



Adolescent Counseling Title X QFP

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Advocacy

Disclosures

Kristin Keglovitz-Baker

- Advisory Board/Speaker for Gilead Sciences and Janssen. No conflict of interest in relation to this program/presentation.

Learning Objectives

- Discuss the relationship between culture and health in the context of adolescent friendly services
- Share best practices for asking questions regarding reproductive health to the trans, gender nonconforming, non binary patient population
- Explore possible program models for successful, affirming sexual/reproductive healthcare
- Discuss parental involvement and issues around confidentiality

WHO Definition of Sexual Health and Sexual Rights

- **Sexual Health:** Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires:
 - A positive and respectful approach to sexuality and sexual relationships
 - The possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence
- **Sexual Rights:** Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements



For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.

American Sexual Health Association Definition of Sexual Health

- Sexual health is the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health
- Being **sexually healthy** means:
 - Understanding that sexuality is a natural part of life and involves more than sexual behavior
 - Recognizing and respecting the sexual rights we all share
 - Having access to sexual health information, education, and care
 - Making an effort to prevent unintended pregnancies and STIs and seek care and treatment when needed
 - Being able to experience sexual pleasure, satisfaction, and intimacy when desired
 - Being able to communicate about sexual health with others including sexual partners and health-care providers



The Culture of Adolescence

- Peer Dependent
- Egocentric
- Influenced by popular or peer culture
- Distinct language



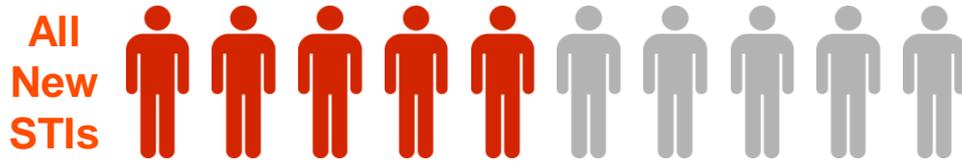
Identity

- Race/Ethnicity
- Ability
- Gender Identity
- Family Structure
- Sexual Orientation
- Peer Group
- Religion/Spirituality
- Genetics
- Socioeconomic Status
- Stage of Development
- Geography

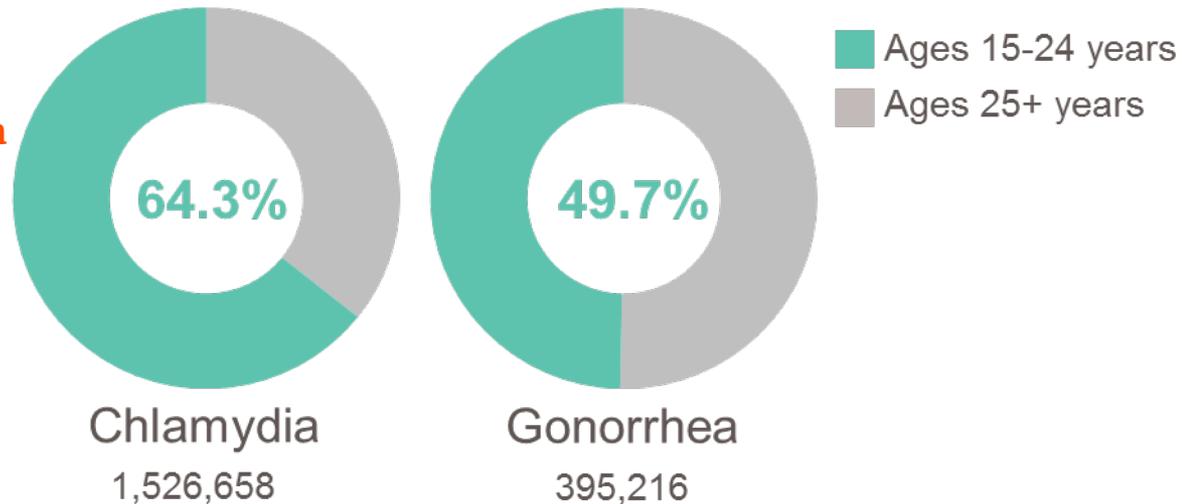


STIs Are More Common Among Adolescents and Young Adults

- Americans aged 15-24 years make up just 25% of the sexually active population, but incidence and prevalence estimates suggest they acquire half all new STIs¹



- In 2015, most reported chlamydia and gonorrhea infections occurred among 15-24 year-olds²:



Normal Adolescent Cognitive and Behavioral Factors Can Affect Sexual Behavior

Adolescents' heightened propensity for risky behavior is thought to reflect maturational imbalance between cognitive control systems and affective reward processing.¹



Cognitive²

- Myth of invulnerability
- Lack of knowledge of STIs and associated signs/symptoms
- Fear of disclosure of sexual activity to parent/guardian



Behavioral²

- Multiple partners, new partner in past 3 months, older partners, bisexual partners, partners who have been incarcerated
- Known sex with HIV-positive partner or partner with a history of IDU
- Inconsistent or lack of use of barrier method
- Oral contraceptive use (increases risk of chlamydia)
- Past history of STIs

Self Perception of HIV Risk Is Low in At-Risk Populations

Persons undergoing HIV rapid testing in Philadelphia surveyed between May 2012 and December 2014 (N=5606; >90% African American)



A large proportion of patients at moderate or high risk for HIV infection, especially women, do not perceive themselves to be at high risk.

Background

- Access to health services and social support to the adolescent community is a fundamental human right
- We make a lot of assumptions about adolescents
- Insufficient skills on our part
- Incomplete knowledge about sexuality and sexual health
- High levels of stigma and discrimination



Social Determinants Affecting Individual Health

- Social environment can determine the availability of healthy sexual partners
- Challenging economic circumstances can increase risk for STIs if affordable quality health care is not accessible
- Community mistrust/miscommunication between providers and patients
 - negatively affects health care-setting interactions & may lead to barriers to care-seeking

Diagram of Sex and Gender

Biological Sex (anatomy, chromosomes, hormones)

male

intersex

female

Gender Identity (Sense of Self)

man

Non binary

woman

Gender Expression (Communication of Gender)

masculine

androgynous

feminine

Sexual Orientation (Erotic Response)

