

VOICES/VOCES

DESCRIPTION

VOICES/VOCES (Video Opportunities for Innovative Condom Education and Safer Sex) is a single-session, video-based program for the prevention of HIV and other sexually transmitted diseases (STDs). VOICES/VOCES was designed to encourage condom use and improve condom negotiation skills, primarily among heterosexual African American and Latino men and women, aged 18 years and older, who are at high risk for HIV and other STDs.

The original research was conducted in STD clinics; however, clients who are at high risk for getting or transmitting HIV and other STDs might benefit from receiving VOICES/VOCES in other venues. The intervention has also been conducted in family planning centers, community health centers, community-based organizations (CBOs), drug rehabilitation clinics, and correctional facilities.

VOICES/VOCES has been packaged by CDC's Diffusion of Effective Behavioral Interventions project; information on obtaining the intervention training and materials is available at www.effectiveinterventions.org.

Goals

VOICES/VOCES aims to encourage condom use and improve condom negotiation skills primarily among adult heterosexual African American and Latino men and women¹ who are at high risk for acquiring or transmitting HIV or other STDs.

How It Works

This brief intervention, available in English and Spanish, is a 45-minute program that can be easily integrated into the flow of services provided by busy clinics and CBOs. The intervention takes advantage of a "teachable moment," when a person may be motivated to change behavior, for example, while sitting in the waiting room of an STD clinic.

To implement VOICES/VOCES, health educators convene groups of 4 to 8 clients for a single, 45-minute session. Whenever possible, groups are uniform in gender and ethnicity so that clients can customize prevention strategies appropriate for a given culture. The actors in the videos present information on HIV/STD risk behavior and model condom use and negotiation. In the following small-group discussion, condom negotiation is role-played, practiced, and discussed. A poster is then used to show features of various condom brands in English and Spanish. At the end of the session, clients are given samples of the types of condoms they have identified as best meeting their needs.

Originally, the intervention provided 2 videos, Love Exchange for African American clients and Porque Sí for Latino clients. Love Exchange is no longer being provided; however, Porque Sí will still be included in the VOICES/VOCES kit. In 2009, 4

additional videos were released: 1) Do It Right, for African American heterosexual men and women; 2) It's About You, for English-speaking Latino heterosexual men and women; 3) Se Trata de Ti, for Spanish-speaking Latino heterosexual men and women; and 4) Safe in the City, for diverse audiences. See www.effectiveinterventions.org for more information on the new videos.

A “Guide to New Videos” can be downloaded from www.effectiveinterventions.org that provides synopses of the videos and details how to facilitate the new videos in VOICES/VOCES small-group sessions.

Theory Behind the Intervention

VOICES/VOCES is based on the theory of reasoned action, which explains how people's behaviors are guided by their attitudes, beliefs, and experiences as well as by how they believe others think they should act in a given circumstance (i.e., the social and cultural norms of their community).

Research Findings

VOICES/VOCES is also based on extensive research exploring cultural and gender-based reasons why people engage in unsafe sex practices and how they can be encouraged to change their behavior. VOICES/VOCES produced significant results in field trials; participants in VOICES/VOCES had a significantly lower rate of infection with new STDs than did control participants. In addition, participants had increased knowledge about the transmission of HIV and other STDs as well as increased intentions to use condoms regularly. They were also more likely to go get more condoms at a neighborhood store in the weeks after their clinic visit.¹

CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

Core Elements

Core elements are those parts of an intervention that must be conducted and cannot be changed. They come from the behavioral theory on which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. **Core elements are essential and cannot be ignored, added to, or changed.**

VOICES/VOCES has the following 4 core elements:

- Show culture-specific videos portraying condom negotiation.
- Convene small-group skill-building sessions to work on overcoming barriers to condom use.
- Educate clients about different types of condoms and their features.
- Distribute samples of condoms identified by clients as best meeting their needs.

Key Characteristics

Key characteristics are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the CBO or target population.

