



## **Three Men and a Webinar: *Integrating Males into Family Planning Settings***

**Cicatelli Associates Inc. ~ December 7, 2011**

**Presented by: Alfonso Carlon, Efrain Franco Jr., and Oscar Raul Lopez**

## **Disclosure**

**The following people have no relevant financial, professional or personal relationships to disclose:**

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**There are no commercial supporters of this activity.**

## Session Learning Objectives

1. List at least **four cultural barriers** to males seeking services in Title X clinics.
2. Identify **attitudes and systemic barriers** that impact male sexual and reproductive healthcare utilization.
3. Assess **personal and organizational readiness** to determine ability to provide male friendly services.

## Alfonso Carlon



Efrain Franco, Jr.



Oscar Raul Lopez



## Why Focus on Men?

### Addressing men's sexual and reproductive health will help...

- make men healthier individuals, partners and fathers;
- improve information, counseling and clinical services for both men and women; and
- address social concerns (sexually transmitted diseases and unwanted pregnancy).



In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men the Alan Guttmacher Institute 2002.  
Young Men's Sexual and Reproductive Health: Toward a National Strategy 2004

## Men's Culture / Men's Health

## Men have been taught...

- To be self-reliant
- To conceal weakness
- That health is not a big issue
- That men are invincible
- That a man's needs come second to everyone else's
- That ignorance is bliss

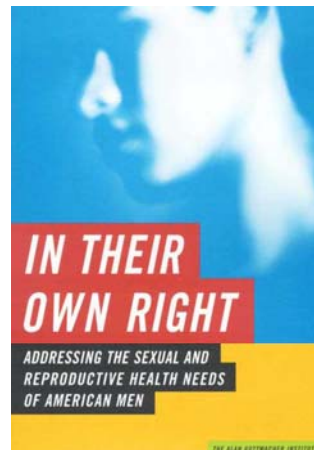


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## In Their Own Words

### Men say that "a man" is...

- Strong
- Powerful
- Dominant
- Can Take it
- Tough
- Protective
- In Control
- Proud
- Takes care of others first



In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men the Alan Guttmacher Institute 2002.  
Young Men's Sexual and Reproductive Health: Toward a National Strategy 2004

## Changing Times

- Men are becoming more aware of their health
- Men's roles in society are changing
- Men like the idea that they are as important as women in controlling reproductive health



## And Yet...

Men have higher death rates for the top 10 leading causes of death and die more than five years younger.<sup>1</sup>

Men represent 50% of the work force, yet account for 94% of all on-the-job fatalities.<sup>2</sup>

**More military men have died because of suicide since 1999 than have died in all of our U.S. wars combined.<sup>3</sup>**



1 National Vital Statistics Report, Vol. 53, No. 17, March 7, 2005  
2 [Leading Causes of Death for Men by Ethnicity - Men's Health Facts 2009](#)  
3 [Depression, Mental Health, Military, Suicide, War](#) February 2011

## Communication and Culture

- **CREATE** a safe/private space
- **PROTECT** their “shame”
- **PROVIDE** “action” / Do something
- **ALLOW** them to lead
- **TALK** about physical feelings before emotions
- **HELP** with expressions of feelings



## Communication and Culture

- **LISTEN** and let them talk
- **WAIT!!!** Don't go after them...don't push
- **ALLOW** time and space
- **MINIMIZE** direct eye contact
- **READ** *their* signals of openness
- **WAIT** for the moment and grab it when it is there



## Communication and Culture

When it comes to choosing a health care provider, men have overwhelmingly reported that what they value most is expertise and communication style over gender.



Men want to know that “they are not alone” or the first to “feel this way.”

## Communication and Culture

Men (regardless of age) want to be included in decision making and clinicians should remember this when addressing health concerns. **How they are viewed by their peers is especially important.**



## Communication and Culture

Men want to pay for their health care and marketing your services as **sliding fee scale** or **“low cost”** allows men to “feel like men” and leave your clinic with dignity.



## Recommendations for the Clinic Setting

## Recommendations

**EMPOWERMENT:** A clinic visit must empower men to take charge of their health.



## Recommendations

**TIME:** Men have not been conditioned to wait for services. New programs wanting to include men should be mindful of time management and how service delivery is viewed.



## Recommendations

**TORTURE:** Noninvasive lab are **key** (urine screening) to clinical success. Rapid HIV testing is an **important hook** to get men in.

**We invite you to pee in a cup**  
Get tested for STIs. It's as easy as 1-2-Pee.

Planned Parenthood Regina  
THE SEXUAL HEALTH EDUCATION PLACE

## Recommendations

**EDUCATION:** If **WE** change our policies and procedures to improve access, men **WILL BE** eager to share in STD and pregnancy prevention.



