



An opportunity to close the gap and reach for better gender equity in pregnancy prevention

EYM Initiative Overview:



Improving education, access, and quality of sexual and reproductive health services for adolescent males to prevent unintended pregnancy

Initiative Overview

Birth control is a common concern for women and men. While women have many options when choosing a birth control method, men have fewer options. However, research has long shown that men influence their partner's contraceptive choices or whether they even use contraceptives, and engaging young men in teen pregnancy prevention can help prevent premature fatherhood, which can have serious consequences for the young men, their partners, and their children.

Engaging young men in teen pregnancy prevention (TPP) can help prevent premature fatherhood, which can have serious consequences for the young men, their partners, and their children. The 2004-2008 Pregnancy Risk Assessment Monitoring System (PRAMS) data from the Centers for Disease Control and Prevention (CDC) indicate that approximately 25% of female adolescents (15-19 years old) reported the reason for NOT using contraception as "their partner did not want to use contraception." This is the second most frequently cited reason for contraceptive nonuse.¹ Young men are also more likely to exhibit pregnancy ambivalence which is associated with a lowered likelihood of using contraceptives.² Engaging young men in sexual and reproductive health education and health care services is critical to preventing premature fatherhood. Approximately 25% of male adolescents report receiving Sexual Reproductive Health (SRH) services compared to approximately 50% among females. However, **both male and female adolescents report an interest in receiving sexual health information from health care providers.**³ The challenge, however, has been translating this objective and research into a pragmatic application of increased gender equality in the field.

Engaging Young Men in TPP is defined as

- Recruitment and retention of young men in evidence-based teen pregnancy prevention programs, clinical services, and youth development;
- Providing leadership opportunities for young men;
- Ensuring programs and contraceptive and reproductive health clinical services are friendly to young men and culturally competent;
- Strengthening communication between young men, parents, and other adults; and
- Building skills and capacity for healthy relationships- relationships that are based on trust, honesty, and respect.

Engaging Young Men Pilot Project

The CDC Division of Reproductive Health engaged JSI Research & Training Institute, Inc.. (JSI) in a five year grant to assist in the Engaging Young Men in Clinical Services to Prevent Premature Fatherhood (EYM) project. JSI partnered with Cicatelli Associates (CAI) and health center partners, Gaston Family Health Services (GFHS) and Gaston County Department of Health and Human Services (GHHS), **to reduce premature fatherhood by maximizing opportunities to provide reproductive health services to young males aged 15-19 by improving access and linkages to reproductive health services in healthcare provider settings.**

¹ MMWR 2012;61(02);25-29.

² Higgins, J., Popkin, R., & Santelli, J. (2012). Pregnancy Ambivalence and Contraceptive Use Among Young Adults in the United States. *Prospectives on Sexual Reproductive Health*, 44(4), 236-243. doi: 10.1363/4423612

³ Marcell, et al. Male Adolescent and Sexual and Reproductive Health Care. *Pediatrics* 2011-2384

EYM Initiative Overview:

EYM Pilot Project Objectives

The objectives of the EYM project include:

- Improving young men's knowledge about the need for reproductive health services and how to obtain these services.
- Improving young men's use of clinical reproductive health care services.
- Improving provider's knowledge about best practices for reproductive health clinical needs of young men.
- Increasing the provision of best practices to serve the clinical needs of young men.

The work plan for the pilot project is grounded in the lessons learned over the last two and half years of CDC Community Wide Initiatives to Prevent Teen Pregnancy grant program; and the acknowledgement that clinics exist within a community context. The approach to this work plan is focused on developing sustainable clinic interventions for addressing premature fatherhood through engaging them in reproductive health services.

EYM Pilot Project Outcomes

The intended key outcomes of the EYM project include:

- Increase the proportion of visits by young men to health care providers that include addressing their sexual health needs.
- Increase the number of young men 15-19 utilizing health care services.
- Increase provider knowledge and comfort in addressing male sexual health concerns
- Improve young men's knowledge of birth control methods.

Selection of Pilot Program Site

- Current leadership motivated to champion this work.
- Community has taken active steps to address needs of males.
- Ready access to male services data for all clinic partners within the targeted community.
- Currently engaging non-traditional partners in teen pregnancy prevention work (preferably with a male focus).
- Motivated and able to implement organizational changes (including committing to necessary training) to better address the sexual health of young men.
- Demonstrated efforts already underway to address the needs of males (preferably have a staff person dedicated to male engagement).
- Already provide health care to a substantial number of male adolescents.
- Will collect, report, and utilize data for CQI.



Engaging Young Men Pilot Project

Selection of Pilot Site

GHHS was chosen as the pilot site for the EYM program because they were already engaged around providing clinical services to young men, and they showed strong commitment by their leadership to enhance services to males but also room for improvement based on receiving training and technical assistance.

Three sites participated in the EYM pilot:

2 County Health Department Sites:

- Teen Wellness Program – Highland Health Center
- Teen Wellness Program – Hudson Health Center

1 Federally Qualified Health Center:

- Gaston Family Health Service

Community engagement with GHHS started after the initial year of the EYM project. Engagement began with an assessment phase with each of the participating sites. The assessment phase included the following components:

- Compile existing data (e.g., from TPP project, STD rates)
- Clinic Self-Assessment
- Key informant interviews with service providers
- Focus groups with youth

Gaston County Health District North Carolina⁴

Population:	206,086
Median Age:	38.9
Race/Ethnicity:	78.2% White, 15.3% African American 5.9% Hispanic or Latino
Population of 15 – 19 year olds:	52% Male, 48% Female
Number of pregnancies among 15-19 year old girls ⁵	225

The information garnered from the assessment shaped future training and technical assistance provided by the EYM project. Self-assessment domains included: clinical, behavioral, and supportive services, policies, and practices; access; physical environment; organizational leadership and characteristics; communication and marketing; partnerships and reputation; and service design and quality improvement.

⁴American FactFinder. (2010). United States Census Bureau. Retrieved from: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

⁵North Carolina Reported Pregnancies. (2012). North Carolina Department of Health and Human Services, State Center for Health Statistics. (2014). Available online at: <http://www.schs.state.nc.us/SCHS/data/county.cfm>

Engaging Young Men Pilot Project

Assessment Phase

GHHS was chosen as the pilot site for the EYM program because they were already engaged around providing clinical services to young men, and they showed strong commitment by their leadership to enhance services to males but also room for improvement based on receiving training and technical assistance, as evidenced by the data reviewed: There are approximately 7,000 adolescent males (15 to 19 year old) in Gaston County and GHHS saw about 10% (n=691) in 2014. Three sites participated in the EYM pilot:

2 County Health Department Sites:

- Teen Wellness Program – Highland Health Center
- Teen Wellness Program – Hudson Health Center

Community engagement with GHHS started after the initial year of the EYM project. Engagement began with an assessment phase with each of the participating sites. The assessment phase included the following components:

- Compile existing data (e.g., from TPP project, STD rates)
- Clinic Self-Assessment
- Key informant interviews with service providers
- Focus groups with youth

Community engagement with GHHS services started after the initial year of the EYM project. Activities included conducting focus groups with young men in Gaston County, data collection from the Hudson Teen Wellness Center, and trainings to increase provider knowledge and comfort in addressing male sexual health concerns that will improve young men's knowledge of birth control methods. Prior to selection the Hudson Teen Wellness Center indicated that ten of the fifteen practice setting staff received training on adolescent development; three of the fifteen staff members received Male friendly training and Conducting Sexual Health Assessment with Males; and eight staff members received training on Providing STD services. The Hudson Teen Wellness Center provides all recommended practices for health care access for young men, including offering appointments after school, accepting walk-in clients, seeing young men without parent/guardian consent, offering services regardless of ability to pay, and engaging young men accompanying partners who are being seen for care.

After selection as the pilot site for the EYM project, the Hudson Teen Wellness Center conducted a self-assessment of their clinic's male friendliness and accessibility. The information garnered from the assessment shaped future training and technical assistance provided by the EYM project. Self-assessment domains included: clinical, behavioral and supportive services, policies and practices; access; physical environment; organizational leadership and characteristics; communication and marketing; partnerships and reputation; and service design and quality improvement.

