

Introduction

Note: This PDF is intended to be used as a worksheet. Survey responses must be submitted in Qualtrics using the link in your invitation email.

ACHA SEXUAL HEALTH SERVICES SURVEY 2023

Sexual Health Services Survey for Calendar Year 2023

Thank you for taking the time to complete this survey. The objective of this survey is to track modes of management and outcomes of evaluation to serve as both a benchmark and database of comparable statistics.

All data collected in this survey is in reference to Calendar Year 2023 (January 1 – December 31, 2023). Please answer with respect to services you provided and policies that were in place in CY2023, rather than current policies or practices. If there were different policies in place between the spring and fall semesters, please reference the Fall 2023 policies.

Please submit only objective data except as specified. Please leave blank unanswerable questions or questions that are not applicable to your health services.

We must have both the numerator (number of positives) and denominator (number tested) to calculate the positivity rate. If you only have data for positive STI tests without the total number of students tested, we will not be able to use your data for these items. *Please leave these items blank if you do not have both numbers.*

Use only whole numbers in your numerical entries (no commas).

If you'd like to view the full survey, or print a copy, please click here.

Contact Christine Kukich at ckukich@acha.org for specific questions about this survey.

Contacts and Demographics

Contact and Demographics

Name of College/University: \${e://Field/INSTITUTION}

1) Name of person completing this survey:

2) Title of person completing this survey: 3) E-mail address for questions about survey entries: 4) Telephone number of respondent: 5) Which best describes your primary role in college health? 6) Administrator 7) Healthcare Provider 8) Information Technology or Data Management 9) Health Education/Promotion Professional 9) Other (please specify) 6) Does your student health center provide ANY clinical sexual health services (e.g., PAP testing, STI/HIV testing, pregnancy testing, contraception, PrEP, PEP, HPV vaccinations, etc.)? 9) Yes 10) No 11) This question only appears if Yes is selected in question 6. 12) Gevical cancer screening			
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6A) Does your student health center provide the following clinical sexual health services? Yes No			
Yes No	This question only appears if	Yes is selected in question 6.	
	6A) Does your student health cent	er provide the following clinical se	xual health services?
		Vec	No
	Cervical cancer screening	0	0

	testing on ations only appears if Yes is electronic health w tricity calWorks S Health t				esting, or Pregna	
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Careflow Cerner GE Centr E-Clinica EPIC Magnus Medicat NextGEN	w tricity salWorks s Health t	records prod	uct(s) are you <u>c</u>	<u>urrently</u> using?		
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_						
☐ NueMD						
Point and	nd Click Solutions					
Practice	e Fusion					
□ PyraMED	:D					
☐ Titanium						
_	we use paper only					
	The use paper of the	Othe	er EHR product (p	lease specify):		
		Oure	or Ermy produce (p	icase specify).		

	Does your electronic medical record capture the following categories?		Does your SHS have the ability to run reports based on the following categories?		Does your SHS run reports based on the following categories?	
	Yes	No	Yes	No	Yes	No
Gender identity (i.e., man, woman, transgender, nonbinary, etc.)	0	0	0	0	0	0
Race/ethnicity	0	0	0	0	0	0
Sexual orientation	0	0	0	0	0	0
This question on	y appears if No is	selected in ques	stion 6.			
6D) Does your	student health	center provide	any clinical health	services?		
O Yes						
O No						
This question on	ly appears if No is	selected in ques	stion 6D.			
and virtual/te		al visits did you s)	estion 19 for anyone Ir health center ha			oth in-person
2023	of these visits					
Number of virtua	al/telemedicine vis	its				

Pap Test Results

This section only appears if Yes is selected for Cervical cancer screening in question 6D.

Surveillance

8A) Summary of all Cervical Pap test results for January 1, 2023-December 31, 2023 (Results in items A through G are mutually exclusive and SHOULD SUM TO EQUAL THE TOTAL REPORTED at the bottom row labeled TOTAL. Please make sure to enter data in A-G below so that we can calculate correct rates for each category of test result.

A. Number reported as normal	0
B. Number reported as ASC-US (atypical squamous cells of undetermined significance)	0
C. Number reported as LSIL (low-grade squamous intraepithelial lesion)	0
D. Number reported as ASC-H, Low-grade, cannot exclude high-grade or HSIL or CIS (atypical squamous cells: cannot exclude high-grade, high-grade squamous intraepithelial lesion)	0
E. Number reports as HSIL (high-grade squamous intraepithelial lesion)	0
F. Number reported as AGC or CIS (atypical glandular cells or carcinoma in situ)	0
G. Number reported as unsatisfactory (no dx)	0
H. Number reported as other dx, not listed above	0
Total	0
BB) Summary of all Cervical Pap test results for January 1, 2023-December 31, 2023. Please leave this question blank if you don't know.	
Number reported with <u>no endocervical cells present</u> (with any dx above)	

STI/HIV Positivity

This section only appears if Yes is selected for STI/HIV testing in question 6D.

