CLINICAL GUIDELINES PROGRAM
NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV • HCV • STIs • SUBSTANCE USE • LGBTQ+ HEALTH

Guidance: Adopting a Patient-Centered Approach to Sexual Health

Updates, Authorship, and Related Resources

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Highlights of changes, additions, and updates in the April 30, 2025 edition	• Multifaceted Patient-Centered Sexual Health Care section: Figure 1 revised. • Resources for Care Providers section: List expanded and updated.
Intended users	Primary care providers and other clinicians
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Development process	See Supplement: Guideline Development and Recommendation Ratings
Related NYSDOH AI resources	**Guidelines** • Doxycycline Post-Exposure Prophylaxis to Prevent Bacterial Sexually Transmitted Infections • PrEP to Prevent HIV and Promote Sexual Health **Guidance** • Guidance: Addressing the Needs of Older Patients and Long-Term Survivors in HIV Care • GOALS Framework for Sexual History Taking in Primary Care • U=U Guidance for Implementation in Clinical Settings **Podcast** • Viremic—Cases in HIV

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Purpose of This Guidance

This Committee encourages clinicians to adopt a patient-centered approach to sexual health care to improve the health and well-being of people who receive HIV prevention and care services and prevention and care services related to other sexually transmitted infections (STIs).

In a February 2020 Dear Colleague letter, the Director of the New York State Department of Health (NYSDOH) AIDS Institute (AI) noted that the prevailing disease-based approach to sexual health care is outdated and agreed with the American Sexual Health Association definition of sexual health: "the ability to embrace and enjoy our sexuality throughout our lives." The letter explained that a sexual health framework:

> ". . . includes ensuring that all people in NYS are empowered to exercise and achieve control over their sexual health and can access sexual health services that promote wellness in a manner that is respectful of their needs. This framework acknowledges sexuality as a life-long endeavor for people of all identities. It recognizes the importance of sexual pleasure, satisfaction, and intimacy to overall health and well-being."

Adopting a patient-centered sexual health framework when implementing Clinical Guidelines Program recommendations and guidance for clinical care of people with HIV and other STIs can improve patients' overall health and well-being, reduce stigma, empower patients, and increase their uptake of sexual health–related resources. The patient-centered, HIV status–neutral approach to sexual health encouraged here promotes disease prevention and harm reduction and recognizes that there is much more to sexual health than disease prevention and treatment.

An individual's sexual health may be related to their gender identity, sexual orientation, sexual practices, reproductive health and rights, safety, knowledge of harm reduction, disease prevention and treatment, and overall health. The multifaceted patient-centered sexual health framework illustrated in the figure below relies on open discussion of sexual identity, expression, experiences, preferences, and care planning and delivery. Sexual health is an important component of overall health that care providers should address as part of routine health visits.

Multifaceted Patient-Centered Sexual Health Care

Inclusive setting: All patients are entitled to a safe, welcoming, and affirming healthcare experience regardless of their sexual identity, expression, orientation, history, or experience. In an inclusive setting, care providers approach discussions of sexual health and history in an open, supportive, and nonjudgmental manner and:

- Meet patients' sexual health care needs regardless of gender, gender expression, sexual orientation, and sexual experience
- Recognize and respect that a patient's gender identity, gender expression, sexual orientation, and sexual experience may not align with the care provider's interpretation and understanding of each, may be fluid, and are defined by individual patients
- Focus on issues relevant to a patient's care and does not rely on patients to satisfy others' personal curiosity or to ensure that care providers or staff are comfortable with a patient's gender identity, gender expression, and sexual experiences
- Avoid using stigmatizing practices and language, such as "safe sex" or "high-risk sex," when referring to patients' experiences and maintain knowledge of up-to-date, accepted terminology
- Approach discussions of sexual health as part of overall patient health rather than focusing on sexually transmitted infections (STIs) or HIV status
- Address structural, racial, socioeconomic, and cultural barriers to sexual health and health care

Empowerment: Care providers and staff refrain from making any assumptions based on a patient's age, physical appearance, or gender expression and:

- Ask patients to identify their preferred pronouns and then ensure use of these pronouns when addressing patients
- Support patients in self-identifying their gender identity, sexual orientation, experience, and needs
- Engage patients in shared decision-making for care planning
- Support patients in setting the pace in discussions of sexual experience with their care providers and sexual partners
- Support and encourage patients' self-efficacy
- Provide information that can help reduce stigma and fear, such as information about U=U (undetectable = untransmittable) for patients with HIV
- Advocate for patients' sexual rights, including the right to make sexual health-related decisions

Wellness: Recognizing that sexual health depends on more than just disease prevention or treatment and taking a comprehensive approach to sexual health care, care providers:

- Ask about patients' comfort with sex or pain during sex and assist patients in overcoming challenges, including those posed by age-related physiologic changes, chronic disease, disability, or dysfunction
- Recognize that the concerns of patients aged ≥50 years may differ from those of younger patients
- Recognize that patients' sexual health concerns may change as they age and avoid assumptions based on age
- Screen for erectile dysfunction in patients who may be at risk
- Assist patients in managing the possible sexual health effects of chronic conditions
- Provide information and support for patients to achieve intimacy and sexual satisfaction

Harm reduction: To identify and meet patients' needs for harm reduction counseling and education, care providers:

- Support patients in recognizing and disclosing experiences that may be harmful, including activities that may lead to acquisition of STIs, such as condomless sex, drug use, and sex with multiple or anonymous partners
- Ask patients if they engage in transactional sex and link to services as needed
- Ask open-ended questions about any experience with sexual violence, intimate partner violence, or other types of abuse and link patients to services as needed
- Educate patients about harm reduction and help them identify and implement manageable options
- Ensure that patients who do not have HIV know about pre- and post-exposure prophylaxis and how to access both
- Educate patients about doxycycline post-exposure prophylaxis for bacterial STI prevention
- Link patients to prevention and other services as needed

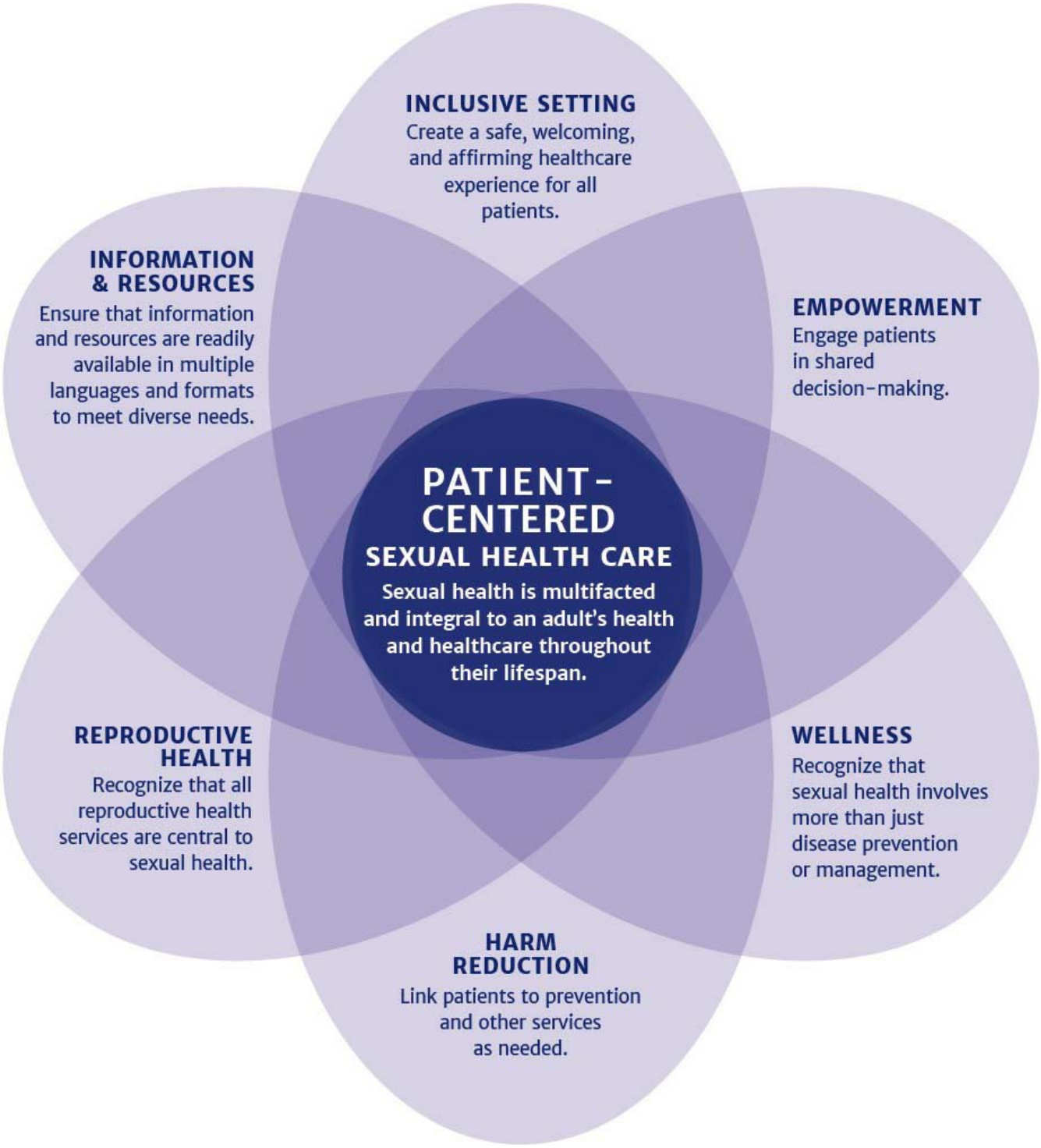
Reproductive health: Recognizing that all reproductive health and services are central to sexual health for many patients, care providers:

