AETC AIDS Education & Training Center Program
Southeast Regional Conference 2022

GOALS: Redefining the Sexual History to Improve Health

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Learning Objectives

- *By the end of this session, each participant will be able to explain the pitfalls and challenges of traditional sexual history, especially for sexual minority populations.*
- *By the end of this session, each participant will be able to accurately describe each step of the GOALS approach to taking a sexual history, within the context of primary care or sexual health care.*
- *By the end of this session, each participant will be able to list the specific ways in which the GOALS approach is designed to normalize sexual health, reduce bias, and improve patient-provider relationships in the context of clinical encounters.*
- *By the end of this session, each participant will be able to distinguish between risk-based and goals-based language that can be used in a patient encounter to enhance the process of sexual history taking.*

Disclosures

- *I have no disclosures to report.*

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- *"Funding for this presentation was made possible by cooperative agreement U1OHA30535 from the Health Resources and Services Administration HIV/AIDS Bureau. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Any trade/brand names for products mentioned during this presentation are for training and identification purposes only."*

Definition of Sexual History

> A medical history of a patients' sexual practices, concerns, illnesses, partners, preventive activities, and risk factors for sexually transmitted diseases.
>
> A short sexual history is recommended as part of every complete physical examination.

Mosby's Medical Dictionary, 8th edition. (2009).

Let's start with a quick poll…

1. What percent of **clinicians** take a sexual history as part of the **annual exam**?

2. What percent of **patients** report **wanting** to talk about sexual health concerns with their providers?

There are missed opportunities…

6% of primary care providers take a sexual history at every visit.

55% take a sexual history as part of the annual exam.

76% take a sexual history if relevant to the chief complaint

Wimberley et al., 2006, *Journal of the National Medical Association*

Sexual health is a priority for patients

85% of patients report wanting to talk about sexual health concerns with their providers

71% said primary care providers should ask all patients if they have sexual health concerns

68% of patients report fear of embarrassing their provider as a reason for not broaching sexuality

Marwick. *JAMA,* 1999; Ryan et al., *PRiMER*, 2018.

Challenges to Sexual History Taking

- Time constraints make it difficult to assess, identify or address problems
- Conversations about sex can be uncomfortable for patients and providers
- Standard sexual history training focuses on questions, but its unclear what to do with the answers
- Risk reduction conversations often feel scripted or ineffective

How can we REIMAGINE
the sexual history
to make it *easier and better*
for clinicians and patients?

(Some) Goals of Sexual History Taking

“I need to figure out whether my patients need HIV testing or what STI tests they need.”

"I need to understand their risk, so that I can provide education and counseling.”

“I need to identify what interventions to offer – like PrEP, contraception, or vaccines.”

The GOALS Approach is designed to…

- Streamline sexual history conversations
- Increase rates of routine HIV/STI screening
- Increase rates of universal biomedical HIV prevention and contraceptive education
- Increase patients' motivation for and commitment to sexual health behavior
- Enhance the patient-provider relationship, making it a lever for sexual health and overall wellness

Evidence base for the GOALS Approach

- **Meta-analytic review** of articles published from 1999 -2019 about sexual history taking
- **Key-informant interviews** with adult and adolescent providers representing both public and private hospitals, as well as community-based clinics
- Comprehensive review of **35 curricula**/training videos
- **Focused literature review** of research regarding key sexual history components and goals
- **Iterative design and development process** based on Collaborative Institutes with over **45 providers** from **20 practice settings**

GOALS

- **G**ive a preamble that emphasizes sexual health
- **O**ffer opt-out HIV/STI testing and information
- **A**sk an open-ended question
- **L**isten for relevant information and probe to fill in the blanks
- **S**uggest a course of action

Give a preamble that emphasizes health

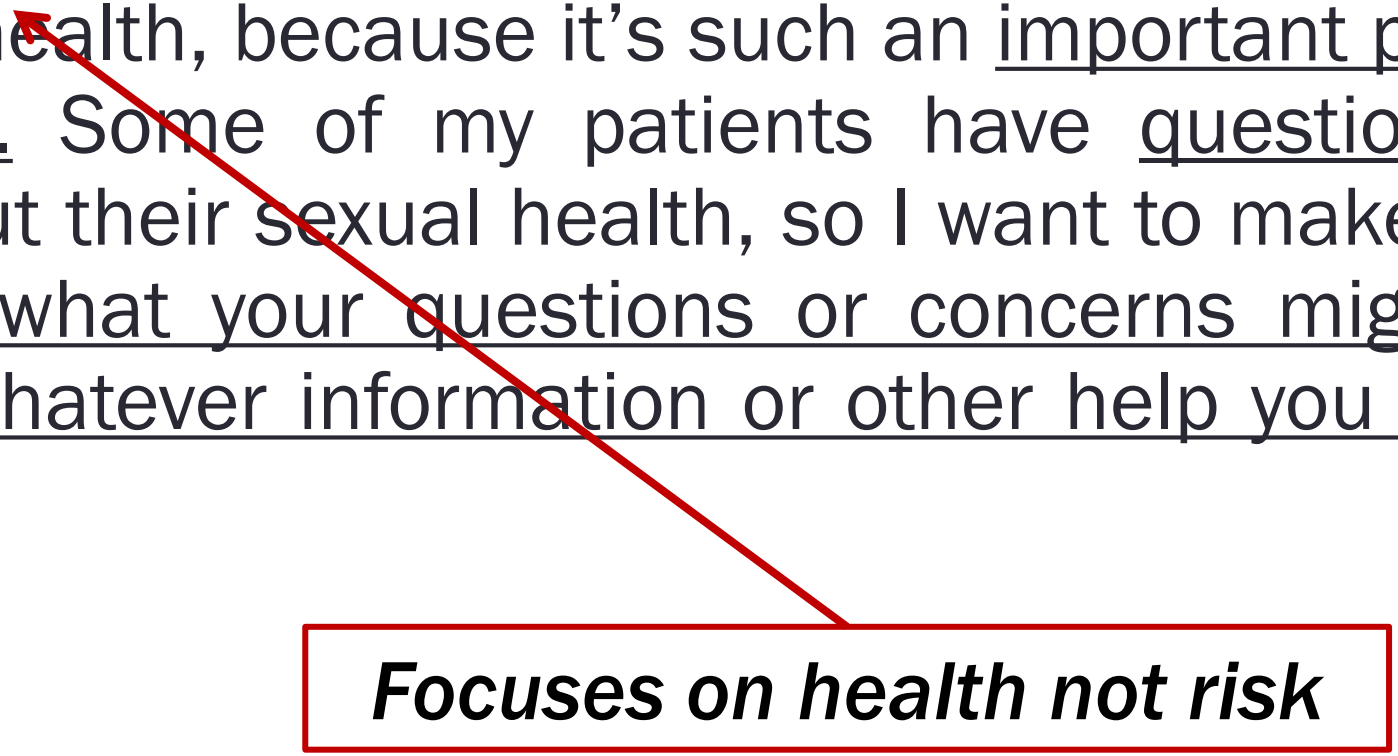
Evidence/Rationale

- "Lack of opportunity" is most common reason patients don't talk to providers about their sexual health
- "Risk"-focused conversations are often stigmatizing and alienating to patients
- Quality of the provider-patient relationship has the greatest single effect on patient engagement (e.g., adherence, health monitoring, and general prevention behavior).

