

Evidenced-Based Interventions to Improve Routine Screening and Testing of Bacterial STIs

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20
22

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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe the impact of the four evidence-based interventions used by the nine clinics in this study to improve bacterial STI screening and testing in people with or at-risk for HIV
2. Summarize ways to implement the selected interventions into other RWHAP or Health Center Program funded clinical care sites
3. Recognize tools and products developed by this project team to be used by clinical teams as needed

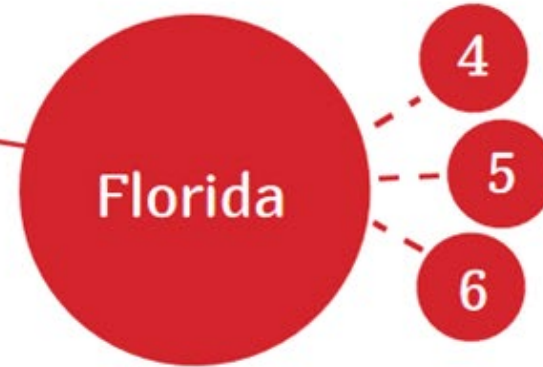
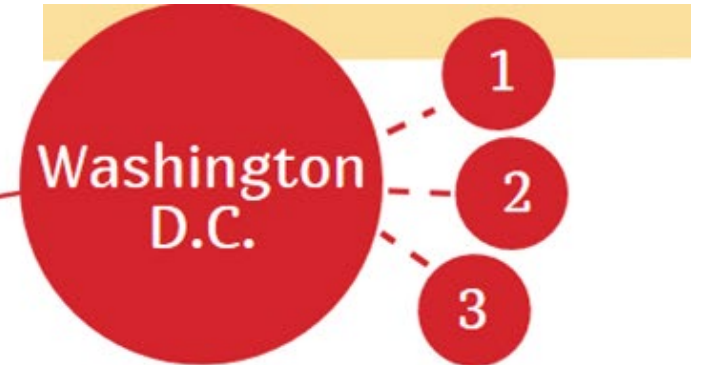
Sign Up to Receive a Free STI Clinic Starter Kit



https://docs.google.com/forms/u/0/d/1RkPqF4ZAqaIFfY66VdvhaGaOPnSWhSKrDKxvEiiFVN0/viewform?edit_requested=true#settings

Improving STI Screening and Treatment Among People with HIV (PWH) or At Risk for HIV

François-Xavier Bagnoud Center,
Rutgers School of Nursing



<https://targethiv.org/STIs>

Project Demographics

Estimation Prior to Intervention Implementation

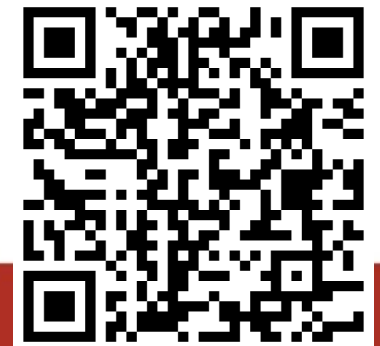
Jurisdiction	Total	MSM with HIV	Adolescent Young Adults* with HIV	Pregnant with HIV	Transgender Women with HIV	People at Risk for HIV
	Est	Est	Est	Est	Est	Est
Florida	2,600	757	128	58	31	0
Louisiana	2,007	277	287	71	6	1500
Washington DC	731	85	70	2	4	90
Total	5,338	1,119	485	131	41	1670

*Those between 18 and 30 years old MSM = men who have sex with men

QR Code: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261824>

Cullinen K, et al (2021) Improving STI screening, testing, and treatment among people with HIV: A mixed method needs assessment to inform a multi-site, multi-level intervention and evaluation plan. PLOS ONE 16(12): e0261824.

<https://doi.org/10.1371/journal.pone.0261824><https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261824>



STI SPNS Baseline Assessment*

- Qualitative

- *Clinical Team Member Interview**

- Quantitative:

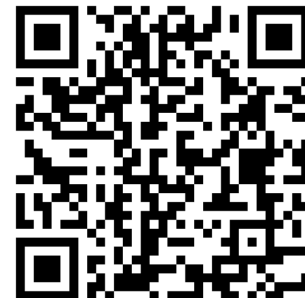
- *Pre-Intervention Data Survey (2016–2017)*
- *Clinic Workflow Operations Checklist*
- *STI Screening Readiness Checklist**
- *Clinical Team Member Process, Attitudes, & Beliefs Survey**

*Data collected from clinic designated
Change Champion,
Clinical Prescriber,
Clinical Non-Prescriber
(n=27)

QR Code: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261824>

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Clinical Team Member Interview: *Clinic's STI Care*

Resulting Themes

- 1) Cultural competency, knowledge gaps, training needs, barriers, and recommendations
- 2) Clinical barriers to STI care and recommendations
- 3) Non-clinical barriers to STI care and recommendations

Clinical Team Member Process, Attitudes, & Beliefs Survey

Process	Clinical Practice	Respondents (%)
Sexual History Taking	Conduct a consistent, comprehensive sexual history on intake	44
Sexual History Taking	Conduct follow-up sexual histories at acute care visits when symptomatic for an STI	74
STI Testing among Sexually Active PWH	Test for STIs (syphilis , GC/CT for at least 1 anatomical site) at least annually	67
STI Testing among Sexually Active PWH	Test for STIs q 3-4 months (syphilis and GC/CT at least one anatomical site)	18
STI Testing among Sexually Active PWH	Test for STIs if symptomatic for STI	78
STI Testing among Sexually Active PWH	Offer patients self-collection for GC/CT NAATs	75
Patients are brought back to clinic for treatment of a positive STI test result after being tested within . . .	1-3 days	52
Patients are brought back to clinic for treatment of a positive STI test result after being tested within . . .	4-10 days	48

QR Code: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261824>

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Clinical Team Member Process, Attitudes, & Beliefs Survey

Clinical Environment	Clinical Environment	Respondents (%)
Clinical Barriers to STI testing/ treatment	Patient refuses to have provider do NAAT collection (oropharyngeal, rectal, and/or genital)	44
Clinical Barriers to STI testing/ treatment	Patient refuses to provide urine for NAAT	26
Clinical Barriers to STI testing/ treatment	Provider discomfort with sexual history taking and specimen collection process	18
Clinical Barriers to STI testing/ treatment	Supplies for STI testing are not easily accessible in exam room	15
Non-Clinical Barriers to STI testing/ treatment	Clinic Site <i>less than friendly</i> to LGBTQ+ individuals	26
Non-Clinical Barriers to STI testing/ treatment	Clinic Site <i>less than friendly</i> to adolescents/young adults	26
Non-Clinical Barriers to STI testing/ treatment	Clinic Site <i>less than culturally competent</i> for both LGBTQ+ individuals and adolescents/young adults	37

Cullinen K, et al (2021) Improving STI screening, testing, and treatment among people with HIV: A mixed method needs assessment to inform a multi-site, multi-level intervention and evaluation plan. PLOS ONE 16(12): e0261824. <https://doi.org/10.1371/journal.pone.0261824> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261824>

Clinic STI Screening/ Testing Flow

Clinical or Non-Clinical	Indicators	Clinics
Clinical	Providers conduct a sexual history	9
Clinical	Patient asked to provide urine for GC/CT NAAT GU specimen	9
Clinical	Patient self-collects extragenital site GC/CT NAAT specimen(s)	6
Clinical	Provider collect/request extragenital GC/CT NAAT specimen(s)	8
Clinical	Patient satisfaction assessment conducted after visit per clinic policy	8
Clinical	Provider collects a GU CT/GC NAAT specimen	5
Clinical	Providers discusses HIV testing if indicated	7
Clinical	Nurse/MA conduct rapid POC tests as indicated (Pregnancy, HIV, syphilis)	7
Non- Clinical	Waiting Room with visible LGBTQ+ welcoming clinical space indicators	4
Non-Clinical	Waiting Room with visible indicators of adolescent/young adult friendliness	7

STI Screening Clinic Readiness Checklist

Readiness Indicators	Clinics
Staff knowledge of STI screening, testing, diagnosis, and treatment	9
Clinic capacity to increase GC, CT, and syphilis testing	9
Provider time to conduct physical exams for indicators of STIs	9
Provider knowledge to conduct physical exams for indicators of STIs	9
Having the supplies needed for GC, CT, and syphilis testing	9
Working to reduce identified barriers related to STI testing, diagnosis, treatment, and follow-up	9
Laboratory testing of extragenital site GC/CT NAAT specimens along with urine/GU testing	8
Policy/procedure for necessary follow-up care/support to patients diagnosed with an STI	8
Walk up appointments for STI testing/treatment for same day	8
Monitor system for STI testing, diagnosis, treatment, and follow-up for clinic population(s)	7
Routine STI harm-reduction counseling (condom use, sex with drug use, U = U) with all patients	7

STI Screening Clinic Readiness Checklist

Readiness Indicators	Clinics
Capacity to provide HIV/STI testing/treatment services to partners of people with HIV	6
Having the supplies needed for HIV testing ^a	6
Policies/procedures by clinic staff to allow for maximum reimbursement of STI services provided	4
Process to evaluate patient care satisfaction and/or experiences regarding STI testing and treatment	4
Policies/procedures regarding staff member(s) responsibility for prevention of HIV (for HIV-uninfected patients), GC, CT, and syphilis	3

^a100% of BPHC-funded Health clinics

STI Screening Clinic Readiness Checklist

State/Local DOH DIS services for:	Clinics
Syphilis	9
HIV	9
GC/CT	3

Utilizing a range of media platforms to communicate STI information to:	Clinics
MSM	6
Pregnant Persons	5
Adolescents/Young Adults	4
Persons at Risk for HIV	4
Transgender Women	1

