

NWX-OS-OGC-RKVL

Moderator: Mona-Lee Belizaire
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Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode and for the duration of today's conference. Today's conference is also being recorded. If you have any objections you may disconnect at this time. I'd now like to turn the meeting over to (Miss Wilma Robinson). Thank you and you may begin.

(Wilma Robinson): Hi, good afternoon. Again, my name is (Wilma Robinson). I'm the deputy director of the office of adolescent health. Thank you for joining us for today's Webinar, it takes two to make a baby, engaging males in teen pregnancy prevention. Before I get started I just wanted to note that if you have logged in via the Internet, you still need to dial in to hear audio. So if you're having problems, that may be it and just dial in to hear the audio.

This Webinar is being sponsored in collaboration with the administration for children, youth, and families, the centers for disease control and prevention, the office of adolescent health, and the office of population affairs in recognition of May as teen pregnancy prevention awareness month. We are fortunate today to be joined by several outstanding speakers.

(Miriam Hernandez-Jennings) is a senior consultant at JSI Research and Training Institute, excuse me. She has been working in the field of sexual and reproductive health equity for women, young men, and adolescents for the past 18 years. (Hector Sanchez-Flores) is executive director of the national compadres network, national Latino fatherhood and family institute. He has over 18 years of experience working in the areas of teen pregnancy prevention, teen sexual health, and male involvement programming.

(Karen Schlanger) is a senior technical advisor of performance management and quality improvement at Citadel Associates. She has 18 years' experience developing and managing public health programs, conducting qualitative and quantitative program evaluations and research, and providing training and technical assistance in community and clinical settings. (Linda Hawkins) and (Keith Gaston) are both clinical supervisors with the father works program. (Linda) has over 45 years of experience working with adolescents and children in various settings, while (Keith) has been working with at risk youth for over 30 years.

(Tamika Townsend) and (Brenetta Johnson) are both outreach educators with the southeast Mississippi rural health initiative. Collectively, they have over 13 years of experience working with adolescents. And last we have Mona-Lee Belizaire who is a fellow with the office of adolescent health. She has been working in the field of adolescent sexual health and reproductive health for over seven years.

We will have time for questions once our speakers have concluded their remarks. You'll be able to ask questions online using the question and answer function, the Q&A function at the top of the screen. Next I'd like to turn it over to (Miriam Jennings) to get us started.

(Miriam Hernandez-Jennings): Good afternoon. My name is (Miriam Hernandez-Jennings), and I am from JSI Research and Training Institute. I am the director of the working (unintelligible) community component of the CDC teen pregnancy community wide initiative, in which JSI is funded along with four other nationals to provide training and technical assistance to 9 funded grantees.

The project is in the fourth year, and we have 18 months left in the project. I would like to thank the office of adolescent health for inviting JSI to prevent on the CDC young men's program, focused on providing training and technical assistance to the 9 state and local funded grantee agencies, who increase their capacity to engage young men in teen pregnancy prevention.

Presenting later will be JSI partners (Hector Sanchez-Flores). (Hector) and I have worked together now for at least 15 years, and we began through the region one title 10 training center on building the capacity of 5 or 10 grantees to meaningfully engage males in teen pregnancy prevention. (Hector) as well as (Dr. David Bell) from the young men's clinic provided technical assistance and training via institute and grantee specific training.

And I feel very fortunate that both of these great experts continue to work with me and provide support to JSI on the CDC young men's program. At JSI we are pleased to have received funding from the CDC corporate agreement shown here to build the capacity of our grantees in addressing the social determinants of health that influence both health and sexual behavior in order to reduce the disparities that exist in teen pregnancy and continue to view upon the work we have done on the type of - on projects on male engagement and make it an important focus of our work on the CDC project.

The content of this presentation does not reflect in any way an official position from our founder. The objective that we set out for today are describe the importance of engaging young males in teen pregnancy prevention efforts, discuss social determinants of health that have an impact on the sexual and reproductive health of young men, also to describe the next - (unintelligible) for engaging young males, and describe examples of technical assistance we have provided to CDC grantees to enhance male participation in teen pregnancy prevention efforts.

A little bit of background, I am sure you are familiar with the information shown here, but let me quickly go over it to provide an overall background on the status of young men of color, sexual health. We know that one in five sexually active teen males report getting a partner pregnant and adolescent males who reported getting a female pregnant were both likely to be non-Hispanic black and have a mother who gave birth as a teen.

We also know that about 20% of fathers are younger than 20 at the birth of their first child, and lastly becoming a teen father may have negative consequences for teen fathers, their children, and their families, including low socioeconomic status and educational attainment and poor parental (unintelligible). So why engage young males in teen pregnancy prevention? Here are a quick three reasons for engaging young men in pregnancy prevention.

But the most important takeaway is that young men want to be part of the solution. They want to be seen as engaged partners, but they do not know how. We have a tremendous opportunity then to really prepare our organization and ourselves to thoroughly engage young men in efforts of teen pregnancy prevention. (Hector) will talk later about what the CDC grantees have been doing in order to engage young men.

The importance of context, as I already mentioned, JSI is funded by the CDC to address the social determinants of health and impacting pregnancy and social determinants of health reflect social factors and the physical conditions in the environment in which people, and in our case, where young men live, work, and play. Social factors such as housing, education, income, and employment greatly influence the health and quality of life in neighborhoods and communities.

So young men do not live in isolation. They live in a family or with guardian interact with peers and belong in a community where they go to school or look for employment, and this context impacts greatly young men's sexual and reproductive health. So, we must take into consideration that working with young men requires us to become very familiar with their surroundings, their social conditions, the social determinants that affect young men.

Clinical services and evidence-based interventions do great work in changing individual behavior, which is a great approach and we all agree. But addressing the social determinants to provide (unintelligible) a framework for eliminating health disparities and achieving health equity. Achieving health equity requires creating fair opportunities for health, and eliminating gaps in health outcomes between different social groups.

It also requires that all of us look for solutions outside of the health care system, such as the transportation, education, or the housing sectors, to improve opportunities for better health in communities. Next we will look - we will take a look at social determinants that impact sexual and reproductive health. We know that social determinants are multi-level from individual factors such as special behavior, (unintelligible), to structural factors such as health services, school attachment, and they have viewed health outcomes.

(Sir Michael Mardmort) who has led or has been leading the movement of integrating social determinants approach to health asked the following question. Why treat people when we send them back to what makes them sick? And I repeat, why treat people when we send them back to what makes them sick? So in the case of young men, we provide excellent clinical services and a caring we will outline later, there's still a lot of work that needs to be done here.

