

Reproductive and Sexual Health

Webinar – How I Ask My Patient about Sexual Health

(9 April 2014 – V3)



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

WWW.NMCPHC.MED.NAVY.MIL/HEALTHY_LIVING/

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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]



Theresa P. Everest
CDR NC USN
MSN, FNE, WHCNP-BC
NMCSO OB/GYN Department
Branch Medical Clinic Miramar
Women's Health Clinic
Office:(858)577-6741

Jennifer Rosen, MD
CDR, MC, USN
Battalion Surgeon (acting)
4th Light Armored Reconnaissance Battalion
4th Marine Division
Marine Forces Reserve
Camp Pendleton, CA



Webinar Courtesy

- Good Morning and thank you for joining us!
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- We ask that all participants please mute your phone lines either by pressing *6 or the mute button on your phone.
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Objectives

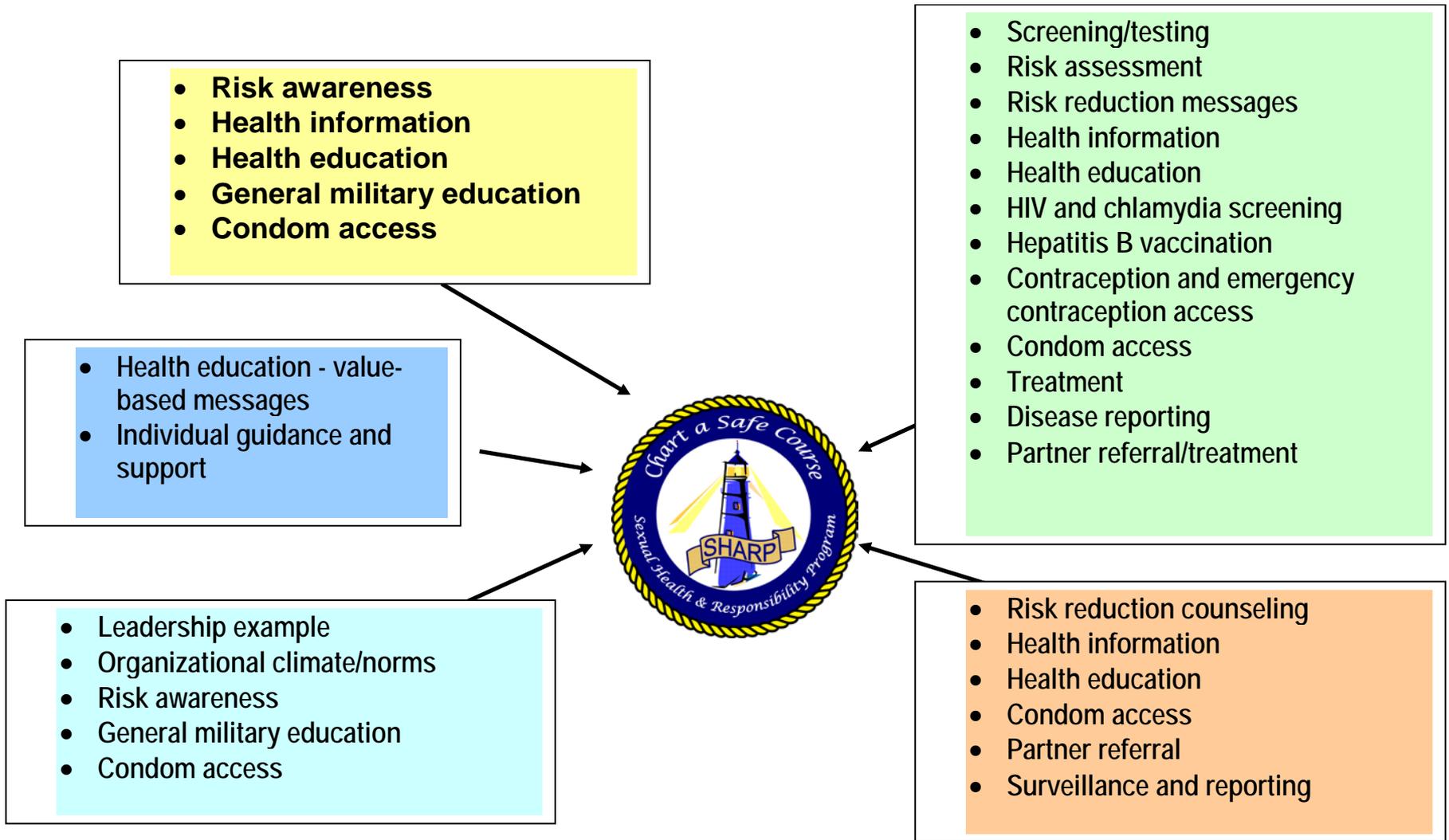
- Describe the impact of sexually transmitted infections, including HIV, and unplanned pregnancies on military populations
- Identify indicators of sexual health behavior in populations and indicators of supportive policies and practices in communities
- List key components of a sexual health promotion 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

- Role of the Clinician in Promoting Sexual Health
- U.S. and DoN Sexual Health Indicators
 - Why should we ask our patients?
- National and DoN Recommendations
- What is “Risk”
- Barriers to Asking
- How to Start the Conversation
- How to Respond to “Risk”
- SHARP Resources
- Ideas from the Field





