

**Effective Bilingual HIV/STD Prevention Intervention
with Demonstrated Effectiveness in:**

STD Clinics

Also used in other facilities such as:

HIV Services
Community Health Centers
Family Planning Agencies
Prison Health Services

Administrator's Preview Guide

Developed by
**Health and Human Development Programs
Education Development Center, Inc.**
With funding from the
Centers for Disease Control and Prevention
Cooperative Agreement # UG2/CCU113446

© 1999 Education Development Center, Inc.
© 2009 Education Development Center, Inc.

Acknowledgments

VOICES/VOCES is one of the research-based interventions identified by the Diffusion of Effective Behavioral Interventions Project (DEBI), a project initiated by the Centers for Disease Control and Prevention (CDC) to help bridge the gap between HIV/STD prevention research and practice. DEBI identifies HIV/AIDS prevention interventions with demonstrated evidence of effectiveness and supports the original researchers in developing a user-friendly package of materials designed for prevention providers.

The VOICES/VOCES replication package is the product of extensive collaboration between researchers, health department officials, and representatives from community-based HIV, STD, and family planning service organizations. Many individuals collaborated on the development of VOICES/VOCES, and the authors are indebted to each of them.

We acknowledge the guidance and support provided by the Division of HIV/AIDS Prevention-Intervention Research and Support, Centers for Disease Control and Prevention, Department of Health and Human Services. In particular, our project officers - Mary Neumann, Ph.D., Jane Mezzoff, Dr. P.H., and Ellen Sogolow, Ph.D. - were helpful and responsive to the development of the manual, providing feedback and input at various stages of the process. In addition, Mary Neumann, Richard Conlon, and Robert Kohmescher contributed their substantive knowledge of HIV/STD prevention to earlier program development efforts. We would also like to thank Camilla Harshbarger and Andrea Kelly at CDC and Myriam Hamdallah and Sharon Novey at AED for providing feedback on the most recent revisions made to this manual.

A group of advisory board members representing the Massachusetts Department of Public Health and staff from community-based agencies provided technical assistance throughout the VOICES/VOCES development process. These individuals brought to the project diverse and extensive experience in STD, HIV, and family planning services. In addition, staff and clients at four community-based sites in Massachusetts and one site in Connecticut helped us to design and field test the replication package.

EDC Project Staff

Lydia O'Donnell, Ed.D.
Principal Investigator

Alexi San Doval, M.P.H.
Senior Project Director

Phyllis Scattergood, M.F.A.
Senior Project Director

Richard Duran, M.S.W.
Senior Research Associate

Kimberly Dash, M.P.H.
Athi Myint-U, Ed.M.
Writers

Melanie Adler, S.M.
Research Associate

Marybeth Barker, M.P.H.
Massachusetts Department of
Public Health Project Coordinator

Cindy Young & Elizabeth Perry
Production Assistants/
Senior Administrative Assistants

Massachusetts Department of Public Health Advisory Board Members

Kevin Cranston, M.Div.
Director, AIDS Prevention and Education
Bureau of HIV/AIDS Services

William Dumas, R.N.
Program Manager, Clinical Services
Division of STD Control

Laura Innis
Coordinator
Family Planning Program

Paul Etkind, M.P.H, Dr. P.H.
Director
Division of STD Prevention

Karen Edlund, R.N.
Director
Family Planning Program

Suzanne Gunston
Manager of Planning and Development
Bureau of Substance Abuse

**Connecticut Department of
Public Health**
Heidi Jenkins
Program Director
STD Control Program

City of Hartford Health Department
Katherine McCormack, R.N., M.P.H.
Director of Health

City of Hartford STD Clinic
Laura Diskavich
Public Health Nursing Supervisor, Program
Manager, Communicable Disease Division

Massachusetts Community-Based Agency Advisors

Irvienne Goldson
Manager of Education and Training
Action for Boston Community
Development

Carlos Martinez
Senior HIV Counseling and Testing Supervisor
Dimock Community Health Center

Verny Samayoa
Director of Community Programs
Lynn Community Health Center

Amy Offenburg, M.S.W., M.P.H.
Director of HIV Services
Roxbury Comprehensive Health Center

Massachusetts Field-Test Sites and Contacts

Brockton Hospital STD Clinic
Roxanne Mihal, R.N., C.S., A.N.P.
Nurse Manager
Joan Pratti, Staff Nurse

Martha Eliot Health Center
Fran Azarro, Director of Women's Health Services
Alisia Zander, HIV Counselor and Health Educator

Cambridge Family Planning-CEOC
Tina Alu, Program Director
Ellie Andujar, Safety Net Coordinator
Olga Ocasio, Family Planning Counselor
Graciela Pari, Health Educator

Suffolk County House of Corrections
Jeanne Internicola, HIV/AIDS Coordinator
Dorothea Keeling, HIV Educator