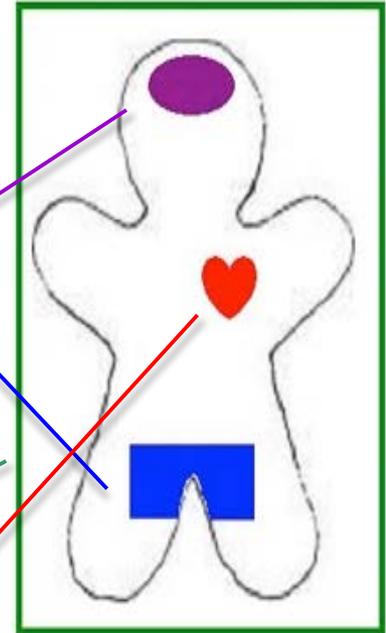
attracted to women

Bisexual/asexual/pansexual

attracted to men

SOGI Definitions

Term	Definition
Sex	Biological, physiological, anatomical markers
Gender	Societal construct congruent with norms for sex assigned at birth
Gender Identity	Refers to “how people see & identify themselves”
Gender Expression	“How people express their gender identity”
Sexual Orientation	Refers to the gender(s) of those to whom one is sexually and romantically attracted



Shared Language and Meaning

Gender Identity

A person's deeply-felt, inherent sense of being a girl, woman, or female; a boy, man, or male; a combination of male and female; or an alternate gender. Gender identity may or may not correspond to a person's external body or the sex that they were assigned at birth.

- Transgender (umbrella term)
 - Sex assigned at birth is not completely aligned with gender identity
- Gender Non-Conforming (umbrella term)
 - Sex assigned at birth is not aligned with gender identity and gender identity is something other than male or female
- Cisgender
 - Sex assigned at birth is aligned with gender identity



Shared Language and Meaning

Gender Expression

- The external manifestation of a person's gender identity, which may or may not conform to socially-defined behaviors and external characteristics that are “masculine” or “feminine”. These behaviors and characteristics are expressed through movement, dress, grooming, hairstyle, body shape or size, jewelry, mannerisms, physical characteristics, social interactions and voice.

Respectful Communication

- Language and behavior that welcome TGNC people into your clinic and communicates that their identity is understood, respected and will be affirmed in their health care.

“Trans” or Transgender

An umbrella term / a spectrum

Other terms: Gender Non-Conforming, Gender-Queer

Gender identity and/or gender expression differ from the conventional gender expectations for biological males and females

OR

A gender identity not adequately defined by conventional ideas of male and female.

NOTE: Sexual orientation is not in any way a part of this description!



Shared Language and Meaning

Cultural Humility

-ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of **cultural** identity that are most important to the [person]

Cultural Skill

-Ability to collect relevant cultural data regarding the client's problem as well as accurately performing a culturally based physical assessment - to determine explicit needs and intervention practices within the context of the people being served

Cultural Desire

-Motivation of the health care provider to want to, rather than have to, engage in the process of being culturally aware



Gender Identity is...

- NOT permanent or fixed or “boxable”
- NOT something one person can decide for someone else
- NOT something to be afraid of when it is different than what we might expect
- NOT easy to avoid assigning to others
- NOT the same thing as sexual orientation

Morbidity & Mortality

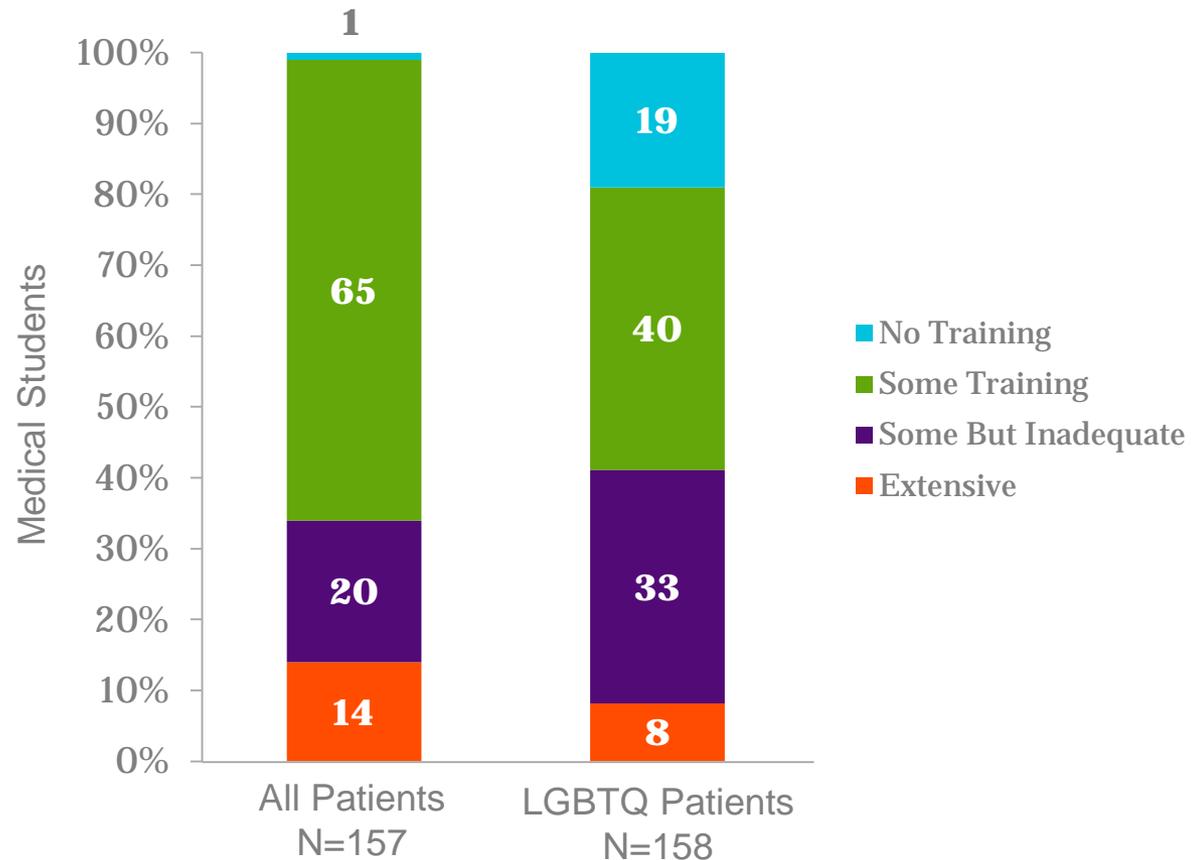
- Extrinsic -

- We live in a very strictly gender binary society
 - When a a baby is born...
 - Pink vs blue clothing, décor, bike, backpacks, etc.
 - Identifying documents
 - Medical forms
 - Bathrooms
 - Dorms
- Little tolerance for any gender variance
 - Homosexuality can be seen as a form of deviance from expected gender role, and is still severely punished by some segments of society

Inadequate Medical Training on Taking a Sexual History

Survey of medical students, residents and fellows designed to explore comfort, knowledge, and training in taking sexual history and LGBTQ-related content

How much training have you received for learning how to take a patient's sexual history?



