

# Adventures in Academic Detailing: Patient Informed Communication on Sex Positivity in HIV Prevention



**ASU** Southwest Interdisciplinary  
Research Center  
Arizona State University

IN PARTNERSHIP WITH



Presented by: Rocko Cook, Academic Detailing Program Manager



# Acknowledgements

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Works in partnership with local, city, county, state, national, non-profit, and governmental agencies, to perform evaluations and disseminate findings that support effective research-based interventions aimed at preventing, reducing and eliminating health disparities.

# Who is DISH-AZ?



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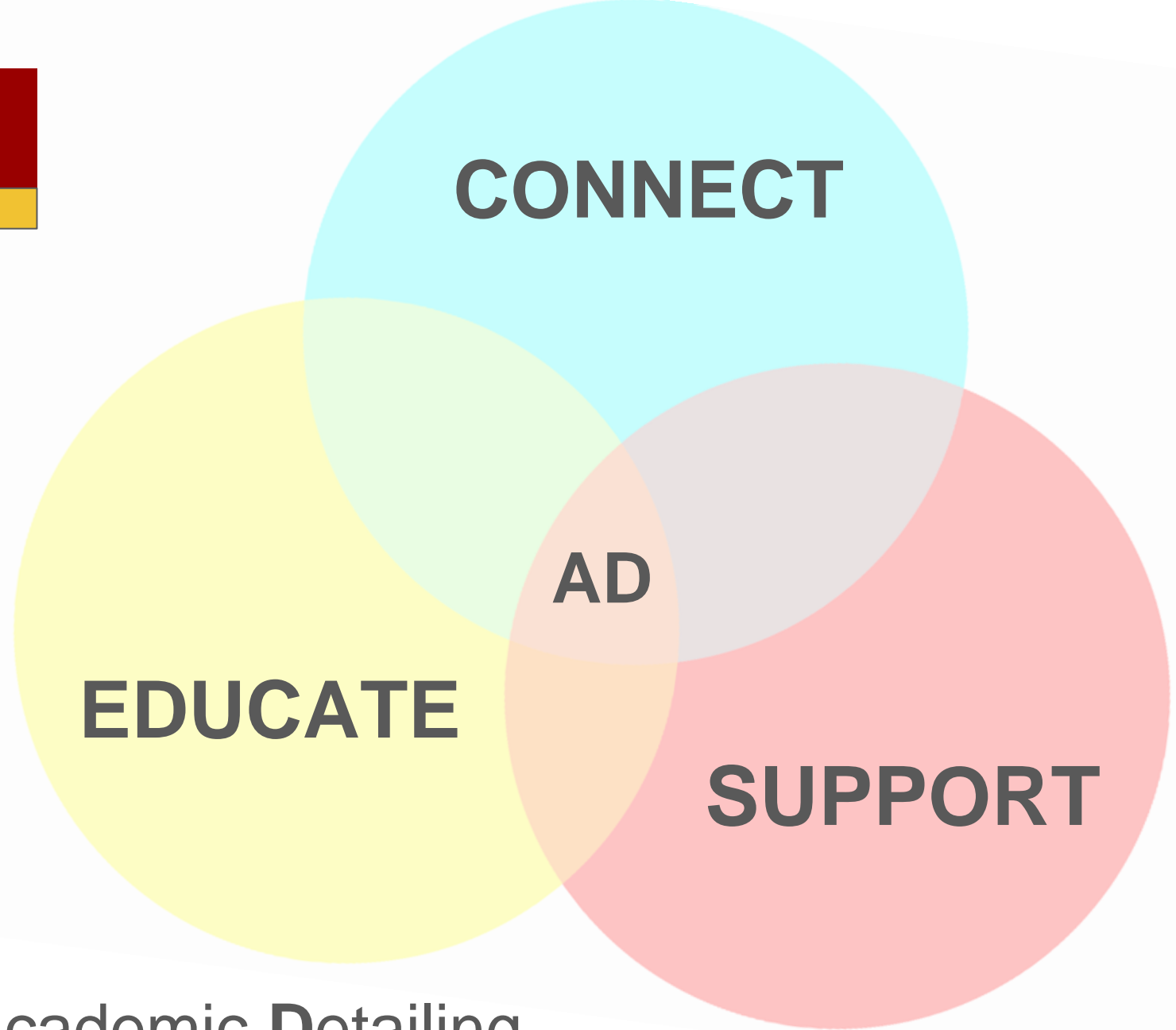
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# WHAT is DISH-AZ?

**Detailing for  
Improved  
Sexual  
(& Social)  
Health  
In AZ**



**AD = Academic Detailing**

# What does DISH-AZ do...

To date, we have worked with providers, clinicians, nurses, outreach staff, testers, navigators, and health educators in **15 clinics** and 1 hospital

- **Academic Detailing Sessions:**

- 1st quarter this year: 83 participants
- Mix of small group and 1:1 sessions in 15 clinics

- **Presentations:**

- Virtual and Large Group presentations on mpox, Do's and Don'ts of HIV Testing, HIV Basics, Status Neutral Approaches, Prevention Specialist Training, AETC, Motivational Interviewing, HepC testing, gender expansive care to locations around Arizona

# What does DISH-AZ do...


- **Statewide and National Education**

- Attended MI Training, Cultural Humility, Trans Health Summit, and Biomedical Summit
- Dissemination of information. Presented at AZ HIV/STI/HCV Symposium 2 workshops, National Latinx Conference, STD Engage Conference on AD, SDOH, Status Neutral and Stigma

# What does DISH-AZ use...

- Promoting Sexual Health: A Guide for Clinicians
- Prescribing PrEP at Your Clinic
- Rapid StART: Immediate ART Initiation Upon HIV Diagnosis
- Hepatitis C Virus: Improving the HCV Cascade of Care

## Promoting Sexual Health: A Guide for Clinicians



Your patients' sexual history is an important part of their overall health and wellness.

