

Boys' Health Program

An Innovation Station Promising Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	South Dakota	Title V/MCH Block Grant Measures Addressed
Category:	Promising Practice	NPM #6: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool NPM #7: Rate of injury-related hospital admissions per population, ages 0 through 19 years NPM #10: Percent of adolescents with preventive service visits in the last year NPM #11: Percent of children with and without special health care needs having a medical home NPM #12: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care NPM #15: Percent of children, 0 through 17 years, who are adequately insured
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Practice Description

The Boys' Health Program assists boys with unmet needs related to their overall health and wellbeing to access services that address their needs.

The Boys' Health Program connects boys with appropriate medical, dental, optical, and counseling services; assists boys in learning and developing patterns of behavior that will enhance their health; provides adult male role models (Advocates) who mentor the boys; and works closely with families and school personnel to promote academic success.

Purpose

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 affect 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), Indian Health Service, or private insurers, few receive regular or preventive care. The intended benefit of the Boys' Health Program is to increase access to needed healthcare services for at-risk boys.

PROGRAM OBJECTIVES: The overall goal of the Boys' Health Program is to empower at-risk boys and their caregivers to achieve life-long good health. The primary objectives are to provide access to healthcare 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 healthcare needs are met. The Advocates (case managers/mentors) support the boys in all areas of connection: education, nutrition, fitness and community.

TARGET POPULATION SERVED: The Boys' Health Program targets boys, ages 4-17, (including boys with special health care needs), and their families. The program serves 75-100 boys per year. Most participants are from single parent homes.

Practice Foundation

The Boys' Health Program utilizes the *Social Cognitive Theory* of health behavior as the theoretical rationale for the chosen program approach. The *Social Cognitive Theory* states that behavior, personal factors, and environmental influences all interact to influence health behavior. According to this theory, each of these three factors uniquely determines an individual's behavior. Included in this theory are the following components: (1) Behavioral Capability – the knowledge and skill to perform a behavior; (2) Expectancies – the values that the person places on a given outcome; (3) Observational Learning – learning from watching others; and (4) Self-efficacy – confidence to perform a certain behavior. According to the theory, behavioral change is more likely to occur when the above components are appropriately influenced.

The Boys' Health Program seeks to positively impact health promotion (i.e., promoting preventive health care and positive physical and mental health life styles) and prevention behavior (i.e., reducing risky behavior and improving decision making and responsibility) among boys and young men. Prior experience indicates the following outcomes: (1) Human sexuality and health care information will reduce teen pregnancy and STIs. (2) Knowledge about health care services and treatment strategies will contribute to healthy males in the community. (3) Reducing risky behaviors (substance use) will delay sexual activity or encourage use of protection. (4) Mentoring of males will result in healthy decisions and self-confidence and self-efficacy.

Core Components

The program uses a multi-faceted approach with six components:

- Preventive Health and Reproductive Education
- Health Promotion and Prevention
- Therapeutic Counseling, Treatment, and Support
- Mentoring and Role Modeling
- Family/School Involvement
- Transportation Services

Practice Activities

Core Component	Activities	Operational Details
Preventive Health and Reproductive Education	<ul style="list-style-type: none"> ○ Life Skills Training ○ Teen pregnancy prevention ○ Violence prevention ○ Alcohol, tobacco, drugs, and risky behaviors prevention education 	Accurately assesses and routinely reassesses the knowledge of health, development, and safety held by childcare directors, caregivers/teachers, and staff
Health Promotion and Prevention	Needs assessment, case plan/appointment calendar development, and linkages to external community resources	Links program participants with appropriate medical, dental, optical, nutrition, health education, and counseling services in the community
Therapeutic Counseling, Trauma Treatment, Substance Abuse Treatment & Support	Referrals to trauma-informed mental health providers in the community	Supports adolescents; addresses spectrum of mental health issues, trauma, sexual abuse, low self-esteem, and alcohol and substance abuse.
Mentoring and Role Modeling	Hiking, mountain biking, other outdoor sports, fitness classes, educational field trips, other individual or small group mentoring activities	Reinforces positive behaviors, provides adult male mentor for boys who may be growing up without a father/father-figure.
Family/School Involvement	Frequent communication with families and school personnel; homework help and tutoring for boys	Reinforces program objectives
Transportation Services	Transport boys from school to the center, to and from healthcare appointments, to and from group activities, etc.	Necessary for youth to take part in program activities and go to healthcare appointments

Evidence of Effectiveness (e.g. Evaluation Data)

The Boys' Health Program Evaluation Plan takes advantage of two evaluation models. The first model supports the continuous quality improvement of any program and serves as a quality control measure. The second model assesses the effectiveness of client services provided by the program through the measurement of process indicators, project outcomes, and impact. Both models serve to answer questions about achieving the goals and objectives formulated for the Boys Health Program.

