Implementation Guide for Sexual Health Best Practices in College Settings

Purpose of This Guide

The purpose of this guide is to assist colleges and universities in the provision of sexual health services—based on the ACHA Guidelines: Best Practices for Sexual Health Promotion and Clinical Care in College Health Settings—by providing a framework for organizational assessment and development. The ultimate goal of this guide is to help institutions create and advocate for a sexual-health-promoting campus environment that is student-centered, accessible, and inclusive.

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The Health Equity Imperative

The rights to equality and non-discrimination are critical to the realization of sexual health (World Health Organization). Not only do systems of oppression such as racism, cissexism, heterosexism, sexism, and ableism directly cause poor health outcomes, but they also contribute to community distrust of public health institutions that prevents access to critical resources. We need look no further than the Tuskegee Study and the histories of contraception and the HIV pandemic to understand how the sexual health field is not outside of these systems. It is incumbent upon us, as college health practitioners, to recognize the impact of systemic inequities on the student populations we serve, examine our policies and practices, and take action within our organizations and field to eliminate those inequities wherever we find them.

How to Use This Guide

1. **Read and Become Familiar with ACHA's Best Practices for Sexual Health Promotion and Clinical Care in College Health Settings**

As this guide is designed to complement the Best Practices document, it is important to understand why each best practice was selected for inclusion and why certain language is used. The document was also designed to be utilized by a wide variety of health centers.

The Best Practices document also provides several implementation resources to allow each institution to learn more about a particular issue and determine which best practices may work best for their health center and in what manner. Some best practices, for example, may not be relevant to all institutions because of state laws or institutional policies. An example of this is the provision of expedited partner therapy (EPT), which is not legal in every state.

2. **Form a Sexual Health Work Group**

Organizational change takes investment and requires time and buy-in from staff and leadership. As such, it is recommended that your health center form a Sexual Health Work Group to collaboratively complete the assessment and implement best practices. Work group members should be representatives from both clinical and non-clinical departments. Representation includes, but is not limited to:

- Students
- Patient registration
- Health education and promotion
- Nursing
- Medical services
- Counseling services
- Information technology
- Campus partners (e.g., LGBTQIA+ resource center, violence prevention office, etc.)

3. **Complete the Organizational Assessment**

Like the Best Practices document, the assessment is divided into three sections: Shared Responsibility, Health Promotion, and Clinical Care.

For each best practice, select the column that best aligns with where your health center currently is regarding its implementation. The choices are similar to the Stages of Change.

Not Applicable	Your health center is not able to implement the best practice because of legality or resources (e.g., staffing or funding).
Do Not Intend to Implement	Your health center is able to implement the best practice, but chooses not to do so for reasons unrelated to legality or resources (e.g., time investment, policy hurdles, lack of buy-in, etc.).
Intend to Implement, but Have Not Yet Begun	Your health center is able to implement the best practice and intends to do so, but has not yet begun the process due to various constraints (e.g., a best practice may be part of an organization's strategic plan but will not be addressed until the end of the current planning cycle).
Implementation in Progress	Your health center has begun the process of implementing the best practice (e.g., a meeting has happened to move it forward, policies are currently being drafted, etc.).
Implemented and Maintaining	Your health center has implemented the best practice and is actively working to maintain it (e.g., regular staff trainings, budget line item, ongoing evaluation, etc.).

4. Analyze the Results and Make a Plan

After completing the assessment, your Sexual Health Work Group can begin discussing how to best move forward.

Think about the following questions:

Which best practices can be implemented quickly?
To keep morale elevated and the project's momentum going, it may be good to work on some "quick wins" first before moving on to more complex initiatives. Start where you are!

What needs to happen in order to move a best practice at least one stage closer to "Implementing and Maintaining?"
Look at those best practices in the "Intend to Implement, but Have Not Yet Begun" column, for instance, and think about the steps involved in getting the project started. It may be something as simple as emailing someone who has the authority to move the best practice forward.

Which other stakeholders need to be involved for a particular best practice to be implemented?
Examples might include the medical director, providers, student affairs leadership, health promotion specialists, nurses, counselors, EHR vendor, etc.

How can you create buy-in for a particular best practice?
If a best practice affects providers' workflow, for example, then how can providers be involved in the process and better understand a best practice's importance? They will also have valuable insight into how a particular best practice can be tailored to student needs.