Hudson Teen Wellness Center

Practice Setting:	Adolescent Clinic; Family Planning Clinic
Organization Type:	County Health Department
Employees:	1 MD; 4 Advanced Practice Clinicians; 3 Registered Nurses; 1 Medical Assistant; 2 Health Educators; 3 Front Desk Personnel; 1 Clerical Supervisor

Engaging Young Men Pilot Project

Self-Assessment Results

Through the self-assessment, sites identified several opportunities for improvement:

- Create a routine checklist for services for young men for all types of visits (urgent, preventive, etc.); ensure all staff are aware of and follow checklist.
- Ensure waiting room environment is young-men friendly with relevant literature and posters.
- Organizational leadership should include the priority of serving young men in its mission, and communicate this priority and its progress with staff during regular staff meetings.
- Organizational leadership should provide training so all staff have necessary knowledge and skills to provide medical and supportive services to young men, and establish clear roles and responsibilities for staff in providing these services.
- Update the organization's website with information relevant to young men, as well as information about services offered for young men.
- Create a system to regularly collect, monitor, and respond to data about services provided to young men; and solicit feedback from young men through focus groups on services offered.

The following presents the pre and post pilot results of the various areas addressed in the self-assessment tool.

Pre and Post Pilot Self-Assessment Results

Number of staff receiving training on the following topics:

Pre		Post	
Total staff	15	Total staff	15
Adolescent development	10	Adolescent development	13
Male friendly services	3	Male friendly services	13
Conducting sexual health assessment with males	3	Conducting sexual health assessment with males	13
Providing STI services	8	Providing STI services	13

- The sites changed their hours to open earlier and added one more day of later hours.
- At the baseline assessment there were no primary coordinating responsibilities to ensure young men's health care needs were addressed across the agency. The post assessment shows that out of 15 staff, 4 of them have some level of coordination responsibilities for young men's sexual health services.
- The site was asked to indicate for the most recent month, visits were made by males ages 15-19 by each practice setting within your organization (pediatrics, adolescent health, primary care, OB/GYN, dental, etc.) and the number of males that received any sexual health service (SHS) (e.g.: sexual health assessment, sexual health counseling, STD/HIV testing or treatment, or HAV/ HBV/HPV vaccinations). While the total number of visits decreased for the reporting period in the post-assessment, the percent of young men receiving sexual health services increased by 25%.

Engaging Young Men Pilot Project

Pre and Post Pilot Self-Assessment Results

PHYSICAL ENVIRONMENT: The following are questions about the physical environment of your organization and whether it is welcoming, relevant and of interest to young men.

Level of Agreement: 1=Strongly Agree 2=Agree 3=Disagree 4=Strongly Disagree

Blue=no change Green=improvement Red=no improvement	Pre	Post
Health care services for young men are provided in a confidential and private setting.	1	1
Educational materials and brochures geared towards young men's health care needs are available in the waiting room.	2	1
Pictures on the walls of the health care center reflect positive male role models.	4	2
Pictures on the walls of the health center represent ethnically diverse men relevant to the population being served by the health care provider.	4	2
Magazines relevant to young men are available in the health care provider's waiting room.	3	1

Pre and Post Pilot Self-Assessment Results

ORGANIZATIONAL LEADERSHIP AND CHARACTERISTICS: The following questions relate to organizational leadership and support as well as existing agency structures, fiscal considerations, and roles and responsibilities associated with the delivery of health care services to young men ages 15-19.

Level of Agreement: 1=Strongly Agree 2=Agree 3=Disagree 4=Strongly Disagree

Blue=no change Green=improvement Red=no improvement	Pre	Post
Leadership		
The organization's documented mission explicitly states a commitment to addressing the health care needs of young men.	3	3
Senior leadership has made the provision of evidence-based medical and support services to young men a priority as part of community-based teen pregnancy prevention activities.	2	1
Senior leadership has created an "organizational buzz" among staff for priorities associated with providing health care services to young men that support efforts to reduce teen pregnancy	2	1
Ensuring access to and provision of healthcare services to young men is a standing agenda item during senior leadership team meetings.	4	3
Structural		
The agency's Board of Directors includes members who are male.	1	1
Men are represented on the staff (paid and/or volunteer) at all levels.	4	3
The organization employs male peer educators.	3	3

Engaging Young Men Pilot Project

Pre and Post Pilot Self-Assessment Results

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Pre Post

Staff Roles and Responsibilities

All clinical staff have the necessary knowledge and skills to provide medical and supportive services to young men specifically addressing pregnancy prevention and contraception

3

1

Our health center has established clear roles and responsibilities for every staff member as it relates to:

Screening for sexual active

3

1

Counseling on safer sex and condom use

2

1

Counseling on contraceptive options for female partners

2

1

Providing clinical services (e.g.: STD/HIV screening and Treatment)

2

1

Pre and Post Pilot Self-Assessment Results

COMMUNICATION AND MARKETING: The following are questions about how your organization markets its services to young male clients.

Level of Agreement: 1=Strongly Agree 2=Agree 3=Disagree 4=Strongly Disagree

Blue=no change Green=improvement Red=no improvement

Pre

Post

Organization has developed a clear and concise message that communicates program priorities related to providing medical and supportive services to young men.

2

2

Organization communicates this message widely and frequently in the community (i.e. local newspapers, flyers, community events).

2

3

Organization delivers message in a way that moves people's hearts and minds by combining data and stories highlighting the needs of young men in an affirming way.

3

2

The organizations uses Social media (Facebook, twitter) to increase awareness of services for young men ages 15-19.

2

3

Information for young men is available on organization website.

4

2

Brochures, flyers, and websites describing health care services provided include information about services available to young men.

2

1

Engaging Young Men Pilot Project

Pre and Post Pilot Self-Assessment Results

PARTNERSHIPS AND REPUTATION: The following questions relate to established partnerships with and positive views by key community organizations and stakeholders.

Level of Agreement: 1=Strongly Agree 2=Agree 3=Disagree 4=Strongly Disagree

Blue=no change Green=improvement Red=no improvement	Pre	Post
Partnerships		
The organization participates in community level task forces or work groups that work together to promote the health and well being of young men, and link them to health care services.	2	2
The organization participates in community level task forces or work groups that work together to address the unique needs of young men related to pregnancy prevention.	2	3
The organization frequently receives referrals from community based organizations and other youth serving organizations to provide clinical services addressing the specific sexual health needs of young men.	2	2
A referral system for supportive services is in place (i.e. housing, employment counseling & assistance, mental health and substance abuse, legal assistance, child support, education programs, etc.) addressing the specific needs of young men.	2	2
Reputation		
The organization is recognized by community partners as a good resource for young men	2	1
The organization is called on by the media or others for information about young men's health.	2	3

Self-Assessment Summary

Based on the self-assessment and training and TA provided via the pilot project, the following activities were implemented to address improvement:

- Created a routine checklist for services for young men for all types of visits (urgent, preventive, etc.); ensure all staff are aware of and follow checklist
- Ensured waiting room environment is young men friendly with relevant literature and posters
- Organizational leadership included the priority of serving young men into its mission, and communicate this priority and its progress with staff during regular staff meetings
- Organizational leadership provided training so all staff have necessary knowledge and skills to provide medical and supportive services to young men, and establish clear roles and responsibilities for staff in providing these services
- Updated the organization's website with information relevant to young men as well as information about services offered for young men

Engaging Young Men Pilot Project

Pre and Post Pilot Self-Assessment Results

SERVICE DESIGN AND QUALITY IMPROVEMENT: The following questions relate to your organization's use of data, target population input and key performance measures to design its services and continuously monitor its progress towards achieving goals.

Level of Agreement: 1=Strongly Agree 2=Agree 3=Disagree 4=Strongly Disagree

Blue=no change Green=improvement Red=no improvement

Pre

Post

Service Design

The organization provides opportunities for young men to participate in the design of services addressing their needs.

2

1

The organization regularly solicits input from young men in assessing the quality of services provided through the use of client satisfaction surveys.

1

1

Focus groups have been held with young men to understand their unique health care needs in the past 3 years.

4

1

Quality Improvement

Activities to ensure access to and provision of healthcare services to young men have been integrated into existing activities of the organization's Quality Improvement structures, committees, or workgroups.

2

3

Senior leadership monitor and respond to a set of data at least quarterly to assess organization's progress in achieving goals related to providing healthcare services to young men

2

3

Our health center has created systems to regularly collect and report data related to our progress in achieving goals related to providing healthcare services to young men

3

3

Ensuring access to and provision of healthcare services to young men is a standing agenda item at our health center meetings

3

3

All staff at health center are aware of key performance measures and priorities related to providing healthcare services to young men

4

3

Key Informant Interviews

A total of 14 leaders of health centers and youth-serving organizations (YSOs) in Gaston County, North Carolina, were interviewed about challenges and opportunities for engaging young men in promoting sexual health and teen pregnancy prevention efforts in their local community. Interview participants included representatives from the Gaston County Health Department, Gaston Family Health Services, Boys & Girls Club, the United Way, and the Erwin Center. Participants were asked about the primary sexual health needs for young men; where young men are accessing sexual health services and information; barriers to young men accessing sexual health services; and potential strategies to better engage young men in community-wide teen pregnancy prevention efforts.

