



# Sex Positivity Trainings:

**A Promising Approach to Address Sexual Health through Provider Engagement**

**JaDawn Wright, MA**

Deputy Director, Pacific AIDS Education & Training Center

**Brittany Nigon, MPH**

Program Director, Pacific AETC- Arizona

**Emiliano L. Lemus, MS**

UC Berkeley-UCSF Joint Medical Program

# Agenda

- Background & Overview of the Sex Positivity Training (20 minutes)
- Pacific AETC Sex Positivity Trainings: Agendas and Evaluation Results (5 minutes)
- Lessons Learned (10 minutes)
- Future of Sex Positivity as a Provider Engagement Skillset (5 minutes)

# Disclaimer

*“This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,278,366. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”*

*The views and opinions expressed in this presentation are not necessarily those of the Pacific AIDS Education and Training Centers (PAETC), the Regents of the University of California or its San Francisco campus (UCSF or collectively, University) nor of our funder the Human Services and Resources Administration (HRSA). Neither PAETC, University, HRSA nor any of their officers, board members, agentsUcsfPaetc123, employees, students or volunteers make any warranty, express or implied, including the warranties of merchantability and fitness for a particular purpose; nor assume any legal liability or responsibility for the accuracy, completeness or usefulness of information [,apparatus, product] or process assessed or described; nor represent that its use would not infringe privately owned rights.*

# Learning Objectives

At the completion of this presentation, participants will be able to:

- Explain a sex positive approach to patient engagement for sexual health
- Describe lessons learned from participant evaluation and trainer experiences
- Discuss future research and program activities for sex positive training



# Need for Training

Provider discomfort  
with discussing  
sexuality with  
patients

Lack of  
comprehensive  
sexual history

Negative  
orientation to  
sexual activity from  
HIV providers

SOGI data  
requirement for  
FQHCs

Specific request  
from a clinic

# Why Sex Positivity?

## Sex improves health:

- Scientific studies have found that **orgasms increase longevity** for men (and particularly decrease death from cardiovascular disease)<sup>5</sup> and for women.<sup>6</sup>
- Sex has been linked to the prevention of prostate cancer and menstrual cramps, and to immune system stimulation and relaxation. In women, sex can help improve mood, fertility, and counteract vaginal atrophy in menopause.<sup>7</sup>

# Why Sex Positivity?

**Access to nonjudgmental healthcare is important, and sex negative healthcare has real impacts:**

- **20% of millennials identify as LGBTQ**, and 12% as TGNC,<sup>1</sup> but **medical schools** provide on average only **5 hours of LGBT training**.<sup>2</sup>
- **24%** of trans patients have had to **teach a provider** about transgender people in order to receive appropriate care.<sup>4</sup>
- **19%** were outright **denied medical care** by a provider due to transgender status.<sup>5</sup>
- **14%** of OB-GYNs have discussed sexual pleasure with patients. **25%** OB-GYNs have expressed disapproval of patients' sexual practices.<sup>3</sup>
- **Discomfort with talking about sex** with providers is a barrier to STI testing, and may be associated with **increased rates of STIs**.<sup>6</sup>



# 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.”



Gabosch, 2008.

# SEX POSITIVITY

Strength, wellbeing & happiness

Individual sexuality is unique and multifaceted

Multiple ways of knowing

Reflects professional ethics

Open, honest communication

Humanizing

Adapted from Williams, et al., 2015

# Difference between Sex Positivity and SOGI

- Sexual Orientation and Gender Identity (SOGI)
  - Specific to sexual orientation and gender identity
  - Data collection compliance
  - Data often not applied to clinical interactions
- Sex Positivity
  - Comes out of gender and sexuality studies, but for all people
  - Aligns whole-person care as a clinical best practice
  - Conceptualizes sex a human function

“SOGI is the science and Sex Positivity is the art”

# Scenario: Sex Positivity vs Sex Negativity

Scenario:



Patient is at their first yearly wellness appointment after being treated for a few acute illness 2-3 times by the provider. The sexual health questions are coming up at the wellness appointment and we will join the session in progress.

