A TOOLKIT

FOR INTEGRATING SEXUAL HEALTH PRACTICES INTO COLLEGE HEALTH SETTINGS

• *THE ROLE OF COLLEGES & UNIVERSITIES IN ENDING THE EPIDEMIC* •

NO PROGRESS WITHOUT US

CONTENTS

3 **FORWARD**
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4 **KEY TERMS**
Quick glance at commonly used terms

5 **INTRODUCTION**
Why Colleges and Universities?

6 **THE STATISTICS**
What does the data tell us?

14 **STIGMA**
Learn about the 4 types of stigma

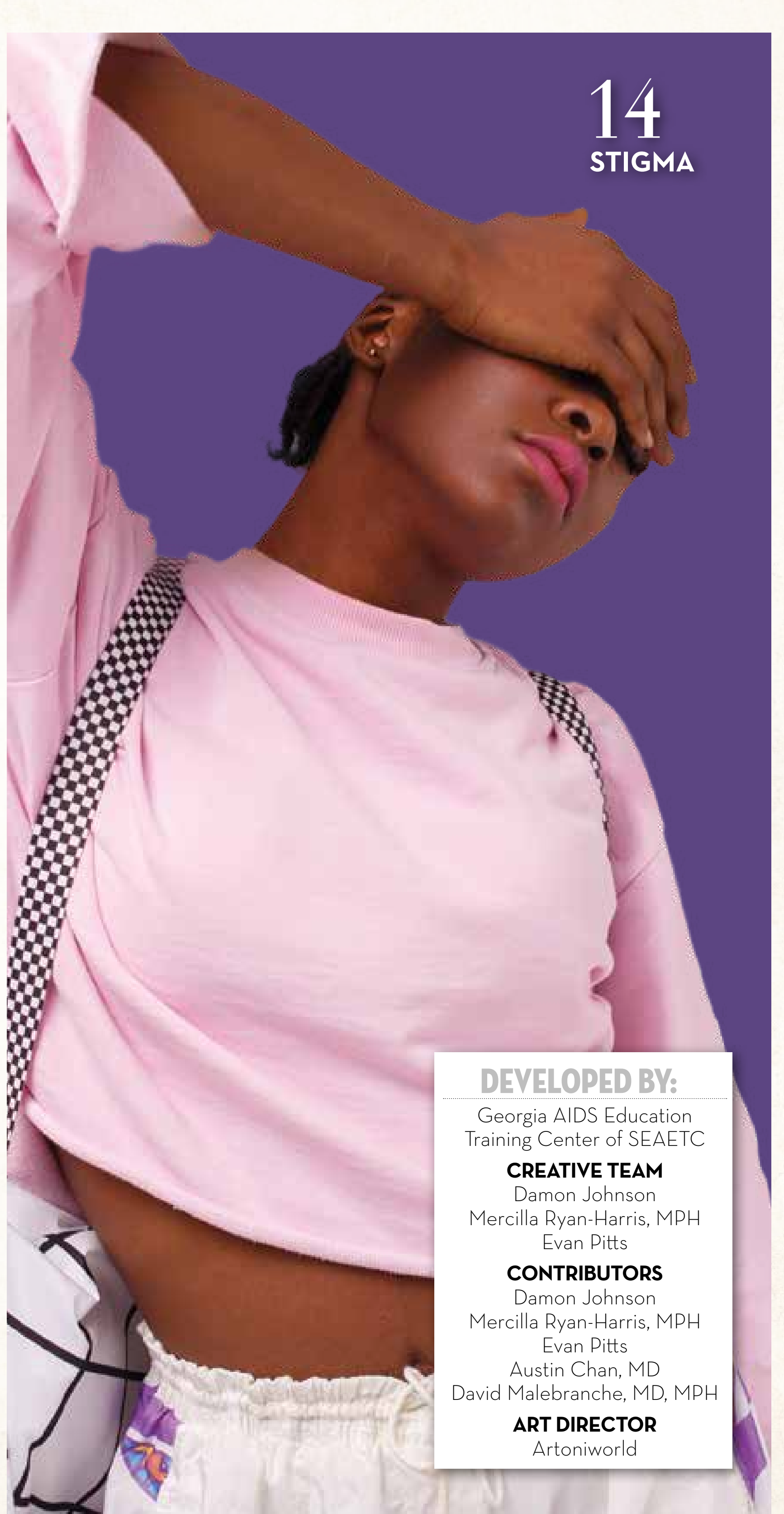
20 **BEST PRACTICES**
How to create a welcoming environment for students

24 **TAKING A SEXUAL HISTORY**
Taking a sexual history in a collaborative and nonjudgmental manner

32 **THE UNIQUE CULTURE OF HBCUs**
HBCUs are uniquely positioned to be prevention leaders

33 **THE TOOLKIT SOLUTION**
A roadmap to aid your institution in establishing a comprehensive sexual health program

47 **CLOSING REMARKS**
Austin Chan, MD
Principal Investigator, GAETC



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FORWARD

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> **“... college students are often going through journeys of self-exploration about their sexual orientations, identities...”**

UNPARALLELED...

College is a unique experience for many students. A time of unparalleled personal growth and development among adolescents and emerging adults. This is especially true when it comes to sexual health. During their adolescent and emerging adult years, college students are often going through journeys of self-exploration about their sexual orientations, identities, and figuring out where they fit along the gender identity continuum.

For many it will be the first time they have spent significant time away from home or out from under the teachings and upbringings of their parents and guardians. Our students come to their university experiences from a diverse mix of racial and ethnic backgrounds, economic contexts, and religious beliefs – all of which can influence their sexual beliefs and lived experiences.

As college health clinicians and providers, it is essential that we recognize the important roles we play in helping our students navigate their sexual health journeys. As patients seeking healthcare, they come to our health centers confused, uncertain, and carrying baggage from exhaustive google searches, YouTube videos, and stigmatizing lived experiences. As such, we are presented with the opportunity to create safe, comfortable, and nonjudgmental spaces in which students can confidently discuss their sexual concerns and issues without fear of judgment or discrimination.

This guide is meant to serve as a template by which college health clinicians and providers can approach the sexual health considerations and concerns of our student patients.

KEY TERMS

Advocate: an individual who ensures those who are most vulnerable in a given system are able to have their voice heard on issues that are important to them.

AIDS: Acquired Immunodeficiency Syndrome. A disease of the immune system due to infection with HIV. To be diagnosed with AIDS, a person must have a CD4 count less than 200 or an AIDS defining illness.

Anti-Retroviral drugs (ARVs): drugs used to treat HIV and prevent it from replicating in the body. Effective treatment can reduce the virus to undetectable levels.

HIV: Human Immunodeficiency Virus. HIV attacks a person's immune system; if left untreated, it severely damages their immune system and their ability to fight off infections.

Opt-In Screening: performing an HIV diagnostic test on patients only after risk is assessed, patient provides explicit consent (usually written), and pre-and post-test counseling is administered

PEP: Post-exposure prophylaxis is short-term treatment that must be taken within 72 hours of possible exposure to HIV.

PrEP: Pre-Exposure Prophylaxis is a daily course of antiretroviral drugs that can prevent HIV infection. It's for individuals who do not have HIV but may be at higher risk of HIV infection.

Routine Screening: performing an HIV diagnostic test for all persons in a defined population.

Stigma: the negative attitudes or stereotypes about people or groups of people based on personal characteristics that are devalued, rejected or feared by society.

Photo: Retha Ferguson

INTRODUCTION

The period between ages 18 and 25 also known as "emerging adulthood," is defined as a transition period in which individuals do not feel like adolescents yet do not feel fully adult. During this period, young people are exploring and developing their adult identities. As a result, they may find themselves in a state of flux. This life stage is characterized by acceptance of personal responsibility, including responsibility for one's sexual health and decision-making. As such, this is a critical time when clinicians and healthcare staff can bring up issues of sexual health in a safe and nonjudgmental manner that allows youth to empower themselves in making their own decisions.

Young people aged 15 to 29 represented 25% of the sexually experienced population yet accounted for nearly 50% of all new STIs and represented 41% of all new HIV diagnoses (CDC, 2017). Eighty-nine percent of those new HIV diagnoses occurred in persons aged 20-29; half of whom were not aware of their HIV status.

Photo: Retha Ferguson

WHY COLLEGES & UNIVERSITIES

Young adulthood is a part of life's journey that presents many challenges, including, but not limited to, exposure to alcohol and other drugs, sexual exploration, social, sexual, and gender identity formation, and many others. While students are figuring themselves out and enjoying their newfound sexual exploration, sexual networks and miseducation about sexual health, combined with a possible sense of invincibility, may put them at heightened risk for acquiring STIs & HIV.

The culture of the South is unique and rich in history. It is one of the most studied regions of the U.S. and the birthplace of many civil rights movements. The unique culture and identity of the southeast make it an ideal setting in which to set the tone and lead the way in the development of innovation and discoveries for sexual health initiatives as well as HIV/STI prevention and treatment. Moreover, the Southeastern region of the United States is home to more than 500 of the nation's colleges and universities, and over 90% of the nation's Historically Black Colleges and Universities (HBCUs). Thirty-eight percent of the U.S. population lives in the Southeast, yet the Southeast accounts for 52% of new HIV cases annually.

THE STATISTICS

1 in 4

NEW HIV INFECTIONS

occur in youth between the ages 13 to 24.

41%

OF ALL NEW HIV INFECTIONS

occur in young people between the ages of 15-29

24%

OF COLLEGE STUDENTS

have never been tested for HIV

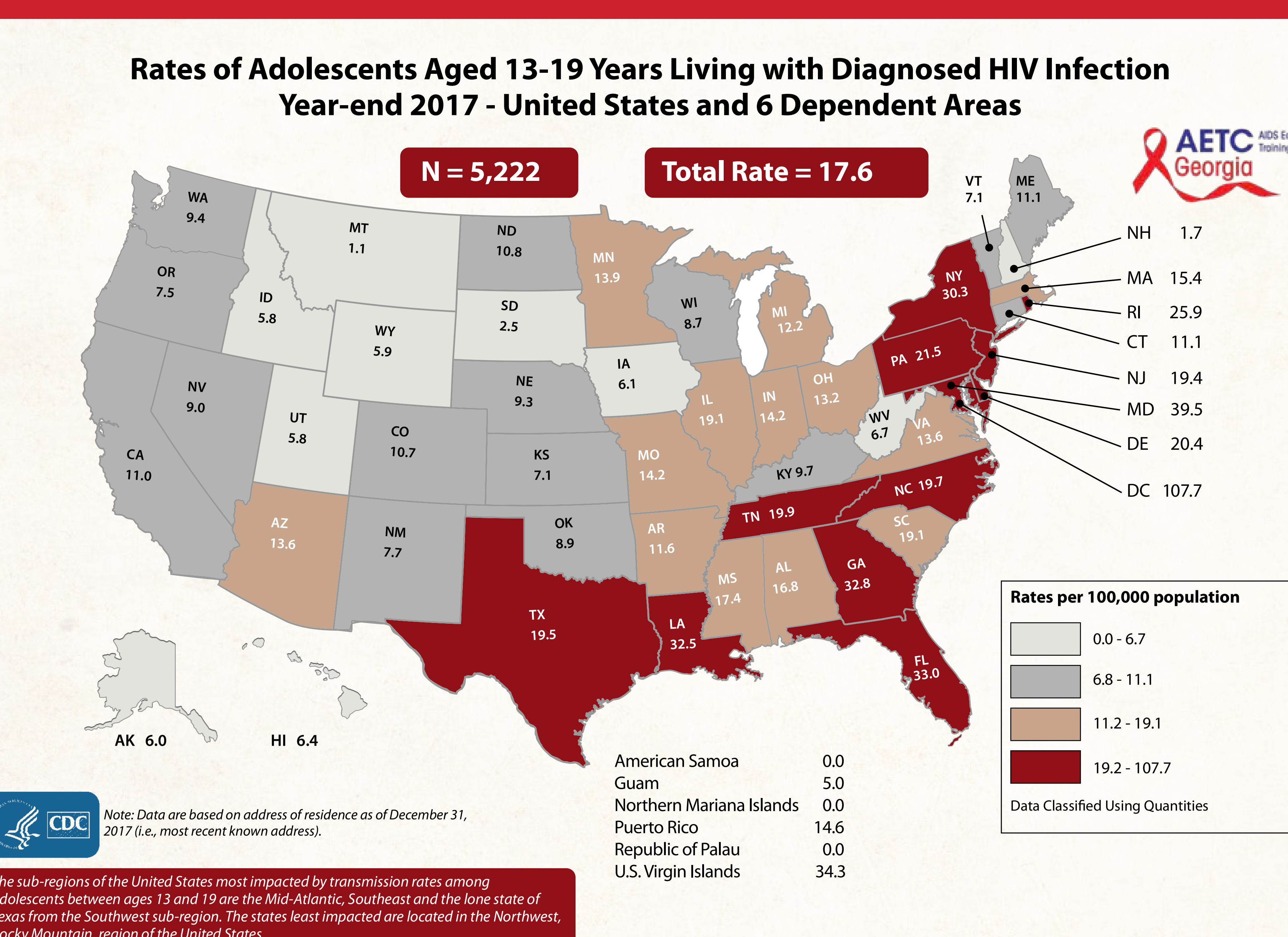
81%

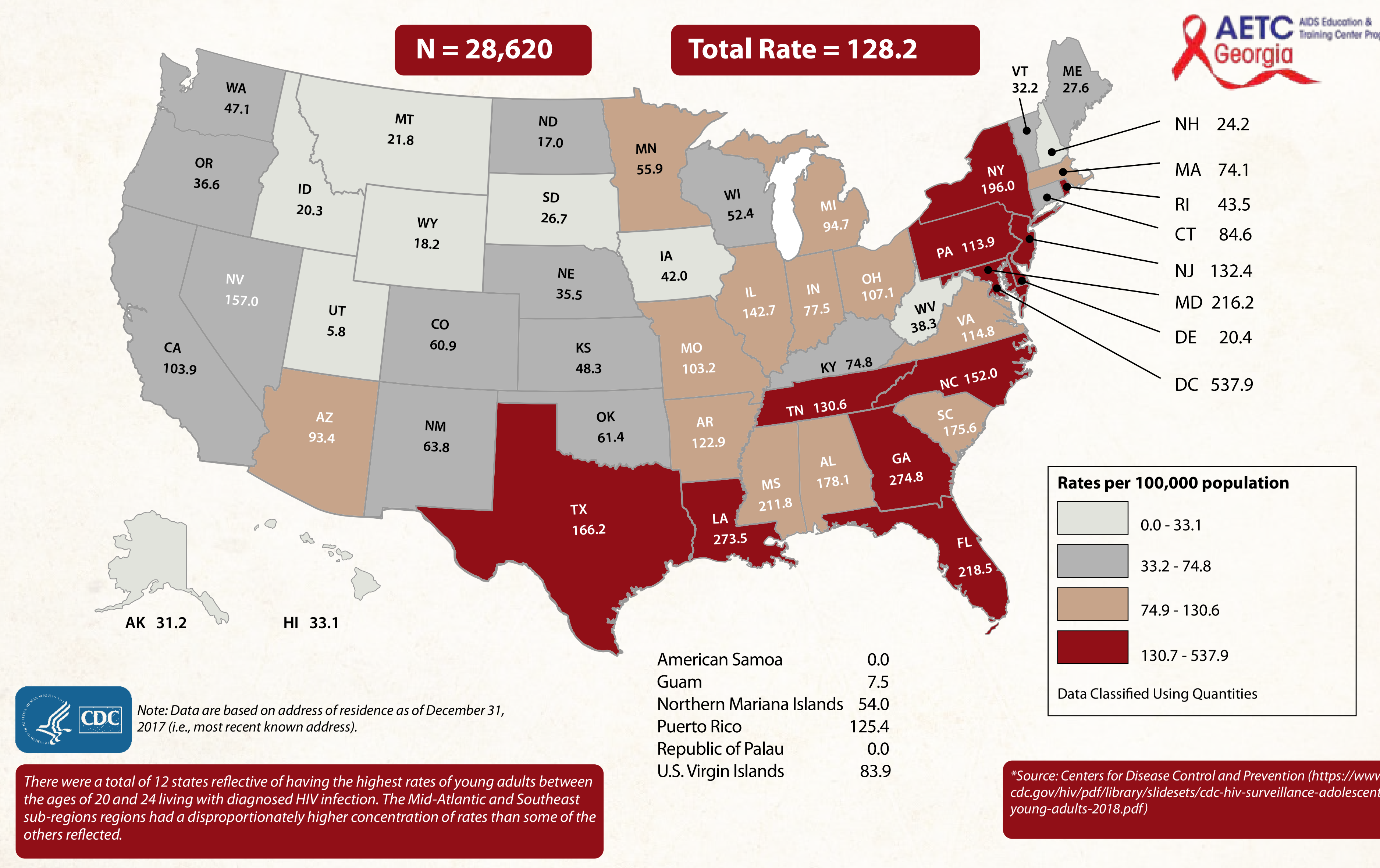
OF YOUTH 15-24

said there is stigma around HIV in the U.S.

