

# Integrating Male Services Into Family Planning Settings: Lessons from the Field

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# Webinar Objectives

Describe an Assessment and Implementation Toolkit developed for integrating male services into FP clinics

Summarize recent research on the impacts of these innovations on male family planning client volume and male family planning service provision

Discuss program and policy implications arising from study results.



# Family Planning Annual Report 2011

4,635, 195 users were female

386,516 were male (8%)

<http://www.hhs.gov/opa/pdfs/fpar-2011-national-summary.pdf>

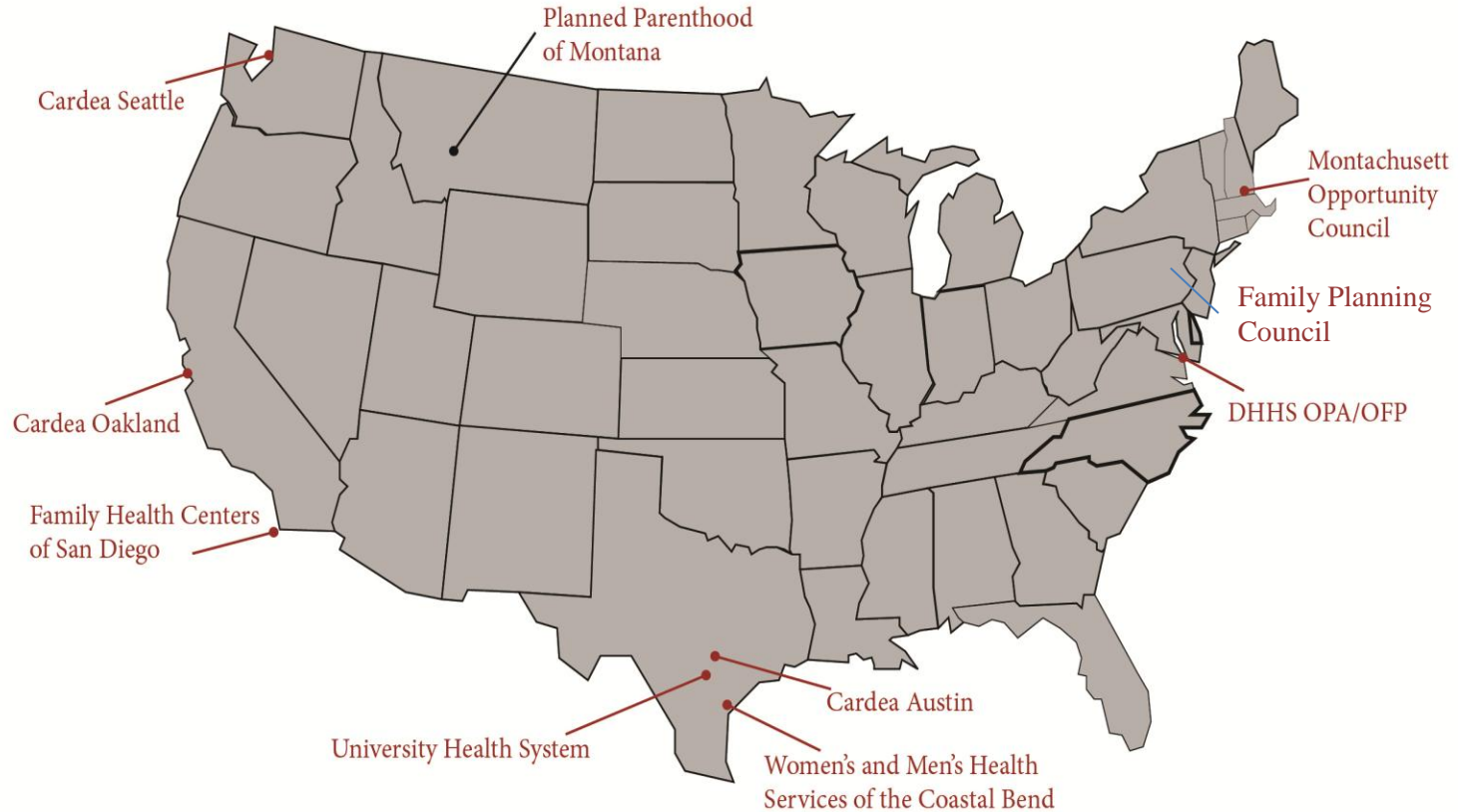


# Benefits of Integrating Male Reproductive Health into Family Planning Settings

- Men increase awareness -protect their own health
- Female partners –increased support
- Family planning clinics benefit –assessment and improvement processes
- Society –cost savings from a focus on prevention



