

Alaska ID ECHO: PrEP Series



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB
Indian Leadership for Indian Health

Incorporating Sex Positivity and Cultural Responsibility into Your Clinical Practice

April 18, 2023

This program 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.

Welcome to the Alaska ID ECHO April 2023 PrEP Mini-Series

Approved Provider Statements:



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

CPE Credit will be posted to the online CPE Monitor system within 60 days following completion of each activity when applicable.

Contact Hours:

ANMC designates this activity for a maximum of 4.0 contact hours, including 4.0 pharmacological contact hours credit.

Commensurate with participation, 1 contact hour/session. **Enduring access credit expires April 30, 2025**

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

To receive CE credit please make sure your attendance is recorded, you have actively engaged in the entire activity. Follow the guidance of the facilitators to claim the CE credit earned for your participation.

For more information contact
jfielder@anthc.org or (907) 229-1185



COLLABORATORS



Jessica Bloome, MD, MPH
Deputy Director, CBA Project



Leah Besh, PA
Director of HIV Clinical Services



Azul DelGrasso, MA
Senior Workforce Development
Specialist



Jennifer Williamson
Program Coordinator



Taylor Holsinger, MPH
HIV Prevention Coordinator

Sarah Brewster, MPH, MSW
HIV Surveillance Coordinator

Jennifer Arnold
Special Projects Coordinator
MW AETC

SEX POSITIVE SEXUAL HISTORY & PrEP

Azul DelGrasso, MA



Learning Objectives

- ❑ Identify key questions providers should ask when conducting an affirming sexual history
- ❑ Describe the importance in standardizing taking a sexual health history.
- ❑ Identify how conversations regarding pleasure in sexual health screenings assist in determining additional risks factors

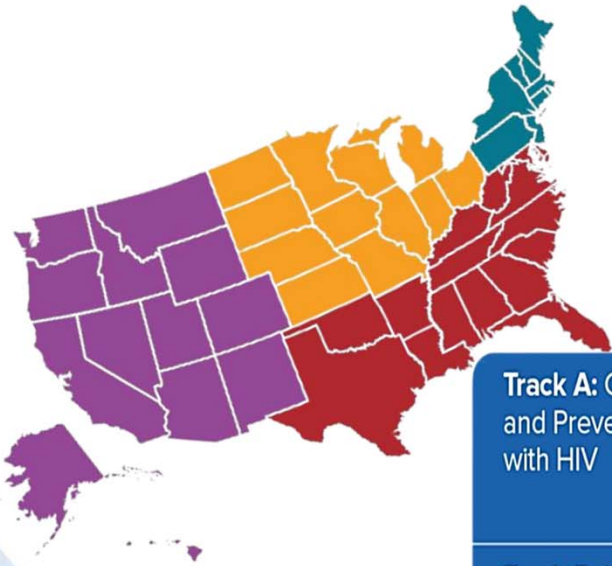


PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration

To strengthen the capacity and improve the performance of the national HIV prevention workforce



Regional Technical Assistance (TA)



	Funded Organizations			
	Northeast	South	Midwest	West
Track A: Clinical HIV Testing and Prevention for Persons with HIV	Primary Care Development Corporation	My Brother's Keeper	San Francisco Community Health Center (formerly Asian and Pacific Islander Wellness Center)	Denver Health and Hospital Authority (Denver Prevention Training Center)
Track B: Nonclinical HIV Testing and Prevention for HIV Negative People	University of Rochester	Latino Commission on AIDS	Washington University	City & County of San Francisco Department of Public Health
Track C: Integrated HIV Activities and Structural Interventions	New York City Department of Health & Mental Hygiene	National Alliance of State & Territorial AIDS Directors	AIDS United	Public Health Foundation Enterprises, Inc. (California Prevention Training Center)



Funded by Centers for Disease Control and Prevention



Component 2: West Region

	West Region
Track A: Clinical HIV Testing and Prevention for Persons with HIV	Denver Health & Hospital Authority (Denver Prevention Training Center)
Track B: Nonclinical HIV Testing and Prevention for HIV Negative People	City & County of San Francisco Department of Public Health
Track C: Integrated HIV Activities and Structural Interventions	Public Health Foundation Enterprises, Inc. (California Prevention Training Center)



Requesting TA

- ❑ Agencies directly funded by CDC can submit a request in the Capacity Building Assistance (CBA) Tracking System (CTS) at <https://wwwn.cdc.gov/CTS>
- ❑ Non-directly funded organizations can contact their state or local health departments to submit a request on their behalf.

To meet our team or read more about our work visit us at www.denverptc.org



Housekeeping

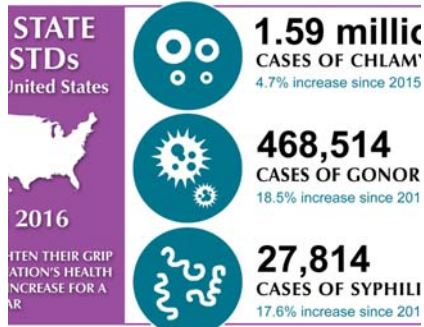
- ❑ Please use the chat box to ask questions.
- ❑ Questions will be answered at the end of the presentation.
- ❑ All unanswered questions will be addressed and sent out to attendees.
- ❑ Attendees will receive the slide set and evaluation link within one business day.