Instructions: Please make sure to enter corresponding data in questions below so that we can calculate positivity rates by sex.

The number of positive test results must always be equal to or less than the number of tests done for each infection. All data applies to tests performed by your health service in calendar year 2023. We must have both the numerator (number of positives) and denominator (number tested) to calculate the positivity rate. If you only have data for positive STI tests without the number of students tested, we will not be able to use your data. Please leave number of positive STI tests blank if you cannot provide the number of students tested.

Please include ALL tests/positives in this section including multiple sites and retests.

Note that bottom number must be less than or equal to the top number	
Number of unique (unduplicated) patients assigned female at birth under age 25 seen at your health center.	
Number of unique (unduplicated) patients assigned female at birth under age 25 tested for chlamydia at your health center.	
10) Gonorrhea testing	
Note that bottom number must be less than or equal to the top number	
Total number of Gonorrhea tests performed	
Total number of Gonorrhea tests positive	
10A) If known, how many of the positive Gonorrhea tests were from the following types of tests?	
Note that the total number of tests must add up to the total number of positive tests in question 10	
Urine Test	0
Anal swab	0
Oral swab	0
Urethral swab	0
Vaginal swab	0
Total	0
11) Chlamydia testing	
Note that bottom number must be less than or equal to the top number	
Total number of Chlamydia tests performed	
Total number of Chlamydia tests positive	
11A) If known, how many of the positive Chlamydia tests were from the following types of tests?	
Note that the total number of tests must add up to the total number of positive tests in question 11	
Urine Test	0

An	nal swab	0					
Or	ral swab	0					
Ur	rethral swab	0					
Va	aginal swab	0					
To	otal	0					
writ	e following questions ask about Expedited Partner Therapy (EPT). EPT is when a prescription car itten to treat the sex partner(s) of the patient who tests positive for an STI without requiring the ealthcare provider						
11B	B) Is EPT offered for chlamydia in your student health center?						
0	Yes, required by clinic policy						
0	Yes, allowed by clinic policy and offered at provider discretion						
0	No, it is not legal in my state						
0	No, it is not allowed by clinic policy						
0	O No, we do not have a provider to prescribe						
0	No – other reason(s) (please specify)						
0	I don't know						
	C) What challenges, if any, does your student health center experience with offering EPT for chla uld need to be overcome so you could offer EPT?	ımydia or					
12)	HIV antibody testing						
Not	te that bottom number must be less than or equal to the top number						
Tota	al number of HIV antibody tests performed						
Tota	al number of HIV antibody tests positive						

12A) If known, how many of the positive HIV tests were from the following types of tests?

Note that the total number of tests must add up to the total number of positive tests in question 10.

Rapid oral		0
Serum antibody		0
Serum antigen		0
Serum NAAT		0
Other (please specify)		0
Total		0
13) Syphilis testing		
Note that bottom number must be less than or equal	to the top number	
Total number of Syphilis tests performed		
Total number of Syphilis tests positive		
14) Herpes viral culture or PCR testing		
Total number of PCR tests performed		
Total number of positive HSV-1 tests		
Total number of positive HSV-2 tests		
Total number of positive type unknown tests		
15) How many patients did your Health Center diagno	se with trichomoniasis in 2023?	
16) How many patients did your Health Center diagn	ose with bacterial vaginosis in 2023?	
17) Number of unduplicated patients diagnosed with	n genital warts in 2023:	

Pregnancy

This section only appears if Yes is selected for pregnancy testing in question 6D.

18) For pregnancy tests performed at your health center between January 1, 2023 to December 31, 2023 (in-house or sent out, either urine or blood):

Please double check that your number of positive tests is not greater than the number of tests performed.

Number performed	
Number positive	

Guidelines and Best Practices Assessment

All respondents will see this section

The following assessment is based on <u>ACHA's Best Practices for Sexual Health Promotion and Clinical Care in College Health Settings white paper</u>, published in January 2020. 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.

