

HIV Today: Are We Recycling the Morals of Yesterday?

A Tool to Recognize & Engage Diverse Clients

GTZ Webinar Series

November 19, 2020



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Bio JaDawn Wright

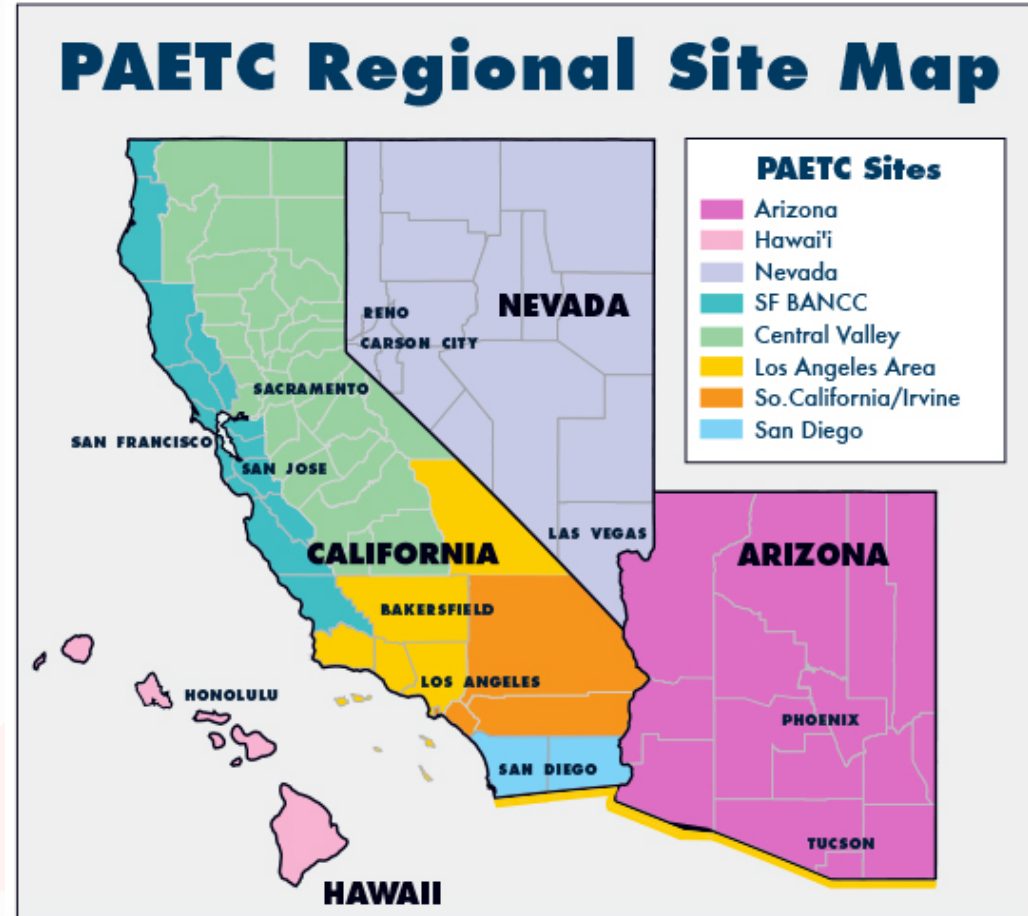


JaDawn Wright is infectiously passionate and motivated by exceptional experiences working in HIV prevention and care programs, aligning herself with and amplifying the voices of people living with HIV/AIDS. She has over 20 years of experience in technical assistance, training, project management, and quality improvement programs. JaDawn earned a Master's degree in Intercultural Relations from the School for International Training and has worked in Washington, Florida, and California as well as internationally in South Africa. **She brings the culmination of her experience and expertise to currently serve as the Deputy Director for the Pacific AIDS Education and Training Center based at the University of California San Francisco.**

Pacific AIDS Education and Training Center (PAETC)

The mission of PAETC is to:

1. Provide health care professionals with the knowledge and skills necessary to care for people living with HIV in underserved and vulnerable populations
2. Increase the numbers of trained health care professionals working with people living with HIV
3. To respond to the needs of priority populations and the changing face of the epidemic



Learning Objectives

By the end of this presentation, you will be able to:

- Define sex negativity and sex positivity.
- Demonstrate knowledge of sex positivity approaches in clinical practice and why they are important.
- Utilize language and clinical practices to communicate about sex and sexuality in positive and inclusive ways.