Summary of Key Findings

Most important sexual health needs of young men:

- Access to medically accurate information/education
- Access to preventive sexual health services
 - Access to condoms
- Norm changes regarding sexual health/risk behavior of young men

Key Informant Interviews

Summary of Key Findings

Sources of sexual health information for young men:

- Peers
- Schools
- Family
- Church

Where are young men accessing sexual health services?

- Emergency Department
- Primary Care Providers
- County Health Department
- Not accessing services

Primary reasons for accessing services:

- Treatment (esp. of STIs)
- Sports physicals

Barriers to accessing services:

- Lack of knowledge of sexual health and health services available
- Cost of services
- Embarrassment
- Medical mistrust/fear
- Lack of transportation
- Exclusion of young men from pregnancy prevention efforts
- Preventive care not a priority
- Lack of provider training/comfort to address sexual health of young men

Optimal health services for young men:

- Regular, preventive physicals that include a sexual health component
- Provision of medically accurate information on sexual health and birth control at every visit
- Partnerships between health centers and school sports

Suggestions for improving access to/utilization of services:

- Provider training on counseling young men about sexual health/birth control
- Use of standardized screeners for sexual health and risk behavior for adolescents by health centers
- Linking sexual health services to school sports physicals
- Community outreach and education to facilitate norm changes
- Frame teen pregnancy prevention in terms of promoting the holistic health and well-being of adolescents

Focus Groups

To understand male clients' knowledge about the need for reproductive health services and how to obtain these services, qualitative data collection was conducted via two focus groups with male clients of the Hudson Teen Wellness Center. This data enabled EYM project partners to learn about the male patient experience directly from the male clients. This information provided important guidance as the clinic moved forward in its plan to improve communication and outreach with males and male service delivery. Two young men from the community conducted two focus groups (90 minutes each) with 15 young men, following the focus group guide. Focus groups were conducted in person. All 15 participants completed the questionnaire prior to the focus group. The audio recording and focus group notes were analyzed for themes. Fourteen of the fifteen participants reported ever having been sexually active.

Engaging Young Men Pilot Project

Focus Groups

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"...during middle school, like the crisis pregnancy center would come to our school and like teach things relative to like STDs, but then they'd make like sex sound bad, so people won't have sex so they won't get them [STDs], and it scared people a lot and that you would rather listen to them then go to the clinics or receive more information."
– Focus Group Participant

Two young men from the community conducted two focus groups (90 minutes each) with 15 young men, following the focus group guide. Focus groups were conducted in person. All 15 participants completed the questionnaire prior to the focus group. The audio recording and focus group notes were analyzed for themes. Fourteen of the fifteen participants reported ever having been sexually active.

Stakeholder Meeting

The assessment phase ended with a stakeholder meeting in August of 2014. This meeting provided a forum for the Gaston County stakeholders to develop community-driven strategies for improving awareness, access, and linkage to reproductive health care services and information for young men in Gaston County. The primary activities of the meeting were to introduce best practices for engaging young men and to develop an action plan to identify areas to improve services for males.

Meeting Purpose:

This meeting provided a forum for the Gaston County Stakeholders to develop community-driven strategies for improving awareness, access, and linkages to reproductive health care services and information for young men in Gaston County.

Meeting Objectives:

- 1) Increased knowledge of strategies and best practices to engage males in sexual and reproductive health services and reduce premature fatherhood;
- 2) Identified key activities we can take as a community to ensure young men in Gaston County have access to sexual and reproductive health services and information; and
- 3) Identified key activities health care providers in Gaston County can take to improve their skills and capacity to address the sexual health needs of young males.

The **meeting discussion included** the services and initiatives clinical and community stakeholders have engaged in to address young male sexual and reproductive health:

Gaston County DHHS:

- Gaston County Government's consolidation of the Department of Social Services and Health Department into the GCDHHS has resulted in GCDHHS now having access to more youth.
- The role of the teen health advocate includes developing linkages with community partners as well as counseling teens.
- They offer a variety of evidenced based programs: Teen Outreach, Teen Parenting, Healthy Beginnings, Making Proud Choices, Nurse Family Partnership, Parents Matter
- The teen pregnancy rate in Gaston County is now down to 43 per 1,000 women, a 44.5% drop.

In the final year of the pilot project, a stakeholder meeting was held in May of 2017 to help inform the development of training and toolkit to address intermediaries' comfort and capacity to address young men's sexual health needs.

Engaging Young Men Pilot Project

Data

Healthy sexual and reproductive knowledge, practices, and access to clinical services play critical roles in promoting male adolescents' well-being and facilitate their roles as key partners and vital allies in teen pregnancy prevention efforts. However, adolescent male sexual and reproductive health needs are often insufficiently addressed in clinical settings. A risk-based survey specific for Gaston County indicated that 40% of 10th graders admitted to engaging in sexual intercourse while only 1/3 of 10th graders stated they could talk to their parents about Sexually Transmitted Diseases (STDs).

EYM Performance Measures

The goal of the EYM project was to maximize opportunities to provide reproductive health services to young males aged 15-19 by improving access and linkages to clinical reproductive health services. Primary indicators for achieving the project goal included counting the number of unduplicated male adolescent clients seen at the Gaston County Health Department clinics; the number of male adolescent STD visits, the number of male adolescent family planning visits; the number of male adolescents to whom reproductive services were provided; and the number of male adolescents receiving reproductive health counseling. Data was collected for 1 period in 2014, 4 periods in 2015, 2 periods in 2017 and 1 period in 2018.

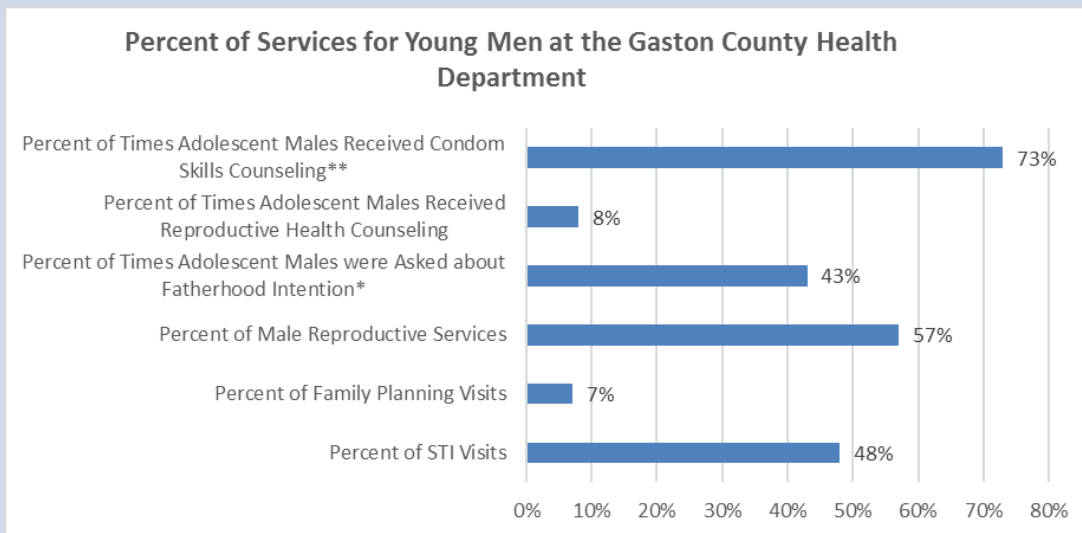
Performance measures addressed are below:

- Unduplicated male clients aged 15-19 who were seen for any service by a health care team member.
- Number and type of visit for male clients aged 15-19. Visit types include: GCDH-Immunizations, STD/Family Planning, Nutrition Services, Annual Exam, GFHS-Well Child/Annual Visit, Sick Visit, and Periodic Physical.
- Number of male visits where contraceptive or reproductive health services were provided. These services include reproductive health counseling services and condom skills demonstration.
- Number of male visits where fatherhood intention is discussed. Fatherhood intention is defined as asking the young male client how many children he would like to have and how long would he like to wait until his partner becomes pregnant.
- Number of male visits where reproductive health counseling was provided. This counseling includes follow-up questions to the fatherhood intention questions. The questions include: What family planning method do you or your partner plan to use until you and your partner are ready to become pregnant? How sure are you that your partner will be able to use this method without any problems?
- Number of male visits where condom skills counseling was provided.