Action for Boston Community Development
Irvienne Goldson, Manager of Education and Training
Carmen Arroyo, Outreach Educator

Production Staff

Jennifer Roscoe
Production Manager

Emily Osman & Cindy Young
Graphic Designers

Judy Maas & Jennifer Davis-Kay
Copy Editors

Alicia Hill, Alexi San Doval & Global Mind, Inc.
Translators

We would like to extend a special thanks to representatives from community-based agencies throughout Massachusetts who participated in a series of focus groups and were instrumental in the design and development of this manual. These representatives include Tina Alu, Cambridge Family Planning; Amy Offenburg, Roxbury Comprehensive Health Center; Verny Samayoa, Lynn Community Health Center; and Margarite Castillo, Martha Eliot Health Center.

We've highlighted in gray the insights and feedback from administrators and health educators who field tested the VOICES/VOCES program throughout Massachusetts and in Hartford, Connecticut. We have also included feedback from clients and staff who participated in the field research leading to the development of this package. All comments have been paraphrased to protect confidentiality.

If you would like more information about VOICES/VOCES, please contact:

www.effectiveinterventions.org
(800) 462-9521 or (202) 884-8712
E-mail: interventions@aed.org
TTY 1-800-434-3652

What is VOICES/VOCES?

The reality is that sometimes you're in certain situations where it's hard to follow through with condom use, so you have to be prepared, learn how to negotiate, know what you want and how to get it.

What is VOICES/VOCES about?

VOICES/VOCES is a single-session, video-based HIV/STD prevention workshop designed to encourage condom use and improve condom negotiation skills among African-American and Latino adults. A health educator convenes a group of four to eight clinic clients in a room that allows privacy for discussion. Groups are gender- and ethnic-specific, so that participants can develop prevention strategies appropriate for their culture. Information on HIV risk behaviors and condom use is delivered by videos, facilitated group discussion, and a board presenting features of various condom brands in English and Spanish. Five videos are available for use with VOICES/VOCES: *Do It Right*, *It's About You*, *Se Trata De Ti*, *Porque Sí* and *Safe in the City*. *Do It Right* is culturally tailored for African American audiences. Three of the videos are culturally tailored for Latino audiences: *It's About You* is in English only, *Se Trata De Ti* is in Spanish only, and *Porque Sí* is bilingual (English and Spanish). The fifth video, *Safe in the City*, is for more multi-cultural and multi-ethnic (i.e., Latino and African American) audiences. Skills in condom use and negotiation are modeled in the videos, then role-played and practiced by participants during the discussion that follows. At the end of the single, 45minute session, participants are given samples of the types of condoms they have identified as best meeting their needs.

How was VOICES/VOCES developed?

VOICES/VOCES is grounded in the Theory of Reasoned Action, which helps explain why people take the health risks they do. Reasoned action theory provides a model for understanding how people's behaviors are guided by their attitudes, beliefs, and past experiences as well as by how they perceive others think they should act in a given circumstance - that is, the social and cultural norms of their community.

In addition to being guided by theory, VOICES/VOCES is based on extensive research exploring the culture-and gender-based reasons why people engage in unsafe sex practices and how they can be encouraged to change their behavior. We interviewed and conducted focus groups with hundreds of men and women. These groups helped us understand the importance of tailoring prevention messages to individuals and their particular backgrounds and circumstances.

Who is this intervention for?

VOICES/VOCES targets African-American and Latino adult men and women at high risk of becoming infected with and/or transmitting HIV and other sexually transmitted diseases. The intervention was originally developed and field-tested in sexually transmitted disease clinics in New York, Chicago, and Boston. When used with this clinic population, VOICES/VOCES proved an effective tool for helping men and women develop the skills they need to use condoms consistently. During pilot testing of this intervention package, VOICES/VOCES was also used in a variety of community-based settings, including neighborhood health centers, family planning clinics, HIV outreach programs, and prison health services. These settings also served large numbers of men and women at high risk.

Why use VOICES/VOCES?

VOICES/VOCES is a brief HIV prevention intervention that is designed to be easily integrated into the flow of services provided by busy community-based agencies. It does not require participants to return for

multiple-session workshops. Instead, it fits effective prevention education into the time frame of a clinic visit or other brief opportunity to reach clients during a "teachable moment." Implementing VOICES/VOCES requires only modest changes in time, procedures, and resource expenditures. Typically, clients are enthusiastic and receptive to participation.

