

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

Fatherhood Talk Tuesday

Tuesday, December 14, 2021 || 3:00pm – 4:30pm ET

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER

Fatherhood Talk Tuesday

TUESDAY, DECEMBER 14, 2021
3:00PM — 4:30PM ET

THE HEALTHY START TA & SUPPORT CENTER IS OPERATED BY THE NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY (NICHQ). THIS PROJECT IS SUPPORTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) UNDER GRANT NUMBER 1 UF5MC327500100 TITLED SUPPORTING HEALTHY START PERFORMANCE PROJECT.

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HEALTHY
start
TA & SUPPORT CENTER



FATHERHOOD TALK TUESDAY

Agenda

Housekeeping

Tess Pritchard

HEALTHY START TA & SUPPORT
CENTER (TASC)

**Healthy Start
Fatherhood in Healthy
Start and Review 2021**

Kenn Harris
TASC

**Our Journey Engaging
Fathers**

Lisa Martin & Devin Smith
INTER-TRIBAL COUNCIL OF MICHIGAN

**Fatherhood Program
Overview**

David Jobe
LIFT COMMUNITY ACTION
AGENCY, INC.

Wrap-up

Danisha Charles
TASC



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**HEALTHY
start**
TA & SUPPORT CENTER



THIS SESSION IS BEING RECORDED.



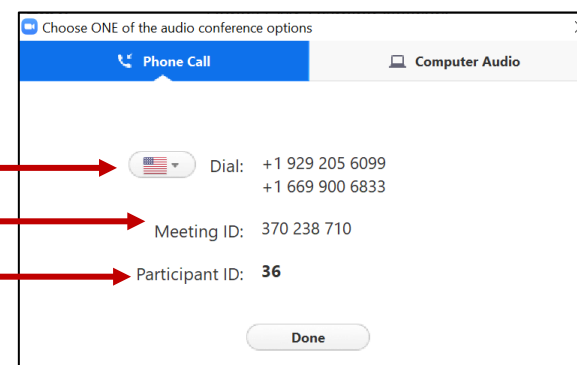
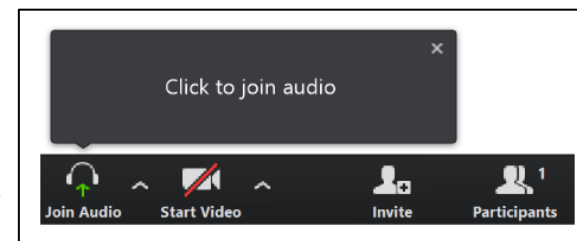
ALL PARTICIPANTS ARE MUTED UPON ENTRY. WE ASK THAT YOU REMAIN MUTED TO LIMIT BACKGROUND NOISE.



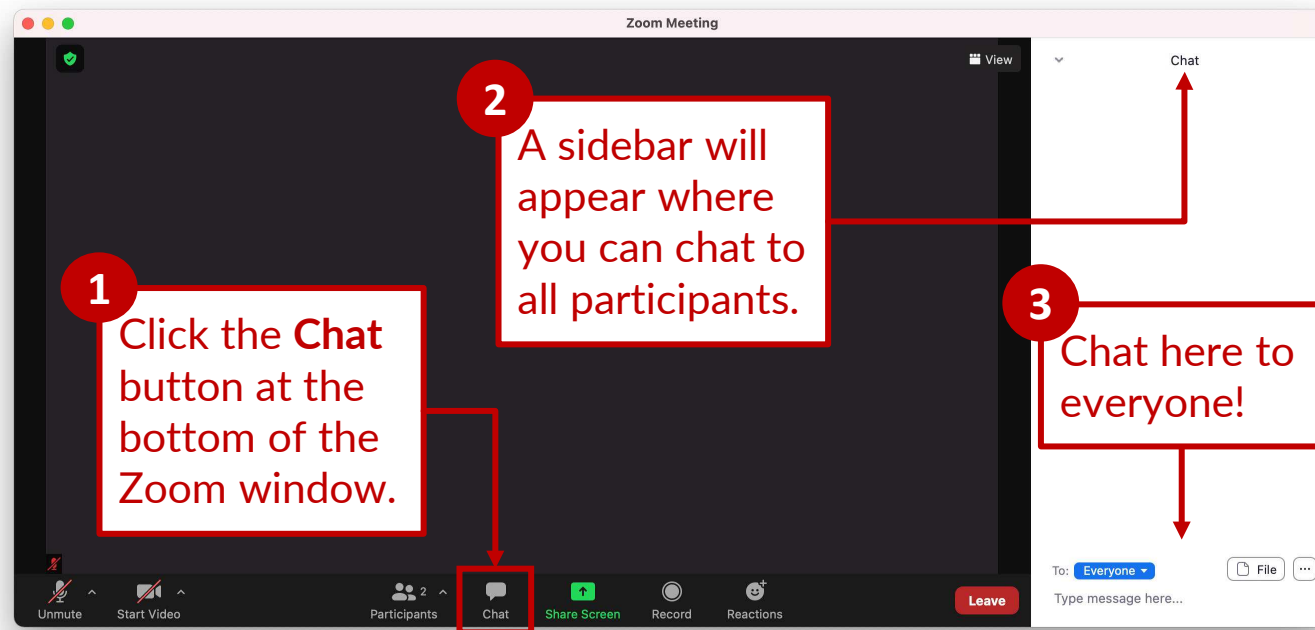
PARTICIPANTS ARE ENCOURAGED TO SHARE COMMENTS AND ASK QUESTIONS USING THE CHAT BOX.