# Male Family Planning Research Cooperative



# Range of Research Settings

Broad settings included:

- Title X stand-alone clinics
- Community health centers (e.g. FQHCs)
- Non-family planning settings (Campus-Based Student Health Services)



# Our Goal

Increase the number of males who  
accessed family planning and related  
reproductive health services in clinical  
settings



**Poll:** *What do think is the most important barrier to initiating or enhancing FP services to males?*

- Male attitudes to sexual and reproductive health care
- Staff training
- Lack of male friendly environment
- Lack of outreach
- Insufficient funding





# Male Family Planning Service Delivery Model

Restructuring the clinic  
environment

Training staff

Implementing targeted  
community outreach & in-reach



# Environmental Innovations

- Physical environment
- Protocols, policies and procedures
- Programs and services
- Staffing support
- Referral systems



# Staff Training

Who should get training?



# Training Content

- Pregnancy prevention
- Clinical training
- Cultural competence
- Outreach



# Training Success

“Training allowed us to get to underlying concerns and hesitations held by providers.”

“... having received certain amount of training has helped [staff] be more comfortable in the work they do and that has helped with any success we have had.”

“... helped to sustain the project.”

*“Training did increase buy in.”*

“It got people excited about the project.”



# Recruitment Strategies: Outreach

(ROI=Return on Investment)

**Outreach workers** interacts directly with potential clients

**Referrals** – your agency builds relationships with other agencies who promote the clinic on your behalf



# Targeted Outreach

*Targeted outreach was key. “Intentional targeted outreach helps but more general outreach did not work out that well.” “...really think about outreach and to see what is successful and what isn’t.” “Now we are actively involved with community partners who refer men to us.” We often look at traditional partners but if we think about health from a community perspective we might realize there are other partners we had not considered.*





# Outreach





# Recruitment Strategies

## Advertising:

- Radio, TV, newspapers ads
- Social media



# Outreach



# Outreach

The screenshot shows a Windows Internet Explorer browser window displaying the Montana Men's Clinic Facebook page. The browser's address bar shows the URL <http://www.facebook.com/pages/Montana-Mens-Clinic/361947770007>. The Facebook page header includes the "facebook" logo, a login form with fields for "Email" and "Password", and a "Login" button. Below the header, a "Sign Up" button is visible next to the text "Montana Men's Clinic is on Facebook". The main content area features the clinic's profile picture, a "Like" button, and a navigation menu with tabs for "Wall", "Info", "Photos", "Discussions", "Boxes", and "Notes". The "Wall" tab is selected, showing a list of posts. The first post is dated June 24 at 1:32pm and mentions a sponsorship for Downtown ToNight. The second post is dated June 11 at 3:01pm and mentions a special Men's Health promotion. The third post is dated June 11 at 8:51am and mentions a table at the Strawberry Festival. The fourth post is dated June 11 at 8:51am and mentions Men's Health Month. The left sidebar contains a description of the clinic's services, an "Information" section with the founding date (November 2009), and a section titled "232 People Like This" with profile pictures of Taylor Bedley, Chloe Ross, and Chade Severin. The Windows taskbar at the bottom shows various application icons and the system clock indicating 4:44 PM on 7/23/2010.

Montana Men's Clinic | Facebook - Windows Internet Explorer

http://www.facebook.com/pages/Montana-Mens-Clinic/361947770007

Convert Select

Favorites Web Slice Gallery Microsoft bCentral My company's internal W... Remote E-mail Access

Montana Men's Clinic | Facebook

facebook

Email Password Login

Keep me logged in Forgot your password?

Sign Up Montana Men's Clinic is on Facebook

Sign up for Facebook to connect with Montana Men's Clinic.

Montana Men's Clinic Like

Wall Info Photos Discussions Boxes Notes >>

Montana Men's Clinic + Others Montana Men's Clinic Just Others

Montana Men's Clinic

Montana Men's Clinic provides quality, affordable health care and education for men. We specialize in reproductive health medicine and are the first place in Montana where men should look to take care of their reproductive health needs.