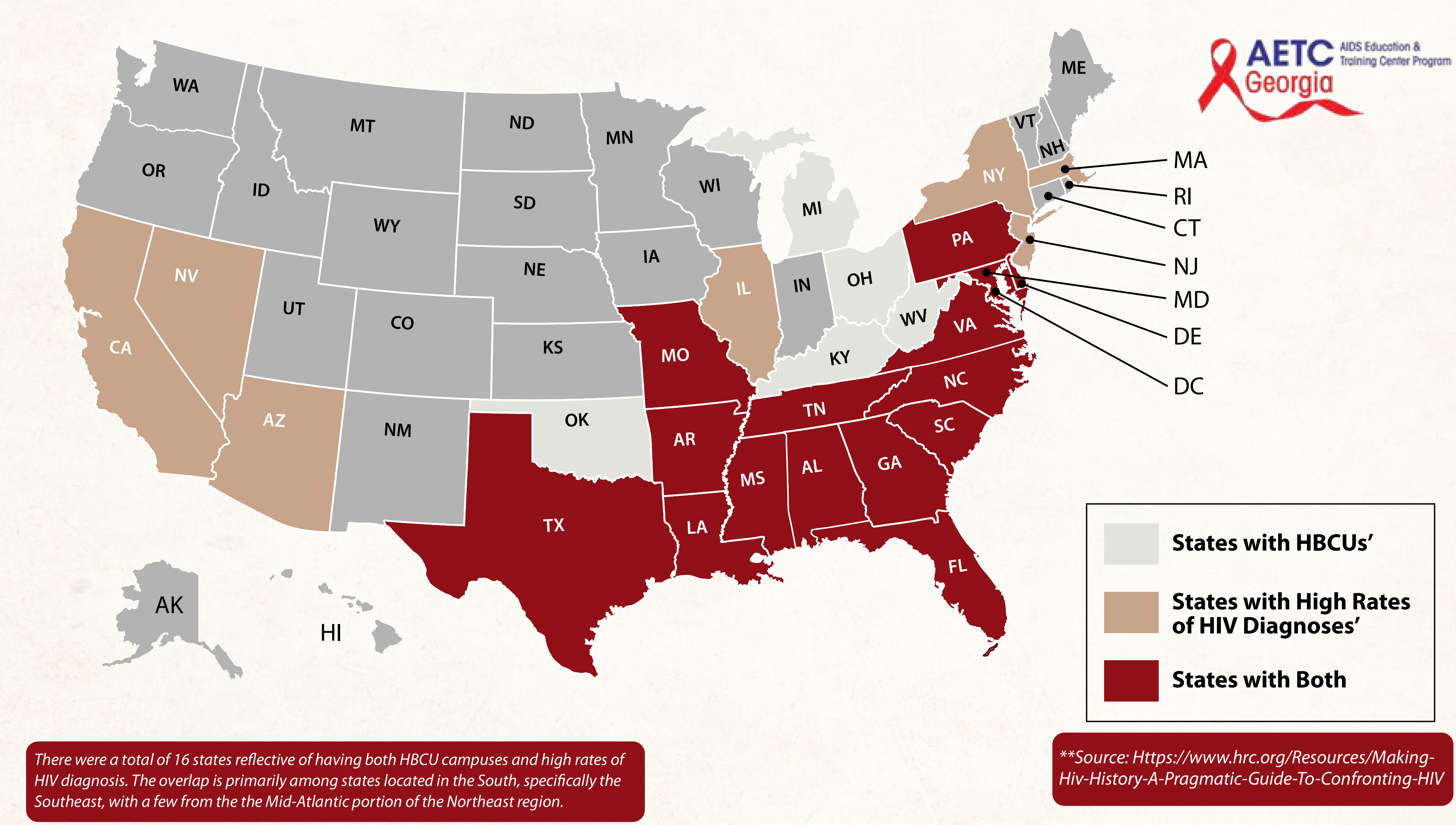
This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

*GEOGRAPHIC OVERLAP BETWEEN STATES WITH HBCUS & HIGH RATES OF HIV & STI




Rates of Young Adults Aged 20-24 Years Living with Diagnosed HIV Infection
Year-end 2017 - United States and 6 Dependent Areas
N = 28,620
Total Rate = 128.2
AETC AIDS Education & Training Center Program
Georgia
WA 47.1
OR 36.6
CA 103.9
ID 20.3
NV 157.0
MT 21.8
WY 18.2
UT 5.8
AZ 93.4
CO 60.9
NM 63.8
ND 17.0
SD 26.7
NE 35.5
KS 48.3
OK 61.4
TX 166.2
MN 55.9
IA 42.0
MO 103.2
AR 122.9
LA 273.5
WI 52.4
IL 142.7
MI 94.7
IN 77.5
OH 107.1
KY 74.8
TN 130.6
MS 211.8
AL 178.1
GA 274.8
FL 218.5
SC 175.6
NC 152.0
VA 114.8
WV 38.3
PA 113.9
NY 196.0
VT 32.2
ME 27.6
NH 24.2
MA 74.1
RI 43.5
CT 84.6
NJ 132.4
MD 216.2
DE 20.4
DC 537.9
AK 31.2
HI 33.1
American Samoa 0.0
Guam 7.5
Northern Mariana Islands 54.0
Puerto Rico 125.4
Republic of Palau 0.0
U.S. Virgin Islands 83.9
Rates per 100,000 population
0.0 - 33.1
33.2 - 74.8
74.9 - 130.6
130.7 - 537.9
Data Classified Using Quantities
CDC
Note: Data are based on address of residence as of December 31, 2017 (i.e., most recent known address).
There were a total of 12 states reflective of having the highest rates of young adults between the ages of 20 and 24 living with diagnosed HIV infection. The Mid-Atlantic and Southeast sub-regions regions had a disproportionately higher concentration of rates than some of the others reflected.
*Source: Centers for Disease Control and Prevention (https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2018.pdf)

**GEOGRAPHIC OVERLAP BETWEEN STATES WITH HBCUS & HIGH RATES OF HIV CASES



There were a total of 16 states reflective of having both HBCU campuses and high rates of HIV diagnosis. The overlap is primarily among states located in the South, specifically the Southeast, with a few from the the Mid-Atlantic portion of the Northeast region.

***Source: Https://www.hrc.org/Resources/Making-Hiv-History-A-Pragmatic-Guide-To-Confronting-HIV*

STATES WITH THE HIGHEST (AND LOWEST) STD RATES IN AMERICA

Rate of new reported cases per 100,000 people

RANK	STATE	TOTAL
1	Alaska	1,148
2	Mississippi	1,100
3	Louisiana	1,073
4	South Carolina	970
5	NewMexico	948
6	Alabama	915
7	Georgia	893
8	North Carolina	889
9	Arkansas	852
10	Oklahoma	833
11	Missouri	829
12	Nevada	827
13	Illinois	824
14	New York	822
15	California	817
16	Arizona	798
17	Maryland	786
18	Delaware	779
19	Tennessee	778
20	Ohio	774
21	Texas	763
22	South Dakota	724
23	Indiana	722
24	Michigan	701
25	Florida	695

RANK	STATE	TOTAL
26	Colorado	681
27	Virginia	677
28	Kansas	659
29	Connecticut	657
30	Rhode Island	654
31	Washington	634
32	Wisconsin	632
33	Kentucky	629
34	North Dakota	629
35	Iowa	628
36	Oregon	625
37	Nebraska	619
38	Pennsylvania	604
39	Hawaii	601
40	Montana	584
41	Minnesota	564
42	Massachusetts	559
43	New Jersey	527
44	Idaho	455
45	Wyoming	434
46	Utah	429
47	Maine	401
48	New Hampshire	330
49	Vermont	323
50	West Virginia	270

Data Source: CDC 2018 for Chlamydia, Gonorrhea, Syphilis. HIV rate from 2017

YOUNG PEOPLE/ADOLESCENTS AND RATES OF STIS

- Young people make up roughly 25% of the sexually active population; however, they account for half of the 20 million new sexually transmitted infections that occur in the United States each year.
- Compared with older adults, sexually-active adolescents aged 15–19 years and young adults aged 20–24 years are at higher risk of acquiring STDs for a combination of behavioral, biological, and cultural reasons.
- The higher prevalence of STIs among adolescents reflects multiple barriers to accessing quality STI prevention services, including lack of insurance or other inability to pay, lack of transportation, discomfort with facilities and services designed for adults, and concerns about confidentiality.

Based on the most recent data (2018):

CHLAMYDIA • 2018

.96% 15-19 year old Males *(959.0 cases)*

1.78% 20-24 year old Males *(1,784.5 cases)*

3.31% 15-19 year old Females *(3,306.8 cases)*

4.06% 20-24 year old Females *4,064.6 cases)*

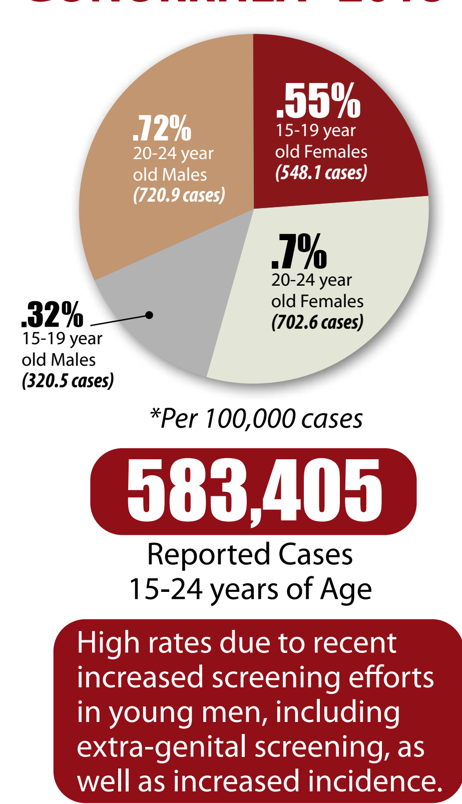
*Per 100,000 cases

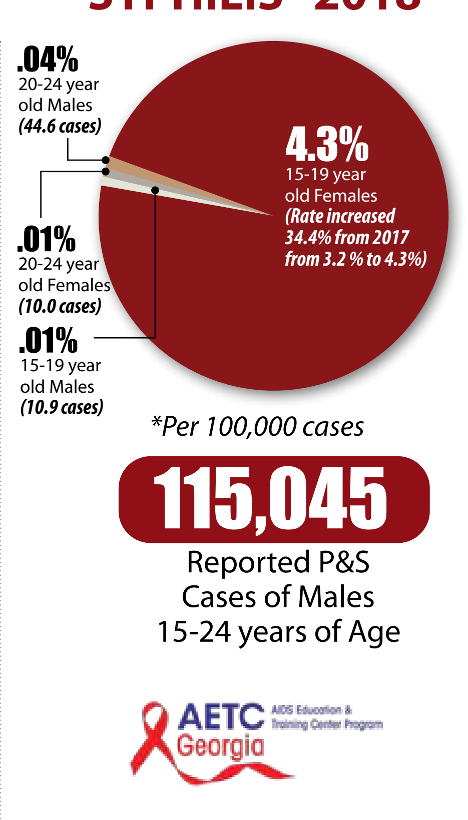
1,087,277

Reported Cases 15-24 years of Age

61.8%

of all Reported Chlamydia cases





Young People and Rates of HIV

***Source: Centers for Disease Control and Prevention (https://www.cdc.gov/hiv/group/age/youth/index.html**

- In 2018, youth aged 13-24 made up 21% of the 37,832 new HIV diagnoses in the United States (US) and dependent areas. Youth with HIV are the least likely of any age group to be retained in care and have a suppressed viral load.
- In males 13-24, 82% of new HIV diagnoses were among those who were involved in male-to-male sexual contact.
- In females 13-24, 48% of new HIV diagnoses were from heterosexual contact and 41% of diagnoses were from perinatal transmission.

CONTRIBUTING FACTORS

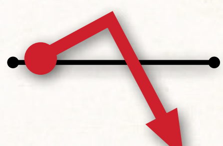
FOR STIS & HIV AMONG COLLEGE STUDENTS

Photo: Joshua McKnight

Underestimation of STI & Risk

STIGMA

Lack of Comprehensive Sex Education



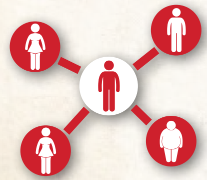
Low/Varying Rates of STI and HIV Screening

The Role of Technology in Dating and Sex

Misinformation Regarding STIs, HIV and Prevention Tools

Inconsistent and/or Incorrect Condom Use

Inadequate STI & HIV Prevention Communication w/Partners



Serial Monogamy & Multiple Sex Partners

Lack of Culturally Appropriate & Friendly Testing Centers

STIGMA

Stigma is the negative attitudes or stereotypes about people or groups of people based on personal characteristics that are devalued, rejected or feared by society. Stigma often leads to significant levels of prejudice, discrimination or even violence.

Societal stigma about age, race, gender, sexual orientation, gender identity, religious beliefs and many others can adversely influence the mental, physical and sexual health of our students.

HIV stigma is a more specific set of negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable (CDC, 2020). Adding this on top of the other societal stigmas that can plague our students can make communicating about and accessing sexual health care challenging.

There are 4 types of stigma:
ENACTED, ANTICIPATED, NORMATIVE, and INTERNALIZED.

"Stigma often leads to significant levels of prejudice, discrimination or even violence."

Photo: Godisable Jacobs

TYPES OF STIGMA

ENACTED STIGMA
Experiencing discrimination because of social identity or status.

2.

ANTICIPATED STIGMA
Fear of perceived prejudice or discrimination

3.

NORMATIVE STIGMA
Perceived social norms of a community

4.

INTERNALIZED STIGMA
Feeling shame or blame because of one's social identity or status

Photo: Raphael Thompson

All these levels of stigma can have a profound negative impact on overall well-being and sexual health/behavior, HIV and STI testing practices, communication with medical personnel, and adherence/ follow-up with medical advice.

Stigma exists in general society, so when students come to our university health centers, they are looking for a space to counteract the stigma they experience in everyday life - not an environment that only reinforces it.

As medical professionals and staff, our job, particularly with regards to sexual health, is to:

1. Acknowledge that the students coming to see us do not have their sexual health figured out; and
2. Provide students with an environment in which they will feel comfortable being their full, authentic selves as they access sexual health services.

Photo: Raphael Thompson

Sex positivity is the belief that consensual sexual expression is both healthy and important in contributing to a safe and inclusive campus climate (ref). Sex positivity is grounded in comprehensive sex education, exploring and deconstructing gender norms, and promoting body positivity and self-love (ref). It involves removing the stigma of negative and shameful language surrounding sex in general, diversity in sexual and gender identities and orientations, and specific sexual behaviors and condom use practices.

Sex positivity is an important component in clinical practice with students, particularly when taking a sexual history and discussing sexual health topics. Stating that someone "did something stupid" when engaging in condomless sex only serves to shame them for engaging in a natural and pleasurable act, while also discouraging honesty and transparency in describing sexual behavior in fear of being judged.

Changing language to explore beliefs and attitudes about sexual behaviors and forms of "safer" sex among our patients, as well as their reasons for choosing not to use condoms, will go a long way in opening lines of communication in the provider patient relationship and encouraging trust in that partnership.

Similarly, many students may beat themselves up and describe themselves as being "paranoid" or a "hypochondriac," simply because they seek access to university health services to receive HIV and STI testing after a sexual encounter. It is important in these moments to not reinforce this kind of stigmatizing language that labels health-seeking behavior as a negative thing, but rather affirm them about taking the initiative to seek testing appropriately when they are engaging in sexual behavior that they deem may have put them at risk for STIs or HIV.

Photo: Raphael Thompson

SEX POSITIVE APPROACH

The goal of a sex positive approach among clinicians and staff when it comes to student health is to avoid language that makes them feel there is a "normal" set of standards when it comes to sexual exploration, behaviors, or expression.

We must ensure that students:

1. FEEL SAFE

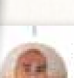
2. FEEL HEARD

Photo: Raphael Thompson

"Admiration"

Photo: Nappy

"Safe & Confident"



3. FEEL AFFIRMED

4. FEEL THEY WILL NOT BE JUDGED

5. FEEL THEY CAN GO TO PROVIDER FOR SEXUAL HEALTH NEEDS

David Malebranche @DMalebranche · Dec 29, 2019
5/ Instead of saying "I know I'm being paranoid," say "I know the reality of HIV and STIs out there."

Instead of saying "I know I'm being a hypochondriac," say "I'm pro-active about my sexual health."

He paused.

"I really needed to hear that. Sometimes I think I'm crazy."

11 715 8.9K

David Malebranche @DMalebranche · Dec 29, 2019
Last/ "You're not," I told him. "You're someone who enjoys sex and takes his health seriously."

He got PEP and follow-up for a health provider.

Meds work. If only we had pills to cure sexual and HIV stigma.

CREATING A WELCOMING ENVIRONMENT

Letting students know that a college health setting is a safe space starts as soon as they enter the doors and continues as they interact with staff and move through different areas of the clinic during their visit.

The following pages outline some suggested best practices that can improve students' level of comfort when accessing healthcare services.

Photo: August de Richelieu

BEST PRACTICES

1. DISPLAY DIVERSE IMAGES AND MESSAGING IN WAITING AREA & PATIENT EXAM ROOMS

2. LET PATIENTS KNOW IT'S OK TO INVITE PROVIDERS INTO KNOWING THEIR SEXUAL & GENDER IDENTITIES

Ask general questions about sexual orientation and the genders of their sexual partners

- Avoid restrictive gender questions such as "Do you have sex with men, women, or both?"
- Utilize general inquiries such as "Tell me about your sexual partners."

Use two-step questions on gender identity and sex assigned at birth to capture whether students are cisgender, transgender, or identify as gender non-conforming.

- Instruct all staff to refer to patients by their preferred name and pronouns
- Ensure electronic health records (EHR) documents use preferred pronoun and name of each patient

3. ENGAGE PATIENTS WITHOUT JUDGEMENT

- Explain the medical need for asking sensitive questions
- Avoid questions that imply judgement, assumed gender of sexual partners, or a "right" answer (i.e., "Do you have a boyfriend?")
- Use questions that allow patients to answer comfortably (i.e., "Tell me about your sexual partners?")
- Ask and use patients' own terms for their bodies and sexual behaviors/practices

BEST PRACTICES

4. CONSIDER STUDENTS' HIERARCHY OF NEEDS

- Health and wellness may not be every student's priority. Family dynamics, finances, stigma, discrimination, classwork, campus culture, social pressures, and struggles adapting to school can all take precedence over maintaining one's health.

- Many students may be struggling with finances, student loans, and other competing stressors that make prioritizing health concerns more challenging.

- To address a student's prorities, ask "What are the main priorities in your life right now? Where does health and your sexual health fit into your life and school priorities?"

5. TRAIN STAFF ON CULTURAL HUMILITY AND IMPLICIT BIAS

- Ensure that clinicians and all other health center staff receive training on respecting and acknowledging diversity in race/ethnicity, gender, religious beliefs, sexual identity, gender identity, and sexual orientation among the student body.

- Provide online and other resources for sexual health education and competency for clinical staff.

SEXUAL HEALTH

Sexual health is defined by the World Health Organization (WHO) as "a state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence." (ref)

Taking this definition to heart, it is important for university health clinicians and staff to embrace it fully when addressing the needs of our student patients. Older student health approaches have traditionally focused on deficit models that emphasize prevention of HIV and sexually transmitted infections (STIs), while lecturing adolescents and emerging adults on "risks" of sex (ref).

College sexual health models of today should emphasize transparent discussions with our patients, emphasizing aspects of exploration and pleasure when it comes to sexual health, and how to best maintain sexual health in physical, emotional, and social aspects (ref).

YOUR SEXUAL HEALTH MATTERS

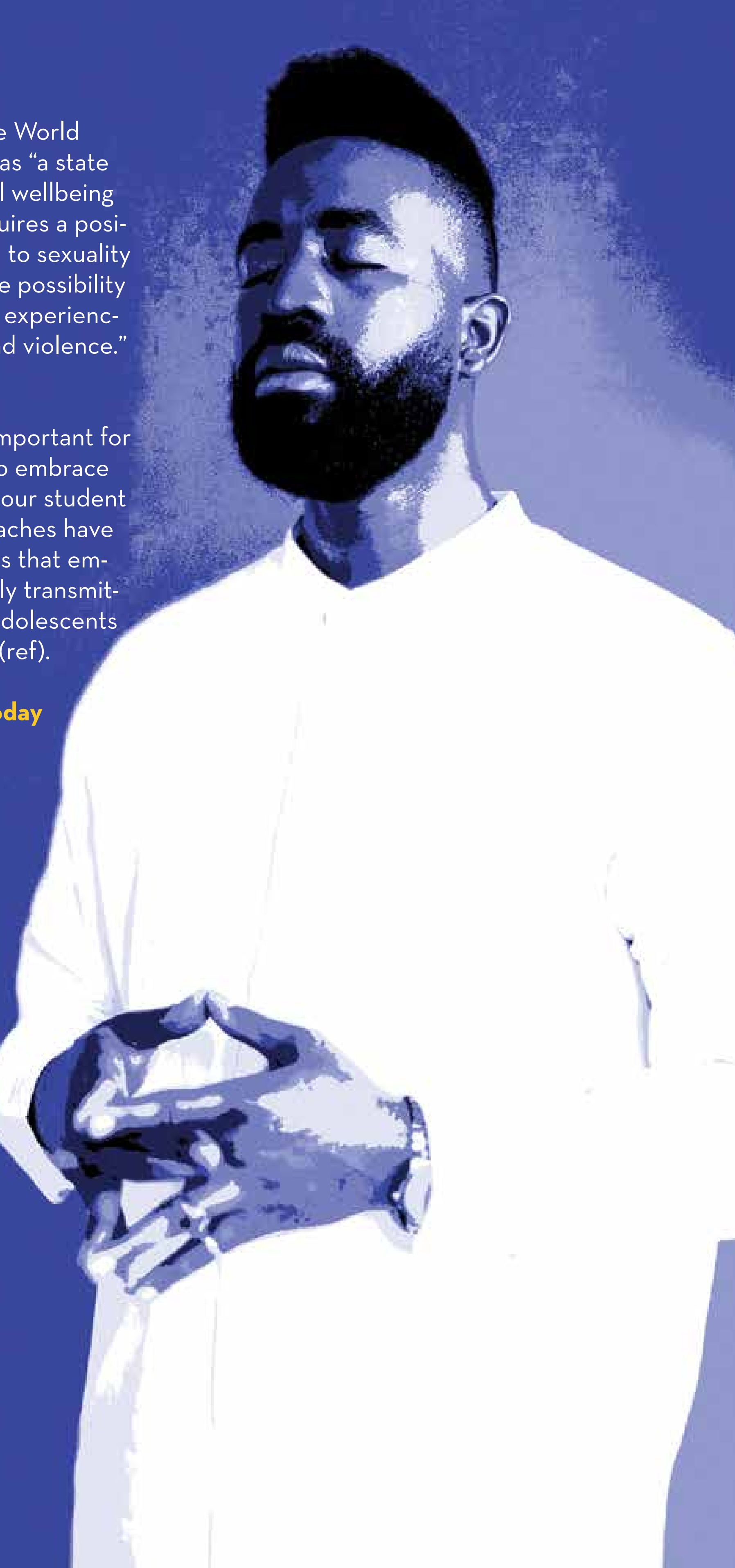


Photo: Arianna Jadé

COLLABORATIVE APPROACH

College sexual health programs should emphasize a multidisciplinary model that includes wellness, counseling, as well as both HIV and STI prevention and treatment components (ref).