Partners in Navy and Marine Corps Sexual Health

Educators, Instructors and Health Promoters

Clinicians and clinical staff Preventive Medicine

Leaders, peers, and organizations Chaplain Corps

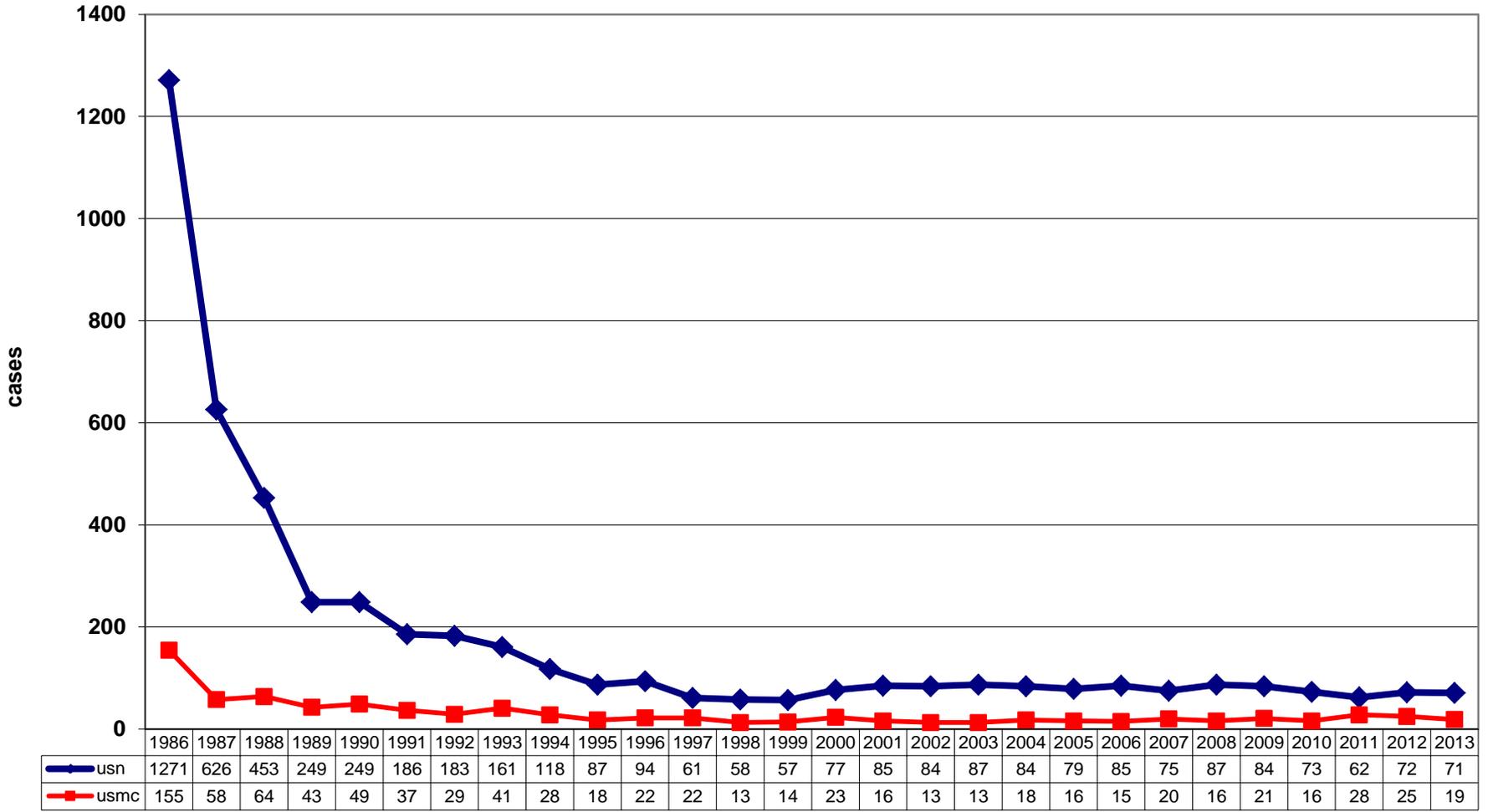


Sexual Health Trends in the U.S.

- 47,129 new **HIV** diagnoses in 2011 (1 in 200 American adults are living with HIV today)
- **Syphilis** rates rising among MSM
- 19 million new **STI** diagnoses annually; \$16 billion in direct medical costs
- Half of pregnancies among American women are unintended, and about four in 10 of these end in abortion.
 - About half of American women will have an unintended pregnancy, and nearly 3 in 10 will have an abortion, by age 45.

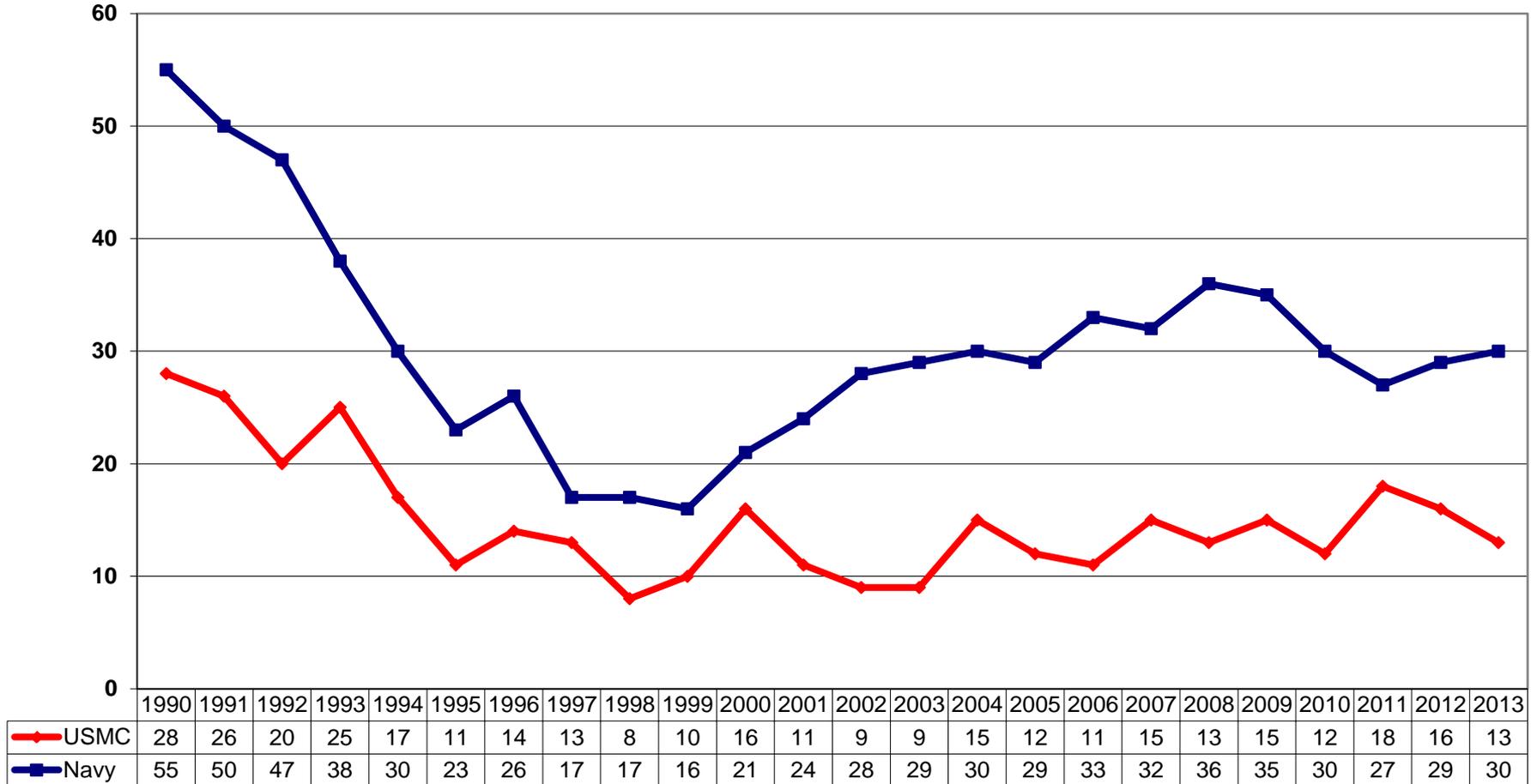
Navy and Marine Corps Public Health Center
Newly Identified HIV Positive Active Duty Sailors and Marines by Year

