



Seen on da Streets

**A collaborative project to improve the
sexual health of young men in Minneapolis**

First Year Report

October 2003 - September 2004

Minneapolis Department of Health and Family Support,
Fremont Clinic (Fremont Community Health Services, Inc.),
and Teen Age Medical Service (Children's Hospitals and Clinics)

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This report is available online at www.ci.minneapolis.mn.us/dhfs

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Seen on da Streets is an innovative project to address the sexual health needs of young men in Minneapolis

Seen on da Streets is a community effort to reduce sexually transmitted diseases (STDs) and teen pregnancies in Minneapolis. The project began in October 2003, and this report summarizes the results of the first year. The specific project target population and goals were selected based on evidence of need:

- Minneapolis has the highest rates of gonorrhea and chlamydia among African Americans among 50 of the largest cities in the United States (see Table 1). In fact, in 2000, reported rates of these diseases were 40 and 28 times higher, respectively, than national rates.
- Among African American men in Minneapolis, rates are highest among those aged 15 to 24 years. This particular demographic subgroup has the highest rate among all age and racial/ethnic subgroups in Minneapolis.
- Three-fourths of African American young men live in five Minneapolis communities where STD rates are highest, which are the target of this intervention (see Figure 1): Camden and Near North (the Northside), and Central, Phillips, and Powderhorn (the Southside).
- The Northside and Southside targeted communities also have the highest rates of births to teenage mothers in Minneapolis.
- Many young men in disadvantaged communities do not avail themselves of reproductive health services, for a variety of reasons. Many are disaffiliated from social institutions that may provide health education and health insurance, such as schools and worksites. Young men also tend to see themselves as invulnerable to illness and may not regard long-term health consequences as a major concern, relative to the other daily stresses they encounter.

Figure 1

Chlamydia rates among Minneapolis Residents in 11 Planning Communities, 2000

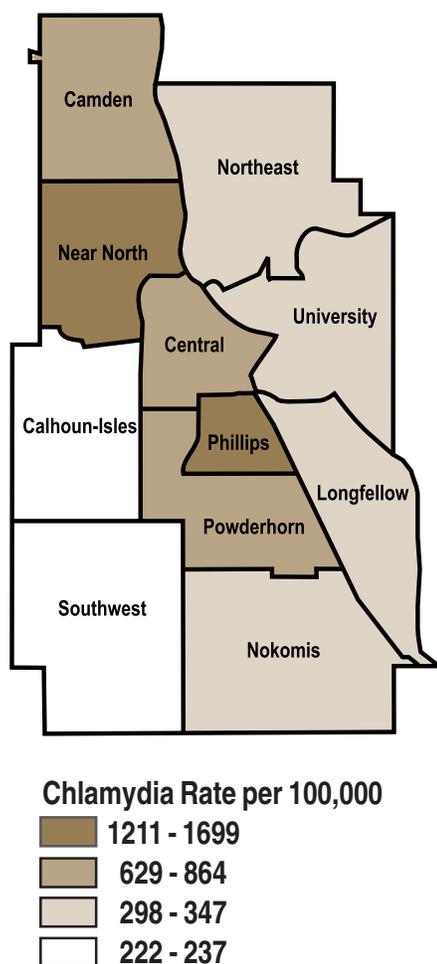


Table 1

Major U.S. Cities with highest chlamydia and gonorrhea rates among African Americans (1997)

Chlamydia rate per 100,000 African Americans ^a		Gonorrhea rate per 100,000 African Americans ^a	
Rank/City	Rate	Rank/City	Rate
1. Minneapolis	2,231	1. Minneapolis	1,548
2. Austin	1,627	2. Phoenix	1,512
3. Phoenix	1,411	3. Dallas	1,313
4. San Francisco	1,193	4. Austin	1,282
5. Dallas	1,124	5. Nashville-Davidson	1,230

^a Rates based on U.S. Census 2000 non-Hispanic population identifying solely as African American.

The Project Goals and the Project Team

The goals of *Seen on da Streets* are to educate young men about how to protect themselves and their partners from STDs and unplanned pregnancies and to facilitate health risk screening, STD testing and treatment.

The project is actually a combination of interventions and research activities. It is a collaborative effort of the city's health department—the Minneapolis Department of Health and Family Support—and two local clinics: the Fremont Clinic of Fremont Community Health Services, Inc. on the Northside and Teen Age Medical Service (TAMS) of Children's Hospitals and Clinics on the Southside. Funding is provided by a five-year, \$1.33 million grant from the U.S. Department of Health and Human Services, Office of Family Planning.