Taking a sexual history will help guide the physical exam, determine sites to screen for sexually transmitted infections (STIs), and establish your patients' STI/HIV risk.

In Arizona, STI cases are increasing even as HIV diagnoses plateau.<sup>1,2</sup>



Since 2000, STI cases have tripled in Arizona.

Percentage increase in cases from 2018 to 2019:<sup>2</sup>

|           |     |
|-----------|-----|
| Chlamydia | 6%  |
| Gonorrhea | 18% |
| Syphilis  | 24% |

FIVE STEPS PROVIDERS CAN TAKE TO IMPROVE SEXUAL HEALTH CARE

1. Take a comprehensive sexual history that includes the gender of sexual partners and anatomic sites of sexual exposure during the past year.
2. Offer screening to all young people <26 years old for chlamydia and gonorrhea annually.
3. Test and treat ALL pregnant women for syphilis at the first prenatal visit and retest at the beginning of the third trimester and at delivery.
4. Perform syphilis and site-specific gonorrhea and chlamydia testing based on site-specific sexual exposure.
5. Immediately treat and report all chlamydia, gonorrhea, and syphilis cases.

## PROVIDERS CAN HELP END HIV IN ARIZONA BY PRESCRIBING PRE-EXPOSURE PROPHYLAXIS (PrEP)

### WHAT IS PrEP?

- PrEP is an antiretroviral medication given to HIV-negative persons to prevent HIV transmission and infection.
- PrEP is safe and very effective when taken correctly.
- PrEP is available as oral (daily OR as needed) and injectable (every 2 months) regimens, with more in development.

### WHO MAY BENEFIT FROM PrEP? ALL SEXUALLY ACTIVE ADULTS & ADOLESCENTS!

ADDITIONAL INDICATIONS INCLUDE:

- Self-identified need for PrEP\*
- Sexual partner of someone living with HIV
- Unprotected sex with a sex partner of unknown HIV status in the last 6 months
- Bacterial STI in the last 6 months
- Shared injection drug use equipment in the last 6 months

**82%** of people who could benefit from PrEP aren't getting it.

\*An individual does not need to disclose indications or risk factors to request PrEP.

### HIV IS STILL BEING DIAGNOSED IN ARIZONA

African Americans, Hispanics, and American Indian/Alaska Natives in Arizona are at disproportionate risk for HIV<sup>1</sup>

|                                |      |
|--------------------------------|------|
| African Americans              | 37.7 |
| American Indian/Alaska Natives | 14.2 |
| Hispanics                      | 14.1 |
| Caucasians                     | 6.3  |

Rate of new HIV diagnosis per 100,000<sup>2</sup>

Starting PrEP allows me to take control of my health, and do my part in staying HIV negative.

681 new HIV diagnoses were reported in Arizona in 2020<sup>3</sup>

-Arizona PrEP Patient

## RAPID Start: Immediate ART initiation upon HIV diagnosis

### IMMEDIATE INITIATION OF ANTIRETROVIRAL THERAPY (ART):<sup>1,2</sup>

- Gets more people on treatment, and sooner, than waiting to start ART
- Decreases the median time to virologic suppression
- Reduces the risk of HIV transmission
- Reduces the time that people living with HIV can get an HIV-associated condition



Advised by the International Antiviral Society-USA Guidelines<sup>3</sup>  
Recommended by HHS Guidelines<sup>4</sup> and WHO Guidelines<sup>5</sup>

### EARLIER TREATMENT IS BETTER CARE

FIGURE 1. The percentage of patients on ART with a CD4+ T cell count in the normal range (>500 cells/mm<sup>3</sup>) over time, stratified by CD4+ T cell count before initiation of therapy.<sup>6</sup>

20% of patients who start ART at CD4+ T cell counts <200 cells/mm<sup>3</sup> were unable to achieve CD4+ T cell counts >500 cells/mm<sup>3</sup> even after >7 years of suppressive ART.

## Improving the Hepatitis C Virus (HCV) Cascade of Care

Updates and Opportunities for Arizona Providers to Diagnose and Cure HCV

In 2019 (prior to COVID-19), HCV passed all other nationally notifiable infectious diseases combined as a cause of death in the US.<sup>1,2</sup>

3,330 People are estimated to be living with chronic HCV in the US. 50% will be tested for HCV.

New Hepatitis C infections have more than tripled. 3x

4,200 New Hepatitis C infections in 2018.

16,000 in 2017.

205 in 2016.

Visit [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis) for more information.

From 2014 to 2020, over 77,000 unique HCV reports were received in Arizona.

A substantial proportion of positive reports from electronic lab reports (ELR) data, which serve as a proxy for surveillance, were of persons born after 1976. This suggests a correlation with unsafe injection practices and barriers to accessing sterile injection equipment among younger persons.

