

Evergreen Guys Research Project: Improving Young Men's Health Care



THE
UNIVERSITY OF
BRITISH
COLUMBIA

Vancouver
CoastalHealth
Promoting wellness. Ensuring care.

Evergreen Guys Research Project: Improving Young Men's Health Care

The Research Team

Public Health Team

Derek Roelofsen, RN
Paramita Banerjee, RN
Kristina Pikksalu, RN
Charito Gailling

UBC Team

Gen Creighton, M.A.
Jennifer Matthews, MSc

Evergreen Community Health Centre – Vancouver Coastal Health
Partners in Community Based Research (PCHR) – University of British Columbia

Vancouver, BC
October 2009

This project has been funded by Vancouver Coast Health Research Institute (VCHRI). Additional support and resources were provided from Partners in Community Health at UBC (a CIHR funded program), and Evergreen Community Health Centre.



A special thanks to our community partners:

Collingwood Neighbourhood House – Youth and Rec Programs
and especially Tanya Findlater and Peter Bhan for their invaluable contributions to this research project.

Frog Hollow Neighbourhood House – Youth programs
A special thanks to Victoria Yip for all her skills and hard work.

Acknowledgments for ethics and research guidance:

Dr. Jim Frankish,
Centre for Population Health Promotion Research, UBC

Dr. Elizabeth Saewyc,
Stigma and Resilience among Vulnerable Youth Consortium,
School of Nursing, UBC

Monica Stokl, RN MN BEd
Manager, Primary Care and ICY / Evergreen Community Health Centre

Only professional stock photos were used in this report.

The opinions expressed are those of the authors, and may not reflect the policies of the funders.

This study was approved by the Behavioural Research Ethics Board of the University of British Columbia.

Table of Contents:

| | |
|---|-----------|
| Executive Summary | 7 |
| Getting guys through the clinic door | 9 |
| The Research | 10 |
| Rationale & Objectives | 10 |
| A Community-Academic Partnership | 10 |
| Theoretical Framework | 11 |
| Phase 1: Intervention Development | 12 |
| Phase 2: Intervention | 12 |
| Phase 3: Research Methods | 14 |
| Findings | 16 |
| Staff Capacity Building | 16 |
| Promotional Campaign | 17 |
| <i>Guys Night</i> | 21 |
| Young Men and Health Literacy | 26 |
| Implications for Practice | 29 |
| Key Recommendations | 29 |
| Steps Taken by Clinic | 31 |
| Next Steps | 31 |
| Final Word | 32 |
| Reference List | 33 |
| Appendices: | 34 |
| A - Poster / Flyer to Advertise <i>Guys Night</i> | |

Notes on Language:

| | |
|-------------------------------|---|
| Guys and Young Men | In this report, we refer to research participants interchangeably as “young men” and “guys”. While the term ‘guys’ is decidedly un-clinical, we use it because it is was invoked by young men when referring to themselves and peers. Adolescent and young adult men are often denoted within health research as ‘young males’. Our decision to call guys what they call themselves was made in order to respect their self-identification and culture. |
| Masculinities | Broadly speaking, the term ‘masculinity’ refers to dominant social attitudes about what equals a ‘real man’, such as strength, sexual prowess and a lack of vulnerability. Because ideals and practices of masculinity can vary according to contextual factors such as culture, age, and historical period of time, we use “masculinities” to refer to the different ways young men may express what it means to be ‘masculine’. |
| Youth | The target population in this study ranged from ages 14 to 25 years. |
| Pseudonyms | All participants were given pseudonyms for the purpose of maintaining their confidentiality. |
| Youth Clinic | Throughout this report, ‘youth clinic’ refers to the youth clinic services delivered by Evergreen Community Health Centre. The Evergreen Youth Clinic is 1 of 8 youth clinics within the Vancouver Community Health Service Delivery Area of Vancouver Coastal Health (VCH). |
| Service Delivery Areas | VCH operates 4 health service delivery areas (HSDA): Vancouver Community, Vancouver Acute, Richmond HSDA, and Coastal Rural/Coastal Urban. Evergreen Youth Clinic operates within Vancouver Community (VC). In this report, any changes to youth clinic services or recommendations to service changes speak to changes within VC. |

Executive Summary

Health statistics show that young men are less likely than young women to access all forms of health services, specifically those related to sexual health. Research investigating reasons why many young men avoid health services demonstrates that beliefs about what is considered 'masculine' centrally influence whether or not guys seek information and care.

In 2009, Evergreen Youth Clinic and researchers from the University of British Columbia (UBC) conducted a study to investigate ways to improve young men's access to sexual health care services. The study consisted of planning, implementing and evaluating an intervention with 3 main components:

1. Capacity building among Evergreen Youth Clinic staff to better meet young men's health needs;
2. An intervention involving a clinic night for young men only to improve awareness of and access to youth clinic services;
3. A promotional campaign for guys-only clinic night that aims to improve young men's sexual health literacy.

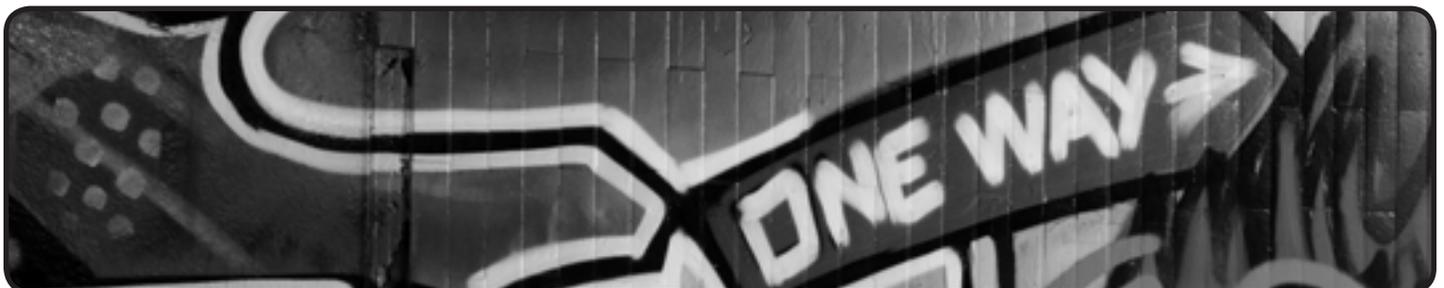
Using a community-based research approach, we partnered with youth-serving organizations in the neighbourhood to involve young men and women in the study. Through focus groups, street surveys and individual interviews, we described and evaluated how this intervention made a difference in young men's access to clinic services.

Our findings suggest that changes are needed at all levels of the health and social systems in which young men are situated. Changes to the local clinic service delivery model must be accompanied by broader policy changes at both the health authority and provincial levels, and need to encourage new ways of thinking about young men and health.