Audio

- AFTER YOU JOIN THE ZOOM SESSION, AN AUDIO CONFERENCE BOX MAY APPEAR
 - IF YOU DO NOT SEE THE BOX, CLICK **'Join Audio'**
- FROM THE AUDIO CONFERENCE BOX, SELECT **'Phone Call'** OR **'Computer Audio'**
 - IF ACCESSING THE SESSION AUDIO VIA PHONE:
 - DIAL ONE OF THE GIVEN NUMBERS NEXT TO **'Dial'**
 - YOU WILL BE PROMPTED TO ENTER THE **Meeting ID**
 - THEN YOU WILL BE PROMPTED TO ENTER THE **Participant ID**



Chat





Healthy Start Fatherhood in Healthy Start and Review 2021

Kenn Harris

HEALTHY START TA &
SUPPORT CENTER

FATHERHOOD TALK TUESDAY
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ

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Poll #1

**Are you on target to meet enrollment numbers
this program year?**

- YES
- NO

Poll #2

**Of your currently enrolled fathers/partners,
which category(ies) do they fall into?
(Select all that apply)**

- CONNECTING TO PREGNANT/PARENTING HEALTHY START PARTICIPANTS
- CONNECTED TO ENROLLED INFANT PARTICIPANTS
- NOT CONNECTED TO HEALTHY START PARTICIPANTS

Poll #3

Do you have intake and other enrollment tools in place outside of the federal Data Collection Tools?

- YES
- NO

Poll #4

Have you developed or are using an assessment tool specifically for fathers?

- YES
- No
- WOULD LIKE TO
- NEED ASSISTANCE



Connecting fathers to participants,
pregnancy and birth

Infant Mortality
Maternal Mortality

1st Time Fatherhood is a
required component in an
MCH program

Healthy Start Fatherhood

Fatherhood within a MCH framework

10,000 – 30,000 dads

Fatherhood!

How do we include him in our systems?

