



ACHA 2020 SEXUAL HEALTH SERVICES SURVEY

Survey Report

Issued: November 15, 2021



AMERICAN
COLLEGE
HEALTH
ASSOCIATION

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A Call to Action for Health Equity:

Collect and Report Race, Ethnicity, Sexual Orientation and Gender Identity Data

The rights to equality and non-discrimination are critical to the realization of sexual health.¹ 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.

We cannot do this without consistent data collection and disaggregation. Black, Indigenous and People of Color (BIPOC) and queer and trans (QT) people experience a multitude of health disparities, yet they historically have not been made visible by this survey.

The purpose of the SHSS has been to provide a broad overview of STI/HIV and cervical cancer screening results among patients visiting student health services (SHS). However, a commitment to health equity requires that we move beyond broad statistics. **As such, future versions of this survey will ask SHSs to respond to surveillance questions according to race, ethnicity, sexual orientation and gender identity.**

We recognize that many SHSs will not have the ability to provide this information due to EHR and laboratory reporting limitations. For some illustration, our calendar year (CY) 2019 data showed that only 59.2% of SHSs collected gender identity data according to the recommended 2-step method (asking first about gender identity and then sex assigned at birth), and only 51.7% of SHSs collected sexual orientation data.²

We encourage all SHSs to work with their electronic health record (EHR) vendors to create reports that allow them to disaggregate and analyze their clinical data in a way that captures the diversity of the student bodies they serve. While the time that can be dedicated to completing the SHSS is limited, please do not underestimate the impact of spending more time on the survey to make sure all students are visible and counted.

If you have a suggestion for how the Sexual Health Coalition can support SHSs with data disaggregation, please send an email to Christine Kukich at CKukich@acha.org.

Introduction and History

The American College Health Association (ACHA) has collected data from SHSs regarding STI/HIV surveillance, cervical cancer screening practices and management of abnormal results on a calendar year (CY) basis since 1991. Formerly known as the Pap Test and STI Survey, the purpose of the Sexual Health Services Survey (SHSS) is to provide benchmarking data on practices and STI/HIV testing outcomes for comparison among SHSs and analysis of trends over time. Previous reports can be found on the [Sexual Health Services Survey page](#) on ACHA's website.

In order to capture data from those institutions that engage in sexual health promotion but offer limited or no clinical services, a question regarding scope of sexual health services provided was added beginning with the CY 2018 & 2019 surveys. Changes were made to the survey again starting in CY 2020 to streamline data analysis and to reflect changes in guidelines and best practices.

As was announced during the CY 2020 survey cycle (the cycle of this report), there are now two versions of the survey that are distributed on alternating years. Here is a general breakdown of what is included in each version:

Both Even and Odd Years:

- Surveillance Questions
 - Cervical cancer screening outcomes
 - STI/HIV testing positivity
 - Pregnancy testing positivity

Even Years:

- Surveillance Questions
- General Practice Questions
 - Management of cervical cancer screening results
 - STI/HIV testing practices and services
 - Cost of STI/HIV testing
 - Extragenital testing
 - STI/HIV testing outreach events
 - Anonymous HIV testing
 - Routine chlamydia testing among patients assigned female at birth
 - Contraception provision
 - Services provided after positive pregnancy tests

Odd Years:

- Surveillance Questions
- Organizational assessment in alignment with the [Implementation Guide for Best Sexual Health Practices in College Settings developed by the American College Health Foundation with support from Hologic, Inc.](#)

The Impact of the COVID-19 Pandemic

This is a particularly important cycle of the Sexual Health Services Survey (SHSS), as it provides a snapshot of the COVID-19 pandemic's impact on cervical cancer screening, sexually transmitted infection and human immunodeficiency virus (STI/HIV) testing and pregnancy testing. The national, state and local stay-at-home orders that began in March of 2020 forced college health practitioners to transition their programs and services to virtual environments, while also trying to address the pandemic on their campuses. As such, the provision of sexual health services on many campuses was largely prioritized well below the immediate need to respond to COVID-19.

While this cycle of SHSS shows some of the immediate impacts of COVID-19, data in forthcoming years will be particularly valuable in gaining insight to the longer-term impacts -- specifically in terms of navigating the transition to new phases of the pandemic.

See the Resources section in this document for two webinars facilitated by the American College Health Foundation and Hologic, Inc. about the provision of sexual health services during COVID-19.

Methods

This report contains data collected by ACHA Member Institutions for Calendar Year 2020 (January 1 - December 31) according to the Even Years version of the SHSS.

Survey questions were written and edited by members of the ACHA Sexual Health Coalition with assistance from ACHA staff members. The survey was administered using Qualtrics Research Suite online survey software (Qualtrics, Inc.), and response data were analyzed using IBM SPSS Statistics v23 (SPSS, Inc.). The response period was December 2020 to April 2021.

Each Representative of the Member Institution (RMI) was emailed a unique survey link. The RMI was asked to either complete the survey or forward the survey link to the appropriate staff member for completion. Non-responders were sent reminder emails throughout the response period.

Only ACHA Institutional Members were asked to participate in the survey. Therefore, the results of this survey may not be representative of all SHSs in the United States and extrapolation of these data to college populations in general may not be appropriate.

For calculations of test result positivity in variables with numerical data, we excluded respondents that did not provide both a numerator and a denominator in their response (i.e., the number of positive tests and the number of total tests performed, respectively). All percentages reported reflect valid percentages. The data were reviewed for data entry errors as well (e.g., if there were more positive results than total number of tests performed); those responses were excluded from analysis.

A Note about Gender Identity Data Collection

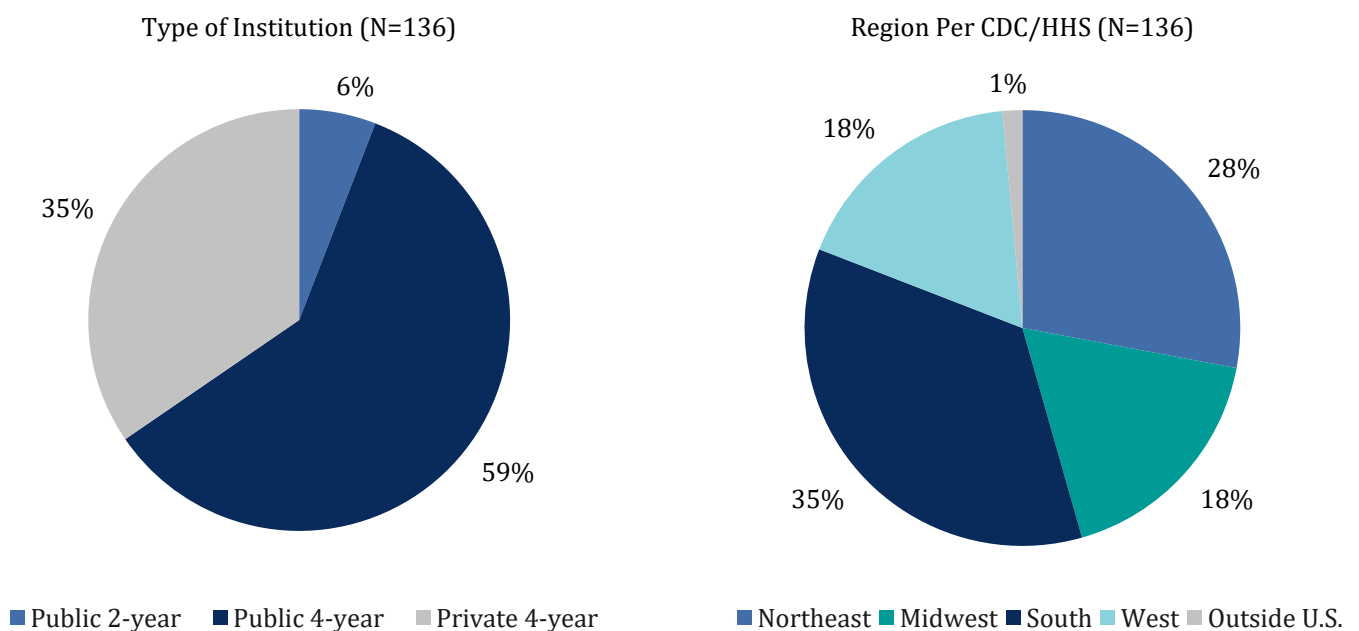
Not all laboratories and electronic health record systems (EHRs) collect and report gender identity data according to best practices that recognize and affirm trans people. As such, sex assigned at birth (i.e., male and female) is often collected instead of gender identity. In an attempt to address these concerns

and collect accurate data when we are able to do so, this survey includes categories for “male” and “female” in addition to categories of “neither male nor female” “transgender” and “unknown/unspecified.” We know that this is still severely limited and unacceptable.

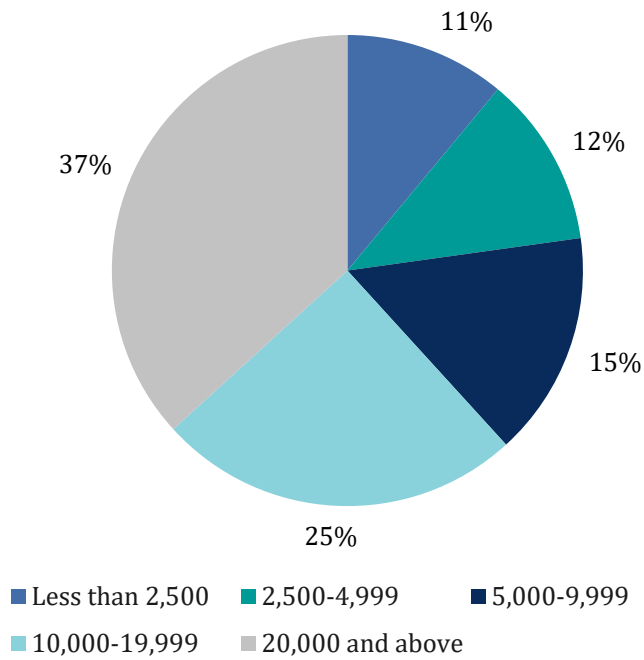
Findings

Demographics

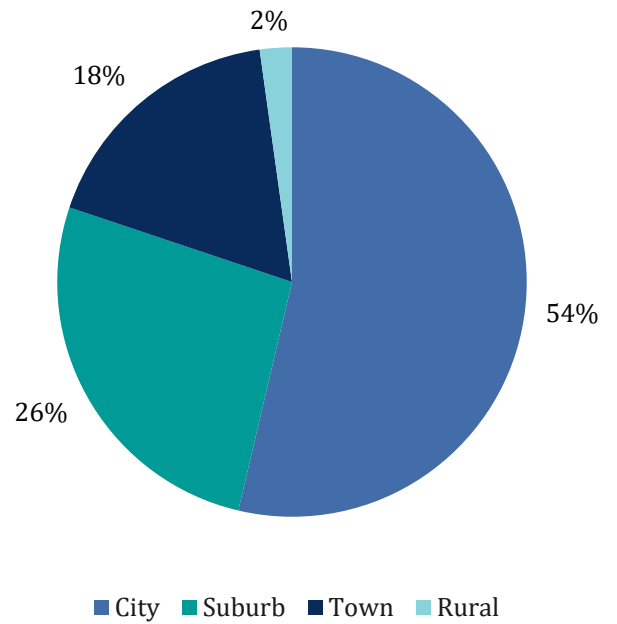
Over the past 10 years, the number of participating institutions has ranged from a high of 181 in CY 2011 to a low of 113 in CY 2017. A total of 152 schools completed the survey for CY 2020. Of these schools, 136 provided clinical sexual health services at their student health center and were able to provide data for the survey. The majority of participating institutions were public, 4-year schools (59.6%) and schools with student populations of at least 20,000 (36.8%). All were institutional members of ACHA.



Institution Size (N=136)

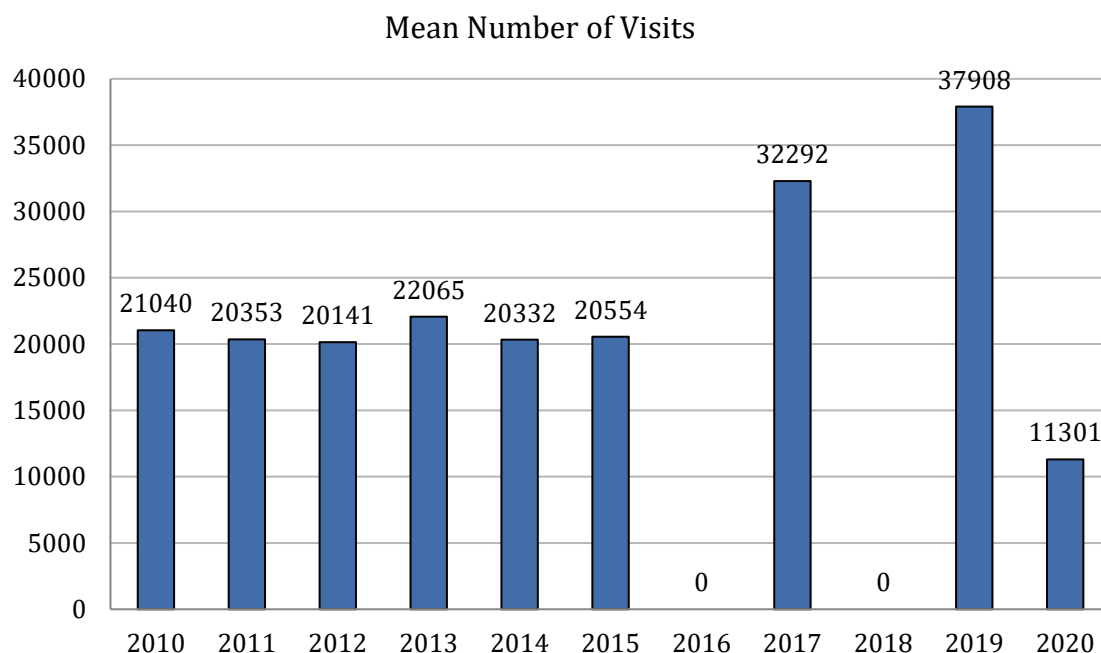


Campus Setting (N=136)



Clinic Utilization

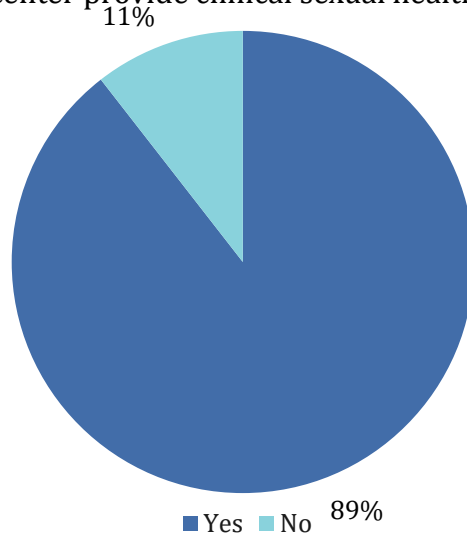
This report represents sexual health data collected from within more than 1.3 million medical visits at student health services. A noticeable impact of the COVID-19 pandemic, the average number of visits per health center for this survey cycle is less than half of what it has been over the last several years. Most visits (64.8%) were among females, with only 76 health centers (55.8%) reporting visit data for transgender or non-binary patients.



