

**Renee Marshall:** WELCOME. I'M THE TRAINING MANAGER WITH CARDEA AND I'M THE HOST FOR TODAY'S WEBINAR.

THIS IS SPONSORED BY CARDEA THE TITLE TEN FUNDED THROUGH THE DEPARTMENT OF U.S. HEALTH AND HUMAN SERVICES AND OFFICE OF POPULATION AFFAIRS.

HERE ARE THE LEARNING OBJECTIVES

AND UPON COMPLETION OF THE WEBINAR YOU CAN DESCRIBE THE HEALTHCARE NEEDS OF MALES 12-26, IDENTIFY THE RESOURCES AVAILABLE TO ASSIST IN DELIVERING THE HEALTHCARE TO THIS POPULATION AND IDENTIFY WAYS THAT THE RESOURCES FOR THE CARE OF YOUNG MEN INTEGRATED INTO THE PROFESSIONAL PRACTICE IN THE CLINICAL SETTING.

WE HAVE GREAT SPEAKERS HERE TODAY AND DAVID JOHNSON FROM THE OFFICE OF FAMILY PLANNING AT OFFICE OF POPULATION AFFAIRS.

DAVID, OVER TO YOU.

**David Johnson:** THANK YOU.

IT IS MY PLEASURE TO INTRODUCE THE TWO SPEAKERS FOR TODAY.

I HAVE WORKED WITH THEM FOR SEVERAL YEARS AND SUPPORTING THE EFFORTS THAT THEY ARE TALKING ABOUT TODAY.

THE OFFICE OF FAMILY PLANNING IS PROMOTING TO TRY FIND BETTER WAYS TO ADDRESS THE HEALTH OF YOUNG MEN AS WELL AS MEN OF ALL AGES RELATED TO SEXUAL AND REPRODUCTIVE HEALTH.

TODAY IS GREAT TOPIC THE EXPAND THE KNOWLEDGE AS WELL AS HONE THE SKILLS RELATED TO PROVIDING THE SERVICES TO YOUNG MEN.

DENNIS BARBOUR IS AN ATTORNEY WITH 30 YEARS OF EXPERIENCE IN THE NONPROFITS AND SERVED AS CEO TO INTERNATIONAL ORGANIZATIONS IN THE FIELD OF PRIMARY CARE, DERMATOLOGY AND REPRODUCTIVE HEALTH, HIV, ADDICTION, AND END OF LIFE CARE.

THE SECOND SPEAKER IS DR. DAVID BELL AND FAMILY PLANNING PROGRAM AT NEW YORK HOSPITAL. HE'S A VERY STRONG ADVOCATE FOR THE RIGHT OF YOUNG MEN TO HAVE QUALITY SERVICES THAT ADDRESS THE ISSUES RELEVANT TO ADOLESCENT AND YOUNG MEN, INCLUDING THE REPRODUCTIVE HEALTH.

HE'S RECEIVED A NUMBER OF HONORS, THE TOP DOCTORS, NEW YORK METRO AREA, AND M NBC MENTOR OF THE YEAR, NEW YORK PUBLIC POSITION OF THE YEAR. DR. BELL IS FEATURED BET, CBS, NPR.

SO I WOULD LIKE TO TURN IT OVER TO MR. BARBOUR.

**Dennis Barbour:** THANK YOU, DAVID.

AS DAVID SAID I'M THE EXECUTIVE DIRECTOR OF THE PARTNERSHIP FOR MALE YOUTH. MY PRINCIPLE PROFESSIONAL ROLE IS SERVING AS A CEO FOR HEALTH RELATED ORGANIZATIONS AND ORGANIZATIONS THAT REPRESENT HEALTHCARE PROVIDERS AN IMPORTANT PART OF THE WORK IS

NEW PROGRAM DEVELOPMENT, ESPECIALLY IN AREAS OF NEED AND HENCE, MY WORK WITH THE PARTNERSHIP AND FOCUSED ON THE NEED OF ADOLESCENT AND YOUNG ADULT MALE HEALTH.

I SHOULD SAY FOR THE PURPOSES OF THE WORK AYA MALES IS 12-26. WITH THAT SAID, IT IS IMPORTANT TO KEEP IN MIND THAT THE HEALTH NEEDS OF YOUNG MALES IS DIFFERENT. BECAUSE OF THE WORK WE HAVE DONE IN THE AREA IS GLOBAL, IT IS EXAMINING THE HEALTH NEEDS OF THE ENTIRE AGE RANGE, WE HAVE WORK TO DO IN FOCUSED ON THE SPECIFIC NEEDS OF THE AYA MALES IN A SUB DIVIDED NEED, FOR 18-22, VERSUS AGING 22-26.

I'M HERE TODAY TO DISCUSS TWO SUBJECTS THE CLINICAL RESOURCES FOR HEALTHCARE PROVIDERS WHO ARE OR WOULD LIKE TO SEE AYA MALES AND SECOND THE INDIVIDUALS AND ORGANIZATIONS THAT BROUGHT THAT RESOURCE TO FRUITION AND WHO ARE NOW CONSTITUTED AS A PARTNERSHIP FOR THE MALE YOUTH.

I HAVE A TOOL KIT. THE TOOL KIT IS GROUNDBREAKING IN THAT IT IS BROAD IN SCOPE. IT IS A SCIENTIFIC ON A RANGE OF THE ISSUES. ASSEMBLED IN ONE PLACE. AS GROUNDBREAKING AS IT IS, HOWEVER, IT IS A START ON THE EFFORTS THAT NEED TO TAKE PLACE OVER A NUMBER OF THE YEARS AND EFFORT IS FIVE COMPONENTS.

IDENTIFYING WHERE THE MALES INTERACT WITH THE HEALTHCARE SYSTEM AND THE POINTS OF ACCESS, NUMBER TWO, IDENTIFY AND SUPPORT THE TYPES OF HEALTHCARE PROVIDERS WHO COULD DELIVER CARE TO AYA MALES AND SCHOOL NURSES OR PRIMARY CARE PHYSICIANS AND THREE, ENGAGE THE HEALTHCARE PROVIDERS IN TRAINING AND THE IMPORTANCE OF THE WORK. AND NUMBER FOUR, AYA MALE AND PARENT TEACHER ENGAGEMENT. THIS IS THE MOST IMPORTANT PART OF THE WORK WE ARE DOING. ENGAGE THE MALES IN THEIR OWN HEALTHCARE.

