

The Boys' Health Advocacy Program

Location: South Dakota
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 Category: **Promising Practice**

BACKGROUND

In Rapid City, South Dakota, at-risk children and their families are a vulnerable group who often lack opportunities to access and utilize basic preventive health care services. Contributing factors include poverty, hardships related to minority status, challenging conditions in the home (abuse, neglect, addictions, etc.), lack of knowledge about the importance of health care check-ups and how to get them, lack of transportation, and/or lack of parent/caregiver involvement. Other factors that impact children's overall health and wellbeing include academic challenges, mental health issues, and a lack of social and relationship skills. Although the majority of these children are entitled to health care services through Medicaid, the State Children's Health Insurance Program (SCHIP), the Indian Health Service, or private insurers, few receive regular or preventive care.

PROGRAM OBJECTIVES

The primary goals of the Boys' Health Advocacy Program are to increase access to health care services, improve family life, and increase academic success for at-risk boys ages 4-17 and to provide opportunities, encouragement, and support for parents and guardians to establish and maintain long-term accessibility to health care services for their children. The program utilizes a holistic, comprehensive approach, providing mentoring, youth development activities, prevention education, and academic support for participants, as well as ensuring that health care needs are met. The advocates support the boys in all areas of connection: education, nutrition, fitness and community.

TARGET POPULATION SERVED

The targeted age group is 4-17 year old boys and their families. There is also a focus on children with special health care needs. The program serves 75-100 boys per year. Most participants are from single parent homes.

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED
#6. Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool
#7: Rate of injury-related hospital admissions per population ages 0 through 19 years
#10: Percent of adolescents with a preventive services visit in the last year
#11: Percent of children with and without special health care needs having a medical home
#12: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care
#15: Percent of children 0 through 17 years who are adequately insured

PROGRAM ACTIVITIES

Utilizing the Social Cognitive Theory, the Boys' Health Advocacy Program's approach aims to instill positive behavior change through influencing behavioral capability (such as knowledge and skill); managing expectancies, or the values a person places on a given outcome; observational learning; and increasing self-efficacy. The program provides health focused case management designed to meet the needs of underserved boys. The program connects boys with unmet health needs to various area service providers; assists boys in learning and developing patterns of behavior that will enhance their health; works with boys to connect them with appropriate medical, dental, optical, and counseling services, and works closely with families and school personnel.

The program receives referrals from local school counselors, the Indian Health Service, South Dakota Department of Social Services, parents, juvenile justice programs and other agencies serving youth. The boys are selected to participate in this project because they have an unmet need related to their overall health and well-being or do not receive regular medical attention. The health advocate conducts needs

assessments and creates individualized health care plans with each participating boy and his family.

The advocate schedules medical appointments, provides transportation, and accompanies the youth to appointments with health care providers. The advocate subsequently follows up with each boy and his family to address any provider recommended treatments. Additional health benefits are gained from the encouraging and supportive personal relationship that develops between the advocate, the boy and his family. The advocates also teach the participants and their families the important skill of advocating for themselves. The cost of the health care for most of the participants is covered by Medicaid, SCHIP, the Indian Health Service (IHS), or private insurers. Many families are eligible for Medicaid or SCHIP but have not signed up due to the complexity of the paperwork. The advocates assist these families with the paperwork and ensure that it is submitted in a timely fashion. The advocates also teach participants and their families the important skill of advocating for themselves.

Other age-appropriate activities and lessons are provided in several components: *Good Fellas*—a mentoring program that provides a positive male role model and helps boys make good decisions and improve communication skills and self-esteem; *Wise Guys*—healthy relationship and reproductive health/teen pregnancy prevention education for boys; *Life Skills* curriculum designed to reduce risky behaviors, improve communication with trusted adults, and develop healthy relationships; *Fit Kids* healthy lifestyle program to address healthy eating and increased physical activity; Economy Counts to learn how to manage money; and academic assistance, i.e. tutoring and homework help one-on-one and in small groups.

Besides case management, education, and individual and small group mentoring activities, the program collaborates with other youth-serving organizations in the community to provide the social and recreational activities that are healthy alternatives to risky behaviors.

Much of the programming is tailored to meet the individual boy's needs, and Advocates conduct one-on-one reviews with each boy. In addition, each case is formally reviewed every six months with information obtained from the boy, his parent/guardian, teacher, and/or health care provider(s), as needed, and adjustments and modifications are made to the boy's plan. The program's overall processes are reviewed through the weekly staff meetings, evaluator staff interviews, and a thorough review of the evaluation report, and changes are made if a specific process is not working well.

PROGRAM OUTCOMES/EVALUATION DATA

In order to determine if the Boys' Health Advocacy Program is making an impact on the health of the boys receiving

services, the *Healthy Practices Survey* and *Youth Development Survey* are administered, which focus on risky behaviors, health care, and personal development. The surveys are administered when the boys entered the program and every six months post entry. Data analysis is performed to determine if there are any significant changes in health practices, attitudes, risky behaviors, and development over the program period. To calculate the degree of improvement that occurred after participating in the project, clients are asked for their perception of behavior change. These measures are linked to the clients' behavior at entry into the program and compared to post participation measures.

