

Partnership for Health  
Brief Safer Sex Intervention for HIV Outpatient Clinics

# Starter Kit



# **PARTNERSHIP FOR HEALTH: A Brief Safer Sex Intervention for HIV Outpatient Clinics**

## **Important Information for Users**

This HIV/STD risk-reduction intervention is intended for use with persons who are at high risk for acquiring or transmitting HIV/STD and who are voluntarily participating in the intervention. The materials in this intervention package are not intended for general audiences.

The intervention package includes implementation manuals, training and technical assistance materials, and other items used in intervention delivery. Also included in the packages are: 1) the Centers for Disease Control and Prevention (CDC) fact sheet on male latex condoms, 2) the CDC Statement on Study Results of Products Containing Nonoxynol-9, 3) the Morbidity and Mortality Weekly Report (MMRW) article “Nonoxynol-9, Spermicide Contraception Use—United States, 1999,” 4) the ABC’s of Smart Behavior, and 5) the CDC guidelines on the content of HIV educational materials prepared or purchased by CDC grantees (Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs).

Before conducting this intervention in your community, all materials must be approved by your community HIV review panel for acceptability in your project area. Once approved, the intervention package materials are to be used by trained facilitators when implementing the intervention.

**The CDC requires all CDC-funded agencies using the Partnership for Health intervention to identify, or establish, and utilize a Program Review Panel and complete Form 0.1113 to document this activity. Partnership for Health and University of Southern California staff members are not involved in this activity. This is a CDC requirement for their grantees, and all questions in this regard should be directed to your agency's CDC Project Officer or to the health department funding your agency's implementation of Partnership for Health.**

### **Filling out CDC Form 0.113 for Written Educational Materials on HIV/AIDS**

In conjunction with the Centers for Disease Control and Prevention's (CDC's) efforts to increase awareness and use of evidence-based effective HIV prevention interventions, we are distributing copies of CDC form 0.113 (see attached). The following provides rationale and instructions on how to complete form 0.113.

Form 0.113 asks you to list the names and other identifying information for the individuals who make up your Program Review Panel. A Program Review Panel is a group of at least five people, representing a cross section of the population in a given area, who review written materials intended for HIV/AIDS educational programs. The Program Review Panel represents local standards and judgment as to what materials are appropriate for selected local audiences.

Should you need to form a Program Review Panel, see CDC's "Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs (Interim Revisions June 1992)." Following are a few key points from that document:

- Written educational materials on HIV prevention should use language or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices regarding HIV transmission.
- Such materials should be reviewed by a Program Review Panel.
- Whenever possible, CDC-funded community-based organizations (CBOs) are encouraged to use a Program Review Panel formed by a health department or other CDC-funded organizations rather than establish a new one.

To complete the enclosed form 0.113:

1. List the name, occupation, and affiliation (organization, business, government agency, etc.) of each member of the Program Review Panel you are using. There must be at least five members of this panel. If there are more, list them on the back of the form.
2. List the name of your organization, your grant number (if known), and ensure the form is signed by both your project director and an authorized business official. Have each person date the form after signing it.
3. If you are not developing any new HIV/AIDS related materials and therefore do not need to use a Program Review Panel, complete the second page, "Statement of Compliance with Content of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questioners, Survey Instruments, and Educational Sessions." This states that your organization is using materials previously approved by the local Program Review Panel.

Please note that form 0.113 is currently undergoing revision. The revised version will soon be available. A key change in the new form is that it requires, rather than recommends, that CBOs use the Program Review Panel established by the local or state health department rather than forming a new one. Please contact us if you have questions or need technical support.

Once you have completed form 0.113, please return it to your Project Officer or maintain it in your files if you are not directly funded by CDC.



**ASSURANCE OF COMPLIANCE  
with the**

**"REQUIREMENTS FOR CONTENTS OF AIDS-RELATED WRITTEN MATERIALS,  
PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND  
EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL  
AND PREVENTION (CDC) ASSISTANCE PROGRAMS"**

By signing and submitting this form, we agree to comply with the specifications set forth in the "Requirements for Contents of Aids-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs," as revised June 15, 1992, 57 Federal Register 26742.

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group, educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

The Program Review Panel, guided by the CDC Basic Principles (set forth in 57 Federal Register 26742), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

NAME

OCCUPATION

AFFILIATION

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Health Department Representative)

Applicant/Grantee Name

Grant Number (If Known)

Signature: Project Director

Signature: Authorized Business Official

Date

Date

# Starter Kit

**Jean L. Richardson, Dr.P.H.**

**Sue Stoyanoff, M.P.H.**

**Maggie Hawkins, M.P.H., C.H.E.S.**

**Jony Melrod Weiss, M.P.H.**

**Partnership for Health is a program  
of the Department of Preventive Medicine  
of the Keck School of Medicine  
At the University of Southern California**

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# Introduction

Seventy percent of HIV-positive patients are sexually active. Many engage in unprotected sexual behaviors and are possibly transmitting the virus to others. HIV prevention involves a number of strategies to help people learn their status and to avoid acquiring HIV, but if we are to prevent the spread of HIV/AIDS, we must work with HIV-positive persons to decrease their rates of unsafe sex. Providers of HIV medical care are in the best position to speak regularly with their patients about safer sex and disclosure of HIV status. However, few providers regularly include prevention counseling as part of their practice.

**The HIV outpatient clinic is an ideal setting to:**

- reach a large number of HIV-positive persons who regularly visit the clinic for treatment and primary care;
- implement a safer-sex prevention program to motivate HIV-positive persons to protect themselves and their partners by reducing risk behaviors;
- integrate prevention within routine medical care; and
- involve clinic staff especially physicians, physician assistants, nurse practitioners, nurses, and counselors in prevention counseling.

**The Partnership for Health intervention is a brief interaction between the patient and provider, and it includes:**

- prevention as an essential component of routine clinic care;
- having the medical provider establish a partnership with the patient and reinforce the prevention messages and recommendations during the patient's medical visits;
- printed information (posters, brochures, and patient education materials) that introduces the patient to the partnership concept and specific information about the importance of safer sex.

# Benefits

## Benefits of Partnership for Health to Patients and Clinic

Why integrate a Partnership for Health Program into YOUR HIV clinic?

### Benefits to your clinic

- Opportunity to be a leader in the field of HIV prevention by implementing this well-respected, efficacious program.
- Opportunity to provide additional care to patients, which may set your clinic apart from others.
- Opportunity to implement a program that closely follows the CDC, HRSA, NIH, and HIV-MA recommendations for incorporating HIV prevention into the medical care of persons living with HIV (MMWR 2003;52(RR-12):1-23).

### Benefits to health care providers

- Enhances provider role in improving patient's well-being and treating patient's disease.
- Enhances provider's ability to help his or her patients stay safe.
- Introduces the opportunity for the provider to help the patient understand that he or she can play an active role in stopping the epidemic.
- Expands HIV prevention expertise and practice.
- Enables the provider to make a significant contribution to the larger goal of reducing new infections of HIV in the community.
- Creates a closer relationship between the provider and his or her patients.

### Benefits to patients

- Builds upon relationships with their health care providers.
- Helps the patients to stay healthy and helps their partner(s) to stay healthy.
- Expands opportunities to talk with and learn accurate information from a respected authority figure.
- Provides the opportunity to gain additional skills negotiating safer sex, using condoms, and disclosing their HIV status.
- Provides the opportunity to play an active role in stopping the epidemic.

### In summary

The Partnership for Health Program provides your clinic with an easy to implement program that can positively impact your clinic, your patients and the community at large. On national, state and local levels, there is a growing acknowledgment of the need for HIV prevention programs for HIV positive individuals. Research has shown that the provider/patient relationship is significant and that brief counseling around HIV safer sex behaviors and disclosure can make a difference in terms of behavior change. The Partnership for Health program is created to be directly integrated into an existing HIV clinic environment. We look forward to joining you in implementing this important program. Please feel free to contact us for further information. The contact information for PffH is provided later in this manual.

# Science-Based Intervention

## **CDC Diffusion of Science-Based Interventions**

The Centers for Disease Control and Prevention (CDC) has a national strategy to provide high quality training and technical assistance to prepare regional and community HIV programs to implement science-based HIV interventions. The CDC is collaborating with the original researchers to make effective interventions available to communities.

For information about other effective interventions being diffused through CDC, visit the CDC websites:

- [www.cdc.gov/hiv/partners/ahp.htm](http://www.cdc.gov/hiv/partners/ahp.htm)
- [www.cdc.gov/hiv/projects/rep/default.htm](http://www.cdc.gov/hiv/projects/rep/default.htm)
- [www.effectiveinterventions.org](http://www.effectiveinterventions.org)

## **Diffusion of the Partnership for Health Program**

The Partnership for Health (PfH) is one of the effective interventions being diffused nationally by the CDC (see Appendix A). Using a train-the-trainer model, the PfH program provides training to a network of trainers who will then train health care providers in HIV clinics. Train-the-trainer sessions will be delivered to trainers from AIDS Education Training Centers (AETCs) and other HIV prevention agencies. The AETC trainers will then train providers from CBOs funded under CDC's Program announcement 04064 and later to county and state health departments, university-based health care facilities, other public and private health care delivery systems, and Veterans' Administration facilities.

## **The Science Behind PfH**

The PfH program is the product of extensive collaboration among researchers and people living with HIV (PLWH), clinics and health care providers who have implemented the intervention. The PfH was empirically tested at six HIV outpatient clinics with funding from the National Institute of Mental Health (NIMH). The PfH intervention package has also been field-tested for usability in an additional five medical clinics and one HIV/AIDS community-based organization as part of the CDC Replicating Effective Programs (REP) project.

PfH is a brief, provider-delivered counseling program for men and women receiving medical care in the HIV clinic setting. The program is designed to improve patient-provider communication about safer sex and disclosure of HIV serostatus. Providers are taught to introduce the topic, ask questions about sexual behavior, listen to the patient, help him/her identify problems, and help the patient set goals. It is based on a social cognitive model that uses message framing, repetition, and reinforcement to increase the patient's knowledge, skills and motivations to practice safer sex and disclosure.

