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A quantitative evaluation of the London “Come Correct” Condom Card (C-Card) scheme: *Does it serve those in greatest need?*

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C-Card scheme

2008 ‘Come Correct’ C-Card scheme by Primary Care Trusts (PCTs) in London (commissioned by 24/33 boroughs in 2016)

Come Correct Scheme

- a) *CONVENIENT* to register and access free condom from any outlet
- b) *HOLISTIC* approach discusses sexual behavior / rights / consent, condom demonstration, signposting to other services
- c) *IT INFRASTRUCTURE* supported by THERAPY AUDIT Limited

Each London Borough retains autonomy

– variation in service delivery

(eg. registration models, no. of outlets, outlet type, resources, funding)

Why evaluate London Come Correct C-Card schemes?

First London-wide evaluation

(Only local evaluations to date).

“Come Correct” promotes condom use among young people (aged <25 years) with highest STI rates.

Aims

- To better understand how the scheme is accessed by local population and to inform service delivery

Objectives

- **Population coverage:**

How do C-Card users compare to the demographics of London residents in 2016?

- **User retention:**

Determine demographic and service delivery factors associated with repeat use in 2013-2016

Analyses

	Descriptive	Analytical
Objective	Population coverage, 2016	User retention, 2013-2016 (i.e. repeat users)
Method	Compare C-Card users vs London resident population.	Multivariate logistic regression
Inclusion criteria	User: Anyone who used the scheme in 2016, regardless of year of registration	Repeat user: Anyone who registered between Jan2013 – June2016 AND returned to use the scheme between Jan2013 – Dec2016

Data sources

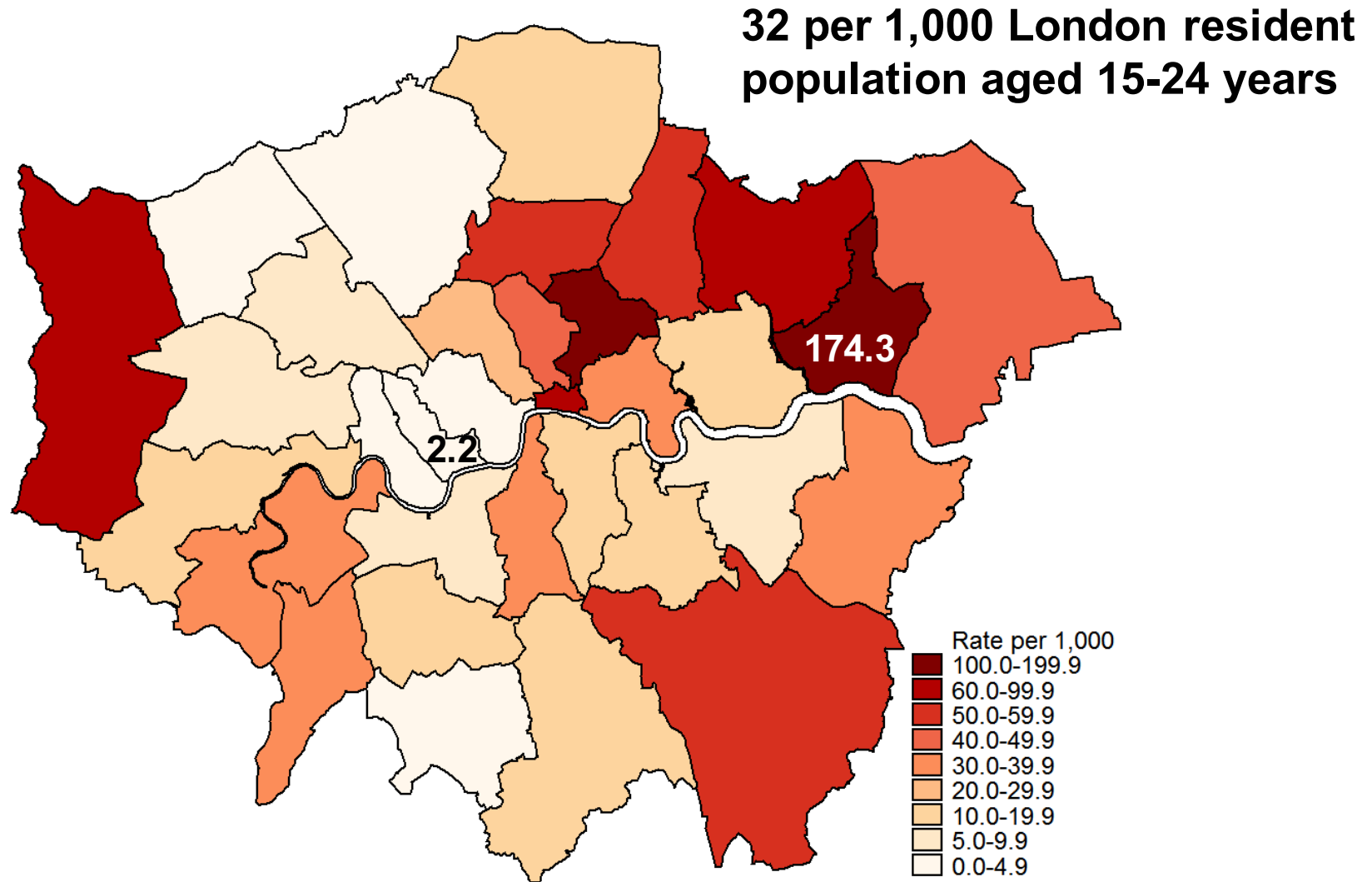
“Come Correct” activity data by THERAPY AUDIT Limited

