

## Implementing Male Services

Wednesday, January 29, 2014  
1:00pm - 2:00pm Eastern Time



## Agenda

Welcome, overview

Why reaching and serving male clients is essential to family planning

A new resource: *Getting Ready for Male Services - An assessment and implementation toolkit*

Another new resource: *Implementing Male Services Community of Practice*



## Learning Objectives

Explain the role of men in sexual and reproductive health, and why reaching and serving male clients is essential to family planning best practices.

Describe practical application of the Assessment and Implementation Toolkit developed for integrating male services into Family Planning clinics.

Access the new online Male Services Community of Practice.



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## Our Speakers

**David L. Bell, MD, MPH**  
Associate Professor of Pediatrics and Population and Family Health, Columbia University Medical Center (CUMC), New York, New York

**Jill Baker**  
Education Director, Planned Parenthood Montana

**Denise Raybon, MPH**  
Senior Specialist, Altarum, Washington, D.C.



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## Why reaching and serving male clients is essential to family planning



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## Gender & Healthcare Use

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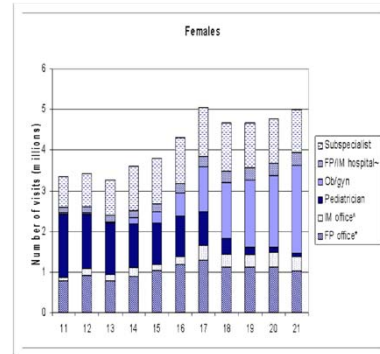
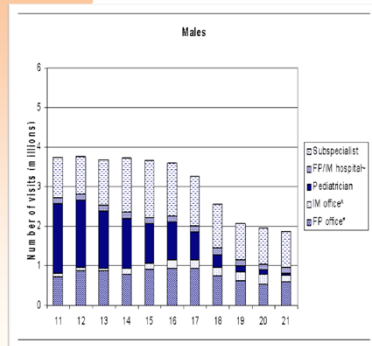
- **Males' & females' use of healthcare is proportional up to age 15**
  - For primary care, males generally seen by pediatricians, family physicians & school-based settings
- **After age 15, males' healthcare use declines**
  - Most significant in pediatricians' offices



Marcell AV, et al. JAH. 30(1):35-43, 2002.

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## Comparing Medical Visits



- Visits decline after age 16

- Females are not utilizing primary care services any more than males.