# Science-Based Intervention

The PffH study tested the effectiveness of a brief safer sex intervention delivered by health care providers to sexually active HIV positive patients in six HIV clinics in California. Study clinics were randomly assigned to one of three conditions, and all patients received the intervention to which their clinic was assigned. Patients at two clinics assigned to the advantages frame condition received advantages frame safer sex counseling. Advantages frame messages focus on a positive outcome that may happen or a negative result that may be avoided when the patient engages in safer sexual behaviors or discloses his or her serostatus to sex partners. Patients at two clinics assigned to the consequences frame condition received consequences frame safer sex counseling. Consequences frame messages emphasize a positive outcome that may be missed or a negative result that may occur when the patient engages in unsafe sexual behaviors or does not disclose his or her serostatus to sex partners. Patients in the clinics assigned to the attention-control condition received an intervention addressing adherence to medication.

At baseline there was a high level of unsafe sex among sexually active people living with HIV. One-third had unprotected anal or vaginal sex (UAV) with at least one partner during the previous three months.

- Of those with one sex partner, 26% had unprotected anal or vaginal sex in the prior three months.
- Of those with only one partner who was HIV negative, 20% engaged in unsafe sex.
- Half of those with two or more partners had unprotected anal or vaginal sex in the prior three months.

## Major PfH Study Results:

At follow-up, the PfH study found that consequences frame safer sex messages were more likely than advantages frame messages to be effective in changing sexual behavior among persons who engaged in sexual behaviors likely to transmit HIV. The consequences frame intervention was effective in reducing unsafe sex among persons who had 2 or more partners.

- There was a 38% reduction in unprotected anal or vaginal sex among persons who had two or more partners.
- The consequences frame intervention was also effective in reducing unsafe sex among persons who had casual partners.
- Neither frame was effective in reducing unsafe sexual behaviors among persons with only one main partner.

## Consequences frame or advantages frame with HIV positive patients?

For HIV positive persons with multiple and or casual partner(s) or who have unsafe sex

- Consequences frame messages can be effective in reducing UAV in this group.
- Consequences frame messages emphasize the negative consequences that may occur or the positive outcome that may be missed when the patient engages in unsafe sexual behaviors or does not disclose his or her serostatus to sex partners.
- Consequences frame messages link a patient's actual behavior with a negative outcome.

For HIV positive persons who are abstinent or practice safer sex with one main partner

- It is not clear which frame messages are effective with persons who engage in low risk behavior or persons who are abstinent in order to maintain low risk behaviors.
- Advantages frame messages focus on a positive outcome that may happen or a negative result that may be avoided when a patient engages in safer sexual behaviors or discloses his or her serostatus to sex partners.
- Abstinent or completely safe behaviors are effective in preventing HIV transmission and should be reinforced.
- Associating positive outcomes with these low risk (safer sex with one partner) or no risk (abstinence) behaviors may reinforce continued low risk behaviors.

# Partnership for Health Intervention Description

## Brief Description

At clinics providing primary medical care to HIV-positive persons, patients are given an informational flyer (in English or Spanish) at the front desk. Posters calling attention to the importance of patient-provider teamwork are displayed in the waiting room. After the physical exam, the medical provider conducts the 3- to 5-minute counseling session. The provider delivers messages that focus on self-protection, partner protection, and disclosure. The provider frames the messages relative to the number and type of sex partners the patient has and whether the patient is practicing safe or unsafe sex. Consequences-framed messages emphasize a positive outcome that may be missed or a negative result that may occur when the patient engages in unsafe sexual behaviors or does not disclose their serostatus to their partners. Advantages-framed messages focus on a positive outcome that may happen or a negative result that may be avoided when the patient engages in safe sexual behaviors or discloses their serostatus to partners. Consequences-framed messages were shown to be more effective in reducing unprotected anal or vaginal sex among HIV-positive patients with multiple or casual partners. The provider uses the 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. The provider gives the patient referrals to services if any are needed. At follow-up visits, the provider inquires about the patient's progress on the behavioral goal, re-counsels the patient, and reinforces the patient's healthful behavior.

## PfH Goals

- To train health care providers and staff in HIV outpatient clinics to talk with their patients about the importance of protecting themselves and their sex partners and disclosing their HIV status to sex partners before having sex with them.
- To improve patient and provider communication about safer sex and disclosure.
- To decrease unsafe sexual behaviors among persons living with HIV.
- To increase disclosure of HIV status to sex partners.

## Core Health Education/Risk Reduction Messages

### For the provider

- Use consequences frame messages with higher risk HIV-positive patients.
- Use either frame with lower risk HIV-positive patients.
- Reinforce safer behavior with all patients.

### For the patient

- Protect yourself.
- Protect your partner.S
- Disclose your serostatus appropriately.

It is important that the HIV positive person disclose his or her HIV status appropriately, keeping in mind several factors: personal safety, disclosing on a need to know basis, and disclosing before having sex. Please see Module 6 in the Participant's Manual for more information about disclosure.

## Core Elements and Key Characteristics

Core Elements are intervention components that must be maintained without alteration to ensure program effectiveness. The core elements of PfH include:

- Having providers deliver the intervention to HIV-positive patients in HIV outpatient clinics.
- Having the clinic adopt prevention as an essential component of patient care.
- Training of all clinic staff to facilitate integration of the prevention counseling intervention into standard practice.
- Using waiting room posters and brochures to reinforce prevention messages delivered by the provider.
- Building on the ongoing supportive relationship between the patient and the provider.
- 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.
- Having the provider incorporate good communication techniques and use of consequences-framed messages for patients or clients engaged in high risk sexual behavior.
- Providing referrals for needs that require more extensive counseling and services.
- Integrating the prevention message into clinic visits so that every patient is counseled at every visit.

Key Characteristics are crucial activities and delivery methods for conducting an intervention, which may be tailored for different agencies and at-risk populations. The key characteristics of PfH include:

- Training for all clinic staff should include information on the use of open-ended questions, demonstrating empathy and remaining non-judgmental.
- Counseling sessions can last longer than 5 minutes and follow-up reminders may last less than 3-5 minutes depending on the needs of the patients. It is important to repeat the message over time.
- Clinics should make condoms available in a way that patients can feel comfortable taking them as needed.

# Getting Started, Planning, Implementing and Maintaining PfH

In the following section, we review what a clinic needs to begin, implement and maintain the Partnership for Health.

## Staffing

- Coordinator. The Coordinator is responsible for "championing" PfH at the clinic. This involves a concerted effort during pre-implementation, implementation and maintenance of PfH. We recommend that this person be a staff member with the authority to make sure all aspects of the intervention occur as well as someone who knows the staff and how to motivate them to conduct the intervention. We recommend that the Coordinator be a physician assistant, research nurse, nurse practitioner, staff psychologist, or clinic administrator. Although the medical director may be a key leader in support of PfH, we do not recommend that this person assume the role and responsibilities of the Coordinator. The medical director often has multiple responsibilities and may not have enough time to pay attention to the details of coordinating PfH. We recommend that the Coordinator receive 50% salary coverage to coordinate this program through the Booster session and then 25% salary coverage thereafter to maintain the program. Please see the "[Integrating PfH into your HIV Care Clinic](#)" for a more detailed description of Coordinator responsibilities.
- The PfH intervention is delivered by clinic health care providers, including physicians, physician assistants, nurse practitioners, registered nurses within the framework of the routine medical visit. PfH does not require additional staffing.
- Key Leaders. The Coordinator will want to consult clinic managers, medical directors and other site administrators when organizing Partnership for Health. In addition to these formal clinic leaders, the Coordinator may seek the support of informal leaders such as staff members who are respected by co-workers. The involvement of key leaders is very important although the leaders' overall time commitment to the project may be minimal.
- Consultants and On-going Technical Assistance. The clinic may need to identify psychologists or social workers to provide consultation to providers who encounter difficult patient situations that they are uncertain how to handle. Consultants can also provide on-going updates and in-service support on psychological/behavioral counseling models as well as consultation on needs assessments, referrals and ethical issues.

## Staff Training

- **Orientation:** The orientation will be conducted by the PfH trainer and the Coordinator. The orientation will be held 2-4 weeks before the training. The purpose of the orientation is to introduce staff and providers to the PfH program. This is a brief session attended by the entire clinic staff. (See Appendix B for sample orientation agenda.)
- **4 hour clinic training:** The training will be conducted by the PfH trainer(s). The Coordinator may assist in the training. The purpose of the training is to prepare clinic providers and staff with the necessary skills to provide the PfH intervention to every patient at every clinic visit. (See Appendix C for sample training agenda and checklist.)
- **Booster session and in-services:** The first booster session occurs 4-6 weeks after the training and is conducted by the PfH trainer(s) and the Coordinator. Subsequent in-service trainings may be developed and conducted by the Coordinator, other clinic staff, and may involve consultation with the TA Provider. These activities are an important part of maintaining PfH in your clinic. Booster sessions and in-service trainings provide opportunities to refresh provider and clinic staff understanding of and skills related to PfH. It is also an opportunity to introduce topics related to the intervention. Topics may include: helping patients build safer sex skills and disclosure skills, updates on most utilized resources and referrals, and current research and best practices around prevention for HIV-positive patients. (See Appendix C for sample booster session agenda and materials.)

## Cost to the clinic

Overall, few additional resources are needed to implement the PfH program in HIV clinics. PfH uses existing clinic staff and providers to integrate PfH into routine medical care.