- 2013 to 2016 disaggregated data of C-Card registration and repeat attendance.

Population Estimates by Office of National Statistics (ONS) for London by

- **Gender and Age** (15-24 years) in 2016
- **Ethnicity** (15-24 years) in 2011
- **Index of Multiple Deprivation (IMD)** (all ages) in 2015

Rate of C-Card users, by London borough of residence, London 2016

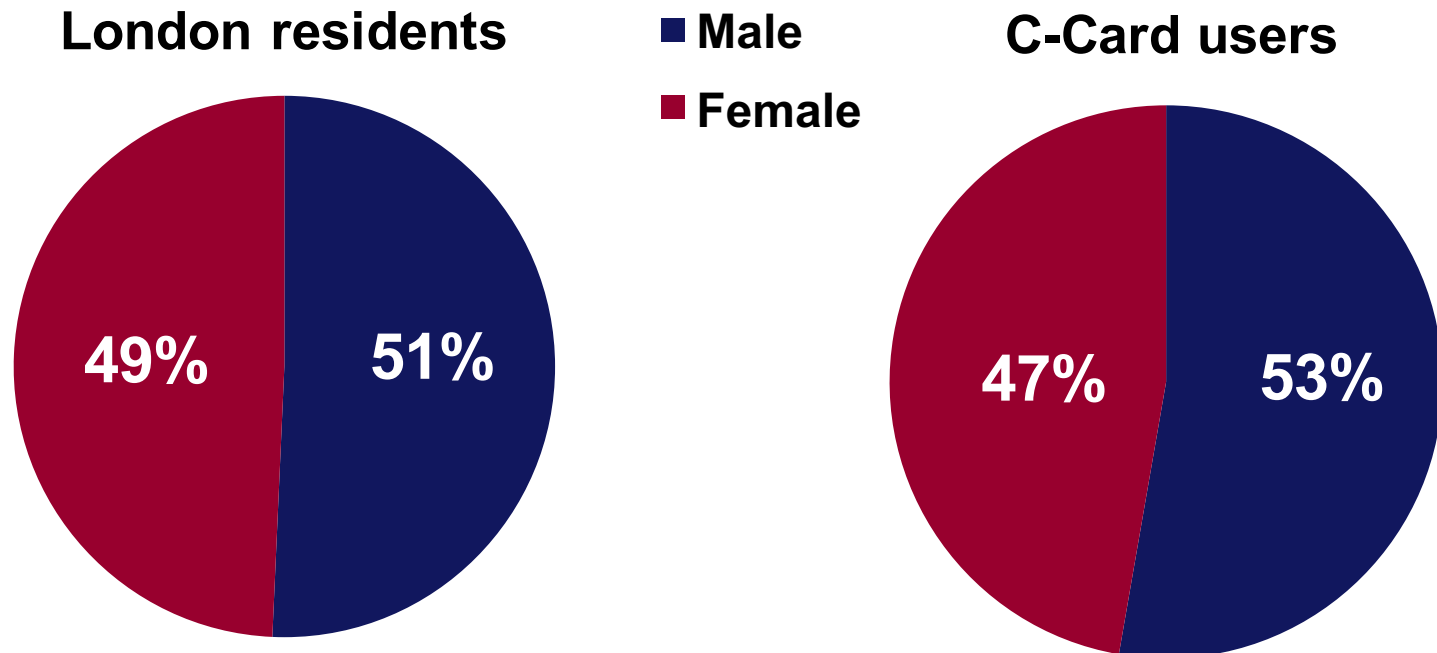


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Population coverage among 15-24 year olds – gender, 2016

**33,069 C-Card users in London
(3.2% of London residents aged 15-24 years)**

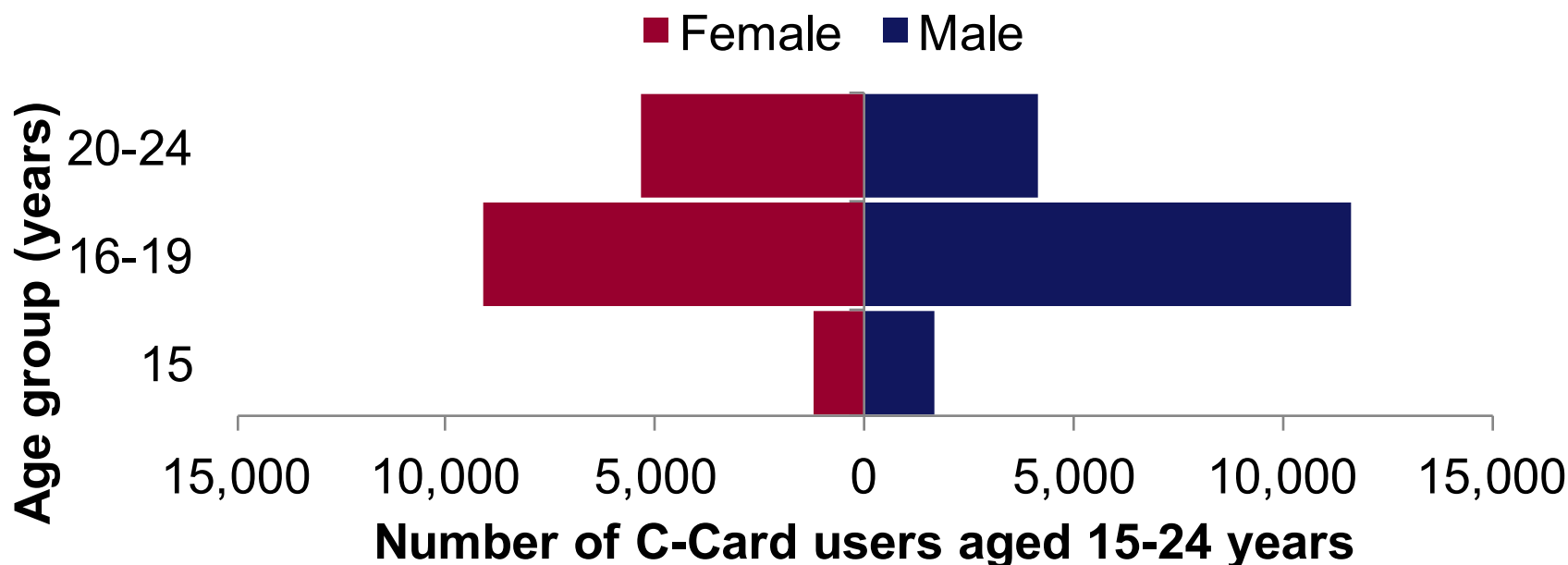
Approximately equal gender distribution among C-Card users



