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Naima: Hello, everyone, and welcome to today's webinar, Fatherhood Programs and Initiatives: Assessing Readiness and Sustainability. I am Naima Cozier with the Healthy Start EPIC Center and will serve as today's moderator. We have approximately 90 minutes set aside for this webinar. There will be approximately a 60 minutes presentation and then 30 minutes for question and answers. Questions are to be submitted via chat, which is located at the bottom, left corner of your screen. If we don't get to your question by the end of the webinar, we will be sure to include them in the frequently asked document that will be created shortly after. This webinar is being recorded. The recording, transcript, and FAQ document as well as the slides will all be posted to the EPIC Center website.

You will also have an opportunity to complete an online evaluation at the end the webinar. We really appreciate your feedback and will use your comments to improve future trainings. Finally, we'd like to invite everyone's participation during the webinar. At any point, feel free to chat comments or questions, again, in the bottom, left corner of your screen. Today's webinar is part of a series of Hear From Your Peer presentations that are focused on fatherhood. Today's speakers will highlight the value of father inclusion as well as provide an overview of agency and program readiness that's needed in order to implement a sustainable fatherhood program or initiative.

By the end of our time together you'll be able to state the importance of fatherhood involvement, distinguish between fatherhood programs and initiatives, and then, finally, list at least three agencies, program, and staff considerations for implementation of a sustainable fatherhood program or initiative. Makeeva Rodin [SP] of the Division of Healthy Start and Perinatal Services will open with an overview of the importance of father inclusion. You will then hear from three Healthy Start grantees: Ken Harris from New Haven Health Start in New Haven, Connecticut, Tony Jolliffi, Kyle Hinton, and Peggy Vander Meulen from Strong Beginnings in Grand Rapids, Michigan, and our third grantee presenter will be Faye Johnson and Jack Johnson from Magnolia Project in Jacksonville, Florida.

The grantee speakers will share best practices and their experiences during the assessment and start-up phases of their fatherhood programs. So let's begin with Makeeva Rodin. Makeeva is a Project Officer and Division Lead for the Healthy

Start EPIC Center cooperative agreement and fatherhood just so happens to be the focus of Makeeva's doctoral research. So without further ado, Makeeva.

Makeeva: Thank you, Naima. Good afternoon, once again, everyone. I am very excited to be on this call today and be included amongst these wonderful presenters. I'm here really just to provide a high-level overview of what our thoughts are from the Division, just around father involvement and male inclusion with our Healthy Start program. I know many of you would like to know a little bit more information about what our thoughts are, how do we think fathers are important, and so I'm hoping to provide that information in the few slides that I have for you today. So next slide, please. Here is one of the main questions that we receive from Healthy Start and everyone. What about fathers? This is a very important question because, as you know, most of our work centers around working with the mom, working with infants, working with children but where is the father in these conversations in the work that we do?

Well I'm going to provide you some information of what the Healthy Start has been doing with father inclusion over the past few years. Next slide. So I will update this slide because the comment really should be for over the past 24 years the Healthy Starts have really made fathers a major part of their program so they have tried to incorporate fathers in some type of way. As you can see on the slide, these different strategies or ways for including fathers runs the gamut. So for some Healthy Starts they have been providing health education and direct case management. Well we look at direct case management. Some of those have been able to actually have an individual on staff who actually provides that level of intense case management that we provide moms and children. They've actually had someone on staff that's been able to provide that for men.

Now this case management probably was not funded through Healthy Start funds but through other funds that they've received from other organizations or other federal agencies as well. I know one in particular is the Administration for Children and Families who, oftentimes, give out grants for fatherhood programs and so some of them have been able to leverage that funding and assist some of the fathers who are partners to the participants in our program. So that's how they've been able to provide direct case management. Some other ways that our Healthy Starts can support fathers is either by facilitating our support groups. They also

provided them guidance in navigating the court or judicial system in issues with child support and custody issues.

They also partnered with many organizations in the community who have a direct connection with fathers or whose main focus is fathers so they've been able to partner with those organizations to do work around job readiness and some in the past have also assisted with GE preparation. So as you can see our Healthy Starts have lots of things in relation to fathers, which again highlight the importance of why we need to continue to put a focus on that as well. Next slide. Prior to us really restructuring or doing the reenvisioning of the Healthy Start program, again, what we call Healthy Start 3.0, we weren't able to survey our Healthy Start programs to see just what many of them were doing around fathers.

Again, some of that information was provided on the previous slide but this slide in particular tells us that about 48 of our Healthy Start projects actually either had or have previously been involved or connected with or actually had on site a fatherhood or male involvement initiative. This data was collected with some assistance through our National Healthy Start Association so we were very excited when we got this information, again, because the attention around fathers and males have really stepped up over the years. Not just with Healthy Start but with other programs as well so we were excited to know that our programs were doing such wonderful work on this very important topic.

From data that I was able to pull from some of our data from the Bureau of [inaudible 00:07:56], it states that in 2010 we were able to reach 3,656 males through our program so, again, even though we don't provide on a regular basis direct case management to males, we have been able to provide some level of service to them and really reaching a large portion of those males, again, who are connected to the participants in our program. Now, although approximately 50% of our Healthy Starts have been able to provide fatherhood programs at varying degrees, they have used various curriculums and they have also implemented various activities. Some of the curriculums they have used include the National Fatherhood Initiative 24/7 Dad and, of course, this program focuses on developing fathering enhancing experts and it focuses on characteristics men need to be good fathers 24 hours a day, 7 days a week.

So some of them have used that program. Others have actually used the Dr. Dad program. This involves workshops and curriculums that are geared to more first time and expectant dads and it really focuses in on increasing a father's confidence in performing basic parenting skills. Two other curriculums that our Healthy Starts have been able to use, one is the Wise Dads curriculums and, again, that focuses on young men and building healthy relationships. Then the last one that has been very popular among our Healthy Starts is the Common Sense Parenting curriculum and, again, that focuses in on healthy family relationships that foster safety and well-being at home, in school, and in the community. So this is just really a glimpse of how our Healthy Starts have been able to raise awareness about the need for including dads.

How they have structured these programs is in the many communities that they serve. So we know that over time we'll be able to get more information about some additional strategies and outreach techniques that each of you are using to connect to the men in our community. Next slide. So why do we think that we need to include Healthy Start's focus on fatherhood? Again, while this has been a focus amongst our Healthy Starts without us having to tell you guys to focus in on that, we at the federal level have had to think more about why there's a need to include fathers in the program as well. Next slide. There's a little bit of research that has been done around fathers and it has been growing over time. What we have found is that in the present discussion on maternal and child health, it relies heavily on improving well-being of women and children in order to obtain better perinatal outcomes.

However, there is new evidence showing the impact that fathers have on this topic is as well. These are two things that I pulled from some of the research that I've been looking at and one, it says, for the first one, it says that father involvement can affect maternal behavior during pregnancy. Some of this behavior includes engagement in prenatal care services and also the reduction of harmful health behaviors such as smoking and alcohol use. We also know from research that father involvement can also increase other healthy behaviors such as breastfeeding. Again, these are some of the behaviors that we are promoting within our program so now we have research that shows not only how we should be, while we are reaching out to moms and while we want them to have this healthy behavior, but it

also shows us that we have an advocate there who can assist in this process as well. That advocate just happens to be the dad.