Additionally, the Institute for Educational Leadership and Evaluation[®] conducted external evaluation of the Boys' Health Program during two five-year Title X Male Research project grants funded by the DHHS Office of Population Affairs. The *Wise Guys Questionnaire* was administered before and after each course series by the course instructor (a.k.a., health educator). The questionnaire was designed to determine if there were any significant changes in personal attitude, sexual behavior, communication levels, and knowledge of human sexuality for the participant. A matched pair t-test was performed for each item to test the null hypothesis that there was no significant difference in the responses to specific questions before and after completing the *Wise Guys* course at the 0.05 alpha level.

Anecdotal data suggests that the participants experience a great benefit from this program in terms of better access to services. Parent satisfaction surveys parents indicated that their children showed improved communication, positive behavioral changes as well as a reduction in risky behaviors. Additionally, evaluation of the *Wise Guys* component showed statistically significant increases in participants' knowledge about human sexuality and personal responsibility, as well as decreases in feelings of sadness and depression. While there were no statistically significant changes in substance use, evaluators did observe declines in use of alcohol, tobacco & inhalants between pre- and post-program measures.

Youth & Family Services continues to seek adequate program and evaluation funding in order to focus on long-term data collection and analysis.

PROGRAM COST

The annual budget for the program is \$150,000 to serve 75-100 boys continuously. The annual cost per boy is \$1,500-\$2,000. About 1/3 of the boys are in the program less than one year, 1/3 for a year, and 1/3 more than a year. The *Wise Guys* prevention education program that works with boys in the program, schools, and community organizations costs about \$75,000 and educates approximately 2,700 students



each year, when funding is available.

ASSETS & CHALLENGES

Assets

A similar health program for girls (Health Connections within Girls Incorporated® of Rapid City) had shown some success, which led the Department of Social Services to advocate for a program targeting boys.

Challenges

The logistics of working with various organizations to coordinate services has been challenging at times, and it took awhile for various agencies to become aware of the scope of the program and understand the services it could provide. Funding and finding space for the program activities are additional challenges.

Overcoming Challenges

Clear communication with all stakeholders is necessary to ensure that each organization understands their role and “buys-in” to the programmatic goals. Marketing through presentations to individuals and groups, as well as staff appearances on local television and radio, helped increase an understanding of the program and its benefits.

LESSONS LEARNED

Taking a holistic approach and working with organizations with similar interests/goals to provide services to this population resulted in having a greater impact on the community. Additionally, having a trusting adult that can model appropriate behavior (i.e. mentoring) has been one of the most powerful aspects of the program.

FUTURE STEPS

South Dakota’s Youth & Family Services (YFS) has been awarded a Congressional Earmark of \$300,000 to support the Boys’ Health Advocacy Program. This funding is being administered through the Centers for Disease Control and Prevention. The program will continue to serve boys and young men, ages 4-17, who have unmet health care needs or do not receive routine medical care.

COLLABORATIONS

Boys’ Health Advocacy partners include the Community Health Center of the Black Hills, area elementary, middle, and high schools; the Indian Health Service; area service providers, including physicians, dentists, orthodontists, optometrists, ophthalmologists, and mental health providers; South Dakota Department of Social Services; South Dakota Department of Health; South Dakota Department of Human Services; Rapid City Police Department; Pennington County Sheriff’s Department; Rapid City Recreation Department;

South Dakota Department of Game, Fish & Parks’ Outdoor Campus; area juvenile justice programs; and other youth serving agencies such as YMCA, Big Brothers/Big Sisters, Rapid City Club for Boys, etc.

PEER REVIEW & REPLICATION

This program has been presented at several conferences and meetings, including the APHA Annual Meeting (2007) and Morehouse School of Medicine’s Men’s Health Conference (2005).

At the time of submission, this program had not been replicated.

RESOURCES PROVIDED

The following written materials and handouts have resulted from the project so far: Study Smarter; Goals; Moods and Feelings; and What is Self-Esteem?

Other products developed for the program include:

- Assessment surveys developed by Institute for Educational Leadership & Evaluation, 1641 Deadwood Avenue, Rapid City, SD 57702, (605) 342-4311, husera@chiesman.org:
 - Service Provider/Referral Source Satisfaction Surveys; Parent/Guardian Surveys; and Client Surveys
- Comprehensive Data Tracking System
- Website, www.teenhealthguide.org, developed for use by program participants
- Boys’ Health Advocacy Program promotional DVD
- Numerous feature articles on Boys’ Health Advocacy Program activities in the Rapid City (SD) Journal, 2005-2009

For more information, visit:

<http://www.youthandfamilyservices.org>

Key words: Access to Care, Child Health, Care Coordination, Community Based Health Services, Health Advocacy, Males, Mental Health

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