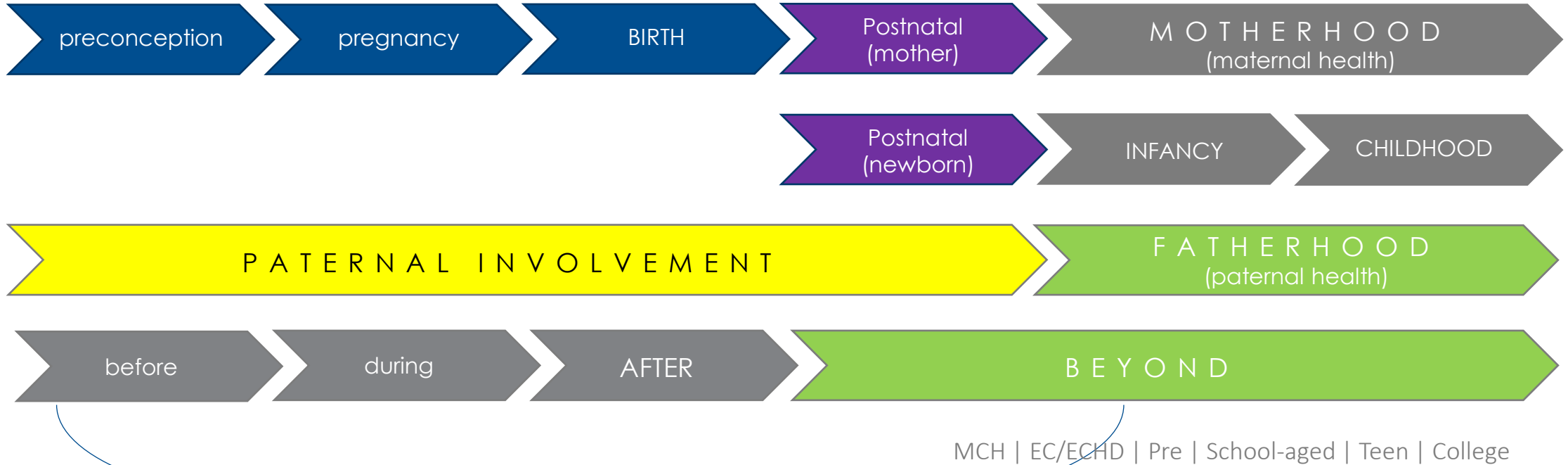


Expectation



“Continuum of Care”

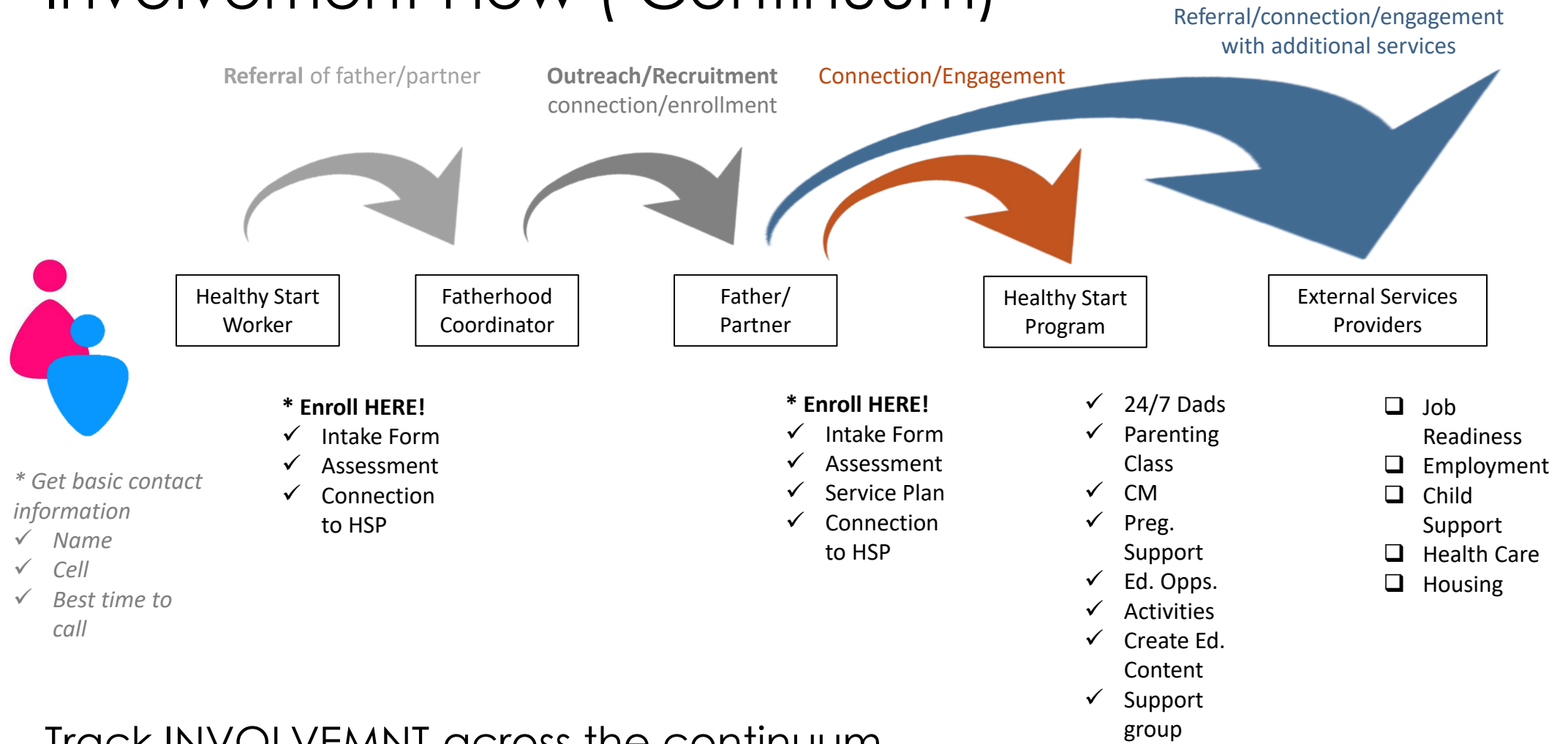
The continuum of care – reaching mothers and babies at the crucial time and place



This is where a large part of Healthy Start’s fatherhood work lives!