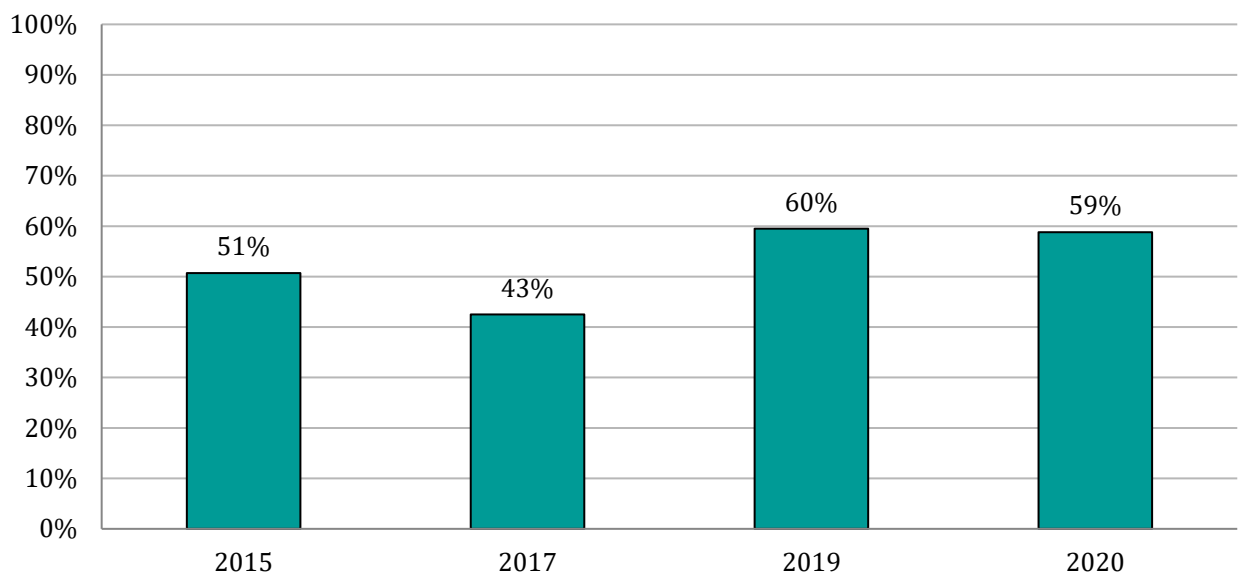
Provision of Clinical Sexual Health Services

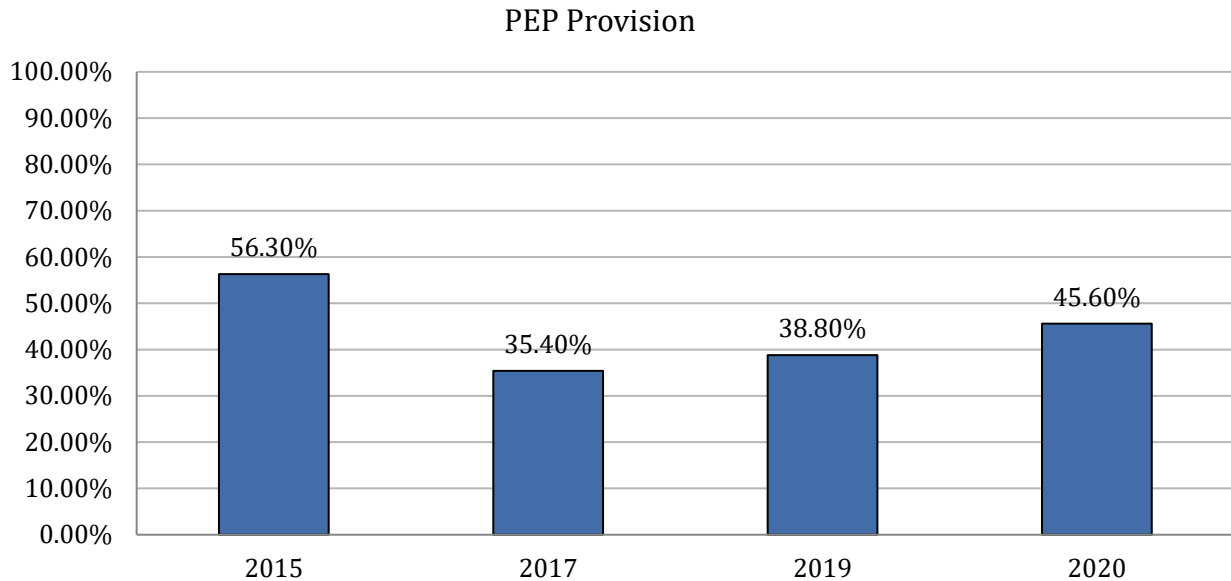
While almost all of the institutions offering clinical sexual health services (N=136) responded that they offered pregnancy testing (98.5%), STI/HIV screening (89.7%) and contraception (89.7%), fewer than 2 out of 3 SHSs offered PrEP (58.8%) and less than half offered PEP (45.6%). The under-provision of PrEP and PEP has been a consistent finding of this report over the last several years. Similarly, only 64% provided HPV vaccinations.

Does your health center provide clinical sexual health services? (N=152)



PrEP Provision





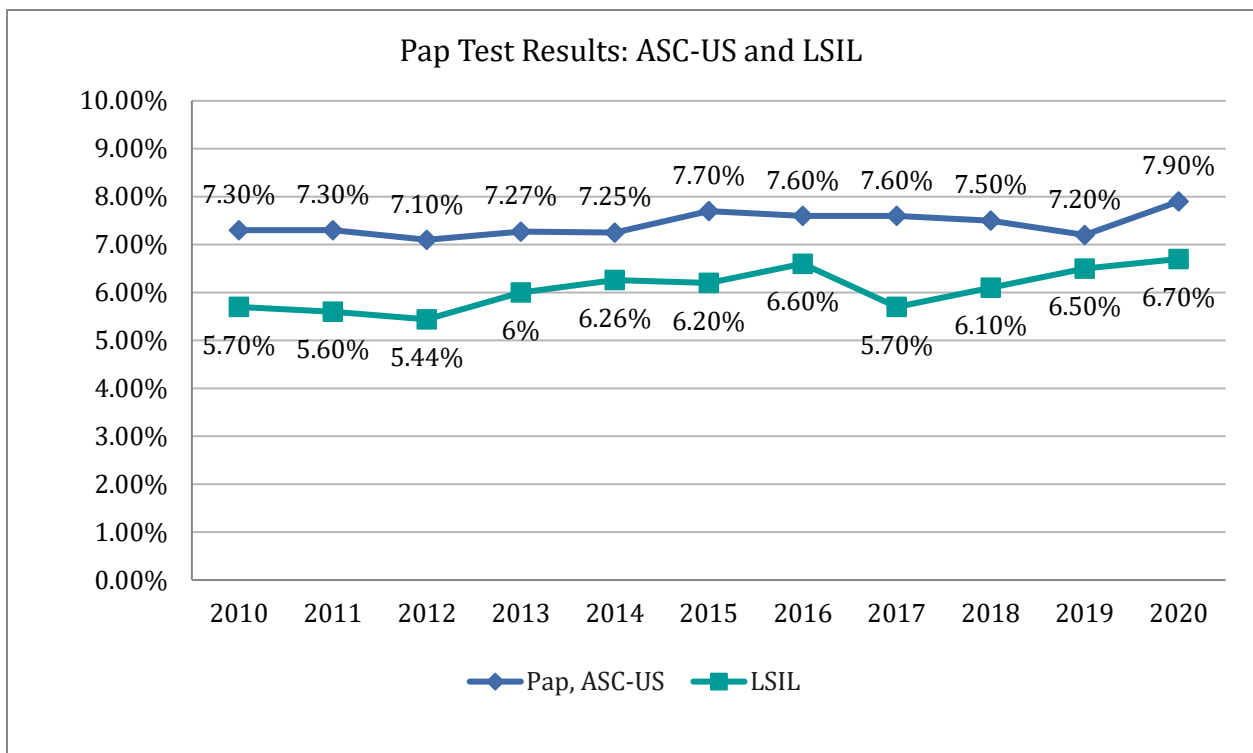
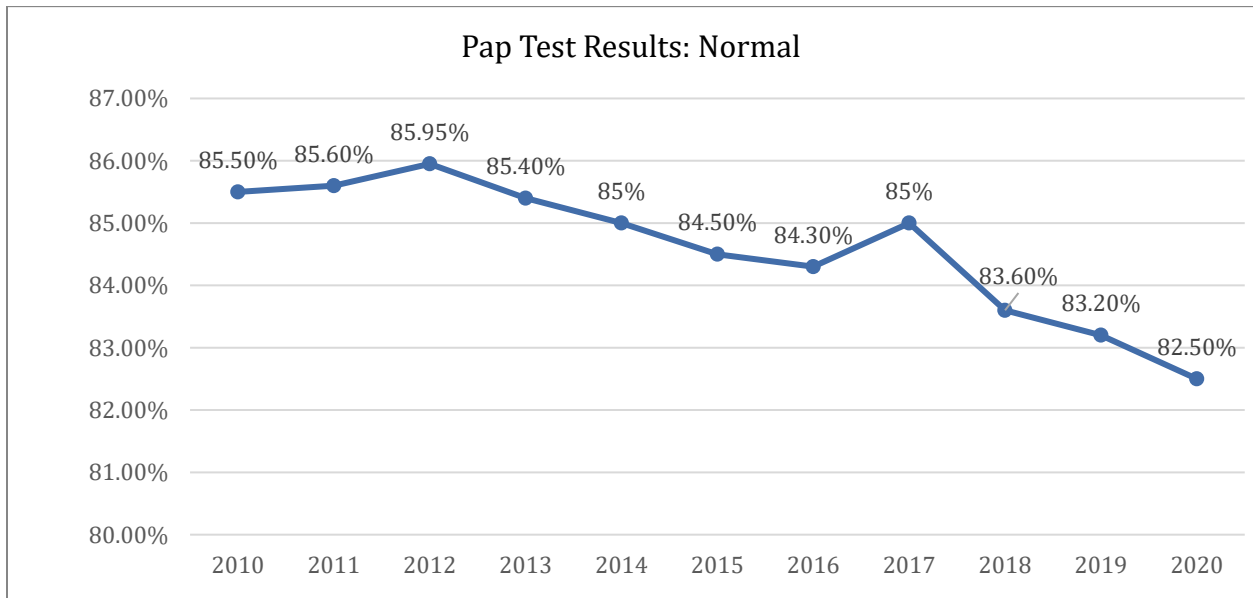
Surveillance Questions

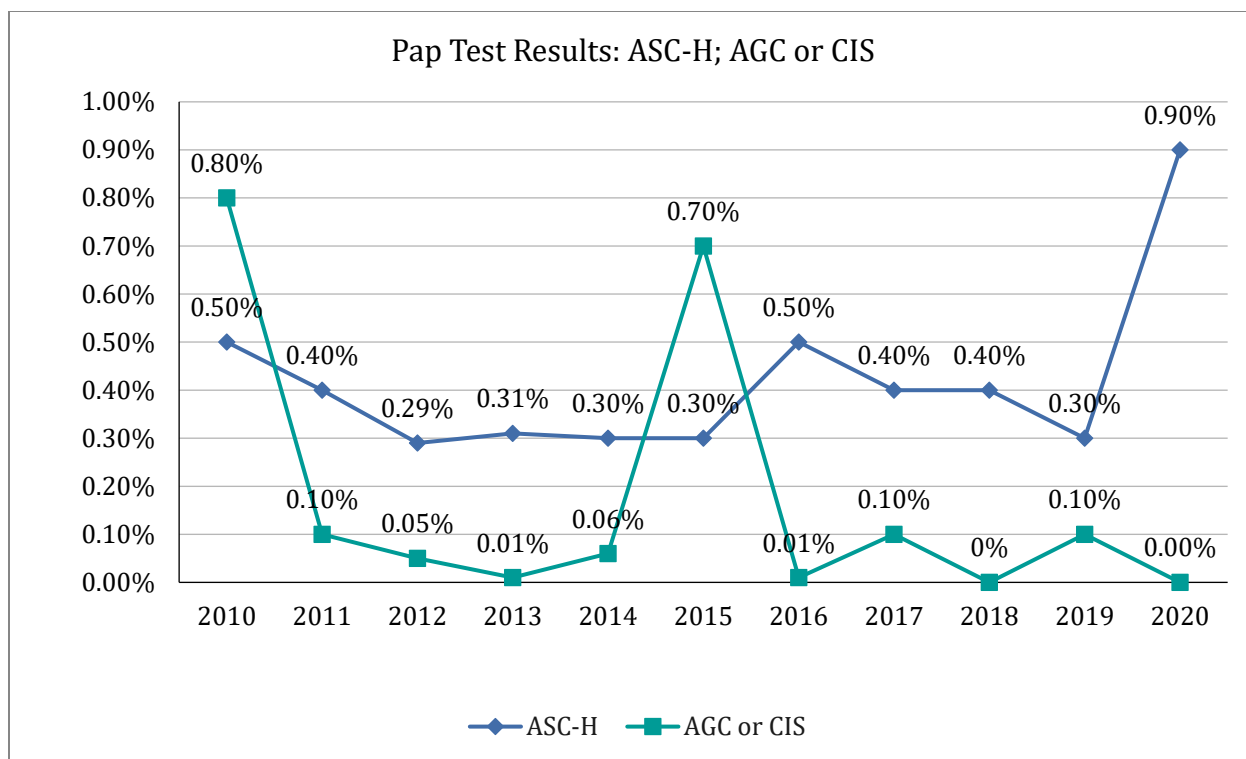
Cervical cancer screening outcomes

- The number of high-risk abnormal findings from cervical cancer screening has remained stable for more than 10 years, with less than 1.0% reflecting results likely to be indicative of high-grade lesions at risk for developing into cervical cancer.
- There was a slight increase in the percentage of ASC-H results, from 0.3% in 2019 to 0.9% in 2020. There were only 14,394 total pap tests done in 2020, compared to 28,069 in 2019. This was likely due to less routine visits during the pandemic.
- 82.5% of Pap tests were reported as normal. Of those with any abnormality, 7.9% were atypical squamous cells of undetermined significance (ASC-US) and 6.7% were low-grade squamous intraepithelial lesions (LSIL).

