MALE TRAINING CENTER
FOR FAMILY PLANNING & REPRODUCTIVE HEALTH

Robert McKenna, MS, MCHES
Family Planning Council
Maryland Reproductive Health Update, 2012

Who is the MTC?

- Family Planning Council
- Johns Hopkins University, School of Medicine
- Office of Family Planning, Office of Population Affairs
  (Cooperative Agreement)

Purpose of MTC

To help improve delivery of family planning, reproductive and related preventive health services for males in Title X-supported health and social service settings.

3-yr project period: September 2009-August 2012

Why?

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Q: What % of Title X patient population (5,224,862 in 2010) are males?

a) 2% (104,497)
b) 8% (402,292)
c) 18% (940,475)
d) 28% (1,462,961)

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Q: What % of patient population (5,224,862 in 2010) are males?

a) 2% (104,497)
b) 8% (402,292, or 7.69%)*
c) 18% (940,475)
d) 28% (1,462,961)

* 7% increase in # (1% in proportion) since 2009
* 53% increase in # (2.5% in proportion) since 2005
* 217% increase in # (5% in proportion) since 1999

Q: Which age category represents the most male users (2010)?

a) Teens <20
b) 20s
c) 30s
d) >40s

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Q: Which age category represents the most male users (2010)?

a) Teens <20 (23%)
b) 20s (47%)
c) 30s (16%)
d) >40s (14%)

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While only 8% of total users are males…

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Q: What % of pregnancies involve a male participant?

a) 5%
b) 20%
c) 50%
d) 100%

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Q: How many of us think that pregnancy planning is a large part of our role?

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Title X

"The Title X family planning program is intended to assist individuals in determining the number and spacing of their children."

Retrieved on October 8, 2010 at http://www.hhs.gov/opa/familyplanning/index.html

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So why so few?

- Many complex reasons

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Our Attitudes/Perceptions

- Many of men's sexual and reproductive health needs do not require medical intervention, with the exception of STI screening and treatment (Sonfield, 2003).
  - Over 50% of males seen in Title X settings during 2008 received STI screening.
- This view overlooks research that shows…

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ELSEVIER

Contraception

Contraception 79 (2009) 228 – 235

Original research article

Young unmarried men's understanding of female hormonal contraception☆

Rebecca D. Merkh*, Paul G. Whittaker, Kaysee Baker, Linda Hock-Long, Kay Armstrong

Research Department, Family Planning Council, Philadelphia, PA 19102, USA

Received 17 July 2008; revised 10 October 2008; accepted 14 October 2008

Abstract

Background: A better understanding of men's attitudes, norms and behaviors regarding women's use of hormonal contraception is needed.
Study Design: We conducted contraceptive life-history interviews with 41 ethnically diverse males ages 18–25 years which detailed up to six heterosexual relationships, focusing on knowledge, attitudes, norms and behaviors regarding hormonal contraception use, decision making and communication.
Results: Men's attitudes, norms and behaviors associated with hormonal contraceptive decisions and use varied greatly across participants and their relationships. Findings suggest a mixture of attitudes and practices regarding the importance of communication around contraception influenced by sexual experiences, age and relationship type. Many men demonstrated limited knowledge about contraceptives and identified improving contraceptive knowledge as an essential step in facilitating contraceptive communication.
Conclusions: Increased awareness about young men's understanding of and perceived roles regarding hormonal contraception will help in designing services that address contraceptive adherence, contraceptive communication and incorrect or inadequate contraceptive knowledge.
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Keywords: Contraception; Decision making; Communication; Knowledge; Attitudes; Men

Origin of Title X

Focus on women for reasons other than methods

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Research was showing…

- In the mid-1960s, many American women, and especially low-income women, had more children than they desired
- Inequitable access to contraceptives, not a preference for more children, was largely responsible for the difference between lower- and higher-income women's ability to have the number of children they wanted

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Research was showing…

- Closely spaced pregnancies very early or very late in a woman's reproductive years could lead to adverse health consequences for both the mother and the children
- Unintended childbearing—particularly among teenagers—increased poverty and reliance on public assistance, and reduced women's ability to participate in the workforce or complete an education

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1970 Political Climate

- Provision of contraceptives was considered an illegal act in many states
- Only five years prior (1965) the US Supreme Court ruled that married persons had the right to use birth control
- Only five years prior (1965) the US Supreme Court ruled that married persons had the right to use birth control
- Some states did not allow access to birth control to unmarried persons (until 1972)

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Guess: Which then Representative (subsequently President) was one of the chief co-sponsors of the bill?

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Guess: Which President signed it into law?

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When is a male a Title X user?

