

**Reproductive and Sexual Health**

# **Webinar – Promoting Sexual Health**

**(2 April 2014)**



**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

[WWW.NMCPHC.MED.NAVY.MIL/HEALTHY\\_LIVING/](http://WWW.NMCPHC.MED.NAVY.MIL/HEALTHY_LIVING/)



**Michael R. (Bob) MacDonald, MS, CHES**

Navy and Marine Corps Public Health Center  
Sexual Health and Responsibility Program (SHARP)  
620 John Paul Jones Circle, Suite 1100  
Portsmouth VA 23708  
voice: (757) 953-0974 [DSN 377]



**Navy - HN Derek Galvao**  
Preventive Medicine Technician  
NEPMU 2 Norfolk  
COM: 757-953-6580  
DSN: 377-6600



**USMC – Mrs. Heather Williams, BS**  
Health Educator  
MCCS-Semper Fit  
MCB Camp Pendleton, CA  
760-763-0419

# Webinar Courtesy

- Good Morning and thank you for joining us!
- To listen to the presentation, use the dial in: (877) 885- 1087 Code: 704 516 0523#
- We ask that all participants please mute your phone lines either by pressing \*6 or the mute button on your phone.
- Please do not put your phone on hold at any point during the call.
- The slides and audio will be archived on the NMCPHC webpage at: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>



**The views expressed in this briefing are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government**



# Objectives

- Describe the impact of sexually transmitted infections, including HIV, and unplanned pregnancies on military populations
- Identify indicators of sexual health behavior in populations and indicators of supportive policies and practices in communities
- List key components of a sexual health promotion campaign
- List sources of sexual health education materials and training and learn from Navy and Marine Corps educators about their sexual health promotion strategies and experiences



# Overview

- Requirements for sexual health promotion
- Sexual Health Data
- Key Components of a Sexual Health Campaign
- Resources
- Ideas from the Field

# Requirements

- DoDI 1010.10, Health Promotion
- **Achieve national objectives for prevention of STDs, HIV and family planning**
- “SECNAVINST 5300.30E, HIV, HBV, HCV, (Aug 2012):
- **“Aggressive disease surveillance, health promotion and education programs for Naval personnel will be used to mitigate the impact of HIV infection in DoN.”**
- **“Commanders will provide HIV prevention training in command Health Promotion Program”**
- SECNAV 1000.10A, DoN Policy on Parenthood and Pregnancy (9 Sep 05). “Appropriate and thorough information on family planning and paternal responsibilities will be made available to our servicemen and servicewomen throughout our training establishment and at the unit level.”
- OPNAV 6100.2A, Health and Wellness Promotion Program (15 Mar 07):
- **“It is Navy policy to provide education which increases responsible sexual behavior...”**
- **Sexual Health is a “required element” of the Navy Health and Wellness promotion Program.**
- BUMEDINST 6222.12C, STD:
- **“Health promotion and preventive medicine will provide information, education and behavior change programs to all Naval personnel...”**
- MCO P1700.29, SEMPER FIT Centers shall provide:
- **Educational and info programs for all Marines re: STIs, HIV and unplanned pregnancy**

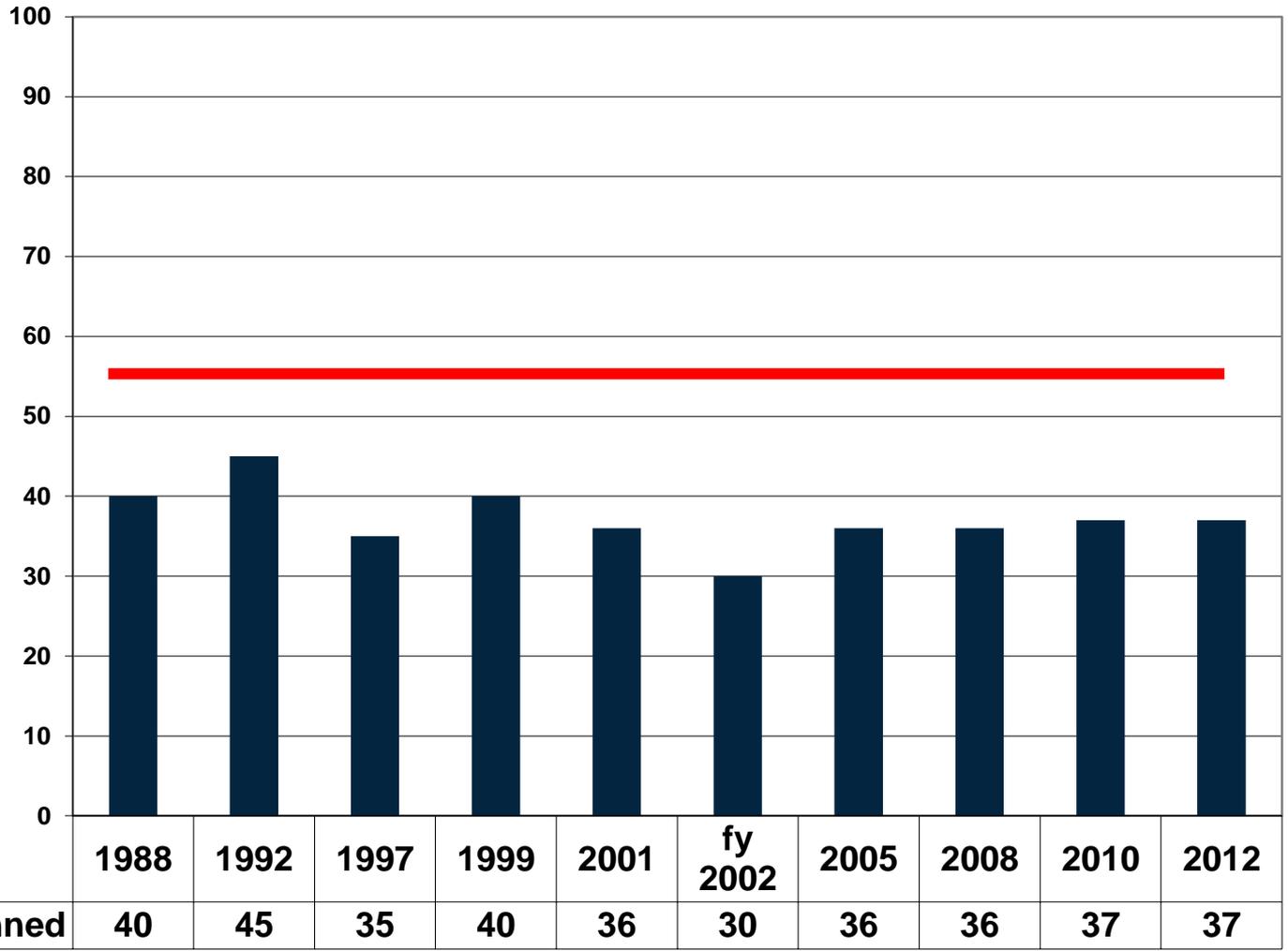




# Percent who said "My Last Pregnancy While in the Navy was Planned" Among Navy Enlisted Women

(Navy Pregnancy and Parenting Surveys: NPRDC 1996, 1998; and NPRST 2001, 2002, 2004, 2006, 2008, 2010, 2012)