Pap Test Result	Meaning/Significance
Normal/Negative	No intraepithelial lesion or malignancy
Atypical Squamous Cells of Undetermined Significance (ASC-US)	Unclear or inconclusive. Some cells don't look completely normal, but the reason is unclear. May be related to HPV infection, yeast infection, polyps or hormone changes.
Low-Grade Squamous Intraepithelial Lesions (LSIL)	Low-grade changes that are usually caused by infection with HPV.
High-Grade Squamous Intraepithelial Lesions (HSIL)	Abnormal squamous cells (cervical cells) that could become cancerous in the future if not treated.

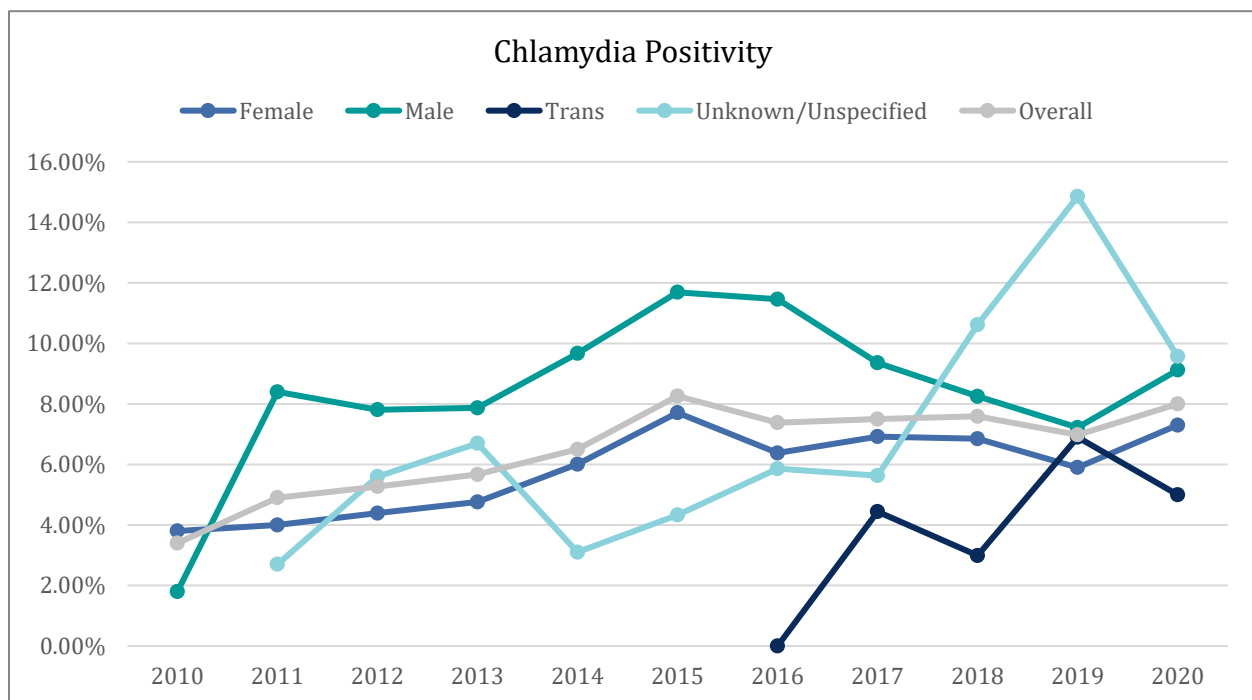
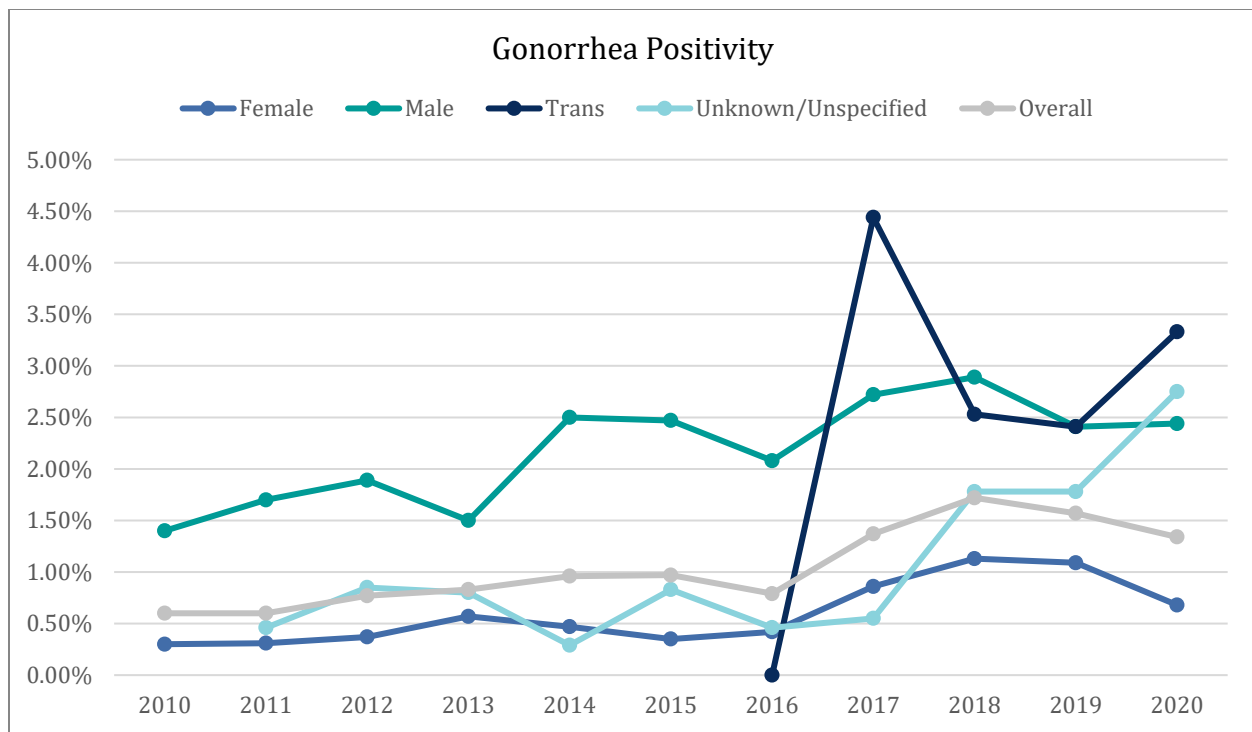
Atypical Squamous Cells, cannot exclude HSIL	Some abnormal squamous cells that may become HSIL, but uncertain.
Atypical Glandular Cells (AGC)	Glandular cells that do not look normal; could signal problems inside the uterus.
Adenocarcinoma in situ (AIS) or (CIS)	Area of abnormal growth in glandular tissue of cervix; pre-cancer and may become cancer if not treated.

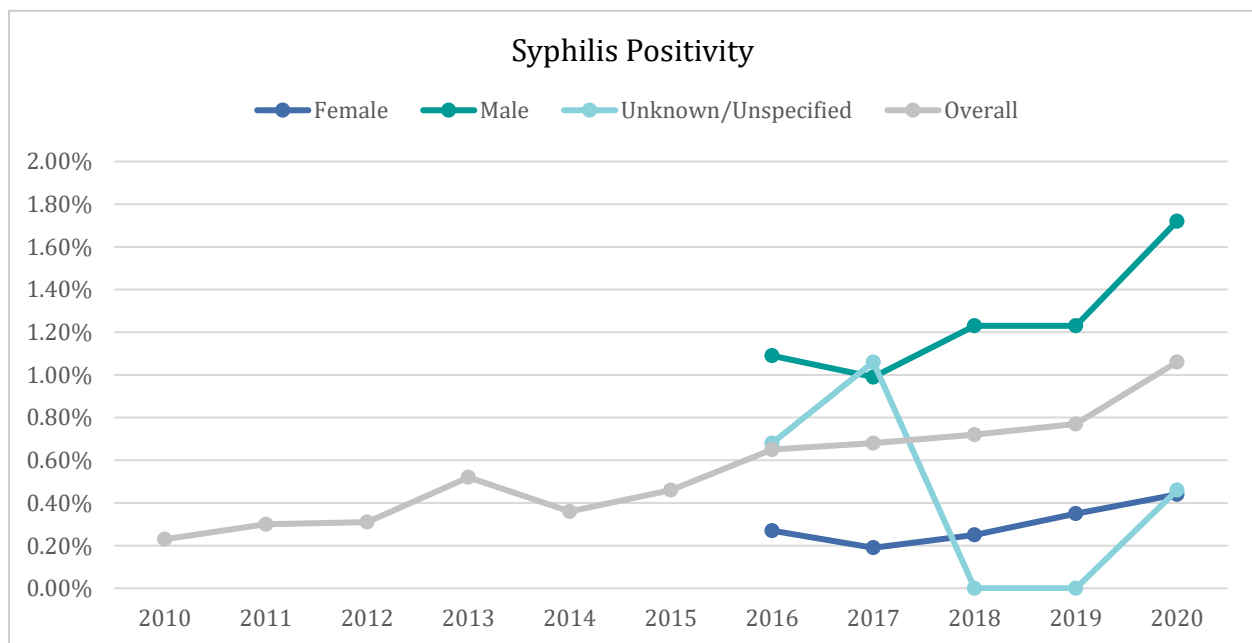
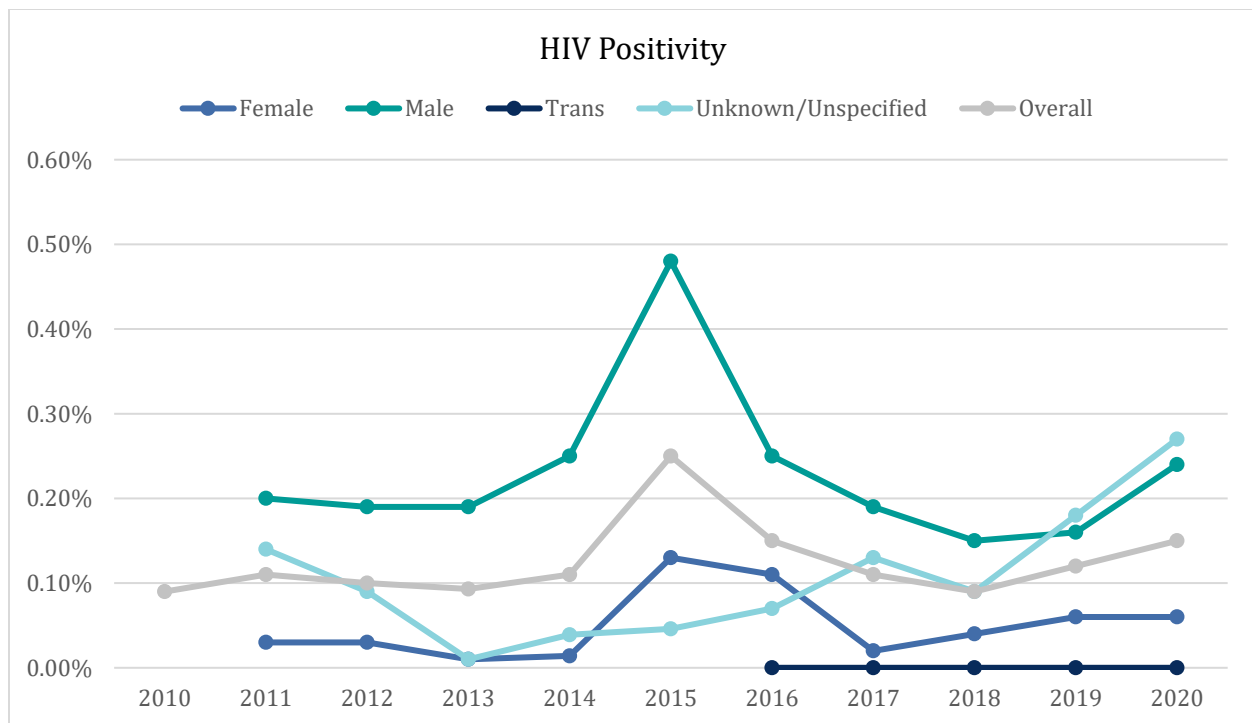