- Medical chart?
- Discussion about avoiding an unintended pregnancy or achieving a desired pregnancy?
- Method of BC identified and recorded?

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Scope of practice clarification

- Scope of practice clarification
  - OB/GYNs cant see males?
  - WHNPs can't see males?
  - CNMs can't see males?

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Scope of Practice

- 3,258 FTEs are Clinical Services (2010) Providers working in Title X
  - 66% are NPs/CNMs/PAs
    - About 85% of those are WHNPs
  - 15% are Physicians
    - About 80% of those are OB/GYNs
- Some misinformation (amongst providers and amongst payers) – and inconsistency in information
- Some real barriers

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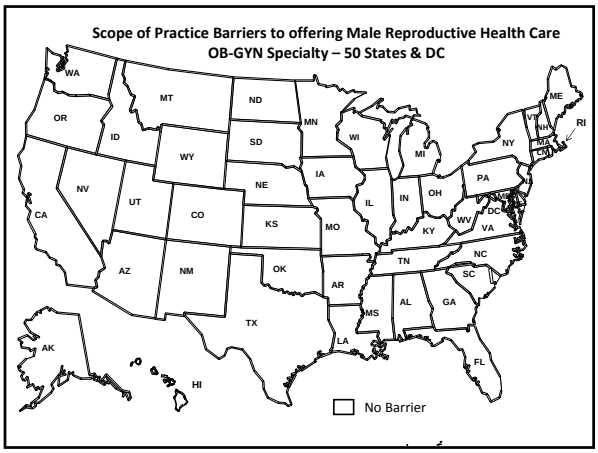

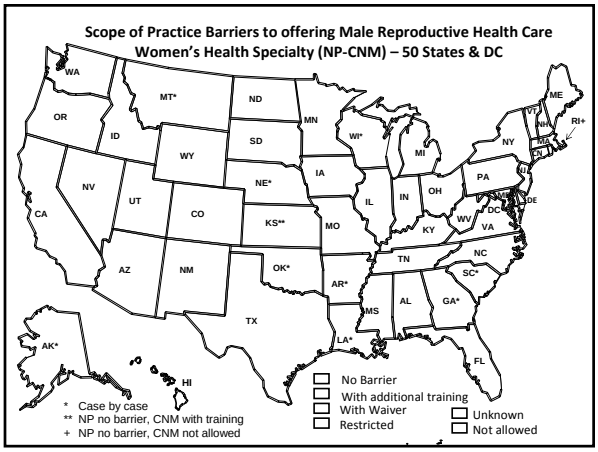

Clinician preparation

- Nearly 70% of Title x clinicians are >55 yo (NPWH, 2010)
- Most NP & CNM programs now teach services for males

Standards of Care

What do you do with a guy once he is in the clinic?

- Recommendations for evidence-based standards of care
  - Comprehensive literature review and documents analysis
  - Expert panel process
- Inform revisions of Title X guidelines
- Draft projected to be available momentarily

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Promote

1. Sexual health & development
2. Healthy intimate relationships & responsible behavior
3. Responsible fatherhood
4. Access to clinical services

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Prevent

5. Unintended pregnancy
6. STIs, including HIV (& control)
7. Reproductive health cancers

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Reduce

8. Sexual dysfunction
9. Infertility

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Where are SOME recommendations?

- ACIP - Advisory Committee on Immunization Practice
- AANP - American Academy of Nurse Practitioners
- AAP - American Academy of Pediatrics Bright Futures
- AAFP - American Association of Family Physicians
- ACS - American Cancer Society
- ACP - American College of Physicians/American Society of Internal Medicine
- AMA GAPS - American Medical Association Guidelines for Adolescent Preventive Services
- AUA - American Urological Association
- CDC - Centers for Disease Control & Prevention
- DHHS - Healthy People 2010/2020
- NAPNAP - National Association of Pediatric Nurse Practitioners
- SAHM - Society for Adolescent Health & Medicine
- Task Force on Community Preventive Services
- USPSTF - US Preventive Services Task Force

Scope of Male SRH Services

Screening & counseling
- Puberty & sexuality
- Relationships & dating
- Sexual activity
- Sexual performance, function
- Contraception
- Condom demonstration/practice
- STI/HIV counseling
- Fatherhood/pregnancy
- Testicular self exam
- Depression
- Violence (intimate partner)
- Child abuse
- Alcohol & drug use
- Physical activity/diet/obesity

Examination
- "Annual physical"
- Sexual maturity rating
- Gynecomastia exam
- Genital exam
- Testicular cancer screen
- Hernia
- Anal/rectal exam
- Blood pressure
- BMI
- Pulse
- Heart, lungs, abdomen
- Extremities
- Skin