Baseline Assessment Findings

Sexual History Taking

- 44% conduct a consistent, comprehensive sexual history on intake
- 74% conduct follow-up sexual histories at acute care visits when symptomatic for an STI
- Sexual history questions were different at different clinics and even different among some providers within the same clinic

STI Testing

- Among sexually active adolescents and adults with HIV:
 - 67% test for STIs (syphilis and GC/CT of at least one anatomical site) on at least an annual basis
 - 18% test for STIs every 3-4 months (syphilis and GC/CT at least one anatomical site)
 - 78% test for STIs if symptomatic for an STI
 - 59% of report offering patient self-collecting for NAAT GC/CT


STI Clinical Care Evidence-Based Interventions

Sexual Health Screening



screening
S

Self Collection Testing




testing
T

Provider Training



intervening
I

Welcoming Clinic Space Indicators



services
S

STI SPNS Final Sample

All planned **interventions** were **implemented in all 9 clinics:**

- 1,382 unique individuals consented and included in evaluation
- Mean age 44.6 yrs (range 18-83 years)
- 69% Black, 26% White, 7.4% Latino

7,824 CT/GC NAATs and syphilis tests were completed over course of study

- Marked increase in the number extragenital testing
- Positive results (86% were asymptomatic)
 - 3% positive CT tests
 - 3.1% positive GC tests
 - 6.6% new syphilis

STI SPNS Project Demographics

N=1382 Across 9 Clinics

Sexual Orientation	N (%)
Heterosexual	655 (56)
Same-gender Loving	362 (30)
Bisexual/Pansexual	87 (7)
Something Else	6 (1)
Don't Know	8 (1)
Did not disclose	27 (2)

Identified Gender	N (%)
Male	742 (63)
Female	391 (33)
Transgender Female	14(1)
Transgender Male	8 (1)
Genderqueer	7 (1)
Did not disclose	3 (1)


STI Clinical Care Evidence-Based Interventions

Sexual Health Screening



screening
S

Self Collection Testing




testing
T

Provider Training



intervening
I

Welcoming Clinic Space Indicators



services
S

CDC STI Testing Guidelines For PWH

- Screen ALL sexually active PWH for GC/CT and syphilis at the first HIV evaluation and at least annually thereafter
 - MSM with HIV should be screened for GC and CT at **appropriate anatomic sites of exposure**
- More frequent screening depending on individual risk behaviors
 - For MSM with HIV, screen for GC/CT and Syphilis at 3 to 6-month intervals, including MSM on PrEP if there are risk behaviors or their sex partners have multiple partners.
 - MSM at risk for HIV may benefit from more frequent HIV screening (e.g., every 3–6 months)

<https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>



Sexual Health History (SHH) Screening

Recognized Barriers to Completion

- Provider lack of knowledge regarding completing SHH
- Provider assumption regarding patient STI risk
- Time constraints/competing priorities
- Communicating barriers including language, hearing, and vision
- Providers fear a privacy risk/Patients fear a confidentiality break
- Cultural bias resulting in discomfort
- Providers fear of intrusion

<https://www.cdc.gov/std/treatment/sexualhistory.pdf>

Palaiodimos L, et al (2020). J Sex Med. 2020 Aug;17(8):1509-1519. doi: 10.1016/j.jsxm.2020.05.004



ACASI-Based Sexual History

Your monitor is currently set to a resolution of: 1,280 x 768 pixels (Width x Height).
 This should display properly on your monitor.

Audio Computer Assisted Self Inventory Software



ACASI LLC
 AUDIO COMPUTER-ASSISTED SELF-INTERVIEW SOFTWARE

Learn more on our webpage:
<http://acasillc.com>

Site: LA02 LSU-Shreveport
ACASI System: SPNS STI Grant
 Version: ACASI-LLC-1042_2020-04-02

Computer ID:
COMPUTER_01

Contact:
csb laptop

For More info go to website
<https://acasillc.com/acasi.htm>



About this ACASI System
Set up Computer
Data Backup



Version: ACASI-LLC-1042_2020-04-02

QR Code: <https://acasillc.com/acasi.htm>

Cons

- Separate system that can not interface with EMR HL7 issues
- Cost
- Historically Windows based only platform

Pros

- Highly Effective
- Applicable to various assessment tools
- Over come language, vision and literacy barriers

Other Companies

Lumina Corps© (NOVA)

Westat © Blaise©

Survey Questions

SPNS STI Grant


Language for HISTORY SURVEY:


- 1 English
- 2 Spanish
- 3 Haitian Creole
- 4 Amharic




Survey Questions 2

SPNS STI Grant

 Stop Survey



 I don't know the answer

 I don't want to answer

What is your current gender identity?

(Check one)


- 1** Male
- 2** Female
- 3** Transgender Male or Transgender Man or Female-to-Male
- 4** Transgender Female or Transgender Woman or Male-to-Female
- 5** Genderqueer, neither exclusively male nor female
- 6** Additional Gender Category or Other
- 7** Choose not to disclose


 


Version: SEC_A_2020-03-31

Survey Questions 3

SPNS STI Grant



 Stop Survey

 I don't know the answer

 I don't want to answer

What sex were you assigned at birth on your original birth certificate?

- 1** Male
- 2** Female
- 3** Choose not to disclose

Version: SEC_A_2020-03-31

Survey Questions 4

SPNS STI Grant



Stop Survey



I don't know
the answer



I don't want
to answer

What is your
sexual orientation identity?


(Check one)


- 1 Straight or heterosexual
- 2 Lesbian or gay or same-gender loving
- 3 Bisexual or pansexual
- 4 Something else
- 5 Don't know
- 6 Choose not to disclose




Survey Questions 5

SPNS STI Grant

 Stop Survey


 I don't know the answer

 I don't want to answer




Since your last health care provider visit, have you had:

Any discharge or mucus of any color coming from your penis?

1 No

2  Yes


3 Not applicable


  


Version: SEC_A_2020-03-31

Survey Questions 6

SPNS STI Grant

 Stop Survey


 I don't know the answer




 I don't want to answer

Since your last health care provider visit, have you had:

Any discharge or mucus of any color coming from your rectum or anus or butt?

1 No


2  Yes


  


Version: SEC_A_2020-03-31

Survey Questions 7


SPNS STI Grant


 Stop Survey




 I don't know the answer

 I don't want to answer

Since your last health care provider visit, have you had any sex with someone with a penis?

 No

 Yes


  


Version: SEC_A_2020-03-31

Survey Questions 8

SPNS STI Grant

 Stop Survey

 I don't know the answer

 I don't want to answer

Since your last health care provider visit, which types of oral or mouth sex have you had?

(Check all that apply)

- 1 Partner's mouth to your penis or vagina
- 2 Partner's mouth to your anus or butt
- 3 Your mouth to your partner's penis or vagina
- 4 Your mouth to your partner's anus or butt



Survey Questions 9

SPNS STI Grant

 Stop Survey

 I don't know the answer

 I don't want to answer

For what kinds of sex did you use a male condom?
(Check all that apply)

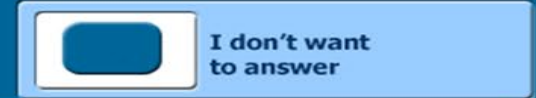
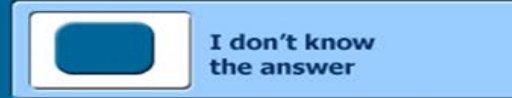
- 1 Oral sex
- 2 Vaginal sex
- 3 Rectal sex
- 4 Not applicable

Navigation icons: back, volume, forward

Version: SEC_A_2020-03-31

Survey Questions 10

SPNS STI Grant



If you need a test for gonorrhea and chlamydia from your rectum or butt, which would you prefer?

1 ✓

I would prefer to collect the swab myself after being told how

2

I would prefer that a health care team member collects the swab



Completed Survey

You have completed this survey.
Thank you!
Now let your health care provider know you are finished.



Tests Needed

Tests Needed:

- Throat NAAT
- Urine or genital NAAT
- Rectal NAAT
- Syphilis serology

Prefers swab done by:

	Self	Provider	Cup
Throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Printout of Results

PATIENT: 2345617

INTERVIEWER: CSB

Visit Date: December 10, 2020

Site: LA02 LSU-Shreveport

Clinic: (1) HIV primary care clinic

Q_01: What is your current gender identity? (2) Female

Q_02: What sex were you assigned at birth on your original is birth certificate (1) Male

Q_03: What is your sexual orientation identity? (6) Choose not to disclose

SUMMARY:

Tests Needed:

Throat NAAT: (0) NO

Urine or genital NAAT: (1) YES

Rectal NAAT: (1) YES

Syphilis serology: (1) YES

Swab Preferences:

Throat: (2) PROVIDER

Genital (2) PEE IN CUP

Rectum (1) SELF

Printout of Results 2

Q_04_INTRO: Since your last health care provider visit, have you had:

Q_04_01: Any discharge or mucus of any color coming from your penis (2) Not applicable

Q_04_02: Any discharge or mucus of any color coming from your vagina (0) NO

Q_04_03: Any discharge or mucus of any color coming from your rectum or anus or butt (0) NO

Q_04_04: Any burning or pain when you urinate or pee (0) NO

Q_04_05: A rash anywhere on your body (0) NO

Q_04_06: A sore, even if it does not hurt, on your penis (2) N0t Applicable

Q_04_07: A sore, even if it does not hurt, on your vagina (1) YES

Q_04_08: A sore, even if it does not hurt, in your mouth (1) YES

Q_04_09: A sore throat (1) YES

Q_04_10: Swollen, painful lymph nodes or glands in your neck(0) NO

Q_04_11: Swollen painful lymph nodes or glands in your groin (1) YES

Q_05: Since your last health care provider visit, have you had any sex including oral or vaginal or rectal? (1) YES

Q_06: Since your last health care provider visit, have you had any sex with someone with a penis? (1) YES

Q_07: How many different people? (3)

Q_08: Were any of them new sexual partners since your last health care provider visit? (1) YES

Q_09: Since your last health care provider visit, have you had sex with someone with a vagina? (1) YES

Q_10: How many different people? (3)

Q_11: Were any of them new sexual partners since your last health care provider visit? (1) YES

Q_12: Since your last health care provider visit, have you had any oral or mouth sex? (1) YES

Q_13_GROUP: Since your last health care provider visit, which types of oral or mouth sex have you had? (Check all that apply)

Q_13_01: Partner's mouth to your penis or vagina (1) YES

Q_13_02: Partner's mouth to your anus or butt (1) YES

Q_13_03: Your mouth to your partner's penis or vagina (1) YES

Q_13_04: Your mouth to your partner's anus or butt (1)

Printout of Results 3

Q_14: Since your last health care provider visit, have you had any vaginal sex, that is someone's penis in your vagina or your penis in someone's vagina? (1) YES

Q_15: Since your last health care provider visit, have you had any anal or butt sex? (1) YES

Q_16_GROUP: Since your last health care provider visit, which types of anal or butt sex have you had?

