



CONNECTING YOUNG MEN TO REPRODUCTIVE AND SEXUAL HEALTH SERVICES

A TOOLKIT FOR TRUSTED ADULTS



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INTRODUCTION AND BACKGROUND

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 partners' contraceptive choices or whether they even use contraceptives, and engaging young men in teen pregnancy prevention can help prevent premature fatherhood. For this project, premature fatherhood is defined as either teen males who father a pregnancy or men beyond their teen years who father a pregnancy to a female teen.

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 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% of females.³

However, **both male and female adolescents report an interest in receiving sexual health information from health care providers.**⁴ The challenge, however, has been translating this objective and research into a pragmatic application of increased gender equality in the field.

The CDC Division of Reproductive Health and Office of State, Tribal, Local, and Territorial Support 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. The first four years of the grant focused on improving reproductive health services for young men, ages 15-19, in Gaston. JSI partnered with 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 by improving access and linkages to reproductive health services in health care provider settings.

For the final project year, the partners, focused on designing and piloting a training and toolkit for youth-serving professionals that interact with young men aged 15-24. These professionals could include teachers, school counselors, boys and girls club counselors, probation officers, child welfare administrators, social workers, or substance abuse counselors. The focus of the training and toolkit is on how to deliver key messages to young men about reproductive health and how refer them to services.

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.

EYM PROJECT OBJECTIVES

- 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 providers' 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.

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



⁴ Marcell, et al. Male Adolescent and Sexual and Reproductive Health Care. *Pediatrics* 2011-2384

TARGET AUDIENCE OF TOOLKIT

Youth serving professionals who provide services to adolescent and young adult males ages 15-24 years including:

- substance abuse counselors
- social workers
- teachers
- school counselors
- probation officers
- child welfare administrators
- teachers



GOAL OF THE TOOLKIT

To provide youth serving professionals with a framework,  tips and  tools for increasing their comfort level and skills to deliver key reproductive health messages to young men ages 15-24, and refer them to reproductive health services.

The toolkit will help professionals to:

- Assess their comfort and comprehension of accurate messages for young men about their reproductive health
- Develop a strategic outreach plan to connect with partners providing reproductive health services to young men
- Create a referral program with partners who provide reproductive health services to young men
- Build capacity to provide a successful referral to partners providing reproductive health services to young men

TOOLKIT CONTENTS

This toolkit includes  tips and  tools that can be customized to fit a professionals' unique needs based on their comprehension and comfort with delivering key messages to young men about reproductive health, and in turn, connecting young men with appropriate care. The tools include:

- A self-assessment with case examples that provides a baseline for a professional's comfort level with essential reproductive health topics
- Communications planning tools for fostering confidence for delivering essential messages to young men about their reproductive health.
- Referral tips for strategic messaging, outreach and effective referral principles.

The toolkit is organized into three sections:

SECTION 1: PRE-WORK AND SELF-ASSESSMENT: Tools for increasing your comfort and confidence regarding young men's reproductive health.

SECTION 2: COMMUNICATIONS PLANNING: The essential messages you can share with young men you serve to engage them and to impact their reproductive health.

SECTION 3: REFERRAL PLANNING: Tips for creating a referral plan and building your capacity to coordinate a successful referral.



SECTION 1: PRE-WORK AND SELF-ASSESSMENT

Tools for increasing your comfort and confidence regarding young men's reproductive health

AT A GLANCE

- › Clearly define your intention and results that you would like to achieve from this work
- › Describe the context for why young men's reproductive health is important
- › Assess your comfort for delivering key messages to young men about reproductive health care

Pre-Work: Be Intentional

For any engagement effort to work, you must be clear and intentional about your purpose at the start.

Answer before you begin: Why is engaging young men in reproductive health important to your initiative? How will it contribute to your results?

Intention statement

“ ”

Sample intention statement: Increase my comfort in talking about reproductive health with the young men whom I serve.

Keep your intention statement close by to further your engagement.⁵

Pre-work: Recognize Why Young Men’s Health Is Important

“Few of men’s sexual and reproductive health needs require medical intervention per se, with the exception of STD screening and treatment. Instead, younger men primarily need information, counseling and skills-building services that can help them to resist peer pressure; make informed, positive decisions; take responsibility for their actions; and communicate effectively with their partners about personal and sexual matters.”

-The Alan Guttmacher Institute (AGI) report, In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men”

Engaging young men in sexual and reproductive health education and health care services is critical to preventing premature fatherhood. Marcell et al found that approximately 25% of male adolescents in the U.S. report receiving sexual reproductive health (SRH) services compared to approximately 50% of females. However, **both male and female adolescents report an interest in receiving sexual health information from health care providers.**⁶ Therefore, the desire for information is evident; however it is not getting to young men. Likewise, little is known about young men and fathers because research and policy primarily focuses on young women.

- 43% of adolescent male high school students report that they have had sexual intercourse.⁷ Of those:
 - 25% report to have used drugs or alcohol before last sexual intercourse.⁸
 - 14% report to have had sex with four or more partners.⁹

⁵ Community Engagement Toolkit. Collective Impact Forum (<https://collectiveimpactforum.org/sites/default/files/Community%20Engagement%20Toolkit.pdf>)

⁶ Marcell, et al. Male Adolescent and Sexual and Reproductive Health Care. Pediatrics 2011-2384

⁷ Copen CE, Dittus PJ, Leichliter JS. Confidentiality concerns and sexual and reproductive health care among adolescents and young adults aged 15–25. NCHS data brief, no 266. Hyattsville, MD: National Center for Health Statistics. 2016.

⁸ Copen CE, Dittus PJ, Leichliter JS. Confidentiality concerns and sexual and reproductive health care among adolescents and young adults aged 15–25. NCHS data brief, no 266. Hyattsville, MD: National Center for Health Statistics. 2016.

⁹ Copen CE, Dittus PJ, Leichliter JS. Confidentiality concerns and sexual and reproductive health care among adolescents and young adults aged 15–25. NCHS data brief, no 266. Hyattsville, MD: National Center for Health Statistics. 2016.

- 15% of U.S. males 15-44 fathered a child while younger than age 20.¹⁰
- Young men are more likely than women to be ambivalent about pregnancy.¹¹
- 31% of females under age 18 report the reason for NOT using contraception as “their partner did not want to.”¹²
- Trauma and violence disproportionately burden boys and young men of color who suffer toxic stress imposed by chronic poverty, racism, and unconscious bias.¹³
- Trauma exposure affects young men by impacting brain self-regulation which directly impacts healthy decision-making.¹⁴
- Reported rates of chlamydia and gonorrhea—treatable bacterial infections—are highest among younger men, compared to older men, peaking at 500-600 new cases per year per 100,000 men in their early 20s.¹⁵

These findings demonstrate the need and opportunity for engaging and communicating health information to young men. Eloquently stated by researcher Adam Sonfield with the Guttmacher Institute, “Meeting the sexual and reproductive health needs of men in their own right—helping them make informed decisions and act responsibly in their own lives, for their own sake—should inevitably result in lower rates of STDs/STIs and unintended pregnancy, better parenting, and healthier and more satisfying personal and family relationships. Ultimately, increased engagement of young men in their sexual and reproductive health will not only benefit young men, but also women, families, communities and society at large.”¹⁶

Pre-work: Conduct a Self-Assessment

Reflecting upon your attitudes and beliefs toward perceived norms is an important initial step to advancing your comfort talking with males about reproductive health. Likewise, it is important to explore your values and assumptions. Four resources have been included in this section to support a self-assessment in preparation for engaging young men in their reproductive health. An *optional* Practice Setting Assessment Tool is also included in the appendix.

Norms, Attitudes and Beliefs Assessment: This tool includes statements that can either serve to promote positive change in norms or reinforce discriminatory norms about young men, fatherhood and contraception.

Common Terms Resource List: A list of resources are provided that can help you become familiar with common terms and definitions sexual and reproductive health

Inclusive vs. Assumptive Language Tool: This exercise allows you to explore assumptive language and the implications of these types of questions. The tool also allows you to practice inclusive language.

Trauma Informed Self-Assessment Tool: Recognizing trauma and avoiding re-traumatization is important when providing services. This self-assessment tool will help you evaluate your practices and understanding of how trauma affects individuals seeking services. The assessment can be completed by an individual or by all staff within an agency, in order to assist agencies in their efforts to incorporate trauma informed work in every part of their organization’s services and practices.



PRE-WORK: WHAT TO DO WITH THE FACTS

1. **Details Matter:** Know the facts so you’ll be ready to answer questions.
2. **Be Ready:** Practice some conversation starters (check out Section 3 of the toolkit for more tools on this tip).
3. **Brain Impacts:** Consider the developing adolescent brain and how biology factors into processing messages and decision making.

<http://www.talkitoutnc.org/starting-the-conversation/>

¹⁰ Copen CE, Dittus PJ, Leichter JS. Confidentiality concerns and sexual and reproductive health care among adolescents and young adults aged 15–25. NCHS data brief, no 266. Hyattsville, MD: National Center for Health Statistics. 2016.