The Centers for Disease Control and Prevention (CDC) Screening Recommendations<sup>1</sup>

### Screen all adults aged 18 years and older for HCV at least once in a lifetime and once per pregnancy.

Both AASLD and IDSA<sup>4</sup> recommend routine periodic testing for persons, regardless of age, with ongoing risk factors, exposures, or conditions or circumstances:

- Persons who have ever injected drugs or used illicit intranasal drugs
- Men who have sex with men (MSM)
- Persons with HIV infection
- Sexually active persons about to start PrEP (pre-exposure prophylaxis) for HIV
- Children born to mothers with HCV infection
- Persons with percutaneous/parenteral exposures in an unregulated setting
- Persons with a history of incarceration
- Persons who have ever received maintenance hemodialysis or prior transfusions or organ transplants
- Healthcare, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- Persons with persistently abnormal ALT levels, or unexplained chronic liver disease and/or chronic hepatitis
- Solid organ donors and transplant recipients

Annual testing is recommended for all persons who inject drugs & men living with HIV who have unprotected sex with men.



# What does DISH-AZ use?

Supplemental materials based on healthcare provider needs:

- HIV Testing Dos and Don'ts: Parts 1, 2, 3
- Outreach Materials and Methods
- 12 Welcoming Space Indicators
- Status Neutral and Pleasure Based Prevention



The Side **DISH**

*Individualized and Ongoing Education and Connections for AZ Healthcare Providers*

Supplemental Materials

May, 2023

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## Dos and Don'ts of HIV Testing Part I

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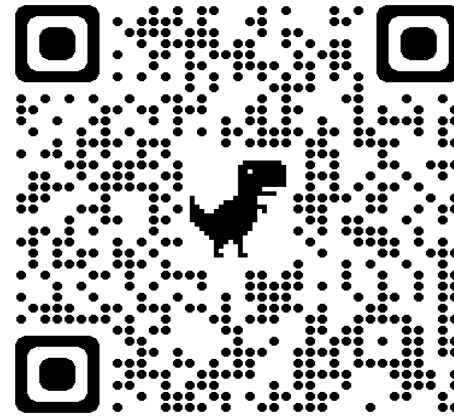
# What else do we focus on?

*Coming soon!*

- Gender Expansive Care
- mpox
- MSM Syphilis
- Congenital Syphilis
- Substance Use Disorder



Sign up for our newsletter!



# The Serving DISH

Weekly Special

*Individualized and Ongoing Education for AZ Healthcare Providers*

**The DISH team provides a weekly newsletter for Arizonan healthcare providers.**

# The 5-8 P's of Sexual Health History taking - new and improved!

*To further guide dialogue with your patient, the **5 “Ps”** may be a useful way to help you remember the major aspects of a sexual history.*

- 1. Partners**
- 2. Practices**
- 3. Protection from STIs**
- 4. Past History of STIs**
- 5. Pregnancy Intention**

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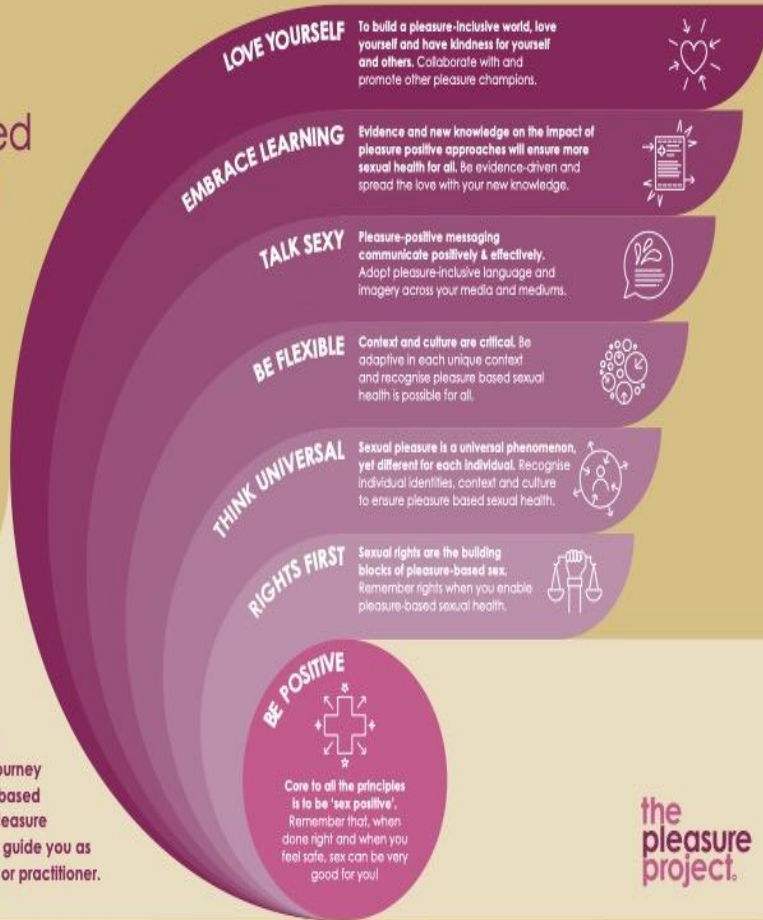
1. Partners
2. Practices
3. Protection from STIs
4. Past History of STIs
5. Pregnancy Intention

