

women's & men's health services
of the Coastal Health, Inc.

Increasing Male Clients Through INreach and OUTreach

MALE CENTRAL CLINIC
857-0101
Specializing in Men's Reproductive Health Care

Webinar
May 7, 2015

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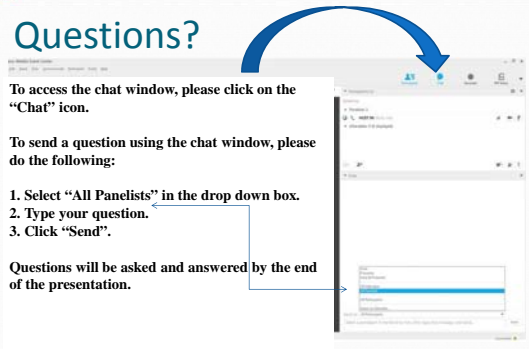
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Disclosures

Today's speakers state that they do not have a financial interest in, or other relationship with, any commercial product named in this presentation.

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Presenters

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Women's and Men's Health Services of the Coastal Bend

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Women's and Men's Health Services of the Coastal Bend
Male Central Clinic

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MCC Project 2003-2008

A partnership with the Texas Dept of State Health Services
Target population: males 17-45 in Nueces County, Texas

Goals:

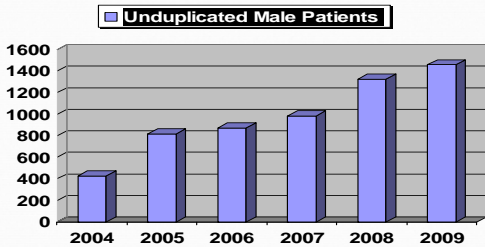
- To increase # of males served in a traditional Title X Family Planning Clinic whose clients were 96% female.
- To develop a replicable, cost effective model of service delivery for men.

Format we adopted: total integration of male services into our regular clinic (same location, hours, staff), but including male-only hours and giving the project a name: **THE MALE CENTRAL CLINIC (MCC)**

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The Results

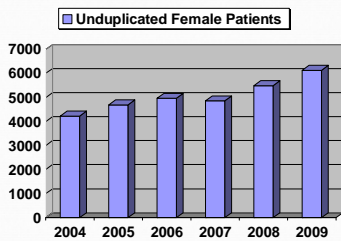
- From 2004 to 2009 the **MALE CENTRAL CLINIC** conducted **8,311** clinical visits for men. **Unduplicated** male patients increased from 430 to 1,460 annually



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What happened to our Women?

- Since offering male services in our family planning clinic, we saw female patients increase by **45%**. **Unduplicated** female patients increased from **4698** to **6130** annually.
- Better clinic flow...improved systems...men referred



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Testing the MALE CENTRAL CLINIC Model 2008 - 2013



In 2008 we became the model for a subsequent round of male research projects nationwide. We served as consultants to Cardea, OPA, and the 5 sites, so we learned how different types of medical service providers could implement our model. Some things worked...some things didn't.

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Results of testing the model

Agencies were required to

- 1) provide staff training;
- 2) restructure their clinic environment;
- 3) implement inreach and outreach to promote program

Results:

Male visits and STD services tripled with no negative impact on female visits.

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What drives change

Self Assessments

- How are males served in your agency today?
- How do they receive reproductive health info/care?
- What training do your staff need to provide male RH?
- What are staff attitudes towards these services?
- What staff within your agency can lead this project?
- Do your IT systems for billing and data collection allow you to gather necessary info?
- What are facility and clinic flow issues?
- Who are your community partners?

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What we learned about ourselves being a family planning clinic.

- Our policies and clinic flow procedures were too often tailored to our needs and not those of our clients, especially males. We needed to improve accessibility, interpersonal communication, efficiency of service.
- Many staff were resistant to making changes because they had no input into planning and never received feedback on results.
- Our messages and procedures were not empowering for men. We both annoyed and scared them.
- You live and die by your front desk phone and reception area.

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Look at Staff Attitudes and Training

Clinical Staff

- Must buy into a TEAM philosophy that male sexual health is important and young men **want to be responsible**
 - Change is easier if staff value the goal
- Staff must be **trained** to be male friendly
 - Be aware of stereotypical thinking
 - family planning is for women only
 - guys only want to see male providers
 - Be aware it takes more effort to make young men comfortable
 - Must believe providing services to males will not detract from services to females
- Staff may need training in providing male reproductive health exams and education



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Look at Clinic Environment

The challenge: how to make a family planning clinic that traditionally served only females appealing to both men and women?

- Signage and Promotion—includes men and gives clinic a “male identify”
- Staff marketing—receptionists to clinicians inform everyone of services for males
- Visual Messaging - Display images that portray men positively and that guys like (sports, etc)
- Literature - Stock male magazines; brochures & information men find interesting
- Change the channel to something other than the WE Network or Lifetime
- Hide the stirrups!




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Restructuring the clinic environment

- Clinic hours convenient for males
- Policies, procedures, protocols
- Forms - medical history write-up
- Staffing - hiring key positions, board members,
- Job descriptions include service to men
- Effective referrals

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INreach




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What is INreach?

- Conducting “Outreach” in the Clinic through the patients, staff, and vendors.
- Being “Marketers” of the male services you offer.

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Women are the gatekeepers to Men’s Health



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Number One Referral: Women

- Promote Male Services to Women
 - Promote male services in bathroom stalls, counseling rooms, make flyer specifically for women:
 - “Attention Ladies: Medical Services now for Men”
 - “Get your man tested...his health is your health”

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When?