source: Navy Bloodborne Infections Management Center unpublished data

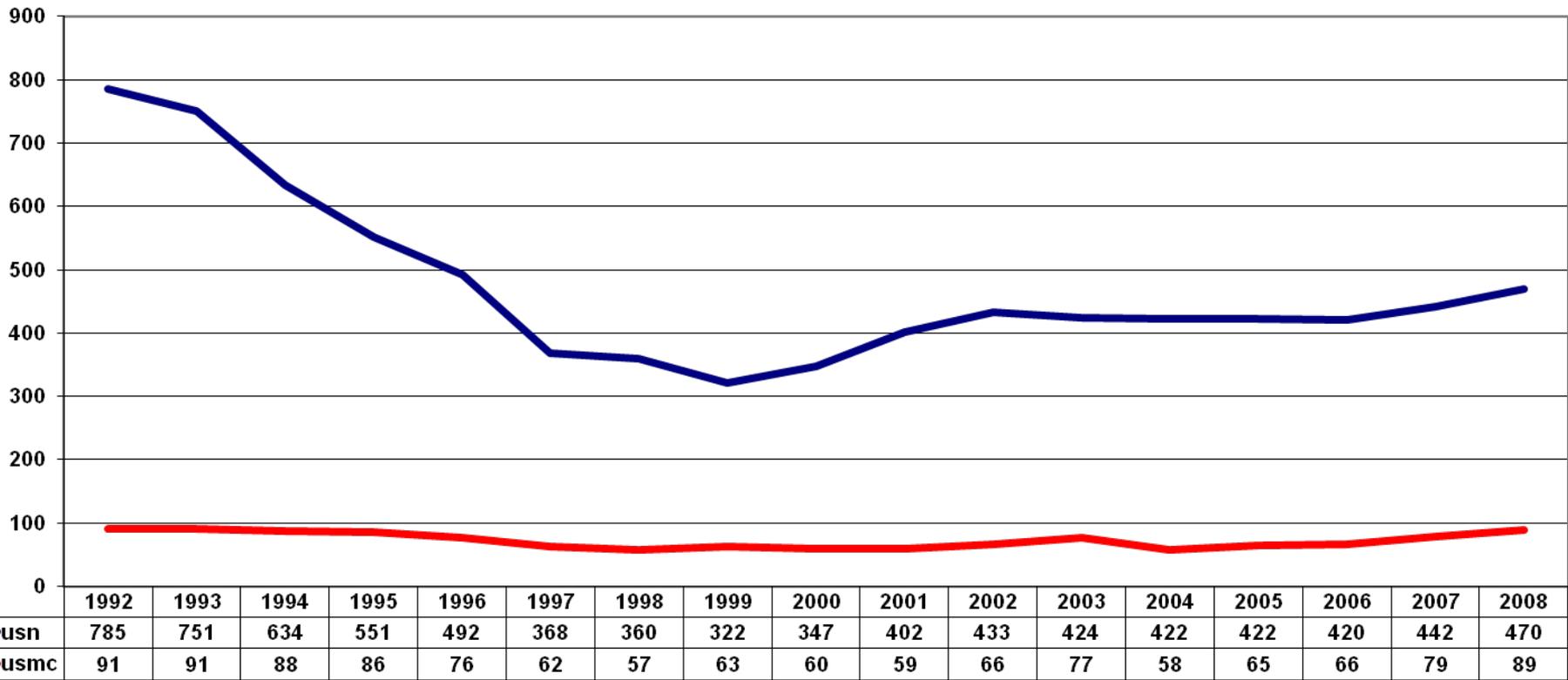


Navy and Marine Corps Public Health Center
HIV Seroconversion Rates per 100,000 Active Duty Sailors and Marines Tested

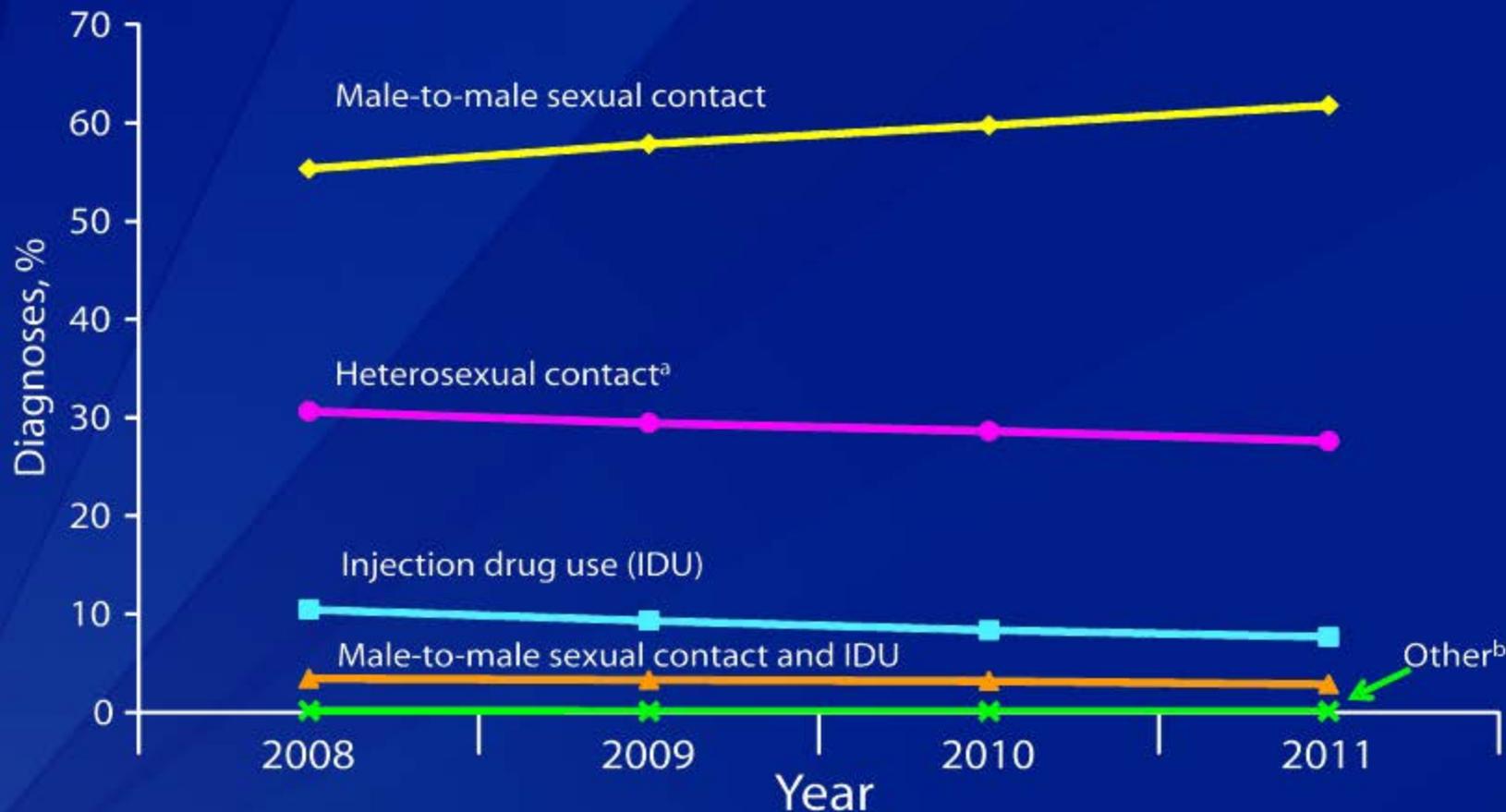
source: Navy Bloodborne Infections Management Center, unpublished data



Navy and Marine Corps Public Health Center HIV Positive Sailors and Marines on Active Duty by Year



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.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