¹¹ Higgins et al., (2012). Perspectives on Reproductive Health, 44(4).

¹² CDC 2009 PRAMS data

¹³ Hamilton BE, Martin, JA, Osterman MJK, Curtin SC, Mathews TJ. Births: Final data for 2014. Natl Vital Stat Rep 2015; 64(12).

² Martinez GM, Chandra A, Abma JC, Jones J, Mosher WD. Fertility, contraception, and fatherhood: data on men and women from Cycle 6 (2002) of the National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 2006;23(26).

¹⁴ Rasmus M. Birn, Barbara J. Roeber, Seth D. Pollak, Childhood stress, reward and adult decision making. Proceedings of the National Academy of Sciences Dec 2017, 201708791; DOI:10.1073/pnas.1708791114

¹⁵ Guttmacher Institute report, In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men (2002) Accessed February 6, 2018 <https://www.guttmacher.org/gpr/2002/05/looking-mens-sexual-and-reproductive-health-needs>.

¹⁶ Sonfield, A. Looking at Men’s Sexual and Reproductive Health Needs. Guttmacher Report on Public Policy. Volume 2, 2002.

OPTIONAL: Practice Setting Assessment Tool: This comprehensive tool supports an organization to assess capacity and practices related to the care of young men ages 15-19, and consider thoughts, feelings and ideas associated with promoting the sexual health of young men, especially related to supporting young men as partners in pregnancy prevention activities. Note: the full assessment is included in the Appendix.

Reflect on Norms, Attitudes and Beliefs about Young Men

Research from 2010 published in the Journal of Adolescent Health suggests that holding traditional attitudes towards masculinity (being strong or defending oneself, seeking healthcare denotes weakness) is associated with less consistent condom use and less belief in male responsibility to prevent pregnancy. By supporting broad messages of masculinity, for example one who takes responsibility, are more effective at promoting healthy decision making.¹⁷

The statements in the tool below can either serve to promote positive change in norms or reinforce discriminatory norms. Take a moment to explore your attitudes and beliefs on the following statements in the *Norms Assessment Tool* about young men, fatherhood and contraception.



Norms, Attitudes, and Beliefs about Young Men Assessment

Mark an “X” and on the horizontal arrowed continuum below identifying the level to which you agree or disagree with each statement.

I agree	Not sure	I disagree	Norm Statement
			1. I am comfortable talking with young men about sexual and reproductive health.
			2. Using contraception is not as important for young men as it is for young women since they are not the ones who get pregnant.
			3. If I talk to young men about seeking sexual and reproductive health services, they will be more likely to have sex.
			4. Many young men want to talk to youth-serving professionals and health care providers about fatherhood and pregnancy prevention.
			5. Teen pregnancy is a norm in my community.
			6. Talking to young men about fatherhood and contraception is not a priority in my organization.

Are you surprised about where you fell on any of the continuums? Are you ready to challenge these norms and beliefs? Come back to this tool again after you have practiced engaging with young men in your work and notice if there are any changes.

¹⁷ Ott, Mary A (2010). Examining the Development of Sexual Behavior of Adolescent Males. Journal of Adolescent Health, 46



Know Common Terms and Definitions Specific to Young Men’s Reproductive Health

Increase your confidence becoming familiar with common terms and definitions. Here are a few up-to-date, medically accurate resources to help you better understand sexual and reproductive health:

Planned Parenthood Glossary: <https://www.plannedparenthood.org/learn/glossary>

Talking with Teens: Just the Facts: <https://www.hhs.gov/ash/oah/resources-and-training/for-families/just-the-facts/index.html>

Advocates for Youth Glossary: <http://www.advocatesforyouth.org/publications/607-glossary>

American Academy of Pediatrics: How to make healthy decisions about sex: <https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Making-Healthy-Decisions-About-Sex.aspx>



TIP You can reference these sources on an as-needed basis or more comprehensively to increase your knowledge and comfort addressing the sexual and reproductive health of young men.



Inclusive vs. Assumptive Language

Using language that is inclusive is essential for promoting open communication and building relationships. However, assumptive language promotes stereotypes that can oversimplify individual characteristics and ignore diversity. This tool allows you to explore assumptive language and the implications of these types of questions. It also allows you to practice more inclusive language.

ASSUMPTIVE QUESTION	WHAT ASSUMPTIONS DOES THIS QUESTION MAKE ABOUT THE PATIENT?	WHAT IS THE MESSAGE THIS QUESTION SENDS TO THE YOUTH?	WHAT WOULD BE A BETTER, MORE INCLUSIVE QUESTION?
Do you have a girlfriend?			
Are you having premarital sex?			
Have you talked to your girlfriend about not getting pregnant?			
Are you practicing safe sex?			

ASSUMPTIVE QUESTION	WHAT ASSUMPTIONS DOES THIS QUESTION MAKE ABOUT THE PATIENT?	WHAT IS THE MESSAGE THIS QUESTION SENDS TO THE YOUTH?	WHAT WOULD BE A BETTER, MORE INCLUSIVE QUESTION?
What birth control method is your girlfriend on?			
What is your girlfriend doing about birth control?			
What do your friends' girlfriends do for birth control?			
What's your biggest challenge with using condoms?			
Since you've identified as gay, what are you doing to prevent STD/STIs with your sexual partners?			
Ernie is not here today and he's the one who talks about this stuff with young men. Do you want to come back tomorrow?			
A lot of young men who are sexually active have questions about birth control. What questions do you have?			



Trauma Informed Self-Assessment

Given the high incidence of trauma among young men experiencing premature fatherhood, recognizing trauma and avoiding re-traumatization to young people seeking care is critical. This self-assessment tool will help you evaluate your practices and understanding of how trauma affects individuals seeking services. The assessment can be completed by an individual or by all staff within an agency, in order to assist agencies in their efforts to incorporate trauma informed work in every part of their organization's services and practices. (NOTE: This assessment was revised with permission from the Klinik Community Health Center at <http://www.klinik.mb.ca/>)

To take the assessment, read each statement and rate yourself by drawing an X where you feel you're at on the line of continuum.



KNOWLEDGE:

I know that violence and traumatic experiences can often lead to mental health and co-occurring disorders (e.g., chronic health, substance abuse, eating disorders, STI/HIV/AIDS, etc.)

I can explain to a survivor what trauma is, including effects of an event.

I can recognize the signs of trauma, even if a survivor does not verbally tell me.

I know how to assess for risk and danger to clients in specific domestic violence, sexual violence, human trafficking, and child endangerment situations.

I know the control tactics used by perpetrators/abusers/batters/traffickers.

I know that multiple forms of violence and abuse occur as a pattern of coercive and controlling behavior.

COMFORT LEVEL:

I am comfortable asking about traumatic experiences and hearing the responses.

I am comfortable actively listening to difficult feeling and emotions that may arise.

I am comfortable talking about traumatic experiences.

RELATIONSHIP BUILDING:

I can establish trust and safety as a priority in my work with people.

I make sure survivors are comfortable with questions I ask them.

I try to establish a genuine, caring connection with survivors.



RESPONDING TO SHARING ABOUT TRAUMATIC EVENTS (SUCH AS DOMESTIC VIOLENCE, SEXUAL ASSAULT, HUMAN TRAFFICKING OR CHILD MALTREATMENT):

I acknowledge to the survivor the difficulties and courage involved in talking their about trauma.

I respond to what a survivor shares with me with belief and validation.

I encourage the survivor to only share what they are comfortable sharing.

I can communicate with survivors that their victimization or trauma wasn't their fault.

I feel comfortable discussing safety strategies with survivors of different forms of violence and abuse.

I am familiar with and have a plan to cope with secondary trauma.

COPING:

I ask survivors how they cope with difficult feelings surrounding the trauma.

I ask how a survivor copes with difficult behaviors that may result from the trauma experiences, such as substance abuse.

I acknowledge the link between trauma, mental health, and addiction.

I know that protective strategies used by survivors can be misinterpreted by service providers.

PERSONAL ATTITUDES AND BELIEFS:

I believe trauma survivors are resilient and able to recover.

I believe that I can affect positive change for survivors.

I dispel the many myths surrounding trauma in my work with people.

EMPOWERING APPROACH:

I focus on the survivor's strengths and resources.

I try to instill a sense of hope and change for survivors.

I work as a team with the survivor, supporting them in the decisions they make about their lives and the services I provide.

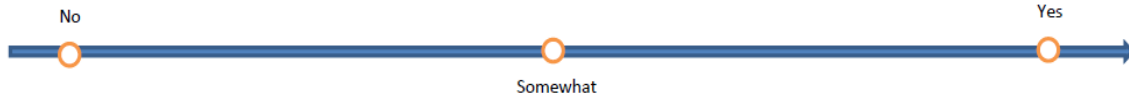
RESOURCES:

I am familiar with community resources that serve trauma survivors (e.g. domestic violence shelters, rape crisis services, child advocacy centers and human trafficking coalition).

I refer survivors to trauma-recovery and treatment services in my community.

