Taking a History of Sexual Health

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Today’s Topics

- Why Take a Sexual History
  - Healthy Sexual Function
  - Reproductive Health
  - Prevention of STD’s, HIV, Hepatitis
- Learning about Sexual Orientation and Gender Identity
Background Issues

- What people do and want
- What clinicians say
# Sexual Behavior Among Massachusetts High School Students by Gender, 2009

<table>
<thead>
<tr>
<th>Respondents: All Students</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime sexual intercourse</td>
<td>48.0</td>
<td>44.6</td>
</tr>
<tr>
<td>Sexual intercourse before age 13</td>
<td>8.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Four or more lifetime sexual partners</td>
<td>15.2</td>
<td>10.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondents: Students having sexual intercourse in past three months</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom use at last sexual intercourse</td>
<td>65.7</td>
<td>50.6</td>
</tr>
<tr>
<td>Substance use at last sexual intercourse</td>
<td>27.6</td>
<td>20.0</td>
</tr>
<tr>
<td>Taught in school about AIDS or HIV</td>
<td>87.2</td>
<td>87.6</td>
</tr>
</tbody>
</table>
When We Talk about the Elderly
What Comes to Mind?
## ELDERsexuals

### Percent Having Sex

<table>
<thead>
<tr>
<th>Age</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>57-64</td>
<td>84%</td>
<td>62%</td>
</tr>
<tr>
<td>65-74</td>
<td>67%</td>
<td>40%</td>
</tr>
<tr>
<td>75-85</td>
<td>38%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Lindau, NEJM, 2007
What Patients Want?

- Survey of 500 men and women over 25
- 85% expressed an interest in talking to their doctors about sexual concerns
- 71% thought their provider would likely dismiss their concerns
- A history of sexual health followed by appropriate, targeted discussion can enhance the patient-provider relationship

Marwick, JAMA 1999
Proportion of Physicians Discussing Topics with HIV-Positive Patients

<table>
<thead>
<tr>
<th>Topic</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to ART</td>
<td>84%</td>
</tr>
<tr>
<td>Condom use</td>
<td>16%</td>
</tr>
<tr>
<td>HIV transmission and/or risk reduction</td>
<td>14%</td>
</tr>
</tbody>
</table>

Discomfort as a Barrier

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

The Hidden Epidemic
Institute of Medicine, 1997
Getting to know patients in clinical settings
The Core of the Cross-cultural Interview

Adapted from Betancourt and Green

- Respect
- Curiosity
- Empathy
Taking a History

- Get to know your patient as a person (e.g., partners, children, jobs, living circumstances)
  - “Tell me about yourself.”

- Use inclusive and neutral language
  - **Instead of:** “Do you have a wife/husband or boy/girlfriend?”
  - **Ask:** “Do you have a partner?” or “Are you in a relationship?” “What do you call your partner?”

- For all patients
  - Make it routine
  - Make no assumptions
Making Patients Comfortable, Setting the Context

- “I am going to ask you a few questions about your sexual health and sexual practices. I understand these are very personal, but also important for your overall health.”

- “I ask these questions of all my adult patients. Like the rest of our visit, everything we discuss is confidential.”

- “Do you have any questions?”
Taking a Sexual History

- Ask about behavior and risk
  - “Have you been sexually active in the last year?”
  - “Do you have sex with men only, women only, or both?”
  - “How many people have you had sex with in the past six months?”

- Ask about sexual health
  - “Do you have any concerns about your sexual function?”
  - “How satisfied are you sexually?”

- Assess comfort with sexuality
  - “Do you have any concerns or questions about your sexuality, sexual identity, or sexual desires?”

- Ask about reproductive health, desires
Detailed Sexual Health Assessment

- Partners
- Practices
- Past History of STDs
- Protection from STDs
- Prevention of Pregnancy

- The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions to help focus on key issues.
- http://www.cdc.gov/lgbthealth/
Partners and Practices

- Have you been sexually involved with someone?
  - Are you having sex?
- How many sexual partners have you had in the past six months?, in the past year?
- Do you have sex with men, women or both?
  - If both, further define first questions for each gender
- Have you engaged in oral, anal, and/or vaginal sex in the past year? (use of sex toys?)
History of STDs (STIs)

- Have you ever had a sexually transmitted disease?
  - When, What kind?; How were you treated?
- Have you had any recurring symptoms or diagnoses related to this?
- Have you ever been tested for any STDs or HIV?
  - If yes, when and what were results?
- Has your current, or any former, partners been diagnosed with an STD?
  - Were you evaluated for the same?
  - Were you treated and with what?
Protection from STDs and HIV

- Do you use protection to prevent STDs and HIV?
  - If not why?
  - If yes, what?