How will students and staff be informed of the new practice?
Not all new changes need to be communicated campus-wide, but if your health center begins offering a new service such as rapid HIV testing or using a new EHR that allows patients to update their name and pronoun on their own, then that is worth communicating!

How will the best practice be evaluated?
Depending on the best practice, this might involve surveying or focus-grouping with affected staff and/or students, running reports in the EHR to assess the effectiveness of a new template or questionnaire, adding a new presentation evaluation question for audience members, or another evaluation method.

5. Stay Organized and Focused

If your team has made it this far, then keep going—your students are depending on you! Here are some tips for keeping up the momentum:

- Hold work group meetings at regular intervals to provide updates and strategize.
- Create meeting agendas and share with the workgroup in advance.
- Take minutes and promptly distribute them to the group.
- Embed accountability into the wor kgroup by assigning and following up on action items identified from previous meetings.
- Make sure everyone in the work group has access to minutes, the completed assessment, the Best Practices document, and other relevant documents.

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Best Practices Assessment

A Note About Language: We use the terms "student" and "patient" throughout the assessment. We recognize that many institutions serve faculty and staff, and we encourage institutions to think broadly about the populations they serve when completing this assessment.

Shared Responsibilities: Health Promotion & Clinical Care

Incorporate Pleasure and Intimacy into Sexual Health Efforts

	N/A	Do Not Intend	Intend/ Not Begun	In Progress	In Place
1. EHR templates and/or patient questionnaires used during routine wellness visits include questions about sexual pleasure and satisfaction.	☐	☐	☐	☐	☐
2. EHR templates and/or patient questionnaires used during problem-focused visits for sexual health include questions about pleasure and sexual satisfaction.	☐	☐	☐	☐	☐
3. Health education programs include information about pleasure and sexual satisfaction.	☐	☐	☐	☐	☐
4. Any office providing safer sex supplies provides a variety of options, styles, and sizes, including lubricant.	☐	☐	☐	☐	☐

Create a Welcoming Clinic Environment and Provide Inclusive Resources and Services

	N/A	Do Not Intend	Intend/ Not Begun	In Progress	In Place
5. Website has sex-positive messages with same- and different-gender partners, as well as people of different ethnicities, races, gender expressions, and physical abilities.	☐	☐	☐	☐	☐
6. Posters, brochures and other materials have sex-positive messages with same- and different-gender partners, as well as people of different ethnicities, gender expressions, and physical abilities.	☐	☐	☐	☐	☐
7. Staff are required to receive training on LGBTQIA+ inclusivity. Training should include informing patients of the confidentiality of sexual orientation and gender identity (SOGI) data.	☐	☐	☐	☐	☐
8. Strategic planning or goal-setting includes ensuring staff are diverse and represent the communities they serve.	☐	☐	☐	☐	☐

Consider Trans and Non-Binary Students

	N/A	Do Not Intend	Intend/ Not Begun	In Progress	In Place
9. Policy is in place regarding appropriate staff interactions with trans and non-binary students.	☐	☐	☐	☐	☐
10. Clinicians provide primary care and gender-affirming hormone therapy for trans and non-binary students.	☐	☐	☐	☐	☐
11. Clinicians assist with referrals to surgeons and coordination of care for students seeking gender-affirming surgery.	☐	☐	☐	☐	☐
12. Student health insurance policy covers gender-hormone therapy, pre- and post-gender affirming surgical care, and other care specific for trans student patients.	☐	☐	☐	☐	☐
13. Gender-inclusive restrooms are available and accessible.	☐	☐	☐	☐	☐