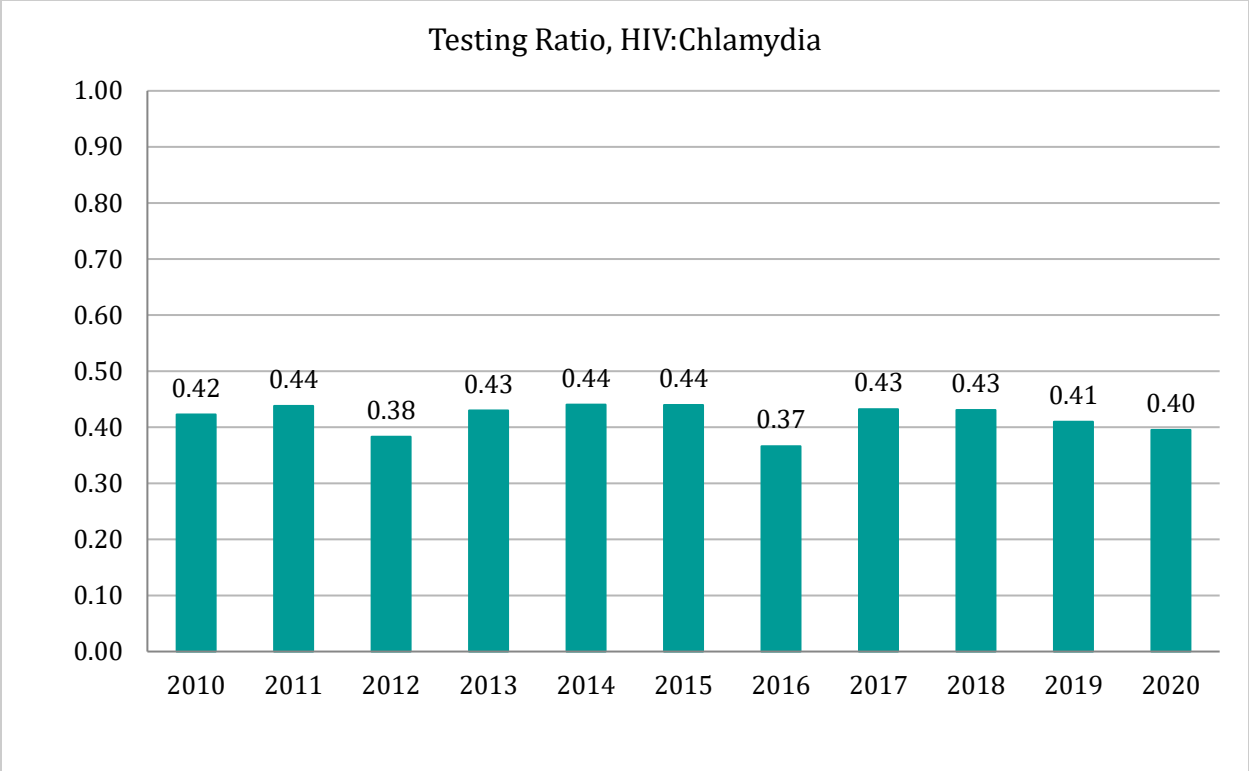


STI/HIV testing positivity

- Positivity rates of gonorrhea continue to rise, with an overall rate of 1.34% in CY 2020 compared to 0.97% in CY 2015. Positivity rates are higher among transgender or non-binary (3.33%) and male (2.44%) patients than female (0.68%) patients.
- The overall positivity rate of chlamydia has fluctuated between 7% and 8% since peaking at 8.26% in CY 2015.
- Positivity rates for HIV remain relatively stable at 0.15% overall, but rates were four times higher for males (0.24%) than those of females (0.06%).
- Rates for syphilis continue to rise, from 0.77% in CY 2019 to 1.06% in CY 2020. Rates are nearly four times higher among males (1.72%) than females (0.44%).
- SHSs have consistently reported conducting around 4 HIV tests for every 10 chlamydia (CT) tests since 2010. There can be many reasons for this, of course, though our purpose in highlighting the HIV:CT testing ratio is to show that there is room for improvement in testing for HIV when other STI tests are being done.
- For SHSs that indicated specific typing, the majority of HSV genital infections continue to be HSV-1 (58.8%, n=841).

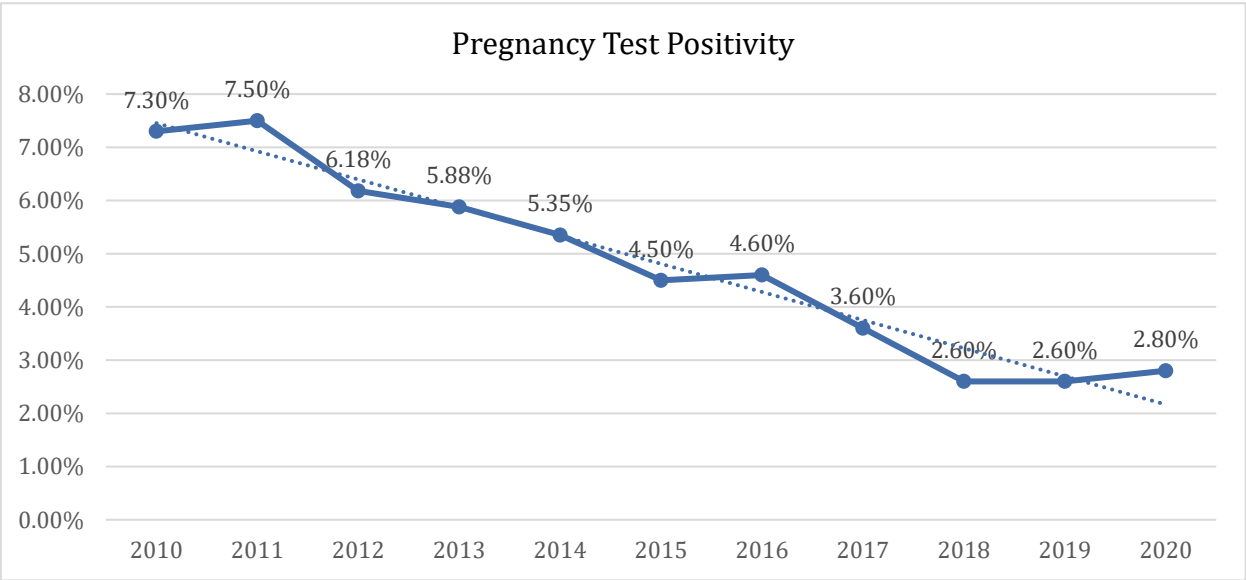






Pregnancy testing positivity

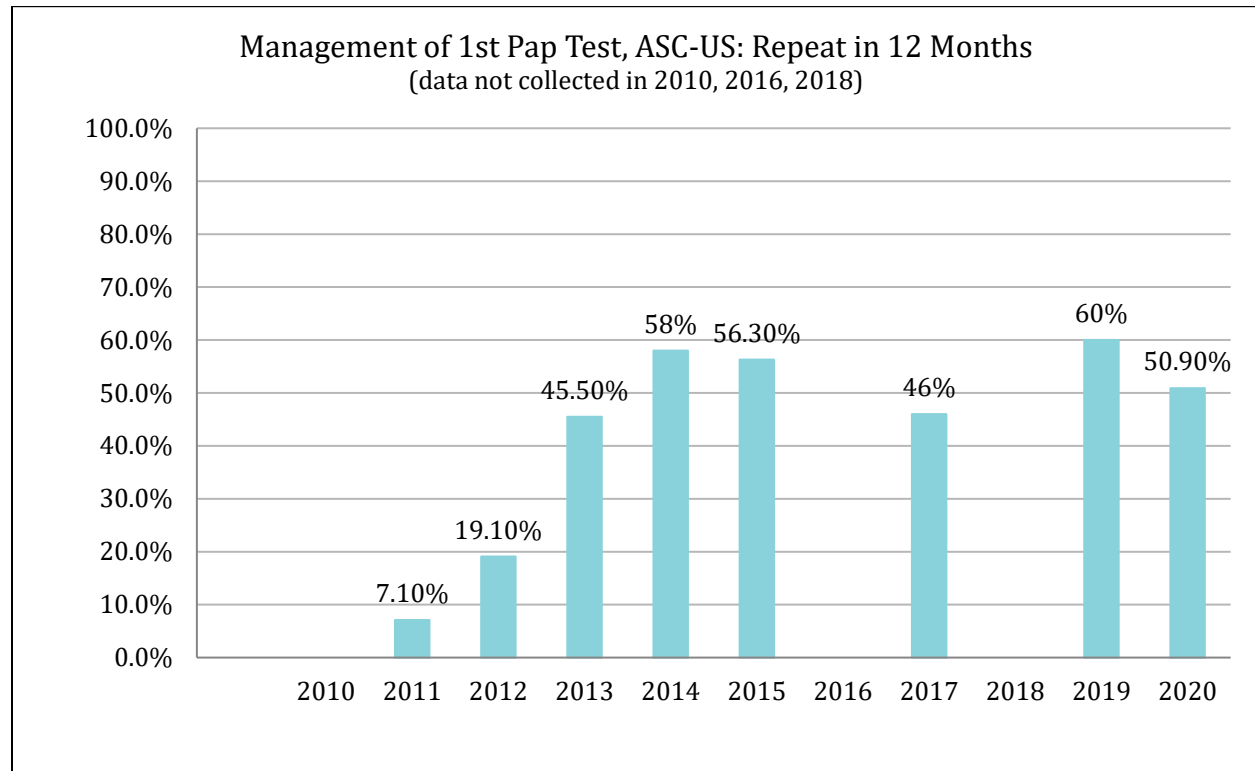
The positivity rate of 2.8% for pregnancy tests continues to decrease from prior years, which is consistent with national trends.



General Practice Questions

Management of cervical cancer screening results

- While the majority of institutions (50.9%, n=59) reported repeating a Pap test in 12 months as the usual practice for management of a first screening pap for patients under age 25 reported as ASC-US, 35.3% performed HPV DNA testing and 5.2% repeated the pap in 6 months.
- When queried about the usual cervical cytology screening test used for ages 21-24, 69.8% (n=81) reported using liquid-based cytology with reflex HPV-testing for ASC-US or LSIL.

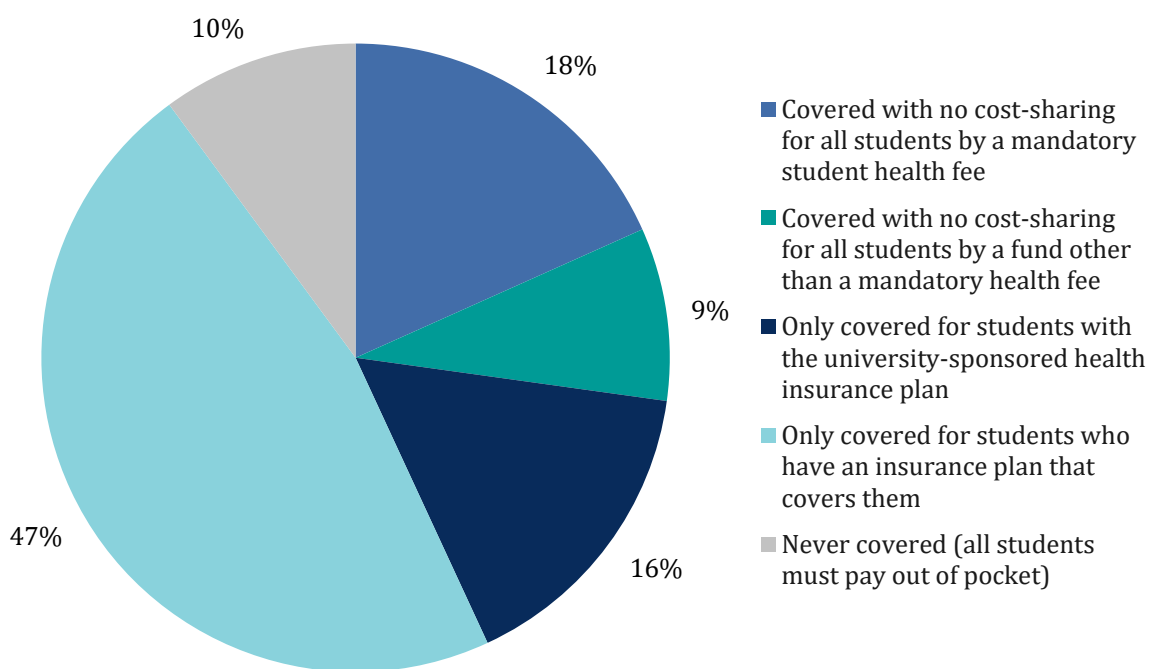


STI/HIV testing practices and services

Cost of STI/HIV Screening

- 62.7% of SHSs covered STI/HIV testing by billing the patient's insurance plan, with 1 in 4 of those SHSs only accepting the university-sponsored health insurance plan.
- Overall, 27.2% of SHSs provided STI/HIV screening at no cost to students, either through a mandatory health fee or another fund.
- SHSs offered free screenings depending on the specific infection, ranging from 22.2% offering free syphilis screening to 33% offering free HIV screening.

