



TYPE OF INTERVENTION OR STRATEGY: Individual

GOAL: Focus on the Future (FOF) aims to educate and motivate high-risk negative clients to use condoms correctly and consistently in order to reduce the spread of HIV and other STDs. The target population is African American men, who have sex with women (MSW), ages 18-29, who are seeking care in an STD clinic due to reported symptoms of an STD or who have received an STD diagnosis, who have used a condom in the last three months, and who are not knowingly HIV-positive.

CHALLENGES THAT CAN BE ADDRESSED: HIV prevention with high-risk negatives.

OVERVIEW: FOF is a peer-delivered, clinic-based, single-session, individual-level behavioral intervention developed by Dr. Richard Crosby¹⁰. FOF is delivered in a clinic by a Peer Health Advisor (PHA) who is a trained peer from the community where the intervention is being delivered. Clients are recruited to meet with the PHA for a single 45-60 minute conversation. During this conversation the PHA establishes rapport with the client, learns about the client's barriers to condom use, discusses how to address errors when using condoms, asks the client to practice correct condom and lubricant use 3+ times, and allows the client to learn about and take home with him a wide variety of high-end condoms and water-based lubricants.

APPLICATIONS:

FOF can help clinics in the following ways:

- Complementing, expanding and enhancing the quality of existing prevention services by providing a brief, evidence-based program
- Supporting the clinic's mission
- Closing gaps in needed services for young African American men
- Integrating a new prevention service that does not require a great amount of resources or effort
- Impacting the norms and culture of the community regarding the way members think about sex (i.e., move toward a "sex-positive" model whereby condom use and lubricants are eroticized)
- Enhancing the image of the STD clinics as
 - Attractive sites for funders to invest in
 - Creative, innovative, and proactive sites in addressing HIV/STDs in African American males
- Reducing the transmission of HIV/STDs in the community

Have Questions About This Intervention?

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¹⁰Crosby, R., DiClemente, R., et. al. (2009) A Brief, Clinic-Based, Safer Sex Intervention for Heterosexual African American Men Newly Diagnosed With an STD: A Randomized Controlled Trial, American Journal of Public Health, 99(1), S96-S103.

FOF is beneficial to clients receiving the intervention in the following ways:

- Enhancing their quality of life by providing them with the skills to prevent infecting or re-infecting themselves with an STD or HIV and infecting their partners
- Providing them with a wide variety of high-end lubricants and condoms to identify those that have the right fit and feel
- Providing them with an opportunity to connect with a caring and knowledgeable peer who is interested and believes in their futures
- Providing them with a safe environment to practice properly applying condoms and lubricant and talking through any potential barriers to consistent use
- Reducing worry and concern when having sex, making it a more enjoyable experience
- Allowing them to maintain their current lifestyle with regard to sex
- Empowering them to be a part of the collective action to reverse the high HIV/STD prevalence in their demographic group
- Alleviating the burden of HIV/STDs in the community amongst African American males
- Providing positive ripple effects in cases where clients represent a “hub” of transmission through extensive social networks¹¹
- Impacting the norms and culture of the community regarding the way they think about sex (i.e., move towards a “sex-positive” model whereby condom use and lubricants are eroticized)

PROVIDER ROLE IN FOCUS ON THE FUTURE: Providers need to identify systems and procedural changes that need to be developed or adjusted due to using PHAs and assure that the agency and all staff are prepared to work with the PHA. For example agencies may need to:

- Develop policies to screen and recruit eligible clients, so that PHAs can meet clients and provide the intervention.
- Develop a “fast track” for clients who are eligible for this intervention, so they can be connected to care as quickly as possible.
- Ensure these are systems of supervision and support for PHA.

¹¹Guttmacher Policy Review, Spring 2009, Volume 12, Number 2. For Some Sexually Transmitted Infections, Secondary Prevention May Be Primary by Adam Sonfield.



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