I advocate on behalf of survivors who need assistance in accessing resources including housing, medical and financial referrals.

I understand how some interventions (i.e., couples counseling, mediation, family counseling) can increase the risk to survivors.



CULTURAL AWARENESS:

I consider a survivor's cultural background when making referrals and discussing community resources.

I make an effort to understand the survivor's circumstances from his or her cultural perspective.

I make efforts to provide culturally appropriate services when requested.

TRAUMA STEWARDSHIP:

I am aware of the ways in which my work with traumatized people impacts me in both my personal and professional life.

I can explain vicarious trauma (sometimes referred to as compassion fatigue or secondary trauma).

I can recognize the signs and symptoms of vicarious trauma in myself and co-workers.

I know ways to address symptoms of vicarious trauma so that I am able to continue working effectively with traumatized people.



OPTIONAL: Practice Setting Assessment Tool

This *optional* Practice Setting Assessment Tool is also included in the appendix.

If you would like to conduct an practice-wide assessment of your services addressing the sexual and reproductive health of young men, included in the appendix of this toolkit is a 2-part, comprehensive organizational assessment tool. The first part, the Health Care Provider Profile aims to collect basic information about the organization and preliminary data about services provided to young men. This section is to be completed only ONCE per organization.

The second part, Practice Setting Assessment should be completed for EACH practice setting in which the engaging young men initiative will be implemented. Each practice setting should assemble an assessment team composed of staff from all levels. Each staff member should first complete the assessment tool individually. The team will then work together, using their individual responses, to complete a joint organizational assessment.

In addition to conducting a self-assessment with your staff to understand the context for why young men's reproductive health is important, you can conduct key informant interviews (KIIs) with your community partners and focus groups with the young men in your community. These can also assist you in developing your communications plan as well. Sample KII and focus group tools can be found in the appendix.

Next Steps

In the next section of the Toolkit you will apply your findings from the self-assessment and create a communications plan for your organization, including sample messages.



SECTION 2: COMMUNICATIONS PLANNING

What are the essential messages that you can share with young men that you serve to engage them and make an impact in their reproductive health?

AT A GLANCE

- › The role of conversation by trusted adults in lessening the stigma and shame often associated with these topics and shift the tone to reflect health promotion and opportunity for young men.
- › The messages given to adolescents about parenthood and reproductive health including contraception and STDs/STIs.
- › Communications planning tools for different levels of engagement.

Common Messages Received by Adolescents about Parenthood and Reproductive Health, including Contraception and STDs/STIs

The messages boys receive at an early age about parenting and reproductive health are often limiting, confining, stereotypical and very powerful. These messages come from family, peers, the media and elsewhere, telling boys and men how to behave and feel, relate to each other and girls/women, what their role and stature is in society. Some of these messages are harmful and have short and long-term consequences for themselves, their families, their community and society as a whole.¹⁸



Message Comparison

Either individually or with a group, brainstorm what messages society and/or your organization sends to young men about pregnancy prevention, contraception and fatherhood. Then do the same exercise for young women.

Young Men

TOPIC	MESSAGE	MODALITY
Pregnancy Prevention		
Contraception		
Fatherhood		

Young Women

TOPIC	MESSAGE	MODALITY
Pregnancy Prevention		
Contraception		
Motherhood		

Reflect: What do you notice about the lists? What is the same or different - Why?



Optional: [Watch the trailer or host a screening](https://www.youtube.com/watch?v=hc45-ptHMxo) of *The Mask You Live In* by the Representation Project, which follows boys and young men as they struggle to stay true to themselves while negotiating America's narrow definition of masculinity. <https://www.youtube.com/watch?v=hc45-ptHMxo>
Note: Video contains a few slurs as well as some "mature" language.

Acknowledging these messages and having sensitivity toward them will help shift the conversation away from these messages into more positive ones.

Healthy Relationships Framing

Framing messages to young men that increase their understanding of a healthy relationship (based on trust, honesty and respect) is an effective strategy to avoid advancing stigmatizing messages.

¹⁸ <https://www.adl.org/sites/default/files/documents/assets/pdf/education-outreach/trap-of-masculinity.pdf>



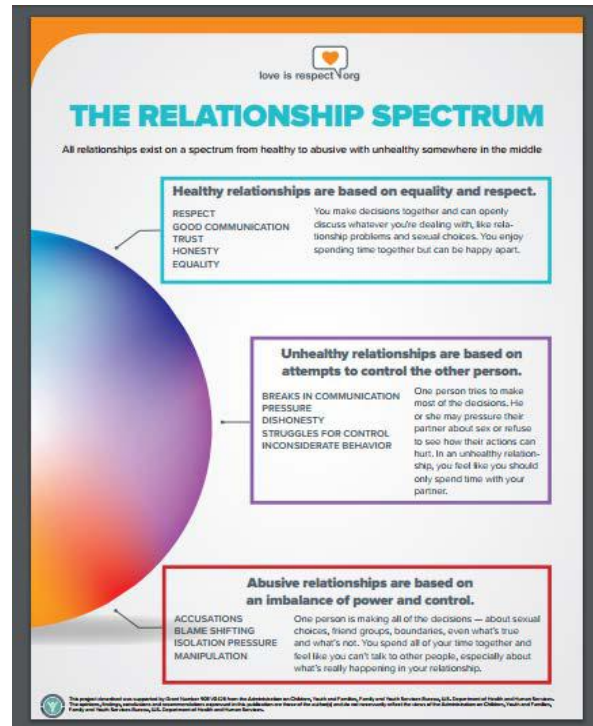
The Relationship Spectrum

The [Love is Respect Campaign](#) developed two educator toolkits, one for middle school and one for high school, on healthy relationships with the end goal of preventing and ending domestic violence and dating abuse. The toolkits are free. One specific tool available through the resource is a [Healthy Relationship Spectrum](#) where a user can complete a brief survey to help guide his/her understanding of their relationship. They note: *All relationships exist on a spectrum from healthy to abusive with unhealthy somewhere in the middle.*

Every Conversation Matters: Trusted Adults

Young men who have access to trusted adults (individuals that young people can approach with problems, difficult questions, and have a respected relationship with) are more likely to engage in healthy decision-making.¹⁹ Skills cited by nationally recognized consultants Dr. Jose Reyes and Dr. Claire Damken Brown²⁰ in the field of young men's health include:

- **Offering affirmations**
- **Asking open-ended questions**
- **Reflective listening**
- **Summarizing what's been shared**
- **Practice when introducing the topics and well-crafted questions**



According to the *Power to Decide* Campaign, although young people consistently say that *parents* most influence their decisions about relationships and sex, adults are decidedly more skeptical about their role in the eyes of young people. Even though adults remain doubtful about their influence, they universally agree that young people *should* have a trusted adult or network in their lives and that that network might be a key component in helping teens successfully navigate adolescence and avoid risky decisions.²¹

Addressing stigmatizing messages toward young men's reproductive health, **using a healthy relationships framework**, and **relying on the power of trusted adults** are essential concepts for developing an engaging communications strategy.

¹⁹ Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

²⁰ Using Cultural Competence to Tailor Our Message to Males. Tips Sheet. 2009

²¹ The National Campaign to Prevent Teen and Unplanned Pregnancy. (2017). *Survey Says: Network of Trust*. Washington, DC: Author.

Key Sexual and Reproductive Health Messages for Young Men



Fatherhood

Young men don't often have opportunities to talk about sex, relationships, protecting themselves from STDs/STIs and becoming a father when they are ready. I want to connect you to resources in the community that can help you get the services and information you need to stay healthy and be a father when you are ready.

Most young men care about being a father, but don't often have the information and support they need to plan when they become a dad.



Sexually Transmitted Infections or Diseases

Most people think they will know if they have an STD/STI, but often, people have no symptoms. That's one of the reasons why it is important to get tested for STDs/STIs including HIV at least once a year.

If you think that you may have an STD/STI, it's important to go to the provider get tested as soon as possible. They also can offer you treatment if needed.



Contraception and Birth Control

Anytime you have sex without a condom or using a birth control method, pregnancy is possible.

A lot of young women want their male partners to talk to them about preventing STDs/STIs and pregnancy.

There are resources in the community to help you and your partner(s) find a birth control method that best meets both of your needs.



Confidentiality and Minors' Rights

You can be seen at the health care providers in this referral guide without your parents/caregivers being present or knowing.

The health center staff work hard to protect your confidentiality and keep your information private.

You can make decisions about your own health like figuring out which condoms work best for you, receiving testing for STDs/STIs and HIV, or learning about birth control options.



Healthcare Providers and Making a Referral

It's important to see a doctor regularly when you are sexually active.

We want to make it simple for you to get the services you need, so you can take care of yourself. You can use this referral guide to find a health center that is convenient for you.

10 Things a Man can do to support birth control use

1. Don't have sex without it.
2. Bring up the subject with partner.
3. Learn about the different types.
4. Use condoms.
5. Go to the clinic with partner.
6. Pay for birth control.
7. Help partner use her birth control.
8. Talk about pregnancy.
9. Talk to other men.
10. Respect yourself and partner.