Marwick. *JAMA,* 1999; Ryan et al., *PRiMER*, 2018; Althof et al., *J Sex Med,* 2013; Wimberley et al., *J Nat Med Ass, 2006;* Kingsberg, Obstet Gynecol Clin N Am, 2006; Nusbaum & Hamilton, *Am Family Physician*, 2002; Alexander et al. *Health Service Res,* 2011; Andrews, J Women's Health, 2000; Althof et al., *J Sex Med,* 2013 ; Sheeran et al., Psych Bull, 2013;

Give a preamble that emphasizes health

“ I’d like to talk with you for a couple of minutes about your sexuality and sexual health. I talk to all of my patients about sexual health, because it’s such an important part of overall health. Some of my patients have questions or concerns about their sexual health, so I want to make sure I understand what your questions or concerns might be and provide whatever information or other help you might need. ”



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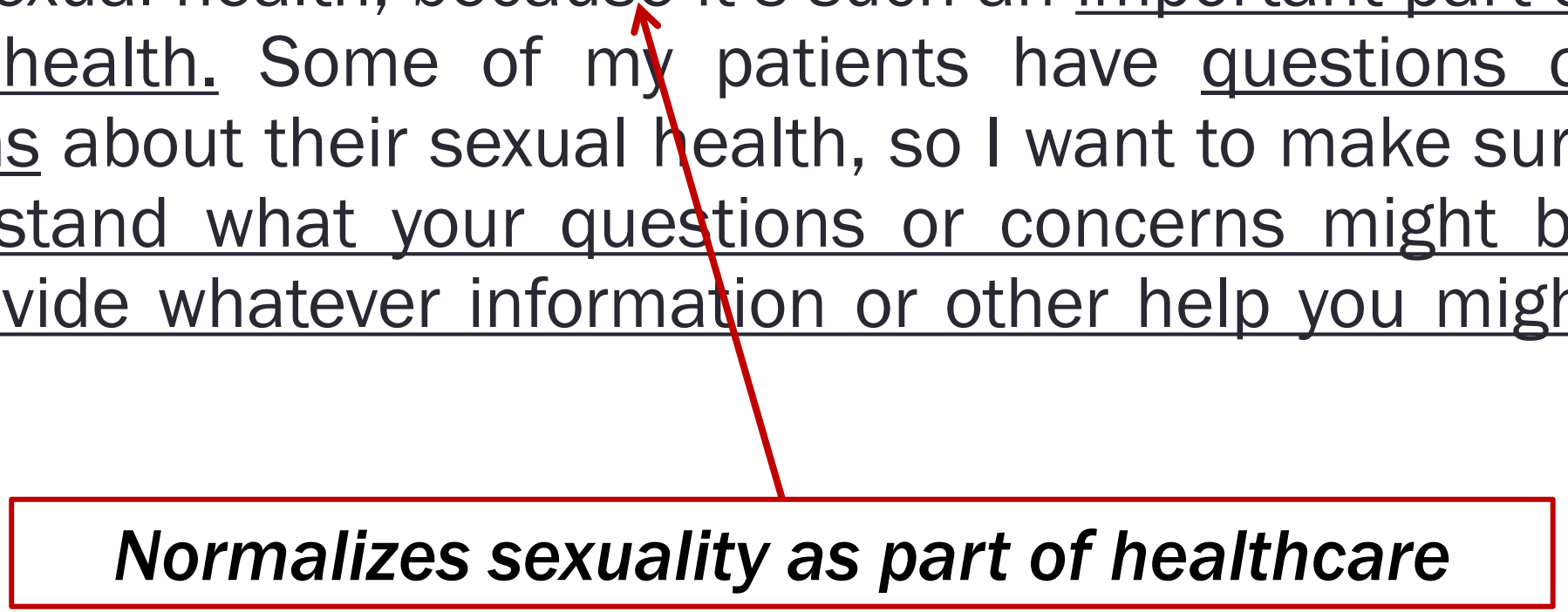


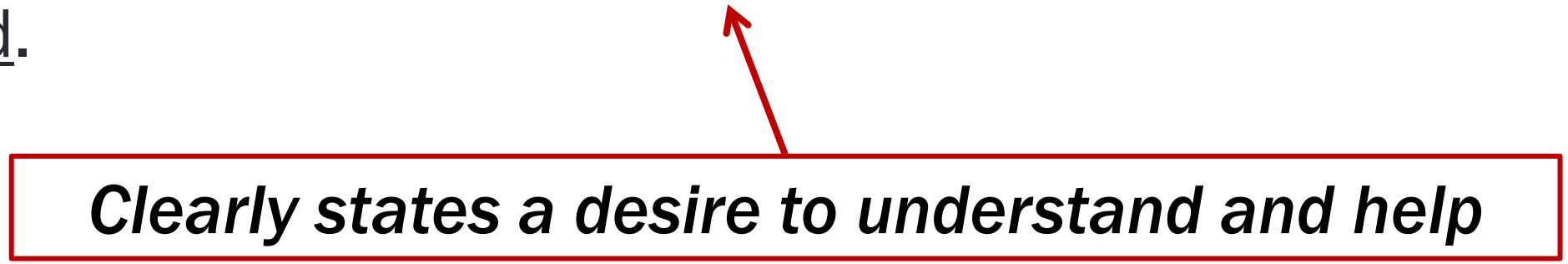
Give a preamble that emphasizes health

> “ I’d like to talk with you for a couple of minutes about your sexuality and sexual health. I talk to all of my patients about sexual health, because it’s such an important part of overall health. Some of my patients have questions or concerns about their sexual health, so I want to make sure I understand what your questions or concerns might be and provide whatever information or other help you might need.