Other research that I've looked at as well comes from the presence of [inaudible 00:12:15] counsel on faith-based and neighborhood partnerships. So in 2010, this report was released and what it showed was that involved fathers, it showed the importance an involved father has on the lives of their children. It included reduction of poverty, lower risk of drug abuse, health and behavior problems, and then also [inaudible 00:12:36] how to be. So once again, it shows the importance of dad in this health development, in the home, and how he is connected to women as well. Despite these many findings, some of our MPH programs continue to leave men out of the discussion for improving the health of the family. The ability to strengthen family and overall community depends not only on restructuring the environment in which they live but also on incorporating fathers during the preconception period and beyond.

It is therefore very important that we develop interventions to include father involvement, improve the man's self-advocacy to be involved as a parent, and also support fathers at every stage of the child's development. Next slide. So again, why increase Healthy Start focus on fatherhood? These are the three points that we'd like to point out to some of the partners that we work with at the federal level who are also working on increasing father involvement as well. So the first one, increasing the focus in Healthy Start around fatherhood actually supports the goals of the Responsible Fatherhood working group and other male involvement initiatives as outlined by President Obama or the Obama administration.

Additionally, it builds on recommendations from the Commission on Paternal Involvement in Pregnancy Outcome, which was also completed in 2010 and was in that report, it was specifically stated, was suggested policy shifts and programs that serve children and families, Healthy Start would be one of them, to now create father friendly practices that embrace and promote family values. So again, other reports showing where we should come in and why we should focus in on fathers. And then lastly, it increases the capacity for Healthy Start to conduct outreach to male participants and help them actively engage independency classes and beyond. So these are just three primary reasons why we should definitely, within our

program, focus in on fathers and how we can be more inclusive of them in our program activities.

Next slide. So as you know, there are five Healthy Start approaches and I'm not going to repeat them. I'm just going to center in on the main one where we have the father involvement focus and that's the Shift in Family Resilience. Mainly, for that approach it says to support the ability of the individual family unity to cope with diversity and adapt to challenges or change. So in each of our Healthy Start levels there are particular roles that all of you must play as you seek to engage fathers and include them in your programs. I'll give a little bit of information about this on the next slide. So next slide. Of course, there are three levels within our Healthy Start programs. The first, community based Healthy Start. The second, enhance services Healthy Start. Then lastly, our leadership inventory Healthy Start.

Of course, at each of these levels the responsibility for outreaching or connecting with men escalate as you go up in levels. But some of the main things that we're looking for you can do within your programs. It's outreach and definitely parenting education and, where possible, providing support services. And not necessarily within your program but at least being able to connect the father to other programs or other partners in your community who can provide some more, like I say, direction, management, or some more services to those fathers. So we definitely want to be mindful of how we are connecting fathers in our program to other services in the community because we know that that not only helps them but it helps to strengthen their families. So these are, this is all I wanted to cover in my overview about fatherhood.

We, in our Division, we are definitely encouraged by Healthy Start because, again, we know that you have always put fathers as a priority in your programs so we are excited about the direction that you're going in with fathers and we're always interested in understanding and learning more about the strategies and techniques that you'll be using to engage with these fathers over the years. So I'm looking forward to working with all of you a little bit more as you grow your fatherhood programs or as we build these father friendly environments. This is definitely a topic that is near and dear to my heart so thank you very much. Now, I would like to turn over the presentation to Ken Harris. Like I said before, we have a [inaudible

00:17:52] on the line with us today who's going to talk a little bit about how, about father involvement.

How do you know that you're even ready to do a fatherhood program? How do you know that your environment is already built to include fathers? So I'm very excited to learn more about what's been going on with some of our Healthy Start programs and I know that you are as well. So, Ken, you have the floor.

Ken: Thanks so much, Makeeva, and good afternoon to everyone. For me as well, it's great to be part of this and I'm excited about it. I've been around for the 24 years that Makeeva referenced at Healthy Start and all of these years fathers have always been included and I've watch the evolution of fathers within Healthy Start and it has grown to be as robust and vibrant as Makeeva described. On a professional level, I've been working for father's movement over 25 years and on a personal level I'm been intimately involved with fatherhood in the raising of my son, Colton, who's 22 years old. I like to mention that because I'm excited about him mostly. So let's start and how you stay with Healthy Start now and then [inaudible 00:18:58] bureau and the division. While it's time to include that more intentionally but we're saying, "Hey, we need help."

Whatever level we're at, everyone needs help. That's why you decided to join today's webinar and we want to thank you for joining us. You have come to the right place. So before getting started it's important, before getting started with your program it's important to assess the direction in which you need to travel based, again, on your capacity and then you create the roadmap in moving it forward. So my role today is to help with that piece of assessment. It's easy to begin doing busy work and decorating our programs to be inclusive of fathers and many folks are doing that without putting much thought into it so it looks like a lot is going on but when you look underground there's not much going on. Engaging and including the fathers into a system that hasn't been designed for him, a system that has traditionally been exclusive can be very challenging.

So assessment is so important before you begin. Different communities will need different approaches but all will need to begin with the assessment of the needs. Taking time to do the deep work, which I call the groundwork, will ensure the greater yield and our Healthy Start colleagues in those rural and farming

communities can, we appreciate these [inaudible 00:20:12] vegetables because they're really good. So if we take our time to do a good assessment, build our program from the ground, they'll grow up to be good, strong programs. We're talking model programs, evidence-based programs, and programs that are infused with promising practice that has research and evaluation attached. Many of the fathers we deal with have issues in incarceration so, again, working with these men in the era of mass incarceration is challenging but you want to start right and start strong to assess to make it the best.

So the big question, why is it important? Makeeva has articulated there's plenty of research to support his involvement along the life course if we look at before, during, after, and beyond pregnancy. Even research reports from the NIH and ACF encouraging the most opportune time to engage them is during that preconception, prenatal period and so this is an exciting time for us within our Healthy Start family assessing program readiness. So let's get into that. As you can see from this picture, what all inclusion can look like is a dad assisting mom in feeding by providing breast milk in the bottle to the baby. In addition to supporting mom for the journey, we know that she can, it will be less stress if she has help there. He also has the opportunity to get in some dad time. So image invigorating your breastfeeding program with dads and so that's refining what you want to think about assessing.

How do we begin to include him in? So assessing program readiness. It's good to assess, again, before starting your program. If you started something, then reassess what you're already implementing because it's always good to pick up those lessons learned and evaluate what you're doing periodically to refine implementation. I'm suggesting this type of cycle so you do this assessment and then you implement, adapt what you need to and then implement, and then after a period of evaluating what you've been doing measure what its impact has been and if there's a need then modify. And then assess again. So this is a good cycle to use. Assessing if you're ready for a fathers program versus a male initiative or if you're just at a stage where you can begin to do some activities to engage some of the fathers.

You really have to identify where you are: fathers program, male initiative, or just some activities to begin. Also, in assessing readiness, how do you create a father

friendly environment? What do you need to do with staff? It could be training. Those needs could emerge as you do initial assessments. We've use a toolkit at the National Healthy Father's Association that helps us assess this. If you have a tool, basically a set of questions that you can ask first, it can kind of give you a good direction in which to proceed. A tool that we use, a project, community readiness tool and it's part of a CAN model. It was developed and validated at the University of Nebraska. It's a readiness tool that was adapted with permission from Dr. Magda Peck and many of us [inaudible 00:23:10] you'll recall the tool.

