Male Involvement in MCH and Reproductive Health

June 2009

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From the President

Male Involvement in MCH and Reproductive Health

By Phyllis J. Sloyer, RN, PhD, PAHM, FAAP

This issue of Pulse spans the boundaries of our maternal and child health world and addresses a critical topic of the impacts men have on reproductive health; a topic of international interest. Research demonstrates that the role of men in reproductive health impacts the health of the male, family planning choices, and pregnancy outcomes, including the future health status of the child.

We tend to parcel reproductive health into segments with a separate focus on women and men and often create gender imbalances. By doing this, we ignore the social and behavioral changes that are needed to slow the spread of sexually transmitted diseases; prevent unintended pregnancies; foster safe motherhood; practice responsible fatherhood; and develop healthy children. We harbor false assumptions about why men are not engaged more fully in reproductive health issues, including their reluctance to participate in effective reproductive health strategies. We fail to recognize the need for effective interpersonal communication and role modeling. Research demonstrates that men respond to messages that promote positive role models, appeal to their economic interests, use personal testimonials and are funny.

It is time to move out of our comfort zone and address
From the President cont.

Male Involvement in MCH and Reproductive Health

the social, cultural, structural issues that affect reproductive health. This issue will provide you data and evidence around effective reproductive health and offer some promising practices that are used by our maternal and child health colleagues in partnership with others. I also hope that it will stimulate your interest to read more of the research, including proceedings from the World Health Organization and the Guttmacher Institute.

From the CEO

Another “M” in MCH?

By Mike R. Fraser, PhD

“Are you at the right meeting?” she asked me earnestly.

“I think so,” I replied. “Is this the women’s health meeting?”

“Yes,” she said. “I am sorry, I just wasn’t expecting a man. You are definitely going to be in the minority.”

We laughed. “I am used to it,” I said. “Don’t worry. There are a few of us who can deal with this stuff.”

We laughed some more and took our places at the meeting room table. Being a man and working in maternal and child health is full of these kinds of stories. Because this issue of Pulse focuses on male involvement and strategies to bring another “M” (men) into MCH, I thought it would be fitting to start with just one of the many times people have been surprised to see yours truly in the room during an MCH meeting and even more surprised to see men actively advocating for increases to the Maternal and Child Health Block Grant and other MCH programs. I must admit it is quite a sight to see Brent Ewig, Josh Brown and me sitting in a senator’s office talking to a female staffer and touting the importance of women’s health and the need to support the Maternal and Child Health Block Grant!

But should it be surprising? One astute AMCHP member recently wrote us and said “men are half of the reproductive process, shouldn’t we be doing more to include them?” The member definitely got me thinking more about what AMCHP could do to support state efforts to engage more men in maternal and child health programs. That is why I am so glad this month’s Pulse is focusing on this issue.

What are some of the benefits of adding another “M” to MCH? As we look to improve and promote the health of women, children, and families we should answer these
questions for our state programs. Men are indeed half of the reproductive equation so bringing men into family planning and reproductive health programs is important. We also know that programs to educate young men about sexual decision making, family planning and parenthood, violence prevention, and overall health do have an impact on reducing poor health outcomes and help build strong families. The focus of male involvement has been trying to get men in MCH programs but part of our strategy should be to step back and understand the myriad reasons why men aren’t there in the first place and work through the issues that keep men from participating in healthy decision-making across the lifespan. This is a different approach for many MCH programs but an important one. I was recently in a state that had renamed their MCH program to include fathers in their title. That sends a strong message that men’s issues should be included in discussions of maternal and child health.

There is a wonderful Chinese proverb that states “women hold up half the sky.” In MCH, women certainly do much more than half of the things that keep families healthy. Imagine the improvements in health we could see if we got more men involved in the health of mothers, children and families. As you read this issue of Pulse please think about how AMCHP can help states involve more men in MCH and let us know what we could be doing to promote male involvement in your programs at the state and local levels.

Feature

Involving Fathers in Hawaii

By Greg Farstrup

Parents & Children Together

Loretta Fuddy, ACSW, MPH

Family Health Services Division
Maternal and Child Health Branch
Hawaii Department of Health

The Hui Makuakane Father Support Program was an innovative effort in which Father Facilitators provided home-based support services — with an emphasis on father-child involvement — to families with young children.

Hui Makuakane (Fathers’ Group) began in 1997 with support from the Hawaii Children’s Trust Fund to Parents and Children Together (PACT), a nonprofit agency. In 2001, with support from the State of Hawaii Department of Health and Maternal and Health Branch, Hui Makuakane was incorporated into Hana Like, a Healthy Start Home Visitor Program, also operated by PACT. The Healthy Start model uses a hospital-based screening process to identify families whose children are at risk of child abuse and other adverse health outcomes. Trained home visitors help parents enhance their parenting skills and utilize services that improve family life as well as reduce the risk of child maltreatment.