Do not Intend to Implement	Your health center does not intend to implement the best practice. Reasons may include issues related to legality, polic lack of buy-in, resources, staffing, etc.	
Intend to Implement, but have not yet	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.	
Begun	For example, 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 & 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.).	

19) Incorporate Pleasure & Intimacy into Sexual Health Efforts

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
EHR templates and/or patient questionnaires used during routine wellness visits include questions about sexual pleasure and satisfaction.	0	0	0	0
EHR templates and/or patient questionnaires used during problem-focused visits for sexual health include questions about pleasure and sexual satisfaction.	0	0	0	0
Health education programs include information about pleasure and sexual satisfaction.	0	0	0	0
Any office providing safer sex supplies provides a variety of options, styles, and sizes, including lubricant.	0	0	0	0

19A) Please share any additional information/details that would help ACHA understand the challenges
associated with meeting the Best Practices recommendations for <u>incorporating pleasure and intimacy into</u>
sexual health efforts.

20) Create a Welcoming Clinic E	nvironment and Provide Inclusive Resources and Services	

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
Website has sex-positive messages with same- and different- gender partners, as well as people of different ethnicities, races, gender expressions and physical abilities.	0	0	0	0
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.	0	0	0	0
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.	0	0	0	0
Strategic planning or goal setting includes ensuring staff are diverse and represent the communities they serve.	0	0	0	0

20A) Please share any additional information/details tha associated with meeting the Best Practices recommenda		-		_
21) Considerations for Trans and Non-Binary Students				
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
Policy is in place regarding appropriate staff interactions with trans and non-binary students.	0	0	0	0
Clinicians provide gender-affirming hormone therapy for trans and non-binary students.	0	0	0	0
Student health insurance policy explicitly covers services related to transgender care.	0	0	0	0
Gender-inclusive restrooms are available and accessible.	0	0	0	0
21A) Please share any additional information/details tha associated with meeting the Best Practices recommenda		=		_
21A) Please share any additional information/details tha		=		_
21A) Please share any additional information/details tha associated with meeting the Best Practices recommenda	tions for <u>co</u>	=	s for trans and r	_
21A) Please share any additional information/details tha associated with meeting the Best Practices recommenda students.	tions for <u>co</u> I) Data	Intend to		non-binary
21A) Please share any additional information/details that associated with meeting the Best Practices recommendatudents. 22) Collect Sexual Orientation and Gender Identity (SOG EHR templates and/or patient questionnaires include specific field for name the student would like to be called (i.e., lived name), and this field is not referred to as a "preferred name."	I) Data Do Not Intend to	Intend to Implement, but have not yet	s for trans and r	Implemented
21A) Please share any additional information/details that associated with meeting the Best Practices recommenda students. 22) Collect Sexual Orientation and Gender Identity (SOG EHR templates and/or patient questionnaires include specific field for name the student would like to be called (i.e., lived)	I) Data Do Not Intend to Implement	Intend to Implement, but have not yet	s for trans and r	Implemented

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
is first asked about gender identity and then their sex assigned at birth. Open-ended "other" options are available.				
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.	0	0	0	0
22A) Please share any additional information/details that associated with meeting the Best Practices recommendate		-		illenges

23) Use a Trauma-Informed Approach to Sexual Health Promotion & Clinical Care

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
The mission statement for the department or program requires that services are trauma informed.	0	0	0	0
Strategic planning or goal setting requires that services are trauma-informed.	0	0	0	0
Policies or procedures are in place requiring clinicians to obtain patient histories while patients are clothed.	0	0	0	0
Policies or procedures are in place to allow the presence of a support person for the patient during a clinical encounter.	0	0	0	0
Policies or procedures are in place requiring clinicians to inform the patient that the patient is in control and is able to stop any clinical encounter at any time.	0	0	0	0
Policies or procedures are in place requiring clinicians to use language patient uses for their own anatomy throughout the clinical encounter. EHR templates and/or patient questionnaires reflect this requirement.	0	0	0	0
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.	0	0	0	0
Health education programs always affirm at the beginning that participants are free to leave for any reason at any time	0	0	0	0

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining				
during the program to take care of themselves.								
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.	0	0	0	0				
Staff are required to be trained in trauma-informed practice.	0	0	0	0				
23A) Please share any additional information/details that would help ACHA understand the challenges associated with meeting the Best Practices recommendations for <u>using a trauma-informed approach to sexual health promotion & clinical care.</u>								
24) Address Confidentiality Concerns								