Key Findings

- Young men unanimously agreed their experiences of *Guys Night* were positive and beneficial, but had mixed responses to the idea of a regular clinic night for guys only.
- Youth clinic staff benefited from capacity building workshops, citing greater comfort working with young men, better understanding of their specific issues and concerns, and development of relationship-building strategies.
- Many research participants, both young men and women, agreed men need to be more engaged in health care but acknowledged that youth continue to think of sexual health as a ‘women’s issue’ and youth clinics as feminised sites.
- The majority of participants admitted gaps in their knowledge of sexual health, sexual transmitted infections (STIs), STI testing procedures, risky health practices, where to get health services and other indicators of low sexual health literacy. Participants identified problems with delivery and content of sexual health education in schools as the reason for lack of knowledge.
- Participants had no discernable preference for a male or female health practitioner but expressed the importance of having services and health education provided by men and/or women.
- Participants were reluctant to access health services when they are construed as solely sexual health related.
- Relationship is a mediating factor to accessing health services. Young men were more likely to access health services when encouraged to do so by a peer, a mentor or by a health care professional with whom they have a trusting relationship.
- Community youth workers provided an essential bridge between youth health services and young men in the community, particularly those who are not attending school and/or those who are over 19 years old.
- Research participants responded well to the promotional message “Keep Mr. Happy Healthy” but were unlikely to notice promotional materials until they were pointed out.
- Culture, ethnicity, sexual orientation, age as well as gender constitute the lens through which young men receive sexual health education and health promotion messages.



Getting Guys Through the Clinic Door

It is well documented in the literature and from clinical experience, that young men are far less likely to seek health care than young women¹⁻³. However, young men, like their female peers, face health risks such as sexually transmitted infections (STIs), involvement in unwanted pregnancies, mental health stresses, and high rates of suicide. Young men also need preventative services and education to help them negotiate decisions around their sexual choices to life stressors and avoid some of these negative outcomes.

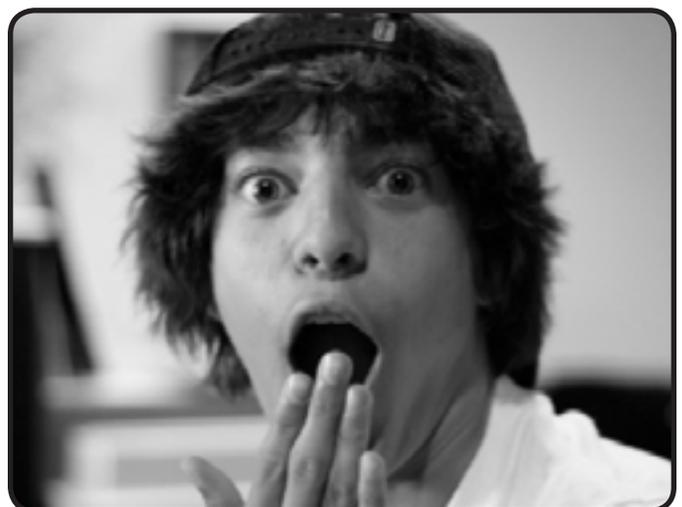
Recent Canadian research shows that on some indicators of adolescent sexual health, Canadian young people are doing well. Rates of pregnancy are down and the average age when adolescents become sexually active has risen over the past decade⁴⁻⁵. However, there is still cause for concern. While many young women report using contraceptive pills, 64% of couples did not use a condom during their last intercourse. Between 1997 and 2004 there was a 55% increase in the rate of Chlamydia among 15-19 year olds and a 77% increase in infection of 20-24 year olds. Rates of Gonorrhoea and Syphilis are also reported to have increased⁴.

Youth clinics in Vancouver Community provide valuable health information, support and sexual health care for youth under the age of 25 years. Youth clinics connect youth with other resources such as mental health services, drug & alcohol counselling, and primary care services. There are currently eight youth clinics in Vancouver. Staff at these clinics work within a model of care that fosters positive relationship and trust building with youth as a strategy for engaging youth in lifelong health practices.

However, Vancouver Community youth clinics are not seeing many young men⁶⁻⁷. The vast majority of clients are typically young women seeking birth control. Even the clinic with the highest number of male clients (Pine Clinic) reports a case load of 25%. Most youth clinics report far fewer young men using their services.

Research has identified a number of barriers that prevent young men from seeking help. Most recent studies have shown that men who identify more strongly with traditional notions of masculinity – stoicism, risk-taking, refusal to show weakness – are most likely to avoid seeking health care^{1-2,8-9}. Because youth clinics are seen as a “place for girls”, most young men do not even know that they can attend the clinic or do not want to because they feel uncomfortable in such a feminized space¹⁰. Other barriers include lack of knowledge about STI testing, embarrassment about talking about anything sexual, fear of parents or teachers finding out about their health concerns, peers seeing them attend clinics and making assumptions about their sexual status, and more practically, not being able to attend the clinic during a clinic’s limited hours of operation¹¹⁻¹⁴.

While the barriers preventing guys from using clinic services have been well documented, few studies have investigated interventions to increase their engagement in youth clinics. Little is known about what strategies work to get guys through the clinic doors and engage in practices that support their health and that of their sexual partners. This report will detail the research undertaken by Evergreen Youth Clinic to address the gap in services for young men and identify recommendations to improve their engagement in health services.



The Research

Rationale & Objectives

According to Evergreen Community Health Centre statistics, only 6%⁷ of attendees of the Youth Clinic (EYC) are young men. Findings from a 2008 satisfaction survey evaluating EYC concluded that there is a critical need to address clinic accessibility for young men and to develop specialized strategies to attract this population⁷. Underutilization of health services by young men at EYC is consistent with broader trends in British Columbia and Canada, and is reflected in current scholarly literature regarding men and access to health services. Theoretical literature suggests that engaging young men in health care and providing targeted male-specific supports will increase their access to, and familiarity with, the range of clinical health services offered at EYC (i.e. sexually transmitted infections (STIs) testing, contraceptive counselling, mental health, diet and nutrition, sexuality, etc.)¹³⁻¹⁵.

In response to the low numbers of young men attending the clinic, Evergreen Youth Clinic partnered with researchers from the University of British Columbia to develop and conduct an intervention research project. The goal of this research was to increase attendance and engagement of young men at EYC, to learn more about culturally specific health needs of young men, and to increase staff training and comfort level in working with young men. The long-term goal is to share these findings with other Vancouver Coastal Health (VCH) Youth Clinic teams and allied professionals in an effort to form a shared strategy for increasing the accessibility of Youth Clinic services for young men.

The objectives of this research project encompassed the following:

1. To create a multifaceted intervention, focused around a monthly clinic night for young men only, to improve access and attendance at Evergreen Youth Clinic.
2. To document young men's experiences of the intervention.
3. To increase first time attendance and return visits of young men at Evergreen Youth Clinic.
4. To increase the capacity of clinic staff to meet the needs of young men attending Evergreen Youth Clinic.
5. To produce findings and recommendations relevant to all VCH Youth Clinics.
6. To engage in and document learning gained from conducting research as a community-academic partnership.