- Increase proportion of HS women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) during pregnancy
- Increase proportion of HS women participants that demonstrate father and/or partner involvement with their child participant
- 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

Involvement Flow (Continuum)




Track INVOLVEMNT across the continuum

2021 Fatherhood Talk Tuesday Topics

- Opportunities to Address Men's Health during the Perinatal Period
- Celebrating Black Fatherhood
- Attitude of Inclusion
- ACF OFA Fatherhood FIRE Grant
- Positive Parenting
- Male Doulas
- Men's Health in the Era of Covid-19: A Practical Approach
- Programming for fathers in an MCH program: Harnessing the promise of program evaluation
- Paternal Factors and Maternal Child Health
- Healthy Start Fatherhood





Promote Father Involvement, HS sites have engaged in efforts to involve fathers in program activities

1991

Since the **START**

increasing paternal involvement with children, and to promote responsible fatherhood.

improving the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers.

involving fathers in providing practical **support during pregnancy** and in raising children, as well as helping parents develop supportive and effective relationships with each other and their children.



Promote father involvement

Improve parenting (co-parenting)



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

RESEARCH ARTICLE

Open Access

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

Amina P Alio^{1*}, Cindi A Lewis², Kenneth Scarborough³, Kenn Harris⁴ and Kevin Fiscella⁵

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 Aim:** 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 basing or diminishing the involvement of fathers during 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

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 diminish and risk of preterm birth, low birth weight and fetal growth restriction is significantly reduced [1-4,6]. PI 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 [1,2,4,7].

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 [9,10]. Other studies have suggested that support from fathers serves to alleviate the

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VIEWPOINT

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Editorial and Viewpoint Supplemental content at jama.com

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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.¹ 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.² Another year of reduced life expectancy is related to homicide: 75 of 100 000

at a higher rate than those who are not incarcerated.³ The effect of mass incarceration on individuals' employment, voting, housing, credentials (such as drivers' licenses), and certainly health is profound and still poorly understood.

Although there have been calls for action from public health to address these overall disparities, much of the medical field has been more silent. Traditional models of medical practice generally stand apart—in place, time, and perspective—from the experiences and needs of young African American men. Instead of the traditional routes of enrolling in primary care, lower-income African American men more readily connect with health care through military service, prison, or emergency departments. Health care systems are not well designed to acknowledge, attend to, and successfully address the health issues that are most salient: violence, trauma, shootings, and the psychological anguish that accompanies them. Shortages of primary care practitioners in certain areas certainly add to this problem. Even when clinicians are available, 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 2006.⁷ 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.⁸ African American boys and men thus face 2 mismatches: funding 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 cents of the health dollar.

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,

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

African American men aged 15 to 29 years die from homicide each year, well in excess of the rates of 4 per 100 000 for white men and 23 per 100 000 for Hispanic men.³ During ages 1 through 14, homicide is either the second or third leading cause of death for African American males; from ages 15 through 34 it is the leading cause of death.

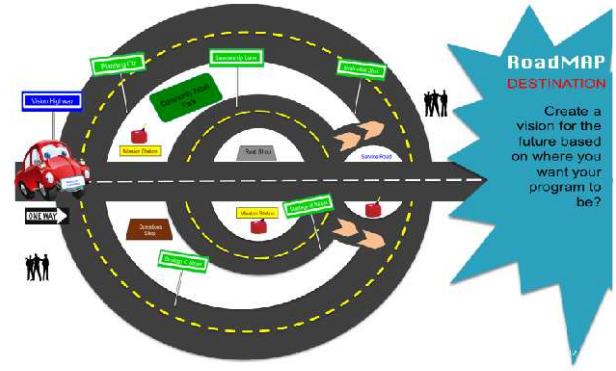
Is this excess mortality due to long-standing low socioeconomic status? The answers involve a complex calculus of poverty, geography, race, education, and family structure. Sixteen-year-old African American men living in cities, for example, have a 50% to 62% chance of survival to age 65 compared with urban white counterparts who have an 80% likelihood. Appalachian white men have less excess mortality than African American men, despite being 37% poorer.⁴

