CHAIR REPORT AND APPROVAL OF MINUTES

Dan Lessler, MD, MHA (Chair) and Ginny Weir, MPH, Bree Collaborative opened the meeting and those present introduced themselves. A motion was made to approve the minutes from the previous meeting.

Motion: Approve 2/14/2018 Minutes.
Outcome: Passed with unanimous support

PRESENTATION ON THE NATIONAL HIV BEHAVIORAL SURVEILLANCE PROJECT

Kelsen Caldwell, Public Health – Seattle & King County, NHBS spoke about the National HIV Behavioral Surveillance project:
- Overview of the program, its goals, and current status of the project
  - Data on trans women population that is typically neglected in HIV surveys
  - Understanding HIV risks to trans women and barriers to care
- Invitation for members of workgroup to submit to interviews if they see a large number of patients that are trans women
- Kelsen Caldwell handed out recruitment materials to interested members to place in their facilities
- Current challenges facing the project
  - Finding a safe location to conduct surveys
  - Maintaining integrity of data

CREATING AN INCLUSIVE ENVIRONMENT

Ginny Weir, Bree Collaborative, MPH, asked for comments on the reading materials Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients and the group discussed:
- The use of the “Recommended Update” to language with reference to family
Making space on forms for inclusion of family beyond biological or legal roles

- How the use of “sexual orientation” on a form may be misleading since it may not provide accurate information providers are seeking
  - Question provides information on identity and not behavior
- Incorporating sexual history questions on a registration form may be off-putting
  - Promoting use of self-administered data collection
- Possibility of forms pointing provider in the wrong direction in terms of preferred pronouns or gender identity
  - Kevin Wang, MD, Swedish Family Medicine, explained the use in his clinic of the cue card method to prevent misgendering
    - Cards are placed at the front desk that patients voluntarily fill out with their name and preferred pronouns
  - Could be made an easily available online resource for health care providers

**DEFINING SCOPE AND FOCUS AREAS**

The workgroup reviewed *Asking Essential Sexual Health Questions* and discussed:

- Making both recommendations for both written (questionnaires) and verbal (in-person) conversations
  - Verbal conversation allows for more open-ended questioning
- The group will be making minimum standards for a sexual history survey
- Not asking binary gender questions
- Including a gender component in sexual history questions can add to complexity and confusion
  - Rather than gender identification, using anatomical language to identify both the patient and their sexual partner(s)

**Action Item:** Group will send their recommendations of best language used/heard by them in sexual history queries

- Group debated whether making recommendations to ask about general sexual health concerns is included in the scope of the charter
  - May reduce the stigma of talking to a healthcare provider about sex
  - May go beyond the scope of the charter
- Including intimate partner violence in questions

Reviewed King County’s *Pre-Exposure Prophylaxis (PrEP) Implementation Guidelines 2015* and *HIV testing and STD screening recommendations for MSM* and the group discussed:

- Number of sex partners within an agreed upon framework should mandate testing
- Patients with greater than 10 sex partners in a year should be tested every 3 months
- Asking sexual history questions regardless of relationship status
- Kiosk use for sensitive questions
- Inclusion of substance abuse screenings
  - Specifically meth, alkyl nitrate use for MSM
    - Independent risk factors for HIV acquisition
    - Separate questions for the separate substances, not a combined question
- Whether to endorse existing recommendations (King County or CDC)
  - King County guidelines are more explicit than CDC
  - CDC guidelines do not include guidelines that specify whether partner is virologically suppressed
Need to frame recommendations as more specific implementation of, rather than divergence from, CDC recommendations

- Medical databases as a barrier
  - Responses would need to be built into databases
  - Whether SOJI questions will be built into future EMRs

- Possible barriers in the health plan systems
  - Mismatches to natal gender with current health needs
  - Access to medical providers that can provide transition procedures
    - Viewing transition procedures as life-saving procedures
    - Including language directed at health plan providers to accommodate trans patients

**Action Item:** Ginny Weir will bring a draft of the sexual health/history screening

- Gap in recommendations for women who have sex with women
- Possible health risks for WSW and bisexual women
  - Missed pap smears
  - Substance abuse
  - Sexual network that includes MSM that may expose them to greater risks
  - Overweight and obesity
- The group will discuss recommendations for WSW and bisexual women at a later date

**NEXT STEPS AND PUBLIC COMMENTS**

Dr. Lessler and Ms. Weir thanked all for attending and asked for final comments and public comments. The meeting adjourned.