Photo: Retha Ferguson

THIS REQUIRES EMBRACING AN APPROACH THAT INCLUDES:

CLINICIANS

SOCIAL WORKERS

THERAPISTS

WORKING TOGETHER AS A TEAM TO ENSURE EACH STUDENT RECEIVES AND UNDERSTANDS THE VARIOUS OPTIONS AVAILABLE TO THEM.

TAKING A SEXUAL HISTORY

Taking a sexual history can be a daunting and awkward task. It asks clinicians and other healthcare staff to put aside their personal and implicit biases and fully create a space where students feel comfortable being honest and presenting their true and authentic selves.

Sexual history-taking is also time-consuming and shouldn't be rushed at the expense of patient comfort. It's important to appreciate that all patients, but particularly adolescents and emerging adults in a college health setting, can feel very scared and vulnerable when discussing sensitive topics of a sexual nature. It is up to us to create that safe environment into which students will invite us so we can assist them with their sexual health needs in a collaborative, nonjudgmental manner.

> "It is up to us to create that safe environment into which students will invite us..."

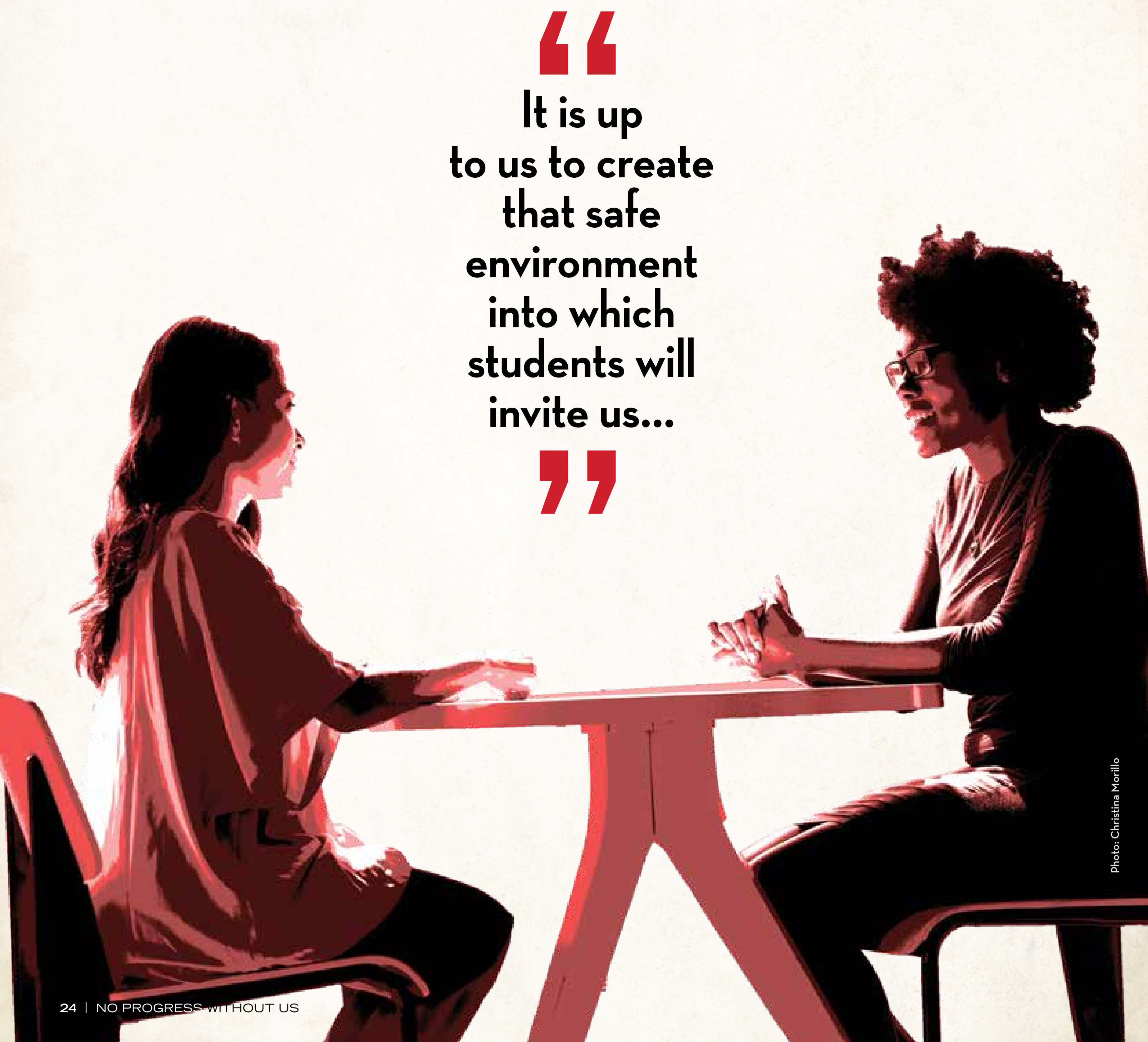


Photo: Christina Morillo

THE FIVE P'S

Photo: Jeff Denla

The CDC has published a guide (https://www.cdc.gov/std/treatment/sexualhistory.pdf) that emphasizes the "Five P's" of sexual history-taking.

1. **PARTNERS**
2. **PRACTICES**
3. **PROTECTION** FROM STIS
4. **PAST-HISTORY** OF STIS
5. **PREVENTION** OF PREGNANCY

THE FIVE P'S

THE FIVE P'S IN PRACTICE

When entering in these discussions, it's often useful to ask an opening statement to put patients at ease and knowing that you are about to ask them some personal questions. Common opening statements/ questions could be:

> I'm going to ask you some personal questions about sex now, we ask these of all of our patients.
>
> Tell me about your sex life currently.
>
> Do you have any sexual health questions or concerns you want to discuss today?

There is no "perfect" opening statement, and every clinician and staff member is different with how they broach the topic of sex and sexuality with patients. Some students may be more comfortable discussing their sexual lives and health openly, others may be more reserved. The important part is that as clinicians, YOU bring the topic up and let them know it is ok to discuss sexual topics during their visit.

Photo: Marcelo Chagas

Q'S FOR THE FIVE P'S

After you tell the student patient you will be discussing their sexual health, you can explore the Five P's:

PARTNERS

- Are you currently having sex (or sexually active)?
- How many sex partners have you had in the past few months?
- Tell me a little bit about the gender of your sexual partners.

PRACTICES

- This report takes note of spikes of activity for the social media team to respond to trends quickly.

PROTECTION FROM STIS

- What do you and your partner(s) use to protect yourselves from HIV and STIs?
- What kinds of protection do you use, how often, and with what behaviors?
- Do you have any questions about options of protecting yourself or your partners from STIs?

PAST-HISTORY OF STIS

- Have you ever been tested for HIV or STIs? Would you like to be tested today?
- Have you ever been diagnosed with HIV or an STI before? How were you treated?
- Do you have any current or former sexual partners who have tested positive for HIV or an STI? Were you tested or treated as well?
- Do you have any STI symptoms currently that you want to discuss?

PREVENTION OF PREGNANCY

- Are you currently trying to have a child?
- Are you concerned about getting pregnant or getting your partner pregnant?
- Are you currently using any form or birth control or contraception?
- Did you have any questions about birth control today?

THE ~~FIVE~~ FORGOTTEN P'S

A **"Sixth P"** that is often missed when taking a sexual history is "Pleasure," and the American College Health Association has also included two additional **"Ps"** in sexual history taking, indicating **"Preference"** and **"Partner violence."** That brings us to a total of eight **"Ps"** clinicians can use as a guide when conducting a sexual history.

Photo: Terillo Walls

TRANSGENDER AND GENDER NON-CONFORMING STUDENTS

The diversity in gender experiences among college students extends beyond race, gender, and sexual orientation. For transgender and gender non-conforming (GNC) students, being an adolescent or emerging adult trying to understand complexities of gender identities carries an additional layer of exploration and self-discovery on top of what they are already experiencing in a university setting.

Discussing gender identity, sexual identity, orientation, and biological sex can be confusing and overwhelming to many clinicians and health care staff. For those who are just jumping into the field and seek guidance on definitions and understanding of gender identity and other concepts, https://www.genderbread.org/ is a good starting point.

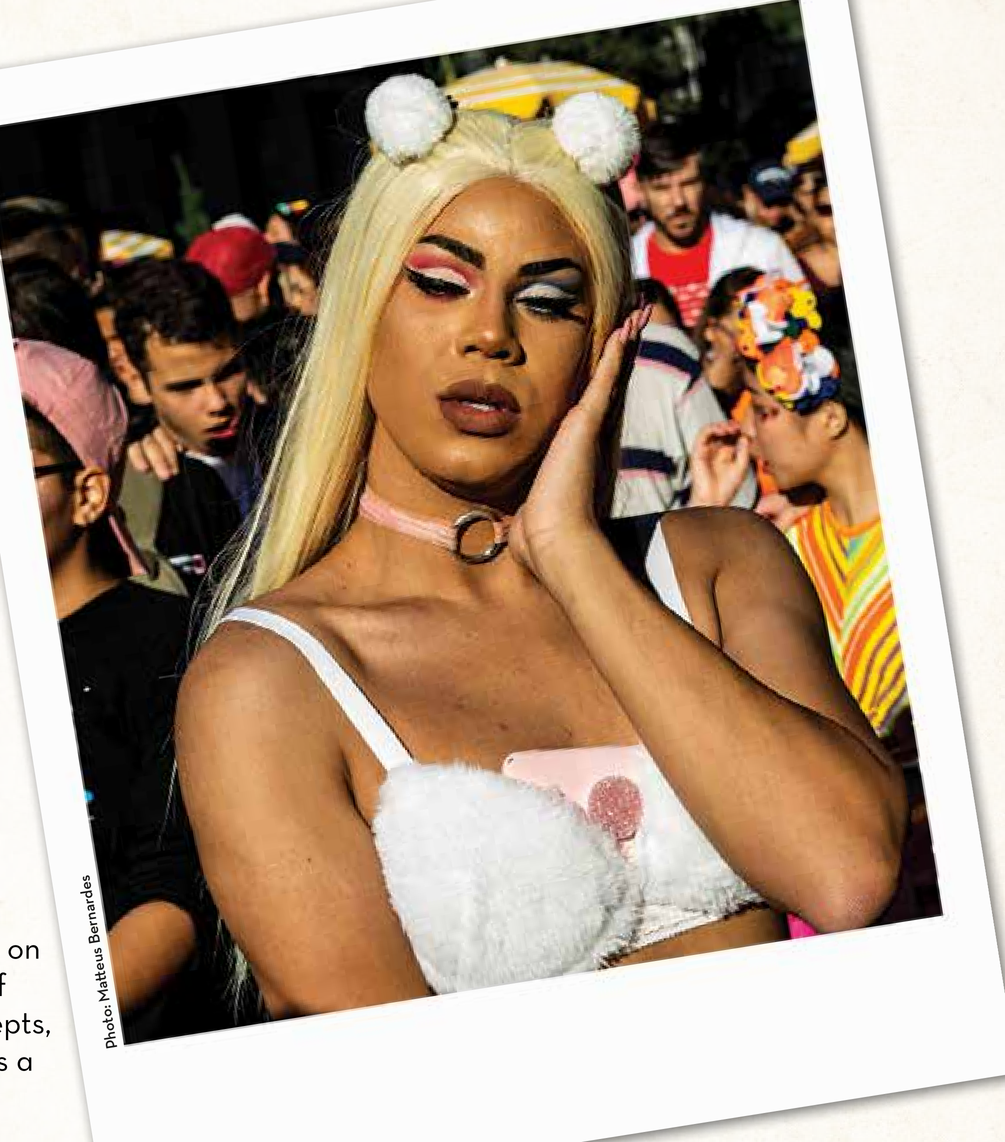


Photo: Matteus Bernardes

While not interchangeable with sexual health training, competency in transgender and GNC health care among college health clinicians should be part of broader provider training initiatives. ACHA provides guidance along these lines in creating trans-inclusive college health settings **(https://www.acha.org/documents/Resources/Guidelines/Trans-Inclusive_College_Health_Programs.pdf).**

Students who identify as transgender or GNC may not feel comfortable discussing gender and sexual identity with their parents or pediatricians who provided their care growing up. Providing these students with a comfortable and safe space in which they can explore questions about gender identity without fear of judgement or discrimination is crucial.

INSTITUTIONAL EFFORTS

- **Inclusion of Trans GNC students on student advisory committee**
- **Identify a student advocate who can bring up health related concerns of trans and GNC students to college health center administration**
- **Provider and staff training – local and national**
- **Electronic health record (EHR) inclusion of assigned sex at birth, gender identity, pronouns and chosen name**
- **Online resources on student health center website/ app for patients to easily access**
- **Trans and GNC-welcoming literature and flyers in waiting areas and clinic rooms**
- **Compile a list of resources and organizations that are trans and GNC-affirming on campus**

Photo: Ricardo Esquivel

MEDICATIONS

Not all trans or GNC students will require or ask about medications. However, when students of trans and GNC experience request hormonal therapy, university health settings should be prepared to meet their needs and not simply refer them to an outside endocrinologist. If our trans and GNC students feel comfortable going to university health settings to receive their care, forcing them to go off campus to obtain hormones may serve as a barrier for access and discourage them from proper follow-up.

When providing clinical care to students who are diverse along the gender identity continuum, it is important to inquire if they desire hormones that will assist with their gender identity confirmation. Some patients would like to have hormones, others choose not to utilize them. What is important is assessing where your patients are with regards to their gender identity, what their goals are with gender confirmation, and how you can best assist them during their journey.

"There are established guidelines for medical/ hormonal care of transgender and GNC patients from reputable sources:"

- **UCSF:** **https://transcare.ucsf.edu/guidelines/initiating-hormone-therapy**
- **World Professional Association for Transgender Health:** **https://www.wpath.org/publications/soc**
- **Endocrine Society:** **https://www.endocrine.org/clinicalpractice-guidelines/gender-dysphoriagender-incongruence**

Transhealth also offers a comprehensive list of conferences that offer clinical training and guidance to healthcare providers seeking to improve their competence in managing hormones in the trans and GNC patients: **http://www.trans-health.com/2019/transgender-conferences-health-professionals/**

Photo: Pixabay

THE UNIQUE CULTURE OF HBCUS

Black youth are disproportionately affected by sexual health inequities, and HBCUs are uniquely positioned to serve as a central location for its students to access sexual health and STI/HIV resources for education, prevention, treatment, and care [ref].

Photo: Insynct Media

Historically, HBCUs have an engaged student population, strong community ties, and roots in movements for social justice and equality. Sexual health is both a social justice and health equity issue, and as such should be a high priority on campuses who are concerned about the well-being of their students.

Additionally, a clear majority of HBCUs are in the southern region of the U.S. Southern states bear the highest burden of HIV, accounting for 52% of new HIV diagnoses; in 2017, Black MSM and hetero black women and men accounted for many all new HIV diagnoses in the south [ref].

Given HBCUs geographic location and student population, they are poised to be leading institutions in leading the charge for advocating sexual health and STI/HIV prevention and treatment among Black adolescents and emerging adults.

THE TOOLKIT SOLUTION

The purpose of this toolkit is to serve as a roadmap to aid your Institution in addressing and encouraging sexual health among college students, which includes behavioral counseling as well as routine HIV and STI screening. This is an opportunity to lead the way, mobilize the mission of colleges and universities and simultaneously optimize the lives of the next generation.

> **“We’re helping #TGAF destigmatize HIV in our community.”**

This toolkit is designed to equip decision makers, gate-keepers, student leaders and other advocates with the necessary knowledge, skills and evidence to embark on this new journey. We invite you to share and build on the collective experiences of the Georgia AIDS Education and Training Center (GAETC) in establishing comprehensive sexual health programs in College/University Health settings; offering a practical and comprehensive framework of lessons learned, resources, tools and trainings. This toolkit is designed to serve as a template, which can be adapted to any setting, meeting each campus where they are.

Photo: Tina Bowie

Photo: Timothy Works

WHO IS THIS TOOLKIT FOR?

- College/University Administrators, Faculty, Staff, and Advocates
- Student Government Associations
- Student Advocacy Groups
- Student Health Associations
- Gatekeepers and Community Partners

Photo: Ricardo Esquivel

CALL TO ACTION

WHAT CAN COLLEGE/ UNIVERSITIES DO?

Photo: The Lazy Artist

1 FORMAL ADOPTION OF SEXUAL HEALTH POLICIES

Policies help to establish a standard of care and guide decision makers in which they can make changes to improve and/or amplify HIV/STI prevention efforts. Policies that specifically address sexual health are critical to the integration and sustainability of any effort.

Photo: Christina Morello

POLICIES IN ACTION

Jackson State University, a historically black university in the southeast region of the U.S. (Mississippi) has taken control of their narrative by adopting HIV policies specific to the sexual health needs of their campus.

Data show health outcomes of students on campus drastically improved when intentional efforts were made to engage and support the prevention efforts of their students.

HIV/AIDS POLICY

The following policy is intended to express Jackson State University's commitment to enhance the awareness of the campus community in response to the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) epidemic. Jackson State University does not discriminate against a qualified individual with a disability with regard to job applicants, Hiring, advancement, discharge, compensation, training, or other terms, conditions, or privileges of employment. Equal employment opportunity shall be without regard to race, color, religion, sex, age, marital status, or physical and mental disability (except where such disability renders the person incapable of doing the job). The University recognizes that employees and students with life-threatening illnesses - including but not limited to cancer, HIV/AIDS, and heart disease - and other disabilities may wish to and be physically able to work a regular or modified schedule.

Jackson State University strives to increase awareness and provide educational information to prevent the further spread of the HIV/AIDS virus. The University recognizes the importance of implementing HIV/AIDS educational programs to provide information relating to knowledge, attitudes, beliefs and behaviors associated with the spread of this disease. Therefore, the University implements the following efforts:

Comprehensive HIV/AIDS educational programs targeting undergraduate, graduate and professional students/employees.

1. HIV/AIDS educational programs have a major role in ensuring protection of the University's student body, faculty and staff from the transmission of HIV/AIDS through the provision of current and accurate information.
2. Provide reasonably affordable and/or free testing for HIV and other blood sexually transmitted infections for students in the Student Health Center daily and demand HIV testing availability at other campus locations during health promotional events sponsored by community organizations. All test results are strictly confidential and individuals who test positive are promptly referred for approriate treatment and follow up.
3. Counseling for persons who are living with HIV and experiencing psychological stress are encouraged to visit the Latasha Norman Counceling Center. These sessions are strictly confidential.

