CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
Putting Health Care Where Kids Are

Addressing the Reproductive Health Needs of Young Men

January 2014

Teen Pregnancy Prevention in California

In the 1990's California launched a proactive multi-strategy approach to deal with its extremely high teen birth rate. The state implemented policies that changed how sex education was taught in schools, passed minor consent laws that allowed teens 12 and older to obtain reproductive health services without parental consent or notification, and established the Family Planning Access, Care, and Treatment (Family PACT) program that created a simplified process for health care providers to be reimbursed for reproductive health services provided to low-income individuals. In addition California established new funding streams to directly support agencies engaged in efforts to reduce teen pregnancy. The Teen Pregnancy Prevention (TPP) Grants supported youth education and engagement programs at nearly 200 community agencies statewide (see sidebar).[1]

The programs that emerged out of California's new TPP strategy incorporated alternative ways of engaging young people in the TPP discussion. Successful TPP efforts combined a health education approach with youth leadership development practices and built this model into program funding requirements. Agencies were encouraged to engage youth to help design TPP programs that went beyond traditional clinical services and address the behaviors of young people. As a result, successful leadership development programs such as youth advisory boards or peer education were replicated across all TPP funded sites.

Comprehensive Pregnancy Prevention Programs

Adolescent Sibling Pregnancy Prevention Program—44 agencies to provide individual case management to the siblings of teen parents in order to reduce their risk for teen pregnancy.

Community Challenge Grant (CCG)—120 agencies per year for agencies to implement teen pregnancy and sexually transmitted infection prevention programs (based on state approved strategies), and link participants to local health providers.

Information and Education—24-27 agencies per year to conduct comprehensive sex education and links to health providers.

Male Involvement Program (MIP)—25 agencies per year to engage young men in teen pregnancy prevention and reduce absentee fatherhood.

TeenSMART Outreach—21 agencies per year to increase utilization of reproductive health services by adolescents.

The Male Involvement Program

One of the more unique programs established during this time was the Male Involvement Program (MIP). MIP was California's first statewide effort to explicitly include young men in the TPP strategy. The program had three goals: 1) increase awareness of the importance of young men in TPP; 2) lift up community values that support the strengths and assets of young men; and 3) increase the knowledge, skills, and motivation of high-risk adolescent males in promoting their role in TPP.[2] There was no prescribed model; each agency was able to design its program based on the specific needs of the young men in their community. This resulted in variation in how MIP was implemented in different areas. For example, some agencies chose to run their programs in institutional settings such as schools or juvenile hall, while others met with young men at parks or other community centers. MIP facilitators designed unique interventions that were tailored to the needs of their community.[3]

Successes and Challenges

California has made tremendous progress in its effort to prevent teenage pregnancy. Within the first ten years of California's campaign to reduce teen pregnancy, teen births dropped by over fifteen percent. Today, almost twenty years after the initial round of TPP Grants were released, the number of teen births has dropped by nearly fifty percent and is the lowest it has been in over 50 years.[4]

Although reducing the teen pregnancy rate in California is a significant accomplishment, the number of teen births is still high. The reduction in teen pregnancies has also had little impact on efforts to promote overall reproductive health outcomes. In fact the rate of sexually transmitted infections (STIs) continues to be a major challenge for California, particularly among adolescents.[5]

Adolescent males, particularly young men of color, are experiencing disturbing increases STI infection rates. For example, over the last ten years Gonorrhea and Syphilis rates have been significantly higher amongst men than women, and infection rates for both STIs have recently been on the rise. These disparities are more disturbing amongst African-American adolescent males who currently have Chlamydia rates 13.1 times that of whites and Gonorrhea rates 37.4 times that of white young men.[6]

There is clearly a need to improve how young men are engaged in reproductive health services, and prioritizing the health of young men should be a major component of any strategy to improve overall health outcomes. Although MIP no longer exists, it provides examples of successful practices and promising models that offer guidance for health care providers and policy makers on how to best support the health needs of young men.

Readdressing the Needs of Young Men in Reproductive Health

Since the end of MIP a gap has emerged between the reproductive health needs of young men and access to services. With local and statewide attention being called to the needs of young men, specifically boys and men of color, the California School Based Health Alliance sees an opportunity to draw on the lessons learned from MIP. Our goal is to highlight those practices that were most successful at engaging young men in order to provide guidance for school-based health centers and other health care providers.