Promoting Sexual Health Starts With Taking a Sexual History

- Taking a sexual history is recommended for all adult and adolescent patients as part of ongoing primary care

Barriers to Taking a Sexual History

Urgent care issues¹

Provider discomfort or anticipated patient discomfort¹

Patients may not be comfortable talking about their sexual history, sex partners, or sexual practices²

Benefits of Taking a Sexual History

Opportunity to build patient trust¹

Opportunity for risk-reduction counseling²

Opportunity to assess birth control needs²

Opportunity for supporting consistent and correct condom use¹

Identification of:

- Individuals at risk for STIs, including HIV²
- Appropriate anatomical sites for certain STI tests²
- Appropriate prevention methods¹

It All Begins By Starting A Candid Discussion: Example Questions



Partners

“Tell me about your partners.”

“What are the genders of your partners?”

“In the last 3 months, how many partners have you had?”



Practices

“Do you have insertive sex (you are the top), receptive sex (you are the bottom), or both?”

Tell me a little about how you have sex

What parts of your body do you use for sex?



Past History of STIs



Protection from STIs

“How often are you sure about your sexual partner's HIV status?”

“How do you protect yourself against STIs?”

“Have you ever been diagnosed with an STI? When? How were you treated?”



Pregnancy Plans

“Are you currently trying to have a child?”

“If not, what type of birth control are you using? What concerns do you have about birth control?”

Establishing Trust And Rapport Through Nonjudgmental Communication

- Talk to patients in a sensitive, open, and nonjudgmental manner

- Where appropriate, use open-ended questions:



“You always use condoms, right?”



“How do you protect yourself from HIV and STIs?” or
“What are your thoughts about condoms?”

- Avoid making assumptions based on the patients personal factors including appearance, age, relationship status, sexual orientation, gender, and gender identity:



“Do you have a boyfriend?”



“Do you have a person you like to have sex with? Tell me about them”

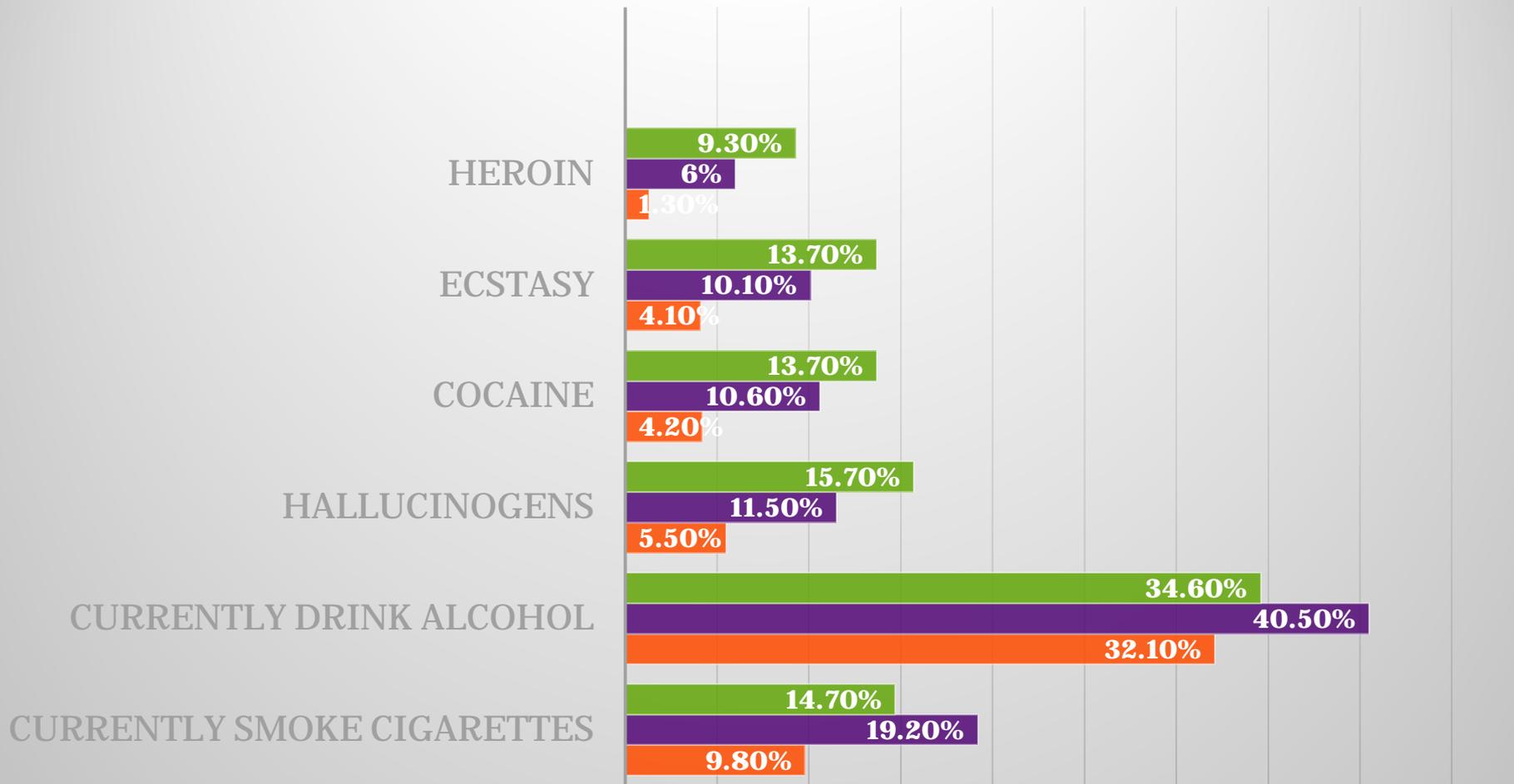


“Are you currently in a relationship?”