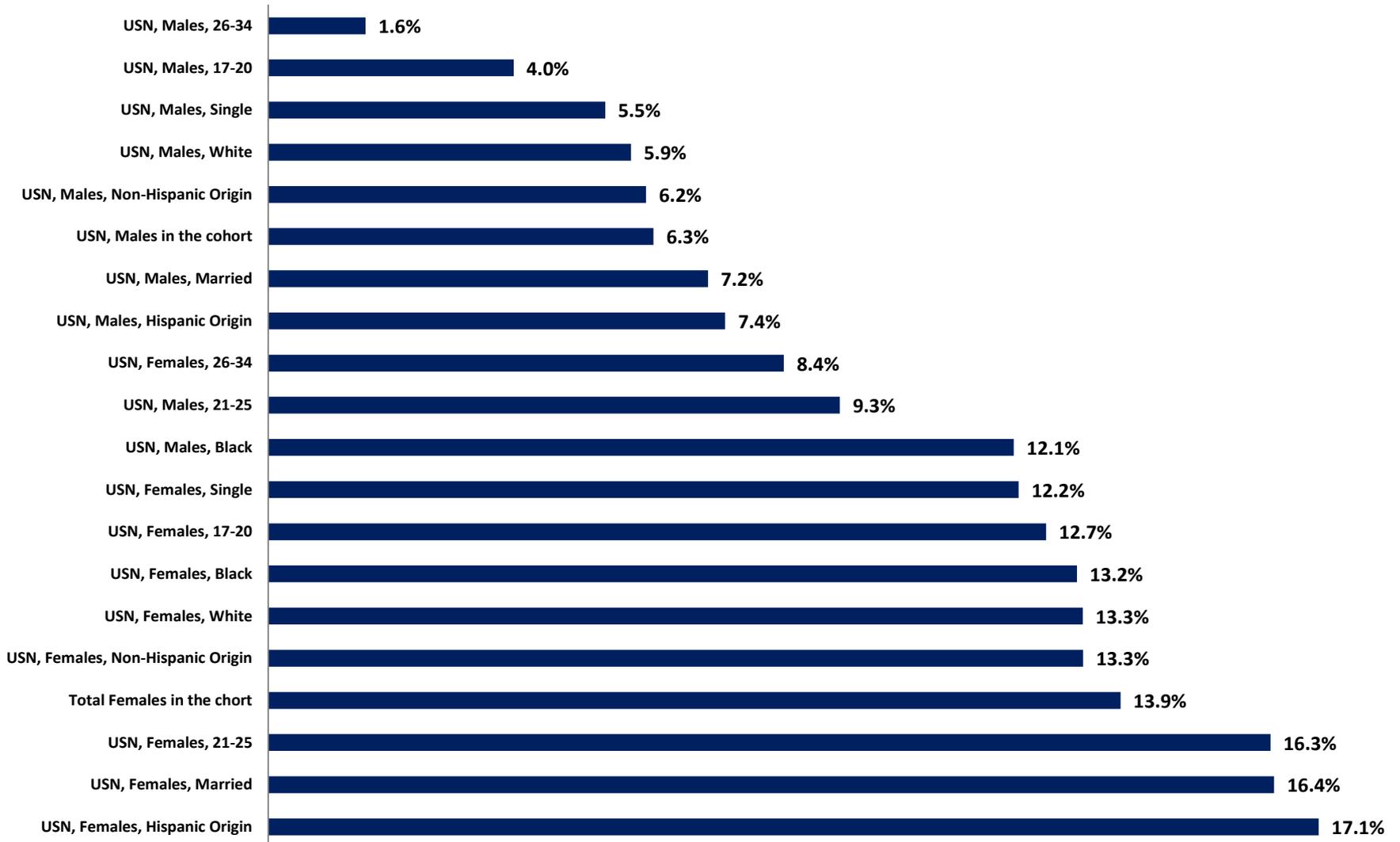
HP 2020 objective:  
not less than 56%  
planned





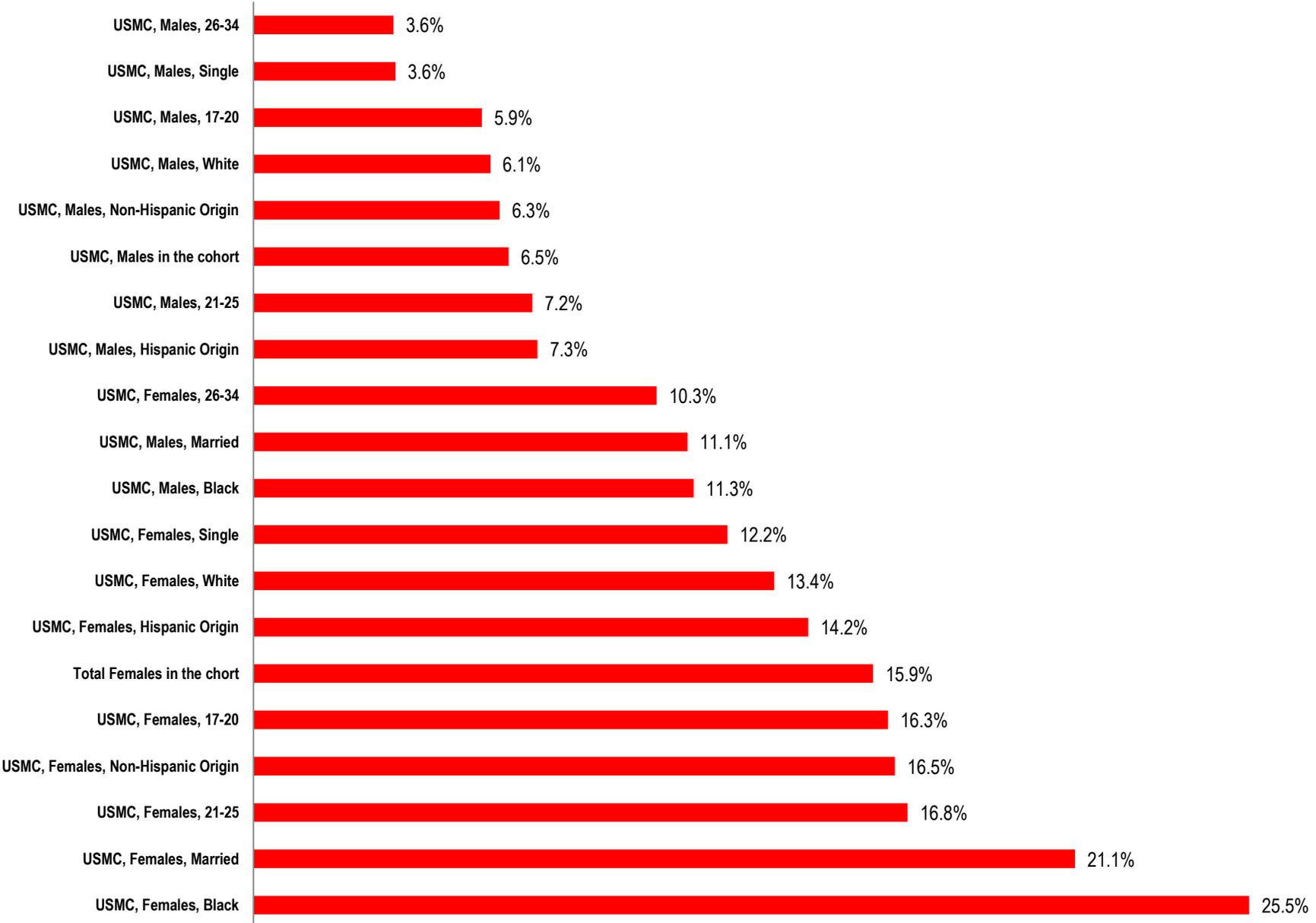
## Experienced Unplanned Pregnancy in Previous 12 months, Enlisted Members, Navy, 2011