Strategies to Integrate Key Messages about Reproductive Health into Conversations With Adolescents and Young Adult Males

Core concepts

- **Normalize** the conversation
- Keep **focus on their goals** related to reproductive health and how good reproductive health can help them achieve the goals they want in life?
- Ask what **their experiences** have been or what they know before providing information
- Ask **permission**
Aligning key reproductive health messages to match the young men you serve. Think about and plan for these types of encounters.
- Transition from discussing a sprained ankle to contraception. Use the key theme of **overall health and wellbeing**.

- How can we let the young person know that they are **not being “singled out”** for this discussion? Convey that you bring this up with all of your students/clients.
- Assessing **“fatherhood intention”**.

Prepare your conversation starters like an **elevator pitch**.²²

An elevator pitch is a brief, persuasive “pitch” that you use to spark interest in your message. A good elevator speech should:

- last no longer than 20 seconds
- be interesting
- be memorable
- be succinct

Remember that you need to tailor your elevator speech to the needs and concerns of different audiences (e.g. one speech for younger adolescents, one for a group setting, etc.). Lastly, **PRACTICE, PRACTICE, PRACTICE!** Consider recording practice “runs” on your cell phone or video camera to look back on and make improvements.



TIP CRAFTING YOUR ELEVATOR SPEECH

State a fact: *“I’m hearing more and more young people tell me about the unhealthy images of relationships on social media.”*

Connect it to an emotion: *“These images set up unrealistic expectations for young people”*

State why the young man should care: *“Violence in teen relationships is common; nearly 1.5 million high school students reported experiencing physical abuse in a relationship last year!”*

Tell him what he should do next: *“I’ve been talking with a lot of young people about this and sharing these resources (insert referral resource) so they know there’s help if needed.”*

Sample Integration Statements

A lot of young men I see have questions about preventing pregnancy and STDs/STIs and HIV, but don’t know where to find out more or when to get services. **Would it be okay if we talked more about that today?**

A lot of young men I see don’t want to be fathers right now and have questions about birth control and want to know more. **Would it be okay if I talked to you more today about where you and your partner(s) could go to get more information about birth control and preventing pregnancy?**

A lot of young people want to protect themselves from STDs/STIs and pregnancy, but don’t know where to go to get care. I want to make sure you know about resources available in the community to get condoms, STD/STI testing, and birth control. **Would it be okay if we had a conversation and I shared these resources with you today?**

Most young men I work with care about being a good father but often don’t have anybody to talk to about this decision. **Would it be okay if we talked more about your thoughts on fatherhood at this point in your life?**

I want to make sure all the young people I work with know about where to get STD/STI/HIV testing and treatment services, condoms and birth control in our community. There are confidential services specifically for teens and young adults that are low cost or free. **Would it be okay if I check in with you about sexual and reproductive health?**

²² Recruitment and Retention Toolkit for Healthy Start (2017) <http://healthystartepic.org/wp-content/uploads/2016/07/HSRandRTToolkitFINAL.pdf>

I ask all of our clients about sexual and reproductive health because it's an important aspect of health. It's important for young people to know there are confidential resources in the community to answer questions or concerns they may have. **Would it be okay if I asked you some questions today about sexual and reproductive health?**



Starting the Conversation with Young Men: Practice Integration Statements

Review the examples given below, and then practice creating statements that help integrate fatherhood intentions, contraception and STD/STI/HIV prevention into the conversation with each client.

CLIENT	INTEGRATION STATEMENT
<i>Jason comes in asking for an HIV test. The test results are negative. Transition this conversation to talking about contraception.</i>	Ex. It's great that you are concerned about your health and that you came in for this test today. You're clearly concerned about STDs/STIs and taking care of yourself. While you're here I'd also like to talk about pregnancy and pregnancy prevention. This is something that I talk about with all of my patients. What are your thoughts about pregnancy?
<i>Anderson comes in for a sports physical. After you have performed the physical. Transition this conversation to talking about contraception.</i>	Ex. Ok, looks like we've done everything you need for your physical. Before you go, I like to make sure that all of my patients have an opportunity to talk about other areas of their health, and specifically about pregnancy and pregnancy prevention. I realize that young men don't often get a chance to talk about this. Can we have a brief conversation about that?
<i>Justice comes in from gym class with an asthma attack. You administer his inhaler. Transition this conversation to talking about contraception.</i>	Ex. I'm glad you're ok. Be sure to keep your inhaler near you during gym class in the future. While you're here I want to make sure I cover all your health needs. A lot of young men have questions about pregnancy and birth control - while you're here can I answer any questions for you?
<i>Peter comes in worried about some bumps on his genitals. You diagnose HPV. Transition this conversation to talking about contraception.</i>	
<i>Russell comes in from playing basketball with what looks like a sprained ankle. You immobilize the joint and give him instructions for care. Transition this conversation to talking about contraception.</i>	
<i>Alejandro comes in from woodshop with a cut. You clean and dress the wound. Transition this conversation to talking about contraception.</i>	
<i>Larry comes to you complaining about a headache. You are able to help him with his pain. Transition this conversation to talking about contraception.</i>	

CLIENT	INTEGRATION STATEMENT
<p>Sam comes in visibly sick and with a low grade fever. It's decided that he should go home sick and is waiting for someone to come pick him up. Transition this conversation to talking about contraception.</p>	



Communications Planning Approach

Looking broadly at how you and your organization communicates to the community about how you serve young men is valuable for establishing trust and recognition with those you serve. This communications planning is also important for helping establish referral systems with partners that provide sexual and reproductive health services. The following tool is adapted from the Engaging Your Community Toolkit, and will assist you in developing a communications plan to prepare your engagement efforts with young men you serve.



Identify your purpose

What are you trying to accomplish with your communication strategy? Establish a framework for what you are trying to communicate – the “who, what, and why.”

Who is your audience?

What are you offering to your audience? Think about the community you serve; what are its needs and available resources? If you are trying to reach multiple audiences, realize that each will have different answers to this question. Learn what motivates them and determine what you want them to take away about your organization.

Why does your message matter to your audience? This is a crucial part of your message: “why” your audience should care about what you have to say. Think again about the “what” and the benefits your audience may receive.

Choose your audience

Knowing your audience enables logical communication planning. With so much information competing for space, having a clearly branded message makes outreach efforts much easier. It also helps to distinguish your call to action.

Craft Your Message

Your message may be one of inspiration, information, education, persuasion, request, and/or explanation. It can vary in content, mood, language, and design.

Content. Planning the content of your message is necessary to make it effective.

Mood. Consider what emotions you want to appeal to.

Language and styles of communication. Different audiences require different communication styles. Consider your audience’s perception of your motives.

Consistency. To ensure a consistent message, review your goals. If these are unclear, it will be more difficult to determine the right audience(s) to engage.

Tailor Your Message According To Your Communication Channel

Channels of communication relate to the medium (i.e. group setting or a one-on-one conversation) through which you convey your key messages. Make sure your message fit the medium you are using.

Plan for Communications Emergencies

Any number of things can happen in the course of a conversation. Try to anticipate confusion or controversies and create a plan to deal with them. Some tips for managing controversy include:

Before taking action, get the facts surrounding the issue.

Determine the scope of the issue.

Determine the potential impact on your organization.

Assess if the problem can be isolated to one department or issue, or if it will affect your entire organization.

Assess if the problem has "staying power" or is limited to a "one-time" story.

Centralize the control of information: Make sure your messages are consistent and clear.

Evaluate the Effectiveness of Your Message

Make your plan as effective as possible by continually monitoring and evaluating it and reworking as needed.

Use SMART Objectives (Specific, Measurable, Applicable, Realistic, Time Oriented) when developing your evaluation plan for communication.



Communications Plan Template

COMMUNICATIONS PLAN STEP	YOUR STRATEGY
1. Identify your purpose	
2. Choose Your audience	
3. Craft Your Message	
4. Tailor Your Message According to Your Communication Channel	
5. Plan for Communications Emergencies.	
6. Evaluate the Effectiveness of Your Message.	



SECTION 3: REFERRAL PLANNING

Tips for creating a referral plan and building capacity of your organization to coordinate a successful referral.

AT A GLANCE

- › The definition and role of a referral plan
- › Strategies for establishing referral agreements with partners
- › Case example of an effective referral resource

What is a Referral and a Referral Plan?

Referral: a connection to a trusted resource that provides assistance or a needed service.

If you are not currently referring the young people you serve to sexual and reproductive health services, you can begin by developing a referral plan.

Referral plan: describes and documents how an organization will work and connect with trusted resources

Now reflect

Does your organization have a referral plan?
 If so, is there a list of trusted youth reproductive health service providers included in it?
 Does it need to be updated?

An **active referral** is a referral that is tracked and followed up on after the connection is made.

A **passive referral** is when a referral is made and does not require tracking.

If you do not have a plan, or want to start fresh, use the Referral Planning Tool below as a starting point.