Information

Founded:

November 2009 as the Male Services Program for Planned Parenthood of Montana. If you have questions, email our health educators at [mmceducator@ppmontana.org](mailto:mmceducator@ppmontana.org)

232 People Like This

Taylor Bedley Chloe Ross Chade Severin

Montana Men's Clinic MMC is sponsoring Downtown ToNight this evening at 5:30 in Missoula. Stop by Caras Park, see the sights and visit the MMC table. Plenty of protection and MMC giveaways to offer. Spread the word and see you there!

June 24 at 1:32pm · Comment · Like

Djblu Ruth likes this.

Montana Men's Clinic The Billings MMC is having a special Men's Health promotion, where when you make an appointment at the clinic from June 14 to 25, at checkout you will be entered in a raffle to win a Giant Mountain Bike, an iPod and 2 tickets to the Magic City Music Festival on Saturday Aug 14. The music festival includes Michael Frant...

See More

June 11 at 3:01pm · Comment · Like

Montana Men's Clinic We will have a table, telling people about the MMC and PPMT services. We will have some promotional items to give away. Feel free to stop by and visit.

Outreach at Strawberry Festival

Saturday, June 12, 2010 at 8:30pm

Downtown Billings, N 29th St, near 2nd Ave

June 11 at 8:51am · Comment · Like

Montana Men's Clinic Listen Up!!! It's Men's Health Month and for the next 2 weeks in Missoula we're celebrating by raffling off a Trek 4500 mountain bike, 2

Internet | Protected Mode: On

4:44 PM 7/23/2010



# In-reach

- Staff talk to patients in the clinic about bringing their friends/relatives/partners
- Patients talk to their partners
- High ROI; sustainable



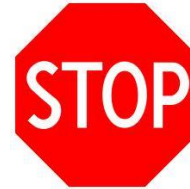
# Observe the Rules of the Road!!



