

Alaska Infectious Disease ECHO



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB

Indian Leadership for Indian Health

HCV-HIV-PrEP-STIs

The ANTHC Liver Disease and Hepatitis Program, HIV Clinical Services, Behavioral Health Department and Southcentral Foundation's Pharmacists have partnered to host this ECHO, and it's funded by a grant from the Northwest Portland Area Indian Health Board.

AK ID ECHO: HCV-HIV-PREP-STI

Approved Provider Statements:

Alaska Native Tribal Health Consortium (ANTHC) is accredited by the Washington State Medical Association to provide continuing medical education for physicians.

ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

The Alaska Pharmacists Association (AKPhA) in cooperation with ANTHC is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Contact Hours:

ANTHC designates this live activity for a maximum 12 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum 12 hour(s).

To receive CPE credit, participants must complete an Evaluation/Attendance Form for each session attended. You will be required to enter your NABP e-profile ID number, & birthdate (mm/dd). CPE credit will be posted to the online CPE Monitor system within 60 days after completion of each activity. No credit will be reported to CPE Monitor for CEs that do not have a completed evaluation. There is no charge to process CPE credit for ANTHC employees and AKPhA members, but a fee may apply to participants not affiliated with either organization.

Conflict of Interest Disclosures:

Lisa Townshend-Bulson, faculty for this educational event, is the primary investigator in a study funded in part by Gilead Sciences. All of the relevant financial relationships listed for these individuals have been mitigated.

Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: <https://forms.gle/18t4EgvN2WdnM4P77>



For more information contact
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We acknowledge the Dena'ina people, on whose traditional lands we gather. We also acknowledge the Creator and all Indigenous people of Alaska. Thank you for your past and present stewardship of the waters, plants, animals and spiritual practices of this place.



AK ID ECHO: CONSULTANT TEAM



- Youssef Barbour, MD Hepatologist
- Leah Besh, PA-C HIV/Hepatology Provider
- Terri Bramel, PA-C HIV/STI Provider
- Rod Gordon, R.Ph. AAHIVP Pharmacist
- Jacob Gray, MD Infectious Disease Provider
- Annette Hewitt, ANP Hepatology Provider
- Brian McMahon, MD Hepatologist
- Lisa Rea, RN HIV/STI Case Manager
- Rebecca Robinson, PhD Clinical Psychologist
- Lisa Townshend, ANP Hepatology Provider

TAKING A SEXUAL HISTORY

Lisa Rea, RN
Early Intervention Services
Alaska Native Tribal Health Consortium

OBJECTIVES

- Discuss rationale for obtaining a sexual history
- Identify components of taking a sexual history
- Decrease discomfort around taking a sexual history

QUESTIONS

- Are you comfortable taking a sexual health history?
- The last time you visited a provider did they ask you questions about your sexual history?



WHAT IS THE FOCUS OF THE SEXUAL HISTORY?

- STI screening / risk reduction
- pregnancy/fertility
- performance/libido
- sexual assault exam
- partner notification

WHAT IS SEXUAL HEALTH?

“... state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction, or infirmity”

World Health Organization. Gender and human rights.

http://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/index.html

COMPONENTS OF A SEXUAL HISTORY

- Confidentiality
- Communication
- Context
- Questions/interviewing
- Closing

BARRIERS TO TAKING A SEXUAL HISTORY

- Time
- Training
- Language barriers
- Cultural differences
- Stigma
- Substance misuse
- Mental health

CONFIDENTIALITY

- Physical environment
 - Comfortable
 - Private
- Confidentiality- know the limits of
 - Reporting – infections/labs
 - Abuse/neglect
 - Spark Handout available for additional information

SPARK HANDOUT

Alaska Confidentiality Laws

ADOLESCENT
HEALTH INITIATIVE

Examination and Treatment of Minors

For Educational Purposes Only

<https://umhs-adolescenthealth.org/wp-content/uploads/2019/05/confidentiality-laws-ak-spark-handout.pdf>

INTERPERSONAL SKILLS

- Professional
- Matter of fact
- Establish trust
- Nonjudgmental
- Interruptions
- Observers

COMMUNICATION - VERBAL

- Think about vocabulary
 - Explicit vs vague
 - Medical vs slang
- Comfort with words
 - Matter of fact
 - Ease in using sexually explicit language
- Clarification
 - What does that mean to you?
 - Understanding and normalize behavior

COMMUNICATION – NON VERBAL

- Professional
- Eye contact
- Blushing
- Sitting
- Patient is dressed and comfortable

CONTEXT.. THE WHY?

- New patient visit
- Developmental milestones
 - Sports physicals
- New health related condition
 - Pregnancy
 - STI
 - ER visit- could have vague complaints
 - Sexual assault exam
 - Partner notification

CONTEXT – EXPLAIN THE WHY

- “Sexual health is important to overall health, so I always ask patients about it. If it’s okay with you, I’ll ask you a few questions about sexual matters now.”

or

- “I ask all of my patients these questions, it helps me take better care of you.”

and

- “If you are not comfortable answering, you can tell me that.”