Referral Planning Tool²³

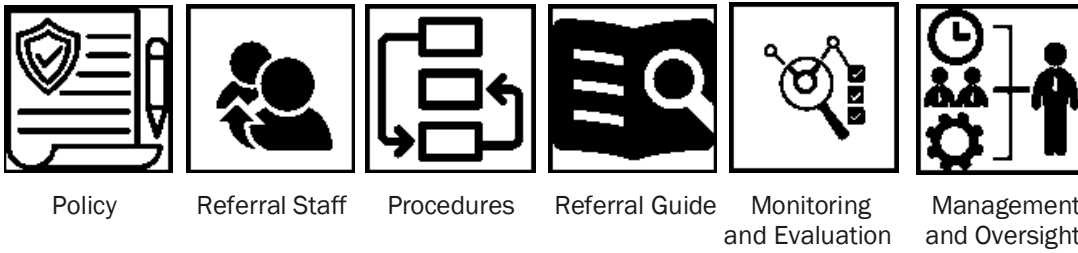
The “Find Your Starting Line” tool, helps you work with other community agencies, providers and organizations to consider and anticipate the obstacles you may face as you work together to strengthen your community’s referral network for adolescent male reproductive health. Having these conversations early on in your partnership promotes openness among partners and facilitates proactive planning to streamline referral of eligible participants.

FIND YOUR STARTING LINE: Considering a Common Goal with Your Partners (in this case Building a Referral Network)		
1. List some strategies our partnership may implement to help support coordinated, appropriate referrals to local youth SRH serving agencies.	2. Name some assumptions individuals, organizations, and the larger community may have about the current referral systems (formal or informal) in our community.	
5. List the factors that influence the current referral systems for youth SRH services (formal or informal) in our community.	6. Describe the referral system challenges our partnership will work to address.	3. What are the desired results of our partnership’s approach to promoting a coordinated SRH services referral system?
	4. Describe why our community needs our partnership to work on a coordinated youth SRH services referral system.	

²³1 Adapted from FSG. “Collaborating for a Common Agenda” tool: <http://www.fsg.org/events/collaborating-to-create-common-agenda>

Apply your findings to your referral plan.

There are six core components included in a referral plan:²⁴



A referral plan template (below) captures these six core components.



Referral Plan Template

CORE COMPONENT	DESCRIPTION
Policies	Document and share confidentiality and consent policies for minors, develop policy assessments, and educate key decision-makers and stakeholders.
Referral Staff	Identify and select designated referral staff, list who will be responsible for conducting staff training, describe how you will ensure organizational engagement and awareness and plan for self-referrals.
Referral Guide	List who is responsible for developing, designing, producing, and publishing your guide, and for updating and disseminating the guide.
Monitoring and Evaluation	Determine options for monitoring and evaluating, and questions for guiding the development of the monitoring and the evaluation system.
Management and Oversight	Identify core tasks for the management and oversight team.

²⁴ Office of Adolescent Health: Referrals and Linkages to Youth-Friendly Health Care Services Tips Sheet. Accessed <https://docs.google.com/document/d/191MrxM-NJwMDhaecOTYSJ2ilOvHXpUZiPVplmGbHfWM/edit#>

Establish Referral Agreements With Your Partners

According to the tips sheet from the Office of Adolescent Health on Referrals and Linkages to Youth-Friendly Health Care Services, for a referral system to work optimally, **relationships between service providers should be formalized and explicit referral procedures agreed upon**. Having a systematic process will increase not only the number of adolescents referred for needed supports and services, but also the quality of the referral.

Having a referral system in place allows opportunities for continuous quality improvement (CQI) to ensure that organizations to which youth are referred continue to offer youth-friendly services and to minimize barriers to receiving the services needed.²⁵

Conducting outreach and establishing Memorandum of Understanding (MOU) with youth sexual and reproductive health care providers is an important way to formalize the referral arrangement. While not legally binding, an MOU indicates a voluntary agreement to partner.

A sample MOU template is included on the next page.

²⁵ Office of Adolescent Health Tip Sheet: Referrals and Linkages to Youth-Friendly Health Care Services.

Memorandum of Understanding

Between
(Partner)
and
(Partner)

This Memorandum of Understanding (MOU) sets for the terms and understanding between the (partner) and the (partner) to (insert activity).

Background

(Why partnership important)

Purpose

This MOU will (purpose/goals of partnership)

The above goals will be accomplished by undertaking the following activities:

(List and describe the activities that are planned for the partnership and who will do what)

Reporting

(Record who will evaluate effectiveness and adherence to the agreement and when evaluation will happen)

Funding

(Specify that this MOU is not a commitment of funds)

Duration

This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners) this MOU shall end on (end date of partnership).

Contact Information

(Insert contact information)

(Insert partner contact information)

_____ Date:
(Partner signature)
(Partner name, organization, position)

_____ Date:
(Partner signature)
(Partner name, organization, position)

Steps in Making the Referral

Once MOUs are in place, operationalizing the steps needed to make an effective referral is valuable. Those steps include the following:

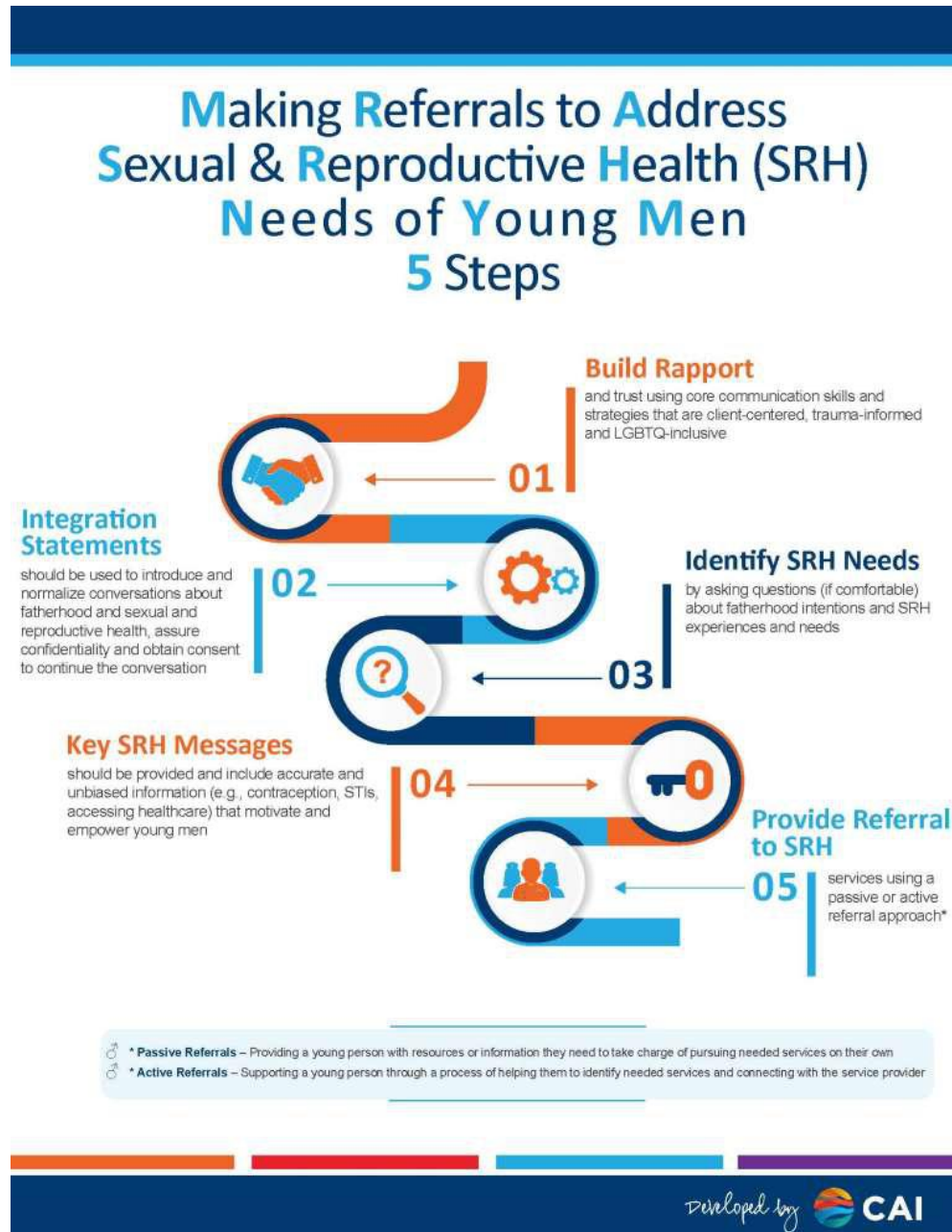
Step 1: Build Rapport

Step 2: Integration Statements

Step 3: Identify the Youth's Sexual and Reproductive Health Needs

Step 4: Provide Key Sexual and Reproductive Health Messages

Step 5: Make Referral and Confirm the Client Understood



Case Scenario

Mary is the current director of a community based substance use prevention and treatment program. The program, in existence for 9 years, seeks to provide training and education on substance use prevention and treatment to youth in the community. With a staff of seven and approximately ten volunteers, the program has been successful. This program appeared to be making a positive impact on the community. In addition, the program develops and hones the participants' business skills, offers résumé building assistance and tutoring, as well as other skills.

