## Part 1: Father Engagement Skill-Building Session

Healthy Start Regions 1, 2, & 3 Meeting

Monday, April 24 from 11:45-12:45



National Institute for Children's Health Quality















#### **Fatherhood Inclusion**







Resources dedicated to father inclusion



Fatherhood a required component



Expectation for integration and serving 100 fathers/partners



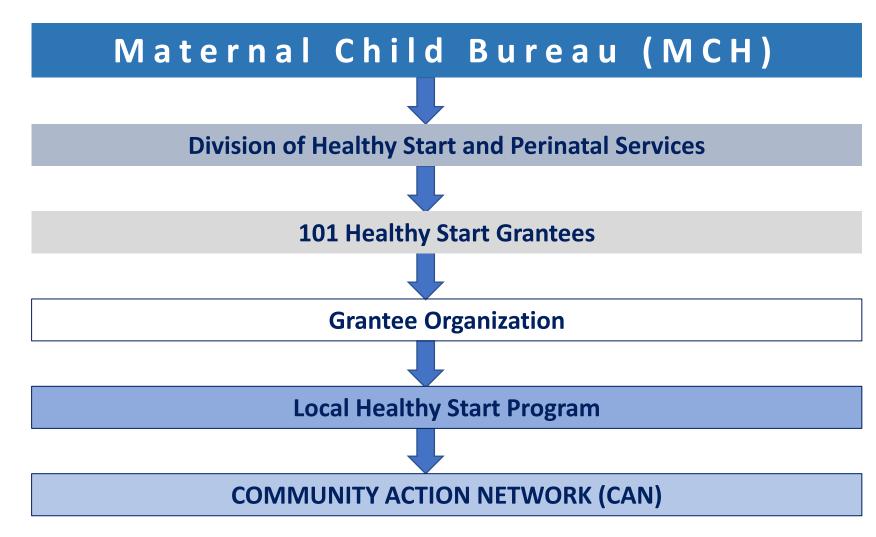
Responded to NOFO father inclusion in program design



Implementation of services for fathers/partners



Build community partnerships to sustain father engagement



Connecting fathers to mothers and birthing people, pregnancy and birth and birth outcomes

Infant Mortality Maternal Mortality

## MCH Fatherhood

Fatherhood within a maternal and child health (MCH) framework





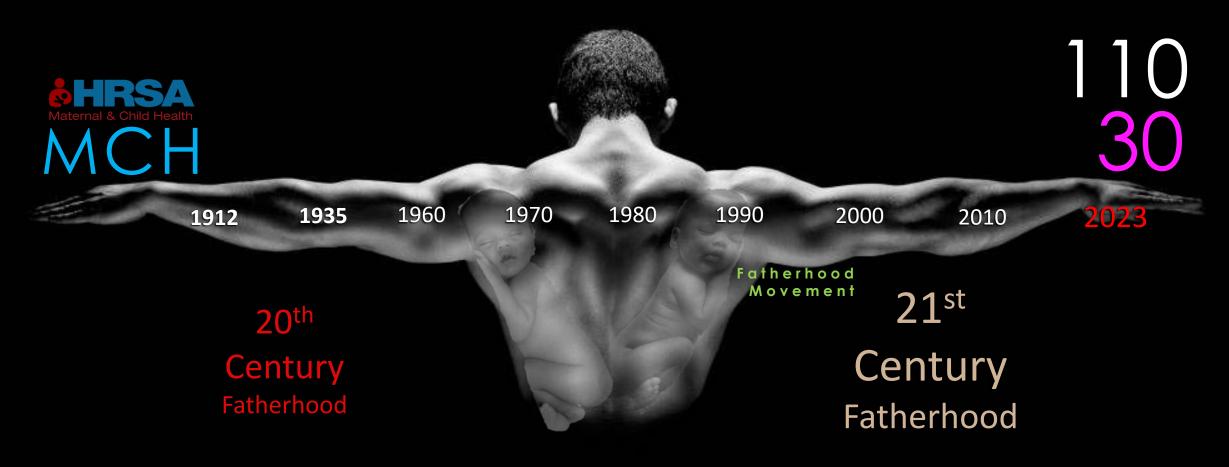






### building fatherhood

#### fatherhood across the timeline



#### Promote father involvement Improve parenting (co-parenting)



NHSA CAM© Model for Fatherhood/Male Involvement based on **A Community Perspective on the Role of Fathers During Pregnancy: A Qualitative Study** - Amina P. Alio, Cindi A. Lewis, Kenneth Scarborough, Kenn Harris and Kevin Fiscella, BMC, Childbirth and Pregnancy, 2013

