A quantitative evaluation of the London “Come Correct” Condom Card (C-Card) scheme: 

Does it serve those in greatest need?

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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

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

32 per 1,000 London resident population aged 15-24 years

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

Approximately equal gender distribution among C-Card users

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

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>ONS population estimate</th>
<th>C-Card users</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>16-19</td>
<td>36%</td>
<td>63%</td>
</tr>
<tr>
<td>20-24</td>
<td>29%</td>
<td>55%</td>
</tr>
</tbody>
</table>

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Population coverage – Ethnicity

2016 C-Card users | ONS estimates*

- white: 47% | 52%
- black: 28% | 15%
- asian: 11% | 19%
- mixed: 10% | 7%
- other: 4% | 6%

*2011 population estimates by ethnicity for London residents aged 15-24 years, Office of National Statistics (ONS)
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*2015 Official National Statistics (ONS) Population estimates for index of multiple deprivation for all ages and gender
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## Limitations

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<th>Data limitations</th>
<th>Recommendations</th>
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<tr>
<td>Duplicate registrations</td>
<td>Regional IT function to prevent duplicate registrations</td>
</tr>
<tr>
<td>Ward of residence, differently formatted postcodes</td>
<td>LSOA codes</td>
</tr>
</tbody>
</table>

### 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.
Acknowledgement

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• Kate Folkard, NCSP Programme Manager

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