VOCES/VOCES has the following key characteristics:

- Introduce VOICES/VOCES as a routine part of clinic or CBO services.
- Convene groups of 4 to 8 people of the same gender and race and ethnicity to allow for open discussion of sensitive issues among people who have similar cultural values.
- Conduct the intervention session in a private space.
- Deliver the intervention in a single session (40 to 60 minutes).
- Begin the session by showing a culture-specific video (15 to 20 minutes).
- Show a video that does the following:
 - Reflects up-to-date information about HIV and other STDs.
 - Uses male and female actors whose race and ethnicity is similar to that of the clients.
 - Depicts real-life situations involving characters like the clients.
 - Shows condom negotiation as a shared responsibility between sex partners.
 - Models communication skills and prevention attitudes and behaviors with regard to HIV and other STDs.
 - Includes subject matter that is explicit but appropriate for viewing at the site.
- Use the characters and situations depicted in the video to launch group discussions.
- Address barriers to condom use and safer sex by increasing awareness of personal risk for infection with HIV and other STDs, providing information on safer sex to prevent infection, correcting misinformation about condom use, and presenting the features of different types of condoms.
- Give clients a minimum of 3 condoms each of the types they identified as best meeting their needs.

Procedures

Procedures are detailed descriptions of some of the elements and characteristics listed above.

Procedures for VOICES/VOCES are as follows:

Showing culture-specific videos

These videos quickly transmit information, and the actors model attitudes and behaviors regarding safer sex appropriate for members of specific cultures. In VOICES/VOCES, videos provide a nonthreatening starting point for 4 to 8 people, often strangers, brought together for 1 brief session, to discuss sensitive topics relating to condom use during sexual encounters. A safe environment is needed to discuss personal and culturally sensitive issues or when group facilitators differ from clients in race and ethnicity or other characteristics, as is often the case with community health agencies that provide services to diverse client populations.

Most of the VOICES/VOCES videos were specifically designed for heterosexual African American and Latino adult men and women and may not be appropriate for all target populations. Porque Sí is partly in English and partly in Spanish, and Se Trata de Ti is entirely in Spanish. Its About You, for Latinos, is the English version of Se Trata de Ti. Do It Right, for African Americans, is a replacement for Love Exchange, which is no

longer being provided. *Safe in the City* portrays a variety of races and ethnicities and sexual orientations. The actors are depicted in a steady relationship, a new relationship, and a 1-night stand, all intertwined among 3 vignettes.

Other videos may be used for this intervention, as long as they meet the criteria outlined in the VOICES/VOCES intervention package (see “Selecting Videos to Use in Delivering VOICES/VOCES,” VOICES/VOCES implementation manual, page 17). If an alternative video is selected, it should be screened for appropriateness by CBO staff as well as consumers and community members (e.g., community advisory board, consumer focus groups, and materials review panels). When an alternative video is used for VOICES/VOCES, staff facilitators should update the video activity sheets (see VOICES/VOCES implementation manual, pages 37 to 39) to identify specific “trigger points” that will be used during the small-group sessions.

Conducting small-group skill-building sessions

These interactive sessions are held after clients watch the 23-minute video. The facilitators help clients develop and practice skills they need to negotiate condom use. They also provide an opportunity for clients to discuss problems they have encountered in trying to adopt safer-sex behaviors and, with peers, develop and practice strategies for overcoming these problems.

Facilitators lead groups of 4 to 8 clients by using a standardized protocol. Facilitators begin by asking specific questions about the characters and events depicted in the video, then encouraging clients to relate these situations to their own lives. These small-group 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 is adapted to address the concerns and experiences of each group. When possible, groups should be all male or all female to allow open discussion of sensitive issues surrounding sexual behaviors and attitudes.

Educating clients about condoms

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 partners will feel most comfortable using. In addition, a participant or facilitator demonstrates how to put a condom on a penis model. This component offers aids to familiarize clients with condoms and their features, making it easier for them to obtain and correctly use condoms. The “Condom Features” poster, in English and Spanish, available in the VOICES/VOCES intervention kit, is used for this activity. In accordance with CDC’s statement on nonoxynol-9 spermicide (available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5118a1.htm), condoms lubricated with nonoxynol-9 have been removed from the poster, and use of nonoxynol-9 spermicide is not encouraged in the VOICES/VOCES intervention.

Distributing condom samples

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

ADAPTING

VOICES/VOCES was specifically designed for heterosexual African American and Latino adult men and women in STD clinic waiting rooms who are at high risk for acquiring HIV/STDs. However, an agency may adapt VOICES/VOCES for other populations that are at high risk, and the intervention may be delivered in other venues. Therefore, a frequent adaptation is using a different video that is culture-specific to the new population. For example, one recent adaptation features a video for Haitian men and women in the Haitian-Creole language, and another agency adapted the intervention by recording a video in English for paraplegics. Alternatively, the Safe in the City video shows a variety of races and ethnicities and sexual orientations. Therefore, the VOICES/VOCES facilitator may use this video with racially and ethnically diverse small groups that may include men who have sex with men and may address issues of bisexuality.

