



ADVANCING INTEGRATED HEALTHCARE

# Best Practices in Addressing Sexually Transmitted Infections (STI) in Primary Care: ECHO<sup>®</sup> Learning Series

**Session one:**

**Sexual Health & Confidentiality: Health Disparities, Sexual History, Counseling Health & Confidentiality: Health Disparities, Sexual History, Counseling**

**Date: September 25, 2024**

*PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting*

*Care Transformation Collaborative of RI*

# Agenda

Time	Topic	Presenter
7:30-7:40 AM	Welcome, Introductions, Overview	<p><b>Yolanda Bowes, CTC-RI</b></p> <p><b>Pat Flanagan, CTC-RI</b></p>
7:40-8:20 AM	Sexual Health & Confidentiality: Health Disparities, Sexual History, Counseling	<p><b>Jack Rusley, Hasbro Children's Hospital, Alpert Medical School of Brown University, Brown University School of Public Health</b></p>
8:20-8:30 AM	Discussion & Questions	<p><b>Yolanda Bowes, CTC-RI</b></p>

# Welcome

- The didactic portion of today's session will be recorded for educational purposes and to enhance quality improvement.
- Case presentations will not be recorded, in consideration of confidentiality and respect for sensitive information.
- Please refrain from sharing any protected health information (PHI) or other sensitive information during the session.
- We kindly ask all participants to be respectful of their peers by adhering to the following guidelines:

- Please enable your video when possible, so we can foster a more engaging & collaborative environment
- Enter your name and organization in the chat box upon joining the session

Introduce Yourself



- Please keep your microphone muted when not actively speaking to minimize background noise & interruptions

Microphones



Thank you to  
UnitedHealthcare  
for funding and  
support



# Project Team Introductions



ADVANCING INTEGRATED HEALTHCARE



**Dr. Jack Rusley, MD, MHS**  
Assistant Professor of Pediatrics Division of Adolescent Medicine, Hasbro Children's Hospital, Alpert Medical School of Brown University, Assistant Professor of Health Services, Policy and Practice Brown University School of Public Health



**Cesar Mora Jaramillo, MD FAAFP FCUCM**  
Medical Director of Express Clinic at Blackstone Valley Community Health Center, President of the College of Urgent Care Medicine



**Thomas Bertrand, MPH, MA**  
Chief, Center for HIV, Hepatitis, STD, and TB Epidemiology Division of Emergency Preparedness and Infectious Disease



**Philip A. Chan, MD, MS**  
Consultant Medical Director, Rhode Island Department of Health Division of Emergency Preparedness and Infectious Disease (EPID),



**Andrew Saal, MD, MPH**  
Primary Care Consultant



**Patricia Flanagan, MD**  
Clinical Director and PCMH Kids Co-Chair



**Susanne Campbell, RN, MS, PCMH CCE**  
Senior Program Administrator



**Yolanda Bowes, BS**  
Senior Project Manager



**Nijah Mangual, BA**  
Program Coordinator

# About Project ECHO

All Teach, All Learn



## We call it “all teach, all learn.”

ECHO participants engage in a virtual community with their peers where they share support, guidance and feedback. As a result, our collective understanding of how to disseminate and implement best practices across diverse disciplines continuously improves and expands.



During an ECHO session, participants present real (anonymized) cases to the specialists—and each other—for discussion and recommendations.

Participants learn from one another, as knowledge is tested and refined through a local lens.

This continuous loop of learning, mentoring and peer support is what makes ECHO unique, with a long-lasting impact far beyond that of an in-person training, webinar or e-learning course.

Our knowledge-sharing model brings together specialists from multiple focus areas for a robust, holistic approach.

# Case Presentation Schedule



ADVANCING INTEGRATED HEALTHCARE

Date	Topic	Didactic Presenter	Case Presenter
9/25/24	Sexual Health & Confidentiality <i>Health Disparities, Sexual History, Counseling</i>	Jack Rusley MD, MHS	
10/23/24	Syphilis	Erica Hardy, MD, MMSc	
*11/20/24	HIV and PrEP	Philip A Chan, MD, MS	
*12/10/24	Chlamydia & Gonorrhea	Matthew Perry, MD, ScM	
1/22/25	Hepatitis C	Alan Epstein, MD	
2/26/25	Other STIs	Katherine Hsu, MD, MPH, FAAP	

# CTC-RI will launch a Call for Applications for a STI Quality Improvement Initiative

*Starting in January 2025 and running through June 2025*

- Up to six practices will be selected to participate in a six-month initiative aimed at improving chlamydia and gonorrhea screening rates and applying a best practice strategy using the Plan-Do-Study-Act approach.
- Selected practices will receive customized support to develop and implement performance improvement plans and sustainable workflows.
- CTC-RI will offer a stipend of \$7,000 to support staff in completing project deliverables, with an additional \$1,500 available for practices that meet a practice-specific improvement threshold.





**Jack Rusley, MD, MHS** is a board-certified pediatrician and adolescent medicine specialist, and an adolescent health researcher. His clinical work includes providing primary care to adolescents and young adults ages 12 to 26 at the Rhode Island Adolescent Healthcare Center. He is currently an Associate Professor in the Department of Pediatrics at Hasbro Children's Hospital.

**Presenting:** Sexual Health & Confidentiality: Health Disparities, Sexual History, Counseling  
Health & Confidentiality: Health Disparities, Sexual History, Counseling



# **SEXUAL HEALTH: CONFIDENTIALITY, DISPARITIES, HISTORY, AND COUNSELING**



**Rhode Island Hospital  
Hasbro Children's Hospital**  
*Lifespan. Delivering health with care.®*

Jack Rusley, MD, MHS  
ECHO Learning Series:  
Best Practices in Addressing Sexually  
Transmitted Infections (STI) in Primary Care  
September 25, 2024

# DISCLOSURES

- I have no relevant financial conflicts of interest
- My research is funded by the NIH (K23MH123335) and the Bradley/Hasbro Research Center (713933)
- I will be talking about sex

# **AGENDA**

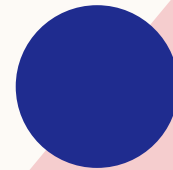
Defining Sexual Health

Approach – 5 Steps

Epidemiology and Disparities

History

Resources

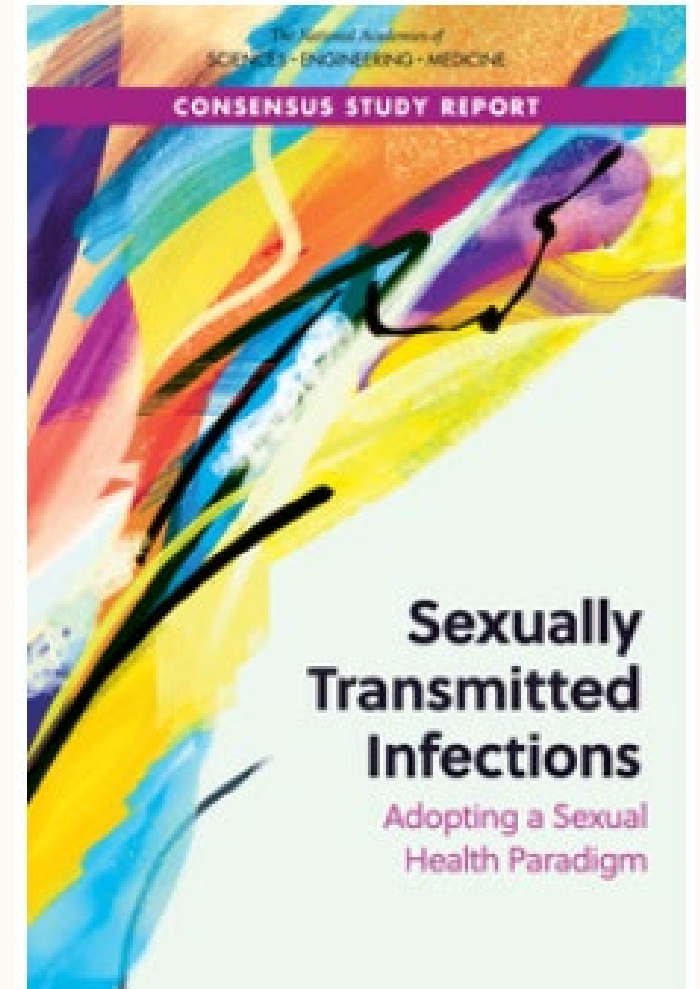


# OBJECTIVES

- Describe the **epidemiologic trends of sexually transmitted infections** in the United States.
- Discuss the **impact of sexually transmitted infections on health equity**, particularly within underserved populations.
- Identify **socioeconomic and cultural barriers** that can impact at-risk populations, exacerbating health disparities.
- Identify recommended screening, testing, and treatment strategies for sexually transmitted infections.
- Describe best practices and innovative clinical processes to **reduce barriers to care and treatment** for both patients and partners.

# SEXUAL HEALTH IS...

- Physical, emotional, mental and social
- Not just the absence of disease
- Well-being
- Pleasurable and safe
- Requires a positive and respectful approach
- Free from coercion, discrimination, and violence
- Rights of all must be protected