Reporting Period	Specific Items Measures						
	Number of Unduplicated Male Visits	Number of STI Visits	Number of Family Planning Visits	Number of Male Reproductive Services	Number of Times Adolescent Males were Asked about Fatherhood Intention*	Number of Times Adolescent Males Received Reproductive Health Counseling	Number of Times Adolescent Males Received Condom Skills Counseling**
<i>Baseline</i>							
October 1, 2014 to December 31, 2014	120	40	40	13	-	13	-
January 1, 2015 to March 31, 2015	107	49	11	77	-	2	-
June 1, 2015 to June 30, 2015	72	32	2	41	2	0	-
July 1, 2015 to September 30, 2015	134	80	2	106	55	0	-
October 1, 2015 to December 31, 2015	162	63	3	81	39	0	5
January 1, 2016 to March 31, 2016	115	61	0	73	48	0	12
April 1 to June 30, 2016	119	65	4	77	53	7	10
December 1-31, 2018	29	22	0	23	13	15	0
Totals	858	412	62	491	210	37	27
*Fatherhood Intention Measurement began June 25, 2015							
**EMR Note Tracking for Condom Skills Counseling began October 26, 2015							

Engaging Young Men Pilot Project

EYM Performance Measures



*Fatherhood Intention Measurement began June 25, 2015

**EMR Note Tracking for Condom Skills Counseling began October 26, 2015

- The percent of STI, family planning, and male reproductive health visits are the proportion of visits from the overall unduplicated visits for men.
- The percent of adolescent males who were asked about their fatherhood intentions is the proportion of men being asked about fatherhood intentions from the number of male reproductive health service visits.
- The percent of times that male visits receiving reproductive health counseling are the proportion of male reproductive.
- Development The percent of times young men received condom skills counseling are the proportion of adolescent males receiving reproductive health counseling.

Lessons Learned

This work and the lessons learned were based on the pilot clinic; it is important to note that this experience may look different in other areas of the country. The following are this pilot project's lessons learned in engaging young men in sexual and reproductive health services to prevent unintended pregnancy.

1. Organize an overall project advisory group.
2. Find a local champion.
3. Recognize the unique characteristics and needs of young men.
4. Know that gender role stigmas are alive and well.
5. Understand the wider socio-political context.
6. Capitalize on activities already underway.
7. Design health programs to reach boys through their hobbies
8. Present boys with positive role models.
9. Engage men in their roles throughout the life cycle.
10. Design policies and programs that use evidence- based strategies and available data.
11. Have flexibility and patience.
12. Do not underestimate time needed

Engaging Young Men Pilot Project

Training and Technical Assistance

Engaging young men in reproductive health education and health care services is critical to preventing premature fatherhood, and young men have expressed an interest in receiving sexual health information from their health care providers. The EYM pilot project, with Gaston County Health and Human Services, increased the capacity, knowledge, and comfort level of health care providers and helped create a culture where every clinic visit is an opportunity to provide sexual and reproductive health care for adolescent men.

The technical assistance provided by the EYM project was driven by the results of the GHHS clinics' self-assessment, as well as the adolescent men's focus group findings. Throughout the project period, EYM partners, with CAI taking the lead, provided:

- A training needs assessment to develop the training and TA priorities.
- Development of a mutually agreed upon technical assistance plan.
- On-site clinic planning sessions.
- Continual meetings with administrative and clinical staff.
- Trainings for clinic staff, including one on Male Messaging.
- Policies & Procedures development for engaging young men in reproductive health services, including Time Alone and North Carolina Adolescent Confidentiality Rights.
- Training in data collection to address performance measures, including a review of RAAPS process.
- When to initiate RAAPS - Review of Office Visit Encounters (Sick vs. Well; Insured vs. Un-insured).
- EMR Documentation.
- Diffusion of other best program practices and interventions for young men in reproductive health services.

In the final year, technical assistance was provided regarding communications and marketing strategies designed for use by clinics to bring men in the doors. Additional technical assistance were provided around best practices and guidance for creating community linkages to clinical reproductive health services. The primary focus in 2017-2018 is piloting a training and toolkit for youth-serving professionals to inform young men about the importance of reproductive health and refer young men to reproductive health services.

The following documents are included in the case study in order to provide a comprehensive summary of the EYM pilot project implementation:

- JSI Product Summary
- Strategic Activity JSI
- EBPs for Sexual and Reproductive Health for Young Men



JSI Research and Training Institute

Mission Statement

JSI Research & Training Institute, Inc., (JSI) is a nonprofit 501(c)(3) whose mission is to improve the health of underserved populations. JSI maintains a portfolio of projects that touch upon a broad range of public health issues that have allowed us to develop relationships with a variety of organizations, government agencies, and private sector constituencies. We provide community capacity-building assistance to advance health equity, address social determinants of health, and improve local health infrastructure.

Public Health Topic Areas

- Teen Pregnancy Prevention
- Sexual Health

CDC-Funded Capacity Building Products

Title	Description
Community selection Overview Selection Criteria	An overview of the pilot project to build capacity to better engage young men in reproductive health services.
Clinic Assessment Tool	An organizational assessment examining the capacity to, and practices associated with, providing sexual health services (SHS) to young men. In order to facilitate the process we asked participating health care providers to complete Assessment Tool.
EYM Clinician Key Informant Interview Guide	Key informant interviews to assist in planning for a meeting scheduled for August 2014 of Gaston stakeholders where we will work together to develop a framework and specific actions for better addressing young men's sexual health needs in both clinical and community-based settings as part of ongoing community-wide efforts to reduce teen pregnancy.
EYM Clinician Key Informant Interview Report	The brief report summarizes key themes to emerge from analysis of interview data collected for the "Engaging Young Men", a CAI/JSI joint project supported through a 5 year grant from the CDC, Office of State, Territorial, Local, Tribal, and Support (OSTLTS) to collaborate with the Division of Reproductive Health (DRH) to develop and implement best practices to increase the access of young men to reproductive health services (RHS).
2014 Stakeholder Meeting Notes Final	The meeting provided a forum for the Gaston County Stakeholders to develop community-driven strategies for improving awareness, access, and linkages to reproductive health care services and information for young men in Gaston County.
Male Youth Initiative Clinical overview Aug 2014, Stakeholder Meeting	Presentation on the overview of Gaston County DHHS Teen Pregnancy Prevention efforts; collaboration between DHHS and GFHS; and Gaston County's STI data
Handout BELL Engaging Male presentation, Stakeholder Meeting	Presentation focused on two important objectives for the meeting: improve provider's knowledge about best practices and increase the provision of best practices in the future service of clinical needs of young men.



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GYC Slide Buffet for Engaging Males Summit, Stakeholder Meeting	Presentation presented information on services and initiatives clinical and community stakeholders have engaged in to address young male sexual and reproductive health.
Male Messaging Training GCDH PPT	Training to increase knowledge and skills to educate and counsel adolescent males on reproductive health.
EYM Training Manual GCDH PPT	Companion manual to PowerPoint training to increase knowledge and skills to educate and counsel adolescent males on reproductive health.
Scripting for Male RH Messaging_4_2015 Handout	Handout that support Male Messaging training: Sample guidance to help initiate a conversation about reproductive health issue.
Involving Young Men PPT Training	Presentation on why young men are excluded from reproductive health services within the clinical environment.
Young Men Handouts	Handouts that support Involving Young Men Training: Values Clarification / Forced Choices: Teenaged Boys and Contraception
EBPs for Sexual and Reproductive Health for Young Men	Summary of evidence-based practices specifically useful providing services to young men, and engaging them in teen pregnancy prevention.
Male-Adolescent-Reproductive-and-Sexual-Health Presentation	Conference presentation on EYM pilot project that focused on elements of male friendly health services; a comprehensive, male-focused sexual health history; and a male genital exam.
OAH Webinar EYM Presentation	Presentation to provide an overview on the EYM pilot project to OAH grantees.
EYM Focus Group Question Guide final 8.7.15	Purpose of male client focus groups: 1. To learn more about young male client or clients' experiences accessing reproductive health services at Engaging Young Men clinic partner sites (see one page overview) 2. To elicit suggestions for improving services to males 3. To identify the best ways to get young men to access clinic services including most effective channels and messaging
EYM Focus Group Report Final	See above
EYM Focus Group Presentation PPT	Presentation to share findings of focus groups back to the community partners.
EYM Performance Measure Reporting Tool Reproductive Health Care Service Received	A tool to support collecting data and measure data to support project goal to reduce premature fatherhood by maximizing opportunities to provide reproductive health services to young males aged 15-19 by improving access and linkages to reproductive health services in healthcare provider settings.
EYM Summary GYC 2.0 Meeting Final	Profile/case study, which provides a summary of the overall project approach, partnership, planning, history, and specific profiles for GHHS and GFHS profiles.