Interdisciplinary  
cross-functional  
teams



Assure Sufficient  
Assessment Time



Prioritize Change



Operational Work Plan



# Rules of the Road

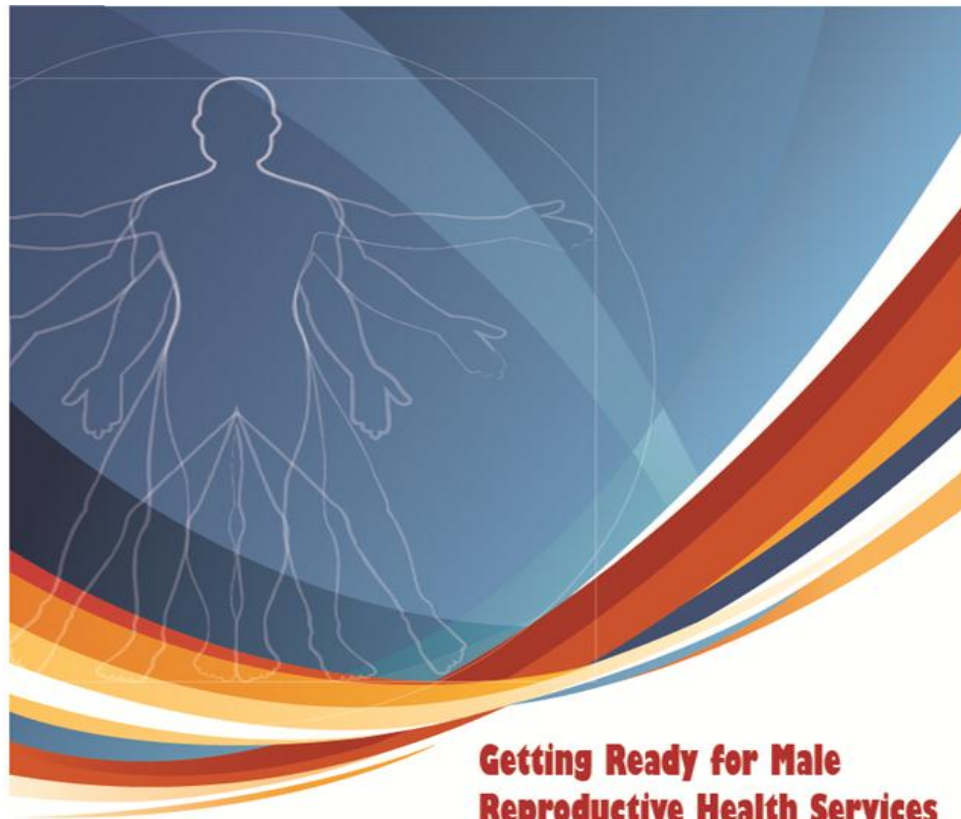


Interdisciplinary cross-  
functional teams



Assure Sufficient  
Assessment Time





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



# *Getting Ready For Male Reproductive Health Services: An Assessment and Implementation Toolkit*

[www.cardeaservices.org/products](http://www.cardeaservices.org/products)

Section One: *Getting Started*

Section Two: *The Tools*

Section Three: *So What? Now What?*

Section Four: *Making Change Last*

Section Five: *Appendices*





# Section 2: The Tools

Clinic Mapping Exercise

Tracking Client Flow

Tracking Staff Activity

Client Satisfaction Survey

Male Services Environmental  
Assessment

Training Needs Assessment

Males Services Outreach  
Assessment

Client Discussion Guide

Staff Discussion Guide

Community Partners Discussion  
Guide



# Rules of the Road



Prioritize  
Change

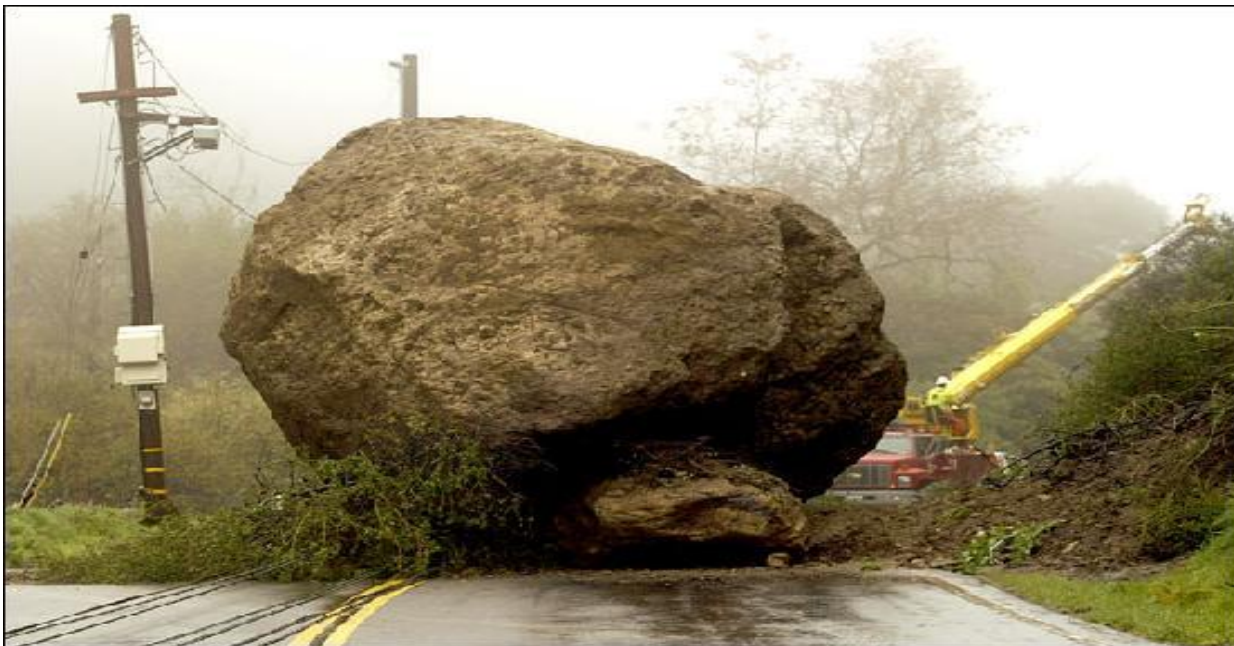


Operational  
Work Plan



# Rules of the Road





# Implementation Issues

Once assessment processes are completed, work plans developed and revised...

