

Part 1: Father Engagement Skill-Building Session

Healthy Start Regions 1, 2,
& 3 Meeting

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



Healthy Start Regional Meeting

Father Engagement Skill-building Session

Monday, April 24th 2023
San Antonio, TX



Kenneth R. Scarborough, MDIV, MPH
Fatherhood & Men's Health Consultant
National Healthy Start Association



Jason Perry, Founder and Visionary, Oak Tree
Leadership



Illustration by Andrea Ventura.

“It is easier to build strong children
than to repair broken men”
[Frederick Douglass].

If our children are
truly going to be
strong, we have
to build and
restore
fatherhood,
especially in
Black families.

skill-building session – Father Engagement in HS



Healthy Start Regional Meeting | Father Engagement Skill-building Session

skill-building session – Father Engagement in HS



Canadian Photographer, Zun Lee | www.zunlee.com

Program Scarborough

MCC

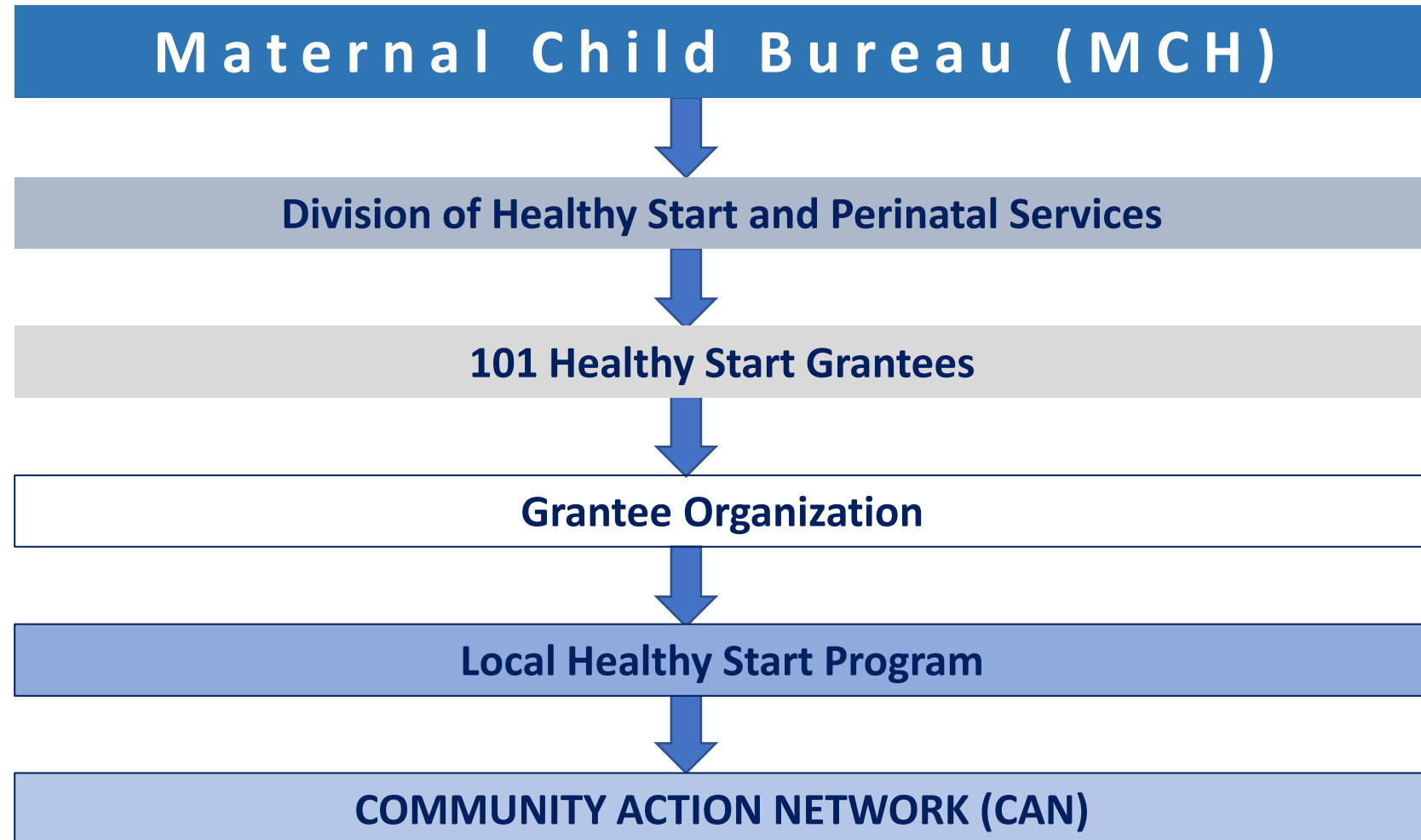
- Fathers impact on IMR//MMR
- Importance of early connection
- BMs



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



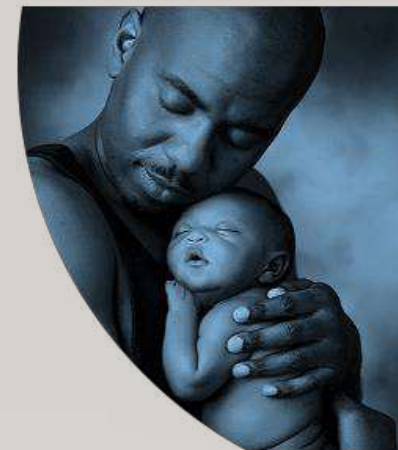
20th
Century
Fatherhood

Fatherhood
Movement

21st
Century
Fatherhood

110
30

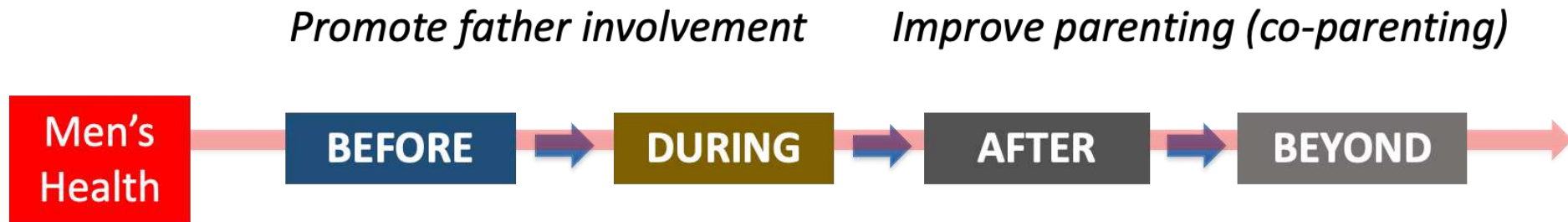
Father Involvement



□ INCLUSION

□ CONNECTION

□ ENGAGEMENT



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 Aho^{1*}, Cindi A Lewis², Kenneth Scarborough³, Kenn Harris⁴ and Kevin Ficek^{5,6}

Abstract

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

Methods: We conducted focus groups with mothers and fathers from the National Healthy Start Association program in order to obtain detailed descriptions of male involvement activities, benefits, barriers, and proposed solutions for increasing male involvement during pregnancy. The majority of participants were African American parents.