A Community-Academic Partnership

A secondary goal of this research project was to model and learn from the experience of partnering between a Vancouver Coast Health (VCH) Community Health Centre and an academic group with research experience and skills. In the fall of 2007, three nurses from Evergreen Youth Clinic and two research consultants from UBC formed a partnership and developed a proposal to investigate ways to increase young men's attendance at the clinic. In early 2008, we received funding from the Vancouver Coastal Health Research Institute to carry out this project.

Throughout this process, the team has been dedicated to a two-way learning exchange: increasing capacity of clinic staff to conduct rigorous research and, for the academic team,



improve research methods to address community defined needs. Key to working within this multi-disciplinary team was a basis of mutual respect for different fields of knowledge and experience, open communication and a shared sense of purpose: improving the health of young men. Through engaging in on-going values clarification, defining of research principles, strategic research planning and proposal development, we came to a common understanding of how we could conduct community-based health research in a real-life work setting.

In addition, this project helped us build community capacity. We inspired others to become involved in community-based health research, forming a larger network of community agencies working within the field of young men's health and building collaborative partnerships between clinicians, researchers, community agencies and youth. Finally, we plan to use this research as an advocacy tool with which to support and advance healthy living and decision making for youth.

Theoretical Framework

Our research was informed by three theoretical perspectives that emerged from nursing, epidemiological and socio-cultural fields of literature.

Because young men were the focus of this project, we needed to understand the role of masculinities in men's health. Using the ideas of critical masculinity theorists^{8-9, 16}, we understood masculinity to mean patterns of behaviour within gender relations. Masculinity and femininity are not 'natural' or 'determined' but social constructs that reflect the roles, norms and values of society⁸. Social practices, such as health beliefs and behaviours are central components in the construction of masculinity and femininity². For example, the negotiation of sexual relationships, decision making about the use of contraception and accessing reproductive services are all ways of expressing what society and communities deem to be 'masculine' or 'feminine'.

It is important to note that there are multiple models and expressions of masculinity⁸⁻⁹. Gender identity is constituted at the intersection of other identities such as class, race, ethnicity, age and citizenship. Gender identity also interacts with, but is distinct from, sexual orientation.

We took a 'social determinants of health perspective'¹⁷ to investigating young men's health. This involved taking into account the ways in which broader structures of race, class and sexuality intersected with gender in the creation of identity. We took these contextual factors into account when we looked at young men's decision making and attitudes toward sexual health.

Finally, our research was guided by the perspective of a caring, or relational, approach to health care for adolescents that is taken from nursing theory¹⁸. This approach articulates the value in appraising young clients holistically, placing importance on the creation of a trusting relationship between professional and client, and affirming the personhood of the adolescent. From this theoretical perspective, the health care professional seeks to understand the everyday lived experience of the client in context of their social and physical environment and to use this awareness to develop culturally congruent care practices to enhance health and healing.



Phase 1: Intervention Development

To design an evidence-based intervention suited to the local neighbourhood, the research team conducted a literature review and undertook some initial data collection with young people ages 14 to 24 years, staff at Evergreen Youth Clinic, and key stakeholders in the health field.

Several sources of data were collected:

- Academic and grey literature¹ review of young men, help-seeking behaviours, and evaluations of health interventions targeting young men.
- 3 focus groups with youth (N = 18 total; males = 12; females = 6)
- Street surveys with youth (N = 99 ; males = 51; females = 48)
- Key informant interviews with Evergreen management, staff, and VCH policy makers.

Findings from these data provided information about young men's attitudes towards health care, knowledge of services and feedback about the possible intervention. Ideas for promotion of the intervention and locations to reach young men in the community were collected from young people. Management and staff shared insights about service and systemic level barriers that prevent young men's access to health care services.

The literature contained many studies investigating what prevents and discourages young men from seeking health care, but little in terms of intervention research. Only three articles summarized interventions aimed at improving young men's attendance at health clinics. These studies emphasized the importance of dispelling myths about clinics as "girl-only" services, clarifying STI testing procedures, and providing services and information that young men want¹³⁻¹⁵.

Similarly, the street surveys and focus groups we conducted with youth identified barriers that discourage young men from attending youth clinics. As found in the literature, participants cited dominant masculine ideals -- being strong and healthy and illness as a sign of weakness -- as factors preventing guys from seeking health care. Participants also listed other more practical reasons for avoiding youth clinics, such as inconvenient and inaccessible clinic hours.

Staff and management key informants saw some additional barriers for young men. From an historical and systemic perspective, youth clinics have developed to meet the reproductive and sexual health needs of young women. Young men have been ignored and their needs have remained invisible within this paradigm of female-oriented health care. As a result, clinic spaces and services have inadvertently continued to reinforce the feminization of sexual health care¹¹. Because few young men come to clinic, staff stated they have been unable to develop skills and confidence to engage young men.

Phase 2: Intervention

Based on the literature review and findings from the pre-intervention research, the intervention was designed with three components:

| | | |
|--|--|--|
| A. Staff Capacity Building 2 workshops Oct. 2008 Mar. 2009 | B. Promotional Campaign "Keep Mr. Healthy Happy" | C. Guys Night 4 nights 4:00 - 7:30 PM Once a month Jan. - Apr. 2009 |
|--|--|--|

A. Staff Capacity Building:

In response to requests to build capacity among staff to address health needs of young men, the research team offered two workshops for youth

¹Grey literature includes agency reports, program evaluations, etc.

clinic staff and management. The first workshop focused on research and practice related to young men's health. University researchers, street nurses and practitioners working with marginalized youth gave their perspectives on best practices regarding engaging young men with their health. Participants had the chance to ask questions and share their own experiences.

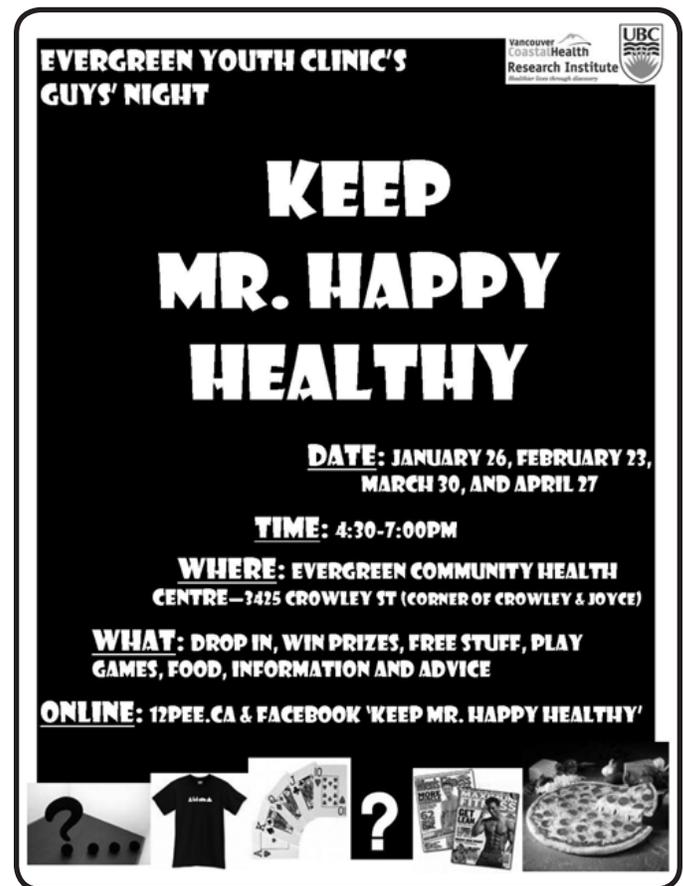
In the second workshop, a panel of three young men from the local community were invited to speak about their experiences with health, doctors and nurses and the health care system. Both health care professionals and the young men on the panel reflected on biases and stereotypes that they held about the other group. Staff who attended the session were given the opportunity to ask questions of the young men and talk about new ways of delivering sexual health care and education to this population.