**And the new 3 P's!**

6. Preferences
7. Partner violence
8. **PLEASURE!!!**

# How we do it...

## The Pleasure Principles Pleasure-based Sexual Health

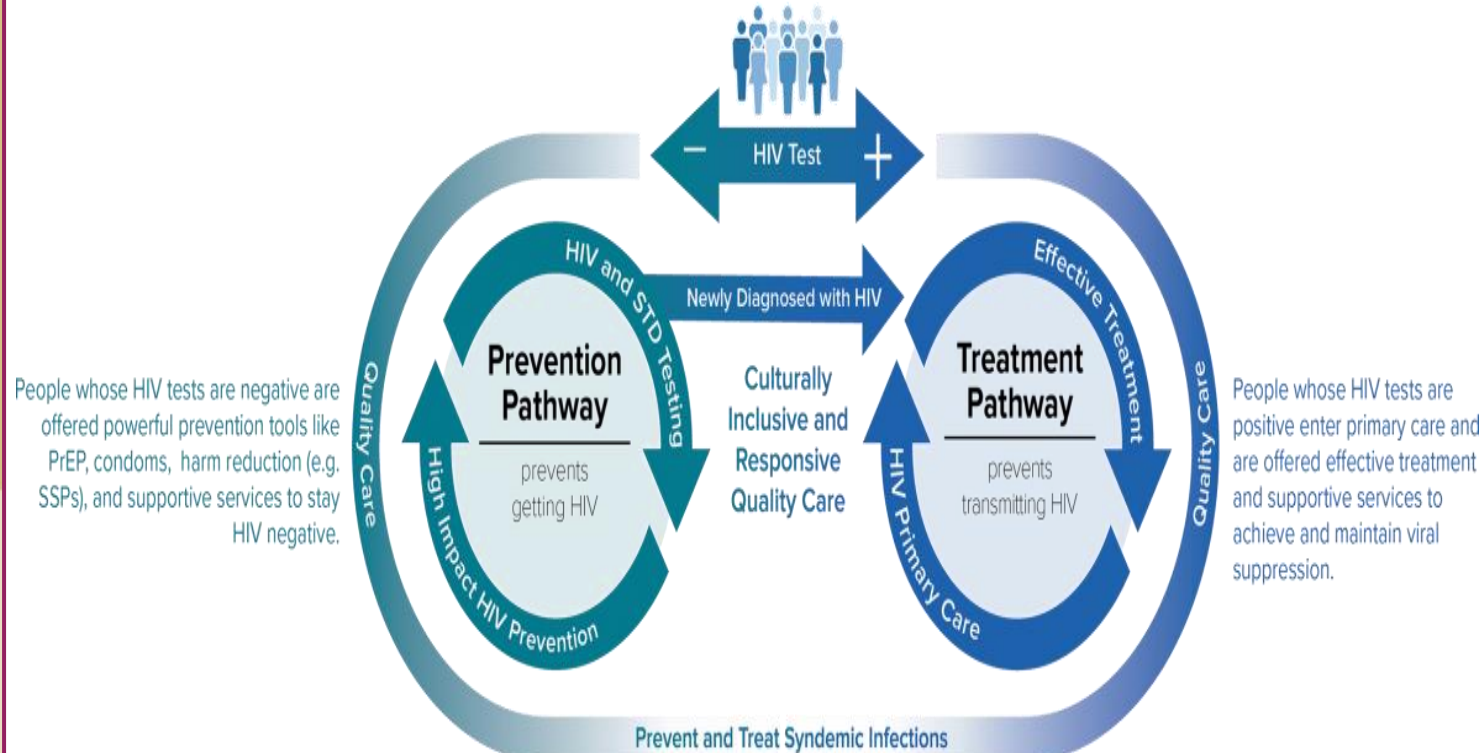


These Pleasure Principles are designed to act as a guide and inspiration to support people and organisations to embark on the journey towards a sex-positive, pleasure based approach to sexual health. The Pleasure Principles aim to help inspire and guide you as a pleasure activist, propagandist or practitioner.

the  
pleasure  
project.