Data Source: 2011 DoD Survey of Health Related Behaviors

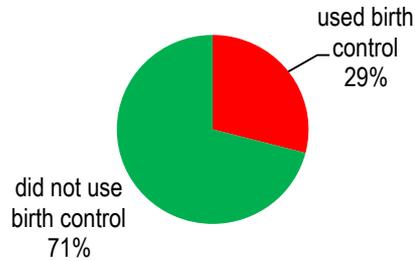


# Experienced Unplanned Pregnancy in Previous 12 months, Enlisted Members, Marine Corps, 2011

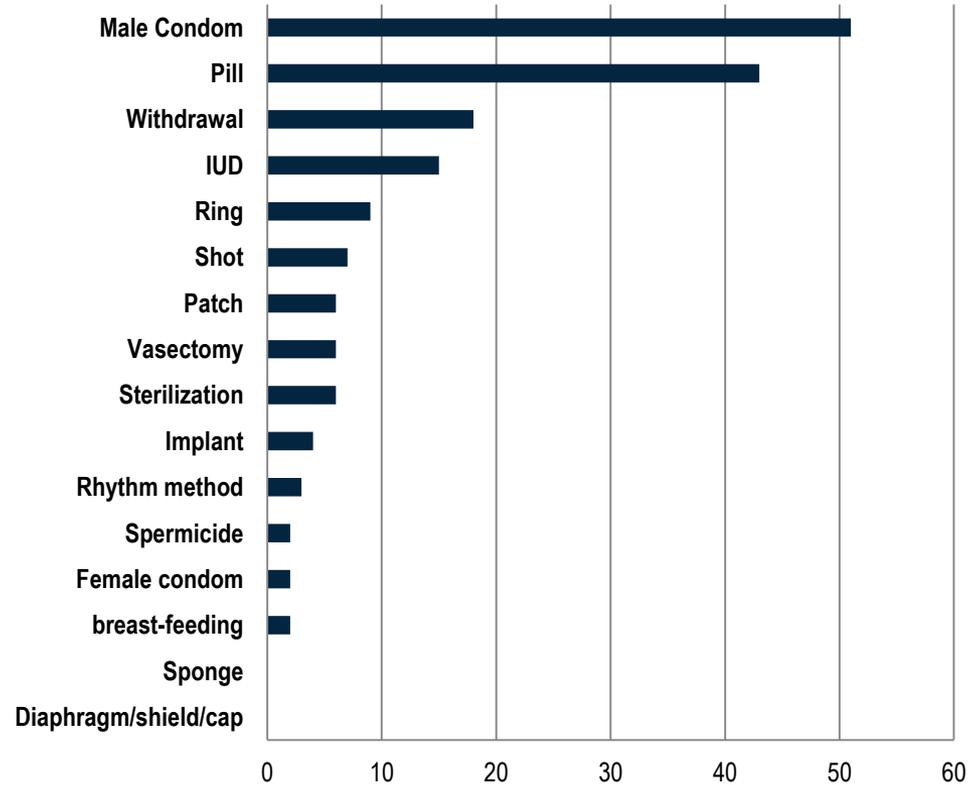
Source: 2011 DoD Survey of Health Related Behaviors



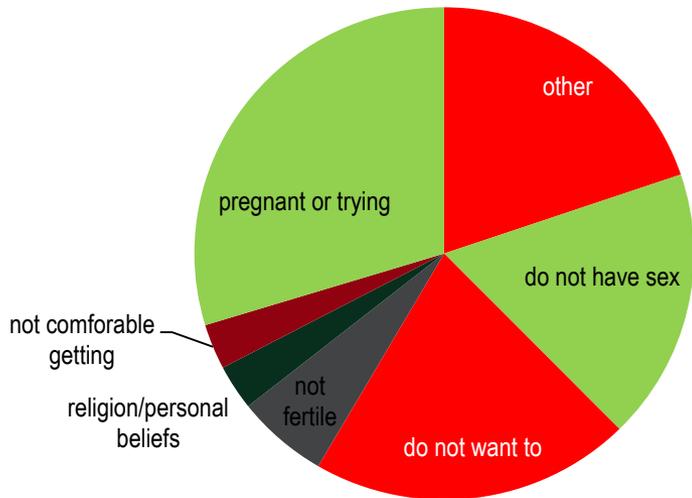
**Navy Enlisted Women Had UPP While Using B/C;  
2012**



**Failed Birth Control Methods (had  
unplanned pregnancy)  
Navy Enlisted Women; 2010**



**Reason no B/C; Navy Enlisted Women; 2012; among all  
non-users**



	Diap hrag m/sh ield/ cap	Spo nge	brea st- feed ing	Fem ale cond om	Sper mici de	Rhyt hm meth od	Impl ant	Steri lizati on	Vas ecto my	Patc h	Shot	Ring	IUD	With draw al	Pill	Male Con dom
Series1	0	0	2	2	2	3	4	6	6	6	7	9	15	18	43	51



