

GET STARTED!

An Introduction to the Provider Action Kit and the Foundational Concepts of Sexual Health and Wellness

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GET STARTED!

The PKOL Action Kit is a comprehensive resource designed to equip healthcare providers with the essential skills and knowledge required to effectively address key concepts in HIV prevention with their patients. With a strong emphasis on health equity, the kit aims to ensure that all healthcare providers have the necessary information and resources to provide comprehensive HIV prevention services. The kit covers crucial topics such as stigma, trauma-informed care, and sexual health assessment to empower providers and their patients in their effort to reduce risk of HIV transmission.

Foundational Concepts

Health Equity¹

- Health equity can be defined as the absence of systematic disparities in health and its determinants between groups of people at different levels of social advantage.
- To attain health equity means to close the gap in health between populations that have different levels of wealth, power, and/or social prestige. For example, low-income persons and racial/ethnic minorities generally have poorer health relative to people who have more economic resources or who are members of more powerful and privileged racial groups.
- Health equity falls under the umbrella of social justice, which refers to the equitable allocation of resources in society.
- Eliminating health disparities and health inequities between racial and ethnic populations moves us toward our goal of health equity and social justice.
- A significant focus of this effort is to address social determinants of health that influence our priority public health outcomes.

Stigma

- HIV stigma refers to negative attitudes and beliefs about people living with HIV, people at risk for acquiring HIV, or people seeking HIV prevention services.
- Some examples of HIV-related stigma include:
 - Believing that only certain people can get HIV.
 - The perception that people living with HIV and HIV-negative individuals seeking prevention tools (like PrEP) engage in irresponsible or reckless behavior.
 - The belief that people “deserve” to get HIV because of their behavior.

What is Internalized Stigma for People with HIV?

- When a person with HIV experiences negative feelings or thoughts about themselves due to their HIV status.
- Almost 8 in 10 adults with HIV receiving HIV medical care in the United States report feeling internalized HIV-related stigma.²
- Internalized stigma can lead to depression, isolation, and feelings of shame, and can affect individuals’ ability to stay adherent to their HIV medication or stay engaged in care.²

What is Discrimination?

- The act of treating people living with HIV differently than people who have not been diagnosed with HIV.
- Some examples of this include:
 - Healthcare professionals refusing services to persons seeking prevention or treatment services for HIV.
 - Employers denying job opportunities to job candidates living with HIV based on their diagnosis.

A Guide to Talking About HIV

When talking about HIV, language matters. Certain words and language can be stigmatizing towards people living with HIV. For more information, check out CDC’s “A Guide to Talking About HIV” resource.³

What Can I Do to Combat HIV Stigma?

- Educate yourself and those close to you.
- Speak up and correct myths and stereotypes.
- Use supportive, people-first language when discussing HIV.
- Provide/discuss PrEP with everyone, regardless of one’s perceived risk.

How Does HIV Stigma Impact Society?

- Stigma around HIV can influence a person’s decision to learn their HIV status, seek treatment, and deter folks from talking openly about HIV with sexual or romantic partners.
- HIV stigma impacts healthcare, criminalization, and care of individuals in the justice system, education, and family/community relationships.

PROBLEMATIC WORDS/PHRASES	PREFERRED WORDS/PHRASES	WHY?
AIDS (when referring to the virus, HIV)	HIV, HIV and AIDS (when referring to both)	AIDS itself is not a condition. It is a range of conditions, or a syndrome, that occurs when a person’s immune system is weakened by the HIV virus.
To catch AIDS, To catch HIV, To pass on HIV	To be diagnosed with HIV, To acquire HIV, To transmit HIV	AIDS cannot be caught or transmitted. HIV can be transmitted, but it is not hereditary.
AIDS patient, HIV patient, Patient	Person living with HIV	The term patient implies a constant state of illness that can be misleading or demoralizing.

Trauma-Informed Care

What is Trauma?

