

Student Athlete Mentors Decrease HIV Risk in Inner City Youth

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Presenter Disclosures

Karen McDonnell, PhD (for Sarah Kim, MPH)

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”



Background

- Problem of HIV/AIDS among D.C. youth
- The Grassroot Project
 - Intervention Overview
 - Theoretical Framework— AIDS Risk Reduction Model (ARRM)
 - Becoming an evidence-based intervention



What is the Grassroot Project?

- The mission of The Grassroot Project is to use sports to educate at-risk youth in the community about HIV/AIDS awareness and prevention.
- The Grassroot Project is a non-profit, student run HIV/AIDS awareness and prevention program, using the role model status of Division I college students and the popular platform of sports to empower at-risk youths with the knowledge and skills to lead healthy lives.



Objectives

- The health objective of Grassroot is to: Reduce the incidence of HIV by 5% in Washington, D.C. youth ages 13-24 in the next 10 years.
- The behavioral objective of Grassroot is to: Increase condom use and HIV testing by 10% in Washington, D.C. at-risk youth, ages 10-14, in the 5 years.
- The intermediate objectives include: increasing participants' knowledge about HIV/AIDS; reducing stigma about HIV/AIDS; and influencing participants' social norms surrounding HIV/AIDS.



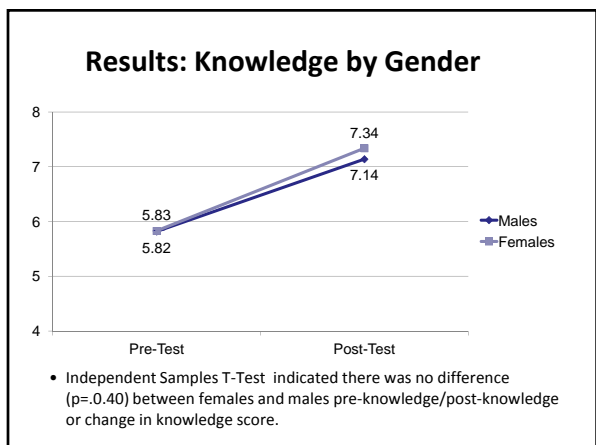
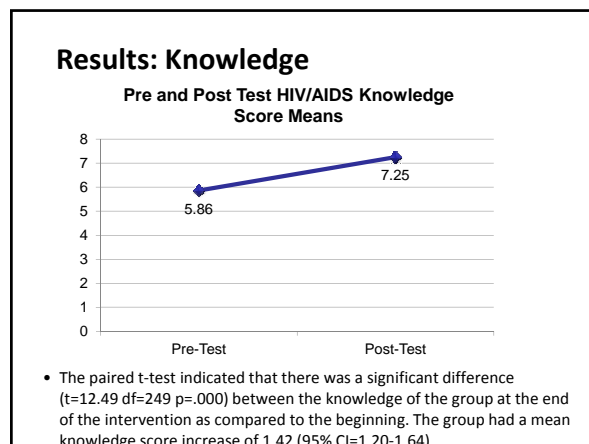
Methods

- Evaluation Design
- Overview of Grassroot and data collection
- Variables measured
 - Knowledge
 - Stigma
 - Social influences
 - Self-efficacy



Demographic Characteristics' of Participants (n=250)

Characteristic	Number	Percent
Sex		
Male	114	46
Female	136	54
Age		
9-11 years old	73	29
12-14 years old	177	71
Grade		
4 th - 6 th grade	90	36
7 th -8 th grade	160	64
Race		
African American	211	84
White (Hispanic/ Non-Hispanic)/Asian/AN	39	16



Results: Knowledge by Grade

	Pre-Test	Post-Test	Change
Grades 4-6 (n=90)	5.20 (2.19)	6.77 (1.65)	1.57 (1.89)
Grades 6-8 (n=160)	6.18 (1.84)	7.52 (1.38)	1.34 (1.74)
t-test (p)	3.78 (p<0.01)	3.84 (p<0.01)	0.97 (p=ns)

Although there were statistically significant differences in the pre-test and post-test HIV/AIDS knowledge scores, the changes in the scores were non-significant... **all grades showed improvement!**

Results: Increases in Knowledge

Among a subset of participants, significantly correlated with:

- Self-Efficacy (r=0.290)
- Perceived Vulnerability (r=0.330)
- Behavioral Intention (r=0.469)

Results: Stigma & Self-efficacy

Stigma

Item	Percent True at Pre-Test	Percent True at Post-Test
If a relative became sick with HIV/AIDS, I would be willing to care for him or her.	76%	83%

Self-efficacy

Item	Percent True at Pre-Test	Percent True at Post-Test
I can avoid getting HIV/AIDS.	80%	86%

Results: Social Influences

- 9 items used to measure social influences (n=176)
- At pre and post test, there was *no statistically significant change* in participants' ability to say "no" to friends, usually do what friends want you to do, having an adult you can talk with.
- Statistically significant increase ($p < 0.01$) in participants' discussion of condoms with friends, talking about sex with friends, talking about HIV with friends.
- Statistically significant increase ($p < .05$) in participants' reporting of friends' sexual activity
- Significant decrease in peer pressure to have sex (15.4% yes at pre-test to 12.3% yes at post-test; OR= 6.06; 95% CI 1.93, 18.98)

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Results: Coaches



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Discussion

- Increase in participants' knowledge
- Changes in knowledge related to self-efficacy, perceived vulnerability, and behavioral intent*
- Significant changes in social influences, especially with communication efforts
- Implementation and Evaluation Challenges

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Limitations and Directions

- Two key limitations
 - Evaluation Design (One group pre test/post test design)
 - Findings cannot be generalized
 - Does not control for potential biases
 - Instrument
 - Does not include any personal behavioral items
- Directions
 - Randomized Evaluation Design
 - Process and Outcome Evaluation

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Conclusion

- The Grassroot Project is playing a unique role as a forerunner in HIV prevention in younger youth in elementary to middle school
- The program has the capacity to affect long-term change by influencing younger children who have yet to become sexually active and live in high risk communities

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