Hana Like serves low-income families in urban neighborhoods and public housing projects in Honolulu. Hui Makuakane was developed in response to a need to fully engage fathers in the program. Greg Farstrup, a PACT staff member and Hui Makuakane Father Facilitator, said that the fact that the home visitors were women led some of the fathers in Hana Like families to assume that the activities being promoted by the program were the responsibilities of the mother. When Father Facilitators were added to the Hana Like teams, fathers were more likely to get and stay involved with the program and with their children. The fathers were also more likely to actively adopt activities — such as getting down on the floor and playing with infants — when the activities were modeled by a man.

Hui Makuakane provided specialized support services to fathers to help them:

- fully participate in Hana Like activities
- improve their understanding of child development
- increase the time they spend caring for and playing with their children
- learn how to set limits for their children and use
Feature CONT.

Hawaii’s Fatherhood Commission

positive disciplinary techniques to enforce these limits

Father Facilitators also help participating fathers set and reach educational and vocational goals, refer them to other community resources when necessary and engage fathers and children in group outings to family-oriented recreational and educational activities.

Hui Makuakane increased fathers’ participation in the Hana Like Program. Hawaii has experienced a reduction in revenues available to support excellent programs like Hui Makuakane. The program will continue to function at a reduced level with efforts to increase funding through the use of TANF (Temporary Assistance for Needy Families) appropriation.

For more information on Hui Makuakane, contact Greg Farstrup at (808) 841-2245.

Waikiki Health Center’s Male Achievement Network (MAN) Program

By Misty Pacheco and Candice Radner
Family Health Services Division, Maternal and Child Health Branch, Hawaii Department of Health

As part of the Federal Title X Family Planning Program, Waikiki Health Center’s Youth Outreach Center is implementing the Male Achievement Network (MAN) Program. MAN is an ongoing skill-based health education program for males most likely to be engaging in high-risk behaviors.

The goal of MAN is to prevent unintended pregnancies and sexually transmitted diseases including HIV/AIDS through male involvement and education. In addition to family planning and contraceptive knowledge, MAN participants receive training in the development of communication skills and self-sufficiency in preventive health care, including consistent condom use for males and consistent contraceptive use for females.

Pre-tests and post-tests are administered to measure that services provided are in accordance with planned outcome measures. During the first and second quarters of Fiscal Year 2009, 39 participants were given a pre/post test. Of those 39, 100% demonstrated increased knowledge and healthier attitudes regarding sexually transmitted diseases, pregnancy prevention, enhancing communication skills, lifestyle behaviors, and the use of condoms as a result of training. During the third quarter, 29 tests were administered and 62% of participants showed an increase in knowledge gained.

To date for Fiscal Year 2009, the MAN project has directly reached 3,403 participants through 275 training sessions. Training sessions are conducted in a variety of environments. These sites include the Youth Outreach Center located in the heart of Waikiki and an extension of a community health center which targets homeless and transient populations; Hawaii State Detention Home for youth; a high school; and a substance abuse treatment center. Initial encounters (particularly with male clients) often result when individuals are concerned with sexually transmitted disease exposure which in turn motivates a clinical visit for screening. Program strategies used by health educators and medical providers include trust building and relationship development to support ongoing managed care.

For more information on this project contact Misty Pacheco, Family Planning Health Educator.

Engaging Males to Prevent Unplanned Pregnancies in Virginia

By Deborah Harris, MPH, RD, CDE
Women’s Health Coordinator, Virginia Department of Health

The Partners in Prevention Program (PIP) was established to encourage and support community-directed strategies to reduce and prevent the incidence of non-marital births in Virginia. The majority (62.7%) of non-marital births occur in those aged 20-29. This percentage has increased approximately 15% since 1998. Because program funds are limited, PIP targets...
Feature CONT.

VA Program to Prevent Unplanned Pregnancies

single women and men in their 20s who reside in high-risk communities as an efficient means of reducing the overall non-marital birth rate in Virginia. Through the implementation of innovative interventions, locally funded PIP sites focus on an array of topics that include healthy relationships, family planning, healthy attitudes and behavioral intentions regarding marriage, career and family, and discouraging high risk sexual behavior. In addition, local programs work diligently to produce value added outcomes such as GED attainment, job placement, career and goal setting, financial literacy, college enrollment, access to medical and mental health services, and domestic violence prevention.

In recent years, the program has deployed two key strategies to address the non-marital birth rate. First, because men play a key role in pregnancy prevention, PIP targets intervention efforts in venues in which men typically engage, such as sports leagues. Most notable are the interventions in Fredericksburg and Galax, Virginia. These sites sponsor basketball games as incentives to motivate men to participate in PIP. Once the men are engaged, the PIP intervention is delivered in an open, facilitated forum that generates dialog regarding male responsibility and their roles in healthy relationships, family planning, fatherhood, etc. As a result, men not only participated in the program, but were also successful recruiters for PIP. These men are sponsored to participate in a basketball tournament, “Male Responsibility: Take it to the Court.” Other interventions that motivate men to participate in PIP are those that offer tangible benefits, such as computer training, prisoner reentry services and job seeking assistance. The graduation certificate from the Heart to Heart Life Skills Program (part of the Norfolk, VA PIP site), which involves computer training, resume building and the components of PIP, is highly regarded by employers in that area.

