Fact Sheet

At-A-Glance STI Screening, Testing and Treatment Interventions

The Rutgers School of Nursing conducted a multi-year evaluative study, funded by the Health Resources and Services Administration HIV/AIDS Bureau and Bureau of Primary Health Care, on the implementation of evidence-based interventions to improve routine screening, testing, and treatment of common bacterial sexually transmitted infections (STIs) in HIV primary care clinics.

1

Patient Self-Administered Sexual History

It's patient-focused and private.

Offer all patients at each clinical care/lab visit a self-administered sexual history to identify risk and need for bacterial STI testing. The audio computer assisted self-interview (ACASI) sexual history is helpful to those who have lower literacy levels, language barriers, or are visually impaired. If the ACASI system is not available, providers can offer patients a printed self-administered sexual history or another secure online sexual history (e.g., patient portal).

Benefits:

- Allowing patients to answer questions privately, silently, and at their own pace, about their sexual history, provides patients a way to answer questions in a manner that is less invasive and non-stigmatizing.
- This method alleviates any provider discomfort that might have existed if the questions were read aloud in a face-to-face format.
- The survey not only standardizes sexual history taking, but helps clinicians identify STI risk behaviors and order needed STI tests, especially among asymptomatic patients.
- Of the 1,023 participants, 94% reported that answering questions about their sexual behaviors on a computer or tablet was "easy" or "very easy."

2

Patient Self-Collected Nucleic Acid Amplification Test (NAAT) Specimens

Allows for patient-focused control.

Give patients the opportunity to self-collect specimens of urogenital and extragenital sites (throat, rectal) for chlamydia/gonorrhea nucleic acid amplification tests (CT/GC NAATs). Provide patients "Test Yourself" instructions for proper swabbing directions for each specimen site. The poster "Test Yourself," available at TargetHIV.org/STIs, can be printed and posted in a bathroom, or laminated and given to patients to use and return.

Benefits:

- Patient self-collected CT/GC NAAT specimens are noninferior to provider-collected specimens while preserving patients' sense of dignity.
- This intervention fosters autonomy, reduces patient anxiety, and illustrates patient-centered care.
- Equally important, a urine NAAT is ineffective for identifying CT/GC infection outside of the urogenital site.
- Routine testing of extragenital sites for CT/GC is essential for identifying asymptomatic infections.
- While only a 2% incidence rate of urine CT and GC was found, there was an 8% incidence rate of rectal CT, a 5% rate for rectal GC, and a 4% incidence rate for pharyngeal GC.
- Participants reported a high comfort level collecting their own specimens: 68% (of those who had self-collected this type of specimen) "agreed" or "strongly agreed" that they were comfortable doing their own CT/GC NAAT throat swabbing; 70% "agreed" or "strongly agreed" that they were comfortable doing their own CT/GC NAAT rectal swabbing; and 66% "agreed" or "strongly agreed" that they were comfortable doing their own CT/GC NAAT genital swabbing.

3

LGBTQ+ Welcoming Clinical Space Indicators—

Noticed and liked by LGBTQ+ patients.

Provide a welcoming clinical space for LGBTQ+ patients by displaying visible culturally validating indicators, such as the progress flag (a combined rainbow and transgender flag and with added black and brown stripes), pronoun pins, and a judgement-free zone sign. If your clinic offers telehealth, consider wearing pronoun pins or a rainbow flag label pin, and/or have a progress flag visible in the video frame. Inclusive language of all gender and sexual orientation identities is essential. Be sure to ask patients their selected pronouns.

Benefits

- Portraying a welcoming environment puts patients at ease and can increase the likelihood they will feel comfortable sharing their gender and sexual identity, their sexual health history, and return for follow-up care.
- Sexual minority-identifying participants were significantly ($p < 0.05$) more likely to notice and like LGBTQ+ indicators compared to participants identifying as heterosexual. Similarly, participants less than 50 years old were significantly ($p < 0.05$) more likely to notice and like the indicators compared to participants 50 years and older.

4

Provider Training

Clinical care teams benefit from updates and stigma reducing strategies.

Partner with the National Network of STD Clinical Prevention Training Centers (NNPTCs) or the AIDS Education and Training Center (AETC) Program in your area to conduct training sessions for clinical team members. Example topics include *Epidemiology, Diagnosis, and Treatment; Culturally Responsive Care to Reduce Stigma; Taking a Comprehensive Sexual History;* and *Success Stories in Improving STI Care.* Trainings on these topics and more can be requested by contacting the NNPTCs (nnptc.org) or the AETC Program (aidsetc.org).

Benefits

- The provider training intervention positively, and in some cases significantly, impacted provider knowledge, attitudes, and practices related to improving STI care.
- As a result of the Culturally Responsive Care to Reduce Stigma provider training, clinical team members reported the following successes in response to addressing HIV-related stigma:
  - making clinical spaces more welcoming to LGBTQ+ patients;
  - creating a video to train providers on stigma;
  - use of patient-selected pronouns and inclusion of patient-selected names in the electronic medical record in addition to legal names;
  - leadership buy-in and approval to expand transgender support groups; peer-to-peer support and education on stigma;
  - and increased adherence rates with medications and appointments.

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