good safe sex

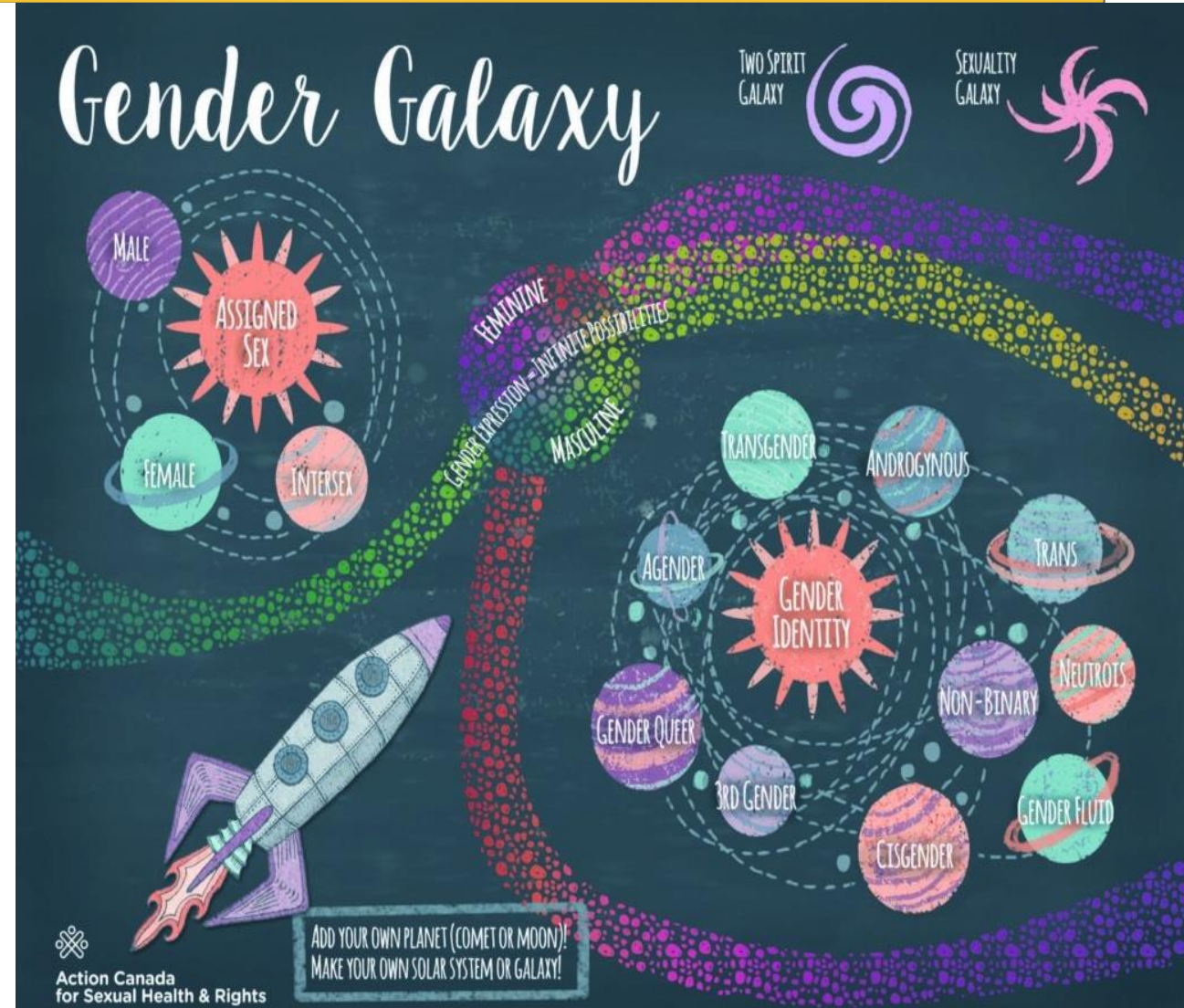
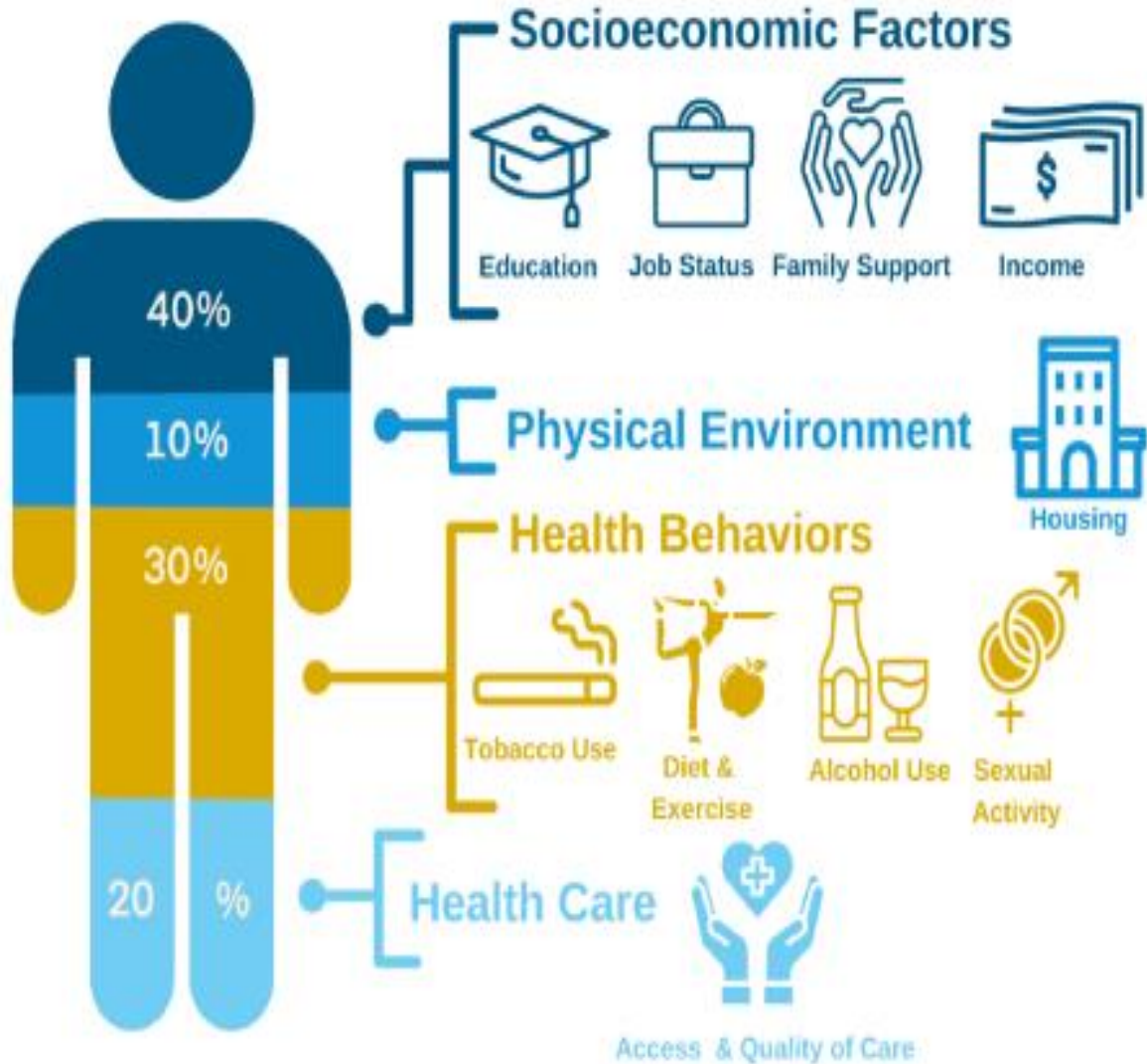
# Status Neutral HIV Prevention and Care



People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.