Second, to address the reported stigma and barriers associated with marketing a program related to non-marital birth reduction to stakeholders and participants, the PIP message and marketing was changed to focus on the goal of preventing unplanned pregnancies (as opposed to non-marital births). Research conducted by the National Campaign to Prevent Teen and Unplanned Pregnancy showed that most of the general public found this to be an acceptable goal. A newly developed PIP campaign (“Have a Plan”) which specifically targets men was launched in 2007. With regards to unplanned pregnancy prevention, all male and female participants are assessed for access to and desire for family planning services and receive detailed information on the “Plan First” program, which is the Virginia Medicaid family planning waiver. Those desiring services are then assisted with procurement either through the Medicaid application process or the local Title X family planning clinic. For many men served by PIP, this is the first and perhaps the only opportunity to learn about the importance of male reproductive health as well as their overall health. Another benefit of the PIP program is that it allows men to talk to their peers about the issue of male responsibility as it relates to fatherhood and contraception within their community. This is a significant benefit, as it can lead to a change in social norms among this group.

As a result of efforts to increase male participation, men now comprise 51 percent of the population served by PIP, which is a substantial improvement from less than 15% four years ago. Furthermore, the retention rate of males in this program has increased, and the number of men recruiting for the program continues to grow. The PIP program has been recognized by the National Campaign to Prevent Teen and Unplanned Pregnancy as a model program for targeting men and addressing the issue of male responsibility. Recent evaluations conducted by Virginia Commonwealth University show statistically significant improvements from baseline to post intervention in the number of men reporting condom use and appropriate responses regarding birth control responsibility, decreasing high-risk sexual behavior, and the role of fathers in the lives of children. A substantial number of male participants are now gainfully employed, enrolled in college, or working towards GED attainment. Most notable are the anecdotal reports from local PIP coordinators regarding the number of single men reporting increased involvement with their children.
The “V” Ps of Male Involvement in Title V

By Michael Hayes
Deputy for Family Initiatives, Texas Attorney General’s Office

Kate Wiseheart
Program Specialist for Family Initiatives, Texas Attorney General’s Office

Michael’s wife teaches a class called Women’s Reproductive Health at a university here in Austin, and each semester he has the honor of delivering a guest lecture titled “Men as Partners in Women’s Reproductive Health.” And, each semester, he’s initially met with more than a few quizzical looks from students who (like you, perhaps) seem to be thinking, “Wait, this is supposed to be about women’s health. Why are we talking about men?”

Why are we talking about men? In 600 words or less, we’re going to answer that question with what we’re calling The “V” Ps of Male Involvement in Title V.

1. Prevention — whether it’s intimate partner violence, unintended pregnancy, low-weight births, or child abuse and neglect — men aren’t just a part of these problems, they are an integral part of the solution. Just one example: The last 10 years have seen a decline in contraceptive use among American women and a corresponding increase in unintended and non-marital births. Facing similar trends, international family planning programs have taken serious steps to develop male outreach, and they are beginning to see positive outcomes. One study found that women whose partners received counseling on contraceptive methods were twice as likely to be using their method one year later, when compared to women whose partners weren’t included in counseling. Title V family planning efforts would be enhanced by adding significant attention to male partner education and outreach.

2. Preconception — when does a man start planning to become a father, and what information does he need as he makes that decision? For too many men, the process only begins when his partner tells him she thinks she’s pregnant, and he’s filled with that initial mixture of doubt, dread, and excitement. To address this issue, Texas has implemented an educational program: p.a.p.a. — Parenting and Paternity Awareness. p.a.p.a. focuses on the rights and responsibilities of both parents, and guides high school students to seriously consider when and what kind of parent they want to be. It highlights a sequence — finish education, start a career, get married/enter a committed relationship, then have a child — and builds skills that increase the likelihood that the teen will be able to father/mother in the way they want for themselves and their future child(ren). Title V programs could provide similar information through population–based education efforts.

3. Prenatal — the single biggest predictor of whether a woman will get early and adequate prenatal care is the support of her male partner. Men are in the ideal emotional state to grow and learn when their partner is pregnant. Unfortunately, the healthcare system generally responds with, “We’ll call you when the baby’s born.” This misses an opportunity to prepare dad for all that mom will go through physically and emotionally which, according to our friends in the family violence prevention field, is a critical first step in reducing the upturn in family violence that accompanies pregnancy. In addition, healthcare professionals should provide guidance on how dad can support mom and baby’s health based on the overwhelming amount of research on dad’s impact on nutrition, smoking cessation and drug use/non-use. They should also address dad’s fears and concerns which are, quite often, about how he’s going to support this baby. One of the key
findings from a conference we held back in 2007 — *The First Nine Months of Fatherhood: Paternal Contributions to Maternal and Child Health* — is that the more a program can help the father imagine and understand his partner’s prenatal experience, the more prepared he is to be a responsible father. Title V prenatal programs may be the optimal providers for this type of outreach.