Q_16_01: Anal insertive, that is your penis in your partner's rectum or butt (1) YES

Q_16_02: Anal receptive, that is your partner's penis in your rectum or butt (1) YES

Q_17: Since your last health care provider visit, have you used alcohol before having sex? (1) YES

Q_18: Since your last health care provider visit, have you used marijuana or any other drug(s) before having sex? (1) YES

Q_19: Since your last health care provider visit, have you received or given money or housing or food for sex? (1) YES

Q_20: Since your last health care provider visit, with how many different sexual partners did you receive or give money or housing or food for sex? (5)

Q_21: Has your current or past partner or partners been diagnosed or treated for a sexually transmitted infection since your last health care provider visit? (1) YES

Q_22_GROUP: What was the infection and treatment? (Check all that apply)

Q_22_01: Partner got a shot and took some pills for gonorrhea (1) YES

Q_22_02: Partner took some pills only for chlamydia (1) YES

Q_22_03: Partner got a shot(s) once for syphilis (0) NO

Q_22_04: Partner got shot(s) each week for 3 weeks syphilis (1) YES

Q_22_05: Partner got some pills for another infection (0) NO

Q_22_NONE: I do not know what the infection or treatment was (0) NO

Q_23: If you have only one sexual partner, does this partner have sex with other people in addition to you? (1) YES

Q_24: Since you were last seen in the clinic, have you used a male condom? (1) YES

Q_25_GROUP: For what kinds of sex did you use a male condom? (Check all that apply)

Q_25_01: Oral sex (1) YES

Q_25_02: Vaginal sex (1) YES

Q_25_03: Rectal sex (1) YES

Q_25_NONE: Not applicable (0) NO

Sexual History Screening

Condensed Sexual History to Assess STI Screening Needs

What is your current gender identity? *Check only one*

- Male
- Female
- Transgender Male or Transgender Man or Female to Male
- Transgender Female or Transgender Women or Male to Female
- Genderqueer, neither exclusively male nor female
- Additional Gender Category or Other
- Choice Not to Disclose

If you would like, please provide additional information regarding your current gender identity

What sex were you assigned at birth on your original birth certificate? *Check only one*

- Male
- Female
- Choose not to disclose

What is your sexual orientation identity? *Check only one*

- Straight or heterosexual
- Lesbian or gay or same sex-gender loving
- Bisexual or pansexual
- Something else
- Don't Know
- Choose not to disclose

If you would like, please provide additional information regarding your sexual orientation identity

Since your last health care provider visit, have you had:

- | | | |
|--------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Any discharge or mucus of any color coming from your <u>penis or vagina</u> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Any discharge or mucus of any color coming from your <u>rectum or anus or butt</u> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Any <u>burning or pain when you urinate</u> or pee? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| A <u>rash</u> anywhere on your body? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| A <u>sore on your penis or vagina</u> , even if it does not hurt? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| A <u>sore in your mouth</u> , even if it does not hurt? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| A <u>sore throat</u> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Swollen, painful lymph nodes or glands in your <u>neck</u> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Swollen, painful lymph nodes or glands in your <u>groin</u> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Since your last health care provider visit, have you had any sex including oral or vaginal or rectal? YES NO

If "Yes" please turn the page over and continue

Since your last health care provider visit, have you received or given money or housing or food for sex? YES NO

If YES, with how many different sexual partners did you receive or give money or housing or food for sex since your last health care provider visit? *Please place a number here* _____

Sexual History Screening 2

How many different partners have you had any type of sex?

Please place a number here _____

Have you had any new sexual partner(s) since your last health care provider visit? YES NO

Does your partner(s) have sex with other people in addition to you? YES NO UNSURE

Has your current or past partner(s) been diagnosed or treated for a sexually transmitted infection since your last health care provider visit?

YES NO UNSURE

If YES, what was the infection and/ or the treatment?

- Check all that apply*
- My partner got a shot and took some pills for gonorrhea
 - My Partner took some pills for chlamydia
 - My partner got a shot(s) once for syphilis
 - My Partner got shot(s) each week for 3 weeks syphilis
 - I am not sure what the infection was but my Partner got some pills or took a shot for some infection
 - I do not know what my partner's infection or treatment was

Since your last health care provider visit, have you :

Had any sex with someone with a penis? YES NO

Had any vaginal sex, which is someone's penis in your vagina or your penis in someone's vagina? YES NO

Had any oral or mouth sex? YES NO

If YES which *types of oral or mouth sex* have you had?

- Check all that apply*
- I put my mouth to my partner's penis or vagina
 - I put my mouth on my partner's rectum/ butt,
 - My partner put their mouth on my penis or vagina
 - My partner put their mouth on my rectum/ butt,

Had any anal or butt sex? YES NO

If YES, which *types of anal or butt sex* have you had?

- Check all that apply*
- Anal insertive, that is your penis in your partner's rectum or butt
 - Anal receptive, that is your partner's penis in your rectum or butt

Since your last health care provider visit, have you

Used alcohol before having sex? YES NO

Used marijuana or any other drug(s) before having sex? YES NO

Used a male condom while having any type of sex? YES NO

If YES, what kinds of sex did you use a male condom?

- Oral sex
 - Vaginal sex
 - Rectal sex
 - I don't remember
- Check all that apply*

Used a female condom while having any type of sex? YES NO

If Yes what kinds of sex did you use a female condom?

- Oral sex
 - Vaginal sex
 - Rectal sex
 - I don't remember
- Check all that apply*

Used a dental dam while having any type of sex? YES NO

If Yes what kinds of sex did you use a dental dam?

- Oral sex
 - Vaginal sex
 - Rectal sex
 - I don't remember
- Check all that apply*

Do any of the following apply to you or your partner(s) since your last clinic visit?

I keep an undetectable HIV viral load with antiretroviral therapy to prevent my partner(s) from getting HIV

- Check all that apply*
- My partner(s) keep an undetectable HIV viral load with antiretroviral therapy to prevent me from getting HIV
 - My partner(s) uses PrEP to prevent HIV
 - I use PrEP to prevent HIV
 - My partner(s) uses PEP when needed
 - I have used PEP when needed
 - NONE of these apply to me or my partner

Outcome of ACASI SHH

STI Test Recommended by ACASI SHH (% of all ACASI completed)

- Syphilis 47%
- GC/ CT Urine/ GU NAAT Test 33%
- GC/ CT Throat NAAT Test 31%
- GC/ CT Rectal NAAT Test 20%