Lab screening tests
- Chlamydia
- Gonorrhea
- Hepatitis B
- Hepatitis C
- Herpes Simplex
- Syphilis
- HIV infection
- Anal pap
- Prostate
- Cholesterol/lipids
- Diabetes
- Hb/Hct
- Urinalysis

Vaccinations
- Hepatitis A, B
- Human Papilloma Virus

Service Recommendations: Male SRH Screening & Counseling

Summary

	AMA GAPS	Bright Futures		USPSTF		AAFP		ACPM	CDC	ACS	AHA	Teen	Adult
Target age range*	11-21	11-17	18-21	Teen	Adult	Teen	Adult	--	--	--	--	<18	18+
Screening & Counseling													
Puberty & sexuality	Y	Y	Y	--	--	--	--	--	Y	--	--	Y	Y
Relationships & dating	--	--	--	--	--	--	--	--	--	--	--	--	--
Sexual activity	Y	Y	Y	B	B	B	B	**	Y	--	--	Y	Y
Sexual dysfunction	--	--	--	--	--	--	--	--	--	--	--	--	--
Contraception¶	Y	Y	Y	--	--	--	--	--	--	--	--	Y	Y
Demonstrate condom/practice	Y[#]	--	--	--	--	--	--	--	--	--	--	--	--
Emergency contraception	Y	--	--	--	--	--	--	--	--	--	--	--	--
STI/HIV counseling	Y	Y	Y	B¶/ I if not	B¶/ I if not	B¶/ I if not	B¶/ I if not	**	Y	--	--	Y	Y
Fatherhood, pregnancy	--	Y	Y	--	--	--	--	--	--	--	--	--	--
Testicular self exam	--	--	--	D	D	D	D	**	--	N	--	N	N
Depression	Y	Y	Y	B	B[+]	I	B	**	--	--	--	Y	Y
Risk for suicide	Y	Y	Y	I	I	--	--	**	--	--	--	Y	Y
Violence prevention (IPV)	Y	Y	Y	I	I	I	I	**	--	--	--	Y	Y
Abuse (physical, sexual)	Y	Y	Y	I	I	I	I	**	--	--	--	Y	Y
Tobacco use	Y	Y	Y	I	A	I	A	**	--	--	Y	Y	Y
Alcohol use	Y	Y	Y	I	B	I	B	**	--	--	--	Y	Y
Other drug use	Y	Y	Y	I	I	I	I	**	--	--	--	Y	Y
Physical activity	Y	Y	Y	--	C[§]	I	I	**	--	--	Y	Y	Y
Healthy diet	Y	Y	Y	--	C	--	B¶	**	--	--	Y	Y	Y
Obesity	Y	Y	Y	B	B	B	B	**	--	--	Y	Y	Y

Service Recommendations: Male SRH Physical Exam

Summary

	AMA GAPS	Bright Futures		USPSTF		AAFP		ACPM	CDC	ACS	AHA	Teen	Adult
Target age range*	11-21	11-17	18-21	Teen	Adult	Teen	Adult	--	--	--	--	<18	18+
Physical Exam	Y	Y	Y	--	--	--	--	--	--	--	--	Y	Y
Sexual maturity rating	Y	Y	Y	--	--	--	--	--	--	--	--	Y	N
Gynecomastia exam	Y*	Y	--	--	--	--	--	--	--	--	--	Y	Y
Genital exam	Y*	Y[#]	Y[#]	--	--	--	--	--	--	--	--	Y	Y
Testicular cancer screen	--	--	--	D	D	D	D	**	--	Y	--	N	N
Hernia	--*	Y	Y	--	--	--	--	--	--	--	--	--	--
Anal/rectal exam	--*	--	--	--	--	--	--	--	--	--	--	Y¶	Y¶
Blood pressure (HTN)[#]	Y	Y	Y	--	A	I	A	**	--	--	Y	Y	Y
BMI (Obesity)	Y	Y	Y	B	B	B	B	**	--	--	Y	Y	Y
Pulse	Y*	Y*	Y*	--	--	--	--	--	--	--	--	Y	Y
Heart	Y*	Y*	Y*	--	--	--	--	--	--	--	--	Y	Y
Lungs	Y*	Y*	Y*	--	--	--	--	--	--	--	--	Y	Y
Extremities	Y*	Y*	Y*	--	--	--	--	--	--	--	--	Y	Y
Abdomen	Y*	Y*	Y*	--	--	--	--	--	--	--	--	Y	Y
Skin (acne; cancer)	Y*, --	Y*, --	Y*, --	--, I	--, I	--, I	--, I	--, Y¶	--	--, Y	--	Y	Y
Osteoporosis	--	--	--	--	I	--	--	--	--	--	--	--	--