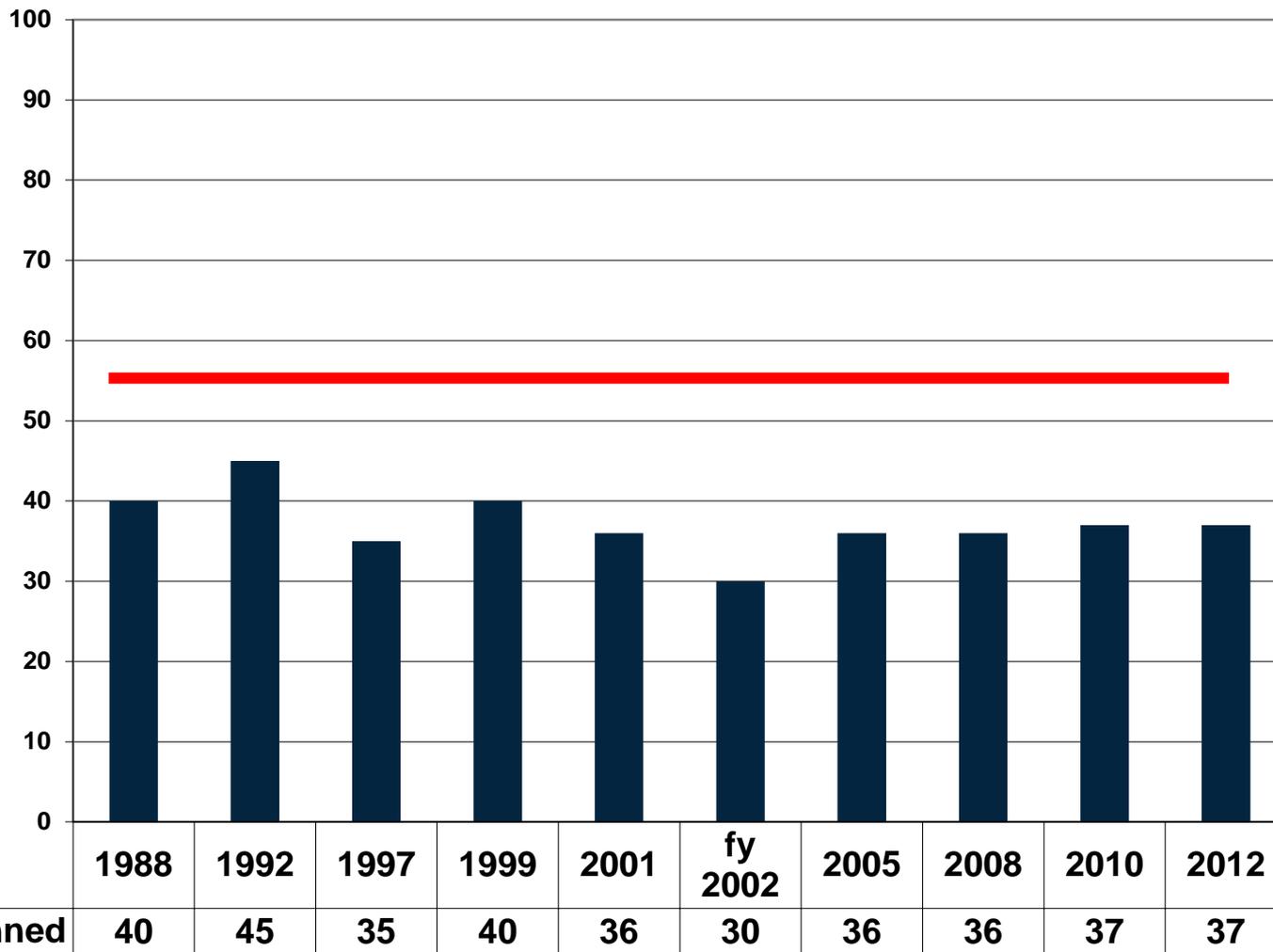
^b Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.



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)

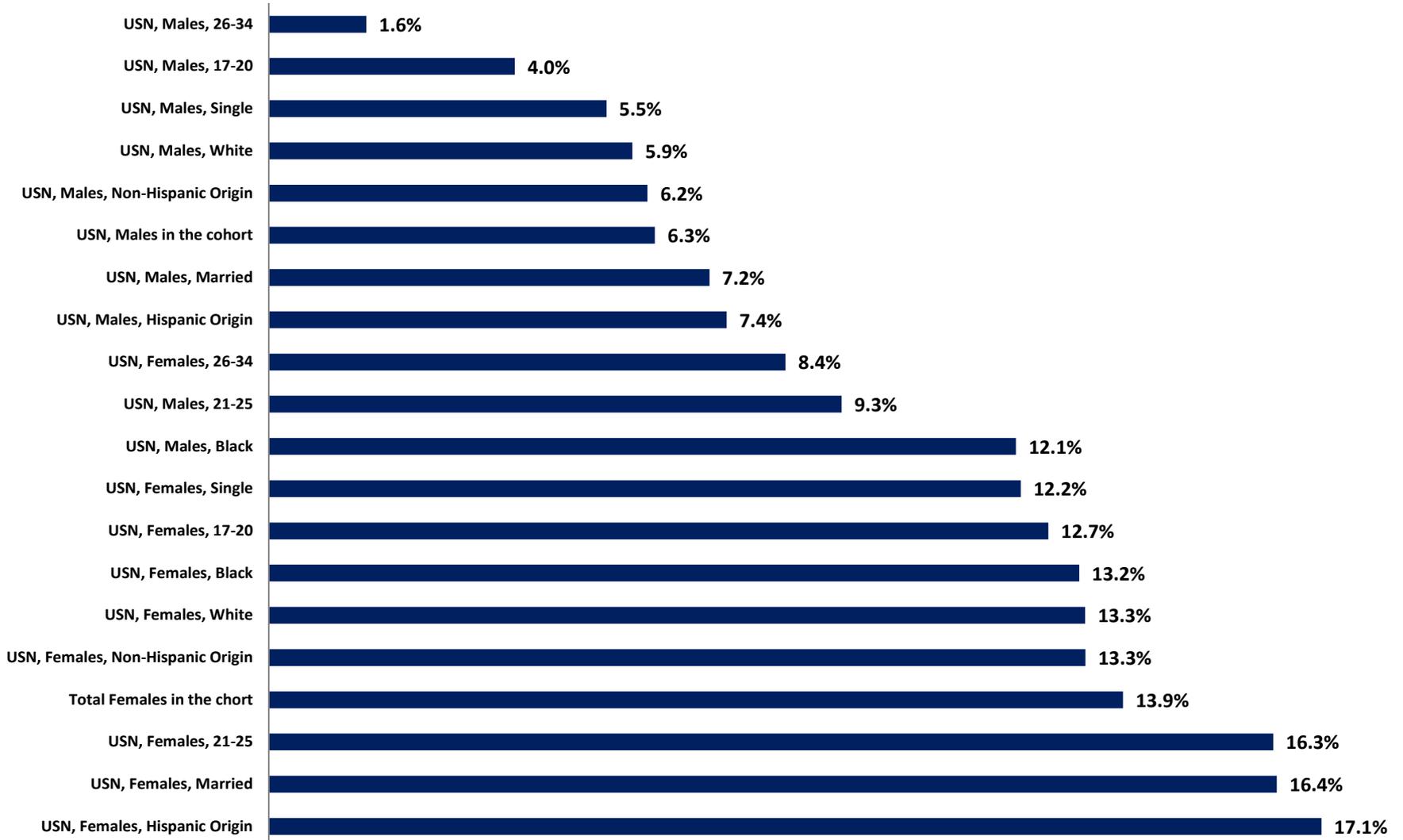
HP 2020 objective:
not less than 56%
planned