**Scene 1:** Sex Negative Provider

**Scene 2:** Sex Positive Provider

# Guidelines for Sexual History Taking

## 5 P's Assessment *with Enhancements*

1. Partners
2. Practices
3. Pregnancy: plans & prevention of unplanned pregnancy
4. Protection from STIs
5. Past History of STIs
6. ***Places on body where Pleasure is experienced***
7. ***Present or Past sexual and gender based violence***
8. ***Patient's Priorities***

# Training Duration

Does Teaching Transgender Content Effectively Reduce Anti-Transgender Prejudice? The Assessment Findings from a National Study.

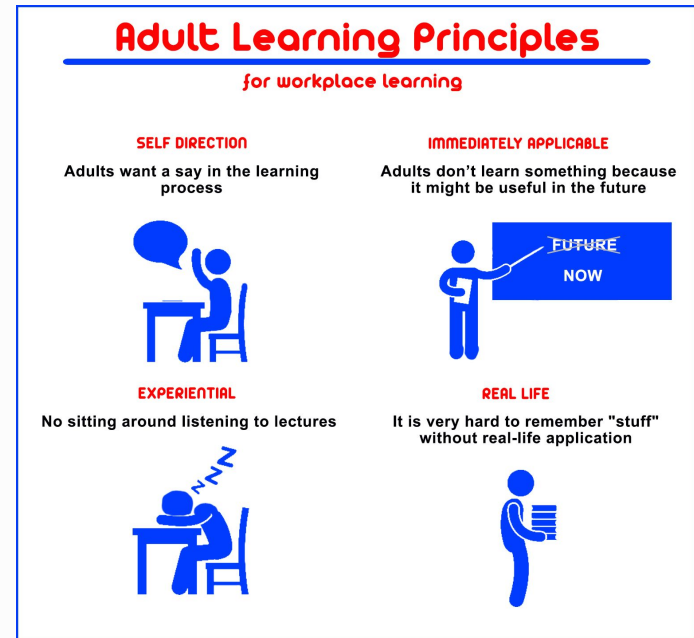
“Of particular significance, the findings of this study indicated that interventions to reduce transprejudice are most effective when they are 3-4 hours in length and that covering transgender-related content for less than 2 hours is ineffective in reducing transprejudice.”

-Eli R. Green PhD, CSE

# Pedagogical Techniques

More interactive

- Videos
- Didactics (lecture)
- Discussion
  - Full group
  - Small group
- Activities
  - Individual reflection (worksheets, journaling, etc)
  - Small group role play or practice
  - Get up and move, or play a game



Agendas and Evaluation Results

# PACIFIC AETC SEX POSITIVITY TRAININGS



# Sex Positivity Trainings

518 training participants

29 events presented

1 TOT conducted

12 clinic/  
hospital based  
trainings

6 conference-  
based  
trainings

# Needs Assessment: Sex Positivity Training Expectations

By the end of this training, I would like to know how to:

- Work with clinicians to incorporate sex positivity in clinical practice
- Talk to patients in a sex positive way
- Work through macroaggressions
- Help providers have sex positive communications
- Give test results in a sex positive way
- Engage youth in sex positive ways
- Engage patients – talk to them about sexual health
- Normalize and destigmatize sex
- Motivate patients to practice safer sex
- Implement sex positivity into cultures and language
- Put knowledge into practice
- Share knowledge with patients
- Learn how to apply concepts to populations
- Apply sex positive practices genuinely
- Encourage a sex positive mindset
- Learn what sex positivity is
- Speak to a variety of populations (ages, cultures, etc.) about sex positivity
- Talk about sexual health with Navajo and Hopi populations
- Connect better with female patients
- Support staff in health centers to break down barriers
- Address biases/shift culture
- Train colleagues/improve practice
- Learn!
- Communicate with patients and know the right language
- Train staff
- Destigmatize sex practices with youth

# Training & TOT Agenda

## Sex Positivity Training

2 hour, half-day, full day

- What's Your Response? Ice Breaker
- Why Sex Positivity?
- Frameworks
- Priority Populations
- Value Clarification- examining personal values around sexuality
- Sex Positive Communication
- Role plays
- Shifting Organization Culture
- Next steps/Action items

## Training of Trainers

1 full day + 2 day Training Skills

- Background/ needs assessment with the organization
- Trainer Background and Assumptions
- Co-Training
- Room set-up
- Brainstorm- What makes a good facilitator?
- Group Facilitation Skills
- Facilitation Practice Activity
- Facilitator's Assumptions and Biases
- Unconscious Bias, Privilege and Power
- Working with Co-presenters
- Video: Finding Your Facilitation Style