- Be straightforward, but sensitive and open to different behaviors
- Listen to how your patients address themselves and their partners, and address them similarly
- If unaware of your patient’s gender use gender neutral words/language, eg, them, they, theirs, hir, ze, hirs

Substance Use

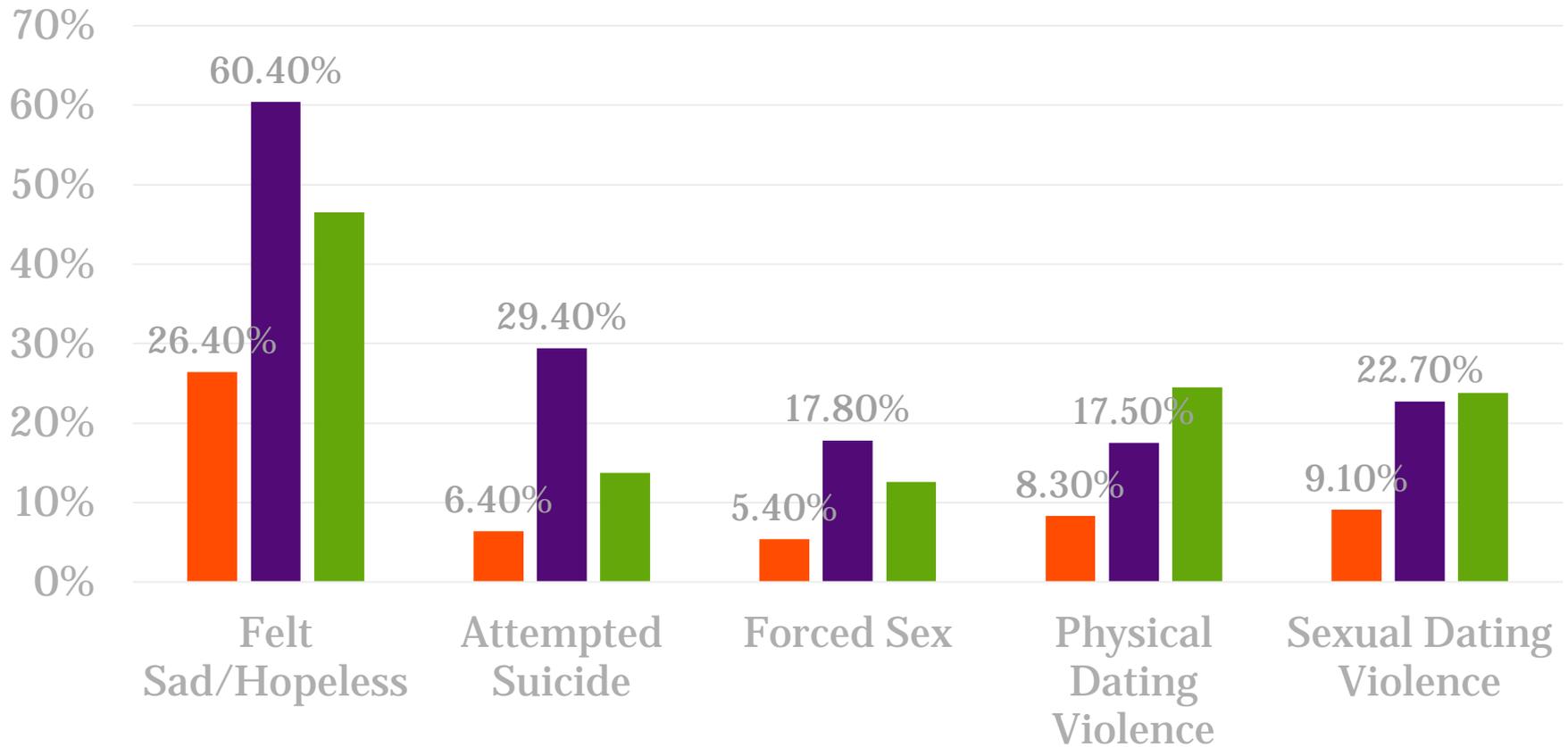
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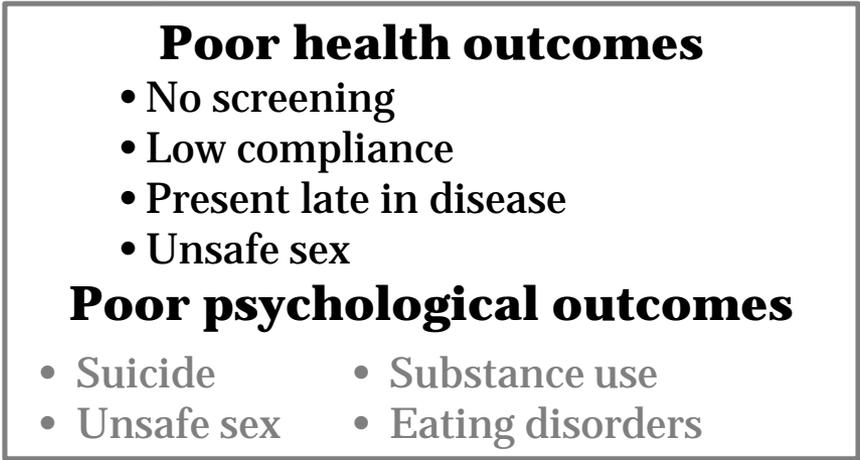
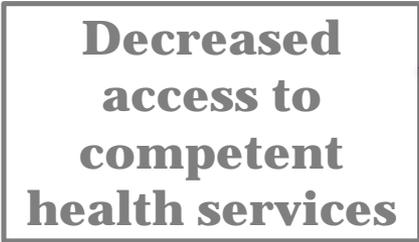
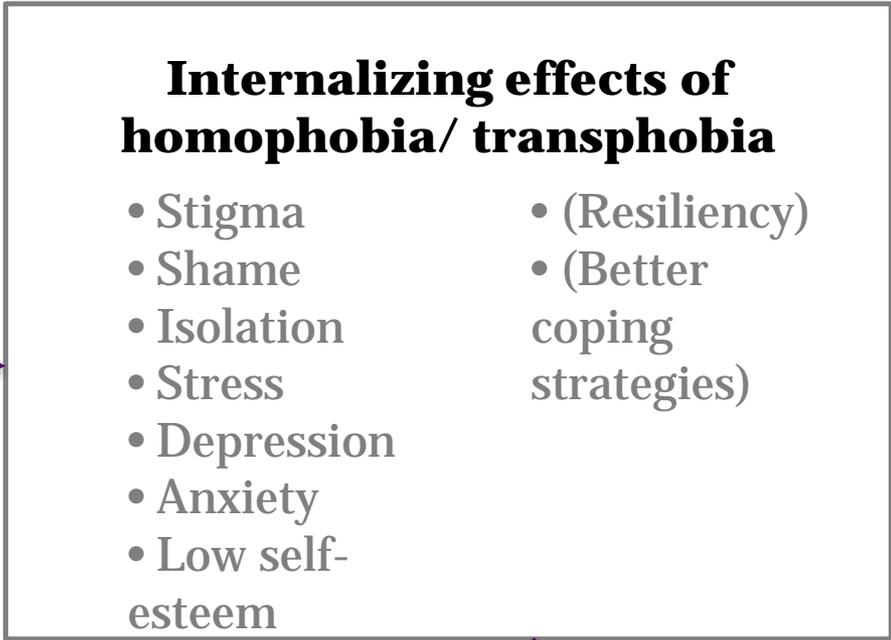
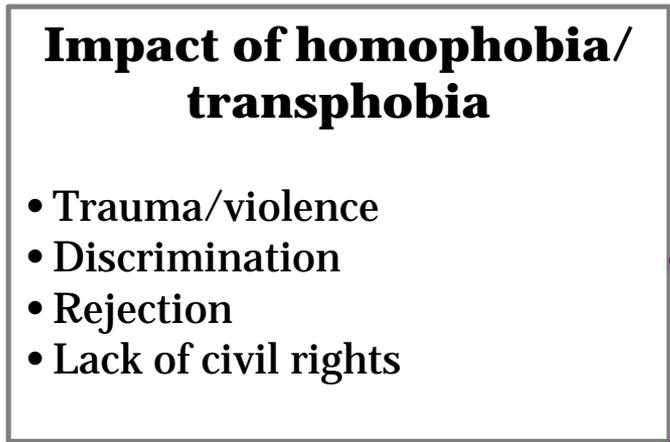
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Mental Health & Sexual Violence