# “Typical” Contraception Effectiveness Rates

Extremely  
effective

---

Prevents  
pregnancy  
>99% of the  
time

---

Male/Female  
Sterilization  
IUD/IUS  
Implants

Very  
effective

---

Prevents  
pregnancy  
~91-99% of  
the time

---

Pills  
Injectables  
Patch  
Ring

Moderately  
effective

---

Prevents  
pregnancy  
~81-90% of  
the time

---

Male/Female  
Condom  
Sponge  
Diaphragm

Effective

---

Prevents  
pregnancy  
up to 80% of  
the time

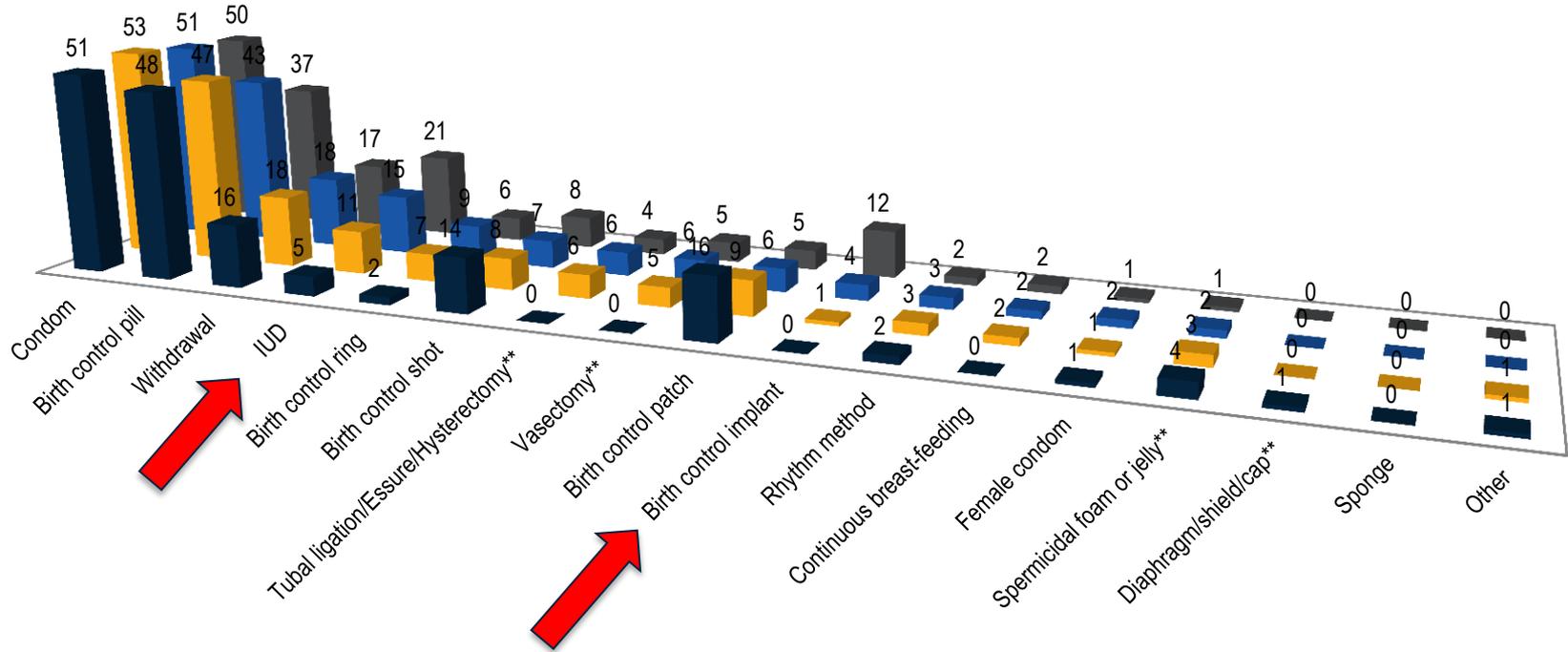
---

Fertility  
awareness  
Cervical cap  
Spermicide



# Contraception Use - Navy Enlisted Women: 2005-2012

■ 2005 ■ 2008 ■ 2010 ■ 2012



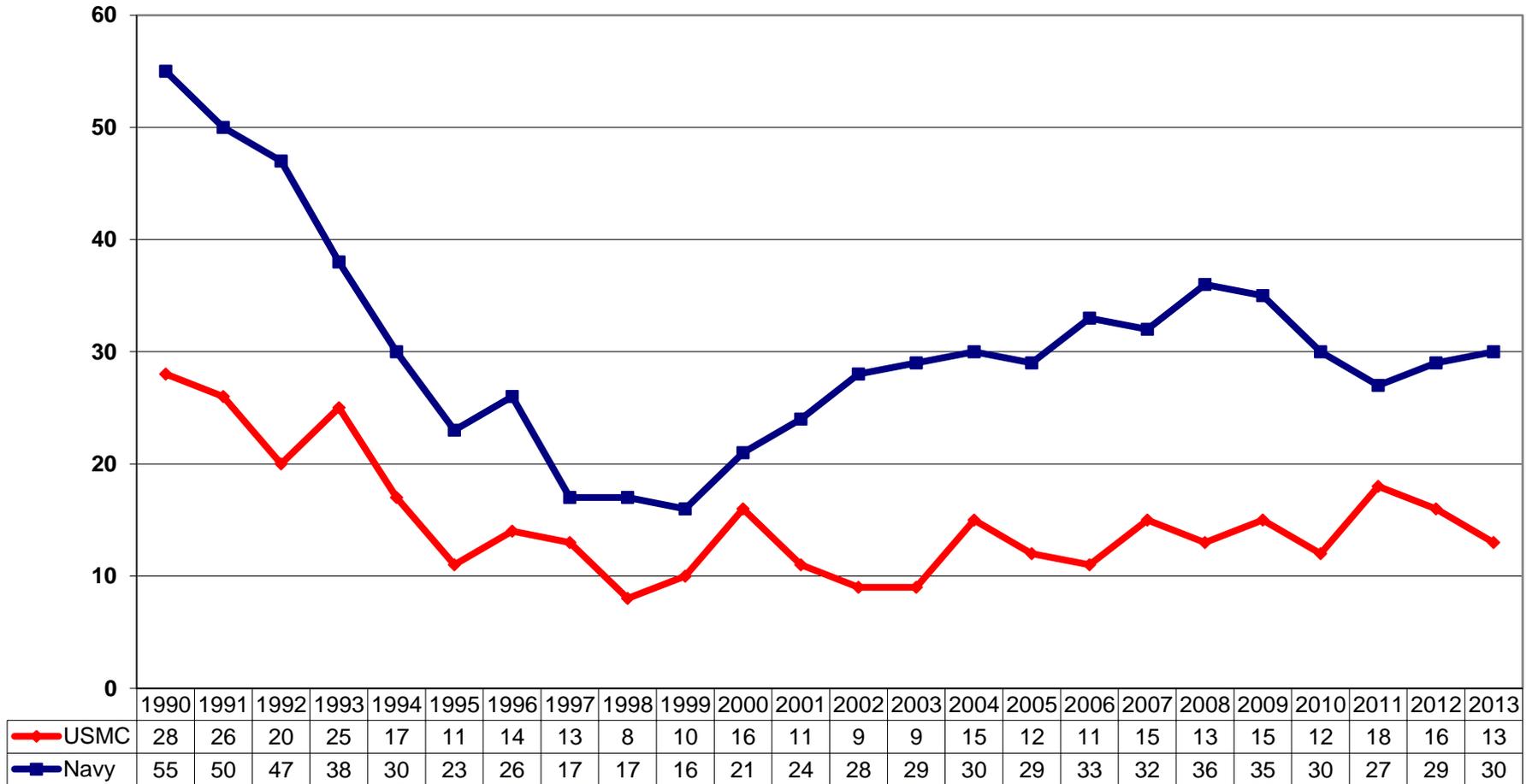
	Condom	Birth control pill	Withdrawal	IUD	Birth control ring	Birth control shot	Tubal ligation/Essure/Hysterectomy**	Vasectomy**	Birth control patch	Birth control implant	Rhythm method	Continuous breast-feeding	Female condom	Spermicidal foam or jelly**	Diaphragm/shield/cap**	Sponge	Other
2005	51	48	16	5	2	14	0	0	16	0	2	0	1	4	1	0	1
2008	53	47	18	11	7	8	6	5	9	1	3	2	1	3	0	0	1
2010	51	43	18	15	9	7	6	6	6	4	3	2	2	2	0	0	0
2012	50	37	17	21	6	8	4	5	5	12	2	2	1	1	0	0	0



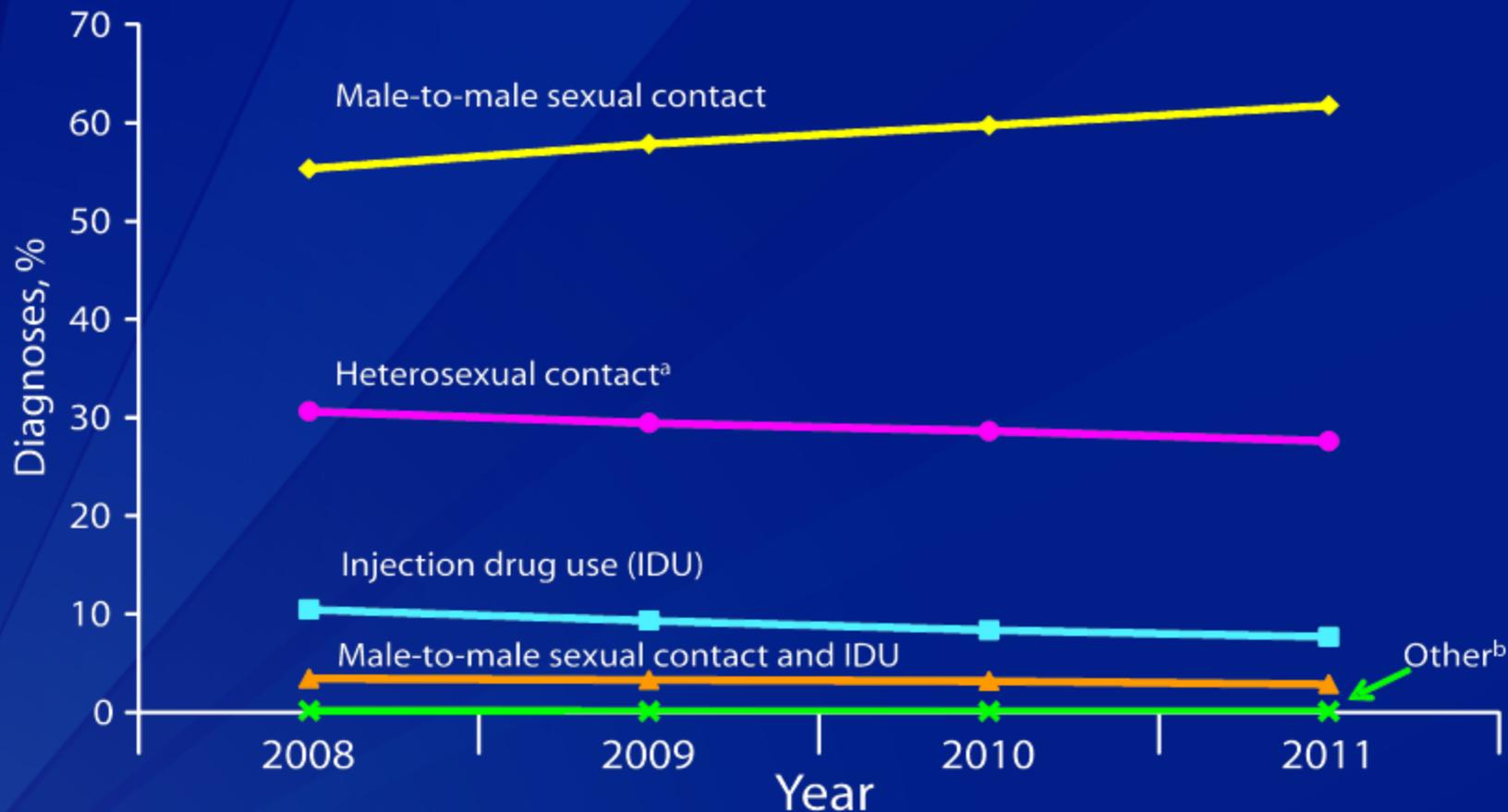
# About LARC...