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

NHSA Core Adaptive Model for Fatherhood and Male Involvement



RoadMAP for fatherhood programs



What is the NHSA Core Adaptive Model (CAM®) for Fatherhood

National Healthy Start Association's Core Adaptive Model for Fatherhood and Male Involvement (NHSA CAM® for Fatherhood) centers on three levels of adaptable service models (beginning, intermediate and advanced) depending on the resources of your project. The NHSA CAM® for Fatherhood is built around core elements, key objectives and measures that are based on national evidenced-based and promising practices integrated with lessons-learned from practice, research and evaluation conducted with Healthy Start sites over two decades. In addition, NHSA CAM® for Fatherhood was informed by research and examination of over 100 national evidence-based and promising practice programs. NHSA CAM® for Fatherhood starts where a program is in development and works to move them to model program. Men's Health is a critical thread woven throughout the NHSA CAM® for Fatherhood.

The model evolved from the work of the NHSA Dads Matter Initiative, which has grown with the work of Healthy Start over 22 years. The model is strengthened and undergirded by an understanding of MCH life course from which the broad MCH community began to shape its public health approaches for the 21st century.

The NHSA CAM® for Fatherhood is a multi-level approach to male involvement and fatherhood is supported by the work from the research and practice field.

NHSA Dads Matter Initiative conducted a study utilizing a community-based participatory research approach with the aim to define male involvement during pregnancy and obtain community-based recommendations for interventions to improve male involvement during pregnancy, which are included in the model.

CAM® Model for Fatherhood programs is a model built on 25 years of successful implementation of the Healthy Start MCH program.

Created and based upon examination of over 75 evidenced-based male involvement and fatherhood programs and practices, this model is designed to lift up promising practices and be adaptable to urban, rural, tribal and border communities.

2-Day Training covers the following:

- Assessment of Current Practice
- Comprehensive view of Fatherhood and Male Involvement
- Examination of Core Domains
- Evaluation
- Database Development
- Design Data Collection Tools
- Introduction of Case Management Tools and Program Management Tools
- Sustainability Toolkit
- Resource Development
- Establishment of SMART Goals
- Comprehensive RoadMap® for fatherhood

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202.296.2195



4 Approaches

- Recruitment
- Outreach
 - Enrollment
- Services
 - Partner Engagement

3 Benchmarks

- Involvement during pregnancy
- Participation in pediatric appointment
 - Reading by a parent/family member

Father/partner involvement

Discuss how your program will engage and promote fathers/male partners involvement in HS education, activities, services, and events for **at least 100** fathers/male partners affiliated with HS women and infants/children annually.

Identify and describe the assessment tools and evidence-based curriculum your program (*and/or identified partners*) will use with HS fathers/male partners (e.g., 24/7 Dad, Responsible Fatherhood, Family Spirit, Wise Guys, and Nurturing Fathers Program, *Inside/Out Dads*).

Describe your (*and/or your partners*) specific activities intended to improve the health, mental health, and resilience of fathers/male partners by supporting healthy relationships between parents/partners, strengthening life skills, and supporting opportunities for self-sufficiency and economic stability of the family.

Father/partner involvement

Discuss how you intend to engage *community partners* in strategies to encourage paternal involvement in supporting the well-being of HS women and child participants.

Describe specific *community-based activities* intended to improve the health, behavioral health, and resilience of fathers/male partners.

Describe how you intend to involve fathers/male partners across all perinatal phases – preconception, prenatal, postpartum and parenting.

Benchmarks

xiv. Increase proportion of HS women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) during pregnancy to 90 percent.

xv. 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.

xvi. 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.