National Academies, 2021

# APPROACH TO SEXUAL HEALTH

1

**NORMALIZE  
AND INFORM**

2

**LEVERAGE  
SOCIAL SUPPORT**

3

**CULTURE OF  
CONFIDENTIALITY**

4

**STRENGTHS-  
BASED**

5

**FACT-BASED  
RESOURCES**



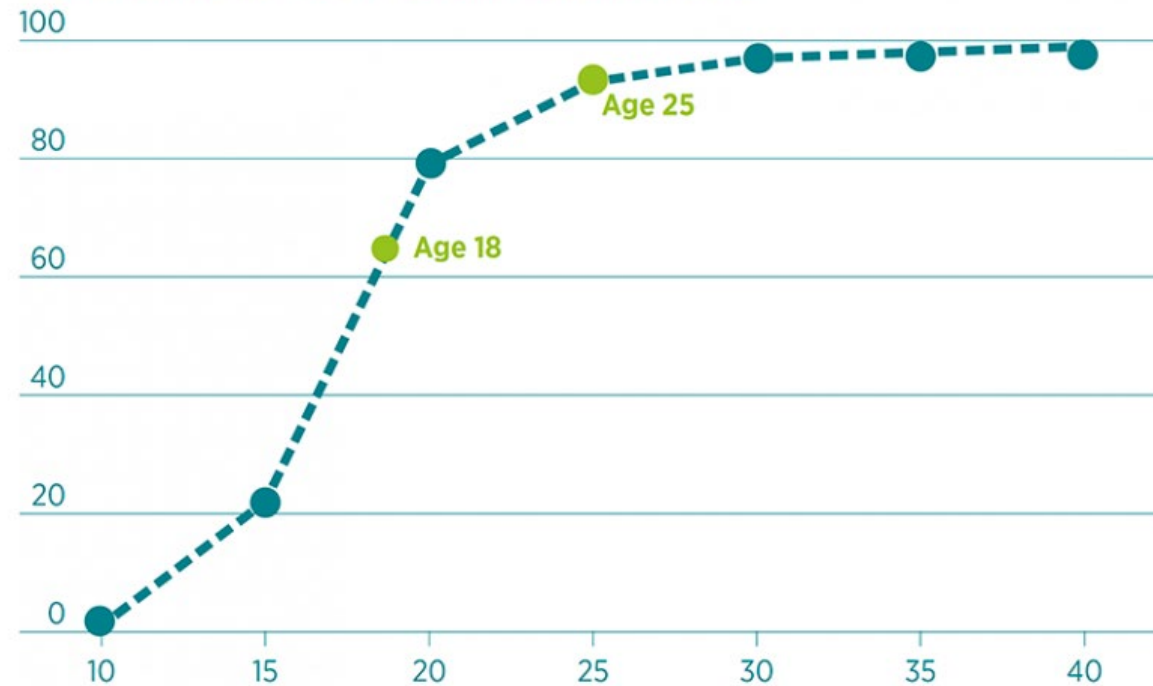
**EPIDEMIOLOGY  
AND DISPARITIES**



# SEX IS NORMAL AND HEALTHY

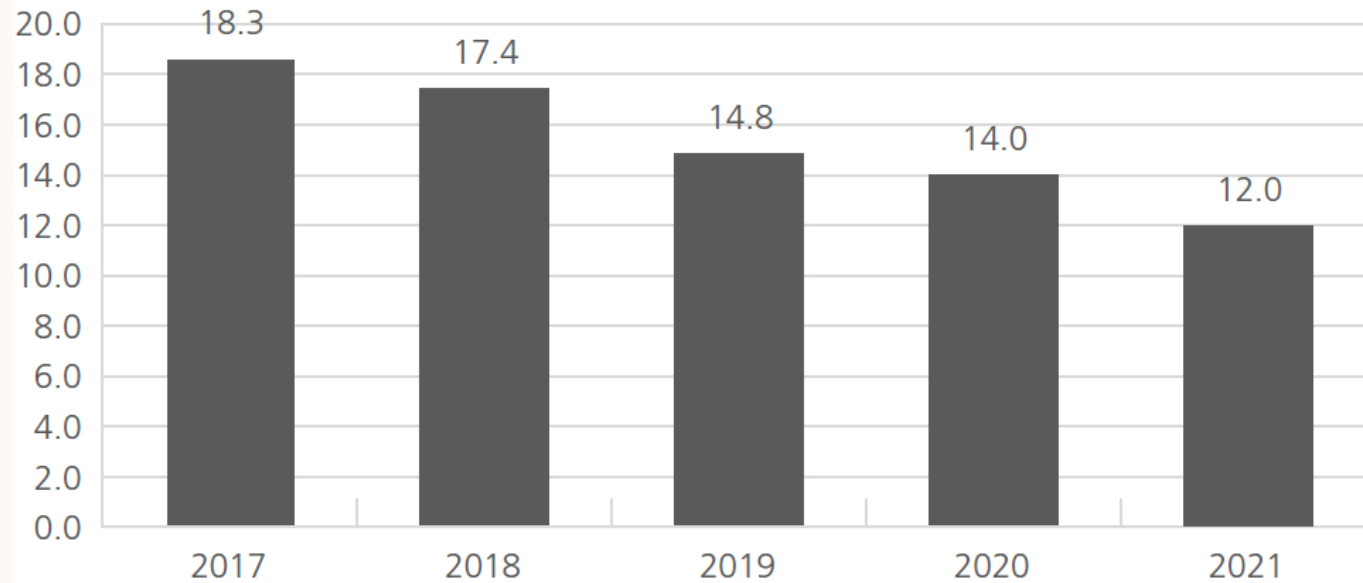
**Sex is a natural part of being human, and 65% of 18-year-olds and 93% of 25-year-olds have had sexual intercourse**

% of individuals who have had sexual intercourse, by age



# TEEN PREGNANCY RATES ARE FALLING IN RI (AND US)

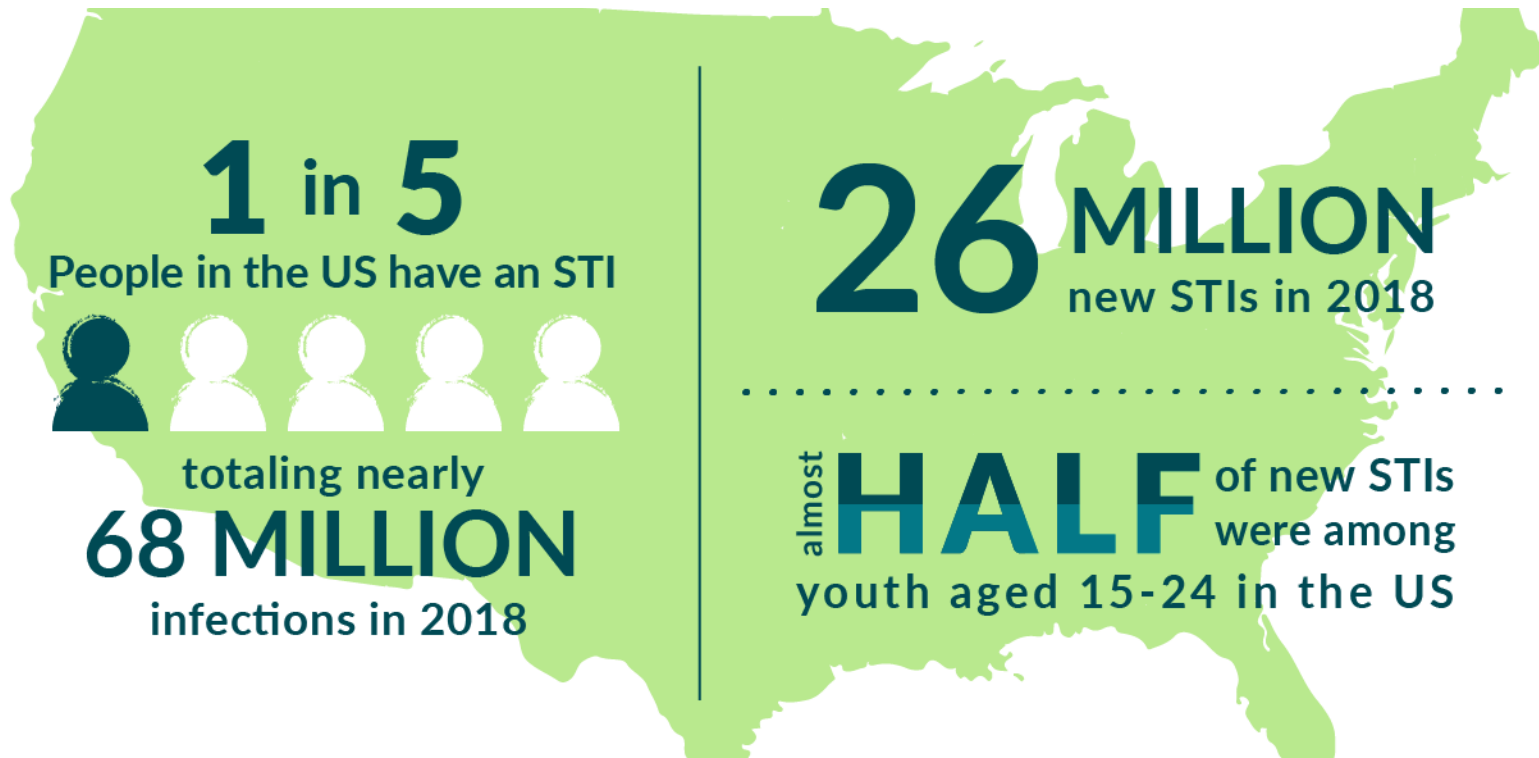
Pregnancy Rates per 1,000 Females, Age 15 - 19,  
Rhode Island, 2017 - 2021



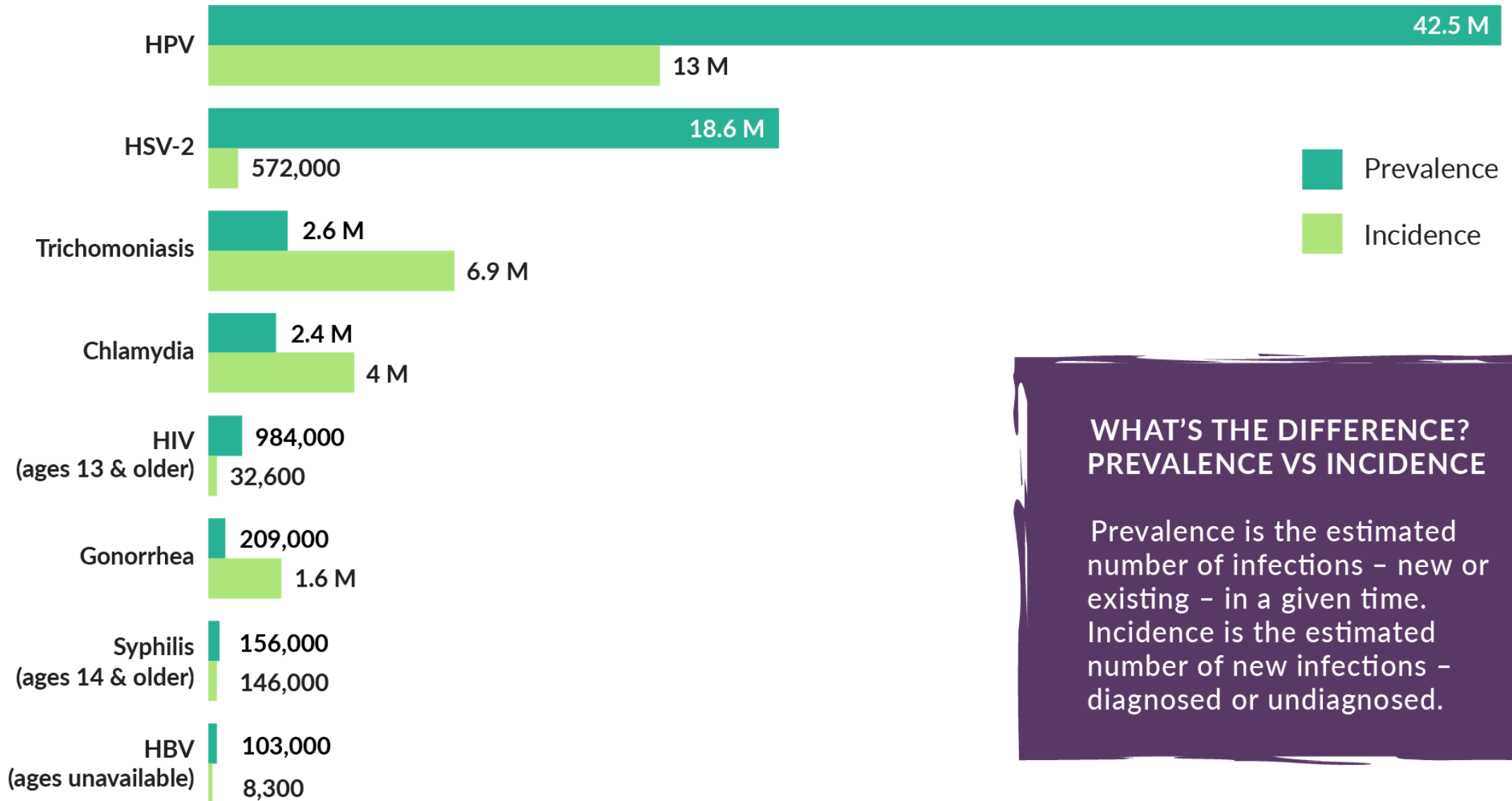
Rhode Island's teen pregnancy rate (12.0 per 1,000 girls aged 15-19) is the highest among New England states.

