

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 2022 American College Health Association Sexual Health Services Survey for Calendar Year 2022

Thank you for taking the time to complete this survey. The ACHA Sexual Health Coalition has made significant revisions to the survey to make it as concise and easy-to-follow as possible. 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 2022 (January 1 – December 31, 2022). Please answer with respect to services you provided and policies that were in place in CY2022, rather than current policies or practices. If there were different policies in place between the spring and fall semesters, please reference the Fall 2022 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	a this survey.	
2) Title of person completing	g tills survey.	
3) E-mail address for question	ons about survey entries:	
4) Telephone number of res	pondent:	
5) Which best describes you	ır <u>primary</u> role in college health?	
O Administrator		
O Healthcare Provider		
O Information Technology or D		
O Health Education/Promotion	ı Professional	
Other (please specify)		
•	center provide ANY clinical sexual health ontraception, PrEP, PEP, HPV vaccination	
O Yes		
O No		
This question only appears if	Yes is selected in question 6.	
6A) Does your student health	n center provide the following clinical sex	cual health services?
	Yes	No
Cervical cancer screening	0	0

stud Hea	lent populations. In an effort	to accomplish this, we would lil our clinical data (pregnancy test	tifying and reducing disparities among ke to know if it is possible for your Student s, Pap tests, STI/HIV tests, etc.) by the
testi	ng in question 6A.		creening, STI/HIV testing, or Pregnancy
		Other EHR product (please spe	есіту):
	None- we use paper only	Other FUR and A 17.1	
	Titanium		
	PyraMED		
	Practice Fusion		
	Point and Click Solutions		
	NueMD		
	NextGEN		
	Medicat		
	Magnus Health		
	EPIC		
	E-ClinicalWorks		
	GE Centricity		
	Cerner		
6B)	Which electronic health recordareflow	rds product(s) are you <u>currently</u>	<u>r</u> using?
in qu	uestion 6A.		
This	question only appears if Yes	is selected for Cervical cancer s	screening, STI/HIV testing, or Pregnancy testing
HP\	vaccinations	0	0
PEP		0	0
PrE	P	0	0
Con	traception	0	0
Pre	gnancy testing	0	0
STI	/HIV testing	0	0
		Yes	NO

Does your SHS have the ability to

run reports based on the following

categories?

No

0

Yes

0

Does your SHS run reports

based on the following

categories?

No

0

Yes

0

Does your electronic medical

record capture the following

categories?

No

0

Yes

0

Assigned sex

(i.e., male,

female)

	Does your elec record capture catego	the following	run reports based	ave the ability to do not he following ories?	Does your SH based on th catego	e following	
	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	only appears if I	No is selected in	question 6.				
6D) Does your	student health	center provide	any clinical healt	n services?			
O Yes O No							
This question only appears if Yes is selected in question 6D. 6E) What clinical services does your health center provide?							
	only appears if udents access cl		_				
7) How many student medical visits did your health center have in 2022? (Please include both in-person and virtual/telemedicine visits) Total number of student medical visits to your Health Center 2022							
7B) How many of these visits were virtual/telemedicine?							
Number of virtual/telemedicine visits							

Pap Test Results

This section only appears if cervical cancer screening is selected in question 6A

Surveillance

birth under age 25 seen at your health center.

8A) Summary of all Cervical Pap test results for January 1, 2022-December 31, 2022 (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 0 B. Number reported as ASC-US (atypical squamous cells of undetermined significance) 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 0 squamous cells: cannot exclude high-grade, high-grade squamous intraepithelial lesion) E. Number reported as AGC or CIS (atypical glandular cells or carcinoma in situ) 0 F. Number reported as unsatisfactory (no dx) 0 G. Number reported as other dx, not listed above 0 0 Total 8B) Summary of all Cervical Pap test results for January 1, 2022-December 31, 2022. Please leave this question blank if you don't know. Number reported with no endocervical cells present (with any dx above) **STI/HIV Positivity** This section only appears if STI/HIV testing is selected in question 6A 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 2022. 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. 9) Chlamydia testing Note that bottom number must be less than or equal to the top number Number of unique (unduplicated) patients assigned female at