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Engaging Young Men in Pregnancy Prevention: Making Referrals for Sexual/Reproductive Health Services Training Manual	This training builds on the work of Gaston County to improve access to reproductive health services for young men grounded in activities to better integrate young men into pregnancy prevention activities. As such, it introduces training participants to concepts associated with young men's beliefs about relationships, fatherhood, and contraception as a motivator for, and to improve their ability to, refer and link these young men to a full range of reproductive healthcare services.
Connecting Young Men to Reproductive and Sexual Health Services: A Toolkit for Trusted Adults	This toolkit builds on the above work of Gaston County to improve access to reproductive health services for young men. As a result, the toolkit introduces youth serving professionals to concepts associated with young men's beliefs about relationships, fatherhood, and contraception, and provides tools to improve their ability to refer and link these young men to a full range of reproductive healthcare services.

Please contact Yvonne Hamby if you would like any of the materials listed above.

Yhamby@jsi.com or 303-262-4304

You may also go to www.jsi.com to access the training manual and trusted adult toolkit:

<https://www.jsi.com/JSIInternet/USHealth/project/display.cfm?ctid=na&cid=na&tid=40&id=14781>



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JSI Research and Training Institute, Inc
Engaging Young Men in Reproductive Health to Prevent Premature Fatherhood Project
Strategic Activity Summary

Performance Outcomes

(Goals/Objectives)

Overall Project Goal: The goal of the Engaging Young Men in Preventing Premature Fatherhood Project is to improve access and linkage to reproductive health services in the clinical setting for men.

Overall Project Objectives:

- To improve young men's knowledge about the need for reproductive health services and how to obtain these services;
- To improve young men's use of reproductive health clinical services;
- To improve provider's knowledge about best practices for reproductive health clinical needs of young men; and
- To increase the provision of best practices to serve the clinical needs for young men.

Over the course of the project:

- Anticipated clinic staff served through training and TA: 120
- Actual clinic staff served through training and TA: 228
 - Increase: 120
- Anticipated number of young men served: 380
- Anticipated number of young men served: 493
 - Increase: 113

Strategic Activity	Timeframe	Total Population Served (Number)	Number of Men Served	Amount of Funding	Focus population and age group (e.g. general population or racial/ethnic men or LGBT)
Year 5					
Public Health Resources, Communication & Evaluation: Key Program Area: Technical Assistance and Materials Development Key Program Area: Community Stakeholder Meeting. Pilot training	July 1, 2017-June 30, 2018 Year 5	40 clinic and community partners 24 clinic and community partners	156 young men were served by clinic partners asking about fatherhood intentions	\$100,000	Young men, ages 15-19, who are African American, Latino and from at-risk populations for teen pregnancy and premature fatherhood

Strategic Activity	Timeframe	Total Population Served (Number)	Number of Men Served	Amount of Funding	Focus population and age group (e.g. general population or racial/ethnic men or LGBT)
Year 4					
Public Health Resources, Communication & Evaluation: Key Program Area: Technical Assistance and Materials Development Key Program Area: Training and TA	July 1, 2016-June 30, 2017 Year 4	40 clinic and community partners	Not reported	\$100,000	Young men, ages 15-19, who are African American, Latino and from at-risk populations for teen pregnancy and premature fatherhood
Strategic Activity	Timeframe	Total Population Served (Number)	Number of Men Served	Amount of Funding	Focus population and age group (e.g. general population or racial/ethnic men or LGBT)
Year 3					
Public Health Resources, Communication & Evaluation: Key Program Area: Technical Assistance and Materials Development Key Program Area: Focus Groups with Young Men	July 1, 2015-June 30, 2016	34 clinic staff served for TA. 6 clinic staff	144 young men were served by clinic partners asking about fatherhood intentions 15 young men	\$100,000	Young men who are African American, Latino and from at-risk populations for teen pregnancy and premature fatherhood
Strategic Activity	Timeframe	Total Population Served (Number)	Number of Men Served	Amount of Funding	Focus population and age group (e.g. general population or racial/ethnic men or LGBT)
Year 2					
Public Health Resources, Communication & Evaluation: Key Program Area: Technical Assistance and Materials Development Key Program Area: Community Stakeholder Meeting.	July 1, 2014-June 30, 2015	24 clinic staff served for TA. 50 clinic and community partners	121 young men to be served by clinic partners	\$100,000	Young men, ages 15-19, who are African American, Latino and from at-risk populations for teen pregnancy and premature fatherhood

Strategic Activity	Timeframe	Total Population Served (Number)	Number of Men Served	Amount of Funding	Focus population and age group (e.g. general population or racial/ethnic men or LGBT)
Year 1					
Public Health Resources, Communication & Evaluation: Phase 1-Project planning and management Phase 2-Community selection Phase 3-Clinic Self-Assessment	July 1, 2013-June 30, 2014	10 clinic staff served for self-assessment.	57 young men were served by clinic partner asking about fatherhood intentions	\$100,000	Young men, ages 15-19, who are African American, Latino and from at-risk populations for teen pregnancy and premature fatherhood

Review of Evidence-Based Practices

Methods

We combed through collections of evidence-based practices, tools, and guidelines to identify practices and programs relevant to providing reproductive and sexual health services to young men as well as engaging them to prevent teen pregnancy. This document contains a list of evidence-based practices including both interventions and curriculums, followed by a list of evidence-based tools and clinical guidelines.

Generally the term “evidence-based practices” implies a certain level of validation that a practice or approach is effective, based on carefully designed evaluations, research syntheses or cost-effectiveness studies. For this collection of evidence-based practices, we have culled programs that have been evaluated and have been considered evidence-based or effective practices by third-party governmental, research, or advocacy organizations. All programs included in this grid have been rated as evidence-based by a reputable third party. For each practice or tool included on this grid, there is either an evidence rating, a link to an evaluation, or an indication of which organization or agency classified the program as evidence-based.

For each program or tool included on this grid, we have included the source or developer, a link to the program materials, the gender for which it was developed, a brief description, and information on the evidence ratings that it has received from other third-party organizations. If applicable, we included a link to the evaluation of the program in the evidence section.

This collection contains evidence-based practices specifically useful providing services to young men, and engaging them in teen pregnancy prevention. Programs were only included if they were designed exclusively for young men, were offered in separated gender groups, or had been studied and found effective in populations that included at least 50% males.

Databases and Collections Searched:

- 1) Agency for Healthcare Research and Quality (AHRQ) Healthcare Innovations Exchange
- 2) US Department of Health and Human Services Office of Adolescent Health
- 3) Centers for Disease Control
- 4) Sociometrics: science-based products for researchers & practitioners
- 5) Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence-based Programs and Practices
- 6) Child Trends’ What Works/LINKS database
- 7) Association of State and Territorial Health Officials (ASTHO) Evidence-Based Public Health Resource Center

- 8) The Campbell Collection
- 9) The Cochrane Collaboration
- 10) Coalition for Evidence-Based Policy
- 11) The National Campaign to Prevent Teen and Unplanned Pregnancy Evidence-Based Interventions
- 12) The Resource Center for Adolescent Pregnancy Prevention
- 13) Promising practices Network
- 14) National Governor's Association (NGA) Center for Best Practices
- 15) National Association of County and City Health Officials (NACCHO) Model Practice Database
- 16) Advocates for Youth

Evidence Based Practices: Sexual and Reproductive Health Services for Young Men

Aban Aya Youth Project

- **Source/Developer:** Brian Flay, DPhil and Sally Graumlich, EdD, CHES. Curriculum materials are available from Sociometrics.
- **Program website:** <http://www.socio.com/passt24.php>
- **Evidence:** Included in Office of Adolescent Health's Teen Pregnancy Prevention Resource Center's list of evidence based programs http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/
- **Gender:** Males and females. Studies found that the program was more effective in males.
- **Description:** The Aban Aya Youth Project (AAYP) is a program designed to reduce rates of risky behaviors among African American children in 5th through 8th grades. AAYP is an Afro-centric social development curriculum instructed over a four-year period, beginning in the fifth grade. The number of lessons varies each year. The purpose of the intervention is to promote abstinence from sex, to teach students how to avoid drugs and alcohol and how to resolve conflicts nonviolently. The social development curriculum focused on reducing risky behaviors, such as violence, substance abuse, and unsafe sexual practices. The school/community intervention included the social development curriculum, plus parental support and school climate and community components. The health enhancement curriculum focused on promoting healthy behaviors related to nutrition, physical activity, health care, cultural pride and communalism. Over the course of four years (5th-8th grade) program, the curriculum provides accurate information about risky behaviors (unsafe sex, violence, alcohol and drug use), changes student perceptions of acceptable behavior, and alters dangerous norms (carrying weapons, drug trafficking, sexual activity, fighting, etc.) The curriculum emphasizes spiral learning, with review and reinforcements following the end of the lessons. (Description adapted from Office of Adolescent Health.)