#### A community perspective on the role of fathers during pregnancy: a qualitative study

Amina P Alio<sup>1\*</sup>, Cindi A Lewis<sup>2</sup>, Kenneth Scarborough<sup>3</sup>, Kenn Harris<sup>4</sup> and Kevin Fiscella

**Background:** Defining male involvement during pregnancy is essential for the development of future research a appropriate intervenions to optimize services aiming to improve birth outcomes. Study Aim: To define male involvement during pregnancy and obtain community-based recommendations for interventions to improve ma

Methods: We conducted focus groups with mothers and fathers from the National Healthy Start Association with most representation of the start of th

Results: The involved "male" was identified as either the biological father, or, the current male partner of the pregnant woman. Both men and women described the ideal, involved father or male partner as present accessible available, understanding, willing to learn about the pregnancy process and eager to provide emotional physical and financial support to the woman carrying the child. Women emphasized a sense of 'togotherness' during the and financial support to the woman carrying the child. Women emphasized a sense of 'togotherness' during the and financial support to the woman carrying the child. Women emphasized a sense of 'togotherness' during the and financial support to the woman carrying the child. grancy. Suggestions included creating male-targeted prenatal programs, enhancing current interventions geting females, and increasing healthcare providers' awareness of the importance of men's involvement during

Conclusions: Individual, family, community, societal and policy factors play a role in barring or diminishing the involvement of fathers using pregnancy, future research and interventions should target these factors and their interaction in order to increase fathers involvement and thereby improve pregnancy outcomes. Keywords: Pregnancy, Father involvement, Healthy start and fathers

Determil involvement (IP) has been recognized to have information on brith certificates, malernal report of paran impact on preparacy and inflat contoness [1-6]. When these are involved integraparacy and inflat contoness [1-6] in the statistical properties of the state of the s

be more likely to receive early prenatal care and to reduce cigarette smoking 19.101. Other studies have sug-

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Commons Antibiolistic Licence Patrol/Inventivecommonsory Corrects(Ps)(III, which permits unrepricted use, distribution, and
exproduction in any medium, provided the oping of works is properly direct.

#### Supporting Fatherhood Before and After It Happens

ounles, father involvement in all families has never been higher. From 1965 to 2011, fathers have more than doubled their involvement, both in ume spent with their children in child care and time spent doing housework. Fathers' expectations for their movement are also high, with nearly all fathers attending the birth of their child and having positive securities. and her d for their future involvement with their

Accepted for publication Nov 24, 2014

RIMMILL DISCOSSIBE: The outlier has indicated the has no financial reliabrancial reliabrancia reliabrancia

Institutes of Bedith 803H0909900 from the Easter Kerondy Krisher National Institute for Child Health and Deed opment. Funded by the National Institutes of Bedith 2014.

The past decade has expanded our understanding of mental health among fathers. We know paternal depression seems to affect 5% to 10% of fathers in the postpartum period,5 that there is an increase in paternal depressive 1 Medicine, Department of Medical Social Sciences, 33 31 Clair, Suite 19-069, Chicago, I. 60611, E-mail after the birth, 6 and 21% of fathers will are more likely to have adverse

child, regardless of marital status 3,4

In this issue of Polarires, GuiterrocGalve et al.<sup>10</sup> provide insight into 1 of
Galve et al.<sup>10</sup> provide insight into 1 of
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Galve et al.<sup>10</sup> provides insight into

10aday statuter is not your tatuter's father. These are 70.1 million fathers in the United States, with 24.7 million part of married couples with children aged <18 years, Although 40% of central couples with children aged <18 years, Although 40% of central couples with children aged sold search aged search aged sold search aged 7 years. The major finding in their

adversely affect the child's emotional

child. Conceptualizing the transition to prenatally, passing through the perin period, and continuing through the postnatal period clarifies potential