- **Coordinator:** Although the Coordinator is an existing staff member, it may be necessary to relieve the Coordinator of some of his or her clinic duties to accommodate the additional responsibilities associated with PfH. We suggest that the Coordinator allocate 50% time initially to facilitate the program, train new staff and lead discussions at staff meetings. This percentage of Coordinator time can be reduced to 25% after the Booster session and for maintenance of the intervention. This could necessitate hiring additional clinic staff.
- **Clinic staff** (for example, front desk staff, and medical assistants) provides support and reinforcement of the overall PfH theme although they are not responsible for discussing PfH messages with patients. For example, front desk staff can be responsible for giving brochures to patients when they check in for their visit.
- In addition, the issues of prevention in clinical care settings should be discussed regularly at staff meetings. Reviews of role plays, policy issues, difficult situations, and behavioral research may all be helpful.
- Providers discuss the PfH safer sex and disclosure messages with their patients at each clinic visit.
- The actual intervention involves a 3- to 5-minute interaction between the primary care provider and the patient within the routine medical visit.
- Finally, staff release time will be required to attend the orientation, 4 hour training and 1 hour booster session.

# Getting Started, Planning, Implementing and Maintaining PfH

The additional resources required to supplement the Coordinator's time and the release time for providers and clinic staff to attend training represent the major expense to the clinic for involvement in PfH. In some clinics, budget items, such as utilities, may be covered under clinic overhead. In other clinics these expenses are pro-rated by activity.

## SAMPLE PFH BUDGET

CATEGORIES	PRE-IMPLEMENTATION			IMPLEMENTATION		
	#staff	%time,	#hrs/wk	#staff	%time,	#hrs/wk
<b>1. PERSONNEL</b> <ul style="list-style-type: none"> <li>On-site Coordinator</li> <li>Staff release time for training &amp; booster sessions</li> </ul>	1 all staff	50% x 4-1/2 hrs ea =	20 hrs wk hrs	1 all staff	25% x 1-1/2 hrs ea =	10 hrs wk hrs
<b>2. FACILITIES</b> <ul style="list-style-type: none"> <li>Rent—Office Space for Coordinator</li> <li>Utilities</li> <li>Maintenance</li> <li>Rent—training space (if applicable)</li> </ul>						
<b>3. EQUIPMENT</b> <ul style="list-style-type: none"> <li>Rental or purchase of equipment for training (laptop, LCD, overhead projector, TV/VCR or DVD player, easel)</li> <li>Rental or purchase of computer (for Coordinator)</li> <li>Internet service</li> <li>Telephone/fax</li> <li>Equipment Maintenance</li> </ul>						
<b>4. SUPPLIES</b> <b>A. PRINTING &amp; MEDIA:</b> <ul style="list-style-type: none"> <li>Intervention Pkg/Kit</li> <li>Duplication &amp; binding of additional Participant's Manuals (from CD)</li> <li>Extra-large sheet protectors (back of manuals)</li> <li>Copying of flyers announcing training to staff</li> <li>Copying of Misc. handouts</li> <li>Copying of evaluation forms</li> <li>Duplication of posters (from CD): 5 large + small exam room posters in each set</li> <li>Duplication of additional brochures (from CD)</li> </ul>	\$200	approx. 100 pp + 1-1/2" D-ring binder x number of providers 1 protector per manual/box of 25				
	\$ each	x number of staff				As needed
	\$ each	x number of staff				As needed
	\$ each	x number of staff				As needed
	\$ per large poster	x 5 posters				As needed
	\$ per small poster	x no. exam rooms				As needed
	\$ each brochure	x number of patients				As needed

**SAMPLE PFH BUDGET Continued**

CATEGORIES	PRE-IMPLEMENTATION	IMPLEMENTATION
<b>4. SUPPLIES</b> <ul style="list-style-type: none"> <li>• Duplication of additional chart stickers (from CD)</li> <li>• Duplication &amp; lamination of additional provider guides</li> <li>• Duplication of informational flyers</li> <li>• Certificates</li> </ul>	\$ each sticker x number of patients \$ each guide x number of providers \$ each x number of patients \$ each x number of providers	As needed As needed As needed As needed
<u>B. TRAINING SUPPLIES:</u> <ul style="list-style-type: none"> <li>• Carrying case for training supplies</li> <li>• Transparencies</li> <li>• Easel charts</li> <li>• Watercolor markers</li> <li>• Safer sex educational supplies (see Appendix D for suggested list of supplies)</li> <li>• Catering/refreshments</li> <li>• Extra paper plates, cups, plasticware (for trainings and boosters)</li> </ul>	\$ each N" x N" x N" case 1 box/50 2 pads 2 sets of markers \$ \$ (or Donated) x number of providers \$ x number of providers	Re-supply as needed  \$ (or Donated) x number of providers
<u>C. GENERAL OFFICE SUPPLIES:</u> <ul style="list-style-type: none"> <li>• Printer cartridges</li> <li>• White copy paper</li> <li>• Colored copy paper</li> <li>• Pens &amp; pencils</li> <li>• Postage &amp; mailing</li> <li>• Items to remind training participants to do counseling (e.g. PfH logo coffee mugs)</li> </ul>	2 cartridges 5 reams @ \$ each = \$ 5 reams @ \$ each = \$ \$ \$ \$ (or Donated) x number of providers	\$ (or Donated) x number of providers
<b>5. TRAVEL</b> <ul style="list-style-type: none"> <li>• To/From training location (if off-site)</li> <li>• Facilitator</li> <li>• AETC</li> <li>• Orientation</li> <li>• Training</li> <li>• Booster</li> </ul>	@ Current agency rate x number of providers	
<b>6. CONSULTANTS</b> <ul style="list-style-type: none"> <li>• For additional Technical Assistance</li> </ul>		
<b>7. C.M.E.</b> <ul style="list-style-type: none"> <li>• For set-up &amp; on-going continuing education fees</li> </ul>		

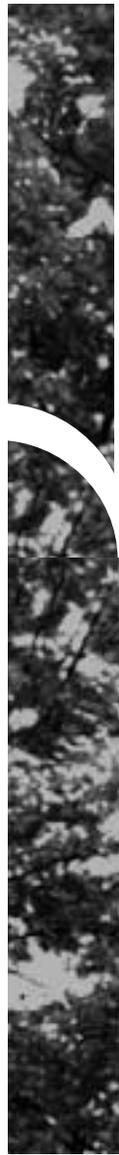
**\*\*As Needed Costs:** Calculate based on the number of staff to be trained and patients served by the clinic.

# Integrating PfH in your HIV Care Clinic

Time Frame for Activity	Activity	Notes
2 – 3 months before orientation	<p><b>NOTE: Use your PfH Trainer! Your PfH trainer is an important resource. We strongly encourage you to use the trainer’s assistance during all phases of PfH at your clinic.</b></p>	
	<p><b>1. Pre-Implementation</b></p> <p><b>1A. Identify Coordinator</b> (50% time initially; 25% time after Booster session)</p> <ol style="list-style-type: none"> <li>a. Should be identified by clinic manager, medical director, and/or other person(s) with authority to reallocate job duties.</li> <li>b. Characteristics of the Coordinator: good working relationship with clinic providers and staff; good working knowledge of patients who receive care at the clinic; experience working with HIV patients as a primary care provider or psychosocial provider (e.g., social worker, psychologist, health educator); good organizational skills; viewed in a positive way by clinic providers and staff.</li> <li>c. We have found it is best to assign duties to a staff member who can be relieved of some duties so s/he can assume the Coordinator role.</li> </ol> <p><b>1B. Coordinator pre-implementation activities:</b></p> <p><b>Key Leaders</b></p> <ol style="list-style-type: none"> <li>a. Identify key leaders who can support PfH (see Section on Staffing) Key leaders can be formal leaders (e.g., medical director, nursing supervisor) and informal leaders (e.g., staff who are admired by others, who can influence others)</li> <li>b. Meet with key leaders to discuss PfH             <ol style="list-style-type: none"> <li>i. Introduce PfH to them</li> <li>ii. Show the PfH introductory video</li> <li>iii. Talk about implementing PfH at the clinic, timeline.</li> <li>iv. Discuss appropriateness of PfH in your clinic                 <ol style="list-style-type: none"> <li>a) Importance of prevention with persons living with HIV;</li> <li>b) Potential decrease in HIV transmission;</li> <li>c) Effectiveness of PfH in reducing unsafe sexual behaviors among HIV patients receiving care;</li> <li>d) MMWR issue regarding prevention in primary care settings;</li> <li>e) Requirement of local AIDS Office for Ryan White funded clinic providers to discuss prevention with HIV positive patients.</li> </ol> </li> </ol> </li> </ol>	

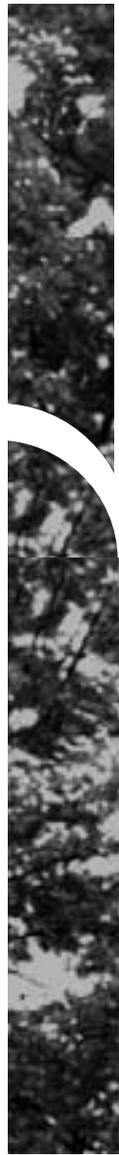


Time Frame for Activity	Activity	Notes
Varies by institution or clinic	<ul style="list-style-type: none"><li>v. Describe assistance you may need from the key leaders<ul style="list-style-type: none"><li>a) Speaking in support of PfH at the orientation (see below);</li><li>b) Working with the PfH trainers during the training;</li><li>c) Updating or creating a resource list for patient referrals;</li><li>d) Speaking at staff meetings;</li><li>e) Keeping track of supplies;</li><li>f) Applying for continuing education units for appropriate staff;</li><li>g) Help coordinating periodic in-service trainings following the training and booster;</li><li>h) Help during the training (e.g., sign-in sheet, collecting evaluation forms, meeting the caterer &amp; setting up for lunch or snacks)</li><li>i) Help form a community advisory board (CAB) of key leaders and consult with them periodically about PfH.</li><li>j) Anything else you want help with.</li></ul></li></ul> <p><b>1C. Coordinator pre-implementation activities:</b></p> <p><b>Preparing the clinic</b></p> <ul style="list-style-type: none"><li>a. Develop a timeline for PfH implementation, using suggested time frames in this table.</li><li>b. Discuss timeline with key leaders and adjust as needed.</li><li>c. Obtain approval for staff attendance at orientation, training, and booster from appropriate supervisors and directors.<ul style="list-style-type: none"><li>i. Set approximate dates for orientation, training and booster (e.g., working around accreditation visits, other clinic activities).</li><li>ii. Finalize these dates as soon as possible, get them into the clinic schedule, and notify staff so work calendars can be scheduled.</li><li>iii. Reserve meeting space.</li></ul></li><li>d. Submit requests for approval of evaluation activities from your Institutional Review Board (IRB). This is very important.</li><li>e. Obtain approvals for hanging posters in waiting room and exam rooms.</li><li>f. Identify who will distribute brochures and informational flyers to patients.</li><li>g. Determine how/if providers will note PfH discussion in the patient's chart.</li></ul>	



