

LESSONS LEARNT FROM AN INDEPENDENT EVALUATION OF THE STAMP OUT CHLAMYDIA 2 (SOC2) PROJECT

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Theme

The SOC2 project was a partnership between researchers, health professionals, and staff in government and not-for-profit agencies. The project used an incentives-based model to develop personal skills of young people aged 16-30 years by raising awareness about chlamydia and chlamydia screening. An innovative outreach model providing a \$10 cash incentive in exchange for chlamydia screening in a non-clinical setting provided an opportunity to engage with young people, offer education and resources, and reduce barriers to screening for sexually transmitted infections (STIs).

Sub-theme

Reorient Health Services.

What was the aim of your project or research?

An independent evaluation of the SOC2 project sought to determine goal achievement, value for money, project limitations, and unanticipated outcomes.

Challenges of issue or topic of concerns High levels of chlamydial infection in Australia, with young people disproportionately affected, require innovative approaches which encourage regular screening. The SOC2 project aimed to increase awareness of, and test and treat chlamydia, through a combination of social marketing, health promotion and outreach events.

What did you do?

A mixed methods evaluation design included desktop review of project documents, literature review, key informant interviews, economic analysis, and a comparison of SOC2 project activities with best practice to inform the recommendations arising from the evaluation. Health promotion strategies comprised education, social marketing campaigns and offering a \$10 incentive to provide a urine sample for screening at events frequented by youth in non-clinical settings, such as music festivals.

What were the outcomes?

The SOC2 incentives-based model was effective in engaging large numbers (n=5,402) of young people in chlamydia screening in a short period of time. Economic analysis of the model was not conclusive however owing to lack of all relevant data required. Other limitations centred on the capacity of the SOC2 model to engage young people at highest risk of infection and to influence regular chlamydia screening longer term.

Why does it matter?

More consistent and systematic data collection protocols would have assisted the evaluation and economic analysis. The use of monetary incentives in conjunction with education to change STI screening behaviour is relatively unexplored. Measurable objectives and early involvement in the project from all partners, including evaluators, is critical to effectively evaluate this type of model.