health care and support for fathers and families (Fig 1). In the prenatal period

#### research on father involvement WHERE IS THE F IN MCH? FATHER INVOLVEMENT IN AFRICAN AMERICAN FAMILIES Michael C. Lu, MD, MPH; Loretta Jones, MA; Melton J. Bond, PhD Objectives: [6: 1) review the historical con-texts and current profiles of father involvement in African American families; 2l identify barriers to, and supports of, involvement; 3) evaluate the effectiveness of father involvement pro-Kynna Wright, PhD, MPH; Maiteeny Pumpuang, MPH; Molly Maidenberg, MSW, MPH; Drew Jones, MPH; Craig Garfield, MD, MAPP; Diane L. Rowley, MD, MPH grams; and 4) recommend directions for futuresearch, programs, and public policies. controlling for parental education, in-Methods: Review of observational and inte come and other factors.5 Less is known studies on father involvement: about the male partner's influence on maternal health. In ethnographic stud-Results: Several historical developments (sla ery, declining employment for Black men and ies, pregnant African American women workforce participation for Black identified their male partners as a vital source of support or stress. 14,15 A led to father absence from African maternal psychosocial stress is an imfants are born to unmarried mother. emotional development in young children.2.7.8 During middle childhood, portant risk factor for poor pregnancy their involvement over time declines outcomes, 16,17 and partner support can paternal involvement in children's ed multiple barriers to, and supports schooling is associated with greater modify that risk.18 One study found lyement at multiple levels. These academic achievement and fewer bepartner support to be associated with e intrapersonal (eg, human capital positive maternal health behaviors dur beliefs about parenting), interper havioral problems.2.4 In adolescence, high involvement between fathers and ing pregnancy, including early pres the father's relationships with the nmunities (eg. high unemployment educational, behavioral, and emotional In this article, we examine fathe growing up in father-absent families involvement in pregnancy and paren ing among African American n or behavioral problems and poorer First, we review the historical con Families, child support enforcement), and developmental outcomes, even after and current profiles of father involved ment in African American fami Second, we identify barriers to, supports of, father involvement. The educing the Risk, Teen Outreach Program, and hildren's Aid Society - Carrera Program) de-(MCL. MP. MM): Healthy African American designed to increase fathe Lastly, we make recomi ment of Obstetrics and Gynecology, Wash ington Hospital Center, Washington, DC (MJB); UCLA School of Nursing (KW) lesign and evaluation for most programs Evanston Northwestern Healthcare Recontend that a multi-level, life Conclusion: A multi-level, life-course ap and Child Health, Gillings School of Global approach is needed to strengthen the capacity of African American men for proach is needed to strengthen the capacity of African American men to promote greater olvement in pregnancy and parenting as they become fathers. (Ethn Dis. 2010;20[Suppl quest to Michael C. Lu, MD, MPH at Key Words: African American Fathers, Ma-Sciences, UCLA School of Public Health, HISTORICAL CONTEXTS Box 951772, Los Angeles, CA 90095-1772. 310-825-5297. 310-794-1805 (fax); mclu@ AND CURRENT PROFILES OF BLACK FATHER INVOLVEMENT Disclaimer: The opinions expressed in thi Gynecology, David Geffen School of Medpaper are the authors and do not necessar Father absence in Black families can rily reflect the views or policies of the be traced to several historical developfor Healthier Children, Families and Comments. The legacy of slavery played a

Healthy Start Regional Meeting | Father Engagement Skill-building Session





#### FATHERS, PREGNANCY AND THE PERINATAL PERIOD

Craig Garfield, MD, MAPP Departments of Pediatrics and Medical Social Sciences Ann & Robert H. Lurie Children's Hospital of Chicago



#### The Health of Young African American Men

tion to key overlooked facts that describe their demo- understood.

Young African American men experience little benefit from the considerable health care spending in

African American men aged 15 to 29 years die from oped in 2006.7 However, the United States Preve homicide each year, well in excess of the rates of 4 per tive Services Task Force has not found evidence to 100 000 for white men and 23 per 100 000 for His-update its recommendation for counseling to prevent panic men.<sup>3</sup> During ages 1 through 14, homicide is either the second or third leading cause of death for evidence\*; the topic has been made inactive.<sup>8</sup> African African American males; from ages 15 through 34 it is American boys and men thus face 2 mismatches the leading cause of death.

cioeconomic status? The answers involve a complex cal-culus of poverty, geography, race, education, and fam-The care youth and men need most is the care least ily structure. Sixteen-year-old African American men available. living in cities, for example, have a 50% to 62% chance Considering these barriers, are there effective prac men, despite being 37% poorer 4

African American men also detract from their overall of the health dollar. health.<sup>5</sup> African American men are 6 times more likely