	N/A	Do Not Intend	Intend/ Not Begun	In Progress	In Place
Collect Sexual Orientation and Gender Identity (SOGI) Data					
14. EHR templates and/or patient questionnaires include specific field for name the student would like to be called (i.e.,their lived name), and this field is not referred to as a "preferred name."	☐	☐	☐	☐	☐
15. EHR templates and/or patient questionnaires include a specific field for student's pronouns, and this field is not referred to as "preferred pronouns." An open-ended "other" option is also available.	☐	☐	☐	☐	☐
16. EHR templates and/or patient questionnaires include specific fields for gender identity in a two-step process, where student is first asked about gender identity and then their sex assigned at birth. Open-ended "other" options are available.	☐	☐	☐	☐	☐
17. EHR templates and/or patient questionnaires include specific field with options for sexual orientation, and this field is not referred to as a "sexual preference." An open ended "other" option is available.	☐	☐	☐	☐	☐
Use a Trauma-Informed Approach to Sexual Health Promotion and Clinical Care					
18. The mission statement for the department or program requires that services are trauma-informed.	☐	☐	☐	☐	☐
19. Strategic planning or goal-setting requires that services are trauma-informed.	☐	☐	☐	☐	☐
20. Policies or procedures are in place requiring clinicians to obtain patient histories while patients are clothed.	☐	☐	☐	☐	☐
21. Policies or procedures are in place to allow the presence of a support person for the patient during a clinical encounter.	☐	☐	☐	☐	☐
22. Policies or procedures are in place requiring clinicians to inform the patient that the patient is in control and can stop any clinical encounter at any time.	☐	☐	☐	☐	☐
23. Policies or procedures are in place prompting clinicians to ask the patient what language they use to refer to their own anatomy, and then use that language throughout the clinical encounter. EHR templates and/or patient questionnaires incorporate this prompt.	☐	☐	☐	☐	☐
24. Health education programs always inform the audience of upcoming content—sometimes called giving a trigger warning—to empower participants to choose whether or not to engage with the material.	☐	☐	☐	☐	☐
25. Health education programs always affirm at the beginning that participants are free to leave for any reason at any time during the program to take care of themselves.	☐	☐	☐	☐	☐
26. Health education programs relevant to sexual health always set an expectation that participants will use inclusive language and honor participants' use of terms to describe themselves and their bodies.	☐	☐	☐	☐	☐
27. Staff are required to be trained in trauma-informed practice.	☐	☐	☐	☐	☐
Address Confidentiality Concerns					
28. Policy is in place protecting patient confidentiality to the maximum extent permitted by state law (e.g., explanation of benefits [EOB] is sent to patient, not policyholder).	☐	☐	☐	☐	☐
29. Website, EHR templates, and/or patient questionnaires inform patients of the ways in which their health information is kept private and/or confidential, as well as any circumstances when information may be disclosed (e.g., Clery Reporting, Title IX). Patients are also informed that they do not have to answer any questions they do not want to answer when receiving services.	☐	☐	☐	☐	☐

	N/A	Do Not Intend	Intend/ Not Begun	In Progress	In Place
30. Sexual health services are provided at low or no cost for patients who do not wish to bill their insurance for these services.	☐	☐	☐	☐	☐
31. Patient bills or account charges list services generically (e.g., "Student Health Center Fee" instead of "Birth Control Visit").	☐	☐	☐	☐	☐
32. Online student health portal explicitly encourages students to have different passwords than ones used for other university accounts and to avoid sharing those passwords with anyone.	☐	☐	☐	☐	☐
Make Referrals as Appropriate					
33. Organization maintains a referral list for sexuality professionals on campus and in the broader community.	☐	☐	☐	☐	☐
34. Policies and procedures are in place to refer a student and/or patient who discloses sexual or relationship violence to services not provided in-house (e.g., mental health services, academic accommodations, etc.)	☐	☐	☐	☐	☐
35. Policies or procedures are in place regarding reporting of student and/or patient disclosures of sexual or relationship violence to institution's Title IX and/or non-discrimination office (if required).	☐	☐	☐	☐	☐
36. Policies and procedures are in place to refer a trans patient to any gender-affirming care not provided in-house.	☐	☐	☐	☐	☐
37. Policies and procedures are in place for linking patients newly diagnosed with HIV to comprehensive medical and mental health care, including referral to partner services/disease intervention specialists.	☐	☐	☐	☐	☐
38. Policies and procedures are in place to direct clinical staff to refer patients to specialists for complicated STI diagnoses.	☐	☐	☐	☐	☐
Evaluate Your Efforts					
39. Quantitative data are collected, analyzed, and used to evaluate and improve services and programming at least once per year.	☐	☐	☐	☐	☐
40. Qualitative data are collected, analyzed, and used to evaluate and improve services and programming at least once per year.	☐	☐	☐	☐	☐
41. Qualitative and quantitative data collection and analysis is disaggregated to identify and address health disparities for different populations (i.e., by race, ethnicity, sexual orientation, gender identity, first generation status, etc.).	☐	☐	☐	☐	☐
42. Qualitative and quantitative data collection and analysis include examination of utilization rates for sexual health services by different populations.	☐	☐	☐	☐	☐
43. A summary of evaluation efforts and responses made to improve services and programming is shared with community stakeholders at least once per year.	☐	☐	☐	☐	☐