Mary noticed an increase over the past five years in the male participants in the program who were fathers. Many of the young men came to her program for the social engagement around basketball and other sports. These young men were not as actively involved in the lives of their children as they would have liked to be, which was an added stressor in their lives. In turn, this did not support their recovery in her program. She did some informal research and began asking the young men in her program more questions about their relationships with the mothers of their children, and where they went for information and resources on their own health. She recently attended a local training on engaging young men in sexual and reproductive health services.

She began starting conversations with the young men but when they shared their needs and interest in receiving more health and medical care, she was not sure where to send them. She looked back in her training materials and found a referral guide with local youth-serving sexual and reproductive health providers. She realized she needed to be much more intentional and prepared when she engaged with the young men in her program, so she drafted a referral plan and grabbed a stack of business cards from the reproductive health service provider to give to the young men at the time of their conversations.

During her next interaction with a young man in her program she was much more prepared. She didn't initiate a targeted conversation until building rapport with him first. She then reminded him that whatever he shared with her she would keep confidential as long as he didn't share intentions to hurt himself or others. She asked him some open-ended questions about his reproductive health needs. After hearing his concerns, she validated his concerns and asked if he would like her to refer him to reproductive health services. He said, "yes." Mary made the call with him right there and then handed him the phone to follow through on making the appointment. After the call ended, Mary made sure the young man understood the next steps of getting care and offered continued support for him both in his substance misuse recovery and his sexual and reproductive health. She noted in her system when his appointment was scheduled and followed up with him that day to confirm that he followed through on the appointment. Over time, Mary became much more proficient at making referrals of both men and women in her program to the youth reproductive health service provider. She even began creating a quality improvement plan to improve their system of referrals.

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APPENDIX

The following resources have been included as supplemental information to support your work with engaging young men in sexual and reproductive health. These resources were piloted during a four-year long pilot project with Gaston County Health and Human Services.

Practice Setting-Assessment Form
Key Informant Interview Guide
Focus Group Guide

SELF-ASSESSMENT FORM



TOOL: Practice Setting Assessment

This comprehensive organizational assessment tool is divided into two parts. The first part, the Health Care Provider Profile aims to collect basic information about the organization and preliminary data about services provided to young men. This section is to be completed only ONCE per organization. The second part, Practice Setting Assessment should be completed for EACH practice setting in which the engaging young men initiative will be implemented. Each practice setting should assemble an assessment team composed of staff from all levels. Each staff member should first complete the assessment tool individually. The team will then work together, using their individual responses, to complete a joint organizational assessment.

Information gathered through this assessment process can be collated and used to inform the development of potential strategies to improve access to, and the delivery of messages to the young men you serve in your community. It will also serve as baseline data for monitoring impact in systems and practice processes during and after the intervention.

Providing Healthcare Services to Young Men Ages 15-19 Practice Setting Assessment Tool

INTRODUCTION

As part of the Young Men's Initiative (YMI) 6 month planning process, participating health care providers and select community stakeholders, will engage in a process of reflection. As part of that process they will gather information describing their capacity and practices related to the care of young men ages 15-19, and consider thoughts, feelings and ideas associated with promoting the sexual health of young men, especially related to supporting young men as partners in pregnancy prevention activities.

A key activity for the planning months is the completion of an organizational assessment examining the capacity to, and practices associated with, providing sexual health services (SHS) to young men. In order to facilitate this process we are asking participating health care providers to complete Assessment Tool provided on the pages that follow.

INSTRUCTIONS

This organizational assessment tool is divided into two parts. The first part, the Health Care Provider Profile (pgs. 2-5), aims to collect basic information about the organization and preliminary data about services provided to young men. This section is to be completed only ONCE per organization by the key contact person.

The second part, Practice Setting Assessment (pgs. 6-11), should be completed for EACH practice setting in which the EYM initiative will be implemented. Each practice setting should assemble an assessment team composed of staff from all levels. Each staff member should first complete the assessment tool individually. The team will then work together, using their individual responses, to complete a joint organizational assessment.

The Practice Setting Assessment is organized by 7 domains:

- Section I: Clinical, Behavioral and Supportive Services Policies and Practices
- Section II: Access
- Section III: Physical Environment
- Section IV: Organizational Leadership and Characteristics
- Section V: Communication and Marketing
- Section VI: Partnership and Reputation
- Section VII: Service Design & Quality Improvement

Information gathered through this assessment process will be collated and used to inform the development of potential strategies to improve access to, and the delivery of, SHS to the young men you serve in your community. It will also serve as baseline data for monitoring impact in systems and practices processes during and after the intervention.

PART ONE

HEALTH CARE PROVIDER PROFILE

1. Please provide the following information for your organization.

Name:	
Mailing Address:	
City:	
State:	
Zip Code:	
Phone:	
Fax:	
E-mail:	

2. Please provide contact information for yourself

First Name:	
Last Name:	
Title/Position:	
Phone:	
Fax:	
E-mail:	

3. Which of the following best describes the practice settings within your organization? Check all that apply.

Practice Setting

<input type="checkbox"/>	Family practice
<input type="checkbox"/>	Pediatric practice (age range: _____)
<input type="checkbox"/>	Adolescent clinic (age range: 12-19)
<input type="checkbox"/>	Family Planning

Organization Type:

<input type="checkbox"/>	Federally Qualified Health Center
<input type="checkbox"/>	County Health Department
<input type="checkbox"/>	Ambulatory Care
<input type="checkbox"/>	Private Provider
<input type="checkbox"/>	Title X Clinic
<input type="checkbox"/>	Other (specify):

4. Which Electronic Medical Records (EMR) system(s) does your health care practice use?

	eClinical Works (eCW)
	Centricity
	Epic
	NextGen
	Other (specify: Insight)
	None

5. Please specify the number of employees in your health care practice according to job title for all employees that have direct patient contact and of those, the number that have received training on male sexual and reproductive health services in the past two years.

Employees with Direct Patient Contact	All employees at the practice setting	Number of employees who received training on...			
		Adolescent Development	Male friendly services	Conducting sexual health assessment with males	Providing STD services
Physicians (MDs/Dos)					
Advanced Practice Clinicians (PA, APNP, Midwife)					
Registered Nurses					
Medical Assistants					
Health Educators					
Social Workers					
Mental Health Practitioners					
Front Desk/Clerical					
Other (specify: clerical supervisor)					
Total: (See Survey)					

In the space below, please list any additional trainings your staff has received on male sexual and reproductive health in the last two years.

Does your organization...

	Yes	No	Not Sure
Assign primary coordinating responsibilities to specific staff to ensure that young men’s health care needs are addressed across the organization?			

6. Hours of operation

Please indicate the hours of operation for your health care practice for each day of the week (write CLOSED for days you are not open).

DAY	HOURS
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

7. Number of Visits by Young Men

In the space provided below, for the most recent month, record how many urgent visits (i.e. sick visits) and preventive visits (i.e. routine 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).

Practice Setting	Type of visit	Number of Visits	Number of visits receiving any type of sexual health service
	Urgent		
	Preventive		
	TOTAL		
	Urgent		
	Preventive		
	TOTAL		
	Urgent		
	Preventive		
	TOTAL		
	Urgent		
	Preventive		
	TOTAL		
	Urgent		
	Preventive		
	TOTAL		

8. Please complete the following table describing the type of sexual health services provided and the number of males age 15-19 receiving each service over the past month in your health care practice.

Sexual health service type	Number
Sexual health assessment brief	
Sexual health assessment comprehensive	
Sexual health counseling	
HIV testing	
HIV counseling	
STD testing	
STD treatment	
HAV/HBV/HPV vaccinations	
Other (specify):	
TOTAL	

9. Please indicate the number of males aged 15-19 seen in the past month covered by each type of insurance listed below.

Insurance type	Number of males
Medicaid	
Commercial insurance	
Uninsured	
Other (please describe):	

PART TWO: PRACTICE SETTING ASSESSMENT

(To be completed for each practice setting)

Teen Wellness Center—Highland Health Center

Name of practice setting

SECTION I: CLINICAL, BEHAVIORAL AND SUPPORTIVE SERVICES POLICIES AND PRACTICES

10. In your practice setting, do you have the following services available to young men:

	YES	NO	NOT SURE
a. Urine Testing for Gonorrhea and Chlamydia			
b. Rapid HIV testing			
c. HPV Vaccines			
d. Hepatitis Vaccines			

11. When a male adolescent patient is at your clinic, to what extent will a healthcare provider use the opportunity to (please check the appropriate frequency):