Before adapting VOICES/VOCES, CBOs should conduct formative research to assess whether the intervention's theory of behavior change and intervention activities would address the risk factors, HIV risk behaviors, behavioral risk determinants, and cultural norms of the population of interest. For example, 1 of the 3 vignettes of the Safe in the City video features a gay male couple, 1 of whom is white and 1 of whom is a Latino who self-identifies as bisexual. Many viewers have expressed the opinion that Safe in the City would not be suited for all men who have sex with men because, for example, the video does not feature men who only have sex with men, nor does it depict African American men. This emphasizes the need to use a culture-specific video that represents members of the target population.

Changing the location of the intervention is another way VOICES/VOCES is often adapted. VOICES/VOCES was designed for clients in the STD clinic waiting room. However, to date, this intervention has been implemented mostly by CBOs. In addition to the CBO environment, VOICES/VOCES has been implemented successfully in neighborhood health centers, family planning centers, drug rehabilitation clinics, and prisons. One CBO used a van to conduct the intervention with professional sex workers. CBOs implementing VOICES/VOCES in settings other than clinics are encouraged to develop recruitment and other processes that will enhance the flow of client services at their agency.

The fourth core element, condom distribution, has also been adapted successfully. When used in prisons, where condoms are frequently not allowed, a common adaptation is to provide clients with vouchers for condoms so they can obtain condoms after they are released from prison.

RESOURCE REQUIREMENTS

People

VOICES/VOCES needs 1 to 2 facilitators and a program coordinator/manager. Facilitators recruit clients, show the video, and run the small-group skill-building sessions. Existing CBO staff members make good facilitators as long as they know how to do these things. Having more than 1 facilitator helps ensure continuity and consistency of the program in instances of absences or turnover. Facilitators also can support each other and troubleshoot any issues that arise. Staff facilitators should possess some group facilitation skills or attend group facilitation training to develop those skills. Staff facilitators are encouraged to attend a VOICES/VOCES training of facilitators to learn how to plan and implement the intervention.

The program coordinator/manager oversees the intervention and supervises the staff facilitators. This person should also attend the VOICES/VOCES training of facilitators. Other responsibilities of the program coordinator/manager are to oversee maintenance, quality control, and documentation; introduce the intervention and support it through implementation; ensure that the intervention becomes a regular part of services; help secure resources; work in partnership with local and state public health agencies; identify and address potential problems and answer questions; and advocate for improved prevention services. Program coordinators/managers and those interested in learning more about the intervention are encouraged to read the VOICES/VOCES preview/administrator's guide, which can be found at www.effectiveinterventions.org as well as in the VOICES/VOCES intervention package. Half-day orientation training sessions are not being offered.

Space

VOICES/VOCES can use existing clinic and CBO space. New users should examine their own clinic and CBO settings and develop strategies for delivering the intervention so the most clients will benefit. The main requirement is a private, quiet room for having confidential discussions and watching videos. Possible sites include STD clinics, family planning clinics, community health centers, CBOs, drug treatment centers, and prisons and jails.

Supplies

VOICES/VOCES needs a television and DVD player and money for personnel costs, rented space, if needed, video/DVD equipment, staff training, and materials such as condoms. (CBOs should budget for at least 3 condoms per person in the intervention. Because clients select which types of condoms best meet their needs, CBOs should budget for a diverse supply of condoms, including the types shown on the "Condom Features" poster.)

Because VOICES/VOCES is primarily intended to fit in a client's routine visit to an STD clinic or similar health service or community agency, additional costs incurred by clients are often negligible, since little additional travel or time is required.²

RECRUITMENT

The population recruited for VOICES/VOCES is people at high risk for HIV and other STDs. VOICES/VOCES should be a part of routine services and offered on a regular basis to as many clients as possible every week. Successful recruitment involves determining where VOICES/VOCES fits into the flow of CBO services. CBO staff can recruit and enroll clients by offering the intervention during the client's regular program or clinic visit. General recruitment strategies for the VOICES/VOCES sessions include word of mouth, peer-to-peer recruitment, and other marketing (e.g., flyers, newsletters, and special events).