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 "togetherness" during the pregnancy. Suggestions included creating male-targeted prenatal programs, enhancing current interventions targeting females, and increasing healthcare providers' awareness of the importance of men's involvement during pregnancy.

Conclusions: Individual, family, community, societal and policy factors play a role in barring or diminishing the involvement of fathers during pregnancy. Future research and interventions should target fathers and their interaction in order to increase fathers' involvement and thereby improve pregnancy outcomes.

Keywords: Pregnancy, Father involvement, Healthy start and fathers

Background
Paternal involvement (PI) has been recognized to have an impact on pregnancy and infant outcomes [1-6]. When fathers are involved during pregnancy, maternal negative health behaviors, distress and risk of preterm birth, low birth weight and fetal growth restriction is significantly reduced [1-6, 7]. It has also been associated with infant mortality up to one year after birth [2]. When these findings were stratified by race, several studies report that the risks of adverse birth outcomes and subsequent infant mortality were markedly higher for African-American mothers [12,4,7].

Whether measured through proxies such as paternal information on birth certificates, maternal report of paternal activities (support, presence at pregnancy-related health appointments), or marital/partnership status, findings point to the important contributions fathers can make to improving birth outcomes [1,4,6-9]. Researchers have proposed that the mechanisms through which PI affects birth outcomes are primarily linked to the impact fathers can have on influencing maternal behaviors and reducing maternal stress through emotional, logistical and financial support [6]. For example, pregnant women with involved partners have been found to be more likely to receive early prenatal care and to reduce cigarette smoking [10]. Other studies have suggested that support from fathers serves to alleviate the

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1,4,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100,101,102,103,104,105,106,107,108,109,110,111,112,113,114,115,116,117,118,119,120,121,122,123,124,125,126,127,128,129,130,131,132,133,134,135,136,137,138,139,140,141,142,143,144,145,146,147,148,149,150,151,152,153,154,155,156,157,158,159,160,161,162,163,164,165,166,167,168,169,170,171,172,173,174,175,176,177,178,179,180,181,182,183,184,185,186,187,188,189,190,191,192,193,194,195,196,197,198,199,200,201,202,203,204,205,206,207,208,209,210,211,212,213,214,215,216,217,218,219,220,221,222,223,224,225,226,227,228,229,230,231,232,233,234,235,236,237,238,239,240,241,242,243,244,245,246,247,248,249,250,251,252,253,254,255,256,257,258,259,260,261,262,263,264,265,266,267,268,269,270,271,272,273,274,275,276,277,278,279,280,281,282,283,284,285,286,287,288,289,290,291,292,293,294,295,296,297,298,299,300,301,302,303,304,305,306,307,308,309,310,311,312,313,314,315,316,317,318,319,320,321,322,323,324,325,326,327,328,329,330,331,332,333,334,335,336,337,338,339,340,341,342,343,344,345,346,347,348,349,350,351,352,353,354,355,356,357,358,359,360,361,362,363,364,365,366,367,368,369,370,371,372,373,374,375,376,377,378,379,380,381,382,383,384,385,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412,413,414,415,416,417,418,419,420,421,422,423,424,425,426,427,428,429,430,431,432,433,434,435,436,437,438,439,440,441,442,443,444,445,446,447,448,449,450,451,452,453,454,455,456,457,458,459,460,461,462,463,464,465,466,467,468,469,470,471,472,473,474,475,476,477,478,479,480,481,482,483,484,485,486,487,488,489,490,491,492,493,494,495,496,497,498,499,500,501,502,503,504,505,506,507,508,509,510,511,512,513,514,515,516,517,518,519,520,521,522,523,524,525,526,527,528,529,530,531,532,533,534,535,536,537,538,539,540,541,542,543,544,545,546,547,548,549,550,551,552,553,554,555,556,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,577,578,579,580,581,582,583,584,585,586,587,588,589,590,591,592,593,594,595,596,597,598,599,600,601,602,603,604,605,606,607,608,609,610,611,612,613,614,615,616,617,618,619,620,621,622,623,624,625,626,627,628,629,630,631,632,633,634,635,636,637,638,639,640,641,642,643,644,645,646,647,648,649,650,651,652,653,654,655,656,657,658,659,660,661,662,663,664,665,666,667,668,669,670,671,672,673,674,675,676,677,678,679,680,681,682,683,684,685,686,687,688,689,690,691,692,693,694,695,696,697,698,699,700,701,702,703,704,705,706,707,708,709,710,711,712,713,714,715,716,717,718,719,720,721,722,723,724,725,726,727,728,729,730,731,732,733,734,735,736,737,738,739,740,741,742,743,744,745,746,747,748,749,750,751,752,753,754,755,756,757,758,759,760,761,762,763,764,765,766,767,768,769,770,771,772,773,774,775,776,777,778,779,780,781,782,783,784,785,786,787,788,789,790,791,792,793,794,795,796,797,798,799,800,801,802,803,804,805,806,807,808,809,810,811,812,813,814,815,816,817,818,819,820,821,822,823,824,825,826,827,828,829,830,831,832,833,834,835,836,837,838,839,840,841,842,843,844,845,846,847,848,849,850,851,852,853,854,855,856,857,858,859,860,861,862,863,864,865,866,867,868,869,870,871,872,873,874,875,876,877,878,879,880,881,882,883,884,885,886,887,888,889,890,891,892,893,894,895,896,897,898,899,900,901,902,903,904,905,906,907,908,909,910,911,912,913,914,915,916,917,918,919,920,921,922,923,924,925,926,927,928,929,930,931,932,933,934,935,936,937,938,939,940,941,942,943,944,945,946,947,948,949,950,951,952,953,954,955,956,957,958,959,960,961,962,963,964,965,966,967,968,969,970,971,972,973,974,975,976,977,978,979,980,981,982,983,984,985,986,987,988,989,990,991,992,993,994,995,996,997,998,999,1000