Before the visit

- Waiting room-Fliers, Posters, Brochures

During the visit

- Medical Assistants, Nurse Practitioners, Doctors


After the visit

- Receptionist, take home flyer/clinic cards to give to others
- Condom Packets

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Where?

- EVERYWHERE!!!
 - Waiting room
 - Counseling rooms
 - Exam rooms
 - Restrooms
 - Labs
 - Hallways



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In a Health Department setting:

It is ESSENTIAL that all other departments in your agency know of your services for men and must refer men to your program.

Signage, posters, directions would be ideal to indicate where the men should go.

A “champion” of your male program can meet with the other departments and make sure how the process of referring men to your program is working.

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Who?

- Clients (Men and Women)
 - Empowering them to encourage other men to come to the clinic

Staff

- Must be “marketers” of the male clinic, at every level of the organization

Vendors

- Informing outside agencies that you offer services to males

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Questions

1. If your clinic already provides primary care services to males, how do you know if they get RH care and education? What CPT codes do you use?
2. Does a male STD visit include information on birth control, parenting plans, birth spacing, etc?
3. Do you think men want to know how female methods of birth control work?
4. How many of the men your clinic sees have not seen a doctor in years other than at the ER?
5. What is the biggest challenge? Facility, staff training, clinic flow, IT, lack of admin support, funding?

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Outreach

American Heritage Dictionary states:
Outreach is a systematic attempt to provide services **beyond conventional limits**, as to particular segments of a community.


THINKING “OUT OF THE BOX”

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Before we “Hit the Streets...”

- Know your Environment
 “Where are the men?”
- Focus groups will help!

Learn from others by attending statewide and annual meetings of other male providers. Some ideas may work, some may not.



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Getting Started

- Fliers
- Condom Lollipops
- Condom Packets
- **Name, Phone #,** website, map
- Business Cards
- Can Coolers






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Basic Outreach

- Health Fairs
- Events for “Women”
- Recreational Centers
- Gyms
- Networking

Outreach Events

Parade Float

- Largest night parade in the country

Beach Outreach

Spring Break
Splash Day

College Outreach

- Colleges are a “Gold Mine”
 - Fraternities
 - Pre-Spring Break Events
 - Dorms
 - Clubs



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Club Outreach

- Night Clubs
Bars
“Condom Man”
& “Condom Girl”



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Concert Venues

- Endorsed by Bands
- Since Year 1, finally in Year 5
- Being Persistent



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Outreach Event: "Condom Couture"

Check out our 2014 show on "YouTube"
www.youtube.com/watch?v=jmtiWewjE_I&feature=youtu.be

Outreach VS. Media

- Free Television Shows
- Free Radio
- Free Internet Magazines/ Website
 - "Facebook"
 - "Twitter"

NOT a 9:00-5:00 Job...

- Late Nights
- Weekends
- Aggressive
- Consistent

Outreach opens Doors...

- Outreach at Beach=Concerts
- Outreach at Health Fair=Educational classes to Incarcerated Inmates
- Outreach at Clubs=Free Advertisement on Radio Stations, Live Remotes
- Outreach at College Campus=Educational presentation to "Entire Freshman Class"

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Research Findings for MCC

- Increased likelihood to seek preventive health care
- Increased awareness of services other than ER
- Increased awareness of EC
- Increased awareness of symptomless STDs
- Increased awareness STDs increase risk of HIV
- Increased awareness of methods of BC
- Increased awareness of benefits of family planning (birth spacing, etc)

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Research Findings of the "5 Model Projects"

- Inreach proved more effective than outreach.
- Having a "champion" is essential to conveying information and ideas to every level of an organization. From the front desk to the administrators, everyone needs to know the goals and ideas behind this project.
- Staff training was essential from front desk to medical assists to clinicians to data collection.

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Men want more responsibility for reproductive health outcomes

Men want to know more about male *and* female reproductive health.

Men like to share responsibility for preventing pregnancy and STDs.

Men are very appreciative of our services and information we provide.

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What did not work for us

- Couples clinic
- Waiting room “group education”
- Thinking a male medical assistant would be better than a good female medical assistant
- Allowing resistant staff to quietly undermine positive male environment

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A question for the audience...

- For those agencies whose states implemented Medicaid Waivers that cover men...how did this affect your clinic and your male reproductive health services?

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Where we go from here:

- Advocate for male services: How did we expect to reduce STDs and unplanned pregnancy if we only provide health care to 50% of the population?
- Change cultural norm so that family planning = women's and men's health.
- Recognize that we as providers need to change if we want to achieve better outcomes for our patients.

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Resources

- www.malecentralclinic.org
- www.wamhs.org
- www.cardeaservices.org/ourwork/projects/family-planning-male-research
- www.cardeaservices.org/resourcecenter/risk-assessment-education-counseling-for-men-in-reproduction-health

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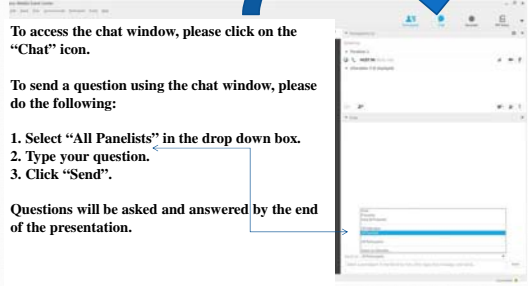
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