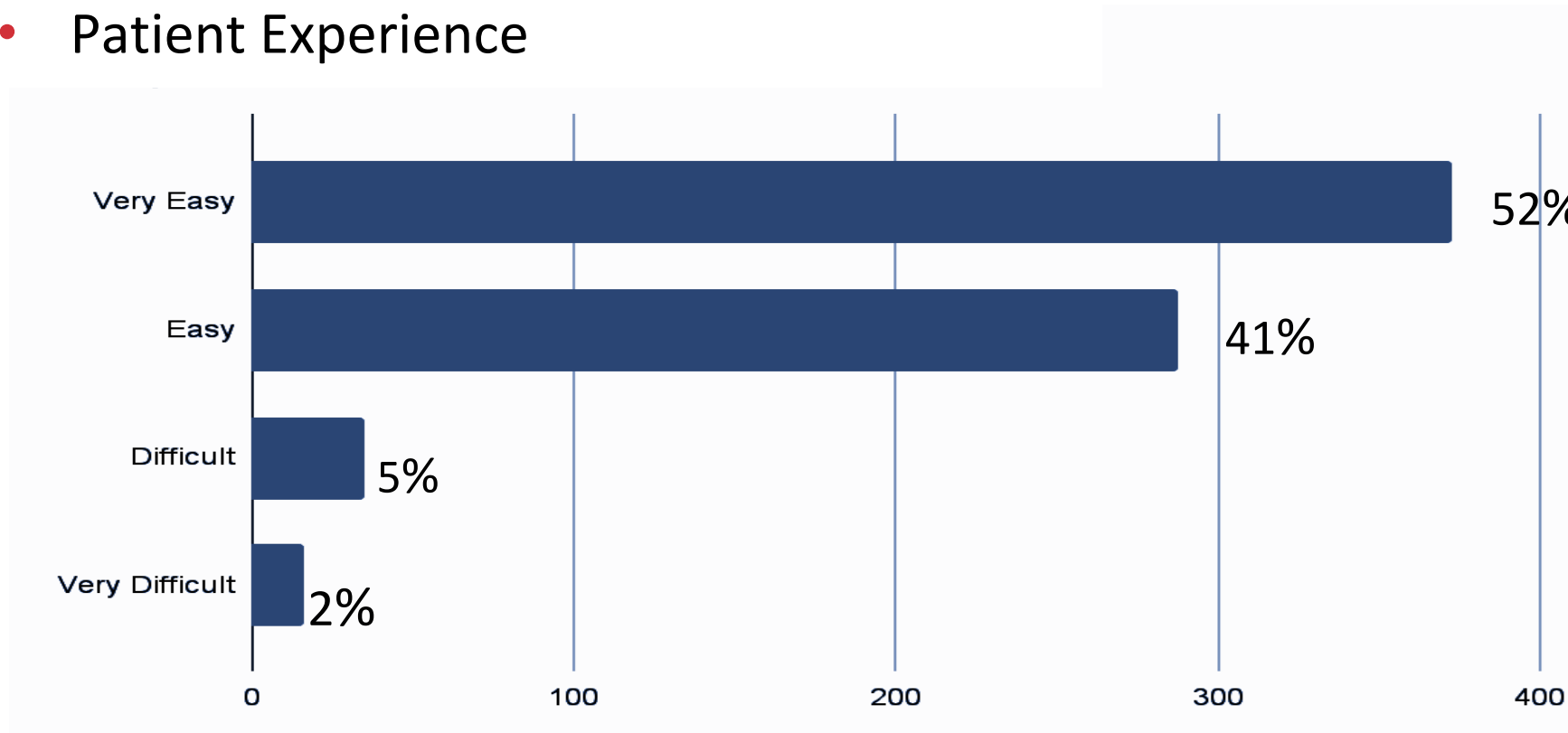
86% were
asymptomatic

7,824 CT/GC NAATs and syphilis tests were completed

- Positive results
 - 3% CT tests
 - 3.1% GC tests
 - New syphilis 6.6% tests

Clinic Experience: Answering Questions About Sexual Behaviors on a Computer or Tablet

- Patient Experience



- Providers ($n = 18$) reported that ACASI positively impacted screening (72%), testing (78%), treatment (44%), and follow-up (55%)

Sign Up to Receive a Free STI Clinic Starter Kit



https://docs.google.com/forms/u/0/d/1RkPqF4ZAqaIFfY66VdvhaGaOPnSWhSKrDKxvEiiFVN0/viewform?edit_requested=true#settings


STI Clinical Care Evidence-Based Interventions

Sexual Health Screening



screening
S

Self Collection Testing




testing
T

Provider Training



intervening
I

Welcoming Clinic Space Indicators



services
S

Patient Self-Collected Nucleic Acid Amplification Test (NAAT)

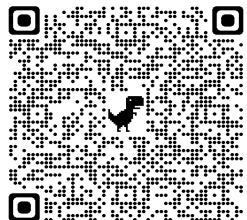
- Patient self-collection has shown **comparable sensitivity and specificity** to provider-collection in clinical and non-clinical settings for the following specimens:
 - Vaginal swabs
 - Rectal swabs
 - Pharyngeal swabs
 - Urine samples
- Acceptability by patients, especially those at risk for STIs is **high**
- Providers in this study felt that self-collection of GC/CT NAATs positively impacted testing (72%), treatment (45%), and follow-up (39%)



Dodge B et al (2010) *Int. J. STD AIDS* 21(4), 260-264.

Sexton M et al. (2013) *J Fam Pract* 62(2):70-8.

FDA. May 23, 2019. <https://www.fda.gov/news-events/press-announcements/fda-clears-first-diagnostic-tests-extragenital-testing-chlamydia-and-gonorrhea>



Perceived Challenges to Patient Self- Collected Nucleic Acid Amplification Test (NAAT) Specimens

Challenges

- Commercial labs disallow patient self-collection of extragenital swab GC/CT NAAT specimens
- STI testing supplies not always available in clinic
- Extragenital site GC/CT NAAT testing prior to May 2019 was not FDA approved

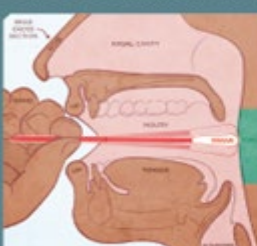
Strengths

- FDA approval of extragenital site GC/CT NAAT specimen testing in May 2019
- Stocking of STI kits is easy!
- Provider and patient collected NAAT specimens are equally valid and reliable
- Patients empowered to collect their own NAAT specimens



Patient Education: Self Collection of NAAT Swabs

TEST YOURSELF

The Visual Guide for a Self-collected Throat Swab



- 1 Wash your hands with soap and water.
- 2 Remove the transport tube and collection swab from packaging.
- 3 Label the transport tube with your Patient label.
- 4 Label the transport tube with the Throat label.
- 5 Open the package containing the collection swab.
- 6 Hold the collection swab far enough from the tip.



- 7 Say AHH... and reach the collection swab into your mouth to gently touch your throat.
- 8 Gently rub the swab tip on your throat side to side, up and down at least 5 times.

- 9 Unscrew the cap from the transport tube.
- 10 Place the collection swab into the transport tube, snapping it at dashed line.
- 11 Put the cap back on the transport tube and twist it closed to prevent leaks.
- 12 Put the transport tube into the biohazard bag.
- 13 Wash your hands with soap and water.

Illustrations and design provided by CapSonic Health, Inc. in Seattle, WA. © 2015 CapSonic Health, Inc. All rights reserved.

HÁGASE LA PRUEBA

Guía visual de un hisopado rectal realizado por usted mismo



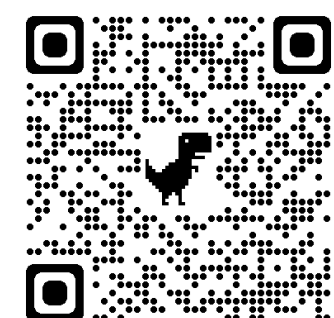
- 1 Lávese las manos con agua y jabón.
- 2 Retire del envase el tubo contenedor y el hisopo para la muestra.
- 3 Etiquete el tubo contenedor con su etiqueta del Paciente.
- 4 Etiquete el tubo contenedor con la etiqueta Rectal.
- 5 Abra el envase que contiene al hisopo para la muestra.
- 6 Sostenga firmemente el hisopo para la muestra por encima de la línea discontinua (más cerca de la punta del hisopo).



- 7 Póngase en una posición cómoda que le permita tener acceso a su ano. Colocar el pie en un banco secalera podría ayudarle.
- 8 Inserte suavemente el hisopo 1 pulgada dentro del recto y haga girar el hisopo en círculo por lo menos 5 veces.

- 9 Desatornille la tapa del tubo contenedor.
- 10 Coloque el hisopo para la muestra en el tubo contenedor, anclándolo hasta la línea discontinua.
- 11 Vuelva a tapar el tubo contenedor y déjelo con un giro para evitar fugas.
- 12 Coloque el tubo contenedor en la bolsa para desechos biológicos.
- 13 Lávese las manos con agua y jabón.

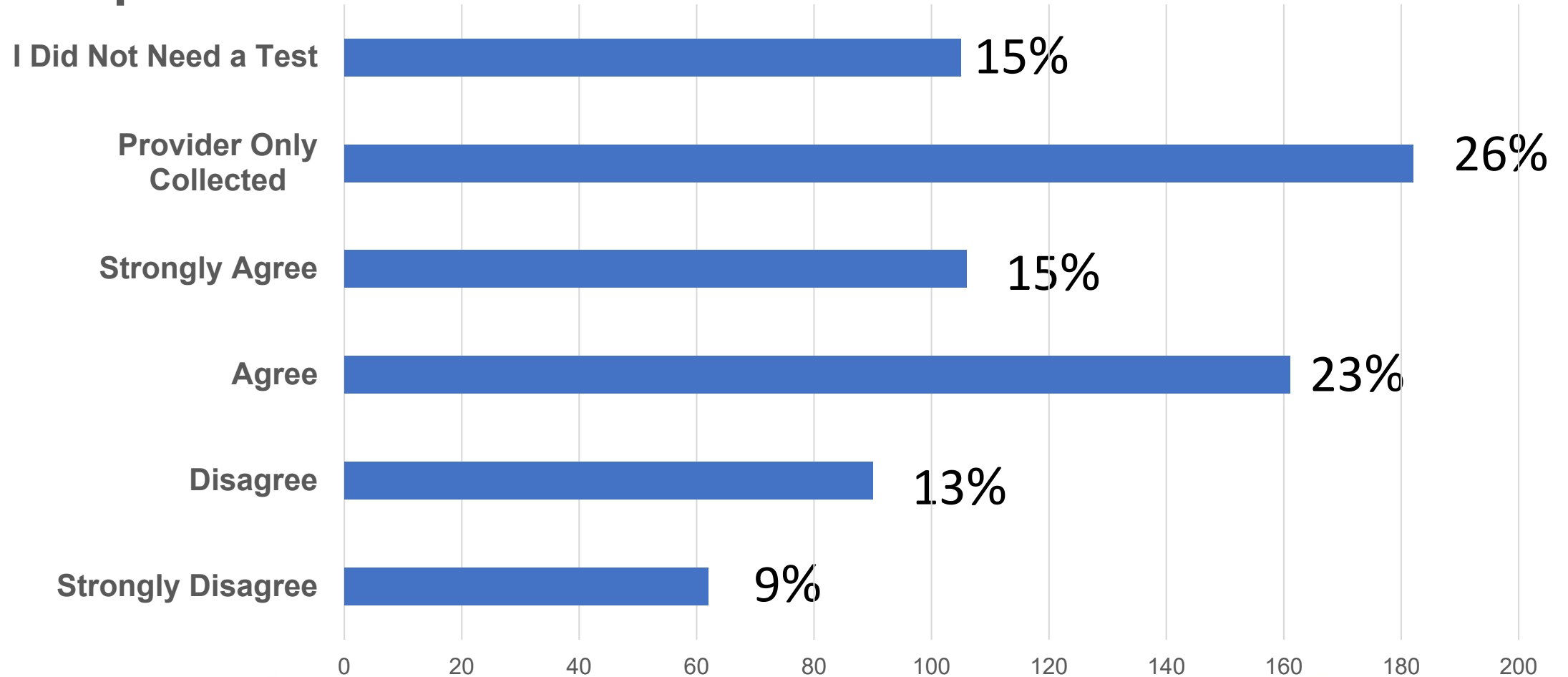
Illustraciones y diseño visual creado por CapSonic Health, Inc. en Seattle, WA. © 2015 CapSonic Health, Inc. Todos los derechos reservados.