The California School Based Health Alliance conducted a review of existing reports on the health challenges faced by young men and a literature review of California's teen pregnancy prevention efforts, with special attention given to evaluations of California's FPACT program, its teen pregnancy prevention funding, and the MIP. A review of literature evaluating the successes and challenges of various national male engagement programs further informed the recommendations for health care providers and policy makers. In addition, in-depth interviews were conducted with male staff from seven agencies all with a strategic commitment to engage young men in health services. Four of these individuals worked closely with California's MIP in various capacities such as program facilitators, collaborative partners, and evaluators. The recommendations below are designed to provide guidance for health care providers and policy makers on how to address the unique health needs of young men.

MOVING FORWARD

Taking Health Services to Young Men

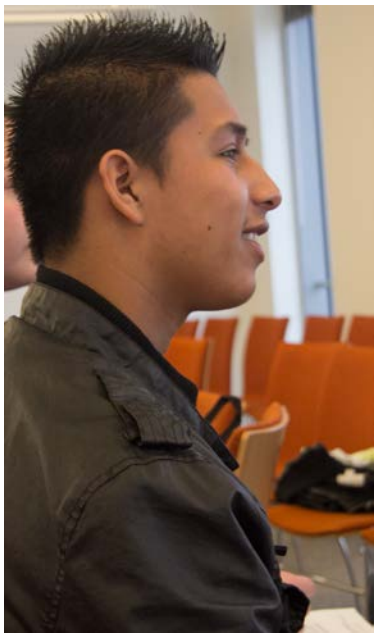
- **Schools:** An evaluation of the MIP found that schools were the primary setting for MIP outreach and education.[7] Schools provide a large concentration of young men for nearly eight hours of the day, five days a week. This allows health care providers to engage young men at multiple opportunities such in the classroom, during large school events, or before and after school. Providers can also partner with school administrators to identify young men most in need of services and create a referral system to coordinate access to care. Locating health services on schools also increases the prospects of young men dropping-in for services, since barriers such as transportation are not an issue. These impromptu encounters provide an excellent opportunity for health care providers to talk to young men about reproductive health and connect them to services.

- **Juvenile Hall:** Over half of the MIPs conducted reproductive health outreach and education in a juvenile detention center.[8] Young men in juvenile detention were identified as having the highest need of health care services. The role of MIP staff was to build strong relationships with these young men in order to increases the likelihood that they would seek out services when released. Young men responded to MIP staff because they were sympathetic to their needs and wanted to help. One MIP facilitator described how young men would follow-up with him at the clinic within days of being released from juvenile hall because he was seen as an adult they trusted.

- **Sports Programs:** Reaching out to young men in sports programs or by hosting after school activities was another successful strategy for engaging young men. Male staff partnered with athletic coaches or physical education teachers to host reproductive health education sessions for young men. Other health educators organized basketball or soccer tournaments or hosted informal drop-in sports programs for young men. Each activity was an opportunity to engage young men about the need for health care and connect them to services on their campus or in their community. One such program for young Latino men alternated weekly after-school handball games with health education sessions. As a result of their participation, the majority of young men became patients of the health center on their school campus.

Connecting Young Men to Other Men

- **Mentor Programs:** A recent report on trauma informed services for young men of color identifies the importance of male mentors in reducing high risk behavior. The report found that establishing trusting relationships with other men in a safe and supportive manner was an important part of developing healthy behaviors.[9] Connecting young men to other men was also an important part of MIP. Some examples included partnering with positive male role models in the community, creating men's circles for older and younger men to connect, regular retreats or camping trips, and hiring male staff to provide intensive case management with young men. These programs allowed staff to engage with young men at deeper levels than they may have in a traditional clinic visits. They also helped to reinforce positive healthy behaviors. For example, some male involvement groups incorporated discussions on reproductive health and men's responsibility. After hearing these messages young men would receive health services and return to the group to share their experiences, this in turn encouraged their peers to seek out services.



- **Rites of Passage:** Another important way to reinforce healthy behaviors and develop a sense of community for young men is through rites of passage. Rites of passage recognize the strengths of young men and facilitates the process from adolescence to responsible manhood.[10] These practices often draw on culturally relevant traditions that help young men develop concepts such as healthy masculinity, accountability, and pride. Rites of passage often culminate in some community recognition process either through a graduation or a culturally relevant ceremony led by community elders. Many young men who successfully completed their rite of passage as a part of MIP would receive something to recognize their accomplishment, such as a t-shirt, and would wear these items like a badge of honor. Incorporating a rites of passage process validated healthy behaviors and also helped to create a network of support in the community that they could turn to if needed.