- Females prefer OB-GYN



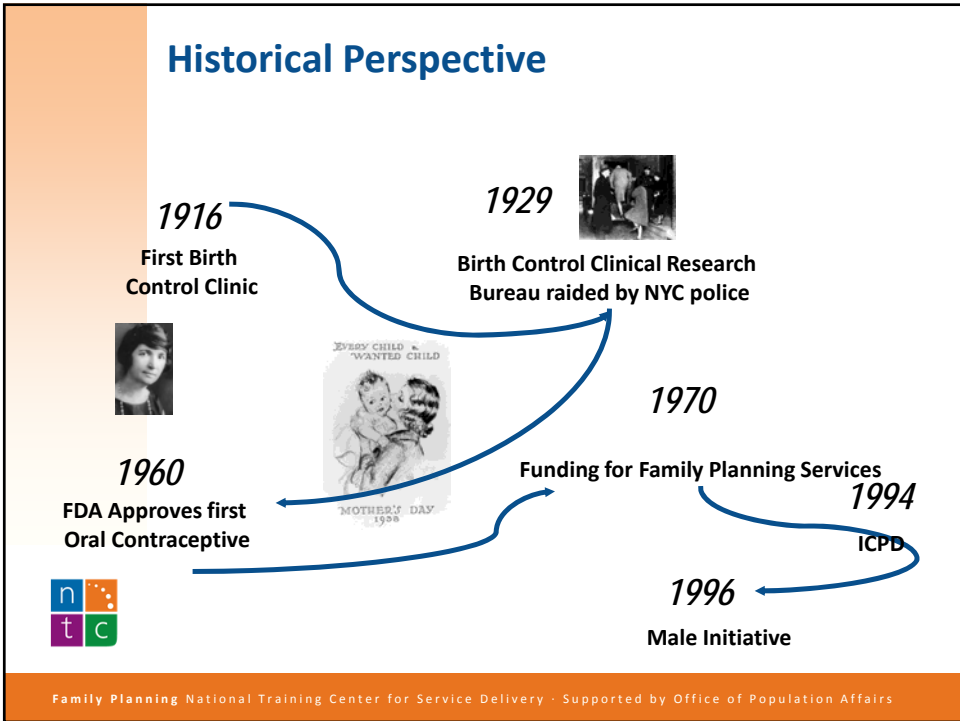
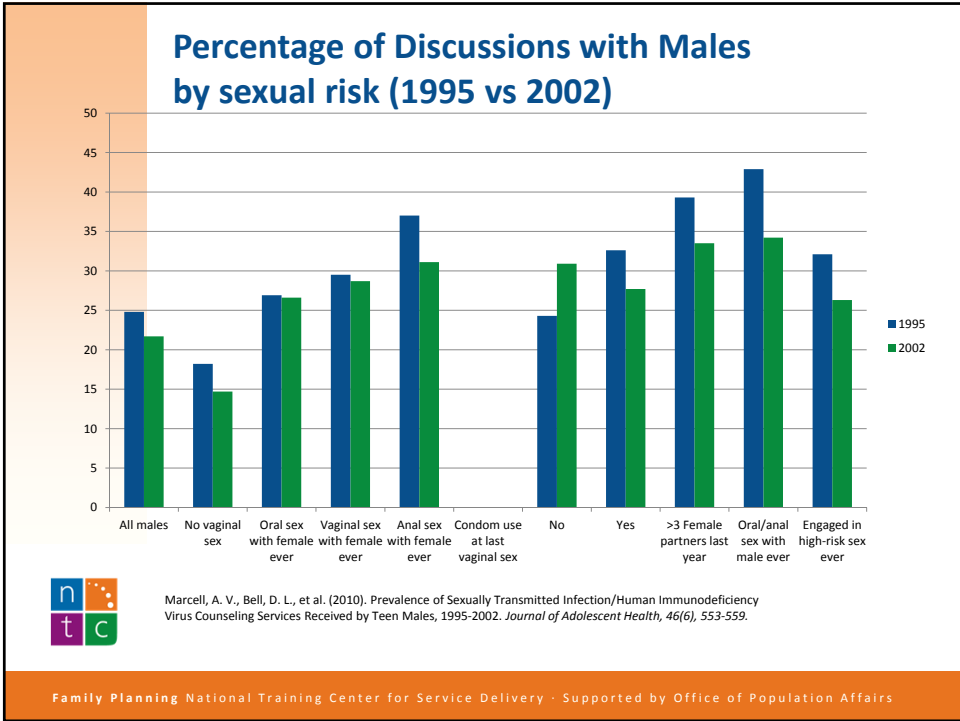
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## Underserved Population

Even if males go to see a doctor, we are doing a poor job of addressing male sexual and reproductive health.



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## Historical Perspective

### 1994 International Conference on Population and Development (ICPD)

- Organizing framework linking traditional reproductive concerns, like unintended pregnancy with issues such as sexually transmitted infections, infertility, sexual dysfunction and sexual violence
- Emphasis on social, cultural and relational contexts



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### 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...**”



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## ICDP Call to Action

**Involve men in roles supportive of women's sexual and reproductive decisions**

**Encourage men's responsible sexual and reproductive practices to prevent and control STIs**

**Promote men's use of contraceptives vis-à-vis education and distribution**



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## What we want to achieve by including men

- Increase male contraceptive choices
- Fewer STIs, including HIV/AIDS
- Reduction in gender based violence and intimate partner violence
- Fewer unintended pregnancies



*\*UNFPA: It takes 2: Partnering with men in reproductive & sexual health*

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## 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

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## “Evolution” of Males within Title X

### 1970s – Funding not stable

- Funding for Family Planning Services was enacted under the Public Health Service Act
- Vasectomy funding
- Job Corp – RH skills

### 1980s – Regional projects

- “Male Involvement” projects

### 1990s – Males count

- OFP develops the Male Initiatives.
- Urban institute completes review of existing male services

### 2000s – Evidential Change

- Males included in 2002 NSFG
- In 2003, approx 2% males
- 8% male users in 2012



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## Males are half of the reproductive equation!