Why do we take a sexual history?



- ❑ Screening and Prevention
 - ❑ Cervical cancer, anal dysplasia screening
 - ❑ HPV vaccines
 - ❑ Contraception, family planning-providing LARCs, Plan B
 - ❑ Infection prevention (PrEP, screening, safer sex)
- ❑ Treatment
 - ❑ STIs, Referral for colposcopy, anoscopy, Linkage to HIV Care
- ❑ Concerns
 - ❑ Intimate partner violence, Coercion
- ❑ Overall Health
- ❑ Affirm sexuality, orientation, gender identity Keeping in mind: Diverse sexual partnerships, sexual identities, and practices
- ❑ Sensitivity to language
 - ❑ Refer to primary care (affirming care providers- LGBTQ+ CoE)



What have we been taught about taking a sexual health history?

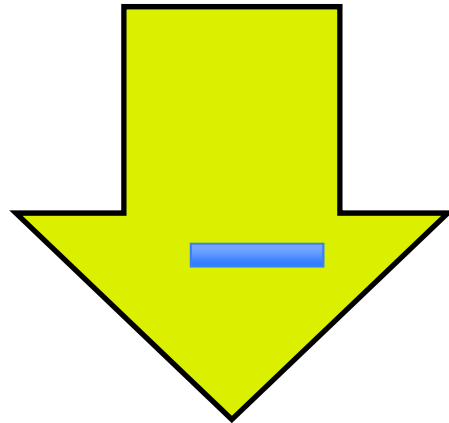


Sex-Positive

Sex is good,
healthy, and
natural.

Sex is bad,
dirty, wrong,
and sinful.

Sex-Negative



Risky sex, high risk sex behaviors
HIV-infected
STD
“health department” “state”
Watch your face!