Opens the door for patients’ questions

Give a preamble that emphasizes health

> “ I’d like to talk with you for a couple of minutes about your sexuality and sexual health. I talk to all of my patients about sexual health, because it’s such an important part of overall health. Some of my patients have questions or concerns about their sexual health, so I want to make sure I understand what your questions or concerns might be and provide whatever information or other help you might need.



Offer opt-out HIV/STI testing and information

Evidence/Rationale

- Universal HIV/STI screening is more efficient and cost- effective than risk-based screening.
- "Risk-based" screening fails to screen between 45% and 85% of eligible patients each year
- Modeling studies estimate that opt-out screening for high-prevalence populations reduces sequelae from STIs by over 37% and would reduce STI-related costs by over 20% ($18.1 mill) compared to risk-based screening

Wimberley et al., *J Natl Med Assoc*, 2006; Hull et al., *Popul Health Manag*, 2011; Owusu-Edusei et al., *Am J Prev Med* 2016

Offer opt-out HIV/STI testing and information

> “So first, I like to test all my patients for HIV and other sexually-transmitted infections. Do you have any concerns about STIs?

- Doesn’t commit to which tests, but normalizes testing
- Sets up the idea that you will recommend testing regardless of what the patient tells you
- Opens the door for patient to talk about STIs as a concern

Ask an open-ended question

Evidence/Rationale

- Standard **risk assessment** questions are **stigmatizing** and are **not predictive** of exposure or seroconversion
- "Objective" risk scores are **not associated with risk perception** for most patients.
- Attempts to heighten risk appraisals are **ineffective** and often associated with **reactance**
- Closed assessment questions can lead to **failed communication**/misunderstandings

Lancki et al., 2018, *AIDS*; Hoots et al., 2016, *Clin Infect Dis*; Cossarini et al., 2018 *AIDS & Behaviorl* Biello et al., *Arch Sex Behav* 2018; Wilton et al., *Int J AIDS Soc* 2016; Weinstein & Klein, *Health Psych,* 1995; Sheeran et al., Psych Bull, 2013; Schuz et al., *Health Psych*, 2013

Ask an open-ended question

Choose your favorite…

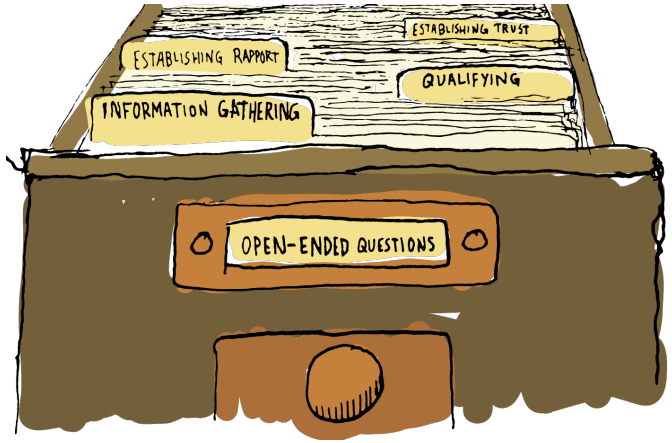
A. Tell me a little bit about your sex life.

B. What would you say are your biggest sexual health concerns?

C. How is your current sex life similar or different from what you think of as your ideal sex life?

Ask an open-ended question

Why start with an open-ended question?



- Puts the focus on the patient
- Let's you hear what the patient thinks is most important first
- Let's you hear the language they use to talk about their body, partners, and sex

Listen and probe to fill-in the blanks

Evidence/Rationale

- **Reduces time** needed for sexual history by focusing only on issues that need to be clarified or addressed
- Provides **flexibility** to tailor conversation for EMR fields or other requirements
- **Reduces bias** by mirroring patients' language and using non-gendered terminology

Fitzgerald & Hurst, *BMC Med Ethics*, 2017; Sabin et al., *AJPH*, 2015; Petroll & Mosack, *Sex Transm Dis*, 2011 .

Listen and probe to fill-in the blanks

- **Partners**
  - Tell me about your partners.
  - Tell me about any other partners.
- **Protection**
  - How do you protect yourself against HIV and STIs?
- **Pregnancy**
  - How do you prevent pregnancy (unless you are trying to have a child)?
- **Practices**
  - Do you have any other sexual health concerns?
  - What would help you take (even) better care of your sexual health?

Makes no assumptions about monogamy or partner gender

Can be asked regardless of patient's gender

Emphasizes agency and motivation

Suggest a course of action

Evidence/Rationale

- Belief in the **benefits** and efficacy of an intervention is most strongly associated with adoption of health behavior

Calebrese, et al., 2014, *AIDS & Behavior; Golub, Curr HIV/AIDS Rep, 2018;* Weinstein & Klein, *Health Psych,* 1995; Sheeran et al., Psych Bull, 2013; Schuz et al., *Health Psych*, 2013

Which one sounds like it's "for you"?

"PrEP is for people without HIV who are at **very high risk** of getting it from sex or injection drug use."

"PrEP is for people who want to **reduce their anxiety** about getting HIV **and take control** of their sexual health."

Suggest a course of action

Evidence/Rationale

- Belief in the benefits and efficacy of an intervention is most strongly associated with adoption of health behavior
- Patients' self-efficacy predicts uptake, adherence, and sustainment of health behavior
- Universal (rather than risk-based) PrEP and contraceptive education increases community-level awareness

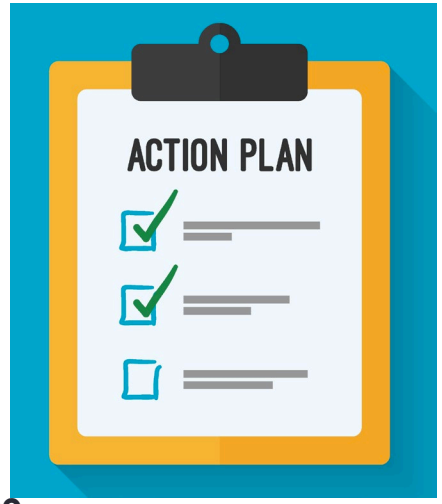
Calebrese, et al., 2014, *AIDS & Behavior; Golub, Curr HIV/AIDS Rep, 2018;* Weinstein & Klein, *Health Psych,* 1995; Sheeran et al., Psych Bull, 2013; Schuz et al., *Health Psych*, 2013

Suggest a course of action

“ So, as I said before, I’d like to test you for…

I’d also like to give you information about PrEP/contraception. I think it might be able to help you [focus on benefit].