SEX POSITIVITY

What it is and isn't

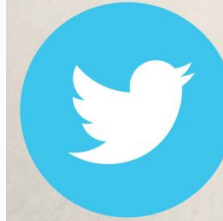
Why sex positivity now?

U=U

Has your doctor talked to you yet about U=U?

U=U means that
**undetectable
viral load**
=
**untransmittable
HIV**

**BLACK
LIVES
MATTER**



#MeToo



Definition: Sex Positivity

Sex positivity is “an attitude towards human sexuality that regards **all consensual sexual activities as fundamentally healthy and pleasurable**, and encourages sexual pleasure and experimentation. The sex-positive movement is a social and philosophical movement that advocates these attitudes. The sex-positive movement **advocates for sex education and safer sex** as part of its campaign.”



Definition: Sexual Pleasure

“Sexual pleasure is the **physical and/or psychological satisfaction and enjoyment derived from solitary or shared erotic experiences**, including thoughts, dreams and autoeroticism. **Self-determination, consent, safety, privacy, confidence and the ability to communicate and negotiate sexual relations are key enabling factors for pleasure to contribute to sexual health and wellbeing.** Sexual pleasure should be exercised within the context of sexual rights, particularly the rights to equality and non-discrimination, autonomy and bodily integrity, the right to the highest attainable standard of health and freedom of expression. **The experiences of human sexual pleasure are diverse and sexual rights ensure that pleasure is a positive experience for all concerned** and not obtained by violating other people’s human rights and wellbeing.”

SEX POSITIVITY

- Strength, wellbeing & happiness
- Individual sexuality is unique and multifaceted
- Multiple ways of knowing
- Reflects professional ethics
- Open, honest communication
- Humanizing
- Encourages peacemaking

Adapted from Williams, et al., 2015

Sex Negativity

- Making judgements about other people's behavior.
- Equating sexuality – or certain types of sex – with deviance, abnormality, or risk.
- The belief that sex is:
 - Inherently bad, dangerous, sinful, dirty, shameful
 - Only permissible for procreation, marriage, and/or love



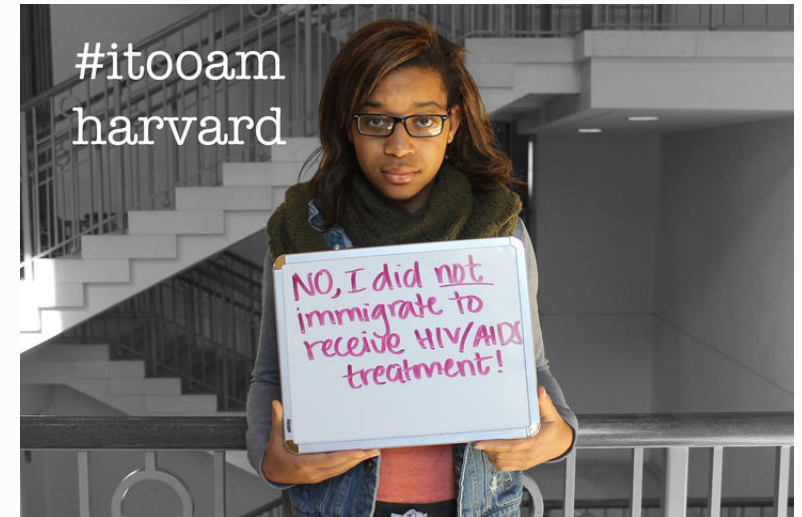
Sex Negativity: Consequences

- Makes us question our normality
- Fosters secrecy & silence
- Discourages exploration
- Barrier to patient-provider communication
- Promotes unrealistic expectations
- Ineffective programs



Sex Negativity Specific to HIV Care

- Misgendering Patients
- Good patient vs. Bad patient
- Assumptions about how HIV exposure occurred
- HIV risk and gatekeeping prevention/medication
- Focusing on treatment adherence and VL solely as indicators of patient health
- Dismissal of patient concern for health because they are “doing great”
- Condescension about patient burnout or frustration with the system
- We are helping the patient vs. the patient is deserving of care and resources



Redefining Sex



WHY SEX POSITIVITY?