# Participant Information

Profession	Total
Nurse Professional (non-prescriber)	23
Physician	21
Other allied health professional (specify, i.e. medical assistant, podiatrist, physical therapist)	15
Other	12
Other non-clinical professional (specify, i.e. front desk staff, grant writer)	10
Pharmacist	8
Social Worker or Case Manager	7
Community Health Worker (includes peer educator or navigator)	5
Nurse Practitioner/Nurse Professional (prescriber)	4
Other Public Health Professional	3
Physician Assistant	1
<b>Total</b>	<b>109</b>

Participant information	% of Total
Minority providers	76%
Minority-serving providers	92%

\*Data collected over multiple funding years in various formats, not all data was collected by the Pacific AETC program, data reported is from 9 events that could be summarized.

# Evaluation results\*

- A total of **232** providers participated in 7 trainings. Of those, **197** completed the evaluation for a response rate of **85%**.
- Participants rated the quality of trainings **4.6 out of 5**, where 5 is “excellent”.
- When asked to rate the usefulness of the trainings, **86%** said “good” or “excellent”.

Knowledge & skills (self-reported on scale from 1-5)	Before	After	Change
Rate your level of knowledge about this content	2.87	3.99	1.12
Rate your confidence to provide care/service to persons with HIV/AIDS	3.06	3.83	0.77

\*Data collected over multiple funding years in various formats, not all data was collected by the Pacific AETC program, data reported is from 7 events that could be summarized.

# Evaluation results

- **78%** of participants agreed they could apply the information they learned in their service setting.

Learning objectives (self-reported on a scale from 1-3)	Before	After	Change
Describe sex positivity approaches in clinical practice.	1.69	2.51	0.82
Demonstrate knowledge of frameworks & language to communicate about sexuality in positive and inclusive ways.	1.75	2.60	0.84
Develop skills to make your workplace more inclusive and affirming.	1.79	2.62	0.83

\*Data collected over multiple funding years in various formats, not all data was collected by the Pacific AETC program, data reported is from 7 events that could be summarized.

# LESSONS LEARNED

# Common Themes & What to Expect

## Themes

- Cultural differences
- Importance of cultural humility
- Generational differences
- Interest in sexual and gender diversity
- Need for facilitator resilience
- Intentionality about facilitators- racial and ethnic minorities, sexual minorities

## How to Plan

- Willingness of facilitator to learn in the moment and facilitate through discomfort
- Know how to bring culture into the conversation
- Recognize intersectionality and design training around it



# Suggestions for future trainings

- Do a needs assessment to determine inclusion of topics
- Add a legal and policy module
- Create space for champions already practicing sex positivity
- Build in ample time for discussions
- Cultivate new champions to work toward organizational change and help institutionalize sex positivity

# FUTURE OF THE SEX POSITIVE APPROACH AS A PROVIDER ENGAGEMENT SKILL

# Next Steps & Needs

- Research on sexual health, sex positive interventions, provider communication
- Journal / Research Article
- More models, tools, and protocols for including sex positivity in clinic workflow
- Formalize and expand TOT
- Preceptorships:
  - Transgender Health
  - PrEP

# Thanks For Your Participation

## CONTACT INFORMATION

---



[www.ucsf.edu/paetc](http://www.ucsf.edu/paetc)

**Brittany Nigon, MPH**

Program Director

Arizona AETC

[bmnigon@deptofmed.arizona.edu](mailto:bmnigon@deptofmed.arizona.edu)

**JaDawn Wright, MA**

Deputy Director

Pacific AIDS Education &  
Training Center

[jadawn.wright@ucsf.edu](mailto:jadawn.wright@ucsf.edu)

**Emiliano L. Lemus, MS, MD  
candidate**

Facilitator, Medical Student

UC Berkeley-UCSF Joint

Medical Program & UCSF

PRIME

[lee.lemus@ucsf.edu](mailto:lee.lemus@ucsf.edu)

[www.leelemus.com](http://www.leelemus.com)

# Acknowledgements

We want to thank all of our colleagues who contributed to the development of this training and presentation:

Portia Morris, MPH

Karen A. Scott, MD, MPH, FACOG

Deborah Wyatt-O'Neal, RN, MSN, ACRN