**What are the challenges and solutions around implementing clinic-based innovations to integrate male RH services into FP settings?**



# Personnel

**Challenge:** Men will only want to see male staff.

**Misconception:** Men were very pleased with female staff trained to respect and understand their needs

**Challenge:** The Male Project will be delegated to only a few designated personnel.

**Solution:** Cross-training - It's everyone's responsibility.

**Challenge:** Women's healthcare NPs cannot see men.

**Misconception/Solution:** With training, WHCNPs can be excellent providers of male RH services.



# Personnel—Staff resistance

**Challenge:** Staff believed providing male RH services would detract from female client services.

**Solution:** Improved clinic efficiency resulted in better services for all clients.

**Challenge:** Setting aside time for men meant less time for women.

**Solution:** Integration of services/staff—named ‘clinic within a clinic’

**Challenge:** Women should control FP decisions; men will misuse FP information.

**Solution:** Client feedback showed shared responsibility works; counseling improved for men and women.



# Personnel—Staff resistance

**Challenge:** Lack of staff buy-in

**Solution:** Provided staff training.

Develop empathy for males – men are socialized to not seek help.

Historical role played by FP clinics helping young women and potential of that role to help men

Engaged staff in analyzing assessment results, patient visit counts, and program outcomes





# Patient recruitment

**Challenge:** Expensive to launch multi-level effort to get men to come into the clinic

**Solution:** in-reach and targeted outreach; women tell men when/where to get healthcare.

**Challenge:** Men will not be interested in FP.

**Solution:** Feedback - FP as empowerment; men interested and wanted more info and services.



# Patient recruitment

**Challenge:** Female clients will react negatively.

**Solution:** Feedback - saw men receiving medical and education services as better partners

**Challenge:** Recruiting male clients meant fewer female clients.

**Solutions:** Men became a resource for expanding female patients.

**Challenge:** Men will see site as just another STD clinic.

**Solution:** Key - Training on staff counseling to turn STD visit into an FP visit.

STD/HIV testing: 'hook' to get men in.



# Clinic environment

**Challenge:** Changing environment will be expensive

**Solution:** Actually, minimal cost for physical changes.

Environmental changes had more to do with clinic policies and staff attitudes.



# Community perceptions

**Challenge:** Partner agencies had set attitudes about FP clinics and services.

**Solution:** Agency views about role of FP clinics changed.

New partnerships and contributors evolved.

Regular interaction with community partners due to their high staff turnover



# Data

**Challenge:** Data on male FP services could not be pulled from agency's existing information system.

**Solution:** Worked with IT to create separate departments and data sets to monitor male FP visits

Developed some brief, informal data tools for specific issues.



# Financial issues

**Challenge:** Find sustainable funding.

**Solution:** Male FP services less expensive than female because of lower costs for contraceptives. Males are more likely to be able to cover co-pay. New interest from donors and funders to support project's embracing of male FP services.



Long-term, integrating male RH services into FP clinics can be implemented and maintained.

As routine preventive health services become more available, FP clinics can play an important role in male RH service delivery.

**Now, what are the broader program implications?**



# Male Reproductive Health Project: Evidence and Summary Findings

*David Fine*

*Integrating Male Reproductive Health Services: Lessons  
from the Field*

*August 21, 2013*





# Objectives

- Assess impact of clinic, staff, and community interventions on male RH client volume and male FP service delivery
- Identify program implications based on project's evidence. Do interventions:
  - Increase male clients
  - Increase RH services to males
  - Impact female clients and their services?



- Proof of concept
  - Realization of a certain method or idea to demonstrate its feasibility
  - Demonstration whose purpose is to verify that some concepts or theories have the potential for real-world application
- Male RH research project built on prior ‘male integration’ exploratory work



# Methods

## Sites

- 12 clinics across 5 health agency grantees selected as experimental (E) sites

## Interventions

- Restructure clinic environment
- Train clinical and key education/outreach staff
- Recruit male clients through
  - Community outreach
  - Clinic in-reach with female clients and staff/volunteers



# Methods

3 grantee agencies identified potential comparison (C) sites

- Comparison sites selected, as best as possible, to be similar to experimental clinics



# Methods

## Data sources

- FP grantee administrative information systems documenting male FP visit events
- Most agencies had implemented clinic electronic health records
  - Health-related information
  - Conditions, services (outputs), outcomes