Jackson State University HIV/AIDS education programs emphasize the following:

A. Students and employeesroles in the planning and implementation of HIV/AIDS educational programs.

B. Increasing awareness of HIV/AIDS through the availability of film, printed materials, workshops, and community outreach programs.

C. Offering information that focuses on methods to decrease the risk of acquiring or spreading HIV and other blood born pathogens.

https://www.jsums.edu/psychology/community-health-program/

2 INTEGRATION OF HIV/STI SERVICES

The establishment of HIV/STI-specific policies serve as the foundation for the integration of services into the institutional continuum. The standard is established prior to the infrastructure being developed via the policies, which ensures decision-makers have clear guidelines to follow.

Intentional efforts should be made to initiate the integration process. This includes development of marketing campaigns to educate students on the sexual health and prevention options available on campus down to the intentional distribution of prophylaxis and access to biomedical interventions relevant to student behavior and demographics.

Photo: Ezekixl Akinnewu

3 CAMPUS & COMMUNITY PARTNERSHIPS

Historically, institutions of higher learning, specifically HBCUs, do not collaborate with the surrounding community to enhance and/or amplify the prevention efforts available to students. This limits the capacity of the institution to address the needs of their students and forces them to shoulder the burden of any financial resources needed for provision.

A study conducted in 2018 on the state of sexual health services at U.S. colleges and universities found while institutions do not often collaborate with community organizations, most were interested in learning more about how to strengthen partnerships with Federally Qualified Health Centers (FQHCs), state and local health departments, and Community Health Centers (CHCs) to support STI/HIV testing on campus.

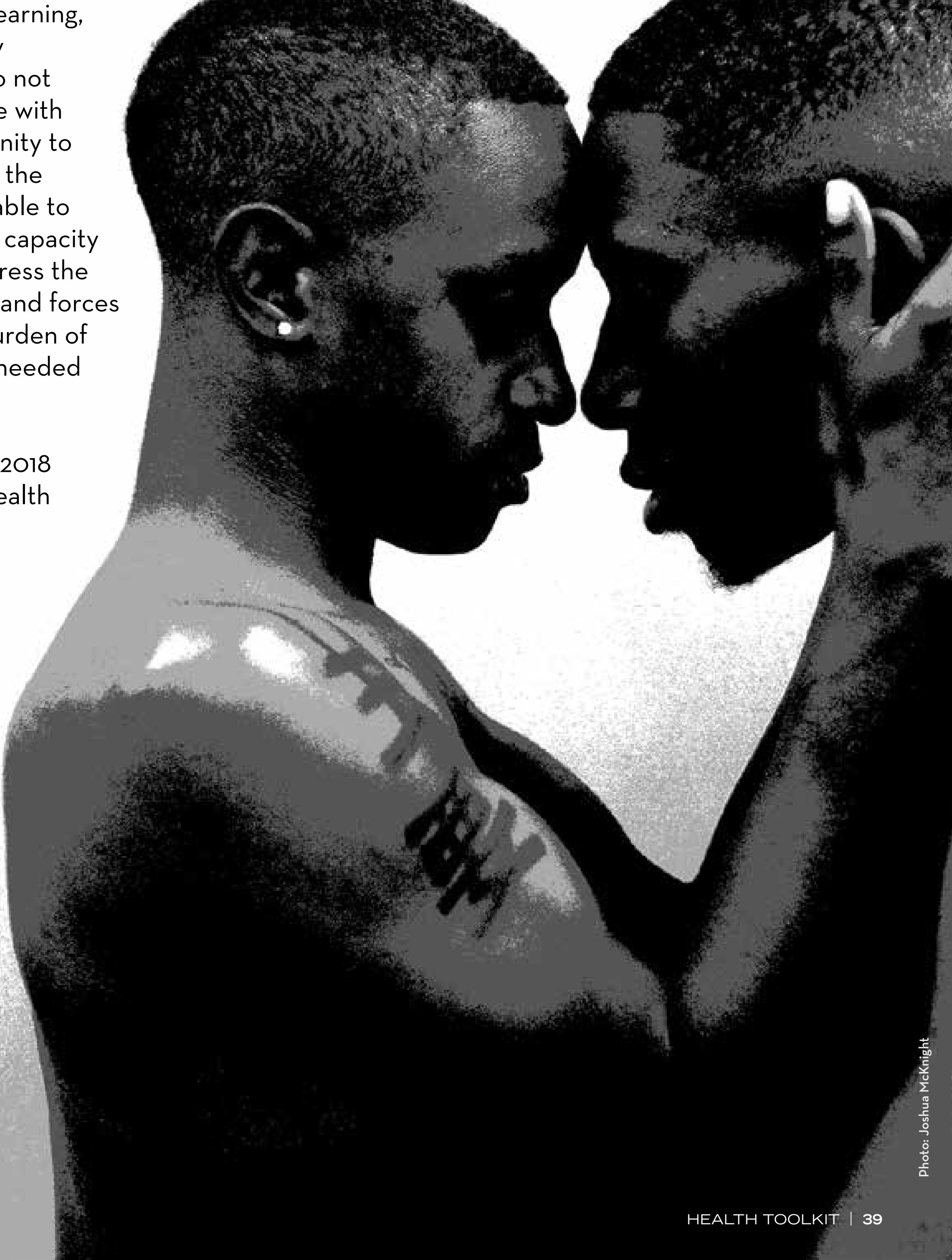


Photo: Joshua McKnight

CAMPUS & COMMUNITY PARTNERSHIPS IN ACTION

In 2018, Morehouse College partnered with Walgreen's Community Pharmacy to establish an apt-out testing clinic where students can access prevention services such as HIV/STI testing, PrEP, and HIV/STI treatment.

This pilot program was established in response to barriers associated with follow-up care and treatment such as, limited afterhours/weekend services and lack of cultural humility from clinical and non-clinical staff.

> ***Morehouse College betting on PrEP to prevent HIV.***

4 EVIDENCE-BASED INTERVENTIONS & RISK REDUCTION STRATEGIES

Institutions of higher education are an ideal location for implementation of evidence-based and innovative interventions.

The 2018 study on the state of sexual health services at U.S. colleges and universities found health education and promotion efforts are high on college campuses (flyers, pamphlets, posters); however, efforts are not robust enough to elicit behavior change.

Structural interventions, such as condom delivery services, self-testing for HIV & STIs, and 24-hour condom access sites (campus police, library, etc.), can change the campus culture and influence students' health behaviors.

Photo: Collis

EVIDENCE-BASED STRUCTURAL INTERVENTIONS

- Flexible Clinic Hours
- Electronic Appointment
- Scheduling
- Electronic Communication With Health Services Staff

RISK REDUCTION STRATEGIES

- Access To Pre-exposure Prophylaxis (PrEP) and Anti-Retroviral Therapy (Art)
- Access To Condoms

Photo: Andrea Piacquadio & Andrew Dick

5 STUDENT LED CAMPAIGNS & INITIATIVES

Student-led Campaigns and Initiatives provide students with an opportunity to create networks, build community, and organize for a common purpose. They allow students to engage in matters that are important to them and enable them to be part of the solution and help end stigma.

> ***Providing FREE & FLEXIBLE access to HIV prevention tools and resources.***

Photo: Ketut Subiyanto

“WE often are unable to access HIV & STD prevention tools or services, because of the inconvenient hours, location, unfriendly staff, lack of privacy or confidentiality and older people judging us! So you’re stuck, of course we do not want either- but, what do you do?”

Justice Hudnall
Senior Business Major
Morehouse College
Atlanta, GA
Class of 2019

WHAT IS THE COST?

AVERAGE ANNUAL MEDICAL COST FOR INDIVIDUALS LIVING WITH HIV

60% for Antiretroviral Medications
15% for Other Medications
25% for Non-Drug Costs

AVERAGE ANNUAL MEDICAL COST FOR INDIVIDUALS LIVING WITHOUT HIV

THE BOTTOM LINE

The Lifetime Medical Cost Saved By Avoiding One HIV Infection is

$229,800

$326,500
ESTIMATED LIFETIME COST (Living with HIV)

OVERCOMING BARRIERS

Physician & public awareness and perception, systematic barriers on campus and state levels, cost and costeffectiveness of services and conflicting recommendations are all potential barriers when integrating sexual health services on campus. Below are a few tips in hopes of aiding you in the facilitation, adaptation and implementation of sexual health services on your campus.

1. **Don't be discouraged by perceived barriers. Seek external partnerships for funding, test kits, training, etc.**

2. **Educate administrators, faculty, staff, and campus community to normalize sexual health on campus.**

3. **Utilize evidence-based approaches and models to implement programming (i.e., Collective Impact Mode)**

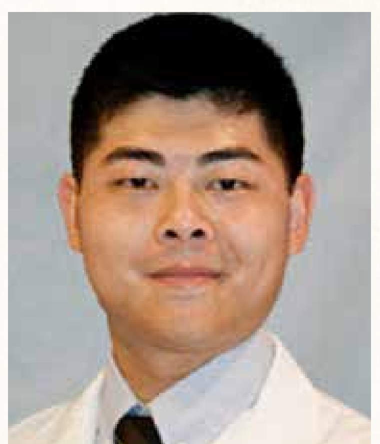
4. **Understand the campus culture. Collect data from students to inform decisions.**

TAKEAWAYS

SUCCESSFUL INTEGRATION LOOKS LIKE:

- All sexual health services are a “normalized” (routine), accessible, comfortable, and automatic part of care, openly offered.
- Infrastructure supports increased activities/services. Adequate and sustainable resources (money, staff, materials, partnerships) are available to fulfill integration.
- The University/College leadership mandates compliance.
- The physical environment supports integration (e.g., private counseling and exam rooms), the environment is welcoming and nonjudgmental.
- Management (at multiple levels, President, Deans, Student Health Directors, Physicians) and staff are motivated and support integration.
- All staff are well trained and oriented to sexual health issues, and are aware of available services, resources, campus and community partners.
- The significance of culture is acknowledged and embraced at all levels, comfortably; sexual history taking, screening, referrals and treatment, if necessary.
- Written policy and protocol/procedures for all students, regardless of race, gender orientation or other factors and that services are in place. Staff roles and expectations are clear and supported by policies and procedures.
- A high proportion of total students are screened and/or counseled.
- Students receive consistent sexual health information from all clinicians and staff.
- Services are client-centered and appropriate.
- A warm-referral system is in place.
- A systematic approach to evaluation and feedback is in place, and quality assurance is a priority.

CLOSING REMARKS



AUSTIN CHAN, MD
Principal Investigator GAETC

ENDING THE EPIDEMIC

During my time at Emory University as an undergraduate, Facebook was a novel idea, wireless internet seemed like a luxury and a fad, and the first-generation iPhones had just been released. But for as much as technology has changed, the way we approach sexual health and wellness has remained inconsistent and sometimes largely absent. During my first semester at college, I was enrolled in Health 101, a mandatory lecture and small group class purported to cover the topics of STIs, sexual and gender identity, consent, healthy eating, and the self-discovery inherent in the college experience. What followed was a disjointed, often incoherent, but wellmeaning series of lectures and movie showings that confused and often horrified me more than offering answers. I remember feeling the class was meant to scare students into abstinence more than encourage us to make informed decisions.

Our goal in writing this manual has been to provide a framework and a toolkit for implementing the policies of prevention and screening. We want people to know about best practices and to also understand how to access additional resources. Aside from the medical knowledge, one of the most important themes of the manual for me is about meeting people where they are. We do not know the journey the patient has gone on before arriving in our exam room. We do not know the information to which they have been exposed, the stigma they have had to overcome, or the personal guilt and shame they may be feeling. "Ending the Epidemic" in its current form aims to reduce new HIV diagnoses by 90% within 10 years. But behind that achievement are hundreds of thousands of individual patients encounters, relationships built, and discussions about whether PrEP is the right choice. HIV policy is dominated by statistical benchmarks, which is effective if we do not forget the effort, empathy and humanity that goes into such achievements.

Infectious agents have shaped our society and our collective history time and time again. From smallpox, to the bubonic plague, to influenza, to GRID, and to HIV, infections have always played a defining role in the mortal drama. In many ways, HIV has defined my generation's relationship with sex, and we see now it is a spectra that will not be easily vanquished. The next generation of college students will be exposed to new treatments and preventative measures for HIV, but will be faced with new challenges presented by social media and dating apps. We offer this manual on sexual health as a practice guideline, but also a reminder to meet patients where they are and to remember the specific challenges and opportunities that are afforded by practicing medicine on college campuses.

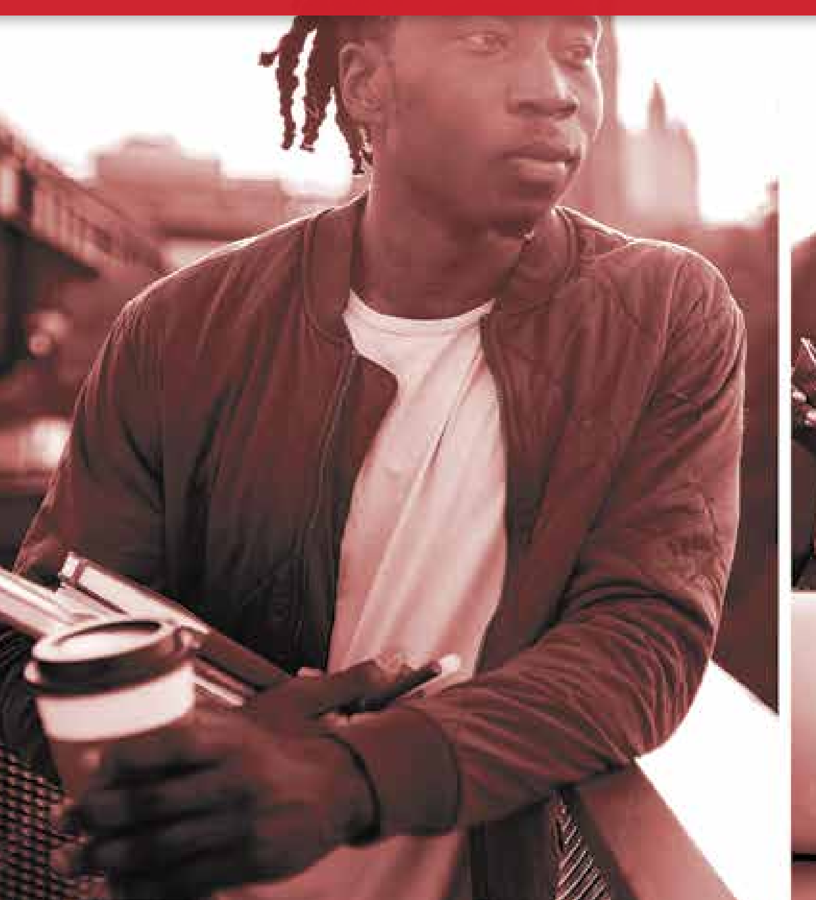
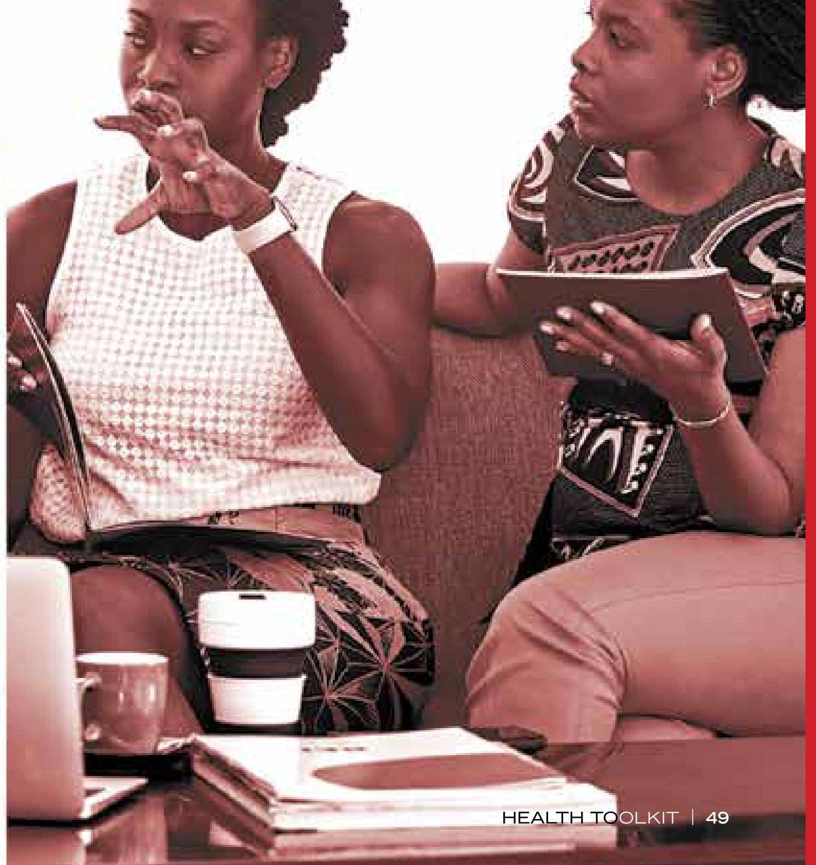
It takes a team effort to affect change in a real way. We understand this may seem daunting, but you are not alone in this endeavor. We encourage you to reach out if you need technical assistance regarding any content from the manual. Please contact SEAETC using the information listed below:

SEAETC – https://www.seaetc.com/state-partner-information/georgia-aetc/
Georgia AIDS Education & Training Center
GAETC@MSM.EDU

NO PROGRESS WITHOUT US

TOOLKIT

TO AID COLLEGES & UNIVERSITIES IN CONFRONTING THE IMPACT OF HIV/AIDS & STI's

OVERALL OBJECTIVES

The overall objective of this toolkit is to aid Colleges and Universities in confronting the disproportionate impact of HIV/AIDS and STI's on college aged adults, through the provision of strategic guidance, strengths based building and technical assistance. Simultaneously reducing the impact of HIV/AIDS and STI's among university students, faculty, staff and neighboring communities.

Specific Objectives

- To assist College and University decision makers, students, faculty, staff and surrounding community to comprehend the scope of the HIV, AIDS and STI epidemic among their populations and design a tailored response at their institution.
- To support and strengthen the planning, implementation and monitoring of HIV and STI interventions (sustainable HIV/AIDS mainstreaming).
- To support improved access to health-related services for HIV and STI infections.
- To mitigate HIV and STI-related health disparities.

Target

This tool-kit has been developed for students, institutional decision makers, faculty, university staff and community stakeholders.

Photo: August de Richelieu

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

Strategy

A. Mainstreaming and System Strengthening:

- Strengthen the capacity of the college or university to respond with tailored, effective HIV and STI interventions.
- Strengthen college/university-based Student Health Centers and Student Health Organizations.
- Strengthen campus media responses/campaigns and ensure sustained/mainstreamed programming.

B. Enhanced Service Provision and Partnerships:

- Increase access and availability of condoms, PrEP, nPEP, strengthen outreach for temporary and permanent Opt-out and voluntary counseling and testing (VCT), promote sexual health services and improve referrals and linkage to appropriate services.

C. Capacity Building/System Strengthening:

- Establish/strengthen an HIV/AIDS "Coalition of the Willing" (task force) at the college or university.
- Support the establishment of a comprehensive sexual health prevention program and train student leaders on leadership/club management and HIV and STI related issues.
- Establish/strengthen campus involvement, activities, student organizations and athletics to include HIV and STI prevention in programming.
- Initiate review meetings.
- Support regular implementation of campus climate survey for assessment, planning, intervention design, and impact evaluation.
- Strengthen town-gown partnerships, as well as campus partnerships.

Photo: Oladimeji Ajegbile

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

- Assist in the development and adoption of institutional HIV/AIDS policies.
- Advocate for the incorporation of HIV and STI material into academic curriculum and research initiatives.
- Support development of a campus hub and facilitate the development of income-generating programs to assist vulnerable students.
- Support the development, implementation and maintenance of structural interventions.