It was introduced at the PTR that basically asks a series of questions given a [inaudible 00:23:18] scale to chart answers and then arrive at a conclusion of readiness. It's used with staff. We've used it with a consortium in the past. It's been used with the [inaudible 00:23:27] male involvement model. I've also used a version for marriage counseling and it works there, too. If the tool is used to take [inaudible 00:23:35] called tenting and if you've ever gone camping you may recall that when you put up your tent and you use supportive poles to set up your tent and then the examples that I'm going to talk about, the center pole, is labeled resources. So again, you have to pay attention to what resources you have to do this work. If you don't have enough and that center pole is not strong, then everything else implodes.

So this is a very useful tool to use and [inaudible 00:24:01] a closer look at those five questions. So individuals are asked to read each of these statements. There are five statements and answer according to their level of agreement across the five areas. The first is about reason. Do we know the reason we're doing this and then the results. Do we know our expected results? What do we expect to get by including him in our program? Do we know the roles and responsibility of the program as staff, as clinicians? [inaudible 00:24:28] articulate what the roles and responsibilities are? Four, do you understand the risks and the worth? So do we know the benefits when it comes to looking at our evaluation, looking at outcomes to mom, birth outcomes, infant outcomes, family outcomes? What are the rewards and [inaudible 00:24:43] those?

And then, as I said, the fifth area is resources. Do we have resources to really do this? So you go through these questions and you chart your answer on this graph that's plotted out and at the end you can look and see where people are. So here's

an example where the underpinning looks pretty good across all those five domains I described. Perhaps the one that has four, we can spend time talking more about the rewards to make sure people understand. We can kind of try to push everything out to a level five. That really represents strong readiness to move the fatherhood program forward. Everyone knows from the internal staff, from the fiduciary, from the hosting organizations, to the community partners. You really do this exercise with assessing readiness at multiple levels. Then an example that shows the opposite.

So if people don't understand why we're doing this, how we're going to do it, what's going to be our role, who's going to do this, who's going to do that, how are we going to pay for that? Then you need to spend time having those conversations and building, pushing these out to a five. So this example, again, shows that it's not, based on the result we should not move forward just yet. We need to do more work before moving forward. Again, this has been done with a consortium and what we call the CAN now and it's a good way to assess readiness. If you use this assessment as a group activity, you can take the end results and aggregate them to see the temperature of an entire group. Again, in the past this has proven to be a good tool to use in our consortium, our camp so it's an excellent way to assess readiness. So what to start your program best?

Are you providing many services? Are you really doing a full fatherhood program or do you, are beginning inside a male involvement initiative. This is one question that the CAN model asks as part of its assessment. It's important to know what you're doing so that you don't promise something that you cannot deliver. Therefore, it's important to distinguish what your program is really going to offer. So as the men are coming in, it's clear that I can do this for you. [inaudible 00:26:46] you have a partner that can do that for you. But when men come in and you overpromise you can lose them so [inaudible 00:26:54] same as that involvement over time, you'll lose them early. Again, assess what you can do and be realistic about that and make sure you're describing what you do, whether it's social services and activities, whether it's a full male involvement initiative, and if it's a full fatherhood program.

We also have another tool that we use in our CAN model that assesses the stage of your program and is based on research that we looked at, research we've done with

Healthy Start, some of the research that Makeeva referred to, we've looked at results from that as well and looked at promising evidence-based practice programs and created this mind stage assessment. What we ask sites to do is let us know what stage you think that you're at and when they're implementing the CAN model, by the second day we actually do an assessment to kind of let them know where they really are. From the past, many times folks think they're farther ahead than they are. Right? So when we do the assessment we find that where people are where they want to be and that's how we would create that roadmap to where you move them to becoming a model program and to include those elements that I'll kind of take from this.

Sentiment is really, really important and whether you haven't started, no program, or you're just beginning, this is the way to assess and then create a roadmap to start moving forward so we can get to that model program and I think [inaudible 00:28:19] Healthy Start is we can all get to the place where we're doing evidence-based programs, small or large. So that's another way of assessing the stage that you're at to move your program forward. So connecting fathers. Connecting fathers is not only about inclusion, which is around program services, but engagement, which is more that case managed and sustained involvement. So engagement is important to look, before inclusion, that there's [inaudible 00:28:48] of engagement, which is how we engage the men and the fathers. What can we do to get men into the program?

Who should be working with us to help us engage the men? What makes the best sense in engagement of fathers, where we engage them? So those kind of questions come up when you're going to assess how we can begin engagement. Engagement is really about that outreach on many levels so it's internal as well as external and then you get to the conclusion, which is what we talk a lot about. Both are part of connecting dads so inclusion has to get approached strategically. So how then do we include, integrate them to the service, and demonstrate the value you add? Include him in practice, include him in evaluations, include him in research. Inclusion speaks of his role or responsibility to teaching him to look across the life course before going after [inaudible 00:29:38] you actually become clear about what his role and responsibility or contribution can be.

So engagement and inclusion is really plugging in dads and begins where you are. It's about saturating your current program with fathers and identifying engagement strategies that plug dads in. That's shoring up your program. Now you're jumping off on a lot of new stuff, look at what you're doing and let's shore up this program to be inclusive. That's assessing what you can do and remember that this is a reasonable challenge on inclusion and we're talking about including men into [inaudible 00:30:15] traditionally he's been excluded from. Beginning where you are is important and, again, starting small can have some big impact. With that then you look at opportunities of engagement and inclusion and opportunities to invite them in. How do we integrate men and fathers? How do we introduce our focus on men and fathers to our partners and then how do we, as a collective, support men and fathers and looking at doors of opportunity?

As you'll see at the top of each of these doors, when they come to program structure, it's looking at structure. So does this structure support fathers work? The design that we have, does it support fathers work? If not, then what do we do to make sure that it does? You look at programs [inaudible 00:30:55], what services can be extended to him? One example would be, if you join our education and training then [inaudible 00:31:02] can be included and [inaudible 00:31:04] to him. You look at the staff preparing [inaudible 00:31:07]. Is there a need to do inclusive training for your staff to get them ready to receive him? Systems, so you get to look at other systems that serve men because, again, ours was not designed to serve him and we have limited resources but there are systems out there that are in place to serve him and, unfortunately, one of our systems happen to be the prison system.

But again, the tools that Makeeva mentioned, is also inside [inaudible 00:31:32] from NSI and men follow programs by working with men in prison, helping them prepare to come out and so connecting fathers that way. So looking at systems that serve men is important. The door of partnership, partnership [inaudible 00:31:48] Healthy Start and within our camp produce partnerships with [inaudible 00:31:52] and identifying agencies then that specifically work with men and can help advance your fatherhood work. Lastly, the one big door, which is the first door, which is really to our Healthy Start participant, our pregnant participant, asking her if she'd like her male partner involved and sometimes she is the best avenue for getting him in. So really looking at those doors of opportunity, assessing where can we begin to include him, and making room for daddy.

I know there are people on the call that remember Danny Thomas and that old show from the '60s, don't you, "Making Room for Daddy". And he was a busy dad and the mother was left to ask one of the children to sleep with her each night until Dad got home and when he got home she would say, "Move over. Make room for Daddy." That's what we're doing here within Healthy Start. We're making room for fathers. So when we think about making room for fathers, it's important to think about how we make room for him in MCH and so the Division of the [inaudible 00:32:47] has responded to that. We have a focus now on fathers so room has been made for him and our [inaudible 00:32:52] is how are we making room for Daddy? Is our staff ready for him? Is the clinic ready? How are we making room for Daddy there?