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BioMed Central

Supporting Fatherhood Before and After It Happens

Craig E Garfield, MD, MAPP¹

Today's father is not your father's father. There 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 children are born to unmarried couples, father involvement in all families has never been higher. From 1965 to 2011, fathers have more than doubled their involvement, both in time spent with their children in child care and time spent doing housework.¹ Fathers' expectations for their involvement are also high, with nearly all fathers attending the birth of their child and having positive expectations for their future involvement with their child, regardless of marital status.^{2,3}

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,⁴ that there is an increase in paternal depressive symptom scores in the first 5 years after the birth,⁵ and 21% of fathers will have experienced depression by the time their child is 12 years of age.⁶ We know children with depressed fathers are more likely to have adverse emotional and behavioral outcomes⁷ and less likely to benefit from positive paternal parenting practices such as reading.⁸ What we still have to learn are the mechanisms through which fathers affect child outcomes.

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Keywords: African American fathers, Maternal Health, Child Health, Family

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research on father involvement

WHERE IS THE F IN MCH? FATHER INVOLVEMENT IN AFRICAN AMERICAN FAMILIES

Michael C. Lu, MD, MPH, Toronta Jones, MA, Milton J. Bond, PhD, Keema Wright, PhD, MPH, Marlene Pumpkins, MPH, Yvonne Mackenberg, MSW, MPH, Drew Jones, MPH, Craig Garfield, MD, MAPP, Diane L. Rowley, MD, MPH

BACKGROUND

Childhood adversity is a leading cause of poor health and social outcomes. The early childhood years are more strongly associated with better cognitive and emotional development in young children.¹⁻³ During middle childhood, paternal involvement in children's schooling is associated with greater academic achievement and fewer behavioral problems.^{4,5} In adolescence, high involvement between fathers and adolescents is associated with better educational, behavioral, and emotional outcomes.⁶⁻¹³ Conversely, children growing up in father-absent families are at greater risk for various educational or behavioral problems and poorer developmental outcomes, even after

controlling for parental education, income, and other factors.¹⁴ Less is known about the male partner's influence on maternal health. In ethnographic studies, pregnant African American women identified their male partners as a vital source of support or stress.^{15,16} A growing body of literature suggests that maternal psychosocial stress is an important risk factor for poor pregnancy outcomes,^{16,17} and partner support can modify that risk.¹⁸ One study found partner support to be associated with positive maternal health behaviors during pregnancy, including adequate prenatal care and decreased smoking and drug use.¹⁹

In this article, we examine father involvement in pregnancy and parenting among African American men. First, we review the historical context and current profiles of father involvement in African American men. Second, we identify barriers to and supports of father involvement. Third, we evaluate the impact of programs designed to increase father involvement. Lastly, we make recommendations on the directions for future research, programs and public policy. We contend that a multi-level, life course approach is needed to strengthen the capacity of African American men for greater involvement in pregnancy and parenting.

HISTORICAL CONTEXTS AND CURRENT PROFILES OF BLACK FATHER INVOLVEMENT

Father absence in Black families can be traced to several historical developments. The legacy of slavery played a

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FATHERS, PREGNANCY AND THE PERINATAL PERIOD

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Departments of Pediatrics and
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VIEWPOINT

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Edited and reviewed by Supplemental content at jama.com

The Health of Young African American Men

Deaths in Ferguson, Missouri; New York, City; Sanford, Florida, and other areas have focused international attention on young African American men. In a recent campaign, young African American men draw attention to key overlooked facts that describe their demographic: 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 11 of 12 finish high school. How can clinicians help address existing health disparities and add to these positive outcomes?

Young African American men experience little benefit from the considerable health care spending in the United States. Their situation reflects a poor investment and calls attention to a blind spot in policy. African American men have a life expectancy 4.7 years less than their white counterparts, the lowest of any major demographic group in the United States. Heart disease and cancer each contribute roughly a year of reduced comparative life expectancy for African American men.¹ Another year of reduced life expectancy is related to homicide: 75 of 100 000

they may recognize risks but have little to offer to ameliorate them.

Well-child care visits, the most common interaction youth and adolescents have with medical care, have limited success influencing behaviors. The American Academy of Pediatrics' Violence Prevention program, Connected Kids Safe, Strong, Secure, was developed in 2006.² However, the United States Preventive Services Task Force has not found evidence to update its recommendation for counseling to prevent youth violence from its 1996 finding of "insufficient evidence" the topic has been made inactive.³ African American boys and men thus face 2 missed chances, finding that overwhelmingly favors health care over more effective social supports, and a traditional health care model that is limited in its ability to help. The care youth and men need most is the care least available.

Considering these barriers, are there effective practices that clinicians can implement? First, advocacy efforts are needed for public health and social supports to achieve health improvements at scale. These approaches require substantially more robust funding and emphasis. US public health is funded with only 3% of the health dollar.⁴ Second, the advantages medical care can provide should be strengthened. Unlike violence prevention, engagement in health care can positively influence those disparities amenable to effective medical treatment, such as human immunodeficiency virus (HIV), cardiovascular disease, and mental health. Intentional changes in practice—patient-centered medical homes,

Disproportionate rates of incarceration among African American men also detract from their overall health.⁵ African American men are 6 times more likely to be imprisoned than white men, and current trends would suggest that 1 of every 3 African American men born today will be incarcerated. An especially unfortunate indictment is that African American men are half as likely to die if they are in prison compared with those who are not; incarcerated white men, in comparison, die

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A few observations to date

Father involvement is related to positive cognitive, developmental, and socio-behavioral 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). [Father involvement, child health and maternal health behavior. Children and Youth Services Review, 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 F in 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