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

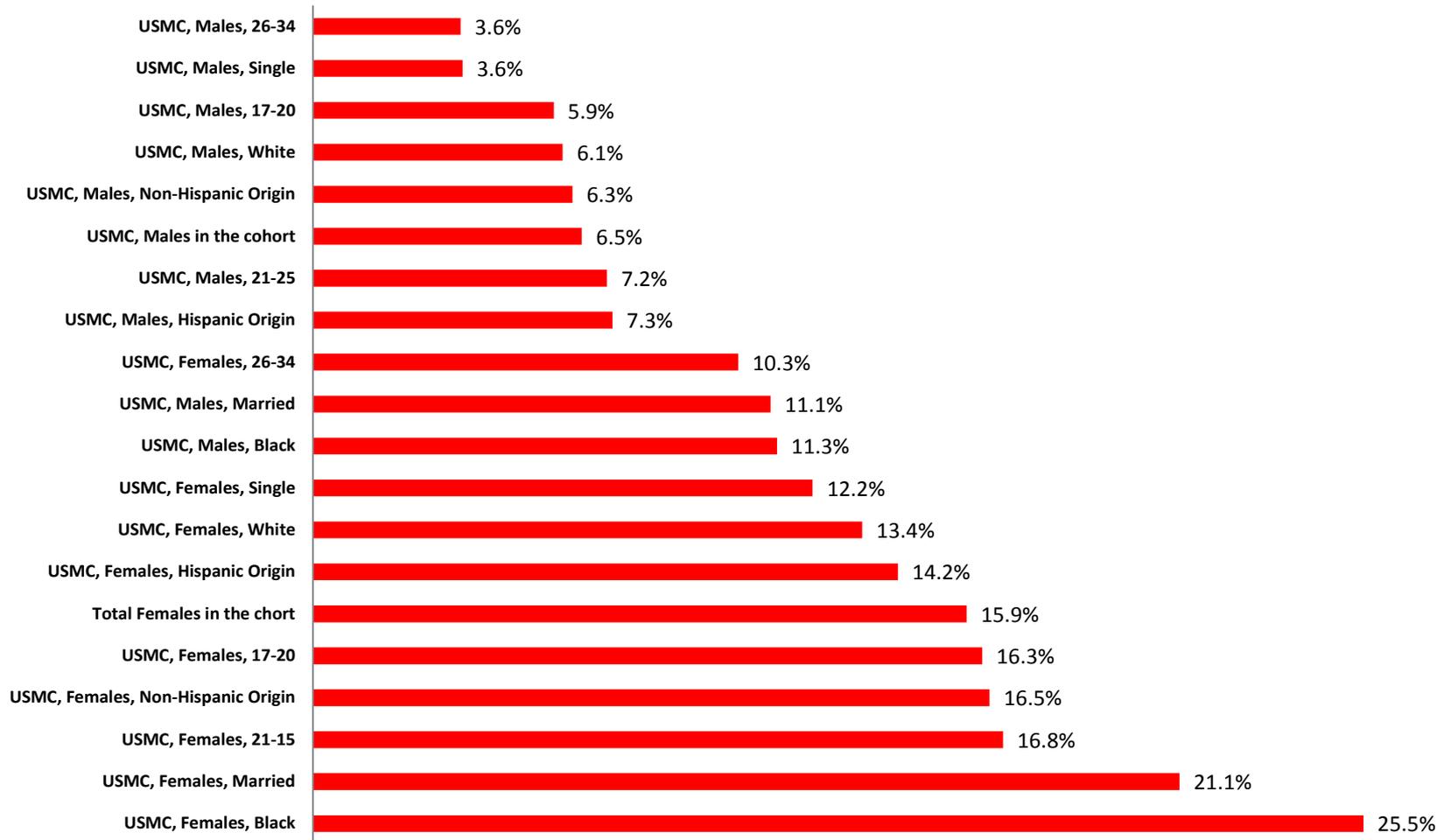
Data Source: 2011 DoD Survey of Health Related Behaviors



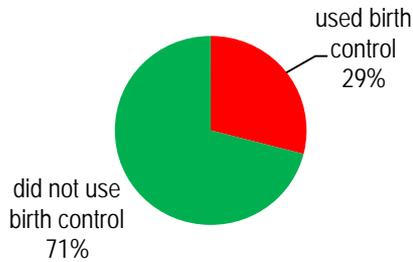


Experienced Unplanned Pregnancy in Previous 12 months, Enlisted Members, Marine Corps, 2011

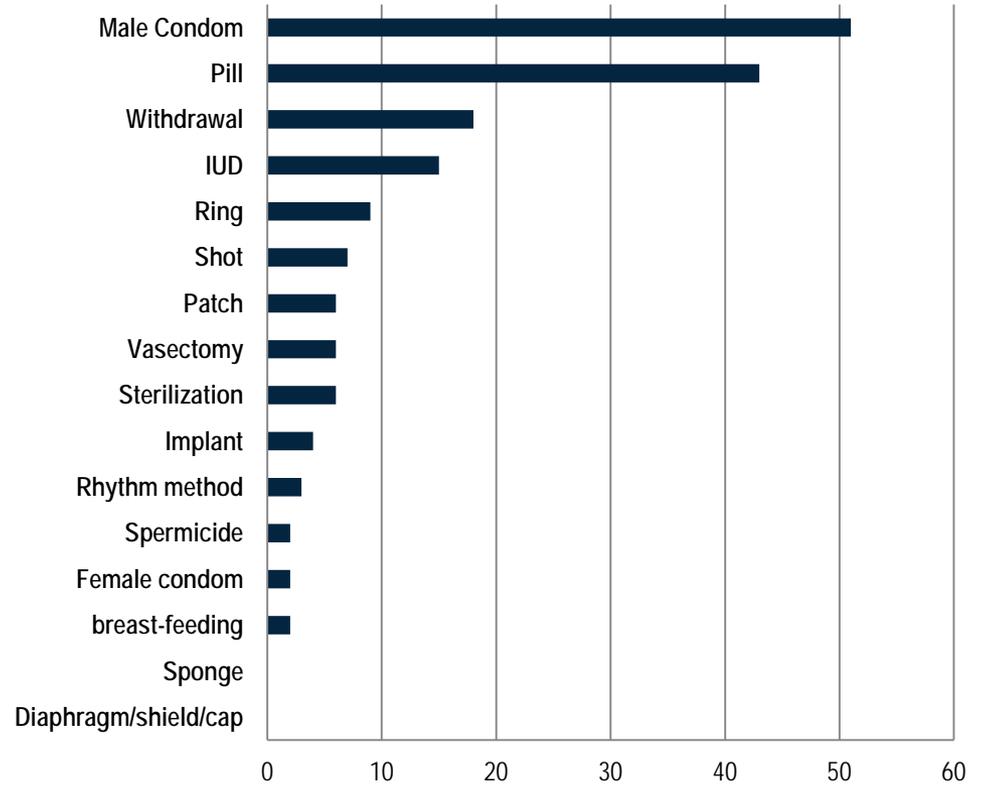
Data Source: 2011 DoD Survey of Health Related Behaviors



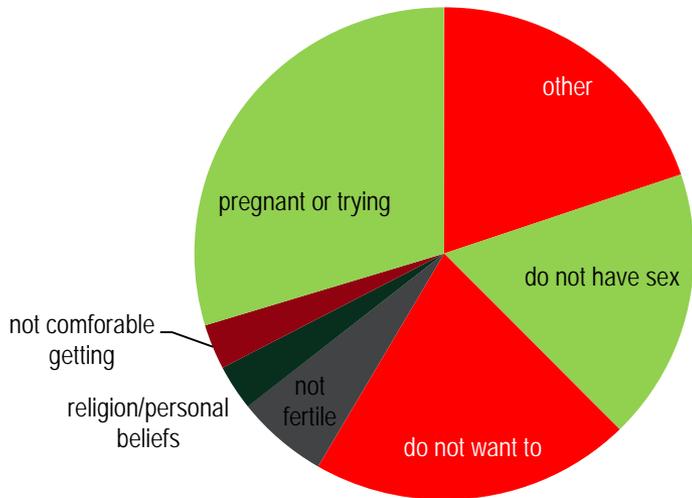
Navy Enlisted Women Had UPP While Using B/C;
2012



