

**Official Podcast Transcript**

**Title:** Sexual and Reproductive Health Services for Adolescent and Young Males

**Speaker:** David Bell, MD, MPH

**Duration:** 00:24:42

**Katherine Atcheson (**[**00:04**](https://www.rev.com/transcript-editor/Edit?token=hOciL1xfc3CgzeYH9rVHRgmXFM7NZqumJe-t9wNlb4D2U74dp9_nk8mpvYtNHjj4sp_0a7sceLYB2qEOy_aoUoSJupE&loadFrom=DocumentDeeplink&ts=4.98)**):**

Hello and welcome to The Family Planning Files, a podcast from the National Clinical Training Center for Family Planning. I'm your host, Katherine Atcheson. On today's podcast part of our April 2023 Clinician Cafe on re-imagining sexual and reproductive health services for male clients, we'll be discussing the specific needs of adolescent and young male clients. Our guest today is David Bell, MD, MPH. Dr. Bell is Professor Pediatrics at Columbia University College of Medicine and at the Mailman School of Public Health. In addition to his academic activities, he has been the medical director of the Young Men's Clinic at Columbia University as a board-certified pediatrician and is a past president of the Society of Adolescent Medicine. Welcome to the podcast, Dr. Bell. We're so excited to have you today.

**Dr. David Bell (**[**00:55**](https://www.rev.com/transcript-editor/Edit?token=DnlqQiM5TfsZ83446RBNMGNzvsexB8afg3c_Q6AcswAKENUnr_pZJHiJk2ncQ1Zm4iZb5hG4P-S4Mv8YmaNXNpDXjBw&loadFrom=DocumentDeeplink&ts=55.11)**):**

Thank you. I'm very excited to be here.

**Katherine Atcheson (**[**00:57**](https://www.rev.com/transcript-editor/Edit?token=3HZCalGg1osvZY7z73WNxrZARTDB0FGchgsWbjCgKI9Dh9ZIzVptpCd6KWPyfjiyc-TjrVkG0GLh-4_eF2Os7NOkQ40&loadFrom=DocumentDeeplink&ts=57.6)**):**

To start, for our listeners, would you lay out a definition or parameters of what we're talking about when we say adolescents, young men, adolescent male patients, is there a standard definition or age range, or developmental range that's accepted in the medical community?

**Dr. David Bell (**[**01:16**](https://www.rev.com/transcript-editor/Edit?token=Ra0ue0xJadgw5VVmTc4b-KTZLs4lVgCXRj_sHmNhqURaFFc_7BcmaKRjaktz894E_o95V3-3sCt3m-RN2QTC_G6rRrU&loadFrom=DocumentDeeplink&ts=76.17)**):**

That's a great question. I think many pediatricians and adolescent medicine docs will usually say that adolescence starts around 10 to 12 and obviously, in general that depends on gender and when puberty starts, but overall, we have some parameters around the early start of adolescents in puberty. The end is quite challenging, partly because we have many different parameters. Our young people can vote and die for their country at age 18. They can't drink till they're 21, and our brain development research really talks about somewhat the end of adolescence in the adult brain isn't fully developed until around age 25, 26. So it's our emerging adulthood is also, we are weaving that into adolescence as well.

**Katherine Atcheson (**[**02:13**](https://www.rev.com/transcript-editor/Edit?token=ZAF5uZU0ah1GdK8IV-V8XCH1w2hm9oEYnJNQKUojqAyXi2tOryXt5TJ0b3PW7J8B4gVTa4wmoixA53d6mdzZZaxcwJg&loadFrom=DocumentDeeplink&ts=133.56)**):**

Thank you for that. And because this is a sexual and reproductive health podcast, when we talk about contraception and things like reproductive goals and intentions, the focus and really the connotation seems mostly to be on women, people who can get pregnant, but of course, men also have a role in reproduction. What are some good ways for clinicians to discuss things like contraception and reproductive goals with their male patients, possibly with parents in clinic?

**Dr. David Bell (**[**02:44**](https://www.rev.com/transcript-editor/Edit?token=jk7qmbVwhxCOOuZuaim2f5Hw0mzk1IG07MFSdMY0kPEKc0_U0ff_pDd2xM-OyHGuQM0pm7WcxHhfno2FdzopKUderoQ&loadFrom=DocumentDeeplink&ts=164.61)**):**

Great question. What I'd like to do is start with a bit of history, and that in 1994 there was the International Conference for Population and Development that was held in Cairo, Egypt. And at that meeting was the point in time where the leaders at the conference said, "We had done as much for women's sexual and reproductive health as we could without involving men," and at that time it was really a call to elevate at least our involvement of men in services, in understanding of contraception, in having hopefully as we can still say, the future of male contraception itself, and elevating that conversation and elevating the storyline, and that led over time to where we are today. What does it mean to bring young men and possibly their parents into the conversation? It starts in many different ways, I would say. Given the advent of the HPV vaccine, we actually have an early conversation that can start that doesn't really have to do with sex.