During field testing, clients who participated in VOICES/VOCES demonstrated the following:

- increased knowledge about the transmission of HIV and other STDs
- a more realistic assessment of their personal risk
- greater likelihood of getting condoms and intending to use them regularly
- fewer repeat STD infections

A Brief History of VOICES/VOCES

VOICES/VOCES is based on research that Education Development Center, Inc. (EDC) conducted to demonstrate the effectiveness of single-session, video-based behavioral interventions in promoting safer sex practices, including consistent condom use. In 1992, 3,348 African-American and Latino clients attending a large STD clinic in New York City were enrolled in a randomized trial. As clients of an STD clinic, participants were at high risk of having recently engaged in unsafe sex and likely to be thinking about its consequences. Clients were assigned to one of three groups:

- Control group, in which the client experienced a typical clinic visit
- Video group, in which the client was assigned to view one of two culturally-specific videos
- Video plus interactive group, in which the client was assigned to view one of two culturally-specific videos prior to participating in a small-group skill-building session led by a trained facilitator. Group discussions included identification of barriers to consistent condom use and safer sex.

All study subjects were given a coupon to redeem for free condoms at a pharmacy several blocks from the clinic. A random sample of half the study participants also completed a survey about HIV/STD and condom knowledge and attitudes as well as condom use intentions. Participants who viewed the video completed the survey before and after the intervention. Those who did not see the video or participate in the skill-building session completed the survey once. Finally, the STD infection rates of male study subjects were tracked for an average of 17 months following the initial clinic visit.

Outcomes from this study showed that interventions which combined video viewing, group discussion, condom education, and condom distribution were effective not only in enhancing knowledge and influencing attitudes but also in promoting condom acquisition and reducing rates of new STD infection. When compared with individuals receiving routine clinic services, clients who participated in the video plus discussion intervention demonstrated the following:

- *Increased knowledge about HIV and other STDs and how they are transmitted*
- *Greater understanding of the HIV and STD risks they face*
- *Increased motivation to change behaviors that place them at risk*
- *Increased likelihood of getting condoms and saying they would use them regularly*
- *Fewer new STD infections, indicating their adoption of safer behaviors and reducing their exposure to HIV*

EDC conducted additional research to identify potential barriers to the adoption of innovative behavioral interventions in different health agency settings. We also identified staff training needs and opportunities for incorporating video-based prevention education, including condom promotion, into different types of clinics and health programs. These findings have been reported in a series of journal articles, which are included in Section Six: Resources and Research Articles of this manual.

In an effort to bridge the gap between research and practice, the CDC selected EDC's video-based intervention as one of the research-based interventions to be replicated outside of a research setting. The intervention was pilot-tested throughout Massachusetts and in Hartford, Connecticut with clients in STD clinics. It has also been used in other facilities such as community-based agencies, family planning clinics, HIV outreach programs, and prisons. VOICES/VOCES is the product of this replication project.

In 2009, four new videos were released for use with VOICES/VOCES: *Do It Right*, *It's About You*, *Se Trata De Ti* and *Safe in the City*. *Do It Right* is for heterosexual African American men and women, *It's About You* is for English-speaking or bilingual, heterosexual Latino men and women, and *Se Trata De Ti* is for Spanish-speaking, heterosexual Latino men and women. These three videos were developed in response to requests from community agencies implementing VOICES/VOCES. Agencies expressed a need for new videos that both updated the overall look of the original videos (e.g., through dress, hair and dialogue) and reflected additional community input from other parts of the country, particularly the South and Southwest. However, *Porque Sí*, one of the videos used in the original VOICES/VOCES study, is still offered with the intervention. *Love Exchange*, the second original video, is replaced by *Do It Right*. *Safe in the City*, the fourth new video, was developed as part of another CDC cooperative agreement and was shown to be effective in reducing new STDs among STD clinic patients who were exposed to the intervention in the STD clinic waiting room.

VOICES/VOCES Package: What's Included

The VOICES/VOCES package contains everything you need to integrate a video-based prevention intervention into your existing programs. It includes the *Administrator's Preview Guide* for agency administrators, the *VOICES/VOCES Implementation Manual*, a Condom Features Poster Board, five recommended videos, and a penile model with sample condoms. Following are descriptions of the materials in the VOICES/VOCES package. For information on training and technical assistance, please go to the DEBI website at www.effectiveinterventions.org.

The Administrator's Preview Guide

This preview guide provides essential information about VOICES/VOCES in a concise format. It contains the information agency administrators, decision makers, public health officials, and staff need to see at a glance to help them understand the benefits of VOICES/VOCES.

The Bilingual VOICES/VOCES Implementation Manual

This manual provides detailed instruction on implementation for staff who will deliver VOICES/VOCES to clients. The manual is organized into six easy-to-use sections that will assist staff as they prepare for, implement, and adapt the intervention to their agency setting. The manual includes a protocol for leading skill-building sessions, information on condom features and negotiation skills, client and agency handouts (bilingual), resource materials, and evaluation tools for conducting an on-site assessment of VOICES/VOCES.