All4You!

- **Source/Developer:** ETR Associates
- **Website:** <http://pub.etr.org/ProductDetails.aspx?id=100000005&itemno=Z004>
- **Evidence:** Included in the National Campaign to Prevent Teen and Unplanned Pregnancy's list of effective programs; Included in Office of Adolescent Health's Teen Pregnancy Prevention Resource Center's list of evidence based programs http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/
- **Gender:** Males and females. Found to be effective in groups containing more than 50% males.
- **Description:** All4You! is a skills-based, HIV/AIDS, STI, and pregnancy prevention curriculum developed for students in alternative schools. The 14-session program has two components: classroom-based lessons and service learning projects at community organizations. Students who participated in the programs were less likely to have sex without condoms,

more likely to use condoms the last time they had sex. The intervention contains 14 sessions, which take about 26 hours. Nine classroom-based sessions are followed by five service-learning sessions. Nine classroom-based lessons incorporate lessons from the Be Proud! Be Responsible! and Safer Choices curricula. The goals of the sessions are to increase students' knowledge of HIV, STIs, and pregnancy through videos, games, and other activities; help youth understand their risk of these outcomes; influence participants' attitudes about sexual activity and condom use through role plays; and improve condom use and negotiation skills. (Description adapted from Office of Adolescent Health.)

Becoming a Responsible Teen

- **Source/Developer:** ETR Associates
- **Website:** <http://pub.etr.org/ProductDetails.aspx?id=100000071&itemno=Z003>
- **Evidence:** Considered an effective program by Advocates for Youth <http://www.advocatesforyouth.org/publications/1138?task=view>
- **Gender:** Males and females, facilitated in separate sex groups
- **Description:** Becoming a Responsible Teen is a culturally appropriate, HIV prevention curriculum designed especially for African American adolescents in non-school, community-based settings. Consisting of eight, one-and-a-half to two-hour sessions, Becoming a Responsible Teen combines HIV/AIDS education with behavioral skills training, including assertion, refusal, self-management, problem solving, risk recognition, and correct condom use. Teens learn to clarify their own values about sexual decisions and to practice skills to reduce sexual risk-taking. Based on social learning and self-efficacy theories, the curriculum's primary goal is promoting safer sexual behaviors. It encourages teens to share what they have learned and to practice their skills outside the group setting. It utilizes interactive sessions, including games, role-playing, discussions, and videos. The intervention is intended for use with gender-specific groups, each facilitated by both a male and a female group leader. (Description adapted from Advocates for Youth.)

Be Proud! Be Responsible!

- **Source/Developer:** Select Media Evidence-Based Entertainment and Training
- **Website:** <http://www.selectmedia.org/programs/responsible.html>
- **Evidence:** "Best-Evidence Rating" from CDC for HIV Prevention; Included in Office of Adolescent Health's Teen Pregnancy Prevention Resource Center's list of evidence based programs http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/
- **Gender:** Males and females. Evaluated and found to be effective in male-only groups.
- **Description:** Be Proud! Be Responsible! is geared toward behavior modification and building knowledge, understanding, and a sense of responsibility regarding STD/HIV risk in vulnerable youth. The intervention is designed to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse. This curriculum is a six session curriculum delivered over the period of six one hour sessions which can be implemented in a variety of settings such as schools, community organizations and clinics. The program is delivered through group discussions and exercises, videos, games, and roleplay.

Carrera Adolescent Pregnancy Prevention Program

- **Source/Developer:** The Children's Aid Society
- **Website:** <http://stopteenpregnancy.childrensaidsociety.org/>
- **Evidence:** Rated "Strong" from AHRQ, Included in Office of Adolescent Health's Teen Pregnancy Prevention Resource Center's list of evidence based programs
http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/
- **Gender:** Males and Females
- **Description:** This evidence-based adolescent pregnancy prevention program, takes a long-term "above the waist" approach to pregnancy prevention by addressing all aspects of teens' lives from middle school through high school and beyond. The program helps teens plan and create productive futures by combining daily academic enrichment, weekly exposure to the work world, weekly mental health services (and as needed), weekly family life and sexuality education, ongoing exposure to lifetime individual sports and self-expression, and comprehensive medical and dental services. The program is implemented both as an after-school program and as an integrated school program. The after-school version is the only 3-year fully evaluated teenage pregnancy prevention program with statistically proven effectiveness in the country yielding a 50-percent reduction in birth rates in communities served. Additional results include increased use of primary care whereas reducing reliance on the emergency department, improved academic performance and work readiness, and increased high school graduation and college enrollment." (Description adapted from AHRQ.)

¡Cúidate! ("Take Care of Yourself")

- **Source/Developer:** Select Media Evidence-Based Entertainment and Training
- **Website:** <http://www.selectmedia.org/programs/cuidate.html>
- **Evidence:** Rated "Strong" from AHRQ, Included in Office of Adolescent Health's Teen Pregnancy Prevention Resource Center's list of evidence based programs
http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/
- **Gender:** Males and Females
- **Description:** Focuses on reducing the risk of sexually transmitted diseases, including HIV/AIDS, and pregnancy among Latino teenagers. Centers on a series of facilitator-led classes at which students learn accurate information about sexually transmitted diseases and pregnancy, and discuss attitudes about sex. The program incorporates commonly held cultural beliefs in the Latino community, using them to frame abstinence and condom use as acceptable and effective health strategies. Two randomized controlled trials found that the program reduced the likelihood of engaging in risky sexual behaviors, including sexual intercourse, unprotected sex, and having multiple partners. (Description adapted from AHRQ.)

Joven Noble

- **Source/Developer:** Jerry Tello Curriculums

- **Website:** <http://www.jerrytello.com/curriculum.html>
- **Evidence:** Included in SAHMSA's National Registry of Evidence Based Programs and Practices (NREPP) <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=272>
- **Gender:** Males (Hispanic/Latino)
- **Description:** Joven Noble is a youth development, support, and leadership enhancement curriculum designed to strengthen protective factors among male Latino youth ages 10-24. The curriculum aims to promote the character development of young men and facilitate continued "rites of passage" development with the goals of reducing and preventing unwanted or unplanned pregnancies, substance abuse, community violence, and relationship violence. The curriculum also promotes responsible and respectful behavior in relationships with significant others. Joven Noble is based on the philosophy that male youth need other men and women, their family, and community to care for, assist, heal, and guide them, and successfully prepare them for true manhood. The intervention is informed by positive youth development theory, the risk and protective factors model, acculturation, and Latino cultural values. Delivered by facilitators in 10 weekly sessions, the curriculum focuses on four core teachings: *conocimiento* (acknowledgment), which addresses social and cultural attachment; *entendimiento* (understanding), which addresses social and behavioral factors such as violence and aggression as well as the ability of youth to focus on goals; *integración* (integration), which addresses factors in the broader culture that may lead to feelings of isolation and sadness; and *movimiento* (movement), which addresses how the physical and emotional aspects of teenagers' lives intersect. Sessions involve a mixture of activities and teaching methods (e.g., testimony by role models, skits) relating to a young person's self, family, and community while focusing on the four core teachings. After completing the program, youth are encouraged to join an extended kinship group for ongoing support and development. The intervention has been implemented with low-income high school students as well as youth in probation and community alternative justice programs. Joven Noble facilitators are required to participate in training before implementing the program and are encouraged to join a network for the ongoing sharing of resources and implementation techniques. (Description from NREPP)