Source: *Rhode Island Department of Health.*

# BURDEN OF STIS IN THE US



### STI Prevalence and Incidence in the US



#### WHAT'S THE DIFFERENCE? PREVALENCE VS INCIDENCE

Prevalence is the estimated number of infections – new or existing – in a given time. Incidence is the estimated number of new infections – diagnosed or undiagnosed.

\*Bars are for illustration only; not to scale, due to wide range in number of infections. Estimates for adults and adolescents ages 15+ unless otherwise stated. HIV and HBV data only represent sexually acquired infections.

## LEFT UNTREATED, STIs CAN CAUSE:



**INCREASED RISK OF GIVING  
OR GETTING HIV**

**LONG-TERM  
PELVIC/ABDOMINAL PAIN**

**INABILITY TO GET PREGNANT OR  
PREGNANCY COMPLICATIONS**

THE  
**STATE OF STIs**  
IN THE  
**UNITED STATES,**  
2022

CDC's 2022 STI Surveillance  
Report underscores that STIs  
must be a public health  
priority



**1.6 million**  
CASES OF CHLAMYDIA  
6.2% decrease since 2018



**648,056**  
CASES OF GONORRHEA  
11% increase since 2018



**207,255**  
CASES OF SYPHILIS  
80% increase since 2018



**3,755**  
CASES OF SYPHILIS  
AMONG NEWBORNS  
183% increase since 2018

LEARN MORE AT: [www.cdc.gov/sti/](http://www.cdc.gov/sti/)

# THE STATE OF STIs IN



**RHODE  
ISLAND  
2022**

Source:  
<https://www.cdc.gov/std/statistics/2022/tables.htm>



**5,199 (#25)**  
**CASES OF CHLAMYDIA**

5% decrease since 2018



**1,444 (#37)**  
**CASES OF GONORRHEA**

8% increase since 2018



**516 (#31)**  
**CASES OF SYPHILIS**

82% increase since 2018



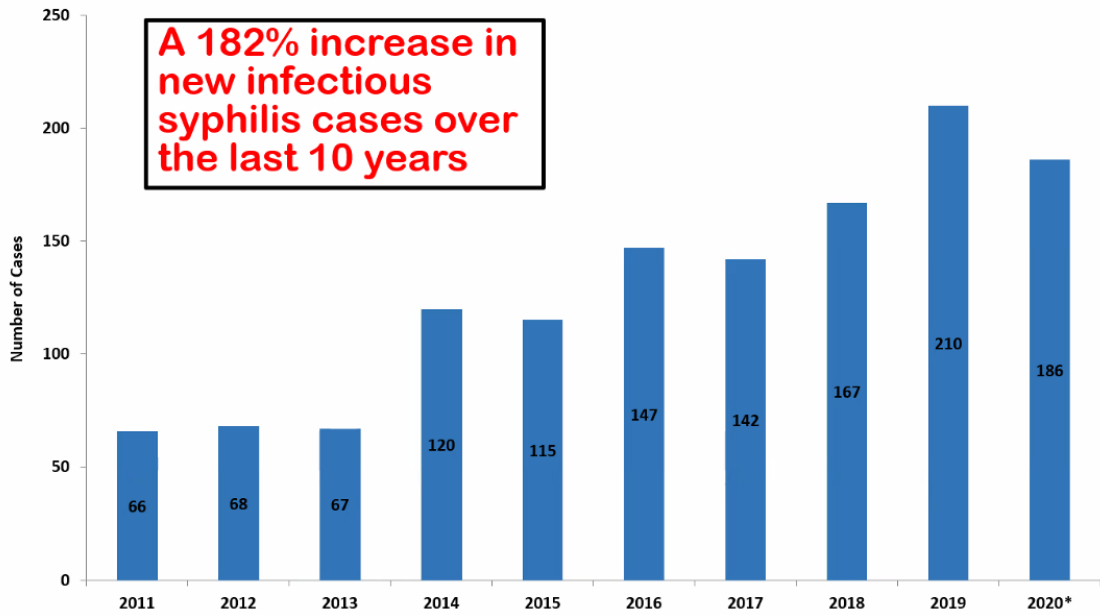
**5 (#27)**  
**CASES OF SYPHILIS  
AMONG NEWBORNS**

Increase from 0 in 2018 (and 2019)

LEARN MORE AT: [www.cdc.gov/sti/](http://www.cdc.gov/sti/)