Poster courtesy of the University of Washington Prevention Training Center (<http://uwptc.org>)

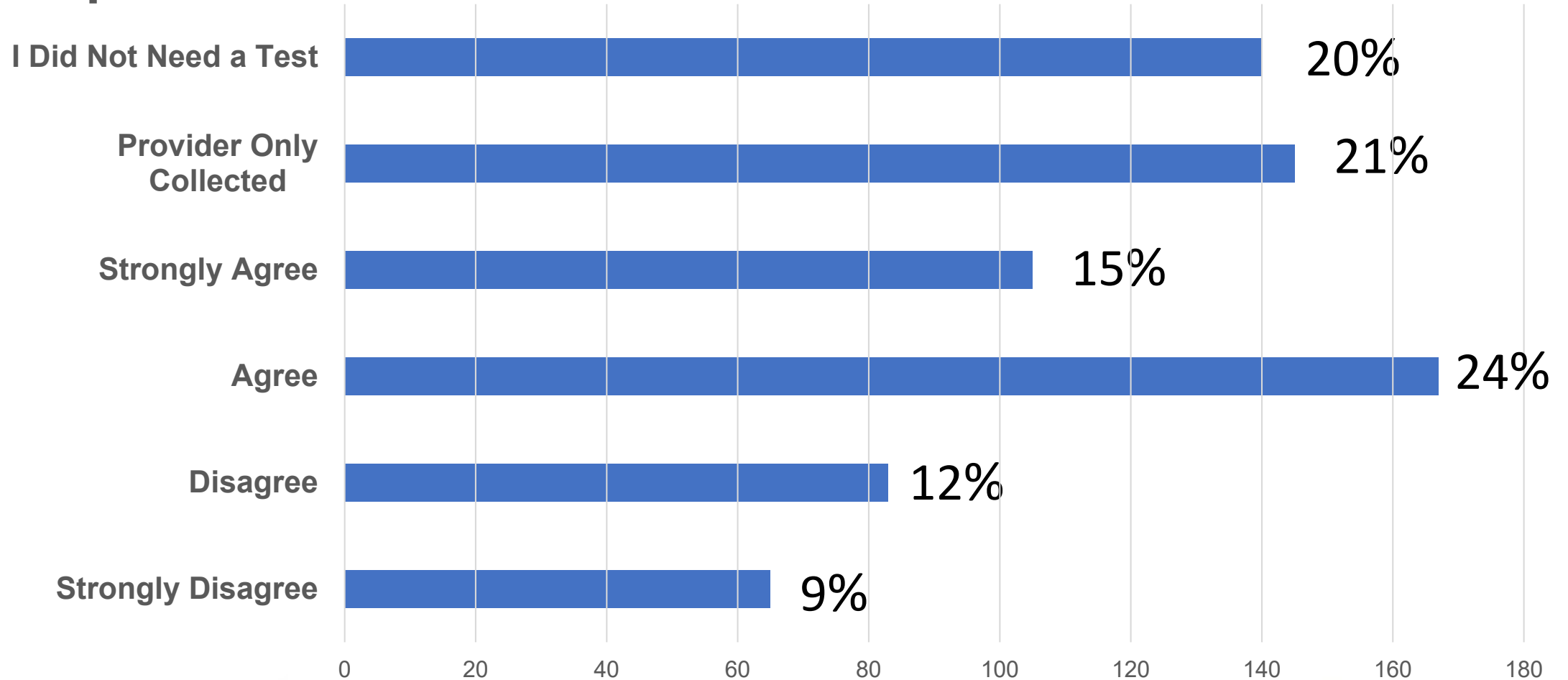
Comfortable Self-Collecting Throat GC/CT NAAT

Responses



Comfortable Self-Collecting Rectal Throat GC/CT NAAT

Responses



Self Testing Experience: Alachua County

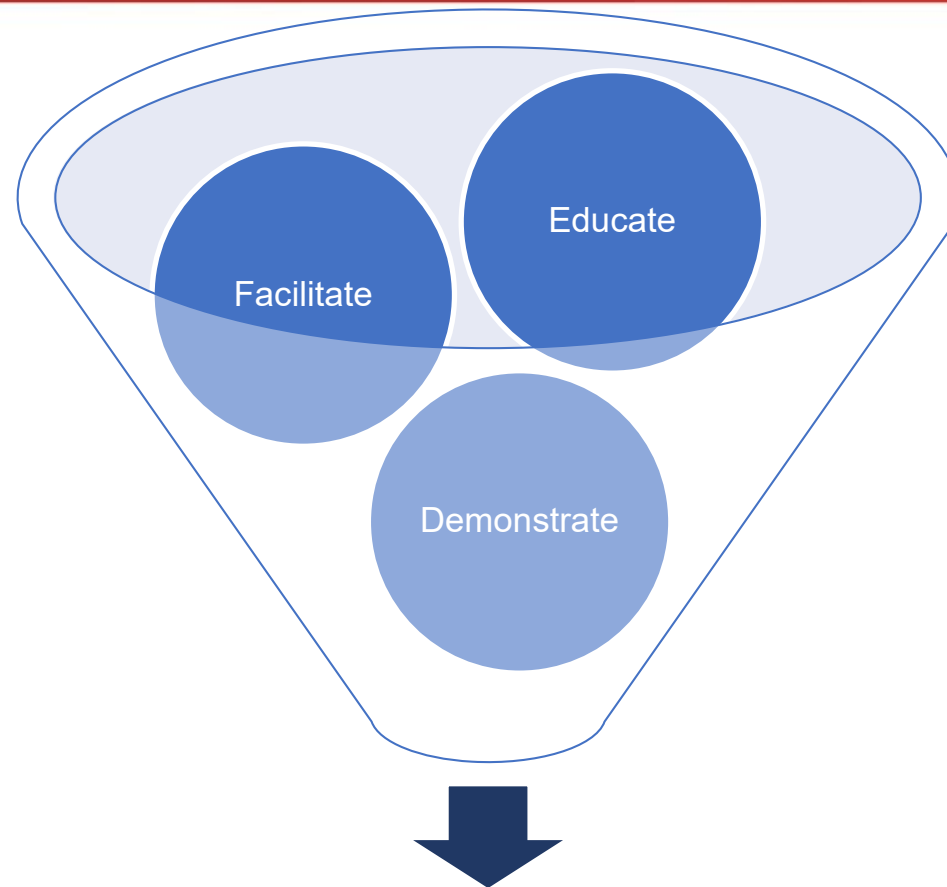
- The majority of patients preferred to self-collect rectal/vaginal swabs
- More reluctant to self-collect throat swabs
- 81 participants screened for extragenital STIs with 147 labs recommended:
 - 64 participants screened at one visit
 - 17 screened at more than one visit; of those 8 changed from provider-collect to self-collect

ACASI Ordered Extragenital STI Labs by Specimen Collection Type

Type of Test	Self-Collected	Provider-Collected	Total
Throat	46	47	93
Rectal	43	6	49
Vaginal	5	0	5
Total	94	53	147

DOH Alachua County. 8/5/20-8/23/2021

Person-Centered Care: Self-Testing Successes



Patient Empowerment


STI Clinical Care Evidence-Based Interventions

Sexual Health Screening



screening
S

Self Collection Testing




testing
T

Provider Training



intervening
I

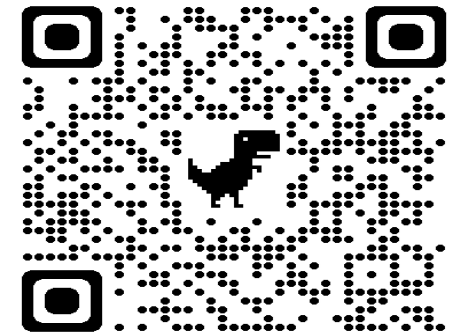
Welcoming Clinic Space Indicators



services
S

Provider Training

- Need and frequency of bacterial STI testing should be **based on a clients' risk factors**, which requires complete sexual health histories
- Studies have found that sexual health histories as part of routine care are not commonly taken, and even when performed miss essential components
- Barriers include:
 - Lack of provider training on administering sexual health histories
 - Lack of provider comfort discussing sexual health histories
 - Lack of culturally competent care



Lanier Y et al. (2014) *AIDS Patient Care & STDs*, 28(3), 113–120.

Mimiaga M et al. (2007) *Sexually Transmitted Diseases*, 34(2), 113–119.

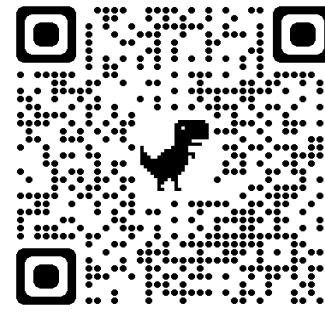
Wimberly YH, et al. (2006) *Journal of the National Medical Association*, 98(12), 1924–1929

Mayer KH, et al. (2012) *The Lancet*, 380(9839), 378–387.

Mimiaga MJ et al. (2009) *AIDS Patient Care & STDs*, 23(10), 825–835.

