orientations:

- Lesbian describes women who are emotionally and sexually attracted mostly to women.
- Gay describes men who are emotionally and sexually attracted mostly to men. Gay is sometimes used to describe all people who have same-sex attractions.
- Bisexual describes people who are emotionally and sexually attracted to both men and women.
- Heterosexual (straight) describes people who are emotionally and sexually attracted mostly to people of the opposite gender.

Gender Identity is one's internal sense of being a man, woman, or other gender (such as transgender). Everyone has a gender identity. Most people feel their gender identity is the same as the sex they were assigned at birth (for example, a person born male who feels male). But some people feel their gender identity is different than their birth sex (for example, a person who is born female but feels male). Some people have a gender identity that is both male and female, or that is neither male nor female.

Transgender does not have one single accepted definition. Most commonly, transgender refers to people whose gender identity is not the same as the sex they were assigned at birth. There are many terms to describe people within this group, including male-to-female (MTF), female-to-male (FTM), trans woman, trans man, gender-affirmed female, gender-affirmed male, and gender affirmed person. Some patients may choose to refer to themselves as the gender they identify with (man or woman).

Transgender individuals choose to present themselves to the world in a variety of ways.

- Some, but not all, choose to take hormones or surgically change their body to align with their gender identity
- Some, but not all, change hairstyle, dress, mannerisms, etc.
- Most, but not all, will change their given name
- Most, but not all, will use the pronouns that match their gender identity

Transgender is also sometimes used to include all people who feel their gender does not conform with what culture and society traditionally thinks is appropriate for that gender. This includes individuals who prefer not to define themselves by any gender; those who feel their gender contains both male and female parts; and those who feel their gender changes from day to day or week to week, etc. Some people, especially younger people, use identity terms other than transgender, such as genderqueer, queer, or gender fluid. They also may use “he” pronouns one day, and change to “she” pronouns another day.

Special Considerations for Men who Have Sex with Men

The Centers for Disease Control and Prevention (CDC) reports that in 2010, 63% of new HIV infections in the U.S. were transmitted through male-to-male sexual contact.⁴ Gay and bisexual men, and other men who have sex with men (MSM), may also be at increased risk for certain STDs, including syphilis, hepatitis A and B, gonorrhea, anal HPV, and chlamydia. Young (13-24 years) black MSM are at the highest risk of HIV in the U.S., accounting for more than half of new HIV infections among young MSM.⁴

Because of increased risk, it is recommended that health care providers perform more frequent and detailed screenings for MSM. The following recommendations are based on the CDC’s 2010 STD Treatment Guidelines.⁵

HOW OFTEN SHOULD MSM BE TESTED FOR HIV AND STDs?

- Sexually active MSM should be tested *at least annually*
 - Exceptions are MSM who are in a long-term mutually monogamous relationship (neither they nor their primary partner have had sex outside the relationship in the last year)
- MSM who have multiple or anonymous partners, use illicit drugs in conjunction with sex, use methamphetamines, or inject any illicit drugs, should be tested every 3-6 months

4 CDC. HIV incidence. Available at: www.cdc.gov/hiv/topics/surveillance/incidence.htm

5 CDC. Sexually Transmitted Disease Treatment Guidelines, 2010. Available at: www.cdc.gov/std/treatment/2010/toc.htm

WHAT VACCINATIONS SHOULD BE OFFERED TO MSM?

- Hepatitis A and B, unless previous infection or vaccination is documented
- HPV vaccine through age 26, if did not get fully vaccinated when younger
 - It is now recommended that all boys get vaccinated prior to sexual activity. The recommended ages for vaccination are 11–12 years

WHY ARE SOME MSM AT HIGHER RISK FOR HIV AND STDS?

Despite widespread knowledge about how to prevent HIV, some MSM do not consistently protect themselves from risk. The reasons for this are complex and not fully understood, although several theories exist. Certainly, social and cultural biases against homosexuality have played a large role in influencing risk. Feeling shame and hiding one's identity can lead to stress and depression, which are associated with substance use and sexual risk behaviors. Historically, gay and bisexual men have had to hide their sexuality, making it more difficult to find partners in places other than bars and clubs. This can lead to taking drugs and alcohol before sex, making it harder to negotiate safer sex. Stigma against homosexuality has also discouraged the building of long-term relationships that can be celebrated and affirmed by family and friends. Although trends are changing, MSM still often experience familial, religious, and cultural rejection.

