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. VOICES/VOCES was designed to encourage condom use and improve condom negotiation skills among heterosexual African American and Latino men and women, aged 18 years and older, who are at very high risk for HIV and other sexually transmitted diseases.

The original research was conducted in sexually transmitted disease clinics; however, many clients who are at very high risk for getting or transmitting HIV and other sexually transmitted diseases but are not being treated in sexually transmitted disease clinics might benefit greatly from VOICES/VOCES. The intervention has also been conducted in family planning centers, community health centers, drug rehabilitation clinics, correctional facilities, and other settings.

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 is designed to encourage condom use and improve condom negotiation skills by African American and Latino men and women.[1]

How It Works

This brief intervention, in English and Spanish, is a workshop that can be easily integrated into the flow of services provided by busy CBOs. It fits effective prevention education into the time frame of a clinic visit or other brief opportunity to reach clients during a "teachable moment." For example, having to visit a sexually transmitted disease clinic may motivate a person to change behavior.

To implement VOICES/VOCES, health educators convene groups of 4 to 8 clients for a single, 45-minute session. Whenever possible, groups are gender- and ethnic-specific so that clients can develop prevention strategies appropriate for their culture. Information on HIV risk behaviors and condom use is delivered using videos, facilitated group discussion, and a poster board showing features of various condom brands in English and Spanish. Two culturally specific videos are used: 1 for African American clients and 1 (bilingual) for Latino clients. Skills in condom use and negotiation are modeled in the videos, then role-played, practiced, and discussed. At the end of the session, clients are given samples of the types of condoms they have identified as best meeting their needs.

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, demonstrating both biological markers and self-reported behavior change. Participants in VOICES/VOCES had a significantly lower rate of infection with new sexually transmitted diseases than did control participants. In addition, participants had increased knowledge about the transmission of HIV and other sexually transmitted diseases 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 done and cannot be changed. They come from the behavioral theory upon 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 culturally 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 persons of the same gender and race and ethnicity, to allow for open discussion of sensitive issues among persons holding similar cultural values.
- Conduct the intervention session in a private space.
- Deliver the intervention in a single session (40–60 minutes).
- Begin the session by showing a culturally specific video (15–20 minutes).
- Show a video that

    - reflects up-to-date information about HIV and other sexually transmitted diseases
    - 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 themselves
    - shows condom negotiation as a shared responsibility between sex partners
    - models communication skills and prevention attitudes and behaviors with regard to HIV and other sexually transmitted diseases
    - 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 sexually transmitted diseases
    - providing information on safer sex to prevent infection
    - correcting misinformation about condom use
    - presenting the features of different types of condoms
- Give clients a minimum of 3 condoms each of the type they identified as best meeting their needs.

Procedures

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

Procedures for VOICES/VOCES are as follows:

Showing Culturally Specific Videos

Videos quickly transmit information and model attitudes and behaviors regarding safer sex appropriate for members of particular cultures. In VOICES/VOCES, videos provide a nonthreatening starting point for groups of strangers, brought together for 1 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 group facilitators differ from clients in race and ethnicity or other characteristics, as is often the case with community health agencies providing services to diverse client populations.

Two videos have been developed for the VOICES/VOCES intervention: *Porque Sí,* in Spanish and English, for Latino men and women, and *Love Exchange,* for African Americans. 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. Other videos may be substituted or added, 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, 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 37–39) to identify specific "trigger points" that will be used during the small-group sessions.

Conducting Small-Group Skill-Building Sessions

The interactive sessions are held after clients watch the video; the sessions are the heart of the VOICES/VOCES intervention. They help clients develop and practice the skills they need to negotiate condom use. They also provide an opportunity for clients to discuss problems that 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, using a standardized protocol. Facilitators begin by asking specific questions about the characters and events depicted in the video, then encourage clients 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 is adapted to address the concerns and experiences of each group. If possible, groups should comprise members of the same gender; that is, they should be men only or women only, 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 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 Condom Features poster board, 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 (May 10, 2002, which is available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5118a1.htm), condoms lubricated with nonoxynol-9 have been removed from the Condom Features poster board, 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 who are at very high risk for acquiring HIV. CBOs may adapt VOICES/VOCES for other populations who are at very high risk. However, before doing so, CBOs should conduct formative research to assess whether VOICES/VOCES, its theory of behavior change, and intervention activities are appropriate for the influencing factors, HIV risk behaviors, and cultural norms of the target population. For example, if discussion or use of condoms is largely prohibited in a particular cultural group, VOICES/VOCES may not be a good fit for that cultural group.

When using VOICES/VOCES for other populations at very high risk for acquiring HIV, CBOs should use an appropriate culturally specific video that represents members of the target population and their primary language.

CBOs may adapt VOICES/VOCES for settings other than sexually transmitted disease clinics. VOICES/VOCES has been implemented successfully in settings such as a neighborhood health center, prison, CBO, and school-based clinic. CBOs implementing VOICES/VOCES in settings other than clinics are encouraged to develop recruitment and other processes that accommodate the flow of client services at a particular agency. Although the core elements of VOICES/VOCES may not be altered or omitted, CBOs may modify the key characteristics of the intervention to better meet the needs of the target population.

RESOURCE REQUIREMENTS

People

VOICES/VOCES needs 1 to 2 facilitators and a program coordinator/manager.

Facilitators

- recruit clients
- show the video
- run the small-group skill-building sessions

Existing CBO staff members make good facilitators as long as they know how to do the above. Having more than 1 facilitator helps ensure continuity and consistency of the program in instances of absences or turnover. Facilitators also can support one another and help 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 strongly encouraged to attend a VOICES/VOCES training of facilitators to learn how to plan and implement the intervention. Staff facilitators, who will facilitate the VOICES/VOCES sessions, are strongly encouraged to attend the 2-day VOICES/VOCES training of facilitators.

Regarding materials costs, CBOs should budget for the distribution of a minimum of 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.

Program Coordinators/Managers

- oversee the intervention and supervise the staff facilitators
- should attend the VOICES/VOCES training of facilitators
- 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

- serve as advocates 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 trainings 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 greatest number of clients will benefit. The main requirement is a private, quiet room for having confidential discussions and watching videos. Recommended sites include

- sexually transmitted disease clinics
- family planning clinics
- community health centers
- CBOs
- drug treatment centers
- prisons and jails

Supplies

VOICES/VOCES needs

- a TV and VCR
- money for
    - personnel costs
    - rented space, if needed
    - video equipment
    - staff training
    - materials such as condoms (CBOs should budget for the distribution of 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 board.)
    - ongoing technical assistance

Because VOICES/VOCES is primarily intended to fit into the opportunity provided by a client's routine visit to a sexually transmitted disease clinic or similar health service or community agency, additional costs incurred by clients are often negligible, since little additional travel or time investment is required.[2]

RECRUITMENT

The population recruited for VOICES/VOCES is persons who are at very high risk for HIV and other sexually transmitted diseases. 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 presenting the intervention as part of the client's regular clinic visit.

General recruitment into the VOICES/VOCES sessions can include word of mouth, peer-to-peer recruitment strategies, and other marketing strategies (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 these 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 important 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; but 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 orientation session enables the CBO manager (and facilitators) to provide this guidance.

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

At this time, specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators is under review and 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 as described in the Program Evaluation and Monitoring System (PEMS). 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, data collection and evaluation guidance and training, and software implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC using PEMS. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies aimed at assessing 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.