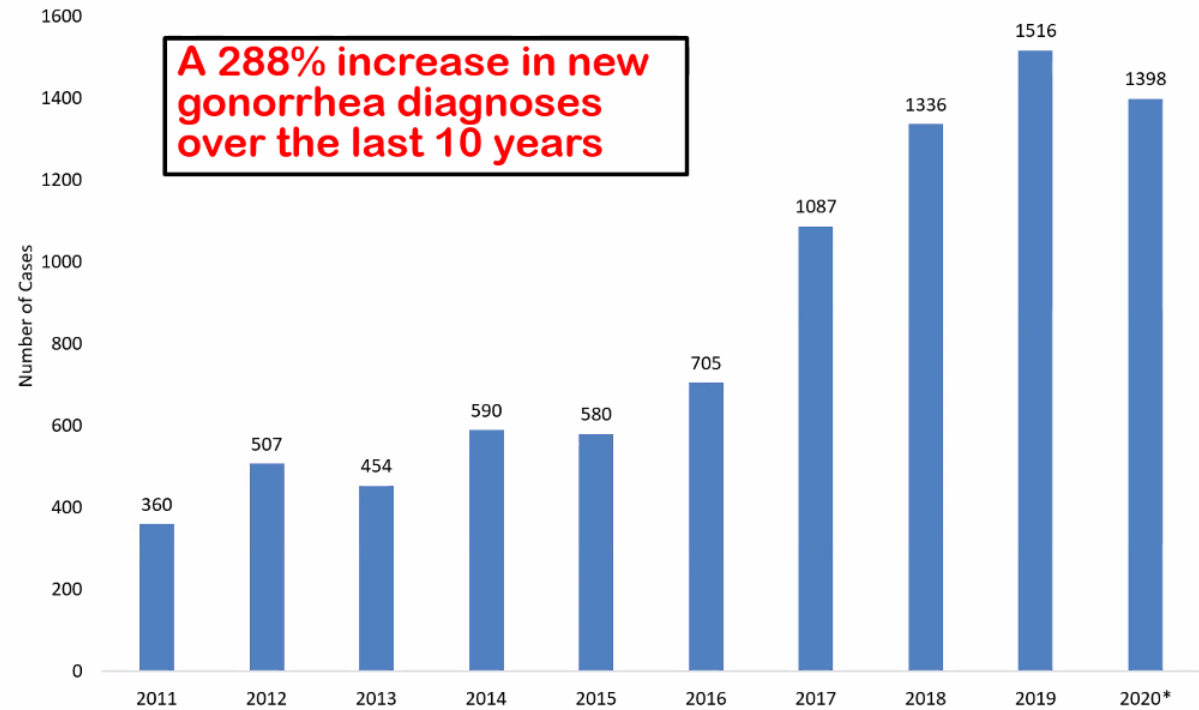
# STI RATES ARE INCREASING IN RHODE ISLAND

## Cases of Infectious Syphilis Rhode Island, 2011-2020\*



\*2020 data is preliminary

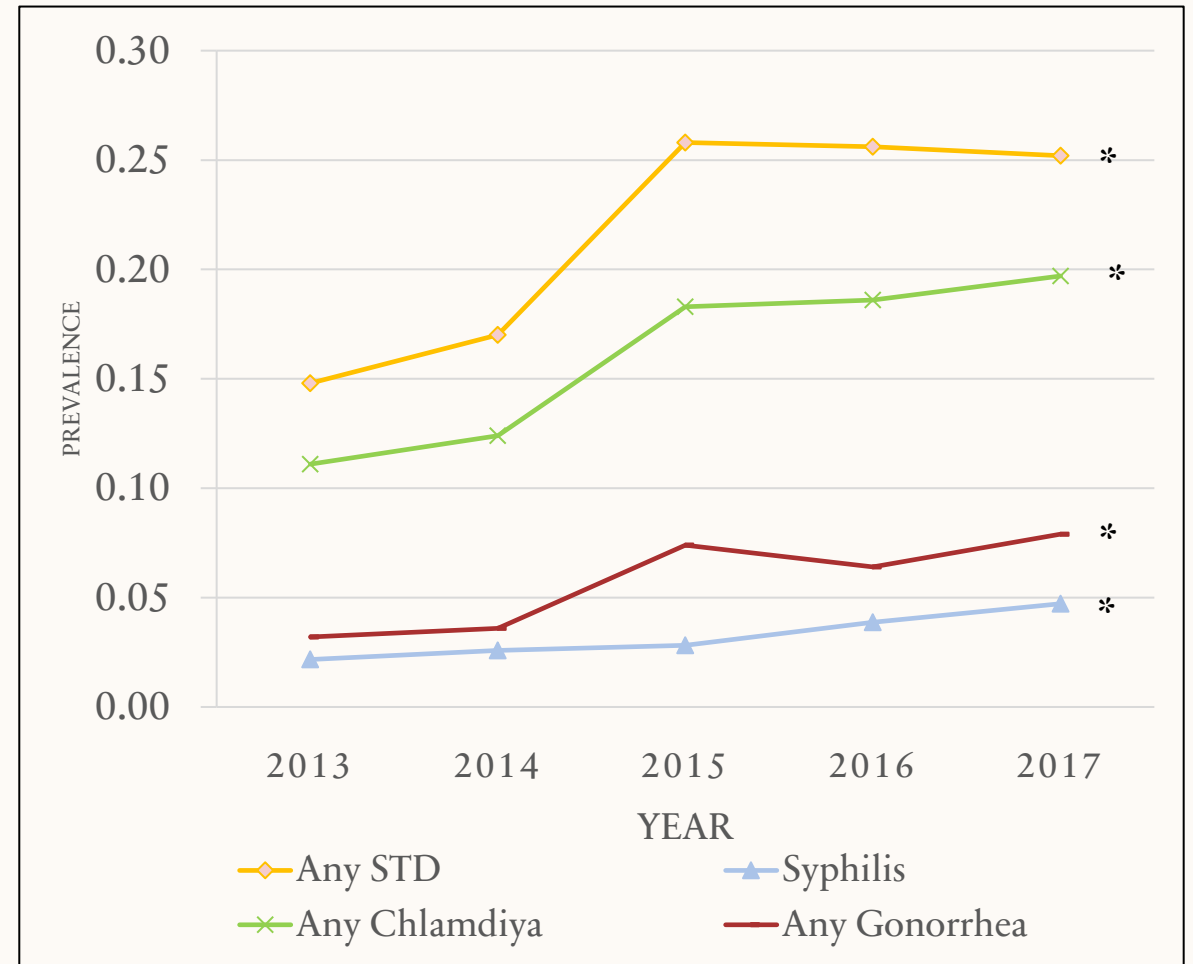
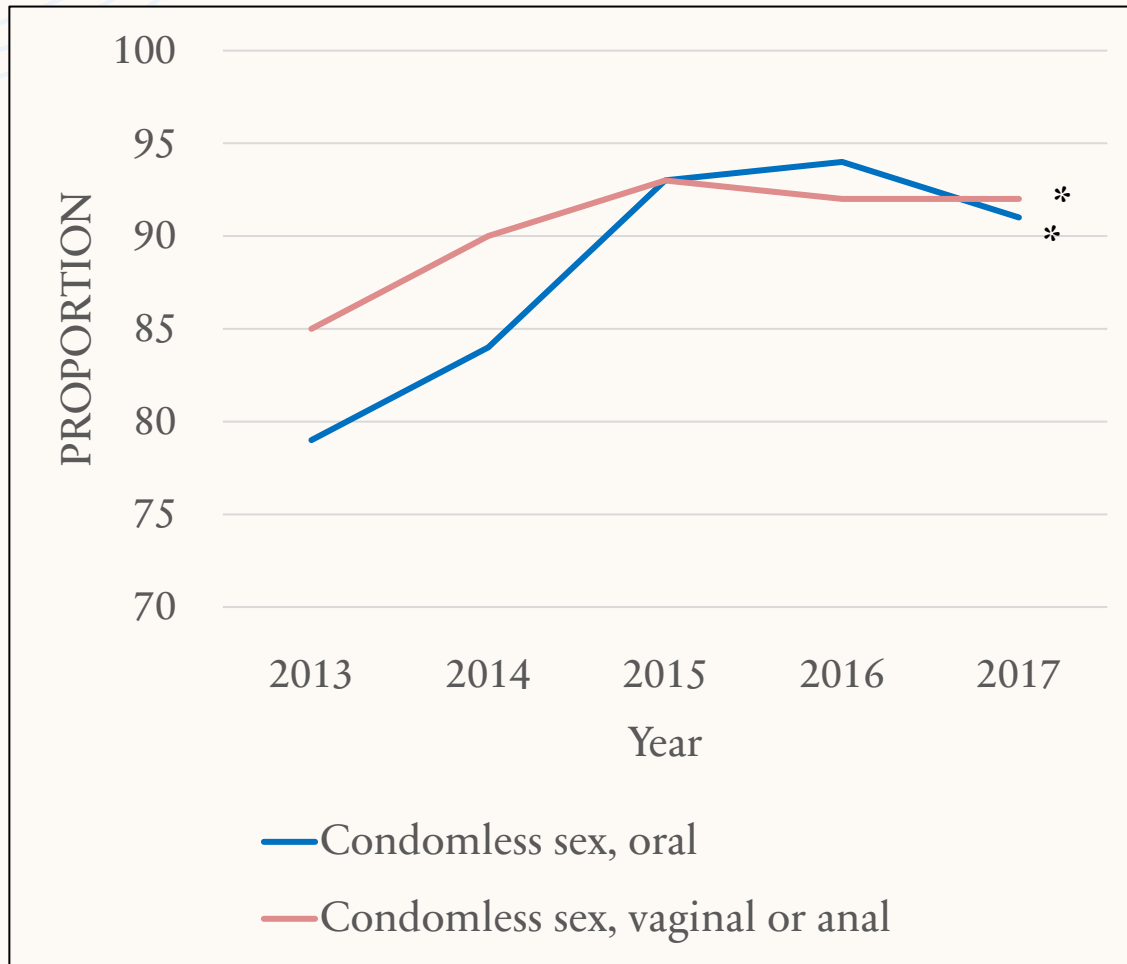
## Cases of Gonorrhea Rhode Island, 2011-2020\*



\*2020 data is preliminary



# CONDOMLESS SEX AND STI RATES ARE INCREASING AMONG YOUTH IN RI

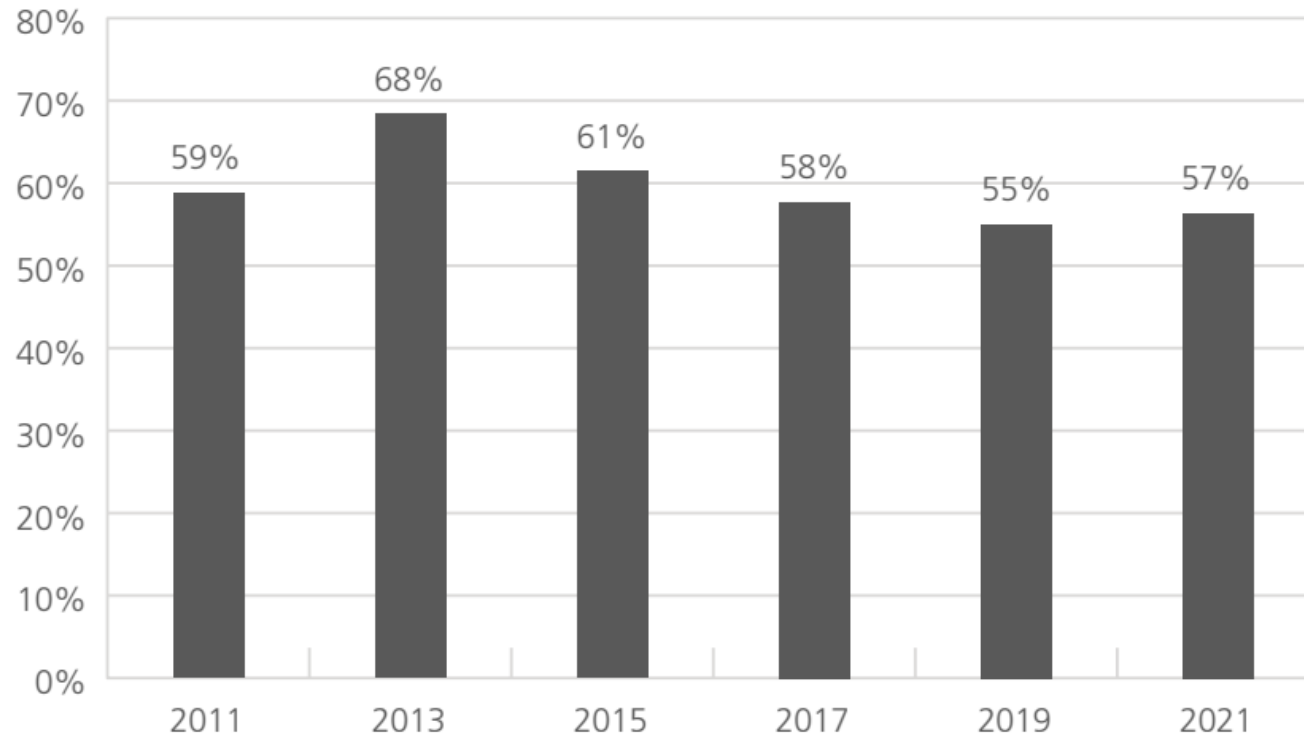


N=3,822 visits; \* = statistically significant difference between 2013 and 2017 ( $p < 0.05$ )

(Rusley, 2020)

# ABOUT HALF OF RI STUDENTS USED CONDOM AT LAST SEX

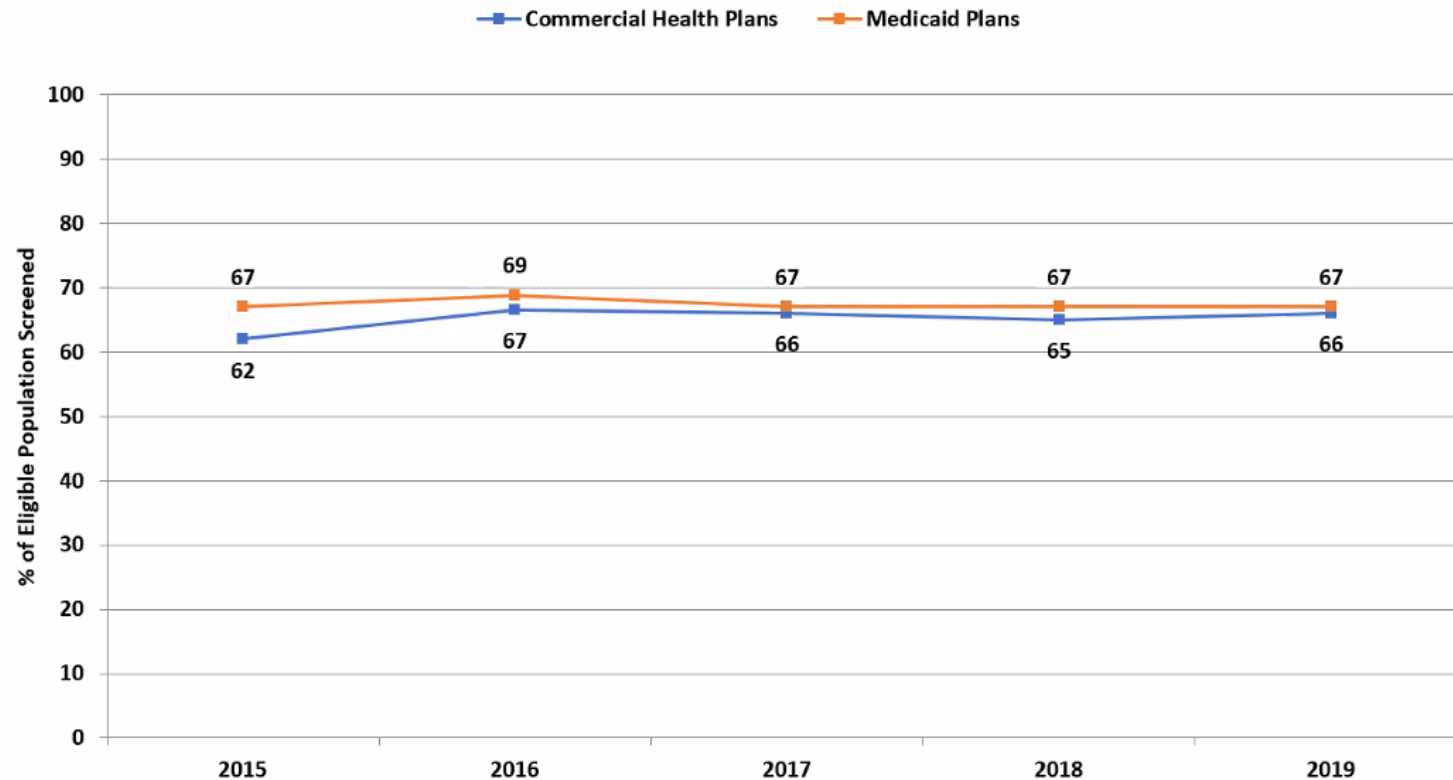
Sexually Active High School Students Reporting Condom Use At Last Sexual Intercourse, Rhode Island, 2011 - 2021



Source: 2021 Rhode Island Youth Risk Behavior Survey.