The Bilingual Condom Features Poster Board

The board is a visual aid intended for use during VOICES/VOCES skill-building sessions. The board displays pictures and provides descriptions (in Spanish and English) of condom features. It can encourage discussion of condom selection, safer sex negotiation, and help men and women select condoms that will best meet their particular needs.

Five Recommended Videos

There are five videos currently available for use with VOICES/VOCES and included in the package:

- *Do It Right* is aimed at African American, heterosexual men and women. Using soap opera-style vignettes, it focuses on two couples, one in a steady relationship and another in a new relationship.
- *It's About You* is a telenovela (soap opera)-style video aimed at English-speaking or bilingual, heterosexual Latino men and women.
- *Se Trata De Ti* is a telenovela-style video aimed at Spanish-speaking, heterosexual Latino men and women.
- *Porque Sí* is a bilingual (Spanish and English) telenovela-style video aimed at Latino men and women. *Porque Sí* was used in the original field test of this intervention. The characters and storylines in *It's About You*, *Se Trata De Ti* and *Porque Si* are mostly identical. However, *Porque Si* has more of a Northeast and Caribbean “feel” to it, while *It's About You* and *Se Trata De Ti* have more of a Southwestern ambiance to them.
- *Safe in the City* consists of three soap-opera style vignettes and two animated clips. The characters in this video are more ethnically diverse (African American and Latino). It also has a story that focuses more on a man who has sex with a primary female partner as well as men.

Video synopses are included on page 24 of the VOICES/VOCES Implementation Manual.

Penile Model and Sample Condoms

A wooden penile model and samples of featured condoms are included so clients can see, touch, and practice using condoms.

All of the intervention materials, with the exception of the condom board, can be carried easily in a single bag similar to the size of a laptop carrying case. This makes VOICES/VOCES an intervention that is easily transportable to locations and programs where groups of clients can be convened.

Core Elements of VOICES/VOCES

Core elements are research-based intervention components that must be maintained without alteration to ensure intervention effectiveness. There are four core elements of VOICES/VOCES:

- 1) viewing of culturally-specific videos
- 2) small-group skill-building sessions
- 3) condom feature education
- 4) distribution of sample condoms

These four elements have been shown to produce behavior change when *used together*, with *high-risk clients*, during a "*teachable moment*," for instance when a visit to an STD clinic may motivate a person to change behavior. These four elements did *not* produce the same results when implemented separately.

To maximize the effectiveness of VOICES/VOCES among the clients you serve, it is essential that you implement and maintain all four elements. Each of these elements is described in more detail, below.

1. Viewing of Culturally-specific Video

The video shows clients that it's okay to talk about sexually explicit subjects with your partner.

Videos quickly transmit necessary information and model attitudes and behaviors regarding safer sex appropriate to members of particular cultures. They are also a quick and effective way to "break the ice" and trigger discussion about personally relevant issues. In VOICES/VOCES, videos provide a non-threatening starting point for groups of strangers, brought together for one brief session, to discuss intimate topics and behaviors. Videos also provide a safe context for discussing culturally sensitive issues. This context is especially important when the ethnicity or other characteristics of group facilitators are not the same as group participants - as is often the case with community health agencies providing services to diverse client populations.

Five videos are available for the VOICES/VOCES intervention: *Do It Right*, *It's About You*, *Se Trata De Ti*, *Porque Sí* and *Safe in the City*. Each video is tailored to the needs of a particular target population. *Do It Right* is culturally tailored for African American audiences. *It's About You* is for English-speaking or bilingual Latino audiences, while *Se Trata de Ti* is for Spanish-speaking Latino audiences only. *It's About You* and *Se Trata De Ti* also have a more Southwest "feel" to them than *Porque Sí*, one of the original videos for Latino participants, which has more of a Northeast and Caribbean ambience. *Porque Sí* is still offered in the intervention kit and is a bilingual (English and Spanish) video. *Safe in the City* targets a more multi-cultural and -ethnic audience and also includes a male character who has a primary female partner but also has sex with men. The video was developed so that it could be used with a broad range of STD clinic audiences across the country.

All videos do the following:

- use actors from the target ethnic population to model HIV/STD prevention attitudes and behaviors
- use soap opera-style vignettes to engage viewers' attention and stimulate discussion
- portray characters in primary and non-primary sexual relationships, showing that prevention strategies may differ depending on circumstance

- provide accurate information about HIV and other STDs and correct misinformation and common myths
- address common barriers and problems in using condoms along with information about condom features
- model verbal and nonverbal communication strategies for encouraging partners to use condoms

Other videos may be substituted or included in the intervention as long as they meet the criteria outlined on page 24, Section Two of the VOICES/VOCES Implementation Manual.