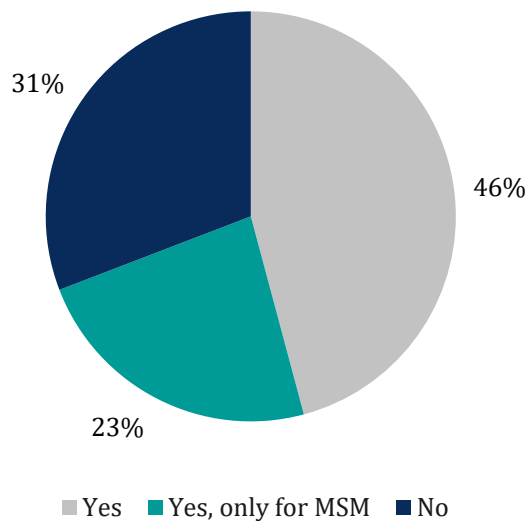
Cost of STI/HIV Screening



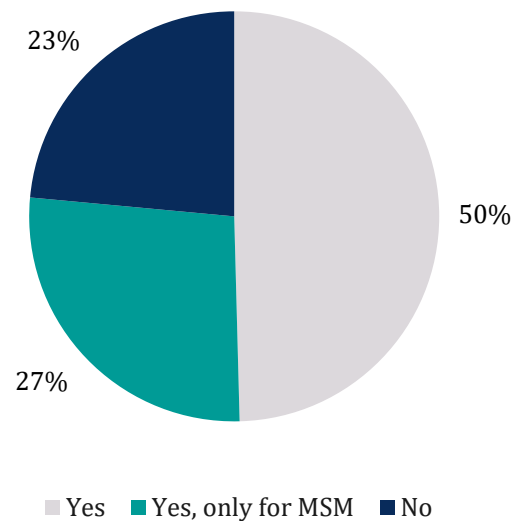
Extragenital Testing

- 7 in 10 SHSs provided pharyngeal tests for patients who perform oral sex on a penis, with 1 in 3 of those SHSs reporting that they only provide it for men who have sex with men (MSM)
- 3 out of 4 SHSs provided rectal tests for patients who receive anal sex, with 35% of those SHSs reporting that they only provide it for MSM

Provision of Pharyngeal Tests for Patients Who Performed Oral Sex on a Penis (N=120)

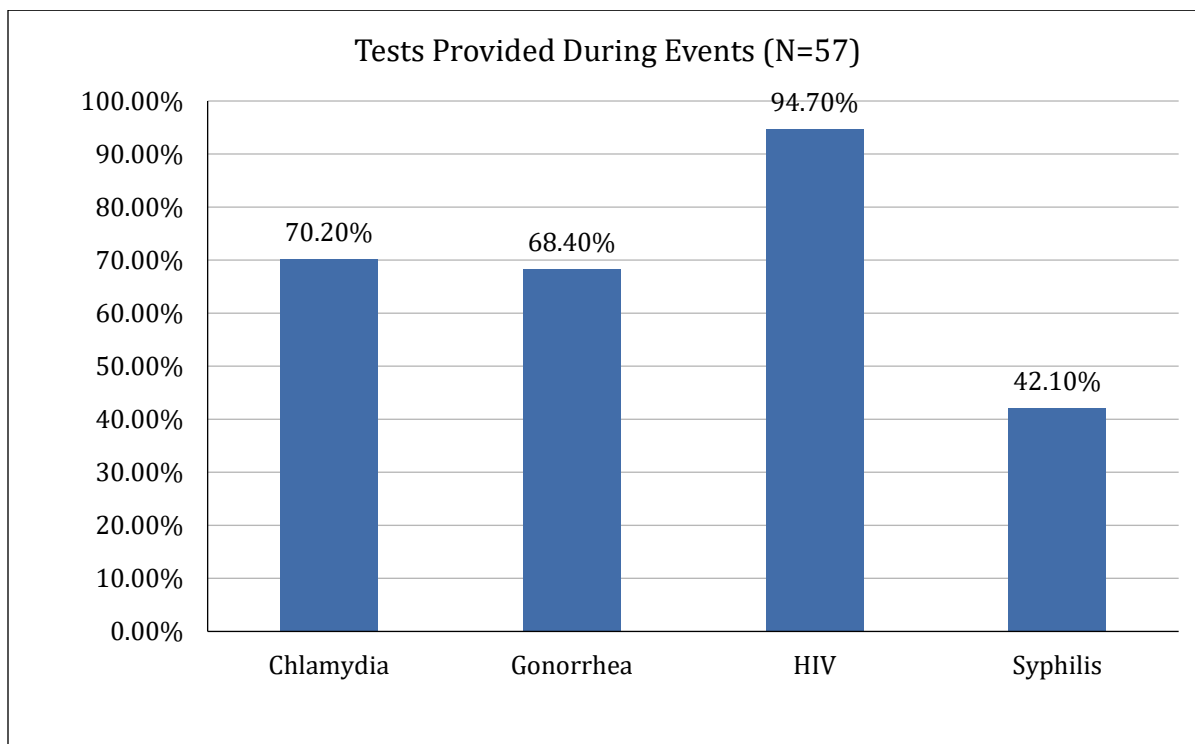
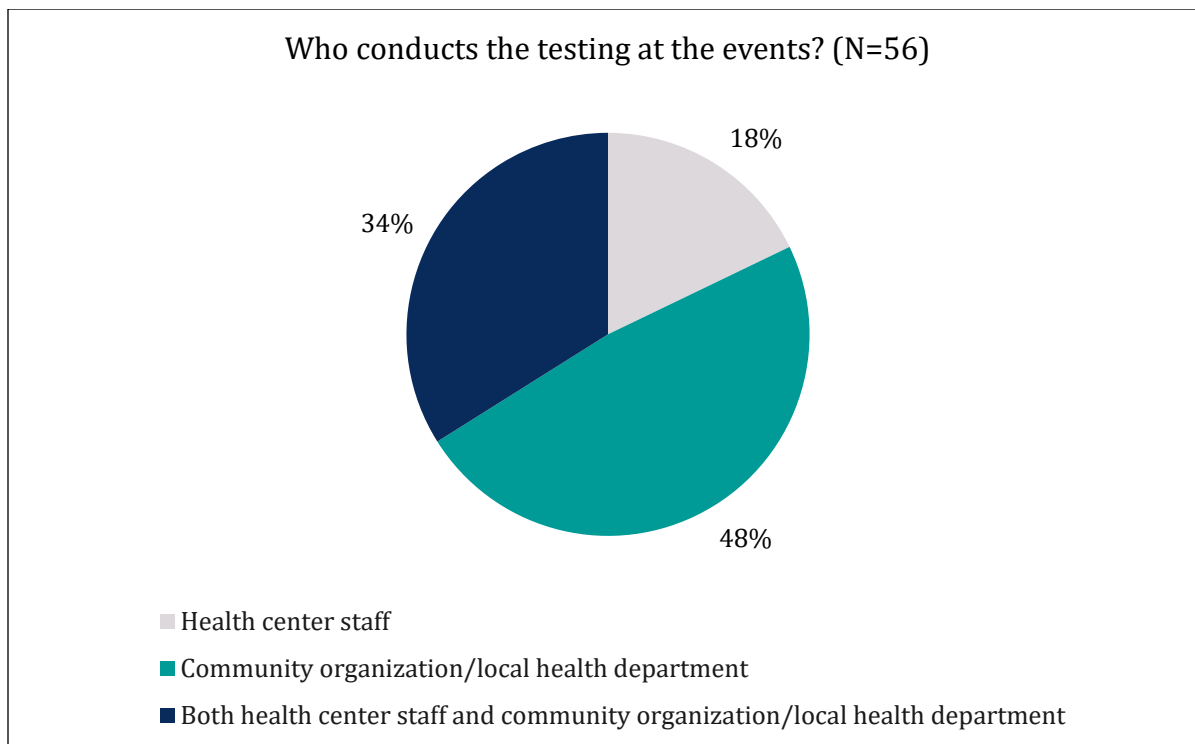


Provision of Rectal Tests for Patients Who Received Anal Sex (N=119)



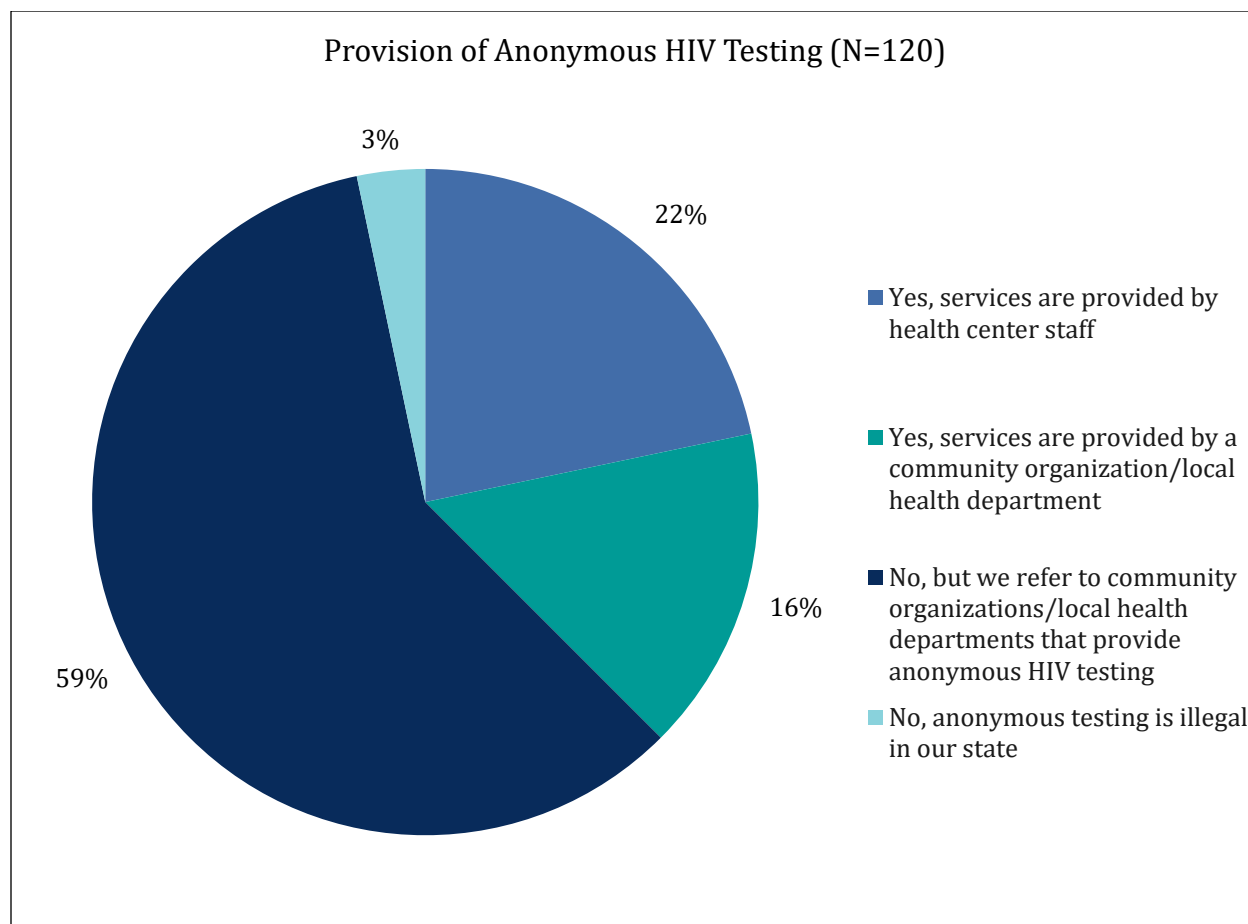
STI/HIV Testing Outreach Events

- 38% of health centers reported that they organize STI/HIV testing events across campus, with around half reporting that the events are hosted once per term
- 82.1% reported that the testing was conducted in partnership with a local health department or community organization
- 85% reported that all tests provided at events were free for students
- HIV testing is the type of testing most commonly offered at such events (94.7%)