B. Promotional Campaign:

To ensure young men heard about *Guys Nights*, the research team designed a promotional strategy to target young men specifically. The team used an existing campaign designed by Planned Parenthood Toronto: "Keep Mr. Happy Healthy"². Promotional materials included a website, Facebook page, posters, flyers and business cards with the key message and image of a testing cup with urine. This was intended to convey, in a light hearted way, the purpose of the *Guys Night* (sexual health) while promoting the idea that STI testing was not as complicated or painful as commonly perceived.

With the help of two youth advisors (a young man and a young woman), the research team distributed promotional materials throughout the community, such as the local shopping mall (Metrotown), the local Skytrain station, high schools, and among informal networks of peers. Later in the process, when *Guys Nights* were underway, a local community partner from the Collingwood Neighbourhood House was engaged to help with promotions. A recreation coordinator and youth worker, she called on her network of young men that attend recreation nights and who volunteer with the youth programs.

In addition, press releases were sent to Vancouver-wide print and radio media. Press coverage included an article in the local Renfrew/Collingwood News and in a local health-related e-newsletter. Email networks and community network meetings were used to spread the word among professionals working with young men about *Guys Night*.



The promotional flyer for Guys Night was posted in local venues such as malls, gyms, local stores and Collingwood Neighbourhood House. The poster was designed by Victoria Yip, project youth advisor.

²The key message "Keep Mr. Happy Healthy" was taken from a sexual health campaign designed by Planned Parenthood Toronto. Planned Parenthood Regina also used this campaign in a city wide social marketing intervention. Both PPT and PPR gave permission for us to use this campaign in a limited way for the purposes of this intervention.

The Research cont'd...

C. Guys Nights:

The core component of the intervention consisted of a dedicated night at the Evergreen Clinic for young men to come in and learn more about the youth clinic services and meet staff. A total of four nights were held the last Monday evening of every month from January to April, 2009. *Guys Night* ran from 4:30 PM to 7:00 PM.

To engage young men in the clinic:

- A sandwich board was placed outside the clinic door advertising *Guys Night*.
- Clinic staff went out on the street a few hours before the clinic night started and invited young men in the local area to *Guys Night*.
- The clinic space was made more “male-friendly” by adding magazines that appealed to men, putting up health posters that referred to men’s health, and putting away the children’s toys.
- Music and a TV helped create a more casual atmosphere and provide background noise.
- Staff were on hand to welcome young men who came into the clinic. At least one male health care staff was present at each night in addition to female staff, to represent a gender balance and provide gender specific care if requested.
- Pizza, juice and snacks were provided.
- Staff played quiz games about health information and gave prizes to young men, including a t-shirt with the “Keep Mr. Happy Healthy” message. Young men were encouraged to ask questions of the staff.
- Young men were offered the opportunity to see a doctor, nurse or counsellor privately and receive health services, such as STI testing, if they wished.
- Young men who attended were encouraged to tell friends about the event and return to regular Youth Clinic nights if they ever needed to.
- Clinic staff interacted with youth in a casual manner, providing direct opportunities for young men to ask questions and learn more about the clinic.

Phase 3: Research Process

Interview Recruitment:

Over the course of the intervention, young men were asked by front desk staff, health care professionals and community youth workers if they would be willing to be interviewed about their experience at *Guys Night*. Young men who agreed to be interviewed were contacted by researchers. Young men were interviewed only once. All interviews but one, that was conducted in February, 2009, were conducted after the completion of the four monthly *Guys Nights*, in May, 2009.

Participants:

A total of 20 young men were interviewed about their experiences with *Guys Night*. Ages ranged from 17 to 25 years, with an average age of 21 years. Young men were not asked how they self-identified their ethnicity or sexual orientation. However, most of the young men referred to being heterosexual and none disclosed being gay or bisexual. All young men also appeared to be non-Caucasian, and ethnicities that were mentioned included Iranian, Chinese, and First Nations.

Interviews:

Participants were asked a set of questions about their experience of the *Guys Night* – what they noticed, what worked and what didn't work and what they thought about the model of a male-only sexual health clinic. While not asked specifically about gender, research participants invariably reflected on broader issues of gender and health, feelings of inclusion and exclusion within health care environment, health literacy and relationships with health care providers. Interviews were scheduled for one hour, but most interviews were completed in less time.

Analysis:

Digital recordings were made of each interview and transcribed verbatim. The data was coded, fractured into thematic categories and re-coded. The research team met several times to analyse the data and reflect on the emerging conclusions.

Study Limitations:

This study has a number of limitations that affected our ability to meet all our research objectives. Because this is a small intervention study conducted in one location, findings from the research are limited in their ability to be generalized across all youth clinics and all young men. Low numbers of attendees at *Guys Nights* meant we were unable to describe and explore diversity of young men in the community that may access the clinic. Attendees, though apparently representative of different ethnic, cultural and social groups, were still too few to provide a rich description of the ways in which socio-cultural factors and variability among masculinities affect clinic attendance. In particular, our sample was overwhelmingly heterosexual, meaning we were unable to learn more about ways to engage gay, bisexual and transgendered men in clinic services. Other marginalized populations of youth were similarly not represented in the clinic attendees.

Several factors may have contributed to overall low attendance. Weather during the winter months included snow and heavy rains that may have

deterred some men from coming out to an event. A change in our peer advisors part way through the intervention may have affected our ability to promote *Guys Night* through peer networks. However, the second advisor we engaged was a youth worker at the local Neighbourhood House. Many young men attended as a result of this worker's connection to a network of local guys she had developed relationships with over the years working in the community. The effects of this youth advisor on clinic attendance strengthen the finding that young men require a trusted source of health information before venturing into an unknown health care situation.



Findings

Staff Capacity Building

Based on findings from the focus groups conducted with staff and management, the two staff capacity building sessions aimed to identify ways to engage young men in health care. The first training provided an overview of current research about young men and health care and anecdotal information from others working with young men. Evident from these conversations was a shared sense of the “unknown”: because young men do not frequent the clinic, staff felt they did not get to practice health care for young men. Presentations from another research project about young men and health clinic experiences highlighted the concern that young men often see genital exams in a sexual light, and fear of unwanted erections deters them from visiting health professionals¹¹.

