# **FOCUS ON THE FUTURE**

**Best Evidence - Risk Reduction** 

## INTERVENTION DESCRIPTION

### **Intended Population**

• Young African American heterosexual men newly diagnosed with an STD

#### **Goals of Intervention**

- Increase the quality, correctness, and consistency of condom use
- Eliminate or decrease unprotected sex
- Reduce number of female sex partners
- Reduce STD reinfections

## **Brief Description**

Focus on the Future is an individual-level, clinic-based, single-session intervention designed to address the common errors made and the multiple problems experienced by young African American heterosexual men when using condoms. In addition to the standard care at public STD clinics (i.e., disease-specific diagnosis and treatment, nurse-delivered condom-use information, and access to free condoms), the 45 to 50 minute one-on-one intervention provides information, motivation, and skills to increase men's ability to use condoms correctly and consistently. The intervention is delivered by lay health advisors, who are African American men from the participants' community, selected based on their ability to quickly establish rapport and effectively communicate with men about sex and condom use in a non-judgmental manner. The lay health advisor provides information about the variety of condoms and proper lubricants, motivates the participant to protect himself and to respond personally to the HIV/AIDS epidemic in the African American community, and increase the participant's condom application skills through demonstrations and practice. Additionally, the lay health advisor helps the participant link condom use to an investment in his future. Each man is given pocket-sized lubricants and allowed to select 12 or more condoms from a wide variety of brands and sizes.

#### **Theoretical Basis**

- Information, Motivation, and Behavioral Skills (IMB) Model
- Lay Health Advisor Model

#### **Intervention Duration**

• One session, 45 to 50 minutes

#### **Intervention Setting**

Public STD clinic

#### Deliverer

African American man from the local community, trained as a lay health advisor

## Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention ARCHIVED INTERVENTION

#### **Delivery Methods**

- Counseling
- Demonstration
- Practice

- Printed materials
- Risk reduction supplies (condoms, water-based lubricants)

## INTERVENTION PACKAGE INFORMATION

An intervention package is available through <u>Sociometrics</u> under the name <u>Focus on</u> the Future.

# **EVALUATION STUDY AND RESULTS**

The original evaluation was conducted in Kentucky between 2004 and 2006.

## **Key Intervention Effects**

- Reduced STD reinfections
- Increased condom use
- Reduced number of female sex partners

## **Study Sample**

The baseline study sample of 266 men is characterized by the following:

- 100% Black or African American
- 100% male
- 100% heterosexual
- Mean age of 23.2 years

#### **Recruitment Settings**

Public STD clinic in a southern U. S. city

## **Eligibility Criteria**

Men were eligible if they self-identified as African American, were between the ages of 18 and 29 years, had just received an STD diagnosis and treatment at the clinic, reported their HIV status as negative or unknown, used a male condom during vaginal sex at least once during past 3 months, and spoke English.

## **Assignment Method**

African-American heterosexual men (n = 266) were randomly assigned to 1 of 2 groups: Focus on the Future intervention (n = 141) or Standard of Care comparison (n = 125).

#### **Comparison Group**

The comparison group received a clinical disease-specific diagnosis and treatment, nurse-delivered messages about condom use, and free condoms (limit 12 per person).

### **Relevant Outcomes Measured and Follow-up Time**

- STD reinfections (including chlamydia, gonorrhea, syphilis, trichomonas, and genital warts) were assessed by reviewing medical records for the 6-month period after intervention.
- Sex behaviors (including condom use during last penetrative vaginal or anal sex act with a female partner, number of female sex partners during past 3 months, and frequency of unprotected penetrative vaginal or anal sex with a female partner during past 3 months) were measured at the 3-month follow-up.

#### **Participant Retention**

- Focus on the Future intervention
  - 74% retained at 3 months
  - 100% medical records recovery at 6 months
- Standard of Care Control
  - o 74% retained at 3 months
  - 100% medical records recovery at 6 months

#### **Significant Findings**

- Over the 6 months following the intervention, men receiving the Focus on the Future intervention were significantly less likely to have an STD reinfection than men receiving only Standard of Care (p = 0.02).
- Men receiving the Focus on the Future intervention reported significantly fewer female partners than men receiving only Standard of Care at the 3-month follow-up (p = 0.0002).
- At the 3-month follow-up, men receiving the Focus on the Future intervention were significantly more likely to report condom use during last sex than men receiving only Standard of Care (p = 0.03).

#### **Considerations**

- Findings were only applicable to African American heterosexual males with recent experience with condoms prior to intervention. Intervention effects for men without recent condom use were not ascertained.
- Mixed results were found for frequency of unprotected sex acts during the past 3 months. The significant
  intervention effect depends on the model used (i.e., unadjusted model with complete case analysis).
   Sensitivity analyses that excluded extreme outlying values for unprotected sex did not yield statistically
  significant results.

# REFERENCES AND CONTACT INFORMATION

Crosby, R., DiClemente, R. J., Charnigo, R., Snow, G., & Troutman, A. (2009). <u>A brief, clinic-based, safer sex intervention for heterosexual African American men newly diagnosed with an STD: A randomized controlled trial</u>. *American Journal of Public Health, 99*(Suppl. 1), S96-S103. doi: 10.2105/AJPH.2007.123893

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