AND FINALLY LOOKING AT THE RESEARCH AGENDA AND GAPS IN THE SKILLS AND FILLING THEM IN.

WHAT IS THE PARTNERSHIP? THE PARTNERSHIP IS 22 HEALTH ORGANIZATIONS AND REPRESENTATIONS FROM SIX FEDERAL AGENCIES.

IT IS IMPORTANT TO POINT OUT THAT THE PARTNERSHIP EMERGED FROM THE LAUNCH OF THE TOOL KIT AND BROAD RANGE OF PROVIDERS AND ORGANIZATIONS THAT WENT ON TO FORM TO CORE OF THE PARTNERSHIP.

SINCE THE LAUNCH IN JANUARY, A NUMBER OF ORGANIZATIONS HAVE JOINED ON AND MORE ARE JOINING AS WE MOVE FORWARD.

SO WHO IS IN THE PARTNERSHIP? I DON'T EXPECT YOU TO MEMORIZE THE SLIDE. THERE IS A SENSE OF THE BREADTH OF THE MEMBERS. THIS IS A BROAD RANGE. IT RANGES FROM HQR AND TO THE CDC.

SO WHY ARE WE FOCUSING ON THE AYA MALES AND WHAT MAKES THEM DIFFERENT? THEY ARE AT HIGHER RISK FOR A RANGE OF THE HEALTH ISSUES AND FOUR MORE TIMES LIKELY TO DIE OF HOMICIDES AND SUICIDE AND UNINTENDED INJURIES AND ENGAGE IN SUBSTANCE ABUSE, AND ADHD DIAGNOSIS AND MORE LIKELY TO HAVE ANXIETY AND DEPRESSIVE DISORDERS. ALSO, COMPARED TO FEMALES, AYA MALES ARE LESS LIKELY TO HAVE A USUAL SOURCE OF HEALTHCARE, HAVE HAD EMERGENCY DEPARTMENT VISITS IN THE LAST 12 MONTHS.

TALKING TO PEOPLE ABOUT THE PROGRAM AND WHY WE ARE DOING IT, PEOPLE ASK WHAT IS THE ESSENTIAL REASON THAT MALES ARE NOT RECEIVING HEALTHCARE. AND FROM MY PERSPECTIVE, THIS IS THE PRIMARY REASON, THEY DON'T GET PREGNANT AND AS A RESULT OF THAT, THEY HAVE LESS OF A NEED TO CONTINUE THE HEALTHCARE.

FEMALES ON THE OTHER HAND AND BY AND LARGE HAVE A CONTINUUM OF CARE THROUGH THE DOCTOR INITIALLY FOR CONTRACEPTION. THE DOCTORS SERVE AS A GATE KEEPER. THE PLACES WHERE THE MALES RECEIVE THE CARE DON'T PROVIDE THE CONTINUOUS CARE.

SO WHEN WE STARTED THIS PROCESS OF PUTTING TOGETHER THE TOOL KIT, WE DID BASIC RESEARCH AND THAT IS WE INTERVIEWED ABOUT 150 LEADERS IN VARIOUS DISCIPLINES AND SPECIALTIES IN MEDICINE THAT HAD BEEN DOING WORK IN ADOLESCENT HEALTHCARE AND WHO HAD AN INTEREST IN MALE HEALTHCARE.

SO THE FIRST THING WE DID WAS DEVELOP A NETWORK OF WHO IS PROVIDING THE CARE. WE SPOKE WITH A VARIETY OF SPECIALTIES, LIKE I SAID, AND FROM THERE WE PULLED THE NETWORK OUT OF OTHER SPECIALTIES AND OTHER DISCIPLINES AND TRYING TO GET OUR HANDS AROUND WHO IS DOING THIS AND WHO HAS AN INTEREST IN DOING THIS.

NEXT PART OF THE PROCESS IS ASKING WHETHER OR NOT THEY FELT THAT UNDER TAKING THE COMPREHENSIVE APPROACH TO THE DEFINING THE NEEDS OF THE ADOLESCENCE'S HEALTHCARE WAS AN AVAILABLE EXERCISE. SOP WITH THAT AS THE FOUNDATION AND THE RATIONAL WE PROCEEDED TO DEVELOP THE TOOL KIT AND THE TOOL KIT WAS -- STEERING COMMITTEE AND THE ADVISORY BOARD PUTTING THIS TOGETHER WAS CLINICIANS IN THE FIELDS OF THE MENTAL, SUBSTANCE, PRIMARY CARE, PREVENTIVE AND UROLOGY AND YOU CAN SEE IT IS A BROAD GROUP.

SO THIS IS THE TOOL KIT.

FIRST OF ALL, IT IS COVERING NINE HEALTH DOMAINS, PHYSICAL ACTIVITY, SEXUAL HEALTH, A TRAUMA, SUBSTANCE ABUSE, MENTAL HEALTH, DEVELOPMENTAL DISORDERS, SEXUAL LIE LOGIC BASICS AND LABS AND IMMUNIZATIONS.

IN TERMS OF CONTENT, THERE ARE FOUR TYPES OF MATERIALS FOR EACH

DOMAIN. AND THEY ARE THE -- THERE ARE FOUR TYPES OF MATERIALS.

THE FIRST IS A CHECKLIST.

THE SECOND IS A COMPILATION OF THE PATIENT INTERVIEW QUESTIONS FOR EACH DOMAIN

THE THIRD IS SUPPORTING MATERIALS FOR EACH DOMAIN

THE 4TH IS A VIDEO LIBRARY IN PATIENT EDUCATION AND MATERIALS.

BECAUSE YOU ALREADY ARE FAMILIAR WITH THE SEXUALLY REPRODUCTIVE HEALTH ISSUES, WE'LL GO THROUGH THE MENTAL HEALTH AREA.