Staff identified the following changes as a result of the first session:

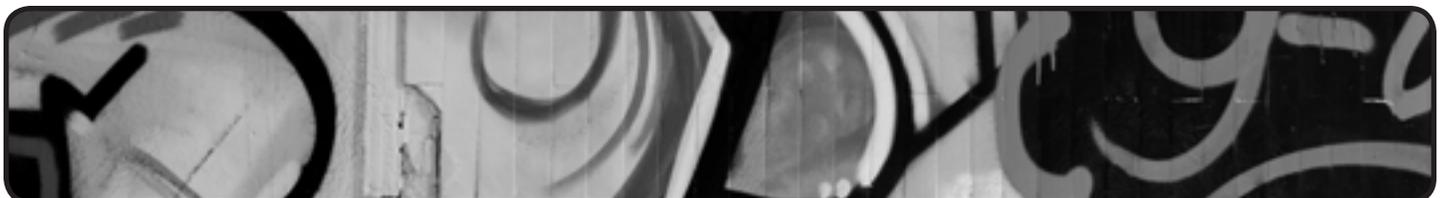
- A shared sense of purpose articulated among staff to reach out to young men.
- A decrease in uncertainty about young men as an “unknown.”
- The need to change the intake form to make it more gender neutral.
- The need to change the wait-room to make it more appealing to young men.
- The larger changes needed in the health care system and dominant cultural institutions to truly engage young men in taking care of their health in a preventative way.

The second session was designed to meet the gaps in knowledge identified from the first session. Staff wanted to hear from young men themselves what they thought about the clinic and services. A panel of 3 young men was brought in to talk with core clinic staff: nurses, educator, counselor, program assistants and manager. An interactive, informal dialogue session was conducted. Feedback from this session was overwhelmingly positive from both staff and youth.

As a result of the second session:

- Staff gained first-hand understanding of diversity of young men and their needs around health care services.
- Both staff and young men claimed to have broken down some of the stereotypical assumptions about each other. Young men described understanding that the staff had a real interest in addressing the health of youth and providing good information and care. Staff described how they saw the young men as more personable and approachable.
- Discussions about the importance of having youth involved in advertising and sharing health care information among peers led to the proposition of setting up an advisory group with young men and women to help support the work of Vancouver-based youth clinics.

Overall, the capacity building sessions proved to be useful in keeping staff informed about the research project and involved in the delivery of the intervention.



Promotional Campaign

The promotional campaign for *Guys Night* received both positive and critical feedback. While the key message itself was positively received, most participants said that the message could have been better promoted to encourage more young men to attend Guys Nights and the clinic in general.

Key Message:

Participants reported that the “Keep Mr. Happy Healthy” message was effective in getting young men’s attention. Several of the participants explained that the humour and sexual reference of the message spoke directly to young men and piqued their interest to find out more about the campaign. They also indicated that the message was highly memorable, or in social marketing terms, “sticky”, suggesting the message was well targeted to its intended audience.

“I remember my friend got a t-shirt [as a prize], I think that’s what it said. He laughed about that a lot. He wore it to the gym too... and was pretty proud of it actually... it won us over because it was pretty funny.”

(Alex)

However, some participants reported that they did not understand what the message meant at first, primarily because they were not familiar with the expression “Mr. Happy”, and indicated that the sexual tone was too explicit. As such, this message may be discouraging for some young men because it emphasized the sexual nature of attending the clinic. Some participants were embarrassed to be identified as a person who used sexual health services because it suggested to others they were sexually active or sexually irresponsible.

“I guess the first time [going to a clinic] was kind of awkward, I didn’t want to run into my doctor... I guess there is a kind of negative taboo on sex and young people.”

(Narin)

“It’s [attending a clinic] always subject to what people see you doing or what not.”

(Wilson)

Methods of promotion:

Two main methods were used to promote *Guys Night*:
1) print and online media, i.e. paper flyers, posters, business cards, a Facebook page and a website, and;
2) word of mouth, i.e. verbal promotion generated through trusted relationships such as peer advisors and community partners.

The passive promotional materials, while important for conveying information and creating a presence in the community about the event, were reported to be an insufficient way in and of themselves to motivate young men to actually attend the clinic nights. Some participants commented that young men typically do not pay attention to posters or flyers.

“I didn’t look at the posters, so I didn’t actually look at the posters to see what was on it.”

(Matt)

The website was similarly underutilized. Only one young man reported visiting the site. Whether this lack of interest in the website was due to poor advertising of the campaign or says something about the way young men access (or do not access) health care online is not deducible from this limited study.

Word of mouth was much more successful. Armed with flyers and business cards, the two youth advisors working for the research project passed information to personal networks of peers as well as approaching other peers in workplaces and recreational spaces.

The most effective method of promotion developed from the partnership with the Neighbourhood House. The recreation coordinator had longstanding connections with a number of local young men that attended recreation nights and volunteered with youth group. She left text and voice messages to remind the young men about the *Guys Nights*, an important task when competing against many other activities demanding their time. Because of this person’s relationship of trust with these young men, the young men did not hesitate to participate in the *Guys Night*.

“She is a friend of mine. Actually, she ran the youth centre... she just wanted to introduce the clinic to us, help us to come out and see what is available to us.”
(Nathan)

Comments such as these suggest that building trust and relationship with young men is key to mitigating reluctance to access health care services and strengthening the motivational power of a print campaign.

As hoped for, young men that attended the clinic passed on the information to other friends, who then came to the next session. Young men reported that, although they may not want to attend with a friend, it was encouraging to know that it was something that lots of guys did.

“If it’s to get tested, some people might feel better with someone around, I felt better going alone but with the “Keep Mr. Happy Healthy” [Guys Night] it’s easier to walk in with people that I already knew.”
(Andrew)

One participant suggested the importance of finding a peer group of young men and starting there as a place to promote about *Guys Night* and the Youth Clinic:

“... once they get between 14 to 16 years old, it’s about social groups... somehow find a social group, one group of kids, and make it accessible to them one way or another and kind of work within the social group that they have already formed.”
(Jamie)

Clinic Awareness:

Other factors that encouraged young men to attend *Guys Night* were previous visits to the clinic with a friend or a girlfriend that had allowed them to become familiar with the clinic procedures and services. However, most young men had not heard of Youth Clinic at all and/or did not know that young men could receive care at the clinic. There was wide agreement that Youth Clinic was not well advertised in the community. Some participants commented on the lack of signage to mark the actual site of the youth clinic.

Findings cont'd...

“It doesn’t scream youth clinic... I walk by that building every week and I don’t know what that building is.”

(Matt)

“I only really focus on being a community member, I live in the community, I never really heard about Evergreen that much.”