- How often do you use protection?
  - If sometimes, when, why and with whom?

- Do you understand how to protect yourself from STDs and HIV?
  - Do you want to review this?
Pregnancy Protection and Desires

- Are you trying to conceive or father a child?
- Are you concerned about getting pregnant or getting your partner pregnant?
- Are you using contraception or any form of birth control?
- Do you want information on birth control?
- Do you want to discuss challenges regarding having children?
Sexual Health

- Do you feel sexually satisfied?
- What issues concern you?
- Do you want to speak with anyone at greater length about your sexual satisfaction or sexual health?
Sexual Risk Algorithm

Have you been sexually active in the past year?
- No
  - Have you ever been sexually active?
    - Yes
      - Have you had sex with women, men, or both?
        - How many sex partners have you had in your lifetime? If sex with both men and women, ask for each.
          - One partner
            - Ask about length of relationship and if their partner has other partners
          - Multiple partners
            - If relationship is not monogamous
  - Yes
    - Are you having sex with women, men, or both?
      - Multiple partners
        - How many people have you had sex with in the last six months? If sex with both men and women, ask for each.
          - One partner
        - If relationship is not monogamous
      - One partner
        - Ask about length of relationship and if their partner has other partners
        - If relationship is not monogamous

Do a risk assessment.
Critical Points and Changing Practice

- USPSTF: Routine HIV testing for all between 15-65
  - Once for all
  - For younger or older patients and more frequently based on behavior

- Discuss difference between HIV prevention and STD prevention
  - Oral Sex unlikely to transmit HIV, but will lead to transmission of syphilis, chlamydia, gonorrhea
  - Use of sex toys can lead to transmission of HPV
  - Screening and Vaccinations
    - USPSTF, ACIP, and CDC

- Consider integrated prevention
  - Behavioral
  - Biomedical
Why Learn about Sexual Orientation and Gender Identity in Clinical Settings
Unique Issues in LGBT Health

- Bias in Health Care
- Stigma and Discrimination
- Social Determinants

Health Care Disparities
The Impact of Stigma and Discrimination
LGBT Disparities: Healthy People 2020

- LGBT youth
  - 2 to 3 times more likely to attempt suicide.
  - More likely to be homeless (20-40% are LGBT)
  - Risk of HIV, STD’s

- MSM are at higher risk of HIV/STDs, especially among communities of color

- LGBT populations have the highest rates of tobacco, alcohol, and other drug use

- Lesbians are less likely to get preventive services for cancer
LGBT Disparities: Healthy People 2020

- Transgender individuals experience a high prevalence of HIV/STI’s, victimization, mental health issues, and suicide.
  - They are also less likely to have health insurance than heterosexual or LGB individuals.

- Elderly LGBT individuals face additional barriers to health because of isolation and fewer family supports, and a lack of social and support services.
L,G,B,T Invisibility
Ending LGBT Invisibility in Health Care

- Has a clinician ever talked with you about your sexual history: behavior, health, and satisfaction?
- Has a clinician ever asked about your sexual orientation?
- Has a clinician ever asked about your gender identity?
Discordance between Sexual Behavior and Identity

- 9.4% of men who identified as “straight” had sex with a man in the prior year in 2006 study of 4193 men in NYC (Pathela, 2006)
  - These men were more likely to:
    - Belong to minority racial and ethnic groups
    - Be of lower socio-economic status
    - Be foreign born
    - Not use a condom

- 77-91% of lesbians had at least one prior sexual experience with men
  - 8% in the prior year (O’Hanlan, 1997)

- Make no assumptions
Understanding the T in LGBT

- Significant health disparities have been documented among transgender people
  - HIV
  - STDs
  - Behavioral Health

- The importance of understanding
  - Gender identity
  - Gender expression
  - Assigned birth sex
  - Medical history
  - Current anatomy
Understanding the T in LGBT: The Transgender Umbrella

