

# **A multi-component clinic-based intervention to improve young men's sexual health**

**Bruce Armstrong, DSW**

**Debra Kalmuss, PhD**

**Molly Franks, MPH**

**Gabrielle Hecker, MPH**

**Pedro Alicea**

**David Bell, MD**

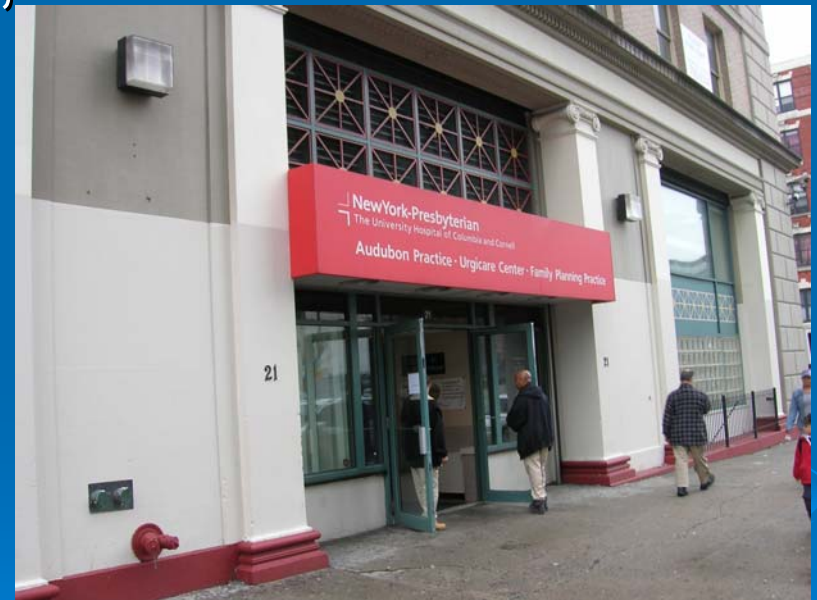
**Center for Community Health & Education  
Heilbrunn Department of Population & Family Health  
Columbia University Mailman School of Public Health  
New York-Presbyterian Hospital**

# Young Men's Health Initiative

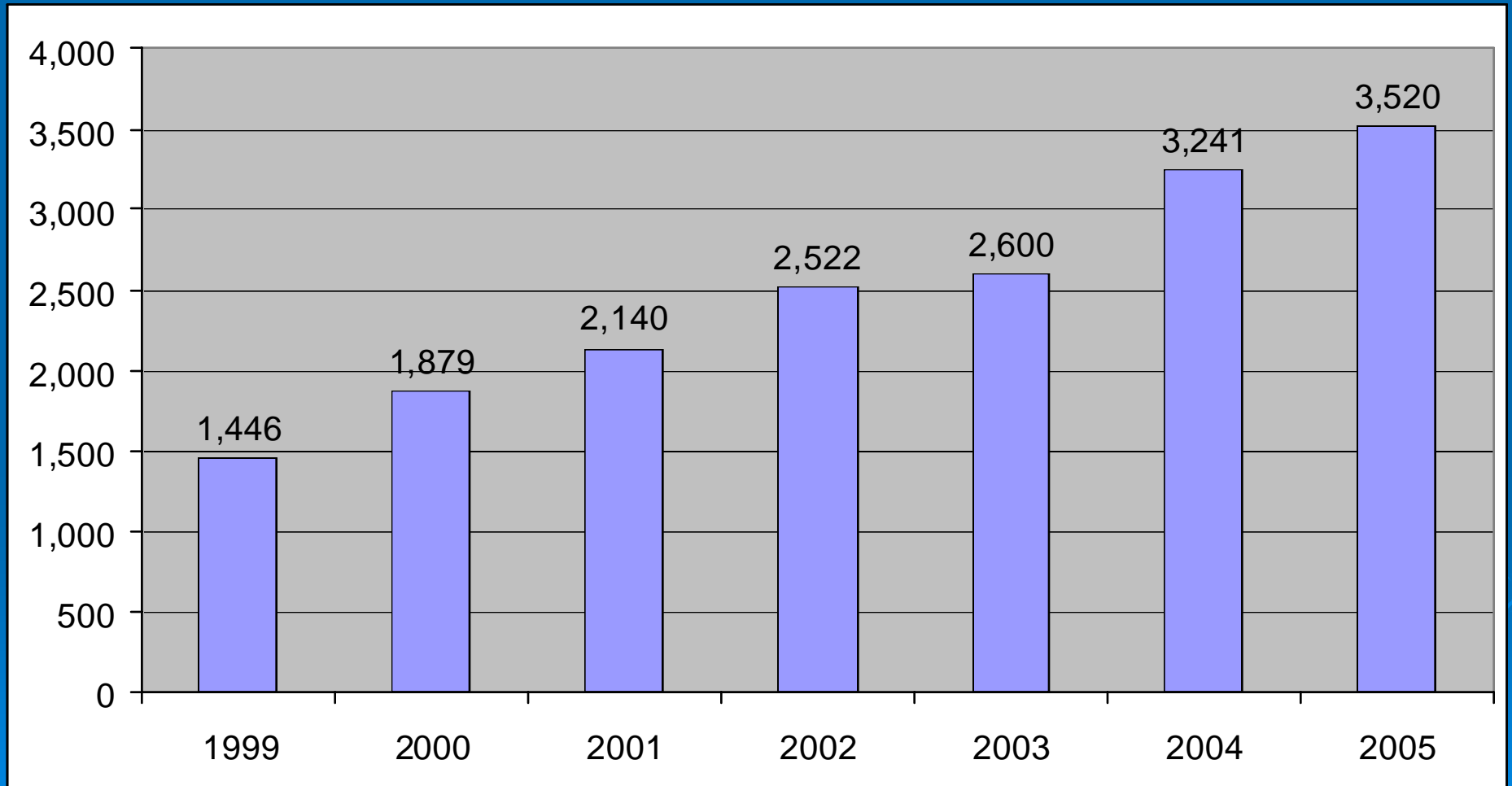
- Young Men's Clinic
- Work in schools
- Work with CBOs
  - Outreach for YMC
  - On-site SRH education
  - Capacity building