People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

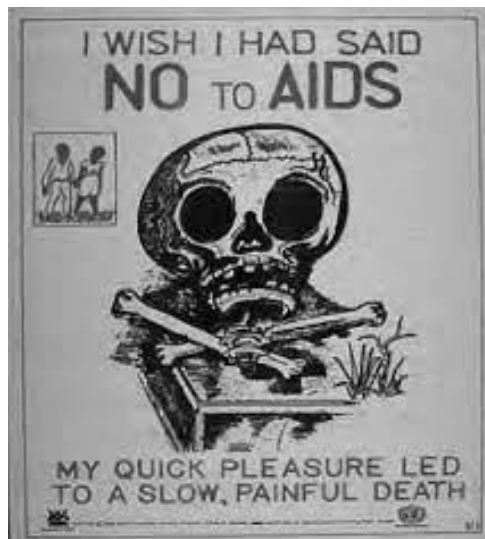
# How we do it...



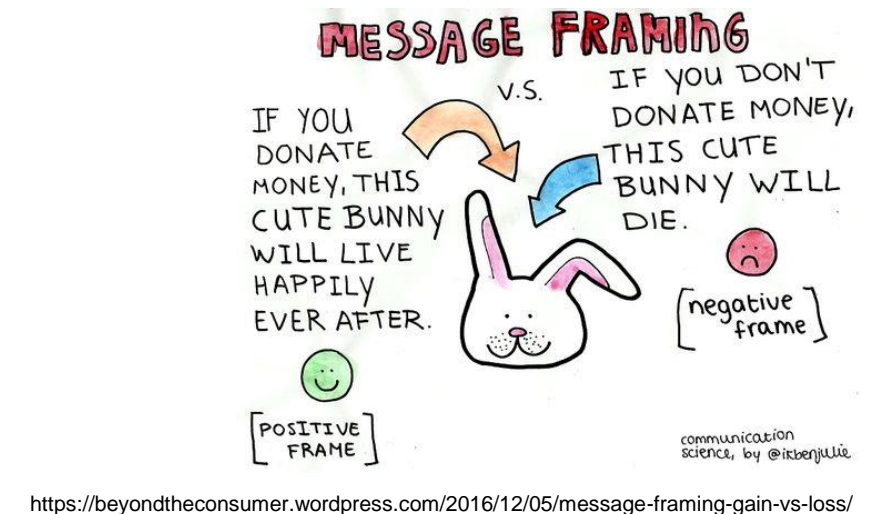
# Why focus on new approaches?

- **Pleasure is a key tool** in ensuring that all individuals can access their full sexual and reproductive health and rights, prioritizing joy, safety and consent.
- **Pleasure is recognized as a key component of sexual health** and wellbeing and evidence shows that embracing pleasure-based, sex-positive approaches contributes to positive outcomes for SRHR (Sexual and Reproductive Health and Rights) services and programming.
- Despite this, many SRHR programs, such as those addressing unintended pregnancy, sexuality education, HIV and STIs, **still focus on fear-based approaches** for behavior change.

<https://amplifychange.org/2022/03/14/pleasure-based-approaches-are-expanding-around-the-globe/>



<https://www.prweb.com/releases/riseuptohiv/positivemessage/prweb13604125.htm>



<https://beyondtheconsumer.wordpress.com/2016/12/05/message-framing-gain-vs-loss/>



# My BIG realization...

## Picture it... 2023 Biomedical Prevention Summit...

- It was a day, just like any other day...
- This was my third time to attend this conference, surely I didn't have anything more to learn...
- Dr. Dmitre Daskalakis (aka Dr. Discolights) spoke at the plenary about pleasure and asked the question of how we can dramatically improve outcomes regarding sexual health. I knew of him from mpox, but he eloquently and passionately posed the question,

***“what if we stopped viewing client’s as risk and began asking them what they want?”***



# Moving from “Risk” Based to “Pleasure”

- By asking the questions differently and focusing on the **pleasure** aspect of sex, we are able to **reduce the stigma** of discussing and identifying people by their “risk behavior”.
- Viewing patients as the sum total of their risky behaviors **minimizes their experiences** and may contribute to them feeling trapped in cycles of internalized shame and guilt.
- What if we asked, “*How can I **support you** in the pleasure that you would like to experience?*” as opposed to, “***How many partners** have you had in the last 30 days?*” perhaps we could shift the conversation from blaming and judgment to one of prevention and care.