Some researchers also believe that the invention of effective HIV medications has led some men to take more risks because they feel they can manage HIV with medication if they become infected. In addition, some young men may believe that no matter what they do, they will eventually become HIV infected. These young men feel they might as well get HIV now rather than continue to worry about when it will happen.

Researchers also have suggested that some MSM decide not to use condoms because they wish to feel more intimate with partners, and/or because they believe that a partner has the same HIV status as themselves (e.g., “they look healthy so they must be negative,” “they didn’t ask about my status so that means they must be positive too,” etc.).

In addition, some men are more at risk simply because of where they live and who they partner with. For example, those who live in an area with a higher prevalence of HIV are simply more likely to find a partner who is positive.

Keep in mind that although some MSM are at high risk of STDs and HIV, this is not the case for all gay, bisexual, or other MSM. Most men take protection very seriously and are very resilient in the face of many health and social barriers.

Special Considerations for Transgender People

Not all primary care providers and clinical care team members can expect to become experts in transgender identity and health. As long as you feel comfortable talking to people of different gender identities, feel you can do so with empathy and respect, and have appropriate and safe referrals on hand, you will be able to provide good preventive care.

When initiating and taking a sexual history with transgender patients, here are some points to keep in mind:

- Make sure you have established a good rapport with the patient before asking about sexual practices or doing a physical exam.
- Be sure you use the patient's preferred name when talking to them (this will not necessarily be the same name that is on insurance and medical records).
- Ask what pronouns your patients prefer to use for themselves. This is best done on an intake form, but may also need to be done in the clinic visit. Some people change their pronoun preference:
 - Many transgender people want you to use the pronoun that matches their gender identity. So, for example, a transgender woman would like you to use “she/her.”
 - Some transgender or gender non-conforming people may ask you to use “ze” or “they” or to try to avoid using any pronouns.
- Like anyone else, a transgender person may have partners who are male, female, or transgender.
- When asking about sexual practices, use open-ended questions instead of specific questions about anal, oral, and vaginal sex.
- A transgender person might consider themselves straight, gay, lesbian, bisexual, or other. This can evolve over time. For example, a person could live the first part of their life as a heterosexual man, and then transition into a transgender woman who identifies as a lesbian.
- Transgender women (male-to-female) statistically have a higher risk for HIV and STDs. This maybe because some transgender women become involved in sex work as a means of survival, and/or use drugs as a way to cope in a world that rejects them. [Sexual Risk Assessment](#), located in Section I, includes questions about substance use and exchanging sex for money or drugs.

Resources for Further Learning

WEBSITES WITH LGBT RESOURCES

The National LGBT Health Education Center

www.lgbthealtheducation.org

Human Rights Campaign Healthcare Equality Index www.hrc.org/hei

Center of Excellence for Transgender Health www.transhealth.ucsf.edu

CDC-Lesbian Gay Bisexual and Transgender Health www.cdc.gov/lgbthealth

GLMA: Resources for Providers and Patients www.glma.org

Fenway Health's Transgender Health Program and Resource Links www.fenwayhealth.org/transgender

World Professional Association for Transgender Health www.wpath.org

TEXTBOOKS AND REPORTS

The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health. American College of Physicians, 2008. (new edition forthcoming in 2015)

The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual and Transgender Populations. Springer, 2006.

The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Institute of Medicine, March 31, 2011.

www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People

Reaching Out to Other Special Populations: Providing Services to Gay, Lesbian, Bisexual and Transgender Patients. NACHC. Special Population Series' Information Bulletin #11. <http://www.nachc.com/client/LGBTInformationBulletinAugust20072.pdf>



Section III. Getting it Done: Recommendations and Tools for Implementing Routine Sexual Histories in your Health Center

Before launching routine sexual history taking within primary care, there are steps your organization can take to facilitate successful implementation. These steps take an organization-wide approach and involve all staff.