# The Young Men's Clinic

- Established 1987
- Funding: Office of Family Planning, Ford Foundation, NYS DOH, Medicaid, self-pay
- Only SRH clinic for men in NY metro area
- Provides primary care
- 3 sessions per week
- 12-35 years old
- 85% 20+



# Annual Visits to YMC



# YMC Services

- **Medical**
- **Social Work**
- **Health Education**
  - **Individual**
  - **Group**
  - **“leaderless” groups**

# A typical session



- **Varicocele, infertility**
- **Hernia**
- **Chlamydia**
- **Condyloma**
- **Sports physicals**
- **Gynecomastia**
- **Sexual orientation**
- **Circumcision**
- **ED**
- **Acne**
- **HIV testing**
- **Looking for work**
- **Feeling anxious**

# Formative Work

## ➤ Problem (evidence-based)

- Young adult males have inadequate access to SRH care
- “Teachable moments” are missed when men access care
- “Down-time” in clinic waiting rooms can be used better

## ➤ Project Development

- Defining objectives
- Developing instruments (e.g. “slide”, “wifey”)
- Developing intervention (length, focus, teaching aides)

# Study Outcomes

- **SRH knowledge**
- **SRH attitudes**
- **SRH behaviors**



# Intervention

- 15 minute waiting room group with health educator
- One-one interview with health educator
- Reinforcement of health messages by medical provider
- Laminated reminder cards to increase intervention “fidelity”

# Study Design

- Quasi-experimental pretest-posttest design
  - Baseline self-administered interview
  - Exit interview
  - 3-month follow-up telephone interview

# Eligibility

- 18-30
- Ability to understand English-language educational modules
- No prior visit to YMC in last 2 years

# Sample

- 174 men enrolled and 157 men completed both rounds of data collection (90% RR)
- “Attriters” vs. “non-attriters”
  - Attriters older & more likely to be uninsured
  - No difference: educational achievement, employment, race/ethnicity, SRH behaviors

# Sample Characteristics

- Sociodemographics
  - Nonwhite
  - Young
  - Uninsured
  - Socioeconomically disadvantaged
- Sexual behavior in last 3 months
  - Sexual risk behavior
    - Multiple partners
    - Sporadic condom use

# Measures

- **Knowledge**
  - STIs (3) EC (1) Condom pleasure (1)
  
- **Attitudes/Beliefs**
  - Health Care Utilization (2)
  - Condoms
  
- **Behaviors**
  - Number of partners
  - Drunk, high, “buzzed” before intercourse
  - Condom use with “main” and “casual” partners
  
- **Satisfaction**
  - Clinic
  - Health education intervention

# Analysis

- Primary Outcome Analysis
  - Paired t-tests comparing respondents at baseline and 3 month follow-up
- Dosing Analysis
  - Regression analysis with two independent variables; baseline score on the outcome measure and dose

# Knowledge Outcomes

	Pretest Mean	Posttest Mean
Sexual Health Knowledge***	2.66	4.33

\*\*\*P<.001



# Attitudinal Outcomes

	Pretest Mean	Posttest Mean
Condom Attitudes	7.95	7.96
Only get hc when sick/hurt	2.94	3.10
Only place can afford hc is ER***	2.82	3.18

\*\*\* P<.001

# Behavioral Outcomes

- # sex partners\*\*\*
- Buzzed, drunk, high at last sex\*
- Condom use w/main partner\*
- Condom use w/casual partner\*\*\*
- Main partner uses BC (NS)
- Monthly TSE\*\*\*

\* p<.05

\*\*\* p<.001

# Dosing Analyses

- Dose had no significant effect on
  - Knowledge, behavioral outcomes
- Dose had a significant + effect on
  - Attitudinal outcomes

# Discussion

- Male health education embedded in clinical settings
  - Viable
  - Well-received
  - Efficacious
- Valuable “teachable moments” while men wait
- Men can be empowered to become “gatekeepers”
- Staff buy-in essential
- Need to be sensitive to patient flow issues
- Service-based research enhances programs

# Discussion (cont'd)

## ➤ Limitations

- No control group
- Self-report

[www.youngmensclinic.org](http://www.youngmensclinic.org)