- **Transgender** – describes individuals who have a gender identity not fully congruent with their assigned sex at birth. May or may not include a hormone therapy and/or surgery. Some use the term transsexual. Additional terminology:
  - Trans Man
  - Trans Woman
  - M T F – Male to Female
  - F T M – Female to Male

- **Genderqueer**: a relatively new term used by individuals who don’t identify as either male or female, or identify as both male and female, or fall along the gender spectrum in some other non-binary way

- **Transgender, Gender Variant, Gender Non-Conforming**: Umbrella terms used to group the many gender different communities
Alternative Constructs of Gender Identity: Terminology Follows Concept

Medical Construct: Gender Reassignment Or Transitioning

Patient Centered Construct: Gender Affirmation

Identity Begins Here

Identity Begins Here
Putting It All Together: Summary of Sexuality and Gender

**Biological Sex**
- Refers to the presence of specific organs, hormones, and chromosomes. Also may be referred to as ‘Assigned Sex at Birth’

**Gender Identity**
- What your internal sense tells you your gender is

**Sexual Orientation**
- Who you are physically, emotionally, and spiritually attracted to
- Who you have sex with
- How you identify yourself

**Gender Expression**
- How you present your gender to society

Adapted from Sam Killerman
I. Prevention: Improve Access, Quality, and Outcomes in WSW

- IOM: Lesbians and bisexual women may use preventive health services less frequently than heterosexual women.
  - How can we insure adequate care if we don’t routinely gather data that from individuals that is population specific?
  - How can we help clinicians and consumers learn more about optimizing care if we don’t gather information and use what we learn as teachable moments?
Quality Preventive Care for Lesbians and Bisexual Women
Cancer Prevention for Lesbians and Bisexual Women: Cervical Cancer

- Rates of cervical cancer are as high for lesbians and bisexuals as for heterosexual women.
- Cervical cancer screening should be promoted for all women, including lesbian and bisexual women.
- Detailed guidelines should reinforce the fact that even women who exclusively have sex with women should be screened according to usual guidelines.
Transgender Men and Cervical Cancer Screening

- The majority of transgender men do not undergo complete sex reassignment surgery and still retain a cervix if a total hysterectomy is not performed.
  - Cancers of female natal reproductive organs are still possible in these individuals, and cervical cancer has been documented in a male transgender patient.

- Transgender men with a cervix should follow the same screening guidelines as natal females.
  - Pap tests can be difficult for transgender men for a number of reasons.

- Sensitivity to these unique barriers is important while still emphasizing the importance of regular screening.
II. Clinical Practices to Improve HIV Prevention and Care for MSM
HIV Incidence by Transmission Category, United States, 2010

- Male-to-Male Sexual Contact (MSM): 63%
- Heterosexual Contact: 26%
- Injection Drug Use (IDU): 8%
- MSM/IDU: 3%
- Other <1%

[Source: National LGBT Health Education Center]
Why is HIV incidence highest among black MSM?

- Sexual risk behaviors and substance use do not explain the differences in HIV infection between black and white MSM.

- The most likely causes of disproportionate HIV infection rates are:
  - Barriers to access health care
  - Low frequency of recent HIV testing
  - High HIV prevalence in black MSM networks
  - High prevalence of other STI’s which facilitate HIV transmission
HIV Incidence in the United States, 2006-2010

- Incidence among MSM and MSM/IDU

(Increased 60% from 2006-2010)
What we need to know to provide quality care

- Understand cultural diversity among MSM (all LGBT people)
- How to reach underserved populations
- How to help people discuss identity and behavior in clinical settings
- How to use this information to improve effective prevention and care
  - Ensure HIV testing and counseling
  - Ensure screening for STD’s
  - Develop effective linkages to treatment
III. Quality Care for Transgender People I: Joanne M

- Joanne M is a 50-year-old woman who developed high fever and chills after head and neck surgery

- She had never been HIV tested, but had engaged recently had unprotected sex

- Evaluation suggested acute HIV infection
III. Quality Care for Transgender People II: Jacob R’s story

- Jacob R is a 40-year-old man who came in with bleeding from his genital area.

- He had not had genital surgery and still had an intact cervix and vagina. He had not shared this information with his doctor as he was embarrassed.