In order to determine if the Boys' Health Program was making an impact on the health of the boys receiving services, the Advocates administered a **Healthy Practices and Youth Development Survey**, which focuses on risky behaviors, health care, and personal development. Boys took the survey when they entered the program and every six months post entry. Data analysis determined if there were 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 were asked for their perception of behavior change. These measures were linked to the clients' behavior at entry into the program and compared with post participation measures.

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 health educator administered a **Wise Guys Questionnaire** before and after each course series. The questionnaire was designed to determine if there were any significant changes in the boy's personal attitude, sexual behavior, communication levels, and knowledge of human sexuality. The evaluator performed a matched pair t-test 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.

The evaluation process tested the following hypotheses, and their corresponding findings are provided after each statement:

Hypothesis 1: After completing the Wise Guys Program, the middle school and high school participants will show a significant increase in the understanding of human sexuality.

Findings: There were statistically significant results for middle school students in five of the six items related to human sexuality. More than 2,900 middle school students were served through the Wise Guys program and 78 middle school students received Wise Guys seminars through the entire grant project. There were statistically significant results for high school students in four of the six items related to human sexuality. A total of 1,890 high school students were served through the Wise Guys program and seminars for the entire duration of the grant project.

Hypothesis 2: After completing the Wise Guys Program, the middle school participants will show a significant increase in the ability to make healthy decisions about self and others.

Findings: Of the 541 matched pairs for the 2007-2008 program year, three of the five items related to decision making were statistically significant. There were no statistically significant changes in substance use (i.e., alcohol, tobacco, inhalants) for the boys who participated in the advocacy component, but the use of alcohol, tobacco, and inhalants declined.

Hypothesis 3: After completing the Wise Guys Program, the high school participants will show a significant increase in the understanding of personal social responsibility.

Findings: Of the 79 matched pairs for the 2007-2008 program year, three of the four items related to social responsibility were statistically improved. This is consistent with the findings from the previous four years. In 2005-2006, all four items improved and were found to be statistically significant changes.

Hypothesis 4: After completing the Wise Guys Program and Baby Think It Over activity, participants, ages 8-17 will show a significant increase in the number of males who delay sexual activity, and the understanding of the importance of delaying sexual activity.

Findings: There were no statistically significant changes in the delay of sexual activity for any of the three periods that Wise Guys participants were questioned. However, in 2005-2006, 48.7% of posttest participants responded that they had not had sex in the previous 30 days. In 2007-2008, the percentage at the posttest increased to 93.6% not having had sex in the past 30 days.

Hypothesis 5: After completing the Wise Guys Program and Male Health Program, participants, ages 8-17, will show a significant decrease in the use of illegal substances.

Findings: In 2007-2008, there were no statistically significant changes in substance use (i.e., alcohol, tobacco, inhalants) for the boys who participated in the advocacy component. However, there were declines in the use of alcohol, tobacco, and inhalants. The only previous year that showed a statistically significant change was in 2003-2004. All ATOD use remained consistent for all five years with slight changes between inhalants and alcohol.

Hypothesis 6: After completing the Wise Guys Program and Male Health Program, participants, ages 8-17, will show a significant increase in self-efficacy, self-esteem, and communication level with parents and other adults.

Findings: The percentages of boys in the advocacy component showed statistically significant decreases in their feelings of being sad or depressed from pretest to posttest in every project year. In 2007-2008, 20.2% of the advocacy boys reported having felt sad or depressed in the pretest. In the posttest, the percentage had decreased to 10.5%.

Anecdotal data suggests that participants experience a great benefit from this program in terms of better access to services. On 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, Inc., the umbrella organization under which the Boys' Health Program operates, continues to seek adequate program and evaluation funding in order to focus on long-term data collection and analysis.

Replication

This program has been presented at several conferences and meetings, including the American Public Health Association 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.

Section II: Practice Implementation

Internal Capacity

- **Director of Family Support & Advocacy Services** - .15 FTE. Minimum qualifications: Master's degree in social work or related field preferred; bachelor's degree in social services, human services, education or related field required. Minimum of two years' administrative experience; strong leadership and management skills; financial and grant management capability; ability to work effectively with youth, adults, co-workers, referral sources, and other agencies. Background in crisis intervention, alcohol and drug abuse prevention, advocacy services, youth work, family systems, community networking, and public relations. Commitment to maintaining confidentiality and appropriate boundaries.
- **Boys' Health Advocate - 2 FTE.** Minimum qualifications: Male (bona fide occupational qualification) who can provide mentoring, role modeling, and supervision of activities; bachelor's degree in social sciences, human services, or related field; effective networking with community resources; good interpersonal and communication skills in working with children, youth, co-workers, parents, and the general public. Advocates assist boys and their families to access physical, mental, and dental health care services for the boy, and other services that provide academic support and promote confidence, social health, and life skills. Advocates carry a caseload of 25-30 boys at a time.