2. Small-Group Skill-Building Sessions

Clients often talk about their own experiences. I ask, "What do you think about what the character in the video said" and I ask, "What would you say?" This is what this is really about, isn't it - talking about safer sex negotiation.

The interactive sessions that follow video viewing are the heart of the VOICES/VOCES intervention. These sessions help clients develop and practice the skills they need to negotiate condom use. They provide an opportunity for participants to discuss problems they have encountered in trying to adopt safer sex behaviors, and, with peers, develop and practice strategies for overcoming these problems. A facilitator leads groups made up of four to eight clients, using a standardized protocol to guide discussion. The facilitator begins by asking participants specific questions about the characters and events depicted in the video. The facilitator then encourages participants to relate these situations to their own lives. Sessions address barriers to condom use and safer sex by providing information, correcting misinformation, discussing condom options, and having clients practice condom negotiation techniques. Sessions follow a consistent format, but the content can be tailored to address the concerns and experiences of each group of participants. *If possible, groups should include members of the same gender; that is, they should be men only or women only, to allow for open discussion of sensitive issues surrounding sexual behaviors and attitudes.*

3. Condom Feature Education

When you think condom you think only one type. So I give them the samples and let them feel the different textures and see the different flavors and sizes.

The condom education component of the intervention supplements the skill-building session by providing clients with detailed information about condoms and how to choose a condom that they and their partner will feel most comfortable using. This component offers aids to familiarize clients with condoms and their features, making it easier for them to obtain and correctly use condoms. The bilingual Condom Features Poster Board is an attractive, durable product to which the facilitator may refer during the skill-building session. The board includes photographs of approximately 20 of the most frequently purchased condoms, including those that are most likely to be available for free from departments of public health. Condoms are depicted in their packaging to facilitate ease of recognition in store settings. For example, clients see what a TROJAN looks like in the package. The condom board also highlights special features (thin, ribbed, size, contour, lubricated, etc.) by brand. The board presents information about condom features in both English and Spanish.

4. Distribution of Sample Condoms

At the end of the VOICES/VOCES session, participants are given samples of the types of condoms they have identified as best meeting their needs.

Messages about Changing Risky Behavior

Our work on VOICES/VOCES, as well as the efforts of many others in the field of HIV/STD prevention, has shown that while it is difficult to get people to reduce their risky behavior and take the actions necessary to protect their health, prevention efforts can and do work when they incorporate the seven prevention messages described below. These messages are introduced in the VOICES/VOCES videos, then reinforced during the small-group skill-building sessions and through condom feature education.

1. Everyone who is sexually active is vulnerable to HIV infection and other STDs, as are their partners and loved ones.

Many believe that they are invulnerable to health risks, including HIV infection, even if they engage in unsafe sex. *Awareness of personal risk and vulnerability is necessary for health behavior change to take place.* One of the goals of VOICES/VOCES is to increase clients' awareness that they are at risk of getting and transmitting HIV and other STDs, and that these diseases endanger not only their own health but also the health of their partners and loved ones. To do this, each of the VOICES/VOCES videos show susceptible characters with whom clients can identify.

We talk about how the guy in the video thought it would be okay to have unprotected sex because the woman looked all right. I ask, "Have you had that experience-where you think it's okay to have unprotected sex because someone looks 'good'?" We talk about how everyone thinks they can tell if someone's healthy by how they look.

2. Safer sex, including correct and consistent condom use, will help to prevent HIV infection.

Even if people believe that they are at risk, they may not take steps to change their behavior unless they believe these changes really will work. *If people assume that there is nothing they can really do to prevent disease - that it is their fate to get HIV, for example, or that condoms break too often to offer any real protection-they won't be motivated to change their behavior.* VOICES/VOCES provides accurate information about how condoms can be used safely and effectively.

I tell my male clients that condoms are not something you use the first time with your partner. You have to practice on your own. I encourage them to do that.

3. Using condoms correctly is easy: "You can do it."

Many people complain that condoms are never there when you need them. Some worry that they don't know how to use them correctly or that using condoms will interrupt the "moment." VOICES/VOCES addresses the negative experiences clients may have had in the past using condoms and suggests better ways to use them now. The VOICES/VOCES facilitator provides practical information on obtaining and using condoms and encourages clients to practice handling them.

I tell them the most important thing is to make a decision ahead of time that they are going to use one.

4. Different kinds of condoms are available to meet your needs: "You have options to choose from."

You've probably heard your clients complain that condoms come in one-size-fits-all packages, break too often, and are uncomfortable for men and women. *It is important for clients to understand that there are a variety of condoms available to meet their needs and satisfy their safety concerns.* In addition, clients are often unaware of the many styles and features of available condoms that can overcome traditional barriers for men and women. Large condoms, features such as textures, color,

male and female condoms, and flavor enhance the ability of men and women to negotiate safer sex successfully with a partner and to overcome discomfort. They also build clients' confidence in themselves as knowledgeable consumers. This can overcome obstacles associated with purchasing condoms in public. The bilingual Condom Features Poster Board component of the VOICES/VOCES intervention provides information on brand-specific condom features so that clients can choose the kind that will work best for them.