AS YOU CAN SEE IN MENTAL HEALTH, THERE ARE A NUMBER OF SUB DOMAINS.

ADHD, BIPOLAR, ANXIETY, IMPULSE CONTROL AND CONDUCT DISORDERS AND SUICIDE BEHAVIORS.

WE ARE FOCUSED ON ANXIETY DISORDERS FOR AN EXAMPLE. WHEN YOU GO TO THE SECTION YOU FIND THE -- THERE'S A LOT OF MATERIAL IN EACH OF THE SECTIONS. WE WENT THROUGH AND WE DISTILLED THEM TO THE KEY POINTS.

THESE ARE THE THINGS THAT ARE IMPORTANT TO KNOW.

YOU CAN SEE THE KEY POINTS HERE.

THE SECOND QUESTIONS. WE PUT TOGETHER THE QUESTIONS YOU CAN USE IN THE CLINICAL ENCOUNTER, FOR EXAMPLE, ANXIETY DISORDERS, DO YOU WORRY A LOT, IS IT HARD TO CONTROL, DO YOU HAVE INTENSE FEAR AND SO ON AND SO FORTH.

THE NEXT SECTION IS AN OVERVIEW. THIS IS WHERE MOST OF THE INFORMATION IS.

NOW, LET'S LOOK AT THE LAST TWO SECTIONS.

THIS IS ANXIETY. THESE ARE ALL OF THE TOOLS AND RESOURCES THAT WE FOUND IN THE WORK RELATED TO ANXIETY DISORDERS, PARTICULARLY IN YOUNG ADULT MALES AND THEN FINALLY, UNDER REFERENCES, THIS IS A SECTION THAT IF YOU WANT TO DRILL DOWN YOU CAN READ MORE ABOUT EACH OF THESE. EACH OF THE NINE DOMAINS BASICALLY HAS ALL OF THESE COMPONENTS.

AS I SAID BEFORE, A LOT OF MATERIAL HERE. IN ADDITION TO THAT, TOOL KIT HAS A CHECKLIST, A MALE HEALTH CHECKLIST AND GO TO EACH OF THE SECTIONS AND THERE ARE LINKS WITHIN THE CHECKLIST FOR EACH OF THE SECTIONS.

ONE OF THE THINGS THAT IS VERY POPULAR IS A VIDEO LIBRARY. THESE ARE PATIENT AND PROVIDER EDUCATION VIDEOS THAT WE HAVE FOUND THAT RELATE TO SPECIFIC TOPICS. FOR EXAMPLE, AGAIN, GOING TO HEALTHY EATING HERE. THESE ARE VIDEOS THAT WERE PREPARED FOR THE PROVIDERS AND BELOW FOR THE PATIENTS AND WE ARE CONTINUING TO ADD TO THIS. AS I SAID, IT IS A VERY POPULAR PART OF THE KIT.

SO THAT'S THE TOOL KIT.

THE NUMBER OF RESOURCES THAT ARE IN DEVELOPMENT RIGHT NOW AND DERIVED FROM THE TOOL KIT AND INCLUDE AN APP, IT IS NOW ALREADY AVAILABLE FOR ANDROID AND IOS AT GOOGLE PLAY AND ITUNES AND A MINI VERSION OF WHAT WE WALKED THROUGH AND ACCESSIBLE FOR THE CLINICAL SETTING.

THE THIRD IS PILOT TESTING THE TOOL KIT. FOR EXAMPLE WE ARE WORKING WITH THE STATE OF MASSACHUSETTS TO DEVELOP THE MODELS FOR THE 34 SCHOOL BASED HEALTH CLINICS AND IMPLEMENTING PARTS OF THE TOOL KIT AND WE ARE UPDATING THE TOOL KIT AS I MENTIONED BEFORE. WE ARE WORKING WITH PARTNER ORGANIZATIONS COMPOSED OF HEALTHCARE PROVIDERS TO DEVELOP IN PERSON AN ELECTRONIC TRAINING METHOD TO MEET THE NEEDS AS IDENTIFIED ABOVE AND MODELS FOR REPLICATION.

WE ARE CONDUCTS GROUPS OF AYA MALES THEMSELVES AND DETERMINING THE KNOWLEDGE AND WAYS TO ENGAGE THEM IN PROMOTING THEIR HEALTH AND SEEKING CARE.

FINALLY WE ARE WORKING TO IDENTIFY EXISTING AND POTENTIAL REIMBURSEMENT MECHANISMS AND THIS IS IMPORTANT, IF WE DON'T HAVE THE REIMBURSEMENT IT IS UNLIKELY NOT TO BE DONE.

THANK YOU VERY MUCH.

THAT'S THE END OF MY SECTION.

**David Bell:** WELCOME, AND THANK YOU FOR ATTENDING THIS WEBINAR.

SO I'M DR. BELL AND I WILL TALK ABOUT ENGAGING MALES INTO CARE. AND ALSO SOME WHAT ABOUT HOW TO USE THE TOOL KIT IN CLINICAL CARE AS WELL AS ENGAGING OVERALL ENGAGING MALES INTO CARE.

SO AT A RECENT CONFERENCE IN PREPARING FOR THE CONFERENCE, I ASKED THE GROUP FOR BARRIERS FOR THE MEN TO ENTERING THE HEALTHCARE SYSTEM. AND FIVE FACILITATORS AND I MADE A WORD CLOUD OUT OF THIS AND I WANTED TO USE IT AGAIN, I GET THE SAME ANSWERS WHEN I SPEAK AT VARIOUS PLACES.

THIS IS THE SLIDE FOR THE BARRIERS AND THE WORD CLOUD AND WHAT STANDS OUT, IF YOU CAN SEE, THE MASCULINITY AND THE IDEALS AND THOUGHTS IN SOCIETY ABOUT MASCULINITY AND THE LACK OF MALES SEEKING HEALTHCARE IN THE HEALTHCARE SYSTEM. MALE ROLE MODELS PER SE. WHETHER ADULT OR IN THE GENERAL AGE GROUP.