4. **Paternity** — four out of 10 children in the United States are born to unmarried mothers and, until paternity is established, those children have only one legally recognized parent. The good news is that the vast majority of unmarried parents (more than 80% of unmarried mothers and fathers) want the father’s name on the birth certificate and plan for the father to be involved in their child’s life. New research has shown that paternity establishment has positive ripple effects on long term emotional and financial support. But, for most unmarried couples, the first time they hear about paternity establishment is at the hospital right after the baby is born — when they are suffering from emotional and physical fatigue and drowning in information–overload. Ideally, unmarried couples should hear about paternity establishment at multiple stops along their journey into parenthood, and Title V programs are perfectly situated to offer that education.

5. **Pediatric** — several years ago, the American Academy of Pediatrics published a clinical report titled “*Fathers and Pediatricians: Enhancing Men’s Roles in the Care and Development of Their Children*.” In it they make the case for seeing the father as a unique and indispensable resource for improving the health and well-being of children. The article makes numerous suggestions for pediatricians that Title V clinics could easily adopt — everything from making the clinic’s practice more father friendly to engaging and informing the father directly about the importance of his involvement, both for his child’s health and his partner’s well-being.

Endnotes

2. https://www.oag.state.tx.us/cs/ofi/papa/
5. you can download the full report of the findings from the The First Nine Months of Fatherhood Conference here: https://www.oag.state.tx.us/AG_Publications/pdfs/first9months.pdf
Member to Member
What strategies do you use to get men (including young men) involved in MCH issues in your state?

Connecticut

Lisa A. Davis, RN, BSN, MBA
Management Team Leader
Public Health Initiatives Branch,
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To increase male participation in MCH issues, the Connecticut Department of Public Health, Title V program has used a variety of strategies. (1) Stipends are provided to men/fathers who participate on the First Time Motherhood/New Parents Initiatives grant Advisory Committee; (2) When necessary, meetings are conducted in the evening, at a time that is more conducive for working men; and (3) focus groups are conducted by collaborating with other organizations that have existing male (parenting) groups. For our upcoming MCH Needs Assessment, we conducted a focus group with men from both the New Haven and Hartford areas, and in the very near future will be including men as a specific target group for the upcoming statewide MCH telephone survey.

In collaboration with Real Dads Forever, DPH has developed an “Early Attachment Curriculum” that will be piloted this summer in the City of Hartford and will be implemented as part of the recently awarded Federal Healthy Start grant. The purpose of this 12 week curriculum is to strengthen and enhance the role of fathers in their support of mothers during and after pregnancy. The DPH MCH staff maintains a seat on the State Department of Social Services’ (DSS) statewide Fatherhood Initiative Council and DSS maintains an active role on the statewide MCH Advisory Council.

Illinois

Myrtis Sullivan, MD, MPH
Associate Director
Office of Family Health,
Illinois Department of Human Services

In order to increase male participation in MCH issues, the Illinois Department of Human Services funds two male involvement programs, Peer Advocates for Health (PAH) and Project Brother. The programs are designed to increase awareness of and access to reproductive health information and family planning services for both adolescent and adult males in Chicago.

Peer Advocates for Health is a community-based program for adolescent males in Chicago. PAH provides intense training and individual support to young men in Chicago area communities. The program has three primary goals: 1) increase knowledge of reproductive health issues, 2) improve lifestyles choices, and 3) increase utilization of health services among adolescent males.

Project Brotherhood provides medical and social support services to sexually active men 18 to 45 years old who are determined to be socially and/or medically at risk by the medical providers at Provident Hospital and Komed Health Center. The Project includes a social support group that meets each week during the clinic session in a drop-in center setting.

Male Involvement Program Effectiveness:

- Since 2000, 145 young African American males have been trained as Peer Advocates.
- Peer Advocates have provided information to and served as role models for 7,000 young men and women and distributed 20,000 condoms in their own communities.
- Project Brotherhood has provided medical and social services on site at weekly health clinics; including physical exams, general health care and illness management, health counseling; HIV counseling and testing, educational sessions on STD/HIV prevention, family planning services for fathers and other health seminars to approximately 21,000 clients.
Member to Member CONT.