But engage them in youth government programs, and we do great work there too. But we continue to send them back to a community with low economic opportunities and great neighborhood disadvantage and they face racism and discrimination. But we do know that connectivity to parents and the schools and supportive faith communities play a positive influence in young men's health opportunities.

Therefore creating linkages and working with these groups in creating a better environment where young men live, work, and play will help greatly in reducing early fatherhood. Creating partnerships is key. Creating partnerships in the community, partners that can provide for the social and economic needs is the greatest strategy for a more comprehensive approach to engaging young men in teen pregnancy prevention.

Now moving to some key best practices for engaging young males, so I already have mentioned the importance of social determinants for health and how we need to consider the larger picture when working with young males. We also know that there are some key elements that may improve our program and clinical efforts when it comes to young men. The list here that you see, it is not a exhaustive but it will give you an idea of some of the elements that should be taken into consideration.

And (Hector) will also discuss other important practices to be mindful of in a little bit. So the young men's program, that's taking the social determinants of health and the best practices into consideration, JSI created the young men's program to help build the capacity of the nine participating grantees to engage young men as active participants in teen pregnancy prevention efforts by taking into account the context where young men live, work, and play, which impacts sexual and reproductive health decisions and outcomes.

Briefly, the young men's program has four components. We support our grantees in conducting a (unintelligible) analysis to identify community and specific social determinants of health that impact teen pregnancy. And as many of you know, our root cause analysis is a process used to identify the contributing factors and underlying causes of a problem, an event, or a health issue such as teen pregnancy.

By conducting a root cause analysis, young men with community supporters such as non-traditional stakeholders can begin to understand the complexity of teen pregnancy in the community, and already one of our grantee agencies has been doing this work in (unintelligible), Massachusetts, with young men, and they are unearthing very important social determinants of young men feel that impact their sexual and reproductive health.

We also have (unintelligible) in conducting focus groups with young men to identify better ways to provide programs and services and heighten engagement efforts. And in addition we conduct bimonthly calls with grantees to increase skills, share information about how best to integrate a social determinant approach to engage young men in teen pregnancy prevention.

And last, we provide in person TAs, training and resources as requested and then (Hector) will discuss a little bit more some of the TA in training that we already have provided for our grantees. So all of these components helps to increase the capacity of grantees to engage young men in their respective communities, and closely examines the social determinants of health that influence young men, their behavior, the choices that they make, which put them at increased risk for early adulthood.

Now, it is an honor to introduce (Hector), JSI (unintelligible) and expert in the area of male engagement. He's going to talk more about the types of support that we have provided to CDC grantees through the young men's program. He will also talk about some other related initiatives that he's also involved in that are aimed at involving young men in teen pregnancy prevention.

(Hector)?

(Hector Sanchez-Flores): Thank you very much. I want to thank everybody that has invited me to participate. It's an honor to be here, and it's really an honor to have met many of the grantees in their communities and at convenience. It's a privilege to serve that effort because I've been dedicated - I've dedicated a great deal of my work to engaging young men so that they can be part of solutions as this Webinar is trying to focus on.

I'm on slide #12, and my computer does not allow me to move it forward, so I will be saying switch as smoothly as possible. So I work with the executive director of the national compadres network, and we've been working - this organization has been working for over 20 years to engage men and young men in positive solutions. And we've been very focused on dispelling the myth that oftentimes precedes Latino men, that we don't contribute to the health and wellbeing of their communities.

Time and time again we see many men, whether they be Latino, African American, Asian, Southeast Asian, Pacific Islander, that do incredible work in their communities, strengthen their communities and their families. So it's a privilege to be on the front row to support and see that work. We also are working very hard to increase the awareness that young and adult Latino men are dedicated to connecting to their cultural values.

Our organization mission means that if you have a strong rooted system and believe about yourself, then it makes it much easier for you to become part of something positive and part of solutions. And we believe that you become part of your own helping mechanism, and that leads to a stronger individual, a stronger family by extension, and the community in general. Next slide.

So we do work on advocacy. It could be helping the development of programs. We've worked in partnership with different entities, whether they be foundations and most recently with the White House on My Brother's Keeper effort, and we identify ways that policies can be enhanced to better serve these strategies to engage young men, and also the people that are doing the work in the community so that the structure is present for programs to grow and thrive.

Next slide, #14, I wanted to just outline very briefly some of the things that I've done with the grantees, different convenience, whether they be in Atlanta, Augusta, or in Holy Oak, Massachusetts. I've talked about community engagement for implementation. Young men have not been part of the equation in many, many instances, so for the many of the grantees, they're doing something that is new.

And so it requires a focus on the community. The community oftentimes sees teen pregnancy through a young woman's lens because that's the way

programs have been designed. As a result when you start talking about young men the community needs to be brought on board. The other part that we've spoken about is although we are known for working with Latino communities, very rarely do we go into a community that is only Latino.

They are very diverse, African Americans oftentimes have been the original members of that community, and now they blend and these families are actually blended in many, many instances, and so sometimes doing the work to get to know the different and distinct populations in the community takes careful attention so that the community realizes that it - that you're doing this work in a very good way as some people would say.

I've participated at the youth leadership team summit and visited the Bronx teen connection, supported the YEAH network when they were focusing a conference on male involvement and have been engaged with the South Carolina campaign to prevent teen pregnancy and traveled, had a beautiful visit in Augusta, Georgia, to introduce the concept of trauma informed care.

In many communities, our young men are exposed to many things that go unaddressed, and as a result sometimes we wonder why they struggle with engagement. One of the things that I walked away from in every instance is the people that were working in this effort in these different communities through these projects were the right people. They understand the importance of working with young men and how they can be part of the solution.

So every time I've been engaged with the community at meetings or locally, I have realized that they are the right people for this work. Next slide. We've talked about the history of male involvement in teen pregnancy prevention and how some places have done it more robustly and some people have done

it as a way to you know, discern who are the men that are most likely causing the teen pregnancy.

We talked about the barriers to engaging young men in this effort, and sometimes you have to endure - what I've recognized is that many of these grantees have done heroic efforts to undo the barriers that sometimes are created by schools, sometimes by juvenile justice systems, and they recognize the importance of being the first people that are actually welcoming and accepting of these young people, also recognizing the culturally centered interventions so that we can build on the strengths that exist within individuals and their families and you're not starting anew.