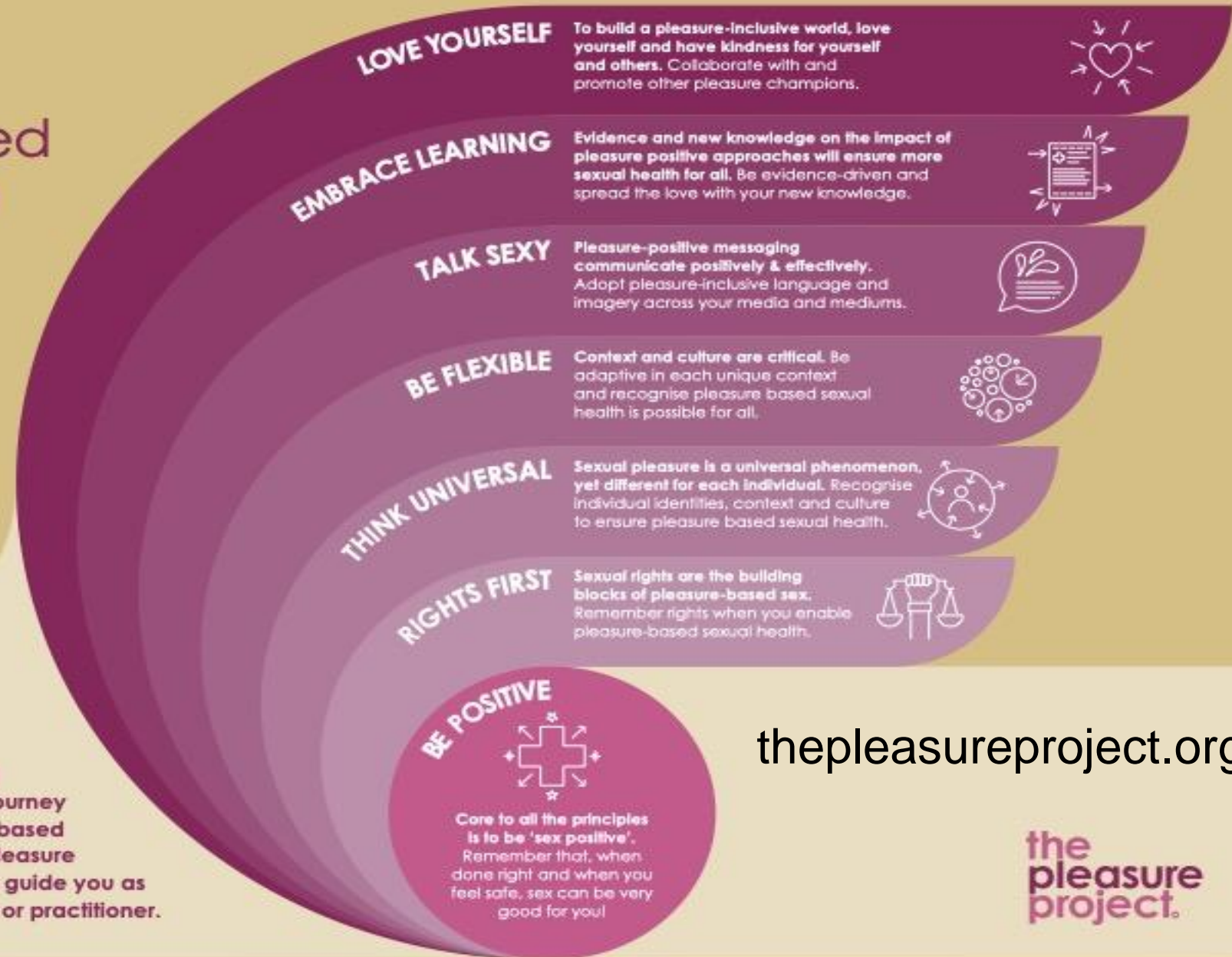
# Moving from “Risk” Based to “Pleasure”

- **Focusing on the joy of sex and healthy relationships** fundamentally changes our approach, and potentially can de-stigmatize and heal someone’s framework of behavior and self understanding.
- If patients know that **they are truly accepted and their behavior is celebrated**, then it might be easier for them to engage in discussing the tools they need in order to have the experiences that they desire.

# The Pleasure Principles

## Pleasure-based Sexual Health

These Pleasure Principles are designed to act as a guide and inspiration to support people and organisations to embark on the journey towards a sex-positive, pleasure based approach to sexual health. The Pleasure Principles aim to help inspire and guide you as a pleasure activist, propagandist or practitioner.



[thepleasureproject.org](http://thepleasureproject.org)

the  
pleasure  
project.

# PLEASURE IN SEXUAL HEALTH LEADS TO GOOD SAFE SEX



THE CURRENT MODEL OF SEXUAL HEALTH FOCUSES ON PREVENTION OF ILL-HEALTH, FEAR AND DEFICIT BASED APPROACHES TO HEALTH



ABSTINENCE



CURRENT SEX EDUCATION IS DEFICIT FOCUSED OR HIGHLIGHTS WHAT PEOPLE SHOULD AVOID, NOT WHAT THEY WANT TO GAIN FROM THEIR SEX LIVES - THE ASSET APPROACH



WE FIND EVIDENCE THAT PLEASURE CAN HAVE POSITIVE EFFECTS ACROSS DIFFERENT INFORMATIONAL, MOTIVATIONAL, BEHAVIOURAL AND KNOWLEDGE-BASED ATTITUDES AS WELL

SEXUAL HEALTH INTERVENTIONS THAT INCLUDE PLEASURE INCREASE CONDOM USE AND IMPROVE SEXUAL HEALTH

PLEASURE IS IMPORTANT TO PEOPLE AND TO THEIR HEALTH AND WELL-BEING.