Health Promotion

Use the Socioecological Model to Improve Sexual Health

44. Interventions emphasize primary prevention, using universal, selective, and indicated prevention strategies.	☐	☐	☐	☐	☐
45. Interventions focus on campus life and the many environments in which students live, work, love, and play.	☐	☐	☐	☐	☐
46. Interventions address individual, interpersonal, organizational, community, and societal levels.	☐	☐	☐	☐	☐

	N/A	Do Not Intend	Intend/ Not Begun	In Progress	In Place
47. Interventions are designed in partnership with the student community.	☐	☐	☐	☐	☐
48. Health education programming includes information about giving and receiving consent.	☐	☐	☐	☐	☐
Implement an Inclusive, Evidence-Based Availability Program for Safer Sex Products					
49. Safer sex supplies are available to students free of charge.	☐	☐	☐	☐	☐
50. Safer sex supplies are located in multiple spaces that are accessible to a variety of students.	☐	☐	☐	☐	☐
51. Safer sex product program is publicized to students (e.g., through social media, websites, posters in student spaces, etc.)	☐	☐	☐	☐	☐
52. Safer sex products are offered with instructions for how to use each product.	☐	☐	☐	☐	☐
53. Non-latex safer sex supplies are available.	☐	☐	☐	☐	☐
54. Dental dams are available.	☐	☐	☐	☐	☐
55. External condoms are available.	☐	☐	☐	☐	☐
56. Internal condoms are available.	☐	☐	☐	☐	☐
57. Non-lubricated condoms are available.	☐	☐	☐	☐	☐
58. Latex and/or nitrile gloves are available in multiple sizes.	☐	☐	☐	☐	☐
59. Water-based lubricant is available.	☐	☐	☐	☐	☐
60. Silicone-based lubricant is available.	☐	☐	☐	☐	☐
Leverage Social Media					
61. Social media is used to provide positive, engaging messaging about sexual health.	☐	☐	☐	☐	☐
62. Social media metrics (e.g., impressions, shares, reach, etc.) are analyzed to assess effectiveness of content and measure engagement.	☐	☐	☐	☐	☐
63. Social media content is created in consultation with students to amplify their voices regarding sexual health.	☐	☐	☐	☐	☐

Clinical Care

Be Proactive about Sexual Health with All Patients and Take an Inclusive, Comprehensive Routine Sexual History					
64. Clinicians engage patients in conversations about sexual health, as appropriate, during preventive visits—not just during problem-focused sexual health visits.	☐	☐	☐	☐	☐
65. EHR templates and/or patient questionnaires use the "8 Ps approach" to obtain sexual history (Preferences, Partners, Practices, Protection from STIs/HIV, Past History of STIs, Pregnancy, Pleasure, and Partner Violence)	☐	☐	☐	☐	☐

	N/A	Do Not Intend	Intend/ Not Begun	In Progress	In Place
66. EHR templates and/or patient questionnaires on sexual history use open-ended questions with nonjudgmental tone and demeanor.	☐	☐	☐	☐	☐
67. EHR templates and/or patient questionnaires include specific field for an organ inventory to guide screening and management of specific complaints for trans and non-binary patients.	☐	☐	☐	☐	☐
Assess Patients' Reproductive Goals					
68. EHR templates and/or patient questionnaires include field for patient's reproductive goals for the next year.	☐	☐	☐	☐	☐
69. EHR templates and/or patient questionnaires direct clinicians to counsel students desiring pregnancy or not using reliable forms of contraception or who are otherwise capable of pregnancy (e.g., transmasculine students having penis-vagina sex) to take a supplement containing 0.4-0.8 mg of folic acid daily for the prevention of neural tube defects.	☐	☐	☐	☐	☐
Assess for Trauma and Violence					
70. EHR templates and/or patient questionnaires screen patients for trauma and trauma symptoms using non-gendered language, in private, annually.	☐	☐	☐	☐	☐
71. Policies and procedures are in place to provide patients who screen positive for trauma and trauma symptoms with ongoing support or referred to appropriate agencies.	☐	☐	☐	☐	☐
Orient Clinical Care Toward Prevention					
72. EHR templates, patient questionnaires, and/or other clinical decision support tools are used to remind clinicians of testing, vaccination, and other preventive care needs.	☐	☐	☐	☐	☐
Vaccinations					
73. EHR templates and/or patient questionnaires for all patients age 45 years and younger include a question about human papillomavirus (HPV) vaccination status.	☐	☐	☐	☐	☐
74. Policies and/or procedures are in place for clinicians to recommend HPV vaccine to all patients age 45 years and younger who are not fully vaccinated.	☐	☐	☐	☐	☐
75. Policies and/or procedures are in place for clinicians to recommend vaccination against hepatitis A virus (HAV) for any patients who are men who have sex with men (MSM), who have not previously been vaccinated.	☐	☐	☐	☐	☐
76. Policies and/or procedures are in place for clinicians to recommend vaccination for hepatitis B virus (HBV) for patients not previously vaccinated, patients at risk for HBV infection (e.g.,, through sexual exposure), or patients requesting protection from HBV without a specific risk factor.	☐	☐	☐	☐	☐
Cervical Cancer Screening					
77. Policies and/or procedures are in place for clinicians to recommend screening for cervical cancer (via Pap test) for all patients with a cervix based on current national guidelines, regardless of sexual activity.	☐	☐	☐	☐	☐
78. Policies and/or procedures are in place for clinicians to decide, in partnership with the patient, whether to perform a pelvic exam based on medical history or symptoms.	☐	☐	☐	☐	☐
79. Policies and/or procedures are in place for clinicians to offer smaller-sized speculums during pelvic exams for patients who have never had penetrative vaginal sex and patients with a physical or psychological sensitivity or if the patient expresses a preference.	☐	☐	☐	☐	☐

