Partnership for Health Behavior Change Logic Model

Statement of the Problem for Intervention Purposes Using "Partnership for Health" (P*f*H)		
Patients being treated for HIV engage in behaviors risky for transmission of HIV. Patients lack of self- and other-protective attitudes toward their risk behavior. Patient lack of authoritative, trusted sources supporting and influencing their behavior toward safety. Tailored prevention messages given by HIV clinicians to their HIV positive patients can reduce risky HIV transmission-related behavior of these patients.		
Determinants	**Intervention Activities**	**Outcomes**
To address risk behaviors/factors	***To address behavioral determinants***	***As a result of activities addressing behavioral determinants***
Individual patient's attitudes, beliefs, and personal values related to their transmission related behavior. Individual patient's expectations for the outcome of their transmission related behavior.	A three-to-five (3-5) minute discussion with the patient by the doctor using good communication techniques and consequences-framed messages for patients engaged in high risk sexual behavior (about safer sex that focuses on self-protection, partner protection/ disclosure attitudes). • Provider assesses client risk at every patient visit. • Provider provides a tailored (based on the risk assessed) P*f*H consequences framed message at every patient visit. Patients view message reinforcements on P*f*H posters placed around the clinic.	Immediate: Increase in patient's attitudes, beliefs, and personal values toward protective behavior. Increase in patients expectations of loss consequence from transmission behavior and a gain consequence from safe behavior. ▼ Intermediate: Increase in patients protected sexual behavior and reduction in risky behavior.

P*f*H uses a version of cognitive theory known as "message framing theory." PfH also makes use of "stages of change" theory.