AND THE OTHERS ARE SORT OF KNOWLEDGE ISSUES, KNOWLEDGE OF WHERE THE SERVICES ARE AND THAT IS A COMMON THING WE HEAR ABOUT WHY TEENS DON'T ACCESS SERVICES THAT THEY NEED. AND SPECIFICALLY FOR GUYS, SORT OF THINKING WHERE THEY CAN ACCESS GENDER SPECIFIC SERVICES.

THINKING OF OUR FAMILY PLANNING SERVICES, FAMILY PLANNING AS A NAME DOESN'T EVOKE THE CONCEPT THAT MALES WILL GRAVITATE TO THOSE SERVICES SO SOMETIMES WE HAVE TO DO OTHER THINGS TO SORT OF DECREASE THE BARRIER EVEN IN THE CONCEPT OF NAMING. AND THE OTHER ISSUE IS JUST STIGMA OVERALL AND THINKING ABOUT GUYS HAVE A LOT OF STIGMAS, ESPECIALLY WITH ACCESSING AND THINKING ABOUT GOING INTO HEALTH SERVICES AROUND SEXUALLY TRANSMITTED INFECTIONS AND BEING TESTED.

SO THE FACILITATORS THAT THE GROUP TALKED ABOUT WERE SORT OF THINKING ABOUT MAKING SURE THAT THE PLACE IS RESPECTFUL. KNOWING THAT THE PROVIDERS ARE KNOWLEDGEABLE. INSURANCE CAN ALSO FACILITATE AS WELL.

HAVING GREAT HOURS AND HOURS THAT ARE ACCESSIBLE FOR MALES. AS WELL AS HAVING MALE STAFF. AT LEAST NOT NECESSARILY STAFF THAT ARE THE MEDICAL PROVIDERS, BUT AT LEAST SOME VIEW OF MALE STAFF IN THE SYSTEM AND SAYING THEY ARE MALE FRIENDLY AND MALES ARE WELCOME TO SOME DEGREE.

OBVIOUSLY IN THE SMALL TOWNS OR SMALL AGENCIES WHERE THERE IS NOT A POSSIBILITY FOR A MALE, JUST MAKING SURE THAT THE PROGRAM IS MALE FRIENDLY OVERALL IS THE MOST IMPORTANT PIECE.

SO WANTING TO THINK ABOUT ENGAGING MALES AND SORT OF AFTER SEVERAL IT RATIONS OF SORT OF THIS TALK GENERATE ADD NUMBER OF YEARS AGO ALONG WITH DAVID JOHNSON AND AMANDA AND ANOTHER DAVID JOHNSON OUT OF MICHIGAN, WE DID A TALK AT ONE OF THE CDC CONFERENCES AND THE COMBINED TALKS SUMMARIZING ABOUT ENGAGING THE MALES INTO THREE COMPONENTS.

ONE IS CREATING THE PROGRAM, NAMING THE PROGRAM AND THEN MARKETING THE PROGRAM.

SO IF WE BREAK DOWN THE CONCEPT OF CREATION OF THE PROGRAM, I WANT TO -- THERE ARE FIVE COMPONENTS WITHIN THIS CONCEPT. SORT OF INVOLVING MALES IN THE CREATION IS EXTREMELY IMPORTANT. MATCHING THE SERVICES TO THE NEEDS OF THE TARGET GROUP. CREATING GUIDELINES AND PROTOCOLS AND CREATING A WELCOMING ENVIRONMENT AND STAFF TRAINING AND SUPERVISION.

THINKING ABOUT STAFF TRAINING, IT DOES INCLUDE THE GUIDELINES TRAINING ON THE GUIDELINES AND BEST PRACTICES, APPROACHES TO WORKING WITH MALES OVERALL AND SKILLS.

WE ALL SORT OF HAVE ATTENDED WORKSHOPS ON DOING GENITAL EXAMS, MORE THAN LIKELY IF YOU ARE ON THIS WEBINAR AND SO TRYING TO INCREASE THE SKILLS AT GETTING BETTER IN RECOGNIZING THE GENITAL ISSUES AND SEXUAL AND REPRODUCTIVE HEALTH ISSUES OR GENERAL HEALTH ISSUES OVERALL FOR MALES.

SO IF WE TAKE THE GUIDELINES OVERALL, I WANT TO HIGH LIGHT TWO THINGS. ONE IS THE MALE HEALTH TOOL KIT THAT WE ARE TALKING ABOUT TODAY AND ALSO THE LAST WEBINAR THAT CARDEA SPONSORED WHICH WERE THE TITLE TEN MALE SPECIFIC GUIDELINES LED BY DR. ARICK MARCELL AND THEY ARE TITLE TEN SPECIFIC MALE RECOMMENDATIONS.

I WOULD WANT TO SAY THAT BOTH OF TOOL KIT AND THE MALE RECOMMENDATIONS CAN BE USED TOGETHER. PARTICULARLY BY THOSE PROVIDERS WHO ARE NOVICE TO SEEING MALES AND THE RECOMMENDATIONS ARE TELLING YOU WHAT SHOULD BE COVERED IN THE TITLE TEN VISIT. THE TOOL KIT IS BROADER. IT IS EVOLVING AS A RESOURCE. IT IS NOT A TEXTBOOK PER SE, BUT IT IS A RESOURCE THAT EVOLVES WITH THE LATEST KNOWLEDGE AND UPDATES WHETHER IT IS VIDEOS OR OTHER ARTICLES THAT ARE RELEVANT TO MALES AND WE HOPE THAT IT BE THE SORT OF GO-TO PLACE FOR MANY DIFFERENT ASPECTS OF MALE HEALTH, PARTICULARLY ADOLESCENT AND YOUNG ADULT MALES.

THE TOOL KIT OFFERS SUGGESTIONS FOR THE RECOMMENDATIONS, AND INCLUDING THE POSSIBLE WORDING OF QUESTIONS AND VIDEOS AND OFFERING HISTORY TAKING AND AS WELL AS VIDEOS THAT MIGHT INCREASE THE MALE FRIENDLINESS IN YOUR WAITING ROOM BY SHOWING THE VIDEOS OVERALL.