And sometimes that takes great work and some care to do that, and also the recognizing the community context of young men, that yes, sometimes young men are doing everything right. They're engaged in school, they're doing well and it's - maybe even excelling in school, but some of the young men are oftentimes being left behind, and maybe their points of engagement are not so positive.

And so you must begin to understand who you're engaging and when these two populations may in fact come together, how you can serve them at a very high and informed level, and then also recognizing that being trauma informed, our organization uses that as a first step, and it moves not just in recognizing the trauma, but also moving in on the continuum of healing, because it's very difficult to get a person to value themselves and incorporate the messages of prevention that you do so well when there's a sense of something that's not resolved inside of them.

And so creating and linking to providers that can support that healing centered care is very, very important as teen pregnancy prevention programs, that

might not be within your purview, but connecting with people to do that allows you to address those broader social determinants that oftentimes must be recognized and also addressed.

And you can't - you know, ultimately you can't - teen pregnancy prevention programs cannot do everything. You are critical to the community, but you must engage in partnerships so that everybody can begin to speak the same language of engaging young men in a positive way, and ultimately I think what happens is that the program begins to have a community ownership, and ultimately when you come across young men viewing them as assets, making them feel, genuinely feel that they're part of the solution to preventing early parenthood, because so many people out there are pointing the finger, are placing the blame squarely on young people and in particular young men.

But letting them know that you are set apart because you believe that they're the solution is very, very important. And then creating a male inclusive program that says we want you here, when I walked away from all the projects, I saw them actively doing this, and so I must laud you because I am sometimes in communities where they don't get that last part of it. Next slide.

And it's very hard and it's - you will hear from other people to identify evidence based programs we - that work with young men that are culturally inclusive. The national compadres network has a curriculum that's endorsed by SAMHSA as evidence based - it's called (unintelligible), and there are many other people that are trying to do this, so much so that in dialogue with the White House, they realized that perhaps going only to evidence based will limit the strategies with the most marginalized communities.

And so they're using different language now to try to identify evidence based programs that show that they're working with the populations that you serve,

but also beginning to see whether or not investments have to be made in distinct evidence based seeking programs that are getting proven. Ultimately there are some challenges to incorporate culturally based interventions into certain evidence-based programs, because sometimes adhering to the limits of how many sessions and the topics that are included in that, that must be covered, is very difficult to add different layers.

But some people do it really heroically and I think that you know, there should be some dialogue, and I'm sure there is amongst everybody, to try to get to a marriage where things can become culturally resonating, as well as maintaining some level of fidelity to what has been proven works, and male involvement could become a big part of what all these programs do. It just requires the support and resources to do this.

And when we look at the root case analysis for young men, they may involve different systems. Very recently we were asked what were the things that highlighted in a certain community, what was the difference with the African American young men that were being brought into the focus groups and the Latinos, and we discovered that they overlapped in about 60 to 70%, but there were some things such as where their parents were, fears of deportation, that came up as a part of this discussion that perhaps the providers didn't realize were significant for certain populations.

For the African American young men in there, some of that did not resonate that were really hard for them was family rooted strength systems. What we discovered is that their grandparents were very, very, very important to them in that community, and the providers weren't necessarily making the leap to the grandparents. They were focusing more on the parents, and the young men, the African American young men in that community were very loud and

clear that although their parents were very, very important, they were seeing guidance from their grandparents as being very, very critical.

And then ultimately trying to find sustainability for programs, in many communities they diversify their funding in addition to teen pregnancy prevention. They may be doing juvenile justice interventions and prevention, and it's very beautiful to see them involved in schools and receiving funding from schools, so it will provide you if you do this very well the opportunity to have your program more sustainable because more people see you part of their solutions as well. Next slide. I am not...

Woman: Lessons learned.

(Hector Sanchez-Flores): Yes, I'm on slide 18, oh no, I'm sorry, lessons learned on #17. I'll go quickly. But I think that although we're probably speaking to the choir, the people that are already here, we're talking to you, I think it's very important for us to incorporate language that says we believe that young men are part of the solution, and that we believe in a sincere commitment in not only doing our work better, but other providers, schools, juvenile justice system, law enforcement, to saying that they need to develop services that better support young men for their future and the strength of the community.

And also to look at the configuration of programs, sometimes people perceive that to mean that we only want young men, or men working with young men. But in many communities we see that there are women that are working alongside of male staff to do this very well, but it has to be very thoughtful so that you find people that are very good at working with young men.

And as one elder said that you're not angry at young men, we have men that are angry at young men and women that are angry at young men, and having

those people in roles promoting those programs can sometimes be a struggle. And then you know, become very clear in knowing who we refer to clinical services, because you have a chance to do that, and what I've discovered is that the CDC grantees have done a really great job of trying to build their capacity to do this better and better as time has gone by.

And I really want to log that, and seeking programmatic clues to support - that are supported by evidence, so we know what works in terms of health education, that we know that clinical services are very important, but also seeking things that strengthen the young person's inner resolve so that they can activate that information and just it doesn't sit idle within their soul, that they have a sense that they can build a better life for themselves, their extended family, and their community as well.

We work very hard. Now I'm on slide #18 - to institute these efforts, so we would be very supportive to having discussions at the highest level to say that teen pregnancy prevention resources are incredible and within those resources it's important to institutionalize the efforts of reaching young men and young women in the most positive way.

We believe in building strong community partnerships and in different communities we engage the reluctant faith community that didn't want to be a part of it and now sees that they are part of the dimension of helping young people be healthy and thrive, that we want to make sure that clinical services continue to include young men, because when young men are healthy, then that part of the community is more healthy.

And a community in general cannot be healthy unless everybody is healthy, and that we want to make the case that culturally centered programs that address the root causes for the community and the young people in there are

very, very important, and we're very happy that the White House initiative under President Obama, My Brother's Keeper, has been engaging in having these conversations about how we can strengthen what we're doing for those young people that are succeeding, for young people that are starting their lives, young males that are starting their lives by promoting early childhood development, grade level reading by third grade, achievement in higher education.

But we're engaged in addition to those topics about working with the most marginalized young men, those that are already involved in the juvenile justice system, and how we can begin to shift them from being involved in the juvenile justice system to being engaged in positive aspects of their community. So we are so excited with that, because for many years those young men are not viewed in that way about moving them along.

And President Obama has taken a bold stance on this and we couldn't be more excited in doing this. Next slide, #19, these are the things that My Brother's Keeper will be addressing, and in total it's a very comprehensive effort, and that's why it's so daunting, but I believe that our country relies on us achieving this goal. We can no longer not support the development of all our young men in the community, because they are integral to our collective success as a nation.