New Mexico

Susan Nalder
MCH Epidemiologist-Policy Analyst
Family Health Bureau, Public Health Division, New Mexico Department of Health

Valerie Fisher
Community Education & Male Involvement Coordinator
New Mexico Department of Health Family Planning Program

REEL FATHERS is a nonprofit that brings people together to view films that address powerful issues around fathers, their children and families — and to reflect afterwards on the questions raised by the characters and situations depicted in the film. It is an innovative response to the pressing need to focus positive public attention on fathers, to promote and celebrate committed, loving relationships between fathers and children, and to promote healing. Following a screening, participants engage in guided discussions and various forms of creative expression to explore relationships. In doing so, they gain insight into troubled as well as constructive patterns of behavior, acquire new skills of supportive communication, and are inspired to make positive changes in key family relationships. Participating groups have included Head Start, parenting programs, former inmate programs and others.

In the Department of Health, the Family Health Bureau and Public Health Division work with REEL FATHERS by serving on the steering committee and advisory board for REEL FATHERS, providing technical assistance in program development, evaluation tools, attending events and endorsing its efforts through letters of support.

To learn more, contact Executive Director Deborah Boldt.

Virgin Islands

C. Patricia Penn
Director, MCH & CSHCN Program
V.I. Department of Health

Through an ongoing collaboration with The Community Foundation of the Virgin Islands (CFVI) and the Virgin Islands Perinatal, Inc., the U.S. Virgin Islands Title V program is increasing male involvement in MCH programs by:

1. Hosting a Doctor Dad Training Institute in St. Croix. This training brought together over 20 representatives from hospitals, clinics, pregnancy centers, and other community based organizations. The goal of this training is to educate healthcare providers, who will equip new and expectant fathers with practical child health and safety knowledge and information.

2. Distribution of health education materials to males who accompany their partners to prenatal clinic appointments. The materials include child safety information and parenting resources. The packet is designed to improve communication and relationship skills for new and expecting fathers.

3. Working with the Fatherhood Collaborative, which is a program of the CFVI. The mission of the collaborative is to foster increased recognition of the importance of responsible fatherhood in the lives of children, youth and families in the U.S. Virgin Islands. Specifically, the Community Foundation has focused on issues related to fatherhood and has provided leadership in a number of different fatherhood-related efforts.

For more information on these projects please contact: Tamesha Antoine, Program Manager, Healthy Families, Healthy Babies Initiative, Virgin Islands Perinatal Inc.

For more information about the CFVI contact: Dee Baecher-Brown, Executive Director, The Community Foundation of the Virgin Islands
Real Life Stories
One Father’s Journey of Love for His Son

By Henry Tejada
Parent Leader
New Jersey Statewide Parent Advocacy Network (SPAN)

Mercedes Rosa
Director, Family Voices/Family to Family Health Information Center & Culturally Competent Outreach & Support Project of the Statewide Parent Advocacy Network of New Jersey

May 21, 2006 was the happiest day of my life — my first child was born. Family and friends celebrated with us and each day we watched his development with great anticipation.

I began to worry about his development when he was about 12 months old and not reaching the targeted milestones. My son at times appeared deaf and would not respond or make eye contact and did not play appropriately with toys.

We contacted the early intervention program in Hudson County and within 40 days someone came to our home to evaluate my son’s development. I also took my son to a developmental pediatrician and he was diagnosed with Autism. Autism, a-u-t-i-s-m, the words and letters rang hollow at first. Then I began researching, and the implications of this diagnosis seemed to slowly shatter our world. What would this mean for his future?

We struggled to accept his diagnosis while moving forward with the therapeutic and intervention services recommended by the Early Intervention (EI) team. I began to grow extremely frustrated after just a few months and I saw no evidence of progress. I questioned my son’s EI Case Manager and requested some additional services for my son who had become increasingly more withdrawn since we started therapy.

I was not prepared for the personal attack that ensued after my simple request for additional services. The EI Case Manager reported my family to the Division of Youth and Family Services for suspected abuse and medical neglect. The case was investigated and later closed due to no evidence supporting the claim.

I decided to seek help and other supports for my family. I was connected to Mrs. Yolanda Quintero who is affiliated with New Jersey Family Voices and Parent to Parent and Mrs. Mercedes Rosa, Director of the New Jersey Family to Family Health Information Resource Center (F2F HIC). New Jersey Family Voices and Parent to Parent are funded through the New Jersey Maternal and Child Health Block Grant, and the F2F HIC is funded by the Maternal and Child Health Bureau. This was the beginning of a new chapter for me and my wife. We were literally overwhelmed by the support and attention we experienced. We immediately participated in a parental training series that SPAN offered in my county. We joined the monthly support group, Winning Angels that Yolanda created to support Immigrant families of children with special health care needs (CSHCN). I was thrilled to meet other dads and Latino families that had CSHCN and also were victimized by state agencies when they tried to advocate on behalf of their children.

Meeting these incredible people truly opened up a world of learning and opportunities for my family. I began attending conferences and joined other local support groups for Autism that I never knew existed. I was amazed at the amount of supports that existed and wondered why they were so difficult to locate. What good are programs if you don’t know they exist? I was so glad that I was connected to SPAN and they have been a source of strength to my family.