SO WHAT I WOULD LIKE TO HIGHLIGHT AS WELL, THINK OF WHAT WE HAVE TO TRULY OFFER TO THE YOUNG MEN AS TANGIBLES IN THE SEXUAL AND REPRODUCTIVE HEALTH REALM. TESTING AND SCREENING AND TESTING FOR STD'S IN THE VENUES AND ONE LIKE WOMEN THAT HAVE A NUMBER OF MORE OPPORTUNITIES TO ACCESS CARE FOR BIRTH CONTROL OR PREGNANCY TESTS BECAUSE OF MISSED A PERIOD, MALES REALLY ARE DESPITE BEING RESPONSIBLE FOR COMING IN FOR TESTING AND SCREENING FOR STD'S, THEIR EFFORTS ARE LADENED WITH A STIGMA AND I WANT TO SPEAK TO TWO APPROACHES THAT DETERMINES WHETHER THE GUYS CONTINUE TO SEE US OR RETURN TO SEE US.

ONE APPROACH IS A STRENGTH BASED APPROACH AND THE OTHER IS TRAUMA BASED APPROACH. IF YOU THINK ABOUT THE STRENGTH BASED APPROACH, WHAT IS IT? WE THINK ABOUT THE RISK AS A CULTURE, U.S. CULTURE WE TEND TO GRAVITATE TO RISKY BEHAVIORS AND WHAT THE INDIVIDUALS ARE DOING. STRENGTH BASED APPROACH IS DIFFERENT. ALTHOUGH IT IS NOT IGNORANT OF RISKS, BUT APPROACHING THE CONTEXT OF AN I DON'T THINK MAN OR WOMEN, PARTICULARLY AS WE SPEAK TODAY, ABOUT THE YOUNG MEN AND THEIR STRENGTHS AND PROMOTING THEIR STRENGTHS AND RESPECT.

AND IT IS FOCUSED ON WHO THEY ARE AND WHAT THEY HOPE TO ACCOMPLISH IN THEIR FUTURE. THE TRAUMA BASED APPROACH. SO WHAT IS TRAUMA INFORMED CARE? IT IS USED IN OTHER AREAS, PARTICULARLY IN WOMEN'S HEALTHCARE, PARTICULARLY I WANT TO SAY DOMESTIC ABUSE, BUT JOHN RICH, MD AND PUBLIC HEALTH ADVOCATE IN DREXEL UNIVERSITY, HE'S THE DEAN OF THE PUBLIC HEALTH SCHOOL THERE, HE'S TAILORED THE TRAUMA INFORMED APPROACH TO WORK WITH MALES, BASICALLY IN A PROGRAM ABOUT TRAUMA INFORMED CARE, TRAUMA OR EXPERIENCES THAT ARE EMOTIONAL PAINFUL AND DEPRESSING AND CREATING A POWERLESS THAT THE PERSON EXPERIENCES AND THAT IS THE PRIMARY TRAIT OF TRAUMATIZATION.

TRAUMA IN MANY WAYS IS SUBTLE AND INSIDIOUS. IT DOESN'T HAVE TO BE OUTSIDE OF THE EVERY DAY EXPERIENCES. IT CAN BE CHRONIC. AND IN MANY CASES FOR YOUNG MEN IN OUR CULTURE IT CAN BE AN EVERY DAY EXPERIENCE AND SUBTLE.

EVEN PARTICULARLY OUR GENDER NORMS AND MASCULINITY CAN BE TRAUMATIZING, ESPECIALLY WITH REINFORCEMENT OF BEING STOIC EMOTIONALLY AND INDEPENDENCE THAT CREATES ISOLATION. ONLY BEING BASED ON STRENGTH, ALL THOUGH STRENGTH IS A POSITIVE. AND STRENGTH CAN BE A POSITIVE IN THE CONCEPT OF RELATIONSHIPS AT TIMES.

AND THEN OVERRELIANCE ON SELF-RELIANCE AS A TRAIT OF MASCULINITY IN THE CULTURE IS SOMETIMES CAN BE TRAUMATIZING. SO AS A PROGRAM, WE SHOULD THINK ABOUT HOW WE EITHER AUGMENT TRAUMA WITH OUR PATIENTS OR SORT OF MINIMIZE OR ELIMINATE TRAUMA IN OUR SETTINGS.

I WANT TO GIVE YOU AN EXAMPLE OF A PATIENT I HAD A NUMBER OF MONTHS AGO AND I HAD PRESCRIBED HIM MEDICATIONS AND HE DID NOT HAVE INSURANCE AND WENT TO A LOCAL TARGET THAT HAS LOW COST MEDICATIONS IN GENERAL.

WHEN HE CAME BACK TO ME BECAUSE FOR SOME REASON THE COST OF THE MEDICINE ENDED UP BEING PROHIBITIVE, THE SPECIFIC MEDICINE, ALL THOUGH I HEARD GUYS GETTING IT FOR A LOWER COST.

HOWEVER, THE POINT OF BRINGING THE STORY UP IS THAT WHILE HE WAS ASKING AND SORT OF THINKING ABOUT, ASKING ABOUT THE MEDICATIONS, THE PHARMACY REPRESENTATIVES BASICALLY SAID, YOU KNOW, SO YOU DON'T HAVE INSURANCE, DO YOU? AND HE BASICALLY HE GOT SO ANGRY THAT IN A SENSE IT REMINDED HIM OF WAYS THAT PEOPLE TREATED HIM IN OTHER SETTINGS THAT HE LEFT SO THAT HE WOULDN'T STRIKE OUT AGAINST IN ANGER AND CAME BACK AND SPOKE WITH ME.

AND SO I BRING THAT STORY UP TO THINK ABOUT THE SUBTLE WAYS TO REINFORCE TRAUMA IN OUR SETTINGS AND TRYING TO MAKE SURE FROM THE FRONT DESK STAFF ON BACK IN THE STAFF TRAININGS THAT WE UNDERSTAND HOW TO BE MALE FRIENDLY, PATIENT FRIENDLY AND SUPPORTIVE AT ALL TIMES.