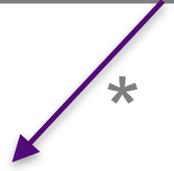
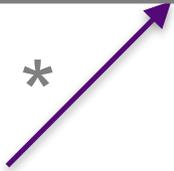
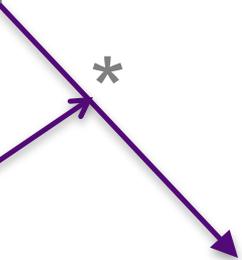
YRBS 2015



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* Where culturally competent medical and mental health care can be a mitigating factor





Standards of Care

1. Patients have the right to receive comprehensive, affirming, and respectful patient-centered care
2. Patients have the right to be referred to respectfully by whatever name and pronouns we choose
3. Patients have the right to ask questions about our healthcare
4. Patients have the right to expect ALL staff members to be committed to providing us with affirming and trans-competent care
5. Patients have the right to be recognized as experts in our own lives, needs, and healthcare decisions

Borrowed from TGNC Standards of Care

Hormone regimens and pregnancy prevention

- Many, but not all, trans men and non-binary folks use testosterone (T). For most, this stops menstruation.
- If a person has a uterus and ovaries, they can still get pregnant. Sometimes T doesn't stop the ovaries from releasing eggs, so even on T, someone could still get pregnant.



- Many, but not all, trans women and non-binary folks use estrogen. For most, this slows down the production of sperm.
- If a person has a sperm delivery system (penis and testicles), they can still get someone with a uterus and ovaries pregnant.

Trans and non-binary folks can also have kids if they want to! It's important that they talk to their provider if they are taking T or estrogen, who can help tailor methods to their needs.



HIV Testing vs. Pregnancy testing

HIV	Pregnancy
“What brought you in for this test today?”	“What brought you in for this test today?”
“What result are you expecting today?”	“What result are you expecting today?”
“If the result is negative, how would you feel?”	“If the result is negative, how would you feel?”
“If the test is positive, how would you feel?”	“If the test is positive, how would you feel?”
“So, let me tell you a little bit about the test you’re getting today... we are testing for the antibodies that would form if HIV were present in your body. This test will let us know your HIV status from birth until 3 months ago”	“So, let me tell you a little bit about the test you’re getting today...We are testing for a hormone that is produced the moment that someone gets pregnant. This test can detect that hormone 7-10 days after conception”

Importance of Extragenital Screening for STIs

Proportion of CT and GC infections that would be missed among 3398 asymptomatic MSM if screening only urine/urethral sites, San Francisco, 2008-2009¹



- **Rectal chlamydia and gonorrhea infections are asymptomatic 85% of the time** supporting the need for routine screening²

It's all in the **WAY** we ask...

Normalizing language:

- ◆ Increases the patients comfort and guides risk-reduction counseling

Opt out language:

- ◆ Brings anxiety down
- ◆ Reduces shame (if that is present or if past visit experience has lent itself to this feeling)
- ◆ Increases comfort with you as the provider

Opt-Out Script Examples

- ▶ *“While you’re here today, we should screen you, if that’s okay with you and unless you’ve done it recently.”*
- ▶ *“Chlamydia often has no symptoms. It’s a good idea for us to screen you today.”*
- ▶ *“Testing for chlamydia is simple. Let’s test you today while you are here.”*
- ▶ *“Do you have any questions?”*



Normalizing Script Examples

- *“We recommend screening much like we recommend immunizations, for patients your age.”*
- *“We test all of our patients your age for chlamydia. We should test you today.”*
- *“Chlamydia is part of routine health maintenance at your age. Since you are here today, we should test you.”*

Protection from STIs

Open-ended question:

“What do you do to protect yourself from sexually transmitted infections and HIV?”

Allows for different avenues of discussion:

- Condom use
- Lube
- Different protection with different partners
- Patient self-perception of risk
- Perception of partner’s risk

Practices

For condoms:

- If the answer is “*never...*”
 - ▶ Then “*tell me more -why don’t you use condoms?*”

Don’t shame/never judge. Get a sense of the barriers to use. Do they need help learning how to use, size, type, what would increase use?

- ▶ If the answer is “*sometimes...*”
 - ▶ Then: “*in what situations, or with whom, do you not use condoms?*”

Past History of STIs

A history of chlamydia infection increases a person's risk of repeat infection.

Ask: “Have you ever had an STI?”

- If yes: *“Do you know what the infection was and when was it?”*

Note: Often patients don't remember the name of the STI but will remember or can describe the treatment or what it looked or felt like

- *“Have any of your partners had an STI?”*

Coercion/Exploitation

- Not always obvious
- Not always aware-not textbook
- Discussion have been historically with survivors solely and not perpetrators-both are so important to discuss in adolescence/early on
- Role play how to have healthy dialogue regarding sex, consent, bodies, relationships

Always end with...