	Non-contraceptive benefits	Side effects	Complications (Rare)
Copper <i>UD</i> - <i>Paragard</i>	<ul style="list-style-type: none"> <li>-Lactation not disturbed</li> <li>-Reduced risk of ectopic pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>-Increased menstrual flow, blood loss and cramping</li> </ul>	<ul style="list-style-type: none"> <li>-PID following insertion</li> <li>-Uterine perforation</li> <li>- Bleeding with expulsion</li> </ul>
Hormonal IUS - Mirena	<ul style="list-style-type: none"> <li>-Lactation not disturbed</li> <li>-Reduced risk of ectopic pregnancy</li> <li>-Decreased cramping and pain</li> <li>-Treats bleeding from dysfunctional uterine bleeding, menorrhagia &amp; fibroids</li> </ul>	<ul style="list-style-type: none"> <li>-Increased irregular bleeding</li> <li>-Increased amenorrhea</li> <li>-Decreased menstrual flow</li> </ul>	<ul style="list-style-type: none"> <li>-PID following insertion</li> <li>-Uterine perforation</li> <li>- Bleeding with expulsion</li> </ul>
Hormonal Implant - Nexplanon	<ul style="list-style-type: none"> <li>-Lactation not disturbed</li> <li>-Less blood loss per cycle</li> <li>-Reduced risk of ectopic pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>-Menstrual changes</li> <li>-Mood changes</li> <li>-Weigh gain or loss</li> <li>-Headaches</li> <li>-Hair loss</li> </ul>	<ul style="list-style-type: none"> <li>-Infection at implant site</li> <li>-Reaction to local anesthesia</li> <li>-Complicated removal</li> <li>-Depression</li> </ul>

Navy and Marine Corps Public Health Center  
**HIV Seroconversion Rates per 100,000 Active Duty Sailors and Marines Tested**  
 source: Navy Bloodborne Infections Management Center, unpublished data



## Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2008–2011—United States and 6 Dependent Areas



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting.

<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

<sup>b</sup> Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

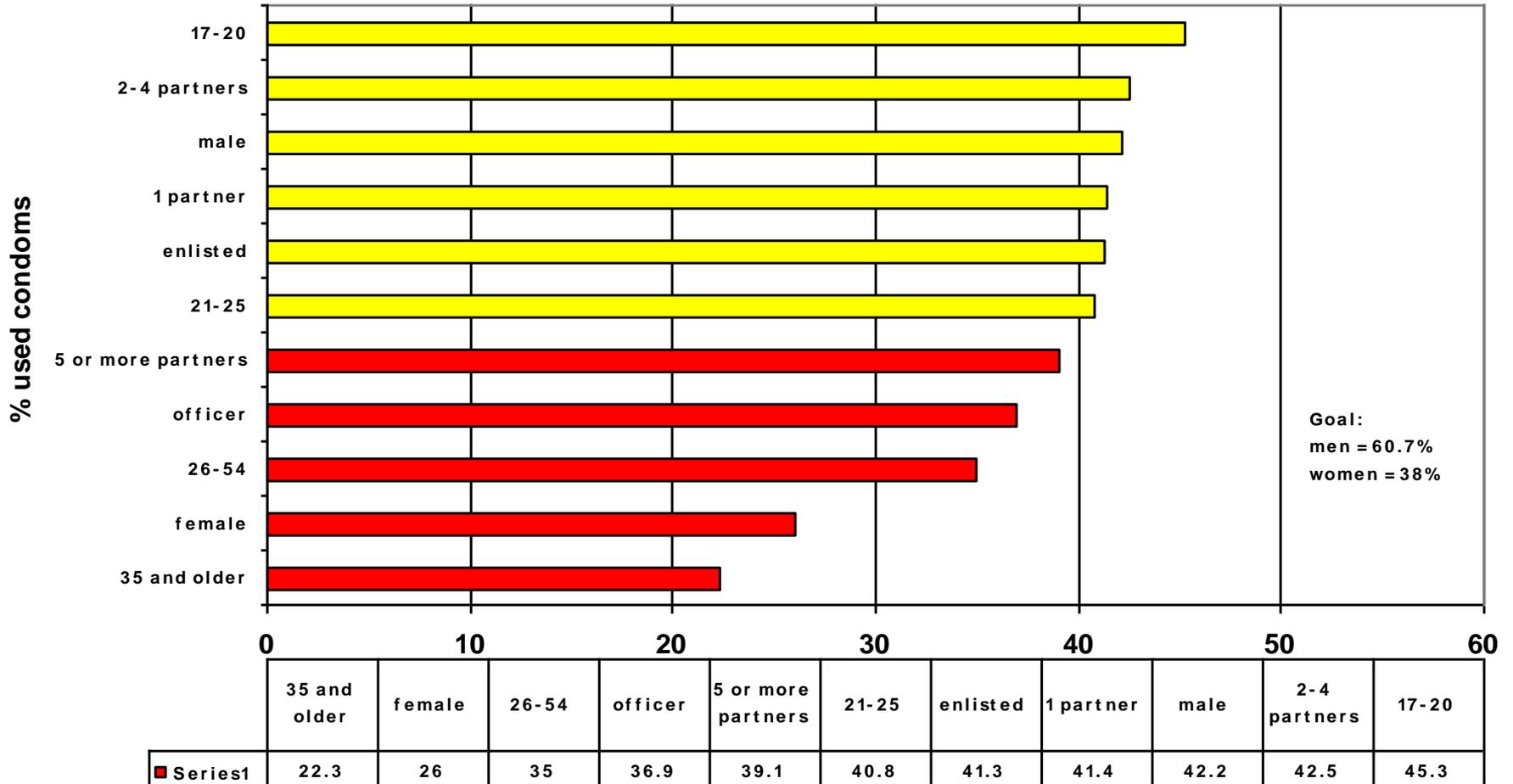
# HIV (DoN) - 2013

- HIV sero-conversion rates among **all sailors** increased from 29 to 30 per 100K
  - 71 total cases
  - 1 female
  - 3 officers
  - Sero-conversion **rates; enlisted male sailors**, per 100K tested:
    - Black MALE = 130
    - Hispanic MALE = 21
    - White MALE = 29
    - Other MALE = 40
- HIV sero-conversion rates among **all marines** decreased from 16 to 13 per 100K
  - 18 total cases
  - 1 female
  - 1 officer
- HIV Home Testing Kit (OraQuick) now FDA approved – may help more at-risk people learn about their infection sooner. Confirmatory test needed.



Navy and Marine Corps Public Health Center  
**Condom Use at Last Sexual Encounter by Unmarried MARINES, 2008**