**Dr. David Bell (**[**03:57**](https://www.rev.com/transcript-editor/Edit?token=YukvicyeRZsGQ1tkZL8lToA9DSkJ2-ueRrZXw-O_5WKyKOm4CUr_SGjP4Vd75rZaPsQnFiwmfORtLNXnbDZKFqsnOiw&loadFrom=DocumentDeeplink&ts=237.51)**):**

It really has to do with prevention as most of our vaccines are about preventing illness. We have the HPV vaccine that prevents outcomes, particularly cancer and infections in both women and men, and we would love to start those vaccines early in adolescents and so that can at least start the conversation that it's about both genders or at least all genders, and not just females. And it's important for the health of our population for us to use the vaccine and have a preventive space and preventive mindset.

**Dr. David Bell (**[**04:40**](https://www.rev.com/transcript-editor/Edit?token=P0qbay88DpblWDYkQiAogzafOZkTygZVrEiUW1HYJvygXctPq0Z_RmzeNh1plb88BQnJC6VFmWU6AG3geObgkKajX20&loadFrom=DocumentDeeplink&ts=280.59)**):**

After that, it's really, I would say as we think about the adolescent agendas within our prevention standpoint, it is about having conversations about when's the right time to start having sex and what's healthy, what's not healthy, what are healthy relationship. All those conversations that we, in general, have focused on with females primarily are really important to have with males as well. To be sure that the conversation may not be as robust because our young men may not have the words and the vocabulary initially to continue that conversation, but as we model those conversations, I am quite clear from my experience that they will really engage and be a part of those conversations.

**Katherine Atcheson (**[**05:30**](https://www.rev.com/transcript-editor/Edit?token=_ynZND66SEz2beHPTtgeyNBnYzzZgDibco4TaH0ZMhVpUfFTujAppgjZvOKAyuFqg2WEIWZF0tfE8cq4o7o8n-6Jgig&loadFrom=DocumentDeeplink&ts=330.84)**):**

The US has seen STI rates continue to rise over the past decade or so. This has been compounded in the past few years by the complications around COVID-19. What is the impact of this increase in those rates on adolescent boys and young men in the US, and what is the current picture of STIs in that patient population?

**Dr. David Bell (**[**05:55**](https://www.rev.com/transcript-editor/Edit?token=vvcN2ghzhjkitLaInzROHPse5Pf4bu1YXdAXIjObU4W0rp6CVP7pE-xKJ2RiF4-32-xRxX9U0hqit9YRRv7EZzSp0p4&loadFrom=DocumentDeeplink&ts=355.47)**):**

Great question. I think it's complex. Our rates have increased for many different reasons and different infections have increased more or less in various populations. If I tease some out, let's talk generally STIs, overall. What's really important in the United States is that we do have some confidential times with our adolescents to talk and ask about interest in sex, interest in sexual activity, engagement in sexual activity. It is only with those conversations will we be able to understand if screening and testing is necessary. It is not for everyone, and we also know that for many different reasons, the trends of first sexual onset and activity has actually increased to a later age group, later age than has traditionally been. So, in many respects that's good news because it delays sexual activity, and it delays it toward greater ages of maturity as well as greater ability to have strong intimate relationships.

**Dr. David Bell (**[**07:04**](https://www.rev.com/transcript-editor/Edit?token=nnkdGuzvoYi3U13O942CZaTZox9uyLpNSTn0-vgfDQM-h7DmkWTXDB5Dmz7ZCaLMtCZvuxsUNUhND3NAuwe0_kOpykI&loadFrom=DocumentDeeplink&ts=424.59)**):**

That being said, our United States culture doesn't always put having conversations about sexual activity as a positive, and it becomes scary, and it becomes daunting for our teenagers to really open up about what is going on in their lives. And so, with that, we may miss opportunities to screen and therefore infections persist. For males in particular, we do not have true guidelines to test for males on a regular basis. For women under the age of 26, our guidelines are to test women for chlamydia in particular every year. Fortunately, our chlamydia screening is paired with gonorrhea screening on a regular basis, and so we screen our young women because of a CDC guideline on an annual basis for both gonorrhea and chlamydia. So, we pick up a number of asymptomatic infections because of that routine screening. We don't have those same guidelines for males. Males are asymptomatic for many of their cases just like women, and therefore it's important that we understand how to engage and when to engage, and then also screen appropriately our male-identified patients.

