

# October 2006 HepTalk Listserv

Welcome to all new members of the HepTalk Listserv!

Our concentration again for this month (October) is **Resources for Effective Risk Assessment.**\* This is a primary focus of the HepTalk project, and one on which we are continuously scouting out new resources. Some of the literature and research about effective risk assessment focuses on HIV and/or gay and populations, but is also relevant for hepatitis and for a broader population.

1. **Incorporating Sexual Risk Assessment in Routine Visits for Gay and Bisexual Men** Though targeted towards a narrower population, is applicable in most routine visit situations. Also includes some good specific questioning techniques.
2. **Sexual History Taking** A complete module, in pdf form from the New England National Network of STD/HIV Prevention Training Centers, using 4 case studies. It reads easily and quickly and has many good suggestions. Can be printed for everyone.

\*For a list of previous topics in 2006, please scroll to the end of the Listserv.

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We're also unusually early with the Listserv, because we want to alert you to a special event, an MCN sponsored **webcast** via the Clinical Directors Network, on **Wednesday, November 1, 2006 2:00 PM - 3:00 PM Eastern Time Zone**. The link for the invitation to the webcast, and instructions for how to participate, is <http://guest.cvent.com/EVENTS/Info/Invitation.aspx?e=9bcd882-66c4-4c66-878d-de3ab5bb42bb>

## Issues in Identifying Migrant, Seasonal, and Homeless Patients

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### OVERVIEW:

The goal of this session is to help health care providers better identify and understand their migrant, seasonal and homeless patients. A better system for identifying these patients leads to improved care and fewer incidents of loss-to-followup. The presenters have particular expertise with working with vulnerable populations within the context of the health disparities collaboratives

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1. **Incorporating Sexual Risk Assessment in Routine Visits for Gay and Bisexual Men** GLMA Gay and Lesbian Medical Association <http://www.gdma.org/index.cfm?nodeid=1>  
From the Home page, click on Resources for Providers and Researchers, and click on *Provider Guidelines for Creating a Welcoming Environment*.  
You may be able to access this excerpt directly from:  
[http://ce54.citysoft.com/\\_data/n\\_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf](http://ce54.citysoft.com/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf)

Despite significant reductions in HIV incidence among gay and bisexual men, they are still

disproportionately affected—with an estimated 42% of new HIV infections each year. A recent rise in sexually transmitted diseases and risk behaviors among gay and bisexual men, documented in several cities, is concerning, since it may herald a resurgence of HIV infections.<sup>15</sup> With these trends there remains a great need for clinicians to address sexual health issues. One survey showed only 20% of patients had discussed risk factors for HIV with their provider in the last five years. Of those respondents only 21% reported that the provider had started the discussion.<sup>16</sup> In another study, only 35% providers reported often or always taking a sexual history.<sup>17</sup> One study documented physician awkwardness around issues of sexual health and HIV, leading to incomplete discussion of these topics.<sup>18</sup> Routine health maintenance visits are opportunities for clinicians to practice primary prevention for HIV and other sexually transmitted infection through sexual risk assessments.

#### What Can Be Done?

**Asking about sexual behavior should be part of every routine visit, regardless of the patient's identified sexual orientation or marital status.**

Sexual behavior exists on a continuum. Eliciting specific risk behaviors can direct the clinician in assessing the patient's knowledge, selecting appropriate prevention messages, and determining the need for testing for sexually transmitted disease or HIV. Knowing that there are significant barriers in place between clinician and patient in addressing sexual health and utilizing a sensitive approach is key to attaining pertinent information.

#### Tips For A Successful Patient Sexual Risk Assessment:

Discussing information about sexual behavior can be difficult for the patient and the clinician. Tailoring prevention messages to the individual patient requires that they feel comfortable in discussing these topics and revealing sensitive information. During an initial visit with a clinician, gay and bisexual men may withhold important information. Becoming comfortable in raising and discussing such topics comes only with repeated experience. When discussing sexual health during an initial visit, or if indicated, in subsequent visits: Begin with a statement that taking a sexual history is routine for your practice. Focus on sexual behavior rather than sexual orientation/identity. Assess knowledge of the risk of sexually transmitted diseases in relation to sexual behavior early on. Some well-informed gay and bisexual men may resent a discussion of HIV risk; for example, assuming a clinician is equating homosexuality with HIV. Ask the patient to clarify terms or behavior with which you are unfamiliar. Respect a patient's desire to withhold answers to sensitive questions. Offer to discuss the issue at a later time.