Here’s some information, and we can talk more or I can refer you to our counselor if you are interested or have questions. ”



- Allows you to tailor to the patient without their feeling targeted
- Allows you to couch education in terms of relevant benefits
- Provides universal education with limited time/effort

GOALS

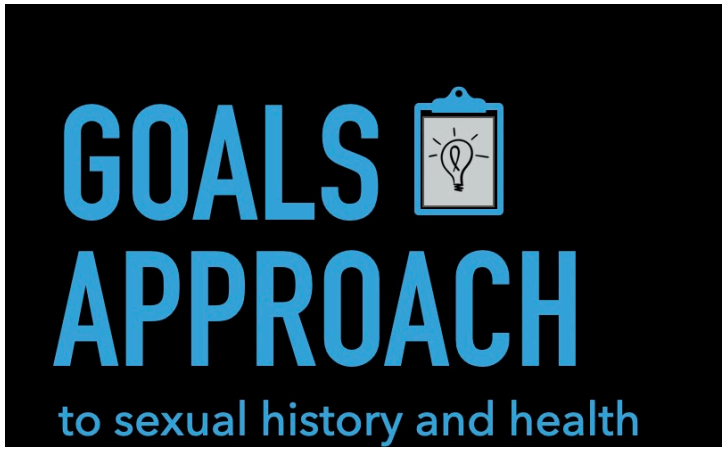
- **G**ive a preamble that emphasizes sexual health **(20 sec)**
- **O**ffer opt-out HIV/STI testing and information **(5 sec)**
- **A**sk an open-ended question **(2 sec)**
- **L**isten for relevant information and probe to fill in the blanks
- **S**uggest a course of action **(33 sec)**

1 minute

Timing depends on patients' needs

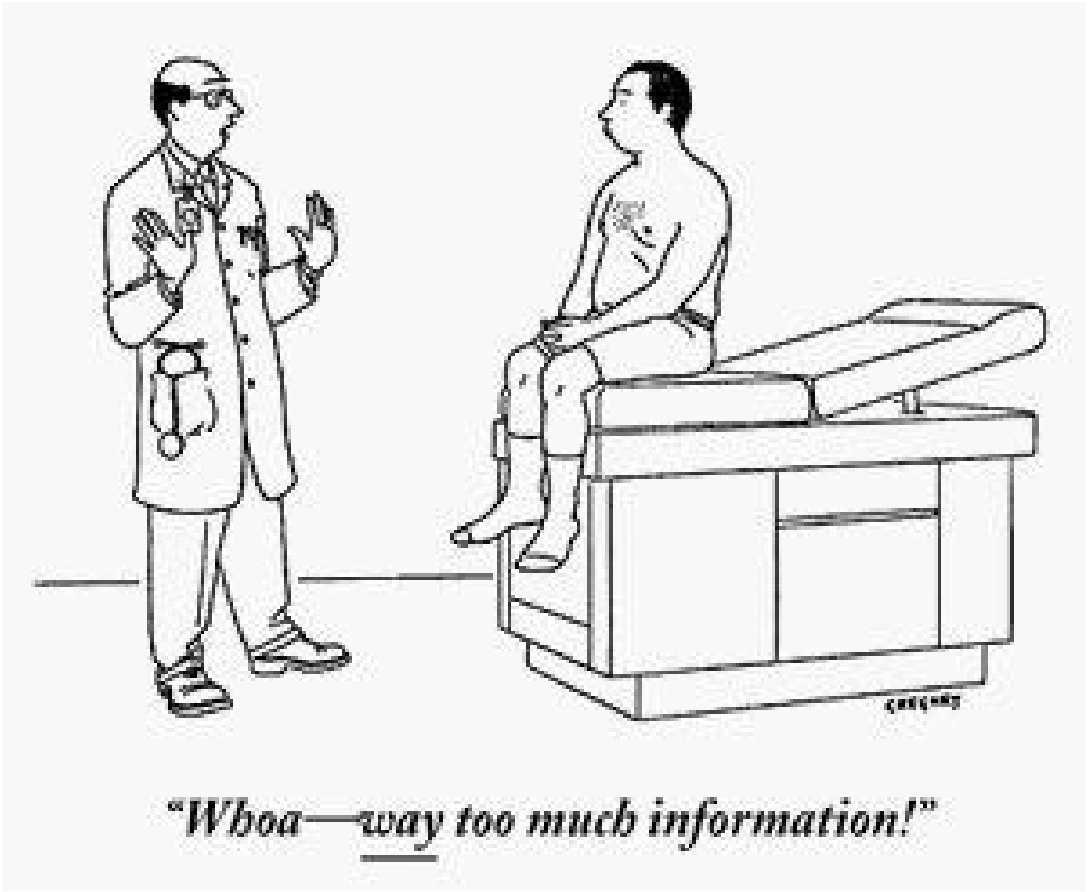
Strengths of the G O A L S Approach

- Data-driven, removes burden of traditional risk-assessment from sexual history taking
- Focuses on building patient-provider relationship, normalizing sexual health
- Designed to identify or elicit specific sexual health concerns, if present
- Reduces bias in HIV/STI screening and education about available prevention options



Thoughts? Comments? Complaints?

The **GOALS** approach is designed to reduce “risk” in the sexual history…



The GOALS Approach reduces the risk of…

- **Failing to screen** a patient for HIV/STIs who really needs screening
- **Failing to provide** HIV prevention or other sexual health **education** to patients who would benefit from it
- Potentially **offending or alienating** a patient
- Feeling **awkward or uncomfortable** during a sexual history conversation

85% of patients report wanting to talk about sexual health concerns with their providers

Marwick. *JAMA,* 1999; Ryan et al., *PRiMER*, 2018.

“I talk to all of my patients about sexual health, because it’s such an important part of overall health.