Time Frame for Activity	Activity	Notes
2-4 hours before training	<p><b>2. Orientation</b></p> <ul style="list-style-type: none"> <li>a. Distribute flyers to all staff and providers.</li> <li>b. Hold the orientation meeting during a regularly scheduled all-staff meeting.</li> <li>c. Announce the orientation at various staff meetings (e.g., case managers, health educators, medical &amp; nursing staff meetings)</li> <li>d. Confirm availability of meeting space and equipment.</li> <li>e. Attendance of your key leaders is very important.</li> <li>f. It is important that all staff attend.</li> <li>g. Bilingual and multi-lingual providers, staff and interpreters are especially important in clinics that serve patients who do not speak English.</li> <li>h. At orientation, the PfH trainer will take the lead. S/he will show introductory video, facilitate discussion, answer questions. Coordinator may want to talk with the trainer about coordinator's level of participation in the orientation.</li> <li>i. Food is always well received at meetings. We recommend that you provide a snack for the orientation.</li> </ul>	
2-4 weeks before training	<p><b>3. Preparation for Training</b></p> <ul style="list-style-type: none"> <li>a. It is preferable to close the clinic for 1/2 day and train in one session. But if your clinic needs to train in multiple sessions, it is important that the coordinator schedule those trainings within 2 weeks of each other.</li> <li>b. Announce the training date(s) as far in advance as possible.</li> <li>c. Select a location that is suitable for training. Lighting, temperature, seating, adequate number of electrical outlets, are all important factors.</li> <li>d. Distribute flyers regarding the training to staff 2 weeks and 1 week prior to the training.</li> <li>e. The Coordinator and your PfH trainer should talk about what s/he will need for the training that your clinic can provide. <ul style="list-style-type: none"> <li>i. Discuss the coordinator's role during the training. If the coordinator or any key leaders would like to participate in the training presentation, talk with the trainer about how that might be done.</li> <li>ii. Talk with your PfH trainer about arranging for food—snacks, lunch. If funds are limited, pharmaceutical representatives or local merchants may be able and willing to fund food.</li> </ul> </li> </ul>	

Time Frame for Activity	Activity	Notes
4-1/2 hours	<p><b>4. The PffH Training</b></p> <ul style="list-style-type: none"> <li>a. Prior to the training, confirm with your PffH trainer arrangements (e.g., equipment, meeting space, number of staff members and providers who will attend, food).</li> <li>b. The PffH trainer will take the lead during the training, with your assistance as agreed to earlier.</li> <li>c. Distribute flyers to all staff and providers.</li> <li>d. Announce the training at various staff meetings (e.g., case managers, health educators, medical &amp; nursing staff meetings)</li> <li>e. Confirm availability of meeting space and equipment.</li> <li>f. Attendance of your key leaders is very important.</li> <li>g. It is important that all staff attend.</li> <li>h. Bilingual and multi-lingual providers, staff and interpreters are especially important in clinics that serve patients who do not speak English.</li> <li>i. Food is an important part of the training. We recommend your provide a snack and lunch.</li> </ul>	
	<p><b>5. Implementation</b></p> <p><b>5A. Prepare the clinic environment for PffH:</b></p> <ul style="list-style-type: none"> <li>a. Set up the training room</li> <li>b. Place posters in the waiting room and in exam rooms;</li> <li>c. Begin distributing brochures to patients;</li> <li>d. Make a set of informational flyers available to each provider. Providers can refer to the flyers when talking with patients who have issues specifically addressed in a flyer;</li> <li>e. Be sure providers have the Provider Pocket Guide;</li> <li>f. If your clinic will document PffH prevention in the patient's medical chart, be sure procedures are in place for this (e.g., how Chart Sticker will be used; if medical record is electronic, how will chart stickers be integrated).</li> </ul> <p><b>5B. Send reminders</b></p> <ul style="list-style-type: none"> <li>a. Remind providers and staff--via email, flyers, announcements posted at work stations--of the day PffH begins in your clinic.</li> </ul>	



Time Frame for Activity	Activity	Notes
4-6 weeks after the training	<p><b>6. Maintenance</b></p> <p><b>6A. Booster</b></p> <ol style="list-style-type: none"> <li>a. Distribute flyers to all providers and staff with information about the booster: date, time, and place, what it's for.</li> <li>b. Confirm date and time with PfH trainer.</li> <li>c. Arrange for food.</li> <li>d. Confirm meeting space and equipment.</li> <li>e. PfH trainer will take the lead.</li> </ol> <p><b>6B In-service Trainings</b></p> <ol style="list-style-type: none"> <li>a. We recommend that you provide periodic in-services to clinic providers that address issues associated with PfH.</li> <li>b. You may want to use the informational flyers as topics, elicit questions from providers and staff, ask providers if there is an issue they would like to address.</li> <li>c. Put into place procedures for re-supply of materials.</li> </ol> <p><b>6C. Coordinator time can be reduced to 25% after initial booster</b></p>	
Occurs during all phases of PfH Preimplementation, Orientation, Training, Implementation, Maintenance	<p><b>7. Evaluation</b></p> <ol style="list-style-type: none"> <li>a. As noted above, you MUST obtain IRB approval before you ask any patients or providers questions for the evaluation.</li> <li>b. You also MUST adhere to HIPPA requirements before beginning evaluation activities.</li> <li>c. Evaluation is an important part of implementing a new program, identifying strengths and problem areas during the process of implementing the program will be key to your overall success.</li> </ol>	



# Adapting or Tailoring Partnership for Health

## Fidelity

It is important to conduct an intervention with fidelity to its core elements. This means conducting and continuing the intervention by following exactly the core elements set by the research study that determined its effectiveness. On page 8 we listed the nine PffH core elements. As you prepare to implement PffH at your clinic/agency, you will need to keep these nine core elements in mind to assure adherence to them. When you evaluate the program, one thing you want to look at closely is fidelity, that is the extent to which your clinic applied all of the core elements to your implementation of PffH.

## Adaptation and Tailoring

Adaptation and tailoring are similar processes, though their purposes differ.

- **Adaptation of an intervention occurs when it is delivered in a different venue (where) or to a different population (who) than it was tested in during the original research.**

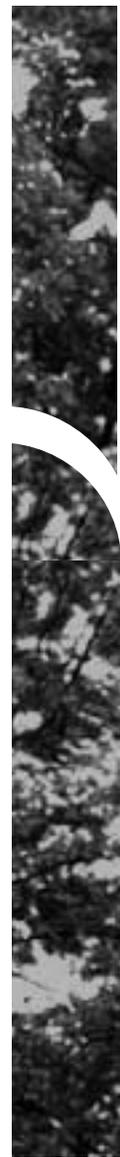
As we stated earlier, PffH was designed for the HIV primary care clinic setting. There are other clinic settings that may want to adapt and integrate PffH into their settings for their HIV positive patients. For example, an Ob-Gyn clinic setting may need to adapt some of the PffH core elements to their particular setting for their patients who are HIV positive. In the Ob-Gyn example, both the "who" and the "where" differ from the "who" and "where" of the research. Similarly, the intervention may be adapted for use by outreach health workers who work in the community setting as compared to those who provide health care in a clinic.

- **Tailoring occurs when the intervention is changed to deliver a new message (what), at a new time (when), or in a different manner (how).**

As stated earlier in this guide in the section describing Partnership for Health, the PffH research demonstrated that consequences frame messages are effective in reducing UAV among HIV positive persons who have two or more and/or casual partners or who have unsafe sex. The intervention messages will be tailored differently for females versus males, for those with one casual partner versus many casual partners, for those who also use drugs or alcohol and in other ways to meet the needs of diverse patients. Although the PffH research did not find changes in sexual behaviors among patients who were abstinent or practice safer sex with one main partner, tailoring the messages to be advantages frame messages may be effective in reinforcing continued low risk behaviors among these patients. Tailoring the intervention in this way changes the "how" of the message.

Let's talk about examples of adaptation and tailoring that may be carried out while maintaining fidelity to the core elements.