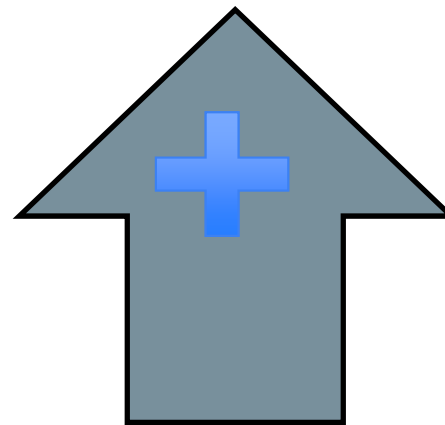
Specify type of sex, no judgment

PLWH

STI

CDPHE= service to help you notify
sex partners

“Poker Face and Poker Mind,”
Deutsch, 2016



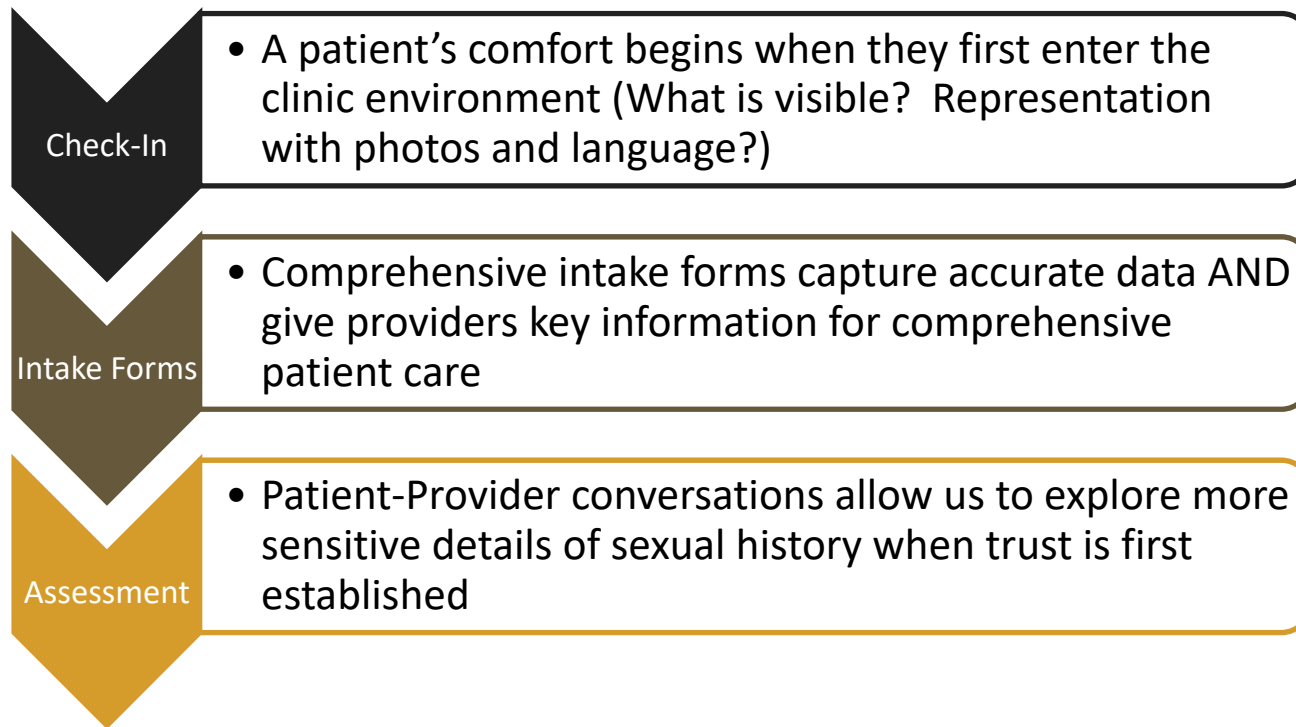
Working Definition

According to the International Society for Sexual Medicine, **sex positive** involves:

...having positive attitudes about sex and feeling comfortable with one's own sexual identity and with the sexual behaviors of others.

Source: <http://www.issm.info/sexual-health-qa/what-does-sex-positive-mean>

Sexual History Taking



Check-In

- Affirmative verification for all patients
 - What name is your appointment under?
 - What name do you go by?
- Gender-neutral language
- Frontline staff communicates affirming names/pronouns to providers before the patient is called back.
- Call patients back by the last name or use a number system.

Intake Forms

- Allow space for affirming name, gender identity, and pronouns
- Forms contain options for patients' sexual orientation and gender identity
- Use gender-neutral language
- Offer a “something else” category
- Keep forms brief



Collecting Sexual Orientation and Gender Identity

Sexuality

Patient's sexual orientation:

Lesbian or Gay	Straight (not lesbian or gay)	Bisexual
Something else	Don't know	Choose not to disclose

Gender Identity

Autofill with default responses for:

female	male
--------	------

Patient's gender identity:

Female	Male
Transgender Female / Male-to-Female	Transgender Male / Female-to-Male
Other	Choose not to disclose

Patient's sex assigned at birth:

Female	Male	Unknown
Not recorded on birth certificate	Choose not to disclose	Uncertain

Patient's pronouns: she/her/hers he/him/his they/them/theirs patient's name decline to answer unknown

Steps patient has taken to transition, if any:

<input checked="" type="checkbox"/> presentation aligned with gender identity	<input checked="" type="checkbox"/> preferred name aligned with gender identity
legal name aligned with gender identity	legal sex aligned with gender identity
<input checked="" type="checkbox"/> medical or surgical interventions	

Patient's future plans to transition, if any:

Source: Epic Systems, 2017

Normalizing Sexual History Taking

- ❑ *“At this clinic we ask a lot of questions—questions about your medical history, drugs, alcohol, and sexual history. Everything I ask is confidential, and I ask all my patients these questions so that I know what tests you may need today and what places on your body may need to be tested.”*
- ❑ *“I’ll be asking you some personal questions about your sexual health. I ask these questions of all my patients. Everything we talk about is confidential and will help me take care of you today. May we continue?”*

<ul style="list-style-type: none"> <input type="checkbox"/> Do you have sex with men, women or both? <input type="checkbox"/> Top bottom or vers 	<ul style="list-style-type: none"> <input type="checkbox"/> What are the genders of your sex partners? (and then expound) <input type="checkbox"/> This is language specific to a culture- consider not using
<ul style="list-style-type: none"> <input type="checkbox"/> What do you use for birth control? 	<ul style="list-style-type: none"> <input type="checkbox"/> Ask about family planning related to risk of causing or or becoming pregnant. If you don't know, ask and complete the SO/GI form "thoughts about family planning" is vague, but fine
<ul style="list-style-type: none"> <input type="checkbox"/> How many times have you been pregnant? 	<ul style="list-style-type: none"> <input type="checkbox"/> Would you like to become pregnant in the next year? (if organ systems present)
<ul style="list-style-type: none"> <input type="checkbox"/> Are you a Mom? <input type="checkbox"/> Are you a Dad? 	<ul style="list-style-type: none"> <input type="checkbox"/> Are you parenting, or would like to become a parent?
<ul style="list-style-type: none"> <input type="checkbox"/> We need to test you, or you are due for: <input type="checkbox"/> for (gonorrhea, chlamydia, syphilis, HIV, pregnancy, anal pap, cervical pap, etc...) 	<ul style="list-style-type: none"> <input type="checkbox"/> If someone needs a screening test, explain why you need it and NORMALIZE
<ul style="list-style-type: none"> <input type="checkbox"/> History of domestic abuse? 	<ul style="list-style-type: none"> <input type="checkbox"/> Start with: Do you feel safe where you stay/live? Has anyone hurt you in the last year? (IPV can be used)
<ul style="list-style-type: none"> <input type="checkbox"/> What is your sexual preference 	<ul style="list-style-type: none"> <input type="checkbox"/> What are the genders of your sex partners? (and then