# STI SCREENING RATES AMONG RI YOUTH HAVE REMAINED FLAT

## Chlamydia Screening among Young Females, Rhode Island, 2015-2019



# SEXUAL VIOLENCE

## ...IS COMMON:

- 1 in 4 girls, 1 in 6 boys experience sexual abuse before age 18
- 96% of girls' "first time" was unwanted/mixed feelings
- 8% of RI teens report sexual assault in past
- 1 in 5 children are solicited sexually via internet

## ...HAS FAR REACHING CONSEQUENCES:

Survivors of sexual violence have high risk of:

- Substance use disorder (4x)
- PTSD (4x)
- Major depressive episode (3x)

Teens who experience sexual violence may suffer from mental health conditions:

Post-Traumatic Stress Disorder<sup>11</sup>

Substance abuse<sup>12</sup>

Eating disorders<sup>13</sup>

Low self-esteem<sup>14</sup>

Depression<sup>15</sup>

Anxiety<sup>16</sup>

Consider or attempt suicide<sup>17</sup>

RAINN, 2021; NSVRC, 2021; NCDSV, 2021; Lindberg, 2018; NSFG, 2018



# **STI DISPARITIES**



**ANYONE WHO HAS SEX COULD  
GET AN STI, BUT SOME GROUPS  
ARE MORE AFFECTED**

- **YOUNG PEOPLE AGED 15-24**
- **GAY & BISEXUAL MEN**
- **PREGNANT PEOPLE**
- **RACIAL & ETHNIC MINORITY GROUPS**

## Unique factors place youth at risk for STIs



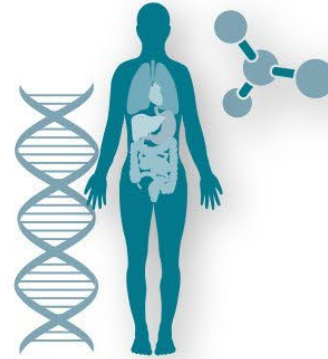
### Insufficient Screening

Many young women don't receive the chlamydia screening CDC recommends



### Confidentiality Concerns

Many are reluctant to disclose risk behaviors to doctors



### Biology

Young women's bodies are biologically more susceptible to STIs



### Lack of Access to Healthcare

Youth often lack insurance or transportation needed to access prevention services



### Multiple Sex Partners

Many young people have multiple partners, which increases STI risk

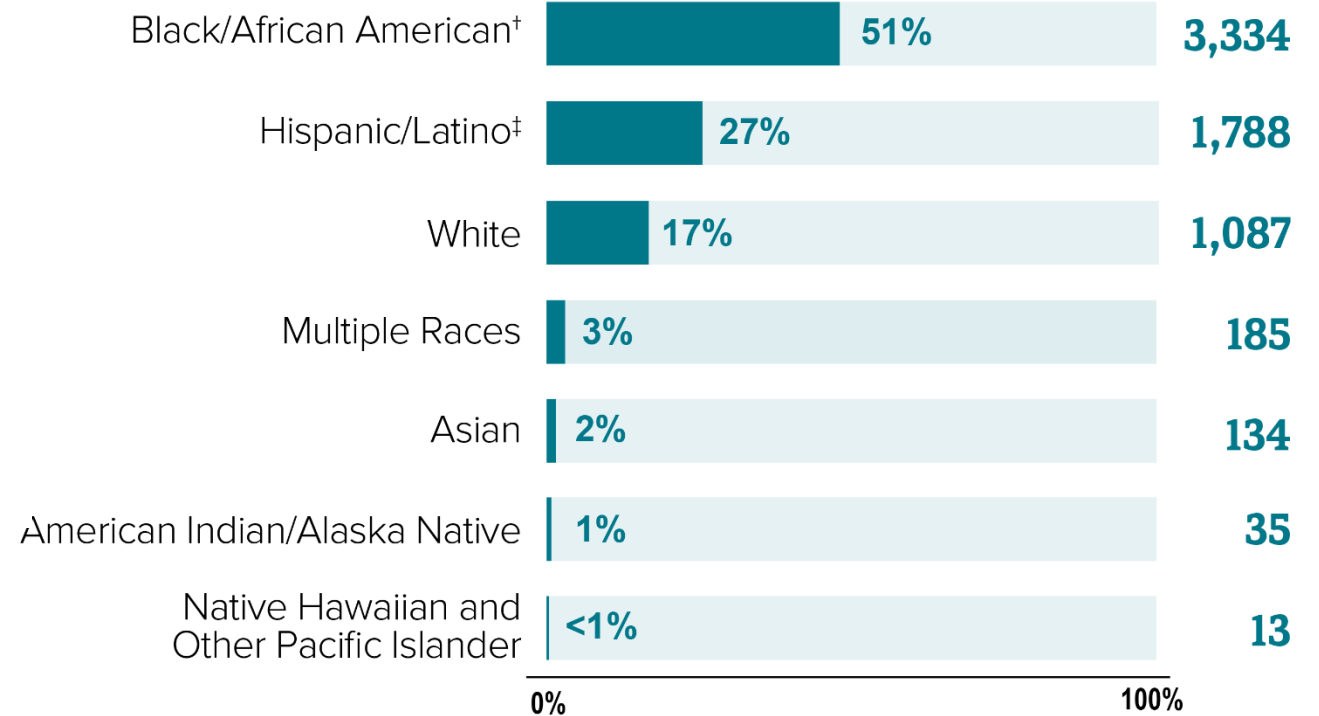






# SIGNIFICANT RACIAL/ETHNIC DISPARITIES PERSIST

More than half of young gay and bisexual men who received an HIV diagnosis were Black/African American.



# SEXUAL MINORITY MALE YOUTH FACE UNIQUE CHALLENGES

- Most have their first sexual experience in adolescence
- 50% of sexually active SMM reported condomless anal sex
- Only 20% are out to their PCP, 53% out to parent
- Highest risk of HIV transmission compared to any other group in the US

Same-sex Behavior (birth assigned males)	Mean age at onset
Mutual masturbation	14.9
Performed oral sex	15.1
Received oral sex	15.2
Receptive anal sex	16.1
Insertive anal sex	16.4

CDC, 2017; Everett, 2014; Halkitis, 2020; Rusley, 2020

# TRANSWOMEN ARE AT PARTICULARLY HIGH RISK FOR HIV

## HIV Prevalence Among Transgender Women in 7 US Cities, 2019-2020

Racial and ethnic disparities exist among transgender women with HIV.



Among transgender women interviewed, 42% had HIV.



of Black/African American transgender women had HIV



of Hispanic/Latina transgender women had HIV



of White transgender women had HIV

Source: CDC. HIV infection, risk, prevention, and testing behaviors among transgender women—National HIV Behavioral Surveillance—7 U.S. Cities, 2019-2020. *HIV Surveillance Special Report 2021.*

Chlamydia and gonorrhea rates are similar to cisgender MSM (but limited data)

PREVENT THE SPREAD  
OF STIS WITH THREE  
SIMPLE STEPS:

talk } test } treat



# APPROACH TO SEXUAL HEALTH

1

**NORMALIZE  
AND INFORM**

2

**LEVERAGE  
SOCIAL SUPPORT**

3

**CULTURE OF  
CONFIDENTIALITY**


4


**STRENGTHS-  
BASED**

5


**FACT-BASED  
RESOURCES**


# HELP CAREGIVERS UNDERSTAND WHAT IS DEVELOPMENTALLY APPROPRIATE

amaze jr. Parents 




How Do You Talk To Young Kids About Sex?

more info 

What's next? 

- Credit: amaze.org

## When to Begin Consent and Body Safety Conversations

by Jayneen Sanders 

Below is an approximate guide on when to begin conversations with your child around Consent and Body Safety.

All children are different, and you know your child best. Be guided by their ability to focus and the questions they ask. These conversations are ongoing and can happen over years. Use their questions, family discussions, children's books, and situations that may occur to have open and ongoing conversations. Everyday situations that may arise, can be teaching and learning opportunities.

### Birth – 2 yrs (non-verbal)

- Use the correct terms for your child's private parts from Day 1.
- Tell your child what you are doing to their body and why, e.g. "I'm just putting your socks on so your feet will be warm."
- Validate their feelings, e.g. "I can see you are sad, but I need to go shopping, I'll be back very soon. Gran will take good care of you."
- Note your child's body language, e.g. if you are playing a tickling game and you can see from their body language they don't like it, stop immediately.
- Ensure health professionals talk to your child about what they are doing to their body and always ask for consent before entering your child's body boundary.

### 2 yrs – 3 yrs (verbal)

- Introduce the term 'body boundary' — the invisible space around our bodies. Explain that everyone needs to ask for consent before entering another person's body boundary.
- Let your child know they can say "No" to kisses and hugs if they want to. How they greet another person is always their choice.
- Let your child know they can say "No" to tickling games and inform adults (or older children) when your child says "Stop" they need to stop immediately.
- Ensure health professionals ask for your child's consent.


Let your child have choice and agency wherever possible, and if it is safe to do so.



### 3 yrs – 6 yrs +

- Continue to reinforce the concepts of body boundaries and consent.
- Formally (and over a number of sessions) teach your child about feeling safe and feeling unsafe; Early Warning Signs; a Safety Network; the difference between secrets and surprises; the difference between safe and unsafe touch; private parts are private and what to do if they are touched inappropriately; see inappropriate images or someone asks them to touch their private parts.

**Note: Most sexual abuse begins in pre-adolescence; between the ages of 6 and 12 years.**  
Wid B Rahman et al., 2017; Ajlin et al., 2016; Paragut et al., 2021; McKillop et al., 2016.

It is never too early to begin these conversations.



**E2 EDUCATE. EMPOWER. PUBLISHING.**  

www.e2publishing.info  
© Usual Publishing 2022

- Credit: e2publishing.info

# AGE IS NOT A CONDOM



**WHEN  
IT COMES  
TO SEX...**

**AGE IS NOT A CONDOM**

**Talk to your doctor about your sex life.**  
Learn more. Be safe. Get tested.  
NYS 800-541-AIDS NYC 800-TALK-HIV  
800-541-2437 800-825-5448

[ageisnotacondom.org](http://ageisnotacondom.org)

ACRIA



Avoid assumptions about older people and sex:

- asexual
- heterosexual
- sexuality is fixed, absolute, and/or lifelong
- sex assigned at birth aligns with gender identity
- being gay, lesbian or bisexual is not difficult
- transgender people want surgery or hormones
- cannot acquire or transmit STIs

# APPROACH TO SEXUAL HEALTH

**1**

## NORMALIZE

Developmentally  
appropriate

Sexuality is normal  
and healthy

**2**

## LEVERAGE SOCIAL SUPPORT

**3**

## CULTURE OF CONFIDENTIALITY

**4**

## STRENGTHS- BASED

**5**

## FACT-BASED RESOURCES



# ASK YOUTH IF THEY HAVE A TRUSTED ADULT



Photo by [Eye for Ebony](#) on [Unsplash](#)



Youth In Health: Inclusive Stock Photography Collection. Adolescent Health Initiative. Heather Nash Photography. 2021

# BEING AN “ASKABLE PARENT”



**amaze.org's**  
**#ASKABLEPARENT**  
**REFRIGERATOR LIST**

- 1 It's never too early or too late to have an honest conversation.
- 2 There's never just one talk related to sex; you will have a lifetime of conversations.
- 3 Ask open-ended questions.
- 4 No, you don't have to wait until they ask.
- 5 You can't "blow it"—children are always there again in the morning, so parenting is always a do-over!