Normalizing the sexual history conversation

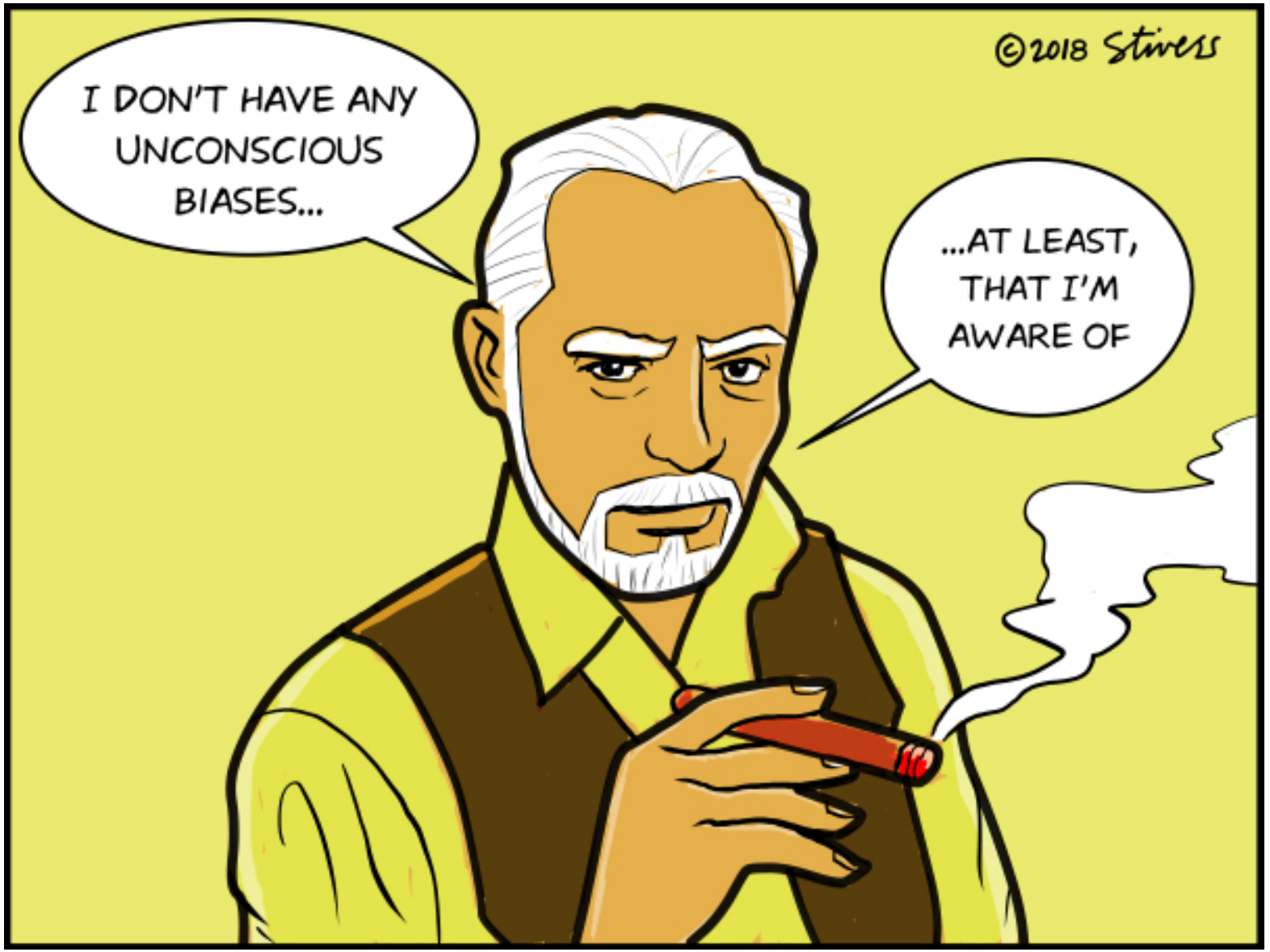
“ What would you say are your biggest sexual health concerns?

Asking an open-ended question

“ Tell me about your partners…

“ How do you take care of your sexual health?

Listening instead of making assumptions


©2018 Stivess
I DON'T HAVE ANY UNCONSCIOUS BIASES...
...AT LEAST, THAT I'M AWARE OF

FitzGerald and Hurst *BMC Medical Ethics* (2017) 18:19
DOI 10.1186/s12910-017-0179-8

BMC Medical Ethics

RESEARCH ARTICLE Open Access

Implicit bias in healthcare professionals: a systematic review

Chloë FitzGerald* and Samia Hurst

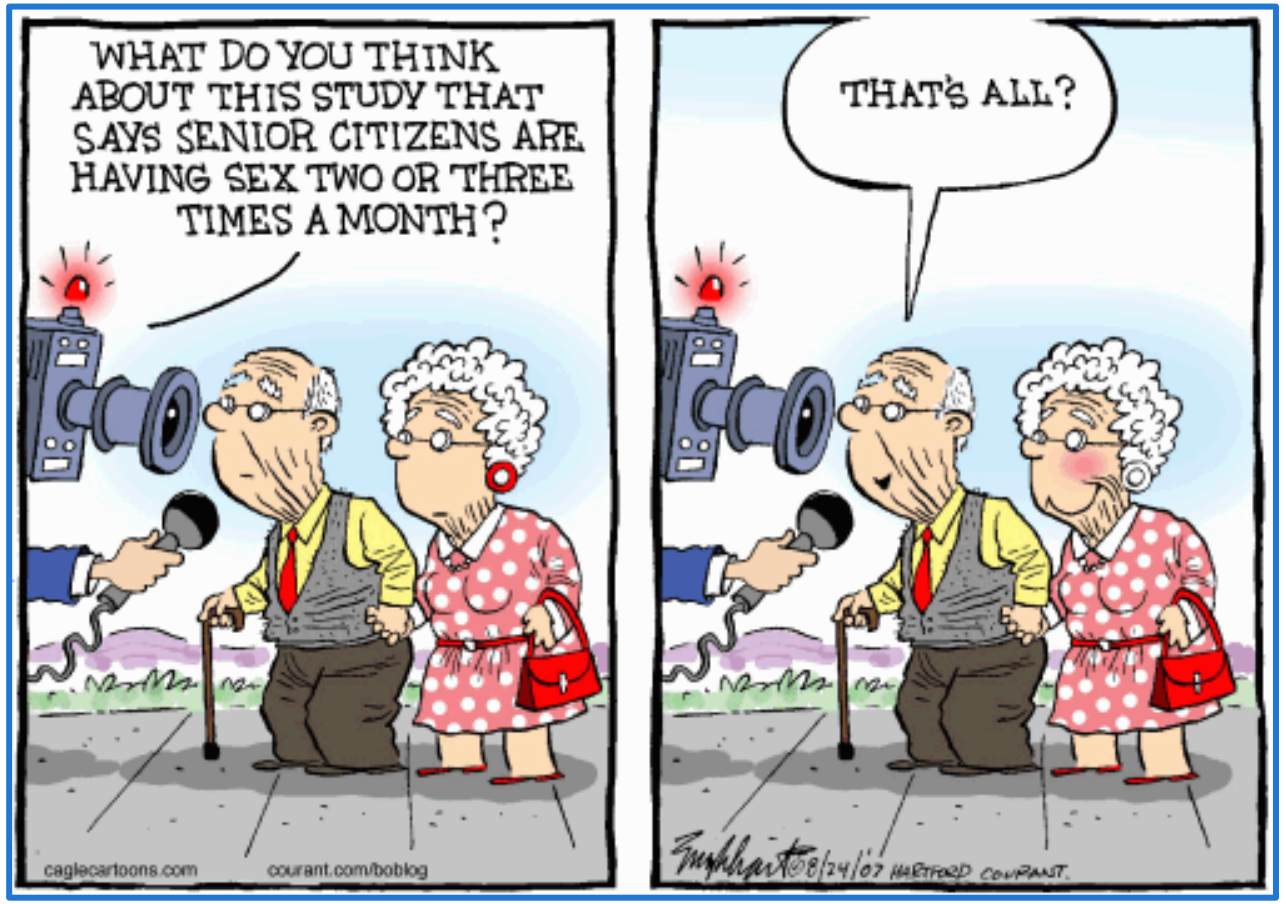
20/25 clinical vignette "assumption" studies found bias in diagnosis, treatment recommendations, number of questions asked of the patient, or number of tests ordered for the patient.