Discussion about condom negotiation comes first and then the features. I use the features to address the barriers. When they say condoms are too small, too thin, they break, etc., then I tell them about the different features.

5. Condoms don't have to ruin the mood.

One of the main reasons people don't use condoms is because they believe condoms interfere with sexual pleasure. "Condoms are not natural" or "Sex does not feel as good when a condom is used" are common complaints. *Naturally, if sexually active individuals believe that condoms ruin sexual enjoyment, they are less likely to use them.* The VOICES/VOCES videos show characters modeling methods of condom negotiation while maintaining the mood. The VOICES/VOCES facilitator then works with clients to dispel beliefs that condoms interfere with sexual pleasure. Furthermore, clients have the opportunity to discuss with their peers ways to incorporate condom use into different types of relationships, with both steady and casual partners.

One client returned with her husband to watch the video and learn about the different types of condoms. After the session, her husband agreed to try the large ones.

6. Getting your partner to use condoms is possible with good negotiation skills: "You can do it."

To practice safer sex, your clients must have the cooperation of their partners. Unfortunately, achieving that cooperation can be difficult. For example, partners might view attempts to use condoms as a sign of unfaithfulness, illness, or mistrust. After clients watch characters negotiating condom use in the VOICES/VOCES videos, facilitators can address clients' fears about partner responses to their requests to use condoms. At the same time, clients practice the skills they need to negotiate condom use with their partners.

We talk about excuses. I ask them what types of excuses they've heard. I tell them you may not find the answer to every excuse, but we try to come up with suggestions for what they might say.

7. Condoms are acceptable to men and women of diverse backgrounds and cultures and in different kinds of relationships.

People's reasons for using or not using condoms may differ by gender and culture, as well as by the nature of their relationships. For example, in some cultures it is unacceptable for women to purchase or carry condoms or talk about condoms or sex with their partners. Similarly, many men and women find it more difficult to introduce condom use into a long-term relationship than to use condoms with a new partner.

The VOICES/VOCES videos are culturally-specific in presenting condom use within the values, gender roles, and interactions of the culture, and sensitive to how the barriers to condom use may differ according to relationship type. For example, *Porque Sí* challenges the "unacceptability" of women purchasing condoms by showing a female character buying condoms at a neighborhood store, and *Do It Right* models men and women in both new and established relationships negotiating condom use. When working with men and women, facilitators also appreciate how culture, gender, and types of relationships influence condom use and attitudes about safe sex. They help clients

identify the *personal* benefits of safer sex, including caring for one's own health, protecting family, and avoiding unwanted pregnancy.

The feedback comes immediately at the end of the session, when people say, "Gee, I'm really going to talk to my partner about that" or "I never knew that and it opened my eyes."

Answers to Common Questions about VOICES/VOCES

Do we need to implement all of the core elements of VOICES/VOCES, or can we use some of the parts separately?

Core elements are intervention components that research tells us makes the intervention effective. They must be maintained without change to ensure the effectiveness. There are four core elements of VOICES/VOCES: 1) viewing of culturally-specific videos; 2) small group skill-building sessions; 3) condom feature education; and 4) distribution of sample condoms. *To maximize the effectiveness of VOICES/VOCES among the clients you serve, it is essential that you implement and maintain all four elements as intended and described in this manual.*

Our original research revealed the importance of implementing these elements in combination. Group discussion "brings home" to clients the messages they see and hear in the video, and lets them practice new condom negotiation strategies with the support of their peers. The Condom Features Poster Board then provides them with important information about condom features and the precise information they need when they go to purchase condoms.

Pilot testing revealed the importance of implementing each of the four core elements with fidelity, that is, as closely as possible to how they are described in the intervention protocol. "Group discussion" and "condom education" can mean different things to different educators. Unfortunately, these different interpretations may also lead to very different outcomes. For VOICES/VOCES to be truly effective, the intervention must be delivered as it was originally intended, with each element delivered just as it was in the original research study.

We've run groups before, but never tried to follow an outline like the one used for VOICES/VOCES groups. How important is it that we follow this protocol?

We strongly suggest that VOICES/VOCES facilitators adhere closely to the implementation protocol. VOICES/VOCES is a brief, single-session intervention. Because it is so brief—only 45 minutes, including 15-20 minutes of video viewing, the time allotted to discussion *must* be spent helping participants develop the skills they need to negotiate condom use successfully. The intervention protocol contains the tools you need to help participants develop these skills. It includes questions you can use to start and guide group discussion, role-play scenarios to help participants practice different condom negotiation strategies, and references to specific scenes and encounters in the videos that illustrate ways to introduce condoms in different relationships.