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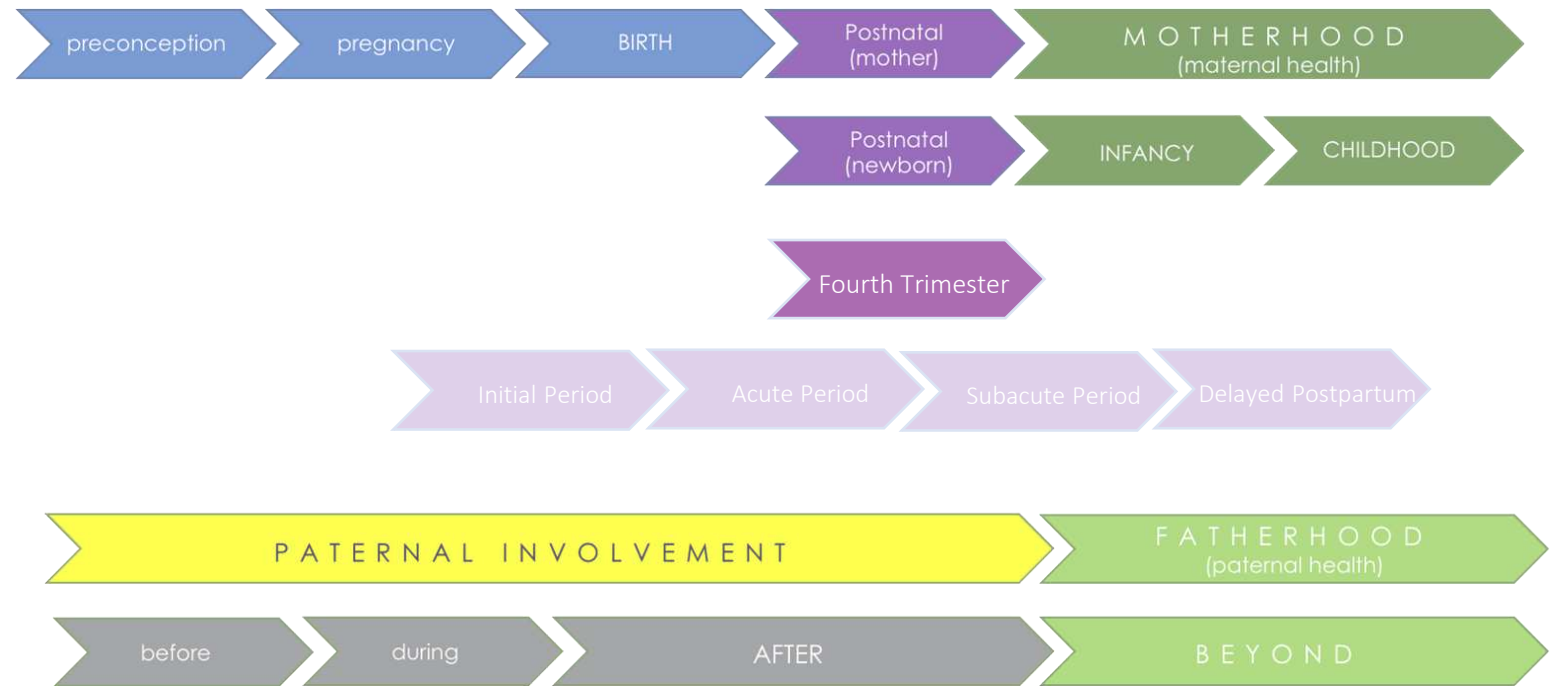
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HS BENCHMARKS

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)

1. Preconception
 - Health
 - Care/planning
2. Pregnancy
 - 1st, 2nd, 3rd Trimester
3. Birth
 - Breastfeeding
4. Post-partum
 - 4th Trimester
 - RLP
5. Pediatrics
 - Early/Infant care
6. Parenting
 - early childhood development
7. Beyond



skill-building session – Father Engagement in HS
Harris, Scarborough, Bugg



Indian Photographer, Zun Lee | www.zunlee.com

Practitioner Scarborough

Sustaining Engagement

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



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 **silos** 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

S	Specific Clearly State your Goal
M	Measurable Ensure you can Measure Success
A	Attainable Set Goals you know you can Achieve
R	Relevant Set Goals Relevant to your Career or Education
T	Time-Based Set a Deadline for Completion





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

Overcoming Barriers to Paternal Involvement



Do We *Really*
Need Dads?



Jason L. Perry

Who's asking the question?