We have learned so many things. I am extremely grateful for all the information, patience, and significant
Real Life Stories CONT.

One Father’s Journey of Love for His Son

By Rick Brown

Wise Guys Director, Family Life Council

Traditionally, family planning programs have focused on teen girls and women. Increasingly, professionals recognize the role that males can play in reducing unintended pregnancy and the spread of STIs, and in fostering healthy, respectful relationships. To address that need, the Family Life Council of Greensboro, North Carolina created the Wise Guys® program in 1990. The heart of Wise Guys is the multi-session curriculum. It is delivered when a staff educator meets with a group of teen males, generally for 12 sessions, and takes them through the topics of that curriculum. They include: masculinity, communication, relationships, dating violence, fatherhood, values, decision-making, sexuality, STIs, contraception and abstinence. The format is interactive and participatory. During the 2007/08 program year, over 1,100 Guilford County teen males from school and community sites attended Wise Guys classes.

I am training to become a parent leader for the Statewide Parent Advocacy Network (SPAN) and I continue to attend support groups so that I receive and give support to other dads who may attend the meetings. I realize that my journey is just beginning as a dad and I am only starting to really navigate this complex world of children with disabilities. Now three years later I think that I may have made more progress than my son. I know that that will change because I feel more equipped and ready to help my son and to make the world and my community a more welcoming place for him. I realize that I need to remain involved and relevant in every aspect of his care so that the systems that were created to help us and him do not hurt us instead.

If it were not for all the help I received, I am not sure where my family would be right now. We are a strong couple and have all the supports we need, and most importantly, we know how to access them.

To learn more about SPAN, visit here.

Success Stories.

North Carolina’s Wise Guys Program

Wise Guys has become a resource for teen males nationally. A thorough curriculum, growing numbers served, and positive evaluation data brought the program to the attention of national organizations, which has led professionals from communities nationwide to obtain training on initiating the program. The program has been implemented successfully in diverse communities, serving a variety of ethnicities and populations. Currently, over 400 communities in 40 states have been trained in program replication.
Success Stories cont.
North Carolina’s Wise Guys Program

This year, a final report was released on an intensive Wise Guys evaluation project, covering two school years and over 500 participants and randomly chosen control students, conducted by the Department of Public Health Education at the University of North Carolina at Greensboro. In all measured categories of knowledge, attitude, and behavior, program students achieved and maintained significantly higher results than controls at six month follow-up. Honors and recognitions for the program include an Honoree Award from the National Campaign to Prevent Teen Pregnancy (2001), the Wellness Award from the Moses Cone—Wesley Long Community Health Foundation (2004, 2008), and the Award for Education from the Office of Family Planning (2007).

Professionals, parents and youth are realizing the power of treating teen males as part of the solution rather than part of the problem. As that understanding continues to grow, Wise Guys too will continue to meet a need as a resource for helping adolescent males grow into healthy, responsible men.

To learn more about Wise Guys®, visit here.

View from Washington

By Brent Ewig, MHA
Director of Public Policy & Government Affairs, AMCHP

The theme of this issue is fatherhood. It’s something I can relate to wholeheartedly as last fall I became a father for the first time. On October 15 – which happens to also be my birthday – my wife delivered the best present ever, a beautiful baby girl named Lucia. In an instant she became the joy of our lives and like many fathers, I would do anything for her. It did however just occur to me that thanks to the internet’s archival wonders, she may some day be able to Google this statement and use it to make me buy her a car or something. We’ll see. To say that my personal and professional lives have intersected would be an understatement. In short I can say that I have a much greater appreciation now for the challenges faced by working moms. I feel tired all the time and I’m not even the one breastfeeding!

Another thing that I’ve learned from fatherhood is that there is never enough time to meet all the competing demands. For example, I had every intention to use this column to present a detailed and thoughtful analysis of how federal policy either supports or detracts from fatherhood. Instead, the AMCHP policy team and I have spent most of the past week sifting through the Affordable Health Choices Act, which is the first major health reform bill being considered in the U.S. Senate HELP Committee right now. We were able to boil the 615 page bill down to a nine page preliminary summary of key MCH-related provisions, which are available here. Additional proposals from other committees are expected soon, so stay tuned.

Also, while closely following the health reform debate and advocating for strong MCH provisions, we are not letting up on our push for full funding of the Title V Maternal and Child Health Services Block Grant. Congress is set to begin consideration of the FY 2010 Appropriations Bills that contain this funding on July 8, so last week we issued an Action Alert to all AMCHP Members, friends, and partners highlighting that this is a key time to weigh in on the need for adequate MCH funding. A copy of that alert is available here. We can’t stress enough how important it is for Members of Congress and their staff to hear directly from state and local constituents on the value of the Title V MCH Block Grant.