IN THIS SECTION:

- Getting Started 23
- Staff Roles and Responsibilities 23
- Creating a Safe Space for Patients to Talk about Sex, Sexual Orientation, and Gender Identity 24
- Effective Communication Strategies When Taking a Sexual History 28
- Coding Related to Sexual History and Screening 30
- Sample Risk Assessment Forms in an Electronic Medical Record 31
- Resources for Further Learning 34

Getting Started

- Build routine sexual history taking into your organization’s strategic planning process and Quality Improvement plans.
- Choose a “champion.” A champion is a respected staff member (or two) who can lead the practice in strategic direction, implementation, and operations of sexual health histories. They will be the one(s) who help create “buy in” and make sure tasks are completed.
- Health center leadership should gather all staff together to 1) demonstrate their commitment to routine sexual history taking; 2) present the need and importance of sexual history information; and 3) explain the systems that will be implemented for routine sexual history taking. A PowerPoint presentation has been developed for this kind of all-staff training and is available online at www.lgbthealtheducation.org/?attachment_id=3150 and www.nachc.org/client//SexualHealthAllStaff0513.pptx. This training can also be included in new-employee orientations.
- Create a reminder system to take sexual histories. Some electronic health record software allows you to do this.
- Develop ways to track and measure how often providers are taking histories; track for increases in detection of STDs, HIV, and viral hepatitis.
- Develop a system for providers to do sexual history peer reviews with each other.
- Develop partnerships with organizations that can help you develop and implement sexual histories, as well as provide resources and referrals. Consider inviting partners to your all-staff orientation.

Staff Roles and Responsibilities

- Leadership: Build routine sexual histories into the strategic planning process and staff education program; foster a culture of acceptance and respect for all sexual behaviors and identities.
- Medical staff: Take and document regular histories; peer review of sexual history taking; appropriately communicate medically necessary information with the clinical care team.
- Front Desk and Patient Services: Practice sensitive and confidential collection of forms and communication with patients; master data collection systems .
- Administrative staff: Revise intake and history forms; develop, plan, and assign staff person to develop metrics and track data for measuring progress; ensure that outreach materials, brochures, and other materials include images and information that reflect people who are LGBT.

- IT: Develop confidential systems that include sexual history, sexual orientation, and gender identity data in electronic records; train staff in systems.
- Human Resources: Create and implement health center policies that support non-discrimination and confidentiality around sexual behaviors and identity; integrate sexual history and LGBT cultural competency training into new employee orientations and annual trainings.
- Finance: Work with medical staff to ensure cost-effective coding and reimbursement for sexual history screenings (ICD-9 codes and a list of additional resources appear later in this Section).
- All: Become familiar with confidentiality requirements, policies protecting patient privacy, and policies regarding discrimination; take trainings that teach about LGBT cultural competency.

Creating a Safe Space for Patients to Talk about Sex, Sexual Orientation, and Gender Identity

All patients want to feel safe, included, and welcome during a health care visit. When talking about sexual matters, the need for patients to feel secure and supported is especially important. This section provides suggestions for changes you can make at your health center that will create a welcoming and comfortable space for all patients.

Talking about sexual behavior can be especially difficult for people who have same-sex partners or who identify as gay, lesbian, bisexual or transgender (LGBT). There has been a long history of stigma and discrimination against LGBT people in the health care world and in society in general. Not surprisingly, many LGBT people do not reveal their sexual orientation and behaviors to their health care providers because they fear a negative reaction. But learning about the true identities, behaviors, and sexual orientations of patients is important to their health. Providers, and other members of the clinical care team, are in a position to help LGBT people find the supports they need. Furthermore, LGBT people are at higher risk of HIV and certain STDs and may need enhanced sexual screening and targeted counseling. Therefore, it is extremely important for health care organizations to create spaces that include and welcome people of all sexual orientations and gender identities.

There are a number of steps that organizations can take to let patients know that no matter what their sexual experiences are, all patients will be treated with respect and understanding. All aspects of the patient experience are to be considered, including front desk and waiting area interactions, intake forms, outreach materials, and provider verbal and nonverbal cues. These will set the stage for patients to feel safe discussing their complete sexual history.

INTAKE AND HISTORY FORMS

- Explain the confidentiality of the information on the forms and why certain questions are asked.

Sample wording for new patient intake form:

We'd like to welcome you as a new patient. Please take the time to fill out this form as accurately as possible so we can most appropriately address your health needs.

The confidentiality of your health information is protected in accordance with federal protections for the privacy of health information under the Health Insurance Portability and Accountability Act (HIPAA).