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

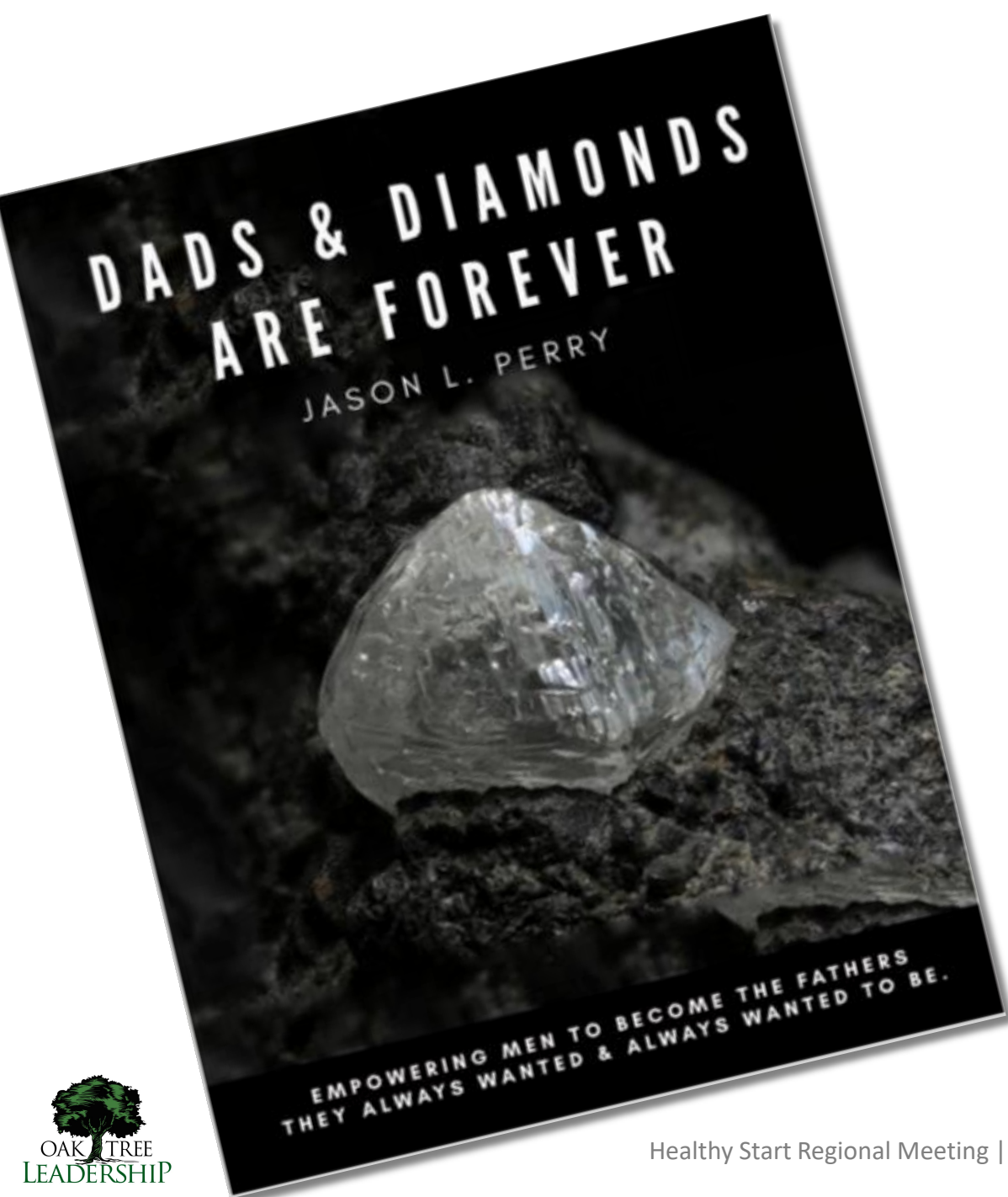


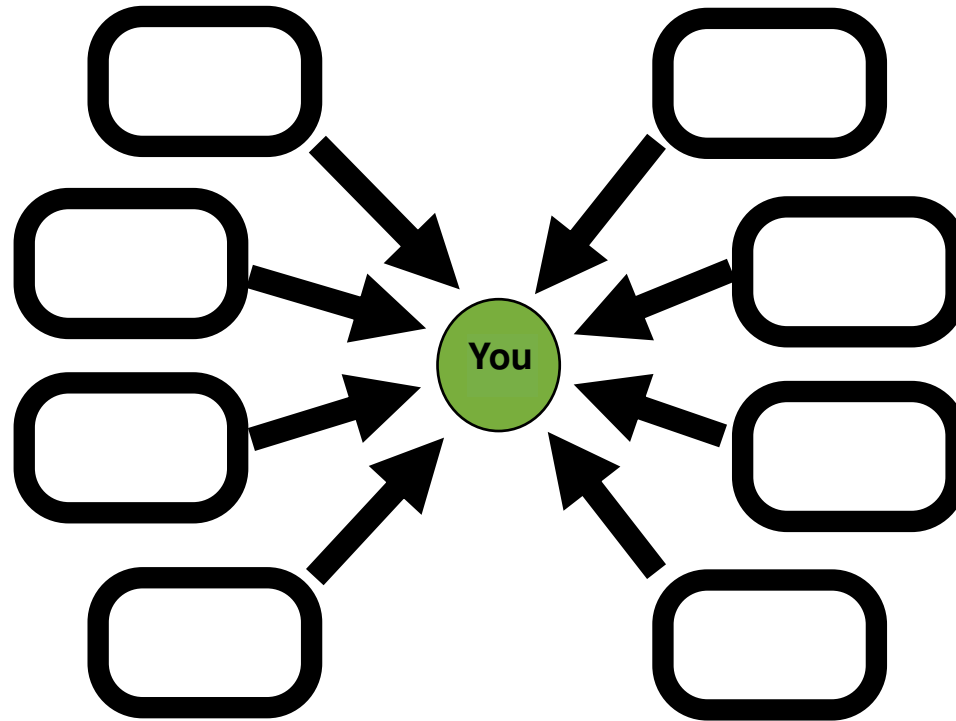
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- Celebrating Progress
- Part II: Decisions
 - Session 6: Choosing a Life Path
 - Session 7: Shaping Your Diamonds
 - Session 8: Expanding Your Team
 - Session 9: Displaying Your Diamonds

Skill-building exercises

The Relationship Constellation

- This helps men to understand the people that shape them

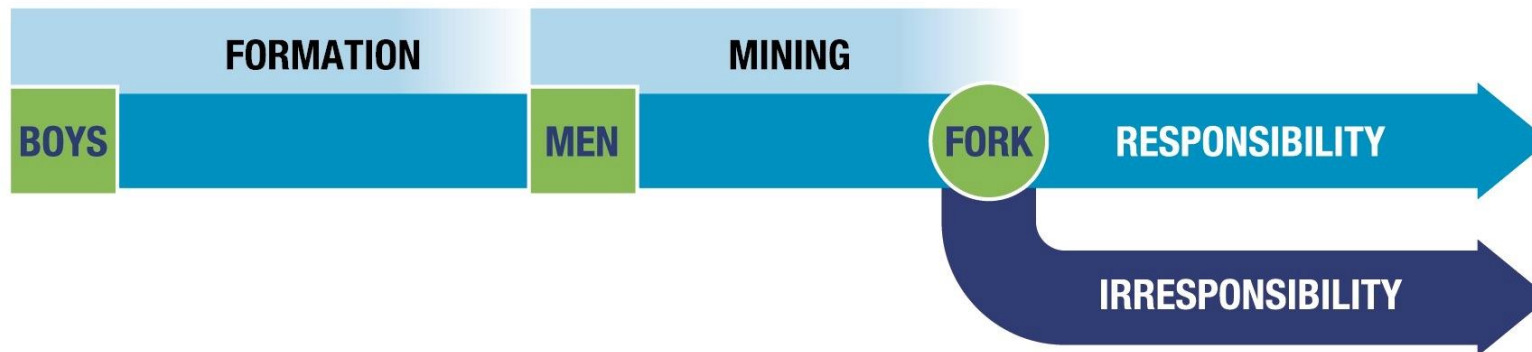


Skill-building exercises

The Life Growth Track

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

Life Growth Track



Healthy Start Regional Meeting
Father Engagement Skill-building Session



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Thank you!