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
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
12) HIV antibody testing
Note that bottom number must be less than or equal to the top number
Note that bottom number must be less than or equal to the top number Total number of HIV antibody tests performed
Total number of HIV antibody tests performed
Total number of HIV antibody tests performed
Total number of HIV antibody tests performed Total number of HIV antibody tests positive
Total number of HIV antibody tests performed Total number of HIV antibody tests positive 13) Syphilis testing
Total number of HIV antibody tests performed Total number of HIV antibody tests positive 13) Syphilis testing Note that bottom number must be less than or equal to the top number
Total number of HIV antibody tests performed Total number of HIV antibody tests positive 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
Total number of HIV antibody tests performed Total number of HIV antibody tests positive 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 HIV antibody tests performed Total number of HIV antibody tests positive 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
Total number of HIV antibody tests performed Total number of HIV antibody tests positive 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 positive type unknown tests	
15) How many patients did your Health Center diagno	ese with trichomoniasis in 2022?
16) How many patients did your Health Center diagr	nose with bacterial vaginosis in 2022?
17) Number of unduplicated patients diagnosed wit	h genital warts in 2022:
Pregnancy This section only appears if pregnancy testing is sele	
18) For pregnancy tests performed at your health cen (in-house or sent out, either urine or blood):	
Please double check that your number of positive test	is is not greater than the number of tests performed.
Number performed	
Number positive	
Number positive 18B) Does your electronic medical record have the ab pregnancy was continued to live birth, the pregnancy terminated)?	
18B) Does your electronic medical record have the ab pregnancy was continued to live birth, the pregnancy	
18B) Does your electronic medical record have the ab pregnancy was continued to live birth, the pregnancy terminated)?	
18B) Does your electronic medical record have the ab pregnancy was continued to live birth, the pregnancy terminated)? O Yes	resulted in miscarriage, the pregnancy was
 18B) Does your electronic medical record have the abpregnancy was continued to live birth, the pregnancy terminated)? Yes No 	resulted in miscarriage, the pregnancy was
18B) Does your electronic medical record have the abpregnancy was continued to live birth, the pregnancy terminated)? O Yes O No This question only appears if Yes is selected in question 18C) Do you or someone in your Student Health Service.	resulted in miscarriage, the pregnancy was

18D) Does yo	ur Student Heal	th Services run	reports on preg	nancy outcome	data?		
O Yes							
O No							
Cervical Cano	er Screening						
	only appears if	cervical cancer	screening is se	lected in questi	on 6A		
General P	ractice						
Cervical cancer	screening and ma	nnagement assum _i	ptions about stan	dard of care are ba	ased on the followi	ng:	
and American S	,	Pathology Screen	•	•	or Colposcopy and of d early detection of	5 ,,	
Sawaya GF, We ASCCP Risk-Bas	ntzensen N, Schiff	fman M; 2019 ASC Consensus Guidelii	CCP Risk-Based Manes for Abnormal	anagement Conser	Moscicki AB, Nayar nsus Guidelines Cor creening Tests and	mmittee. 2019	
	(A, Chelmow D, et guidance. Gynecol		-	papillomavirus tes	sting for cervical ca	ncer screening:	
	Services Task Force orce recommendati	* *		_	cervical cancer: US	preventive	
For more inform	nation go to: http:	//www.asccp.org/	asccp-guidelines				
persons or pe		vix at your heal	th center in 20	22. (Note that th	ng test was offer ere are 3 questio		
	Ages 2	21-24	Ages	25-29	Ages 3	30-65	
	Yes	No	Yes	No	Yes	No	
Conventional			_				

This question only appears if Yes is selected in question 18C

slide

Liquid-based cytology, alone

	Ages 2	21-24	Ages 2	25-29	Ages 30-65	
	Yes	No	Yes	No	Yes	No
Liquid-based cytology with reflex HPV testing for ASC-US or LSIL	0	0	0	0	0	0
Liquid-based cytology with HPV "co-testing"	0	0	0	0	0	0
HPV testing alone	0	0	0	0	0	0
20) Please indicate which of the following cervical disease management modalities were provided in-house at your Health Center in 2022. Not provided at our Health Center (patients Provided at our Health Center)						
Calmanan		riovided a		ı		: provider)
Colposcopy			0		0	
Cryotherapy			0		0	
Laser ablation			0		0	
Other (please	specify)		0		0	
21) For patients under age 25 who were assigned female at birth, what was your Health Center's usual practice for management of a first screening Pap test reported as atypical squamous cells of undetermined significance (ASC-US) in 2022? (select one)						
O HPV DNA	test (reflex or other	erwise)				
O Repeat Pap in 6 months						
O Repeat Pa	p in 12 months					
O Immediate	e colposcopy					
O Varied by	provider, no stand	ard practice				
O Don't know	W					

STI Testing

With the exception of question 24, this section only appears if STI/HIV testing is selected in question 6A

22) For chlamydia and gonorrhea, did your health center routinely provide pharyngeal tests for anyone who performed oral sex on a penis?