Patient characteristics subject to bias…

- Age
- Gender
- Race/ethnicity
- Socioeconomic status
- Weight
- Mental Illness
- HIV/AIDS
- Substance use
- Disability or ability

Overcoming biases in sexual history taking

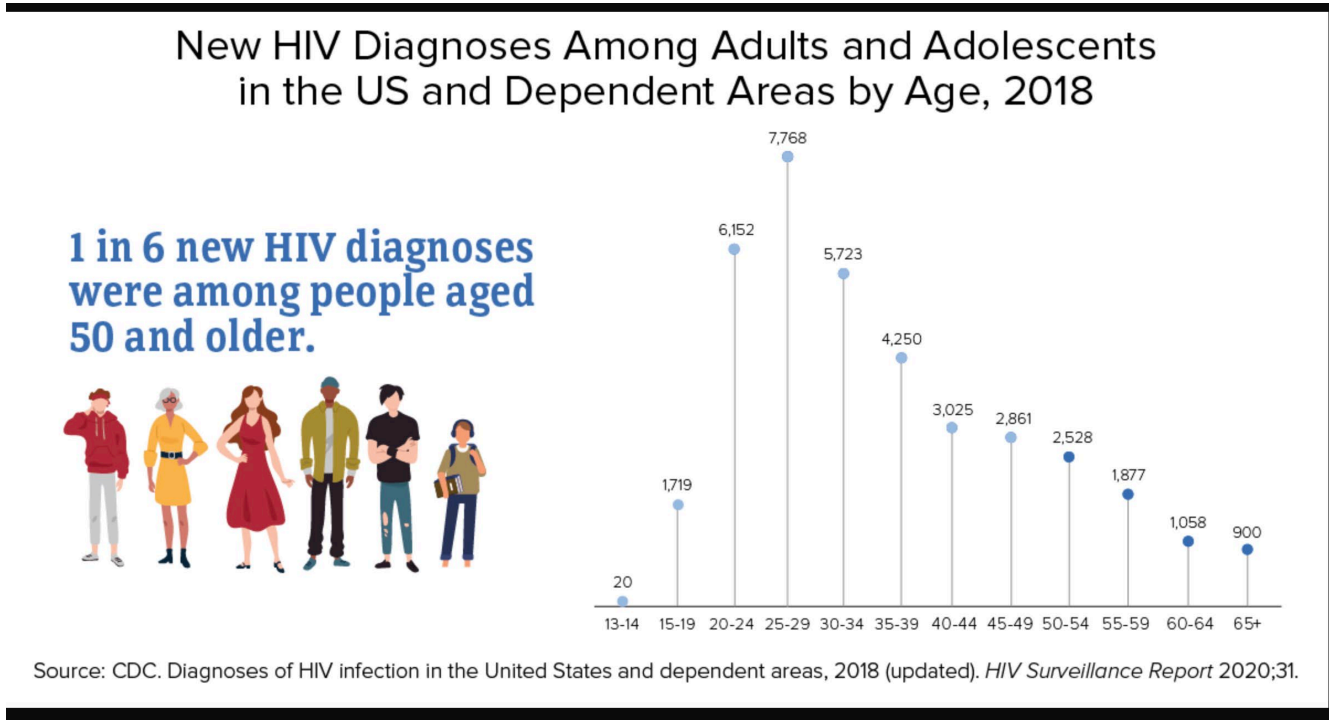
- “Old” people have sex



Overcoming biases in sexual history taking

- "Old" people have sex

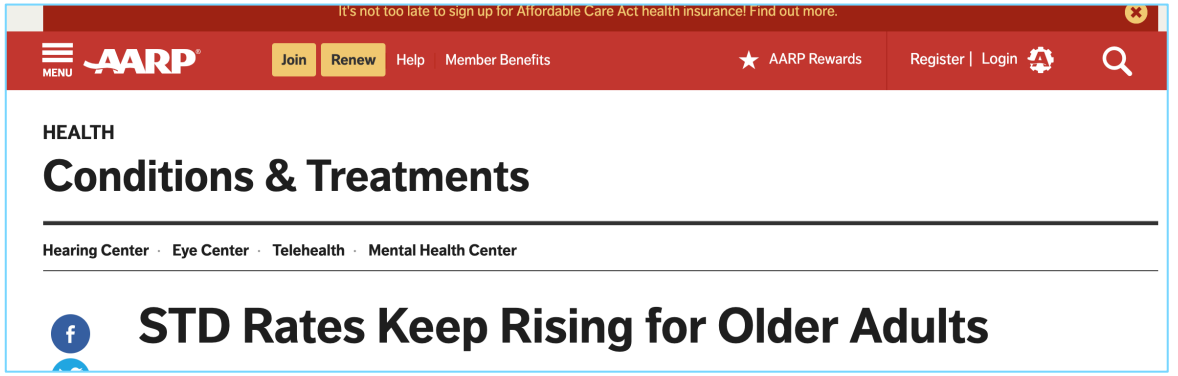
17% of new HIV diagnoses in the US each year are among adults over 50