Healthy Start Regional Meeting

Father Engagement Skill-building Session

Monday, April 24th 2023

San Antonio, TX

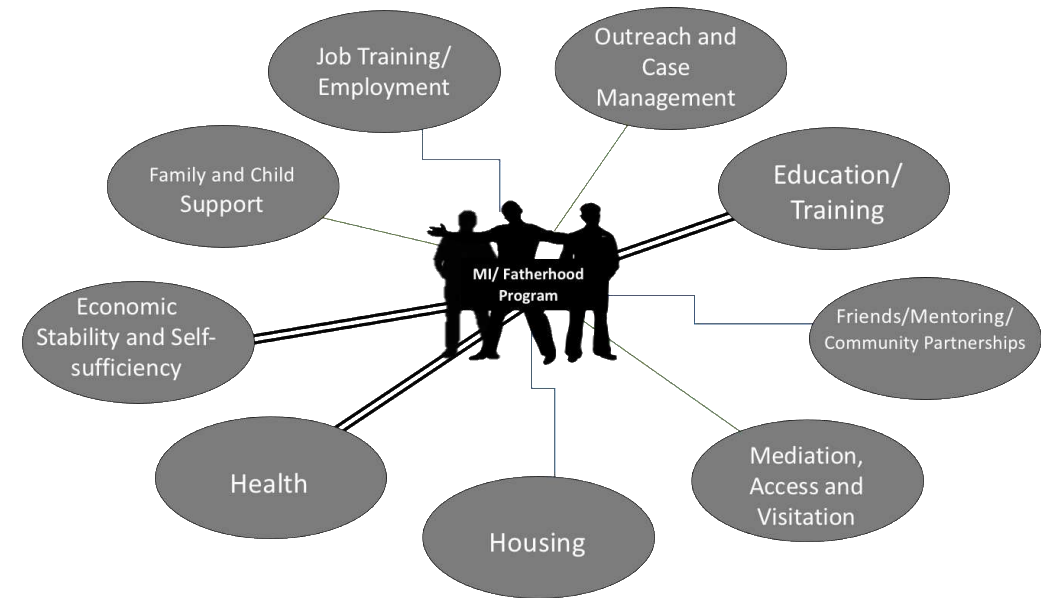
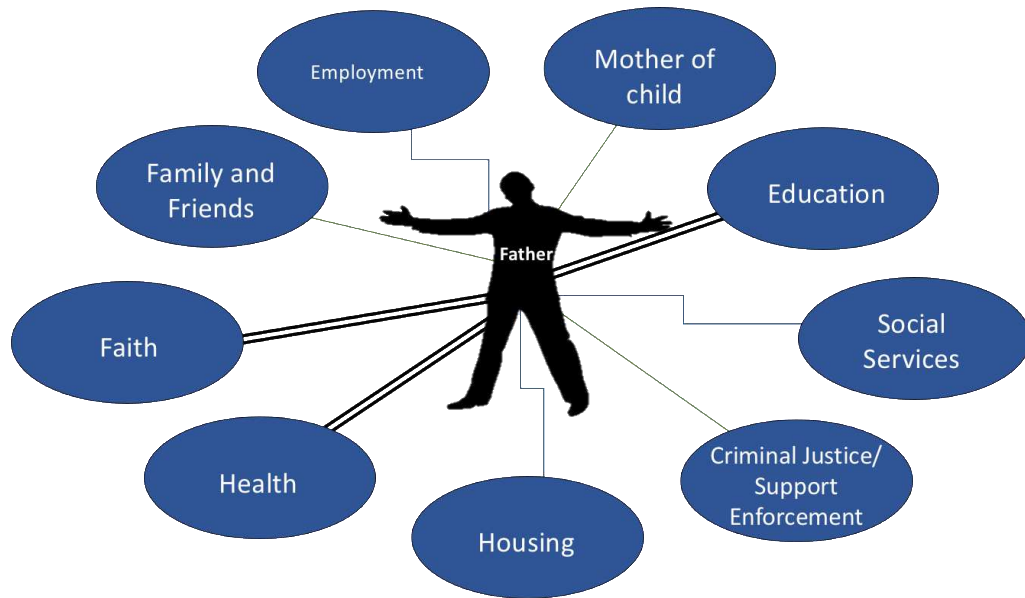


Kenneth R. Scarborough, MDIV, MPH
Fatherhood & Men's Health Consultant
National Healthy Start Association