The 5 “P”s to the 9 “P”s

CDC’s

- Partners
- Practices
- Personal history of STI
- Protection
- Pregnancy

Expanded

- Preferences
- Partners
- Practices
- Personal history of STI
- Protection
- Pregnancy
- Pleasure
- Partner Violence



Adapted from US DHHS <http://www.cdc.gov/std/treatment/SexualHistory.pdf>
and National LGBT Education Center

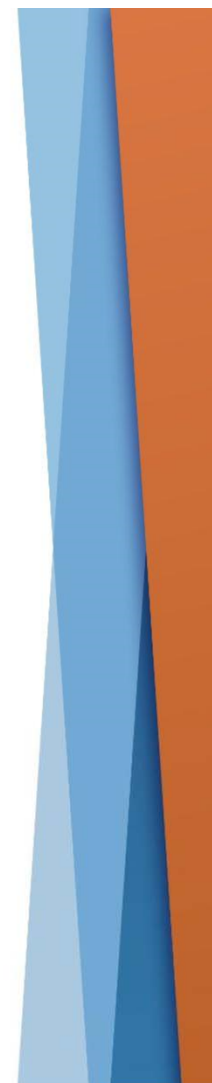
Before you memorize this list...

- From which lens are the questions asked?
 - Cis/het? Cultural variances? Generational?
- What happens in the real world?
- Could some questions be awkward?
- Are all the Ps applicable to all people?
- Is the order of this list, ok?



P's for inclusive sexual history taking

Privacy/Personal Questions	Sign Post	Specify confidentiality and reasons for asking personal questions
Preference/Language; PMH, PSH	Past	Past Medical and Surgical History. Current medications and types of procedures. What words would you like me to use to describe your body
Partners	Ask gender	What genders are your sex partners?
Practices	menu	Depending on the types of sex, we can test for



P=Privacy

- Signpost: personal questions
- Reason for questions
- Keep in mind the “curiosity” many transgender and non-binary people face

D= Preference/Language

- When was the last time you had surgery?

Heather Cassils, "Becoming An Image Performance Still No. 1," 2012

No “men women or both”

P=Partners

- What are the genders of your sex partners?
- If they say something vague, expound with: ok, is your wife transgender, cisgender?
- I would go back to the last testing if coming in every 3 months, or how many sex partners in the last month as a default

P=Practices

- ❑ Focus this question. Do you need to know the intimate details of a patient's sex life if they are coming in for "triple site" swabs?
- ❑ I would phrase: people have different types of sex, so depending on the types of sex, we can test for infections common to certain areas- what would you like me to focus on today? (then give a menu!)

No "top bottom or both"



Weingarten, L. A series of questions (2018)

P's for transgender and non-binary inclusive sexual history taking

Protection	Menu	Some people use barriers, some use other methods
Past History of Infection	Previous STI	Have you ever been treated for (give menu)
Planning/Family Planning	Keep in mind this may be relevant (or not)	Thoughts about family planning
Problems/Pleasure	Any problems with sex you'd like to discuss	Leave the door open to discuss if needed
Partner Violence	may be addressed in safety question	Physical and emotional

P=protection

- How do you keep yourself safe?
- Some people plan sex activity and take PrEP
- Some people use condoms for types of sex like anal sex

P=Past history of STI

- Have you ever been treated for infection from sex, like gonorrhea, chlamydia, trich, syphilis...
- When was the last time you were tested for infections? How about your partners? (remember- sometimes people do not know their sex partners)

P= Partner Abuse

- Asking this of someone who may have a history of CSA could be very invasive. Generally, when patients have a trusting relationship, they will tell you what they feel comfortable with.
- Do you feel safe in your current situation?
- Has anyone hurt you emotionally or physically in the last year?

P=Planning

- Thoughts on family planning
- For people with a uterus: would you like to become pregnant in the next year or ever?
- Could you or your partner cause a pregnancy or become pregnant?

P=Problems/Pleasure

- I would personally ask “any physical or emotional pain or problems with sex”
- “any difficulties are you having with your sex life you’d like to talk about”
- Leave the door open “some people have problems like erectile dysfunction. Sometimes medication can help, so let me know if this may be a problem
- “some guys have dryness or changes when on hormones”
- “spiro can cause erections to be less frequent. Is this something you would want, or not want?”



SPAM=

Easy way to remember taking a sexual history

- Self Awareness
- Privacy
- Avoid Assumptions
- Menu



If You Are Unsure

- “What concerns do you have about seeing a provider or having an exam?”
- “Is there anything I can do to make your visit or exam easier?”