0	Yes
0	Yes, only for men who have sex with men (MSM)
0	No
-	For chlamydia and gonorrhea, did your health center routinely provide rectal tests for anyone who eived anal sex (penis-in-anus)?
0	Yes
0	Yes, only for men who have sex with men (MSM)
_	No
-	Does your health center organize STI/HIV testing events in outreach settings across campus (i.e., dence hall, student center, library, or other location)?
0	Yes
0	No
to	is question appears for all respondents. The survey will end after question 24 for anyone who selected No question 6 a) How often are such events during the academic year?
0	Once per academic year
0	Once per academic term (i.e., quarter or semester)
0	Once per month during the academic year
0	More than once per month during the academic year
24B	3) Who conducts the testing during these events?
	Health center staff
0	
0	Community organization or local health department Both health center staff and community organization/local health department
O	Both health center stair and community organization/local health department
240	2) What tests are offered during these events?
	Chlamydia
	Gonorrhea
	HIV

240)) Are the tests free duri	ing these events?	,			
0	Yes, all tests are free					
0	Yes, some tests are free					
0	No, none of the tests are	free				
Thi	is question only appear	s if Yes, some te	sts are free is se	elected in questi	on 24D	
24E) Which tests are free d	uring these even	ts?			
	Chlamydia					
	Gonorrhea					
	HIV					
	Syphilis					
25)	Does your health cente	r provide anonyn	nous HIV testing	on campus?		
0	Yes, services are provided	by health center s	taff			
0	Yes, services are provided	by a community or	rganization/local he	ealth department		
0	No, but we refer to comm	unity organizations,	/local health depar	tments that provid	e anonymous HIV	testing
0	No, anonymous testing is	illegal in our state				
-	Which of the following r health service in 2022		describes how tl	he cost of STI/HI	IV screening was	s covered at
		Visits and screenings are covered with no	Visits and screenings are covered with no	Visits and screenings are only covered for	Visits and screenings are only covered for	Visits and
		cost-sharing for all students by a mandatory student health fee	cost-sharing for all students by a fund other than a mandatory health fee	students with the university- sponsored health insurance plan	students who have an insurance plan that covers them	screenings are never covered (all students must pay out o pocket)
Chl	amydia	0	0	0	0	0
Goı	norrhea	0	0	0	0	0
HΙ\	/	0	0	0	0	0
Syp	hilis	0	0	0	0	0

Syphilis

Contraception

This section only appears if contraception is selected in question 6A

27)	Was OTC Emergency Contraception (Plan B) available through your Student Health Service in 2022?						
0	Yes, for free						
0	Yes, at some cost						
0	Yes, both free and at some cost						
0	No, it was not available for students through our Student Health Service						
28) 202	Was prescription Emergency Contraception (Ella) provided through your Student Health Service in 2?						
0	Yes, it was prescribed by our clinicians and dispensed through SHS						
0	Yes, it was prescribed by our clinicians but not dispensed through SHS						
0	No, it was not prescribed by our clinicians nor dispensed through SHS						
_	Was copper IUD for Emergency Contraception (Paragard) provided through your Student Health Service 022?						
0	Yes, it was provided through our SHS for Emergency Contraception						
0	No, it was not provided through our SHS for Emergency Contraception; patients are referred to outside provider						
0	No, it was not provided through our SHS for Emergency Contraception and patients are not referred to outside provider						
	RX/Patient-administered methods (Note that there are 2 questions for each row. Please provide a ponse for both questions in each row)						
	Was the medication/device prescribed by SHS Was the medication/device dispensed from the provider in 2022? SHS in 2022?						

	Was the medication/device prescribed by SHS provider in 2022?		Was the medication/device dispensed from the SHS in 2022?	
	Yes	No	Yes	No
Cervical Cap	0	0	0	0
Contraceptive Patch	0	0	0	0
Contraceptive Ring	0	0	0	0
Diaphragm	0	0	0	0
Oral contraceptives	O	O	O	0

	Was the medication/device prescribed by SHS provider in 2022?		Was the medication/device dispensed from the SHS in 2022?	
	Yes	No	Yes	No
(combined and mini pill)				

31) RX/Provider-administered methods (Note that there are 2 questions for each row. Please provide a response for both questions in each row)

	Was the medication/device/procedure provided at the SHS in 2022?		Were interested students referred off-campus for this medication/device/procedure in 2022?		
	Yes	No	Yes	No	
Shot (i.e., Depo Provera)	0	0	0	0	
Implant (i.e., Nexplanon, Implanon)	0	0	0	0	
Intrauterine devices (hormonal or copper)	0	0	0	0	
Tubal Ligation	0	0	0	0	
Vasectomy	0	0	0	0	

32) For students with a positive pregnancy test, what services were available from your Health Center in 2022?

Counseling: Patient education, guidance, and support.

Referral: Directing the patient to another office or specialist where they can receive services. This can be done through a specific order or a discussion.

Yes	No	No, not permitted due to legal limitations in our state	No, not permitted due to school policy	Decline to answer
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
	Yes O O O O		permitted due to legal limitations in our state O O O O O O	Permitted due to legal No, not permitted due to legal limitations in permitted due to school policy O O O O O O O O

	Yes	No	No, not permitted due to legal limitations in our state	No, not permitted due to school policy	Decline to answer
Referral for prenatal care	0	0	0	0	0
Medication abortion services provided at SHS	0	0	0	0	0
Surgical abortion services provided at SHS	0	0	0	0	0
Prenatal care provided at SHS	0	0	0	0	0

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.