Safe in the City: Intervention Development and Study Findings

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[Kees Rietmeijer, MD, PhD] The latest issue of PLoS Medicine features an article that reports on the outcomes of a large STD prevention trial called 'Safe in the City.' This study evaluates the efficacy of a specially designed video to be shown in STD clinic waiting rooms. Here to discuss the intervention and the study results is the article's lead author, Dr. Lee Warner. Dr. Warner is a senior scientist at the Division of Reproductive Health at the Centers for Disease Control and Prevention in Atlanta. Welcome, Lee.

[Lee Warner, PhD] Thank you for having me, Kees.

[Kees Rietmeijer, MD, PhD] First, tell us a little bit more about the intervention and how it was developed.

[Lee Warner, PhD] The intervention is called 'Safe in the City.' It's a 23 minute video designed for STD clinic waiting rooms. And when we first decided to do this project, we were trying to think of what type of intervention could be implemented in waiting rooms that did not require any clinician's time, required minimal resources, and could be easily implemented.

[Kees Rietmeijer, MD, PhD] Uh huh. And so how did you go about, sort of, developing the video?

[Lee Warner, PhD] Well once we decided to develop a video, what we did was contracted with a producer in New York, and given that the video was going to be the entire intervention, this thing had to look good -- had to be visually appealing and entertaining, yet impart STD prevention messages for patients.

[Kees Rietmeijer, MD, PhD] Uh huh. You also did focus groups, right? With STD clinic patients?

[Lee Warner, PhD] We did 15 focus groups with nearly 200 patients. Running story lines by them, ideas for characters, as well as the final production cut.

[Kees Rietmeijer, MD, PhD] So, what's the content of the video?

[Lee Warner, PhD] In the 23 minute video, there are three vignettes that portray characters in different types of sexual relationships. Some are new dating relationships, some are casual relationships, and there are characters of different racial and ethnic backgrounds, and different sexual orientations trying to negotiate condom use.

[Kees Rietmeijer, MD, PhD] So these are kind of soap opera-type vignettes, right?
Lee Warner, PhD: That's correct. And the way we've constructed the video, there's three...the three vignettes are each around 5 to 10 minutes in length, such that if a patient were to come in the waiting room in the middle, they could see part of the video, yet still benefit from it.

Kees Rietmeijer, MD, PhD: And there are also two cartoons that are sort of interspersed within these storylines.

Lee Warner, PhD: And these are almost like commercials, you're right. The first cartoon character, showing and demonstrating the types of condoms that are available in different retail stores throughout the U.S., so patients can learn about the different types of condoms and varieties that are available to them. And the second cartoon shows how to use a condom, where the cartoon character, in an animated sense, shows how one would be used on himself.

Kees Rietmeijer, MD, PhD: So, when you put the video together, it was actually evaluated in a large scale study. Could you say something about how this intervention was evaluated?

Lee Warner, PhD: Once we developed the intervention, and felt like we had a good product that would be a stand-alone video and would be effective, we had to figure out how to evaluate it. And what we did was followed nearly 40,000 STD clinic patients in three cities, Denver, San Francisco, and Long Beach, and in which, the video was shown in alternating months in the clinic. So the first month, it would be whatever was typically in the waiting room. That might be CNN, it might be nothing on TV, or music. In the alternating month, we'd show 'Safe in the City' in the waiting room, on a TV for patients to view.

Kees Rietmeijer, MD, PhD: How did you then follow these patients?

Lee Warner, PhD: Well, once we'd repeated that cycle of showing and not showing it, approximately a dozen times, we followed all those patients up passively, to find out what the rates of STD's were in both groups.

Kees Rietmeijer, MD, PhD: So, what did you find?

Lee Warner, PhD: Well, one other point I would like to make is that this is really a structural intervention, and this is the real-world effectiveness of the study. This is what would happen if you showed it in a clinic atmosphere - no patients were actually enrolled in the study. We followed them up passively, and what we found was that patients who were exposed to the video had approximately a 10 percent reduction in their rates of STD's compared with those exposed to the standard waiting room condition, with most of the reductions being in Gonorrhea and Chlamydia.

Kees Rietmeijer, MD, PhD: So, that's pretty significant finding.

Lee Warner, PhD: It is for just showing a brief 23 minute video that requires no clinician interaction, no group counseling or individual sessions.

Kees Rietmeijer, MD, PhD: Congratulations. That's phenomenal! What are the next steps?
[Lee Warner, PhD] I think our next step is, now that we have a great product that we think can be easily implemented, is to get the product out. We've got scientific evidence that not only do we have a great video, that this video is effective at reducing incident STD's. And so we're planning to roll this video out, by having every STD clinic in the United States having a copy of this. And we're working to set up technical assistance and training, so they’re are able to show this video in their clinics.

[Kees Rietmeijer, MD, PhD] Well, good luck with that, and thank you for being with us.

[Lee Warner, PhD] Thank you very much, Kees.

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