



# Implementing Best Practices for reproductive health care services for men 25 and older in family planning settings

## 2007 APHA Meeting

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# Problem

- Men over 25, especially minority, low-income men, do not typically access health care
- Hispanic men twice as likely as White or Black men not to have seen an MD in the past year
- Even when men visit an MD, many do not receive preventive reproductive health services
- Health care providers and/or clients may feel uncomfortable with male exams or discussing reproductive health concerns

Source: In Their Own Right, AGI, 2002



# Research on Male Services

- Clinics that serve men focus on:
  - Providing primary care
  - Heavier emphasis on male reproductive health
  - Use community outreach and “in-reach” (Schulte & Sonenstein 1995).
- Our program confirms the importance of these ways of incorporating men

# ● ● ● | CFHC Male Services Program

**11 Title X Agencies funded from  
2003 through 2007**

**The program provides  
comprehensive reproductive  
health:**

- **Clinical Services**
- **Education**
- **Information**

**to men 25 years of age and older**

**Target populations:**

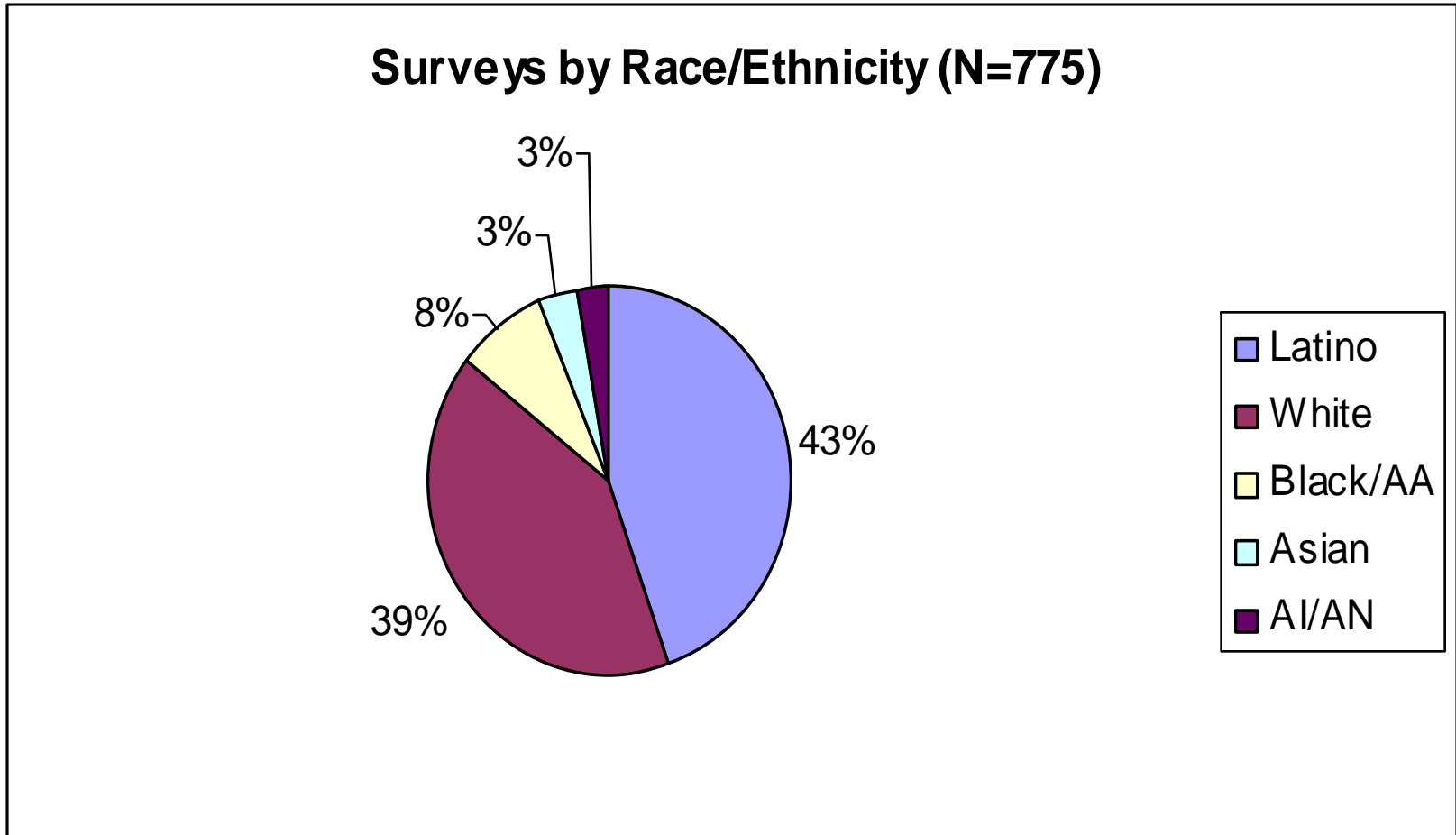
- **Homeless men**
- **Men in recovery**
- **Migrant workers**
- **Pre-release program**