So, I ask your forgiveness for straying a bit off topic, but wanted you to know of the work we are doing on your behalf and the MCH populations you serve. As the summer unfolds, we will continue to engage in the health reform debate, and who knows, this might be the year it finally gets done. We’ll see.
Who’s New

New CDC Director Dr. Thomas Frieden

President Barack Obama has appointed Dr. Thomas Frieden, formerly Commissioner of the New York City Health Department, as Director of the Centers for Disease Control and Prevention (CDC). Dr. Frieden had been Commissioner of the New York City Health Department, one of the nation’s largest public health agencies, since January 2002. He has led efforts that reduced the number of smokers by 350,000 and cut teen smoking in half. New York City has also increased cancer screening, reduced AIDS deaths by 40%, improved collection and availability of information on community health, and implemented the largest community electronic health records project in the country. Dr. Frieden and his team have responded effectively to several urgent health problems including cases of anthrax, plague and, most recently, H1N1 influenza. Dr. Frieden worked for CDC from 1990 to 2002.

New Director

Laura Kavanagh, MPP
Director
Division of Research, Training and Education
Maternal and Child Health Bureau
Health Resources and Services Administration

New Title V Directors

The following individuals are new to MCH or have been promoted to a new leadership position within their organization. If your program has a new Title V Director (in their position three years or less), please inform Librada Estrada.

Montana Department of Public Health and Human Services
Sam Cooper
Title V MCH Director
Texas Department of State Health Services
Texas

Karin Downs
Assistant Director for Clinical Affairs
Massachusetts Department of Public Health
Massachusetts

Riley Peters
Title V Director
Washington State Department of Health, Community and Family Health
Washington

Derval Petersen
Territorial Assistant Director, MCH & CSHCN Program
Virgin Islands Department of Health
Virgin Islands

Dr. Manuel I. Vargas Bernal
MCH Director
Puerto Rico Department of Health
Puerto Rico

Debra Wagler
Health Program Manager 1, Systems Change for CYSHCN
Nevada State Health Division
Nevada

Denise Brunett
Section Supervisor
Children’s Special Health Services
Get Involved

Webinar on Incorporating Family Participation Practices in Your Practices

The American Academy of Pediatrics will offer a webinar on “Incorporating Family Participation Practices Into Your Practice and Project” on June 24 from Noon to 1:15 p.m. (EDT). Participants will learn how to gain buy in and involve parents/caregivers in planning and implementing their projects and practice; understand the opportunities for different levels of family participation; and evaluate ways to maintain and sustain family participation. To register for the webinar, visit here.

ASTHO, NACCHO, and STIPDA Injury Prevention Webcast Series

In this webcast presenters will describe a variety of programs that exemplify injury/violence prevention (IVP) and maternal and child health (MCH) program integration efforts being implemented at national, state, and local levels. Speakers will describe their experiences with cross-program integration, provide strategies on how to successfully integrate programs, and highlight opportunities to initiate integration efforts that meet the program goals of IVP and MCH professionals alike. The webcast will be held on Wednesday, June 24 from 2:30 to 4 p.m. (EDT). For more information, contact Jacques Colon or call (202) 507-4207. To register, visit here.

HRTW to Host a Call on the Ticket to Work Program

Healthy & Ready to Work (HRTW) National Resource Center will host a call “Ticket to Work: Roles for Public Health and Health Care Providers” on Wednesday, July 15 from 3 to 4 p.m. (EDT). The call will provide a framework to directors and transition coordinators of Children and Youth with Special Health Care Needs programs, health care providers, social workers, family and youth leaders, and educators to use the Social Security Administration’s Ticket to Work program to promote employment of young people with special needs and maintain/improve their health. To register, visit here.

Submit Your Best Practice Today!

AMCHP is seeking submissions of best practices in maternal and child health from around the country. Whether it’s an effective campaign to promote breastfeeding, an outstanding nurse-family partnership, or a proven early intervention program for young children, get the word out about your best practice. AMCHP defines “best practices” as a continuum of practices, programs and policies ranging from emerging to promising to evidence-based. A best practice could focus on the health of women, adolescents, young children, families, or children with special health care needs. Best practice focus areas include preconception care, mental health, data and assessment, financing, program and system integration, workforce development, injury prevention, emergency preparedness, family involvement, or other public health issues. Best Practice submissions are accepted on a rolling basis.

1) Click here to download a PDF of the submission form.

2) When you are ready to submit, click here to start the survey.

For more information on submitting best practices, please contact Darlisha Williams or call (202) 775-0436.
Data and Trends


Figure 3: Non-Hispanic Black Fathers and Fathers of Other Ethnicities Were Most Likely to Report Not Wanting the Pregnancy and Least Likely to Report that the Pregnancy Occurred at the Right Time.