Jason Perry, Founder and Visionary, Oak Tree Leadership





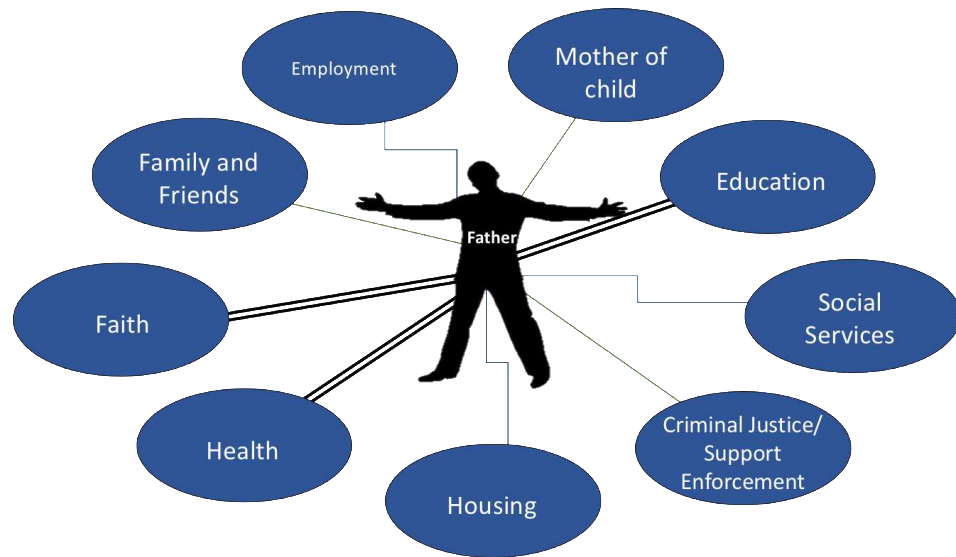
WORKSHEET 2: Outreach Quick-check



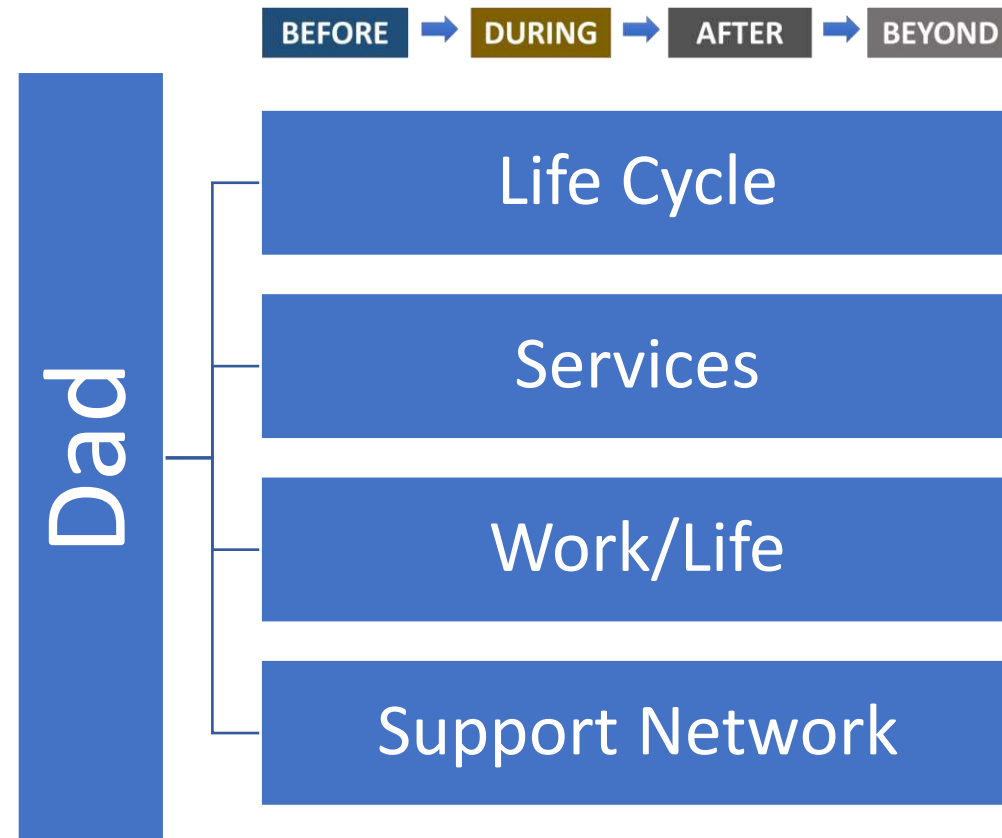
Activity	YES	NO	ACTION	✓ Completed
Outreach Readiness?				
Description of fatherhood component?				
Fatherhood has been integrated into program design?				
Staff has received necessary training on father involvement?				
Outreach strategies written and in operation?				
HS Program brochure inclusive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

Connection

Father Connection



Father Engagement



WORKSHEET 3: Connecting Dads on the Continuum

Current Program Services:									
Preconception (interconception)		Pregnancy		Post-Partum		Pediatrics		Parenting	
<ul style="list-style-type: none"> Preconception Health/Care/Planning Other 		<ul style="list-style-type: none"> PNC Services Other 		<ul style="list-style-type: none"> Breastfeeding Classes Other 		<ul style="list-style-type: none"> Pediatric visits Other 		<ul style="list-style-type: none"> Parenting Classes Other 	
Enhanced Program Services focused on fathers/partners									
<i>How can you include dads?</i>	<i>Action Step Needed:</i>	<i>How can you include dads?</i>	<i>Action Step Needed:</i>	<i>How can you include dads?</i>	<i>Action Step Needed:</i>	<i>How can you include dads?</i>	<i>Action Step Needed:</i>	<i>How can you include dads?</i>	<i>Action Step Needed:</i>
✓ Idea? ✓ Idea?	✓ Action ✓ Action	✓ Idea? ✓ Idea?	✓ Action ✓ Action	✓ Idea? ✓ Idea?	✓ Action ✓ Action	✓ Idea? ✓ Idea?	✓ Action ✓ Action	✓ Idea? ✓ Idea?	✓ Action ✓ Action