- According to the Substance Abuse and Mental Health Services Administration, individual trauma is the result of “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being”.⁴
- Traumatic experiences can include:
 - Poverty
 - Childhood neglect
 - Physical, emotional, or sexual abuse
 - Singular or intersecting oppressions (i.e., racism, sexism, transphobia, homophobia, ableism, etc.)

Why is Discussing Trauma Important?

- Research has shown that people who experience trauma develop various behavioral, mental health, and chronic physical health conditions.^{5,6}
- Issues such as substance use, and mental health conditions can all result from traumatic experiences.⁵

What is Trauma-Informed Care?

- Trauma-informed care is an approach providing care that acknowledges a patient’s life experiences, both past and present, as a way to provide competent healthcare services through a healing lens.
- A trauma-informed care approach aims to:
 - Recognize signs and symptoms of trauma in patients, families, and staff
 - Develop policies, procedures, and practices that address trauma
 - Actively avoid re-traumatizing patients, families, and staff
- Trauma-informed care shifts from the idea of “What’s wrong with you?” to “What happened to you?”

Trauma-Informed Care for People Living with HIV

- Applying a trauma-informed care approach among people living with HIV is a crucial component to ending the HIV epidemic in the United States.
- Studies have shown that 95% of people in the U.S. living with HIV have experienced at least one traumatic stressor, and 64% are living with posttraumatic stress disorder.⁷
- The HIV Continuum can be heavily impacted by both past and current traumatic experiences. This can greatly influence an individual’s vulnerability to HIV exposure, diagnosis, ability to be linked to and retained in care, and viral suppression.

Core Principles of Trauma-Informed Care

For More:

SAMHSA's "Trauma and Violence"
samhsa.gov/trauma-violence

Center for Health Care Strategies'
"Trauma Informed Care Resource
Implementation Center"
[traumainformedcare.chcs.org/
what-is-trauma-informed-care](https://traumainformedcare.chcs.org/what-is-trauma-informed-care)

NASTAD's Trauma-Informed
Approaches Toolkit
[nastad.org/sites/default/files/
2021-12/PDF-Trauma-Informed-
Approaches.pdf](https://nastad.org/sites/default/files/2021-12/PDF-Trauma-Informed-Approaches.pdf)

CDC's Foundations of Health
Self-Guided Training
bit.ly/3XgMMD3

CDC's Ways to Stop HIV Stigma and
Discrimination Resources
[cdc.gov/stophivtogether/
hiv-stigma/ways-to-stop.html](https://cdc.gov/stophivtogether/hiv-stigma/ways-to-stop.html)

Infographic adapted from
*Guidance for a Trauma-Informed
Approach*, Substance Abuse
and Mental Health Services
Administration
[store.samhsa.gov/sites/default/
files/sma14-4884.pdf](https://store.samhsa.gov/sites/default/files/sma14-4884.pdf)

and

NASTAD's Trauma Informed
Approaches Toolkit
[nastad.org/trauma-informed-
approaches-toolkit](https://nastad.org/trauma-informed-approaches-toolkit)



Safety

Foster a safe and
welcoming environment.

Ensure privacy and
confidentiality.



Collaboration

Ensure respect, connection,
and hope.

Everyone from staff to providers
has a role to play in a trauma-
informed approach.



Empowerment

Maximize individual control
and autonomy.

View experiences as survivorship,
not victimization.



Trust and Transparency

Build and maintain trust
among staff and clients.

Transparent policies and processes.



Peer Support

Establish safety and hope.

Strengthen trust.

Promote collaboration.



Sociocultural Issues

Incorporate policies and protocols
responsive to the racial, ethnic, and
cultural needs of individuals served.

Recognize and address
generational trauma.

Empowering Conversations About Sexual Health and Wellness

Why is it Important to Discuss Sexual Health and Sexual Wellness?

