

Name of Intervention	Partnership for Health (PfH): A brief, Safer-Sex Intervention in HIV Clinics
Based on Behavioral and Social Science Theory(ies)	Social Cognitive Theory
Summary of Intervention	Partnership for Health (PfH) is a brief (3-5 min), provider-delivered, counseling program for individual men and women living with HIV/AIDS. The program is designed to improve patient-provider communication about self-protection, partner protection, and disclosure of sero-status as a team approach. Before program implementation, a four hour training program is delivered to all clinic staff which consists of: 1) background data and rationale; 2) behavior change theories; 3) communication skill building; 4) conducting a brief counseling session and communicating consequences-framed messages; 5) role-play of safer-sex counseling; and; 6) program implementation and referrals. A booster training session is delivered one month after the start of the intervention. Patients are given an informational flyer (in English or Spanish) at the front desk. Posters calling attention to the power of patient-provider teamwork are displayed in the waiting room. During the intervention, providers discuss the partnership concept with patients and provide consequences-framed messages. Consequences-framed messages emphasize a positive outcome that may be missed or negative result that may occur when the patient engages in unsafe sexual behaviors or does not disclose their sero-status to their partners. The provider also uses brochures, informational flyers and posters in the examination room to facilitate counseling. The provider and patient identify behavioral goals for the patient to work on, and the patient is given referrals to services as needed. At follow-up visits, the provider inquires about the patient's progress towards behavioral goals, re-counsels the patient, and reinforces the patient's healthy behavior. Though the counseling is brief (3-5 min), it is only given during routine patient visits and not during visits dealing with acute illness.
Clearly Defined Audience	HIV-positive men and women (all race/ethnicities, ages)
Goals and Objectives of the	The goals of the intervention are to improve patient-

Intervention	provider communication about safer sex, disclosure of sero-status, and HIV prevention.
Risk Behaviors the Intervention Focuses on	Unprotected vaginal, anal insertive, and anal receptive sex with multiple or casual partners
Factors Influencing Behaviors (FIBs)/ Behavioral Determinants	<ul style="list-style-type: none"> <li>• Outcome expectancies (negative)</li> <li>• Communication/negotiation</li> <li>• Self-efficacy</li> <li>• Social support</li> </ul>
Core Elements	<ul style="list-style-type: none"> <li>• Having providers deliver the intervention to HIV-positive patients in HIV outpatient clinics</li> <li>• Having the clinic adopt prevention as an essential component of patient care</li> <li>• Training of all clinic staff to facilitate integration of the prevention counseling intervention into standard practice</li> <li>• Using waiting room posters and brochures to reinforce prevention messages delivered by the provider</li> <li>• Building on the ongoing supportive relationship between the patient and the provider</li> <li>• During routine visits, having the provider initiate at least a 3- to 5-minute discussion with the patient or client about safer sex that focuses on self-protection, partner protection, and disclosure</li> <li>• Having the provider incorporate good communication techniques and use of consequences-framed messages for patients or clients engaged in high risk sexual behavior</li> <li>• Providing referrals for needs that require more extensive counseling and services</li> <li>• Integrating the prevention message into clinic visits so that every patient is counseled at every visit</li> </ul>
Setting	HIV/AIDS outpatient clinics
Duration	3 to 5 minute sessions
Provides Opportunities to	None

Practice Relevant Skills	
Outcomes	Patients who had 2 or more sex partners or at least 1 casual partner and who received consequences-framed messages were significantly less likely to engage in unprotected anal or vaginal sex.
Type of Intervention	ILI

Journal Citation(s):

Richardson J.L., Milam J., McCutchan A., Stoyanoff S., Bolan R., Weiss J., Kemper C., Larsen R.A., Hollander H., Weismuller P., Chou C.P., and Marks G., Effect of brief provider safer-sex counseling of HIV-1 sero-positive patients: A multi-clinic assessment. AIDS 2004; 18:1179-1186.

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