Core Element	Adaptation or Tailoring
<b>Providers deliver intervention to HIV positive patients in HIV outpatient clinics and agencies</b>	Health care providers must deliver PffH to their patients, but a clinic may decide that other providers (e.g., case managers, health educators) may also discuss PffH issues with patients.
<b>Prevention adopted as essential component of patient care</b>	We recommend that clinics establish or revise clinic policy and procedure to make prevention an essential component of care. This includes policies that: allow for release time for training and continuing education related to prevention; staff in-service training and meetings that regularly have prevention education components; mentoring of new clinicians and staff emphasizing on-going , consistent prevention as a standard of care.
<b>Using waiting room posters and patient brochures to reinforce PffH messages delivered by provider</b>	PffH written materials create a visual theme in the clinic environment that supports the patient-provider partnership. <ul style="list-style-type: none"><li data-bbox="683 930 1425 1308">• There may be circumstances when the use of the materials must be adapted. For example, some HIV clinics may be held a few days a week in a facility that houses other clinics (e.g., pediatrics, geriatric, oncology) during the remaining days. In this situation, the waiting room posters (which speak only to the partnership issue and do not mention HIV) could be appropriate for all patients. However, exam room posters, presenting consequences frame safer sex messages, would not be appropriate. This is when the plastic easel displaying the exam room poster could be set out on HIV clinic days and put away on the other clinic days.</li><li data-bbox="683 1314 1425 1446">• Brochures may be used in a variety of ways: given to patients when they enter the clinic to read while waiting to be seen; used by providers to guide their PffH interactions with their patients.</li></ul>
<b>Training all clinic staff, including support staff, to facilitate integration of PffH counseling into standard practice</b>	We recommend that all staff be trained to conduct PffH. <ul style="list-style-type: none"><li data-bbox="683 1524 1425 1625">• Training can be adapted so that only primary care providers participate in the role-playing exercises necessary to enhance their skills.</li><li data-bbox="683 1631 1425 1728">• In settings other than HIV clinic settings, at a minimum, all health care providers should be trained, whether or not they currently care for HIV positive patients.</li></ul>
<b>Building on the ongoing supportive relationship between patient and provider</b>	This core element will be implemented in different ways depending on the provider's style and the patient's needs. <ul style="list-style-type: none"><li data-bbox="683 1875 1425 1971">• This core element is important to all patient-provider relationships, regardless of the patient's illness, and can be used in any medical setting.</li></ul>



### Core Element

### Adaptation or Tailoring

**During routine visits, provider initiates a 3-5 minutes discussion with patient about safer sex that focuses on self-protection, partner-protection, and disclosure**

The 3-5 minute discussion will vary based on whether it is the first PfH discussion (when the PfH component of the visit may be closer to 5 minutes long) and on the time required for other medical issues.

- At a minimum, it is important that the provider discuss one of the three core messages with every patient at each clinic visit.

**Having provider use good communication techniques and use consequences frame message for patients engaged in high risk sexual behavior**

Good communication techniques such as (being a good listener, being nonjudgmental, being trustworthy and informative) are important to building a positive provider-patient relationship. We expect that providers will learn and improve their communication skills during the PfH training and with materials provided in the Participant's Manual.

- For patients who engage in high risk sexual behaviors consequences frame messages are essential core elements and cannot be tailored.
- As noted above, PfH messages may be tailored for low risk or no risk patients by using the advantages frame.

**Providing referrals for needs that require more extensive counseling and services**

It is important that providers have access to a list of outside resources as well as names and numbers of in-house resources (e.g., social worker, case manager) to which they can refer patients whose issues require more time or expertise.

- This support to the patient and provider is essential as more complex issues may be revealed through the PfH interaction.

**Integrating prevention messages so that every patient is counseled at every visit**

Repetition of message and reinforcement of behavior change at every visit are necessary PfH elements.

- The only exception is for urgent care visits during which the patient is too ill to address the PfH messages.

# Contact Information

*Keck School of Medicine of the University of Southern California*

## **PARTNERSHIP FOR HEALTH PROGRAM**

**A Brief Safer Sex Intervention For HIV Outpatient Clinics**

### **Partnership for Health Address:**

University of Southern California  
Keck School of Medicine  
Department of Preventive Medicine  
Norris Comprehensive Cancer Center  
1441 Eastlake Avenue, Suite 3412  
Los Angeles, CA 90089-9175  
Fax: (323) 865-0381

Partnership for Health Website:  
[www.usc.edu/partnershipforhealth](http://www.usc.edu/partnershipforhealth)

### **FOR MORE INFORMATION CONTACT:**

**Jean Richardson, Dr. P.H.**

**Principal Investigator**

Phone: (323) 865-0385

E-mail: [jeanr@usc.edu](mailto:jeanr@usc.edu)

**Maggie Hawkins, M.P.H., C.H.E.S.**

**Project Coordinator**

Phone: (323) 865-0343

Email: [margareh@usc.edu](mailto:margareh@usc.edu)

**Jony Melrod Weiss, M.P.H.**

**Lead Trainer**

Phone: (323) 865-0388

E-mail: [jweiss@usc.edu](mailto:jweiss@usc.edu)

# Appendix A

## APPENDIX A: PffH Study Design, Methods And Findings

### **Background, original research, and why it worked.**

#### **A.1 Background**

A majority of persons diagnosed with HIV remain sexually active.<sup>1-6</sup> Reports of the prevalence of unprotected anal intercourse ranges from 10% to 46% of HIV-positive men who have sex with men (MSM).<sup>4,5,7-10</sup> The prevalence of unprotected vaginal intercourse in HIV-positive women ranges from 37% to 52%.<sup>11-13</sup>

Limited research has addressed reducing high-risk sexual behavior in HIV-infected persons despite their potentially important role in HIV transmission and their accessibility during medical care.<sup>18-19</sup> Counseling at the time of HIV testing sometimes does not address risk-reduction,<sup>20</sup> is usually administered in a single, short session, at a time of high emotional distress, by a counselor without a sustained relationship with the HIV-positive person. Studies have shown that primary health-care providers can help patients change risky health behaviors (e.g., smoking, diet).<sup>21-23</sup> HIV care providers may be similarly successful in helping their HIV-positive patients reduce risky sexual behaviors.

Information that instills recognition of risk and motivation to reduce risk can be conveyed in a way that emphasizes the benefits or positive consequences of protective behavior (advantages frame) or the risks or negative consequences of risky behavior (consequences frame).<sup>24-26</sup> Although both can be delivered in a caring and concerned manner by the provider, these two frames may have a different impact depending upon the health care issue being addressed.<sup>24-27</sup> Prior studies of advantages and consequences frame messages were not conducted in diseased persons who may be particularly receptive to messages about potential health risks. Also, framing information had not been examined in promoting safer-sex in HIV-positive persons, and it was not clear which frame may be most efficacious.

It is estimated that 36-63% of adults with HIV infection in the US are in medical care.<sup>30</sup> Research has demonstrated the reduced infectivity of patients who are successfully treated with antiretroviral therapy,<sup>31-32</sup> but some patients fail treatment,<sup>33</sup> remain sexually active,<sup>34</sup> and potentially transmit HIV including drug resistant strains. Thus, widespread, sustained application of effective counseling could reduce HIV incidence in the U.S. where much of the HIV-positive population is under medical care.

#### **A.2 The original PffH research**

This was a controlled intervention trial performed at six large HIV clinics in California. Two clinics implemented advantages frame counseling (emphasizing the positive consequence of practicing safer sex), two clinics implemented consequences frame counseling (emphasizing the negative consequences of unsafe sex), and two clinics implemented an intervention to enhance adherence to antiretroviral therapy (attention control). A measurement cohort was randomly recruited at each clinic during 1998-99, and baseline data were collected. Providers and staff were trained to deliver the counseling intervention randomly assigned to their clinic. The intervention was delivered to all patients attending the clinic over a 10-11 month period during 1999-2000. The cohort was reassessed during a period up to seven months after the intervention ended. An incentive was paid at each interview.

Participant Selection Criteria and Recruitment. Trained project interviewers implemented standardized recruitment procedures. Criteria for inclusion in the measurement cohort included: being aware of one's HIV-positive status and sexually active (mutual masturbation, oral, anal, or vaginal sex) during three months prior to enrollment, age 18 years and older, fluent in English or Spanish, able to provide written informed consent, and intent to obtain care at the clinic for the next year. Enrollment continued until approximately 150 cohort patients were recruited at each clinic.

Self report measures. Measures focused on partner-specific sexual behaviors during the three months prior to the interview. Participants reported all sexual behaviors with up to two most recent partners in each of six partner categories: main partners, casual partners, and exchange partners by gender of partners. Participants used a checklist to report anal, vaginal, and oral sex with or without using a condom.

Intervention Training. A four-hour training program was delivered to all clinic staff which consisted of (1) background data and rationale, (2) behavior change theories, (3) communication skill building (4) conduct-

ing a brief counseling session and communicating advantages or consequences frame messages for the safer sex clinics; and adherence to medication for the control clinics, (5) role play of safer sex counseling and (6) program implementation and referrals. A booster training session was given one month after the start of the intervention. Intervention. The intervention emphasized the importance of a patient-provider team approach to help patients stay as healthy as possible. Providers discussed the partnership concept with patients and provided advantages or consequences frame messages (e.g., Advantages: "We encourage you to make choices that protect yourself and others. Safer sex protects you from other sexually transmitted diseases and from other strains of HIV;" Consequences: "We encourage you to make choices that do not put yourself or others at risk. Unsafe sex may expose you to other sexually transmitted diseases and other strains of HIV"). Providers also discussed safer-sex goals and risk-reduction behaviors. The counseling was brief (3-5 minutes) but was given at all visits, except for those dealing with acute illness. Providers were asked to document counseling (not patient sexual behavior) in the patient's chart. The only aspect that systematically differed between clinics was the framing of the prevention messages and counseling delivered to patients. Similar information was included in printed material (e.g., a brochure given to all patients explained the partnership concept, had a series of framed messages and risk-reduction strategies).

Attention-control intervention. The attention-control protocol focused on adherence to ART. The procedures and training for this protocol were similar to those used in the safer-sex interventions. It used the same types of counseling and materials as well as a tailored medication schedule.

### **A.3 Why did the Partnership for Health work to reduce unsafe sexual behaviors?**

Consequences frame intervention messages were effective in reducing unsafe sexual behaviors while advantages frame messages did not have an effect on unsafe behaviors. There are conceptual grounds for explaining why the consequences frame intervention was efficacious. This may result from the differing immediacy and contingencies suggested by the two ways in which framing links risky behavior with outcomes. For patients engaged in risky behavior, the consequences frame message suggests "your current behavior (unsafe-sex) could harm you or others" while the advantages frame message suggests "changing your current behavior (switching to safer-sex) could protect you and others." The consequences frame points out the potential serious consequences of the high-risk patient's current behavior, whereas the advantages frame addresses potential benefits of changed or idealized behavior. In addition, having HIV disease may predispose patients to think in terms of potential consequences (e.g., "I can get sicker," "I can infect others') thus enhancing their responsiveness to consequences frame messages.<sup>26</sup> Under conditions where patients have heightened concerns about their own health, consequences frame messages from a highly credible source such as one's health care provider may strongly capture a patient's attention, increasing the extent to which the message is psychologically processed and acted upon. Whether combined advantages and consequences frame messages can change behavior as well is unclear.