- Discussing sexual health is necessary to understanding an individual's overall wellness.
- Sexual health is connected to happiness, well-being, and longevity.
- Taking a sexual history can help open up a conversation about:
 - Self-identified sexual wellness concerns
 - Need for primary prevention (e.g., contraception, PEP, PrEP, etc.)
 - STIs (sexually transmitted infections), including testing, diagnosis, and increased risk for HIV acquisition through lesions, ulcers or inflammation



Key Points

Ensure a Positive Sexual Health Conversation

- Assess your own comfort discussing sex with various patient groups and identify any biases that you may have. If you are uncomfortable talking about sex and sexuality, your patient will be too.
- Make your patient feel comfortable and establish rapport before asking sensitive questions.
- Use neutral and inclusive terms (e.g., “partner”) and pose your questions in a non-judgmental manner.
- Avoid making assumptions about your patient based on age, appearance, marital status, or any other factor. Unless you ask, you cannot know a person’s sexual orientation, behaviors, or gender identity.
- Try not to react overtly, even if you feel uncomfortable or embarrassed. Pay attention to your body language and posture.⁸
- Ask patients for their pronouns. Use the pronouns they prefer, even if their anatomy does not match that identity. Introduce yourself first with your name and pronoun to set the tone for a safe environment.
- Rephrase your question or briefly explain why you are asking a question if a patient seems offended or reluctant to answer.
- Use ubiquity statements to strive to neutralize the conversation. For example, “It is important to know that sexual concerns are common among individuals. Many people experience similar concerns and it is completely normal.”
- Ensure that you and your patient share an understanding of the terms being used to avoid confusion. If you are not familiar with a term your patient used, ask for an explanation.⁸

For More: National Coalition for Sexual Health nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/document/Provider-Guide_2021.pdf

Non-Gendered Language

Acknowledge Differences in Identity, Language Use, and Sexual Practices

USE THIS...	...INSTEAD OF THIS
Genitals	Vulva, vagina, penis, testicles
External area, external pelvic area, outside	Vulva
Genital opening, front pelvic opening	Vaginal opening
Frontal canal, Internal canal, inside	Vagina
Internal organs, organs you retain	Uterus, ovaries, cervix
Chest	Breasts
Bleeding	Period, menstruation

The 8 P's: Sample Questions

Preferences

Do you have a preferred language that you use to refer to your body?
What kinds of sex do you engage in?

Partners

Have you had sex in the last three months? If so, what kind(s) of sex have you engaged in?

How would your partners identify themselves in terms of gender?

Practices

Do you have any other types of sex that hasn't been asked about?
Do you use toys inside your [insert preferred language for genitals] or anus, or on your partner(s)?

Pleasure

Do you have any pain or discomfort during or after an orgasm?
Are you having sex for pleasure or are there other reasons (survival sex/transactional sex)?

Past History of STIs

Have you ever had a STI in the past?
If yes, do you remember the part of the body that tested positive?

Protections From STIs

Are there some kinds of sex where you do not use barriers?

Partner Abuse

Has anyone ever forced or compelled you to do anything sexually that you did not want to do?
Is there any violence in any of your relationships?

Pregnancy Plans

Have you thought about having your own biological children, or carrying a pregnancy?
When you are having sex, is there any exposure to sperm or chance of pregnancy?

Questions To Avoid

And Suggested Alternatives When Taking A Sexual History

AVOID ASKING:	HOW COME?	INSTEAD ASK:
Are you sexually active?	No timeframe, vague	Have you had sex in the last three months? If so, what kind(s) of sex have you engaged in?
Do you have a girlfriend, husband, etc.?	Assumes heterosexuality	What is the gender identity of your partner(s)?
Do you have sex with men, women, or both?	What about trans and/or non-binary people?	Do you share the same gender identity as your sexual partners(s)?
Do you use condoms?	Protection is more than condoms - PrEP, OCPs, etc	What methods of protection do you prefer when having sex?
Have you had insertive or receptive anal intercourse?	Patients may not understand these terms	The last time you had sex, were you the Top, Bottom, or both?

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