- **Recruiting and hiring male staff:** There is a lot of research that demonstrates the importance of culturally appropriate care in changing health behaviors, and the same benefits are seen when hiring male staff to work with young men. For many reasons, many men do not feel comfortable using health care services and when they do find their way into a health setting, they often encounter providers and staff that are unfamiliar with their unique needs.[11] This is especially true for young men of color who are underrepresented in the health care work force. Having male staff or volunteers in health centers makes it a more comfortable environment, which increases the likelihood that young men will receive services. One MIP facilitator described how the presence of male staff at his school-linked health center led to additional men joining the team, other men volunteering at the agency, and eventually young men wanting to join other peer education programs. At that particular health center, MIP increased the number of male staff and volunteers to the point that there was always a man on site that young men could walk in and speak with. As young men began to see the school health center as a safe space they developed strong relationships with other school health center staff and were more willing to access health services.

- **Statewide network of staff dedicated to young men:** One important aspect of the statewide MIP were the annual convenings organized by the state program managers. Each year MIP facilitators and male health educators met to share best practices, discuss challenges, and highlight successes. This practice was replicated with MIP participants in an annual three day Young Men's Summit.[12] The annual gatherings were an opportunity for everyone involved in MIP to support one another both personally and professionally, processing many of the issues they faced on daily basis and discussing how to incorporate supportive practices into their work. The convenings also helped support the development and retention of men dedicated to the health field. After the MIP ended, facilitators were sought out for their expertise on male engagement. Many moved on to take other roles in health care or youth development services.

Adopting Clinical Practices Optimal for Young Men

- **Male friendly clinics:** With a concentration of female staff and a waiting room of female patients, family planning clinics can often look and feel like they are women's clinics. For young men this feeling can be reinforced through the health messages and images the health center promotes. Many MIP staff recognized that the health centers themselves were barriers to care for young men. They worked to redesign the look and feel of health centers including posters, brochures, layout, and even advocating for neutral paint colors in order to attract young men.[13] One common practice implemented by many sites were male only clinic days or hours. This is particularly successful when health centers take an all hands on deck approach for all male employees and volunteers to help staff these special clinics.
- **Implementing universal screening:** Any time a young man walks into a clinic, it is an opportunity to screen for possible STIs, regardless of whether they have symptoms, and to provide education on prevention regardless of their sexual activity. Some health center staff screen young men the same way they screen young women, collecting a urine sample upon entry to the clinic. STI detection rates for young men may significantly improve if universal screening protocols such as these could be implemented by all reproductive and primary care providers.
- **Easy and free partner treatment:** Another important practice is partner treatment for STI infections. Since young women are more likely to come in for reproductive health services, providers should encourage female patients to bring in their boyfriends. If this is unsuccessful providers can give young women medication, at no cost to the patient, to treat their male partners. This practice, known as "patient-delivered partner treatment," is now included in clinical guidelines for treating STIs.[14]

Enact State Policies that Incentivize Quality Services for Young Men

- **Concentrate health careers funding specific for young men and young men of color:** Recent research indicates that California is currently dealing with a shortage of health care professionals and that the situation will become worse as demand for health services increases as a result of expanded insurance.[15] The lack of male health educators and providers, especially men of color, is a widely recognized by those in the field. Statewide funding for health careers should include a special carve-out for programs targeted to young men, specifically young men of color, to build health career pipelines.
- **Increase Family PACT reimbursement rates for male family planning visits:** The Family PACT program currently reimburses for a greater number of services specifically for women than for men. This makes women, not only easier patients to attract, but also more lucrative. To address this imbalance and give providers more incentive to recruit the harder-to-reach male population, Family PACT should provide higher reimbursement for male visits.
- **Prioritize measures related to adolescent male reproductive youth:** Current reproductive health measures required by California do not adequately include young men. Chlamydia screening, for example, is measured by the percentage of sexually active females screened. This measure should be expanded to include sexually active males as a way to incentivize health care providers to engage their male patients in reproductive health services. Similar measures could be adopted around male pregnancy prevention, for example measuring the percentage of adolescent males who are prescribed condoms.

- **Reestablish MIP funding:** California once led the way in supporting teenage pregnancy prevention and male involvement in reproductive health. Since MIP ended, many local community agencies and health care providers have struggled to close the gap in health disparities. A new strategic effort funded and coordinated by the State is needed to reprioritize the reproductive health of young men and ensure they have access to health care services. Reestablishing the MIP could support many of the successful strategies outlined above and bring them to the communities that need them the most.