And so that is - you know, to have the President of the United States, President Obama, to say that in the White House and in subsequent meetings when we were there on Friday with senior leaders of the White House in DC, to hear them recommit and say that this is very, very important, we await within moments and days the release of their report about how this work is going to move forward and lead the country.

I'm at slide #20. This is a fundamental quote that we (unintelligible), and if you think about it from the perspective of young people and young men, that we believe that within the collective dignity, love, and respect of all people exists the system and resources for a beautiful and harmonious tomorrow, and if we do our work well, we will strengthen the ability of young people to plan their futures, plan their lives, and also plan their families in the best possible way so that the next generation of young people grows more strong and is more thriving than even we can imagine.

And that's the ultimate goal because if we don't accomplish this goal then we will struggle with the same issues and concerns that have plagued this nation and perhaps even enhance the success that we've seen in teen pregnancy prevention by supporting young people that haven't been part of that solution. So my information is on slide #21 if anybody wishes to contact me. As my mother would say (unintelligible). I'm here at your service, and I'm sure that if you have questions I'll address them at the end of the Webinar.
(Unintelligible).

(Wilma Robinson): Thank you, (Miriam) and (Hector), for that both enlightening presentations. Our next presenter will be (Karen Schlanger), and I'm turning it over to you, (Karen).

(Karen Schlanger): Good afternoon. Thank you for having me here. Again, my name is (Karen Schlanger) and I work at (unintelligible) and associates, or CAI, and (unintelligible) out of our Atlanta office and I'm going to talk today about a pilot project that we have that we're working on to address the sexual and reproductive health needs of young men.

And it's primarily a clinic focused initiative. So I'm going to talk today a little bit about the goals and objectives of our project, which is based in Gaston

County, North Carolina, which was probably about 30 miles west of Charlotte, and then I'm going to first - and then I'm going to go into some background on what we know about male access to sexual reproductive health services, what we know about male knowledge of and influence on contraceptive - the contraceptive decisions that their female sexual partners make and sexual reproductive health guidance and recommendations, best practices.

And then I'll talk a little bit more about where we are with our pilot project (unintelligible). So the purpose of our project that we're working on is to improve access to and the provision of quality sexual and reproductive health services for young men age 15 to 19 in Gaston, North Carolina. We're working with this sort of group of folks, including JSI and the Gaston County Health Department, Gaston family, which is like a little qualified health center in Gaston, and Gaston youth connected which is the entity that was created for the CDC funded community wide teen pregnancy prevention initiative.

And the project objectives really for this specific young men's project is to improve health care providers' knowledge and skills related to sexual and reproductive health services for young men, and then to increase the provision of quality sexual and reproductive health services and information to young men. We're also aiming to improve young men's knowledge about and their ability to obtain and use sexual and reproductive health services.

Our key outcomes are to really increase the number of young men that are using sexual and reproductive health services, and to do that we're trying to increase both the number of young men that come through the health center's doors, and then also increase the proportion of young men who come through the doors of the health centers that have a sexual health and reproductive health service or to have sexual health needs addressed.

We're also aiming to increase provider knowledge about and comfort addressing such services, and improve young men's knowledge about birth control methods. So I think - it was nice to have (Hector)'s background on some of the stuff that's going on at a national level. There's been - I guess I would say overall there's been a lot of good work over the past 15, 20 years, focused on young men, but there hasn't been a sort of targeted national effort.

Until more recently, until some of the recent activities related to this - the President's fatherhood initiative which really is promoting responsible fatherhood, (Hector) talked a lot about the My Brother's Keeper initiative, which really is focusing particularly on young men of color, but providing a lot of opportunities in a huge array of areas. And then another national initiative that's come recently is the (unintelligible) quality family planning guidelines, which I'll talk a little bit more in detail in a little bit.

But the - these were really - these came out last - a couple weeks ago, actually, and they really provide - have you provide quality family planning services, both for health vendors that are providing family planning services primarily and also as well as for other primary care providers, both public and private. And there's a big emphasis in the documents on recommendations for providing services to both male and female adolescents.

So I'm just providing a little bit of background here on what we know about where men do and don't get services. So we know that as teens get older, both males and females, they're less likely to receive preventative health services. It dramatically drops. They might go in for acute care or for a sports physical or something, but really getting preventative, it drops down a lot, and this is even more true for males.

Females start to see OB gynecologists, but males don't and so there's really a lack of access to getting services to begin with. We also know that when adolescents do receive health services, their sexual health needs are often unaddressed. We could call these missed opportunities, and again these missed opportunities, it's more true - it's more so from the data that young men are less likely to have their sexual health needs addressed when they do go in for health services.

There was even a recent study that came out a couple months ago that showed that about 2/3 of primary care providers talked - mentioned sex or sexual health needs during a primary care visit, but the average conversation among those that did was about 36 seconds, and it's - it seems to be that it's about double the amount a primary care provider that addresses sexual health needs for young females is about twice the rate of those for young males.

So we see that there's a great need. We also see that adolescents overwhelmingly express interest in receiving sexual health information from health care providers, and so it's a really good opportunity to expand those services. And then what do we know about contraception use? We know from plans data, from pregnant teenagers, that they report that - 25% report that they were not using contraception because their partner did not want to use contraception.

And I think typically people see this as primarily condom use, but in fact there's a lot of data to show that there's a lot of influence that young males - that sexual partners can have with their female sexual partners around contraception use, female controlled contraception beyond condoms. And so we know that young men approve of condoms and there's some data to show that there's high rates of approval of emergency contraception, but that their general knowledge overall of all the contraceptive methods is relatively low.

And that's a key, given that for example, long-acting reversible contraception is considered the best practice for offering that to teens at least, and yet many males do not even know what that is and what that could be. And really if there's confusion about availability, safety, and side effects of different contraceptive options that may inhibit males' ability to support effective contraception use.

So a lot of this access, lack of access, comes from a variety of social and structural barriers, so (Miriam) and (Hector) talked a little bit about this. There are social influences, masculinity and gender roles that can be barriers for males seeking services. They might see that getting sexual health services really in the female sphere, they might be embarrassed for - to have genital exams or to talk about sex, whatever those conditions are, and those are barriers to care.

There's also structural barriers, and those are really more the focus of this initiative will focus on. There's been a lack of - talk about a lack of clear and consistent guidelines for what sexual and reproductive health services should be provided to males. There's inadequate provider training. There's some provider bias, as we talked about from the data, either our clinicians not addressing sexual needs, and we've seen that certainly not as many pediatricians do provide sexual or reproductive health services.