Deaths in Ferguson, Missouri; New York City; Sanford,
Florida; and other areas have focused international
The effect of mass incarceration on individuals' employattention on young African American men. In a recent ment, voting, housing, credentials (such as driver campaign, young African American men draw atten- licenses), and certainly health is profound and still poor

graphic: 1 of 3 goes to college, 3 of 4 are drug free, 5 of 9 have jobs, 7 of 8 are not teenaged fathers, and public health to address these overall disparities, much 11 of 12 finish high school. How can clinicians help ad of the medical field has been more silent. Traditional dress existing health disparities and add to these posi- models of medical practice generally stand apart-in Young African American men experience little and needs of young African American men. Instead of enefit from the considerable health care spending in the traditional routes of enrolling in primary care the United States. Their situation reflects a poor | lower-income African American men more readily con nvestment and calls attention to a blind spot in nect with health care through military service, prison policy. African American men have a life expectancy or emergency departments. Health care systems are 4.7 years less than their white counterparts, the low-not well designed to acknowledge, attend to, and such est of any major demographic group in the United cessfully address the health issues that are most States. Heart disease and cancer each contribute. salient: violence trauma shootings and the psychological states. roughly a year of reduced comparative life expectancy | logical anguish that accompanies them. Shortages of for African American men.<sup>2</sup> Another year of reduced primary care practitioners in certain areas certainly

life expectancy is related to homicide: 75 of 100 000 add to this problem. Even when clinicians are available to offer to ameliorate them.

Well-child care visits, the mos common interaction youth and adoles ited success influencing behaviors. The American Academy of Pediatrics' vio Kids: Safe, Strong, Secure, was deve

funding that overwhelmingly favors health care over Is this excess mortality due tolong-standing low so- more effective social supports, and a traditional

of survival to age 65 compared with urban white counterparts who have an 80% likelihood. Appalachian white forts are needed for public health and social supports to proaches require substantially more robust funding an Disproportionate rates of incarceration among emphasis; US public health is funded with only 3 cents

Second, the advantages medical care can provide to be imprisoned than white men, and current trends should be strengthened. Unlike violence prevention would suggest that 1 of every 3 African American men engagement in health care can positively influence born today will be incarcerated. An especially unfortu- those disparities amenable to effective medical trea nate indictment is that African American men are half as ment, such as human immunodeficiency virus (HIV). likely to die if they are in prison compared with those cardiovascular disease, and mental health. Intentional who are not: incarcerated white men, in comparison, die changes in practice—patient-centered medical homes



#### A few observations to date

Father involvement is related to positive cognitive, developmental, and sociobehavioral child outcomes, such as improved weight gain in preterm infants, improved breastfeeding rates, higher receptive language skills, and higher academic achievement. (Source: Garfield, C. F., & Isacco, A. (2006). Fathers and the well-child visit, Pediatrics, 117, 637-645)

Teitler, J. O. (2001). <u>Father involvement, child health and maternal health behavior</u>. <u>Children and Youth Services Review</u>, 23(4-5), 403-425

A Community Perspective on the Role of Fathers During Pregnancy: A Qualitative Study - Amina P. Alio, Cindi A. Lewis, Kenneth Scarborough, Kenn Harris and Kevin Fiscella, BMC, Childbirth and Pregnancy, 2013

Where is the Fin MCH? Father Involvement in African American Families - Michael C. Lu, MD, MPH; Loretta Jones, MA; Melton J. Bond, PhD; Kynna Wright, PhD, MPH; Maiteeny Pumpuang, MPH; Molly Maidenberg, MSW, MPH; Drew Jones, MPH; Craig Garfield, MD, MAPP; Diane L. Rowley, MD, MPH, Ethnicity & Disease, Volume 20, Winter 2010: S2-49-S2-61

Alio, A. P., Kornosky, J. L., Mbah, A. K., Marty, P. J., & Salihu, H. M. (2010). The impact of paternal involvement on feto-infant morbidity among Whites, Blacks and Hispanics. Maternal and child health journal, 14(5), 735-741.

Martin, L. T., McNamara, M. J., Milot, A. S., Halle, T., & Hair, E. C. (2007). <u>The effects of father involvement during pregnancy on receipt of prenatal care and maternal smoking</u>. Maternal and child health journal, 11(6), 595-602.