(Sam)

Despite efforts by public health education in schools, young men did not recall learning about the health clinics and services for youth in high school. Probably much to the exasperation of public health nurses, participants called for better sexual health education for youth in high schools. However, several participants emphasized that students need to be taken on tours of the clinic, not just learn about it in a classroom where it was easy to be distracted and not take the lesson seriously.

| Number of interview participants who... | (N) = 20 |
|---|----------|
| had never heard of the Youth Clinic before interview. | 5 |
| had never heard of <i>Guys Night</i> before interview. | 5 |
| had used clinic services before. | 5 |
| attended Youth Clinic for the first time at <i>Guys Night</i> . | 6 |



Guys Night

Over the course of the four months, a total of 31 men attended *Guys Nights*:

| | |
|-------------|----|
| January 26 | 5 |
| February 20 | 4 |
| March 30 | 11 |
| April 27 | 11 |

From this sample of attendees, fifteen (15) were interviewed. The 5 interviewees who did not actually attend *Guys Night* provided information about why they did not attend and general information about attitudes towards health care services for young men.

Guys that attended *Guys Night* reported that the experience was overall a positive and beneficial one.

Interviewer: “What was your sense of how it went over with your friends? How do you think they felt about it?”

Interviewee: “Honestly, being very straight up, I don’t think they take it too seriously. I think they had fun, no one complained after.”

Interviewer: “So it wasn’t a bad thing?”

Interviewee: “It wasn’t a bad thing for sure.”

Interviewer: “Did they talk about it at all afterwards?”

Interviewee: “They did actually, in a way that it was actually a positive experience. Nobody said anything bad about it like, ‘oh I wasted my time, or, this was stupid’.”

(Alex)

Findings cont'd...

However, when asked about whether *Guys Night* should be a regular event, responses were mixed. Some participants felt that guys were less likely to attend clinic if it was only men. They explained that guys would be more interested in going if they knew girls were there. Other guys argued that having a night for guys only would create a space for guys to ask questions of health staff that they might not ask if girls were present. One participant suggested that youth clinic could be a place for young women and men to share their questions about each other:

“I think it might be interesting to have a clinic with guys and girls, maybe have a guys’ night, then a girls’ night then have a night where both guys and girls are together. It would be interesting to hear what the other sex has to say about each other and you guys would learn about things. Maybe the other sex has some questions that we might want to know and maybe we have some questions that the other sex would want to know and we can all share these questions.”

(Alex)

Most participants felt that the *Guys Night*, or some version of it, was targeted at younger men, teenagers. In this way, the participants positioned themselves as older, more knowledgeable peers that would refer younger teens to the service. It was evident from these comments that the difference between high school aged young men and those in their young adult years was important to consider when reaching out to young men.

“So that’s cool, if it works, it works [guys come to *Guys Night*], I’m 23, 24 so it might be a bit different if I was 15, 16 but it’s hard to explain. I know when I was 16, I probably wouldn’t have gone but calling it “*Guys’ Night*” is kind of weird because you picture a guy hanging out with a bunch of other guys and it’s weird but I understand that it is easier to talk about that kind of stuff when girls aren’t there.”

(Josh)

Young adult men considered themselves self-reliant, independent, and responsible: if he needed to go to the clinic, he would go. In addition, the older participants

recognized that pursuits such as university, college, and work made them a much harder group to attract to a *Guys Night* event. Because these young men saw themselves as more informed and mature than their younger peers, it was suggested by one participant that older male youth could act as peer mentors as a way to engage young men in health care services:

“Off the top of my head, maybe if they could talk to someone their age, someone they could relate to. If they are 16 or 17 and confused about a question, I think it would be great to talk to a 21 year old. Someone that is not too separated from them, I think that would be a great idea.”

(Alex)

Clinic Space:

Participants described the clinic space as welcoming and comfortable. They liked the informality of the setting and inclusion of food and magazines.

“I liked it because it, it was a lot more comfortable than being in a doctor’s office where you have to be quiet and can’t really talk to anybody, you just have to sit there minding your own business. Here you get introduced to everybody, magazines to read, you’ve got food to eat, people are just talking to each other and it’s a good environment and just easy to get along with everybody.”

(Markus)

Having staff greet young men when they arrived and direct them to the check in process helped to alleviate some of the discomfort with the “unknown” space and process of the clinic. In contrast, one young man who arrived late was not greeted immediately by staff, but by a male security staff and he described feeling uncomfortable and unsure. These findings suggest the importance of first impressions for young men when arriving in the clinic space itself.

“Oh, the front desk staff, when I walked in automatically had a smile on their face. I don’t know if it was just the person but they were smiling at me so I was pretty happy with that. That’s about it. I just don’t like wait in general so that made me feel comfortable because I don’t like waiting in lines and stuff.”

(James)

“By the time I got there the receptionist was gone so the security guy was sitting out front with his arms crossed and looking around at what was going on... It’s not like when you walk in there was someone you could ask. You walk in and the first thing you see is the security guard, kind of like walking into the bank.”

(Wilson)

Clinic Staff:

Young men reported consistently that clinic staff were friendly, approachable and knowledgeable. Young men enjoyed meeting the nurses and playing games with them. A number of participants commented that the staff seemed to care about them and their health. They were impressed by the lengths that the staff went to make them feel welcome and comfortable, and, to have a night specifically for guys.

“Usually I’ve noticed, in general, that when someone tells you to come down it’s kind of give or take but I felt that they were doing it for the benefit of us... they went out of their way to get pizza and prizes and stuff and they don’t really have to do that if they don’t want to so I thought that was really nice.”

(Alex)

“It was a little weird but I got to know her and they were young, everyone is young. It’s not like when they’re older and just trying to get rid of you, just in and out for a check-up. It’s more or less you trying to figure out what’s wrong with you so they’re there to answer your questions and help you out, and that was really good.”

(Markus)

The staff's efforts to provide non-judgemental, client-centred care was evident in the observations from the participants about the fair and respectful treatment they received. The friendly approach worked to overcome other differences that may have presented barriers such as the staff person being female or a bit older.

“They weren’t rude, usually when kids go into clinics, people are judgmental and stuff, they were just really nice.”

(Pedro)

These data demonstrate the importance for health care practitioners to break down traditional power imbalances between health care practitioners and patients and approach youth with an informal yet professional sense of care. The importance of first impressions with health care professionals cannot be overstated. Several participants spoke about negative health care experiences that deterred them from returning to seek help. On the other hand, one young man spoke highly of ‘his doctor’ and his abilities despite only having seen him once.



Young Men and Health Literacy

Confirming findings in the literature regarding young men's health practices, participants were well aware of the contradiction between traditional masculine scripts and accessing health care and information. Young men were highly cognizant of social messages about masculinity and the potential to have their masculinity questioned if they openly accessed health care and/or mental health services.

“I think that guys have too much pride; they aren't going to show up and talk about emotional things.”
(Nathan)

“Masculinity, they just don't want to be the weaker person.”
(Evan)

Young men did not perceive themselves as needing to be aware of sexual health and reproduction, indicating that women bear this responsibility because they have to shoulder the consequences. Some felt that this view was reaffirmed to them at the clinic level and in society more broadly. Young men who had attended clinic with their female partners, for example, remarked on the fact that they were rarely addressed in conversations about sexual health between the practitioner and female patient. Some participants also noted that sexual health care advertising is primarily targeted towards women.