So really assessing the environment and then integrate the community. So again, [inaudible 00:33:03] we can, he needs to be there and then the greater community work working with other partners. Then really creating the container for that life course and inclusion before doing after and beyond. So I think start fathers into that, starting father in the program, I say, is easy. That's a play on the word but by easy I mean enhancing and strengthening your program to include fathers. That's a good way to start, right where you are. How can we enhance and strengthen what we're doing right now to include them, even before jumping off and doing something brand new. So that's what I mean by easy, just enhance and strengthen your program right now. With that, I think it is easy as ABC 123 and I'm not going to go on to a Jackson 5 song.

As I get ready to conclude, making room to include him and make us happy to become ready and then we'll hear from some programs in a moment. But ABC is assess program readiness. Again, including dads into your current practice. And C, creation space in place, create this culture for fathers within your program. Another ABC would be what is there in the ability of your program? So what can you do right now. B is important because another B is barrier and can you identify any barriers? Important to identify any obstacles to moving your father work forward. Then another C would be, again, capacity. What needs might there be around capacity? Again, staffing or resources. That's what I mean by the ABCs. Then 123, create that vision or framework for dads within your program so what does it look like realistically?

Two, we sort of can count him and we've been doing that but we want to make him count and add value so that's where really inclusion happens. We include him in what we do and he shows up in our objective, he shows up in our evaluation, he shows up in the research. Then three would be just really identify those targets and resources because they've been doing the work and basically can add and support what you're doing. So first, best step as we've discovered from examining our best practice is once you make contact with that dad, make sure you get some kind of information, his digits, his phone number so if you have any intake form: a simple one if you're just starting and a more complex one if you actually have a full program. Some type of intake form where you get his information, you can at least follow up with him.

You can either make an offer to him to join your [inaudible 00:35:34] group and support group. [inaudible 00:35:38] benefited from that over the years. You could point him to that or you can point him to a partner that has a group for him. Also, some other resource, a referral based on what he's identified as one of his needs. Be committed to following up and following through with him and that's why you need some type of contact information. It's a first, best step. Even if you can't offer him a lot, at least you can say we'll stay in touch with you because we're in touch with the mom of your baby. So that's a good first step, best practice. So this point as I conclude about father inclusion, I think it's important wherever you start, you want to sustain and maintain engagement so keep that in mind as you're doing, designing your program.

Consider incubating your efforts. So again, if you don't have a lot of resources, really look at your consortium, your [inaudible 00:36:26] group where fathers can begin to be incubated. Your program can start there with these partners. Then [inaudible 00:36:33] the right partnership. So who's doing this work in your community and that assessment has to be done. Then make the commitment to making a program flow for the fathers would be helpful. I'll remind of the smart goals by the CDC, being specific, measurable, achievable, reasonable, realistic, and then [inaudible 00:36:56]. So do what you can do and think about today. So here we are today. We have just two or three weeks left for our first program [inaudible 00:37:04]. So what can you do now and perhaps doing a [inaudible 00:37:07] based on what you've learned this first 11 months. What can we do? What should we be doing?

Tomorrow, I think about year two begins June. Right? So by the second week of June we should be doing some level of implementation and then by September we can look at evaluating that. October to December kind of refine what we've learned, what we've been doing. By January 2016 you're really going and it's just [inaudible 00:37:31] evaluation. February, March you continue implementation. Then May you have a place where you can evaluate and assess again. That's just my thoughts on what tomorrow might look like but really, for all of us, by year three of this program if we do good assessments and build strong programs then we will be at a place where we're doing evidenced-based program where there's [inaudible 00:37:52] and evidence-based practice happening across all of our sites.

That's something, a goal to look forward in year three and we all should be there if we start right. So that's my encouragement that we start right where we can look at having activity so some outcomes, expected outcomes can be seen and then we'll have the desired impact that we want, which is really to demonstrate the positive contributions dads make for women and children during and beyond pregnancy and then the early years of children. So with that, I just want to thank you and I want to introduce my team from Strong Start in Michigan. So Peggy [inaudible 00:38:32]. Thank you.

Peggy: Thank you, Ken. You haven't changed a bit from that photo. Good afternoon, everybody. It's so good to be here with you. We're going to talk a bit about how we determine the need for the various components of a fatherhood program and how we tried to obtain funding to support the work. In 2000, 2001, years before we received our federal Healthy Start funding there was a small group of 12 of us working in a local Infant Health Team dedicated to improving maternal child health and eliminate racial disparity in birth outcomes. So we conducted extensive research, reviews, perinatal period to risk analysis, looking at femur data and we obtained input from more than 250 or our community members. Through all of those studies it was evidently clear that father involvement was a critical factor in family well-being.

We heard that especially loud and clear from our community that said fathers have to be completely involved, welcomed, and integrated into any program that works on family, maternal child health. So we continued, the 12 of us, doing a little bit here and there in our free time, lunch breaks and so on. Then in 2003, when Grand

Rapids had the highest black infant mortality of any city in Michigan, the Infant Health Team decided to apply for a Healthy Start grant and we included a fatherhood component in that application. We wanted a full-time male community health worker to do case management. We wanted to provide community education, conduct organizational assessments, etc. The funding we received at the end of 2004 was reduced by one-quarter million dollars so we were forced to reduce the scope of our services, including, sadly, elimination of the fatherhood piece.

But, as you can see, we have been ready and eager for a fatherhood program from, since 2001. Next slide, please. Yes. Sorry. Since 2001, that Infant Health Team has grown from 12 to 90 members and from 3 to 12 committees, including the Dads Count Coalition. That Infant Health Team now serves as our CAN. The Dads Count Committee, still with no funding, conducted an in-depth survey of men in the community to determine their main interests and needs, which we found were: employment, legal issues, how to raise children, and relationships with their partners. So based on those surveys and additional research and with some corporate sponsorship and a few small grants here and there, we held several father child activities such as bowling games, basketball. We offered free legal clinics and we held several six-week discussion groups for me.

Now men don't go to support groups so we had discussion groups. We also developed a presentation for community agencies that we presented throughout many organizations on the importance of fathers and how best to engage and serve men. Next slide, please. So in 2001, we were fortunate to get a five-year grant from the Kellogg Foundation to expand our program and implement our much longed for full fatherhood program. At that time, we saw that among our female clients, 87% reported no or only minimal father involvement. So again, we used staff input, survey, focus groups, national research, best practices to develop the program components that Tony and Kyle are going to talk about in a couple minutes. We helped prepare our staff by offering a series of educational sessions on the importance of fathers, different strategies for engaging men, and to raise awareness of how female partners can undermine or sabotage father involvement.

We sent our staff to multiple state and national workshops on male engagement. We hosted a daylong conference of male perspectives of sexuality, family planning. Our Dads Count, Strong Beginnings, and others have partnered to offer

and annual Focus on Fathers Workshop for men and agency staff to help to continue to develop their awareness and knowledge about father importance. One thing we've been hearing recently from our male clients is that sometimes the mothers are barriers. They shut the men out and don't want them to be involved so we are now going to be adopting the Mom is Gateway curriculum to try and work with the mothers as gatekeepers to the men. At this point now, Tony Jolliffi, our Fatherhood Coordinator, will tell you a bit more about our program. [inaudible 00:43:46].

