

SUPPORTING FATHERS AT THEIR CHILDREN'S PRIMARY CARE VISITS

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Dyadic Services in Pediatrics are Essential

Dyadic services, also called two-generation approaches, support the child, caregiver(s), and caregiver(s)-child relationship. Multiple generations and multiple caregivers can also be involved, i.e., triadic care and multi-generational care.



Steven brings his 9-month-old son, Ben, to the pediatrician. Ben lives with his mom, who recently started a new job, and Steven is now caring for Ben during the day. Steven is concerned that Ben is not eating and cries often. On a family screening and discussion with the pediatrician, Steven indicates that he is concerned about not having food and supplies, like a crib and stroller, that Ben needs. Overall, Steven feels unsure about his ability to care for Ben.



The pediatrician introduces Steven to the HealthySteps Specialist (HS Specialist), and Steven talks about feeling overwhelmed, uncertain about his new caregiver role, and worried about how to care for Ben.

Child well-being is dependent on caregiver well-being.

HS Specialist: "This is a lot of change all at once. Would you like to talk about ways we can help connect you with food and supplies, like a crib, for Ben?"

HS Specialist: "What is it like being home during the day with Ben? Do you have family or other parents you know who are home caring for their kids like you?"



Fathers Know Best: Inner-City African American Fathers' Perceptions Regarding Their Involvement in the Pediatric Medical Home

Orville Newton-Ray Bignall¹ • Whitney J. Raglin Bignall¹ • Lisa M. Vaughn¹ • Ndidi I. Unaka¹

- One father noted his parental role was often overlooked by his child's pediatrician: "They may look at me [with my son] and they [still] ask for the mother's info... [and ask] why I got him."
- Respondents endorsed uncertainty navigating the pediatric health care system, unawareness of their children's pediatric appointments, and feeling excluded from health care decision-making by their children's mothers and pediatric providers.

Fathers' Inclusion in Child's Visits

Dividing the conversation regarding their child's health and any direct questions to both parents instead of only directed to the mom is important to fathers

Fathers expressed the lack of **inclusion** in their child's visits by physicians or other healthcare staff. Fathers would like to be **acknowledged** at the same capacity as a mom.

"If both parents are present, then usually both parents should be addressed instead of just oh mom this and oh mom that. It's like, okay, should I even be here? They can definitely work on just making both parents feel like they're accepted parties, not just one party is just here for support and the other party is actually the one that's making all the decisions because sometimes that's not the case." -14

"Yeah. You go to their appointments. You kind of sometimes just sit there like I've got something to say. I had a baby too"-36

"But it seems like whenever we go, the doctor looks at her, makes eye contact and talks straight to mom". -14

IMPACT OF FATHERS' HEALTH AND BEHAVIORS ON THEIR CHILDREN

Father's Health/Influence- Prenatal/Neonatal Periods

Women whose partners were involved in their pregnancy
-were 1.5 times more likely to receive prenatal care in
the first trimester

-had a 36% decrease in cigarette use during pregnancy
when smoking at conception compared to mothers
whose partners were not involved

Breastfeeding –higher rates of breastfeeding initiation
and continuation when fathers supported breastfeeding
and when fathers were included in breastfeeding
support interventions

Safe sleep – Father's survey

32% of fathers reported having teaching on ABCs
(alone, back, crib) of safe sleep

Only 16% of fathers followed all ABCs of safe sleep

Positive mental health in father can mitigate the impact
of maternal depression

Father-Child Interactions

Mothers and fathers often have different kinds of interactions with their children

- Fathers more physical and unpredictable in play; can include increased risk-taking and independence
- Mothers more caregiving and visually stimulating and predictable play; can be more risk-adverse

Typical father play linked to improved executive functioning in preschoolers

IMPACT OF FATHERHOOD ON MEN'S HEALTH

Adaptations to fatherhood

- Increased weight gain- Fathers gain more weight over the same time period than non-fathers- estimated additional 14 pounds
- Less physical activity- 5 hours/week decrease in physical activity with the first child, additional 3.5 hours/week decrease with a second child
- Hormone changes
 - Testosterone levels are lower among fathers than non-fathers
 - Men's prolactin increases over the course of partner's pregnancy and early post-partum period; associated with increased child-rearing activities
- Brain malleability increased to adjust to new caretaking role
- Fathers live longer than men without children, even controlling for marital status

Fatherhood's effect – Minority Fathers

- Fragile Families Study, which studies families with children in urban areas who are predominantly low-income, and racial minorities
 - >80 percent of unmarried fathers helped support the mother during pregnancy
 - At birth, most unmarried fathers said they wanted to help raise their child
 - By the time children were 5 years old, just over half of non-resident fathers had seen their child in the past month
 - Engaged fathers had higher rates of self-reported well-being
- Non-Hispanic Black and Hispanic fathers have been shown to make positive changes in their health behaviors, such as increased exercise and less risk-taking behavior, after becoming fathers

MEN'S HEALTH OUTCOMES

MALES DIE YOUNGER THAN FEMALES

HEALTH, UNITED STATES, 2020–2021: ANNUAL PERSPECTIVE—RISK FACTORS AND MORTALITY BY SEX.
Health, United States synthesizes final data from multiple sources to highlight the complex and multifactorial nature of disparities in health outcomes.

