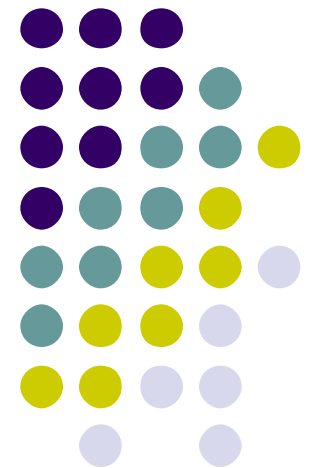


# Youth & Family Services Boys Health Program: An Advocacy Model

---

Presenter:

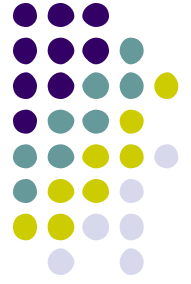
Mr. Burke Eilers, Program Director



# Youth & Family Services Boys Health Program



- Started in 1999
- Designed to meet the needs of area males ages 5 to 17
- Serves Rapid City, South Dakota and surrounding area
- Nonprofit agency with counseling center



# Advocacy Model

Provides opportunities and services in the areas of:

- Mental health
- Physical health care (dental, optical, & medical)
- Human sexuality education
- Mentorship with an adult male
- Family education
- Socialization
- Legal issues
- Academics



# Client Process

1. Referrals:
  - Schools
  - YFS
  - Department of Social Services
  - Department of Corrections
2. Needs Assessment with parent & child
3. Consent
4. Assigned an advocate



# Clients Served

Year	Human Sexuality Education	Advocacy Services
2003	545	82
2004	1,277	126
2005	954	153
2006	793*	149*

\*Based on data through March 2007

# EDUCATIONAL PROGRAMS



- Wise Guys – Abstinence-based
- Juvenile Diversion
- Wise Guys Seminars
  - Adults
  - Youth
- Other reproductive seminars on request
- Health fairs

# Advocacy Component 2006-2007



Ethnicity	Number	Percent
White	83	55.7%
American Indian	50	33.6%
Black	3	2.0%
Other	6	4.0%
Unknown	7	4.7%
Total	149	

Data through March 2007

# Clients' Needs



<b>Category</b>	<b>2004-2005</b>	<b>2005-2006</b>	<b>2006-2007</b>
Social Network	19.4%	19.9%	19.8%
Education	16.7%	16.7%	17.3%
Mental Health	14.4%	14.1%	13.0%





# Changes from 2002

- Needs increased by 80%
- Referrals increased by 49%
- Reduced the number of “no show” and “canceled” appointments

# Human Sexuality Education



- All advocacy clients
- Rapid City and area schools
- Reservation schools
- Wise Guys Program
- Adult males in correctional & treatment facilities
- Juvenile diversion program



# Measured Domains

- Communication
- Personal Responsibility
- Decision Making
- Self-Respect
- Personal Values
- Knowledge about Sexuality, Abstinence Education & STI

# Research Findings – 2006-07

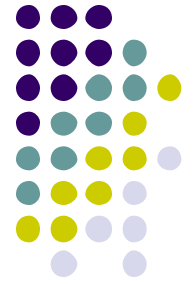


- There was a statistically significant improvement in five of the six human sexuality items and three of the six decision making items in 368 matched pairs at the middle school level.
- There was a statistically significant improvement in 4 of the 6 human sexuality items for 142 matched pairs at the high school level.



# Research Findings

- Boys from schools in urban areas agree more frequently than boys from reservations with importance of self-efficacy, good decision making, and understanding of consequences.
- Of 71 advocacy boys surveyed, 80.7% thought they were a “good person” in the pre survey. The percentage increased to 91.3% in the post survey.



# Communication Findings

- There was a statistically significant improvement in communication with adults.

	<b>Pre</b>	<b>Post</b>
With Parents	44.8%	60.0%
Other Adults	40.7%	54.4%

# Not Having Sexual Intercourse



	<b>Pre Survey</b>	<b>Post Survey</b>
Advocacy Boys	77.8%	92.3%
Wise Guys Boys	92.3%	92.8%

***There was an increase in contraception use from 31.8% to 33.3%.***



# Findings of Adult Learners

- 100% of respondents reported that the seminars were helpful.
- 100% indicated they learned new information.
- 95.3% reported they gained information regarding resources.



# Strengths of the Advocacy Model



- Child remains with same advocate for services and education during their enrollment.
- Parent education is offered.
- Child develops relationships with peers and adults.
- Child participates in a holistic approach to health care: medical & mental health.

# Implications for Further Research



- Boys are monitored during participation in Boys Health Program; however, follow-up is needed to measure sustainability of healthy practices.
- More analytical comparisons of boys receiving human sexuality education in schools versus other sites (e.g., reservation, after-school programs) needs to be conducted.

# Implications for Further Research



- Research has shown that there are differences between males and females and the way they learn. Future studies could be conducted that compare the retention and application of the educational and advocacy models.
- Limited funding and human resources narrow the scope of the current studies. Additional resources would expand the study in order to address the needs of more youth.

# Implications for Further Research



- Coordination of alcohol/drug prevention and other types of prevention education with reproductive health education could expand the scope of services as well as address the time constraints of schools.

# Male Health Project Video