So we see high rates of not providing the services in some context, and also we see data that shows that clinicians are more likely to address the sexual health and reproductive health needs in females than in males. Also know that there's a lack of teen friendly or male friendly clinic health centers. These are health centers, these are teenagers, they need to be inviting and they need to see that they're not going into for example, a pediatrician's office where

there's just - it looks like it's just for a bunch of babies and there's teenagers in that that they feel comfortable and that they're both male centered and teen centered.

And then there can be lack of funding for confidential service groups, (unintelligible) ten clinics. I'm not going to go into this in detail, but there are a number of items, documents that are not in various (unintelligible) academy of pediatrics has some guidance on excellence in providing health services to males. There's some guidance in the bright futures document. The CDC documents listed here are both the family planning guidance as well as some other guidance, HIV and STDs guidance documents.

And the others are listed here. I think the key is that there are some best practice documents, but they're not all consistent and out there. I think with the family planning guidance, then that that might change a little bit and I think (unintelligible) guidance documents coming out. So what are these evidence based services or best practices? And I'm not going to review all of them but I think it's just important to know what we're talking about when we talk about these clinical services.

So one example would be time alone at every visit for the clinician to talk privately with the patient, with the teen, not having a parent or guardian in the room. Now it's supposed to address sexual health needs but it could be to address domestic violence, intimate partner violence, mental health, any other sensitive topics. But there's a sexual health assessment at every visit, that there's STD and HIV screening as appropriate, access to treatment, and vaccinations for infections that could be sexually transmitted.

Additionally counseling and education, there's best practices related to that. Obviously promoting dual protection, condom use in addition to another form of birth control, helping youth clarify pregnancy or fatherhood intentions. If

you ask somebody are they sexually active, and then you ask them are they interested in being a father in the next year and they say no, then you can go into here are ways that you can prevent that or how are you planning to prevent that?

And then there's the possibility of doing high intensity behavioral counseling, and that's now reimbursable with the affordable care act. So I - now I wanted to go back over a little bit about what we're doing in our initiative, and again it's really a clinic focused initiative, and we - just to tell you a little bit about how we went about this with our site selection, we picked from the eleven communities that are participating in the CDC teen pregnancy - community wide teen pregnancy prevention initiative.

And we wanted to pick a site that's already providing some level of clinical services to males, have access to data on those services and had a commitment from leadership to enhance those services, and that also had a community component because there's a need, although we're not going to focus on the community side, there needs to be a corollary community initiative to get the young men into the clinic if that's where they're going, or to provide similar kinds of information out in the community.

And so we selected Gaston County based on that criteria. We've engaged the community planning group that's helping to guide our work as far as needs assessment, to help plan a stakeholder meeting, and I'll talk about that in a second, and that will help design the core components of the clinical intervention. We also are in the process of conducting a needs assessment, both looking at existing data, reviewing that.

We've done clinic self-assessments where the clinics really look at their data of what they're (unintelligible) health services that they're currently providing

to males, some of their data on (unintelligible), gonorrhea screening and positivity rates among males, their male friendliness as pertains to policies and staffing and the physical environment, both male and teen friendliness. And then we're doing some key informant interviews with both health - folks that work in the health arena as well as community leaders from you know, places like the boys and girls club, to churches, the schools, etcetera.

We will have a stakeholder meeting in August where we'll share this data and develop a framework for the clinical and perhaps a corollary community component to the intervention. Then we'll develop the intervention itself and then we've got some time and effort that we'll - that CAI will be developing and providing technical assistance and training materials to the sites, to the health centers that are participating.

That might be through - it will be through Webinars, protocol development, practice documents, and doing things like developing internal and external communication plans for how do you engage the entire system in what you want - what do you want the system to look like to promote sexual health for young men and to be really welcoming to young men, and then how do you engage folks in the community to use those services?

And then lastly implement and evaluate the program, and developing plans for that, and again the reevaluation will focus on the outcomes that I mentioned upfront really. Are we bringing in more people to the clinic, and are the folks that are coming into the health centers actually more likely to get sexual and reproductive health services, and then also some outcomes related to clinician and other staff knowledge and skill level and comfort level with providing such services.

I tried to go a little quicker, so I ended up sort of merging what I did in my follow up slide, so I think I've covered - I think I've actually covered everything. So this is my contact information. I'm working - CAI, we're working quite closely with JSI and in their Denver office (unintelligible), and I just wanted to (unintelligible) as well.

(Wilma Robinson): Thanks, (Karen). Next up we'll have (Linda Hawkins), and (Keith Gaston), excuse me, from father works program.

(Keith Gaston): Exactly - sounds the same way like the lady was talking about, (Gadsen), North Carolina, so...

(Wilma Robinson): Okay, great, (Gaston). I'm sorry, I'm murdering the names today.

(Keith Gaston): Not a problem, not a problem. Good afternoon, everyone. This is (Keith Gaston) from the father works program. I've been with the father works program since 2011, and I have next to me my co-worker (Linda Hawkins) who will begin the presentation.

(Linda Hawkins): Okay. We started with the premise that homes where fathers were absent had the following problems, and a recent article in Esquire Magazine reports an alarming number of affluent young males ages 18 to 24 are homeless and wandering aimlessly in large cities. Many of these young men are products of broken homes and lack male role models. To the next slide.

(Keith Gaston): (Unintelligible) father absenteeism as a risk factor, children are living with their biological fathers are most likely to be poor, use drugs, experience education, health, emotional, and behavioral problems, be the victim of child abuse, engage in criminal activity.

(Linda Hawkins): Our program started out to reduce the future unplanned pregnancies and to help young fathers understand the joys of fatherhood and parenting. We started in 2010, and we're funded through 2015.

(Keith Gaston): How we are studying it, we analyze controls, we have testing tube conditions, standard of care, which is 24/7, is a national evidence informed program which (unintelligible) focused case management also caused the controls or comparison, versus an innovative new approach, father works, which compared - an evidence informed program, SFI, which stands for supportive father involvement with comprehensive case management, employment coaching, placement, and wraparound services including behavioral health services, also called intervention.

The randomized control studies are the gold standard of study and meaning that is the best available under reasonable conditions. It is used to test the effectiveness of one rule versus the other rule.