- Provide information about contraceptive choices for all genders
- Support patients in safely avoiding, achieving, terminating, or carrying a pregnancy to term through informed decision-making and protection of patients' rights
- Link patients to gynecologic and obstetric care, abortion services, and other services as needed
- Educate patients with HIV who wish to conceive with a serodifferent partner about U=U

Information and resources: Sexual health-related information and resources are readily available in multiple languages and formats to meet diverse needs, including those of patients who:

- Identify as lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, pansexual, or gender fluid (LGBTQIA+)
- Are aged ≥50 years
- Live with chronic disease or disability
- Engage in transactional sex or sex work
- Use substances
- Have experienced trauma
- Require housing, social services, or other specialized services
- Have low or no literacy or health literacy
- Have limited or no computer or internet access
- Require or prefer receiving information via audio or video

Figure 1: Components of a Patient-Centered Approach to Sexual Health Care



Resources for Care Providers

General Sexual Health

NYSDOH:

- Doxycycline Post-Exposure Prophylaxis to Prevent Bacterial Sexually Transmitted Infections
- PrEP to Prevent HIV and Promote Sexual Health
- Sexual Violence Prevention Unit
- Sexually Transmitted Infection Self-Collection Outside of a Clinic Setting in New York State: Frequently Asked Questions
- U=U Guidance for Implementation in Clinical Settings

American Sexual Health Association:

- Health Is Power Toolkit
- Patient Education Materials
- Tips for Communicating About Sexual Health

Centers for Disease Control and Prevention: Discussing Sexual Health With Your Patients

International Society for Sexual Medicine: Clinical Guidelines

Joint United Nations Programme on HIV/AIDS: Transactional Sex and HIV Risk: From Analysis to Action

NACCHO: Including People With Disabilities in Reproductive Health Programs and Services

National Coalition for Sexual Health:

- Inclusive Sexual Health Services: Practical Guidelines for Providers & Clinics
- Sexual Health and Your Patients: A Provider's Guide

Reproductive Health National Training Center: Patient Experience Improvement Toolkit

Sexual Medicine Society of North America: For Providers

Sexual Health History Taking

NYSDOH: GOALS Framework for Sexual History Taking in Primary Care

AIDS Education and Training Center: Sexual History Taking Toolkit

Centers for Disease Control and Prevention: Guide to Taking a Sexual History

National Coalition for Sexual Health: A New Approach to Sexual History Taking: Talking About Pleasure, Problems, and Pride During a Sexual History (videos)

LGBTQIA+ Health

American Society for Reproductive Medicine: Inclusive Language and Environment

Gay & Lesbian Medical Association: Resources for LGBTQ+ Health Equity

National LGBTQIA+ Health Education Center:

- Learning Resources—Reproductive Health
- LGBTQIA+ Glossary of Terms for Health Care Teams
- Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA+ People

Women's Health and Reproductive Rights

NYSDOH:

- Reproductive Health
- Women's Health

American Society for Reproductive Medicine: Prepregnancy Counseling

Centers for Disease Control and Prevention (CDC): Reproductive Health

National LGBTQIA+ Health Education Center: Learning Resources—Reproductive Health

Office of Population Affairs: Family Planning Clinic Locator

Reproductive Health Access Project: Focus on Abortion, Contraception, and Miscarriage

The Well Project: Providing for Women's Well-Being: A Sexual Health Conversation Guide for Clinicians

Older Adults

NYSDOH: Older Adults and Sexual Health: A Guide for Aging Services Providers

American Academy of HIV Medicine: Recommended Treatment Strategies for Clinicians Managing Older Patients With HIV

National LGBTQIA+ Health Education Center: Sexual Health Care for Older LGBTQIA+ Adults

Stigma and Trauma-Informed Care

Centers for Disease Control and Prevention: HIV Stigma

National Coalition for Sexual Health: Clinician Guide for Trauma-Informed Care

National LGBTQIA+ Health Education Center: Stigma Resources

The Well Project: Undetectable Equals Untransmittable: Building Hope and Ending HIV Stigma