Tony: Hello, everyone. This is Tony Jolliffi and I will introduce the components of strong fathers beginning with Dad Talk. Dad Talk is a six week topic-based discussion group focused on five core values: integrity, respect, responsibility, faith, and community. Within the group, fathers can be open about their fears and concerns. There's a great benefit for the fathers in learning that there are other men going through the same kind of situation and the things that they're facing. By expressing their concerns and their problems to other men, fathers get a reaction. They get a reaction from other fathers and they get advice from the father as well, who may have experience in those situations or needs. That also provides fathers with the opportunity to talk informally and offers moral support to new fathers and fathers that may not have had a solid father figure to model after.

So fathers get information and support to enable them to feel more confident in their parenting role. We also have Barber Shop talks that take place during business hours where everyone present in the barber shop has a voice. We purposely steer conversation around fatherhood, particularly around the same five core values as Dad Talk and the actions that are needed to enhance family and community life. We also host multiple father child activities throughout [inaudible 00:45:12] all year long ranging from sports, educational events, empowering trips, and community [inaudible 00:45:18]. We partner with other community agencies and organizations and community leaders to host something engaging and educational. These activities create a bond that will last a lifetime. Children feel loved and protected.

As we put an emphasis on fathers being there to protect and educate their children, we also emphasize the importance to provide. Currently in the state of Michigan, unemployment among blacks is hovering around 18.7%, double the state average.

Therefore we spend a great deal of time connecting men with jobs through local community agencies. Some of these agencies have partnered or rather say participated in our father friendly organizational assessments. During these assessments we ask two questions. Do you want to involve males more in your agencies? Do men seem comfortable in your agency? These assessment tools, oh sorry, this assessment tool is used to help these agencies figure out where the agency is and it's readiness to involve men in health services and create an action plan for becoming more male friendly.

Also, myself and our male community health worker, we meet with fathers in their homes to provide support, education, encouragement through the mother's pregnancy and first two years of the baby's lives. We also offer free mental health and substance abuse counseling to our enrolled clients. I'm going to pass this over to Kyle Hinton to explain more.

Kyle: Thank you, Tony. Good afternoon, everyone. This is Kyle Hinton and I'm the therapist with the Strong Beginnings program out of Grand Rapids, Michigan. My work entails working with men through every phase of parenthood. So what I do is I look at this work in three phases. The first phase is helping men to assess their substance use, their mental health and/or behavioral issues that are impacting their parenting. One of the things that has come out of the research is that over 10% of the men have developed postpartum depression so that is something that has been a big barrier that has now come to light. So when we look at that first phase, that phase really triggers a lot for men. When they are able to address their substance use, their mental health, and their behavioral issues all men really are ready to parent. You know?

So we start to look at that next phase, that family engagement phase, as a real pivotal point. So in that family engagement phase we use different curriculums to engage fathers. We actually use the 24 Dads and we also use what we call the Nurturing Fathers curriculum. That curriculum starts right at the very beginning, at the root of fathering. Most young men are walking around with a father's wound that we don't talk about. In our groups, we're able to discuss and dialogue that piece. Most of the men are two to three generations removed from having an involved, responsible, committed male in their family system so a lot of time we think that dads know things that they were never taught. So we just take it right at

the roots of fathering and we move right along the continuum to help them in that engagement process with their children.

Then that third phase is the phase that really is the foundation for fathers just being the fathers that they want to be. That entails connecting them up with a vocational or educational pursuit and our community college is a partner here in Grand Rapids, Michigan. In Grand Rapids, Michigan, at the Grand Rapids Community College, we have over, we have 10 programs that you can complete in four months. These programs will put a person in a position to make a livable wage. Not just a wage but a livable wage and so when we start to connect the dots we know that economic empowerment of this is really a place that dads really, really, they need money in order to support and sustain their families. So we've put a focus and an emphasis on that piece because dads quite naturally want to raise their children.

They want to be able to give them things but in order to do that they need that vocation. So we help them with that part. So we just look at that in three phases. Again, addressing the substance use, the behavioral issues, and also the mental health issues and then moving along that continuum to the family engagement piece where we're looking at co-parenting. We're looking at expressing our feelings. We're looking at how to be a nurturing father. Then in that third and final phase connect them up with community to get a vocation because we do know that when men are, in any community that you look at, when there are men involved that community thrives. When men are not involved in the community those communities suffer. With that said, I'm going to pass in on to Faye Johnson from the Magnolia Project. Thank you.

Faye: Thank you. Hi, everyone. My name is Faye Johnson. I'm the Project Director for the Magnolia Project and with me is Jack Johnson, the Fatherhood Coordinator for the Northeast for a Healthy Start Coalition. Next slide, please. We took sort of a different approach because like the presenter said early on, you don't want to do, you need to assess where you are and you do not want to do more harm to the community than good. At the time we began, back in 2009, we knew that we did not have the resources to sustain intensive case management, provide all the resources for our men, and all those things but we knew that our men were important, fathers are important and they need to be included in the services that

we model and we needed to get out in the community and make that known to make our community stronger, to make our partnership stronger.

So the Northeast for a Healthy Start Coalition began our fatherhood initiative in 2009 based on an increasing awareness of the impact of fathers on infant mortality and the defined need for fatherhood training and education in Northeast Florida. That's where took our kickoff point from. We needed to educate. We needed to build momentum in this community [inaudible 00:52:27] the importance of fathers being in the children's lives and so we wanted to make sure those working in the same areas in the community also understood how important it was. More importantly, we knew that some of them had the resources to provide the services and to be educated on those services whereas we did not currently in the agency. So fatherhood is important because stress during pregnancy impacts first outcomes and increased of fathers in their children's lives has been associated with a range of positive birth outcomes and we know this. Next slide, please.

One, [inaudible 00:53:05] we decided to build momentum for fatherhood because historically fathers have been excluded from most of the programs in the past with the exception of Healthy Start, who've had programs for mothers and children or mothers and babies. So in order to get the word out and get momentum for fatherhood programs we felt that it was important to saturate the community with fatherhood educational training and information because across all multiple sectors, I know in many instances we say that we don't have funding for this or we don't have a lot of funding for that, but you can't let that stop you. Assess where you are though. Don't do more harm but really assess where you are and use what you have within your agency to get the information out and to educate others on fatherhood and the importance of it and find a way to do that with the resources that you do have. Next slide, please.

The one thing that we felt we needed to do was to inform and disseminate information across the community, to different agencies, to out public officials, whether it be a City Council or whomever, we needed to make, we wanted to make that argument for fatherhood so strong that we didn't just focus on just our need program area or our participants. We wanted to go farther than that. So everywhere we can mention fatherhood and provide data, we have it in our annual report, we have it on the website, and every meeting that we have with our Community

Action Network or our partners' meeting, we have it on there as a standing agenda item. These are some of the things you can do that you can sustain right now. You can place it an agenda. You can talk about it. You can talk about it. You can talk about it.

And get out there in the community and make others aware that are maybe not providing fatherhood, [inaudible 00:54:52] providing service to women and children. Like I said, take it a step further and disseminate the information to City Councilpersons, business people. All over your community you just keep saturating the community with the information to make the voice of fatherhood heard in the community. Next slide, please. What we did to promote fatherhood, this is actually [inaudible 00:55:18] the inside of our 2014 Annual Report. Like I said, you put your quotes there. You put it everywhere that people, when they're reading your reports, I know you guys send out reports to different folks. Like I said, you send it to civic organizations. You may send them to elected officials.