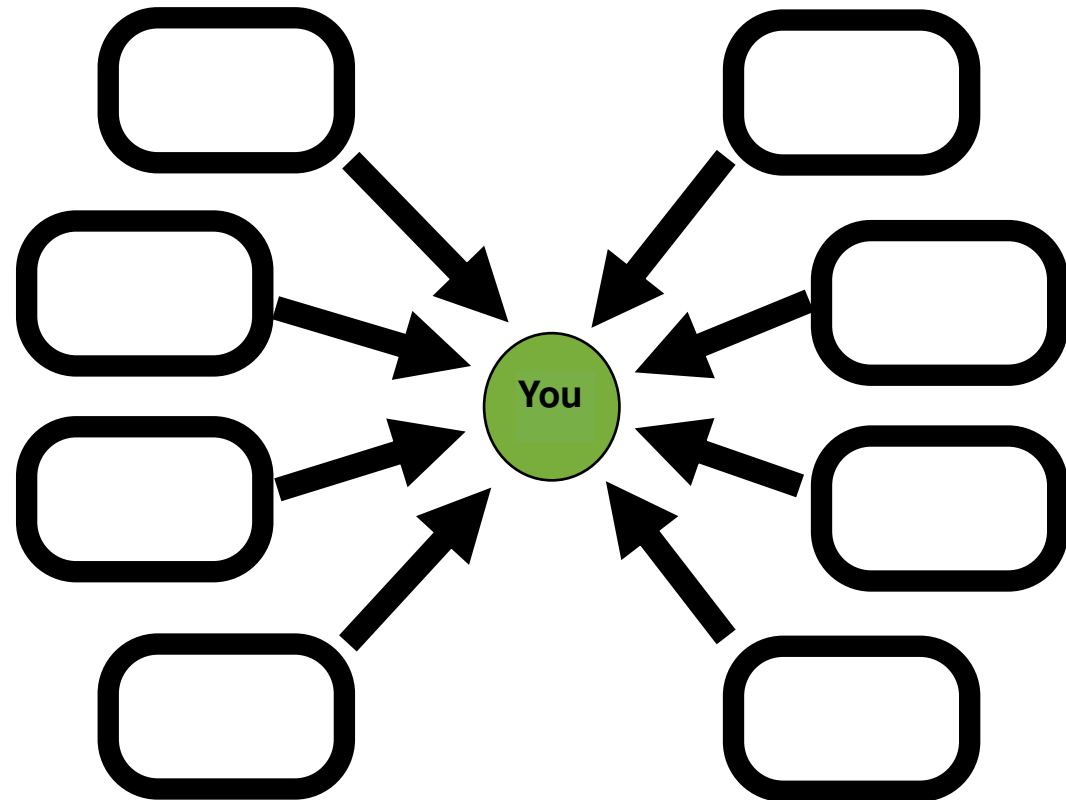
Skill-building Exercises

Skill-building exercises

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?**

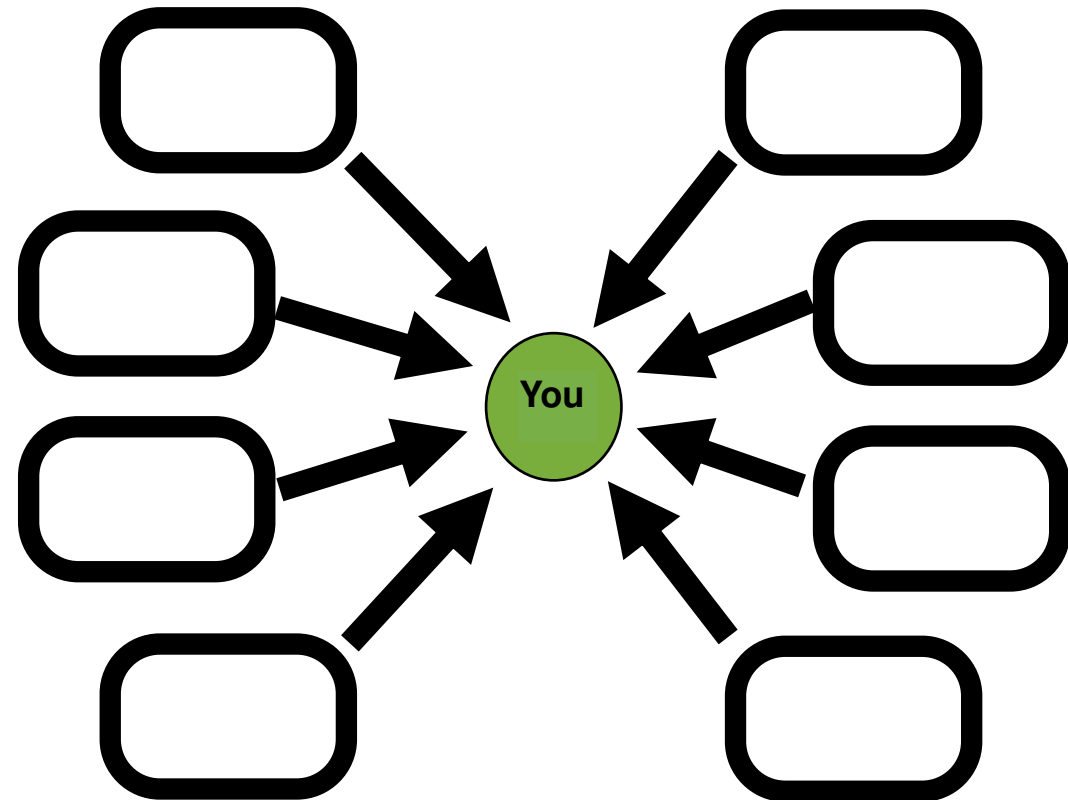


Skill-building exercises

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?

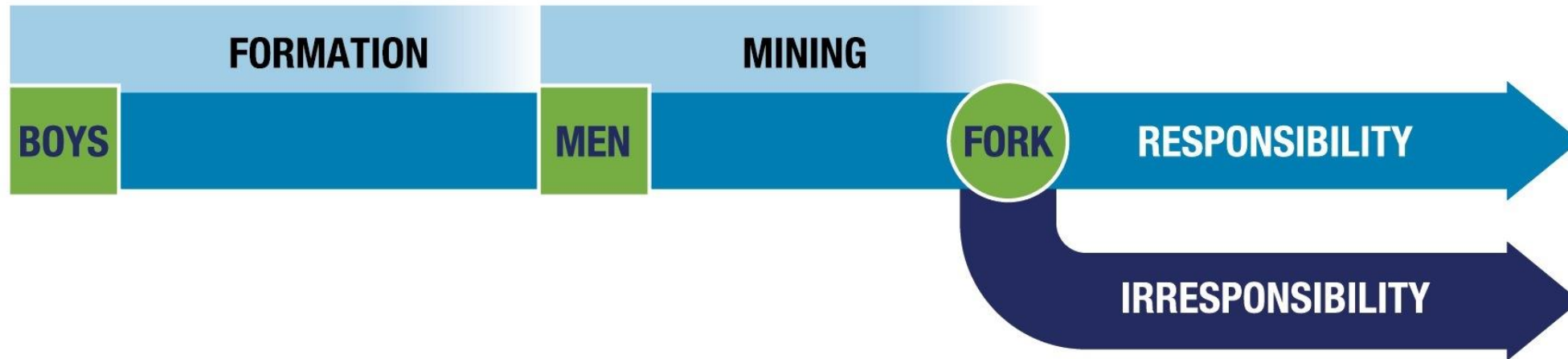


Skill-building exercises

The Life Growth Track

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

Life Growth Track





BOYS *PLAY*
YOUNG MEN *PREPARE*
MEN *PERFORM*

**WHEN YOUNG MEN FAIL TO
PREPARE, THEY BECOME MEN
WHO CONTINUE TO PLAY.**

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

Skill-building exercises

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...





Thank you!

*Healthy Start Regions 1, 2, & 3 Regional Meeting
Hosted by the Healthy Start TA & Support Center at NICHQ*

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER

The logo icon for Healthy Start, featuring a stylized plant with four red leaves and a green stem.

inclusion, connection,

fathers in the MCH systems and hospital systems

remove barriers for fathers & families

engagement