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



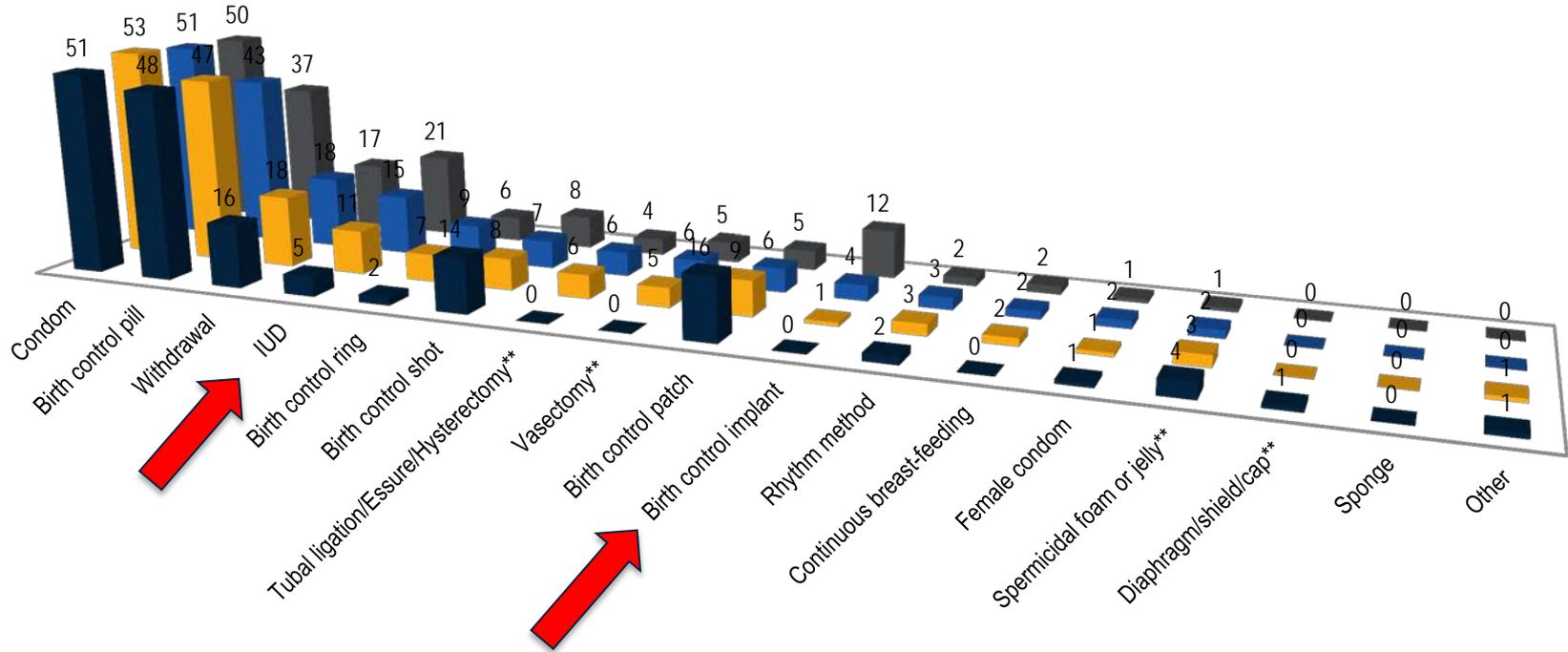
Reason no B/C; Navy Enlisted Women; 2012; among all
non-users



	Diap hrag m/sh ield/ cap	Spo nge	brea st- feedi ng	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

Contraception Use - Navy Enlisted Women: 2005-2012

■ 2005 ■ 2008 ■ 2010 ■ 2012

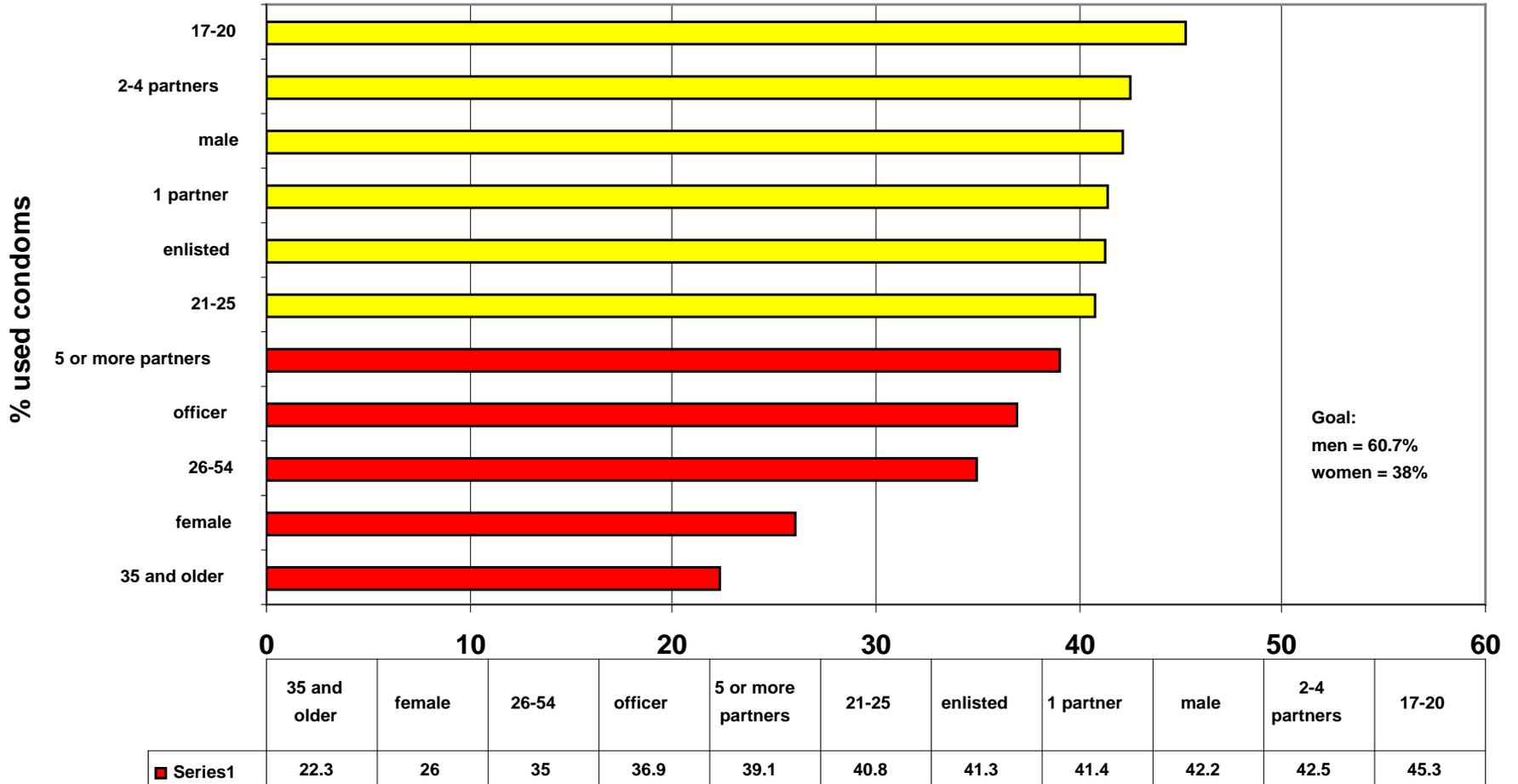


	Condom	Birth control pill	Withdrawal	IUD	Birth control ring	Birth control shot	Tubal ligation/Essure/Hysterectomy**	Vasectomy**	Birth control patch	Birth control implant	Rhythm method	Continuous breast-feeding	Female condom	Spermicidal foam or jelly**	Diaphragm/shield/cap**	Sponge	Other
2005	51	48	16	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



