

# 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:

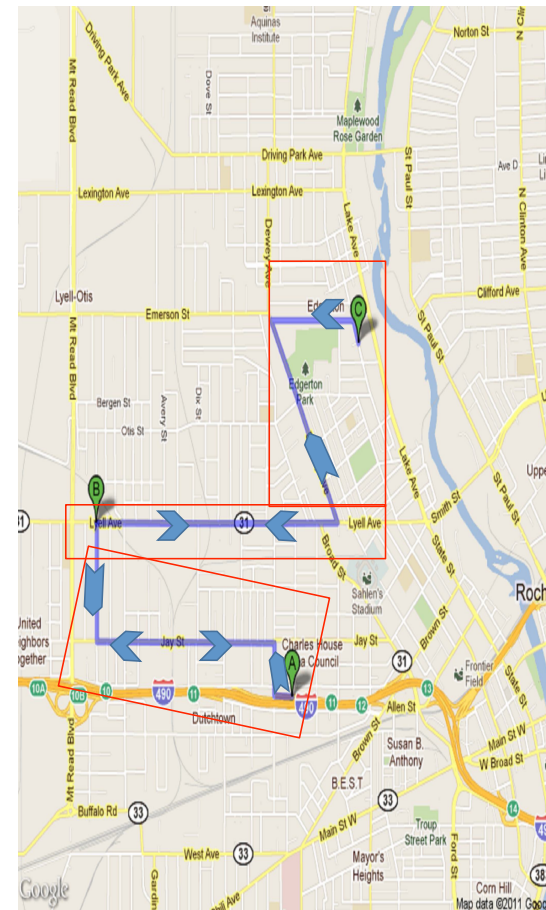
Targeted **OUTREACH** to Identify:

- 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



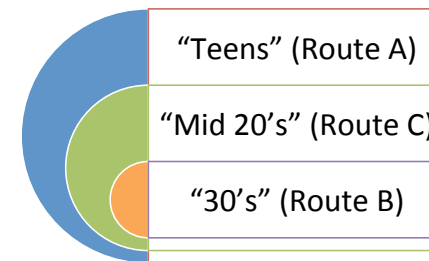
**Route A:** Child & Jay Street, Charles Settlement House  
**Route B:** Lyell & South Dewey Ave  
**Route C:** Jones Park, North Dewey, Lake Ave



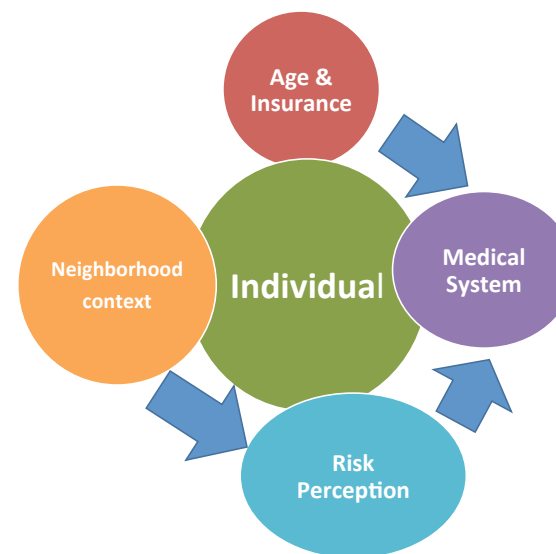
## Results

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

### Emergent Interviewee Groups:



### Factors Influencing STI Morbidity:



## 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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