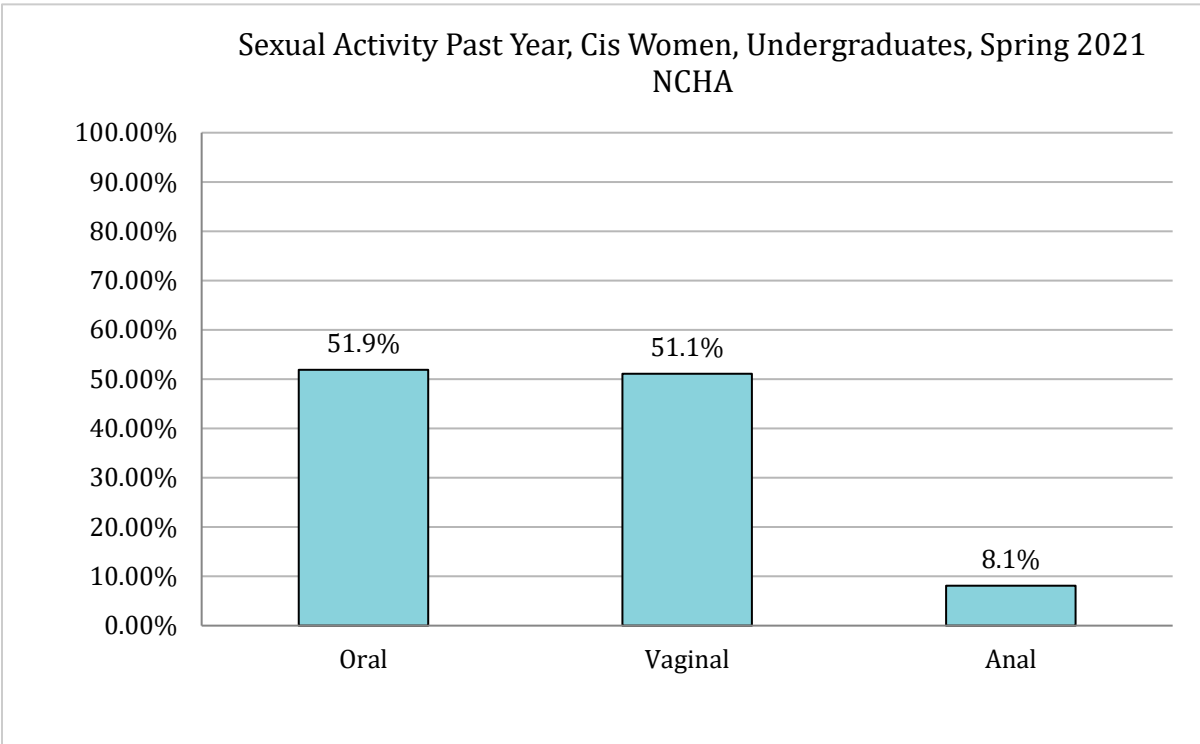
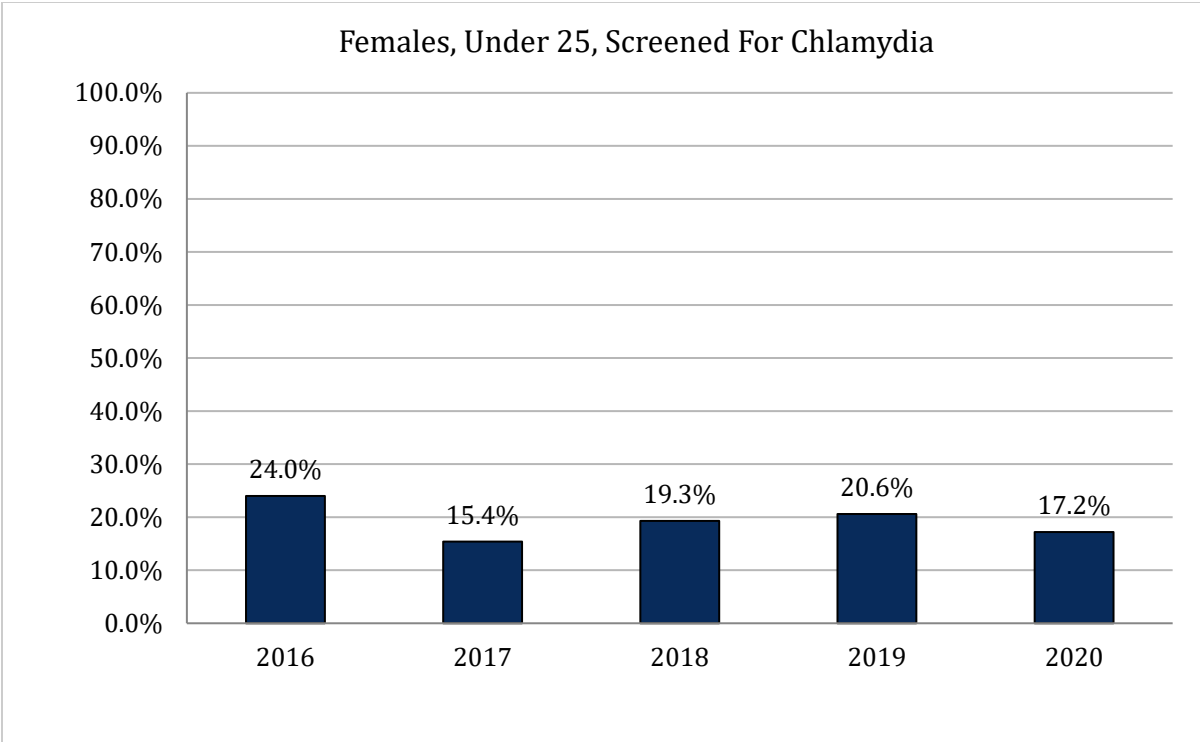
Anonymous HIV Testing

Anonymous HIV testing is provided by 37.5% of student health services, either by health center staff themselves or in partnership with a community organization or local health department.



Routine Chlamydia Testing Among Sexually Active Female Patients

- Out of 233,411 female patients under age 25 seen at 78 health centers, 40,047 were tested for chlamydia (17.2%). This is a concerning trend that the SHSS has found since we began asking about it during the CY 2016 cycle.
- While this survey cannot directly analyze how many female patients under 25 in this sample were sexually active or screened elsewhere, it is worth noting that more than half of female undergraduates reported being sexually active in the last year according to recent cycles of the National College Health Assessment.^{4,5} This demonstrates a high potential for missed screening opportunities.

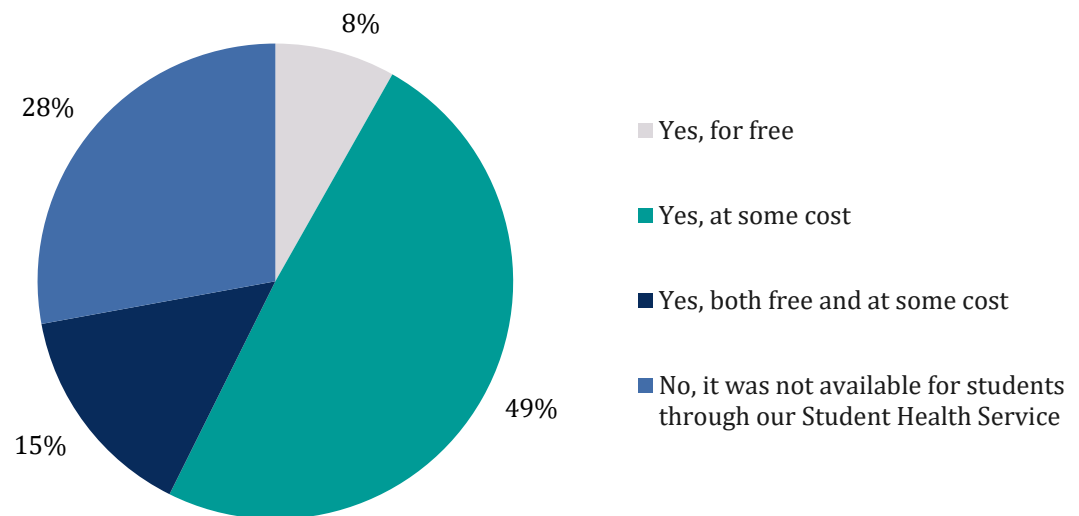


Contraception provision

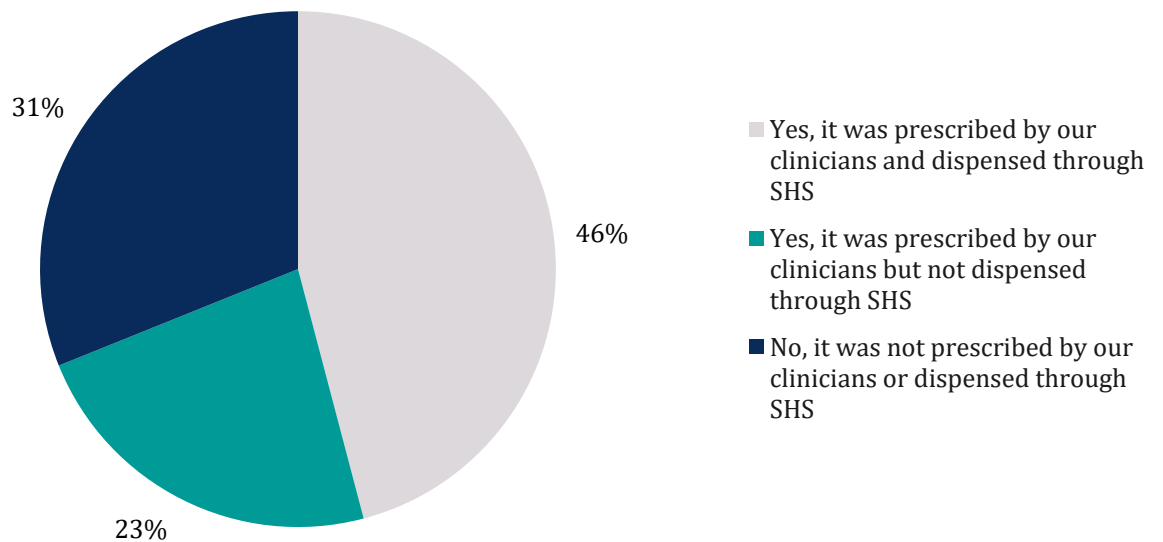
- 72.1% of SHSs provide OTC EC, with 11% of those SHSs providing it at no cost to students.
- 68.9% of SHSs provided prescription EC (ella); around 2 out of 3 of those SHSs also dispensed it.

- Only 18% of SHSs provided the copper IUD as EC. Almost 1 in 4 SHSs responded that they neither provided this option nor referred to an outside provider.
- The provision of more effective forms of contraception is increasing, with 43.4% of SHS providing implants, 35.2% providing IUDs and 90.2% providing Depo-Provera injections.
- Essure, a device for sterilization in persons with fallopian tubes, was removed from the market in December 2018 over safety concerns. While some availability may have remained in CY 2020, it was rarely provided at SHSs (2.5%, n=3).

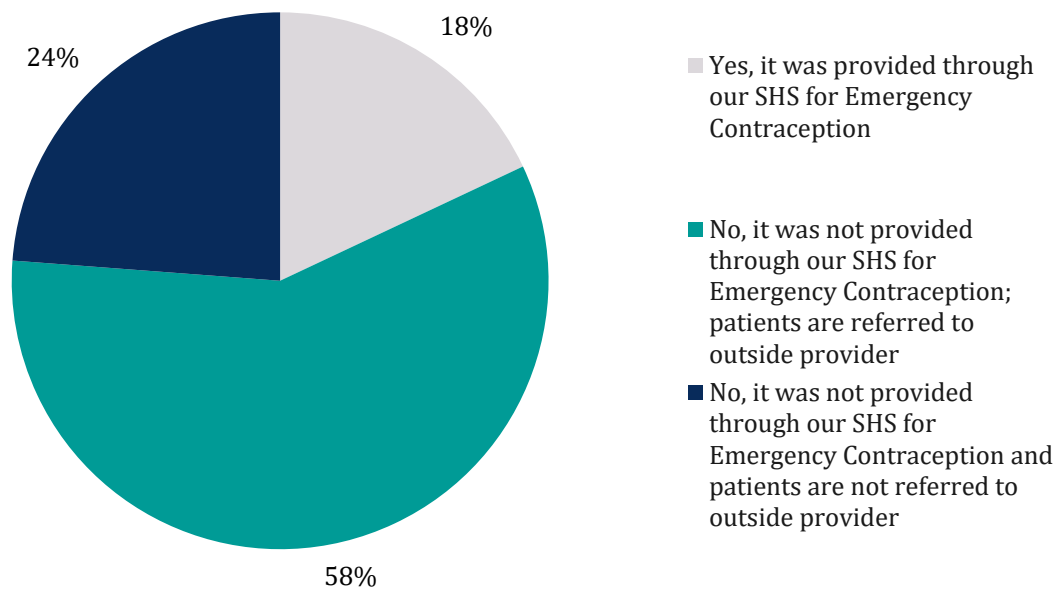
Over-the-Counter EC Provided at Health Center? (N=122)



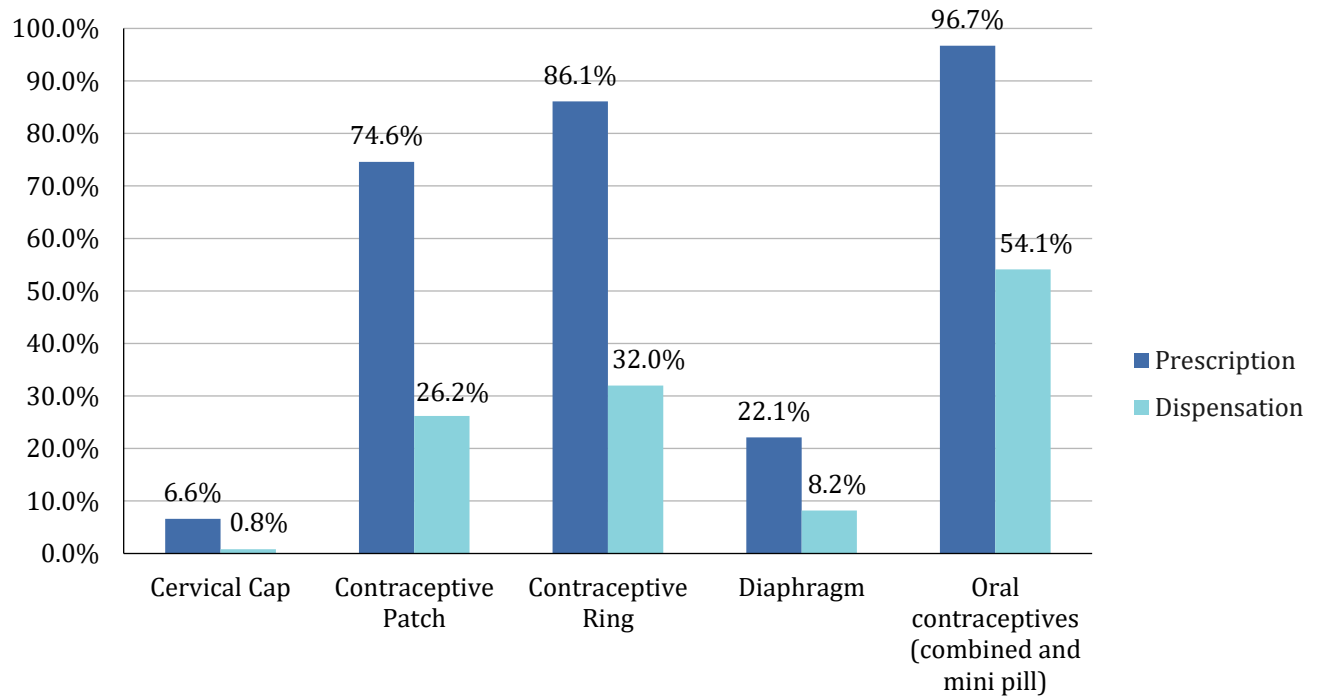
Prescription EC (ella) Provided at Your Health Center? (N=122)