POLICIES AND STANDARDS

Before a CBO attempts to implement VOICES/VOCES, the following policies and standards should be in place to protect clients and the CBO.

Confidentiality

A system must be in place to ensure that confidentiality is maintained for all participants in the program. Before sharing any information with another agency to which a client is referred, signed informed consent from the client or his or her legal guardian must be obtained.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to different cultures. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the [Introduction](#) of this document for standards for developing culturally and linguistically competent programs and services.)

Data Security

To ensure data security and client confidentiality, data must be collected and reported according to CDC requirements.

Informed Consent

CBOs must have a consent form that carefully and clearly explains (in appropriate language) the CBO's responsibility and the clients' rights. Individual state laws apply to consent procedures for minors; at a minimum, consent should be obtained from each client and, if appropriate, a legal guardian if the client is a minor or unable to give legal

consent. Participation must always be voluntary, and documentation of this informed consent must be maintained in the client's record.

Legal and Ethical Policies

CBOs must know their state laws regarding disclosure of HIV status to sex partners and needle-sharing partners; CBOs are obligated to inform clients of the organization's responsibilities if a client receives a positive HIV test result and the organization's potential duty to warn. CBOs also must inform clients about state laws regarding the reporting of domestic violence, child abuse, sexual abuse of minors, and elder abuse.

Referrals

CBOs must be prepared to refer clients as needed. For clients who need additional assistance in decreasing risk behavior, providers must know about referral sources for prevention interventions and counseling, such as partner counseling and referral services and other health department and CBO prevention programs.

Volunteers

If the CBO uses volunteers to assist with or conduct this intervention, then the CBO should know and disclose how their liability insurance and worker's compensation applies to volunteers. CBOs must ensure that volunteers also receive the same training and are held to the same performance standards as employees. All training should be documented. CBOs must also ensure that volunteers sign and adhere to a confidentiality statement.

QUALITY ASSURANCE

The following quality assurance activities should be in place when implementing VOICES/VOCES.

CBOs

Leadership and guidance

The CBO manager must provide hands-on leadership and guidance for the intervention—from preparation through institutionalization. The "Administrator's Preview Guide" allows leaders to understand the type of commitment they are taking on when agreeing to implement the intervention at their agency.

Implementation manual

The VOICES/VOCES implementation manual provides procedures for quality assurance, process monitoring, and process evaluation and describes the experiences of others who have used the intervention. The manual also guides staff on how to incorporate feedback and findings from quality assurance and process evaluations into VOICES/VOCES programming.

Fidelity to core elements

Throughout implementation of VOICES/VOCES, it is necessary to determine whether staff members are delivering the intervention with fidelity to the 4 core elements. It is

also necessary to ensure that the intervention is meeting the needs of CBO clients and staff. Staff will use the quality assurance checklist contained in the implementation manual to identify, discuss, and solve problems in successfully implementing the intervention.

Clients

Clients' satisfaction with the services and their comfort should be assessed periodically. Staff will use the client satisfaction survey contained in the implementation manual or their own satisfaction survey to collect feedback from clients. The results of the survey will be used to strengthen the intervention.

MONITORING AND EVALUATION

Specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the procedural guidance will include the collection of standardized process and outcome measures. Specific data reporting requirements will be provided to agencies after notification of award. For their convenience, grantees may utilize PEMS software for data management and reporting. PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management. CDC will also provide data collection and evaluation guidance and training and PEMS implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC by using PEMS or other software that transmits data to CDC according to data requirements. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies designed to assess the effect of HIV prevention activities on at-risk populations.

KEY ARTICLES AND RESOURCES

O'Donnell L, San Doval A, Duran R, O'Donnell CR. Predictors of condom acquisition after an STD clinic visit. *Family Planning Perspectives*. 1995;27:27-29.

O'Donnell L, San Doval A, Vornfett R, O'Donnell C. STD prevention and the challenge of gender and cultural diversity: knowledge, attitudes, and risk behaviors among black and Hispanic inner-city STD clinic patients. *Sexually Transmitted Diseases*. 1994;21(3):137-148.

REFERENCES

1. O'Donnell CR, O'Donnell L, San Doval A, Duran R, Labes K. Reductions in STD infections subsequent to an STD clinic visit: using video-based patient education to supplement provider interactions. *Sexually Transmitted Diseases*. 1998;25(3):161–168.
2. 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.