# Methods

## Measures

- Client demographics
- RH program measures
- STI services
- RH counseling
- Timeframe (pre/post intervention period)
- Condition (E/C)



# Results

## Selected findings

- Male FP visits
- RH services to males
- Female FP clients and services



# Male FP Visits/Year

## Intervention differences

Agency	Comparison			Experimental		
	Pre	Post	$\Delta$	Pre	Post	$\Delta$
FHC/San Diego	1,951	2,080	<b>+6%</b>	1,343	2,794	<b>+108%</b>
PP Montana	180	296	<b>+46%</b>	437	1,123	<b>+157%</b>
FPC/Philadelphia	395	420	<b>+6%</b>	509	627	<b>+23%</b>



Pre = 2007-2008, before interventions

Post=2010-2012, after interventions initiated



# Male FP Visits/Year

## Intervention differences by visit type

Agency	Experimental Sites $\Delta^*$
FHC/San Diego	
New client visits	<b>+69%</b>
Continuing client visits	<b>+150%</b>
PP Montana	
New client visits	<b>+128%</b>
Continuing client visits	<b>+39%</b>

\* Change in male FP visits/year, pre- vs. post-intervention



# Male FP Visits/Year

2 other grantees with intervention sites, but no comparison clinics

University Health Systems (UHS)/San Antonio, TX

- 62% increase, 2009-2012

Montachusett Opportunity Council/Fitchburg, MA

- 35% increase, 2009-2012



# Did the intervention work?

## **Increase male FP visits** ✓

- Experimental sites significantly increased male visits
  - Additional data showed increases in unduplicated male client counts

Increase RH services to males

Impact on female clients and their services



# STI testing



# %CT screening, new male client visits

Clinics implementing project innovations

Agency	2008	2012	$\Delta$
UHS/San Antonio	60%	86%	+43%
FHC/San Diego	45%	65%	+44%
PP Montana	77%	86%	+12%



# FHC/SD: STI testing, new male client visits

Measure	Comparison			Experimental		
	Pre	Post	$\Delta$	Pre	Post	$\Delta$
	%	%		%	%	
STI testing						
CT, overall	39	41	+2%	47	63	<b>+34%</b>
teens	24	35	+31%	40	59	<b>+48%</b>
20-29 y	54	55	+2%	51	62	<b>+22%</b>
HIV, overall						
30+ y	37	42	+14%	43	60	<b>+40%</b>
	45	40	-11%	45	61	<b>+36%</b>



# Did the intervention work?

Increase male clients

## **Increase RH services to males** ✓

- Intervention sites increased
  - CT screening, particularly for adolescent males
  - HIV testing across all age groups, especially older men
- Comparison sites
  - No change overall in CT screening
  - More modest increases in HIV testing

Impact on female clients and their services



Project results for other FP grantees relatively consistent with FHC/SD, but there was some variation...

## PP Montana

- Male clients were more likely to get tested for chlamydia at experimental sites after the intervention
- Results for other STI, e.g. HIV, were not significant





# PPMT—Other STI testing

- HIV testing of new male clients at Experimental sites went up 44% during the intervention...
- But HIV testing went up **144% at Comparison sites**
- Montana DPHHS funded a **state-wide** initiative to increase HIV screening in FP clinics, begun before the research project