High risk behaviors in males are related to risk of early death from injuries and disease

Males are more likely to die from

Leading causes of death

HEART DISEASE



Males were **more likely** than females to die of the top two leading causes of death in 2019

CANCER



Injury deaths related to violence and drugs

SUICIDE AND HOMICIDE

Males died **3x to 4x** as often as females from 2009 to 2019

DRUG OVERDOSE

Males died **2x** as often as females in 2019

Substance use is more common in males

HEAVY ALCOHOL USE



2x as likely in males as females from 2015 to 2019

SMOKING



15.5% of men compared with 13.0% of women in 2019

ILLICIT DRUG USE



1.5x as likely in males as females from 2015 to 2019

Males use less health care



Doctor visit rate was **27% LOWER** in males than females in 2018

Emergency department visit rate for adults aged 18–44 was **lower** in men than women in 2018



BLACK MEN'S HEALTH

There are approximately 21 million black men in the United States. Black men suffer far worse health than any other racial group in America. There are a number of reasons for this, including racial discrimination, a lack of affordable health services, poor health education, cultural barriers, poverty, employment that does not carry health insurance, and insufficient medical and social services catering for black men.

Black men have higher death rates than women for all leading causes of death.



23% of black men 18 years of age & over smoke cigarettes.

40% of black men 20 years of age & over have hypertension.



40% of black men die prematurely from heart disease as compared to 21% of white men.

38% of black men 20 years of age & over are obese.



DID YOU KNOW?

The leading causes of death for black men are:

1. Heart disease
2. Cancer
3. Stroke

Black men live 7.1 years less than other racial groups.

Black men are 5 times more likely to die of HIV/AIDS.