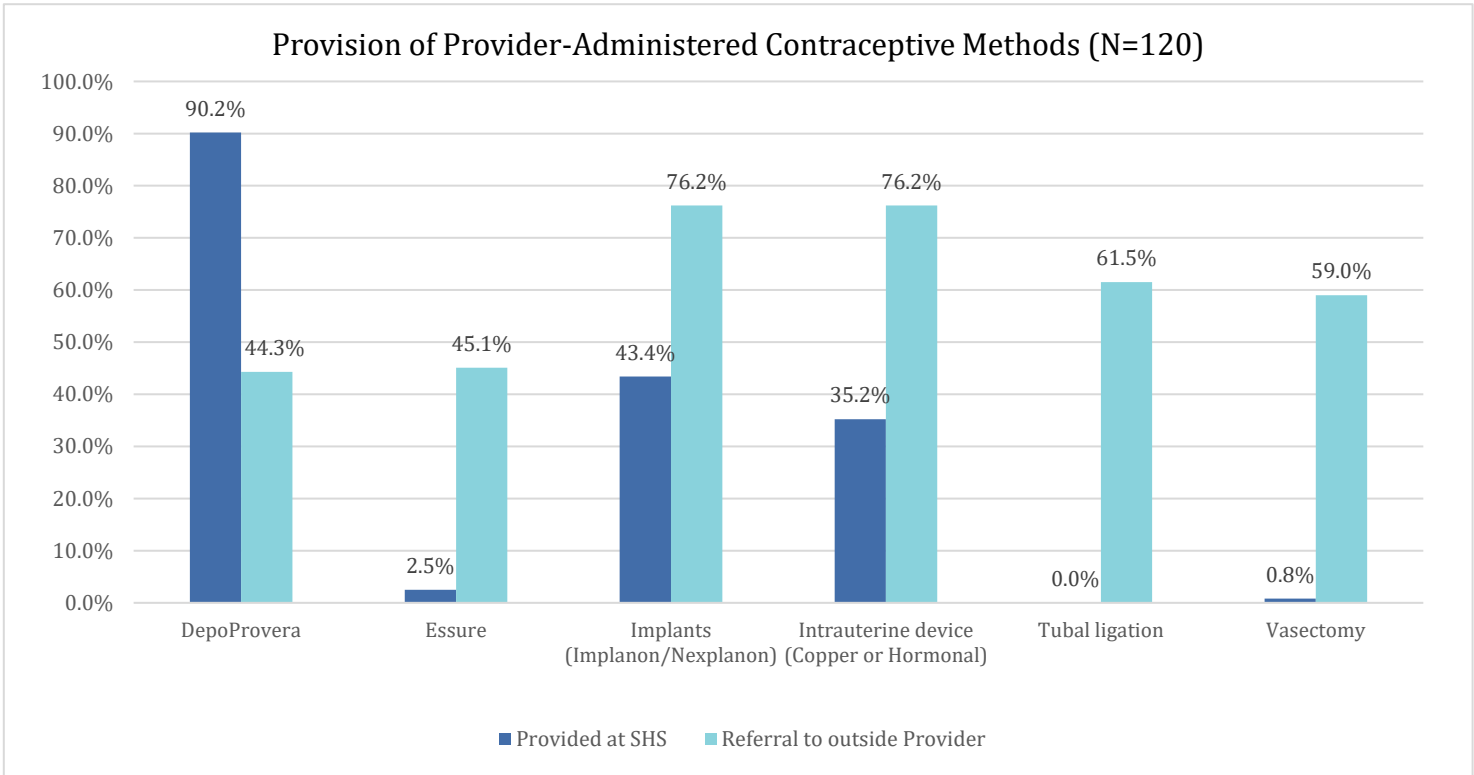


Copper IUD as EC Provided at Your Health Center? (N=122)



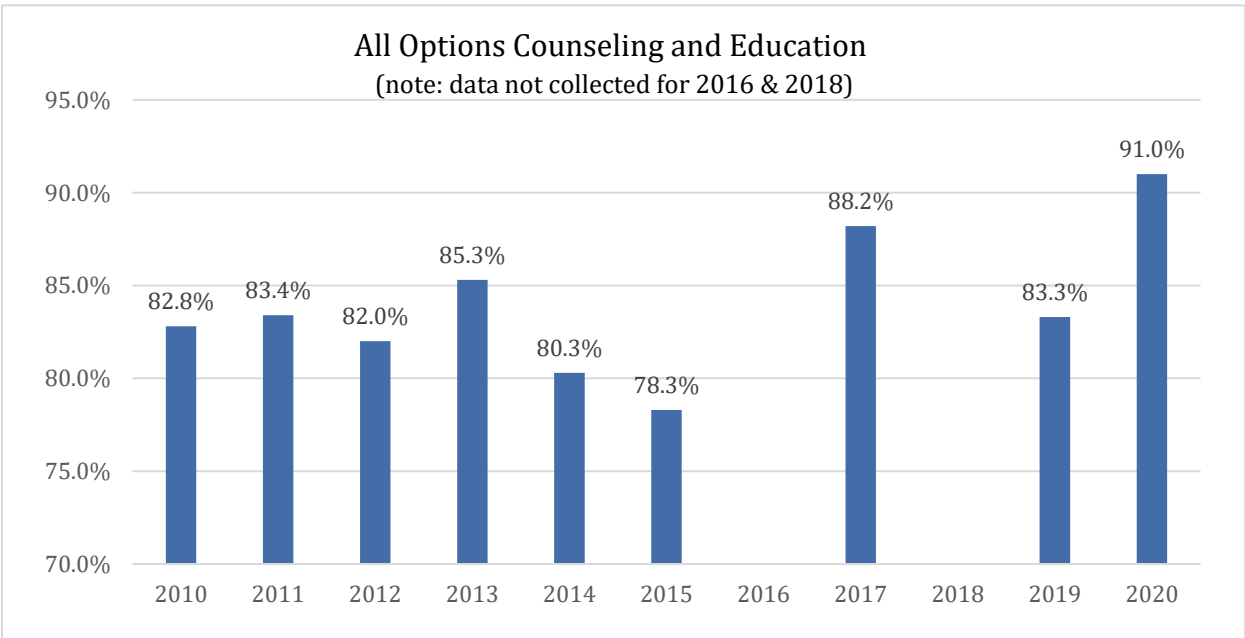
Provision of Patient-Administered Contraceptive Methods (N=120)





Services provided after positive pregnancy tests

- “All options” counseling is provided by 91% (n=111) of institutions.



Recommended Action Steps Based on These Data

Best practice guidelines and other implementation resources for these recommendations can be found in the Resource section at the end of this document.

Working Toward Health Equity

- Periodically disaggregate all clinical data according to race, ethnicity, gender identity and sexual orientation to identify gaps in equitable access to screening and appropriate diagnosis and treatment.
 - Gaps may include:
 - HPV vaccination uptake
 - Rates of new STI/HIV infections
 - STI/HIV testing uptake
 - Contraception use
 - Access to screening, diagnosis and treatment of cervical precancer or cancer in a timely fashion

Cervical Cancer Screening and Management

- Follow appropriate cervical cancer screening guidelines
 - Perform first screening at age 21
- Follow appropriate guidelines for management of abnormal cervical cancer screening results
 - Current guidelines for the management of a first screening Pap test reported as ASC-US (either without HPV results or positive hrHPV) in women under age 25 recommend repeating cytology in 12 months as the preferred practice for management³
 - Place emphasis on personalized management based on the patient's risk of having or developing CIN 3+ and incorporate new test methods as they become available.
- Stay updated on current guidelines and use available technology to assist with decision-making

STI/HIV Prevention and Testing

Improving Access

- Advocate for coverage of STI/HIV testing via mandatory health fee or other fund to increase access and eliminate patient's need to navigate insurance -- especially if they are dependents
- Consider partnering with your local health department and/or AIDS service organization to provide free STI/HIV testing on campus on a regular basis
- Know where anonymous HIV testing is provided in the community (where legal) so that you can refer students who desire this service

Clinical Services

- Offer HPV vaccinations
- Screen all sexually active female patients under 25 for chlamydia annually
- Screen all appropriate anatomic sites for chlamydia and gonorrhea according to comprehensive sexual history, regardless of patient's gender identity
- Offer pre-exposure prophylaxis and post-exposure prophylaxis to reduce risk of HIV acquisition

- Offer expedited partner therapy (EPT) -- where legal -- to treat partner(s) and reduce risk of STI transmission
- Screen for HIV when screening for other STIs
- Provide routine, opt-out HIV testing in clinical settings

Reproductive Health

- Assess patients' reproductive goals to guide counseling and recommendations
- For those who do not desire pregnancy, begin contraceptive counseling by describing options in order of effectiveness (i.e., from long-acting reversible contraceptives to withdrawal).
- Provide all-options counseling for those with a positive pregnancy test
- Increase provision of copper intrauterine devices (IUDs) as emergency contraception (EC) to provide the most effective option for students of any weight
 - Over-the-counter (OTC) EC and prescription EC (ella) may not be as effective for those who weigh more than 165 and 195 pounds (respectively).
 - According to the Spring 2021 Undergraduate Reference Group Report of the National College Health Assessment, more than 1 in 3 (34%) cisgender women reported that they weighed more than 150 pounds, and 8% reported that they weighed more than 200 pounds.⁴ The lack of wide provision of the copper IUD as EC among SHS in this sample is concerning, as the other EC options may not be as effective for a third of our students.

Limitations

The sample consists of only ACHA member institutions and may not be generalizable to all college health centers. The data was collected for CY2020, a year where campus health centers had to drastically modify or suspend many clinical services due to the COVID-19 pandemic. This is particularly true for preventative health/well care screening visits. As such, STI positivity and abnormal pap test rates were likely inflated in CY 2020 because fewer students were tested as part of a routine asymptomatic screening. The survey also did not differentiate between telehealth and in-person visits. This makes it difficult to compare results from the CY 2020 survey with other years.

Another limitation of this survey is the inconsistency in how gender identity data are collected at each participating health center. This survey asked participants to report STI/HIV positivity rates among the following categories: female, male, transgender or non-binary, and unknown/unspecified gender. Because it was not clear that we were asking for gender identity -- not sex assigned at birth -- it is highly likely that respondents interpreted those categories as sex assigned at birth. Thus, we are not able to accurately differentiate between cisgender and transgender persons. The next version of this survey will employ best practices by first asking for gender identity and then assigned sex at birth.

Resources

ACHA Resources:

- [Best Practices in Sexual Health Promotion and Clinical Care in College Health Settings.](#)
- [Implementation Guide for Best Sexual Health Practices in College Setting](#)
- [HIV Pre-Exposure Prophylaxis Guidelines](#)
- Webinars from the American College Health Foundation and Hologic, Inc.:
 - [\(Re\)Introducing Best Practices in Sexual Health Promotion & Clinical Care in the COVID-19 Era \(September 25, 2020\)](#)
 - [Case Studies: Best Practices in Sexual Health Promotion & Clinical Care in College Health Settings \(November 13, 2020\)](#)

Other Resources:

- [United States Preventive Services Task Force \(USPSTF\), 2018. Cervical Cancer: Screening.](#)
- [American Cancer Society. 2020 Guideline Update: Cervical cancer screening for individuals at average risk.](#)
- [American Society for Colposcopy and Cervical Pathology. 2019. Risk-based management consensus guidelines for abnormal cervical cancer screening tests and cancer precursors.](#)

References

1. [World Health Organization, 2006. Defining Sexual Health.](#)
2. [ACHA, 2020. Sexual Health Services Survey CY 2019.](#)
3. [Perkins RB, Guido RS, Castle PE, et al. \(2020\). 2019 ASCCP Risk-based management consensus guidelines for abnormal cervical cancer screening tests and cancer precursors. *Journal of Lower Genital Tract Disease*, 24: 102-131.](#)
4. [ACHA Spring 2021 Undergraduate Reference Group Report of the National College Health Assessment](#)
5. [ACHA Spring 2020 Undergraduate Reference Group Report of the National College Health Assessment](#)

Appendix: Response Tables

Section 1: Institutional Demographics and Visit Data

Type of Institution

	Schools that provide Sexual Health Services		Schools that do NOT provide Sexual Health Services	
	Frequency	Percent	Frequency	Percent
Public 2-year	8	5.9%	5	31.3%
Public 4-year	81	59.6%	4	25.0%
Private 4-year	47	34.6%	7	43.8%
Total	136	100.0%	16	100.0%

Institution Size

	Schools that provide Sexual Health Services		Schools that do NOT provide Sexual Health Services	
	Frequency	Percent	Frequency	Percent
Less than 2,500	15	11.0%	6	37.5%
2,500-4,999	16	11.8%	3	18.8%
5,000-9,999	21	15.4%	3	18.8%
10,000-19,999	34	25.0%	3	18.8%
20,000 and above	50	36.8%	1	6.3%
Total	136	100.0%	16	100.0%

Region per CDC/HHS

	Schools that provide Sexual Health Services		Schools that do NOT provide Sexual Health Services	
	Frequency	Percent	Frequency	Percent
Northeast	38	27.9%	2	12.5%
Midwest	24	17.6%	7	43.8%
South	48	35.3%	4	25.0%
West	24	17.6%	1	6.3%
Outside U.S.	2	1.5%	2	12.5%
Total	136	100.0%	16	100.0%

Campus Setting

	Schools that provide Sexual Health Services		Schools that do NOT provide Sexual Health Services	
	Frequency	Percent	Frequency	Percent
City	73	53.7%	9	56.3%
Suburb	36	26.5%	1	6.3%
Town	24	17.6%	5	31.3%
Rural	3	2.2%	1	6.3%
Total	136	100.0%	16	100.0%

Q6. Health center provides any clinical sexual health services

	Frequency	Percent
Yes	136	89.5%
No	16	10.5%
Total	152	100%

Q6A. Health center provides the following clinical sexual health services (select all that apply) (n=136 health centers)

	Frequency	Valid Percent*
Cervical cancer screening	116	85.3%
STI/HIV testing	122	89.7%
Pregnancy testing	134	98.5%
Contraception	122	89.7%
PrEP	80	58.8%
PEP	62	45.6%
HPV vaccinations	87	64.0%

*Sum is > 100% because respondents could select more than one response

Q7. Health Center Visits

	Total number of student medical visits to your health center in 2020 (n=118)	Percent female visits (n=106)	Percent male visits (n=105)	Percent transgender or non-binary visits (n=76)
Mean	11,301	64.8%	34.6%	1.2%
Median	6086	64.0%	35.0%	0.7%
Minimum	0	49.0%	2.0%	0%
Maximum	88,380	100%	51.0%	11.0%
Sum	1,333,460			

Section 2: Surveillance

Q8. CY 2020 Summary of all Pap test results

	Frequency	Percent
Total # of Pap tests done (n=116)	14,394	
Normal (n=116)	11,880	82.5%
ASC-US (n=116)	1,139	7.9%
LSIL (n=116)	958	6.7%
ASC-H (n=116)	123	0.9%
ACG or CIS (n=116)	7	0.0%
Unsatisfactory, no dx (n=116)	157	1.1%
other dx, not listed above (n=116)	130	0.9%
no endocervical cells (with any dx above) (n=70)	853	5.9%

Q9. CY 2020 Chlamydia testing

Out of 233,411 female patients under age 25 seen at 78 health centers, 40,047 were tested for chlamydia (17.2%).