(Linda Hawkins): How we get the - what they do after they're enrolled are show them the chart. And this slide explains the services and the amount of time we spend with each of them. We also very much encourage our young dads to bring the young moms with them to our groups, and we have them coming to both the SFI groups and the 24/7 groups. And when it comes to the behavioral health part of it, we find that a lot of them, while they may not want it during the time of the group, they're very much interested in it after the group and will come and talk to us.

(Keith Gaston): Who is eligible? Fathers who are eligible have a permanent address in the greater Hartford area, are between the ages of 16 and 24, are currently a biological father of at least one child. The child's mother is under the age of 21, that is a really big decision point, because we work - we run into a lot of

fathers, we'll find that sometimes their partners are - the father may meet the criteria age, but the partner, the mother may be 22, 23.

At the time of consent, the mother has to be under the age of 21. That is really important. So let's (unintelligible) the child's mother is not (unintelligible) we also are concerned about that. That's an issue that comes up. We look at, at the point of when the young man is recruited into the program, if we identify that there are some issues around the age of the pregnancy and then maybe it's been statutory, then we may back off.

If the (unintelligible) 18 must be able to advise parental care or parental consent in person, meaning that once we go through - if we talk to the young man, but once we've done the paperwork process comes up, we have to make sure that the guardian parent is there at the time signing on allowing the young man to participate in the program.

(Linda Hawkins): So effective strategies that we've had for recruitment are as follows. We've divided up the city. We have relationships with providers. We get them from former participants, and we've used past employment relationships with the community to find providers. The team that we have working is an older team of men, and we have two women, and so we have relationships in the city already.

So we've used a lot of those relationships to find young dads. By dividing the city into zones, we found that we can make each of us more accountable for what the people that we're seeing and what we're doing. And former participants are very big helpers in this area. They've gone out and found friends and have talked up the program. So those were a couple things that we didn't expect to happen when we first started the program.

(Keith Gaston): And I actually want to try to click onto the public service announcement, which is not coming up. I apologize for that, but - and I spoke about that earlier. We came up with the public service announcement as a way of showing a quick way of what was the father works program, how - if there are some issues that are out there, the young men, they are able to kind of look past that and see they need help, and then come to the father works program.

What we can do in trying to turn their life around, one of the things that if you look at down at the bottom of the slides, you see some very catchy artwork. We actually partnered with a gentleman in the community by the name of (Joe Young), (unintelligible) who came up with a really flashy sort of kind of concept that young people would kind of see and kind of be taken to.

I apologize not being able to show the PSA but you can also go on YouTube and type in Father Works VT and see that PSA. It's like a minute and six seconds. And again, I apologize that we're not able to show that at this time.

(Linda Hawkins): Another thing about the public announcement is that we used the young dads that were in our program to act and they really enjoyed it, and we also - (Kyle) developed or wrote a song, so that's pretty catchy about fathers.

(Keith Gaston): Absolutely, so if anyone's interested in that they can contact us. And we'll move on to the next slide.

(Linda Hawkins): We've had a lot of challenges with the recruitment that we didn't expect to have as many challenges. One of the things was the ages of the mothers, (Keith) has just said, because a lot - our men, we'll service them from ages 15 to 24, so having the mothers being under 21, it has been difficult. Getting into the schools, the schools really don't want to give up too much information

because they're trying to protect the privacy of their students. So we thought that we'd be able to get a lot of help from schools but we haven't.

Churches also, they like to take care of their own young people. They want to influence them on their morality and their value system, so that's been difficult. And also the hospitals, so we found that most of our recruitment has come from either going to the courts or going in the street, you know, where we see young people going to basketball games, areas where they will congregate, in the barber shops too.

(Keith Gaston): Retention, effective strategies - we have a very unique work incentive piece too. If a young dad is enrolled in the SFI program, they are - they have 120 hour work incentive piece to it so that they can earn minimum wage, which is \$8.70, like I said, work up to 120 hours during the course of the program.

Another really big piece that I think that is really strong that we have is the relationship the participants will have with the staff, no matter - at any point when we are doing our recruitment, I think that is really the really selling point of the program, the relationships that happen and that are forged from the beginning of the program to the life of the program.

And though the program is 15 weeks as the guy comes in the group, but when we are involved at the program for 16 months that we sort of have a working relationship with them. And the young man can come back to our - we have a center that is really set up and designed for them to come back and use as a resource, as a (unintelligible) place where they may want to come and talk, and talk about issues.

We also found that because we are in the state, the participants that come become very sparse and also sometimes different cities are challenged in the

area, still come at that point to bond with each other. There's a way that they have of crossing sometimes some of the racial lines, I mean, Hispanic and African Americans, and they're coming from different parts of the city that might be at - at some places, and sometimes you cannot go because you're just not allowed to go.

But when they come to group, they're allowed to embrace each other, talk about differences and just try to bond and work together. We also try to eliminate some of the issues that some programs do have in getting young people into the program (unintelligible). What we found is that we supply them with bus tokens. We also just recently went out and were able to access and purchase new vans so we have young men that are out of the greater Hartford (unintelligible) area who are coming in. We transport them in and we bring them home, so that is really a nice piece.

One thing that we really have showed a lot of traction is when the baby's mother comes as a partner to the program. That young lady brings so much joy and wonder when she is supporting her partner. It really shows a lot of support that they are working together as a team, and they're really a big focus of the father works program is the coparenting piece, so we're really good at stressing that.

And when a younger - when a couple comes like that we really talk that up and say to the other guys in the program, this is what - if possible, what it should look like. We recognize that there is a problem sometimes, not an easy situation when you have young people involved and they're in a lot of these relationships where sometimes they're hot and cold, but we talk to them about coparenting is a key element in raising a child.

So the mothers, when they come, they bring a perspective that the other guys in the program listen to and hear and appreciate and respect, and that - it allows them to really walk away and take something seriously with them. And we'll move on to the next slide.

(Linda Hawkins): Some of our biggest challenges is keeping them coming for 15 weeks. Once they're in the SFI program and they can - and they get the parenting skills and all that, it's a two-hour group. They also in the same week will have their supportive work employment group, and so now we're up to four hours a week, and once they start working they can work 10 hours a week, so for a young person who may be in school, that's a lot of time away from studying.

For the young man who's not in school, it's - they're just not used to spending that much time in a structured framework. So they found the 15 weeks to be challenging. We tried different incentives to keep the young men coming, and as of late we seem to have found a - or a way of dealing with ongoing issue of retention, and they have been showing up.