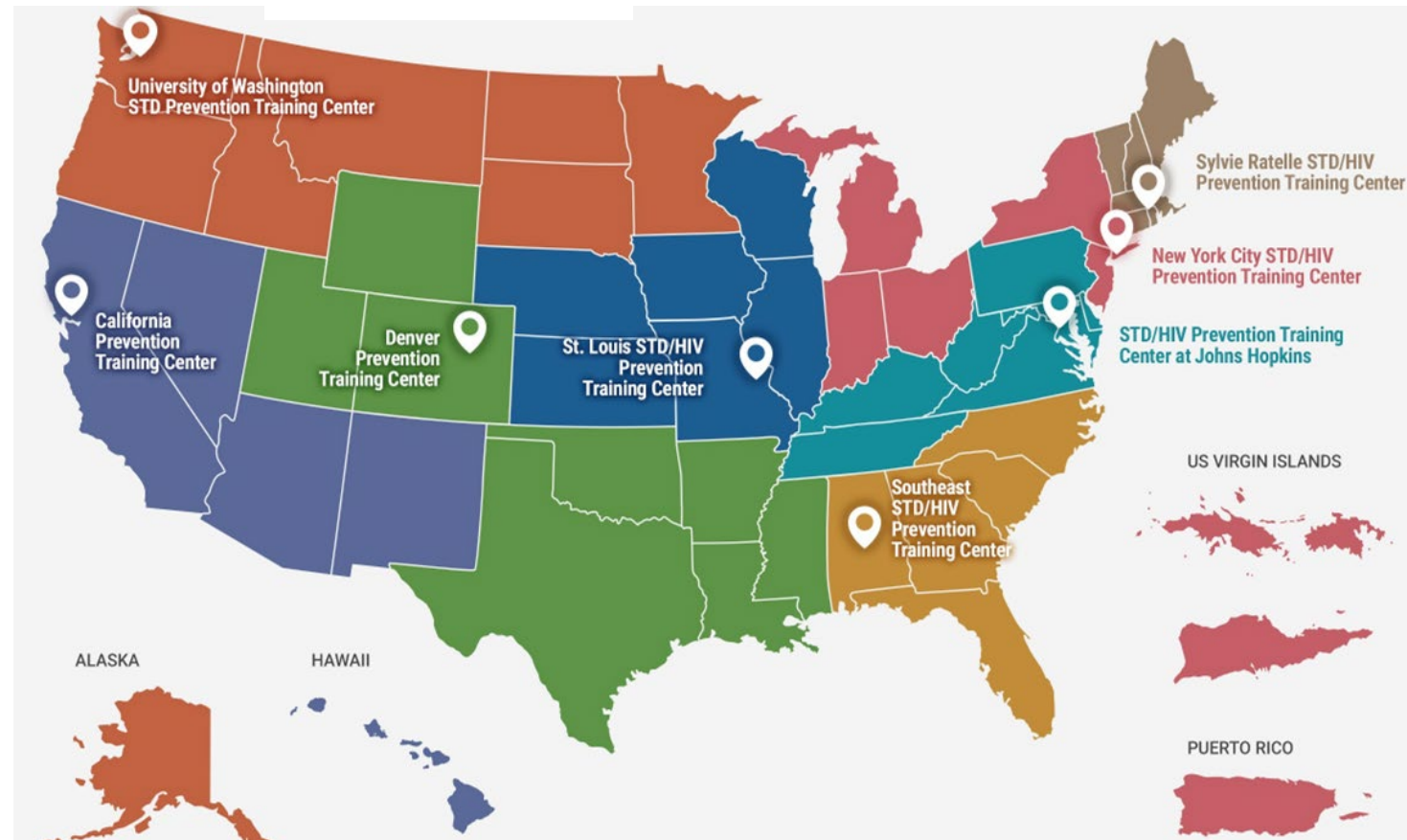
<https://www.liebertpub.com/doi/epub/10.1089/apc.2013.0328>

Provider Training



NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

- Four quarterly trainings provided for all clinical demonstration sites
- Three 90-minute virtual trainings
- One 3-hour virtual training
- Conducted by the National Network of STD Clinical Prevention Training Center's regional prevention training centers (PTCs)



<https://nnptc.org>

<https://nnptc.org/our-centers.php>

Provider Training Topics

- STI Epidemiology, Diagnosis, and Treatment
- Culturally Responsive Care to Reduce Stigma
- Taking a Comprehensive Sexual History
- Success Stories on Improving STI Care



Training Impact: STI Epidemiology, Diagnosis and Treatment

Epidemiology, Diagnosis, and Treatment (n = 14)

How confident are you that you could?	Mean \pm SD*	Grand Mean*	Cronbach's alpha
Discuss shifts in STI/HIV epidemiology in MSM, women, and transgender populations.	2.71 \pm 0.59	2.76	.89
Review STI screening and treatment in patients with HIV and at-risk patients, with a focus upon newer diagnostics and where treatment or follow-up in patients with HIV is different than in patients without HIV.	2.57 \pm 0.73	-	-
Consider how the pandemic impacts implementation of screening and treatment.	3.00 \pm 0.65	-	-

Weighted Mean*: 3.23

Providers' Challenges to Addressing Stigma

Frequencies of Challenges in Addressing HIV-Related Stigma

N (%)

Lack of time needed to adequately address stigma impacting patient health outcomes	17 (21)
Use of patient preferred/chosen name/pronoun by all staff	12 (15)
Patient refusal or hesitancy to discuss stigma	12 (15)
Limitations of EMR (non-inclusive language and/or verbiage related to HIV, sexual identify, gender identity, ethnicity)	7 (9)
Stigmatizing language on forms (related to HIV, sexual identity, gender identity, ethnicity)	7 (9)
Not part of my job, so I have not been able to address	7 (9)
Other (Please specify)	7 (9)
Understanding what contributes to stigma	6 (7)
Limited knowledge on how to assess and address stigma	3 (4)
I have had no challenges in addressing HIV-related stigma.	3(4)
Total Number Cited	81 (100)

Hill, M. et al (2022) Improving sexually transmitted infection screening, testing, and treatment among people with HIV: A provider training intervention. In Review

Training Impact: Culturally Responsive Care to Reduce Stigma

Culturally Responsive Care to Reduce Stigma (n = 43)

How confident are you that you could?	Mean \pm SD*	Grand Mean*	Cronbach's alpha
Describe how HIV-related stigma and other identity-related factors contribute to health disparities and poor health outcomes for people with HIV (PWH).	3.42 \pm 0.72	3.36	.94
Describe 2 culturally affirming and responsive practices when working with individuals from racially and culturally diverse backgrounds.	3.35 \pm 0.74	-	-
Practice utilizing culturally affirming and responsive language in care delivery for PWH.	3.30 \pm 0.76	-	-

Weighted Mean*: 3.23

Clinic Experience: Culturally Responsive Care to Reduce Stigma

“Clinic staff works to reduce stigma by setting aside extra time for new clients to build rapport and talk to the client about the reasons why they are being asked certain personal questions.” – DOH Alachua County

“Staff members always create a safe space for patients to express how they feel about their visits and what can be done to alleviate problems if there are any.” -- DOH Bay County

“Displaying compassion and providing service regardless of age, race, socioeconomic status.” -- DOH Orange County

Clinic Experience: Culturally Responsive Care to Reduce Stigma

CLIENT'S BILL OF RIGHTS

1. Clients have the right to healthcare that is accessible and meets professional standards.
2. Clients have the right to courteous and individualized healthcare that is equitable, humane, and given without discrimination as to race, color, creed, gender identity, gender expression, sexual orientation, sex, national origin, source of payment, or ethical or political beliefs.
3. Clients have the right to information about their diagnosis, prognosis, and treatment – including alternatives to care and risks involved – in terms they and their families can readily understand, so that they can give their informed consent.
4. Clients have the legal right to informed participation in all decisions concerning their healthcare and the right to refuse treatment, to the extent permitted by law, and to be informed of the medical consequences of their actions.
5. Clients have the right to information about the qualifications, names, and titles of personnel responsible for providing their healthcare.
6. Clients have the right to refuse observation by those not directly involved in their care.
7. Clients have the right to privacy during interview, examination, and treatment.
8. Clients have the right to privacy in communicating and visiting with staff.
9. Clients have the right to refuse treatments, medication, or participation in research and experimentation, without punitive action being taken against them.
10. Clients have the right to coordination and continuity of healthcare.
11. Clients have the right to appropriate instruction or education from healthcare personnel so that they can achieve an optimal level of wellness and an understanding of their basic health needs.
12. Clients have the right to confidentiality of all records (except as otherwise provided for by law or third-party payer contracts) and all communication, written or oral, between clients and healthcare providers.
13. Clients have the right to examine and receive an explanation of his/her bill regardless of source of payment.
14. The client has the right to know what rules and regulations apply to his conduct as a client.