- Evaluation revealed invasive cervical cancer.
IOM Recommendation: Data on Sexual Orientation and Gender Identity Should be Collected in Electronic Health Records

- Recognition of Challenges and Barriers
  - Confidentiality
  - Reluctance/Desire to Share
  - Need for Provider Education

- Direct benefit to individual patients, insuring quality, and evaluation of disparities at practice level to learn about educational needs for clinicians and staff.

- Critical to doing effective population health as part of patient centered medical homes or health homes.
Gathering LGBT Data During the Process of Care: New Opportunities to Gather Data from All

DATA INPUT AT HOME

ARRIVAL

REGISTER ONSITE

SELF REPORT OF INFORMATION ON SEXUAL ORIENTATION (SO) AND GENDER IDENTITY (GI)

SO/GI DATA NOT REPORTED

PROVIDER VISIT INPUT FROM HISTORY

INFORMATION ENTERED INTO EHR

YES

NO
# Collecting Demographic Data on Sexual Orientation

1. **Which of the categories best describes your current annual income?** Please check the correct category:
   - ☐ $<10,000
   - ☐ $10,000–14,999
   - ☐ $15,000–19,999
   - ☐ $20,000–29,999
   - ☐ $30,000–49,999
   - ☐ $50,000–79,999
   - ☐ Over $80,000

2. **Employment Status:**
   - ☐ Employed full time
   - ☐ Employed part time
   - ☐ Student full time
   - ☐ Student part time
   - ☐ Retired
   - ☐ Other ________________

3. **Racial Group(s):**
   - ☐ African American/Black
   - ☐ Asian
   - ☐ Caucasian
   - ☐ Multi-racial
   - ☐ Native American/Alaskan Native/Inuit
   - ☐ Pacific Islander
   - ☐ Other ________________

4. **Ethnicity:**
   - ☐ Hispanic/Latino/Latina
   - ☐ Not Hispanic/Latino/Latina

5. **Country of Birth:**
   - ☐ USA
   - ☐ Other ________________

6. **Language(s):**
   - ☐ English
   - ☐ Español
   - ☐ Français
   - ☐ Português
   - ☐ Русский

7. **Do you think of yourself as:**
   - ☐ Lesbian, gay, or homosexual
   - ☐ Straight or heterosexual
   - ☐ Bisexual
   - ☐ Something Else
   - ☐ Don't know

8. **Marital Status:**
   - ☐ Married
   - ☐ Partnered
   - ☐ Single
   - ☐ Divorced
   - ☐ Other ________________

8. **Veteran Status:**
   - ☐ Veteran
   - ☐ Not a veteran

1. **Referral Source:**
   - ☐ Self
   - ☐ Friend or Family Member
   - ☐ Health Provider
   - ☐ Emergency Room
   - ☐ Ad/Internet/Media/Outreach Worker/School
   - ☐ Other ________________
Collecting Demographic Data on Gender Identity

- What is your current gender identity? (check ALL that apply)
  - Male
  - Female
  - Transgender Male/Trans Man/FTM
  - Transgender Female/Trans Woman/MTF
  - Gender Queer
  - Additional Category (please specify)
    __________

- What sex were you assigned at birth? (Check One)
  - Male
  - Female
  - Decline to Answer

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

Center of Excellence for Transgender Health UCSF
Preparation for Collecting Data in Clinical Settings

- Clinicians: Need to learn about LGBT health and the range of expression related to identity, behavior, and desire
  - Staff needs to understand concepts
- Patients: Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately
- Data Collection: Critical, and has to be done sensitively without assumptions routinely on all, along with other demographic data
Tools for Change!

TAKING ROUTINE HISTORIES OF SEXUAL HEALTH:
A System-Wide Approach for Health Centers
April 2013

Sexual Risk Assessment

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 should already have been covered during the First Three Questions of the sexual history. They are listed again here but do not need to be repeated.

- Are you having sex with women only, men only, or both? (If both, ask the next question twice—once for male partners, and once for female partners)
- How many sexual partners have you had in the past six months?

Additional risk questions about partners:

- Have you ever had sex with someone you didn’t know or just met?
- Have you ever traveled internationally, to places such as Thailand or Africa, to have casual sex?

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

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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/ghs/health/

Our task is improving quality and access to care for all.
The National LGBT Health Education Center
at The Fenway Institute:
We are here to help you!

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