REAL Men

- **Source/Developer:** Child Trends
- **Website:** <http://www.childtrends.org/?programs=real-men>
- **Evidence:** Evaluated by Child Trends
- **Gender:** Males (Boys and their fathers/father figures)
- **Description:** REAL Men is a seven-week program intended to prevent HIV acquisition among adolescent boys. The program focuses on providing fathers or father figures with the skills necessary to communicate about HIV prevention with their sons. The program consists of seven weekly sessions. Fathers attend the first six sessions alone, and bring their sons to the final session. Sessions provide information on communicating with adolescents, parental monitoring, and peer relationships. Sessions also familiarize fathers with sexual topics important in adolescence and discuss the transmission and prevention of HIV and AIDS. Session activities include lectures, discussions, role-plays, games, and videos. Fathers are

encouraged to set goals to work on between sessions and are provided with take-home assignments after every session. (Description adapted from Child Trends)

Reproductive Health Counseling for Young Men

- **Source/Developer:** Materials available at Sociometrics.
- **Website:** <http://www.socio.com/paspp08.php>
- **Evidence:** Included in Sociometrics list of Effective programs; Included in the National Campaign to Prevent Teen and Unplanned Pregnancy's list of effective programs
- **Gender:** Males
- **Description:** Originally developed for boys between 15 and 18 years of age, this is a one-hour, single-session, clinic-based intervention. The program is designed to meet the needs of sexually active and inactive teens, and to promote abstinence as well as contraception. The session begins with a video presentation that is viewed privately by each teen. The materials address reproductive anatomy, fertility, hernia, testicular self-examination, STDs (including HIV/AIDS), contraception (including abstinence), communication skills, and access to health services. A half-hour private consultation with a health care practitioner follows the presentation. Guided by the young men's interests, the consultation may include such topics as sexuality, fertility goals, and reproductive health risks, along with rehearsal and modeling of sexual communication. A field study of the intervention was conducted with 1,195 high school-aged males visiting health maintenance organizations in two Northwestern cities. Compared to a control group of their peers, sexually active program participants were significantly more likely to use effective contraception at the one-year follow-up assessment, especially if they were not yet sexually active at the time of the intervention. Sexually active female partners of program participants were also more likely to use effective contraception at the follow-up. (Description adapted from Sociometrics.)

Rikers Health Advocacy Program

- **Source/Developer:** Stephen Magura, PhD. Materials available at Sociometrics.
- **Website:** <http://www.socio.com/passt10.php>
- **Evidence:** Included in Office of Adolescent Health's Teen Pregnancy Prevention Resource Center's list of evidence based programs http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/
- **Gender:** Males and females, separate groups (Incarcerated)
- **Description:** Description: Rikers Health Advocacy Program (RHAP) is designed to produce problem-solving skills for HIV/AIDS prevention among high-risk youth, particularly drug users and youth in correctional facilities. The program features a "Problem-Solving Therapy" approach, which focuses on problem orientation, defining and formulating a problem, generating alternative solutions, decision-making, and implementing a solution. The program was originally delivered to a small group of male participants in a correctional facility setting. The intervention consists of four one-hour sessions delivered by a male instructor, biweekly over two weeks. Participants are engaged through sharing and discussion of facts and beliefs about HIV. They identify particular attitudes or behaviors that require modification and suggest potential solutions, which are then evaluated by other

participants. The program includes roleplay and rehearsal exercises for implementation of the suggested solutions. Topics discussed include general HIV education information; factors related to drug initiation or drug use; the meaning and consequences of sexual activity; the relationship between drug use and sexual activity and HIV risk; and how to seek health care services, social services, and drug treatment. (Description adapted from Office of Adolescent Health.)

Santa Cruz County Male Involvement Program

- **Source/Developer:** Materials available at Sociometrics.
- **Website:** <http://www.socio.com/mi02pp.php>
- **Evidence:** Included in Sociometrics list of Effective programs
- **Gender:** Males
- **Description:** The Santa Cruz County Male Involvement Program is a collaborative school-, community-, and clinic-based intervention, which was originally implemented as part of a statewide, male-focused pregnancy prevention effort funded by the California Department of Health Services. The overall goals of the Male Involvement Program are: to increase knowledge, skills, and motivation of at-risk adolescent boys and young adult men in order to actively promote their role in reducing teen pregnancies; to increase community and individual awareness regarding the importance of the roles and responsibilities of young males in the prevention of teen pregnancies and to reinforce community values that support these roles; and to increase males' access to reproductive health information and contraceptive supplies. The Information Campaign focuses on four activities: (1) the design and distribution throughout the county of posters regarding the importance of male involvement in teen pregnancy prevention; (2) pamphlets about the program and fathers' rights and responsibilities; (3) male involvement events; and (4) media purchases, including radio spots and signs on public buses with male involvement messages. In Santa Cruz County, program participants were instrumental in designing media slogans and images. (Description adapted from Sociometrics.)

School-Linked Reproductive Health Services (The Self Center)

- **Source/Developer:** Materials available at Sociometrics.
- **Website:** <http://www.socio.com/paspp06.php>
- **Evidence:** Rated a "Promising" practice by promising practice network; Included in the National Campaign to Prevent Teen and Unplanned Pregnancy's list of effective programs
- **Gender:** Males and females, separate versions available for each gender
- **Description:** This intervention included an in-school educational component along with individual and group counseling and medical and contraceptive services at an off-site clinic. The program was implemented in one junior high and one senior high school in an urban area for three years. The intervention consisted of an in-school component linked with clinical services. For the in-school component a social worker and nurse-midwife or nurse practitioner made presentations at least once per year in each home room class in the school. The presentations focused on general reproductive health information and the services that were offered at the clinic. In addition, each day staff members assigned to a

particular school were available in the school for individual or group counseling. These same staff members provided services at the clinic that was linked to the intervention, and was targeted to adolescents. The staff members also led group education and individual and group counseling in clinic, after school hours. Reproductive health care, along with other medical care was provided at the clinic. Young men and women were able to access all of the clinic services for free as long as they stayed in school. (Description adapted from Sociometrics.)

Supporting Adolescents with Guidance and Employment (SAGE)

- **Source/Developer:** Child Trends
- **Website:** <http://www.childtrends.org/?programs=supporting-adolescents-with-guidance-and-employment-sage>
- **Evidence:** Evaluated by Child Trends
- **Gender:** Males (African American)
- **Description:** Supporting Adolescents with Guidance and Employment (SAGE) is a community based violence prevention program targeted toward African American males. The program combines three components, an Afrocentric "Rite of Passage" instructional program, a summer job training and placement program, and an after-school entrepreneurial training program, to foster positive development and reduce violent behavior among African American male adolescents. The Rite of Passage (ROP) program consists of biweekly seminars held over an 8-month period covering topics such as conflict resolution, African American history, male sexuality, and manhood training. On alternate weeks, participants spend time with an adult African American male mentor. In addition, academic tutoring is provided to youth with academic difficulty, and outreach is provided to the families of disruptive or disengaged youth. The Rite of Passage program culminates in an overnight camping trip, including a private rite of initiation into manhood, and a graduation ceremony. The job training and placement program (JTP) takes place over the summer, beginning with an orientation and training session about behavior and dress in the workplace. After the training, youth are matched with worksites and placed in a 6-week summer job paying minimum wage. The after-school entrepreneurial program (JA) takes place over a three-month period. Under the guidance of an adult volunteer from the local business community, the youth form a legal corporation, develop a business plan, elect officers, and sell stock to family and friends. The youth then market and sell a product and are paid a salary.

SHARP: Sexual Health and Adolescent Risk Prevention

- **Source/Developer:** Angela Bryan ,PhD
- **Website:** http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/programs/hiv_risk_reduction.pdf
- **Evidence:** Included in Office of Adolescent Health's Teen Pregnancy Prevention Resource Center's list of evidence based programs http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/
- **Target Population:** Males and females in criminal justice system. Offered in separate groups.

- **Description:** SHARP program goals are to deepen STI/HIV knowledge, improve correct condom use, reduce sexual risks and alcohol use and set long-term goals to utilize knowledge and skills learned during the session. SHARP is an intensive, interactive single-session intervention lasting 3-4 hours that incorporates videos, lecture, group discussion and activities. The groups are organized by gender, either all male or all female, with no more than 10 per session (on average, the ideal number per session is between 3-5 participants).

