Engaging Young Men in Services

Presented by

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Medical Director, The Young Men’s Clinic
Intro Activity Placeholder
## DISCLOSURE STATEMENT

<table>
<thead>
<tr>
<th>David L Bell, MD, MPH</th>
<th>Commercial Interest</th>
<th>Role</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing to disclose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Learning Goals

- Identify disparities in health care utilization by gender and at least one rationale for involving them into care.
- Articulate 3 strategies to create male-friendly services and environments
- Be able to articulate best practices to serve the clinical needs for young men.
Male’s healthcare use declines after age 15.

- Marcell AV, et al. JAH. 2002
Most Blame the Males...

- We argue that men’s seeking help is related to masculinity, ...
  \textit{but}

- Why do some men seek help for some problems but not for others?

Addis ME, Mahalik JR. American psychologist. 2003
Most Blame the Males…but

- Men may engage in various behaviors depending on the context.

- There are multiple masculine ideologies
Most Blame the Males...but systemic factors may influence the differential access.

- Less...
  - Knowledge of where to access services
  - Insurance status
  - Follow-up visits
Underserved Population

Even if males go to see a doctor, we are doing a poor job of addressing male sexual health.
All risk groups except one had less counseling.

## Willingness to discuss and Preferred approach to discuss SRH

<table>
<thead>
<tr>
<th>SRH topics</th>
<th>My regular doctor should…</th>
<th>Wait until I bring it up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bring it up</td>
<td></td>
</tr>
<tr>
<td>How to decrease STD risk</td>
<td>88.1</td>
<td>11.9</td>
</tr>
<tr>
<td>HPV/genital warts vaccine</td>
<td>81.1</td>
<td>18.9</td>
</tr>
<tr>
<td>How to use a condom correctly</td>
<td>70.4</td>
<td>29.6</td>
</tr>
<tr>
<td>Female birth control methods</td>
<td>63.7</td>
<td>36.3</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>75.2</td>
<td>24.8</td>
</tr>
<tr>
<td>Concern about sexual performance</td>
<td>52.2</td>
<td>47.8</td>
</tr>
<tr>
<td>Concern about making someone pregnant</td>
<td>56.6</td>
<td>43.4</td>
</tr>
<tr>
<td>Being a father</td>
<td>53.7</td>
<td>46.3</td>
</tr>
<tr>
<td>Intimate/romantic partner relationships</td>
<td>54.6</td>
<td>45.4</td>
</tr>
<tr>
<td>Testicular cancer</td>
<td>86.6</td>
<td>13.4</td>
</tr>
<tr>
<td>Acne</td>
<td>60.2</td>
<td>39.8</td>
</tr>
<tr>
<td>Overall mean SRH topics (SD)</td>
<td>7.04 (3.06)</td>
<td>3.31 (2.91)</td>
</tr>
</tbody>
</table>

Same RV, Bell DL, Rosenthal SL, Marcell AV.  
Having had a past discussion mattered for some topics.

<table>
<thead>
<tr>
<th>SRH topics</th>
<th>Bivariate analysis</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer provider bring it up (ref=wait until I bring it up)</td>
<td>RR (95% CI)</td>
<td></td>
</tr>
<tr>
<td>How to decrease STD risk</td>
<td>1.21 (0.95, 1.54)</td>
<td>0.128</td>
</tr>
<tr>
<td>HPV/genital warts vaccine</td>
<td>1.19 (0.92, 1.54)</td>
<td>0.181</td>
</tr>
<tr>
<td>How to use a condom correctly</td>
<td>1.40 (1.06, 1.83)</td>
<td>0.016</td>
</tr>
<tr>
<td>Female birth control methods</td>
<td>1.46 (1.08, 1.99)</td>
<td>0.015</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>1.32 (0.99, 1.77)</td>
<td>0.060</td>
</tr>
<tr>
<td>Concern about sexual performance</td>
<td>1.50 (1.04, 2.15)</td>
<td>0.028</td>
</tr>
<tr>
<td>Concern about making someone pregnant</td>
<td>1.59 (1.16, 2.17)</td>
<td>0.003</td>
</tr>
<tr>
<td>Being a father</td>
<td>1.29 (0.90, 1.87)</td>
<td>0.170</td>
</tr>
<tr>
<td>Intimate/romantic partner relationships</td>
<td>1.63 (1.17, 2.26)</td>
<td>0.004</td>
</tr>
<tr>
<td>Testicular cancer</td>
<td>1.17 (0.88, 1.57)</td>
<td>0.285</td>
</tr>
<tr>
<td>Acne</td>
<td>1.17 (0.85, 1.62)</td>
<td>0.325</td>
</tr>
</tbody>
</table>

Male SRH guidelines are not standardized.

- In the context of chlamydia screening, the “guidelines” are categorized by location of services and sexual orientation.
Hope? -- 20 years later...