SEXUAL PLEASURE IS THE PHYSICAL AND/OR PSYCHOLOGICAL SATISFACTION AND ENJOYMENT DERIVED FROM SHARED OR SOLITARY EROTIC EXPERIENCES, INCLUDING THOUGHTS, FANTASIES, DREAMS, EMOTIONS, AND FEELINGS (WAS SEXUAL PLEASURE DECLARATION)



THE PLEASURE PROJECT DEFINITION OF PLEASURE BASED SEXUAL HEALTH IS ONE THAT CELEBRATES SEX, SEXUALITY AND THE JOY AND WELL-BEING THAT CAN BE DERIVED FROM THESE, AND CREATES A VISION OF GOOD SEX BUILT ON SEXUAL RIGHTS

A PLEASURE-INCLUSIVE APPROACH HAS SIGNIFICANT AND POSITIVE (AND ACCELERATED) IMPACT FOR CONDOM USE/HIV REDUCTION. PLEASURE INCLUSIVE SEXUAL HEALTH AND SEX EDUCATION SAVES LIVES

ILLUSTRATED BY IPSITA

the pleasure project.

# Where the Rubber Meets the Road...

*If you work in health services, you can:*

- **Respect clients' choices.** The enjoyment of sexuality is based on recognizing their autonomy and individuality within the boundaries of sexual rights and consensual sexual relations.
- **Work to feel comfortable** as a provider to discuss sex and sexuality, pleasure, and desires. If needed, you can organize a staff training to better understand a pleasure-based approach.
- Before talking about sex and pleasure with others, **think about your own boundaries and what you are comfortable sharing or not.** Speak to trusted friends/colleagues about how much your past and present may be affecting your work.

# Where the Rubber Meets the Road...

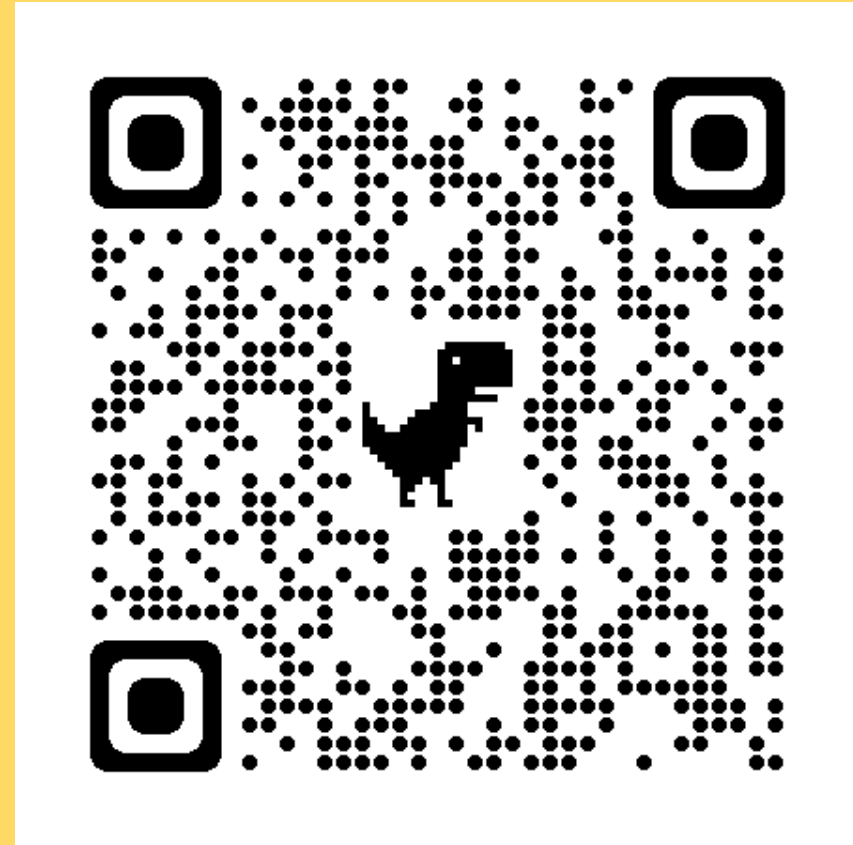
- **Create a safe and non-judgemental environment** by being clear on the services you provide. Tell people upfront that you respect a range of sexual identities and relationships. You can put up a poster in your waiting room or provide information on your website to make this clear.
- **Be open to listening to clients' concerns, needs, and realities** and what they need to practice good safe sex. Ask them to tell you what words they are comfortable using when talking about their intimate lives.
- Explain that **you can provide health care information about the benefits and risks of sex so they can make informed choices**. Emphasize that clients' choices about their sex lives are theirs alone. Clients may not always make the choice that you would make if you were in their position, but you should respect their choices if they are based on sexual rights of all.

# Where does DISH-AZ go from here??



- **Reach out and connect** to **FQHC** funded clinics who have received EHE funding and offer them support as they expand their prevention and care efforts.
- **Connect with primary care providers and healthcare staff** who may want further training by referral or by need on Academic Detailing topics.
- **Build a strong network** of healthcare providers and teams around Arizona committed to improving the health of their patients.
- **Collaborate** with other existing or developing programs and planning bodies, offering assistance and support when possible.
- **Incorporate the “How we do it” into the “What we do”.**
- *Remember, that it’s all about **improving sexual and social health** for our communities!*





Our Weekly Newsletter

***Individualized and ongoing connection, education,  
and support for Arizona's healthcare providers.***