**Dr. David Bell (**[**08:25**](https://www.rev.com/transcript-editor/Edit?token=vmFcyuC76UI9buimY_-J4RFippBIhMzSHE-cJtSvx5sui_7maXsYQrDbq6xJboit4mEx98n4nFbw9mFbUcxQlzm3mvw&loadFrom=DocumentDeeplink&ts=505.59)**):**

I think I'll stop there. I think there's a lot more I can say. Obviously, I will say about HIV and syphilis are, in general, primarily within our sexual minority males. And so, it's really important to not only screen for syphilis and for HIV, but we have many different awesome prevention measures for HIV in particular, which is our PEP and PrEP regimens. And PrEP has now pre-exposure prophylaxis, it has many different ways of offering and if you're interested, I can tell you about at least a brief overview of what we're offering in New York City. One is PrEP on demand, which is really approved primarily in Europe, but many municipalities in the United States have adopted it as another way to prevent HIV.

**Dr. David Bell (**[**09:23**](https://www.rev.com/transcript-editor/Edit?token=qEogQoPBIEvJePWhDXyluFvVd3RMYP75gONMImJszNas64wrw8AJiMHG9cPv27d1xstGJCluXQ6Rf8-VigFJPoQpxfU&loadFrom=DocumentDeeplink&ts=563.52)**):**

And it is for those individuals that are not necessarily having sex on a regular basis, but they can take two pills, two to 24 hours before having sex, then one pill 24 hours later, and then one pill 24 hours after that pill, and so it's four pills around the sexual event that is effective for preventing HIV. The other pills, we have daily pills, both Truvada and Descovy, and we also have an injectable PrEP on the market now. The starting doses, one dose separated by one month at the beginning, so two doses one month apart, and then after this, that second dose is every two months. And so those options have really improved access and utilization of PrEP and given a lot of options for individuals to prevent HIV.

**Katherine Atcheson (**[**10:15**](https://www.rev.com/transcript-editor/Edit?token=iXYThVMQprJljERSY_WYoZdVWbsGhTzVRbbncD5zZwWqlGzwasQUPy9HIR5wkNmZTOB_YGRAXMxECQ7Zwp22QoF3FZM&loadFrom=DocumentDeeplink&ts=615.69)**):**

What's going on epidemiologically in this population with HIV in terms of infection rates, and also you talked about PrEP and what does PrEP uptake look like in this population, and are there particular guidelines that would apply to young men when prescribing PrEP or helping them adhere to PrEP?

**Dr. David Bell (**[**10:37**](https://www.rev.com/transcript-editor/Edit?token=inWR375tihxU7JQJRcWNCFd5K4AdEEtH95TiJpiEQr0I8HeTO4z_tqojM17bj2mbd7VaFGaACyGqH3QQmJnELXJ1vQ4&loadFrom=DocumentDeeplink&ts=637.2)**):**

So, the uptake of PrEP overall has been great. However, it is also primarily dependent on our provider workforce offering it and being knowledgeable about it and being comfortable administering it and having the protocols to help our young men stay connected to PrEP. We've had some myths as we always do with any new regimens, that if you offer prevention, it encourages sex and encourages unprotected behaviors. In general, prevention is our key and prevention, we know that our rates of HIV, especially new diagnoses of HIV have declined pretty dramatically since the onset of both PrEP. But around the same time, we were starting PrEP, we were also starting individuals with new diagnoses on medicines as soon as they were diagnosed. Both of those interventions really did, I think uniquely have an impact on new diagnoses of HIV. And so, I'm not sure if any one can take credit, but both together have done a phenomenal job.

**Dr. David Bell (**[**11:50**](https://www.rev.com/transcript-editor/Edit?token=7SsjCS-_Kl2U3EfhyTLstjM57Vfn0oKo0LhUGdSOIxEPNq90JPULpyE0DnMOhqXNcy8u9dAf-aZKmrfgACXmIcUmK6Q&loadFrom=DocumentDeeplink&ts=710.13)**):**

So, what does it mean to help our young men stay on and connected to PrEP services and prevention services? I really do think it's creating a sense of collegial relationship with the young person about that you are on their side, you really hope to help them, they uninfected and that you want to offer as many options as you can, and there can be fluid options that at some point, the offer may be daily, but at another part in their near future it might be PrEP on demand and at another base in their space they might want to do the injection so that they don't have to remember to take pills every day. So I think our support of our young people around prevention needs to be fluid and understand that their lives, as all of our lives, can go through phases and we may need something different for different moments to help us stay healthy.