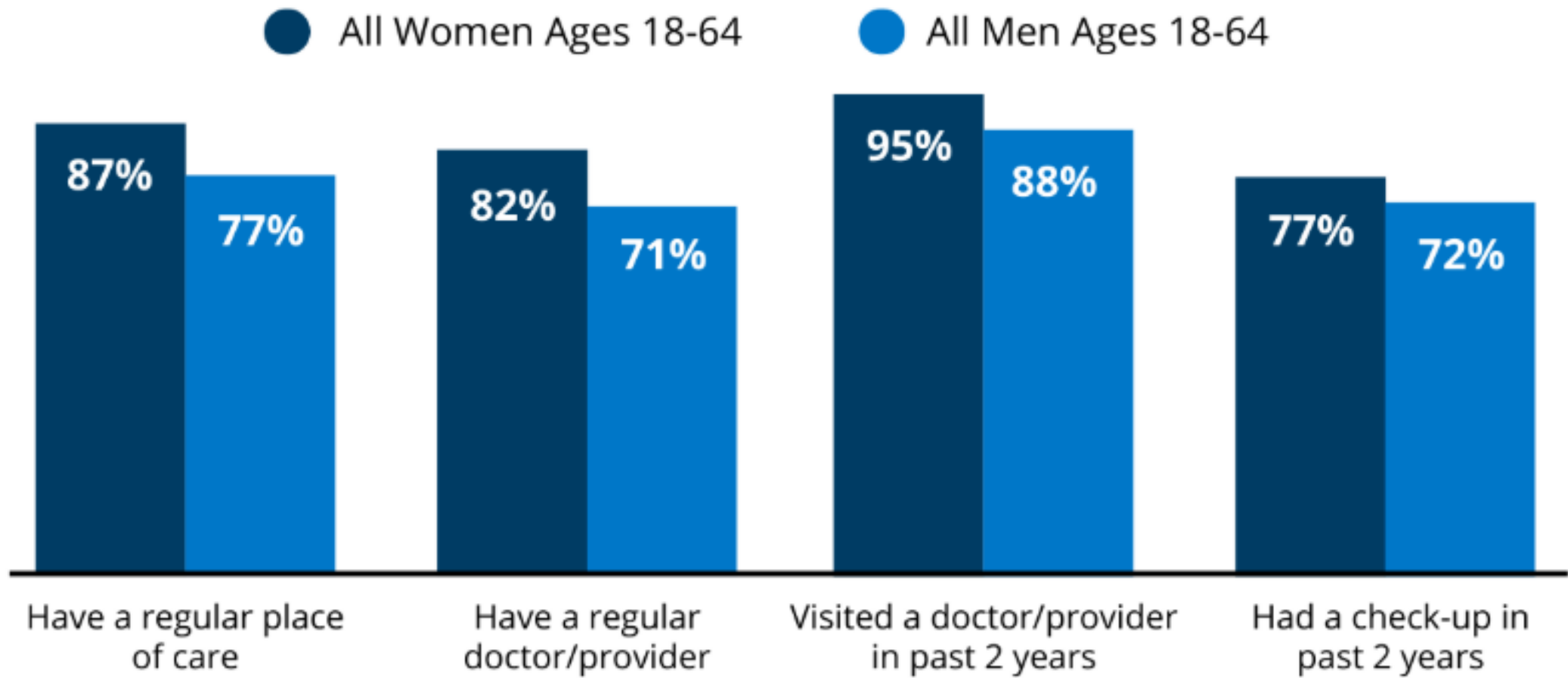
RESOURCES

For more information, visit www.cdc.gov/nchs/fastats/black-health.htm or <http://blackdemographics.com/>

This informational handout is distributed by the Center for Health of Minority Males. If you have any questions, contact Dr. Marino A. Bruce at: mbruce@umc.edu or 601-984-4182.



C-HMM
Center for Health of Minority Males



Barriers to care

- Gender expectations -Men are strong, tough out pain
- Nothing wrong- Only feel the need to go when sick
- Embarrassment
- Distrust
- Feeling provider does not respect them
- Prioritizing child's care above own care
- Cost/Access/Inconvenience

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children



Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice

Marian F. Earls, MD, MTS, FAAP^{1,3}; Michael W. Yogman, MD, FAAP²; Gerni Mattson, MD, MSPH, FAAP^{4,5}; Jason Rafferty, MD, MPH, EdM, FAAP^{1,6*}; COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH

Perinatal depression (PND) is the most common obstetric complication in the United States. Even when screening results are positive, mothers often do not receive further evaluation, and even when PND is diagnosed, mothers do not receive evidence-based treatments. Studies reveal that postpartum depression (PPD), a subset of PND, leads to increased costs of medical care, inappropriate medical treatment of the infant, discontinuation of breastfeeding, family dysfunction, and an increased risk of abuse and neglect. PPD, specifically, adversely affects this critical early period of infant brain development. PND is an example of an adverse childhood experience that has potential long-term adverse health complications for the mother, her partner, the infant, and the mother-infant dyad. However, PND can be treated effectively, and the stress on the infant can be buffered. Pediatric medical homes should coordinate care more effectively with prenatal providers for women with prenatally diagnosed maternal depression;

abstract

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Dr Earls, Yogman, Mattson, and Rafferty conceptualized the statement, drafted the initial manuscript, reviewed and revised the manuscript, approved the final manuscript as submitted, and agree to be accountable for all aspects of the work.

Clinical Review & Education

JAMA | US Preventive Services Task Force | RECOMMENDATION STATEMENT

Interventions to Prevent Perinatal Depression US Preventive Services Task Force Recommendation Statement

US Preventive Services Task Force

IMPORTANCE Perinatal depression, which is the occurrence of a depressive disorder during pregnancy or following childbirth, affects as many as 1 in 7 women and is one of the most common complications of pregnancy and the postpartum period. It is well established that perinatal depression can result in adverse short- and long-term effects on both the woman and child.

OBJECTIVE To issue a new US Preventive Services Task Force (USPSTF) recommendation on interventions to prevent perinatal depression.

EVIDENCE REVIEW The USPSTF reviewed the evidence on the benefits and harms of preventive interventions for perinatal depression in pregnant or postpartum women or their children. The USPSTF reviewed contextual information on the accuracy of tools used to identify women at increased risk of perinatal depression and the most effective timing for preventive interventions. Interventions reviewed included counseling, health system interventions, physical activity, education, supportive interventions, and other behavioral interventions, such as infant sleep training and expressive writing. Pharmacological approaches included the use of nortriptyline, sertraline, and omega-3 fatty acids.