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

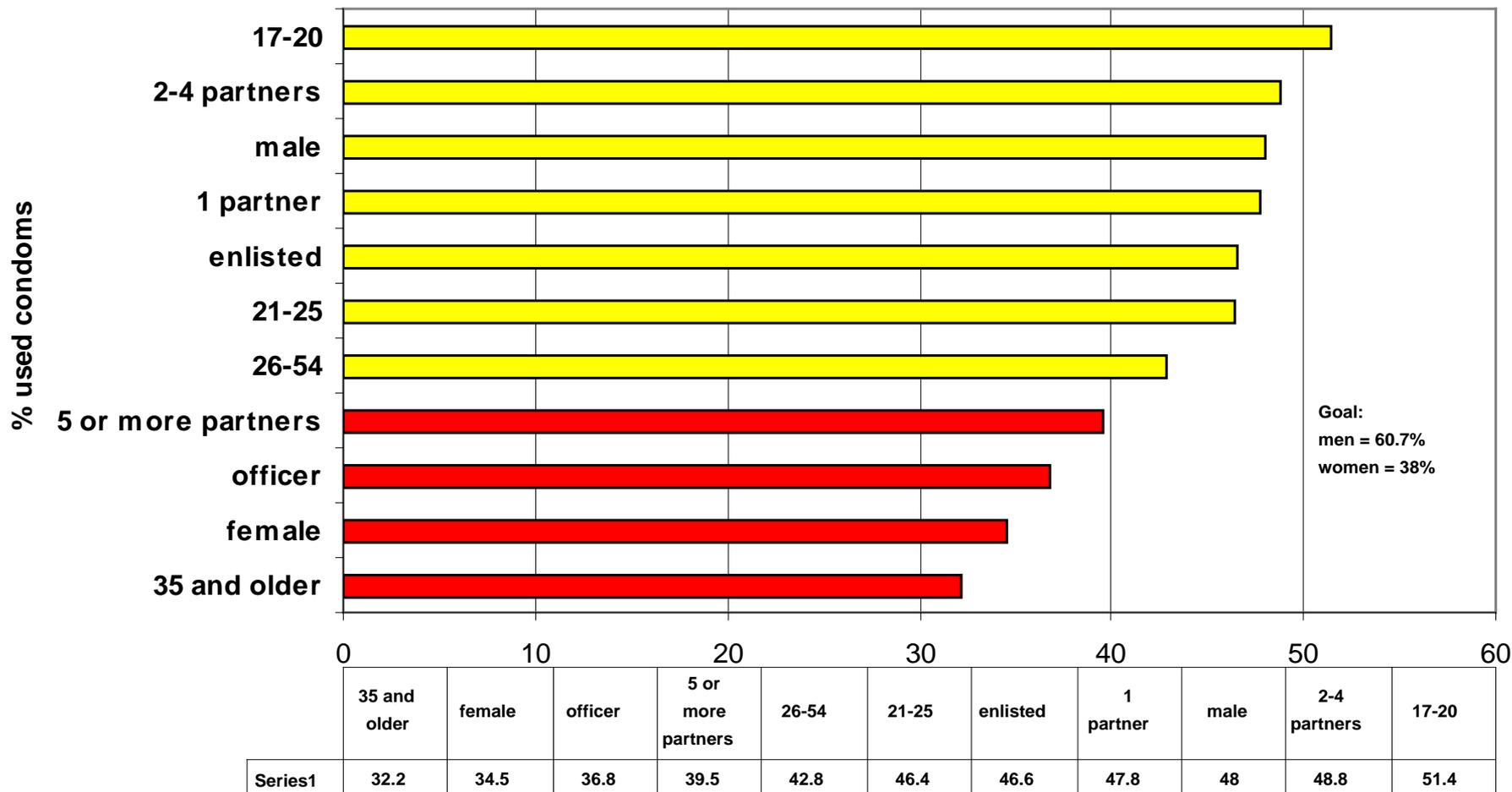
Source: Bray et al (2008) DoD Survey of Health Related Behaviors, 2008



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



Sexual Risk Assessment: Why Ask About Sex?

- Sailors and Marines do
 - become infected with HIV and other STIs
 - experience unplanned pregnancies
 - usually do not wear a condom
 - do not always use condoms correctly
- Your patients can benefit from a risk assessment and discussion
- Clinician benefits from knowing patient's sexual history
 - who to screen / counsel / refer
 - interpreting Chlamydia results



Navy Medicine Recommendation

Deputy Navy Surgeon General;
Dear Doctor Letter

"...My strongest recommendation is for every health care provider practicing in primary care settings to speak with their adult and adolescent patients about their sexual health..."



DEPARTMENT OF THE NAVY
JULY 01 07 05 06 C. NE. 450 5th. 107.74
750 E STREET, NW
WASHINGTON, DC 20372-5205

STORY REF ID:

6000
Ser M007UM33215
29 Nov 07

Dear Healthcare Provider,

A recent review of the most current public health statistics for our active duty (AD) Sailors and Marines indicate an alarming trend in unintended consequences from sexual risk taking. These include two out of three pregnancies that were not planned and an HIV infection seroconversion rate among AD Sailors at about twice the rate observed within the other three services. The data indicated lack of contraceptive use was a major factor in these results.

These results are concerning and as an organization we would like to have a positive impact on the sexual health of our AD Sailors and Marines. To facilitate this effort, we consulted the U.S. Preventive Service Task Force and several other professional medical associations for their recommended evidence-based health care practices.

My strongest recommendation is for every healthcare provider practicing in primary care settings to speak with their adult and adolescent patients about their sexual health. I recommended the provider take this opportunity as appropriate to the circumstances. Because this can be a sensitive issue for both the healthcare provider and the patient to broach, a user-friendly sexual risk assessment guide is provided in Enclosure 1. This guide is also available at the following web sites:

http://www-nemc.med.navy.mil/downloads/hp/PIA_sexual_risk_assessment.pdf,
<http://www-nemc.med.navy.mil/hp/harp/index.htm>.

Our goal is a safe and healthy force. To help meet this goal, please include sexual risk behavior assessments in your discussions as appropriate. Thank you for helping our AD Sailors and Marines "chart a safe course."

T. R. CULLISON
Rear Admiral, Medical Corps
Deputy Surgeon General

Enclosures: 1. Brief Counseling Guide for Sexual Risk Assessment and Intervention



US Preventive Services Taskforce

Sexual Health Screening Recommendations

- High-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
- Routine Chlamydia screening for females aged 16-24
- HIV screening at least once for everyone aged 15-65
- HIV screening for pregnancy
- USPSTF considers men who have sex with men and active injection drug users to be at very high risk for new HIV infection. "A reasonable approach may be to rescreen groups at very high risk for new HIV infection at least annually"



CDC Recommendations for MSM

- **Screening and Counseling:**
 - assess STI risks for all male patients, including a routine inquiry about the gender of sex partners.
 - routine nonjudgmental STI/HIV risk assessment and client-centered prevention counseling to reduce the likelihood of acquiring or transmitting HIV or other STIs.
 - routinely ask sexually active MSM about symptoms consistent with common STIs
- **Annual laboratory screening** for common STIs (HIV, syphilis, GC, Ct)
- **More frequent STI screening** (i.e., at 3--6-month intervals) is indicated for MSM who have multiple or anonymous partners.
- **Vaccination against hepatitis A and B and HPV**

Selected Recommendations of Others

- The **American Medical Association** encourages all physicians to educate their patients about sexually transmitted diseases and proper condom use.
- The **American Academy of Family Physicians** recommends counseling adolescents and adults on the risks for sexually transmitted diseases and how to prevent them.
- The **American Academy of Pediatrics** recommends counseling for adolescents regarding abstinence and the importance of barrier contraceptives.
- The **American College of Obstetricians and Gynecologists** recommends:
 - Counsel female adolescents about what constitutes responsible, consensual sexual behavior and that abstinence from sexual intercourse is the only definitive way to prevent pregnancy and STIs.
 - Counsel all women regarding partner selection and use of barrier contraception to prevent STIs.
 - “LARC-first”
 - Provide counseling on all contraceptive options, including implants and IUDs, even if the patient initially states a preference for a specific contraceptive method.
 - Encourage implants and IUDs for all appropriate candidates, including nulliparous women and adolescents.