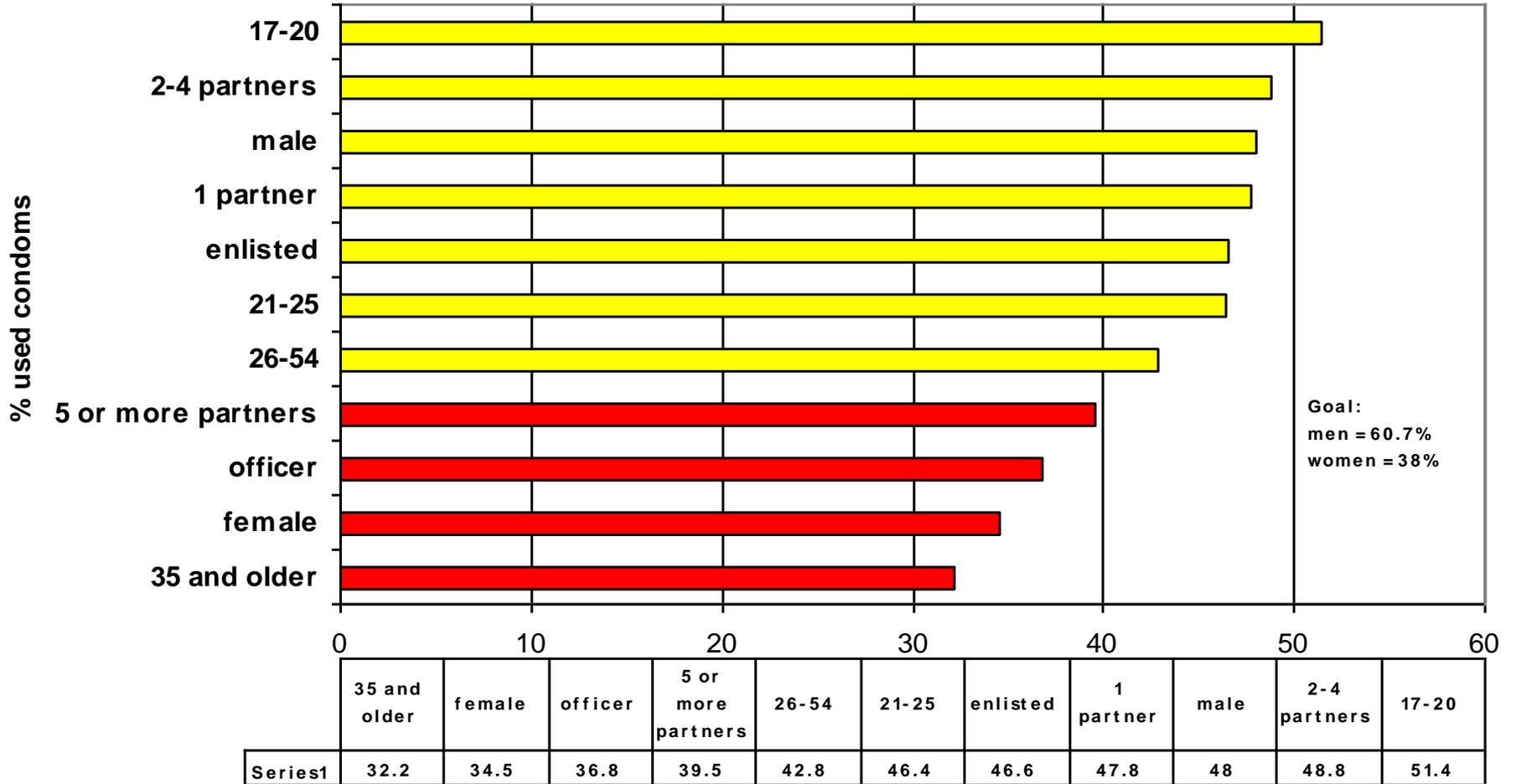
Source: Bray et al (2008) DoD Survey of Health Related Behaviors, 2008



Navy and Marine Corps Public Health Center

**Condom Use at Last Sexual Encounter by Unmarried Active Duty SAILORS, 2008**

Source: Bray et al (2008). DoD Survey of Health Related Behavior Among Military Personnel



# Key Components of a Sexual Health Promotion Campaign

- Form a core team
- Define the problem
  - (global data / local data)
- Draft a few key outcome objectives and metrics
- Expand the team
- Get buy-in
- Select / test materials and strategies
- Communicate your plan
- Launch your plan
- Respond positively to “concerns” (more in a moment...)
- Evaluate effectiveness and revise your strategy
  - (with local data)



# Resources

- SHARPFact fact sheets

 **NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

FACT SHEET FOR CLINICIANS – 12 JULY 2012

## LONG ACTING REVERSIBLE CONTRACEPTIVES (LARC)

**What is Long-Acting Reversible Contraception (LARC)?**  
LARCs available in the U.S. include contraceptive implants and intrauterine contraceptives.

In general, LARCs are:

- extremely effective in preventing pregnancy (>99% effective)
- low maintenance for clinicians and users
- discreet
- provide continuous contraception for 3-12 years
- safe for most women, including teens and HIV positive women
- safe for women who have had a cesarean section, STIs, PID, ectopic pregnancy and for non-monogamous women
- well tolerated by adolescents and most nulliparas
- enjoy very high user satisfaction
- enjoy very high user continuation rates
- cost-saving when compared to oral contraceptive pills
- enjoy easy placement and removal by an insertion-certified clinician
- enable rapid return to fertility after removal

**Copper T 380A (TCu380A) (Paragard)**  
First year pregnancy probability is 0.5 - 0.8%. First year user continuation rate is 85-90%. Use is associated with a reduction in risk for endometrial cancer. Effective up to 10 years after placement. Can be placed at any point in the menstrual cycle and immediately after delivery of the placenta. Chlamydia testing can be performed at the time of placement. Common but benign side effects include menstrual disturbances, cramping and pain, expulsion of the device, and Actinomyces-like organisms on Pap smear. Spontaneous expulsion rate in the first year is 2-10% (increased chance with nulliparity, age under 20, menorrhagia, or severe dysmenorrhea). Rare but serious health risks include infection, pregnancy complications, and uterine perforation (for skilled providers, rate is 1 per 1000 or less; perforation risk may be elevated during lactation). Absolute contraindications include current pregnancy, active pelvic infection, unexplained vaginal bleeding or severe uterine distortion. Use is NOT contraindicated by prior STI, PID, ectopic pregnancy or current non-monogamy. NO evidence suggests that the IUD should be removed for treatment of Chlamydia or gonorrhea. Most women, including nulliparas, experience rapid return to fertility after IUD removal. Litigation related to IUDs has virtually disappeared.



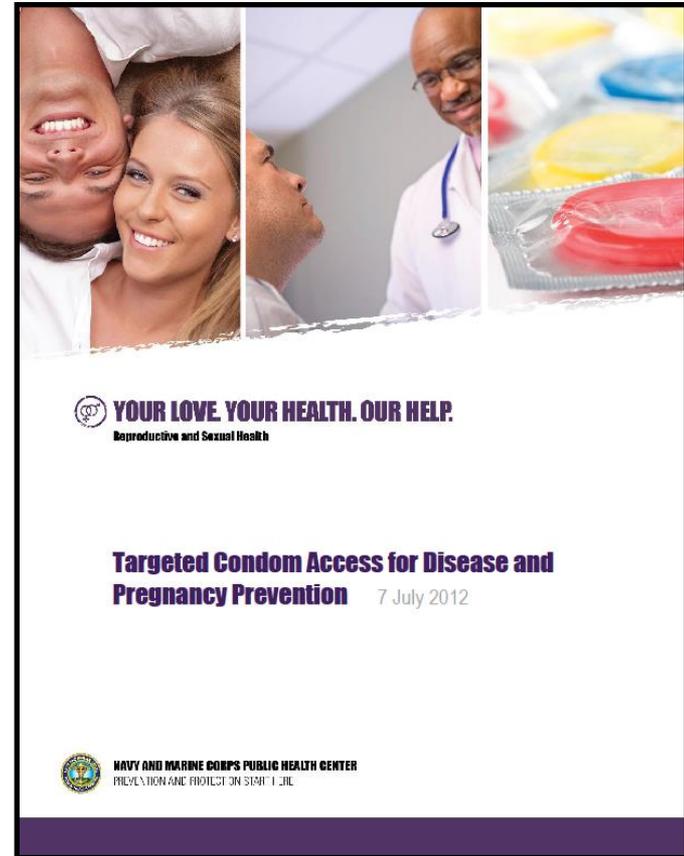
Image property of NMCPHC

**Levonorgestrel (LNg) IUC (Mirena)**  
First year pregnancy probability is 0.1 - 0.2%. First year user continuation rate is 85-90%. Use is associated with a reduction in risk for endometrial cancer. Effective up to 5 years after placement. Can be placed at any point in the menstrual cycle but should be delayed until 6-8 weeks post-partum. Chlamydia testing can be performed at the time of placement. Common but benign side effects, spontaneous expulsion rates, rare but serious health risks and absolute contraindications are the same as for Paragard. Unlike hormonal contraception containing estrogen, Mirena is NOT associated with an increased risk of venous thrombosis. Use is NOT contraindicated by prior STI, PID, ectopic pregnancy or current non-monogamy. NO evidence suggests that the IUD should be removed for treatment of Chlamydia or gonorrhea. Multiple noncontraceptive benefits. Most women, including nulliparas, experience rapid return to fertility after LNg IUC removal. Litigation related to IUDs has virtually disappeared.