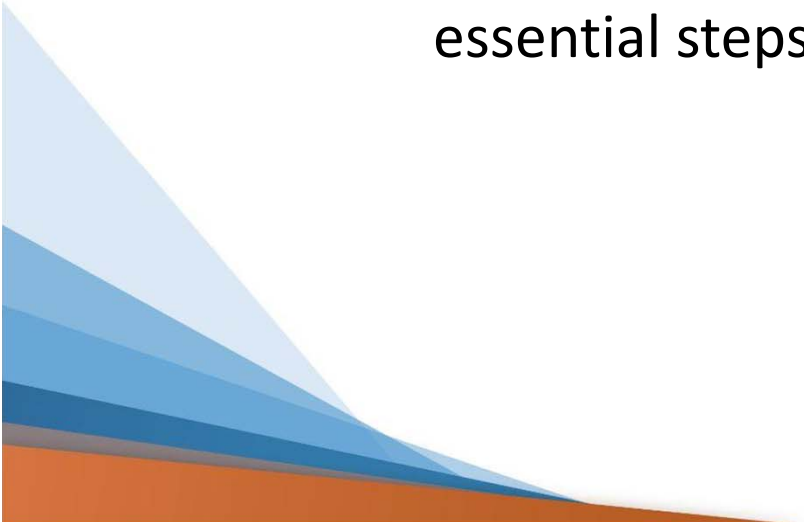
How this relates to PrEP?

- How might this impact or improve PrEP navigation?
- How might this impact or improve PrEP adherence?
- How might this impact or improve PrEP uptake?



Session Review

- ❑ Sexual History Taking: 9 P's are a tool to improve affirming sexual history taking in your settings
- ❑ SPAM- an acronym to help remember the essential steps



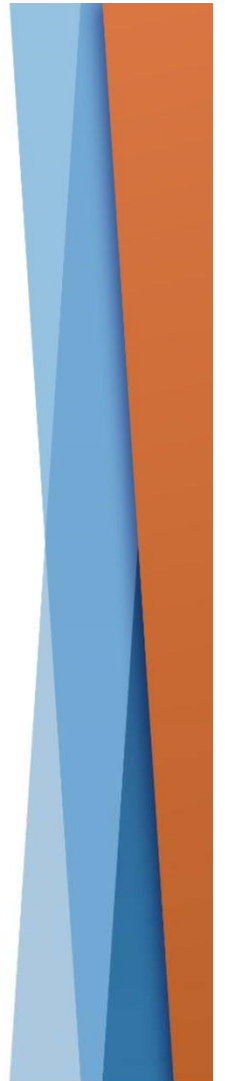
Continuing Education Resources

Providers

- [Transgender-Affirming Hospital Policies](#)
- [WPATH Standards of Care](#)
- [UCSF Standards of Care](#)
- [Transgender Training Institute](#)

Patients

- [Denver Health LGBT](#)
- [Gender Identity Center](#)
- [The Gathering Place](#)
- [PFLAG](#)
- [Trans Lifeline](#)



How to Access CBA Services

The screenshot shows the top portion of the CPN website. On the left is the CPN logo, which consists of a blue circular icon with a white swoosh and the text "CPN BUILDING THE CAPACITY OF THE NATION'S HIV PREVENTION WORKFORCE". Below the logo is the text "Funded by Centers for Disease Control and Prevention". To the right of the logo is a blue arrow pointing to a purple button labeled "REQUEST CBA". Below the button are icons for Twitter, Facebook, and a mobile device. Below these elements is a dark blue navigation bar with white text: "HOME", "ABOUT US -", "PROVIDER DIRECTORY -", "REQUEST CBA SERVICES -", and "TRAININGS AND RESOURCES -". Below the navigation bar is a red banner with a photograph of a woman in a blue shirt talking to a man. The text on the banner reads "Training and technical assistance for *health departments* to strengthen their HIV prevention initiatives". To the right of the text is a white icon of a building. Below the banner are four small white dots.

<https://cbaproviders.org/>

Thank You!

Azul.DelGrasso@dhha.org





Questions?

PrEP USER PANEL



James Hoagland

(he/him)

PrEP User
Juneau, AK

Additional Resources

- ANTHC AETC Program
 - AETC@anthc.org
 - 907-729-2907
- AK ID ECHO: HCV, HIV, PrEP and common STIs
 - Second Tuesday of each month from noon- 1 p.m. AKST
 - akidecho@anthc.org // www.anthc.org/ak-id-echo
- Department of Health HIV/STD Program
 - prepak@alaska.gov
 - PrEP and PEP: <https://health.alaska.gov/dph/epi/hivstd/Pages/PrEP.aspx>
 - PrEP for Patients: <https://health.alaska.gov/dph/Epi/hivstd/Pages/PrEP-Patients.aspx>
- National PrEP line
 - 888-448-4911



PRESCRIBING THE END OF HIV

Empowering Providers to Prescribe PrEP for HIV Prevention

A Virtual AK ID ECHO Learning Opportunity

TOPICS

April 4, 2023: 12pm-1pm
Integrating PrEP into Your
Clinical Practice

April 11, 2023: 12pm-1pm
PrEP Considerations for Special
Populations (adolescents,
pregnancy, patients with
comorbidities and/or renal
issues, etc.)

