Findings from an Outreach Strategy by the Monroe County Health Department, Rochester, New York
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Background
2005-2007: City of Rochester accounted for 70% of incident Chlamydia, Gonorrhea, early Syphilis and HIV (collectively termed sexually transmitted infections or STI's)

Objective:
Targeted OUTREACH to Identify:
1) Social determinants of STI morbidity
2) Ways to better allocate county resources

Methods
• Outreach: Intervention/activity by outreach workers/health educators on the streets with individuals at risk. Can stimulate behavioral change (CDC)
• Target City Neighborhood: Incidence surveillance data for Monroe County
• Tools: Random, semi-structured interviews. Data analyzed using Inductive qualitative techniques

Interview Routes
Route A: Child & Jay Street, Charles Settlement House
Route B: Lyell & South Dewey Ave
Route C: Jones Park, North Dewey, Lake Ave

Results
69 Interviews: Mean age 25, 54% male, 70% black (26% white)

Emergent Interviewee Groups:
“Teens” (Route A)
“Mid 20’s” (Route C)
“30's” (Route B)

Factors Influencing STI Morbidity:
Age & Insurance
Medical System
Neighborhood Context
Risk Perception
Individual

Sample Quotes
“Why I gotta see the doctor? Don’t I look good?” (Risk perception, Medical System)
“Insurance? I gotta ask my mom about that [to see if I’m signed up with my job]” (Age & Insurance)
“There’s contaminated groceries around here, [I] need to strap on” (Neighborhood Context, Risk perception)

Conclusion
• Awareness of STI risk is high in population
• Need & Accessibility, not insurance coverage dictates care seeking
• Decrease burden on public health resource by educating on
  1) Public vs. private medical resources
  2) Preventive vs. emergent care
  3) Condom usage and acquisition

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