#### HS BENCHMARKS

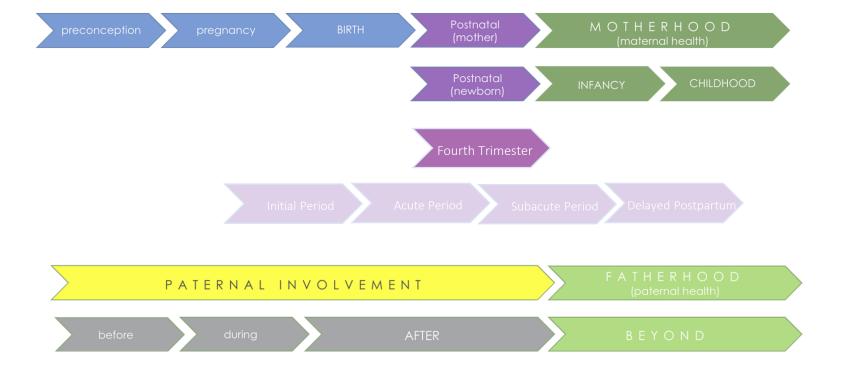
- 1. Increase the proportion of HS women and child participants with health insurance to 90 percent (reduce uninsured to less than 10 percent).
- 2. Increase the proportion of HS women participants who have a documented reproductive life plan to 90 percent.
- 3. Increase the proportion of HS women participants who receive a postpartum visit to 80 percent.
- 4. Increase proportion HS women and child participants who have a usual source of medical care to 80 percent.
- 5. Increase proportion of HS women participants that receive a well- woman visit to 80 percent.
- 6. Increase proportion of HS women participants who engage in safe sleep practices to 80 percent.
- 7. Increase proportion of HS child participants whose parent/caregiver reports they were ever breastfed or pumped breast milk to feed their baby to 82 percent.
- 8. Increase proportion of HS child participants whose parent/caregiver reports they were breastfed or fed breast milk at 6 months to 61 percent.
- 9. Increase the proportion of pregnant HS participants that abstain from cigarette smoking to 90 percent.
- 10. Reduce the proportion of HS women participants who conceive within 18 months of a previous birth to 30 percent.

- 11. Increase proportion of HS child participants who receive the last age-appropriate recommended well child visit based on AAP schedule to 90 percent.
- 12. Increase the proportion of HS women participants who receive depression screening and referral to 100 percent.
- 13. Increase proportion of HS women participants who receive intimate partner violence (IPV) screening to 100 percent.
- 14. Increase proportion of HS women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) during pregnancy to 90 percent.
- 15. Increase proportion of HS women participants that demonstrate father and/or partner involvement (e.g. attend appointments, classes, infant/child care) with their child participant to 80 percent.
- 16. Increase the proportion of HS child participants aged <24 months who are read to by a parent or family member 3 or more times per week to 50 percent.
- 17. Increase the proportion of HS programs with a fully implemented Community Action Network (CAN) to 100 percent.
- 18. Increase the proportion of HS programs with at least 25 percent community members and HS program participants serving as members of their CAN to 100 percent.
- 19. Increase the proportion of HS programs who establish a QI and performance monitoring process to 100 percent.

## CORE Elements for Connections along Maternal Care Continuum (MCC)

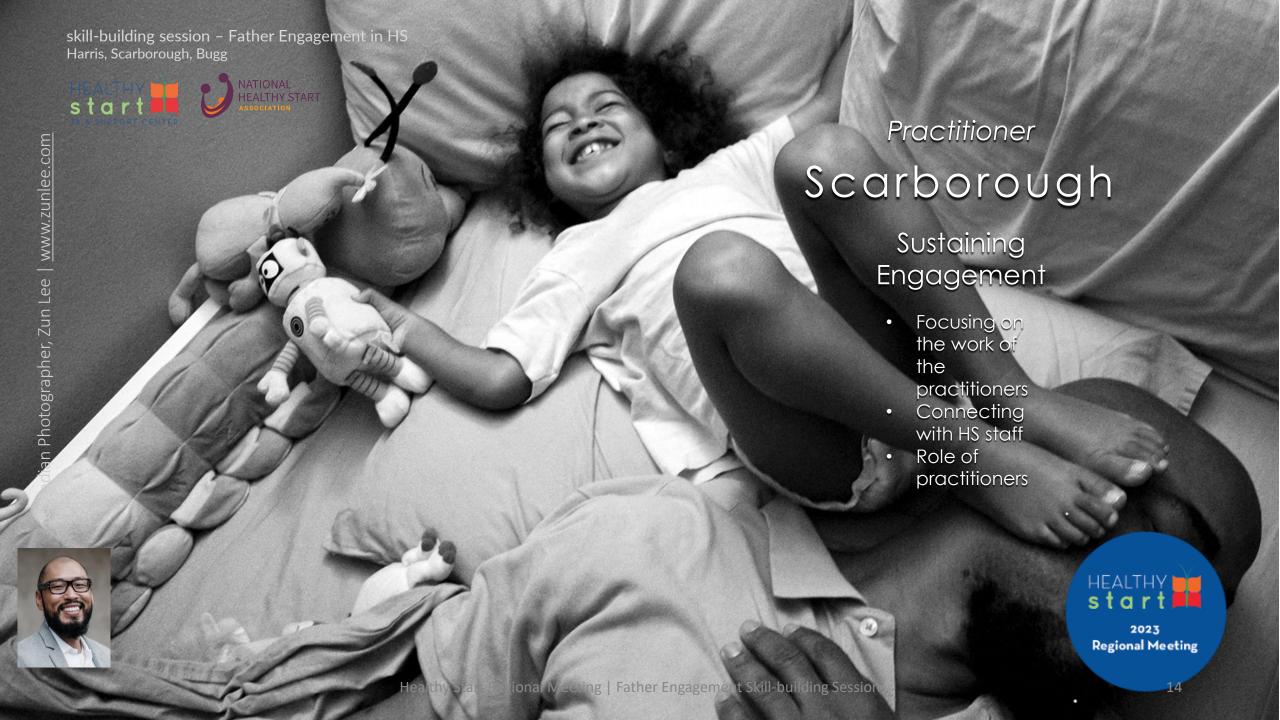
Preconception Health Care/planning Pregnancy 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Trimester Birth Breastfeeding Post-partum 4<sup>th</sup> Trimester RLP **Pediatrics** Early/Infant care Parenting early childhood development