The consequences frame intervention reduced unsafe sex in HIV patients with two or more or casual sex partners but not those with one partner at baseline. The latter participants had a much lower prevalence of unprotected anal or vaginal sex (UAV) at intake, making it difficult for the interventions to reduce UAV further. Additionally, the intervention may have missed relationship-level factors (e.g., mutual discussion and agreement) necessary for behavioral change with steady partners. Counseling of couples may be needed to reduce sexual risk behavior in the context of a stable relationship.<sup>35</sup> Brief, consequences frame interventions may be most efficacious for patients who can change their behavior as an individual decision without need for discussion with a stable partner.

The failure of advantages frame interventions to change behavior could not be attributed to greater attrition or failure to deliver the intervention. However, smaller sample size (only 44 patients with two or more partners at baseline were available for follow-up in the advantages frame clinics) and pre-existing differences in their risky behavior (lower baseline prevalence of UAV at the advantages frame clinics) may have decreased the power to find an effect. Alternatively, emphasizing the positive consequences of safer behavior may not have had a strong psychological impact on those who are already HIV-positive. Additional research is necessary before conclusions can be reached about the efficacy of advantages frame messages in changing the sexual behaviors of HIV-positive persons.

In summary, the PfH study demonstrated that counseling and messages that emphasize the risks or negative consequences of unsafe-sex can help reduce risky sexual behavior in HIV-positive patients with initially risky profiles. Brief provider-delivered safer-sex interventions are both feasible and effective at HIV clinics that serve a large number of patients. Additional research is needed to find ways to counsel patients with steady partners and, among patients who are not currently sexually active, to maintain abstinence or safer sexual behavior in the future. Further refinement of interventions by tailoring the counseling to patient characteristics may also be beneficial.

# Appendix B

## APPENDIX B: Sample Partnership For Health Clinic Orientation Materials

### STEPS

1. Call clinic and set up a time for an orientation – ask for 45 minutes (25 minutes promotional video plus 20 minutes presentation with questions). Mostly in conjunction with existing clinic meetings.
2. Offer CMEs/CEUs if possible
3. Conduct orientation.
4. Trainers/technical assistance providers and on-site coordinators should schedule brief meeting immediately after orientation session if possible to debrief and plan for training session.

### OBJECTIVE OF ORIENTATION

1. Introduce the PfH study and program.
2. Introduce the PfH team.
3. Get staff, providers and clinic leaders motivated and excited about the training and intervention.
4. Confirm training date, location, and logistics.
5. Answer questions.
6. After orientation meet with on-site coordinator to cover details of training and process evaluation.

### PRESENTERS

Trainers, site coordinator and site administrator

- Only 1-2 staff needed per orientation

### **SAMPLE ORIENTATION SESSION AGENDA**

### TENTATIVE AGENDA

#### **1. Brief Introduction and Overview of the program (TRAINER)**

- A. An HIV prevention program that works with people who are living with HIV to:
  - Decrease levels of unprotected sex they engage in and
  - Increase their disclosure of HIV to their sex partners.
- B. The goal is to train providers and staff to initiate a 3-5 minute interaction with patients and emphasizes the importance of:
  - Self protection • Partner protection • Disclosure
- C. Message is reinforced at each visit.

#### **2. Partnership for Health Promotional Video (TRAINER INTRODUCES) (25 MINUTES)**

#### **3. What are elements of the intervention that set it apart from the other interventions for this population or other interventions of this type? (TRAINER )**

- A. Evidence based research
- B. Designed with and for HIV outpatient medical providers and staff
- C. Experience - conducted trainings since 1998
- D. Intervention is brief and made for clinic environment

#### **4. Brief overview of AHP process (SITE COORDINATOR)**

- A. Our philosophy on HIV prevention (e.g., not blaming persons living with HIV, prevention for positives should be part of a spectrum of prevention programming, etc.)

**5. What are the advantages (selling points) of the intervention?**

**(ON-SITE COORDINATOR AND/OR ADMINISTRATOR)**

- A. This will help our patients get fewer STDs and not get other strains of HIV.
- B. This will help our patient's negative sex partners not get infected with HIV.
- C. This will improve patient/provider relationship.
- D. This will set our clinic apart as a model clinic and leader in the nation in terms of prevention for positives.

**6. Training summary (TRAINER)**

- A. Training is 4-1/2 hours and we need everyone to be there
- B. Training is fun and informative. It's interactive and includes practical skill building and opportunities to talk about and practice doing the brief intervention with a variety of patients. We talk about specifics around sexual behaviors and patient terminology which is really useful.

**7. Your role is important (ON-SITE COORDINATOR AND/OR ADMINISTRATOR)**

You are part of a new national diffusion project. You play a KEY role in modeling this program and its implementation for your patients and clinic as well as other clinics and people living with HIV across the country.

**8. Final messages (TRAINER AND ADMINISTRATOR)**

- Be sure to be at the training. Your attendance is VERY important.
- We will have a booster where you can ask questions and give feedback once you have tried implementing it for a few weeks.
- Thank you.

**9. Questions? (ALL as appropriate)**

**10. Distribute handouts on the following pages (ON-SITE COORDINATOR)**

- "Why Integrate PfH into Your Clinic?"
- Flyer announcing date & time of clinic's training
- AIDS PfH Study Abstract
- PfH Program Summary (from CDC REP Website)
- Brochures: English & Spanish (1 of each for each person)
- Chart sticker (1 for each person)

**Why integrate a Partnership for Health Program into YOUR HIV clinic?**

**Benefits to your clinic**

- Opportunity to be a leader in the field of HIV prevention by implementing this well-respected, efficacious program.
- Opportunity to provide additional care to patients, which may set your clinic apart from others.
- Opportunity to implement a program that closely follows the CDC, HRSA, NIH, and HIV-MA recommendations for incorporating HIV prevention into the medical care of persons living with HIV (MMWR 2003;52(RR-12):1-23).

**Benefits to health care providers**

- Enhances provider role in improving patient's well-being and treating patient's disease.
- Enhances provider's ability to help his or her patients stay safe.
- Introduces the opportunity for the provider to help the patient understand that he or she can play an active role in stopping the epidemic.
- Expands HIV prevention expertise and practice.
- Enables the provider to make a significant contribution to the larger goal of reducing new infections of HIV in the community.
- Creates a closer relationship between the provider and his or her patients.

**Benefits to patients**

- Builds upon relationship with their health care provider.
- Helps the patient to stay healthy and helps their partner(s) to stay healthy.
- Expands opportunities to talk with and learn accurate information from a respected authority figure.
- Provides the opportunity to gain additional skills negotiating safer sex, using condoms, and disclosing their HIV status.
- Provides the opportunity to play an active role in stopping the epidemic.

**In summary**

The Partnership for Health Program provides your clinic with an easy to implement program that can positively impact your clinic, your patients and the community at large. On national, state and local levels, there is a growing acknowledgment of the need for HIV prevention programs for HIV positive individuals. Research has shown that the provider/patient relationship is significant and that brief counseling around HIV safer sex behaviors and disclosure can make a difference in terms of behavior change. The Partnership for Health program is created to be directly integrated into an existing HIV clinic environment. We look forward to joining you in implementing this important program. Please feel free to contact us for further information.

# **Partnership for Health:**

**A Brief Safer-Sex Intervention for HIV Clinics**

**Date of Training**

**Time of Training**

*(Location & name of Hosting Organization or Clinic)*

\*\*\*\*\*

*Mark your calendars—save the date!*

**Learn about safer sex and disclosure counseling in an  
interactive and fun atmosphere!**

## **LUNCH PROVIDED**

*For questions call or e-mail:*

**(On-site Coordinator Telephone number and e-mail address)**

**Keck School of Medicine of the University of Southern California  
PARTNERSHIP FOR HEALTH PROGRAM  
A Brief Safer Sex Intervention For HIV Outpatient Clinics**

RESEARCH ABSTRACT

**Context**

Transmission of HIV may stem from sexual behaviors of persons aware they are HIV-positive, yet little attention has been given to prevention programs for this population.

**Objective**

To test the efficacy of brief, safer-sex counseling delivered by HIV primary care providers to patients during routine medical examinations.

**Setting**

Six large HIV specialty clinics in California between 1998-2001.

**Design**

Clinics were randomly allocated to different intervention arms evaluated with cohorts of randomly selected patients measured before and after the intervention.

**Participants**

585 HIV-positive persons, sexually active prior to enrollment, attending one of the six clinics (assessment cohort).

**Interventions**

All interventions included written information and communication from medical providers. Two clinics used advantages (gain) prevention messages/counseling (emphasizing positive consequences of safer sex), two clinics used consequences (loss) frame messages/counseling (emphasizing negative consequences of unsafe sex), and two clinics implemented an attention-control protocol (adherence to antiretroviral therapy). The interventions were given to all patients who attended the clinics during a 10-11 month period.

**Main Outcome Measure**

Self-reported unprotected anal or vaginal intercourse (UAV).

**Results**

Among participants who had two or more sex partners at baseline (almost all were gay or bisexual men), there was a 38% reduction ( $P < .001$ ) in the prevalence of UAV among those who received the consequences (loss) frame intervention. No significant pre-post changes were observed in advantages (gain) frame or attention-control clinics. In participants with multiple partners at baseline, the likelihood of UAV at follow-up was significantly lower in the consequences (loss) frame arm (OR = .42; 95% CI = .19-.91,  $P = .03$ ) compared with the control arm after adjusting for baseline differences in UAV, demographic, and HIV-medical variables. Analyses were repeated using generalized estimating equations (GEE) to adjust for clustering and the conclusions did not change (OR=.34; 95% CI = .24-49,  $P=.0001$ ). Similar results were also obtained in participants with casual partners at baseline. No effects were seen in participants who reported only 1 partner or only a main partner at baseline.