Outreach



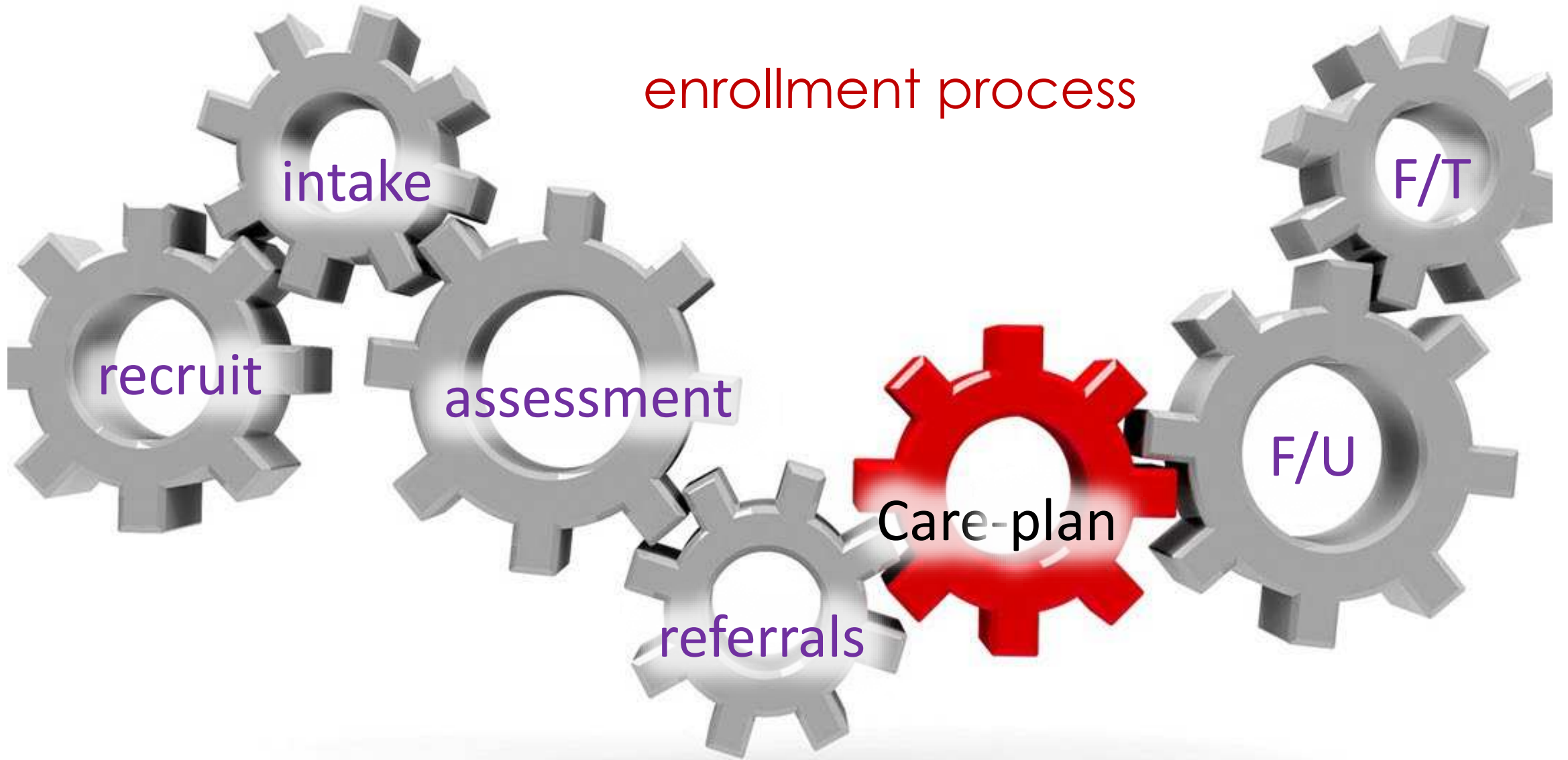


recruitment



enrollment

enrollment process





TA needs?



Upcoming Fatherhood Opportunities

- **Monthly Fatherhood Talk Tuesday Webinars**
 - Second Tuesday of each month
- **24/7 Dad Training**
 - 24/7 Dad Master Class (12/16/2020)
 - 24/7 Dad Training (Winter/Spring 2021)
- **NPCL Training**
 - Responsible Fatherhood Training (1/15/2021)
- **Fatherhood Cohort**
 - Currently accepting applications!
- **Fatherhood Program Workshop**
 - Coming early 2021



purpose: share mechanics of program design

basics of building and
constructing a fatherhood
program

recruitment and retention


share expertise on
developing
successful
strategies

Building
community
supports that
help sustain
fatherhood
work

sharing tools that help to support an infrastructure
that lead to effective implementation and
evaluation.

Explore outreach,
recruitment and
engagement strategies



A photograph of a man with short dark hair, wearing a purple button-down shirt, smiling broadly while holding a baby. The baby is wearing a blue shirt and is also smiling. They are outdoors, with a blurred background of green foliage and a wooden fence.