Service	Always/ almost always	Sometimes	Rarely	Never	Not Sure
a. Take a brief sexual history at every visit beginning at age 12					
b. Take a comprehensive sexual history at age 12					
c. Regardless of reason for visit, address identified sexual and reproductive health needs on the day of service without delaying until follow-up visit					
d. Promote “dual protection” condom use for STD/HIV prevention and a highly effective birth control method for pregnancy prevention					
Provide...					
e. Counseling and educational materials on STD/HIV and pregnancy prevention					
f. On site access to condoms without having to ask providers or staff					
g. Guidance on emergency contraception (EC)					
h. Testing for Chlamydia and gonorrhea for high risk males					
i. Expedited partner therapy (EPT) for partner treatment of Chlamydia					
j. HIV testing with streamlined process of consent					

12. When a male adolescent is at your clinic for a preventive or urgent visit, is he asked or provided screening, assessments or counseling on the following topics:

Screening, Assessment or Counseling Topic	Preventive	Urgent-Sexual health related	Urgent-not related to sexual health	All	Not Sure
Screening					
a. Mental Health					
b. Substance Use/Abuse					
c. Physical/sexual violence					
Assessment					
d. Brief Sexual Health Assessment					
e. Comprehensive Sexual Health Assessment					
Counseling					
f. STI/HIV risk reduction					
g. Male focused pregnancy prevention methods (e.g. condoms)					
h. Female focused pregnancy prevention methods (e.g. hormonal contraception/IUD)					
i. Emergency contraception					
j. Partner sexual communication					
k. Inter-partner violence					
Condom Availability					
l. Free condoms are available					

SECTION II: ACCESS

13. Please answer the following questions based on current practices at your health center.

Does your health center... (check Yes, No or Not Sure)	Yes	No	Not Sure
a. Offer appointments after school hours for young men?			
b. Accept young male clients who walk-in for service?			
c. See young men for confidential reproductive health care services without parental/caregiver consent?			
d. Provide health care services to young men regardless of ability to pay?			
e. Engage young men who accompany their female partners who are being seen for care?			

Please read the following statements in the following sections, and circle your level of agreement for each statement as it relates to current structures, policies and procedures related to the delivery of SHS to young men.

SECTION III: PHYSICAL ENVIRONMENT

14. 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

STATEMENT	LEVEL OF AGREEMENT
a. Health care services for young men are provided in a confidential and private setting.	1 2 3 4
b. Educational materials and brochures geared towards young men's health care needs are available in the waiting room.	1 2 3 4
c. Pictures on the walls of the health care center reflect positive male role models.	1 2 3 4
d. Pictures on the walls of the health center represent ethnically diverse men relevant to the population being served by the health care provider.	1 2 3 4
e. Magazines relevant to young men are available in the health care provider's waiting room.	1 2 3 4

SECTION IV: ORGANIZATIONAL LEADERSHIP AND CHARACTERISTICS

15. 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

STATEMENT	LEVEL OF AGREEMENT
Leadership	
a. The organization's documented mission explicitly states a commitment to addressing the health care needs of young men.	1 2 3 4
b. 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.	1 2 3 4
c. 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	1 2 3 4
d. Ensuring access to and provision of healthcare services to young men is a standing agenda item during senior leadership team meetings	1 2 3 4

Structural				
e. The agency's Board of Directors includes members who are male.	1	2	3	4
f. Men are represented on the staff (paid and/or volunteer) at all levels.	1	2	3	4
g. The organization employs male peer educators. (1 of 3)	1	2	3	4
Fiscal				
h. The organization's senior fiscal office has prioritized providing healthcare services to young men through the budgeting process	1	2	3	4
i. Contracts with third party payers have negotiated maximum reimbursements for the provision of medical and support services to young men (e.g.: urine-based chlamydia and gonorrhea screening, high risk behavioral counseling)	1	2	3	4
j. Every staff member codes accurately and consistently for the provision of healthcare services to young men	1	2	3	4
k. Staff always conducts a thorough fiscal triage to identify sources of payment for medical and supportive services for young men (Medicaid, private insurance, sliding fee scale, etc.)	1	2	3	4
l. Beyond billable clinical services, the organization currently receives, or has received in the past two years, grant resources to support the delivery of health care or other behavioral or supportive services for males.	1	2	3	4
Staff Roles and Responsibilities				
m. All clinical staff have the necessary knowledge and skills to provide medical and supportive services to young men specifically addressing pregnancy prevention and contraception	1	2	3	4
Our health center has established clear roles and responsibilities for every staff member as it relates to:				
n. Screening for sexual active	1	2	3	4
o. Counseling on safer sex and condom use	1	2	3	4
p. Counseling on contraceptive options for female partners	1	2	3	4
q. Providing clinical services (e.g.: STD/HIV screening and Treatment)	1	2	3	4

SECTION V: COMMUNICATION AND MARKETING

16. 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

STATEMENT	LEVEL OF AGREEMENT			
a. Organization has developed a clear and concise message that communicates program priorities related to providing medical and supportive services to young men	1	2	3	4
b. Organization communicates this message widely and frequently in the community (i.e. local newspapers, flyers, community events).	1	2	3	4

c. Organization deliver 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.	1	2	3	4
d. The organizations uses Social media (Facebook, twitter) to increase awareness of services for young men ages 15-19.	1	2	3	4
e. Information for young men is available on organization website.	1	2	3	4
f. Brochures, flyers, and websites describing health care services provided include information about services available to young men.	1	2	3	4

SECTION VI: PARTNERSHIPS AND REPUTATION

17. 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

STATEMENT	LEVEL OF AGREEMENT			
Partnerships				
a. 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.	1	2	3	4
b. 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.	1	2	3	4
c. 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.	1	2	3	4
d. 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.	1	2	3	4
Reputation				
e. The organization is recognized by community partners as a good resource for young men.	1	2	3	4
f. The organization is called on by the media or others for information about young men’s health.	1	2	3	4

SECTION VII: SERVICE DESIGN AND QUALITY IMPROVEMENT

18. 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

STATEMENT	LEVEL OF AGREEMENT			
Service design				
a. The organization provides opportunities for young men to participate in the design of services addressing their needs.	1	2	3	4
b. The organization regularly solicits input from young men in assessing the quality of services provided through the use of client satisfaction surveys.	1	2	3	4
c. Focus groups have been held with young men to understand their unique health care needs in the past 3 years.	1	2	3	4
Quality Improvement				
d. 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.	1	2	3	4
e. 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	1	2	3	4
f. 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	1	2	3	4
g. Ensuring access to and provision of healthcare services to young men is a standing agenda item at our health center meetings	1	2	3	4
h. All staff at health center are aware of key performance measures and priorities related to providing healthcare services to young men	1	2	3	4

KEY INFORMANT INTERVIEW GUIDE



TOOL: Community Partner Key Informant Interview Guide

The KIIs can assist you in learning about your staff and partners' experiences working within your community to address the sexual health needs of young men and reduce teen pregnancy, and can provide insight into how to better address those needs. The KIIs can help in planning for stakeholder meetings where you can work with your community partners 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.

The interviews are typically recorded and names are not included in the summary. The interview typically take approximately 30-60 minutes to complete.

Addressing the Sexual and Reproductive Health Needs of Young Men Engaging Young Men Pilot Initiative (EYM Pilot) Training Assessment for Substance Use Treatment Facilities

**Providing Reproductive and Sexual Healthcare Services to Young Men Ages 15-24
Substance Use Treatment Facilities Assessment, this will be conducted as a Key Informant
Interview (KII).**

Introduction:

We are working with CDC, CAI, and the Gaston County Department of Health and Human Services (GHHS) on a 5-year initiative called Engaging Young Men in Clinical Services to Prevent Premature Fatherhood (EYM).

Engaging young men in sexual and reproductive health education and health care services is critical to preventing premature fatherhood. Approximately 25% of male adolescents in the U.S. report receiving Sexual Reproductive Health (SRH) services compared to approximately 50% of females. However, **both male and female adolescents report an interest in receiving sexual health information from health care providers.** What we mean when we say "sexual and reproductive health" is asking about fatherhood intentions and knowledge about contraception, condom use, STI/HIV testing and treatment.

The objectives of the EYM project include:

- Improving providers' 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.
- 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.

The first four years of the grant focused improving reproductive health services for young men in Gaston. For our final project year, we're focused on designing a training for youth-serving professionals that interact with young men in their jobs. These professionals could include teachers, school counselors, boys and girls club counselors, probation officers, child welfare administrators, social workers, or substance abuse counselors. We aim to train these types of professionals on how to deliver key messages to young men about reproductive health and how refer them to services.

You have been asked to participate in this phone interview because of your work in the community with young people. We are interested in hearing about how you work with young men in your day-to-day job, how you would feel delivering key messages about reproductive health to young men and referring them to services, and how a training could support you to feel comfortable and confident addressing these issues with young men. This interview will inform how we design a training on this topic.

The interview will be recorded and I might take notes as you talk. Your name will not be included with my notes or the tape. We will be conducting 5-8 interviews. Once complete, JSI will summarize common themes that emerge but not attribute any specific comment to any individual or agency.

Will it be ok if I record our discussion and take notes?

The interview will take approximately 30-45 minutes to complete.

Are you ready to begin?

The following questions are about your agency to give us some basic information.