The project staff includes clinic administrators and a full-time health educator at each clinic. For the project, each clinic also has a contingent of up to four part-time youth advocates who typically work about 10 hours per week. The project team also includes three staff members from the department of health's research division, plus a student intern. Project funds fully support the work of the health educators and youth advocates, and partially support the time of clinic administrators and research staff. Project funds also provide partial support for additional STD screening and testing and supplies.

The health educators and youth advocates spend most of their time in the community, conducting outreach, health education and risk assessments of young men. The health educators also assist with staffing the clinics and serve as liaisons with other community agencies. The health educators and youth advocates collect the bulk of the data required for research purposes.

Ensuring receptive, male-friendly clinic environments

One of the first project components was to ensure that young men would feel welcome and comfortable visiting the two clinics participating in the project. Two techniques were used to assess the project clinic environments: "secret shoppers" and focus groups.

Secret Shoppers

The young men who agreed to be secret shoppers entered the clinic waiting room area at Fremont or TAMS unannounced and sat down to observe their surroundings. After a few minutes, they approached the front desk with a prearranged question in order to assess the staff response. After their clinic visit, they were interviewed by the project coordinator.

Eight secret shoppers all reported that the waiting areas were comfortable. They noted that some of the posters and other materials were male-oriented, although not necessarily geared toward young men. They all reported that the receptionists greeted them immediately, made eye contact, and made them comfortable. They said that their questions were answered well and they were treated with respect.





Focus groups

Four focus groups were held in the first year. A total of 48 young men participated, 45 of them African American. They expressed a wide range of attitudes about safe sex practices. One recurrent theme was that sexual partners did not talk about safe sex, STD risk, or condom use before having sex. Participants said that young men would not talk about STDs among themselves out of concern for their reputations and the assumptions people would make.

The young men in the groups had different responses as to whether they would risk sex without a condom. Many admitted that if the opportunity for sex arose and no condom was available, they would have sex anyway. However, others said that it is too risky to have sex without a condom and they would have no problem saying no to sex. Some said that if a condom was not available, they would just have oral sex, because they believed this practice would keep them safe.

Men also discussed their concerns about STD testing. Many young men said they are afraid of finding out that they have an STD so they avoid getting tested. Some also cited embarrassment as a barrier, particularly having to describe specific symptoms to a health care provider.



The focus group participants also talked about their experiences with the health care system. A few reported negative experiences. For example, some felt they had been stereotyped in a medical setting based on their appearance. Most said that they trusted doctors and other clinical staff. What many noted, however, was the difficulty doctors have in striking the right tone when they talk with young men like themselves. They felt that doctors either talked too clinically, using medical terms they did not explain, or talked to them as though they had no understanding of their own bodies.

This feedback from the groups was used to develop health education messages for outreach contacts. For example, youth advocates counter the myth that oral sex is a non-risky alternative to vaginal sex if no condom is available. The information is also relayed to clinic staff so they can be sensitive to how their interactions with these young men are perceived. Specific information gleaned from participants guided the development of a street survey which was administered at the start of the second project year and will also inform the curriculum planning for the health education groups which will start in 2005.

Building community awareness

An important component of ultimate project success was deemed to be engaging the broader community in the project's aims. In an effort to accomplish this, the two health educators met with 49 different agencies in the first year of the project. They educated agency representatives about the project and sought collaborative opportunities. They connected with local businesses, community service organizations, health clinics, parks, schools and colleges, health professional organizations and legislators. They engaged several local businesses as sites for educational materials and condom distribution.

Providing community outreach and education

Outreach activities on the streets and in other community locations constituted the major project activity in terms of intensity of effort. Outreach activities are most often conducted in locations where younger men congregate, such as city parks, neighborhood store parking lots, and barber shops. Since older men are not typically found in the same venues, the health educators conduct outreach in local night clubs to reach them.

Street outreach requires knowledge of and comfort with the street culture. The health educators and youth advocates are from the community and are familiar with the "hustling" mentality that sells a product on the street. While this type of activity is often seen in a negative light, the staff conducting outreach activities capitalize on this approach to sell other young men on the importance of healthy sexual practices. This type of outreach requires not only knowledge and skill, but must also be genuine in its delivery. The outreach workers deliver their services with a developed understanding of their clients' situation, which effectively builds the trust and respect that is necessary to be effective. By becoming trusted resources for knowledge in the community, outreach staff are able to develop relationships with the young men to help them make healthy choices.