## Recommendations

**PATIENCE:** If we meet client's immediate needs & men feel comfortable and respected, they come back for preventive care. Don't "information dump"



## Recommendations

Educating young men is important. By 19, the average male teen has had 9 partners; average female, 3.

Condom use declines with age. By 19, males are more likely to rely on female methods.

Marketing to young men should emphasize consistent condom use.



## Recommendations

Job placement, paid internships, school credit, **sport physical screenings** and outdoor activities have proven popular as a way to engage young men 18 and younger.



## Recommendations

Although two out of three males aged 15–19 had a physical exam in the past year, **fewer than 20% received counseling or advice from a health care provider about birth control or STIs, including HIV.** <sup>4</sup>

How could you change this statistic if your clinic offered sports physicals?



4. MacKellar DA et al., Unrecognized HIV infection, risk behaviors, and perceptions of risk among young MSM: opportunities for advancing HIV prevention in the third decade of HIV/AIDS, *Journal of Acquired Immune Deficiency Syndromes*, 2005, 38(5):603-614.

## Recommendations

Job training, employment, **sexual health screenings** and “special events” that allow for meeting potential partners work well for men in their 20's.



## Recommendations

Job training, employment, legal aid and **full-health screening** are big draws for men over 30 and men over 40 need access to **vasectomies, prostate health and colorectal screening**.



## Recommendations



Men who have sex with men often don't feel included in **male reproductive health** programs.

More inclusive terms like "**sexual and reproductive health**" can help us reach new clients.

## Recommendations

Young MSM face continued challenges in obtaining appropriate and sensitive health services. **In addition to higher rates of HIV/STIs, these young men experience higher rates of victimization, depression, suicide.**

They need your help, your leadership and your support.



3. Saewyc EM et al., Hazards of stigma: the sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada, *Child Welfare*, 2006, 85(2):195-213.

## Recommendations

Policies and clinic flow procedures are too often tailored to our needs and not those of our clients, especially males. **We need to improve accessibility, interpersonal communication, efficiency of service.**

Staff can be **resistant** to making changes **because they had no input** into planning and never received feedback on results.

## Recommendations

Messages and procedures need to be empowering for men. You can both **annoy and scare them.**



# Addressing Staff Attitudes and Barriers

## Recommendations: Staff Training

All staff count! You live and die by front desk phone and reception. **Frontline staff need to be engaged.**



## Recommendations: Staff Training

Clinic staff must buy into a TEAM philosophy that male sexual health is important and men want to be responsible.



Change is easier if staff value and understand the goal.



## Recommendations: Address Attitudes and Barriers

Staff must be trained and supported to become male friendly

- Be aware of stereotypical thinking such as:
  - family planning is for women only
  - guys only want to see male providers
- Be aware that initially it will take more effort to make men comfortable
- Must believe providing services to males will not detract from services to females
- Staff may need training in providing male reproductive health exams and education



## How Did We Learn This?

- Male friendliness assessments
- Male focus groups; surveys
- Male client satisfaction forms
- Interviews with receptionists, medical assistants, lab techs, clinicians, educators, administrators
- Feedback from female patients
- Interviews with community partners, shareholders
- National research

## Family Planning Male Comprehensive Service Delivery Model

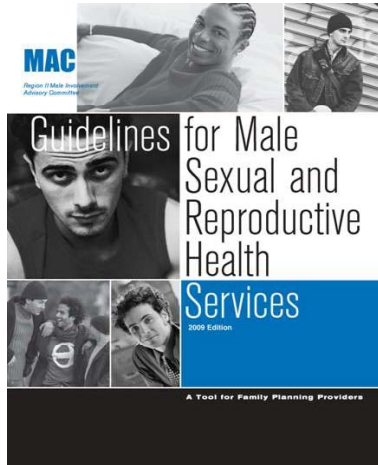
### *What*

Increase the number of males who access FP and related RH services in clinical settings

### *How*

- Train clinic staff
- Restructure the clinic environment
- Implement targeted in-reach, community outreach, & promotion of services
- Strengthen community partnerships

## Region II Male Advisory Committee



- Provides guidance to programs that plan to develop or enhance clinical services for male clients
- Defines the scope of male sexual and reproductive health services and set standards for their content and design
- Provides a wide range of prevention, health education and treatment issues related to male health and sexual function




<http://www.cicatelli.org/titex/downloadable/MaleGuidelines2009.pdf>

## Recommended Scope of Clinical Services for Males










- Comprehensive medical history
- Contraceptive Methods Counseling and Education
- History of reproductive function including sexual history; sexually transmitted diseases; HIV; urological conditions
- STD testing
- STD treatment
- HIV screening
- Physical Assessment including height and weight, examination of the thyroid, heart, lungs, breasts, abdomen, extremities, genitals and rectum
- STD partner treatment only
- Palpation of the prostate
- Testicular exam PSA as appropriate
- Blood pressure evaluation
- Laboratory testing as indicated
- Prostate, testicular, colo-rectal cancer screening
- Condom distribution
- Vasectomy services
- Examination of penis
- Rectal examination as appropriate
- Reproductive Counseling for LGBTQ individuals
- Preconception Counseling
- HPV Vaccine
- Genetic Screening
- Relationship Counseling