**Conclusions**

Brief provider counseling emphasizing negative consequences of unsafe sex can reduce HIV transmission behaviors in HIV+ gay and bisexual men presenting with risky behavioral profiles. The intervention can be integrated and sustained in a variety of primary care settings serving HIV patients.

## **PARTNERSHIP FOR HEALTH: A BRIEF SAFER-SEX INTERVENTION IN HIV CLINICS**

### **THE RESEARCH**

#### **The Science Behind the Package**

Partnership for Health (PfH) is a brief, provider-delivered, counseling program for individual men and women living with HIV/AIDS. The program is designed to improve patient-provider communication about safer sex, disclosure of serostatus, and HIV prevention. PfH is based on a Social Cognitive model that uses message framing, repetition and reinforcement to increase the patient's knowledge, skills, and motivations to practice safer sex.

#### **Target Population**

HIV-positive men and women

#### **Intervention**

At clinics providing primary medical care to HIV-positive persons, 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. After the physical exam, the medical provider conducts the 3- to 5-minute counseling session. The provider delivers messages that focus on self-protection, partner protection, and disclosure. The provider frames the messages relative to the number and type of sex partners the patient has and whether the patient is practicing safe or unsafe sex. Consequences-framed messages emphasize a positive outcome that may be missed or a negative result that may occur when the patient engages in unsafe sexual behaviors or does not disclose their serostatus to their partners. Advantages-framed messages focus on a positive outcome that may happen or a negative result that may be avoided when the patient engages in safe sexual behaviors or discloses their serostatus to partners. The provider uses the 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. The provider gives the patient referrals to services if any are needed. At follow-up visits, the provider inquires about the patient's progress on the behavioral goal, re-counsels the patient, and reinforces the patient's healthful behavior.

#### **Research Results**

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

#### **For Details on the Research Design**

Effect of Brief Provider Safer-Sex Counseling of HIV-1 Seropositive Patients:

A Multi-Clinic Assessment. JL Richardson, J Milam , A McCutchan , S Stoyanoff, R Bolan, J Weiss, C Kemper, RA Larsen, H Hollander, P Weismuller, CP Chou, G Marks AIDS, 5/21/2004, 18: 1179-86.

## **PARTNERSHIP FOR HEALTH: A BRIEF SAFER-SEX INTERVENTION IN HIV CLINICS**

### **The Intervention**

A Package Developed from Science

Replicating Effective Programs (REP) is a CDC-initiated project that identifies HIV/AIDS prevention interventions with demonstrated evidence of effectiveness. REP supports the original researchers in developing a user-friendly package of materials designed for prevention providers. PfH is one of the REP interventions and is the product of extensive collaboration among researchers who originally developed and evaluated the intervention and the clinics and providers who implemented the intervention as well as patient focus groups. The package has been field tested in five clinics and one HIV prevention agency by non-research staff.

### **Core Elements**

Core elements are intervention components that must be maintained without alteration to ensure program effectiveness. The core elements of Partnership for Health include:

- Having providers deliver the intervention to HIV-positive patients in HIV outpatient clinics.
- Having the clinic adopt prevention as an essential component of patient care.
- Training of all clinic staff to facilitate integration of the prevention counseling intervention into standard practice.
- Using waiting room posters and brochures to reinforce prevention messages delivered by the provider.
- Building on the ongoing supportive relationship between the patient and the provider
- 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.
- Having the provider incorporate good communication techniques and use of consequences-framed messages or patients or clients engaged in high risk sexual behavior.
- Providing referrals for needs that require more extensive counseling and services.
- Integrating the prevention message into clinic visits so that every patient is counseled at every visit.

### **Package Contents**

- A manual to guide clinics through planning, implementation, and maintenance of the intervention.
- Sample brochures, chart stickers, pocket counseling outline, posters, and flyers.
- A manual for each provider and a training video for each clinic

### **Intervention Orientation**

All clinic staff attend a 4-1/2 hour training and a 1-hour booster session in which they learn how to conduct the intervention, practice intervention delivery skills, and identify agency-specific implementation strategies.

### **Technical Assistance**

Capacity-building assistance providers problem-solve with adopting agencies to achieve an effective balance between maintaining core elements and tailoring to local needs. Assistance providers address implementation concerns, answer questions, and provide advice.

### **Timeline for Availability**

The package will be available from CDC along with training on program implementation and technical assistance in July 2004.

### **For More Information on the Partnership for Health Package**

Jean Richardson, Dr.P.H. or Maggie Hawkins, MPH, CHES at the Keck School of Medicine, University of Southern California, Department of Preventive Medicine and Institute for Prevention Research, 1441 Eastlake Avenue, Suite 3409, Los Angeles, CA 90089-9175. Phone 323-865-0343. jeanr@usc.edu or margareh@usc.edu

## **Orientation Video** **Partnership for Health (PfH)**

### **Goal of this orientation video:**

To provide an overview of the Partnership for Health Program to health care providers and staff who work with HIV positive patients in health care settings. We also hope to educate, inspire and motivate those clinics not yet committed to prevention with positives to consider adopting the concept of prevention counseling in their facilities.

### **Length of video:**

21 minutes.

### **When and how it can be used:**

Shown during the clinic orientation or sent before hand to orient clinic administrators, medical directors and key providers about the program.

### **Target population for this video:**

- Medical Providers and staff at HIV outpatient clinics – MDs, RNs, NPs, PAs
- Administrators of HIV outpatient clinics

### **Contents of the video:**

- Opening message from person living with HIV & HIV medical provider
- Introduction from host, Dr. Alexandra Levine
- Explanation of the research and training program from PfH Principal Investigator, Dr. Richardson.
- Testimonials from HIV clinic leaders and medical providers about their experiences counseling people living with HIV/AIDS about prevention
- Testimonials from people living with HIV (the need for Prevention with Positives)
- Clips of the PfH training and testimonials from training participants.
- Core elements of the program.
- PfH materials that support the program (teaching manuals, posters, brochures, handouts, video).
- Who to contact to get more information on the program and to obtain the PfH package.

### **Main messages:**

- Highlights the need for compassionate and caring HIV prevention counseling for people living with HIV.
- Summarizes the Partnership for Health research.
- Conveys the core components of the program and benefits to the clinic, the providers and the patient's they serve.
- Explains how this program is unique: doesn't take a lot of extra time or resources.

# Appendix C

## APPENDIX C: SAMPLE TRAINING MATERIALS

### SAMPLE INITIAL CLINIC TRAINING AGENDA

Partnership For Health  
A BRIEF SAFER SEX INTERVENTION FOR  
HIV OUTPATIENT CLINICS

### HALF-DAY TRAINING AGENDA

<i>10 minutes</i>	<i>Sign in and complete provider survey</i>
10 minutes	Introduction, Ground Rules, Training Objectives (Module 1)
20 minutes	Powerpoint presentation on PfH Study & Program (Module 1)
10 minutes	Description of intervention materials & intervention flowchart (Module 1)
20 minutes	Behavior change theories and models applied to safer sex & disclosure (Module 2)
60 minutes	Communication skill building (Module 3)
15 minutes	BREAK
30 minutes	Conducting the brief counseling session (Module 4)
50 minutes	Patient Profiles and Role Plays (Module 5)
15 minutes	Final questions, discussion & evaluations

**GOALS OF BOOSTER:**

- Find out how providers are doing with the intervention; are they counseling patients? Are they giving consequences frame messages? Do they need any help? Any questions came up that they couldn't answer?
- Find out what support they need. Address any problems that have come up.
- Review how to construct consequences frame messages.
- Review how to use the brochures and why.
- Discuss findings from the PfH research regarding Disclosure
- Discuss strategies for working with HIV-positive patients concerning serostatus disclosure to sex partners
- Review SAFER SEX TOOL BOX and strategies for discussing safer sex and harm reduction with patients

Partnership for Health Booster Session Agenda  
*(Location, Date & Time of Session)*

Sign in  
(10 minutes)

- Participants complete Provider Surveys (follow-up version of initial survey)

Welcome to the booster – our goals for today’s mini workshop  
(5 minutes)

Group discussion on how the Partnership for Health Program is going  
(30 minutes)

Review Provider Counseling Outline & Review of Consequences Frame  
(5 minutes)

Disclosure  
(20 minutes)

Helping Patients Build Safer Sex Skills - Safer Sex Tool Box Demo  
(15 minutes)

Evaluations  
(5 minutes)

**Provider Brief Counseling Outline – Partnership for Health Program**

The outline below covers the content of the brief counseling, however, the approach and style the provider uses is also very important. A provider who is approachable, caring, non-judgmental, and motivating can more easily build rapport with the patient. Good eye contact, body language and a friendly voice help to put the patient at ease.