The outreach activities serve several purposes. One is to provide information about the project and the associated clinic services. Another is to provide education about the prevention of STDs and unwanted pregnancies. If the young men are willing, the project staff also conduct a brief health risk assessment, and provide information about how to get STD testing and treatment. In some cases, urine screening or specimen collection also takes place.

Project staff distributed cards containing project and clinic information to approximately 3,900 young men. Of these, detailed outreach information was recorded for more than 1,800 young men. Due to the hiring process and other administrative requirements, data collection did not begin until late in the second quarter. A total of 32 contacts were recorded in January through March, 655 between April and June, and 1,181 between July and September, for a first year total of 1,868.

The information about the outreach contacts confirms that the project is successful in reaching the target population (see Table 2). The great majority were African American (83 percent) and between the ages of 15 and 20 years (85 percent).

Table 2

Recorded Outreach Contacts by Race/ethnicity and Age

	Total n=1,868
Race/ethnicity	
American Indian	0
African American	1,555
Asian American	0
Hispanic ^a	8
White	54
Multiracial/unknown	251
Age^b	
Under 15 years	2
15-17 years	790
18-20 years	800
21-24 years	241
Unknown	35

^a Included as a "race" option, not an ethnicity distinct from race.

^b Stated or observed.



Outreach as conducted by the project's health educators and youth advocates has proved to be highly effective in providing targeted health education messages and sexual health risk assessments. Table 3 illustrates how frequently different topics were discussed. The topics include health education provided by the outreach worker to the client, and personal information related to sexual risk behavior provided by the client to the outreach worker.

Table 3

Items Discussed with Outreach Contact		
	Number ^a	Percentage n=1868
Health Education		
Discussed use of condoms to prevent STDs	1,828	99.6%
Discussed STD testing and treatment	1,763	96.3%
Discussed pregnancy prevention	1,505	80.6%
Discussed clinic information	714	94.0%
Risk Assessment		
Discussed visiting a doctor in the past year	1,099	93.9%
Discussed whether sexually active	1,159	98.5%
Discussed number of sexual partners in past 6 months	1,147	96.3%
Discussed whether condoms were used during each sexual encounter	1,155	97.9%
Discussed whether tested for an STD	1,156	97.7%
Discussed self-reported symptoms	986	87.8%
Discussed contact with STD-infected partner ^b	851	95.8%

^a Number of contacts that discussed the item.

^b Question was added to the second card printing and thus data were missing on the first 330 cards completed. Percentage is calculated based on cards that included this question.



The risk assessment findings (see Table 4) illustrate that the outreach activities are effective in reaching a population at high risk in terms of sexual health. Nearly all (94 percent) reported being sexually active and most (71 percent) reported having multiple sexual partners in the past six months. A substantial proportion of the sexually active young men reported not using condoms during every sexual encounter (31 percent) and never having been tested for an STD (41 percent). Additionally, nearly one in three contacts (30 percent) said that they had not seen a doctor in the past year for any reason. The outreach workers believe these risk behaviors are likely to be underestimates, since these young men, like everyone else, are reluctant to admit not adhering to health recommendations.



Table 4

Results of the Risk Assessments

Respondent's Answer to Risk Item	Percentage ^a
Saw a doctor in the past year	69.8%
Sexually active	94.1%
Number of sexual partners in past 6 months	
None	5.7%
One	23.4%
Two	18.0%
Three to five	35.0%
Six to nine	12.0%
Ten or more	5.9%
Uses condoms during each sexual encounter ^b	69.3%
Ever tested for an STD ^b	58.9%
Self-reported symptoms at the time of contact ^b	6.6%
Recent contact with STD-infected partner ^b	4.8%

^a Percentages are based on respondents who provided information.

^b Percentage is calculated as a proportion of respondents who reported being sexually active.

Screening and testing for sexually transmitted diseases

Encouraging sexually active young men at risk for STDs to be tested, and treated if found to be positive, is a critical project component. Deciding how best to accomplish this rested heavily on the young men who would be in contact with the project's target population.

In recent years, testing for chlamydia and gonorrhea became less onerous because a urine test was developed, replacing in most cases an older method that was invasive and painful. However, many men still associate the idea of STD tests with great discomfort, so educating them with respect to current testing methods is essential to alleviating one of the barriers.

