

DOING SOMETHING DIFFERENT

Good Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Inner-city STD clinic patients

Goals of Intervention

- Increase condom use
- Prevent new STD infections

Brief Description

Doing Something Different consists of one single skill-building group session to encourage change in norms, expectations, and social skills for promoting safer sex and condom use. The intervention session begins with a video, “Let’s Do Something Different,” which depicts condom use as socially acceptable. After the video an African-American female health educator facilitates a group discussion (10-25 participants) on methods of preventing STDs and promoting condom use. This discussion includes the reasons why people like and dislike condoms. Role-playing gives the clinic patients an opportunity to practice condom negotiation, first with the health educator and then with another patient. Questions relating to medical aspects of STDs are referred to clinic nursing and medical personnel. All participants are offered 10 free condoms by clinic nurses.

Theoretical Basis

- Not reported

Intervention Duration

- One session

Intervention Setting

- Waiting areas of an inner-city public STD clinic

Deliverer

- African American female health educator

Delivery Methods

- Demonstration
- Group discussions
- Practice
- Printing materials
- Risk reduction supplies
- Role play
- Video

INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through [Sociometrics](#) under the name [Doing Something Different](#).

VALUATION STUDY AND RESULTS

The original evaluation was conducted in Los Angeles, California between 1988 and 1989.

Key Intervention Effects

- Reduced STD reinfection risk

Study Sample

The baseline study sample of 123 participants is characterized by the following:

- 92% black or African American, 8% other
- 71% male, 29% female
- 97% heterosexual, 3% homosexual or bisexual
- Mean age of 28 years

Recruitment Settings

Inner-city public STD clinic

Eligibility Criteria

Patients were eligible if they were registered at the STD clinic during the study period.

Assignment Method

STD clinic patients (N ≈ 500) were assigned to 1 of 2 groups: intervention (n ≈ 250) and comparison (n ≈ 250), based on alternating days and times (AM or PM) of clinic attendance.

Comparison Group

The comparison group received usual services available at the STD clinic and 10 free condoms.

Relevant Outcomes Measured and Follow-up Time

- STD reinfection risk was an indicator of risk measured as having either an STD diagnosis (gonorrhea, syphilis, chlamydia, non-gonococcal urethritis, herpes, or pelvic inflammatory disease), physical symptoms at subsequent medical exams, or unprotected sex with a person with an STD. STD reinfection risk was assessed by reviewing medical charts for the 7- to 9-months period after intervention.

Participant Retention

Passive follow-up was conducted by reviewing medical charts, with an overall success rate of 77% for the 7 to 9 months after intervention.

Significant Findings

- A significantly smaller percentage of intervention participants reported any STD reinfection risk than comparison participants at 7 to 9 months after intervention ($p < .05$).
- Among male STD clinic patients, a significantly smaller percentage of intervention participants reported any STD reinfection risk than comparison participants at 7 to 9 months after intervention ($p < .01$).

Considerations

- This intervention fails to meet the best-evidence criteria due to assigning groups of individuals (e.g. morning patients or afternoon patients) to study condition while analyzing at the individual level.
- The significant intervention effect observed for the whole study sample is primarily driven by the intervention effect for men. There was no evidence that the intervention was effective in reducing STD reinfection risk among female STD clinic patients.
- This intervention is similar to the [VOICES/VOCES intervention](#) on various aspects: intervention goal, target population, intervention setting, group-delivery format, and same intervention video (“Let’s Do Something Different”). The main difference is that the *Doing Something Different* intervention has an additional role playing activity. *VOICES/VOCES* [will no longer be funded by DHAP](#) for diffusion, adoption, and implementation, but the [online resources](#) continue to be available. **Please note: DHAP will continue to support VOICES/VOCES when implemented with [Men who have sex with men \(MSM\)](#).**

REFERENCES AND CONTACT INFORMATION

Cohen, D. A., MacKinnon, D. P., Dent, C., Mason, H. R., & Sullivan, E. (1992). [Group counseling at STD clinics to promote use of condoms](#). *Public Health Reports*, 107, 727-731.

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