SO WHAT ARE THE KEY ISSUES FOR TRAUMA INFORMED CARE?

SAFETY, TRUSTWORTHINESS AND TRANSPARENCY AND BEING SUPPORTIVE, CREATING AND MUTUAL RELATIONSHIP AND ENVIRONMENT AND EMPOWERING YOUNG PEOPLE IN A SENSE TO BE BETTER AND SUPPORT THEM AND UNDERSTAND THAT THEY CAN BE BETTER AND HELP THEM HAVE THAT VIEWPOINT ABOUT THEMSELVES.

OVER THE CONNECTION CAN BE IMPORTANT AND CAN BE THE MOST PROTECTIVE FACTOR FOR THE YOUNG THAT EXPERIENCED TRAUMA AND PROTECTIVE FACTOR CAN BE US, AT LEAST ONE CARING ADULT. SO I WANT TO TRANSITION TO THINKING ONE OF THE LAST COMPONENTS. I ACTUALLY PUT IN THIS BASED ON FEEDBACK THAT AT THE WEBINAR OR ON THE WEBINAR OCTOBER 3RD, A NUMBER OF THE QUESTIONS HAD TO DO WITH ALL WELL AND GOOD WE HAVE THE GUIDELINES WHEN THE GUY IS IN THE CLINIC, BUT HOW DO WE GET THEM TO THE CLINIC AND KEEP THEM COMING TO THE CLINIC.

SO I WANTED TO SPEAK TO TWO NOTIONS ABOUT MARKETING IN A SENSE, MARKETING OUR SERVICES FOR MEN. AND THEY BASICALLY BOIL DOWN IN A SENSE TO TWO CONCEPTS IN-REACH AND OUTREACH AND IN-REACH IS USING THE PATIENTS THAT WE ALREADY HAVE, AND SO THE FEMALES IN THE FAMILY PLANNING CLINICS, TELLING THEM ABOUT THEM, AND THIS IS WHERE THEIR PARTNERS AND COUSINS AND BROTHERS, BOYFRIENDS OR FRIENDS THAT ARE MALES CAN COME TO RECEIVE SERVICES.

AND THAT CAN BE AN ENORMOUS AND FIRST STEP TOWARD ENGAGING IN MORE YOUNG MEN THAN WE CAN. IT IS PROBABLE THAT MANY OF YOU HAVE HEARD THIS ALREADY. IT IS THE MOST POWERFUL WAY OF GETTING THE YOUNG MEN IN THE DOOR.

THE OTHER STRATEGY AND I SOMETIMES HESITATE WITH THE WORD MARKETING, IT IS SUCH A BUSINESS WORD. I SORT OF SHUN AT TIMES, BUT SO THINKING ABOUT OUTREACH, I WANT TO SORT OF HIGH LIGHT SOME OF THE WORK THAT DR. BRUCE ARMSTRONG HAS DONE IN THE PAST. AND STILL IS CONTINUING TO DO IT.

WE NEED TO THINK ABOUT THE COMMUNITY, ABOUT THE ORGANIZATIONS IN THE COMMUNITIES THAT MALES GO TO. AND DR. BRUCE ARMSTRONG IS THE FOUNDER OF THE YOUNG MEN'S CLINIC AND EXPANDED THE NOTION OF COMMUNITY BASED OUTREACH, INCLUDING GOING TO WORK FORCE DEVELOPMENT PROGRAMS AND MAKING SURE THAT THE HIGH SCHOOLS AND COACHES KNOW ABOUT OUR SERVICES AND IN CASE THEY HEAR ABOUT YOUNG MEN THAT ARE IN NEED OF OUR SERVICES, WHETHER IT IS SPECIFICALLY FOR SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS OR A NEED THAT WE CAN MEET.

THE OTHER VERY UNIQUE SORT OF OUTREACH THAT DR. ARMSTRONG HAS STARTED AND CONTINUED IS WORKING WITH THE COMMUNITY COLLEGES. ACTUALLY GETTING YOUNG ADULT MALES TO BE AMBASSADORS AT THE COMMUNITY COLLEGES TO TELL THEIR STUDENTS, THEIR FELLOW STUDENTS ABOUT OUR SERVICES AND IF YOU HAVE COMMUNITY COLLEGES IN YOUR COMMUNITY THAT CAN BE A GREAT TO ENGAGE YOUNG MEN IN THE KNOWLEDGE ABOUT WHERE THE SERVICES ARE AND WHAT SERVICES YOU PROVIDE.

WE HAVE OBVIOUSLY OUR NEW YORK CITY DEPARTMENT OF HEALTH IS A ROBUST ENTITY, BUT WE HAVE A TEEN APP ADDRESSING THE CONCEPT THAT HELPS THE TEENS UNDERSTAND WHERE SERVICES ARE THAT ARE TEEN FRIENDLY AND CONFIDENTIAL, THAT YOU HAVE TO SORT OF WORK WITH THE CRITERIA IN ORDER TO BE ON THE APP AND IN THE BOOKLET AND IS A REALLY IMPORTANT WAY TO HELP THE TEENS TO UNDERSTAND WHERE TO GO IN OUR COMMUNITY AND IT MIGHT WORK WITH THE DEPARTMENT OF HEALTH IN YOUR COMMUNITY TO ALSO MAKE SURE THAT TEENS KNOW THAT YOU ARE THE SPOT TO GO TO.

THE OTHER SORT OF VERY INNOVATIVE APPROACH THAT DR. ARMSTRONG IS ENGAGING IS WORKING WITH THE RE-INCARCERATION EFFORTS IN THE COMMUNITY.



WE MET WITH THE FEDERAL JUDGES AND SORT OF THE WORKERS IN THE JUDGE'S COMMUNITY AND THE COURTS TO WORK WITH YOUNG MEN ON PROBATION, TELL THEM ABOUT AND TALK WITH THEM ABOUT SEXUAL AND REPRODUCTIVE HEALTH AND HELP THEM UNDERSTAND WHERE THE SERVICES ARE AND ENGAGE THEM AND ENCOURAGE THEM TO ATTEND AND MANY DO, SO IT IS AN IMPORTANT OUTREACH TO CREATE A SPACE WHERE THESE YOUNG MEN THOUGH THEY CAN GO WHEN RE-ENTERING THEIR COMMUNITIES.