Collaboration/Partners

Boys' Health Program partners and their roles include:

- Community Health Center of the Black Hills – Healthcare services
- Area elementary, middle, and high schools – Referral source
- Indian Health Service – Healthcare services
- Area service providers, including physicians, dentists, orthodontists, optometrists, ophthalmologists, and mental health providers – Medical, dental, optical, and mental health services
- South Dakota Department of Social Services – Referral source
- South Dakota Department of Health – Referral source
- South Dakota Department of Human Services – Referral source
- Rapid City Police Department – Referral source
- Pennington County Sheriff's Department – Referral source
- Rapid City Recreation Department – Recreational activities
- South Dakota Department of Game, Fish & Parks' Outdoor Campus – Outdoor activities
- Izaak Walton League of America, Rapid City Chapter – Outdoor activities
- Area juvenile justice programs – Referral source
- Youth serving agencies such as YMCA, Rapid City Club for Boys, etc. – Recreational activities

The Boys' Health Program is the result of many years of collaborative efforts with the South Dakota Department of Health, area pediatricians, and other service providers. The success of YFS' Health Connections, an advocacy program for girls, prompted the Department of Health to ask that YFS develop a similar program for boys with unmet needs.

These partners were involved before funding for the Boys' Health Program was established. YFS asked stakeholders how the program could help meet their needs and help the youth at the same time. Many of our clients use SCHIP or Title 19 to pay for the services. Healthcare providers are often reluctant to take Title XIX clients due to the high 'no show' rates coupled with lower reimbursement rates. Because the program provides transportation to appointments, the no show rate is dramatically reduced and the providers are much more willing to meet the boys' needs of the boys. As an individualized case management program, the Advocate administer needs assessments with the boy and his caregiver(s). Once the specific needs are identified, the Advocates seek community partners, agencies, or programs to help meet those needs. The Advocates' goal is not to make the boy and his caregiver(s) dependent on them, but to model how to obtain the services they need and then help them to help themselves.

Practice Cost

The typical 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.

Budget		
Activity/Item	Brief Description	Total
Personnel (include salaries & benefits)	1 part time director and 2 full time advocates	88,000
Supplies		3,000
Transportation		5,000
Activity fees		750
Total Amount:		96,750

Practice Timeline

N/A

Resources Provided

The following written materials and handouts have resulted from the project so far:

- Study Smarter
- Goals; Moods and Feelings
- What is Self-Esteem?

Other products developed for the program include:

- Assessment surveys developed by Institute for Educational Leadership & Evaluation,
 - Service Provider/Referral Source Satisfaction Surveys
 - Parent/Guardian Surveys
 - 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 Program activities in the Rapid City (SD) Journal, 2005-2009

For more information, visit: <http://www.youthandfamilyservices.org/>

Lessons Learned

- **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 a while for various agencies to become aware of the scope of the program and understand the services it could provide. Funding for the program activities is an additional challenge.
- **Overcoming Challenges:** Clear communication with all stakeholders is necessary to ensure that each organization understands their role and “buys in” to the program’s 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. 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.
- **Lessons Learned:**
 - A trusted adult that models appropriate behavior (i.e. mentor) has been one of the most powerful aspects of the program.
 - The evaluation process is vital to improving services.
 - Continuing education is important to staff development and sustainability.
 - Partnership within the community is key to project implementation.
 - Having a dynamic staff is critical for program success.
 - The demand far exceeds our current capacity.

- The holistic approach to issues is adaptable to a host of situations.
- Sustainability is a continual issue.

Next Steps

The Boys' Health 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.

Youth & Family Services, Inc. recently received a grant from Medica Foundation for a pilot project to increase the reach of its existing Health Advocacy Programs (Boys' Health Program and Health Connections for girls) through a unique partnership with the Community Health Center of the Black Hills (CHCBH), a Federally Qualified Health Center.

YFS' experience providing health advocacy (health-focused case management) services for the past 28 years demonstrates that the program is effective in increasing access to health care and improving health outcomes. However, the financial sustainability of the health advocacy services has always been a challenge. YFS' Health Advocacy Programs do not charge for their services, and Medicaid/CHIP and private insurance do not cover the cost of these health advocacy/case management services. The size and staffing of the Health Advocacy Programs and consequently the number of children served have waxed and waned through the years depending on the level of outside funding available. To address this challenge, YFS, in partnership with CHCBH, proposed a pilot program to test if this health-focused case management approach is effective, not only in increasing access to health care and improving health outcomes, but in creating a model that is financially sustainable. The Community Health Center of the Black Hills projects that this case management approach may generate enough new patient revenue that it will be able to sustain the Health Advocate/ case manager position. If this model is successful, it has the potential to be scaled up and replicated at other community health centers.

Practice Contact Information

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