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## *Getting Ready for Male Services - An assessment and implementation toolkit*

Sandy Rice, M.Ed.  
Vice President  
Cardea




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### Male Family Planning Research

The map shows the following research sites across the United States:


- Cardea Seattle (Washington)
- Cardea Oakland (California)
- Family Health Centers of San Diego (California)
- Planned Parenthood of Montana (Montana)
- University Health System (Texas)
- Cardea Austin (Texas)
- Women's and Men's Health Services of the Coastal Bend (Texas)
- Family Planning Council (New York)
- DHHS OPA/OFP (New York)
- Montachusett Opportunity Council (Massachusetts)



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The sign features the following text:

- M.C.C.
- MALE CENTRAL CLINIC**
- Specializing in Men's Reproductive Care*

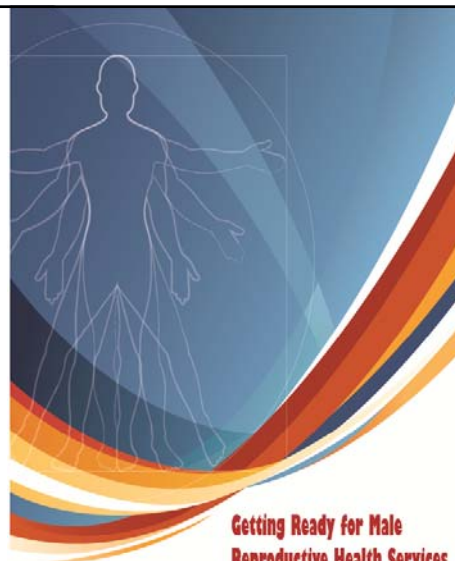


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*“We got ongoing feedback before and during implementation - staff liked that they had a say in the changes and they were listened to.” – study site leader*



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**Getting Ready for Male  
Reproductive Health Services**  
An Assessment and Implementation Toolkit




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## Assessment & Implementation Toolkit

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***“If you consider doing something like this obtaining buy in from the top to bottom is very important.”  
– study site participant***



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## **The Practical Application of the Assessment & Implementation Toolkit**

*Jill Baker, Director of Education  
Planned Parenthood of Montana  
Montana Men's Clinic*



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## Background

- In 2008, Planned Parenthood of Montana received one of five cooperative research grants to integrate reproductive health services for men in family planning settings.
- Prior to 2008, PPMT offered family planning services to men with limited success.
- In 2008-09, PPMT began the assessment process and determined next steps into how we could better serve men.
- In 2009-10, PPMT implemented the Montana Men's Clinic at two of our five health centers, Missoula and Billings.
- In 2011, PPMT completed additional assessments and then expanded MMC to our three remaining health centers in Great Falls, Helena and the Billings Heights location in the fall of that year.



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## Assessments

### Assessment Team

- Interdisciplinary
- Regular meetings
- Group Agreements

### Assessment Areas

- Clinical Environment
- Staff Training
- Community Partnerships & Outreach



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## Clinical Environment Assessments

### Tools

- Male Services Environmental Assessment
- Clinic Mapping Exercise
- Tracking Client Flow
- Tracking Staff Activity
- Client Satisfaction Survey



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## Staff Training Assessment

### Tools

- Staff Discussion Guide
- Training Needs Assessment



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## Community Partnerships & Outreach Assessments

### Tools

- Family Planning Client Discussion Guides
  - Current Male Clients
  - Current Female Clients
  - Potential Male Clients
- Male Services Outreach Assessment
- Community Partners Discussion Guide



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## So What? Now What?