**Katherine Atcheson (**[**12:55**](https://www.rev.com/transcript-editor/Edit?token=Gq1Ytlen7IJzV9uZqaW6d5G6kMYqLluiJusIET3p4FfHxcIqsC_Xhddc_xplTqGclq44JKE7rteJf6jYNma9wyR2jsI&loadFrom=DocumentDeeplink&ts=775.86)**):**

We touched on this just a little bit with our past questions, but are there particular health issues that clinicians should be aware of and discuss with their young male patients who identify as MSM or men who have sex with men, and what are these health concerns?

**Dr. David Bell (**[**13:13**](https://www.rev.com/transcript-editor/Edit?token=TwpPkuftSE6zf1bk8qDJ9NE_tNsCxv3rTcDpq8h6je9MEN7jlnYoAL016z09LJYna5BZqRdVZESkcbPLDHvPQnPORVc&loadFrom=DocumentDeeplink&ts=793.71)**):**

In general, many of the infections, to some degree, are higher rates in male identified and sexual minority males. And syphilis particularly is one of those infections, and so being very aware of the presentations of syphilis is important for our clinicians. In fact, I saw a secondary syphilis rash yesterday and started treatment partly because of my clarity of seeing multiple infections before and being able to treat presumptively even though I didn't have all of my labs back. In doing so, I would say as clinicians, we have a public health good and a public health model by screening, testing, and treating.

**Dr. David Bell (**[**14:00**](https://www.rev.com/transcript-editor/Edit?token=m6Qdj6Ht27iYf5Kojs4rN30fJpPfRTVLYdTPRUGiW0OFLZh9qmOvIgYI99UGtaOu-uc--ubLK73fwOtBEipho10DPbU&loadFrom=DocumentDeeplink&ts=840.27)**):**

If we get these infections out of our communities, we will have healthier communities, especially this STI world, and that overall, we have so very many areas of our country that we are not doing as much screening and testing as I think would be appropriate for the rates that are in those areas. And also say that whether we are treating or testing women according to the guidelines, we are leaving our young men out of the picture and therefore they become a reservoir of the infections that continue to keep the rates circling in our communities. And engage our young men, talk about prevention, offer testing and screening without a judgment space, and making sure that we are doing our duty as clinicians to minimize and decrease the rates of STIs in our communities, we will have done our best job.

**Katherine Atcheson (**[**15:05**](https://www.rev.com/transcript-editor/Edit?token=UqWkDrUmLvo0FGBlwUhxe9z239W2kHLyAjHT_TUK7Jj94fhZEzl7il01wgnsU7_qjIuQA7uo0CxYR8Azxfe72z37onk&loadFrom=DocumentDeeplink&ts=905.76)**):**

I'd like to pivot a little bit to mental health and substance use disorders in young men since these issues are often intertwined with sexual and reproductive health. What is the current guidance or advice on screening and referral for these health issues in adolescent males and young adult men?

**Dr. David Bell (**[**15:26**](https://www.rev.com/transcript-editor/Edit?token=QHBDmT1g_dddCyxImkMvfaFmTnMa5wRqUcnID593K2zd1rNW7nRzYhbsiulpojgqtpb8QPwC8f5pipnU0Y4C4j_R-ps&loadFrom=DocumentDeeplink&ts=926.49)**):**

So, the current guidelines, at least screening on a yearly basis for depression and anxiety, but however, we can always do it more often depending on the clinical need and our clinical impression as our young men come into our offices. From my experience over the last couple of years, we've had incredible increase in depression and anxiety among our young men. Sometimes it's inherently apparent as they present in our clinics, but I would also say underlying it at times though, many of the young men I see have said, "I think I've had anxiety for quite some time. I'm just really recognizing it and owning it," and so they're seeking help.

**Dr. David Bell (**[**16:12**](https://www.rev.com/transcript-editor/Edit?token=fLVNtwT7FpXua0xWS6q-9B_aalclXkBddvYig-yoS9sE3i_xLbkMik9A9JGeb78rMdVbWg58y_3RZEr3v6KO-maYDls&loadFrom=DocumentDeeplink&ts=972.87)**):**

I personally think that's not a symptom, but at least something that is extraordinary that's happening in our current day that we have many professional athletes as well as royalty that are really coming forth and acknowledging the mental health concerns that they have lived with and that they're struggling with. And I applaud all of those efforts and what it means to help give a model of openness that our young men can bring to the table and address their concerns.