Background & Context

Sex Positive Does Not Equal Sex Promotion

Being Sex Positive
does not mean that
I want to have sex
with you,
with everyone,
or at all.

somee cards
user card



Complementary Components

Sex
Positivity

Motivational
Interviewing

Patient
Centered
Care

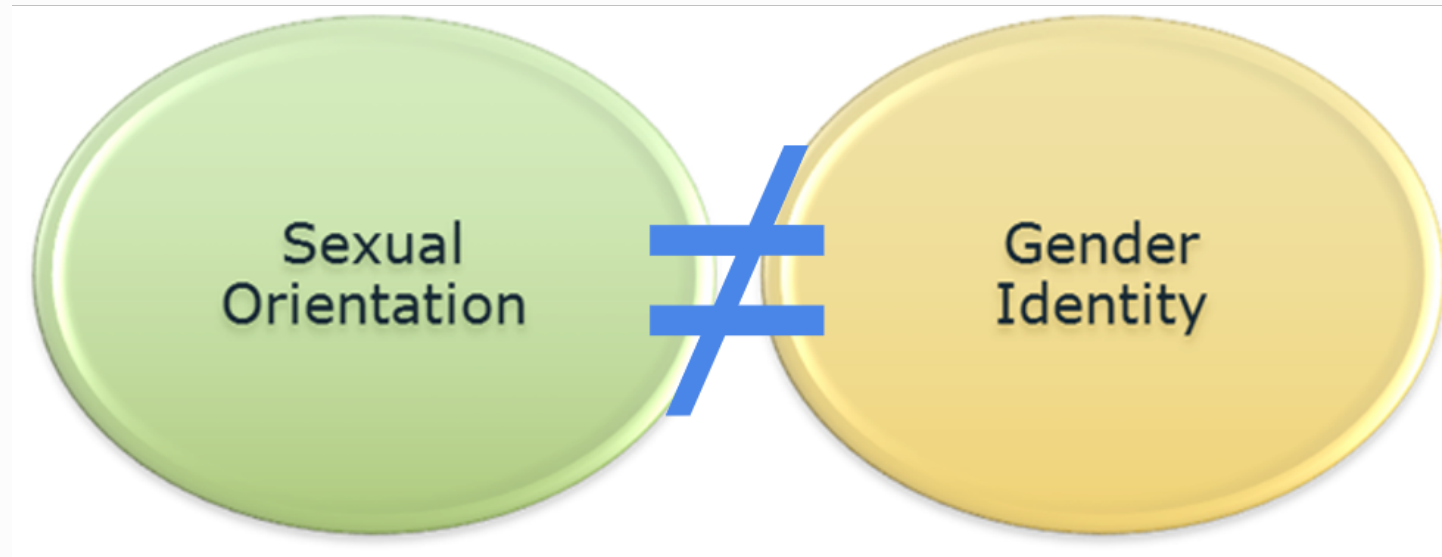
Trauma
Informed
Care

Harm
Reduction

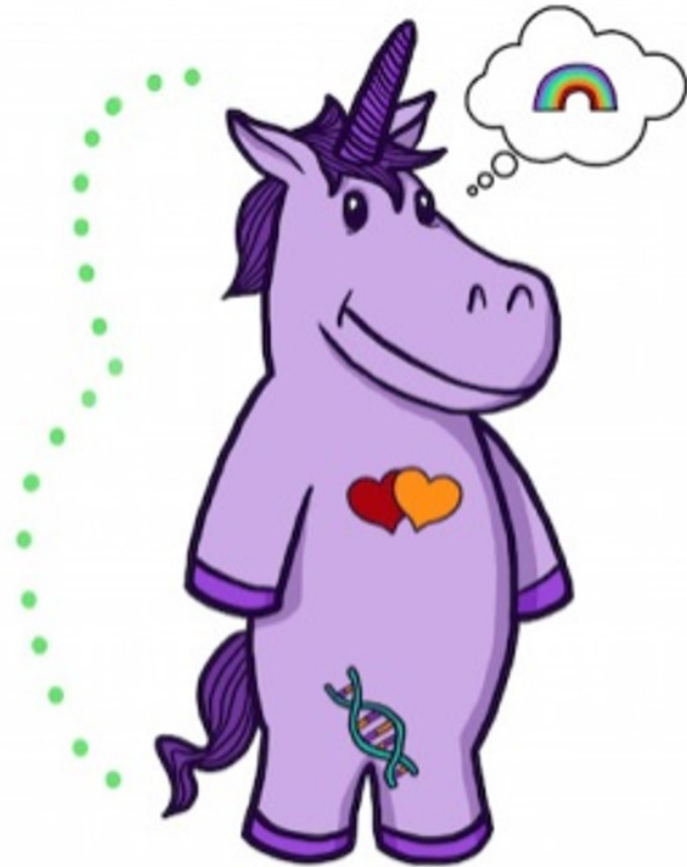
Social Ecological Model



Sexual Orientation and Gender Identity

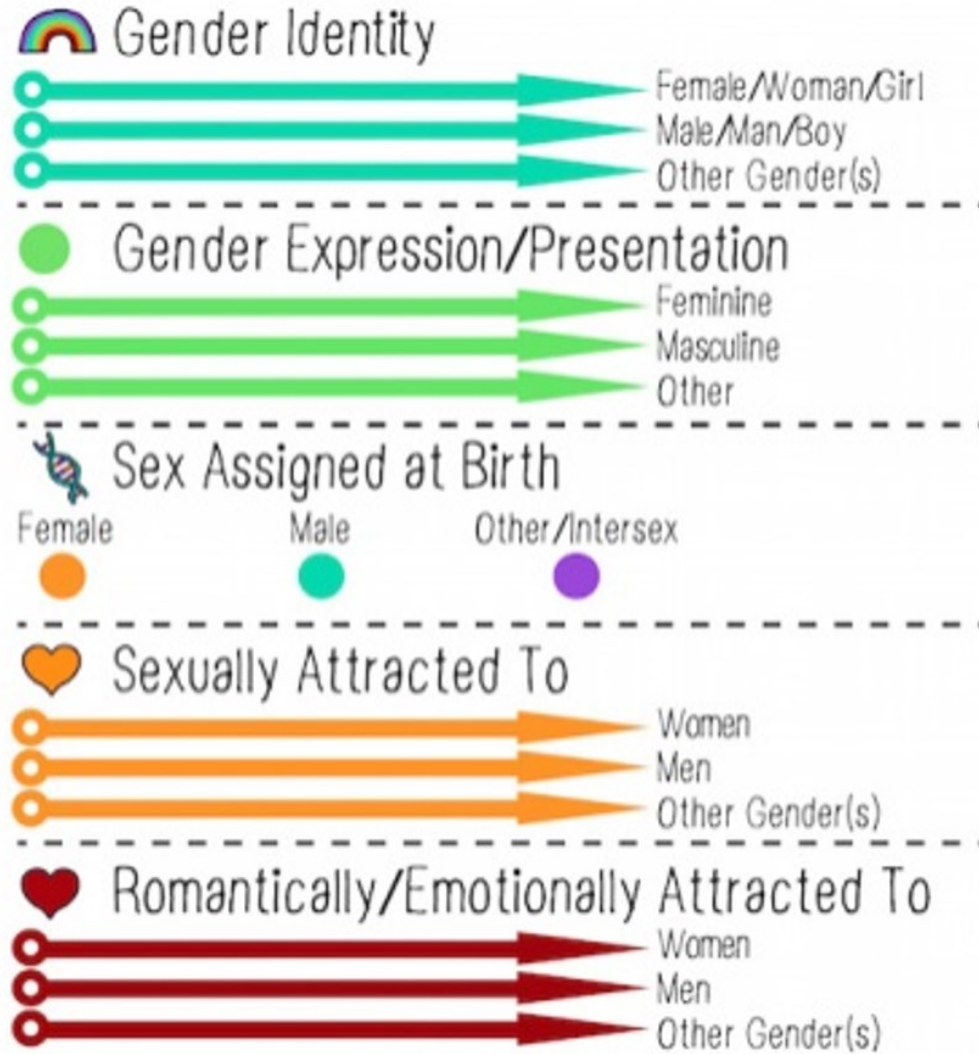


The Gender Unicorn by TSER



To learn more go to:
www.transstudent.org/gender

Design by Landyn Pan



WHY SEX POSITIVITY?

The Numbers

WHY SEX POSITIVITY?

2012 Study of OBGYN Doctors

- **28.5%** asked about sexual satisfaction
- **27.7%** sexual orientation/identity
- **13.8%** pleasure with sexual activity
- **25%** Ob/Gyns reported they had expressed disapproval of patients' sexual practices.

Transgender Health Disparities

From the 2015 US Transgender Survey

33%

One-third of respondents who had seen a provider in the past year reported having at least one negative experience with a doctor or other health care provider related to being transgender.

24%

had to teach a provider about transgender people in order to receive appropriate care

15%

were asked invasive or unnecessary questions about being transgender not related to the reason for the visit

In a 2017 study, nearly 80% of providers reported that they thought patients would be offended if asked their sexual orientation in an emergency department setting.