Transportation has helped a lot. We bought a van, and that keeps the young men coming. And the third thing is the things that are happening in the community. I think some of the young men are realizing that there's not much going on for them in the streets so they're trying to keep focused and stay with the program.

(Keith Gaston): And if you have any questions, you can - there's our contact information and I greatly appreciate everyone allowing us the opportunity and time to present the father works program. We believe it's a very unique and special program here in the Hartford area. And we're servicing young - so far we've serviced 266 young men.

We will continue to strive to go out and to recruit more. I just want to add a note, the PSA, we actually took from that, and we obviously came up with an idea of a short, half-hour movie that we also have, so if folks are interesting in doing that, they can also contact (Linda) or myself in regards to maybe being able to view that also. Again, thank you very much. Everyone have a wonderful day.

(Wilma Robinson): Thank you, (Linda) and (Keith). Next up we'll have (Tamica) and - (Tamika Townsend) and (Brenetta Johnson) from the southeast Mississippi rural health initiative.

(Tamika Townsend): Okay, I'm here, sorry. Good afternoon, everyone. Again, my name is (Tamika Townsend) and I'm an LPN as well as an outreach educator with southeast Mississippi rural health initiative, and I do have (Miss Brenetta Johnson) here as well. She's also an educator with southeast Mississippi rural health. So we'll be talking today about our man to man, manhood 101 event.

We have been implementing this event for two years now, but for us to give you a little bit of information about southeast Mississippi rural health initiative's teen pregnancy prevention program, what we do there is we implement the making a difference curriculum in schools, communities, and faith based settings in (unintelligible) county. With that program we target adolescents between the ages of 11 to 17.

We incorporate quarterly events into the program that are aimed at aging adolescents as well as their families and communities. And so with that being said, man to man is one of those events that is aimed at engaging adolescent males. In the beginning we were doing a program called girl matters, and a lot of the guys started asking us, well what about us? What about the boys? Can we have an event that's geared towards the boys?

So that's how we came up with man to man, manhood 101. So the purpose again for man to man, manhood 101 is to foster improved health and wellness, to build character, to develop long-term goals, and to provide mentoring to help overcome obstacles and achieve lifetime success with the adolescent males. I will be on slide 4, okay?

Research has shown that the influence of positive male role models is very beneficial to adolescent boys. It is a key component to healthy development and it's beneficial in providing a framework young boys can reference as they transition to manhood. Positive male role models also serve as a guide to keep adolescent males on the right path and avoid pitfalls such as crime, school drop outs, and teen pregnancy.

Children who have fathers or male father figures involved in their education are more likely to get better grades, have better verbal and problem solving skills, demonstrate a higher tolerance for stress and frustration, and are more likely to have positive peer relationships. Next slide, please. So we have to come up with a framework for this event, for the man to man event. So what we did in the beginning was we conducted an adolescent male focus group.

We sent out invitations to all the adolescent males at sites that we had previously implemented our program, which included the schools, the community and faith based groups. So we had 12 adolescent males respond and attended the focus group. And with that we asked the guys several questions, and one of the first questions that we asked were how many of you have what you consider a positive role model in your life?

And about 80% of the boys said that they did not have a positive role model in their life. So the next question we asked were what are some of the issues or

challenges that teen boys in the (unintelligible) area face, and why? And some of their responses included peer pressure, gangs, sex, having their own identity and wanting to be successful but living in poverty. So next we asked them what did they think would help in overcoming those challenges.

And the majority of the responses were having a man to talk to that has experienced what we've experienced, someone to show and prove to us that it's really okay to not follow the crowd, and someone to tell us and show us how to keep going when constantly surrounded by negative situations. And so the last question that we asked them was, if there was an event that was targeted towards adolescent boys, what topics would they suggest they cover and how would we market the program to entice the young men to come.

So some of their responses were to maybe talk about sex, peer pressure, bullying, health and fitness, ways to dress and appear successful, and they told us that in order to get boys to come to the event that we should first maybe put out some fliers in the schools and areas in the communities, and to do advertisements they said on TV, but more so on the radio, and of course just general word of mouth.

So next, the next part of our framework is to see how we could involve the males in the community. So we know that there are a number of the responses given by the adolescent male focus group boys all centered around men telling, doing, and showing. So therefore it's very important to us that the men be seen as the facilitators of the event, on the forefront. So every visible aspect of the event was facilitated by males.

For example, overseeing registration, serving the lunch, monitoring the sessions, and even hosting the event. So the last part of the framework is the community buy-in and collaboration. We met with several community

organizations, pastors, businesses, and government officials to tell them about what we were planning to do, and their take on the needs of adolescent boys and what an event like this should address and incorporate.

We also asked what role they saw themselves playing in the implementation of the man to man event. The community support was outstanding. Nearly everyone that we had talked to about the program felt strongly about what our teen pregnancy prevention program was trying to accomplish, and were willing to contribute to the event's success. And one of those examples is - was (Jason Campbell), who's with the group, the Cleveland Browns at the time.

He was notified via West Point Baptist Church, which is a church in our community, that we wanted him to actively participate in the event, so the collaboration with West Point led to the collaboration and participation of (Jason) and him being there at the event with us. Next slide, please. So for both of the events, both last year and this year, some of our partners and sponsors included the First, which is a national banking association here, Kohl's, the City of Hattisburg, health living fitness studio, Kedoba Grill.

We had Sephora, Walgreens, Belk, Foot Action, a radio station, a very popular radio station here, Y106.3, and several community organizations, and they all partnered with us to help make the event a success. Next slide, please. Some of our key event components from man to man, manhood 101 is that we have a keynote speaker at each event. Last year's event, keynote speaker was (Sam Jones), (Dr. Sam Jones), I'm sorry, who is the dean of student affairs at Jones Community College in Ellisville, Mississippi.

And this year's keynote speaker was (Kenny Pugh). He's a relationship expert from Atlanta, Georgia. We also had fitness fun which was done by (Alvin

Jackson), who owns his own fitness studio here in Hettisburg. We had a panel discussion both last year and this year where we had males come in and discuss growing up as young males, whether they come from a single family home, or a two-parent home with both mother and father, just they're going through school, high school, college, and going on to be the successful businessmen that they are today.

We had haircuts provided by Academy of Hair Design both last year and this year. The boys were able to get free haircuts from the Academy. They came and set up, so during their little off times, their breaks, they were able to get their hair cut, and even this year they stayed over after the event was completed to allow the boys to get their hair cut. And of course we had great door prizes both this year and last year from gift cards to haircut cards to clothing and items of that nature.