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
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).	0	0	0	0
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.	0	0	0	0
Sexual health services are provided at low or no cost for patients who do not wish to bill their insurance for these services.	0	0	0	0
Patient bills or account charges list services generically (e.g., "Student Health Center Fee" instead of "Birth Control Visit").	0	0	0	0
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.	0	0	0	0

25) Make Referrals Appropriate	ı			
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
Organization maintains a referral list for sexuality professionals on campus and in the broader community.	0	0	0	0
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.)	0	0	0	0
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).	0	0	0	0
Policies and procedures are in place to refer a trans patient to any gender-affirming care not provided in-house.	0	0	0	0
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.	0	0	0	0
Policies and procedures are in place to direct clinical staff to refer patients to specialists for complicated STI diagnoses.	0	0	0	0
25A) Please share any additional information/details tha associated with meeting the Best Practices recommenda				

26) Evaluate Your Efforts

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
Quantitative data are collected, analyzed and used to evaluate and improve services and programming at least once per year.	0	0	0	0
Qualitative data are collected, analyzed and used to evaluate and improve services and programming at least once per year.		0	0	0
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.). Qualitative and quantitative data collection and analysis include examination of utilization rates for sexual health services by different populations.		0	0	0
		0	0	0
A summary of evaluation efforts and responses made to improve services and programming is shared with community stakeholders at least once per year.	0	0	0	0
26A) Please share any additional information/details that associated with meeting the Best Practices recommendate		=		illenges

Guidelines and Best Practices Assessment: HEALTH PROMOTION

27) Use the Socioecological Model to Improve Sexual Health

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
Interventions emphasize primary prevention.	0	0	0	0
Interventions focus on campus life and the many environments in which students live, work and play.	0	0	0	0
Interventions address individual, interpersonal, organizational, community and societal levels.	0	0	0	0
Interventions are designed in partnership with the student community.	0	0	0	0

27A) Please share any additional information/details th associated with meeting the Best Practices recommend sexual health.		=		_			
28) Implement an Inclusive, Evidence-Based Availability Program for Safer Sex Products							
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining			
Safer sex supplies are available to students free of charge.	0	0	0	0			
Safer sex supplies are located in multiple spaces that are accessible to a variety of students.	0	0	0	0			
Safer sex product program is publicized to students (e.g., through social media, websites, posters in student spaces, etc.)	0	0	0	0			
Non-latex safer sex supplies are available.	0	0	0	0			
Dental dams are available.	0	0	0	0			
External condoms are available.	0	0	0	0			
Internal condoms are available.	0	0	0	0			
Non-lubricated condoms are available.	0	0	0	0			
Latex and/or nitrile gloves are available in multiple sizes.	0	0	0	0			
Water-based lubricant is available.	0	0	0	0			
Silicone-based lubricant is available.	0	0	0	0			
28A) Please share any additional information/details th associated with meeting the Best Practices recommend availability program for safer sex products.		=		_			

29) Leverage Social Media

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
Social media is used to provide positive, engaging messaging about sexual health.	0	0	0	0
Social media metrics (e.g., impressions, shares, reach, etc.) are analyzed to assess effectiveness of content and measure engagement.	0	0	0	0
Social media content is created in consultation with students to amplify their voices regarding sexual health.	0	0	0	0
29A) Please share any additional information/details that	nt would hel	p ACHA und	lerstand the cha	allenges

associated with meeting the Best Practices recommendations for <u>leveraging social media.</u>

Guidelines and Best Practices Assessment: CLINICAL CARE

30) Be Proactive about Sexual Health with All Patients and Take an Inclusive, Comprehensive Routine Sexual History

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
Clinicians engage patients in conversations about sexual health, as appropriate, during preventive visits not just during problem-focused sexual health visits.	0	0	0	0
EHR templates and/or patient questionnaires use the "8 Ps approach" to obtain sexual history (i.e., Preferences, Partners, Practices, Protection from STIs/HIV, Past History of STIs, Pregnancy, Pleasure, and Partner Violence).	0	0	0	0
EHR templates and/or patient questionnaires on sexual history use open-ended questions with nonjudgmental tone and demeanor.	0	0	0	0
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.	0	0	0	0

associated with meeting the Best Practices recommendations for <u>being proactive about sexual health with</u> <u>all patients and taking a inclusive, comprehensive routine sexual history</u> .				
31) Assess Patients' Reproductive Goals	I			
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
EHR templates and/or patient questionnaires include field for patient's reproductive goals for the next year.	0	0	0	0
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 (i.e., 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.	0	0	0	0
31A) Please share any additional information/details that associated with meeting the Best Practices recommendate		=		_
32) Assess for Trauma and Violence				
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
EHR templates and/or patient questionnaires screen patients for trauma and trauma symptoms using non-gendered language, in private, annually.	0	0	0	0
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.	0	0	0	0