HS will be able to tell the story
of what fatherhood looks like
in an MCH framework

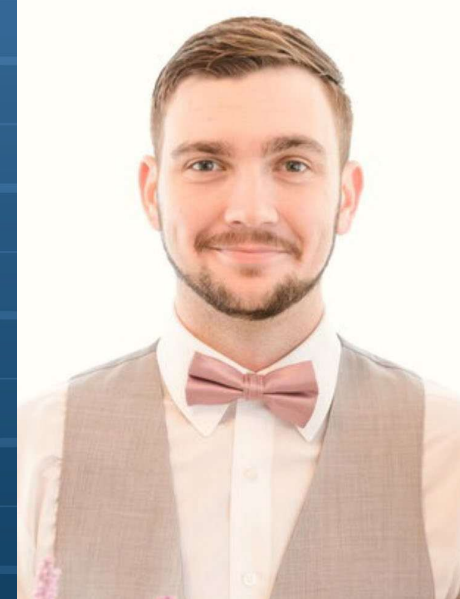
10,000 – 30,000 dads

Grantee Presenters



Lisa Martin

MANAGER, MATERNAL, INFANT & EARLY
CHILDHOOD SERVICES
INTER-TRIBAL COUNCIL OF MICHIGAN,
INC.



David Jobe

FATHERHOOD COORDINATOR
LIFT COMMUNITY ACTION
AGENCY, INC.



Our Journey Engaging Fathers

Lisa Martin & Devin Smith

INTERTRIBAL COUNCIL
OF MICHIGAN, INC.

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Our Journey Engaging Fathers

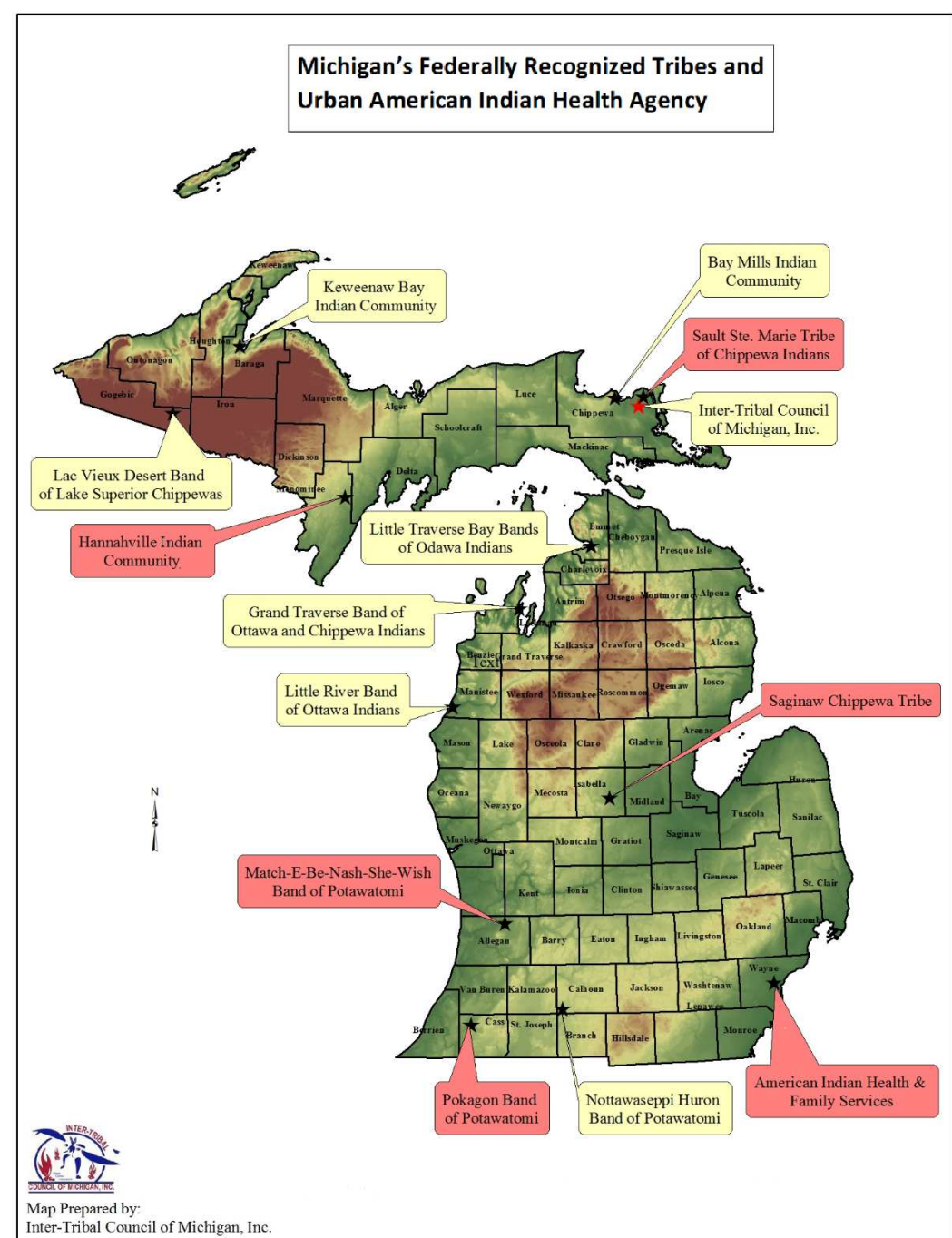
DEVIN SMITH, MSN & LISA MARTIN, MPH

INTER-TRIBAL COUNCIL OF MICHIGAN

DECEMBER 14, 2021



- 12 Federally recognized Tribes
- 1 Urban Indian Organization
- Michigan has the largest Native American Population East of the Mississippi River