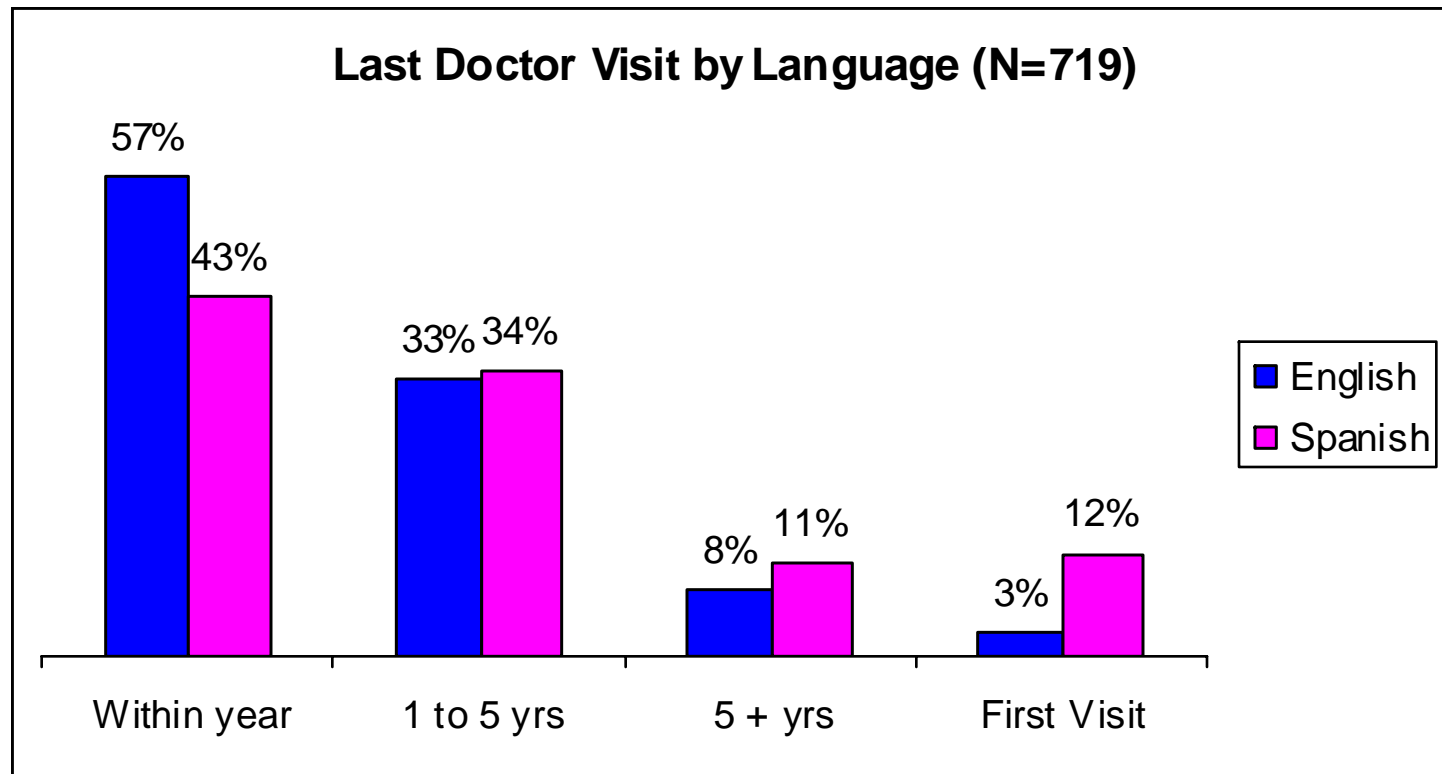
# Demographic Variables

## Race/ethnicity





# Last Doctor Visit



Statistically significant  $p < 0.0001$



# Program Goals and Objectives

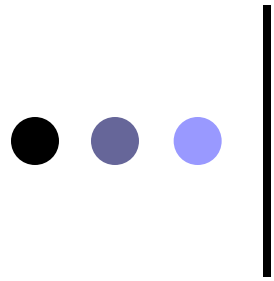
- Provide comprehensive reproductive health programs for men including education, information, and clinical services
- Increase access to reproductive health care services for hard-to-reach, high-risk populations such as migrant workers and low-income men
- Develop a best practices model for replicating male services programs



# Philosophy of CFHC Male Services Evaluation

- Based on Program Goals
- Collaborative (PFEM)
- Data used for program improvement
- Data used in funding decisions
- Keeps pace with current issues in Male Services