SO OVERALL, I WOULD LIKE TO SORT OF STOP HERE AND I HOPEFULLY HAVE TOLD YOU HOW TO ENGAGE THE TOOL KIT, REFERENCED THE WEBINAR ABOUT THE TITLE TEN MALE SPECIFIC GUIDELINES AS WELL AS TALKED ABOUT OVERALL APPROACHES TO WHEN WE EVEN TAKE THAT INFORMATION, HOW WE WORK WITH YOUNG MEN SO THEY DO STAY.

THIS IS EITHER BOTH INSIDE AND OUTSIDE OF OUR OFFICE PRACTICES AND ENGAGING THEM IN-REACH AND OUTREACH AND MARKETING FOR OUR SERVICES.

SO I WILL OPEN IT UP OR TURN IT OVER TO QUESTIONS.

**Renee Marshall:** GREAT, THANK YOU, DR. BELL.

AT THIS TIME, YES, WE ARE OPENING IT UP FOR QUESTIONS FROM THE PARTICIPANTS AND SUBMIT YOUR QUESTIONS IN A Q AND A WINDOW ON THE LOWER RIGHT SIDE OF THE SCREEN AND I DON'T SEE ANY AT THE MOMENT.

SO I JUST WANT TO ASK OUR SPEAKERS, DR. BELL AND DENNIS BARBOUR IF THERE ARE OTHER THINGS TO EXPOUND UPON OR THINGS YOU MIGHT TO ADDRESS WHILE AWAITING THE QUESTIONS, ANY QUESTIONS TO COME IN.

WHAT SPECIFIC ADVICE CAN YOU SUGGEST FOR PUBLIC HEALTH EDUCATORS AT THE STATE LEVEL?

**David Bell:** ACTUALLY, COULD YOU GIVE ME A LITTLE MORE ABOUT WHAT YOU WANT? I'M NOT SURE WHERE TO GO WITH THAT? IT IS A BROAD QUESTION.

**Renee Marshall:** IRA, IF YOU WOULD LIKE TO EXPOUND UPON WHAT YOU ARE WANTING TO SPECIFIC ADVICE ABOUT THAT.

HERE IS ANOTHER QUESTION FROM MELANIE, IS THE AYA MALE HEALTH.ORG AVAILABLE AS A RESOURCE TO ANYONE IN THE COUNTRY?

SO HERE, LET ME SEE, HAVE YOU HAVE YOU ADDRESSED THE FAITH BASED SPIRITUAL COMMUNITIES THROUGH FAITH COMMUNITY NURSE OR PARISH NURSES?

>> I'M NOT CLEAR THAT I WOULD ADDRESS THEM ANY DIFFERENTLY. I GUESS I BELIEVE EVERYONE DESERVES QUALITY AND RESPECTFUL SEXUAL AND REPRODUCTIVE HEALTH SERVICES, SO IN THAT CONTEXT MALES DO. IF THEY PRESCRIBE ONLY TO SORT ABSTINENCE ONLY MESSAGES, I DON'T KNOW IF I COULD ENGAGE THEM THAT WELL GIVEN MY PERSPECTIVE. SO THAT'S PROBABLY THE BEST I CAN DO NOR THAT ANSWER.

**Renee Marshall:** OKAY. ANOTHER QUESTION HERE, IF EITHER YOU WANT TO ADDRESS THE PROCESS, ANY PLANS TO GET INSURANCE COVERAGE FOR AYA SERVICES?

**David Bell:** MAYBE WHAT I CAN DO, I WILL REPEAT SO WE CAN MOVE FORWARD.

**Renee Marshall:** HOW DO YOU RECOMMEND GETTING THESE AYA'S INTO THE ACTUAL CLINICS. THERE ARE SUGGESTIONS AND IDEAS ON HOW TO GET THE YOUNG MEN INTO THE CLINICS, OTHER THAN WHAT YOU ALREADY COVERED.

**David Bell:** MY EXPERIENCE FROM WORKING IN THE YOUNG MEN'S CLINICS SINCE 1999, INITIALLY 50% OF OUR YOUNG MEN CAME BECAUSE OF A FEMALE PARTNER, OR A FEMALE, NOT NECESSARILY A PARTNER, IN THE FAMILY PLANNING CLINIC AND THAT FEMALE COULD HAVE BEEN A MOTHER, COULD HAVE BEEN A GRANDMOTHER, COULD HAVE BEEN A FRIEND THAT WAS A FEMALE OR THEIR GIRLFRIEND AND SO, THAT WAS THE MAJORITY OF IN-REACH, IN A SENSE, THAT GOT THE GUYS IN. THE OTHER SORT OF 25% EARLY ON WAS BECAUSE ANOTHER GUY THAT HAD GONE TO OUR CLINIC TOLD THEIR FRIENDS OR COUSIN OR SOME OTHER MALE IN THEIR CIRCLE THAT WE EXISTED AND THAT WE WERE A GOOD SERVICE.

AND SO, THE WORD OF MOUTH, THAT'S POSITIVE BETWEEN MALES AND MALES AND FEMALES AND MALES, WE SHOULD UNDER SCORE. THE OTHER SORT OF OUTREACH THAT I DIDN'T SPEAK ABOUT, CAME ABOUT THROUGH OUR APPROACHES TO THE AFFORDABLE CARE ACT AND USING PATIENT NAVIGATORS IN OUR HOSPITAL WIDE SERVICES. SO WE HAVE PATIENT NAVIGATORS IN OUR EMERGENCY ROOM AND WE HAVE MADE SPECIFIC EFFORTS THAT THEY KNOW THE YOUNG MEN IN THE AGES THAT WE SERVE ARE WELCOME IN OUR YOUNG MEN'S CLINIC AND THAT IS AN INCREDIBLE RESOURCE FOR NEW PATIENTS AND IN OUR PARTICULAR ENVIRONMENT, IT'S AN INTERESTING CONCEPT BECAUSE WE ARE NOW ABLE TO ENGAGE THESE YOUNG MEN INTO CARE AND MANY TIMES KEEP THEM OUT OF THE EMERGENCY ROOM. THEY WERE GOING THE EMERGENCY ROOMS FOR A NUMBER OF REASONS AND MANY TIMES AND SEXUAL AND REPRODUCTIVE HEALTH AND BY THE PATIENT NAVIGATOR CONNECTING THEM WITH US WE ARE DECREASING THE EMERGENCY ROOM VISITS AND THAT THE GOAL THAT MANY OF THE HEALTHCARE INSTITUTIONS HAVE.