- *“Is there anything else you want to talk about?”*
 - Thank the patient for honesty
 - Praise protective behaviors
 - Meet the patient where they are
 - After reinforcing positive behavior, it is appropriate to address concerns regarding higher risk practices (PrEP, condom use, risk reduction)



Transgender/NonBinary Patients

BOTTOM LINE: You won't know if you don't ask...

- ▶ Ask the patient how comfortable they are talking about their body.
- ▶ Explain why you are asking the personal questions.
- ▶ What anatomic area they use for sexual practices and specifics?



Increasing Staff Comfort



When a patient doesn't come in for the particular service...how do we make it the culture of our agency?

Practice/Role Play

- ◆ When you think you know it all...train again.
- ◆ If we aren't comfortable (language, body language, etc.) our patients sure won't be.
- ◆ Make it more than a checkbox.
- ◆ A lot of "I should" instead of "I want"
- ◆ Give context to staff/educate on the long term benefits and importance.

Increasing Staff Comfort

- ◆ Increased frequency of taking a sexual history will lead to earlier detection, comfort, and increased satisfaction
- ◆ Provides opportunity for preventative care and relationship building
- ◆ Early treatment can dramatically improve outcomes
- ◆ Assess quality often-promote an environment open to staff and patient feedback
- ◆ Patient satisfaction surveys
- ◆ Quality assurance



Young People-Values & Approaches

- Low Threshold
- Gender, Sex & Sexuality
- Sex & Body Positivity
- Harm Reduction
- Adulthood
- Trauma Informed Care
- Approaches to Violence/Harm/Healing



Low Threshold

What it means?

- Looking at access
- How to we make something the least amount of steps for a young person to get what they need.

In Practice:

- Resource advocacy
- Self reported – no ids
- Sliding scale





Gender Sex & Sexuality

What it means?

- Breaking those things up
- Sex=biology
- Gender=identity
- Sexuality=who we love, hook up with, fuck, flirt, date, marry, find attractive, ect.

In Practice:

- Don't make assumptions
- EMR
- Create space for fluidity
- Accepting
- Address transphobia and homophobia in our space





Harm Reduction

What it means?

- Young person is making the decision, and their decision is respected
- expected to take reasonability of own behavior
- About reducing the harm, not the activity
 - No pre-defined outcomes

In Practice:

- Menu Of Options
- Don't offer unrealistic options
- Respect how people survive





Adultism

What it means?

- Systematic discrimination against young people
- Individual discrimination, often based assumptions that adults are better than young people, and entitled to act upon young people without agreement

In Practice:

- Informed consent
- Act as resources for young people
- Harm reduction approaches





Trauma Informed Care

What it means?

- Basic life assumptions are shattered
- Experience loss of choice or control
- Can be a single event or a series of events
- Not event, but the individuals experience of it
- Deep and life shaping

In Practice:

- Not about knowing or fixing
- Give control back to a person
- Give them options, they get to make the choices
- Acknowledge their strengths



Disparities in Care

- 13% reported being denied healthcare or provided with inferior care
- 15% of LGBT adults fear accessing care outside of LGBT provider networks
- 21% have not identified their sexual orientation or gender identity to their PCP
- 30% do not have a will and 36% do not have power of attorney for healthcare.



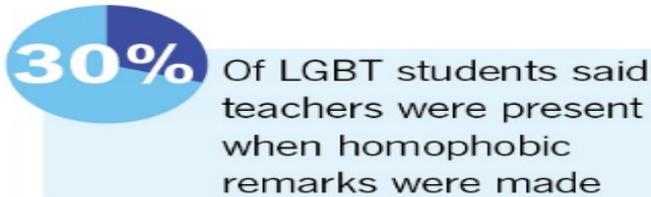
Words we at HBH strive for our care to look like

- Compassionate
 - Humility
 - Supportive
 - Uplifting
 - Hopeful
- Courageous
 - Limitless
 - Inclusion
 - Radical
 - Restorative

Why Prioritize Care for TGNC People?

The facts on LGBT youth

A national look at challenges faced by LGBT students



More than 8 out of 10 LGBT students have been verbally harassed in the past year



Of students skipped a day of school in the past month because of feeling unsafe



Nearly **5%** of LGBT youth live in an unstable environment, including facing homelessness.



Of LGBT students who reported harassment to school officials said nothing was done

Source: 2013 National School Climate Survey

Challenges Accessing Services

- “Mainstream” services
 - Often do not conduct outreach or provide services specific to the LGBTQ communities
 - May passively or actively provide unsafe spaces for LGBTQ adults
- LGBTQ programs and services
 - Not identified as a priority population
 - Even within specific LGBTQ systems of care, certain parts of the community are not thought of as often as others

5 Common Assumptions Made by Healthcare Providers

1. Providers may assume they can identify who is LGBTQ without asking.
2. “I provide the same quality of care for everyone.”
3. Providers may buy in to the stereotype that portrays LGBTQ people exclusively in terms of their sexual behaviors.
4. Attitudes may simplify our diverse identities and further add to the invisibility experienced by LGBTQ people.
5. Providers may communicate using inappropriate assumptions about age, gender identity, and sexuality.

Source: Openhouse LGBT Aging Cultural Humility Training Curriculum, “From Isolation to Inclusion: Reaching and Serving LGBT Seniors” (2015). For more info: www.openhouse-sf.org



LGBTQ Young People

- Fear of disclosure
- Less likely to be offered shared decision making
- Assumptions
- Identity doesn't match activity

Sexual History Taking

- Loeb and colleagues found that the strongest demographic factor associated with a documented sexual history was patient age.
- Health-care providers must be prepared to identify individuals at risk and screen accordingly to prevent disease morbidity and mortality. Despite these recommendations, rates of sexual history taking remain suboptimal particularly among older adults.

- *Can you tell me how you express your sexuality?*
- *What concerns or questions do you have about fulfilling your continuing sexual needs?*
- *Tell me more about your partners*
- *Tell me what parts of your body you use to have sex*
- *What interventions or information can I provide to help you to fulfill your sexuality?*



Environment

- Peers
- Messaging
- Enabling Environment ie. reduce harassment and discrimination around carrying condoms, meeting for sex and carrying injection equipment
- Staff mirrors the communities served

Outreach

- A mix of venues-some LGBT specific some not due to personalized preferences
- Networks
- Social Media
- Information, empowerment, and Education

GET CLOSER *with* BARRIERS

WHICH SAFER SEX TOOL IS RIGHT FOR YOU?

