# 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



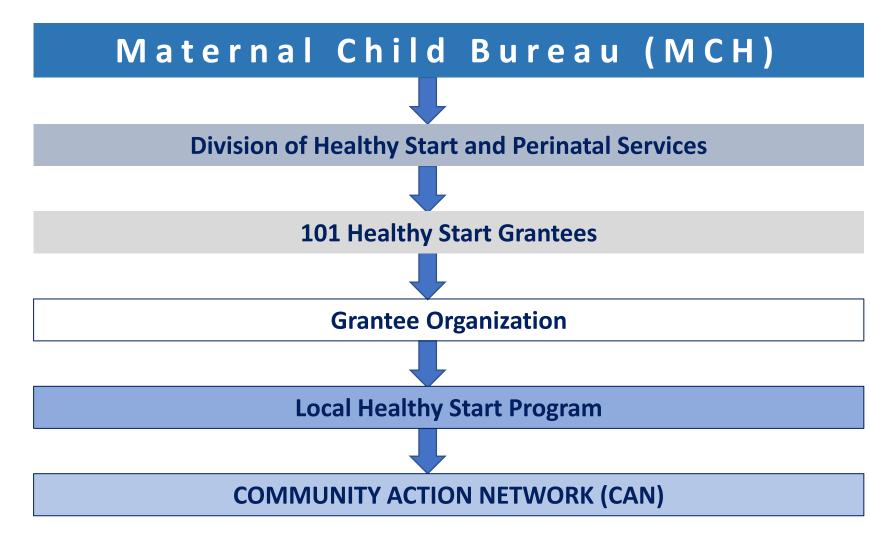
Responded to NOFO father inclusion in program design



Implementation of services for fathers/partners



Build community partnerships to sustain father engagement





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



#### RESEARCH ARTICLE

#### 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 the property of the National Healthy Start Association of male involvement activities, benefits, barriers, and proposed solutions for increasing male involvement during pregnancy. The majority of participants were African American

pagerous. 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, accessful 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

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

Paternal involvement (IT) has been recognized to have information on brith certificates, maternal report of para impact on preparacy and infort controls [1-6]. In the control of the cont



O 2013 Allo et al. Kensee Biol/Red Central (ad. This is an Open Access article distributed under the terms of the Creative Commons Attribution (core or attribution) and approximation according to the contraction of the creative Commons Attribution, and approximation in any medium, provided to design all under a popular load.

#### Supporting Fatherhood Before and After It Happens

southost their involvement, or in this case and their polytesses of southern functions are the first spectrum of the first spectrum of the first spectrum of their spectrum of

though allows child, regardless of marital status. 3,4

/pcds/2014-3747 The past decade has expanded our

of Medicine, Department of Medical Social Sciences.
333 of Clair, Sains 98-050, Chicago, L. 60611. E-midl
after the birth, 6 and 21% of fathers will

outher has indicated he are relevant to this article paternal parenting practices such as reading. What we still have to learn

Institutes of Health (K23-R0800850 from the Eurose
Keenedy Strives National Institute for Child Health
Assembly Strives National Institutes
of Health (Mil.)

In this Issue of Pediatrics, Gutterrez-

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

families (Fig 1). In the prenatal period In this issue of Potherris, Custierrescale et al. "provide implicit into 1 of
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the instead out-fined research on father involvement WHERE IS THE F IN MCH? FATHER INVOLVEMENT IN AFRICAN AMERICAN FAMILIES HISTORICAL CONTEXTS AND CURRENT PROFILES O Involvement 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

Young African American men

African American men aged 15 to 29 years die from oped in 2006.<sup>7</sup> 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 preven panic men.<sup>5</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

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 living in cities, for example, have a 50% to 62% chance Considering these barriers, are there effective prac men, despite being 37% poorer 4

experience little benefit from the considerable health care spending in

ily structure. Sixteen-year-old African American men available.

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

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 address existing health disparities and add to these posimoles of medical practice generally stand apart—in Young African American men experience little and needs of young African American men. Instead of penefit 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 ect 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 su 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

Well-child care visits, the mocommon 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 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). <u>The impact of paternal involvement on feto-infant morbidity among Whites, Blacks and Hispanics</u>. 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