- Non-discrimination policy on display, updated to include sexual orientation and gender identity
- Using business cards that don't have "HIV" specifically on them
- Using language that makes clients comfortable
- Use of preferred names and pronouns



Training Impact: Taking a Comprehensive Sexual History

Taking a Comprehensive Sexual History (n = 24)

How confident are you that you could?	Mean \pm SD*	Grand Mean*	Cronbach's alpha
Describe all "5 P's" elements of CDC's comprehensive sexual history.	3.25 \pm 0.72	3.24	.86
Discuss gender identity, sexuality, and use of correct pronouns.	3.42 \pm 0.64	-	-
Discuss terminology and jargon specific to the BDSM community.	3.00 \pm 0.76	-	-
Discuss terminology specific to sexual relationships (i.e. open, closed, polyamory)	3.29 \pm 0.68	-	-

Success Stories in Improving STI Care (n = 22)

How confident are you that you could?	Mean \pm SD*	Grand Mean	Cronbach's alpha
Describe examples of how clinical demonstration sites have improved bacterial STI screening, testing, and treatment.	3.32 \pm 0.63	3.32	.77
Share barriers to, facilitators of, and lessons learned from the field regarding improvements in STI screening, testing, and treatment.	3.32 \pm 0.76	-	-

Weighted Mean*: 3.23

Hill, M. et al (2022) Improving sexually transmitted infection screening, testing, and treatment among people with HIV: A provider training intervention. In Review

Training Satisfaction

Training Topic (Mean ± SD)*

How much do you agree or disagree with the following statements? (Items paraphrased)	Epidemiology, Diagnosis, and Treatment (n = 14)	Culturally Responsive Care to Reduce Stigma (n = 43)	Taking a Comprehensive Sexual History (n = 24)	Success Stories in Improving STI Care (n = 22)
The training increased interest in topic.	1.36 ± 0.48	1.44 ± 0.58	1.59 ± 0.89	1.32 ± 0.47
The content was applicable to my work.	1.43 ± 0.49	1.38 ± 0.65	1.55 ± 0.89	1.14 ± 0.35
I am considering how I could apply information from training in my work.	1.46 ± 0.63	1.39 ± 0.62	1.59 ± 0.89	1.43 ± 0.49
My understanding of the subject matter has improved due to training.	1.21 ± 0.41	1.42 ± 0.58	1.59 ± 0.89	1.32 ± 0.47
The information was presented in ways I could clearly understand.	1.21 ± 0.41	1.33 ± 0.60	1.57 ± 0.88	1.27 ± 0.45
I was satisfied with this training overall.	1.21 ± 0.41	1.40 ± 0.65	1.61 ± 0.97	1.27 ± 0.45
Grand Mean*	1.31	1.39	1.58	1.29

Cronbach’s alpha: .96
 Weighted Mean*: 1.37

Hill, M. et al (2022) Improving sexually transmitted infection screening, testing, and treatment among people with HIV: A provider training intervention. In Review

Value of Provider Trainings

Help to:

- Normalize STI diagnosis and treatment
- Normalize the conversations that staff and providers are having with clients, as well as with each other
- Get more people thinking about their sexual health
- Increase conversation about sex
- Reinforce stigma reducing practices



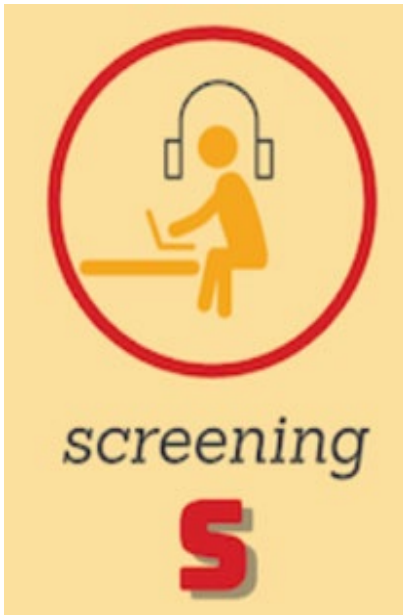
Sign Up to Receive a Free STI Clinic Starter Kit



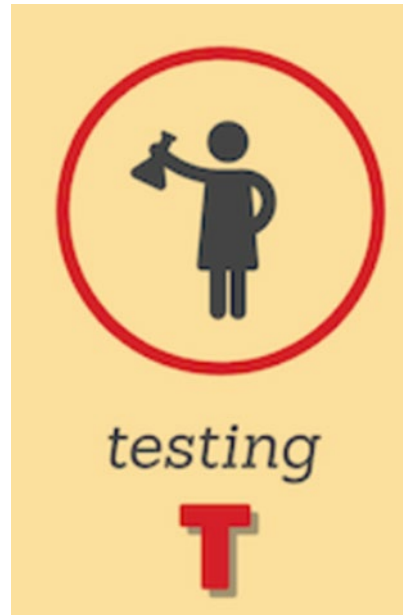
https://docs.google.com/forms/u/0/d/1RkPqF4ZAqaIFfyY66VdvhaGaOPnSWhSKrDKxvEiiFVN0/viewform?edit_requested=true#settings

STI Clinical Care Evidence-Based Interventions

Sexual Health Screening



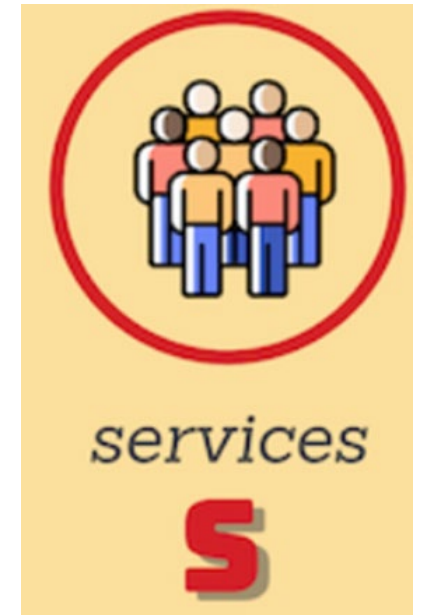
Self Collection Testing



Provider Training

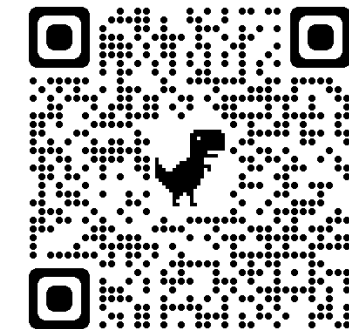
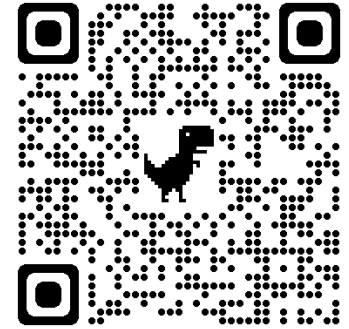


Welcoming Clinic Space Indicators



Impact of Welcoming Clinic Space Indicators (WCSI)

- There is a higher rate of STIs in PWH vs General Population
- There is a higher rate of PWH that identify as a sexual or gender minority (SGM) vs the general population
- SGM individuals will scan an environment to assess if it is “safe”, “friendly” or “welcoming”
- Implementing welcoming clinic space indicators (WCSIs) will improve/increase SGM individuals willingness to engage in care



QR Code 1 Link: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304751>

QR Code 2 Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/>

Chelsea L. et al, 2018: [Using Sexual Orientation and Gender Identity to Monitor Disparities in HIV, Sexually Transmitted Infections, and Viral Hepatitis](https://doi.org/10.2105/AJPH.2018.304751) AJPH 108, S277_S283, <https://doi.org/10.2105/AJPH.2018.304751>
Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol Bull. 2003 Sep;129(5):674-697. doi: 10.1037/0033-2909.129.5.674. PMID: 12956539; PMCID: PMC2072932.

LGBTQ+ Barriers to Accessing Health Care

- Pervasive cisgender-heteronormative attitude predominating the health care system
- Prevalence of anti-sexual and gender minority (SGM) attitudes in the general society permeates into the health care system
- SGM individuals will be impacted by prior negative experience from discriminatory health care practices or prejudicial providers

STI SPNS 12 WCSI

1. Gender-neutral bathroom(s)*
2. Visible gender and sexual minority inclusiveness in waiting room materials*
3. Gender and sexual minority inclusive educational materials*
4. A gender identity, gender expression, and sexual orientation nondiscrimination policy clearly displayed*
5. History taking that includes current gender identity and sex at birth inclusive of non-binary identities
6. Clinic registration/intake form has a question for client preferred name and pronoun (in addition to legal name)*
7. Display materials for community-based affiliations with sexual/gender minority supportive organizations*
8. Community advisory board sexual and gender minority members
9. All staff training on gender identity diversity and sexual orientation*
10. LGBTQ flag in waiting room *
11. Transgender flag or symbol in waiting room *
12. Acknowledgement of LGBTQ awareness and recognition days/events *

*Evaluated via the ACASI Client Satisfaction Survey



Welcoming Clinic Space Indicators

A gender identity, gender expression, and sexual orientation NDP policy displayed



Visible LGBTQ+ inclusive materials in the waiting room



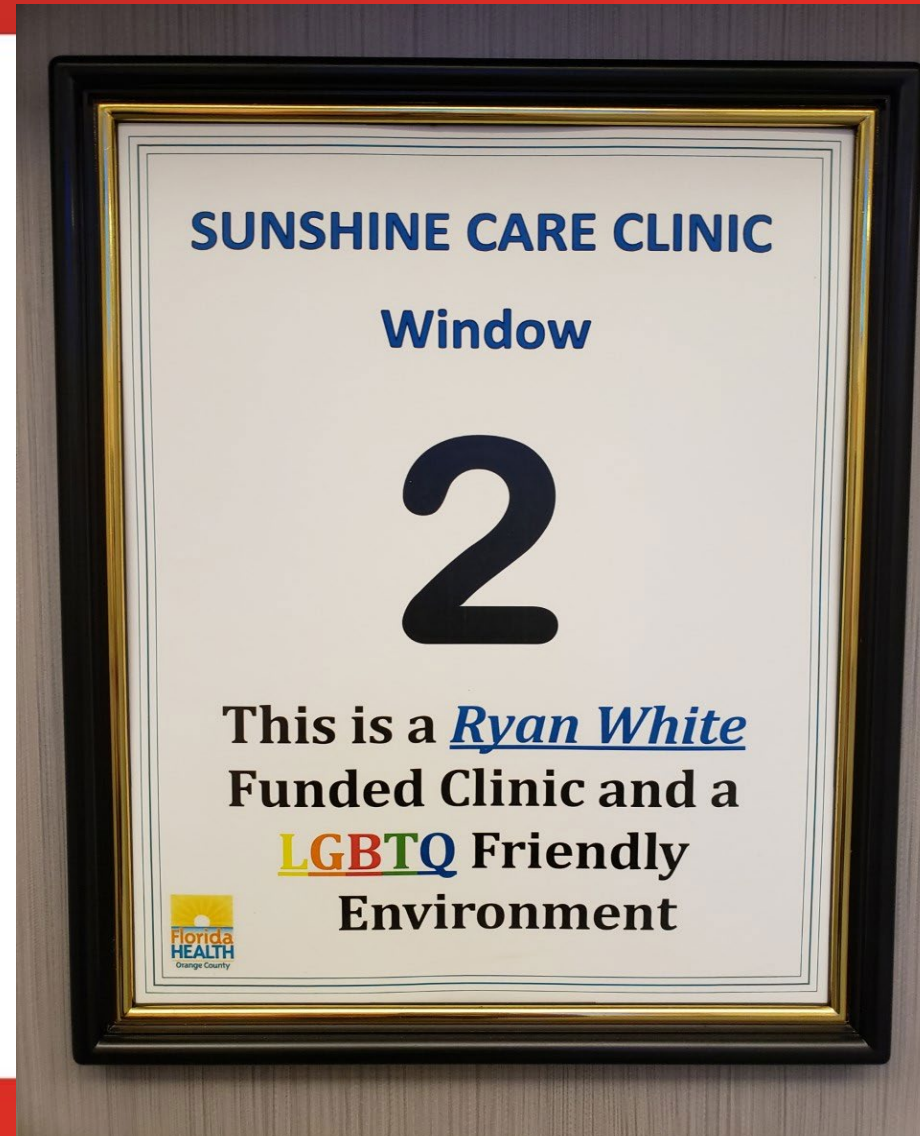
Acknowledgement of LGBTQ+ awareness and recognition days/events



