

Implementation of a Condom Distribution and Health Education Intervention in Black Barbershops

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Abstract

Introduction: Barbershops have become recognized as ideal sites for health education encounters. In an effort to address the high prevalence of sexually transmitted diseases in Bibb County's black population, the communicable disease unit of Georgia's North Central Health District developed a condom distribution and health education intervention entitled *Operation TRIM* (Taking Responsibility by Informing Men).

Aim of Project: The aim of this capstone project is to carry out the pilot implementation of *Operation TRIM*, assess the implementation process, and develop an evaluation plan.

Methods: A literature review was conducted to identify the existing best practices for condom distribution, behavioral theories applied to condom use, and health education in barbershops. Black-owned barbershops in Bibb County, Georgia were selected by mail, phone, and door-to-door recruitment. Five barbershops were selected as pilot locations. Condoms, lubricant, and educational materials were provided to the barbers for distribution. Intervention delivery was adapted to include constructs from the Health Belief Model, The Diffusions of Innovations Theory, and the Theory of Reasoned Action. Evaluation instruments were developed to assess changes in barbers' knowledge of STDs, and barbers' and patron's feedback on the delivery and effectiveness of *Operation TRIM*. The implementation process was assessed based on recommendations from the Centers for Disease Control and Prevention for condom distribution programs. An evaluation plan for future implementations was developed based on evaluation framework for public health programs developed by the CDC.

Findings: This assessment found *Operation TRIM* to be in compliance with the CDC recommendations for a condom distribution program.

Recommendations: Future summative evaluations should assess 1) the effectiveness of the program in lowering STD rates in Bibb County and 2) the intervention's impact on county-wide condom acquisition. Also, studies are suggested to assess the following types of feasibility for future implementations : adaptation, expansion, and limited efficacy.

Introduction

- ❖ Of Georgia's 159 counties, Bibb ranks in the top ten for highest rates of chlamydia, gonorrhea, and syphilis¹.
- ❖ Forty percent of the people living with HIV/AIDS in Bibb County contracted the infection via sexual contact².
- ❖ Among Blacks , rates were significantly higher than whites for chlamydia (10x), gonorrhea(18x), and syphilis(9x)².
- ❖ The CDC recommends structural-level condom distribution interventions combined with individual or group activities for increasing condom acquisition, condom use, and subsequent prevention of STD/STI transmission⁴.
- ❖ Barbershops have proven to be efficacious, culturally appropriate health education venues for addressing health issues in Black communities^{3,4,5}.
- ❖ *Operation TRIM* addresses both condom accessibility and individual and group activities by providing barbers with necessary resources

Program Planning Process

- ❖ Preliminary Planning
 - NCHD developed the intervention
 - Materials were available in the office
- ❖ Establish Program Goals and Objectives
 - SMART: Specific, Measurable, Achievable, Realistic, & Time
 - Based on Healthy People 2020
- ❖ Behavior and Knowledge Objectives (Intermediate):
 - o Increase public awareness of the prevalence of STDs in Bibb County
Indicators: Number of barbershops recruited
 - o Increase barbers' knowledge of STIs and preventative measures
Indicator: STD 101 pre-test and post-evaluation responses
 - o Increase positive attitudes about condom use
Indicator: Survey to gauge attitudes
- ❖ Long term objectives:
 - o Increase availability of free condoms and condom acquisition in Bibb County
 - o Indicator: Number of condoms distributed in barbershops compared to number of condoms acquired at local health departments
 - o Decrease the incidence of STDs in Bibb County
 - o Indicator: Comparison of STI rates as determined by local public health agencies.
- ❖ Assess Implementation Process (continued)
 - Target: 1) individuals at high risk
 - 2) venues frequented by high-risk individuals
 - 3) communities at greatest risk for HIV infection
 - 4) the general population within jurisdictions with high HIV incidence.
 - Establish organizational support for condom distribution and promotion activities in traditional and non-traditional venues.
- ❖ Revise Implementation Plan (See Recommendations)
- ❖ Develop Evaluation Plan Figures (2)

	Health Belief Model	Diffusion of Innovations Theory	Theory of Reasoned Action
Perceived Susceptibility	Knowledge	Intent	
Perceived Severity	Persuasion	Attitudes Towards Subject or Action	- Behavioral Beliefs - Expected Outcomes
Perceived Threat	Decision	Subjective Norms	- Normative Beliefs - Motivation to Comply
Benefits	Implementation		
Barriers	Confirmation		
Cues to Action			
Self-Efficacy			

*Shading indicates constructs that will be utilized.

Figure 1 Behavioral Theory Matrix



Figure 2 CDC Evaluation Framework

Recommendations

- 1) Follow suggested implementation plan, but prepare to be flexible
- 2) Attempt to recruit in-person before holding a meeting
- 3) Prepare Memorandum of Understanding during planning stages
- 4) Assemble packets during planning
- 5) Feasibility study to evaluate acceptability, implementation, adaptation, expansion, and limited efficacy of the intervention.
- 6) Key indicators to consider are:
 - Number of condoms distributed.
 - Number of agencies, venues, or settings where free condoms are distributed.
 - Estimated number of audience impressions from campaign messages
- 7) Use CDC Evaluation Worksheet (Figure 3) for future evaluations¹

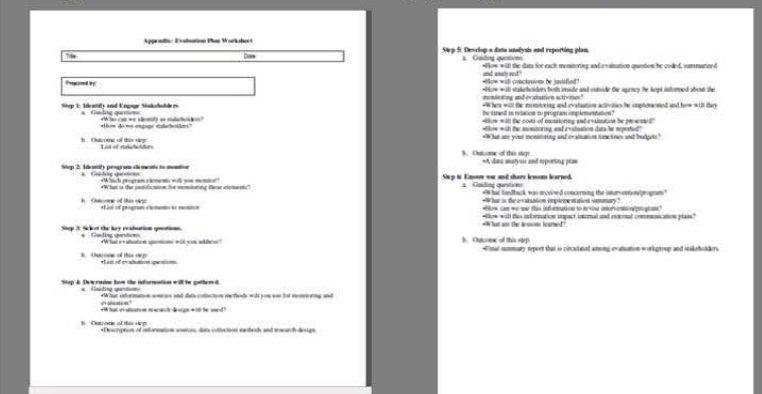


Figure 3 CDC Evaluation Worksheet

References

1. Centers for Disease Control and Prevention. (2006). Introduction to program evaluation for public health programs. Retrieved from: http://www.cdc.gov/getsmart/program-planner/downloads/Manual_04062006.pdf
2. Georgia Department of Public Health. (2013). 2013 north central health district, Bibb county, health status report.
3. Luque, J., Ross, L., & Gwede, C. (2013). Qualitative systematic review of barber-administered health education, promotion, screening, and outreach programs in African American communities. *Journal of Community Health, 38*(4). doi: 10.1007/s10900-013-9744-3.
4. National Center for HIV/AIDS Hepatitis, STD, and TB Prevention. (2010). *Condom distribution as a structural level intervention*. Retrieved from: http://www.cdc.gov/hiv/pdf/prevention_programs_condom_distribution.pdf
5. Releford, B., Frencher, S., & Yancey, A. (2010). Health promotion in barbershops: balancing outreach and research in African American communities. *Ethnicity and Disease, 20*, 185-188.
6. Simons-Morton, B., McLeroy, K., & Wendel, M. (2012). *Behavior theory in health promotion practice and research*. Jones & Barlett: Burlington, MA.

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