Major Activities

A. Promote Behavioral Change: Awareness as lifestyle

- Produce IEC/BCC materials; appropriate campaigns (They Give A FCK).
- Conduct peer education interventions.
- Conduct school community conversations (listening sessions/focus groups).
- Implement effective life skill development programs, including Healthy Relationships.
- Conduct sensitization events.
- Conduct panel discussions for campus community.

B. Enhanced Service Provision:

- Facilitate increased condom promotion and distribution.
- Promote HIV and STI testing campaigns.
- Increase the capacity for HCT and STI testing, treatment, and service management.
- Strengthen referral linkages.

Photo: Cottonbro

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

SPECIFIC ACTVITIES

A. Establish and/or Strengthen Task Forces:

Objectives

- To create common understanding on the necessity and composition of a campus coalition of the willing (task force).
- To propose the roles and responsibilities of task forces and their mandate.

Roles and Responsibilities

- Leverage the existing resources, efforts and opportunities
- Assist in planning, implementation and monitoring of campus HIV/AIDS programming.
- Guide the optimal implementation of social mobilization, mainstreaming, and prevention activities, according to the college or university implementation guidelines.
- Ensure that mainstreaming and prevention activities are institutionalized and sustainable.
- Proactively lead the assessment and development of the campus's overall prevention strategy and implementation plan.
- Actively participate in the partnership forum on behalf of the college or university to create mutual understanding and maximize the benefit to the campus; as well as its surrounding community.

Photo: Murat Esibatir

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

- Manage and document the administrative and financial aspects of the campus response.
- Assist leadership with decision making, strategic direction and mobilizing resources.
- Ensure progressive capacity building.
- Ensure faculty and student involvement.
- Organize and facilitate events, panel discussions, etc.
- Ensure a comprehensive culturally appropriate response within the campus community by providing technical support through research, training and assessment.
- Lead the regular campus climate survey and design responses based on the results.
- Work vigorously to ensure the presence of necessary guidelines, policies and implementation procedures.
- Advocate and work closely with campus community to integrate HIV into appropriate and relevant curriculum.

Membership

- College or University focal person/representative from student health.
- Representatives from student government association and campus organizations.
- Representatives from university management.
- Representatives from key departments, such as gender office, student health center, behavioral health center and others.
- Representative of any other partners working in the university.

The number of task force should not be less than five and should not exceed 10 individuals.

Photo: Oladimeji Ajegbile

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

Accountability

- The university task force is directly responsible to campus leadership, specifically to the president or the delegate.

Decision Making

- Decisions will be made by consensus or by a vote of the majority.

B. Review Meetings:

Objectives

- To discuss the extent of sexual health planning, coordination, and harmonization of HIV/AIDS program interventions as well as to identify
- The opportunities, constraints and obstacles of the campus response and make recommendations for subsequent interventions.
- To assist the campus to prepare and/or review and endorse an HIV/AIDS strategic plan.
- To analyze and synthesize findings and agree on modalities for improvement to intensify campus HIV and STI prevention approaches.
- To discuss and share responsibilities with partners and key stakeholders to achieve sustainable HIV/AIDS programming in the university.
- Presentation of HIV/AIDS achievements, priority intervention areas and ownership and sustainability issues.
- Presentation and discussion on the progress made to mainstream programming and identify issues through the partnership meeting.
- Forward planning, including ways to synergize the campus intervention.

Photo: Rebrand Cities

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

MAIN ACTVITIES

Participants

The different stakeholders of the campus intervention that should be involved include:

- Campus leadership.
- Student representatives (student government and club leaders).
- Staff representatives (faculty from different departments, staff members from various units).
- Task Force members.
- Staff from the student health center.
- Regional or community organizations where the campus is located.
- Representatives from Gender Affairs, Labor and Social Affairs.
- Representatives from the surrounding community
- Partners working in the university.
- Other stakeholders based on the local context.

Organizers/Facilitators

- The organizers/facilitators shall be the University HIV/AIDS "focal person" or office, in collaboration with partners.

Number of Participants

- The number of participants mainly depends on the stakeholders involved.

Photo: Rebrand Cities

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

Expected Outputs/Results

It is expected that this stakeholder process will result in development of:

- A well-organized plan for HIV/STI prevention programming for the college or university.
- Identified gaps and constraints of the campus's intervention plan and recommendations for mitigating these gaps and constraints.
- Strengthened ownership of HIV/STI prevention programming by the campus.
- A collaborative and inclusive process to develop the plan and response.
- Ensured common understanding on planned HIV/ AIDS prevention program implementation.
- An enabling environment for partners to support HIV and STI programming and interventions in the university.
- Clearly defined partner roles and responsibilities that are integrated into the planning process.
- Communication about the shared lessons learned and achievements of the university intervention.

C. Strengthen Partnerships:

Objectives

- To establish strong and functional partnerships among key partners working in and around the university community.
- To create a referral network system between the campus, HIV/STI service providing organizations and private/ corporate stakeholders.
- To provide comprehensive services to students and staff through a strong referral network of potential partners and service providers.

Photo: RF._studio

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

Major Activities

- Provision of a short presentation on the importance and objectives of establishing the forum and having the referral network.
- Provision of presentations on the following main areas:
  - HIV/AIDS and STI facts and current status of HIV/AIDS among the campus community, regionally and nationally.
  - Anticipated influence of the surrounding community on the college or university students and staff as well as the campus on the community, including intended responses.

Presentation of major agendas or deliverables expected by the forum and referral networks.

Participants/Beneficiaries

The main targets for the partnership forum and collaboration workshop are:

- College or University leadership.
- Representatives from the student health center.
- Student representatives.
- Representatives from clubs such as Greek Letter Organizations, athletics and other members of the Task Force of the university.
- Local and State Health Department staff.
- Partners working with the campus on HIV/STI prevention programs.
- A focal person liaising with health facilities providing HIV services in the city.
- The local administration.
- The education bureau.
- Youth and gender affairs.

Photo: Fauxels

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

- The police department.
- Other important and relevant community members, such as the surrounding pharmacies, business leaders, shisha houses, etc.

Organizers/Facilitators

- The organizers/facilitators shall be the campus Task Force and/or campus HIV Focal Person in collaboration with partners working in the institution.

Roles and Responsibilities

Partners

- Provide technical support to prepare for the discussion.
- Secure necessary finance support for the meeting.
- Support the preparation of a concept paper and terms for the partnership and serve as the forum secretary.
- Support the preparation and follow up on the development and maintenance of the referral network and directory.
- Work with the college or university to obtain support for logistics for the partnership and referral network workshop.
- Monitor the progress and continuously build the capacity of forum participants.

University HIV Focal Person

- Lead the preparation of the workshop, including agenda development and workshop presentations.
- Identify potential partners for the workshop and prepare and distribute invitations.
- Identify a location within the campus or virtual platform to host the workshop.

Photo: Ketut Subiyanto

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

- Facilitate necessary logistics for the workshop, in collaboration with partners.
- Provide leadership to insure sustainability and ownership of the program by the university.

Duration

- Half day workshop.

Deliverables

- Identified major agendas for the partnership forum.
- Defined roles and responsibilities of each members.
- Assigned task responsibilities for drafting terms of partnership.
- Assigned task responsibilities for drafting of referral network directory.
- Endorsed rules and regulations to govern the participation of all partners and ensure an effective partnership forum.

Support Mainstreaming Program To Advocate for HIV Related Research In The Community

Objectives

- To discuss the extent of the HIV/AIDS problem in the college or university and reflect on the response, coordination, harmonization and confidentiality of HIV/AIDS interventions.
- To familiarize college or university stakeholders with the concepts of HIV/AIDS mainstreaming.
- To disseminate the research findings to management, staff, students and partners.
- To discuss and share responsibilities with other partners and stakeholders to address sustained HIV/AIDS programming in the college or university.

Photo: Canva Studio

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

Main Activities

- Presentation on the college or university HIV/AIDS response.
- Presentation on harmonizing the university HIV and STI prevention and care activities and the coordination role of the local, regional and national EHE efforts.
- Presentation on the current HIV and STI situation on the college or university campus (research/assessment findings).
- Presentation on HIV/AIDS mainstreaming, including lessons learned from other universities.
- Presentation about Georgia AIDS Education & Training Center and planned HIV and STI prevention interventions, as well as collaboration with other partners and stakeholders.

Participants

- The workshop shall include the college or university leadership, EHE committees, students and staffs of the college or university, the local administration, media agencies, youth and gender affairs, police department, CBOs, and others as necessary.

Organizers/Facilitators

The organizers/facilitators shall be the university and RHAPCOs/HBs with technical and financial support from partners.

Number of Participants

The number of participants may vary from campus to campus depending on the number of partners available to work together.

Photo: Fauxels

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

Duration

Half to One-day workshop.

Expected Results

- Strengthened leadership and ownership of HIV and STI prevention programming by the college or university.
- Ensured common understanding of HIV/AIDS and STIs among partners.
- Established enabling and trusted environment for partners to support mainstreaming and other HIV and STI interventions in the college or university.
- An identified set of partner roles and responsibilities and strengthened partnerships.

Outcomes

- Presence of an official university HIV Policy and Strategy
- Inclusion of HIV/AIDS material into the curricula
- Ownership and leadership by the college or university in the implementation of HIV/STI prevention interventions, as evidenced by the presence of assigned staff, a plan of action and the allocation of a budget, as well as an M&E component
- College or University responsibility for services related to HIV at the community level
- Up-to-date HIV/AIDS information and services in the surrounding community informed by basic and operational research

Photo: Christina Morillo

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

- Maintenance of improved partnerships
- An increased percentage of people aged 15-29 who can accurately describe how to prevent HIV/AIDS and who do not have misconceptions on the means of HIV and STI transmission
- Decreased percentage of young people aged 15-29 who minimize risk associated with HIV/STI acquisition
- Increased percentage of sexually active people aged 15-49 reporting the use of a condom during last sexual intercourse with a non-regular sexual partner.
- Increased number of individuals receiving HIV counseling and testing in the last 12 months
- Increased number of students using PrEP and nPEP related services
- Increased number of students using other HIV/STI and reproductive health related services

Photo: Fauxels

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

A. PLAN OF ACTION

University Prevention Package Action Plan

	Activity	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Remarks
1.	Support campus anti-HIV and STI task force to establish/strengthen and conduct monthly meeting of anti-HIV and STI task force											
2.	Support one meeting for mainstreaming											
3.	Support orientation and welcome program for new students											
4.	Support ARC and AAC in the University											
5.	Support quarterly review meeting and planning session											
6.	Support monthly meeting of task force (coalition of the willing)											
7.	Support student health leaders with campaign material											
8.	Conduct capacity building training for student health leaders											
9.	Support Campus Climate Survey											
10.	Organize partnership and referral linkage meeting											
11.	Purchase recreational materials											
12.	Organize consultative meeting with the community around the campus											
13.	Produce/adopt tailored campaign materials (TGAF)											
14.	Conduct panel discussion among students											
15.	Conduct panel discussion among staff											
16.	Train Healthy Relationship facilitators and peer educator											
17.	Conduct Health Relationships, peer education, school CC											
18.	Support educational entertainment											
19.	Organize Opt-out/HCT											
20.	Facilitate training for clinic staff											
21.	Conduct program evaluation											

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

B. MONITORING AND EVALUATION FRAMEWORK

Activities	Outputs	Expected Outcomes
1. Capacity Building and System Strengthening		
1. Establish/Strengthen task force that leads the College or University HIV Intervention by: Supporting quarterly meeting of task force Advocating to the university management to assign focal person, plan activities and allocate budget	Number of meeting and meeting PPTs Assigned focal person HIV/AIDS plan with allocated budget	Presence of HIV policy and inclusion of HIV/AIDS education in the curriculum College or University ownership for HIV/STI prevention interventions (allocation of staff, and budget to implement intervention package)
2. Train Student Health Educator members on leadership/club management and HIV-related issues Conduct one leadership training Support ARC with materials including technology and materials	Number of training participants	Increased university response to HIV/AIDS epidemic beyond university compound (conduct research on HIV/ AIDS, provision of HIV/AIDS services to the surrounding community, TA to partners)
3. Establish/strengthen campaign chapter and organizations club in the college and university Purchase campaign event hosting materials for student health educators and campus organizations on the campus. Train campaign chapter members on HIV and STI message production and delivery Purchase and distribute campaign materials	Provide event support Number of training participants Provide campaign materials	Presence of functional (concrete) strategic partnership between the University and other stakeholders Percentage of people from among 15-24 age groups, that properly know about the prevention of HIV/AIDS, and free from the misconception of the means of STI & HIV transmission
4. Support the university to conduct quarterly review meetings Organize three review meetings to monitor implementation of the package and strengthen the package activities	Number of meetings and meeting PPTs	Increased percentage of people aged 15-49 reporting the use of a condom during last sexual intercourse with a non-regular sexual partner
5. Support the university to conduct regular campus climate survey Support the university to conduct campus climate every year and use the data for intervention	Campus climate survey conducted	Increased number of individuals receiving HIV counseling and testing in the last 12 months
6. Strengthen partnerships and referral linkage Conduct meetings to strengthen partnerships and referral linkage Prepare referral directory and template	Number of meetings and meeting PPTs Prepared referral directory and template	Increased number of students using other HIV/STI and related services
7. Advocate to have HIV/AIDS policy and incorporate HIV and STI issues into the curriculum Support one advocacy meeting		Reduced vulnerability of marginalized students in the college or university
8. Support one mainstreaming workshop to advocate HIV- related research in the community Support one workshop involving key stakeholders from the community surrounding the university (including hotel owners)	Meeting conducted and number of meeting participants	Increased number of students using PrEP and nPEP related services
9. Support materials necessary for hub in the college or university and facilitate the income to be used by vulnerable students	Materials supported for sexual health hub Number of vulnerable students supported financially with support from recreation centers	Increased number of students using other HIV/STI and reproductive health related services

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

B. MONITORING AND EVALUATION FRAMEWORK

(Continued)

Activities	Outputs
II. Promote Behavioral Change	
1. Supports the college or university to produce campaign materials and billboard addressing prevention and service access for HIV and STI Produce and launch digital media materials Produce and print one billboard Produce and print 10,000 brochures with key prevention message and service directory	• Billboard prepared and in place • Number of brochures printed, and number distributed • Number of digital media materials
2. Conduct panel discussion for students Conduct four panel discussion for four different categories / students	• Number of training participants
3. Assist the college or university to implement peer education, school health educators, Healthy Relationships Conduct Campus Peer Educator TOT, peer education TOT, Healthy Relationships TOT Conduct School Peer Educator, peer educator training, Healthy Relationships TOF Conduct Peer education, campus peer educators, Healthy Relationships intervention (establish as many groups as possible)	• Number trained for TOT • Number trained for TOF • Number of students participated and completed Healthy Relationships sessions
4. Conduct sensitization event/edutainment (during orientation, homecoming or popular campus moments) Conduct edutainment event at the beginning of each semesters; as well as throughout (at least two events per year)	• Number of edutainment events conducted and number of student participants
5. Conduct panel discussion for university staff Conduct two panel discussions for academic and non-academic staff (one for each)	• Number of panel discussions for university staff and number of staff participants
III. Enhance Service Provision	Outputs
1. Condom promotion and distribution Establish condom outlet site in the college or university Train peer educators and condom providers Purchase condoms	• Number of condom outlets prepared • Number of condoms purchased, and number distributed • Number of peer students trained
2. Assist the college or university to conduct monthly HCT, PrEP and nPEP outreach	• Number tested for HCT • Number linked to PrEP • Number linked to nPEP
3. Support the college or university clinic to provide regular HCT and other sexual health services Sponsor counseling and sexual reproductive health training Support the college or university clinic to get regular supply from the local and state health departments Sponsor the college or university clinic staff to have training on HIV and STI diagnosis and treatment	• Number tested for HIV (with test results) • Number of clinic staff trained on STI diagnosis and treatment

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

B. MONITORING AND EVALUATION FRAMEWORK
(Continued)

Expected Outcomes	Definition	Source/Means of Data Collection	Frequency/Timing of Data Collection
Presence of HIV policy and inclusion of HIV/AIDS education in the curriculum Report disaggregated by: Policy only: Integration of curriculum only: Both (policy & curriculum)		Report/Document review/ Discussions (for physical presence of policy and curriculum documents)	Year end
College or University ownership for HIV/ STI prevention interventions	Allocation of staff, and budget to implement intervention package	Report/document review/ Discussions	One year after initiation of this project
Increase college or university response to HIV/AIDS epidemic beyond campus.		Report/document review/ Discussions	One year after initiation of this project
Presence of functional (concrete) partnership between the college or university and other stakeholders	When university conducts research on HIV/AIDS, provides HIV/ AIDS services to the surrounding community, and provide TA to partners	Report/document review/ Discussions	One year after initiation of this project and monthly reporting data
Percentage of people from among 15-29 age groups, that properly know about the prevention of HIV/AIDS, and free from the misconceptions of the means of HIV transmission	Presence of: TOR (purpose/ objectives) Joint action plan Regular meetings	Campus climate survey	Annually
Decreased percentage of young people aged 15-29 years who start sexual debut at early age		Campus climate survey	Annually
Increased percentage of people aged 15-49 years reporting the use of a condom during last sexual intercourse with a non-regular sexual partner		Campus climate survey	Annually
Reduced vulnerability of marginalized students in the college or university		Pre/post test evaluation for Healthy Relationships intervention	Each time Healthy Relationships session is completed
Increased number of individuals receiving HIV counseling and testing in the last 12 months		Report/Document review	One year after initiation of this project and monthly reporting data
Increased number of students using other HIV/STI and sexual health prevention services		Report/Document review	One year after initiation of this project and monthly reporting data

Adapted from: NASTAD ETHIOPIA University HIV & STI Prevention University Package Implementation Guide.

NO PROGRESS WITHOUT US

Rapid HIV Antibody Test Results Form

Name: ______________________ Student ID # :__________ Date: ______________

Date of Birth ____/____/_____ Age: _________ Sex: ________ Race: ____________

Testing Site: ____________________ Staff Name: ________________________

Dorm Hall: _______________________ Last HIV Test Date: _____________

Skip this section (address), if you reside in the Student Halls

City: ___________ State: ________ County: __________ Zip: ___________

Your Test Results Today Are:

	HIV Negative Your next scheduled routine screening is scheduled for: Date: _____/ _____/ _____

	HIV Preliminary Positive
	HIV Rapid-Rapid Confirmatory Positive
	Your confirmatory test is scheduled for: Date: _____/ _____/ _____

Staff Signature: _____________________ Student Signature: ______________________

NO PROGRESS WITHOUT US

Rapid HIV Antibody Test Results Form

Name: ______________________ Student ID # :__________ Date: ______________

Date of Birth ____/____/_____ Age: _________ Sex: ________ Race: ____________

Testing Site: ____________________ Staff Name: ________________________

Dorm Hall: _______________________ Last HIV Test Date: _____________

Skip this section (address), if you reside in the Student Halls

City: ___________ State: ________ County: __________ Zip: ___________

Your Test Results Today Are:

	HIV Negative Your next scheduled routine screening is scheduled for: Date: _____/ _____/ _____

	HIV Preliminary Positive
	HIV Rapid-Rapid Confirmatory Positive
	Your confirmatory test is scheduled for: Date: _____/ _____/ _____

Staff Signature: _____________________ Student Signature: ______________________

Policy Title: HIV Linkage to Care Protocol

Goals of the Policy

- To create a practical plan for discussing positive HIV test results
- To provide quality linkage to care for newly diagnosed HIV patients
- Provide a safe, comfortable and smooth linkage to care for HIV+ students

Policy

Registered nurse (RN), licensed practical nurse (LPN) or designated individual will follow the guidelines when connecting newly diagnosed HIV students to care. Students will be linked to care at the Institutions' Health Center or Linkage Partner.

