

VOICES/VOCES

Video Opportunities for Innovative Condom Education and Safer Sex Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- African American and Hispanic STD clinic patients

Goals of Intervention

- Prevent new STD infections
- Increase condom use

Brief Description

VOICES/VOCES is a single-session, culturally specific, video-based intervention for STD clinic patients. The small group session (3-8 patients) is gender and ethnic matched and is conducted by a gender-matched facilitator in either English or Spanish. Groups of participants first review one of the culturally appropriate STD prevention videos, “Let’s Do Something Different” for African Americans and “*Porque Si*” for Hispanics. Both videos provide accurate risk information and corrected misinformation, portray positive attitudes about condom use, and model gender- and culturally-specific strategies for encouraging condom use. Interactive group discussions following the video reinforce the STD and HIV prevention message. Participants are encouraged to talk about problems they have experienced when trying to use condoms and discuss strategies to increase condom use. All participants are offered a selection of free condoms at the clinic and a coupon for free condoms at an area pharmacy.

Theoretical Basis

- Health Belief Model
- Theory of Reasoned Action

Intervention Duration

- One 20-minute video followed by one 25-minute group discussion session

Intervention Setting

- Inner-city public STD clinic

Deliverer

- Gender-matched facilitators

Delivery Methods

- Group discussion
- Printed materials
- Risk reduction supplies (condoms)
- Video

INTERVENTION PACKAGE INFORMATION

Information, tools and materials on the **VOICES/VOCES** intervention are online at www.effectiveinterventions.org. In August 2013, the Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention (DHAP) **announced** that in accordance with its High Impact Prevention approach, DHAP will focus its behavioral intervention portfolio on interventions that are cost-effective, scalable and prioritize prevention for persons living with HIV and those persons at highest risk for acquiring HIV.

DHAP supports [VOICES/VOCES](#) when implemented with men who have sex with men.

EVALUATION STUDY AND RESULTS

The original research study was conducted in the South Bronx, New York City between 1991 and 1994.

Key Intervention Effects

- Reduced new STD infections

Study Sample

The baseline study sample of 3,348 STD clinic patients is characterized by the following:

- *62% black or African American, 38% Hispanic/Latino*
- *60% male, 40% female*
- *Mean age of 30 years*
- *56% completed high school education*

Recruitment Settings

Inner-city public STD clinic

Eligibility Criteria

STD clinic patients were eligible if they were over the age of 17 and were registered at the clinic during the study period.

Assignment Method

Clinic days were randomized to 1 of 3 groups: Video + Group Discussion intervention, Video Only intervention, or comparison. The resulting proportions of participants assigned to each group were 30%, 30% and 40%, respectively.

Comparison Group

The comparison group received regular STD clinic services, free condoms, and a condom coupon which could be redeemed at an area pharmacy.

Relevant Outcomes Measured and Follow-up Time

New STD infections were monitored using the disease surveillance database for a period of 1 to 24 months with an average of 17 months follow-up.

Participant Retention

- Passive follow-up was conducted by matching patient record to the notifiable disease surveillance database maintained by the New York City Department of Health, suggesting approximate 100% success rate of matching records.

Significant Findings

Analyses pooled data from both *VOICES/VOCES* interventions (Video + Group Discussion and Video Only) to test intervention effects:

- The rate of new STD infections over a 24-month period was significantly lower among men receiving the intervention than men in the comparison group ($p < .04$).
- Among men who had multiple sex partners at baseline, the intervention groups had a significantly lower rate of new STD infections over a 24-month period compared to the comparison group ($p < .025$).

Considerations

- Both Video Only and Video + Group Discussion interventions are highlighted here because the analyses combined both groups when compared to the comparison group and there were no significant differences in rates of new STD infections between the two intervention groups.
- The *VOICES/VOCES* interventions are effective in reducing new STD infections among men, but not among women. However, a more recent effectiveness trial of the *VOICES/VOCES* Video + Group Discussion intervention demonstrated a significant intervention effect on reducing new STD infections among men and women combined ($p < .01$), and particularly for women ($p < .001$).
- *VOICES/VOCES* participants were significantly more likely to redeem their coupon for free condoms at a private pharmacy than comparison participants ($p < .05$). The intervention effect on condom redemption was found to be significant when comparing Video Only and Video + Discussion intervention groups separately to the comparison group.
- When comparing Video Only and Video + Discussion intervention groups separately to the comparison group, the significant intervention effect on condom redemption was observed for each of the following subgroups: African-American men, African-American women, Hispanic men, and Hispanic women (all p 's $< .05$).
- Neumann et al., 2011 conducted a replication study at 2 public sexually transmitted disease clinics in New York City and San Juan, PR between 2004 and 2006.
 - Among the overall sample, intervention participants showed a significantly lower risk for new STD infections than comparison participants (HR = 0.78, 95% CI [0.64 - 0.95], $p = 0.016$, Table 3).
 - Among participants at the New York site, intervention participants showed a significantly lower risk for new STD infections than comparison participants (HR = 0.67, 95% CI [0.52 - 0.86], $p = .0001$).
 - These findings meet PRS Good-evidence criteria.

REFERENCES AND CONTACT INFORMATION

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