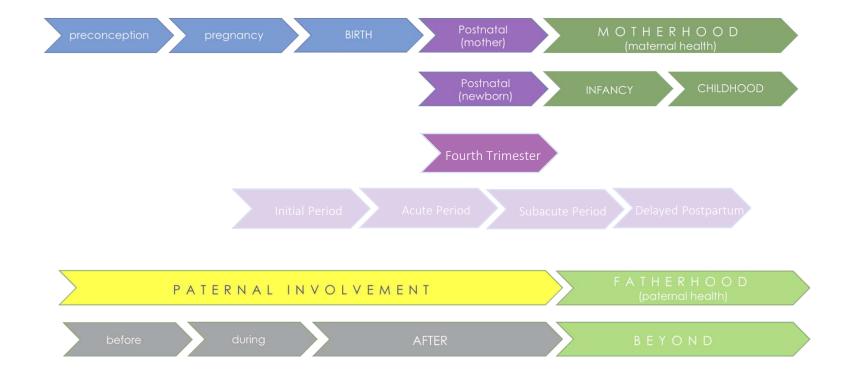
- 1. Increase the proportion of HS women and child participants with health insurance to 90 percent (reduce uninsured to less than 10 percent).
- 2. Increase the proportion of HS women participants who have a documented reproductive life plan to 90 percent.
- 3. Increase the proportion of HS women participants 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)

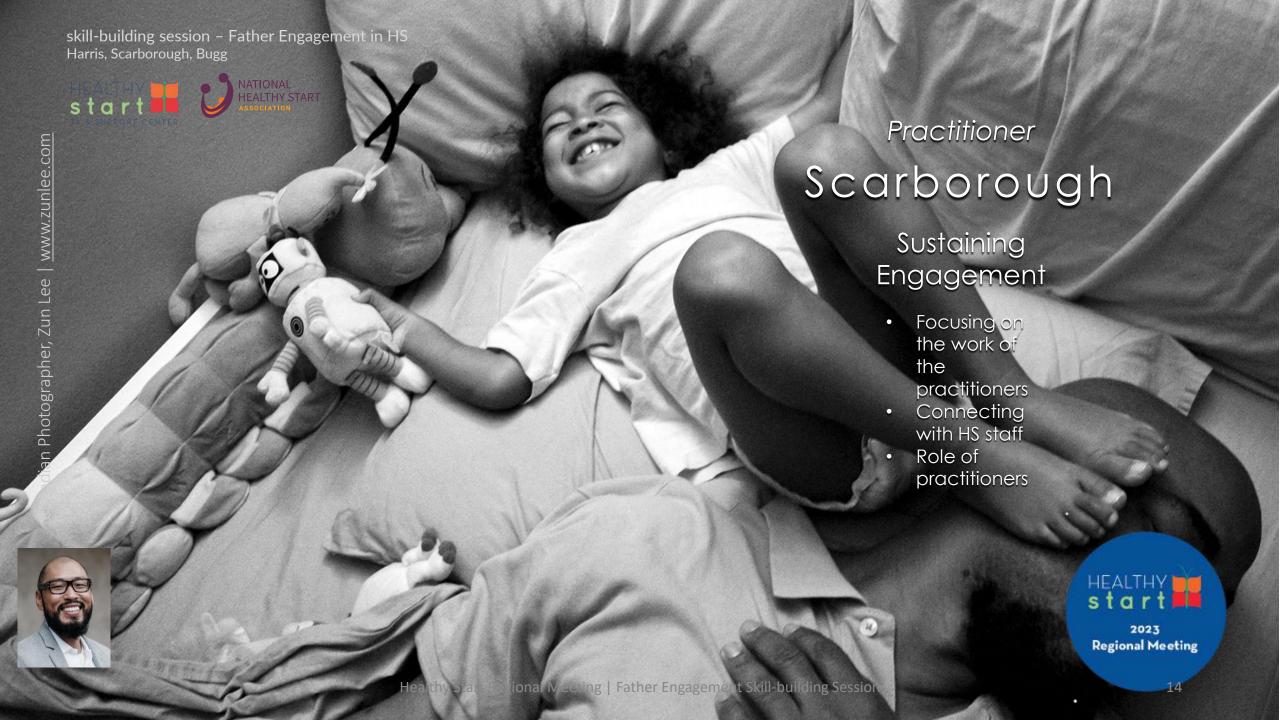
Preconception Health Care/planning Pregnancy 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Trimester Birth Breastfeeding Post-partum 4<sup>th</sup> Trimester RLP **Pediatrics** Early/Infant care Parenting early childhood development

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!