# STI test results



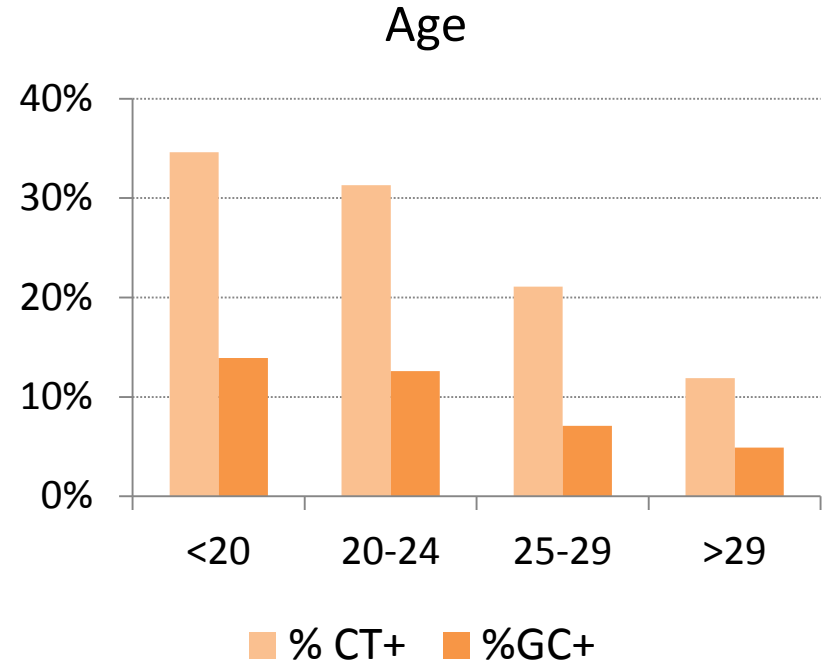
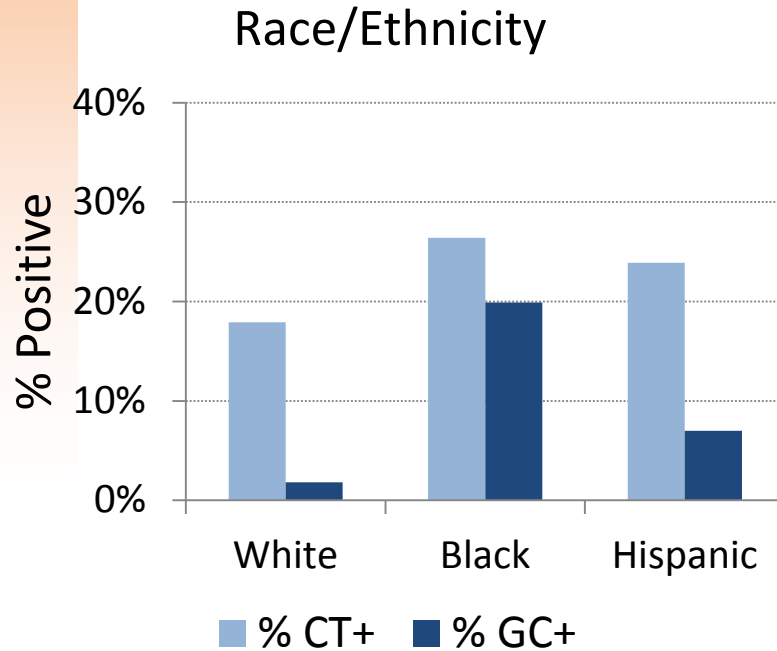
# STI results—Male client visits

Significant male STI burden

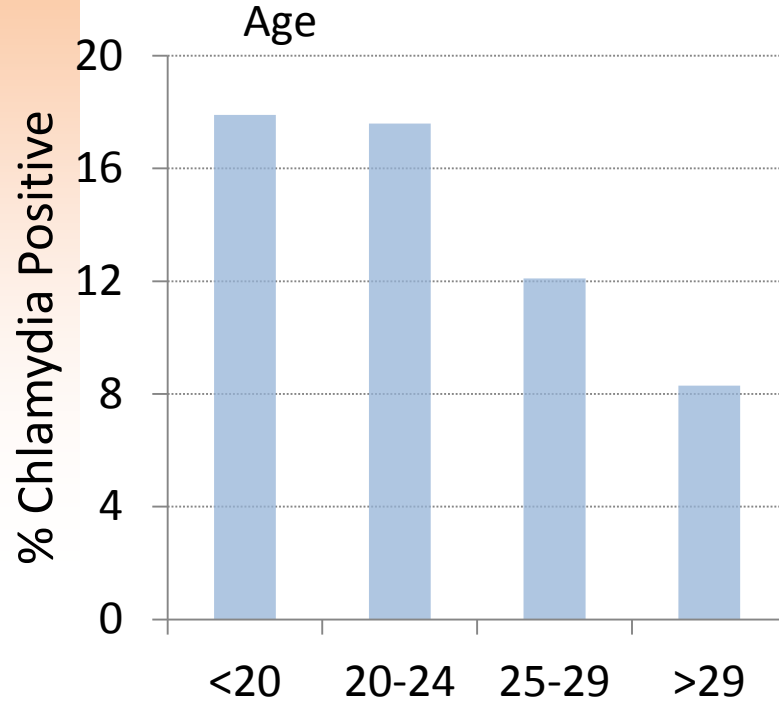
Agency	% CT+	% GC+
UHS/San Antonio	24.1%	9.5%
PPMT	15.8%	0.2%
MOC	15.7%	0.7%
FHC/San Diego	6.4%	1.6%