ENCOURAGE AND SUPPORT

- “I am glad you came in today.”
- “You are doing the right thing, getting tested is important for your health.”
- “I am asking you these questions so I know where to test you, and how to best treat you if you have an STI.”

THE CDC'S 5 P'S

- Partners
- Practices
- Protection from STIs
- Past history of STIs
- Pregnancy

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

3 MORE P'S TO CONSIDER ADDING

- Preferences
- Pleasure
- Partner abuse

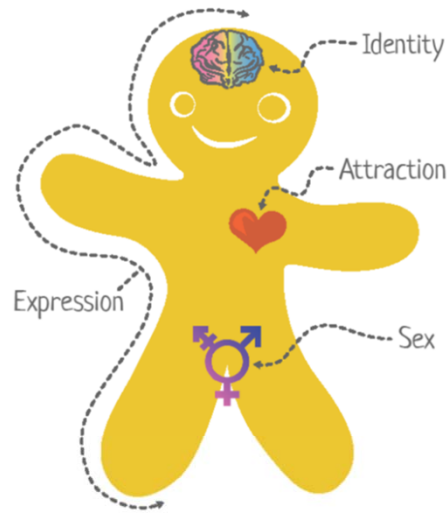
QUESTIONS

- Start with less invasive “easy” questions
- Try to use open ended questions
- Normalize behaviors
- Use gender neutral terminology
- Avoid judgmental terms “unfaithful” cheating”
“promiscuous”

GENDER & SEX

- **Sex**
 - Refers to the presence of specific anatomy. Also may be referred to as 'Assigned Sex at Birth'
- **Gender Identity**
 - What your internal sense tells you your gender is
- **Gender Expression**
 - How you present your gender to society through clothing, mannerisms, etc.
- **Sexual Orientation/Attraction**
 - Whom you are physically and emotionally attracted to
 - Whom you have sex with
 - How you identify your sexuality

The Genderbread Person v4 by its pronounced METROsexual owner



⊖ means a lack of what's on the right side

Gender Identity

- Woman-ness
- Man-ness

Gender Expression

- Femininity
- Masculinity

Anatomical Sex

- Female-ness
- Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
 Female Intersex Male

Sexually Attracted to... and/or (a/o)

- Women a/o Feminine a/o Female People
- Men a/o Masculine a/o Male People

Romantically Attracted to...

- Women a/o Feminine a/o Female People
- Men a/o Masculine a/o Male People

Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at www.genderbread.org

GENDER PRONOUNS: Provider 101

Why should pronouns matter to you? Because they matter to your patients.

The use of correct name and pronouns is associated with decreased depressive symptoms, suicidal ideation, and suicidal behavior in trans youth.

Used incorrectly, a pronoun may cause a patient to feel you don't understand or accept their gender identity and aren't capable of providing them competent care.

Used correctly, they show respect and affirm the gender identity of your clients.

Ask your patients about pronouns.

Ask every patient. Ask every time.

When should I ask?

Any time you interact with a new patient, as a regularly part of your introduction.

How should I ask?

"Do you use pronouns, for example he, she, or they? Which pronouns do you use?"

Note: Some patients may not be familiar with this question or with parts of speech. To explain, use yourself as an example – "I use she/her pronouns. What pronouns do you use?"

The English language, including its pronouns, are part of the forced assimilation Indigenous people experience. We know that Indigenous people have always taken great care in how we refer to one another which is why we have ceremonies for gifting names.

Identity	Subjective	Objective	Possessive	Reflexive	Title
Feminine/ Femme	She laughed.	I called her.	The book is hers.	She loves herself.	Ms. So-and-So
Masculine	He laughed.	I called him.	The book is his.	He loves himself.	Mr. So-and-So
Nonbinary	They laughed.	I called them.	The book is theirs.	They love themselves.	Mx. So-and-So
None	Zoe laughed.	I called Zoe.	The book is Zoe's.	Zoe loves Zoe.	Zoe

How do I use a singular they pronoun?
You already know. We do it all the time.

"Hey, someone left their phone."
"Oh no, I hope they come back for it."



How should you refer to someone? However they refer to themselves.

Not sure? Ask.

Russell ST, Pollitt AM, Li Q, Grossman AH. Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. *J Adolescent Health*. 2018;63(4):503-505. doi:10.1016/j.jadohealth.2018.02.008

Lets meet some gender-diverse people.

Each person's gender identity is unique. These are just three examples.



Zeke identifies as Two Spirit, which means they express their gender identity and spiritual identity in indigenous, non-Western ways. They were assigned female at birth, and they're happy with their body. They're a sculpture artist, which requires them to work with machinery. They might come to you for a work-related injury or a regular check-up.



El is indigiqueer, which means El is both indigenous and LGBTQ+. El identifies as genderfluid. Sometimes, El uses she/her pronouns. Sometimes, El uses he/him pronouns. El is in graduate school and may come to you for help dealing with school-related stress. When El is in a clinic, El prefers no pronouns.



Ari is trans and nonbinary. Ari wears both masculine and feminine clothing. At times, they present more masculine. At other times, they present more feminine. They also change presentation based on the group they're in. Ari may come to you for hormones and would prefer that you use they/them pronouns.