**Dennis Barbour:** I WANT TO FOLLOW ON WITH THAT, THE ACA, THERE ARE NUMBER OF SPECIFIC BENEFITS FOR FEMALES, BUT VERY LIMITED FOR MALES. IN TERMS OF THE QUESTION, OF THE REIMBURSEMENT AND WHERE WE GO FROM HERE, THE PACKAGE OF THE CENTRAL BENEFITS IS COMING UP FOR REVIEW IN 2017 AND WE HAVE THE OPPORTUNITY WHEN THE PACKAGE IS PUT TOGETHER INCLUDING THE SPECIFIC BENEFITS FOR MALES. THAT IS THE LONG TERM ISSUE TO THE QUESTION OF REIMBURSEMENT. AT LEAST THAT'S AN OPENING.

**Renee Marshall:** GREAT. SO WE HEARD BACK FROM IRA, WHO HAD ASKED EARLIER ABOUT THE SUGGESTIONS FOR PUBLIC HEALTH EDUCATORS AND HE'S NEW TO THE FIELD AND WONDERS IF THERE ARE TIPS OR ADVISE SO SOMEONE NEW AND WANTS TO OUTREACH TO MEN IN HIS AREA?

>> AT A STATE LEVEL, THINK ABOUT THE DOCUMENTS THAT WE WRITE THAT ARE EITHER GEARED TO THE PROVIDERS OR POSSIBLY GEAR ODD TO THE CONSTITUENTS AND MAKE SURE THEY ARE POSITIVE MESSAGES AROUND EITHER MALES ENGAGING IN HEALTHCARE AND ENGAGING IN SEXUAL AND REPRODUCTIVE HEALTH. IF THERE ARE PROGRAMS THAT YOU ARE INSTITUTING, MY EXPERIENCE HAS BEEN THAT PROGRAMS THAT WANT TO INVOLVE MALES AND HAVE MALES MORE INVOLVED SHOULD HAVE MESSAGES THAT ARE RELEVANT TO MALES IN THEIR PROGRAM. ONE PARTICULAR GROUP I WAS ON THE ADVISORY BOARD WHEN I FIRST STARTED THEY SAID WE WANT TO HAVE MORE MALES SORT IN OUR PROGRAM, AND I SAID SO WHAT THEY WERE SORT OF A PEER EDUCATION PROGRAM, SO WHAT MODULES DO YOU HAVE ABOUT MALES AND THAT ARE SPEAKING SPECIFICALLY TO MALES AND CAN EDUCATION THE FEMALE PEER EDUCATORS AND LOOKING AT THE PROGRAM THEY HAD NOTHING AND

WE ARE LOOKED AT THAT TOGETHER AND NOW THEY HAVE INCREASED THE NUMBER OF MALES INVOLVED IN THE PROGRAM.

**Renee Marshall:** IF YOU COULD GIVE A REMINDER, THERE WERE A COUPLE OF QUESTIONS ABOUT THE TOOL KIT AND WHERE IT IS.

**Dennis Barbour:** THE WEBSITE -- WELL THE SLIDE THAT'S UP RIGHT NOW HAS THE WEBSITE FOR THE PARTNERSHIP AND A LINK ON THAT WEBSITE TO THE TOOL KIT. BUT THE DIRECT LINK IS AYA MALE HEALTH.ORG AND SOMEBODY ASKED BEFORE, IT IS OPEN SOURCE. IT ACCESSIBLE TO ANYONE AND THE APPS ARE FREE.

**Renee Marshall:** OKAY. GREAT. IS THERE ANYTHING ELSE? ONE LAST SHOUT OUT TO THE SPEAKERS IF THERE IS ANYTHING TO TOUCH UPON BEFORE ENDING THE SESSION TODAY?

**David Bell:** NOTHING ON MY PART. I JUST WANTED TO ACKNOWLEDGE THE MESSAGE FROM VERDA ABOUT CHECKING OUT THE FAMILY AND COMMUNITY NURSE GROUP AND I WILL. I'M OPEN TO SEE IF WE WANT TO CONNECT ABOUT PROVIDING MESSAGES, POSITIVE MESSAGES AROUND SEXUAL AND REPRODUCTIVE HEALTH TO YOUNG MEN IN THEIR COMMUNITIES.

**Renee Marshall:** WELL, WE HAVE NO MORE FURTHER COMMENTS. I WILL THANK THE PRESENTERS FOR BEING WITH US TODAY AND THANK ALL OF THE PARTICIPANTS AS WELL. FOR A RECORDING OF THE WEBINAR AND LEARNING MORE ABOUT PROVIDING QUALITY FAMILY PLANNING AND SERVICES AND TRAINING AND RESOURCES, VISIT THE FAMILY PLANNING NATIONAL WEBSITE. THE RECORDED WEBINAR AVAILABLE IN 7 DAYS.

WE WOULD LIKE TO INVITE ALL OF THE TITLE TEN PARTICIPANTS TO JOIN IN IMPLEMENTING THE MALE HEALTH SERVICES COMMUNITIES OF PRACTICE AT THE WEBSITE. THIS IS A FORUM TO SUPPORT THE TITLE TEN CLINIC ADMINISTRATORS AND OTHER IN THE EFFORTS TO IMPROVE AND INCREASE THE MALE SERVICES. WHEN YOU VISIT THE WEBSITE, CLICK ON THE COMMUNITY OF PRACTICES TO JOIN.