# UHS/San Antonio male FP visits CT & GC by race/ethnicity and age, 2009-12



# PPMT male FP visits CT by age and client visit type



# Project impact on female clients

Increasing male clients and visits at experimental sites did **not** impact female client volume or services



# Change in FP clinic female clients

Experimental clinics fared the **same or better** than comparison sites in terms of maintaining female FP clients after interventions.

Agency	Comparison Pre-Post $\Delta$	Experimental Pre-Post $\Delta$
FHC/San Diego (visits)	<b>-28%</b>	<b>-26%</b>
PPMT (users)	<b>-7%</b>	<b>-4%</b>

Pre-Post  $\Delta$ : Change in visits/users 2007-2009 versus 2010-2012



# FHC/San Diego: STI testing, new female client visits, age 15-24 years

Measure	Comparison			Experimental		
	Pre	Post	$\Delta$	Pre	Post	$\Delta$
	%	%	%	%	%	%
STI testing						
CT/GC	26	28	+8	18	36	<b>+100</b>
HIV	25	16	-36	18	13	<b>-28</b>



Pre: 2007-2009; Post: 2010-2012



# Did the intervention work?

Increase male clients

Increase RH services to males

## **Impact on female clients** ✓

- Annual female visits and FP services (defined as STI testing) were unaffected by interventions at E sites



# Limitations

- Study design
  - Diverse healthcare and FP clinic settings
  - Identification of comparison clinics
  - Did not assess what male or female RH clients thought about the intervention
- Administrative information systems
  - No client data on sexual risk behaviors, clinical signs, sexual orientation, STI contact status, etc.
  - Focused on services documented in EHRs



# Questions?

- We have time for a few questions then...
- Next set of slides addresses program implications from the research study



# Program Implications

*Integrating Male Reproductive Health Services: Lessons  
from the Field*

*August 21, 2013*



# Overview: Implications

- Implementing male RH service innovations
- FP program impacts
  - Systems: Clinic and community change
  - FP users
  - RH services
- Monitoring innovations with administrative information systems



# Implementing male RH service innovations

- Project goals, activities and outcomes defined
- Assessment materials developed and used locally
  - Project models revised
  - Task/timelines developed



# Implementing male RH service innovations

- Provided training & technical assistance
  - Monitored program activities
  - Identified mid-course corrections
- 
- In-reach: Diverse ways to design and do it
  - Outreach: Worked best when focused
  - Challenges monitoring in-reach & outreach



# FP program impacts: Systems

- FP clinic, agency and community partners had positive changes
  - Attitudes
  - Working relationships
- Addressed opportunities
  - ‘Natural’ alliances within agencies and communities
- Addressed barriers
  - Past attitudes, beliefs and ways of working within FP agencies & clinics
  - Tackled problems with community relations





# FP program impacts: Users

- Clinics increased male patients and visits
- ‘Outside’ events mattered
  - The Great Recession
  - Service funding shifted for some agencies
  - Other initiatives can affect identifying program effects
- FP programs can increase male users without impacting female client totals
  - Productivity gains



# FP program impacts: Services

- Clinics increased male STI testing, counseling
- Men seen at FP clinics represent a high risk group for STIs
- There are other male FP services, but STI services are relatively easy to track
- Impact of clinic services on community health is very difficult to assess
- FP agencies can increase male services without negatively impacting female services



# Monitoring innovations

- Administrative information systems **can** be used to monitor program innovations
  - May need to expand, up-front, measures collected
  - Requires significant resources to manage and analyze records
    - Very challenging to get outcomes (STI test results) from systems focused on outputs (STI tests done)
    - Patient, visit, specimen records—challenges summarizing and merging
- EHR data have strengths and weaknesses



# Conclusions

- Integrating male RH services into FP programs
  - Feasible
  - Can improve clinic productivity
  - Achievable while maintaining commitment to serving women in need
- FP clinics can be an important venue for improving men's reproductive health and potentially impacting community health



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