Additional Resources for Providers

Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Men of Color
This brief provides an overview of the research on trauma, its disproportionate prevalence among boys and men of color, and its impact on outcomes. It also describes what is meant by a trauma-informed approach and suggests specific ways in which organizations can ensure that they can better meet the needs of young men through trauma-informed services.
http://www.calendow.org/uploadedFiles/Publications/BMOC/Drexel%20-%20Healing%20the%20Hurt%20-%20Full%20Report.pdf

Integrated, Trauma-Informed Mental Health Care to Support Boys & Young Men of Color: Recommendations for School Based Health Centers
This report outlines the important role school-based health centers (SBHCs) can play in delivering trauma-informed services to young men of color. By highlighting successful strategies of several SBHCs, the report includes several key practices that can be replicated by other sites to better serve young men of color from a trauma-informed approach.
http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2013/11/CSHC-Trauma-Informed-MH-BMOC-2013.pdf

Lifting Latinos up by their "Rootstraps:" Moving beyond Trauma through a Healing-Informed Model to Engage Latino Boys and Men
The National Latino Fatherhood and Family Institute recently released this report that encourages providers to move beyond a trauma-informed approach and adopt healing-informed practices. The report also outlines the process of internalized oppression and its impact on the development of boys and young men. Finally, it provides a framework based on cultural practices indigenous to the Latino and Native cultures to begin the process of healing at the community level.
http://files.www.cmhnetwork.org/news/latino/liftinglatinosup.pdf

[1] Brindis, C.D., & Decker, M. (2012). Teenage Pregnancy Prevention Evaluation in California: Lessons Learned and Future Directions [PowerPoint Slides]. Retrieved from http://www.familypact.org/Files/Reports-and-Briefs/2012-0403_2-Mara_Claire_TPP_OFPStakeholders_508.pdf

[2] Brindis, C.D., M. Barenbaum and H. Sanchez-Flores. 2005. "Let's Hear It for the Guys: California's Male Involvement Program." International Journal of Men's Health 4(1): 29–53.

[3] Ibid.

[4] California Department of Public Health. (2012). Number of Live Births by Age of Mother, California, 1960-2011. Retrieved from http://www.cdph.ca.gov/data/statistics/Documents/VSC-2011-0201.pdf.

[5] California Department of Public Health, STD Control Branch. (2012). Sexually Transmitted Diseases in California, 2011. Retrieved from http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2011-Report.pdf

[6] Ibid

[7] Brindis, C. D., Barenbaum, M., Sanchez-Flores, H., McCarter, V., & Chand, R. (2005). Let's Hear it for the Guys: California's Male Involvement Program. International Journal of Men's Health, 4(1), 29-53.

[8] Ibid.

[9] Drexel University. (2009). Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Men of Color. Retrieved from http://www.calendow.org/uploadedFiles/Publications/BMOC/Drexel%20-%20Healing%20the%20Hurt%20-%20Full%20Report.pdf

[10] Acosta, F., & Tello, J. (2012). Lifting Latinos up by their "Rootstraps:" Moving Beyond Trauma through a Healing-Informed Model to Engage Latino Boys and Men. Retrieved from http://files.www.cmhnetwork.org/news/latino/liftinglatinosup.pdf

[11] Drexel University. (2009). Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Men of Color. Retrieved from http://www.calendow.org/uploadedFiles/Publications/BMOC/Drexel%20-%20Healing%20the%20Hurt%20-%20Full%20Report.pdf

[12] Brindis, C. D., Barenbaum, M., Sanchez-Flores, H., McCarter, V., & Chand, R. (2005). Let's Hear it for the Guys: California's Male Involvement Program. International Journal of Men's Health, 4(1), 29-53.

[13] Male Involvement Program. In Adolescent Sexuality and Reproductive Health. Retrieved from http://bixbycenter.ucsf.edu/research/as_and_rh.html#IIIG

[14] California Department of Public Health, STD Control Branch. (2012). Patient-Delivered Partner Therapy (PDPT) for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California. Retrieved from http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-PDPT-Guidelines.pdf

[15] California Senate Office of Research & the Senate Health Committee. (2012). A Review of California's Workforce Shortages and Strategies to Address these Shortages. Retrieved from http://shea.senate.ca.gov/sites/shea.senate.ca.gov/files/Background%20Paper%20Scope.pdf