

It's a Start: Evaluation of a Modest Sexual Health Education Program for Young Adult Men of Color

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Young Men's Health Initiative

- Young Men's Clinic
- Work in schools
- Community outreach to CBOs
 - Outreach for YMC
 - Provide SH education
 - Capacity building

The Young Men's Clinic

- Established in 1987
- Sole SH clinic for men in the NY metro. area
- Provides primary care
- 3 sessions per week
- Men Served
 - '06- 1500
 - Jan-Aug '07- 1442



CBO SH Educational Modules

- Background
 - Bring the clinic into the community
- Project Development
 - Defining objectives
 - Feasibility
 - Site Selection - oops
- Research Component
 - Cost- money and time

Study Outcomes

➤ Primary Outcomes

- Improve attitudes toward HC utilization
- Promote YMC visits

➤ Secondary Outcomes

- Sexual health and YMC knowledge
- Attitudes toward condoms
- Sexual risk behaviors

Intervention

- Three 50-minute educational sessions with an interactive group discussion format
- Topics:
 - Importance of having regular health exams
 - Description of services provided at YMC
 - Presentation of a short video taking men through a first visit to the clinic
 - STI transmission, screening, and testing
 - Condom use
 - Emergency contraception

Study Design and Recruitment

- Quasi-experimental pretest-posttest design
 - Intervention and control groups
 - Baseline self-administered interview
 - 3-month follow-up telephone interview
- Men recruited from 8 CBOs in northern Manhattan and the Bronx

Eligibility

- 18-30
- Latino/African-American
- Could understand English-language educational modules
- No visit to the YMC > 2 year.

Sample

- 272 men enrolled and 231 men completed both rounds of data collection (85% RR)
- Men were equally split between the intervention and control groups
- No significant sociodemographic differences between “attriters” and “non-attriters”.

Sample Characteristics

- Race/ethnicity
 - 2/3 Latino
- Sociodemographics
 - 2/3 Unemployed
 - 2/3 Did not complete HS
- Sexual Risk in last 3 months
 - 1/4 had 3 or more partners
 - 1/4 used condoms none/only some of the time

Measures: YMC Utilization

- Visit to YMC w/in 18 months of the initial interview
 - Source: NYP Hospital Database (Eagle)

Measures: Attitudes Regarding HC Utilization

- I *only* need to get a health check-up when I am sick or hurt.
- Except for the emergency room, there is no place where I can go to get a physical exam or health check-up that I can afford.
- If I was sick or in pain, I would go to see a doctor as soon as possible.

Knowledge

➤ YMC Knowledge

- Services at the YMC are confidential
- Men with little or no money can be served at the YMC

➤ SHC Knowledge

- STIs (4)
- EC (1)
- Condoms (1)

Condom Attitudes

- Feelings about condoms
 - 1-10 scale
 - Very negative to very positive
- There is no way to enjoy sex when using a condom (Likert Scale responses)

Sexual Risk Behavior Scale

- Number of sex partners
- Frequency of condom use
- Always use condom with sex partner who was not main partner

Time Frame: Last 3 months

Analysis

- Logistic/OLS Regression with controls for
 - Age
 - Baseline score on the outcome variable

Primary Outcome Results

- The intervention significantly improved attitudes toward health care utilization
- The intervention significantly promoted YMC visits.
 - 18 of the 19 men who visited were in the intervention group

Secondary Outcome Results

- Knowledge
 - The intervention increased men's knowledge about SRH and the YMC
- Attitudes toward Condoms
 - Significant positive impact on feelings about condoms (1-10 scale) but not on agreement with “there is no way to enjoy sex with condoms” (Likert scale).
- Sexual Risk Behaviors – Last 3 months
 - Reduced the number of sex partners
 - No significant effect on condom behaviors.

Modest Success

- Noteworthy given the purposefully limited scope and duration of the intervention.
- Supports the efficacy of this approach
- Supports the viability of this approach
 - 82% attended all 3 sessions.
 - 88% reported that they were very satisfied with the educational session.

Discussion

- 92% of men who received the intervention did not visit the YMC for a checkup
 - Men don't seek SHC unless they have symptoms.
 - Some men “tough it out” and only see a doctor when symptoms become unbearable

Implications

- SH education with men must include the promotion of positive attitudes and behaviors toward health care utilization
- Balance negative motivation (asymptomatic infection) with positive motivation (take control- stay on top of your game).

What would it take to get high-risk asymptomatic young men to seek routine sexual health care?

- SH education programs
- Social marketing campaigns
- Health care system change
 - Training of providers
 - Development of more community-based sites
 - Changes in public and private health insurance eligibility and reimbursement