Next slide, please. And to just give you a quick overview of the breakout sessions from man to man, both last year and this year we did dress to impress and grooming 101, and these were set up to discuss ways for adolescent boys, where they can still maintain their swag without the (unintelligible) is what we like to call it. The participants learned about appropriate attire for different occasions while still maintaining that swag or that style.

They also learned how to tie a tie, and observed an all male fashion show that showcased many outfits for different occasions. Next we had step up to the plate, and that one encouraged - it serves to encourage adolescent boys to kind of pay it forward by joining community organizations and engaging in community service. Just as individuals invested in their lives and communities, they're encouraged to do the same thing.

So then we had our just want to be successful and financial education, those both highlighted the importance of managing finances and saving at an early age in hope that as participants transition into manhood, that they exhibit financial responsibility. And then more than just a six pack and health and wellness, those focused on the importance of overall healthy living. It is important to not only look great physically, but we want them to be healthy overall, which includes proper nutrition, (unintelligible) and exercise.

So this session was led by (Jason Campbell) last year, and (Mr. Campbell) felt very passionately about the event and eager to step up to conduct the session. He stayed throughout the entire event to mentor and toss the football around with the - several of the participants and they really did enjoy that. So some of our new sessions for this year included ask the doc, which focused on sexual responsibility and STDs including HIV.

And this was led by (unintelligible) health office (Dr. Thomas Dobbs). The participants were able to gain valuable insight on the transmission and prevention of STDs. Another new component was social media responsibility, and this one allowed the participants to learn some of the dangers of sexting, online bullying, and the consequence and impact of reckless online behavior.

And the last of our new components was welcome to the real world, and with this session, the participants were given real world scenarios, including occupation, a salary, ideas of what their bills are going to look like from a car note to insurance to (unintelligible) food every month. So they did learn how to balance their wants and needs in order to make it in the real world, and the did definitely learn a lot and learn how to prioritize.

Next slide, please. So the last component of man to man is our evaluation, and we try to conduct these evaluations after each event that we do. So with this

evaluation, we were able to gain some insight from the participants as far as what they enjoy and they did enjoy receiving insight from successful men who overcame similar challenges because going back to our panel, several of our panel, the men on our panel this year were teen fathers.

So they got a chance to see how being a teen father didn't necessarily stop them from achieving those goals. It did kind of slow them down, but it allowed them to see that they can overcome similar challenges as well. And then they enjoyed the opportunity to ask about specific strategies to overcome barriers to success. Some of the other things that the participants were able to report was some of their favorite topics.

And their favorite topic from last year of course was more than just a six pack with (Jason Campbell), and this year they really enjoyed the real world, just kind of looking at those real life situations and how that could actually be them within the next couple of years. Some problems that they would like to see discussed in the future included resisting gang pressure and envisioning a better future, how they can maintain and see themselves in the future.

And the last thing - last slide, please - is the evaluation, some of their comments, and some of their comments included that I'm ready to become a better person, yes I will do better and make better choices, I had a good and exciting time, and this should really teach young men how to present themselves. Last slide, please.

And so I'm sorry but we did not include our contact information, but if anyone would like our contact information I would be glad to give it to you once we get to the question portion, and that completes my slide presentation.

(Wilma Robinson): Thank you, (Tamika) and (Brenetta) for the presentation on the man to man program or project. Next up we have Mona-Lee Belizaire. Mona-Lee?

((Crosstalk))

Mona-Lee Belizaire: Good afternoon, everyone. My name is Mona-Lee Belizaire and today I will be discussing how the office of adolescent health engages young fathers. OAH has four (unintelligible) categories under their pregnancy assistance fund. These four categories are listed above.

They include support for expecting and parenting students at institutes of higher education, support for expectant and parenting teen students in high schools and community service centers, improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking and increased public awareness and education services for expectant and parenting teens, women, fathers, and their families.

Please note that grantees that chose to work in category 4 did so in conjunction with one of the other three categories. OAH understands the importance of recruiting and involving young fathers, but realizes that there are limited resources for young fathers and even less programs that focus on this population. Therefore OAH has placed an importance on engaging young fathers and has taken steps to be inclusive of this population.

One such way was to change the wording in the previous PAS funding announcement from pregnant and parenting teens to expectant and parenting teens, women, fathers, and their families. In addition to changing the wording in the funding announcement, OAH is in the process of producing resources that encourage the recruitment and retention of young fathers.

Two such resources include a checklist that organizations can use to assess their young father friendliness and a tool kit and infographics that dispel myths about young fathers and provide information on how organizations can help young fathers be more involved in their child's life. OAH will continue to focus on and encourage work with young fathers.

Upcoming resources will focus on recruiting and retaining young fathers and include video clips of young fathers and recruiters discussing what works best when recruiting and retaining young fathers as well as various Web sites and articles on engaging young fathers in programs. In addition, OAH has been involved in the White House's - excuse me, My Brother's Keeper initiative, and plays an important role in providing information and resources on working with males in the area of adolescent health.

There are several OAH grantees who are working with young fathers. One such grantee is the New Mexico public education department. They are currently working with the New Mexico GRADS, graduation reality and dual role skills program to implement the (unintelligible), making connection for success initiative, in 24 school sites across the state. Of the 24 school sites, 19 are expanding support to young fathers through a variety of methods including case management, onsite mentoring, group sessions and family father activities that support father child relationships.

Some of their work around young fathers includes statewide and local training on engaging young fathers, weekly coparenting activities, specific dad activities such as daddy boot camp, dad's club, and family father night, including young fathers on the GRADS advisory committee, and implementing the circle of security and 24/7 curriculum in the classroom and father groups.

Many of the sites plan to hire an onsite or community father mentor to serve as young fathers. Here are some ways that you can connect with the office of adolescent health, through our Web site, Twitter, at teenhealth.gov, and our monthly newsletter. Also please check out our YouTube channel. Thank you for your time.

(Wilma Robinson): Thank you, Mona-Lee. Thank you, everyone, for your participation in this Webinar. Unfortunately we do not have any time for question and answer as it is near the end of the call, or end of the Webinar. I do ask that if you have specific questions that you send it directly to our presenters.

Their information was included in the presentations, and if there was a presentation that did not include that information, just reach out to us and we'll get that information to you. Thank you to our speakers and to all of you for joining us today. We hope that you gained information from this Webinar that will further assist you in engaging males in your teen pregnancy prevention efforts. Thank you and have a nice afternoon.

Coordinator: This concludes today's conference. You may disconnect at this time.

END