April 18, 2023: 12pm-1pm
Incorporating Sex Positivity and
Cultural Responsibility into Your
Clinical Practice & a PrEP User
Experience Panel

April 25, 2023: 12pm-1pm
Putting PrEP into Practice:
A Panel of Alaska Provider
Experiences

REGISTER

www.anthc.org/ak-id-echo



CE/CME provided.
Enduring credits
available for 2 years.



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PrEP MATERIALS

- Updated Materials:
 - Basics for Oral PrEP
 - Prescribing Oral PrEP
 - PrEP Medications Fact Sheet
 - Oral PrEP Pocket Card
 - Injectable PrEP Pocket Card
 - Diversity and Health Equity Terminology

Alaska Division of Public Health | HIV/STD Program

Prescribing Oral HIV PrEP
Updated February 2023

Efficacy Key Messages:

- PrEP is highly effective for preventing HIV infection when used as prescribed (99% for sexual transmission, 74% for IDU transmission).
- Full protection after 7 daily doses for anal sex; after 20 daily doses for vaginal or front hole sex or sharing needles.
- PrEP prevents HIV only; use other methods to prevent pregnancy and STDs.
- Off-label use of 2-1-1 PrEP for anal sex is highly effective in MSM and transgender women.

Indications (recent history):

- Inform all patients who are sexually active or inject drugs about PrEP.
- Prescribe for patients who request PrEP, with any sex partner with untreated HIV or HIV risk factors, who report an STD, condomless anal, vaginal, or front hole sex, or transactional sex, or who used PrEP in past year.

Contraindications:

1. HIV positive.
2. eGFR <60 mL/min for F/TDF or eGFR <30 mL/min for FTAF.

Patient Eligibility:

- FDA approved for adults and adolescents (13-18).
- F/TDF: approved for cisgender women and men, transgender women; protective for receptive and insertive anal, vaginal, and front hole sex, sharing needles.
- FTAF: approved for cisgender men, transgender women; protective for receptive and insertive anal sex, insertive vaginal, and front hole sex.

Considerations:

- HIV exposure <72 hours: evaluate/prescribe PrEP/post-exposure prophylaxis, then consider PrEP.
- Acute HIV symptoms (or seroconversion draw Ag/Ab test), consider HIV treatment, or delay PrEP.
- HIV infection and ALT >2x upper limit of normal (continue HIV treatment if ongoing PrEP).
- Age <50 years or eGFR <90 mL/min (check creatinine every 6 months; other risks for kidney disease such as diabetes or hypertension consider frequent checks).
- Osteoporosis or history of non-traumatic fracture (consider FTAF, calcium, check vitamin D, DXA scan).
- Pregnancy or breast-feeding (discuss risk and benefits).

Alaska Division of Public Health | HIV/STD Program

PrEP Basics for Oral PrEP

99% PrEP is safe and can reduce your risk of HIV from sex by more than 99%.

It takes 1 week before protection for anal sex, and 3 weeks for vaginal sex.

Take 1 pill once a day. Finding a routine is essential.

Get tested for HIV and STDs every 3 months.

Tell your provider if you plan to stop or restart PrEP.

HOW TO GET PrEP:

- Tell your primary care provider you'd like to start PrEP. Doctors, Nurse Practitioners, and Physician Assistants can prescribe PrEP.
- Visit www.prepaction.org to find PrEP providers in your area.

TAKING THE PILL

One pill per day

- There are three FDA-approved oral medications for PrEP: F/TDF (Generic, Truvada[®], and Descovy[®]). All are highly effective in clinical trials, however, various personal factors and your provider will determine which one is best for you.
- PrEP (pre-exposure prophylaxis) is most effective if taken daily. PrEP can be taken even if drinking alcohol or using recreational substances.

Getting into a routine

- It is very important to take PrEP as prescribed, such as taking it at the same time each day. To help with this try:
 - Taking a pill with you if you will be out late.
 - Set a text or alarm.
 - Take your PrEP in the morning, like eating a meal.

Missed a dose?

- Take the missed dose as soon as you remember it, but if it's close to the next dose, skip the missed dose and take the next one as usual. Do not double up on pills.

YOUR PRESCRIPTION

Lab testing

- Before starting PrEP, you will get tests for HIV, STDs, kidney function, and Hepatitis B and C.
- You will also get tested for HIV and STDs every 3 months and a kidney function test every 6 months.

Filling your prescription

- Refills are not always automatic. Contact your pharmacy when you have 5 pills left so you don't run out.
- Before traveling, let your healthcare provider and/or pharmacy know that you may need an extra refill if you are low on medication.

Cost

- If you are having trouble paying for PrEP, there are assistance programs that may help cover the cost. Visit www.ready4prep.hiv.gov for payment resources.

STAY PROTECTED

Page 1 Alaska Division of Public Health | HIV/STD Program

PrEP Medications

There are three FDA-approved oral medications for pre-exposure prophylaxis (PrEP): F/TDF (Generic, Truvada[®], and Descovy[®]). All are safe and highly effective in clinical trials. There were no differences in adverse clinical outcomes such as broken bones or heart disease between people taking either regimen. Choice may be limited by insurance coverage.