**AMAZE.org/AskableParent**

# APPROACH TO SEXUAL HEALTH

**1**

## **NORMALIZE**

Developmentally appropriate

Sexuality is normal and healthy

**2**

## **LEVERAGE SOCIAL SUPPORT**

Assess for Trusted Adults

Encourage them to be "Askable"

**3**

## **CULTURE OF CONFIDENTIALITY**

**4**

## **STRENGTHS-BASED**

**5**

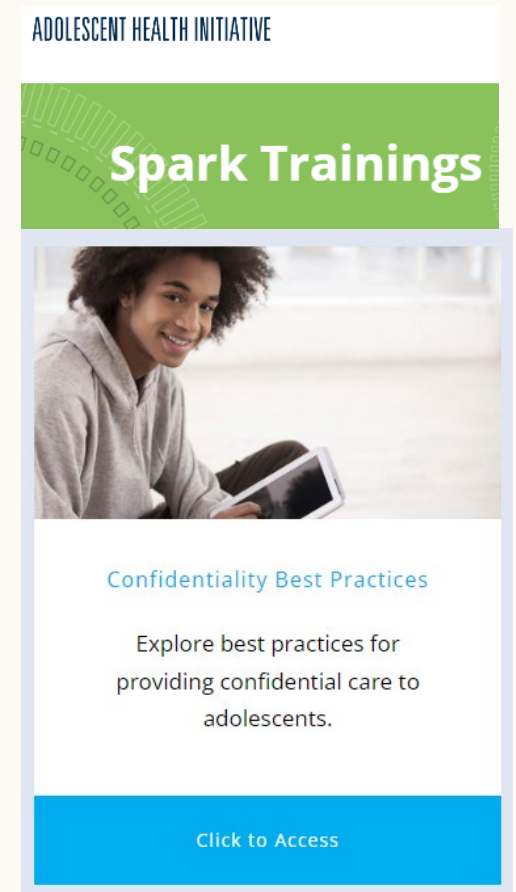
## **FACT-BASED RESOURCES**

# CONFIDENTIALITY IS KEY

- **55% of males and 45% females** report NEVER having alone time with their primary care provider
- Youth state their **#1 barrier to STI testing** is the concern their parents will find out they are having sex
- The **vast majority of caregivers** want and expect their adolescent to have confidential spaces in their health care to discuss sensitive topics

# CULTURE OF CONFIDENTIALITY

- Gradually introduce ~age 10
- Start with caregiver
- Know state/local policies on EOBs
- Repetition and consistency
- Provide options
- Develop and share policies (i.e. EHR, lab results, chaperones)
- Ask “what don’t you want me to share?”



ADOLESCENT HEALTH INITIATIVE

Spark Trainings

Confidentiality Best Practices

Explore best practices for providing confidential care to adolescents.

Click to Access

Credit: [AHI](#)

# APPROACH TO SEXUAL HEALTH

1

## NORMALIZE

Developmentally appropriate

Sexuality is normal and healthy

2

## LEVERAGE SOCIAL SUPPORT

Assess for Trusted Adults

Encourage them to be "Askable"

3

## CULTURE OF CONFIDENTIALITY

Alone time ~age 10

System policies

4

## STRENGTHS-BASED

5

## FACT-BASED RESOURCES

# SHADES OF MEANING

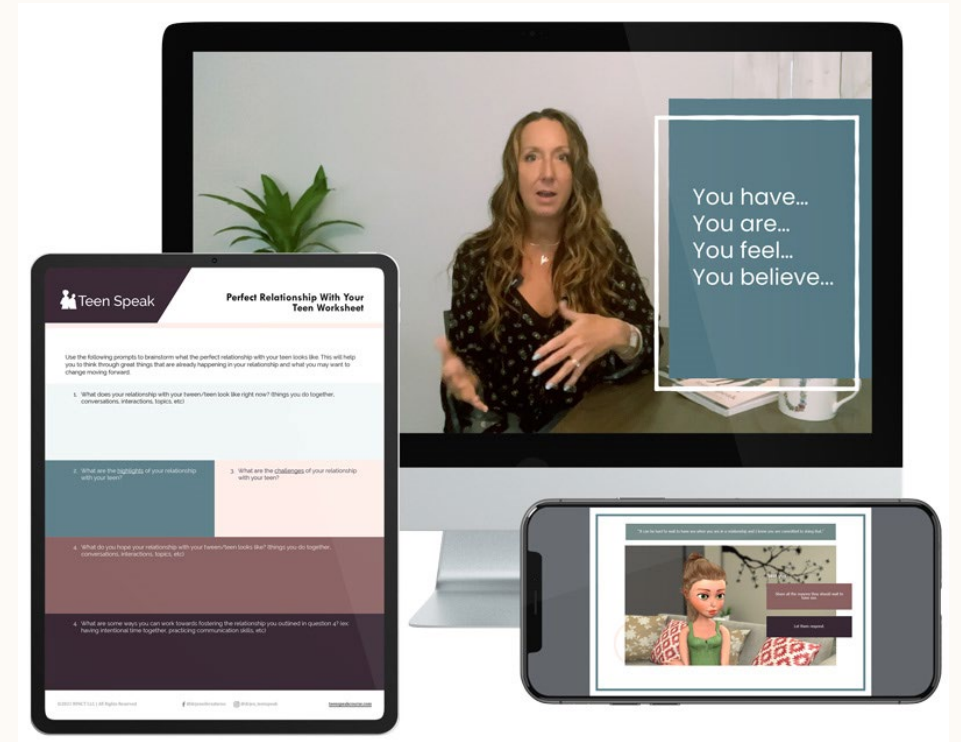


“You’re only using condoms half of the time? That’s a pretty big risk to take. You could get STIs, including HIV, and you could get someone pregnant.”



“Good for you for using condoms half of the time! What do you think might help you use them even more?”

# MOTIVATIONAL INTERVIEWING (MI) WORKS TO CHANGE BEHAVIORS



Credits: [Umass CIPC](#), [Teen Speak](#)



# KEY MI CONCEPTS

- Ask for permission to broach
- Listen more than you talk
- Focus on strengths, not weaknesses
- Find existing motivators and goals
- Create a discrepancy between current behavior and goal
- Use clear, open-ended questions

# USE A TRAUMA INFORMED APPROACH

- Offer choices and opportunities to “pass”
- Be aware of your own physical presence and the power differential
- Touch patient only with their consent
- Have a reason for all exams, and make it clear to the patient
- Talk through exams step-by-step with patients
- Always use a chaperone, give options (screen, parent, etc.)
- Notice your own feelings and biases
- Use language that the patient is using, including for body parts

# CONDOMS ARE STILL KEY

- Use motivational interviewing to encourage consistent use
- Do not assume use or knowledge
- Normalize non-use and ask about experiences
  - “I ask everyone about condoms, because some people use them and some people don’t. What has been your experience?”
- Avoid questions like “what percentage of the time...” that assume use and can be perceived as shaming
- Lubricants help prevent breakage
- Consider providing to patients during visit, in common spaces out of sight (e.g., bathroom)
  - RI DOH provides condoms to clinics free of charge (<https://health.ri.gov/sex/about/safersex/>)



Photos: [Top](#), [Bottom](#)

# APPROACH TO SEXUAL HEALTH

1

## NORMALIZE

Developmentally appropriate

Sexuality is normal and healthy

2

## LEVERAGE SOCIAL SUPPORT

Assess for Trusted Adults

Encourage them to be "Askable"

3

## CULTURE OF CONFIDENTIALITY

Alone time ~age 10

System policies

4

## STRENGTHS-BASED

Trauma informed

Non-judgmental

Motivational interviewing (MI)

5

## FACT-BASED RESOURCES

# PROVIDER RESOURCES



**STI Treatment Guide Mobile App**

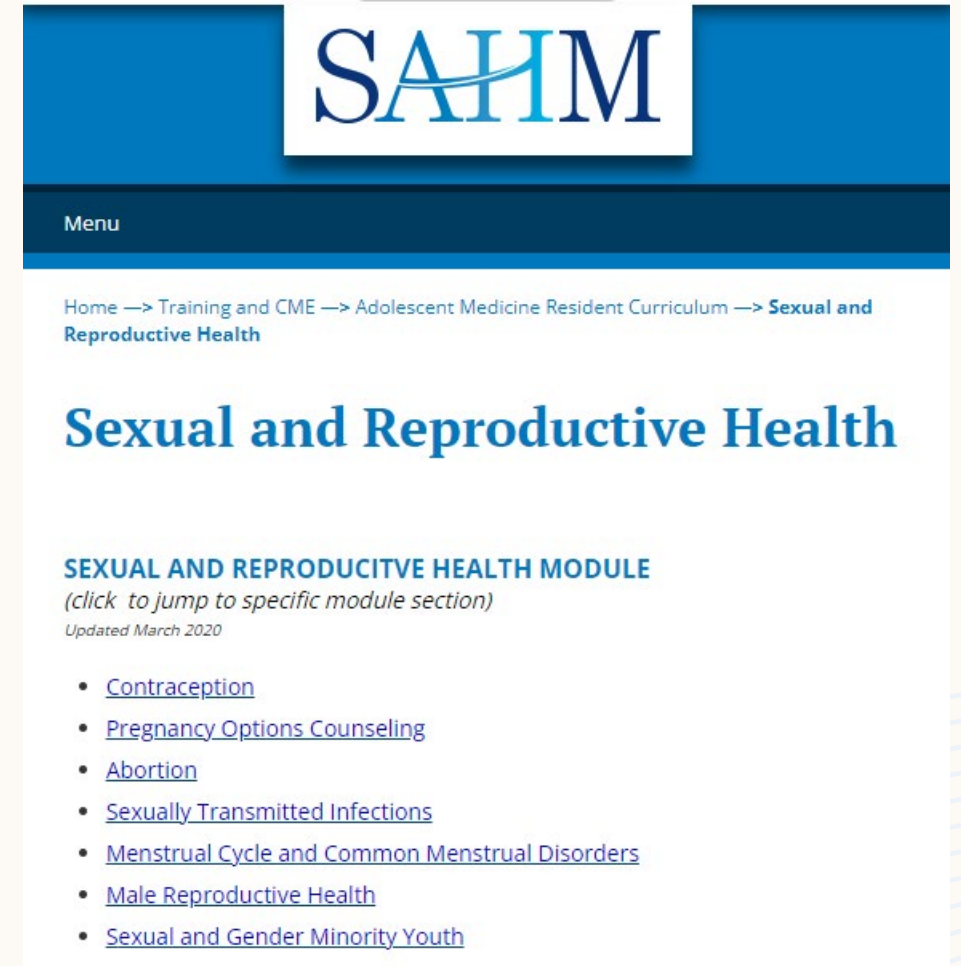
More Comprehensive  
More Integrated  
More Features

Download CDC's free app for iPhone and Android devices.