LGBTQ+ Flag/ Representation In Waiting Room



LGBTQ+ Flag/ Representation In Waiting Room



Implementation of WCSI

INDICATOR	Baseline	DC01	DC02	DC03	FL01	FL02	FL03	LA01	LA02	LA03	Total	%
Total Implemented	-	11	8	8	12	12	12	11	10	12	96	89
A gender identity, gender expression, and sexual orientation nondiscrimination policy clearly displayed	3	1	1	1	1	1	1	1	1	1	9	100
Acknowledgement of LGBTQ awareness and recognition days/events(e.g., Transgender Day of Remembrance, Pride)	3	1	0	1	1	1	1	1	1	1	8	89
All staff training on gender identity diversity and sexual orientation (≥ 1 staff member from each CDS)	3	1	1	1	1	1	1	1	1	1	9	100
Clinic registration/intake form include patient name/ pronoun (in addition to legal documentation such as those with birth name)	8	1	1	0	1	1	1	1	1	1	8	89
Gender and sexual minority inclusive educational materials (gender diverse persons and same-gender couples)	7	1	1	0	1	1	1	1	1	1	8	89
Gender-neutral bathroom(s)	8	1	1	1	1	1	1	1	1	1	9	100
History taking includes assigned sex at birth, and current gender identity inclusive of non-binary identities	6	1	1	1	1	1	1	1	1	1	9	100
Visible gender and sexual minority inclusiveness in waiting room materials (magazines, posters, fliers)	8	1	1	1	1	1	1	1	1	1	9	100

Implementation of WCSI

INDICATOR	Baseline	DC01	DC02	DC03	FL01	FL02	FL03	LA01	LA02	LA03	Total	%
Community advisory board with sexual and gender minority members	6	0	0	0	1	1	1	1	1	1	6	56
Affiliations with CBO SGM supportive organizations – fliers or cards in waiting room with information about these organizations	6	1	1	0	1	1	1	0	1	1	7	74
LGBTQ flag (red, orange, yellow, green, blue, purple) in waiting room	1	1	0	1	1	1	1	1	0	1	7	74
Transgender flag (blue, pink, white, pink, blue) or symbol in waiting room	1	1	0	1	1	1	1	1	0	1	7	74

Barriers to Implementation of LGBTQ+ WCSIs

- Other organization or system funders/accreditors/ policies/procedures
- Bureaucracy of system (i.e., approval process)
- Finding and purchasing the tools to develop indicators
- Identifying LGBTQ+ CBOs in the area to collaborate with (i.e., rural clinics)
- Persistent microaggression (microinvalidation) that devalues, negates, or nullifies the experiential reality of the SGM person
 - Minimizing the importance of recognizing sexual or gender identity
 - Avoiding sexual orientation or gender identity assessments
 - Endorsing the need to maintain a heteronormative or gender normative culture to avoid offending “majority” population
 - Denying the extent of cisgender-heterosexism, genderism, homophobic/transphobic propensity of the health care system

Participants Assessment of WCSI

WCSI (I Noticed, and I Liked)	Heterosexual n (%)	LGB n (%)	Other* n (%)	p	<50 Yrs n (%)	≥50 Yrs n (%)	p
Gender Neutral Bathrooms	328(52)	253(40)	45(7)	0.16	259 (70)	112(30)	0.03
LGBTQ+ Inclusive Waiting Room Materials	212(36)	330(56)	45(8)	<.001	281 (75)	94 (25)	<.001
LGBTQ+ Inclusive Educational Materials	217(35)	352(57)	44(7)	<.001	282 (73)	102 (27)	<.001
Posted LGBTQ+ Non-Discrimination Policy	309(45)	331(48)	48(7)	<.001	292(69)	129(31)	0.03
Treated with Respect by Clinic Staff	900(56)	597(37)	102(6)	0.06	644(65)	347(35)	0.29
Registration Selected Pronoun Question	410(53)	317(41)	50(6)	0.05	345(70)	149(30)	0.01
LGBTQ+ Supportive Organization Flyer(s)	285(43)	329(49)	55(8)	<.001	299(70)	129(30)	0.01
LGBTQ+ Flag	239(40.6)	301(51)	49(8)	<.001	245(71)	100(29)	0.01
Transgender Flag	188(39.0)	256(53)	38(8)	<.001	195(72)	75(28)	0.01
LGBTQ+ Awareness Days/Events Promotion	186(38.8)	255(53.2)	38(7.9)	<.001	223(73.6)	80(26.4)	<.001

* Includes something else, choose not to disclose, and multiple sexual identities over time

Implementing WCSI IN LA

WCSI	Impact	Total	SGM	nSGM	p-value
WR (Vis)	Positive	807	190/57	118/22	0.003
	Other		143/43	419/78	
	Didn't Notice/ Negative		104/73 2/1	339/80 8/2	
GNBR (Vis)	Positive	710	159/53	150/36	<0.001
	Other		139/47	262/64	
	Didn't Notice/ Negative		111/80 3/2	208/79 6/2	
EdM (W)	Positive	870	195/59	123/23	<0.001
	Other		138/41	414/77	
	Didn't Notice/ Negative		104/75 4/3	343/83 8/2	
NDP(W)	Positive	632	167/60	118/34	<0.001
	Other		113/40	234/67	
	Didn't Notice/ Negative		86/76 2/2	176/75 8/3	

Implementing WCSI IN LA

WCSI	Impact	Total	SGM	nSGM	p-value ^b
SGI (V)	Positive	903	200/57	199/36	<0.001
	Other		149/43	355/64	
	Didn't Notice/ Negative		129/87 3/2	318/90 2/1	
SGCBO (W)	Positive	596	169/66	122/37	<0.001
	Other		97/37	208/67	
	Didn't Notice/ Negative		81/84 2/2	160/77 6/3	
LGBTQ (Vis)	Positive	860	193/59	161/30	<0.001
	Other		136/41	370/70	
	Didn't Notice/ Negative		102/75 1/1	302/75 4/1	
Trans (Vis)	Positive	860	184/56	136/26)	<0.001
	Other		145/44	395/74	
	Didn't Notice/ Negative		113/80 1/1	324/82 5/1	
SGRec (V)	Positive	728	153/51	106/25	<0.001
	Other		149/49	320/75	
	Didn't Notice/ Negative		124/83 1/1	268/84 4/1	

Implementing WCSI IN LA

WCSI	Impact	Total	SGM	nSGM	p-value ^b
Visual Indicators	Positive	3300	726/56	565/28	<0.001
	Other		563/44	1446/72	
	Didn't Notice Negative		430/76 7/1	1173/81 23/2	
Verbal Indicators	Positive	2534	692/69	817/53	<0.001
	Other		308/31	717/47	
	Didn't Notice Negative		261/85 6/2	614/86 9/1	
Written Indicators	Positive	3078	531/60	363/30	<0.001
	Other		348/40	856/70	
	Didn't Notice Negative		271/78 8/2	679/79 22/3	

Impact of LGBTQ+ WCSI

- Most patients either did not notice the WCSIs, or, if they did, they liked them
- No more than 3% of either group reported “Not liking” (negative) impact from any WCSI
- Providers ($n = 18$) ranked the three most impactful WCSIs that improved screening, testing, and treatment of GC, CT, and syphilis:
 - History taking includes assigned sex at birth, and current gender identity inclusive of non-binary identities
 - All staff training on gender identity diversity and sexual orientation
 - Gender and sexual minority inclusive educational materials

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https://docs.google.com/forms/u/0/d/1RkPqF4ZAqalFFy66VdvhaGaOPnSWhSKrDKxvEiiFVN0/viewform?edit_requested=true#settings

Results Overview

- Compared to baseline findings, bacterial STI testing of at-risk patients increased after the ACASI intervention was implemented
- With support and education on specimen self-collection procedures, patients showed greater preference for doing rectal and urogenital self-collection
- Patients reported predominately, if noticed, LBGTQ+ WSCI had positive impacts
- Provider training made it easier for providers to identify appropriate bacterial STI tests, testing sites, and treatment
- Overall, these 4 interventions were beneficial for identifying asymptomatic STIs through routine screening and testing in these 9 RWHAP funded clinics

IMPROVING STI SCREENING AND TESTING

<https://youtu.be/QGSmW0Jkswg>



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