You will notice that we ask questions about race and ethnic background, sexual orientation, and gender identity. We do this so we can review the treatment that all patients receive and make sure everyone gets the highest quality of care.

- Include questions on sexual orientation and gender identity on new patient intake forms. Adding these fields is an early sign to your patients that you recognize that people have different sexual orientations and gender identities, and that this is important to their health.

Suggested questions for forms:

Do you think of yourself as:

- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Something else
- Don't know

What is your current gender identity? (Check and/or circle ALL that apply)

- Male
- Female
- Transgender Male/Transman/FTM
- Transgender Female/Transwoman/MTF
- Genderqueer
- Additional category (please specify): _____
- Decline to answer

What sex were you assigned at birth? (Check one)

- Male
- Female
- Decline to answer

What pronouns do you prefer? (e.g., he/him, she/her, ze, zie_____)

- Include a range of options for relationship status in new patient intake forms

Suggested question for forms:

What is your relationship status?

- Single
- Married
- Partnered
- Living Together
- Divorced

- Review all patient forms and eliminate any alienating or non-inclusive language.
- Normalize sexual history questions by making them part of the overall history (See more about this in [Section I](#)).

POLICIES

- Include sexual orientation and gender identity and expression in all of your non-discrimination policies for both patients and employees.
- Have a structure in place to deal with complaints regarding treatment of LGBT people.

REFERRALS AND RESOURCES

- Create a list of support groups, community organizations, specialists, and behavioral health referrals in your area that are welcoming to LGBT people. Distribute this to relevant staff.

PARTNERS AND OUTREACH

- Partner with LGBT organizations in your community to create LGBT programs, materials, or services.
- Include LGBT individuals on advisory or consumer governing boards.
- Create an LGBT task force for your organization.
- Advertise your services in LGBT media.

PHYSICAL SPACE

- In waiting rooms and exam rooms, display print materials that will let people of different sexual orientations and gender identities feel they are welcome and included.

Suggestions for print materials:

- Include images of same-sex couples in posters and brochures.
 - Display HIV testing and awareness posters, safe zone stickers, rainbow flags.
 - Display LGBT news magazines, partner agency literature.
- Prominently display office policies that prohibit discrimination based on sexual orientation and gender identity.
 - If possible, offer single stall unisex bathrooms (important for transgender patients).

TRAINING

- Arrange recurring LGBT cultural competency trainings for all health center staff.
- Provide a forum for staff to ask questions and report successes and challenges around cultural competency.

Effective Communication Strategies When Taking a Sexual History

For a customizable Word version of this section, visit

www.lgbthealtheducation.org/?attachment_id=3098 or

www.nachc.org/client/EffectiveCommunicationStrategies%200513.docx

Below are recommendations and information that can help you talk to patients in a sensitive, open, and non-judgmental manner.

- Avoid asking questions in a way that implies there is a right or wrong answer, such as: “You always use condoms, right?” or “You don’t have partners outside your marriage, do you?”
 - Instead, be specific about how behaviors can affect health.
- Avoid using judgmental terms like “wrong,” “bad,” “promiscuous,” or “sleep around” to describe behaviors.
- Even if you personally disagree with the behaviors of your patients, it is important to not let your beliefs interfere with providing the best care.
- Check your body language and facial expressions—you may be sending unintended messages. For example, are you shaking your head “no”? Are you wrinkling your nose? Are you maintaining eye contact?
- Be aware that there are a wide range of sexual behaviors, activities, and expressions. You might be surprised by some of your patients’ behaviors, but try to remain open and neutral.
- Avoid making assumptions based on appearance, age, relationship status, sexual orientation, gender and gender identity, and any other personal factors—our assumptions are often wrong. For example, contrary to typical assumptions:
 - Many elderly people are sexually active.
 - Some people in long-term relationships or marriages may not be monogamous. Individuals may have secret affairs. In addition, some couples have “open relationships”, i.e. agreements about having sex outside the main relationship.
- How a person identifies their sexuality (e.g., “I am gay, bisexual, lesbian, straight, queer”) does not always tell you who they have sex with or who they are attracted to. Examples:
 - Some people who have same-sex partners refer to themselves as heterosexual.
 - In some cultures, “gay” means effeminate (acting like women). Therefore, a “masculine” man who has sex with men may not think of himself as gay or homosexual.