1. **Explain what the Partnership for Health is.**  
"The Partnership for Health is a program where healthcare providers and patients, like you and me, team up to keep you and your sex partners healthy. At our clinic, we are talking with all of our patients about safer sex. It is not easy to talk about sex, but it is important. I want to spend a few minutes talking with you about these issues, if that is OK with you."
2. **Ask one or two questions about your patient's sexual behaviors. Ask about problems they are having staying safe.**
  - A. Reinforce any protective behavior
  - B. Understand the problem presented and identify it for the patient
3. **Discuss some or all of the following three messages. Use consequences frame for patients who engage in high-risk behaviors.**

<b>If patient is having unsafe sex or has many partners or casual partners use consequences frame</b>	<b>If patient is completely safe with one partner or abstinent</b>
<b>Protect yourself.</b> <i>If you don't use a condom, you risk picking up other sexually transmitted infections.</i>	<b>Clarify what he or she means by safe or abstinent.</b> <i>So, then, you haven't had any unprotected sex including oral, anal or vaginal sex with anyone in the last three months?</i>
<b>Protect your partner.</b> <i>If you have many casual partners and don't use protection, they might get the virus from you.</i>	<b>Reinforce protective behavior.</b> <i>Not having any unprotected sex is a good way to protect yourself and others.</i>
<b>Talk to all your sex partners about your HIV status.</b> <i>If you don't tell your sex partner you have HIV and he or she finds out later or gets infected, it could be much worse.</i>	<b>Discuss what to do if he or she becomes sexually active in the future.</b> <i>If you meet someone and decide to have sex in the future, it's crucial to use condoms to protect you and your partner's health.</i>

4. **Set behavioral goal(s) with the patient or suggest some ideas if the patient cannot think of any.**  
Remember small goals are important steps to staying safe.  
Make a notation in the chart that safer sex counseling was done and note the goals to review at the next clinic visit.
5. **Ask if there are questions and provide referrals if needed.**
6. **Deliver a supportive message, encouraging the patient to work on the goals and to check in with you at the next visit.**

**PARTNERSHIP FOR HEALTH KEY COUNSELING POINTS**

**Protect yourself  
Protect your partner  
Talk to your partner(s) about your HIV status**

*Use Consequences Frame messages for patients with  
multiple (2 or more partners) and/or casual partners or who have unsafe sex.*

CONSEQUENCES FRAME REVIEW

**Below are three safer sex/disclosure messages in advantages frame. Try changing them into consequences frame on your own. Check your answers below.**

#1 Advantages: Having safer sex can keep you free from another strain of HIV that may be drug resistant and make your HIV harder to treat.

Consequences:

#2 Advantages: If you tell people you're having sex with that you have HIV, you're protecting them. Think of their families – kids, siblings, spouse, parents... Isn't that what you want to do?

Consequences:

#3 Advantages: Let's talk about some of the benefits of using condoms. If you use condoms, you avoid getting a sexually transmitted disease, like herpes or genital warts or Chlamydia.

Consequences:

Answer key:

#1 Consequences: Not having safer sex puts you at risk for getting another strain of HIV that may be drug resistant and make your HIV harder to treat.

# 2 Consequences: If you don't tell people you're having sex with that you have HIV, you could infect them. Think of their families and all the people in their lives that would be hurt by that – kids, siblings, spouse, parents... Is that what you want to do?

#3 Consequences: Let's talk about some of the consequences of not using condoms. If you don't use condoms, you could get a sexually transmitted disease, like herpes or genital warts or Chlamydia.

**CLINIC TRAINING TASKS & TIMELINE**

Clinic site:

Location of training:

Coordinator meetings:

Orientation date:

Training date:

Booster date:

Trainers:

ACTIVITY	WHO	DATE DUE	DONE?
Set training dates & location	Trainer & On-site Coordinator		
Reserve training room	On-Site Coordinator/ Confirm with Trainer		
Select room and decide on seating layout <i>See hard copy of room layout picture &amp; computer document on check-off sheet for room</i> Reserve equipment - LCD/ power point projector - TV/VCR unit - Overhead projector - Easels & Pads - Tables & chairs	Trainer & On- site Coordinator		
Take inventory of existing: <ul style="list-style-type: none"> <li>• Training manuals</li> <li>• Supplies needed for training</li> <li>• Videos</li> <li>• Brochures</li> <li>• Posters</li> <li>• Stickers</li> </ul>	On-site Coordinator & Trainer		
Order or buy supplies as needed (notebooks, dividers, disks, clear sleeves, etc.), Videos, Materials, safer sex supplies & prizes.	On-site Coordinator or Trainer		
Develop a list of all staff to be trained with their full contact information	On-site Coordinator		

**SAMPLE INITIAL  
TRAINING SET-UP &  
LOGISTICS**

ACTIVITY	WHO	DATE DUE	DONE?
Orientation	Trainer & On-site Coordinator		
Distribute more flyers about training to staff, esp. those who missed orientation	On-site Coordinator		
Contact pharmaceutical companies or local businesses re: donating lunch for training	On-site Coordinator		
Talk with Key Leaders if response is low to ask for their support to increase interest in the training & PfH	On-site Coordinator		
Send reminders to staff prior to training day	On-site Coordinator	<ul style="list-style-type: none"> <li>• PHONE OR EMAIL</li> <li>• Formal:</li> <li>• Reminder:</li> </ul>	
Send list of participants to Trainer prior to training date	On-site Coordinator		
Make copies of: <ul style="list-style-type: none"> <li>• Sign In Sheet</li> <li>• Agendas</li> <li>• Directions to site (if needed)</li> <li>• Handouts for training</li> <li>• Evaluations</li> </ul>	On-site Coordinator/ Consult with Trainer		
PfH Materials: <ol style="list-style-type: none"> <li>1) Participant Manuals #</li> <li>2) Chart Stickers #</li> <li>3) Provider Guides</li> <li>4) Posters (# of sets)               <ul style="list-style-type: none"> <li>• Exam room</li> <li>• Waiting room</li> </ul> </li> </ol>	Trainer w/ On-site Coordinator		
Training team meets to confirm roles, talk about where to meet, etc.	Trainers & On-site Coordinator		
Update and organize transparencies or PowerPoint slides	Trainer		
Organize training supplies	Trainer		
Pack for trip	Trainer		
Write out flip chart pads or put your notes on transparencies.	Trainer w/ On-site Coordinator		

**BOOSTER TRAINING SESSION MATERIALS & SUPPLIES CHECKLIST**

Site:  
Date:  
Time:  
Location: (include parking instructions)  
Contacts:

ITEM

# NEEDED

- Trainer Notes & Agenda
- Maps & Directions to Site (for trainers)
- Sign In sheet
- Follow-up Provider Surveys
- Agenda
- Provider Outline and Framing Review Handout packet
- Disclosure Handout Packet
- AETC/PfH Training Evaluations (if applicable)
- Initial Provider Survey (as back-up copies only)
- Extra Manuals
  - For those who missed original training:
  - Extra manuals for self-learning for any new staff:
- Other Materials Needed for site
  - Posters    Waiting Room? List which & version:  
                  Exam Room? List version:
  - Chart Stickers
  - Brochures:        English? #  
                          Spanish? #
  - Provider Guides
  - Patient Information Flyers (master copy)
  - Training Video
- Do Program Record (AETC form) for site after workshop (if applicable)
- Instruct On-Site Coordinator about Self Learning if necessary

MATERIALS & EQUIPMENT TO TAKE TO SESSION:

- Portable file box with all sign in sheets, directions, handouts
- Name tags
- Scissors
- Easel
- 1 set of watercolor markers
- masking tape
- extension cord
- overhead projector (depending on size of group)
- safer sex tool box (4 new condoms okay)
- flip chart
- write up the following on the easel chart sheets ahead of training  
(one sheet of paper per numbered item)
  1. Patient Responses
  2. Materials
    - Posters in Waiting Room?
    - Posters in Exam Room?
    - Brochures?
    - Informational Flyers?
    - Chart Stickers?
    - Provider Pocket Guides?
  3. How have you adapted the intervention?
  4. Additional training and/or materials you would like?
    - Initial training?
    - Now?

# Appendix D

## **APPENDIX D: SUGGESTED SAFER SEX EDUCATIONAL SUPPLIES**

### **Safer Sex Tool Box**

The Safer Sex Tool Box is a handy resource to have in your clinic when you want to use visual models and provide hands-on learning on how to put condoms on, make oral sex barriers, etc. You may want to have one or two of these kits in your clinic to use as teaching tools or even a few items in each office (particularly the varied kinds of condoms and lube). We know that most people learn best by doing. Having a patient demonstrate the correct way to put a condom on a penis model and describe the best kinds of lubricant can be a helpful skill-building tool for patients who report condom breakage or who are unfamiliar with condom use.

### **Contents of the safer sex tool box:**

- Container to hold all supplies (we use a tool box)
- Penis models (one light skinned color, one dark brown skinned color - depending on your clinic population, one wooden model and a plastic banana).
- Some patients are uncomfortable with the realistic models so you may prefer to use the wooden model or plastic banana. (Just be sure patients understand that the condom goes on the penis when they are actually having sex.)
- Assorted condoms in a variety of textures, sizes and colors
- Latex condoms: snugger fit, larger size (may be called "Max"), lubricated, (but not with nonoxynol-9), unlubricated, ribbed, studded, colored, flavored, mint, etc.
- Polyurethane condom
- Female condom (polyurethane)
- Sheer Glyde Dams®, cut non-lubricated condom, household plastic wrap
- Latex gloves and latex finger cots (for hands in vagina or anus)
- Lubricants that are safe to use with condoms; K-Y jelly, astroglide, etc.
- How to Use a Condom brochure in English and Spanish
- Pictures of sexually transmitted infections (STIs)

### **Places where you can purchase safer sex supplies for patient education:**

#### **Condoms and lubricants:**

#### **Local drug stores and supermarkets**

#### **Buying condoms and lubricants on the internet:**

#### **[WWW.Condomania.com](http://WWW.Condomania.com)**

Has condoms, lube, information and all sorts of training tools to use when talking about safer sex.

#### **Female condoms & female condom training video:**

#### **[WWW.Femalehealth.com](http://WWW.Femalehealth.com)**

Some local stores may have female condoms or you can order them in bulk from the company. Their phone number is 1-800-635-0844.

#### **Sheer Glyde Dams®**

#### **[WWW.Sheerglydedams.com](http://WWW.Sheerglydedams.com)**

Latex dam approved by the FDA for protection against STDs during oral-vaginal and oral-anal sex.

#### **"How to Use a Condom" brochure and pictures of Sexually Transmitted Infections (STIs):**

Call your local health department. to see what materials they have.

Condom companies may also have "How to use a condom" brochures in English and Spanish.

**The Partnership for Health intervention promotes the Centers for Disease Control and Prevention Advancing HIV Prevention Initiative. Partnership for Health addresses integrating HIV prevention into medical care settings for persons living with HIV/AIDS.**