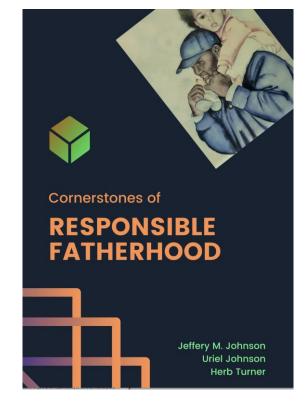




## Evaluation and Long-term Outcomes

- 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

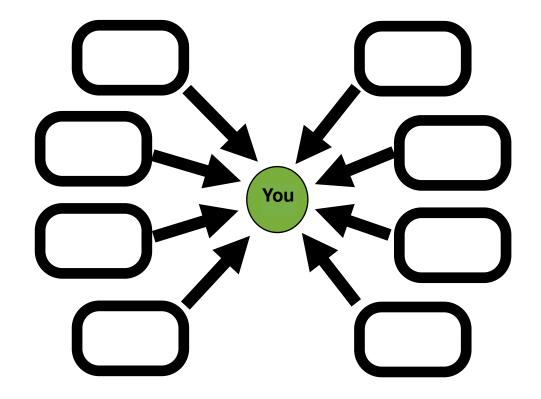
**Session 7: Shaping Your Diamonds** 

Session 8: Expanding Your Team

Session 9: Displaying Your Diamonds

The Relationship Constellation

•This helps men to understand the people that shape them

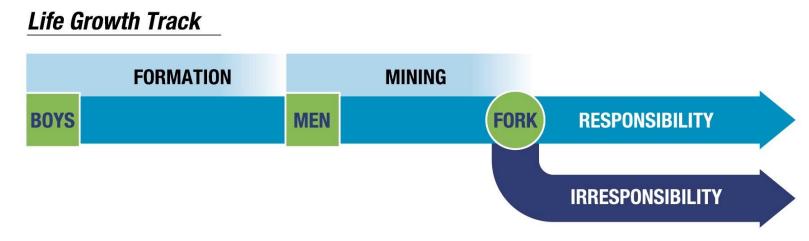




# The Life Growth Track

This helps men to understand why they might

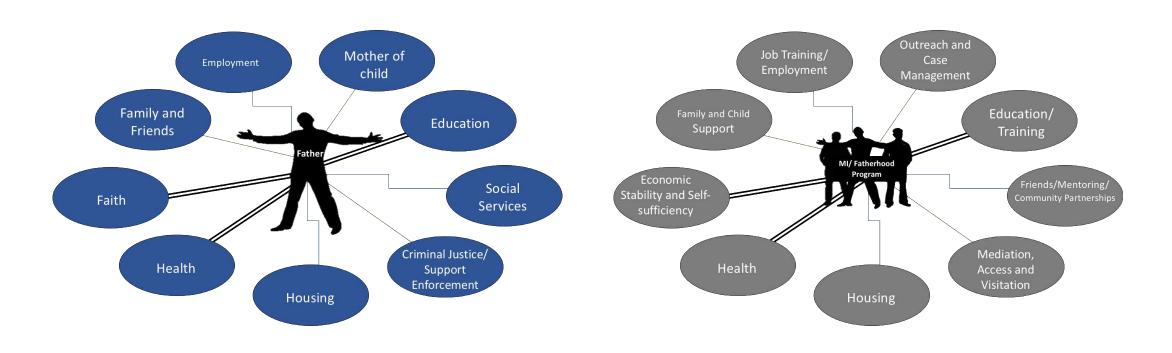
avoid responsibility.











#### WORKSHEET 2: Outreach Quick-check

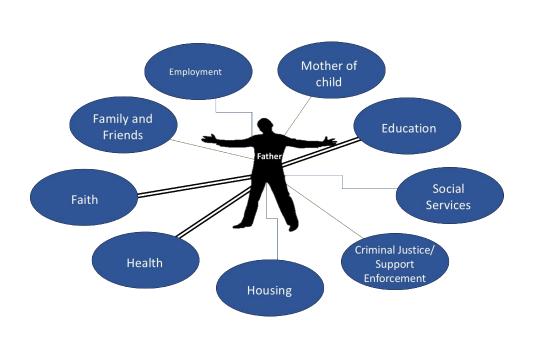


Activity	YES	NO	ACTION	✓ Completed
Outreach Readiness?				
Description of fatherhood				
component?				
Fatherhood has been				
integrated into program				
design?				
Staff has received necessary				
training on father				
involvement?				
Outreach strategies written				
and in operation?				
HS Program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

