WHY WAS THE GOALS FRAMEWORK DEVELOPED?

The GOALS framework was developed in response to 4 key findings from the sexual health research literature:

- Universal HIV/STI screening and biomedical prevention education is more beneficial and cost-effective than risk-based screening.
- Emphasizing benefits—rather than risks—is more successful in motivating patients toward prevention and care behavior.
- Positive interactions with healthcare providers promote engagement in prevention and care.
- Patients want their healthcare providers to talk with them about sexual health.

WHY IS TAKING A SEXUAL HISTORY IMPORTANT?

Rather than seeing sexual history taking as a means to an end, the GOALS framework considers the sexual history taking process as an intervention that will:

- Increase rates of routine HIV/STI screening;
- Increase rates of universal biomedical prevention and contraceptive education;
- Increase patients’ motivation for and commitment to sexual health behavior; and
- Enhance the patient-care provider relationship, making it a lever for sexual health specifically and overall health and wellness in general.

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GOALS FRAMEWORK FOR SEXUAL HISTORY TAKING IN PRIMARY CARE

WHAT IS THE GOALS FRAMEWORK?

The GOALS framework, designed to streamline sexual history conversations and elicit information most useful for identifying an appropriate clinical course of action, includes 5 steps:

- Give a preamble that emphasizes sexual health. The healthcare provider briefly introduces the sexual history in a way that de-emphasizes a focus on risk, normalizes sexuality as part of routine healthcare, and opens the door for the patient's questions.
- Offer opt-out HIV/STI testing and information. The healthcare provider tells the patient that they test everyone for HIV and STIs, normalizing both testing and HIV and STI concerns.
- Ask an open-ended question. The healthcare provider starts the sexual history taking with an open-ended question that allows them to identify the aspects of sexual health that are most important to the patient, while allowing them to hear (and then mirror) the language that the patient uses to describe their body, partner(s), and sexual behaviors.
- Listen for relevant information and fill in the blanks. The healthcare provider asks more pointed questions to elicit information that might be needed for clinical decision-making (e.g., 3-site versus genital-only testing), but these questions are restricted to specific, necessary information. For instance, if a patient has already disclosed that he is a gay man with more than 1 partner, there is no need to ask about the total number of partners or their HIV status in order to recommend STI/HIV testing and PrEP education.
- Suggest a course of action. Consistent with opt-out testing, the healthcare provider offers all patients HIV testing, 3-site STI testing, PrEP education, and contraceptive counseling, unless any of this testing is specifically contra-indicated by the sexual history. Rather than focusing on any risk behaviors the patient may be engaging in, this step focuses specifically on the benefits of engaging in prevention behaviors, such as exerting greater control over one’s sex life and sexual health and decreasing anxiety about potential transmission.