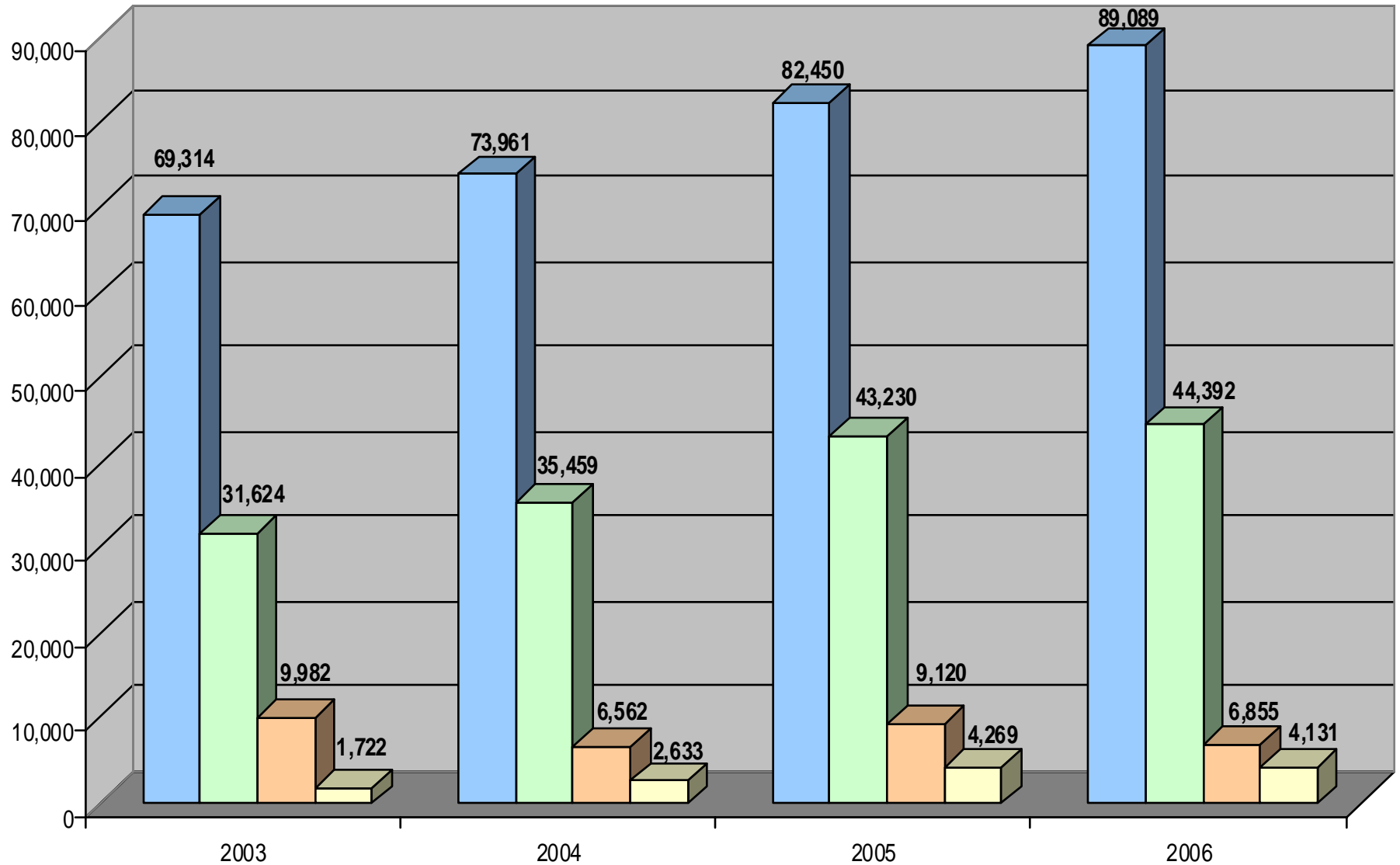




# Results of Male Services Evaluation

- Related to program goal of increasing access to services:
  - Increased proportion of men served through CFHC Males Services Program compared to non-program sites

# INCREASING ACCESS TO OLDER MALES



■ CFHC Total Male Users   ■ CFHC Older Male Users   ■ Agency Older Male Users   ■ Older Male Program Users



# Evaluating the Program

## Quality of Care

- Receptionist treated me with respect
- Doctor/nurse seemed knowledgeable about men's health issues
- I understood the doctor/nurse, even if he or she did not speak the language that I speak
- Doctor/nurse treated me with respect
- I was satisfied with the way the doctor/nurse performed my exam