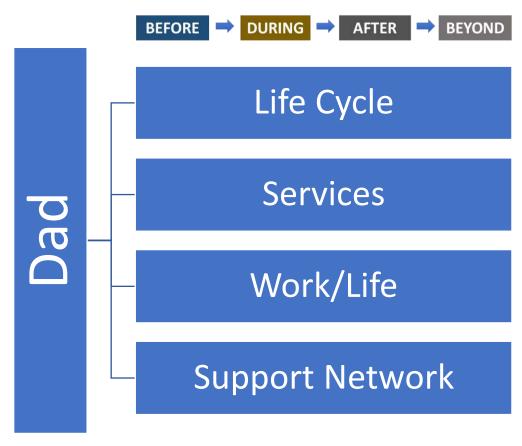




#### **Father Connection**



#### **Father Engagement**



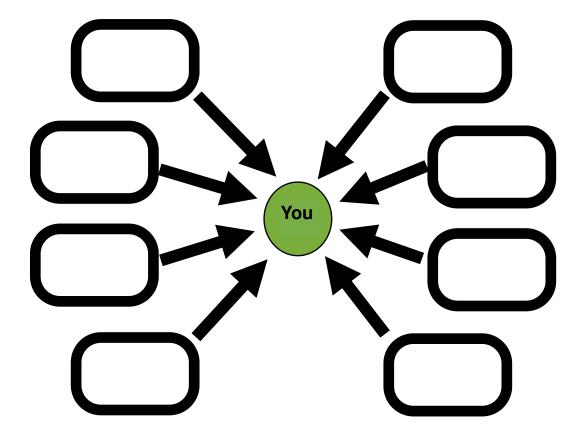


#### WORKSHEET 3: Connecting Dads on the Continuum

			C	urrent Prog	ram Service	s:			
Preconception (interconception)		Pregnancy		Post-Partum		Ped	iatrics	Parenting	
	onception h/Care/Planning r	PNC S Other	ervices	<ul><li>Breastdfeeding Classes</li><li>Other</li></ul>		<ul><li>Pediatric visits</li><li>Other</li></ul>		<ul><li>Parenting Classes</li><li>Other</li></ul>	
		Enha	nced Progra	am Services	focused on	fathers/pa	rtners		
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?

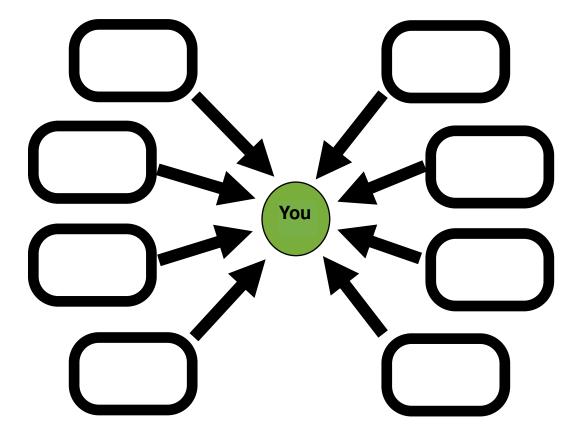




#### The Relationship Constellation

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

Did you learn anything from doing this?





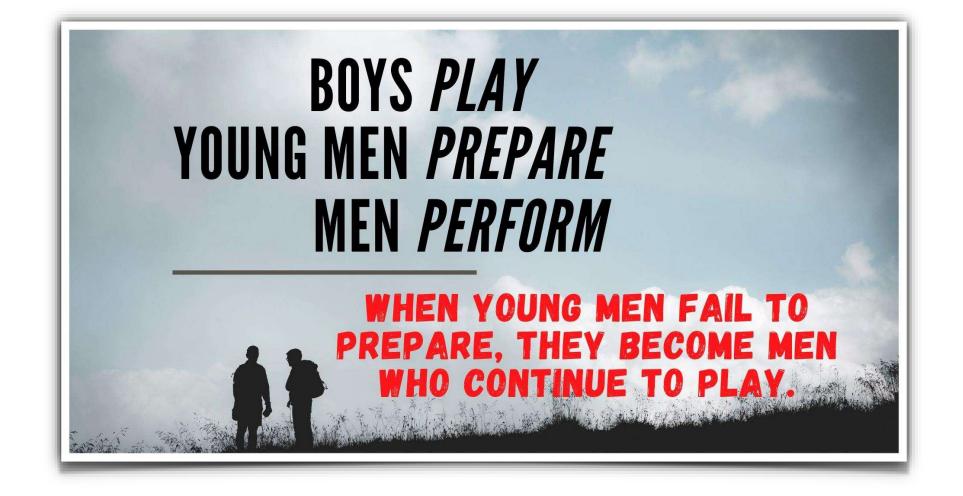
#### The Life Growth Track

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

#### Life Growth Track

		MINING		FORMATION	
RESPONSIBILITY	FORK		MEN		BOYS
IRRESPONSIBILITY					





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 OTHER HOOD (maternal health) **BIRTH** preconception pregnancy Postnatal CHILDHOOD INFANCY (newborn) PATER NALINVOLVEMENT/STEMS before during **AFTER** tather