CDC

## STI Treatment (Tx) Guide Mobile App

The new app offers quick and easy access to streamlined STI prevention, diagnostic, and treatment recommendations. The user-friendly interface includes more clinical care guidance, sexual history resources, patient materials, and other features to assist with patient management. Download the free app for Apple and Android mobile devices.



**SAHM**

Menu

Home → Training and CME → Adolescent Medicine Resident Curriculum → **Sexual and Reproductive Health**

## Sexual and Reproductive Health

**SEXUAL AND REPRODUCTIVE HEALTH MODULE**  
*(click to jump to specific module section)*  
Updated March 2020

- [Contraception](#)
- [Pregnancy Options Counseling](#)
- [Abortion](#)
- [Sexually Transmitted Infections](#)
- [Menstrual Cycle and Common Menstrual Disorders](#)
- [Male Reproductive Health](#)
- [Sexual and Gender Minority Youth](#)



**US MEC**  
**US SPR**

CDC



reproductive health access project


Home > Contraception

## Contraception

In the U.S., 99% of sexually active people with the ability to get pregnant will use contraception in their lifetime. Contraception is basic primary health care for everyone.

Credits: [CDC STI](#), [CDC MEC](#), [RHAP](#), [SAHM](#)

# CAREGIVER RESOURCES



amaze jr. Parents

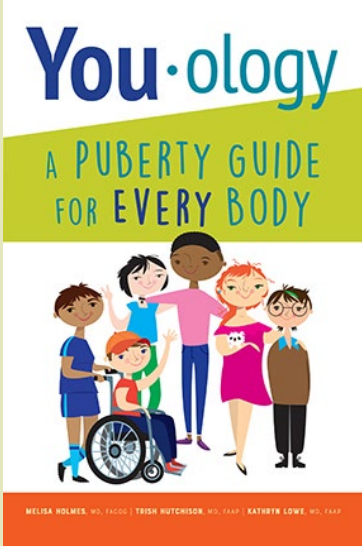
TALKING ABOUT SEXUALITY WITH YOUR CHILD

How Do You Talk To Young Kids About Sex?

What's next?

[AMAZE.ORG](https://www.amaze.org)

The image shows a video thumbnail from Amaze Jr. Parents. It features two women sitting in chairs in front of a whiteboard that says "TALKING ABOUT SEXUALITY WITH YOUR CHILD". A large play button is overlaid on the image. Below the video, there is a "What's next?" section with three small icons. At the bottom, the website "AMAZE.ORG" is listed in blue, underlined text.



You·ology

A PUBERTY GUIDE FOR EVERY BODY

MELISSA HOLMES, MS, FACS | TRISH HUTCHISON, MS, FACP | KATHRYN LOWE, MS, FACP

[YOU-OLGY](https://www.youology.org)

The image shows the cover of the book "You·ology: A Puberty Guide for Every Body". The cover features a colorful illustration of a diverse group of children and a young man in a wheelchair. The authors' names are listed at the bottom: Melissa Holmes, Trish Hutchison, and Kathryn Lowe. Below the image, the website "YOU-OLGY" is listed in blue, underlined text.



SEX ED STARTS AT HOME

Sex Positive TALKS TO HAVE WITH KIDS

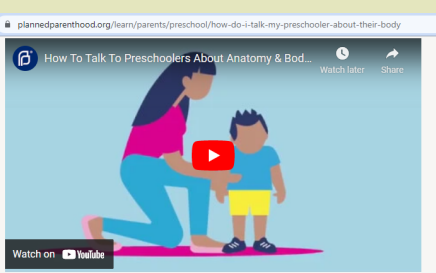
A guide to raising sexually healthy, informed, empowered young people

Melissa Pintor Carnagey, LBSW

amazon.com BEST SELLING BOOK

[SEX POSITIVE FAMILIES](https://www.sexpositivefamilies.com)

The image shows the cover of the book "Sex Positive Talks to Have with Kids" by Melissa Pintor Carnagey. The cover features a photograph of a man and a woman reading together. A gold seal from Amazon.com says "BEST SELLING BOOK". Below the image, the website "SEX POSITIVE FAMILIES" is listed in blue, underlined text.



plannedparenthood.org/learn/parents/preschool/how-do-i-talk-my-preschooler-about-their-body

How To Talk To Preschoolers About Anatomy & Bod...

Watch later Share

Watch on YouTube

**What should I keep in mind?**

Preschool kids are learning to communicate about their body and its needs. They need you to teach them the right words for their body parts, and how to tell you how their body is feeling. Helping them communicate effectively now will help you care for them and will set them up to take care of themselves later in life.

Think about how you want your kid to feel about their body when they're adults. Little kids often have few boundaries about their bodies. Many love running around naked. As a parent, it's your job to help them learn what's appropriate and to do so in a way that does not make them feel ashamed of their bodies.

[PLANNED PARENTHOOD](https://www.plannedparenthood.org)

The image shows a video thumbnail from Planned Parenthood. It features a woman kneeling and talking to a young boy. The video title is "How To Talk To Preschoolers About Anatomy & Bod...". Below the video, there is a section titled "What should I keep in mind?" with text about teaching children about their bodies. At the bottom, the website "PLANNED PARENTHOOD" is listed in blue, underlined text.

# PATIENT RESOURCES

**BEDSIDER**  
We've got you covered

español Menu

From birth control info to sex tips, we've got you covered.

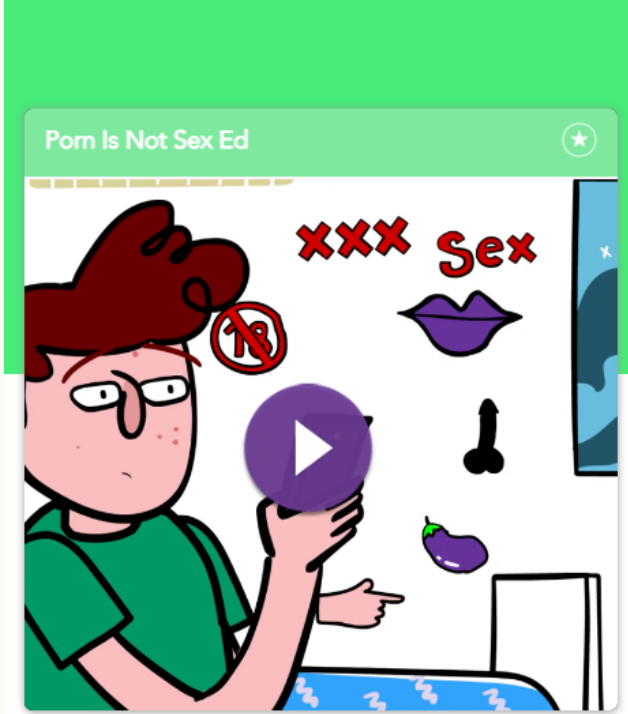


Check out your birth control options.

Find a method that fits your body and your life with our interactive method explorer.

explore birth control options

**amaze**



Porn Is Not Sex Ed

**Center for Young Women's Health**



Welcome to the Center for Young Women's Health, an award-winning health website for young women and members of gender minorities around the world. Here, you can find answers to your questions, health guides on a variety of topics, health chats, and more!

**Young Men's Health**

Search

Menu

- General Health
- Sexual Health
- Medical Conditions
- Nutrition & Fitness
- Emotional Health



Welcome to Young Men's Health, a website for teen guys and young men featuring up-to-date health information. Here, you can find answers to your questions, health guides, & more!

Boston Children's Hospital  
Until every child is well

Credits: [Bedsider](#), [Amaze](#), [BCH \(CYWH and YMH\)](#)



# **ALL RESOURCES**

A Curated Guide for  
Adolescents, Clinicians and  
Caregivers (of any age child)



# APPROACH TO SEXUAL HEALTH

1

## NORMALIZE

Developmentally appropriate

Sexuality is normal and healthy

2

## LEVERAGE SOCIAL SUPPORT

Assess for Trusted Adults

Encourage them to be "Askable"

3

## CULTURE OF CONFIDENTIALITY

Alone time ~age 10

System policies

4

## STRENGTHS-BASED

Non-judgmental

Motivational interviewing (MI)

5

## FACT-BASED RESOURCES

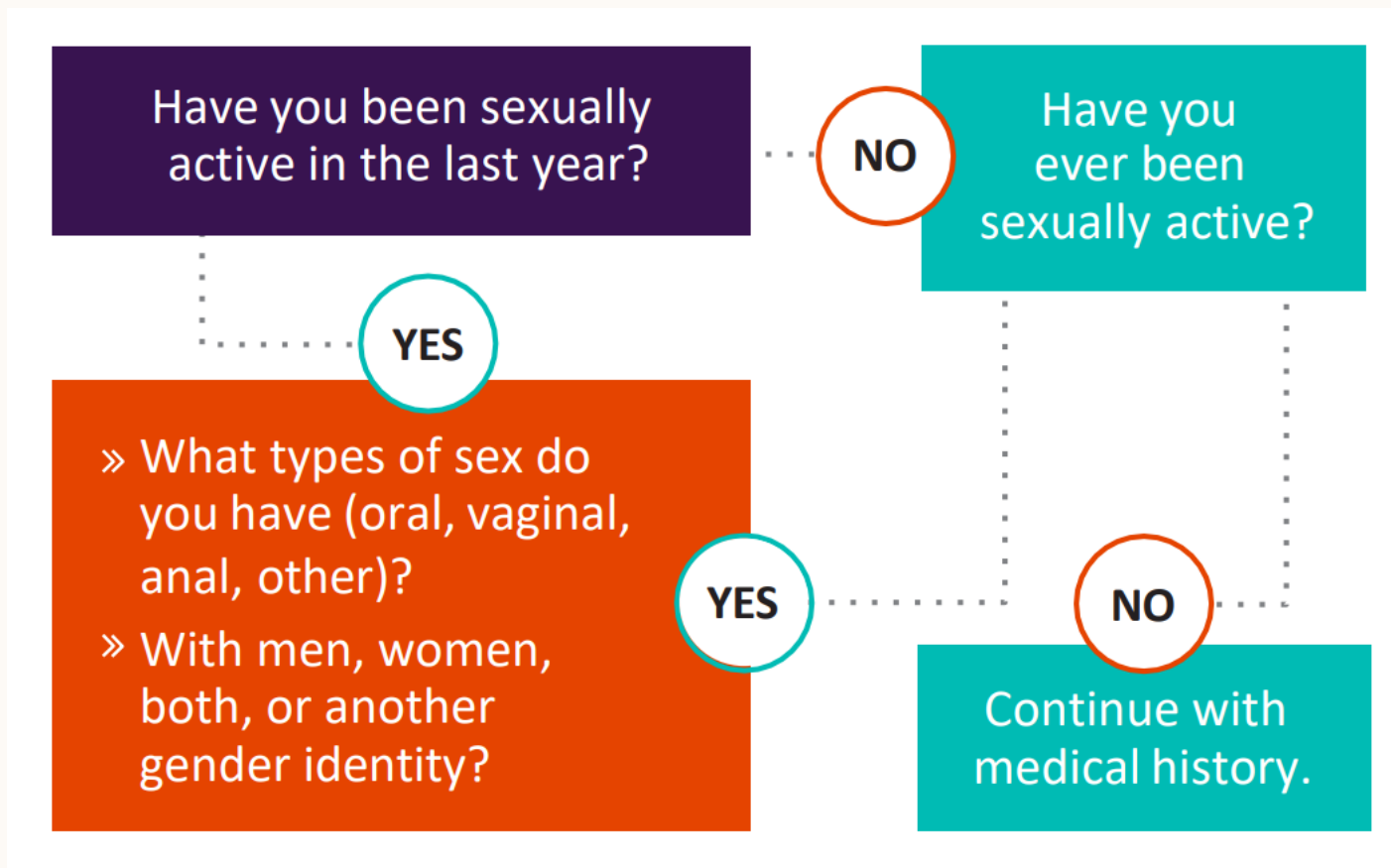
Fill the vacuum

Use digital tools



**TAKING A SEXUAL  
HEALTH HISTORY**

# THE MAIN QUESTIONS



For younger people, consider more open-ended question, such as:

“Tell me about any relationships you’ve had in the past that have felt romantic or sexual in some way – either online or in real life.”