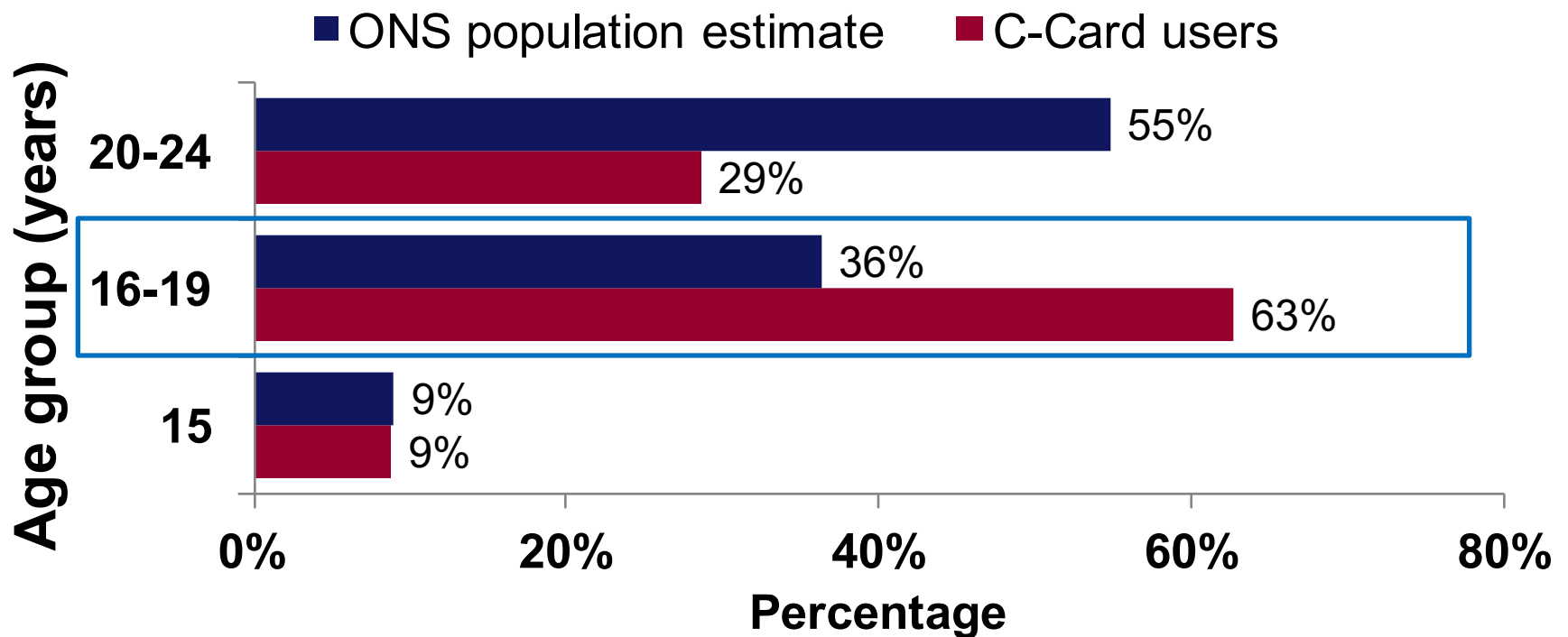
C-Card users aged 15-24 year olds – age & gender, 2016

Scheme Users:

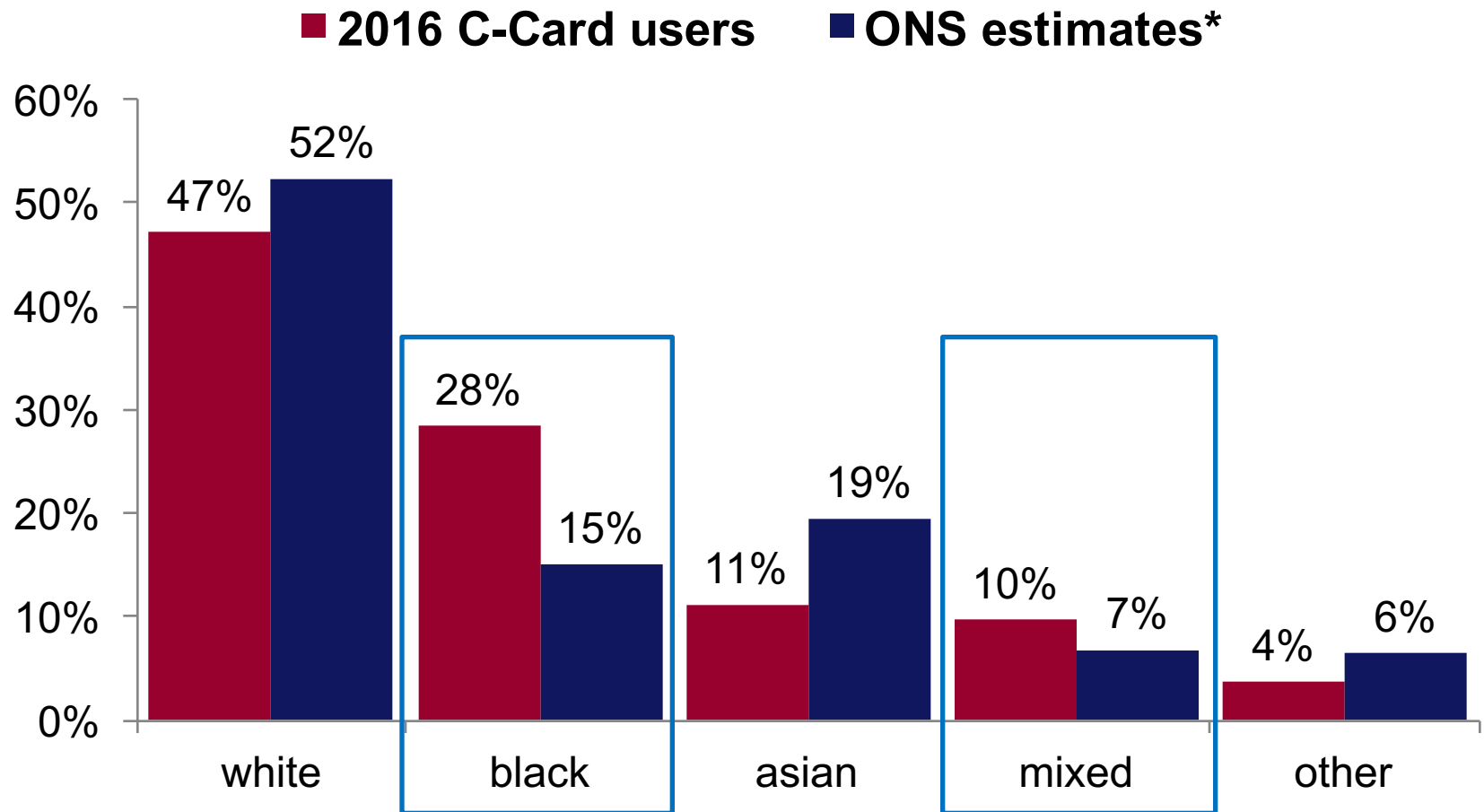
- **15-19 years-** More young men.
- **20-24 years-** More young women.



