

SAFE IN THE CITY

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- STD clinic patients

Goals of Intervention

- Prevent new STD infections

Brief Description

Safe in the City is a single-session, video-based intervention for diverse STD clinic patients. The intervention involves the presentation of a 23-minute STD/HIV prevention video to patients in an STD clinic waiting room. The video contains key prevention messages aimed at increasing knowledge and perception of STD/HIV risk, promoting positive attitudes toward condom use, and building self-efficacy and skills to facilitate partner treatment, safer sex, and the acquisition, negotiation, and use of condoms. The video contains three interwoven vignettes that model negotiating safer sexual behaviors among young couples of diverse racial/ethnic backgrounds and sexual orientations. Animated segments demonstrate proper condom use and the variety of condoms available. Movie-style posters in the waiting room and exam rooms direct patients' attention to the video and reinforce key messages. Condoms and educational pamphlets on STD prevention are made available to patients in the clinics.

Theoretical Basis

- Information-Motivation-Behavioral Skills (IMB) Model
- Social Cognitive Theory
- Theory of Planned Behavior

Intervention Duration

- A 23-minute video

Intervention Settings

- Waiting rooms in public STD clinics

Deliverer

- Video and posters

Delivery Methods

- Posters
- Printed materials
- Risk reduction supplies (condoms)
- Video

INTERVENTION PACKAGE INFORMATION

The intervention package and training are available through CDC's High Impact Prevention Project (HIP): [Safe in the City](#).

EVALUATION STUDY AND RESULTS

The original evaluation study was conducted in Denver, Colorado, and Long Beach and San Francisco, California between 2003 and 2005.

Key Intervention Effects

- Reduced new STD infections

Study Sample

The analytic study sample of 38,635 STD clinic patients is characterized by the following:

- 46% white, 25% Hispanic/Latino, 18% black or African American; 11% other/missing
- 70% male, 30% female
- 22% MSM, 31% of men are MSM
- 31% < 25 years old, 69% > 25 years old

Recruitment Settings

Waiting rooms in public STD clinics

Eligibility Criteria

Patients were eligible if they were attending the STD clinics during the study period.

Assignment Method

4-week blocks of time (N = 22) were assigned to 1 of 2 groups: Safe in the City Intervention (n = 11 blocks; 19,073 patients) or Standard STD Care comparison (n = 11 blocks; 19,562 participants). Over 22 months, 11 identical eight-week cycles (4 weeks for comparison and 4 weeks for intervention) were conducted. The order of condition assignment for the first cycle (i.e., Standard STD Care followed by Safe in the City intervention) was randomly determined by a coin toss. This order was maintained throughout the trial in each clinic.

Comparison Group

The comparison group received the standard STD clinic waiting room experience, in the absence of the video and posters. This condition differed by site and included television programming, music or both. Condoms and educational pamphlets on STD prevention were available to all patients throughout the study period.

Relevant Outcomes Measured and Follow-up Time

- Incident STDs (including gonorrhea, chlamydia, trichomoniasis [females only], primary or secondary syphilis, and HIV infection) were confirmed by laboratory tests and measured between 4 to 24 months, with an average of 14.8 months.

Participant Retention

- Passive follow-up was conducted by reviewing patient’s clinic records for incident STDs in follow-up clinic visits and by matching patient record information to county STD surveillance registries, which suggested approximately 100% success rate of matching medical records.

Significant Findings

- During the 14.8 months of follow-up, significantly fewer new STDs were diagnosed for patients receiving the Safe in the City intervention than patients receiving the standard STD care ($p < .05$). The largest reductions in the number of new infections were observed for gonorrhea and chlamydia.
- Significant intervention effects were also found for the following subgroups: male patients, patients > 25 years old, heterosexual men, and patients with STD diagnoses at baseline (all p 's < .05).

Considerations

- Planned subgroup analyses did not show any significant intervention effect for females.
- This study was not powered to find significant changes in number of new STDs in each site when data were analyzed by site.

REFERENCES AND CONTACT INFORMATION

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Researcher: **Lee Warner, PhD**

Centers for Disease Control and Prevention

Division of Reproductive Health

1600 Clifton Rd., NE

Mailstop F-74

Atlanta, GA 30333

Email: dlw7@cdc.gov