 [www.nmcpnc.med.navy.mil/Health\\_Living/Sexual\\_Health.aspx](http://www.nmcpnc.med.navy.mil/Health_Living/Sexual_Health.aspx) 757-953-0974 sharp@nmcpnc.mar.med.navy.mil

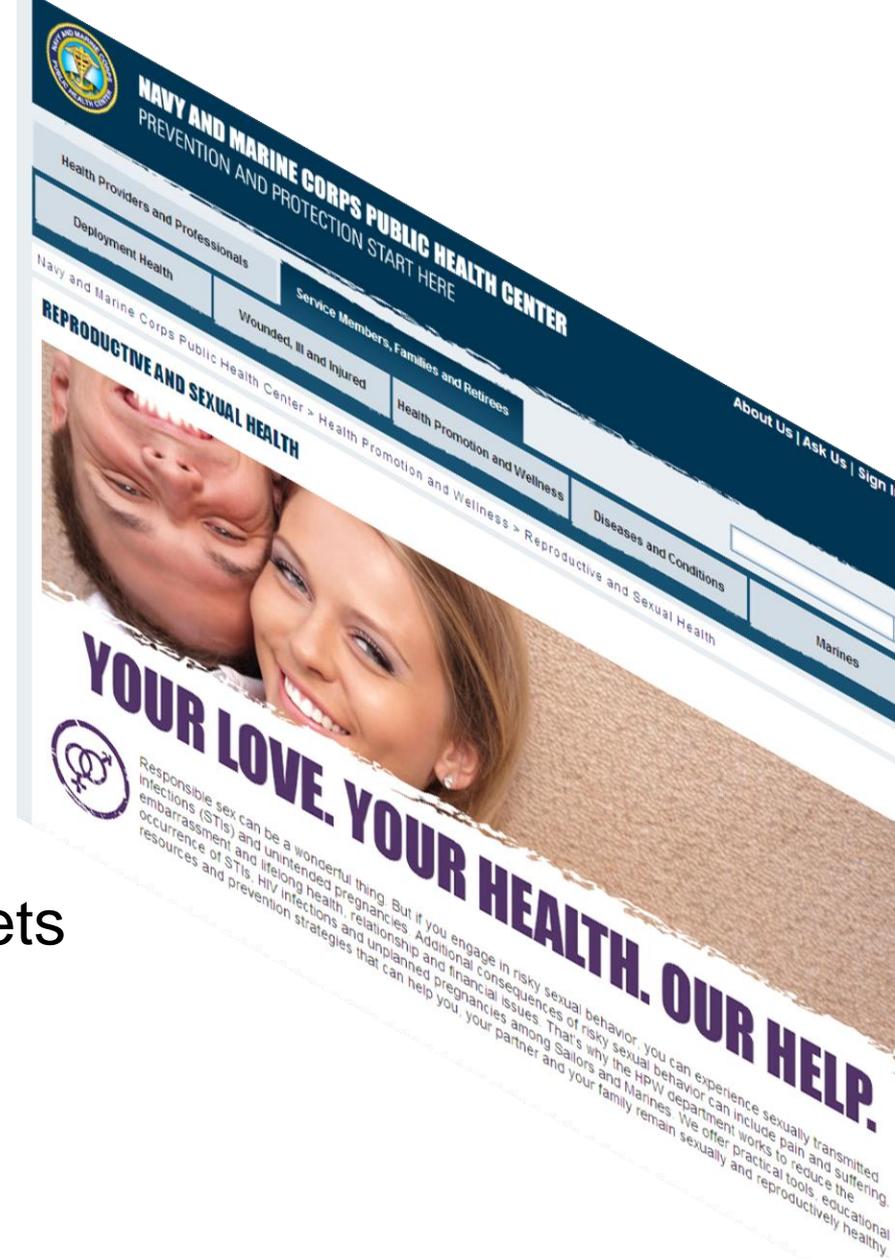
# Resources - Guidelines

- *Promoting Sexual Health* guide
- *Condom Access* guide



# Resources

- *SHARP*News newsletter
- SHARP website
- HP Toolbox website
  - Message for CO's
  - POD notes
  - Activities
  - Posters / videos / fact sheets
- SHARP Toolbox DVD



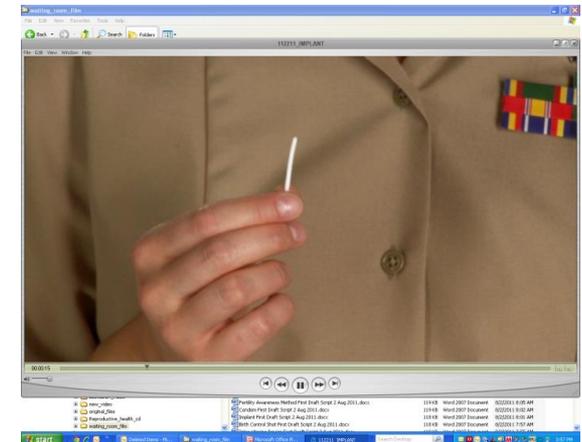
# Resources - Lectures

- For Ladies Only
- HIV in the Workplace
- HIV in the DoN
- Reproductive Health



# SHARP Resources - Films

- *RH: Pregnancy and Parenting: Think Ahead* (2013)
- *RH: Types of Contraception* (2012) (Best DoD Training Film for 2012)
- *Chart a Safe Course for Sexual Health* (2013)
- *Sexual Risk Assessment* (2013)
- *HIV-STI Prevention Counseling and Sexual Partner Referral* (2013)

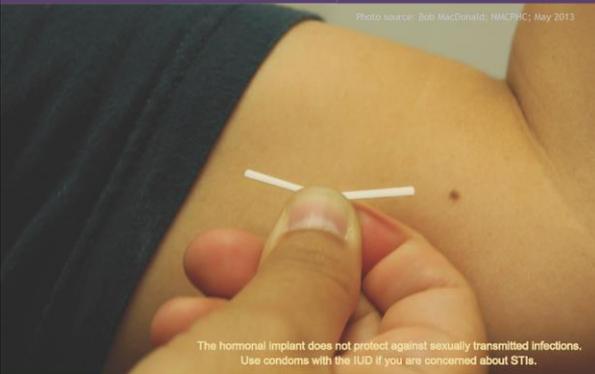


## This little thing?

Don't want to worry about remembering birth control? This forgettable contraceptive method is 99% reliable.

- >> Once placed under the skin of your arm by your doctor, there's nothing else you need for birth control.
- >> Lasts for up to 3 years.
- >> Have it removed, and you're ready for a baby.
- >> Most women have fewer, lighter periods.
- >> Irregular bleeding is the most common side effect.

Photo source: Bob Macdonald; NMCPHC; May 2013



The hormonal implant does not protect against sexually transmitted infections. Use condoms with the IUD if you are concerned about STIs.

Some birth control methods, like the hormonal implant, are much more reliable than others.

Learn more about your birth control options >



 **NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

June 2013



1 of 3  
female sailors  
who became pregnant  
while in the Navy...

...say their last pregnancy was  
planned.

Got a plan?

Photo via US Navy contract



...some birth control methods  
are much more reliable than others

Learn more  
about your birth control options

<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/larc.aspx>

\*Among surveyed enlisted female sailors. Navy Personnel Research, Studies, and Technology. 2012 Pregnancy and Parenthood Survey. September 2013. September 2013

 **NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

## Hormones or no Hormones? You Decide

- >> IUDs are very reliable as birth control - over 99%
- >> Quickly placed.
- >> Very Safe.
- >> Nothing to remember.
- >> Work for 3, 5 or 12 years.
- >> Quick removal and you're ready to have a baby.
- >> OK for women who have never had a baby and for those who have.

The IUD does not protect against sexually transmitted infections. Use condoms with the IUD if you are concerned about STIs.

Photo source: Bob Macdonald; NMCPHC; May 2013



Some birth control methods, like intrauterine devices (IUDs), are much more reliable than others.

Learn more about your birth control options >



 **NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

June 2013

# GOT YOUR VACCINATIONS? HPV

Most cervical cancer (70%) and genital warts (90%) are caused by 4 types of the Human Papillomavirus (HPV)



HPV vaccine can help protect you. Ask your Navy Doc.

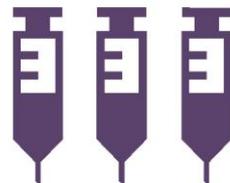
## 9-26



For men and women aged 9-26



Available now in Navy medical facilities



Be sure to get all 3 doses.  
Have you started?  
Have you finished?