The Role of CULTURE in our Project

- ▶ PROGRAM MODEL: Family Spirit, the only program model developed by and for Indigenous populations
- ▶ PROGRAM OUTREACH: Cultural Community Events
- ▶ PROGRAM TRAINING: Mother hood is Sacred & Fatherhood is Sacred
- ▶ PROGRAM DEVELOPMENT: Gikinawaabi (to learn by observing) Early Learning Supplement

Role of Culture in Engaging Fathers



Father Targeted Community Workshops

- ▶ Naming Ceremony for their child
- ▶ Father-to-Father Warrior camps/sweat lodge teaching
- ▶ Father-to-Father Drum Circles
- ▶ Drum making workshops
- ▶ Cradle Board workshops
- ▶ Cultural teachings about preconception, conception, pregnancy and postpartum period

Father-Child Activities/Events:

- ▶ Fishing Day
- ▶ Board-game night
- ▶ Movie/Popcorn Night
- ▶ Bowling Night
- ▶ Dodgeball Event
- ▶ Medicine Teaching/Gathering day
- ▶ Kayak Day
- ▶ On the Trail Hike Event
- ▶ Making Regalia workshop
- ▶ My Dad & Me Book Club
- ▶ My Dad & Me Picture Day
- ▶ My Dad & Me in the Kitchen Event



Challenges

- ▶ From a visit perspective virtual format does not easily support father or male caregiver recruitment or retention
- ▶ Due to ongoing effects of the pandemic in tribal communities has shown an increased need for mental health services, substance/alcohol abuse treatment, child care due to daycare provider shortages, unstable housing and ongoing unemployment
- ▶ Tribal resources & referrals have become backlogged as many tribal health centers are challenged to fill vacant professional positions such as Physicians, Mid-Level Providers and Nurses are leaving at an alarming rate. This translates to limited medical & treatment appointments

Questions?

A photograph of a man holding a baby. The left side of the image is overlaid with a blue tint, while the right side is in natural colors. The man is looking down at the baby with a gentle expression.

Fatherhood Program Overview

David Jobe

LIFT COMMUNITY ACTION AGENCY, INC.

*FATHERHOOD TALK TUESDAY
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*



Questions?

Poll #5

Have you started to address the benchmarks associated with father/partner involvement?

- YES
- No
- NOT SURE

Poll #6

Are you working with your CAN Coordinator and/or Project Director to build membership with agencies/organizations serving men/fathers?

- YES
- NO
- WOULD LIKE TO
- NEED ASSISTANCE

Satisfaction Survey

*YOUR FEEDBACK IS EXTREMELY VALUABLE AND WILL HELP
ENSURE OUR OFFERINGS MEET YOUR SUPPORT NEEDS!*



Fatherhood Cohort

APPLICATIONS DUE BY EOD
WEDNESDAY, DECEMBER 15

To apply for the Fatherhood Cohort,
please visit

<https://link.nichq.org/Fatherhood-Cohort-Application>

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Upcoming Deadlines & Events

Document can be found on the EPIC website or
at bit.ly/hs-deadlines-and-events

December 2021

Deadlines:

- Dec 1 NCC Progress Report Due
- Dec 15 HSMED-II Report (CSV or XML) Due

Events:

- Dec 8 Infant Health Equity Webinar – *IHE Supplement recipients only*
- Dec 8 [Equipping Frontline Staff to Encourage the COVID-19 Vaccine among Pregnant and Breastfeeding Women](#)
- Dec 13 TIROE CoP Learning Session #8 – *COP members only*
- Dec 14 [Fatherhood Talk Tuesday](#)
- Dec 15 Healthy Start COIN Meeting #11 – *COIN members only*
- Dec 15 [RR-VHV COVID Vaccines for Pregnant Women Webinar](#)
- Dec 16 [Beyond COVID-19: Breastfeeding Webinar #3](#)



Thank you !

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