

PARTNERSHIP FOR HEALTH (Loss-Frame Intervention)

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- HIV-positive clinic patients

Goal of Intervention

- Eliminate or reduce unprotected anal or vaginal sex

Brief Description

The *Partnership for Health (PfH)* Loss-frame intervention is a one-on-one, brief provider-administered safer sex intervention for HIV-positive persons in care. The intervention emphasizes the importance of the patient-provider relationship to promote patients' healthful behavior. At each clinic visit, the provider delivers a brief counseling session (3-5 minutes) with messages that focus on self-protection, partner protection, and disclosure. Loss-framed messages are framed in a way that emphasizes the risks or negative consequences of risky behavior. The provider also uses the brochures, informational flyers and posters with the loss-framed messages to facilitate counseling and work with the patient to identify goals for the patient to work on.

Theoretical Basis

- Message Framing Theory
- Mutual Participation
- Stages of Changes

Intervention Duration

- A 3- to 5-minute session at every clinic visit over 10 to 11 months

Intervention Setting

- HIV clinics

Deliverer

- Medical providers at the clinics (e.g., physician, physician assistant, nurse, nurse practitioner)

Delivery Methods

- Counseling
- Goal setting
- Printed materials

INTERVENTION PACKAGE INFORMATION

An intervention package was developed with funding from CDC's Replicating Effective Programs (REP) Project. **The intervention package and training are available through CDC's High Impact Prevention Project (HIP): [Partnership for Health \(PfH\)](#).**

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Chicago, Illinois between 1999 and 2001.

Key Intervention Effect

- Reduced unprotected sex

Study Sample

The analytic study sample of 585 HIV-positive clinic patients is characterized by the following:

- 41% white, 37% Hispanic/Latino, 16% black or African American, 6% other
- 86% male, 14% female
- 75% homosexual/bisexual, 25% heterosexual
- Mean age of 38 years
- 46% completed high school education or less

Recruitment Settings

Six HIV clinics

Eligibility Criteria

HIV-positive patients were eligible if they were sexually active in the previous 3 months, at least 18 years old, fluent in English or Spanish, and intended to obtain care at the recruitment clinic for the next year.

Assignment Method

Six HIV clinics were randomly assigned to 1 of 3 groups: Loss-frame intervention (n = 2 clinics; 214 patients assessed), Gain-frame intervention (n = 2 clinics; 175 patients assessed), or Medication Adherence comparison (n = 2 clinics; 196 patients assessed). In each clinic, all patients were offered the intervention and sub-samples of clinic patients were systematically selected for assessment.

Comparison Group

The Medication Adherence comparison group received a one-on-one, brief provider-administered counseling session (3-5 minutes) to promote medication adherence at each clinic visit.

Relevant Outcomes Measured and Follow-up Time

- Sex behaviors during past 3 months (including anal, vaginal and oral sex with or without using a condom with main partners, casual partners, or exchange partners) were measured at 1 to 7 months after intervention.

Participant Retention

- Loss-Frame Intervention
 - 72% retained at 1 to 7 months after intervention
- Gain-Frame Intervention
 - 58% retained at 1 to 7 months after intervention
- Medication Adherence Comparison
 - 68% retained at 1 to 7 months after intervention

Significant Findings

- Among HIV-positive patients who had 2 or more sex partners at baseline, those assigned to the Loss-frame intervention were significantly less likely to report unprotected anal/vaginal intercourse than those in the comparison group at 1 to 7 months after intervention ($p = .03$). This intervention effect was also found to be significant among men who have sex with men with 2 or more sex partners at baseline ($p = .04$).
- Among HIV-positive patients who had any casual/exchange partners at baseline, the Loss-frame intervention participants were significantly less likely to report unprotected anal/vaginal intercourse than the comparison participants at 1 to 7 months after intervention ($p = .04$).

Considerations

- The Partnership for Health Loss-frame intervention fails to meet the best-evidence criteria due to a short follow-up time and low retention rates.
- Although, the Loss-frame intervention reduced unprotected anal/vaginal sex among HIV-positive patients with 2 or more sex partners, patients with one sexual partner at baseline were unaffected by the intervention.
- The Gain-frame intervention, which has the same format as the loss-frame intervention but emphasizes the benefits or positive consequences of protective behavior, fails to meet the GOOD-EVIDENCE criteria due to no statistically significant intervention effects on sex risk behaviors at the follow-up and low retention rates.
- This intervention could be considered a structural-level intervention as the entire clinic procedures were altered and all clinic patients received the intervention while only a sample of patients were included in the evaluation. Since the evaluation used a cohort design, which can be reviewed with these criteria, this intervention is included within this review & also will be updated later in the community-level and structural-level intervention section of the website.

REFERENCES AND CONTACT INFORMATION

Richardson, J. L., Milam, J., McCutchan, A., Stoyanoff, S., Bolan, R., Weiss, J., . . . Marks, G. (2004). [Effect of brief safer-sex counseling by medical providers to HIV-1 seropositive patients: A multi-clinic assessment](#). *AIDS*, *18*, 1179-1186.

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