You may send them to business minded people but you want fatherhood to be a part of everything that you send out just like you give data on your women and children and infant mortality. You want to also put that fatherhood data so that it's important, it stands out, and you just keep saturating the community. You just keep putting it out there. It shows how many people you serve just like you have your mothers served. You need to show your fathers served. Your babies, you need to have your fathers right there. It's very important to me to include them in this way. Just as important as you include them in service delivery and when you're meeting with the moms, you include the fathers. But this is another way that you include them. In every story you're telling, you put your fathers out there so their voice can be heard as well.

Even if you don't have a fatherhood [inaudible 00:56:25], disseminate information, disseminate anything about fathers and the importance of fathers. Get it out there. Thank you. Next slide. We have our Male Responsibility and Fatherhood Coordinator, Mr. Jack Johnson, who has gone over, I don't know how many classes he's given in the community but not only to men and fathers. He's also provided information to programs such as Healthy Start or home visitation programs where there are staff that are working with the women. There are a lot of staff out there, staff persons I should say, that are providing services to women that also need to

be educated on fatherhood. Because remember, they're the ones that are going into the homes working with the women and the babies. When the father may be there in the back room, they're not engaging him when he should be engaged and brought in.

So we need to make sure that we are not only educating fathers and providing support for them. We need to educate those that are not working with fathers but are attached to the mothers and babies as well. Next slide. Mr. Johnson, Jack Johnson, is going to explain the different curriculums that we use in our fatherhood program.

Jack: Good afternoon. The different curriculums that we use, one of the major curriculums that we use in program is the Boot Camp for New Dads [inaudible 00:57:42]. This curriculum gives fathers the basics on how to start out being, especially young fathers, how to start out working with mom during her pregnancy and after her pregnancy and how to support her when the baby comes home. A lot of new dads, they won't ever tell you they don't know how to hold a baby or how to feed a baby properly. They may have brothers or sisters but they learned things the old way. Just like now, the way is back to sleep. You don't put their babies on their stomachs where a lot of young fathers still have that mindset from when their grandmothers put them on their stomachs. So in Boot Camp for New Dads we go over all the different ways to take care of a young baby and how to support mom before, during, and after the pregnancy.

The 24/7 Dad curriculum, just like everyone here on the webinar here has mentioned. That curriculum, that is an important curriculum to teach fathers who are kind of shaking in their fatherhood. The Inside Out Dad curriculum is for dads who are incarcerated. I've been going into the detention centers and jails here and surrounding Jacksonville [inaudible 00:59:00] incarcerated fathers prior to them getting out to try and help them reconnect with their families once they do reenter into the community and stuff. This is a great curriculum to teach, to help fathers rebuild that relationship not only with his kids but with his spouse or that particular baby's mother and stuff and just how to support the family more. Mom as Gateway curriculum is actually curriculum on co-parenting. It helps mom, it helps the mom reevaluate her thoughts, reevaluate her attitude about allowing Dad access to his children and stuff.

And also it's a great way for her to learn how to support him and make him get out of the house and come to these fatherhood classes.

Faye: Next slide, please. Our fatherhood training education, like I said, is done with a lot of different groups: civic groups, different programs, agencies. These are from our current partnering agencies that we work with, our Community Action Network. We also, Mr. Johnson built out and trained the barbers on the Barber Shop Association. He provides classes to the Job Corps and the Department of Revenue. It's just a list of them here that you see. Not only to, for fathers to be involved in [inaudible 01:00:26], but also for the individuals that are working in these agencies need to be educated on fatherhood as well. Trust me, they really do because they are the ones, some of the front line [inaudible 01:00:39] ones that are entering the homes first and working with mom and the baby so it's important to educate those staff persons.

Just as important as it is to include the fathers into the program. Next slide, please. This is, as you know and I've talked about some of the maternal child health [inaudible 01:00:57] staff that you partner with, connect with, educate, and I keep saying that, train because they really, really, really need their level of expertise in the child's health and working with moms and the babies but they also need a level of training to be able to support mom and the father and then be able to clearly understand the connection between the two, which I'm sure they do but just to, we emphasize that we need to just educate them as well and train the staff that work with the moms. So far the [inaudible 01:01:33] fatherhood and program in 2014, we served 82 men in the community sites and we have a lot of different partnering agencies where we use the site.

One of the main sites that we use, of course, is the Magnolia Project where our men can come in and be a part of the group and have just open discussions with Mr. Johnson. I'm not in there. Mr. Johnson is taking care of that. He's doing all of the education with our men and providing those services. We have our Breach program, which is through the Department of Revenue. We've partnered with the past for 2010 and that's where 91% of our fathers completed the Breach program. That is a child support enforcement tax program that the men go through when you hear me talk about Breach. Next, please. We also, Mr. Johnson works with the Barbers for Babies. We have an annual event that we put on every year where the

fathers are trained. I mean, I'm sorry, not the fathers. The barbers are trained in infant mortality.

They understand what the 39 weeks are. Responsible fatherhood is training. Once they're trained they provide information inside the barber shop so they pass out about infant mortality facts and all those kinds of things and it's an ongoing discussion with men coming into the barber shop and that every year there's an annual event that's held in recognition of Barbers for Babies. Next slide. This is just some of the activities that [inaudible 01:03:00] at the Barbers for Babies annual event. You see where we have children, we have the 39 weeks where they were educated on moms really carrying the babies 39, really understanding what that is. It's important for fathers to understand a lot of the terms for infant mortality and the whole nine yards. This is an annual event that takes place every year with the barbers and the barbers and the families and the whole community. Next slide.

We just needed to, the community momentum to individualize engagement with our next phase of it and that's where we're in now. Now we're ready. Now we're ready within the last year's variety of case management but in 2009 we were not. But we had to do something. It needed to be, you shouldn't, even though you don't have resources, I understand that, but there's something you can do. Just put out information in the community. Make sure that people are aware of the importance of fatherhood and fathers being included. You know? If nothing else, we can do that. So that's what we did. We educated.

We [inaudible 01:04:05] until we can build on this to have the fatherhood groups and next we'll moving to, well we have moved to intensive case management for fathers and resources and the whole information and giving them the same things that our women have had, which is home [inaudible 01:04:19] service, intensive services, and they need that, too. [inaudible 01:04:24]. It's just you have to work with them differently than we do our women and that's why we have our Male Responsibility Coordinator and Fatherhood Coordinator working with us. And so our next phase, like I said, where we are now, we're doing individualized engagement services that are truly needed to assist fathers. Next slide. And we would like to thank you so very much for letting us prevent this information to you and we look forward to hearing from everybody. Thanks to the other person.

Naima: Thank you, Faye, and a big thank you to all our excellent presenters. We'd now like to open up for questions. As a reminder, you can submit your questions via the chat, which is located in the lower, bottom hand corner of your screen. We do have a couple questions to get started and I'd like to ask, this question in particular, it seems to be for Makeeva. Given the research that supports father involvement, will FERSA [SP] allow fathers to be counted and case managed as clients?

Makeeva: Hi. So thank you for the question. I know we've done research around fathers and we understand the importance of fathers but, you know, based on just the legislative requirement for the Healthy Start program, at this time we cannot make that a mandate to you to do case management for your fathers. I think this is why I emphasized the need for you to partner appropriately within your community and look for other ways in which you can get grant funding to really assist your fathers. So right now we're not in a position to say that you can help fathers as part of your members and do that level of intense case management. It seems like Faye has stated to everyone, as you know, even without funding there is still a need to try to do something around fathers and really to educate the community.