Ask them, "Do you use pronouns, for example he, she, or they? Which pronouns do you use?"

Want to go the extra mile?

Put your pronouns in your signature:

Let patients know your pronoun preference when introducing yourself:

Have pronouns on the onstage at your events.

Project Manager
888-8888 | oo@gmail.com
My pronouns are she/her/hers.
Feel free to share your pronouns with me.

"Hi, I'm Lizzy, and I don't use pronouns. How about you?"



www.npaih.org/2slgbtq

QUESTIONS -PATIENT RISK FACTORS

- When is the last time you had sex while drinking or using drugs?
- Are you safe in your relationship? Is it violent or abusive?
 - Do you feel like you have to have sex?
- How many people have you had sex with in the last month? 3 months??
 - Serial monogamy?
- Do you ever have sex for a place to stay or food or money?
- Have you travelled recently? Did you have sex?
- Do you ever meet people online that you don't know and have sex?
- What do you know about PrEP?

QUESTIONS TO ASK

- Do you think your partner has other partners?
- Even though you only have one partner if he/she has others you are at risk for STIs.
- Do any of your partner use injection drugs?
- How can you protect yourself?

QUESTIONS/EDUCATE

- When you have sex do you have oral sex? Do you give or receive?
- Vaginal? Give or receive?
- Anal? Give or receive?
- You may have to get more specific. Does anybody ever put anything your mouth, anus, vagina? Where do you put your penis?
- “You can get infections in different parts of your body. I want to make sure we test/look where you might be infected and that you get the right treatment if you have an infection.”

PREGNANCY

- What are you using to prevent pregnancy?
- Are you seeking pregnancy?
- Have you thought about what would happen if you (or your partner) became pregnant?
- Identify ambivalence.

CONFRONTING DISCREPANCIES

- Careful
- Kind
- Helpful

May not change anything during that visit but might give patient something to think about.

IN CLOSING WITH THE PATIENT

- Have a plan
 - Testing for STIs, do they need follow-up testing
- Follow up
 - How will they get results, future appointments to schedule
- Keep door open
 - Situations change, people change, risk changes

REMEMBER

- Confidentiality
- Communication
- Context
- Questions
- Closing
- And Practice !





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Discussion



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HCV Case

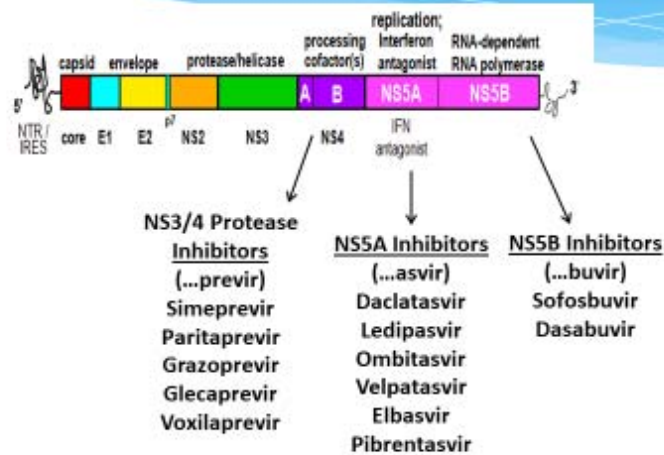


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Where Direct Acting Anti-Virals (DAAs) Target the Hepatitis C Virus



Virus schematic: University of Washington

AK ID ECHO: DIDACTIC PRESENTATION SCHEDULE

- August 10: How to take an accurate sexual history
- September 14: STI Prevention and Harm Reduction
- October 12: Trauma-Informed Care
- November 9: Stigma with patient perspective
- December 14: HCV Epidemiology, Alaska Elimination Plan

ADDITIONAL LEARNING OPPORTUNITIES

ANTHC Liver Disease ECHO

- Third Thursday of every month from 12:00-1:00 PM AKDT
- anthc.org/project-echo/alaska-liver-disease-echo

ANTHC LiverConnect

- Second Tuesday of every month 8:00-9:00AM AKDT
- anthc.org/what-we-do/clinical-and-research-services/hep/liverconnect

Addiction Medicine ECHO

- Second and fourth Thursday of every month from 12-1:00 PM
- anthc.org/project-echo/addiction-medicine-echo

Indian Country ECHO Programs

- Harm Reduction ECHO
- Trans and Gender Affirming Care ECHO
- www.indiancountryecho.org/teleecho-programs



ADDITIONAL RESOURCES

AASLD HCV Guidance: Recommendations for Testing, Managing and Treating Hepatitis C

- hcvguidelines.org

Hepatitis C Online (curriculum), University of Washington

- hepatitisc.uw.edu

National HIV Curriculum, an ATEC Program led by the University of Washington

- hiv.uw.edu

CDC's 2015 Sexually Transmitted Diseases Treatment Guidelines

- cdc.gov/std/tg2015

CDC's Pre-Exposure Prophylaxis (PrEP) overview and guidelines

- cdc.gov/hiv/clinicians/prevention/prep

UCSF Transgender Care

- transcare.ucsf.edu/guidelines



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Thank you!

AK ID ECHO is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.