30A) Please share any additional information/details that would help ACHA understand the challenges

32A) Please share any additional information/details that associated with meeting the Best Practices recommendates.		-		_
33) Orient Clinical Care Toward Prevention	I			
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
EHR templates, patient questionnaires, and/or other clinical decision support tools are used to remind clinicians of testing, vaccination, and other preventive care needs.	0	0	0	0
33A) Please share any additional information/details that associated with meeting the Best Practices recommendation.		=		-
34) Vaccinations				
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
EHR templates and/or patient questionnaires for all patients age 45 years and younger include a question about human papillomavirus (HPV) vaccination status.	0	0	0	0
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.	0	0	0	0
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.	0	0	0	0

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
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 (i.e., through sexual exposure) or patients requesting protection from HBV without a specific risk factor.	0	0	0	0
34A) Please share any additional information/details that is sociated with meeting the Best Practices recommenda		="	erstand the cha	illenges
S5) Cervical Cancer Screening				
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
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,	0	O	0	0
patients with a cervix based on current national guidelines, regardless of sexual activity. Policies and/or procedures are in place for clinicians to decide whether to perform a pelvic exam based on medical history or	0	0	0	0
patients with a cervix based on current national guidelines, regardless of sexual activity. Policies and/or procedures are in place for clinicians to decide whether to perform a pelvic exam based on medical history or symptoms, in partnership with the patient. 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, patients with a physical or psychological sensitivity, or if the patient expresses a preference.			0	0

	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining		
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.	0	0	0	0		
Policies and/or procedures are in place to provide routine, opt- out HIV screening following recommendations published by the CDC.	0	0	0	0		
4th-generation rapid HIV Ab/Ag POC testing is available.	0	0	0	0		
Policies and procedures are in place to ensure an HIV test is offered when STI testing is requested, and STI testing is offered when HIV testing is requested.	0	0	0	0		
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 USPSTF, regardless of patient's sexual orientation or gender identity.	0	0	0	0		
Policies and/or procedures are in place to permit patients to self-swab when possible, including oral and rectal samples, for self-motivated patients as indicated.	0	0	0	0		
36A) Please share any additional information/details that would help ACHA understand the challenges associated with meeting the Best Practices recommendations for <u>STI and HIV screening</u> .						
37) Implement Expedited Partner Therapy (EPT) Where Legal						
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining		
At least once per year, the legal status of EPT in the state is reviewed with staff.	0	0	0	0		
If legal, policies and/or procedures are in place to require clinicians to offer EPT to students.	0	0	0	0		

37A) Please share any additional information/details that would help ACHA understand the challenges associated with meeting the Best Practices recommendations for <u>implementing EPT.</u>

38) Offer Pre-Exposure Prophylaxis (PrEP) as Appropriat	e			
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
Policies and/or procedures are in place to require clinicians to offer PrEP.	0	0	0	0
EHR templates and/or patient questionnaires used during routine wellness visits include questions about PrEP.	0	0	0	0
EHR templates and/or patient questionnaires used during PEP visit includes a question about PrEP, especially if the patient is in a sexual relationship with someone who is living with HIV.	0	0	0	0
Patients eligible for PrEP are provided with resources to navigate insurance and enhance access (i.e., patient assistance programs, community resources, etc.).	0	0	0	0
PrEP patients are sent reminders for follow-up appointments.	0	0	0	0
PrEP patients who miss their follow-up appointments are contacted to be rescheduled.	0	0	0	0
38A) Please share any additional information/details tha associated with meeting the Best Practices recommenda		=		allenges
39) Offer Post-Exposure Prophylaxis (PEP) as Appropriat	re			
	Do Not Intend to Implement	Intend to Implement, but have not yet Begun	Implementation in Progress	Implemented & Maintaining
Policies and/or procedures are in place to require clinicians to offer PEP.	0	0	0	0

39A) Please share any additional information/details that would help ACHA understand the challenges associated with meeting the Best Practices recommendations for <u>offering PEP</u>.

The End

Contact <u>Christine Kukich</u> at ACHA for specific questions about this survey. Thank you for taking the time to complete this survey.

When you hit the "submit" button below, your responses will be recorded and a summary of your submission will be displayed. You may download a PDF of your submission for your records.