Oral PrEP	Generic or Truvada [®] Tenofovir disoproxil fumarate 300 mg + Emtricitabine 200 mg (F/TDF) generic version available	Descovy [®] Tenofovir alafenamide 25 mg + Emtricitabine 200 mg (FTAF)
Indications	F/TDF is approved for use for all adults and adolescents ≥18 kg with indications for PrEP.	FTAF is approved for use for adults and adolescents ≥18 kg at risk for sexually acquired HIV, excluding individuals at risk only from receptive vaginal sex or only from injection drug use.
Dosing	1 pill once daily unless using a PrEP 2-1-1 schedule.	1 pill once daily.
"On Demand" PrEP: 2-1-1 Dosing <small>The strategy has not yet been reviewed by the FDA, but is recommended by the CDC in their 2023 PrEP Guidelines.</small>	2-1-1 for people with anal exposures only. 2 pills 2-24 hours before anal sex (24 hours before for optimal protection) <ul style="list-style-type: none"> • then 1 pill 24 hours after first dose • then 1 pill 24 hours after second dose For a detailed 2-1-1 prescribing guide, refer to the CDC's 2023 PrEP Guidelines.	The PrEP 2-1-1 dosing schedule is not recommended for use with FTAF (Descovy [®]) outside of a clinical trial.
Side Effects	Generally safe and well tolerated <ul style="list-style-type: none"> • Headache and abdominal discomfort which often resolves in a few weeks • Weight loss • Small decrease in eGFR, which improves upon discontinuation of F/TDF. 	Generally safe and well tolerated <ul style="list-style-type: none"> • Abdominal discomfort, nausea, and headache, which often resolves in a few weeks • Small increase in LDL cholesterol • Slight increase in body weight
Other Notes	Estimated GFR or CrCl by serum labs should be ≥60 mL/min to safely use F/TDF.	Estimated GFR or CrCl by serum labs should be ≥30 mL/min to safely use FTAF.

Questions?
Call The National Centers for Disease Control and Prevention at 1-855-448-7527

Alaska Division of Public Health | HIV/STD Program

Prescribing Oral PrEP

What is PrEP?

- Pre-exposure prophylaxis (PrEP) is medication for HIV negative individuals that helps prevent HIV before an exposure event occurs. This is different than post-exposure prophylaxis (PEP).
- Two fixed-dose antiretroviral oral medications are FDA approved for PrEP: tenofovir disoproxil/emtricitabine (Generic or Truvada[®]), and tenofovir alafenamide/emtricitabine (Descovy[®]).
- No negative significant health effects have been observed among individuals who have taken PrEP for up to 5 years.
- The FDA has approved one injectable PrEP medication: cabotegravir (CAB) 600 mg. CAB is a single antiretroviral drug given as an intramuscular injection initially 1 month apart for 2 months, then every 2 months to prevent HIV.

Who May Benefit from PrEP?

- Anyone who self-identifies a need or want for PrEP
- Men who have sex with men (MSM)
- People who inject drugs and use stimulants like methamphetamine
- People with partners with or at risk for HIV
- Transgender persons
- People who have had an STD, condomless/barrierless (vaginal or anal) sex, or transactional sex

Taking a Sexual History Prior to Prescribing PrEP

- Partners: Do you have sex with men and/or women and/or transgender individuals?
- Practice: In the past year, what type(s) of sex have you had: vaginal, oral, anal receptive, anal insertive?
- Protection: From STDs: What methods do you use to prevent STDs including HIV? How often do you use condoms for vaginal, anal, oral sex?
- Past: History of STDs: Have you ever had an STD?
- Pregnancy: Are you trying to conceive or father a child? Are you trying to avoid pregnancy?

Alaska Division of Public Health | HIV/STD Program 1

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.

Russell ST, Pollitt AM, Li G, Grossman AH. Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. J Adolesc Health. 2018;63(4):503-505. doi:10.1016/j.jadhealth.2018.02.003

Not sure? Ask.

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?"





GENDER-DIVERSE Provider 101

GENDER-DIVERSE

Gender-diverse is an umbrella term used to describe people who are not cisgender. Some people prefer *genderqueer* or other terms.

Cisgender (Cis): A person may be cis if their gender identity matches the sex they were assigned at birth.

TRANSGENDER

A person may be trans if their gender identity doesn't match the sex they were assigned at birth.

*Note: the word transsexual should **not** be used.*

NONBINARY

A person may be nonbinary if they don't identify fully as male or female. They may identify as both male and female, as a mixture of male and female, or as another gender (neither male nor female).

GENDERFLUID

A person may be genderfluid if their gender identity changes from day to day or from moment to moment. Some genderfluid people identify as trans. Others do not.

AGENDER

A person may be agender if their gender is absent or neutral. Some agender people identify as trans. Others do not.