Beyond









## Sustaining Engagement

- Focusing on the work of the practitioners
- Connecting with HS staff
- Role of practitioners







#### Focusing on the work the Practitioners



- Fathers matter in healthy birth and maternal health outcomes
- Keeping fathers as a focus from before, during, beyond; "not an add-on"
- Helping and supporting fathers understand the power of his advocacy





## Connecting with Colleagues – HS staff

- FP must work beyond silo mentality
- FP must be opened to constructive feedback - avoid knowledge & authority being challenged
- FP find ways to work with HS colleagues that are recruiting moms and ignoring fathers
- FP must connect at ALL levels –
  internal (from janitor's closet to
  board room) and external (partners,
  agencies, etc...)









#### Role of Practitioner

- Practice demonstrate & message to fathers their importance
- Program plan & design services that meet fathers' and family's needs
- Administrative collect, document
   & report on delivering & reporting services
- Promoting sharing the story of your work with those outside

## FINISHING STRONG!

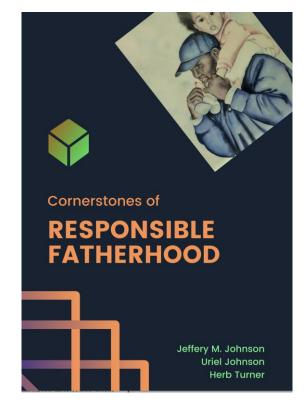




#### Evaluation and Long-term Outcomes

- Setting SMART goals
- Work-plan Development
- Creating sustainability plan











## Jason L. Perry

#### Attitudes that impact Paternal Inclusion

- Fathers are the problem.
- Fathers are unnecessary.
- Fathers are "+1" to the family.
  - Reduced to being sperm donors and a support check.
  - ONLY a factor in improving health outcomes for the mother and child.



#### **Professional Development Workshop for Organization Staff's**



Who's asking the question?

- Skeptical Society
- Social Services
- Affected Kids
- Service Providers



# DADS & DIAMONDS ARE FOREVER JASON L. PERRY EMPOWERING MEN TO BECOME THE FATHERS

## TABLE OF CONTENTS

Introduction: Daddy, We Need You!

**Part I: Discovery** 

Session 1: Who Shapes You?

Session 2: What Shapes You?

Session 3: What's in You?