CONDOM
EXTERNAL CONDOM
OR MALE CONDOM
About \$6.50/3 pack

USES



INTERNAL CONDOM
REALITY® CONDOM
OR FEMALE CONDOM
About \$7/3 pack
Remove plastic ring before
using for anal sex.

USES



DENTAL DAM
About \$1.50/piece
If unavailable, make one using
non-microwavable plastic wrap.

USES



GLOVE
LATEX OR NITRILE
About \$0.10/glove

USES



butt



fingers



mouth



penis



sex toy



vagina/vulva

⚠️ REMEMBER

Use a fresh barrier every time you switch between holes or partners.

Don't let STIs, HIV, or Hepatitis come between you and your partners. Purchase these barriers online or in a pharmacy, or ask for them at your nearest health center.

WHAT YOUTH OF COLOR NEED:

80% of new HIV cases among young people ages 13-24 occur among youth of color. Young people of color are at higher risk for HIV even when they have the same or fewer risk behaviors as white youth.

PREVENTION

PROGRAMS THAT ADDRESS

CULTURAL NEEDS AND

BUILD THEIR SKILLS OF

CONDOM USE AND

NORMALIZED NEGOTIATION

WIDESPREAD,

HIV TESTING

FULL FUNDING FOR A VACCINE, AND A CURE

A VOICE IN DECISIONS

THAT AFFECT

THEM

REMOVAL OF

STRUCTURAL BARRIERS

TO HEALTH, LIKE POVERTY

ACCESS AND RACISM

TO HEALTH CARE,

INCLUDING

EARLY DETECTION

AND TREATMENT

OF HIV



IS APRIL 10
YOUTH AIDS DAY.ORG

Outreach cont'd

- Involve community in outreach efforts
- Traditional outreach efforts may not be effective
- Community Advisory Boards
- Patient surveys
- Focus groups
- Materials reading level appropriate
- Linguistics

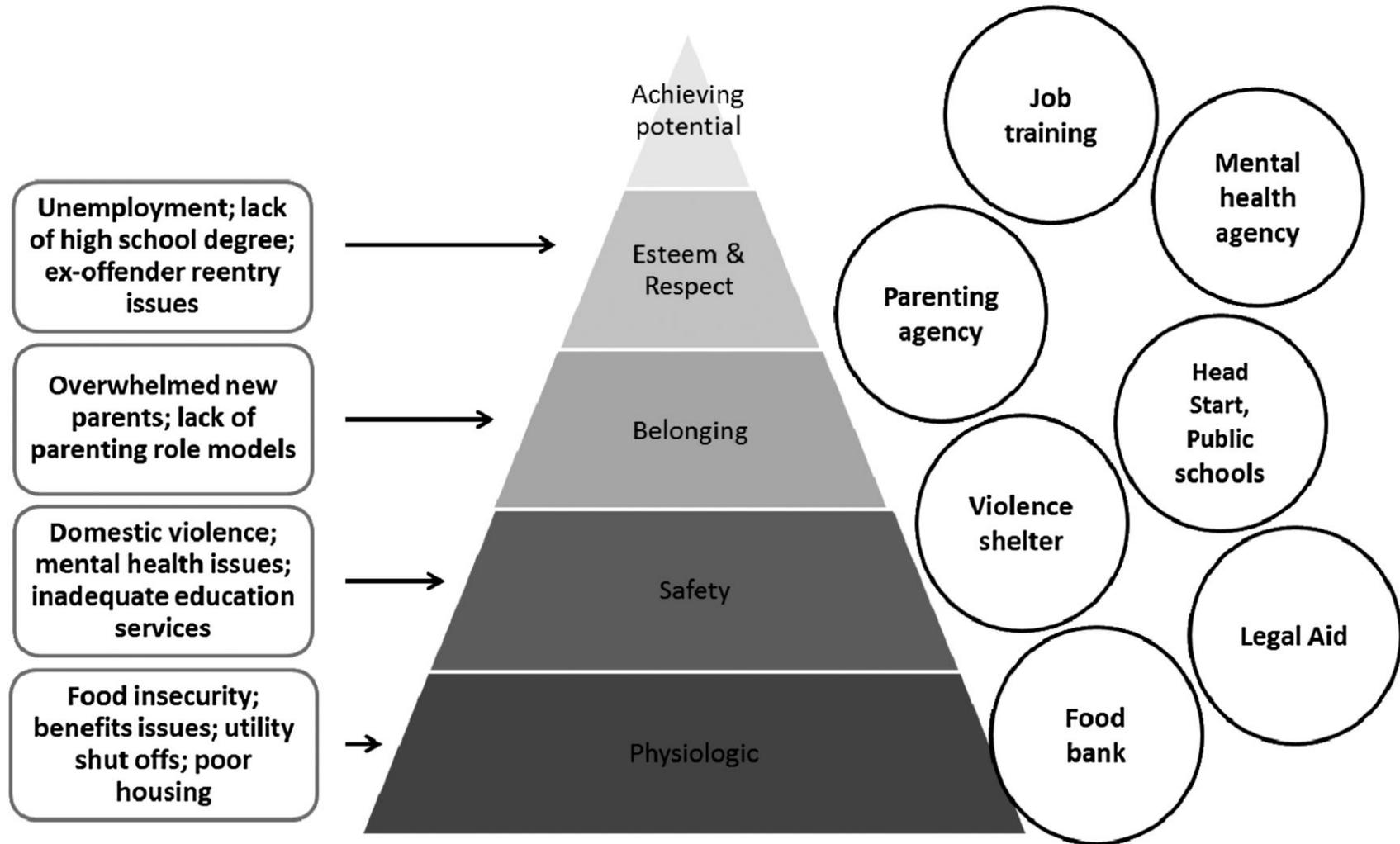
Service Delivery Model

- Comprehensive Services
- Link to other primary care services
- Whole Person Care
- Normalizing and Less Stigmatizing
- Use Technology
- Utilize different models ie. Testing together, sexual health walk in, stand alone testing, primary care integrated

Risk Assessment

Maslow's Hierarchy of Needs

Community-based Intervention



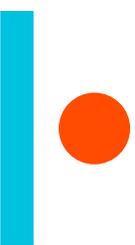


How Can We Improve These Health Outcomes?