**Katherine Atcheson (**[**16:47**](https://www.rev.com/transcript-editor/Edit?token=dGGK9o5l6vF35Pkv4FmLY1WlVrki7KLtoAM5pFV6Jwxs4iWuO_xZJ3Ny2zeCPkyphZiPivwZegKdLA4u6H-Kn9tLoSY&loadFrom=DocumentDeeplink&ts=1007.13)**):**

Moving back to the sexual and reproductive health realm, we've heard from many providers over the past year or so, that request for vasectomy services and counseling have increased. Obviously, male patients after the age of 18 would not be eligible for these services, but have you seen this uptick in your patients who are over the age of 18, and what's some guidance for clinicians who are counseling and referring for or, perhaps, even providing vasectomies for young men?

**Dr. David Bell (**[**17:18**](https://www.rev.com/transcript-editor/Edit?token=YFW3byVwyidTF_XfKhHkMRKXiMWgVVRCW9Rcg2C6x-J_HEuEMnv7X3VGXXYRSW0cxJbW3V_Pi3FpRb3a_qmcvZwxCM4&loadFrom=DocumentDeeplink&ts=1038.84)**):**

Great question. Over my tenure at the Young Men's Clinic, I've had waves of questions and requests for vasectomies. We do not do them in the young men's clinic, and because financial nature of our patients, it's sometimes hard to find appropriate places to refer for vasectomies. However, the majority of my patients are usually over 28 when they're asking for vasectomies, and it's either because in their minds they are clear, they do not want to have any kids, or two, they have enough kids from their perspective that they would like to engage and go through with a vasectomy procedure. And so, when our patients bring it up, it's really important to help understand where they're coming from and help them understand the permanency of the procedure. As a clinician, you aren't the one that will do the vasectomy, having appropriate resources to refer that will treat our young men with respect around these services and around engaging in vasectomy services.

**Dr. David Bell (**[**18:33**](https://www.rev.com/transcript-editor/Edit?token=AdpwmdnTqrOCppHFMX0ka-OoTDMZqTzI4HEmjypafAxsmOwrB-B5KCIIqRfuGfqvSjq4417f4pF9tCnkhTqxSnL88Xc&loadFrom=DocumentDeeplink&ts=1113.36)**):**

I've heard stories of how young men were discounted at times about their ability to make that decision. Sometimes based on age, sometimes based on family formation at the time, and I do think as we promote patient autonomy, understanding who they are and what they're bringing to the table and their decision making, we should honor it as much as we can, if not within the concept of helping to feedback what we hear from them. Sometimes there's ambivalence, sometimes there's not, and so helping them tease through how they're thinking about it and coming to a decision together.

**Katherine Atcheson (**[**19:18**](https://www.rev.com/transcript-editor/Edit?token=Ilfct17Pzk1CiaNaJASIHW28-qb3_pAPPcjNwr7cEccB9O4zakAWGUmCGdZ289WkixL8M1SJfINaZBppdG5rIoST6WY&loadFrom=DocumentDeeplink&ts=1158.99)**):**

Are there other health issues or trends among adolescent male patients or young men in the US that our clinicians should be aware of or other health services that clinicians want to make sure that they offer these patients?

**Dr. David Bell (**[**19:33**](https://www.rev.com/transcript-editor/Edit?token=fajJxBa113jRwsUMvAZuAC3aMMtZ_HM0kVaxPJM1kN_ZiuUNNLANhHRh1fb5a8dVRMrHeNJP2V9Erx4tXmTkUPwUDgM&loadFrom=DocumentDeeplink&ts=1173.57)**):**

I would say that a couple of years ago I would have really talked about monkeypox. Fortunately, that is not as much on the table if at all anymore, so I won't really go into it. We've been there, hopefully done that and won't revisit. The other opportunity and issue that I would also like to at least touch upon, the San Francisco Department of Health has done some research and is currently offering what's called Doxy PrEP, which is preventive measure for gonorrhea, chlamydia, and syphilis. And by the research, it decreases new infection rates by 62 to 64% by taking 200 milligrams of Doxy within 24 hours of unprotected sex, but no more than 72 hours after unprotected sex. It's almost like our morning after pill for women that we can really do prevention not only for pregnancy, but in this case prevention for gonorrhea, chlamydia, and syphilis. And so, we have hopefully some new options of prevention that will really be phenomenal to help decrease STI rates and lessen new infections in the future across the country.