Learn More

### After your vaccinations...

HPV vaccine does not protect against all HPV types and does not prevent other sexually transmitted infections (STIs).  
>> Women should continue getting screened for cervical cancer (regular Pap tests).  
>> Use condoms correctly and every time if you are concerned about other STIs.

June 2013



**NAVY AND MARINE CORPS  
PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

# Chlamydia ...did you know?

## Can harm you...

# #1

Most common bacterial sexually transmitted infection in the U.S., the Navy and the Marine Corps

Many young people have a silent infection but don't know it



5 to 11% of women aged 15-24 seen in U.S. family planning clinics tested positive in 2011. Young men can have silent infections too.



An untreated infection can lead to pelvic inflammatory disease, and even leave a woman unable to have a baby

## but doesn't have to...



Sexually active women up to age 25 should ASK for a test every year

Condoms used correctly and every time reduce the risk



If you have chlamydia, tell your recent sexual partner(s) to get tested

Learn More



June 2013



**NAVY AND MARINE CORPS  
PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

FOR ADULT-ONLY CLINICAL SETTINGS IN NAVY MEDICINE

# Ask us... ...about your sexual health

Not planning on a pregnancy in the next 12 months?

Want the most reliable and reversible birth control?

Ask about the IUD or implant



HPV vaccine can help protect men and women up to age 26 from genital warts and cervical cancer. Three shots are needed. Have you started? Have you finished?

Sexually active women up to age 25 should ask for a Chlamydia test every year



Accidents happen.

Emergency contraceptive pills are available without age limits or a prescription.

Ask us about Plan B.



Do you know when your next pap test is due?

Ask for an HIV test at least every year if you are a man who has sex with men, or if you have sex without a condom with casual partners



Learn More

DRAFT - NOT FOR DISTRIBUTION



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER  
PREVENTION AND PROTECTION START HERE

# Birth control pills

## Don't always do the job...



...only 1 of 3 Navy enlisted women say her last pregnancy was planned

...and about 1 of 3 who had an unplanned pregnancy were using contraception at the time she became pregnant



...and most of these women were using birth control pills

## But can be very reliable...

Take the pill at the same time every day!

Mark your calendar to pick up your refill!

Pack your pills. Always carry them with you

Learn More



October 2013

photos: bedsider.org

Missed 1 pill - make it up!

Missed 2 pills - back it up!



Call your doctor - there are different instructions for different pills



Use back-up birth control for the rest of that cycle



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

# Accidents happen...

## The emergency contraceptive pill is birth control you can take shortly after sex to reduce the chance of a pregnancy

One type is available without a prescription or age-limit at retail pharmacies and stores or from any Navy medical facility or Navy pharmacy.

This type of pill can be taken up to 72 hours after sex. But don't delay. The pill works better when taken sooner.

Other emergency contraception options are also available.

Learn more about your birth control options >>



Emergency contraceptive pills will NOT harm an existing pregnancy.  
Emergency contraceptive pills do NOT protect against sexually transmitted  
Emergency contraceptive pills should NOT be used as your regular form of birth control because they are not as effective as many other types of birth control.



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER  
PREVENTION AND PROTECTION START HERE

April 2014

# Every 4 days...

another sailor gets HIV

...since 1985,  
over 4,700  
active duty sailors  
have been infected  
with HIV...



...enough to man  
an aircraft carrier

The most common way HIV is spread is through sex.

- You can't tell for sure if a person has HIV just by looking or asking.
- You can avoid HIV by having no sex, or delaying sex until later in life.
- You can avoid HIV by having sex with only one, faithful, HIV-free partner.
- You can greatly reduce risk by using a condom every time you have sex.

Protect yourself from HIV. We need you.

Learn more - [http://www.nmcpic.med.navy.mil/healthyliving/sexual\\_health](http://www.nmcpic.med.navy.mil/healthyliving/sexual_health)



# HIV happens...

## don't let it happen to you.

Each year, over 50,000 Americans get HIV,  
including about 100 sailors and marines.  
Abstinence and mutual monogamy can eliminate your risk.  
Condoms - worn every time - can greatly reduce your risk.

Protect yourself.

To learn more, visit <http://www.nmcpic.med.navy.mil/healthyliving>



# HIV

...Sailors and Marines should know...

## HIV happens...

# 4

...every 4 days,  
another active duty  
Sailor or Marine  
is diagnosed with HIV.

...to women:  
in the U.S., about 1 of 5 people  
that got HIV last year is a  
woman.



...to men.  
Men who have unprotected sex  
with men are at highest risk  
of getting HIV.  
Men who have unprotected sex  
with women can also get HIV.

## But it doesn't have to...



Saying no to sex, or  
finding one, long-term,  
HIV-free, monogamous  
partner can protect you  
from HIV.

Learn More



July 2013

Condoms used correctly  
and every time  
greatly reduce your risk.



Just pulling out,  
or just asking your partner if  
they have HIV  
are NOT safe strategies.



Ask for an HIV test every year  
if you are  
a man who has sex with men,  
or if you have  
sex without a condom  
with casual partners.



**NAVY AND MARINE CORPS  
PUBLIC HEALTH CENTER**

PREVENTION AND PROTECTION START HERE



# About confrontations...

## Be S H A R P

- S = seek to understand
- H = help them see your public health point of view and objectives
- A = acknowledge and respect their values
- R = reach a new understanding
- P = put your new insight to work

# Ideas from the Field

- Navy - **HN Derek Galvao**

Preventive Medicine Technician

NEPMU 2 Norfolk



- USMC – **Mrs. Heather Williams, BS**

Health Educator

MCCS-Semper Fit

MCB Camp Pendleton, CA

**Please complete the Poll Question on your screen now.**

---

**Questions, Concerns, Ideas?**



# Speaker Contact Information

## **Michael R. (Bob) MacDonald, MS, CHES**

Navy and Marine Corps Public Health Center  
Sexual Health and Responsibility Program (SHARP)  
620 John Paul Jones Circle, Suite 1100  
Portsmouth VA 23708  
michael.r.macdonald@med.navy.mil  
voice: (757) 953-0974 [DSN 377]

## **Navy Speaker - HN Derek Galvao**

Preventive Medicine Technician  
Navy Environmental Prev Med Unit 2 Norfolk  
1285 West D Street, Norfolk, VA 23511-3394  
Derek.galvao@med.navy.mil  
COM: 757-953-6580  
DSN: 377-6600

## **Marine Corps Speaker – Heather Williams**

Health Educator  
MCCS-Semper Fit  
MCB Camp Pendleton, CA  
[heather.d.tucker@usmc-mccs.org](mailto:heather.d.tucker@usmc-mccs.org)  
760-763-0419



# Continuing Education

- **NMCPHC is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) to receive 1 Category 1 CECH but only when viewed during the live webinar.**

**If you are a CHES and you viewed the live webinar, E-mail your name and CHES number to: [Melissa.cazaux@med.navy.mil](mailto:Melissa.cazaux@med.navy.mil)**

- **If you have viewed the recorded version of the webinar online and would like to request Cat. II CECH, download the certificate for this webinar from the NMCPHC Webinar website, complete it and send it to the NCHEC, Inc. for 1 Cat. II CECH**



- The slides and audio will be archived on the NMCPHC webpage at: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>
- Thank you for joining us and if you have any questions, please email Bob MacDonald at [michael.r.macdonald@med.navy.mil](mailto:michael.r.macdonald@med.navy.mil)



# Upcoming Webinars

- “How I Ask My Patient About Sexual Health”
  - Wednesday, 9 April 2014, 1200-1300 EST
  - <https://connect.dco.dod.mil/howiaskwebinar/>
  - Dial-in (877) 885-1087 Passcode: 704-516-0523
- “Navy Medicine and Unplanned Pregnancy Prevention”
  - Wednesday, 16 April 2014, 1200-1300 EST
  - <https://connect.dco.dod.mil/unplannedpregnancyprevention/>
  - Dial-in (877) 885-1087 Passcode: 704-516-0523
- To register for the webinars, email Melissa Cazaux at [melissa.cazaux@med.navy.mil](mailto:melissa.cazaux@med.navy.mil) or visit <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>