#### What Is The Best Approach?

The Mountain-Plains Regional AIDS Education Training Center developed a useful model for approaching sexual risk assessment,<sup>19</sup> modified below:

- 1 Assess risk at every new patient visit and when there is evidence that behavior is changing.
- 2 Sexual risk assessment should be part of a comprehensive health risk assessment, including use of seatbelts and firearms, domestic violence, and substance abuse.
- 3 Qualify the discussion of sexual health, emphasizing that it is a routine part of the interview and underscore the importance of understanding sexual behavior for providing quality care. Remind the patient that your discussion is confidential. You may need to negotiate what ultimately becomes part of the medical record. a.  
“In order to take the best possible care of you, I need to

understand in what ways you are sexually active." b. "Anything we discuss stays in this room."

4 Avoid use of labels like "straight," "gay," or "queer" that do not relate to behaviors because they may lead to misinformation. For example, a significant percentage of both African-American and Latino men who have sex with men identify as heterosexual, even though they may engage in anal intercourse with other men.<sup>20</sup>

5 Be careful while taking a history to not make assumptions about behavior based on age, marital status, disability or other characteristics.

6 Ask specific questions regarding behavior in a direct and non-judgmental way. a "Are you sexually active?" b "When was the last time you were sexually active?" c "Do you have sex with men, women, or both?" d Determine the number of partners, the frequency of condom use, and the type of sexual contact (e.g., oral, anal, genital).

7 Honest responses may be more forthcoming if the question is worded in such a way as to "normalize" the behavior: "Some people (inject drugs, have anal intercourse, exchange sex for drugs, money, or other services). Have you ever done this?"

8 Assess the patient's history of STDs.

9 If the patient's responses indicate a high level of risk (e.g., unprotected sexual activity, significant history of STDs), determine the context in which these behaviors occur, including concurrent substance use and mood state. a "I want to get an understanding of when you use alcohol or drugs in relation to sex." b "How often are you high or drunk when you're sexually active? How does what you do change in that case?" c "How often do you feel down or depressed when you're sexually active? Do you act differently?"

10. Summarize the patient's responses at the end of the interview.

**2. Sexual History Taking** New England National Network of STD/HIV Prevention Training Centers. <http://www.mass.gov/dph/cdc/stdtcmai/section1.pdf> This link goes directly to the first of two modules offered. The link to the New England STD HIV PTC is <http://www.mass.gov/dph/cdc/stdtcmai/stdtcmai.htm>) This excellent module is case-based, clear, quick, and available on-line to download as a PDF file.

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Access the Listserv Archives at

<http://www.migrantclinician.org/excellence/hepatitis/listservarchive>, or email the listserv moderator, Kath Anderson, at [demander@earthlink.net](mailto:demander@earthlink.net) to have a previous edition e-mailed directly to you. The following is a list of the monthly topics in 2006:

- **January 2006:** Updated Advisory Committee on Immunization Practices (ACIP) of the US Centers for Disease Control and Prevention (CDC) comprehensive guidelines for the eradication of hepatitis B virus (HBV) in the United States.

- **February 2006:** Update on Hepatitis C.
- **March/April 2006:** Cross cultural communication.
- **April 2006:** Hepatitis A and prevention, with guest editor Amy Liebman, MPA.
- **May 2006:** two successful adult immunization programs, one in Pennsylvania and one in New York. Each involves cooperation between state and local health departments and community clinics in order to provide immunizations, including Hepatitis A and B, to migrant seasonal farmworkers. The Pennsylvania program works with a HepTalk clinic participant.
- **June /July 2006:** Cultural Competency and Hepatitis, with guest editor Dr. Jennie McLaren
- **July 2006** Hepatitis B Uptates
- **August 2006** Liver Cancer and Hepatitis B and C
- **September 2006** Resources for Effective Risk Assessment

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HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at [dempander@earthlink.net](mailto:dempander@earthlink.net). You can also contact the listserv administrator if you would like to unsubscribe from the list.