Metrics

- Linkage to care is completion of a visit with an HIV medical provider with 1 month (30 days) of HIV diagnosis.
- HIV diagnosis for two timeframes—within 1 month (30 days) and within 3 months (90 days).
  - Surveillance data are based on documentation of an HIV RNA level (viral load) or CD4 cell count within 1 month and 3 months of diagnosis as evidence for linkage to care.

Discussing Positive HIV Results with Patient

Positive Preliminary

1. State the test result in a direct, neutral tone.
2. Assess student to ensure he is prepared and open to giving blood sample for confirmatory testing
3. Emphasize the importance of knowing these results are only preliminary, and that confirmatory testing will be done to confirm HIV.
4. Explain to the student that sometimes rapid test results give false positives.
5. Advise patient to reduce risk behavior until the next appointment.
6. Collect specimen for confirmatory testing, tell the student how long it will take for the results to come back and to schedule a follow-up appointment (72hrs) before he leaves.

Positive Confirmatory

1. Physician will deliver test results
2. Educate students on the importance of ongoing, regular health care for their HIV – even if they feel healthy. It's essential the student be monitored regularly.
3. Emphasize that the results are confidential, but that recent sex and/or needle sharing partners need to be contacted somehow. Tell the student that you can connect him with someone that can assist (partner services), if need be.
4. Make a short-term plan that includes a plan for what the student will do after leaving the office and the provision of necessary referrals.
5. Physician will write prescription for HIV medication and nurse will request prescription from Walgreens Community Pharmacy to be delivered same day or next day.
6. Offer and assure your continued support to the student. Tell the student who to contact should he has questions or concerns to be addressed before their next appointment.
7. Upon exiting student will schedule follow-up appointment (30 days).
   - Students will come in for follow-up monthly until consistent care and viral load becomes suppressed.

Linkage to Care

Care from your Institution

Students will come in for follow-up appointments every 30 days to ensure student is medically adherent.

Upon each visit, student will take labs to track progress of viral suppression.

After the first six months of compliance, student appointments will be moved to every 3 months.

Initial lab testing for NEW confirmed HIV

Test	Test Code	ICD Code
HIV-1 RNA, Quantitative, Real-Time PCR with Reflex to Genotype (RTI, PI, Integrase)	91691	B20, B23.0 B24
Lymphocyte Subset Panel 2	36420	"
HLA-B*5701 Typing	19774	"
Comprehensive Metabolic Panel	10231	"
CBC (includes Differential and Platelets)	6399	"
Lipid Panel, Standard	7600	"
Hepatitis B surface antigen	498	"
Hepatitis B surface antibody	499	"
Hepatitis B core antibody	501	"
Hepatitis C total antibody	94345	"
Hepatitis A total antibody	508	"
HbA1C	91732	"
Syphilis Antibody Cascading Reflex	90349	"
Chlamydia/Neisseria gonorrhoeae RNA, TMA, Urogenital	11363	"
Chlamydia/Neisseria gonorrhoeae RNA, TMA, Throat	70051	"
Chlamydia/Neisseria gonorrhoeae RNA, TMA, Rectal	16506	"
Urinalysis	3020	"

Follow-up (2 – 8 weeks after starting therapy or change)

Test	Test Code	ICD Code
HIV-1 RNA, Quantitative, Real-Time PCR	40085	B20, B24, Z71.7, Z20.6
Comprehensive Metabolic Panel	10231	"

Follow-up visits (every 3-6 months)

Test	Test Code	ICD Code
HIV-1 RNA, Quantitative, Real-Time PCR	40085	B20, B24, Z71.7, Z20.6
Comprehensive Metabolic Panel	10231	"
CBC (includes Differential and Platelets)	6399	"
Lymphocyte Subset Panel 2	36420	"
Chlamydia/Neisseria gonorrhoeae RNA, TMA, Urogenital	11363	"
Chlamydia/Neisseria gonorrhoeae RNA, TMA, Throat	70051	"
Chlamydia/Neisseria gonorrhoeae RNA, TMA, Rectal	16506	" "
Urinalysis	3020	"

[1]Providing HIV Pre-Exposure Prophylaxis (PrEP): Protocol for Institutions' Student Health Clinic

DEFINITIONS .... Page 74

INDICATIONS, CONTRAINDICATIONS, AND PRECAUTIONS FOR PrEP .... Page 74

INITIAL PROVIDER VISIT .... Page 74

STARTING PrEP UPON RECEIPT OF SCREENING LAB RESULTS
(In person/Telephone Encounter) .... Page 78

QUARTERLY PROVIDER VISIT .... Page 78

HIV TESTING AFTER PrEP INITIATION .... Page 79

CREATININE MONITORING .... Page 80

REFILL POLICY .... Page 80

DISCONTINUING PrEP .... Page 81

CLINICIAN DISCRETION .... Page 81

REFERENCES .... Page 81

RESOURCES .... Page 82

[1] *Adapted from CDC's "Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guideline"*

DEFINITIONS

1. HIV PrEP: Use of antiretroviral medication in an HIV-negative person before HIV exposure to prevent HIV acquisition
    - ▶ Descovy or Truvada are the only FDA-approved medication for HIV PrEP.
2. HIV post-exposure prophylaxis (PEP): Use of antiretroviral medication after an isolated HIV exposure or high-risk event in an attempt to stop HIV replication and establishment of infection
    - ▶ PEP must be started as soon as possible to be effective and always within 72 hours of the possible exposure.

INDICATIONS FOR PrEP

- HIV-negative adult - weight limit >35kg

CONTRAINDICATIONS

- Descovy is approved with CrCl>30

PRECAUTIONS

- Hepatitis B infection
- History of pathologic or fragility bone fractures
- Significant risk factors for osteoporosis

In any of these cases, refer for appropriate consultation and management

- PrEP safety has been demonstrated in adolescents by the Adolescent Trials Network
- In Georgia, youth 13 years and older may consent to STD prevention services

INITIAL PROVIDER VISIT

HIV RISK ASSESSMENT

- Sexual history
- Consider utilizing the “Infectious Disease > STI - Sexual History” HPI template.
- Consider utilizing the “MSM Risk Index” tool (See pp 20-21 of the “Clinical Providers’ Supplement” of the CDC PrEP Clinical Guidelines) http://www.cdc.gov/hiv/pdf/PrEP-Provider
- Supplement2014.pdf
- An “AAMSM Risk Index” has been developed that better suits AAMSM culture for the intended use in the SHC; currently under review by Dr. Sinead Younge.

- Substance use history, with specific queries of IDU and for MSM, crystal meth use
- HIV exposure or high-risk event within the past 72 hours
    - Consider immediate nPEP; followed by a seamless transition to PrEP.
    - Contact Health Educator, Clinic Director or Physician for case-by-case expert nPEP consultation.
- Consult with SHC director, the physician on duty and or the health educator with any questions regarding the logistics of PEP initiation, including the urgent access to medications.
- MEDICAL HISTORY
- Inquire specifically about any history of:
    - Kidney disease
    - Liver disease
- Inquire specifically about chronic:
    - Hepatitis B infection.
    - Bone disease
        - Osteoporosis
        - Pathologic or fragility bone fractures

CONCOMITANT MEDICATIONS

- Document an accurate medication list with special attention to NSAIDs.

ACUTE RETROVIRAL SYNDROME ASSESSMENT

- Inquire about the presence of fever, fatigue, rash, headache, sore throat, night sweats or diarrhea within the past months.
- If acute or recent HIV infection is suspected, administer a rapid HIV-test and order an HIV RNA test.

STI SYMPTOM ASSESSMENT

- Inquire about the presence of painful urination (dysuria), discharge, anorectal itching or pain, rash, or ulcers.
- Test and treat appropriately.

LABS TO ORDER

- Select appropriate assessment and ICD-10 code: Z20.6 "Contact with and (suspected) exposure to HIV"; and/or Z17.1 "Human immunodeficiency virus [HIV] counseling"; and/or Z11.3 "Encounter for screening for infection with a predominantly sexual mode of transmission"; and/or Z79.899 "Other long term (current) drug therapy"

REQUIRED LABS

- HIV antibody
- HIV RNA if there is clinical suspicion for acute retroviral syndrome
- Serum creatinine (ensure weight is documented for calculation of eCrCl)
- HBsAg (if not done within the past three months)
- Syphilis EIA
- GC/CT urine
- GC/CT throat (pharyngeal) for individuals who engage in oral sex
- GC/CT rectal (anal receptive-MSM)
  - Provider or patient to collect specimens
- HCV antibody (risk-based screening)
- HBsAg (if considering HBV IZ)
- HBcAb (to rule out occult HBV infection)
- HAV IgG (if considering HAV IZ)
- COUNSELING

- **Daily adherence**
  - Efficacy
  - Missed doses
  - Resistance
  - Notify provider and need for HIV testing prior to restarting PrEP if stopped for seven or more days
- **Potential side effects**
  - Descovy or Truvada start-up syndrome with possible symptoms including:
    - Nausea
    - Abdominal upset
    - Loose stools
    - Flatulence
    - Headache

        - Most symptoms, if they occur, are mild and resolve within a few days to a few weeks
    - Renal toxicity
    - Bone mineral density loss
- **Other prevention strategies**
    - HIV and or STI testing (Routine)
    - Condom use
    - Contraception
- **Time to achieving protection**
    - Rectal: 7 days
    - Vaginal: 20 days
- **Symptom reporting**
    - Notify triage immediately of symptoms of acute retroviral syndrome or STIs
- **Refer to educational handout (in progress; completion date 11/08/2017)**
- **Sharing medication**
    - PrEP is exclusively for personal use and should not be shared with others
- **Follow-up expectations**
    - Provider visit and labs at least every three months; after first 30 days.
    - Expect phone call/follow-up appointment upon provider's receipt of initial lab results
- **Prescription will be given if okay to start PrEP**
- **Inform student of requirement to use external Pharmacy**
    - Courier-delivery service – Walgreen's Community Pharmacy (See Pharmacy SOP)
- **Health Education/Nursing staff to provide patient with educational handout**

DOCUMENTATION

- **Document that student understands risks/benefits and appropriate use of PrEP. If any concerns, consider delaying initiation until concerns are resolved.**

STARTING PrEP UPON RECEIPT OF SCREENING LAB RESULTS (TELEPHONE ENCOUNTER)

- ***Follow up with other lab results appropriately. Do not wait for STI, HCV antibody or other non-essential lab results to start PrEP.***

- Health Educator to schedule up appointment and or call student to inform whether cleared to start PrEP.
- If cleared, obtain rx from Physician for Descovy or Truvada (#30) with two refills.
- Include sig code for PrEP. One pill by mouth daily.
- Order future monitoring labs the same encounter:
    - HIV antibody
    - Serum creatinine
    - STI screening as indicated
- Pharyngeal and rectal specimens to be collected at the next provider visit
    - ALT as indicated (if at risk for HCV and HCV antibody has already been checked)
- Forward record of encounter to physician/nurse and request to schedule a follow-up appointment with provider in three months and a nurse visit for labs two weeks prior to provider visit

NOTE: Consider HIV antibody testing four weeks after PrEP initiation to confirm HIV negative status in the event a HIV Ag/Ab test is not available.

NOTE: Consider checking creatinine sooner than in three months if clinically indicated, e.g., in the setting of diabetes or uncontrolled hypertension.

QUARTERLY PROVIDER VISITS

ASSESSMENT

- Side effects, e.g., headache, nausea, loose stools, flatulence
    - Consider symptom management with OTC medications
- Acute HIV and STI symptoms
- Adherence Tracking
    - Pill tracking (self-report) and TFV (Tenofovir) levels
- HIV risk assessment and sexual history
- Desire to continue PrEP
- Changes to medical history

- Changes to medications
  - Acyclovir, valacyclovir, cidofovir, ganciclovir, valganciclovir, aminoglycosides, high-dose or multiple NSAIDs, or other drugs that reduce renal function or compete for active renal tubular secretion: Serum concentrations of these drugs and/or TDF may be increased. Monitor for dose-related renal toxicities.
- Review lab results with patient
  - Refer to "HIV Testing" and "Creatinine Monitoring" section
- Symptom-directed physical exam
  - Ensure weight is documented for calculation of eCrCl

Rx

- Give HAV, HBV, or Twinrix IZ if indicated
- Provide up to 3 refills of Descovy or Truvada #30 for PrEP

FUTURE LABS TO ORDER

- HIV antibody
- HIV RNA if there is clinical suspicion for acute retroviral syndrome o In this case, HIV antibody and HIV RNA should be checked the day of the visit. If nonreactive/not detected, reorder HIV antibody via a telephone encounter (virtual visit) as a future lab to be completed prior to the next quarterly provider visit
- Serum creatinine (See "Creatinine Monitoring" section for frequency of testing)
- STI screening as indicated
- ALT as indicated (if at risk for HCV and HCV antibody has already been checked)

FOLLOW-UP

- Provider visit in three months (ensure before runs out of pills)
- Nurse visit for labs two weeks prior to provider visit

HIV TESTING AFTER PrEP INITIATION

- HIV rapid antibody testing should be conducted at least every three months for students taking PrEP.
- **An HIV RNA test should be ordered whenever there is clinical suspicion for acute retroviral syndrome.**
- **HIV testing should be conducted for students who have stopped PrEP (whether held by clinician or by student) for seven or more days prior to resuming PrEP.**
  - HIV antibody and RNA, if ordered, must be nonreactive/not detected within the past 10 days prior to restarting PrEP.

- Repeat HIV antibody test if more than 10 days have elapsed and an RNA test was not ordered
- Redraw RNA if < 50,000 copies/mL to rule out a false positive result.
- While on PrEP, there must be a documented nonreactive HIV antibody (and negative RNA test, if ordered) within one month, preferably within two weeks, of providing refills.
- PrEP should be discontinued immediately upon documentation of HIV sero conversion. (See "Discontinuing PrEP" section.)
- HIV testing should be conducted for students who have stopped PrEP (whether held by clinician or by student) for 7-14 days prior to resuming PrEP.

CREATININE MONITORING

- Creatinine should be checked at least every three to six months during PrEP use.
  - Consider more frequent monitoring if clinically indicated, e.g., in the setting of diabetes or uncontrolled hypertension.
- If the eCrCl is < 60 mL/min, Descovy or Truvada should be held immediately via a telephone encounter and the creatinine should be repeated in two to four weeks. **Include HIV antibody testing.**
  - If the rechecked eCrCl is · 60 mL/min and HIV antibody is nonreactive, PrEP may be restarted and creatinine should be rechecked again in one month.
- If the creatinine is > 1.5x baseline (but eCrCl is · 60 mL/min), initiate a telephone encounter and assess for any other potential causes of the creatinine elevation, e.g., dehydration, protein supplement use, new medications, and NSAIDs. **Advise patient to continue employing other prevention strategies as PrEP may need to be held.** Recheck creatinine in two weeks.
  - If the rechecked eCrCl is < 60 mL/min, Descovy or Truvada should be held immediately via a telephone encounter.
  - Patients who want to be on PrEP but have sustained creatinine elevations > 1.5x baseline and/or eCrCl < 60 mL/min should be referred to a nephrologist.

REFILL POLICY

- HIV testing and creatinine monitoring are essential to safe PrEP provision.
- Lab testing should be completed two weeks prior to a follow-up visit with ample time (ten to fourteen days) for receipt of results.

- Refills should be provided during a provider visit when lab results can be reviewed.
  - Pharmacies may send automatic refill requests well in advance of patients' running out of pills. These requests should be denied as lab testing likely will not yet have occurred.
- No more than three refills at any given time should be provided.
- If a student does not attend a provider visit, but has completed his/her labs as required and results are normal, one refill may be provided. The student must reschedule and attend a provider visit for further refills. At the time of the provider visit, provide two refills and then resume a three-month refill and follow-up schedule.

DISCONTINUING PrEP

- By Clinician
  - Sustained eCrCl < 60 mL/min (See "Creatinine monitoring" section)
  - HIV seroconversion
- By Student
  - Provide counseling on HIV risk reduction and education on safely restarting PrEP.
  - **Advise continued use of Descovy or Truvada (as PEP) if there was a high-risk event within the last seven days and the patient had been adherent to PrEP.**
  - Continue for 28 days post-high-risk event
  - Conduct HIV antibody testing four weeks after Descovy or Truvada discontinuation for any reason other than seroconversion.

DOCUMENTATION

- Document the reason for PrEP discontinuation and the HIV status of the patient at the time of discontinuation.
- Document counseling of other prevention strategies.WW

CLINICIAN DISCRETION

Individual patient factors may require clinician discretion in medical decision-making and, as such, divergences from this protocol may be necessary, especially to ensure patient safety.

REFERENCES

- CDC's "Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guideline" and "Clinical Providers' Supplement"
  - **http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf**
  - **http://www.cdc.gov/hiv/pdf/PrEPProviderSupplement2014.pdf**

Protocol for HIV Testing/Diagnosis/Workup

1. **HIV Testing/Screening**

   ICD 10 code(s): Z11.4, Z71.7, Z20.6

   Lab Tests:

   - Human Immunodeficiency Virus 1/O/2 (HIV-1/O/2) Antigen/Antibody (Fourth Generation) Preliminary Test with Cascade Reflex to Supplementary Testing – **CPT 87389**
   - Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) – **CPT 87536**

2. **Initial Workup for New Hiv Diagnosis**

   ICD 10 code(s): B20, B23.0 (acute HIV syndrome), **B24**

   Lab Tests:

   - Initial Labs should include toxoplasma serology
   - Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) with reflex to Phenosense Genotype - **CPT 87536**
   - T and B Lymphocyte Differential Profile - **CPT 86355, 86359, 86360**
   - HLA B*57:01, Abacavir Hypersensitivity HLA Association Test - **CPT 81381**
   - Comprehensive Metabolic Profile – **CPT 80053**
   - CBC with differential – **CPT 85025**
   - Fasting Lipid Profile – **CPT 80061**
   - Hepatitis B serology
     - Hepatitis B surface Ag – **CPT 87340**
     - Hepatitis B surface antibody, Quantitative – **CPT 86317**
     - Hepatitis B core antibody, Total – **CPT 86704**
   - Hepatitis C screening (Hepatitis C Total Ab) – **CPT 86803**
   - Hemoglobin A1C – **CPT 83036**
   - Urinalysis, Complete with Microscopic Examination with Reflex to Urine Culture, Routine – **CPT 81001**

3. **Follow-up (2 – 8 weeks after starting therapy or change)**

ICD 10 code(s): B20, B24, Z71.7, Z20.6

Lab Tests:

- Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) – **CPT 87537**
- Comprehensive Metabolic Profile – **CPT 80053**

4. **Follow-up visits (every 3-6 months)**

ICD 10 code(s): B20, B24, Z71.7, Z20.6

Lab Tests:

- Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) - **CPT 87537** -
- T and B Lymphocyte Differential Profile - **CPT 86355, 86359, 86360**
- Comprehensive Metabolic Profile – **CPT 80053**
- CBC with differential – **CPT 85025**
- Urinalysis, Complete with Microscopic Examination with Reflex to Urine Culture, Routine – **CPT 81001**

NO PROGRESS WITHOUT US

PROCESS CHARTS & FORMS FOR ROUTINE HIV TESTING

Routine HIV Screening Process Chart

CHECK-IN STUDENT: Student Sign-In, Present Student ID To Front Desk Person, Enter Student into Electronic Health System, Determine Chief Compliant & Record, Give Student Consent Form & Risk Behavior Form and Lab Submission Forms.

Triage Student: BP Screening, Temp Screening, Brief Risk Screening, HIV Screening, STI Screening, Determine Chief Complaint and Assess, Session Recap & Provide Student w/Results.