Again, an area where I'm very passionate about. Everyone on the call is very passionate about. But that doesn't mean that everyone has the same level of enthusiasm or interest. People still do not believe that, believe or understand the connection that fathers have to the growth and development of the family and definitely to the growth and development of their child. So I would say, even without us being able to say that you can case manage or count them in the numbers, to continue trying to educate so that at some time, as we're building the evidence and more research around it, we can get to a place where we can make the case for why it should be a part of the Healthy Start program.

Naima: Thank you, Makeeva. Our next question is, to anyone's knowledge are there any federal initiatives similar to Texts for Baby that works in the same way, operates in the same way, that's more of a messaging system for fathers?

Makeeva: Right. So this is Makeeva again. I think Ken has answered some of this but I wanted to talk a little bit from the federal perspective as well. So about two

years ago, our Bureau as well as some other federal agencies worked with the White House and I can't get the exact office right now, but we worked with them to actually put together some messaging for new and expectant fathers. This messaging was done through the Texts for Baby app and the messaging was [inaudible 01:08:11] June Father's Day in 2013 so there is a couple of messages through that app right now that actually target fathers. What I believe Texts for Baby has found is that mothers are not the only ones signing up for their program. Other supporters of that mom, definitely the dad, could be the grandparents, or whatever her support system looks like, they are signing up for that application as well and so they thought about how can we get more key messaging out to them.

So they are starting with the dads and, like I said, it's only a little bit of messaging that we worked with them on doing. I think it was just three messages but something that really targeted the fathers and, like I said before, that was introduced in June of 2013 during Father's Day.

Naima: Thank you, Makeeva. Ken, would you like to address that question?

Ken: Yeah. So the National Healthy Start Association, [inaudible 01:09:06] is we began testing a texting program last October. It was developed specifically for dads and so dads can sign up. It's similar to the Texts for Baby and they'll receive text messages in three areas. One is the state of the development of the infant. The second would be is a suggested support for the mom at that stage of the pregnancy. The third, which is a health message for him, because for us that men's health is core to all of the work and determine he's healthy and so some of the mental health messages are included in that as well. He'll get these messages for about two and one-half years. He can opt out at any point and won't get those messages a couple times a month over the two and one-half years. Won't get the early care, early development messages as the child gets older, too. So we hope to, again after testing it, offer it to all of our Healthy Starts.

Naima: Excellent. Thank you, Ken. Our next question is related to home visitation and we were wondering if one of the presenters could provide an example of how case managers or case coordinators have engaged men in their home during a home visit.

Faye: Hi, this is Faye. Can you hear me?

Naima: Yeah. We can hear you.

Faye: With our case managers, because with the Magnolia Project we have a case management component for our women, and when they're in the homes, like I said, a lot of times the dads are there but they may be back in the room. They act like they're not paying attention but they really are so the case managers also have an assessment tool for the dads that they use and invite him into the visit to come in and talk with him as well while they're there, offer some resources. Fortunately, for us, this past year, we are the grantee the Coalition is, the Northeast for a Healthy Start Coalition is agreeing to [inaudible 01:11:06] their core program and that is where we were able to do, bring on a full-time Male Case Manager to provide the intensive case management services.

So when the case, when the female case managers is going on the work with the women, they give the information on the dad, assess, a limited assessment is done, and then they do [inaudible 01:11:30] hand off to our male case manager to provide those intensive services that dads need while keeping the family intact. And what we do, we staff our cases together so that the family, the entire family is discussed and not as a separate thing even though he has his own case manager. But they engage dad and give him information. Our AmeriCorps member has put together an informational packet for dad, realizing some of the reading for some may be a little challenging but he goes out and works with them. So that's sort of how we work with them in the homes. We do not ignore them. That's why it's so important to educate home visitation program staff that are working with the women and babies so that he's not ignored in the home.

Naima: Thank you, Faye. Would any of the other presenters like to address that question around home visitation?

Tony: This is Tony from Strong Beginnings. We spend a majority of our time creating an atmosphere of trust. In many cases we, once we get the referral and we meet the dad we have to establish a trust because many a times when they encounter different agencies or people that they think are government, they tend to have a wall built up. So we spend a lot of time getting over that wall and building that relationship to where they're willing to share. Once we get to that point to where they're willing to share, we spend the rest of that time doing a lot of role

modeling, educating, and encouraging them. Many men that we deal with have been sort of beat down and kind of downtrodden with the high unemployment, poverty, and the other challenges that they face in their community. So it's a lot of building, building these men from the ground up and encouraging and it's not that bad because the fathers, they want the support.

They want someone that is positive, that's going to come in and not just have a basic conversation but is going to encourage them to see the doctor, encourage them to see the dentist, set a dentist appointment, and things of that nature. So the basis is really just trying to, the first three maybe to five visits are really just trying to get past their wall of we're just not an agency or we're just not government. We're here to actually help you and have them establishing that trust and a bond with the fathers.

Naima: Thank you. Our next question that came in, just wanted a refresher on the three curricula that was mentioned along with the National Fatherhood Initiative. So there were a number of curricula mentioned and so if someone could just share again the three curricula, what those curricula were.

Man: It's [inaudible 01:14:32] again. [inaudible 01:14:32] on all the... They're from NFI, the National Father's Initiative. You have 24/7 Dad, Inside Out, and what the other you're using [inaudible 01:14:47]?

Peggy: The boot camp ones?

Man: Boot camp, yeah. The boot camp.

Faye: The Moms [inaudible 01:14:52].

Peggy: Yep.

Man: [inaudible 01:14:54]

Naima: Thank you. Our next question is about access to a men's assessment tool. So there were a number of you that mentioned assessment tools that were used to gauge readiness and so if any of the speakers could speak to how can folks get access to similar tools.

Tony: Well, here's Tony with Strong Beginnings. The tool we have, we are willing to share with anyone that would like to use it so I would say give Peggy, contact Peggy and she has it and she'll be ready to share. I hope I'm not speaking for Peggy.

Peggy: No, absolutely. Yeah, of course. Actually, our tool is based on one that was developed by the... I'm not sure if it was Magnolia but one of the Florida Healthy Start projects developed a simple, one-page tool that stratifies men into low, medium, and high risk so we have then used that tool. I know Tony and Brandon have said, types and numbers of intervention, intensive intervention, depending on each individual man's needs and level of risk. So yeah, if you shoot me an email I will send it out to you and give credit to the appropriate Healthy Start project that created it in the first place.

Naima: Ken, just wanted to give you an opportunity to talk about the National Healthy Start Association's assessment tool as well because that may have been one of the ones, yeah.

Ken: Mm-hmm. So they're testing with one to assess [inaudible 01:16:35] readiness but we also have a second tool similar to what you've heard described by the three, the two Healthy Start projects presented today. So we have, as part of our CAN model, there's an assessment that we use with dads and like Peggy and others have determined the level of risk. Then it helps create a referral list so that you can actually make referrals after the assessment is done. So it's a complete intake process and will actually keep all those pieces together so it's another part of the CAN model. So again, prior identification in the intake process and then the follow-up and presenting that as a package but there's a tool that's there to do that assessment as well.