Population coverage among 15-24 year olds – age group, 2016

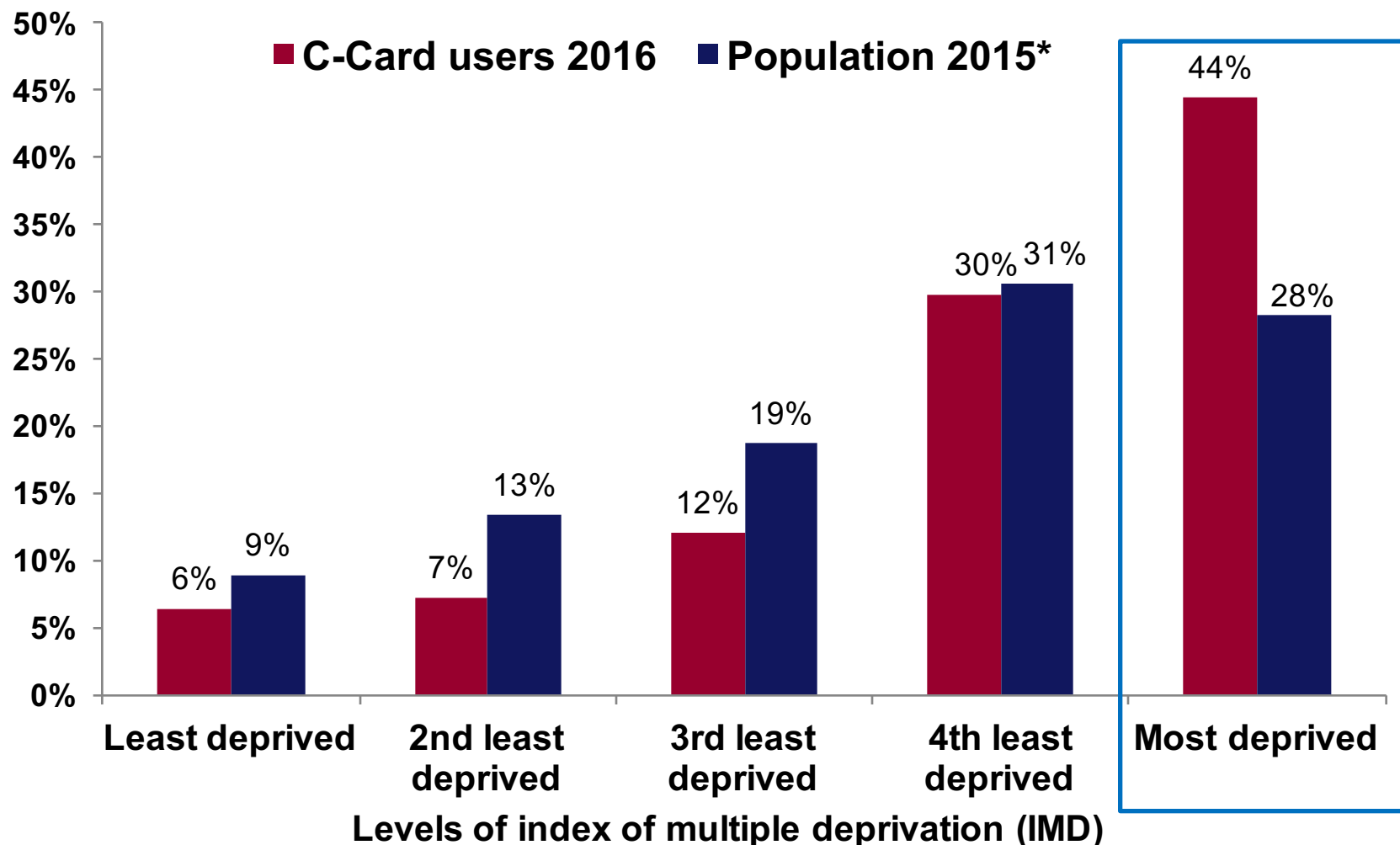


Population coverage – Ethnicity



*2011 population estimates by ethnicity for London residents aged 15-24 years, Office of National Statistics (ONS)