NON-REACTIVE RESULTS (NEGATIVE)

- DEVELOP RISK REDUCTION PLAN, PROVIDE HIV EDUCATION & PROVIDE APPROPRIATE LINKAGES, Resources & Schedule Next HIV Screening Appt.
- HRN Schedule appt. w/ Health Educator for PrEP Consult. (Appt to be scheduled within 24 HRS/ Student's earliest availability); if exposed to HIV, follow nPEP Protocol & Link Immediately.
- Escort Student to First Available Provider Room or to the Patient Waiting area.

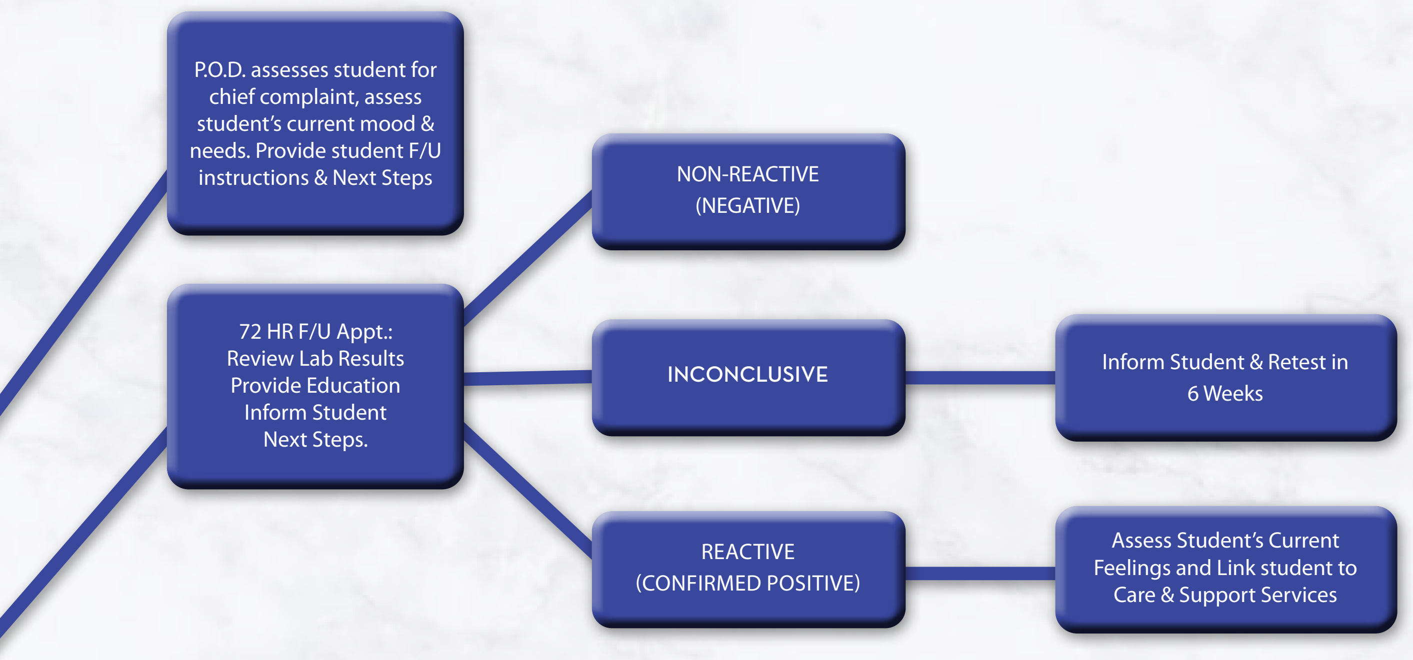
INCONCLUSIVE

- Inform Student & Retest

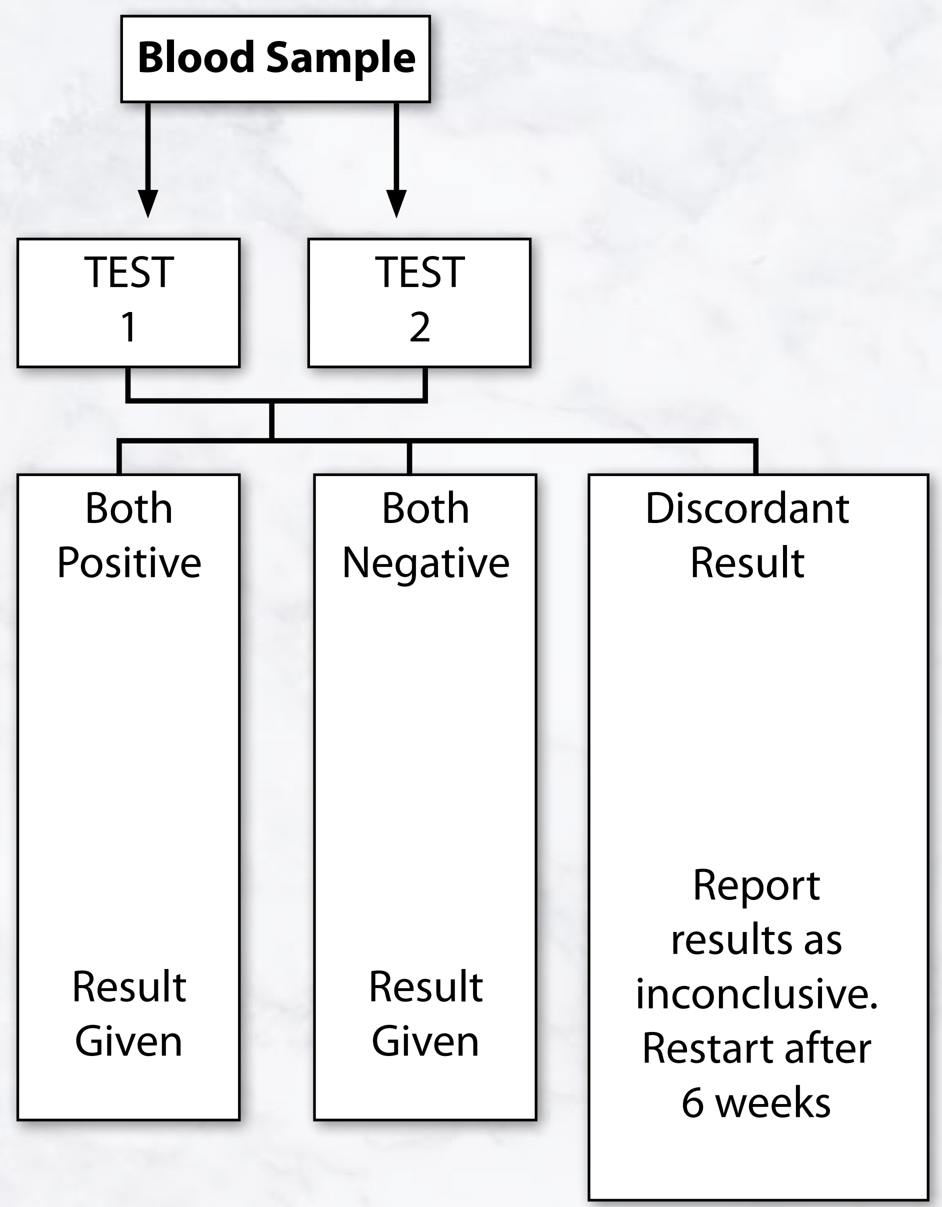
REACTIVE RESULTS (PRELIMINARY POSITIVE)

- Inform Student on Results & Next Steps. Assess students current feelings/emotions & determine how do we support. When student is ready proceed to next step.
- When student is ready, escort student to the first available provider room (do not place student in waiting area), let the P.O.D. know student is waiting.
- Draw Blood Work for: HIV Panel, RNA PCR Quant., Schedule F/U appt for Lab Review and linkage scheduling. Notify P.O.D. & Health Educator. When student is ready escort to first available room.

NO PROGRESS WITHOUT US


P.O.D. assesses student for chief complaint, assess student's current mood & needs. Provide student F/U instructions & Next Steps
72 HR F/U Appt.: Review Lab Results Provide Education Inform Student Next Steps.
NON-REACTIVE (NEGATIVE)
INCONCLUSIVE
Inform Student & Retest in 6 Weeks
REACTIVE (CONFIRMED POSITIVE)
Assess Student's Current Feelings and Link student to Care & Support Services

Parallel Testing



Serial Testing

Blood Sample

TEST 1

Both Positive

Result Given

Positive Result

Positive Result

Both Positive

Result Given

Discordant Result

Report results as inconclusive. Restart after 6 weeks

Where to Begin with HIV Self - Testing

KNOW THE EPIDEMIC & TESTING GAP	APPROACHES		CONSIDERATIONS
COUPLES & PARTNERS	COMMUNITY - BASED	DORM - BASED	BENEFITS & RISKS TO POPULATIONS
MEN	STUDENT HEALTH CENTER EVENTS	WORKPLACE PROGRAMS	SUPPORT TOOLS
KEY POPULATIONS	PHARMACIES & KIOSKS	INTEGRATED HOUSING PROGRAMS	LINKAGE TO CARE
YOUNG PEOPLE	WEBSITE & APPS	INTEGRATED STUDENT LIFE SERVICES	INCREASED ACCESS TO CARE
OTHER AT RISK POPULATIONS	VENDING MACHINES	PARTNER - DELIVERED	INCREASED INSURANCE COVERAGE

Informed Consent for HIV/STI Testing

Please read the following statements and ask questions if necessary.

1. I agree to provide the Institution's Health Center with a sample to be tested for the presence of HIV antibodies and or STI's.
2. I understand the HIV antibody test is to determine if I have contracted the Human Immunodeficiency Virus (HIV), the virus associated with AIDS; and that the testing technology(s) used today are to determine if I have contracted a sexually transmitted disease or infection.
3. I understand the HIV test administered today is 99% accurate in the detection of HIV antibodies. Therefore, all reactive results are preliminary and a confirmatory test must be administered to confirm the presence of HIV.
4. I understand there are potential advantages and disadvantages associated with HIV antibody testing; as well as STI testing.
5. I understand a positive test result means I have contracted HIV/STI and I am able to infect others through intimate sexual contact, by sharing needles, and donating blood and organs.
6. I understand a positive test result alone does not mean I have AIDS or will ever develop AIDS.
7. I understand I may have difficulty coping with my testing result. Referrals for additional counseling services will be made available to me.

I have / had sex with *(check all that apply)*: Female _____ Male _____ TransMTF__________ TransFTM________________

Have you been tested for HIV/STI in the past? ☐ Yes ☐ No Date of the last HIV test: _________ STI Test: ____________

Current HIV Status: ☐ Pos ☐ Neg Current STI Status: ☐ Pos ☐ Neg ☐ Unsure Possible Exposure? ☐ Yes ☐ No

Check "Y" for YES, "N" for NO and "U" for UNCERTAIN	**Y**	**N**	**U**
1. In the past 3 months, I have had sexual contact with someone who is positive for STI			
2. In the past 3 months, I have had sexual contact with someone who is HIV positive			
3. In the past 3 months, I have used drugs/alcohol before sex			
4. In the past 3 months, I have had/been treated for a STI *(i.e. Gonorrhea, Chlamydia, Syphilis or etc.)*			
5. In the past 3 months, I have had sexual contact with an anonymous partner *(i.e. IG, SnapChat, etc.)*			
6. In the past 3 months, I have used or have had sexual contact with someone who injects drugs			
7. In the past 3 months, I have had multiple sexual partners			
8. In the past 3 months, I have had oral sex			
9. In the past 3 months, I have had vaginal sex			
10. In the past 3 months, I have had anal sex			
11. Are you currently in a monogamous/exclusive relationship?			
12. Do you use condoms every time you engage in a sexual activity?			
13. Are you aware of the HIV/STI status of your sexual partner(s)?			
14. I am interested in PrEP *(Pre-exposure Prophylaxis)* and I would like more information.			
15. I am covered under some form of health insurance *(ie. Parents, School Insurance, ACA, Medicaid)*.			

Printed Name ______ Date of Birth ______ Age ______ Race ______ Gender ______ Dorm Hall ______

Skip highlighted sections (address), if you reside in the Student Halls

Address ______ City ______ State ______ Zip ______

County ______ Phone No. ______ Student ID# ______ Campus P.O. Box No. ______

I am signing this form voluntarily and am requesting SHC to test me confidentially for HIV and/or STI's.

Student Signature ______ Date ______ SHC Rep Signature ______ Date ______

<u>Internal Use Only</u>

Client Notes:

- Did we provide the student a comprehensive risk reduction plan? ☐ Yes ☐ No
- Are student risk factors accurately represented following counseling session? ☐ Yes ☐ No

SOP for Delivery to Your Campus

Goal: To provide weekly deliveries of medications to treat HIV and prevent HIV infection to the Student Health Clinic and help maintain compliance.

Initial Responsibilities:

- Call partnering pharmacy to register the patient with their demographic information and a prescription. Please make sure we have a working phone number.
- Provide patient with a copay card with the instructions that they should call and activate card.
- Inform patient to expect a phone call from the pharmacy. They will receive one reminder on day 7 and another on day 4 prior to refill due date. Patient should call Clinic for refill.

Refill Responsibilities:

- Clinic to ask the required clinical questions of the patient when they call in for their refill. A set of questions and answers can be phoned or faxed into the pharmacy.
- On predetermined day, call or fax the weekly refill list of patients needed that week to the pharmacy. Please call the pharmacy to verify receipt of fax if choosing that method. Make sure to provide the Clinical Questions too!
- On delivery day, Pharmacy will call to see if there are any last minute refills and if there are any meds that need to be returned from previous week that was not picked up by patient. (Note Pharmacy must reverse all claims within 10 days if patient has not picked up med. This is a requirement from insurance companies) Upon delivery, verify the receipt of each patient's meds with the emailed list of names sent from the pharmacy. This email will also contain the tracking number from the courier company and should be kept for your records.
- Clinic will determine when a patient can order their own medications directly from the pharmacy. Medications will still be delivered to the Clinic on a weekly basis, so educating the patient of this process must be emphasized by Clinic and Pharmacy.
- Clinic and Pharmacy will work together on delivering meds directly to students during any breaks or vacations.

Pharmacy Contact Info:

Community or Local Pharmacy Personnel: Always email at least 2 people!

- Store Manager
- Virology Technician
- Pharmacy Manager
- Clinical Staff Pharmacist

HIV Knowledge Needs Self-Assessment Tool

This tool is designed to be taken by each staff member in the health center/clinic. As integration efforts involve all staff members of a clinic, even those individuals who may not apparently be involved in the efforts should take time to complete the assessment. It will also help management to identify training and skill-building needs.

Please take a moment to think how you would answer the following questions about HIV/AIDS with consideration of the three knowledge categories, Basic, Intermediate, or Advanced; then indicate your overall level of knowledge by checking the appropriate box.

Name of Student Health Center/Clinic: ____

Job Title: ____

# of Years in Position: _______________ # of Years in Similar Position: _________________________

BASIC	INTERMEDIATE	ADVANCED
1. What do the letters H-I-V and A-I-D-S mean?	1. How does HIV infection affect the body's immune system?	1. Which cells in the body's immune system are most impacted by HIV?
2. How is HIV transmitted?	2. What are 3 primary symptoms of HIV infection?	3. When do you indicate antiretroviral therapy?
4. What are 3 methods for preventing the spread of HIV?	3. What is harm reduction?	4. How do you reduce drug resistance?
5. What is the significance of CD4 cell counts and viral load?	5. Which direction (increasing/decreasing) of CD4 counts and viral load indicates worsening disease progression?	6. When is resistance testing appropriate?
7. What is the difference between HIV and AIDS?	6. What is the significance of the presence of an opportunistic infection in a person with HIV?	7. What are common opportunistic infections associated with HIV?

I assess my overall level of knowledge about HIV/AIDS at *(please* ***check*** *one level only):*

	BASIC	I can answer some or all questions under Basic
	INTERMEDIATE	I can answer all questions under Basic, and some or all under Intermediate
	ADVANCED	I can answer all questions under Basic and Intermediate, and some or all questions under Advanced.

Knowledge, Skills & Attitude Self-Assessment Tool

Listed below are some knowledge, skills, and attitudes specific to providing HIV/AIDS services. Please read the statements and then circle the number that best represents your level of knowledge, skill, and attitude.

	1=Low			5=High	
I am proficient in giving information about HIV	1	2	3	4	5
I am proficient in performing a thorough HIV risk assessment	1	2	3	4	5
I am comfortable talking with patients about HIV	1	2	3	4	5
I am knowledgeable about the different HIV tests in current use	1	2	3	4	5
I am knowledgeable regarding HIPAA regulations	1	2	3	4	5
I am proficient at identifying sexual coercion and/or sexual abuse in adolescents	1	2	3	4	5
I am proficient in client-centered, harm reduction strategies	1	2	3	4	5
I am skilled in providing HIV pre and post testing counseling	1	2	3	4	5
I am comfortable discussing substance use related behavior with clients	1	2	3	4	5
I am comfortable discussing sexual behavior with clients	1	2	3	4	5
I am skilled at identifying a client's "stage" of behavior change	1	2	3	4	5
I am comfortable discussing parental involvement with adolescents	1	2	3	4	5
I am knowledgeable about rapid testing	1	2	3	4	5
I am skilled in giving HIV test results	1	2	3	4	5
I am comfortable talking to clients with a different sexual orientation than mine	1	2	3	4	5
I am knowledgeable about resources available for providing HIV/AIDS referrals	1	2	3	4	5
I am knowledgeable about partner notification protocols	1	2	3	4	5
I am comfortable with providing information on all pregnancy prevention options	1	2	3	4	5
I understand how culture and history can affect people's decisions about HIV	1	2	3	4	5
I am comfortable conducting risk assessments with people of different cultures	1	2	3	4	5

Listed below are some questions, which relate to providing HIV/AIDS services. Please read the statements, then circle to number that best represents your belief or opinion.

1 = Strongly Agree 2 = Agree 3 = Neither Agree/Disagree 4 = Disagree 5 = Strongly Disagree

I know that HIV prevention is an essential component in Family Planning / Reproductive Health	1	2	3	4	5
I offer HIV testing options to all pregnant patients	1	2	3	4	5
HIV Prevention Counseling and/or Testing are a defined part of my job description, duties, and responsibilities	1	2	3	4	5
I know my clinic's policies and protocols regarding pregnancy prevention options	1	2	3	4	5
I am required to provide condoms when requested	1	2	3	4	5
I know my clinic's HIV Prevention Counseling & Testing protocols and policies	1	2	3	4	5
I understand my job responsibilities under HIPAA	1	2	3	4	5
I offer HIV risk reduction counseling & HIV testing options to all patients	1	2	3	4	5
I have the cultural competency skills to work with all patients	1	2	3	4	5
HIV is a significant problem among marginalized communities	1	2	3	4	5
I have an important role in preventing HIV in this community	1	2	3	4	5

Thank you for completing this assessment!

Campus Assessment Tool

The following is an instrument intended to help institutions conduct assessments on their campuses. This assessment is designed to elicit information on campus-wide attitudes, risk behaviors, risk populations, risk co-factors, and barriers and facilitators to prevention efforts. The assessment can be performed with individuals who play a significant role in prevention efforts, have contact with high risk populations, impact decisions at the college/university, or are just identifiable campus members. This tool is extremely adaptable, and institutions should feel free to add questions to best suit their data needs. Results of an assessment of this kind will help to guide prevention and integration activities when used in conjunction with other tools and resources.

Part I: College/University Information

Please describe (name of college/university)

____

____

____

Please describe the students at (name of college/university)

____

____

____

How much of a problem is HIV at (name of college/university)?

____

____

____

What are the campuses values regarding dialogue about health and wellness?

Prompt: How do students traditionally talk to each other about sex?

____

____

____

What are the institutions values regarding dialogue about sex?

Prompt: How do people traditionally talk to each other about sex?