We have a full, New Haven Healthy Start, also, we have an assessment tool that we use for our father program here as well. So they're open to sharing those as well and so in the CAN, that's a request you can make through JSI, some of the [inaudible 01:17:32] potentially can be provided over the next couple years so we're ready to share that as well.

Naima: Thank you, Ken. I have a follow-up question. Oh, was someone going to respond?

Peggy: [inaudible 01:17:45] this is Peggy again. I was going to say, we also, too, we have a series of enrollment forms and counter forms, discharge forms and would be more than happy to share those with anybody.

Naima: Oh excellent, Peggy. That would be great. Thank you.

Ken: Naima, can I say something else about the home visitation? Because I think we, as a Healthy Start community, have a lot to learn about our population because I think Tony was alluding to some of the characteristics of our population and so while the younger moms will [inaudible 01:18:15] but our younger dads are more available and they're at the home but the older dad is still going out the back door when people come through the door because of what Tony mentioned. They don't trust who's coming through the door so doing home visitation to Dad is going to be very challenging but I think all of us kind of do document our [inaudible 01:18:33] as we're going through it, I think, because there's a lot of learning to learn together on how to do that and I know that Urban Institute has just completed some research that has not been shared yet. I don't think it's finalized.

But already looking at how home visitation is going with fathers because it sounds [inaudible 01:18:48], again, from looking at the Healthy Start population for over 20 years, it's a challenge doing home visitation to these dads, especially with the issues Tony mentioned. So just to put that out there for all of us to kind of learn together as we begin exploring home visitation for dads.

Naima: Excellent. Thank you, Ken. I have two follow-up questions and clarifications around curricula. The first is a question for you, Makeeva. It was specific to your portion of the presentation. The question is, are the resources that you mentioned, Wise Guys, National Fatherhood Initiative, and Nurturing Families, it sounds as though this question is really targeted to the curricula you mentioned in your presentation, Makeeva.

Makeeva: Right. So I'll go ahead and repeat them. I said the National Fatherhood Initiative, 24/7 Dad, and the other curriculum was Doctor Dad, Wise Guys, and then the last one was Common Sense Parenting.

Naima: Excellent. Thank you, Makeeva.

Makeeva: Mm-hmm.

Naima: The second question around curricula is, is Nurturing Father a curriculum or is it one of the four curricula that was mentioned earlier?

Kyle: Yes. It is a curriculum for dads and it is based, designed around 13 topics. That curriculum has been around for at least the last 12 years. Mark Perlman is the author of.

Naima: Excellent. Thank you. So the next question that's come in, and we have approximately 10 minutes before we close, we see, basically, this participant is saying, "We see the value of Dad and fatherhood involvement." The question is how do you define an actual role of who is included in "fatherhood services" or "fatherhood involvement" when families often have several men involved in the lives of children?

Kyle: Well I think, this is Kyle again and I will just say this. A lot of our children, we know that there is not a dad there, biological dad is not around, but if there is a man who is an involved, responsible, committed person that wants to take a role in that child's life then we look at that as a surrogate dad, if you will. Somebody for the child to model after, someone for the child to have a relationship that is long-standing and just grows roots so that person needs to be involved, responsible, and committed and not necessarily the biological dad.

Tony: But we like to believe that any trusted, positive male could be a father figure to a child. So if it's a male that can be trusted and he's positive and he's looking to engage in children's lives, whether it be a father, uncle, step-father, grandfather, whomever, we do encourage them as well as we would as a biological father.

Makeeva: All right. This is Makeeva. I agree with everything that has been said. I would think that as we learn more about the males in our community, we can actually engage which ones we would like to target. As has already been stated, sometimes it's not the actual biological father. Sometimes it's someone who is just a really great presence in that individual's life. So while we would like to target the dads, so biological father, I think we really have to learn our population and see who is the [inaudible 01:22:51], who is the role model, and who stands in as that father figure.

Ken: I agree with that. National Healthy Start did some research a few years ago with our Healthy Start communities and out of that research we learned that when working with those families, those women who identified the father and that's the person that they point to, a man who [inaudible 01:23:12] steps out making a commitment to be the father in the life of that child. It's important to work with him. Then also, some programs that are doing [inaudible 01:23:19] root work are looking at the research that talks, that is really focused on children. So really then connecting children to their biological fathers if they are around so if a father isn't incarcerated, separated from that child. There are men that will show up that want to connect with their children so some father programs have worked to really connect those biological fathers with their children.

I think it just depends on where you are and what the need is and what people want to do in that community so I think all of it is important to consider. But again, you think of children and growing up and the desire to be with my dad or know who my dad is. Those children begin to ask in the early years so depending on which stage you're at, it [inaudible 01:24:04] up to who do we go after now and sometimes in the [inaudible 01:24:07] go after the biological dad if he's available and healthy enough to be involved. It varies to me.

Peggy: Exactly. I agree.

Faye: This is Faye and I agree with everything that has been said because in a lot of cases, with our younger moms, younger moms, what we're seeing is that because the biological father may be incarcerated, the grandfather becomes her support system and she identifies closely with that. So it just depends on who's a good person in her life, a responsible person in her life that she had identified as her support person in the absence of the biological father. We see that a lot, especially with our younger moms and our teen moms. It's actually the granddad.

Naima: Thank you, everyone. Our next question is for Peggy. Since you offered, which was a great offer, of sharing some of your forms, some of the participants would like to know how they can get access to those forms from you, in particular. And, Peggy, you let us know how we can support that as well. But just wanted to see what's the best way to obtain those forms.

Peggy: Sure. I could send them on to you if you'd like and you can pass them on to anybody or people could email me. I have a long email. It's peggy.vandermeulen@spectrumhealth.org so I don't know. Does my email appear on the slides? I don't think so.

Naima: We just chatted Peggy's email to everyone.

Peggy: Oh, okay. Good. Great. Yeah. So if, yeah, anybody would like those forms, of you want to shoot me an email then I'll send them on to you.

Naima: Thank you, Peggy. Our final question, with our four minutes left for today's webinar. The question is what are the national aligned measures? This was a question targeted towards Ken. This was mentioned in your presentation. If you could speak to what those measure are.

Ken: Yeah. Just quickly. So in putting together the CAN model we looked at about over 75 programs and evaluations associated with those programs that included definitions, objectives, and various measures. And we just basically aligned those and included them in our assessment so as we're working with sites we're able to compare them to these nationally aligned models and that's what the measures are based on, this over 75 programs.

Naima: All right. Thank you, Ken.

Ken: You're welcome.

Naima: That brings us to the end of our Q&A portion of today's webinar. Before we close, we absolutely want to thank you again for joining us and to remember that this is part of a series so a couple of the upcoming webinars. May 19th we'll have a webinar on Domestic Violence Screening and Follow-up. Then for the month of June we'll have a Quality Improvement 101 on June 4th. The part two to this Fatherhood Programs and Initiatives series will focus on male engagement and that will take place on June 11th. Then we'll also have a webinar on Behavioral Health Screening so Caring for Pregnant and Postpartum Women Struggling with Addiction and that webinar will take place on June 25th. Below, again, is our EPIC Center website. Please stay tuned for the webinar transcript, recording, our Frequently Asked Questions document that will document all the questions and answer from today's session.

And of course, our training calendar so you can stay up to date for all our upcoming webinars. I'd like to thank you for joining us today, again, and we look forward to having you on future webinars. Everyone have a good day.