TWO-SPIRIT

Two Spirit refers to someone who is Native and expresses their gender identity or spiritual identity in indigenous, non-Western ways.

This term can only be applied to a person who is Native. A Two Spirit person has specific traditional roles and responsibilities within their tribe.

Not all Native LGBTQ people identify as Two Spirit.

Important Notes on Usage:

- None of these terms have an -ed on the end.
- These terms are adjectives, not nouns. You could say, "a Two Spirit person" or "a person who identifies as Two Spirit." You would not say, "a Two Spirit." The same applies to all terms.
- The words "transsexual," "tranny," and "transvestite" are offensive and should not be used.
- All of these terms are relatively new and quickly evolving. It's best if you ask someone what the term they use means to them.
- These terms don't provide any information about sexual orientation or attraction.
- This sheet is not meant to guide pronoun use. If you don't know someone's preferred pronouns, ask, "Do you use pronouns? If so, what pronouns do you use?"
- While some run parallel to traditional Indigenous concepts, none of the concepts listed here are traditional terms from specific tribal cultures.

SEXUAL ORIENTATION Provider 101

A person's sexual orientation refers to the way one describes their emotional, romantic, or sexual attraction. The language we have to describe sexual orientation is still informed by cisnormative ideas.

These terms are self-definitions. People who identify with these terms may have different and equally valid ways of defining these terms.

GAY

A word used to describe people whose emotional, romantic, or sexual attraction is to people of the same gender.

Avoid identifying gay people as "homosexuals," an outdated term considered derogatory and offensive to many lesbian and gay people.

PANSEXUAL

A word used to describe people who form emotional, romantic, or sexual attractions to people of any gender identity.

AROMANTIC

A word used to describe people who do not experience romantic attraction.

QUEER

A word used to describe people whose sexual orientation isn't straight. This may include people who also identify as gay, bisexual, lesbian, pansexual, or another identity.

NOTES: A person's gender identity and sexual orientation are two different aspects of their identity. It's important not to make any assumptions about a person's sexual orientation based on their gender identity and vice versa.

LESBIAN

A word used to describe women who are emotionally, romantically, or sexually attracted to other women. Some lesbians may identify as gay.

BISEXUAL

A word used to describe people whose emotional, romantic, or sexual attractions might be to people of the same gender or of another gender.

ASEXUAL

A word used to describe people who do not experience sexual attraction.

STRAIGHT

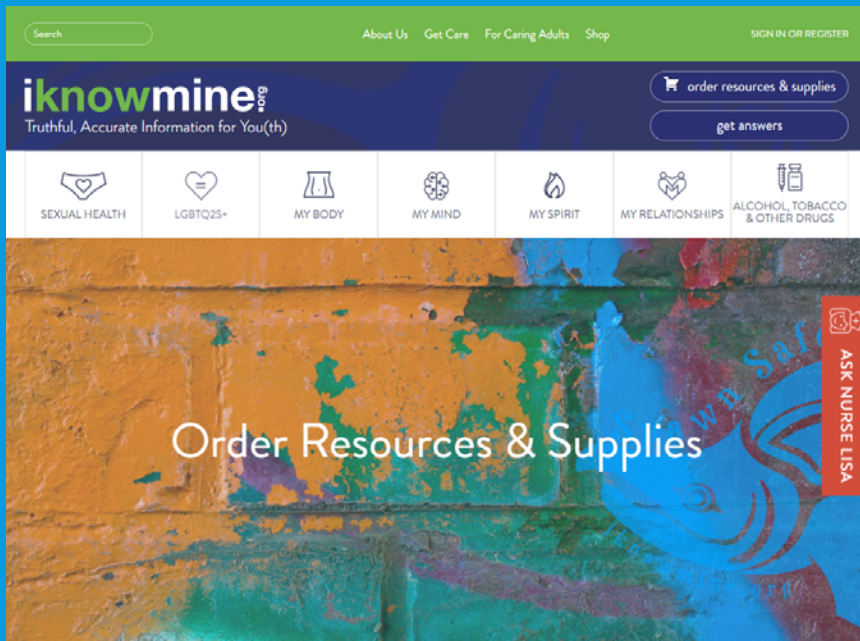
A word used to describe people whose emotional, romantic, or sexual attraction is to people of the opposite (man/woman) gender.

TWO-SPIRIT

For some people, Two Spirit can describe a sexual orientation that exists beyond the confines of Western definitions. The term Two Spirit may denote meanings that relate to gender identity or sexual orientation.



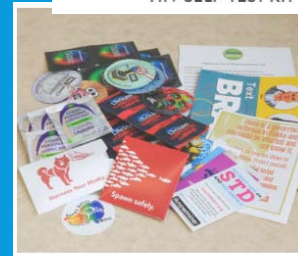
Free prevention resources available in Alaska iknowmine.org/shop



HIV SELF-TEST KIT



HARM REDUCTION KIT



PERSONAL CONDOM PACK



CONDOMS FOR ORGANIZATIONS



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM





ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB
Indian Leadership for Indian Health

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.