“... I just don't think that we see a lot of emphasis to men... if it's just a lack of interest among guys or whether it's a cultural thing... I do think it's important.”
(Jamie)

There was a broad assumption that all sexually active women were knowledgeable about and responsible for sexual health and contraception. Those that are not knowledgeable are assumed not to be sexually active and are thereby not at risk to transmit infections.

“Guys don’t really think the clinic is for them, they think the clinic is more for girls. Guys are not smart; they sleep around, so I think that’s big. A lot of girls I know are smart, they know where to go, and they know all clinics and when they’re open.”

(Nathan)

“... a lot of guys think “she has nothing [no STI] so I’m good, that is a lot of guys mentality, ‘oh she is a virgin’”

(Markus)

Almost without exception young men spoke of the need for women and other young men to go the youth clinic but did not see a reason to attend to their own sexual health care. The underlying assumption seemed to be that women were ‘supposed to’ go for regular check ups (in the form of a pap smear) and only men who were irresponsible enough to get a sexually transmitted infection (STI) should go to the doctor. The notion of regular STI testing for men was not widely accepted or understood. There was a general lack of knowledge regarding testing procedures, STI prevention and contraception and the role of men.

“All this talk about getting pap smears and get this, get that, get vaccinated, and guys don’t know anything. I don’t even know what guys are supposed to do even.”

(Victor)

Young men did not equate ‘sexual health’ with other physical health concerns. While they had little problem dropping into a clinic to receive treatment for a broken bone or the flu, attending a sexual health clinic was seen as an admission that ‘something is wrong down there’. Admitting to a problem or a lack of knowledge regarding sex is persistently characterized within the interview setting as ‘unmasculine’. In turn, there was a great deal of evidence to support the notion that young men are more apt to get sexual health testing if it is framed within a primary care context.

Participants commented that building a trusting relationship with a health care provider over the long term contributed to an interest in being healthy.

Findings cont'd...

“I don’t even know if you’re supposed to get tested regularly but if you can get them in the door when they are regularly sick, that’s when they can ask....Getting someone tested for STD is a big deal...having no trust [with a clinician] before...I wouldn’t come in just to get tested for an STD.”

(Jay)

Some young men articulated a discomfort with sexual health education in the schools that used an open, sex positive approach. These participants interpreted the frank conversations about sexual activity as a message that all their peers were sexually active while they were not. While they appreciated efforts to convey important information, these participants said that it added to insecurities about being sexually inexperienced.

“I know ...a lot of people are more sexually active now...but I don’t really know. ..I think when you are at 16 it is probably still below 50%.”

(Jay)



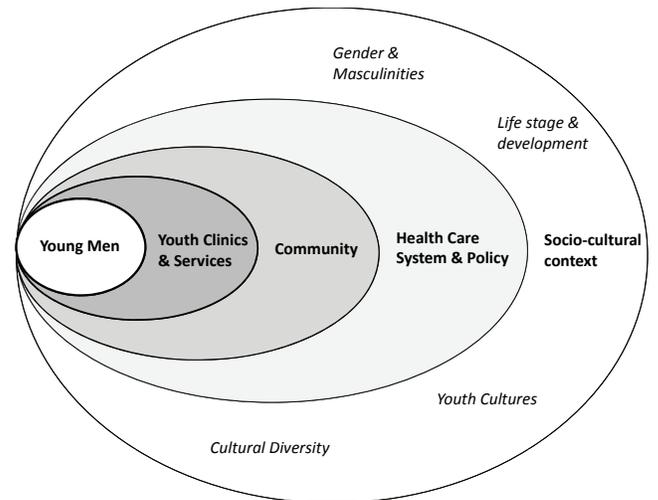
Implications for Practice

Key Recommendations

To improve young men's engagement with youth clinic services and health care in general, change needs to be addressed at multiple levels. These recommendations were developed for health care practitioners, health care managers, educators, policy makers, and community agencies, and aim to be relevant to the broader Vancouver Coastal Health region.

The following recommendations³ are directed to the intersecting levels of influence surrounding young men:

- **Youth Clinics**, including Evergreen and other youth clinics across VCH;
- **Community**, including the services, agencies, activities, businesses, neighbourhood spaces that young men interact with as a part of their everyday lives;
- **Health Care System and Policies**, including those structures that determine how and where health care is delivered; and,
- **Socio-cultural context**, including the diverse social identities and practices that young men claim and perform as part of their lived experiences.



Clinic Level:

- Build relationship with young men when they enter the clinic. First impressions matter. Some young men base knowledge of health services on one interaction. Health practitioners and administration staff need to work from a relationship-based practice that focuses on developing comfort and familiarity with health services for young men.
- Post a permanent sign advertising Youth Clinic hours in window visible to walk-by traffic.
- Develop a formal program with Vancouver Board of Education to incorporate tours of youth clinics into health curriculum for high school students.
- Address young men who attend clinic with girlfriends as a couple and as an individual with his own health concerns. Engage young men in dialogue about their own health concerns and/or decisions that affect both partners. Encourage young men to attend for their own health concerns.

³We would like to note that many of the following recommendations apply to other populations of youth, such as young women, LGBTQ youth and other marginalized populations that face barriers to health care. However, we have applied a gendered analysis to highlight the barriers faced by young men, with special attention to the role of masculinities.

Implications for Practice cont'd...

- Provide concrete, factual information for young men about health. Explain health care procedures to young men before proceeding. Give young men options and allow them to make choices about procedures.

Community Level:

- Establish or liaise with an existing local youth advisory council to inform health promotion campaigns and clinic service delivery. Encourage young men to participate.
- Develop a peer-to-peer program between older youth and younger youth to provide education about health care services and options. Liaise with VCH Volunteer Co-ordinators and Community Developers to create and implement such a program.
- Build partnerships with local community organizations to develop health promotion strategies for young men. Focus on recreational programming as an access point to reach young men out of school.
- Promote a city-wide social marketing campaign to advertise health services for young men. Adopt a proven campaign, such as “Keep Mr. Happy Healthy”, from Planned Parenthood Toronto. Engage with Vancouver Community Youth Clinic Interdisciplinary Practice Committee to initiate campaign.
- Develop both co-ed and gender specific programming for youth. Young men want to participate in health education with female peers AND want space to discuss male health with male practitioners.

Health Care System Level:

- Expand Vancouver Community youth clinic mandate to include services that young men are most likely to access, such as primary care for injuries and illness. Using a model of youth-focussed health service delivery, engage a city-wide youth advisory council to inform a visioning process for youth clinics.
- Rebrand youth clinics as a place that young men are welcome and as a place that is inclusive of all genders. Break from historically developed system of female-oriented reproductive health care. Work with the internal structures of Vancouver Community (for example, Youth Clinic Interdisciplinary Practice Committee) to redevelop the public image of youth clinics.
- Deliver youth clinic services within settings youth already visit, such as community centres or schools. Advertise clinics as a place to receive health information, health education as well as health care.
- Develop a “Well Man” check up to provide an opportunity to assess mental health, substance abuse and sexual health. Clinicians would use this check-up to provide further education on such skills and knowledge as testicular self-exams and general health concerns. Beyond screening for high risk health concerns among young men, this check up intervention would establish and reinforce positive relationships with health services.
- When working to transform health services to increase accessibility to young men understand that there are many ‘masculinities’. Some men are open to more explicit sexual health messages while others have cultural and ethnic background in which such messaging is intimidating or offensive.