- Framework
 - Listen to the patient's perception
 - Explain your Perception
 - Acknowledge and discuss the similarities and differences in perception (shared decision making)
 - Recommend while remembering the patient at the center
 - Negotiate agreement

Cultural Humility

- Puts onus on provider to self evaluate how personal bias may affect service delivery
- Redresses power imbalance
- Issues to confront:
 - How comfortable are you talking to adolescents?
 - Sexual minority adolescents?
 - What are your feelings/beliefs about adolescent sexuality?



● Elements of Adolescent Centered Services

- Adolescent Centered
- Accessible
- Affordable
- Environment of Care
- Peer Educator Component
- Adequate Space
- Flexible Schedule
- Confidential
- Comprehensive
- Continuity
- Explain why you are asking sensitive questions



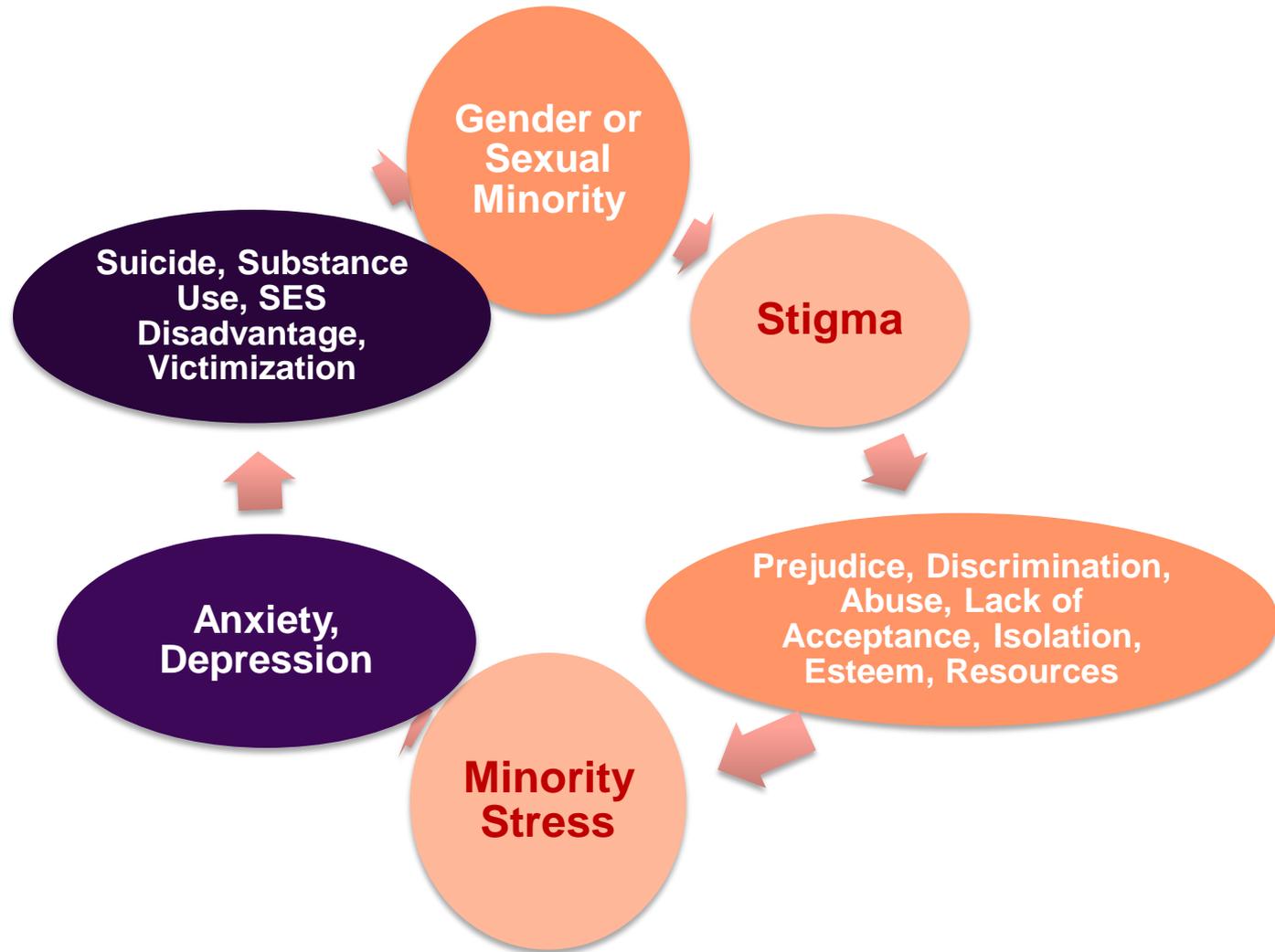
Strengths Based Approach

- Identify Strengths Early
- Discuss past difficulties your patient has overcome
- Reflecting listening and pause
- Comfortable, trusting, non judgemental
- Be sure the adolescent knows what you can keep confidential and not

Do's and Don't's

- Privacy-parent to step out
- Trust and rapport (pronouns/goals of the visit)
- Get to know them
- Don't...assume, interview with the parent in the room, disclose without consent, assume parent(s)/family are not a source of support

Minority Stress Theory



Rationale for Confidentiality

- Developmentally expected
 - 45% know it's available
- Clinically Essential
 - Affects the decision to seek care
 - Disclosure
 - Follow up
- Supported by Expert Consensus
 - 8% more likely to disclose
 - 14% more willing to follow up



Parental Involvement

- Be upfront
- If possible before a visit
- Display materials explaining confidentiality
- Billing issues-ie routine STI/HIV screening



Sample Confidentiality Statement

Our discussions with you are private. We hope that you feel free to talk openly with us about yourself and your health. Information is not shared with other people unless we are concerned that someone is in danger.

Consent

Outside of title X (title X pre empts state statutes)

- States have expanded minors ability to consent for healthcare
- State by state factors affecting rights:
 - Legal definition of minor
 - Legal emancipation
 - Parental notification and consent requirements
 - Mandatory reporting requirements



Consent

- Adoption
- Prenatal Services
- Abortion
- STI testing
- HIV testing/notification
- Contraception



Parental Involvement Can Create Barriers



JAMA study of 556 sexually active adolescents

--if mandatory parental notification was required for contraception, 59% would stop using all health services, 11% would delay or discontinue HIV and STI testing services, and 1% would stop having sex

Breaking Confidentiality

- When are providers required to break confidentiality?

- Abuse

- Risk of harm to self or others

Suicide plan vs STI vs 19/16 y/o relationship

Weigh risk vs benefit

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Questions?

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Thank You!