**Katherine Atcheson (**[**20:56**](https://www.rev.com/transcript-editor/Edit?token=XeUXkYClnsg7wxscekheFkcaP0sxcpAozCgkzaE6eOA64kYZ0jhIHb0ciXbKpZ7nkC_YOMAnrQSanj0Oe8M-yBt06F0&loadFrom=DocumentDeeplink&ts=1256.25)**):**

And that's really exciting news. What are some good places for clinicians to go who are looking to stay up on this news and other services and section reproductive health needs of adolescent males as our healthcare guidance continues to change?

**Dr. David Bell (**[**21:12**](https://www.rev.com/transcript-editor/Edit?token=5ZVYt33mlWPIEu_gKkWqQy2BorDYDGfE42BtJqo0qXzziPTNeNNwvRGlyPWlJLx47XOVzJx5oSbCm9pWG7F4OpI23To&loadFrom=DocumentDeeplink&ts=1272.78)**):**

Well, I think our largest repository of guidelines is the Center for Disease Control, always a reach out and look at our STI guidelines. They're always being updated, knowing that at times we have to increase our doses or change the medications we use because of resistant strains. But in the context of Doxy PrEP, I think at this point the main repository of information is with the San Francisco Department of Health. I think that as it takes on, we'll probably have more research and more support for it, and so I would say stay tuned and keep looking and keep vigilant for any new options that are available.

**Katherine Atcheson (**[**21:56**](https://www.rev.com/transcript-editor/Edit?token=mU-4a-qf0HArUljG1PyvIZUTKI3_fjOvM5EiWl_N9YwosG3dKlKXeelv4LRSBGgS-MVTN2l7NSELUebfhwWJkdb7BtA&loadFrom=DocumentDeeplink&ts=1316.13)**):**

If you could give our listeners just one take away, the one thing you really want them to remember as they return to their clinical practices, what would that be?

**Dr. David Bell (**[**22:06**](https://www.rev.com/transcript-editor/Edit?token=oQVY9yTLrwbxvNpASecrllmommoW3RzTBjoybsqzFGwsWM3UORdhkRJAO2LejfQAXun9cbbWNMvCYgTw1q6Vc6dR4Dw&loadFrom=DocumentDeeplink&ts=1326.18)**):**

I think our approach to our young men should be us authentic and caring as we are for our young women, that our young men really are looking for that. Their demeanor may not be always as soft and open, but they will soften, and they will open up if they can see that, that's where we are coming from. And so, it always takes proverbial two to tango, so let's make sure we engage both so that we have a healthier communities across our country.

**Katherine Atcheson (**[**22:39**](https://www.rev.com/transcript-editor/Edit?token=JFDE7JFbJhjuO3F1zlDin1qBaCUrd2s9ZOrvmaWYrpmJThKUtts9YdsqJVWzt9sX9kd9vbsrh0VlIBLdGJZi1TyUzjo&loadFrom=DocumentDeeplink&ts=1359.39)**):**

Thank you so much for joining us today, Dr. Bell, and for sharing your time and expertise with our listeners.

**Dr. David Bell (**[**22:46**](https://www.rev.com/transcript-editor/Edit?token=i-uZDiYJAbnqq0G5Y0Sp9v7JAgQlK7bMwqFOG3qBE_h3T-UoTy7rAoCgSZh7pXBhOVSkkpIWDSBruT6kaOuYAfNRieY&loadFrom=DocumentDeeplink&ts=1366.11)**):**

Thank you. It was a pleasure.

**Katherine Atcheson (**[**22:48**](https://www.rev.com/transcript-editor/Edit?token=IeIHCWydLwuIkgSnew0qnX-rbu0CbJoTbnAxP8VUIrRdPuLAA0sjGLIK_5k3n7jN3HA2yQZG9n1ZBS7H9IvE2eK0ATA&loadFrom=DocumentDeeplink&ts=1368.09)**):**

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**Katherine Atcheson (**[**23:53**](https://www.rev.com/transcript-editor/Edit?token=T_ZQ0V8lsEbfXxpA5uVVBJPGh_nbSyN6wPs9NejJc69qH0T7KSgP5fmSi5IscNk2kQvPn4SgHaXCrzexjVFUyTMul0c&loadFrom=DocumentDeeplink&ts=1433.82)**):**

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