Overcoming biases in sexual history taking

- “Old” people have sex

Rates of STIs among older adults in the US have doubled since 2014

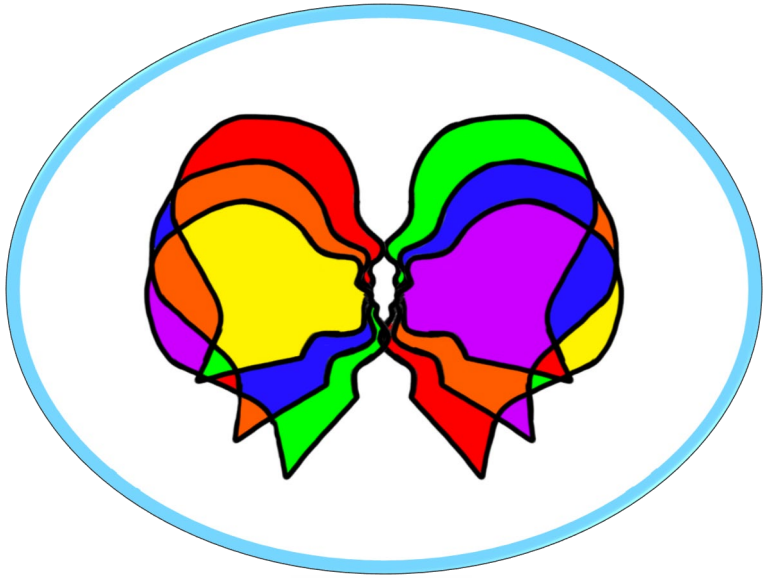


Overcoming biases in sexual history taking

- “Old” people have sex
- Married people aren’t always monogamous

Overcoming biases in sexual history taking

- “Old” people have sex
- Married people aren’t always monogamous
- Sexual identity doesn’t always determine partners or behavior



Strategies for managing bias

1. Never supply an answer in a question

"Tell me about your partners…"

"Tell me about your sex life…"

"What are your biggest sexual health concerns?"

Strategies for managing bias

1. Never supply an answer in a question

2. Try and use gender neutral language as much as possible.

- If a person answers your “tell me about your sex life” question with – “Well, I’m married,” you can say “Tell me about your spouse”
- If a person says “I only have sex with one person,” you can say, “Tell me about them and how the two of you take care of your sexual health”

Strategies for managing bias

1. Never supply an answer in a question
2. Try and use gender neutral language as much as possible.
3. Be explicit about your lack of assumptions

"I try never to make any assumptions about my patients, so can you tell me..."

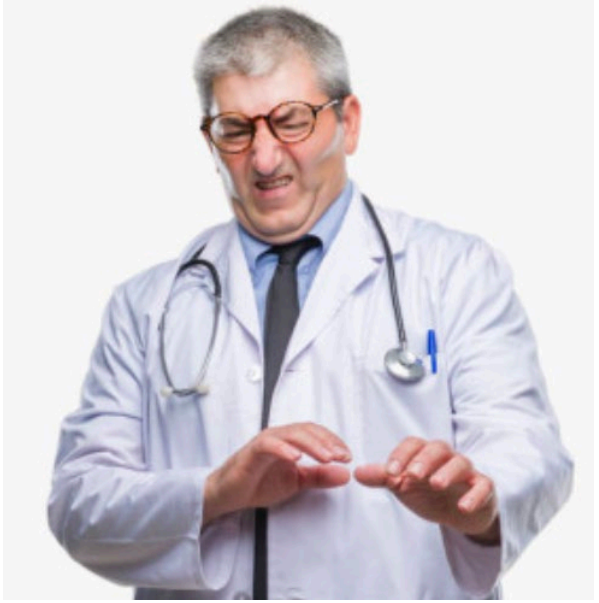
Strategies for managing bias

1. Never supply an answer in a question
2. Try and use gender neutral language as much as possible.
3. Be explicit about your lack of assumptions
4. When in doubt – ask!

“I want to make sure I understand you. Can you explain what you mean by…”

Strategies for managing bias

1. Never supply an answer in a question
2. Try and use gender neutral language as much as possible.
3. Be explicit about your lack of assumptions
4. When in doubt – ask!
5. Practice not reacting



Beyond the questions…

- Be aware of non-verbal behavior
  - Leaning forward
  - “Open” arms and legs
  - Nodding
  - Smiling
- Minimize note-taking
- Maximize eye contact
- Practice listening
- Language really matters

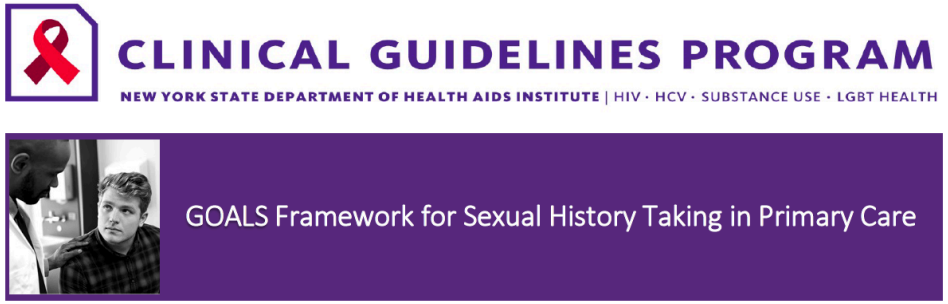
GOALS is superior to traditional sexual history because…

- It is **more efficient**
- It **reduces bias**
- It is **de-stigmatizing**
- It **reduces "risk"** in patient-provider encounters
- It helps **build better** patient-provider **relationships**.

The GOALS Approach does not require clinicians to ask any *specific* question as part of the sexual history. It relies on **open-ended**, **patient-driven** conversations about sexual health, and it provides **universal, unbiased access** to sexual health screening and interventions.

GOALS Resources

https://www.hivguidelines.org/prep-for-prevention/



CLINICAL GUIDELINES PROGRAM

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV · HCV · SUBSTANCE USE · LGBT HEALTH

GOALS Framework for Sexual History Taking in Primary Care

Developed by Sarit A. Golub, PhD, MPH, Hunter College and Graduate Center, City University of New York, in collaboration with the NYC Department of Health and Mental Hygiene, Bureau of HIV, July 2019

BACKGROUND: Sexual history taking can be an onerous and awkward task that does not always provide accurate or useful information for patient care. Standard risk assessment questions (e.g., *How many partners have you had sex with in the last 6 months?*; *How many times did you have receptive anal sex with a man when he did not use a condom?*) may be alienating to patients, discourage honest disclosure, and communicate that the number of partners or acts is the only component of sexual risk and health.

In contrast, the GOALS framework is designed to streamline sexual history conversations and elicit information most useful for identifying an appropriate clinical course of action.