# SUGGESTED ICE BREAKER

**“I’m going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my patients these questions. If you’re uncomfortable answering any of these, just let me know, and we’ll move on. To begin, what questions or sexual concerns would you like to discuss today?”**

# 5 P'S OF SEXUAL HEALTH HISTORY

Partners	Could you tell me about your current relationships (e.g., no partner, one partner, multiple partners)?
	In the past 3 months, have you had sex with someone you didn't know or had just met?
	Have you ever been forced or coerced to have sex/sexual activity against your will as a child or an adult?*
	<b>If yes</b> , does that experience affect your current sex life or sexual relationships? (Probe: In what ways?)
	<b>If yes</b> , does that make seeing a health care provider or having a physical exam difficult or uncomfortable?
Are you having any difficulties with your sexual relationships?	
Do you or your partners have problems with sexual functioning (see "Problems" below)?	
Practices	In the past 3 months, what types of sex have you had? Anal? Vaginal? Oral? (Also, ask whether they give or receive each type of sexual activity.)
	Have you or any of your partners used alcohol or drugs when you had sex?
	Have you ever exchanged sex for drugs or money?
Past History of STI (s)	Have you ever had a sexually transmitted infection (or disease)? <b>If yes</b> , which STI(s)? Where on your body were the infections? When did you have it? Were your partners tested and treated too?
	Have you ever been tested for HIV? <b>If yes</b> , how long ago was that test? What was the result?
Protection	What do you do to protect yourself from STIs, including HIV?
	When do you use this protection? With which partners?
	Have you been vaccinated against HPV? Hepatitis A? Hepatitis B?
Pregnancy	Do you have any desire to have (more) children? <b>If yes</b> , how many children would you like to have? When would you like to have a child? What are you and your partners doing to prevent pregnancy until that time? <b>If no</b> , are you doing anything to prevent pregnancy? How important is it to you to prevent pregnancy? Would you like to talk about birth control options?

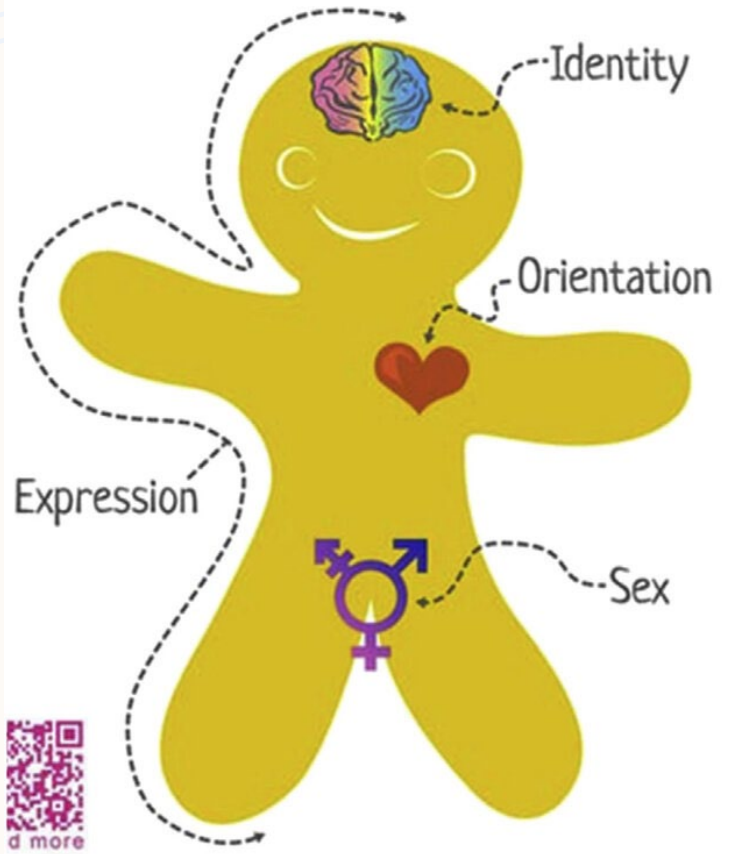
# THE 6<sup>TH</sup> P: “PLUS”

## PLEASURE, PROBLEMS, AND PRIDE

Plus	Pleasure	<p>Start the conversation with, “It is part of my routine to ask about sexual health, including sexual functioning and pleasure, as part of your visit.”</p> <ul style="list-style-type: none"> <li>How is your sex life going? What concerns do you have about your sex life?             <ul style="list-style-type: none"> <li>Are you currently involved in any sexual relationships?</li> <li>Is the sex you’re having pleasurable for you? <b>If no</b>, why not?</li> <li>Are you and your partners on the same page about what’s pleasurable?</li> <li>Do you and your partners talk openly about sexual desires and boundaries? Are you able to advocate for sexual pleasure in your relationships?</li> </ul> </li> <li>If not sexually active:             <ul style="list-style-type: none"> <li>Would you like to have a sexual relationship or a better sex life?</li> <li>Is there anything holding you back or getting in your way? (This could lead to a discussion of problems (see “Problems” below) and of other issues such as sexual assault and porn use.)</li> </ul> </li> </ul>
	Problems	Are you having any difficulties when you have sex (e.g., pain, discomfort, vaginal dryness, lack of arousal, lack of orgasm, lack of erection)?
		Are you concerned about your sex drive or the sex drive of your partners (e.g., low or high level of interest in having sex, mismatched sex drives)?
	Pride**	What support, if any, do you have from your family and friends about your gender identity?
		What support, if any, do you have from your family and friends about your sexual orientation?
		Are you experiencing any harassment or violence—at home, at work, at school, or in your community—due to your sexual orientation or gender identity?

# ASKING ABOUT GENDER

- Options
  - Pre-visit survey
  - Ask about preferred name and pronouns when you walk in
  - Ask broad question about identities
    - e.g., **“We all have aspects of our identity that are important to us. What are some for you?”**
  - Ask direct, open-ended question
    - e.g., **“Tell me about your gender identity.”**
  - Ask when you are discussing sexual orientation
    - e.g., **“When you think about your own gender, how do you identify?”**
- Avoid
  - Assuming gender identity based on assigned sex, expression
  - Assuming gender identity is the same over time
  - Asking people to excessively explain their gender identity if it’s not relevant for the visit



# ASK PATIENT WHAT WORDS THEY USE

## ONE GROUP'S CHOICES:

**DICK:** We use this word to describe external genitals. Dicks come in all shapes and sizes and can belong to people of all genders.

**FRONT HOLE:** We use this word to talk about internal genitals, sometimes referred to as a vagina. A front hole may self-lubricate, depending on age and hormones.

**STRAPLESS:** We use this word to describe the genitals of trans women who have not had genital reconstruction (or "bottom surgery"), sometimes referred to as a penis.

**VAGINA:** We use this word to talk about the genitals of trans women who have had bottom surgery.

Source: <https://www.hrc.org/resources/safer-sex-for-trans-bodies>



# HORMONE-RELATED CHANGES AND IMPLICATIONS FOR HEALTHIER SEX

## TESTOSTERONE:

- Increased hair growth
- Front hole dryness
- Dick growth (1-5 cm)
- Oilier skin/acne
- Increased muscle mass
- Increased sex drive
- Growth of hair on abdomen, chest and back
- Menstrual cycle becomes irregular
- Voice deepens

## ANDROGEN-BLOCKERS/ ESTROGEN:

- Decreased ability to get and maintain erection
- Lower sperm count and ejaculate production
- Balls (testes) shrink
- Sex drive decreases
- Breast tissue grows
- Decrease in muscle tone
- Redistribution of fat deposits

# **PARTNER – RED FLAGS**

- Online meet up
- Substance use during sex
- IV drugs
- Recently incarcerated
- Much older/position of power
- Is controlling (may present with just “drama”)
- Unknown HIV status



# PROTECTION

- “Tell me what methods you’ve heard of for protecting yourself from STIs including HIV?”
- “Tell me about any conversations you may have had with your partner(s) about their or your HIV status?”



# PLEASURE/SAFETY

- “As I said before, sexuality is a normal part of becoming an adult. When it is healthy and comfortable, sex should also feel good. However, some of my patients tell me they’ve had bad experiences. Have you ever had a time where a sexual experience did not go well?”

# APPROACH TO SEXUAL HEALTH

1

## NORMALIZE

Developmentally appropriate

Sexuality is normal and healthy

2

## LEVERAGE SOCIAL SUPPORT

Assess for Trusted Adults

Encourage them to be "Askable"

3

## CULTURE OF CONFIDENTIALITY

Alone time ~age 10

System policies

4

## STRENGTHS-BASED

Non-judgmental

Motivational interviewing (MI)

5

## FACT-BASED RESOURCES

Fill the vacuum

Use digital tools

# THANK YOU



**ALL RESOURCES**

**QUESTIONS, COMMENTS?**

**JACK\_RUSLEY@BROWN.EDU**

## CME/CEU Credits - *pending*

(applied for MDs, PAs, Rx, RNs, NPs, PhD)

- CME/CEU Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:  
[https://www.surveymonkey.com/r/STI\\_ECHOSERIES](https://www.surveymonkey.com/r/STI_ECHOSERIES)
- Evaluations must be completed to receive credit
- Certificates will be mailed ~ 1 month after event



*The AAFP is reviewing “ECHO Series Focused on Best Practices and QI,” and is pending approval if deemed acceptable for AAFP credit. Term of approval is from 9/2/24 to 9/2/25. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP’s partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).*

# Thank you!

## Next Meeting:

Date: Wednesday October 23, 2024, 7:30-8:30 AM

Session: **Syphilis**

Evaluation/Credit Request Form: [https://www.surveymonkey.com/r/STI\\_ECHOSERIES](https://www.surveymonkey.com/r/STI_ECHOSERIES)