Another relatively recent advance is that urine specimens no longer require immediate refrigeration. This means that specimens can be collected in locations other than clinic sites, enabling testing to occur at locations more likely to attract at-risk individuals. This advance was particularly important for this project because many of the young men contacted by outreach staff were reluctant to visit the clinics for testing, despite engaging in behaviors that put him at risk for infection.

Fremont Clinic developed a protocol and trained project staff to collect specimens off-site, and to record the information required to contact an individual whose test results were positive so he could come to the clinic for treatment. TAMS Clinic developed a protocol to screen men off-site. This test, called a leucocyte esterase (LE) test, screens for signs of a bacterial infection in urine. Such an infection detected in males has a high likelihood of being chlamydia or gonorrhea. Individuals who screen positive are encouraged to come to the clinic for further testing and/or treatment.





Off-site urine specimen collection began at Fremont in the third quarter. During the next 26 weeks, 280 young men were tested in locations other than in the clinic. Off-site testing accounted for 41 percent of the overall project testing in the first year. This method was appealing to many men in the target population, immediately generating a large demand. As a result, Fremont project staff began to try to limit individuals to only one off-site test, encouraging them at subsequent contacts to come to the clinic for testing.

In June 2004, TAMS project staff initiated the use of the LE screening test for outreach contacts. The LE test was first used at the Minneapolis Juneteenth Festival, where 142 young men were screened. Following this experience, staff initiated screening in other locations, providing this service to an additional 65 individuals.

Counting both in-clinic and off-site testing, 747 men between the ages of 15 and 25 were tested at the two project sites (see Table 5). Testing numbers show an impressive increase in the second half of the project year.

Table 5

Gonorrhea/Chlamydia Tests Age 15-25^a by Quarter

Quarter	Oct-Dec 2003	Jan-Mar 2004	Apr-Jun 2004	Jul-Sep 2004	Year 1 Total
Number of tests	93	113	269	272	747

^a TAMS provides clinic services for clients only through age 22.



The increased testing also resulted in the identification of higher numbers of young men with STDs. Among the 467 young men who came to the clinics for testing, 77 (16.5%) tested positive for gonorrhea and/or chlamydia. The off-site testing yielded a lower rate of positive tests, 16 of 280 or 5.7%. The higher clinic rate is likely due to the fact that men with uncomfortable symptoms are more motivated to get tested than men without symptoms. During the next year of the project, treatment data will be linked with testing data to determine how many young men who tested positive followed through with treatment, and how many returned to the clinic for additional health services.

Key Findings from the First year



The project was off to a successful start

In its first year, the *Seen on da Streets* project made tremendous progress. Street outreach and innovative STD screening and testing activities resulted in increased testing at the project clinics. Most importantly, the project has become a well-known presence in the community. Health educators and outreach workers are recognized as resources by the men they serve, and are valued for their knowledge, services, and reputation for respect and confidentiality. They also reflect their community, understand the needs of their peers, and communicate in a language understood on the streets.

The project has several findings of interest to other clinics hoping to improve services for young men, particularly those who may be disconnected from community institutions. Establishing the commitment to serve this population is critical – from the front desk to the laboratory. Ongoing, interactive training sensitized clinic staff to the needs of young men on the streets, and informed the project’s health educators and outreach staff with respect to clinical and data privacy protocols. Another key component of success has been establishing individuals at the clinics who can personally connect with clients who come seeking services. The project health educators consult with staff at other clinics to offer practical advice in addressing the needs of high-risk young men.

Project partners each make essential contributions

Fremont and TAMS clinics have improved their capacity to serve young males by exploring innovative strategies to meet the needs of the target population. Their teams of health educators and youth advocates provided the experience, energy and enthusiasm essential to a successful first year. They identified and implemented the successful strategies to build relationships with young men on the streets and agencies in the community. Their success required that they skillfully navigate the course between the requirements of research and clinical protocols and the spontaneity and flexibility needed to be responsive to their clientele. The City’s health department brought its research expertise to the project to ensure the scientific rigor essential to elicit ongoing support for the project’s activities. Through the strength of the relationships between the clinics and the health department, the *Seen on da Streets* project will continue to identify better ways to tailor reproductive health services to high-risk young men whose needs previously were inadequately addressed.



One of the greatest obstacles the project encountered is the increased demand for clinical services generated by a previously underserved population now seeking care. In the coming years, it will be necessary to seek additional funding and expand partnerships with other community clinics to meet this need.



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