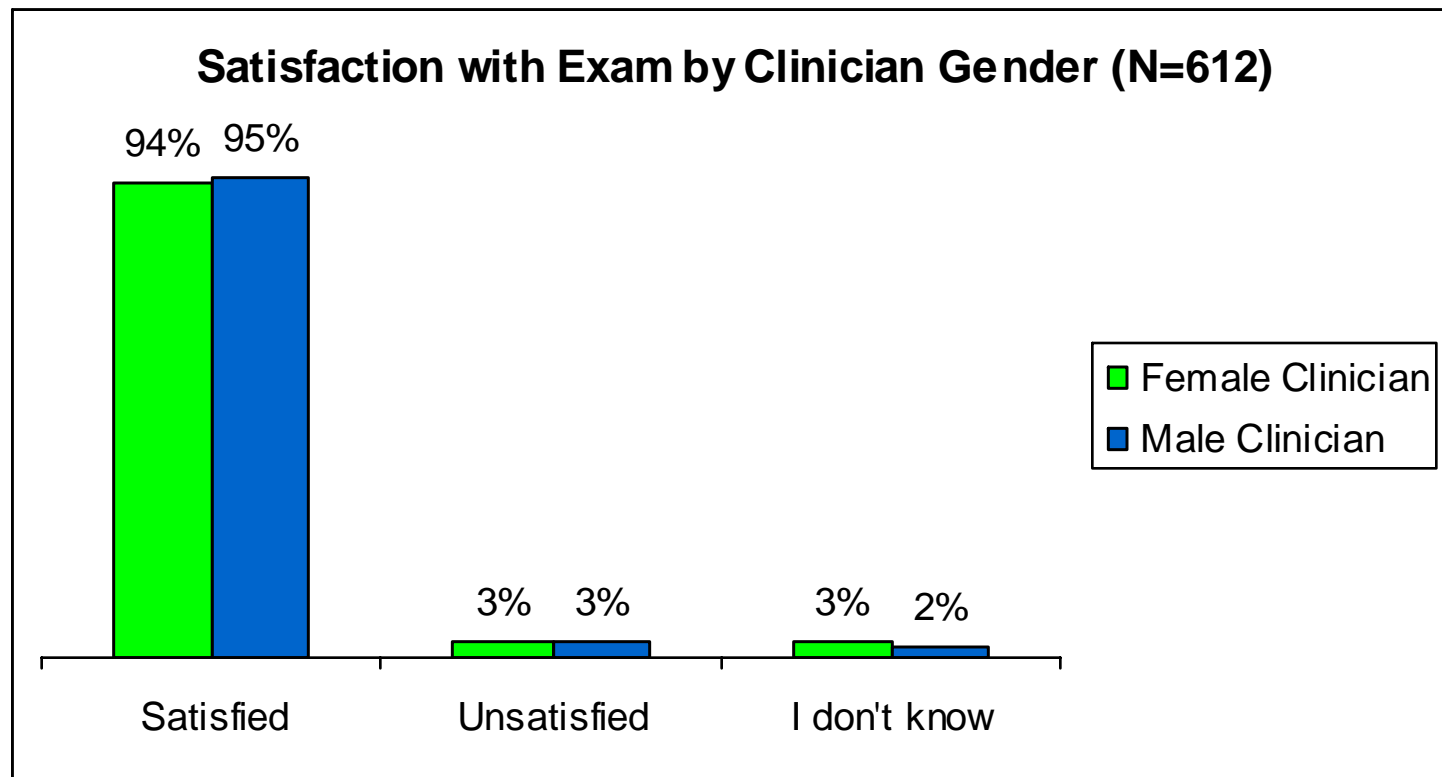
# Evaluating the Program

## Quality of Care

- With few exceptions, over 90% of Male Services clients responded in the affirmative for each (knowledge, understanding, respect, satisfaction)
- This was true by language and by clinician gender



# Quality of Care: Satisfaction by Clinician Gender





# Successful Strategies

- Information on successful strategies was obtained from a variety of sources including:
  - Program reports
  - Informal conversations with program staff
  - Questionnaires on best practices
- Agencies stressed the importance of “meeting men where they are,” literally and figuratively, in order to learn about their needs, concerns, and fears regarding accessing services



# Successful Strategies

- Combat scarce resources by leveraging resources through community partnerships
- Community asset map - one way to uncover the type and location of services that are available to different special populations of men
- Fellow organizations invariably have clients that need reproductive health services,
- Programs stressed the importance of building these connections



# Successful Strategies

- Broaden networks by:
  - Attend informal community meetings
  - Becoming a part of community advisory boards
  - Sit on boards of directors of other community non-profit organizations
  - Deliver in-service trainings at the staff meeting of a fellow organization
- Most off all - crucial to listen to what outreach workers and health educators had to say about what they were learning from clients in the community





# Summary of Successful Strategies

- CFHC is preparing a monograph of the experiences gained through the Males Services Program
- Summary of strategies:
  - Addressing Barriers to Care
  - Training and Education
  - Outreach



# Addressing Barriers to Care

- Language barriers
- Immigration status
- Transportation
- Disenfranchisement



# ● ● ● | Training and Education

- Clinical Services
- Performance Measures
- CME Opportunities
- Education and Counseling



# Outreach

- Setting up an outreach program
- Successful outreach workers

## **Ideal Qualities of Outreach Workers**

- Similar world view to the patient
- Non-judgmental
- Ability to talk to groups
- Creative
- Flexible
- A role model for the community
- Charismatic
- Linked in to community resources
- Upholds confidentiality