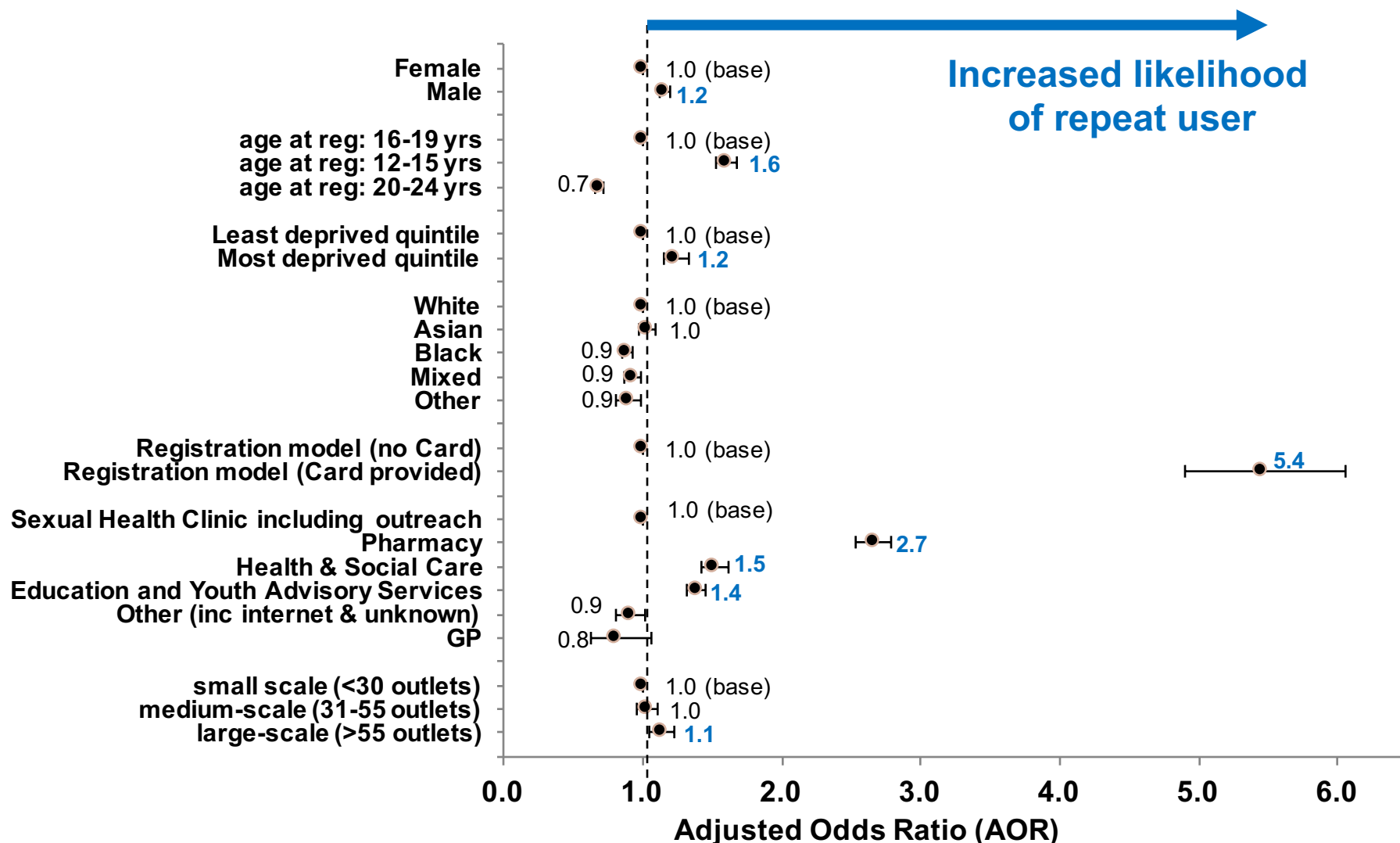
Population coverage by Index of Multiple Deprivation (IMD)



*2015 Official National Statistics (ONS) Population estimates for index of multiple deprivation for all ages and gender

Likelihood of user retention

Of 98,319 registered users between 2013-2016, 30% (29,902) repeat users (median between registration and subsequent visit \approx 3 months)



Limitations

Data limitations	Recommendations
Duplicate registrations	Regional IT function to prevent duplicate registrations
Ward of residence, differently formatted postcodes	LSOA codes

Analysis Limitations

Population coverage- descriptive analysis only as not controlled for scheme variation in different boroughs

Summary

The scheme successfully reached key vulnerable groups of young people:

- Aged 16-19 years
- Of Black and Mixed ethnicity
- Living in deprived areas

Factors associated with repeat use

- ***Demographics***: White; Male; Aged 12-15 years at registration; Living in deprived areas.
- ***Service delivery factors***:
Registration models that issue a card at registration;
Outlet types (esp. pharmacy); Large-scale schemes.

Conclusion

Condom schemes are key, easy-access, sexual health service able to engage high risk population of young people.

Lessons could be learned from service delivery components that influence repeat use to improve service delivery.

Continued scheme evaluation is necessary to ensure optimal service delivery and dissemination of best practice.

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