We recognize that clients may have other questions or concerns they wish to raise during a VOICES/VOCES session. For example, they may have questions about specific STDs, or about a partners' substance abuse. We suggest that you pursue these important topics *after* the session is completed, so that these conversations don't sidetrack the session and prevent clients from practicing the skills and getting the peer support they need.

Don't people need to participate in multiple sessions to acquire the skills they need to negotiate condom use successfully?

Research leading to the development of VOICES/VOCES showed that a brief, single-session intervention, used with men and women at high risk of contracting and/or transmitting HIV during a "teachable moment"—such as while being treated for an STD—can be effective in producing behavior change. Researchers found that, among clients who participated in the intervention, condom

acquisition rates almost doubled, client knowledge and attitudes about condom use improved, and rates of new infection decreased.

The VOICES/VOCES intervention is particularly effective in helping participants change their behavior because it focuses intensively on issues related to condom use and condom negotiation. This manual includes an intervention protocol which provides detailed instructions for guiding a focused discussion session (see page 45 of the VOICES/VOCES Implementation Manual). We also require all group leaders-however skilled or experienced-to participate in a VOICES/VOCES training. The training is designed to clarify the purpose of the VOICES/VOCES sessions, review the intervention protocol, and help leaders achieve an effective balance between tailoring group discussion to the needs and circumstances of individual group members and maintaining fidelity to the intervention's core elements.

Can we use the video in one-on-one counseling sessions instead of small facilitated groups?

VOICES/VOCES is a group intervention. While some of the materials (such as the Condom Features Poster Board) may be helpful to use during individual counseling sessions, the group experience is a critical element of the intervention and one of the reasons it is effective. Group discussion lets participants *learn from and help each other; such peer support is essential to the HIV messages of VOICES/VOCES*. Specifically, *small-group* discussion permits the following:

- Group members observe others struggling with familiar issues. This counteracts feelings of isolation and helps create positive social norms regarding prevention.
- Peers can encourage safer sex behaviors and suggest strategies for overcoming partner resistance to condom use.
- Group support can enhance self-esteem and self-efficacy.
- Observing others increases the acquisition of new skills through vicarious learning.
- The feedback of others while practicing a skill tends to improve performance.
- Group interaction provides a strong emotional experience that facilitates learning and strengthens motivation.
- For both men and women, gender-separate groups provide a chance to explore sensitive questions about sexual behaviors in a safe way.

Do we have to use the videos included in the VOICES/VOCES package?

If your agency serves predominantly African-American and Latino clients, we recommend that you begin with the videos included in the package. However, if you have a client population whose needs are better served by a different video, criteria and characteristics for selecting an appropriate substitute video are included in "Selecting Videos to Use in Delivering VOICES/VOCES" on page 24 of the VOICES/VOCES Implementation Manual.

Do we need to implement VOICES/VOCES every day, with all our clients?

VOICES/VOCES was designed as a single-session intervention because this format is relatively easy to incorporate into routine clinic practice. VOICES/VOCES will have the greatest impact in your setting if it is implemented regularly, as an ongoing component of the prevention services you provide to sexually active clients.

VOICES/VOCES was evaluated with over 99 percent of all the men and women who visited a very large STD clinic-not just the motivated clients who might come back for multiple session interventions. VOICES/VOCES tries to make the most of a teachable moment - the clinic visit. The

brief, single-session format is particularly useful for reaching a high volume of at-risk men and women. Incorporating this intervention into routine practice can help improve and provide quality assurance to your HIV prevention services.

What can VOICES/VOCES do for the adopting agency?

VOICES/VOCES is an approach that can work for everyone. It benefits not only the clients you serve but also the agency as a whole. VOICES/VOCES helps agencies accomplish the following:

- meet federal funding requirements for adopting innovative, research-based HIV/STD prevention education programs that are client-centered and tailored to cultural and gender needs
- save time and money through more efficient delivery of effective HIV/STD prevention education
- attract and sustain additional funding through use of a proven prevention intervention
- offer clients prevention education at the moment they are seeking health services - a critical teachable moment
- provide options for gender-specific, small-group education
- offer staff strategies for making prevention a priority - and making it effective

How does VOICES/VOCES build on current activities and programs in our agency?

VOICES/VOCES provides an easy way for most sites to improve the consistency and quality of their prevention education. For those services that have primarily used one-on-one counseling, VOICES/VOCES encourages clients to learn from one another and to practice strategies they can use to protect themselves. This type of peer education is one of the most effective strategies for promoting behavior change. For those agencies that serve culturally diverse populations, VOICES/VOCES provides a way to ensure that prevention messages and strategies are appropriate for particular cultures. For those services with experience in running client groups, VOICES/VOCES provides new materials that have been enthusiastically received by both providers and clients.