1994 International Conference On Development & Population (ICDP)

“Special efforts should be made to emphasize men’s shared responsibility and promote their active involvement in responsible parenthood; sexual and reproductive behavior, including family planning; prenatal, maternal and child health; prevention of STDs, including HIV; prevention of unwanted and high-risk pregnancies...”
Programs That Involve Men Should Seek To:

- Improve the sexual and reproductive health (SRH) of men and women
- Generate men’s support for women’s sexual and reproductive health and rights;
- Promote responsible sexual and reproductive behavior in young and adult men.

Meeting the Cairo Challenge, Family Care International 1999
Male Friendly Services: Best Practices

• Create it!

• Name it!

• Market it!
Male Friendly Services: Best Practices

**Create it!**

- Involve potential male clients in the design, implementation, evaluation
- Guidelines & protocols
- Forms, equipment & supplies
- Staff training and supervision
- Culturally-, developmentally-, gender-friendly health education materials
- Welcoming program environment
- Services matched to the needs of the targeted group
YMC: An Early Youth Development Model

The Early Days 1987-

- Growing concern about HIV
- Observations in FPC
- Reviewed literature
- Community “assets”
- Key informants
- “Gatekeepers”
- Focus groups

- Time
- Turf
- Technology
- Terms
Focus Group Findings:

- **Appearance:**
  - “My chest is marked up from chicken pox...my girl would be disgusted if she saw me”

- **SRH from a male perspective**
  - “Girls get insulted if you take out a condom”
  - “Girls expect you to know what you’re doing...you look scared if you stop”

- **Putting monogamy into context**
  - “We’re faithful so we don’t need condoms...anyway, she’s clean”

- **Dispelling myths**
  - “I don’t want her using pills...they cause cancer”
Male Friendly Services: Best Practices

• **Create it!**
  • Involve potential male clients in the design, implementation, evaluation
  • Guidelines & protocols
  • Forms, equipment & supplies
  • Staff training and supervision
  • Culturally-, developmentally-, gender-friendly health education materials
  • Welcoming program environment
  • Services matched to the needs of the targeted group
We have new recommendations for quality services!

http://fpntc.org/sites/default/files/resource-library-files/QFP%20Recommendations%20MMWR%20April%202014.pdf
## Recommended screening: History Components

<table>
<thead>
<tr>
<th>Source</th>
<th>Reproductive life plan</th>
<th>Sexual health assessment</th>
<th>Problems with sexual function</th>
<th>Intimate partner &amp; sexual violence</th>
<th>Alcohol &amp; other drug use</th>
<th>Tobacco use</th>
<th>Immunizations</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>QFP</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>MTC</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QFP</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QFP</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QFP</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*From Marcell AV. Webinar: Preventive male SRH care: Recommendations for clinical practices. Male Training Center, the National Training Center for Family Planning Service Delivery and the DHHS Office of Population Affairs. Oct. 2014*
Recommended screening: Physical Exam Components

<table>
<thead>
<tr>
<th>Source</th>
<th>Age:</th>
<th>≤21</th>
<th>22-24</th>
<th>≥25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height, weight &amp; BMI</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Blood pressure</td>
<td></td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>External genital / perianal exam</td>
<td></td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Recommended screening: Laboratory Test Components

<table>
<thead>
<tr>
<th>Source</th>
<th>Age:</th>
<th>≤21</th>
<th>22-24</th>
<th>≥25</th>
</tr>
</thead>
<tbody>
<tr>
<td>QFP</td>
<td>Chlamydia</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QFP</td>
<td>Gonorrhea</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QFP</td>
<td>Syphilis</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QFP</td>
<td>HIV / AIDS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QFP</td>
<td>Hepatitis C</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QFP</td>
<td>Diabetes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QFP</td>
<td>Hepatitis B</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Refer to specific service slide*
Recommended: Key SRH Counseling Components

<table>
<thead>
<tr>
<th>Source</th>
<th>Component</th>
<th>Age:</th>
<th>≤21</th>
<th>22-24</th>
<th>≥25</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTC</td>
<td>Condoms with demonstration/practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QFP</td>
<td>STD / HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QFP</td>
<td>Pregnancy prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QFP</td>
<td>Preconception health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MTC</td>
<td>Sexuality / relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MTC</td>
<td>Sexual dysfunction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QFP</td>
<td>Infertility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Screening Services No Longer Recommended

<table>
<thead>
<tr>
<th>History</th>
<th>Teaching testicular self-exam (for cancer screen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Testicular exam (for cancer screen)</td>
</tr>
<tr>
<td></td>
<td>Hernia</td>
</tr>
<tr>
<td>Labs</td>
<td>Gonorrhea (low risk)</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B (low risk) *</td>
</tr>
<tr>
<td></td>
<td>Hepatitis C (not born ‘45-’65)</td>
</tr>
<tr>
<td></td>
<td>Herpes simplex</td>
</tr>
<tr>
<td></td>
<td>Syphilis (not at increased risk)</td>
</tr>
<tr>
<td></td>
<td>PSA for prostate cancer</td>
</tr>
<tr>
<td></td>
<td>Urinalysis</td>
</tr>
<tr>
<td></td>
<td>Hemoglobin / hematocrit</td>
</tr>
</tbody>
</table>

No Recommendations: Evidence still being accumulated

Labs
- Trichomonas
- Human papillomavirus
- Anal cytology
Males most appreciate knowledgeable caregivers.