Socio-cultural Level:

- Account for differences among young men. Work within a framework of “multiple masculinities”: that there are social, cultural, economic, ethnic, and sexual orientation differences among men; and, that each individual man may express his gender differently in different settings, such as when with male peers or when with a girlfriend.
- Avoid assumptions about young men and sexuality. Some young men prefer less sexualized approaches to health education. Ensure health promotion campaigns are sensitive to values in different cultural, ethnic and social groups.

Steps Taken by Evergreen Youth Clinic

In response to lessons learned from this research project, the Evergreen Youth Clinic staff initiated a number of changes in practice to facilitate access to services for young men.

- Implemented a mix of drop-in and appointment spaces for attendees to accommodate those who prefer to make appointments.
- Made waiting room more youth-friendly by adding more youth oriented magazines and posters, and removing baby toys.
- Modified triage sheet to be more gender neutral.
- Piloting nutritional services and dietician times to add variety to services.

Next Steps

Putting recommendations into action is the next step of this project. As success will require multiple levels of, stakeholders, key agencies and committees from different sectors and interests need to come together and establish a work plan. The Vancouver Community Youth Clinics Interdisciplinary Practice Committee offers a logical place to begin discussions about creating a broader reaching campaign to educate young men about youth clinics and sexual health services. But to address larger changes in how young men look at their health, commitment from policy makers and health care systems is required. At all levels, however, is a need for each of us to challenge the stereotypes about young men as disengaged, uncaring, dangerous, and help create a positive ideal of masculinity and health.

- Develop a work plan from recommendations.
- Liaise with different health care, education, and community stakeholders.
- Strategies for working within existing resources for short term and long term changes to address young men’s health needs.
- Creating opportunities for young men to consult on health care services.
- Challenge negative stereotypes about young men and health practices. Encourage positive health practices among young men.

Final Word

Getting young men through the clinic door proved to be a challenge during this intervention project. However, once through the door, young men clearly demonstrated the need and desire for health care services.

Young men in this study reiterated many of the reasons cited in the literature for not accessing sexual health clinics: namely, teen and young adult men do not perceive sexual health clinics as services for men and are often not aware the services even exist in their neighbourhoods.

Clearly, population-level interventions are needed to improve access to services for young men. While we were able to demonstrate the importance of adapting the clinic environment to be more 'guy-friendly', what remained beyond the scope of our study was a large-scale promotion of sexual health care services that advertise their relevance to young men.

Finally, findings from our study underline the key importance of "relationship" for all youth, male and female, with their health care providers. Contrary to some assumptions about young men, participants in this study valued practitioners that took the time to address their concerns and get to know them as a person. Participants trusted those practitioners who respected their values and understood the context of their lives.

Youth clinics are an important place that youth can access services that specifically address youth concerns. Finding ways to open the door to young men as well as young women will go a long way to improve the health of young people and establish life-long health practices.



Reference List

1. Addis M, Mahalik J. Men, masculinity, and the contexts of help- seeking. *American Psychologist*. 2003; 58:5-14.
2. Courtenay W. Constructions of Masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*. 2000; 50:1385-1401.
3. Phillips S. Risky business: explaining the gender gap in longevity. *Journal of Men's Health and Gender*. 2005;3(1):43-46.
4. Canadian Council on Learning. *Learning about Sex and Sexual Health*. Ottawa; 2009.
5. Smith A, Stewart D, Peled M, Poon C, Saewyc E, Society MC. *A picture of health. Highlights from the 2008 British Columbia Adolescent Health Survey*. Vancouver, BC: McCreary Centre Society; 2009.
6. Bannerji P, Pikksalu K, Roelofsen D. *Youth Clinic Satisfaction Survey*. Vancouver, BC: Vancouver Coastal Health Authority; June 2008.
7. Clinic EY. *Statistical Data- clinic attendance*. Vancouver, BC: Vancouver Coastal Health Authority; 2008/2009.
8. Connell RW. *Masculinities*. Berkley: University of California Press; 2005
9. Frank B, Kehler M, Lovell T, Davidson K. A Tangle of Trouble: boys, masculinity and schooling- future directions. *Educational Review*. 2003;55(2):119-133.
10. Shoveller JA. *Profiles of Youth STI Testing Clinics: Study Sites in Fort St. John, Vancouver, Richmond, Quensel and Prince George*. Vancouver: Vancouver 2007.
11. Shoveller J, Johnson J, Rosenberg M, et al. *Seeking a Better Deal. Community Report. Sex, Gender & Place: An Analysis of Youth's Experiences with STI Testing*. Vancouver; 2007.
12. BC Centre for Disease Control. *Sexually transmitted and blood-borne pathogens*. 2004. *2004 British Columbia Annual Report of Reportable Diseases*, 29-37.
13. Raine T, Marcell AV, Harper CC. The other half of the equation: serving young men in a young women's reproductive health clinic. *Perspectives on Sexual & Reproductive Health*. 2003;35(5):208-214.
14. Armstrong B, Cohall AT, Vaughan RD, Scott M, Tiezzi L, McCarthy JF. Involving men in reproductive health: the young men's clinic. *American Journal of Public Health*. 1999;89(6):902-905.
15. Lewis DA, McDonald A, Thompson G, Bingham JS. The 374 clinic: an outreach sexual health clinic for young men. *Sexually Transmitted Infections*. 2004; 80:480-483.
16. Kimmel M. Masculinity as Homophobia: Fear, shame and silence in the construction of gender identity. In: Gergen M, Davis S, eds. *Toward a new psychology of gender*. New York: Routledge; 1994: 223-242.
17. Epp J. *Achieving Health for All: A Framework for Health Promotion*. Ottawa: National Health and Welfare;1986.
18. Saewyc E. Nursing theories of caring: A paradigm from adolescent nursing practice. *Journal of Holistic Nursing*. 2000;18:114-128.

Appendix A - Poster/Flyer to Advertise Guys Night

**EVERGREEN YOUTH CLINIC'S
GUYS' NIGHT**

Vancouver
Coastal Health
Research Institute
Realizing Care through Discovery



**KEEP
MR. HAPPY
HEALTHY**

**DATE: JANUARY 26, FEBRUARY 23,
MARCH 30, AND APRIL 27**

TIME: 4:30-7:00PM

**WHERE: EVERGREEN COMMUNITY HEALTH
CENTRE—3425 CROWLEY ST (CORNER OF CROWLEY & JOYCE)**

**WHAT: DROP IN, WIN PRIZES, FREE STUFF, PLAY
GAMES, FOOD, INFORMATION AND ADVICE**

ONLINE: 12PEE.CA & FACEBOOK 'KEEP MR. HAPPY HEALTHY'