- Compile and analyze data
- Set goals and make an implementation plan based on data
  - How will you increase your ability to see more male clients?
    - Will you need to do one of the following to meet your goal?
      - Increase number of staff
      - Increase staff hours
      - Increase clinic hours
      - Increase space in clinic (exam rooms)
      - Increase overall efficiency



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## Implementation

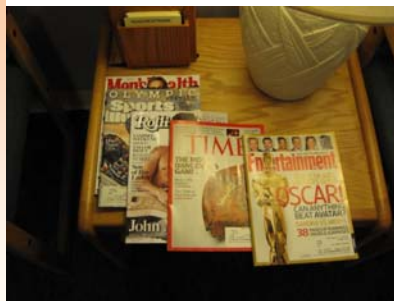
Based on our assessment results, PPMT

- Increased clinic efficiency
- Made changes to the environment to be more friendly to both men and women
- Trained all staff on serving men in a culturally competent way
- Trained clinicians to perform male exams
- Created policies and procedures that include male services
- Hired two Male Services Outreach specialists
- Created the Montana Men's Clinic brand
- Focused on marketing, outreach and in-reach



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## Clinic Environment



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## In-reach



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## Marketing & Outreach



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## Results

- From 2007 to 2011, our male patient visits at the two research sites increased from 410 to 1347 respectively.
- From FY 2010-11 to FY 2011-12 male family planning visits have increased by 30% at our three expansion sites.
- Increased revenue from male patients in FY 2011 compared to FY 2007 was over \$80,000.
- Increased the number of men who work at PPMT from 3 in 2007 to 8 in 2014.
- Focus on customer service and efficiency has benefited ALL patients.



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## *Implementing Male Health Services A Community of Practice (CoP)*

*Denise Raybon, MPH  
National Training Center for Coordination and Strategic Initiatives  
Altarum Institute*



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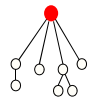
## What is a Community of Practice?

- A Community of Practice (CoP) is made up of people who share a common experience, interest and/or set of problems about a topic.
- The members generally want to deepen their knowledge or increase their expertise in this area by interacting with others.
- A CoP is bigger than a workgroup and more focused than a social network.

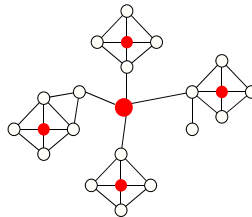


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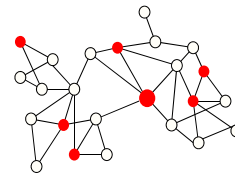
A CoP is also not an email list or merely a discussion forum.



**Join our list**



**Join our forum**



**Join our community**



Slide adapted from Steve Dale, Director, Semantix (UK) Ltd, Collabor8now Ltd

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## Integrating Male Services Community of Practice [www.FPNTC.org](http://www.FPNTC.org)



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### Why Join a CoP?

*“What’s in it for me?”*

**Problem Solving:** A space for sharing solutions and solving challenges in real time

**Subject Matter Focus:** Interact with people who aren’t just your general peers – but peers trying to address the same challenge or opportunity

**Build Knowledge:** Collaborative knowledge is always greater than individual knowledge

**Give Back:** Share what you’ve learned and how you did it (or how you’d do it differently next time)



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## Why Join a CoP?

*“What’s in it for me?”*

**Save Time:** Skip the research or web-surfing if someone else has already done it

**Always there:** Consider it an ongoing way to connect with national peers, rather than only once or twice a year

**Exclusive Access:** The opportunity to individually interact and get insights from an expert in the field



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## What Makes a Successful CoP?

- It is owned by the community
- A common purpose – a reason for being
- Members share themselves and their knowledge, experience and questions
- Your participation – Creating content, conversations and communication

[www.FPNTC.org](http://www.FPNTC.org)



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## Questions?

Please share your questions!

Become a member of the Implementing Male Services CoP – sign up at [fpntc.org](http://fpntc.org)

OR

Email your questions to:  
[pmarrero@cardeaservices.org](mailto:pmarrero@cardeaservices.org)