Male Health Toolkit

http://www.ayamalehealth.org
Male Friendly Services: Best Practices

• **Create it!**
  • Involve potential male clients in the design, implementation, evaluation
  • Guidelines & protocols
  • Forms, equipment & supplies
  • Staff training and supervision
  • Culturally-, developmentally-, gender-friendly health education materials
  • Welcoming program environment

• Services matched to the needs of the targeted group
The environment should have messages that engage males.
Male Friendly Services: 
Best Practices

• Name it!
Male Friendly Services: Best Practices

• Market it!
  • Strategic marketing to make services visible

• Linkages with educational, employment, mental health, and other health services (e.g. dental)
Strategic Marketing

- Clinic patients – females and males
- Community- Based Organizations
  - Middle Schools and Coaches
  - GED programs
  - Workforce development
- Web-site and videos
Medical Services: 
*Family Planning Clinic/Young Men’s Clinic*

**Medical needs/concerns:**
- Physicals – sports, work, camp (teachable moments!)
- STIs
- Fertility
- Sexual Functioning
- Relationship Issues
- Musculo-skeletal Issues
- General medical Care

**Top SRH Diagnoses:**
- Chlamydia
- Balanitis
- Other STIs
- Sexual Functioning
- Fertility Concerns
Clinic Profile 1999

- Interdisciplinary staff
- 1 sessions/week
- 1400+ visits per year; 750 unique patients
- ~80% from upper Manhattan
- 12-35 years old, ~80% 20+
- 90% Latino; 9% AA
- ~95% sexually experienced, Chlamydia rate 12-14%
- <25% have health insurance
Clinic Profile 2009

- Interdisciplinary staff
- 3 sessions/week
- 3,800+ visits per year; @ 1500 unique patients
- ~80% from upper Manhattan
- 12-35 years old, ~80% 20+
- 90% Latino; 9% AA
- ~95% sexually experienced, Chlamydia rate 12-14%
- <25% have health insurance
Clinic Profile 2014

- Interdisciplinary staff
- 5 sessions/week
- 6800+ visits per year; @3400 unique patients
- ~80% from upper Manhattan
- 12-35 years old, ~80% 20+
- 80% Latino; 12% AA
- ~95% sexually experienced, Chlamydia rate 12-14%
- <33% have health insurance
Mental Health Services:
Family Planning Clinic/Young Men’s Clinic

**Mental health concerns:**

- Crisis intervention
- Short term individual and couples counseling
- Depression and anxiety screening, assess for harm and other mental health screenings.
- Psycho-socials & Psychiatric evaluations
- Psycho-pharm

**Supportive services:**

- Concrete and supportive services including referrals to our CBO’s.
- GED
- Job training
- Dental services
- Public benefits, housing and legal services
- SingleStop USA™
BEST PRACTICE: EMPOWERMENT APPROACH
Strength-based Approach

- Like resiliency, these models are not blind to risk,
  - but they approach them in the context of the young person's strengths.
  - promote strengths,
  - show respect
  - and is more likely to engage the young person in reducing risk.

- Focus on who they are and what the hope to accomplish
Nurturing and Empathetic Approach

- A nurturing and empathetic approach gives the clinician strategies
  - to facilitate open communication that bypasses the isolating male role stereotypes and
  - creates opportunities to share concerns that the young men may have been reluctant to share in other settings
Normalizing

You’re not alone. A lot of men haven’t heard that.

I didn’t know you could get infected from having oral sex.
Selective Attention

But you picked them up! That’s a great start!!

I picked up some condoms but haven’t used them...
Reframing

You’re angry with yourself for waiting. But you’re not a jerk...you felt embarrassed, like most people would be. It’s great you’re here now.

I’m a jerk. I should have come here before the warts got so big.
BEST PRACTICE: CLINICAL APPROACHES
Best Practice: Clinical Approaches

- **History**
  - SRH
  - Breadth and Depth
  - Reproductive Life Plan
  - CDC 5P’s
  - Assess sexual orientation
  - Relationships/Abuse
  - “Gravida Para” for men!
  - Sexual Functioning
    - Mental Health

- **Physical Exam**
  - Genital Exam
    - Assess pubertal timing
    - GU exam
    - *How to deal with Erections*
    - *Evidence against: instruction for self-exams*

- **Screening**
  - TEST GC/CT – Urines only
    - MSM guidelines

- **Treatment**
Best Practice: Clinical Approaches

- Counseling
  - Puberty
  - STIs
  - STI Prevention: Condoms
  - Pregnancy Prevention: EC and Female BC
  - Healthy Relationships
Closing Activity/ Remarks Placeholder
Reflect on your motivations for engaging males.

Here is mine:

Acknowledgements
Office of Population Affairs (OPA)

ROBIN HOOD

- The Family Planning/The Young Men’s Clinic Staff
- Janet Garth, Manager
- NewYork Presbyterian Hospital
- Columbia University Medical Center