- Has self-confidence



# Outreach

- o Successful supervision of outreach workers

## **Ideal Qualities for Outreach Supervisors**

Can see themselves in staff

Start from being staff themselves

Is a listener

Is flexible - adapts the program based on activities in the field

Devises creative methods of evaluating performance

Actively involved in the program and in the field

Willingness of supervisor to teach you clinical

Provides 1:1 mentoring

Desire to be an agent of change

A leader

Moves beyond goals of program

Social Advocate: motivated to change their community



# Best Practices

- Source: Region II document “Guidelines for Male Sexual and Reproductive Health Services” (MAC – Title X Region II Male Involvement Advisory Committee)
- Offered providers guidance on defining the scope of reproductive health services needed for males and to set standards on these services
- Guidelines represent first effort at bringing together a wide range of prevention, health education and treatment issues related to male sexual and reproductive health.



# Best Practices Categories

- Screening
  - Obtain a medical profile of every client
  - Profile should include:
    - Past medical history
    - History of present illness
    - Family history
    - Review of health behaviors
  - Perform routine physical exam
- Health Promotion/Education and Counseling
  - Evaluate client's risk and behaviors
  - Give prevention education information
  - Discuss options with clients
- Clinical Diagnosis and Treatment
  - Provide services as identified through screening



# Excerpt from Chart Abstraction Tool

- Testicular examination:
  - For all males, particularly for 35 years or younger population
- Digital/Prostate examination:
  - For all males with symptoms
  - 40 years or older with family history and/or African American,
  - 50 years or older





# Program Implications

- Our program indicate that a significant number of men heard of the clinic through outreach and that barriers to reproductive health care access can be reduced through targeted outreach, clinical services, and education materials focused on males
- Activities need to be modified to meet the needs of diverse male populations
- Addressing the reproductive health needs of both men and women should result in lower levels of STDs and unwanted pregnancies, healthier births, and better parenting (AGI, 2003)