Supplement: Guideline Development and Recommendation Ratings

Table S1: Guideline Development: New York State Department of Health AIDS Institute Clinical Guidelines Program	
Developer	New York State Department of Health AIDS Institute (NYSDOH AI) Clinical Guidelines Program
Funding source	NYSDOH AI
Program manager	Clinical Guidelines Program, Johns Hopkins University School of Medicine, Division of Infectious Diseases. See Program Leadership and Staff.
Mission	To produce and disseminate evidence-based, state-of-the-art clinical practice guidelines that establish uniform standards of care for practitioners who provide prevention or treatment of HIV, viral hepatitis, other sexually transmitted infections, and substance use disorders for adults throughout New York State in the wide array of settings in which those services are delivered.
Expert committees	The NYSDOH AI Medical Director invites and appoints committees of clinical and public health experts from throughout New York State to ensure that the guidelines are practical, immediately applicable, and meet the needs of care providers and stakeholders in all major regions of New York State, all relevant clinical practice settings, key New York State agencies, and community service organizations.
Committee structure	• Leadership: AI-appointed chair, vice chair(s), chair emeritus, clinical specialist(s), JHU Guidelines Program Director, AI Medical Director, AI Clinical Consultant, AVAC community advisor • Contributing members • Guideline writing groups: Lead author, coauthors if applicable, and all committee leaders
Disclosure and management of conflicts of interest	• Annual disclosure of financial relationships with commercial entities for the 12 months prior and upcoming is required of all individuals who work with the guidelines program, and includes disclosure for partners or spouses and primary professional affiliation. • The NYSDOH AI assesses all reported financial relationships to determine the potential for undue influence on guideline recommendations and, when indicated, denies participation in the program or formulates a plan to manage potential conflicts. Disclosures are listed for each committee member.
Evidence collection and review	• Literature search and review strategy is defined by the guideline lead author based on the defined scope of a new guideline or update. • A comprehensive literature search and review is conducted for a new guideline or an extensive update using PubMed, other pertinent databases of peer-reviewed literature, and relevant conference abstracts to establish the evidence base for guideline recommendations. • A targeted search and review to identify recently published evidence is conducted for guidelines published within the previous 3 years. • Title, abstract, and article reviews are performed by the lead author. The JHU editorial team collates evidence and creates and maintains an evidence table for each guideline.
Recommendation development	• The lead author drafts recommendations to address the defined scope of the guideline based on available published data. • Writing group members review the draft recommendations and evidence and deliberate to revise, refine, and reach consensus on all recommendations. • When published data are not available, support for a recommendation may be based on the committee's expert opinion. • The writing group assigns a 2-part rating to each recommendation to indicate the strength of the recommendation and quality of the supporting evidence. The group reviews the evidence, deliberates, and may revise recommendations when required to reach consensus.

Table S1: Guideline Development: New York State Department of Health AIDS Institute Clinical Guidelines Program	
Review and approval process	• Following writing group approval, draft guidelines are reviewed by all contributors, program liaisons, and a volunteer reviewer from the AI Community Advisory Committee. • Recommendations must be approved by two-thirds of the full committee. If necessary to achieve consensus, the full committee is invited to deliberate, review the evidence, and revise recommendations. • Final approval by the committee chair and the NYSDOH AI Medical Director is required for publication.
External reviews	• External review of each guideline is invited at the developer's discretion. • External reviewers recognized for their experience and expertise review guidelines for accuracy, balance, clarity, and practicality and provide feedback.
Update process	• JHU editorial staff ensure that each guideline is reviewed and determined to be current upon the 3-year anniversary of publication; guidelines that provide clinical recommendations in rapidly changing areas of practice may be reviewed annually. Published literature is surveilled to identify new evidence that may prompt changes to existing recommendations or development of new recommendations. • If changes in the standard of care, newly published studies, new drug approval, new drug-related warning, or a public health emergency indicate the need for immediate change to published guidelines, committee leadership will make recommendations and immediate updates and will invite full committee review as indicated.

Table S2: Recommendation Ratings and Definitions		
Strength	**Quality of Evidence**	
A: Strong B: Moderate C: Optional	1	Based on published results of at least 1 randomized clinical trial with clinical outcomes or validated laboratory endpoints.
	*	Based on either a self-evident conclusion; conclusive, published, in vitro data; or well-established practice that cannot be tested because ethics would preclude a clinical trial.
	2	Based on published results of at least 1 well-designed, nonrandomized clinical trial or observational cohort study with long-term clinical outcomes.
	2†	Extrapolated from published results of well-designed studies (including nonrandomized clinical trials) conducted in populations other than those specifically addressed by a recommendation. The source(s) of the extrapolated evidence and the rationale for the extrapolation are provided in the guideline text. One example would be results of studies conducted predominantly in a subpopulation (e.g., one gender) that the committee determines to be generalizable to the population under consideration in the guideline.
	3	Based on committee expert opinion, with rationale provided in the guideline text.