Session 4: Pathway to Healing

Session 5: Breaking Generational Habits

**Celebrating Progress** 

**Part II: Decisions** 

Session 6: Choosing a Life Path

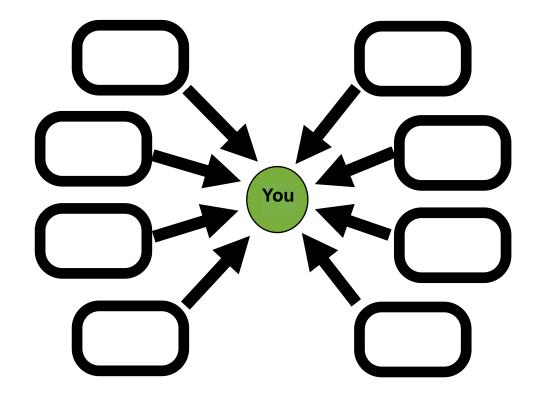
**Session 7: Shaping Your Diamonds** 

Session 8: Expanding Your Team

Session 9: Displaying Your Diamonds

The Relationship Constellation

•This helps men to understand the people that shape them





#### The Life Growth Track

This helps men to understand why they might

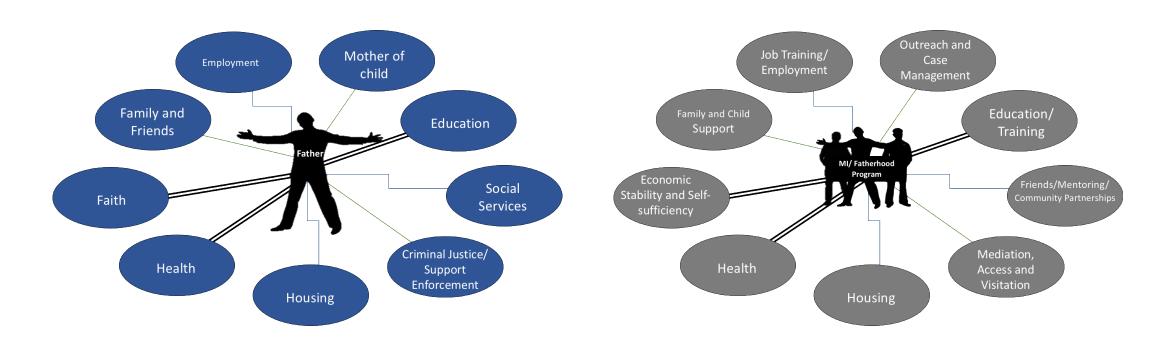
avoid responsibility.

# FORMATION MINING BOYS MEN FORK RESPONSIBILITY IRRESPONSIBILITY









#### **WORKSHEET 2:** Outreach Quick-check

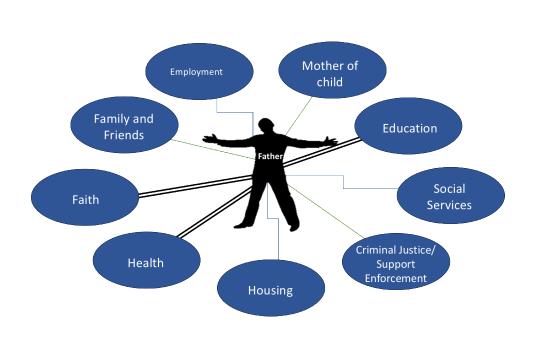


Activity	YES	NO	ACTION	✓ Completed
Outreach Readiness?				
Description of fatherhood				
component?				
Fatherhood has been				
integrated into program				
design?				
Staff has received necessary				
training on father				
involvement?				
Outreach strategies written				
and in operation?				
HS Program brochure				
inclusive of fatherhood?				
Fatherhood Packet?				
Contact info of fatherhood				
coordinator?				