Q10. CY 2020 Gonorrhea Positivity

	GC Female (n=91)	GC Male (n=91)	GC Transgender or Non-Binary (n=54)	GC Unknown/ Unspecified Gender (n=62)	GC overall
# tested	55,092	28,775	60	3,242	87,169
# positive	374	701	2	89	1,166
Positivity Rate (%)	0.68%	2.44%	3.33%	2.75%	1.34%

Q11. CY 2020 Chlamydia Positivity

	CT Female (n=92)	CT Male (n=92)	CT Transgender or Non-Binary (n=56)	CT Unknown/ Unspecified Gender (n=62)	CT overall
# tested	56,936	29,939	60	3,282	90,217
# positive	4,158	2,729	3	314	7,204
Positivity Rate (%)	7.30%	9.12%	5.00%	9.57%	8.0%

Q12. CY 2020 HIV Positivity

	HIV Female (n=90)	HIV Male (n=90)	HIV Transgender or Non-Binary (n=60)	HIV Unknown/ Unspecified Gender (n=67)	HIV overall
# tested	17,133	16,640	22	1,864	35,659
# positive	10	40	0	5	55
Positivity Rate (%)	0.06%	0.24%	0.00%	0.27%	0.15%

Q13. CY 2020 Syphilis Positivity

	Syphilis Female (n=90)	Syphilis Male (n=90)	Syphilis Transgender or Non-Binary (n=61)	Syphilis Unknown/ Unspecified Gender (n=68)	Syphilis overall
# tested	13,078	13,843	22	1,745	28,688
# positive	58	238	0	8	304
Positivity Rate (%)	0.44%	1.72%	0.00%	0.46%	1.06%

Q14. CY 2020 Herpes Positivity

	HSV Female (n=91)	HSV Male (n=90)	HSV Transgender or Non-Binary (n=62)	HSV Unknown/ Unspecified Gender (n=69)	HSV overall
# tested	1,894	861	2	63	2820
# positive for HSV-2	179 (9.5%)	53 (6.2%)	1 (50.0%)	4 (6.3%)	237
# positive for HSV-1	600 (31.7%)	224 (26.0%)	1 (50.0%)	16 (25.4%)	841
# positive for type unknown	40 (2.1%)	19 (2.2%)	0 (0%)	7 (11.1%)	66
Total positive for any type	819 (43.2%)	296 (34.3%)	2 (100%)	27 (42.9%)	1,144 (40.6%)

14. CY 2020 Breakdown for all positive Herpes tests

	Females	Males	Transgender or Non-Binary	Unknown/ Unspecified Gender	All patients
Positive for HSV-2	179 (21.9%)	53 (17.9%)	1 (50.0%)	4 (14.8%)	237 (18.9%)
Positive for HSV-1	600 (73.3%)	224 (75.7%)	1 (50.0%)	16 (59.3%)	841 (58.8%)
Positive for type unknown	40 (4.9%)	19 (6.4%)	0 (0%)	7 (25.9%)	66 (21.2%)
Total positive for any type	819	296	2	27	1,144

15. Number of patients diagnosed with trichomoniasis in 2020: 258 at 91 schools

16. Number of patients diagnosed with bacterial vaginosis in 2020: 8,207 at 89 schools

17. Number of patients diagnosed with genital warts in 2019: female 215 (at 74 schools); male 218 (at 74 schools); transgender 0 (at 47 schools); unspecified 44 (at 55 schools) for a total number of 477 diagnosed patients

Section 3: Pregnancy Testing

18. CY 2020 Number of Pregnancy tests done (n=107)

	All patients
Number of Pregnancy tests done	22,112
Positive pregnancy tests	622
Positivity Rate (%)	2.8%

Section 4: Cervical Cancer Screening

19. Cervical cytology screening test used (n=116 Health Centers)

Cervical Cytology Screening Test used	Ages 21-24	Percent	Ages 25-29	Percent	Ages 30-65	Percent
Conventional slide	6	5.2%	6	5.2%	6	5.2%
Liquid-based cytology, alone	64	55.2%	46	39.7%	36	31.0%
Liquid-based cytology with reflex HPV-testing for ASC-US or LSIL	81	69.8%	102	87.9%	68	58.6%
Liquid-based cytology, with co-testing	27	23.3%	40	34.5%	82	70.7%
HPV testing alone	19	16.4%	19	16.4%	21	18.1%

20. Cervical Disease Management (Procedures Used)

Procedure	Frequency	Valid Percent
Colposcopy (n=115)	26	22.6%
Cryotherapy (n=115)	13	11.3%
Laser ablation or LEEP (n=115)	2	1.7%
Other (n=46)	2	4.3%

21. For clients/patients under age 25, usual practice for management of a first screening Pap test reported as ASC-US

	Frequency	Valid Percent
HPV DNA test (reflex or otherwise)	41	35.3%
Repeat Pap in 6 months	6	5.2%
Repeat Pap in 12 months	59	50.9%
Immediate colposcopy	1	0.9%
Varies by provider, no standard practice	5	4.3%
Don't know	4	3.4%
Total	116	100.0%

Section 5: STI/HIV Testing

22. Provision of pharyngeal tests for chlamydia and gonorrhea screening for anyone who performed oral sex on a penis:

	Frequency	Valid Percent
Yes	55	45.8%
Yes, only for MSM	28	23.3%
No	37	30.8%
Total	120	100%

23. Provision of rectal tests for chlamydia and gonorrhea screening for anyone who received anal sex:

	Frequency	Valid Percent
Yes	59	49.6%
Yes, only for MSM	32	26.9%
No	28	23.5%
Total	119	100%

24. Health center organizes STI/HIV testing events across campus:

	Frequency	Valid Percent
Yes	57	38.3%
No	92	61.7%
Total	149	100%

24A. How often are such events during the academic year:

	Frequency	Valid Percent
Once per academic year	13	23.2%
Once per academic term	24	42.9%
Once per month	10	17.9%
More than once per month	9	16.1%
Total	56	100%

24B. Who conducts the testing during these events:

	Frequency	Valid Percent
Health center staff	10	17.9%
Community organization/local health department	27	48.2%

Both health center staff and community organization/local health department	19	33.9%
Total	56	100%

24C. Tests offered during these events: (n=57) (select all that apply)

	Frequency	Valid Percent
Chlamydia	40	70.2%
Gonorrhea	39	68.4%
HIV	54	94.7%
Syphilis	24	42.1%

24D. Are the tests free during these events:

	Frequency	Valid Percent
Yes, all the tests are free	48	85.7%
Yes, some tests are free	6	10.7%
No, none of the tests are free	2	3.6%
Total	56	100%

24E. Which tests are free: (n=6) (select all that apply)

	Frequency	Valid Percent
Chlamydia	2	33.3%
Gonorrhea	2	33.3%
HIV	5	83.3%
Syphilis	1	100%

25. Health center provide anonymous HIV testing on campus:

	Frequency	Valid Percent
Yes, services are provided by health center staff	26	21.7%
Yes, services are provided by a community organization/local health department	19	15.8%
No, but we refer to community organizations/local health departments that provide anonymous HIV testing	71	59.2%
No, anonymous testing is illegal in our state	4	3.3%
Total	120	100%

26. How the cost of chlamydia screening was covered at your health service:

	Frequency	Valid Percent
Covered with no cost-sharing for all students by a mandatory student health fee	21	18.4%
Covered with no cost-sharing for all students by a fund other than a mandatory health fee	10	8.8%
Only covered for students with the university-sponsored health insurance plan	18	15.8%
Only covered for students who have an insurance plan that covers them	54	47.4%
Never covered (all students must pay out of pocket)	11	9.6%
Total	114	100%

26. How the cost of gonorrhea screening was covered at your health service:

	Frequency	Valid Percent
Covered with no cost-sharing for all students by a mandatory student health fee	20	17.7%
Covered with no cost-sharing for all students by a fund other than a mandatory health fee	10	8.8%
Only covered for students with the university-sponsored health insurance plan	18	15.9%
Only covered for students who have an insurance plan that covers them	54	47.8%
Never covered (all students must pay out of pocket)	11	9.7%
Total	113	100%

26. How the cost of HIV screening was covered at your health service:

	Frequency	Valid Percent
Covered with no cost-sharing for all students by a mandatory student health fee	24	21.4%
Covered with no cost-sharing for all students by a fund other than a mandatory health fee	13	11.6%
Only covered for students with the university-sponsored health insurance plan	17	15.2%
Only covered for students who have an insurance plan that covers them	47	42.0%

Never covered (all students must pay out of pocket)	11	9.8%
Total	112	100%

26. How the cost of syphilis screening was covered at your health service:

	Frequency	Valid Percent
Covered with no cost-sharing for all students by a mandatory student health fee	17	15.7%
Covered with no cost-sharing for all students by a fund other than a mandatory health fee	7	6.5%
Only covered for students with the university-sponsored health insurance plan	18	16.7%
Only covered for students who have an insurance plan that covers them	54	50.0%
Never covered (all students must pay out of pocket)	12	11.1%
Total	108	100%

Section 6: Contraception

27. Was OTC Emergency Contraception (Plan B) available through your Student Health Service in 2020?

	Frequency	Valid Percent
Yes, for free	10	8.2%
Yes, at some cost	60	49.2%
Yes, both free and at some cost	18	14.8%
No, it was not available for students through our Student Health Service	34	27.9%
Total	122	100%

28. Was prescription Emergency Contraception (Ella) provided through your Student Health Service in 2020?

	Frequency	Valid Percent
Yes, it was prescribed by our clinicians and dispensed through SHS	56	45.9%
Yes, it was prescribed by our clinicians but not dispensed through SHS	28	23.0%
No, it was not prescribed by our clinicians or dispensed through SHS	38	31.1%
Total	122	100%

29. Was copper IUD for Emergency Contraception (Paragard) provided through your Student Health Service in 2020?

	Frequency	Valid Percent
Yes, it was provided through our SHS for Emergency Contraception	22	18.0%
No, it was not provided through our SHS for Emergency Contraception; patients are referred to outside provider	71	58.2%
No, it was not provided through our SHS for Emergency Contraception and patients are not referred to outside provider	29	23.8%
Total	122	100%

30. Percentage and frequency of health center respondents indicating affirmative to prescribing and/or dispensing for the following patient-administered contraceptive methods. (n=120 health centers)

	Prescription	Dispensation
Cervical Cap	6.6% (8)	0.8% (1)
Contraceptive Patch	74.6% (91)	26.2% (32)
Contraceptive Ring	86.1% (105)	32.0% (39)
Diaphragm	22.1% (27)	8.2% (10)
Oral contraceptives (combined and mini pill)	96.7%	54.1% (66)

31. Percentage and frequency of health center respondents indicating affirmative to provision and/or referring for the following provider-administered contraceptive methods. (n=120 health centers)

	Provided at SHS	Referral to outside Provider
DepoProvera	90.2% (110)	44.3% (54)
Essure	2.5% (3)	45.1% (55)
Implants (Implanon/Nexplanon)	43.4% (53)	76.2% (93)
Intrauterine device (Copper or Hormonal)	35.2% (43)	76.2% (93)
Tubal ligation	0% (0)	61.5% (75)
Vasectomy	0.8% (1)	59.0% (72)

32. For students with a positive pregnancy test, what services are available from your health center? (n=122 health centers)

	Yes	No	No, due to legal limitations	No, due to school policy
"All options" counseling and education	91.0% (111)	7.4% (9)	0.8% (1)	0.8% (1)
Limited counseling and education	45.9% (56)	53.3% (65)	0% (0)	0.8% (1)
Referral for adoption services	78.7% (96)	19.7% (24)	0% (0)	1.6% (2)
Referral for abortion services	86.9% (106)	9.8% (12)	1.6% (2)	1.6% (2)
Referral for prenatal care	96.7% (118)	2.5% (3)	0% (0)	0.8% (1)
Medical abortion services provided at SHS	2.5% (3)	91.0% (111)	4.1% (5)	2.5% (3)
Prenatal care services provided at SHS	3.3% (4)	92.6% (113)	0% (0)	4.1% (5)