[Understanding KI's context]

1. What is your profession and what are your day-to-day roles and responsibilities?
2. What is the mission of the agency you work for?
Prompts: Health Services- Mental Health/ Substance Abuse, Educational, Social Services
Follow-up: Are you a CBO or clinic-based treatment center?
3. What are the demographics of your clients?
Prompts: Percent Race/ethnicity, Age (teens, older), Percent Medicaid Uninsured, Homeless
4. Please describe how you work with young people in your day-to-day job. What does your day-to-day job look like in terms of your interactions with young people, and young men specifically?
 - o Prompt: Please describe the relevant job activities where you are interacting with young men.

[Attitudes and Practices of Key Informant]

[KI attitudes about young men and role in SRH issues]

1. What do you think a young man should do to take care of his sexual and reproductive health?
2. What do you think is a young man's role in building healthy relationships?
3. What do you think is a young man's role in preventing STDs?
4. What do you think is a young man's role in preventing unintended pregnancy?
5. To what extent do you assist young men in thinking about where fatherhood or having another child fits in their lives now?
6. To what extent do you think it might be helpful to explore fatherhood intentions with young men in the work you do now? H

7. How receptive do you believe young men would be to this discussion?

[KI current behavior]

8. How important is SRH to your agency's mission and goals?
9. How does your agency support young men's sexual reproductive health?
10. How do you address SRH issues with young people in your job currently, if at all? With young women? With young men?
 - a. If so, what do those interactions look like?

Probe: What opportunities do you see to address fatherhood, need for STI/HIV testing/treatment in the work you do now? what role could you or individuals working in a similar fashion (e.g., social workers, case managers) play – what would be hard – what would be easy?

11. How do you refer young people to SRH services, if at all? With young women? Young men? Please describe what those referrals look like/ describe the process for referring.

[KI's perception of YM's attitudes; YW attitudes]

12. What do you think young men think about reproductive health, preventing unintended pregnancy, STDs, and healthy relationships, generally?
13. What do the young women you work with think about young men's role in reproductive health, preventing unintended pregnancy, STDs, and healthy relationships, generally?

Again, this training is intended to train professionals that work with young men to deliver a few key messages about sexual reproductive health to young men, and encourage them to seek SRH services, if needed.

14. What kinds of messages do you think would appeal to young men you encounter in your work? What messages would young men need to hear to get them to think about their reproductive health, STD prevention, and prevention of unintended pregnancy?

Now I'd like to ask you a bit more about your training needs to work with young men and their sexual and reproductive health needs and your preferred training modalities.

[Training Needs and Preferred Modalities]

15. What challenges would you anticipate in delivering key messages to young men on SRH? E.g, lack of knowledge on topic? time limitations? Leadership approval? Other?
 - o How do you think a training could help address those challenges? What should that training include to help address those challenges?
 - o What tools could help you address those challenges?
16. What challenges would you anticipate regarding referring young men to services? E.g, not being familiar with where to refer them? time limitations? Leadership approval? Other?
 - o How do you think a training could help address those challenges? What should that training include to help address those challenges?
 - o What tools could help you address those challenges?

17. Please pull up the draft training outline we sent you and spend a minute reviewing it.
- How would this training be helpful in improving your comfort and confidence in delivering key messages on SRH to young men and referring them to services?
 - Are there other topics or issues that we should include in the training? What is missing?
18. Do staff at your agency have access to technology to attend webinars or to take self-directed online courses during work hours?
- Yes
 - No
19. Would you be interested in participating in the pilot of the training in February?
If so, would you be available for a full-day training?
20. Please describe your most preferred types of training\ Prompts:
- Onsite trainings at your agency
 - Training for your agency at an outside location
 - Cluster training (of multiple agencies) at an outside location
 - Trainings full-day (6 hours)
 - Training half-day (4 hours)
 - Training (2 hour modules)
 - Webinar
 - Self-study online courses
 - Toolkit/reference manual
21. Do you have anything else you'd like to add that we have not already covered?

Thank you so much for your time today.

FOCUS GROUP GUIDE



TOOL: Young Men Focus Group Guide

Focus groups with young men can help you understand male clients' knowledge about the need for reproductive health services and how to obtain these services, they can enable the partners to learn about the male patient experience directly from the male clients. This information is invaluable and provides important guidance as the clinics move forward in its plan to improve communication and outreach with males and male service delivery.

The focus group usually will include 8-12 participants and the interviews are typically recorded and names are not included in the summary. The groups typically take approximately 60-90 minutes to complete.

EYM Focus Group Question Guide

Brief overview and review of the purpose of the focus group

Hello everyone. My name is _____ and I am here on behalf of Gaston County Department of Health and Gaston Family Health to help facilitate this focus group about understanding young men's needs for reproductive and sexual health services.

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

We appreciate you taking time to join this discussion. Please help yourself to drinks and snacks at any time. And to thank you, we will also be giving everyone a gift card before you leave today.

We ask that everyone participates and please know that everything you say here today is confidential and we will not be using your name or identifying you personally in any way in any of our research. We also ask that everyone keeps what is said in the group within the group and not discuss what is said to anyone outside the group. While we can protect what you say in our data and results we cannot protect what you say from other members of the group.

We would like to tape record the discussion because it is hard for me to run the group and also remember everything that is said. The tapes will be erased after we have transcribed notes from the discussion. We won't use anyone's names in our discussion here today. And if someone accidentally mentions your name, whoever transcribes the tape recordings will delete your name from the notes. In our research study we may reference a comment you made such as "he said that he didn't like to use condoms," but your name will never be used and you will be identified only by a study number in any of our records. Is everyone comfortable with us tape recording?

Our talk should last about 60 minutes. There are no wrong answers to any of the questions. We are just looking for your opinions and feelings, so anything you have to say will be helpful. Although the questions are asked in a specific order, please jump in if you think of something related to an earlier subject.

Please speak one at a time so that the recorder can clearly record what you say.

Do you have any questions?

Okay then, let's get started...

Messaging (Warm-up Questions)

What resources would you use to learn about relationships and sex? (prompts:radio, TV, Internet, movies, magazines)

What have you heard about contraceptive options/birth control?

- What information about contraceptive options or birth control do you think young men need to know?
- Why do you think it would be important for young men to have this information?

What do you think it means to be healthy? What role does sexual health play in being a healthy person?

- What do you think being healthy means?
 - What does a person need to be healthy?
 - At home?
 - In your community?

Accessing Clinic Services:

First, I want to talk about your experiences accessing health care:

- When you are sick or worried about your health, who/what/where do you usually turn to for advice?
- How often do you get health care services?
 - What types of services do you receive?
 - How often do you get regular physicals?
 - How often do you seek urgent care when you are sick?
 - Where do you go to get services?
- What types of services do you think most people receive at a clinic?
 - What other services or information do you think young men should receive?
- What do you expect from your primary care doctor or clinical provider?
 - What would you like them to talk to you about?
 - Describe characteristics about a clinical provider that would make you more likely to seek out services
- What do you see as the biggest barriers to young men accessing clinical services? Why aren't some 18-19 year- olds going to clinic? (some do)

Satisfaction with Services:

Now we are going to spend a short time focusing on those of you who have accessed clinical services:

- How many of you have received clinical, counseling, or educational services at GCDH or Gaston Family?
- Tell us about your experience.
 - How comfortable were you with the services you received? (or on a scale of 1-5, 5 being very comfortable, how comfortable were you and why?)

- Probes: comfort with staff, environment (waiting room, exam room, bathrooms) health care, information available
- Ease of access: location, transportation, times
- What did you like most about your experience?
- What concerns do you have about your experience at the clinic?

Effective messaging:

We heard a while ago about the barriers that stop young men from thinking about getting help/information about sex and birth control from a clinic (list them)...Let's spend some time talking about how we could encourage young men to access clinical services including sexual healthcare and pregnancy prevention information.

- What do you think are the best ways to reach out and get young men to access clinical services?
- What are the best formats to provide information about reproductive health, pregnancy prevention, or clinical services to young men?
- What messages do young men receive in the community about preventive care that contribute to not seeking care?
- What messages should be used to encourage young men around:
 - Accessing clinic services
 - Reproductive health
 - Pregnancy prevention
- Who are the specific organizations/people you would trust to provide accurate information?
- For those young men who don't go to the clinic, where else in the community could information about reproductive health and pregnancy prevention be shared?
- What should we be doing for young men to support them to prevent pregnancy/premature fatherhood?

Involvement of young men in pregnancy prevention:

Now let's talk about what involvement young men should have in reproductive health and pregnancy prevention. (Define reproductive health)

- Tell us about any clinical, counseling, or educational services you have received related to reproductive health and pregnancy prevention
Probes: where, who provided it, what was the situation, did you seek it out?
- Why do you think it is important to talk about fatherhood intention with young men?
- In what ways do you think young men should be involved in teen pregnancy prevention?
- What messages do males share with female partners about contraceptives and delaying pregnancy?

Closing Question:

Do you have anything else you would like to add that has not been covered?

Thank you for sharing your thoughts and taking the time to participate.