The GOALS framework was developed in response to 4 key findings from the sexual health research literature:

1. Universal HIV/STI screening and biomedical prevention
- Enhance the patient-care provider relationship, making it a lever for sexual health specifically and overall health and wellness in general.

THE GOALS FRAMEWORK INCLUDES 5 STEPS:

1. **Give a preamble that emphasizes sexual health.** The healthcare provider briefly introduces the sexual history in a way that de-emphasizes a focus on risk, normalizes sexuality as part of routine healthcare, and opens the door for the patient's questions.
2. **Offer opt-out HIV/STI testing and information.** The healthcare provider tells the patient that they test everyone for HIV and STIs, normalizing both testing and HIV and STI concerns.
3. **Ask an open-ended question.** The healthcare provider starts the sexual history taking with an open-ended question that allows them to identify the aspects of sexual health that are most important to the patient,

Box 1: GOALS Framework for the Sexual History

COMPONENT	SUGGESTED SCRIPT	RATIONALE AND GOAL ACCOMPLISHED
Give a preamble that emphasizes sexual health.	*I'd like to talk with you for a couple of minutes about your* ***sexuality and sexual health****. I talk to all of my patients about sexual health, because it's such* ***an important part of overall health****. Some of my patients have questions or concerns about their sexual health, so I want to make sure I* ***understand what your questions or concerns might be and provide whatever information or other help you might need****.*	• Focuses on sexual health, not risk. • Normalizes sexuality as part of health and healthcare. • Opens the door for the patient's questions. • Clearly states a desire to understand and help.
Offer opt-out HIV/STI testing and information.	*First, I like to test all my patients for HIV and other sexually transmitted infections. Do you have any concerns about that?*	• Doesn't commit to specific tests, but does normalize testing. • Sets up the idea that you will recommend some testing regardless of what the patient tells you. • Opens the door for the patient to talk about HIV or STIs as a concern.
Ask an open-ended question.	Pick **one** (or use an open-ended question that you prefer): • *Tell me about your sex life.* • *What would you say are your biggest sexual health questions or concerns?* • *How is your current sex life similar or different from what you think of as your ideal sex life?*	• Puts the focus on the patient. • Lets you hear what the patient thinks is most important first. • Lets you hear the language the patient uses to talk about their body, partners, and sex.

Box 1: GOALS Framework for the Sexual History, continued

COMPONENT	SUGGESTED SCRIPT	RATIONALE AND GOAL ACCOMPLISHED
Listen for relevant information and fill in the blanks.	• *Besides [partner(s) already disclosed], tell me about any other sexual partners.* • *How do you protect yourself against HIV and STIs?* • *How do you prevent pregnancy (unless you are trying to have a child)?* • *What would help you take (even) better care of your sexual health?*	• Makes no assumption about monogamy or about gender of partners. • Avoids setting up a script for over-reporting condom use. • Can be asked of patients regardless of gender. • Increases motivation by asking the patient to identify strategies/interventions.
Suggest a course of action.	• *So, as I said before, I'd like to test you for* [describe tests indicated by sexual history conversation]. • *I'd also like to give you information about PrEP/contraception/other referrals. I think it might be safe to help you* [focus on benefit].	• Allows you to tailor STI testing to the patient so they don't feel targeted. • Shows that you keep your word. • Allows you to couch education or referral in terms of relevant benefits, tailored to the specific patient.

WHY WAS THE GOALS FRAMEWORK DEVELOPED?

The **GOALS** framework was developed in response to 4 key findings from the sexual health research literature:

- Universal HIV/STI screening and biomedical prevention education is more beneficial and cost-effective than risk-based screening.
- Emphasizing benefits—rather than risks—is more successful in motivating patients toward prevention and care behavior.
- Positive interactions with healthcare providers promote engagement in prevention and care.
- Patients want their healthcare providers to talk with them about sexual health.

WHY IS TAKING A SEXUAL HISTORY IMPORTANT?

Rather than seeing sexual history taking as a means to an end, the **GOALS** framework considers the sexual history taking process as an intervention that will:

- Increase rates of routine HIV/STI screening;
- Increase rates of universal biomedical prevention and contraceptive education;
- Increase patients' motivation for and commitment to sexual health behavior; and
- Enhance the patient–care provider relationship, making it a lever for sexual health specifically and overall health and wellness in general.

← **Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.**

This ¼-Folded Guide is a companion to the *GOALS Framework for Sexual History Taking in Primary Care*, developed by Sarit A. Golub, PhD, MPH, Hunter College and Graduate Center, CUNY, in collaboration with the NYC DHMH, Bureau of HIV, July 2019, available at www.hivguidelines.org.

HIV CLINICAL RESOURCE ¼-FOLDED GUIDE

VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE

GOALS FRAMEWORK FOR SEXUAL HISTORY TAKING IN PRIMARY CARE

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINES PROGRAM AUGUST 2019

WHAT IS THE GOALS FRAMEWORK?

The **GOALS** framework, designed to streamline sexual history conversations and elicit information most useful for identifying an appropriate clinical course of action, includes 5 steps:

- **G**ive a preamble that emphasizes sexual health. The healthcare provider briefly introduces the sexual history in a way that de-emphasizes a focus on risk, normalizes sexuality as part of routine healthcare, and opens the door for the patient's questions.
- **O**ffer opt-out HIV/STI testing and information. The healthcare provider tells the patient that they test everyone for HIV and STIs, normalizing both testing and HIV and STI concerns.
- **A**sk an open-ended question. The healthcare provider starts the sexual history taking with an open-ended question that allows them to identify the aspects of sexual health that are most important to the patient, while allowing them to hear (and then mirror) the language that the patient uses to describe their body, partner(s), and sexual behaviors.
- **L**isten for relevant information and fill in the blanks. The healthcare provider asks more pointed questions to elicit information that might be needed for clinical decision-making (e.g., 3-site versus genital-only testing), but these questions are restricted to specific, necessary information. For instance, if a patient has already disclosed that he is a gay man with more than 1 partner, there is no need to ask about the total number of partners or their HIV status in order to recommend STI/HIV testing and PrEP education.
- **S**uggest a course of action. Consistent with opt-out testing, the healthcare provider offers *all* patients HIV testing, 3-site STI testing, PrEP education, and contraceptive counseling, unless any of this testing is specifically contra-indicated by the sexual history. Rather than focusing on any risk behaviors the patient may be engaging in, this step focuses specifically on the benefits of engaging in prevention behaviors, such as exerting greater control over one's sex life and sexual health and decreasing anxiety about potential transmission.

Thoughts? Comments? Complaints?

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