“Risk” defined...

- All sexually active adolescents
- Adults with current STIs or infections within the past year
- Adults who have multiple current sexual partners
- If the population has a high rate of STIs, all sexually active patients in non-monogamous relationships may be considered to be at increased risk. (e.g. MSM)

ALSO Consider...

- Not wanting pregnancy but no current contraception
- More than 1 recent sex partner (past 3 months)
- New partner in past 3 months
- Sex partner who may have an STI
- Exchange of sex for money or drugs

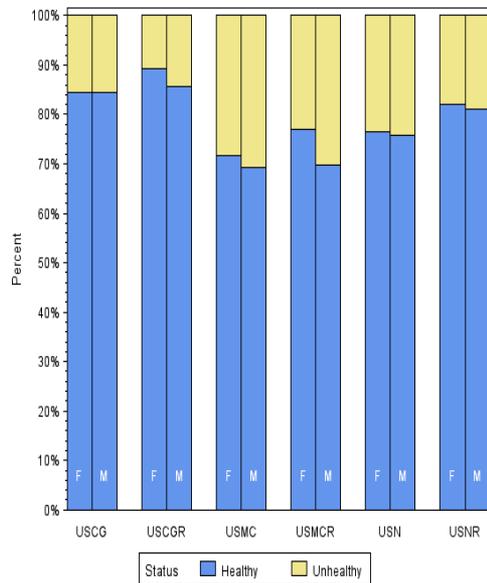
Barriers to sexual risk assessment...

- Lack of time
- Perception of non-relevance
- Physician embarrassment
- Fear of offending the patient
- Lack of training in sexual risk behavior counseling

How to initiate a conversion?

- HRA – 2 sexual health questions
- Poster for adult-only medical spaces
- Brochure “Take Charge of Your Sexual Health”

Figure D:
Condom Use Response Profile by Service Component and Gender
198,529 records



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



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



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?



Do you know when your next pap test is due?



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



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



Ask us about Plan B.



Learn More 

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

TAKE CHARGE OF YOUR SEXUAL HEALTH

What you need to know about preventive services



NATIONAL COALITION FOR SEXUAL HEALTH

Prepared by the EpiData Center Department, Navy and Marine Corps Public Health Center on 06 March 2013



How to Start? -> The 5 "P"s

- **Pregnancy:** Do you plan on having a baby in the next 12 months?
- **Partners:**
 - Sex in past 12 months? Men women or both?
 - How many partners? Type of partners (steady or casual)?
- **Practices:**
 - What kind of sex? vaginal, oral, anal (receptive / insertive)
 - "What are you doing in your life..."
 - HIV doc: "Which areas should I swab?"
 - How do drugs / etoh influence sexual activity?
- **Protection**
 - STIs: Use of condoms? Consistent? / Correct?
 - Pregnancy: LARC vs. other? Consistent? / Correct?
- **Past:** STIs in the past?; Current / chronic STIs / HIV?



How to Respond?

Risk-Reduction Recommendations

- A = Abstinence
 - Outer-course (non-penetration)
- B = Be Faithful (long-term, mutual monogamy)
- C = Condoms and contraception
- D = Decrease number of partners
- E = Evade high risk
 - partners; sex acts; situations
- V = Vaccination (HPV, HAV, HBV)

- Brief Sexual Health Screening Guide
- Useful during the PHA and other routine encounters

Brief Guide for Sexual Risk Assessment and Intervention
 – For military service members during their annual Periodic Health Assessment (PHA) or any routine encounter –

Part I – Assess Risk

1. OPENING STATEMENT

"I want to ask some direct questions about your sexual health so I can help you stay healthy. I ask these questions of all of my patients, regardless of age or marital status.

2. PREVENTION OF PREGNANCY (MEN AND WOMEN). Determine family planning intentions and use of contraception.

"Are you or your partner trying to get pregnant?" If no - What are you doing to prevent a pregnancy?"

3. PARTNERS. Make no assumptions of partner gender in the initial history taking.

"In the past six months, about how many people have you had sex with?"
 "Tell me more about these people. Are they people you know well or people you just met?"

4. PRACTICES. If the patient has **risk** (see inset), explore sexual behavior and circumstances.

"With your recent sex partner(s), did you engage in vaginal, oral or anal sex?"
 "Regarding pregnancy and STDs, what is the riskiest thing you've done in the past 3 months?"
 "How does your use of alcohol or other drugs influence your sexual decisions?"

5. PROTECTION FROM STDs. If the patient has **risk** (see inset), explore types of risk reduction the patient has used in the recent past, such as condom use.

"What do you do to protect yourself from STD and HIV?"
 "What have you done in the past to protect yourself?"

6. PAST HISTORY OF STDs. A history of STDs increases the risk of repeated infection. Affirmative answers should be followed up with questions about the type of infection and dates of treatment. Consider hepatitis B immunization.

"Have you ever had an STD?"
 "Have any of your partners had an STD?"
 "Do you have any symptoms/problems now?"

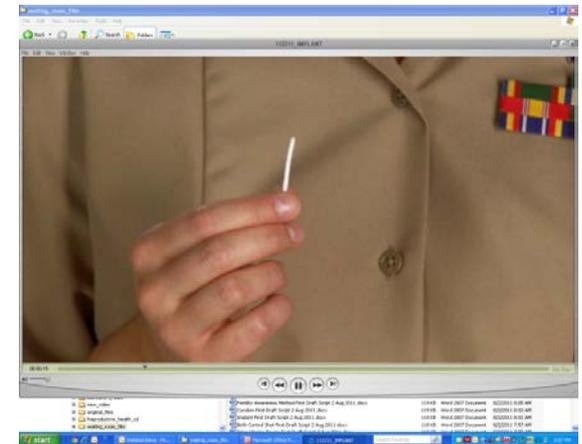
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Navy and Marine Corps Public Health Center – Sexual Health and Responsibility Program (SHARP) <http://www.nehc.med.navy.mil/hp/sharp/index.htm> version 10/14/2008



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)



Ideas from the Field

- **Theresa P. Everest**

CDR NC USN

MSN, FNE, WHCNP-BC

NMCSD OB/GYN Department

Branch Medical Clinic Miramar

Women's Health Clinic



- **Jennifer Rosen, MD**

CDR, MC, USN

Battalion Surgeon (acting)

4th Light Armored Reconnaissance Battalion

4th Marine Division

Marine Forces Reserve

Camp Pendleton, CA



How to Start? -> The 5 "P"s

- **Pregnancy:** Do you plan on having a baby in the next 12 months?
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- **Protection**
 - STIs: Use of condoms? Consistent? / Correct?
 - Pregnancy: LARC vs. other? Consistent? / Correct?
- **Past:** STIs in the past?; Current / chronic STIs / HIV?



Conclusion

- Sexual risk assessment of every adult and adolescent patient is recommended by CDC, Navy Medicine and many professional medical organizations
- High-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs is recommended by CDC and the USPSTF.
- Sailors and Marines
 - engage in risk-taking behavior
 - experience unplanned pregnancies and STIs
 - need to hear your risk assessment
 - want to talk to you about sex, HIV and pregnancy
 - can adopt safer behaviors with your patient-centered help
- You have trained referral help (PMTs, some IDCs)



Please complete the Poll Question on your screen now.

Questions, Concerns, Ideas?



Navy and Marine Corps Public Health Center
Sexual Health and Responsibility Program (SHARP)
620 John Paul Jones Circle, Suite 1100
Portsmouth VA 23708

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

e-mail:

michael.r.macdonald@med.navy.mil

voice: (757) 953-0974 [DSN 377]



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
- 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



Upcoming Webinar

- “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 or visit <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>