	N/A	Do Not Intend	Intend/ Not Begun	In Progress	In Place
STI and HIV Screening					
80. Policies and/or procedures are in place to allow asymptomatic patients who have not had a known exposure to be screened for STIs/HIV without a provider visit.	☐	☐	☐	☐	☐
81. Policies and/or procedures are in place to provide routine, opt-out HIV screening following recommendations published by the Centers for Disease Control and Prevention (CDC).	☐	☐	☐	☐	☐
82. Fourth generation rapid HIV Ab/Ag POC testing is available.	☐	☐	☐	☐	☐
83. Policies and procedures are in place to ensure HIV testing is offered when STI testing is requested and STI testing is offered when HIV testing is requested.	☐	☐	☐	☐	☐
84. Policies and/or procedures are in place for clinicians to screen for STIs at all appropriate anatomical sites, following recommendations published by the CDC and the United States Preventive Services Task Force (USPSTF), regardless of patient's sexual orientation or gender identity.	☐	☐	☐	☐	☐
85. Policies and/or procedures are in place to permit patients to self-swab rectal samples when possible for self-motivated patients as indicated.	☐	☐	☐	☐	☐
86. Policies and/or procedures are in place to permit patients to self-swab throat samples when possible for self-motivated patients as indicated.	☐	☐	☐	☐	☐
87. Policies and/or procedures are in place to permit patients to self-swab vaginal samples when possible for self-motivated patients as indicated.	☐	☐	☐	☐	☐
Implement Expedited Partner Therapy (EPT) Where Legal					
88. At least once per year, the legal status of EPT in the state is reviewed with staff.	☐	☐	☐	☐	☐
89. If legal, policies and/or procedures are in place to require clinicians to offer EPT to students.	☐	☐	☐	☐	☐
Offer Pre-Exposure Prophylaxis (PrEP) as Appropriate					
90. Policies and/or procedures are in place to require clinicians to screen for PrEP eligibility and offer PrEP as appropriate.	☐	☐	☐	☐	☐
91. EHR templates and/or patient questionnaires used during routine wellness visits include questions about PrEP.	☐	☐	☐	☐	☐
92. EHR templates and/or patient questionnaires used during post-exposure prophylaxis (PEP) visits include a question about PrEP, especially if the patient is in a sexual relationship with someone who is living with HIV.	☐	☐	☐	☐	☐
93. Patients eligible for PrEP are provided with resources to navigate insurance and enhance access (ie.g., patient assistance programs, community resources, etc.)	☐	☐	☐	☐	☐
94. PrEP patients are sent reminders for follow-up appointments.	☐	☐	☐	☐	☐
95. PrEP patients who miss their follow-up appointments are contacted to be rescheduled.	☐	☐	☐	☐	☐
Offer Post-Exposure Prophylaxis (PEP) as Appropriate					
96. Policies and/or procedures are in place to require clinicians to offer PEP.	☐	☐	☐	☐	☐