- Some people who identify as lesbian/gay have a recent history of sex with opposite sex partners.
 - Some people who identify as bisexual may only have relationships with men (or only with women) but feel desire towards the other sex.
 - Some people do not like to use labels to describe their sexual orientation or gender identity.
- Remember that sexual orientation and behaviors often change over time.
 - Listen to the words your patients use to talk about themselves and their partners, and try to use the same words (if you feel comfortable using them). If you don't understand something they have said, ask them to explain.
 - If you do not yet know the gender of your patient's partners, use words that are gender neutral. Examples:
 - Instead of "Do you have a husband or boyfriend?" ask "Do you have a partner or spouse?" or "Are you currently in a relationship? What do you call your partner?"
 - If you slip up, apologize and ask the patient what words they prefer.

It may take time to feel completely comfortable communicating with patients about their sexual health, identities, and behaviors. In particular, you may want to take some time to think about how you might respond if you learn a patient has same-sex partners or identifies as LGB or T. Do you carry any stereotypes? Negative feelings? Try to be honest about your feelings and reactions. Remember that you do not need to know everything or have all the answers. Patients will appreciate and trust providers and other clinical care team members who are willing to listen to their patients and who show respect, empathy, and curiosity⁶ (curiosity, however, should be limited to questions that are relevant to the patient's health and general well-being).

6 Carrillo, J., Green, A., Betancourt, J. "Cross-Cultural Primary Care: A Patient-Based Approach." *Annals of Internal Medicine*. 130 (1999): 829-834.

Coding Related to Sexual History and Screening

Your organization will want to ensure proper coding for different types of visits related to sexual histories and complaints as part of your overall business strategy. The following ICD-9 Diagnosis Codes are offered as examples. You will find detailed explanations for coding in [Resources for Further Learning](#) at the end of this Section.

EXAMPLES OF ICD-9 DIAGNOSIS CODES RELEVANT TO SEXUAL HISTORY

- V 70.0 Routine general medical examination at healthcare facility
- V73.89 Special screening other specified viral diseases
- V74.5 Screening examination for venereal disease
- Vo1.2 Contact with or exposure to venereal diseases
- V69.2 High risk sexual behavior
- Vo5.3 Need for prophylactic vaccination and inoculation against single disease: viral hepatitis
- V65.44 HIV Counseling
- V65.45 Counseling on other sexually transmitted diseases
- V65.42 Counseling on substance use and abuse
- 67.59 STD follow-up exam
- Vo8 Asymptomatic HIV infection status
- o42 HIV disease

Sample Risk Assessment Forms in an Electronic Medical Record (from Fenway Health)

STD Risks: Kermit Frog

Risk Assessment **Sexual Exposure** STD History

Sexual Exposure

Have you ever had sex with a man? yes no

Have you ever had sex with a woman? yes no

Have you ever had oral sex? yes no

Have you ever had vaginal sex? yes no

Have you ever had anal sex? yes no

Was the anal sex insertive? yes no

Was the anal sex receptive? yes no

Have you ever had sex in another country? yes no

Have you ever received/given money for drugs or sex? yes no

Have you ever used drugs before or during sex? yes no

Have you ever been in prison? yes no

Have you ever had sex with someone who has been in jail? yes no

Comments:

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STD Risks: Kermit Frog

Risk Assessment Sexual Exposure **STD History**

STD History

Contact to an STD?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
A HIV test?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Gonorrhea?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Chlamydia?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
NGU or NSU?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Yeast vaginitis?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Trichomonas vaginitis?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Bacterial vaginosis?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Herpes or HSV?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Syphilis?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Genital Warts or HPV?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Crabs or scabies?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Folliculitis?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Tinea?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Molluscum Contagiosum?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Chancroid?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
LGV?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>
Any other STD?	<input type="radio"/> yes	<input type="radio"/> no	Date:	<input type="text"/>

Comments:

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STD Risks: Kermit Frog

Risk Assessment | Sexual Exposure | STD History

Drug History

Patient denies current drug use.