Do we need to hire new staff to implement VOICES/VOCES?

In most situations, current agency staff can easily learn to implement VOICES/VOCES. Key to the success of VOICES/VOCES are a staff facilitator and intervention manager. The *staff facilitator* should have the skills to identify and recruit clients to participate in a small-group intervention, to show the video, and to conduct the small-group skill-building sessions. Current staff members are probably qualified to undertake this new responsibility. In Boston and Chicago, where the intervention was evaluated, health educators, counselors, and outreach workers adapted easily to the facilitator role, which may also be filled by trained peer educators, such as volunteers and other staff in community-based agencies. In Massachusetts and Connecticut, where the intervention was later pilot-tested, community-based agency staff easily adopted and enjoyed the interactive nature of VOICES/VOCES.

Also critical to the adoption and success of the intervention is *an administrator or manager* who is willing to act as an intervention "champion." In this role, the manager oversees maintenance, quality control, and documentation. He or she introduces the intervention, supports it through implementation, and sees that it becomes a regular part of services. The manager can also help secure resources, work in partnership with local and state public health agencies, identify and address potential problems, answer questions, and, in general, serve as an advocate for improved prevention services.

What kind of preparation does staff need to deliver VOICES/VOCES?

It is strongly recommended that 2-3 staff members per organization attend a VOICES/ VOCES training. Staff that will facilitate the VOICES/VOCES sessions are required to attend a training. It is also recommended that, in addition to facilitators, Program Coordinators who provide oversight or supervision to the Group Facilitators and are responsible for coordination of the VOICES/VOCES intervention and a Program Manager or Executive Director of the organization attend a training. This will facilitate agency internal capacity building and commitment to the VOICES/VOCES intervention. More information on these trainings can be found at the DEBI website at <http://www.effectiveinterventions.org>.

Is VOICES/VOCES cost effective?¹

In addition to showing that the VOICES/VOCES intervention can be effective in promoting safer sex behaviors, we have conducted a cost effectiveness analysis. This type of analysis examines the benefits of the intervention, as estimated by the number of new HIV infections averted, in relationship to costs entailed in implementing it in a clinic setting.

To conduct this analysis, we documented the costs of implementing VOICES/VOCES in several pilot replication sites in Massachusetts and Connecticut. Both start-up and maintenance costs were considered. Start-up costs included purchase of the VOICES/VOCES package and video equipment as well as the costs of staff training and orientation. Start-up costs were amortized according to a standard formula. The costs associated with intervention maintenance included such categories as ongoing personnel costs for running the VOICES/VOCES group sessions (including both facilitator and supervisor time), the rental space costs of the room required for holding groups, materials (such as condoms) replacement, and ongoing technical assistance that we provided. Because VOICES/VOCES is primarily intended to be fit into the opportunity provided by a client's visit to an STD clinic or similar health service, additional costs incurred by participants were considered negligible, since no additional travel or time investment is required.

Using these figures, we calculated that delivering VOICES/VOCES costs an average \$43.30 per client.

We then used data from our original study in the South Bronx to estimate the benefits of the intervention, in terms of the number of averted HIV infections among an STD clinic population who participated in the intervention. To make this estimate, we used information collected on the reduction in STD reinfections among those exposed to the intervention and the known prevalence rate of HIV infection in the clinic population. Scaled to a clinic population of 10,000 clients a year, we estimated 27.69 cases of HIV infection averted. Using these figures, we then calculated that the cost per case of HIV infection averted is \$21,486 per 10,000 clients served. Currently, intermediate lifetime costs for treatment of HIV in the US are estimated to be approximately \$195,188. Therefore, the cost savings for intervention is \$5,544,408 per 10,000 clients who receive the intervention.

Intervention costs would have to increase by a factor of 13.8 (or \$599) before they would equal treatment costs. While costs will vary some both by region and by the number of clients served, our sensitivity analyses show that no reasonable range of factors known to influence cost would result in such a large increase. It should be noted that cost effectiveness is also influenced by the prevalence of HIV in a population. While the intervention may have the same impact on an individual level among participants in communities where the HIV prevalence is relatively high or low, the likelihood of averting new cases of HIV infection is greater in high-prevalence areas.

¹ Sweat M, O'Donnell C, O'Donnell L. Cost-effectiveness of a brief video-based HIV intervention for African American and Latino sexually transmitted disease clinic clients. *AIDS* 2001, 15: 781-787.

A cost worksheet was developed to help agencies estimate how much it would cost them to implement VOICES/VOCES. A copy of this worksheet, as well as steps for maximizing the cost-effectiveness of VOICES/VOCES at your site, is included in Section Six of this manual.