## Recent Survey of Region II Family Planning Agencies

### 2. Does your agency provide male reproductive health services at your family planning centers?

		Response Percent	Response Count
Yes		97.2%	70
No (skip to question # 3)		1.4%	1
We plan to provide male services within the next 12 – 18 months		1.4%	1
		answered question	72
		skipped question	0

### 4. If your agency currently provides or plans to provide male reproductive health services at your family planning centers, please indicate what services you provide below. Check all that apply:

	Response Percent	Response Count
Comprehensive medical history	 76.3%	45
Contraceptive Methods Counseling and Education	 91.5%	54
History of reproductive function including sexual history; sexually transmitted diseases; HIV; urological conditions	 66.4%	51
STD testing	 98.3%	58
STD treatment	 99.3%	58
HIV screening	 100.0%	59
Physical Assessment including height and weight, examination of the thyroid, heart, lungs, breasts, abdomen, extremities, genitals and rectum	 71.2%	42
STD partner treatment only	 35.6%	21
Palpation of the prostate	 42.4%	25

Testicular exam PSA as appropriate	 64.4%	38	
Blood pressure evaluation	 91.5%	54	
Laboratory testing as indicated	 83.1%	49	
Prostate, testicular, colo-rectal cancer screening	 37.3%	22	
Condom distribution	 96.3%	58	
Vasectomy services	 16.9%	10	
Examination of penis	 89.8%	53	
Rectal examination as appropriate	 69.5%	41	
Reproductive Counseling for LGBTQ individuals	 67.6%	40	
Preconception Counseling	 61.0%	36	
HPV vaccine	 61.0%	36	
Genetic Screening	 13.6%	8	
Relationship Counseling	 47.5%	28	
Other (please specify) <a href="#">Show notes</a>		5	
		answered question	59
		skipped question	13

<http://www.cardeaservices.org/resources/pcmaterials/grms.html>

## Male Services Environmental Assessment

### Part One - Agency

- Organizational Support
- Protocols, Policies, and Procedures

### Part Two – Clinic Sites

- Physical Environment
- Programs and Services
- Staff and Volunteers

## Organizational Support - PRACTICE

Yes

No

Not Sure/DK

Inclusive  
Mission  
Statement

## Sample Mission Statement

We believe in the importance of sexual and reproductive health. Our mission is to improve our community's health by reducing teen and unplanned pregnancies, reducing the need for abortions, involving men in sexual and reproductive health care, preventing HIV and sexually transmitted infections, and providing medically sound, age-appropriate health education and outreach to all.

## **Protocols, Policies, Procedures - PRACTICE**

Yes

No

Not Sure/DK

Protocol  
describing  
male  
exam?

## **Programs and Services - PRACTICE**

Yes

No

Not Sure/DK

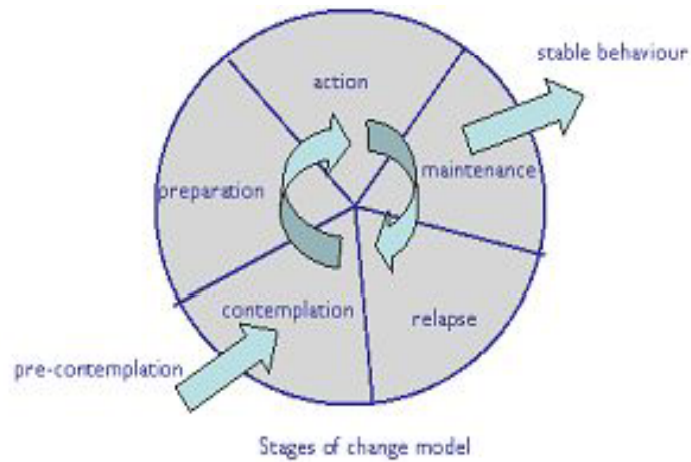
Available  
resources,  
referrals  
specific to  
men?

## Enhancing Innovation Internally

Vision + Skills + Buy In + Resources + Action  
Plan = **Motivated/Change**



## Stages of Change Model



# Questions & Answers

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## Thank You!

- After this webinar, participants will receive an email with the Power Point slides and evaluation forms for general feedback and CEUs.
- In order to receive a CME/CNE certificate or certificate of participation, you must complete and submit the evaluation forms within the timeline stated on the instructions.
- Archived webinar audio recording will be available in two weeks at:  
[www.cicatelli.org/titlex/webinars.htm](http://www.cicatelli.org/titlex/webinars.htm)