Substance

- Tobacco
- Alcohol
- Cocaine
- Heroin
- Marijuana
- Sedatives
- Narcotics

Year started:

Behavior

Last use:

cigarettes Amt: packs/day

cigars Amt: # per week

smokeless/chewing Amt: per day

Counseled to quit/cut down: yes no

Prev Form (Ctrl+PgUp) **Next Form (Ctrl+PgDn)** **Close**

STD Risks: Kermit Frog

STD History | **GYN/Birth Control Methods** | LOCAL CODES

Menstrual History

Age at Menarche: Date of LMP: Interval Between Periods:

Menstrual Period Duration: Menstrual Period: regular irregular

Menses: Heavy Medium Light # of Pads per day:

Bleeding between periods: Yes No Pain between periods: Yes No

Bleeding/Pain Character:

Pain Duration: minutes hours days

Contraceptive Method *Before (New Patients)

- Abstinence
- Contraceptive Sponge
- Diaphragm/Cervical Cap
- Female Condom
- Female Sterilization
- Fertility Awareness
- Hormonal Implant
- Hormonal Inject - 1 Month
- Hormonal Inject - 3 Month
- Hormonal Patch
- IUD
- Male Condom
- Oral Contraceptive
- Spermicide
- Vaginal Ring
- Vasectomy
- Other Method
- Method Unknown
- No Method

Contraceptive Method Primary Method After

- Abstinence
- Contraceptive Sponge
- Diaphragm/Cervical Cap
- Female Condom
- Female Sterilization
- Fertility Awareness
- Hormonal Implant
- Hormonal Inject - 1 Month
- Hormonal Inject - 3 Month
- Hormonal Patch
- IUD
- Male Condom
- Oral Contraceptive
- Spermicide
- Vaginal Ring
- Vasectomy
- Other Method
- Method Unknown
- No Method

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Social and Exposure Mx

Daily Activities

Behavioral Questions MSM Only

In the last 30 days...

1. How many male sex partners did the patient have?
2. Did he have oral insertive sex? Yes No Doesn't Recall Didn't ask
3. Did he have oral receptive sex? Yes No Doesn't Recall Didn't ask
4. Did he have anal insertive sex? Yes No Doesn't Recall Didn't ask
5. Did he have anal receptive sex? Yes No Doesn't Recall Didn't ask
6. Did he have an unprotected anal sex with an HIV+ partner? Yes No Doesn't Recall Didn't ask

In the last 30 days...

7. Did the patient use any recreational drugs before or during sex? Yes No Doesn't Recall Didn't ask
- 7a. If yes, which did he use? (Check all that apply)
- | | | |
|--|--|--|
| <input type="checkbox"/> Crystal Meth (Tina) | <input type="checkbox"/> Viagra/Cialis/Levitra | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Ecstasy (x,E) | <input type="checkbox"/> Cocaine or crack | <input type="checkbox"/> PCP, K or LSD |
| <input type="checkbox"/> Poppers | <input type="checkbox"/> GHB (Liquid Ecstasy) | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> OxyContin | <input type="checkbox"/> Testosterone/Steroids | |
- 7b. Was the patient ever drunk while having sex? Yes No Doesn't Recall Didn't ask
8. Did the patient meet sex partners through any of the following venues? (Check all that apply) Didn't Ask
- Internet
 - Bath house or sex club
 - Cruising area
 - Bar or Club
 - Other

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Next Form (Ctrl+PgDn)

Close

Resources for Further Learning

MATERIALS AND TOOLS FOR CREATING A WELCOMING ENVIRONMENT

The National LGBT Health Education Center www.lgbthealtheducation.org

GLBT Health Access Project www.glbthealth.org/HAPMaterials.htm

The Joint Commission's Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community.

www.jointcommission.org/lgbt

CODING

AMA, CDC, and American Academy of HIV Medicine: Coding Guidelines for Routine HIV Testing in Health Care Settings. www.aahivm.org/codingguide

AMA: Coding Guidelines for Vaccine Preventable Hepatitis: High Risk Populations, Including Men Who Have Sex With Men. www.cdc.gov/hepatitis/Populations/PDFs/04-0103_trifold_sprd1.pdf

AMA, National Network of STD HIV Prevention and Training Centers, HIV Medicine Association: Coding for Nucleic Acid Amplification Testing To Diagnose Nongenital Infections with Gonorrhea and Chlamydia. www.nycptc.org/x/gonococcal-brochure_coding.pdf



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