Service Recommendations: Male SRH Laboratory Testing & Vaccines

Summary

	AMA GAPS	Bright Futures		USPSTF		AAFP		ACPM	CDC	ACS	AHA	Teen	Adult
Target age range*	11-21	11-17	18-21	Teen	Adult	Teen	Adult	--	--	--		<18	18+
Laboratory Screening Tests													
Chlamydia	Y	Y	Y	I	I	I	I	**	Y	--		Y	Y<25
Gonorrhea	Y	Y	Y	I	I	¶I/ D if not	¶I/ D if not	**	Y	--		Y	Y<25
Hepatitis B	--	--	--	D	D	D	¶I/ D if not	**	--	--		N	N
Hepatitis C	--	--	--	--	¶I; D if not	--	D	Y¶; D if not	--	--		N	N
Herpes simplex	--	--	--	¶I; D if not	¶I; D if not	D	D	**	--	--		N	N
Syphilis	Y	Y	Y	A¶/ D if not	A¶/ D if not	A¶/ D if not	A¶/ D if not	**	Y	--		Y¶	Y¶
HIV infection	Y	Y	Y	A¶/ C if not	A¶/ C if not	A¶/ C if not	A¶/ C if not	**	Y	--		Y	Y
Anal pap	--	--	--	--	--	--	--	--	--	NR		--	--
Prostate cancer screen	--	--	--	I	I	I		D	--	I		??	??
Cholesterol/lipids	Y¶	Y¶	Y¶	I	20-35B¶/ C if not; ≥35A	I	20-35B¶/ C if not; ≥35A	**	--	--	Y	??	Y¶
Diabetes	--	--	--	--	B, I[#]	--	I[#]	**	--	--		??	Y¶
HGB/HCT	--	--	--	--	--	--	--	--	--	--		N	N
Urinalysis	--	--	--	--	D	--	D	**	--	--		N	N
PPD[±]	Y¶	Y¶	Y¶	Y¶[±]	Y¶[±]	Y¶	Y¶	**	Y	--		Y	Y
Immunizations[±]	Y	Y	Y	Y[±]	Y[±]	Y	Y	**	Y	--		Y	Y

Summary Service Recommendations Where recommendation is “no” or no data

	Teen	Adult	Conducting Systematic Review
Target age range [a]	<18	18+	
Screening & Counseling			
Relationships & dating	--	--	√ (IPV)
Sexual performance/function	--	--	√
Demonstrate condom/practice	--	--	√
Emergency contraception	--	--	√
Fatherhood, pregnancy	--	--	√
Testicular self exam	N	N	
Physical Exam			
Testicular cancer screen	N	N	
Hernia	--	--	
Osteoporosis	--	--	Future guidance
Laboratory Screening Tests			
Hepatitis B	N	N	
Hepatitis C	N	N	
Herpes simplex	N	N	
Anal pap	--	--	Future guidance
Prostate cancer screen	??	??	
Cholesterol/lipids	??	Y¶	Future guidance
Diabetes	??	Y¶	Future guidance
HGB/HCT	N	N	
Urinalysis	N	N	

Paying for Services

Can male patients add revenue? Maybe!

- Grants based on user #s
- Fees
- Insurance
- HCR strategy?

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Saving us $$

- Every dollar spent to provide services in the nationwide network of publicly funded family planning clinics saves nearly $4 in pregnancy-related and newborn care costs to Medicaid (Guttmacher, 2011).

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Readiness

- Yours
- Your staff's/coworkers'
- Your clinic's
- Your agency's

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Resources

- RTC
- PTC
- MTC

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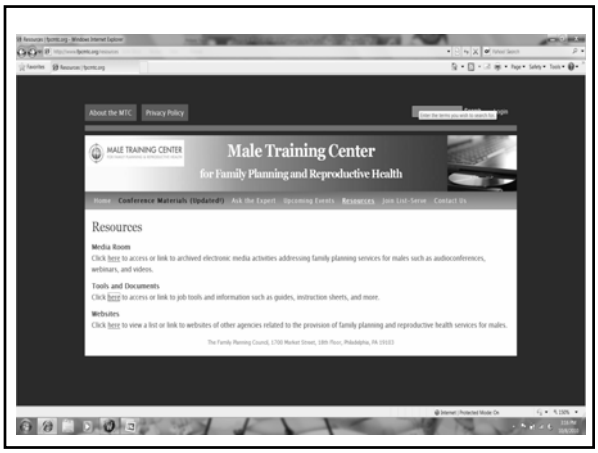
Website: www.fpcmtc.org



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Questions/Comments?