____

____

____

What are the institutions values regarding dialogue about drug use?

Prompt: How do people traditionally talk to each other about drug use?

____

____

____

Campus Assessment Tool *(Continued)*

What can the institution do to assist students to protect themselves?

What would make it easier for people to access services?

Who do students turn to for help and why?

Who influences their opinions and/or behaviors?

Prompt: Who do students listen to?

Part II: Campus Resources

Where do people on (name of College/University) go for information on health and wellness?

Are there individuals on your campus that people turn to for this kind of information?

Who on your campus is currently providing prevention services (for any issue, substance use, domestic violence, suicide?)

What activities do they currently curate?

Who on your campus is currently providing HIV/AIDS specific prevention efforts?

What activities do they currently curate?

How comfortable are students with using the resources made available on campus?

What would make students more comfortable using these services?

How well do all of these departments work together to provide these services?

What HIV services does your student health center provide?

What are the strengths of your student health clinic?

What are the challenges facing your student health clinic?

What clinics are outside of your campus that you think students frequent?

Why would students go to clinics outside of their campus?

Part III: HIV Risk (Risk Behaviors, Risk Co-Factors, and Target Populations)

How much do students talk about HIV at your institution?

What are students doing that is placing them at risk for HIV?

Who is engaging in these risks?

Prompt: Are they men, women, youth, men who have sex with men, injection drug users, etc.

What characteristics, behaviors or activities distinguish these students from the rest of the student body?

Prompt: What makes these students different?

How much do you feel these students think about their own risk of HIV infection?

In your opinion, what do they think about their own risks for HIV infection and STDs?

Why do you think they are engaging in high risk behavior(s)?

What barriers are preventing these students from protecting themselves?

What is helping or making it easier for these students to protect themselves?

Part IV: Cultural Influence

What traditional beliefs/values would support the implementation of HIV prevention at your institution?

What traditional beliefs/values might pose as an obstacle to implementing of HIV prevention programming at your institution?

What historically cultural behaviors or beliefs have governed issues of sexual health, relationships, gender, drug abuse, health and/or wellness?

Who provides traditional services that govern issues of sexual health, relationships, gender, drug abuse, health and/or wellness?

Which institutional stakeholders should we speak with in order to learn how to respectfully implement an HIV prevention program?

What language or words are commonly used to talk about issues of sexual health?

Part V: Programming

If you had to convince students at (name of College/University) who are at risk for HIV to avoid high-risk behavior, how would you approach the scenario?

Prompt: What specific suggestions do you have for programs or techniques for getting people to reduce their risk of HIV?

____

____

____

What particular activities would not work or should be avoided in developing HIV prevention programs?

____

____

____

What other groups or students should be involved in planning for HIV prevention?

____

____

____

What else would you like us to know about HIB and prevention at your institution?

____

____

____

Clinic Readiness Assessment Tool

The following is a brief self-assessment intended to help clinics gauge their present capacity for HIV programming. This tool can be used to consider a clinic's ability to integrate HIV prevention/intervention activities into existing programming, to adapt an existing intervention, or to develop their own campus-defined prevention program. It is organized by the four levels of HIV service and integration: education, counseling, testing, and treatment. Know that you will need practically all of the requisite capacity, experience, and resources from the prevention level of service in order to adequately provide the next level of service (satisfy all capacities to provide HIV education before you begin providing HIV counseling).

Please read each item, then place a check mark in only one response options

Capacity, Experience, and Resources	**YES,** we have done this or have this i nformation/ capacity	**NO,** we do not presently have this info/capacity, but have a plan to build it (see attached plan)	**NO,** we do not have this info/capacity, and we do not have a plan in place to build it
HIV Education			
1. Experience providing prevention services			
2. Knowledge of HIV/AIDS, risk factors, and prevention			
3. Experience in issues related to sexual health and drug use, HIV/STIs, stigma, etc.			
4. Campus values correspond with programs/ intervention intent			
5. Support from campus administration			
6. Skills to conduct outreach and basic education activities			
7. Culturally and population appropriate prevention materials (literature, condoms, bleach kits, lube, incentives, etc.)			
8. Knowledge of local HIV/AIDS prevention and testing services			
9. A small group of diverse campus representatives/campus providers to advise project appropriateness			
10. College/University has the skill and resources to conduct a comprehensive campus assessment			
11. Staff to conduct HIV education activities			
12. Ability to provide campus-wide educational activities			

Clinic Readiness Assessment Tool

Capacity, Experience, and Resources	**YES,** we have done this or have this i nformation/ capacity	**NO,** we do not presently have this info/capacity, but have a plan to build it (see attached plan)	**NO,** we do not have this info/capacity, and we do not have a plan in place to build it
13. College/University has cultural awareness skills to work with marginalized and higher risk students			
14. HIV education responsibilities are clearly described in job description, and responsibilities are appropriate to staff training and experience.			
15. Regular training of staff on HIV education is held and records are maintained on what individual training each staff member has completed			
16. Ability to evaluate education efforts			
HIV Counseling			
17. Staff have understanding of and willingness to work with issues related to sexual and drug health, HIV/STIs, stigma, etc.			
18. Support from clinical/administrative staff			
19. Training on how to conduct HIV prevention counseling			
20. Counseling should address the decision-making process			
21. An understanding of the risk(s) and influencing factors of the campus and higher risk populations within the institution			
22. Ability to counsel using local or traditional Native worldviews and concepts of health and wellness (culturally humble)			
23. Counseling should be tailored to risk assessment, which should go beyond HIV to include, for example, history of STDs, positive for chlamydia, pregnancy, tests, multiple partners, unprotected intercourse, drug/alcohol abuse, or concern on student's part.			
24. Possess adequate space to provide confidential counseling			

Clinic Readiness Assessment Tool

Capacity, Experience, and Resources	**YES,** we have done this or have this i nformation/ capacity	**NO,** we do not presently have this info/capacity, but have a plan to build it (see attached plan)	**NO,** we do not have this info/capacity, and we do not have a plan in place to build it
25. Possess a comprehensive local referral guide			
26. Knowledge of available resources both inside and outside the campus that students can and do access			
27. Quality assurance for counseling activities			
28. Resources to support program needs (food, incentives, gifts, testing supplies, printing, etc.)			
29. Ability to maintain confidentiality (client information, assessment data, test results, etc.)			
30. Institutional commitment and resources to conduct on-going evaluation of counseling efforts			
31. Understand all local, state, and federal laws governing HIV, testing, and disclosure			
HIV Testing			
32. Possess functional space to provide HIV testing			
33. Possess all necessary testing equipment (gloves, test kits, timers, band aids, alcohol pads, etc.)			
34. Obtain necessary CLIA waiver and/or laboratory collaborations			
35. Space to safely store test kits			
36. Existing HIV prevention department/ services or programs that can incorporate HIV prevention			
37. Process for handling students who have reactive test results			
38. Training to conduct HIV testing			
39. Ability to conduct a confirmatory test			
40. Traditional services available for students both before and after testing			
41. Ability to deliver test results (both reactive and non-reactive)			

Clinic Readiness Assessment Tool

Capacity, Experience, and Resources	**YES,** we have done this or have this i nformation/ capacity	**NO,** we do not presently have this info/capacity, but have a plan to build it (see attached plan)	**NO,** we do not have this info/capacity, and we do not have a plan in place to build it
42. Ability to maintain confidentiality of test results and patient identities			
43. Ability to market services (and the value of services) both internally and to students			
44. Resources/budget to obtain test kits and materials			
45. Appropriate managerial and supervisory support (program manager, clinical supervisor, etc.)			
46. Staff have time allotted to conduct HIV testing (either allocated staff or clinical staff have additional time to conduct a test)			
47. Possess the necessary documentation to meet data collection and reporting requirements			
HIV Treatment			
48. Appropriate staff to provide HIV treatment			
49. Ability to process necessary billing and reimbursement paperwork			
50. Access to or ability to provide case management services			
51. Access to adequate HIV/AIDS medications			
52. Ability to manage integrated treatment plans that include Western and traditional components			
53. Ability to work with patients for extended periods of time			
54. Ability to impact and alter clinic flow to meet integration needs			
55. Ability to assist with transportation			
56. Ability to provide services in the field			
57. Other:			
58. Other:			
59. Other:			
60. Other:			

Stages of Change Matrix

This "stages of readiness" matrix is used as part of the Center for Health Training's organizational assessment tools to guide organizations from assessment to sustainable actions. This matrix focuses on policies, programs and services for students, staff, board and community. This model (based on Prochaska and DiClemente's stages of change model) organizes actions into five stages of readiness and helps the institution identify areas of improvement. The five stages are:

- **Pre-contemplation**
- **Contemplation**
- **Preparation**
- **Action**
- **Maintenance**

The matrix provides a simplistic method for determining needs and assessing gaps regarding the delivery and integration of HIV prevention services and helping health centers move from inaction to action.

Using the results from the assessment tools, health centers can plot key recommendations in the matrix and assess where they are in meeting their goals. For example, the assessment tools have two components:

- **Organizational Capacity Assessment**
- **Staff Surveys**

Upon completion of the assessment, health centers may find that staff lacks a basic knowledge of HIV and harbors fears based on misconceptions. Before a decision can be made about integrating HIV care, the staff must be educated, and their fears addressed. Using the matrix, management would assess where they are in the five stages. In this example, they are in the pre-contemplation stage because they do not have enough knowledge to address the issue, and are not motivated to do so. Following the necessary training, the health center can move into the contemplation stage, with the information needed to make an informed choice, and better assess readiness to move into preparation. The preparation stage involves taking an inventory of the resources the agency has on-hand, space, equipment and staff, that can be dedicated to the integration project. It may be found that the facility lacks a private location where confidential testing can take place, but if two staff members are willing to share the same office space, a room can be made available. The health center is in the action stage when the furniture and personal belongings of one staff member is moved into the other's office, and testing begins in the now available space. The ongoing support of this process, with continued training updates, resources and staff puts the organization in the maintenance stage.

Identified Areas for Change or Improvement	e.g. Increase Staff Access to Knowledge, and Use of Hiv Counseling and Testing Protocols		
Pre-Contemplation			
Contemplation			
Preparation			
Action			
Maintenance			

Addressing Challenges & Utilizing Assets Tool

What things could be done to address each challenge to either eliminate or reframe it into an asset?

Challenge to the Clinic, Campus, or Project	Level of Challenge (Great- seems insurmountable) (Moderate- will take a lot of work) (Small- will take minimal effort)	Possible solutions or ways to reframe into asset?

Institutional & Clinic Assets

Your health center should examine what assets you possess that may assist your program to promote HIV and STI prevention to and for the following:

- **Student Body**
- **Administration**
- **Health Center**
- **Staff and Volunteers**

Use this grid to brainstorm your assets.

Student Body	**Health Center**
Administration	**Staff/Volunteers**

Creating a Shared Vision

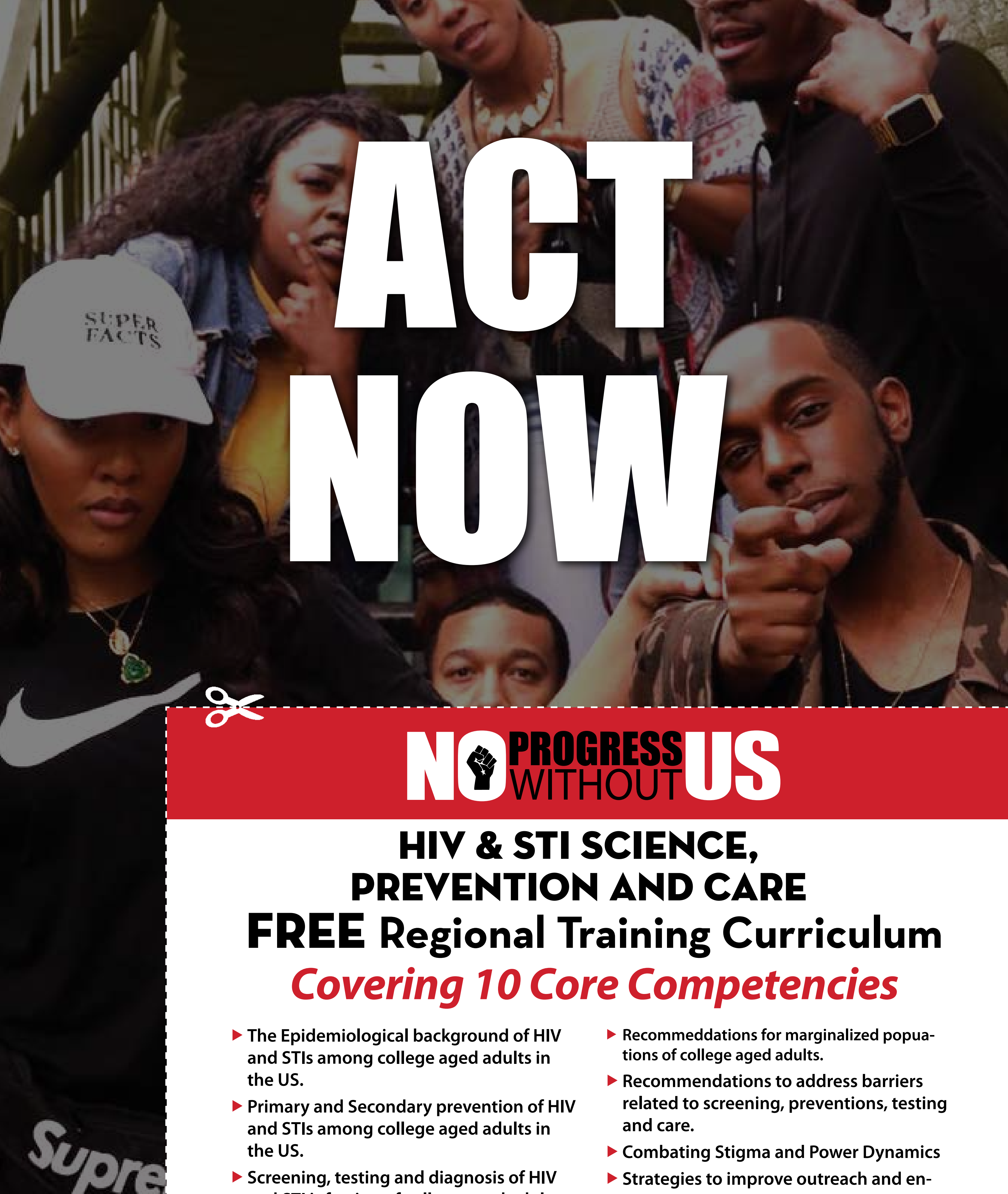
Describe your vision for HIV/AIDS & STI prevention at this institution. In a perfect world, what would the services include? What would services look like, who would do what and where?

Change Readiness Ruler

This health center is about to make changes related to offering HIV counseling and testing to our students. This may mean additional training and responsibilities for staff. This expansion of our services may also mean educating our peers and administrators to obtain their support. We would like to hear from you about how you fell about some of the changes we are proposing.

In the left column is how we do things now. In the next column is how we are thinking about doing the same thing in the near future. In the right column is a place for you to write a number which will indicate how READY you feel to make each of these changes. If you feel NOT READY, you will put in the number 1; if you feel UNDECIDED you will put the number 2; if you feel OPEN BUT ANXIOUS you will put in the number 3; if you feel READY FOR CHANGE you will put in the number 2; if you feel EXCITED ABOUT THIS CHANGE you will put in the number 5.

How we do this now:	**How we will do this in the future:**	**How ready am I to change?** 1 = Not ready 2 = Undecided 3 = Open but anxious 4 = Ready for change 5 = Excited about this change
Example: We refer students to off-campus testing sites for HIV screening	Example: We will offer and integrate rapid HIV oral or finger stick testing along with risk education counseling, as part of our regular services	



HIV & STI SCIENCE, PREVENTION AND CARE

FREE Regional Training Curriculum

Covering 10 Core Competencies

- The Epidemiological background of HIV and STIs among college aged adults in the US.
- Primary and Secondary prevention of HIV and STIs among college aged adults in the US.
- Screening, testing and diagnosis of HIV and STI infection of college aged adults.
- HIV and STI treatment guidelines.
- College aged sdults and their right to confidential sexual health services.
- Recommeddations for marginalized popuations of college aged adults.
- Recommendations to address barriers related to screening, preventions, testing and care.
- Combating Stigma and Power Dynamics
- Strategies to improve outreach and engagement among college aged adults
- Health Equity

A TOOLKIT
FOR INTERGRATING SEXUAL HEALTH PRACTICES INTO COLLEGE HEALTH SETTINGS

CONTACT US TO GET STARTED TODAY!

The Georgia AIDS Education & Training Center utilizes an evidence based and comprehensive model to enhance the capacity of colleges and universities to address the HIV/AIDS epidemic. Building on the existing social justice infrastructures that are in place, the knowledge and networks of campus leaders throughout the region and providing a skills-building training focused on community mobilization, individuals become capable of engaging their institutions and other stakeholders in local level community activities that will increase access to and utilization of HIV and STI prevention services on their campuses and surrounding communities.

Engaging campus leaders and stakeholders in active, tailored technical assistance; as well as comprehensive trainings. Ensuring campus leaders and stakeholders learn requisite competencies and build upon an everincreasing knowledge base; equipping them with everything they need to act as a counterforce on their campus and immediate communities. As a result, changing the existing narrative of the despairing impact of HIV and STIs among college aged adults. Aiding in the optimization of life and academic outcomes. Below is our free regional training curriculum, which serves as the baseline for clinical and non-clinical providers in college and university settings.

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Glossary Terms

Gender Terms:

1. **Transgender:** An umbrella term that describes people whose gender identity or expression is opposite or different from the sex they were assigned at birth
2. **Gender Non-Conforming (GNC):** A person whose behavior or appearance does not conform to prevailing cultural and social expectations about what is appropriate to their gender.
3. **Trans woman:** An individual who was assigned male at birth but whose gender identity is female
4. **Trans man:** An individual who was assigned female at birth but whose gender identity is male
5. **MTF:** Transitioning female to male
6. **FTM:** Transitioning male to female

Community terms:

7. **Gatekeepers:** Anyone who works to allow, refuse, limit, redirect, support, or hinder initiatives in a community.
8. **Stakeholders:** Residents, community groups, developers, government workers, business owners, neighborhood leaders, commission members and other entities from which a community draws its resources.
9. **Biomedical interventions:** Use of clinical and medical approaches reduce transmission of infectious disease.
10. **Evidence-Based Structural Interventions:** Interventions that attempt to change the social, physical, economic, or political environments that may shape or constrain health behaviors and outcomes, altering the larger social context by which health disparities emerge and persist.
11. **Collective Impact Mode:** Commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.
12. **Healthy Relationships Intervention:** A five-session, small-group intervention for men and women with HIV. It is based on Social-Cognitive Theory and focuses on developing and practicing new skills and building self-efficacy and positive expectations about new behaviors through modeling such behaviors.

Glossary Terms

Toolkit terms:

13. **IEC:** Information Education Communication
14. **BCC:** Behavior Change Communication
15. **ENDING THE HIV EPIDEMIC:** An initiative launched by the federal government with the aim of addressing the HIV epidemic in the United States
16. **RHAPCO:** Regional HIV/AIDS Prevention and Control Office
17. **HBS:** Household Budget Survey
18. **M&E Component:** Monitoring and evaluation
19. **Non-regular Partner:** Classification of sexual partner with whom one may inconsistently engage
20. **AAC:** Area Advisory Committee
21. **TGAF:** They Give A Fck Campaign
22. **TOT:** Intended to engage master trainers in coaching new trainers that are less experienced with a particular topic or skill, or with training overall.
23. **TOF:** Trainer of facilitator
24. **TOR:** Terms of reference
25. **TA:** Technical assistance
26. **CBO:** Community Based Organization

NO
PROGRESS
WITHOUT
US