In a study published in 2018 testing the hypothesis that patient attitudes toward intake forms would be significantly more negative among those who received intake forms including SOGI information, what percentage of patients were distressed, upset or offended by the SOGI questions?

a) 80%

b) 53%

c) 27%

d) 3%

What we potentially miss....

- All federally funded clinics now required to collect sexual orientation and gender identity (SOGI) data, and 97% of patients are comfortable being asked SOGI questions on intake questionnaires. ¹
- 27% of women, 12% of men report experiences with sexual violence, physical violence and/or stalking. ²
- Discomfort with talking about sex with providers is a barrier to STI testing and may be associated with increased rates of STIs. ³

In a 2016 survey conducted by GLAAD, how many millennials identified themselves as LGBTQ?

a) 42%

b) 33%

c) 20%

d) 13%

2017 Accelerating Acceptance Report, GLAAD

	Millennials Ages 18-34	Gen X Ages 35-53	Baby Boomers Ages 52-71	72+
Identify as LGBTQ	20%	12%	7%	5%
Identify as transgender or gender non-conforming	12%	6%	3%	3%
Consider themselves allies of the LGBTQ community	63%	53%	51%	39%

Meeting the Healthcare Needs of Transgender, Nonbinary, and Gender Expansive/Nonconforming Youth

“There’s a lot of doctors who will only like help if you’re a binary trans person. And if you’re not, if you don’t seem binary enough or something—like they don’t understand that non-binary is a real thing.”

“Healthcare professionals should become educated on trans issues, and then take the next step to show their patients what they have learned about these things to eliminate stress.”

Your Patients' Health

23%

of respondents reported that they did not seek the health care they needed in the year prior to completing the survey due to fear of being mistreated as a transgender person.

“The nurse refused to give me HIV testing because she said those funds were reserved for men who have sex with men and I’m ‘not a real man.’ She told me I was born female and just needed to accept reality.”

WHAT YOU CAN DO

How to be a sex positive provider



A Sex-Positive Health Professional....



- Checks their own assumptions and biases
- Embraces their clients as assets & as experts on their experience
- Centers the client's priorities in communication and decision making
- Practices self reflection, humility, & empathy
- Seeks ongoing training and development
- Is responsive, relevant, respectful
- Remembers that pleasure is an important part of sexual health

How to Ask: Sex & Gender

- “What is your gender?”
- “My gender pronouns are _____. What are your gender pronouns?”
- “What sex were you assigned at birth?” or “What sex was on your birth certificate?”

Why do pronouns
and names
matter?

Because they
acknowledge and
validate the
person in front of
you

How to ask: Sexuality & Relationships

Instead of “Do you have sex with men, women, or both?” try...

- “To whom do find yourself attracted to emotionally, romantically, or sexually?”
- “What are the genders of the people you have sex with?”



How to Ask: Sexual Health

- Keep it open-ended with gender neutral language: chest (instead of breasts), genitals, internal/external sexual/reproductive organs, etc
- Ask what words people use to describe their bodies
- Reflect back language for sexual behaviors, body parts, relationships
- Be specific in your questions to evaluate risk for pregnancy, STIs, etc
- Remember that gender ≠ genitals or sexual behaviors
- “What types of sexual relationships do you engage in?”
- “What body parts bring you sexual pleasure?”



Breakout Room 1: Case Study

10 Minutes Session

You want to talk with a new patient with HIV about STI screening with a sex positive approach.

How would you approach this?

- How would you introduce pleasure into the conversation?
- How would this change if the patient were married or in a long-term relationship?
- How would this change if the patient disclosed, they have multiple long-term partners?
- What aspects of health would you emphasize?

Breakout Room 2: Case Study

You are seeing a patient who discloses that another provider in our clinic continually misgenders them.

How would you approach this?

10 Minutes Session

- How would you help the patient to feel safe and respected in the moment?
- How would you address with your colleague?
- How do you provide this feedback if you are not a physician?

Addressing & Eliminating Challenges in Clinic

- Become aware of your own language and actions
- Be observant – notice reactions
- Address the challenge with solutions (3-step process)



Check in with your organization

- How is gender information collected?
- How is that information respected or shared between the patient and provider?
- Are staff comfortable asking and communicating about gender?
- Are staff comfortable asking and communicating about sex and sexuality?

Who is Sex Positivity for?

everyone!



QUESTIONS?

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