Teensource: The Hookup

- **Source/Developer:** California Family Health Council
- **Website:** <http://www.teensource.org/hookup>
- **Evidence:** Suggestive from AHRQ
- **Gender:** Males and Females
- **Description:** Statewide text messaging service (known as “Hookup”) provides weekly sexual health tips and connects high-risk teens and young adults in California to locally available sexual and reproductive health services. After signing up for the service, users receive weekly tips on a variety of topics, such as sexually transmitted diseases, birth control, emergency contraception, sexual communication, domestic violence, and substance abuse. Each text includes a prompt that enables subscribers to get contact information for up to four local clinics that provide free or low-cost testing and reproductive health services. The program has enhanced access to accurate information on sexual health, which has led to positive changes in behavior and increased knowledge. The program appears to have enhanced access to local clinics providing free and low-cost services, and has generated positive feedback from stakeholders throughout California. (AHRQ)

Teen Talk

- **Source/Developer:** Materials available from Sociometrics
- **Website:** <http://www.socio.com/paspp02.php>
- **Evidence:** Included in Sociometrics list of Effective programs
- **Gender:** Males and females. Study found the program to be especially beneficial to males.
- **Description:** Collaborative school- and community health centers-based sex and contraception education intervention for teens between the ages of 13 and 19 years. The 12- to 15-hour pregnancy prevention program begins with two large-group, lecture format presentations covering reproductive physiology, contraception methods, and contraceptive effectiveness. During the remaining four sessions, students participate in small group discussions that are designed to help teens: (1) understand and personalize the risks and consequences of teenage pregnancy; (2) develop and practice the skills that will make abstinence an easier decision to implement; and (3) become more knowledgeable regarding contraception. The sessions include games, role plays, and trigger films that encourage group discussion. A field study of the intervention was conducted in both rural and urban communities in Texas and California. Teens of diverse ethnicities recruited from different agencies and schools participated. Participation in the program was especially beneficial to males, leading to a delay in the onset of sexual activity among male virgins, and to the use

of more effective contraception among male non-virgins. (Description adapted from Sociometrics)

Wise Guys: A Male-Oriented Teen Pregnancy Prevention Program

- **Source/Developer:** Materials available from sociometrics
- **Website:** <http://www.socio.com/paspp11.php>
- **Evidence:** Included in Sociometrics list of Effective programs
- **Gender:** Males
- **Description:** The *Wise Guys* program is designed to prevent adolescent pregnancy by teaching adolescent males self-responsibility in the areas of sexual development, decision-making, and relationships. The *Wise Guys* program is a weekly, 10-session group intervention for adolescent males that is delivered by a staff educator. Each session is approximately 45 to 60 minutes long. The program may be offered in a variety of settings including, but not limited to, school athletic programs, faith-based institutions, juvenile detention center, and other community sites. The *Wise Guys* program covers a broad range of topics including: masculinity, communication, relationships, dating violence, fatherhood, values, goal setting, decision making, sexuality, sexually transmitted infections, contraception, and abstinence. Participatory lessons and activities focus on assisting youth to identify their long-range personal and career goals so that they can use those goals to direct the decisions they make throughout adolescence. *Wise Guys* has been demonstrated to effectively improve adolescent males' knowledge of sexual behavior and reproductive behavior, and their knowledge of STI transmission, and to instill desirable attitudes toward sex and appropriate behavior in sexual relationships. (Description adapted from Sociometrics)

Young Men's Clinic

- **Source/Developer:** Operated by New York Presbyterian Hospital (NYPH) and the Center for Community Health and Education (CCHE) at the Heilbrunn Department of Population and Family Health (HDPFH), Mailman School of Public Health, Columbia University.
- **Website:** <http://www.youngmensclinic.org/>
- **Evidence:** Recognized as an important model of men's health services. The clinic has been featured in The New York Times, Scientific American Presents, the American Journal of Public Health, and Perspectives on Sexual and Reproductive Health.
- **Gender:** Males
- **Description:** The clinic addresses the health needs of males 14-35 years of age, with a focus on sexual and reproductive health. The clinic has grown over the past two decades to become one of the most recognized health programs for young men in the United States. The YMC grew out of the CCHE Family Planning Clinic for women, and began as a street outreach and condom distribution program in the late 1980s. In the early days, public health faculty and students worked with neighborhood agencies to sponsor basketball and other sports events, dances, and first-aid training activities. These collaborations established trust between the community's adults and youth and the YMC. The clinic now provides services at almost 4,000 visits each year. The YMC provides services at three clinic

sessions each week. Outreach and health education services are provided in community agencies and schools. YMHI staff also provides health education services for males at two comprehensive school-based health centers operated by CCHE/NYPH in Washington Heights and Harlem.

Tools and Clinical Guidelines:

Sexual and Reproductive Health Services for Young Men

Guidelines for Male Sexual and Reproductive Health Services: A Tool for Family Planning Providers

- **Source/Developer:** Region II Male Involvement Advisory Committee
- **Website:** <http://cfhc.org/sites/default/files/Guidelines-Male-Sexual-Reproductive-Health-Services.pdf>
- **Gender:** Males
- **Description:** This set of guidelines was developed to provide guidance to providers to define the scope of reproductive health services needed for males, and to set standards for these services. This document is intended to be a resource that can be used in the development of clinical services for male clients. The guidelines are divided into three sections, which reflect the flow of services that should be provided in the typical clinical encounter. The first function is screening, during which the clinician collects information that not only defines the reason for the immediate clinical visit, but also identifies a list of other services needed by the male client. The Health Promotion/Education & Counseling section lists the range of educational and counseling services that should be presented, as appropriate, to all clients to achieve prevention of adverse outcomes related to sexual activity. Finally, the clinical diagnosis and treatment section identifies a number of common morbidities and discusses the best treatments. Each of the items includes a statement of the “best practice” followed by a statement of the evidence or rationale that supports the best practice and finishes with suggestions for methods to implement the recommendation. These guidelines are intended to be comprehensive and to include all services that could be provided in the family planning clinical setting. The guide should be used as a tool by an agency to develop an organizing structure, outlining the male services to be included in their program. (Description adapted from document.)

The Partnership for Male Youth: Health Provider Toolkit for Adolescent and Young Adult Males

- **Source/Developer:** The Partnership for Male Youth
- **Website:** <http://www.partnershipformaleyouth.org/>
- **Gender:** Males
- **Description:** This clinical toolkit is for health care providers who serve adolescent and young adult (AYA) males between the ages of 10 and 26. It is designed to address AYA males’ unique health care needs. The toolkit contains four major clinical tools: a downloadable checklist for health care providers that covers 9 major domains (see navigation bar to the right) where the health care needs of AYA males are most pronounced and unique; a compilation of suggested patient interview questions for each domain; supporting materials for each domain consisting of background information, practice tools and references; and a video library of CME and patient education presentations on subjects covered by the toolkit. The clinical toolkit was developed under the guidance of a multi-

disciplinary team of nationally known clinicians and researchers from the fields of pediatrics, family medicine, adolescent medicine, sexual and reproductive health, psychiatry, psychology, social work, substance use, trauma, violence and urology.

Physicians for Reproductive Health: Male Adolescent Reproductive and Sexual Health

- **Source/Developer:** Physicians for Reproductive Health
- **Website:** <http://prh.org/teen-reproductive-health/arshep-downloads/#male>
- **Gender:** Males
- **Description:** This module is part of the Adolescent Reproductive and Sexual Health Education Program (ARSHEP), from Physicians for Reproductive Health. This module, available online as a powerpoint presentation, debunks common myths about adolescent males and discusses ways that clinicians can provide male-friendly services. New STD screening guidelines, research, and best practices are included in this updated version. Key objectives of the module are for providers to be able to: identify elements of male friendly health services, take a comprehensive, male-focused sexual health history, and perform a male genital exam.

Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice

- **Source/Developer:** Arik V. Marcell, MD, MPH and the Male Training Center for Family Planning and Reproductive Health
- **Website:** http://www.maletrainingcenter.org/wp-content/uploads/2014/09/MTC_White_Paper_2014_V2.pdf
- **Gender:** Males
- **Description:** The goal of this Recommendations for Clinical Practice document is to describe best practice recommendations for the organization and delivery of preventive clinical sexual and reproductive health services for reproductive-aged males. This document is intended for all levels of staff in clinical settings that offer services for male clients from adolescence through adulthood. Specifically, this document can serve as a guide in determining what clinical preventive sexual and reproductive health services for males should be provided or improved and examples of how to do so. Further, these recommendations for standards of care may be useful to a variety of other stakeholders, including insurers, by setting coverage standards for male clinical services as well as policy makers and advocates. (Description from document.)