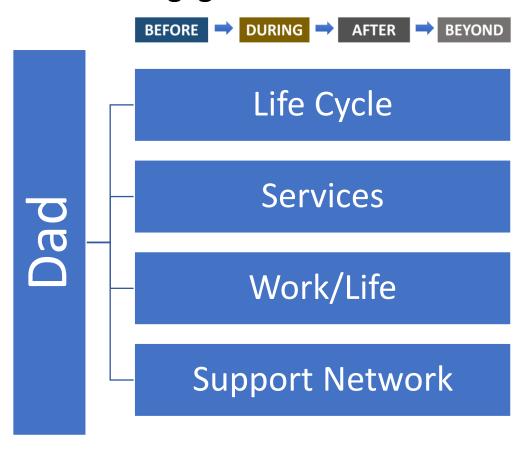




#### **Father Connection**



#### **Father Engagement**



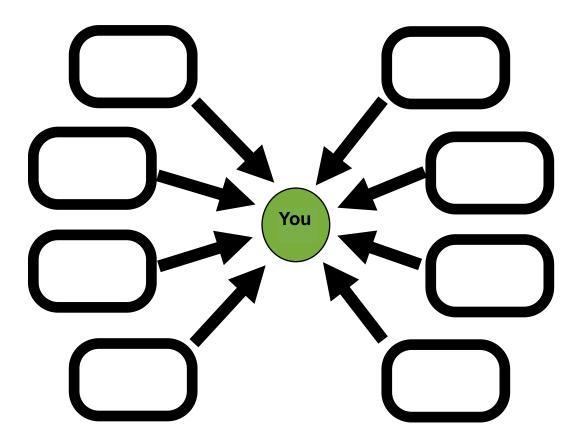


#### WORKSHEET 3: Connecting Dads on the Continuum

Current Program Services:												
Preconception (interconception)		Pregnancy		Post-Partum		Pediatrics		Parenting				
<ul><li>Preconception</li><li>Health/Care/Planning</li><li>Other</li></ul>		PNC S Other	ervices	<ul><li>Breastdfeeding Classes</li><li>Other</li></ul>		■ Pediatric visits ■ Other		<ul><li>Parenting Classes</li><li>Other</li></ul>				
Enhanced Program Services focused on fathers/partners												
How can you include dads?	Action Step Needed:	How can you include dads?	Action Step Needed:	How can you include dads?	Action Step Needed:	How can you include dads?	Action Step Needed:	How can you include dads?	Action Step Needed:			
✓ Idea? ✓ Idea?	✓ Action ✓ Action	✓ Idea? ✓ Idea?	✓ Action ✓ Action	✓ Idea? ✓ Idea?	✓ Action ✓ Action	✓ Idea? ✓ Idea?	✓ Action ✓ Action	✓ Idea? ✓ Idea?	✓ Action ✓ Action			

#### The Relationship Constellation

- •This helps men to understand the people that shape them and how it shapes them today
- In the boxes write the names of some of the men who have impacted your life.
- Place a "+" or "-" next to the box to indicate a "positive" or "negative" impact?

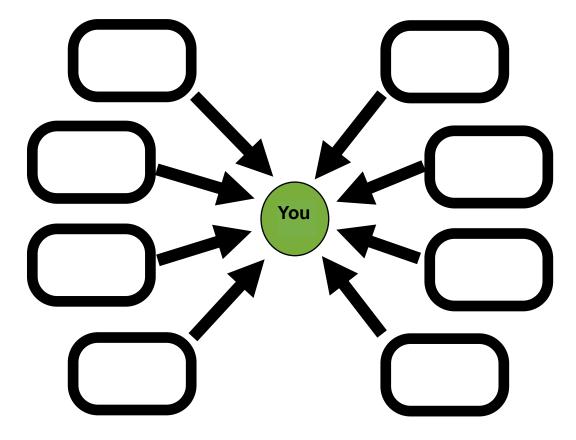




#### The Relationship Constellation

•This helps men to understand the people that shape them and how it shapes them today

Did you learn anything from doing this?

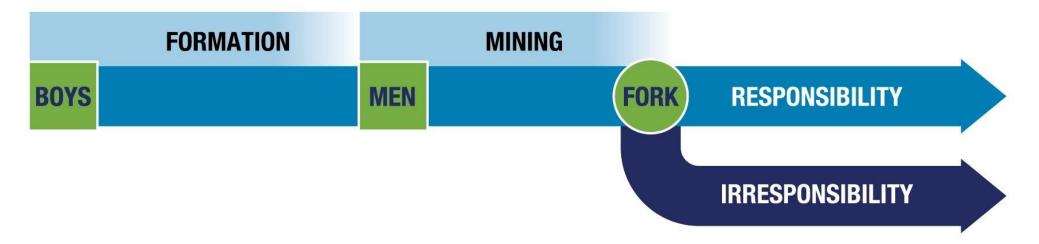




#### The Life Growth Track

•This helps men to understand why they might avoid responsibility.

#### Life Growth Track







For many men, the sense of inadequacy often overrides our sense of responsibility.



#### Life Growth Track



- 1. How would you describe your "Formation" period?
- 2. What are "Forks" in the road in our manhood?
- 3. How do you determine if you can handle responsibilities of your "Forks"?
- 4. What factors determine which path Responsibility or Irresponsibility you will take?



# Questions and Stuff...





Inclusion, connection, fathers in the MCH systems and hospital systems remove barriers for fathers & families MOTHER HOOD (maternal health) **BIRTH** preconception pregnancy Postnatal CHILDHOOD INFANCY (newborn) PATERNAL INVOLVEMENT/STEMS paternal heal **AFTER** during tather