Figure 4: Most Resident Fathers Were Involved With Partners’ Pregnancies in Varied Ways.
Resources

Child Trends is a nonprofit, nonpartisan research center that studies children at all stages of development. Their work on fatherhood focuses both on becoming a father and on being a father. The following are a few select resources:

Men's Pregnancy Intentions and Prenatal Behaviors: What They Mean for Fathers’ Involvement with Their Children
Jacinta Bronte-Tinkew; Allison Horowitz; Elena Kennedy; Kate Perper
June 2007

Men Who Father Children with More than One Woman: A Contemporary Portrait of Multiple-Partner Fertility
Cassandra Logan; Jennifer Manlove; Erum Ikramullah; Sarah Cottingham
November 2006

Male Pregnancy Intendedness: Links to Child Mental Proficiency and Attachment Security
Jacinta Bronte-Tinkew; Mindy E. Scott; Allison Horowitz
Population Association of America
May 2009

Promising Practices in Teen Fatherhood Programs: Evidence-Based and Evidence-Informed Research Findings
Jacinta Bronte-Tinkew; Mary Burkhauser; Allison Metz
DC Campaign to Prevent Teen Pregnancy Teen Father Roundtable
May 8, 2008

The Importance of Fathers to Children and Families
Jacinta Bronte-Tinkew
Catholic Charity Fatherhood Programs
August 16, 2007

Resident Fathers’ Prenatal Behaviors, Pregnancy Intentions and Links to Involvement with Infants
Jacinta Bronte-Tinkew; Suzanne Ryan; Jennifer Carrano; Kristin A. Moore
First National Conference of Emerging Research and Practice on Prenatal Father Involvement
Houston, Texas
August 2007

Resident Fathers’ Prenatal Behaviors, Pregnancy Intentions and Links to Involvement with Infants
Jacinta Bronte-Tinkew; Suzanne Ryan; Jennifer Carrano; Kristin A. Moore
Cornell University
September 21, 2006

Iowa Fatherhood contains links to a variety of other sites with Iowa, regional, or national importance. We have tried to include those whose content can most directly support the role of Iowa’s parents with their children.

Minnesota Title V Program offers a free fact sheet on Male-Father Involvement in Reproductive Health and Parenting.

National Center for Fathering works “to inspire and equip men to be better fathers.” They offer access to resources, classes, and fathering insights and information via the site and its weekly electronic newsletter.

National Fatherhood Initiative: Ensures that every child has what they need to succeed: the love and support of an involved, responsible and committed father.

National Latino Fatherhood and Family Institute

- The East Los Angeles Community Clinic has created a series of bilingual brochures and posters aimed at Latino men. Each piece targets a specific fatherhood or health issue affecting Latino men today and offers culturally sensitive information and counsel.
• **Fatherhood Lessons, The Fatherhood Toolkit.**
  Designed by service practitioners with a personal understanding of Latino culture, the toolkit offers proven strategies and interventions to help Latino men of all ages strengthen and heal their families.

**National Resource Center for Family-Centered Practice and Permanency Planning** focuses on increasing the capacity and resources of State, Tribal, and other publicly supported child welfare agencies to promote family-centered practices that contribute to the safety, permanency, and well-being of children while meeting the needs of their families.

**National Responsible Fatherhood Clearinghouse** (NRFC) supports the Administration for Children and Families’ Office of Family Assistance’s (OFA) efforts to assist states and communities to promote and support Responsible Fatherhood and Healthy Marriage. Primarily a tool for professionals operating Responsible Fatherhood programs, the NRFC provides access to print and electronic publications, timely information on fatherhood issues, and targeted resources that support OFA-funded Responsible Fatherhood and Healthy Marriage grantees.

**Parent Leadership Training Institute (PLTI)**, is a Civic Leadership Initiative of the Connecticut Commission on Children.

**Promoting Responsible Fatherhood** contains links to fatherhood and related websites created and maintained by other public and private entities.

NJ’s **Statewide Parent Advocacy Network** offers resources and support to children and families with the greatest need due to disability; poverty; discrimination based on race, sex, language, immigrant, or homeless status; involvement in the foster care, child welfare, or juvenile justice systems; geographic location; or other special circumstances.

• **SPAN Parent Leadership Development Institute**

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**SAVE THE DATE!**

**AMCHP’S 2010 ANNUAL CONFERENCE - “Moving Ahead Together: Celebrating the Legacy, Shaping the Future of MCH”**

**March 6-10, 2010**

**Gaylord National Convention Center**

**National Harbor, MD**

The 2010 AMCHP Conference will bring together leaders in maternal and child health, public health practitioners and family advocates. Join us for sessions led by researchers, federal officials, advocates, families, healthcare providers and directors of state programs.

[Click here to view the slides, transcripts and videos from the 2009 conference.](#) NOTE: You may need to download RealPlayer and/or PowerPoint 2007 Viewer to view the presentations.
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AMCHP’s CAREER CENTER

The Career Center is the premiere online job board for individuals seeking employment in Maternal and Child Health programs. Whether you are looking for an entry-level position or are a more seasoned professional looking for new opportunities, AMCHP’s Career Center has great openings for great people! Searching our database is free and open to all job-seekers. AMCHP members receive a discount on job-postings - so sign up today!