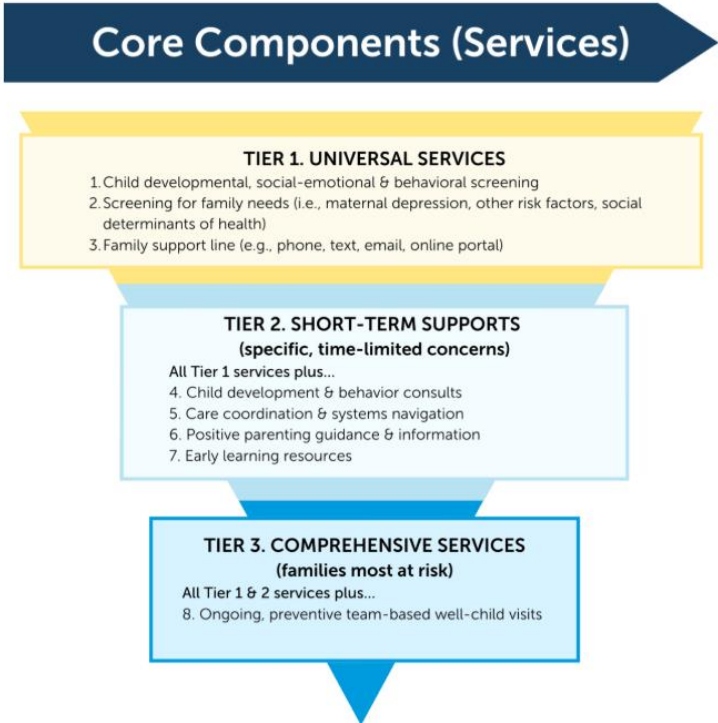
PERINATAL DEPRESSION

A Risk-Stratified, Population-Based Model

The model allows practices to streamline and enhance their implementation of the American Academy of Pediatrics' **Bright Futures Guidelines**, supporting the whole family.

Core Component 2: Screening for Family Needs ^

HS practices routinely monitor and screen all families with children ages 0-3 for important family needs annually. At a minimum, this includes maternal depression, food insecurity, housing instability or homelessness, utility needs, transportation needs, interpersonal safety (e.g., domestic violence, interpersonal violence, community violence, etc.), substance misuse (alcohol and other drugs), and tobacco use. We provide a questionnaire to assess these various needs, but sites may choose to use other tools that cover these key areas of need. Results alert the HS Specialist and practice staff to make essential referrals and may be used to educate caregivers on how their life experiences impact their child's development and their caregiving.



Affect of fatherhood on mental health

- Perinatal period- men at increased risk for poor health- vulnerable to anxiety, depression, stress
- New fathers were 1.68 times more likely to be depressed compared to comparable aged men without children
- Men who have children early- before age 23- are at increased risk for depression
- More than 20% of fathers experiencing depression by the time their child is 12 years old

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Effects of caregiver mental health on children

If caregiver has “poor mental health” child was 4 times more likely to have poor general health and 2 times more likely to have a mental, behavioral, or developmental disorder – compared to children with caregivers with good mental health.

Paternal perinatal mental distress (depression, anxiety, stress) was associated with poorer global, social-emotional, cognitive, language, and physical development in their children. Greatest association between paternal mental distress and offspring social-emotional problems (internalizing and externalizing behaviors, social difficulties, negative affectivity, and decreased regulatory functions). No association with adaptive and motor development

Fathers who have poor mental health, are more likely to have diminishing involvement with their children, which negatively impacts the child’s health outcomes.

Screening fathers for depression

- PHQ-2
- Edinburgh Postpartum Depression Screen (EPDS)
- Gotland Male Depression Scale

Gotland Scale for Assessing Male Depression

During the past month, have you or others noticed that your behaviour has changed, and if so, in which way?	Not at all (0 pts)	To some extent (1 pt)	Very true (2 pts)	Extremely so (3 pts)
1. Lower stress threshold/more stressed out than usual				
2. More aggressive, outward-reacting, difficulties keeping self-control				
3. Feeling of being burned out and empty				
4. Constant, inexplicable tiredness				
5. More irritable, restless and frustrated				
6. Difficulty making ordinary everyday decisions				
7. Sleep problems: sleeping too much/too little/restlessly, difficulty falling asleep/waking up early				
8. In the morning especially, having a feeling of disquiet/anxiety/uneasiness				
9. Overconsumption of alcohol & pills in order to achieve a calming & relaxing effect. Being hyperactive or blowing off steam by working hard and restlessly, jogging or other exercises, under- or overeating				
10. Do you feel your behaviour has altered in such a way that neither you yourself nor others can recognize you, and that you are difficult to deal with?				
11. Have you felt or have others perceived you as being gloomy, negative or characterized by a state of hopelessness in which everything looks bleak?				
12. Have you or others noticed that you have a greater tendency for self-pity, to be complaining or to seem "pathetic"?				
13. In your biological family, is there any tendency towards abuse, depression/dejection, suicide attempts or proneness to behaviour involving danger?				

Total Score: _____

Scoring:

1-13 pts – no signs of depression; 13-26 – depression possible, specific therapy possibly indicated – see physician; 26-39 – clear signs of depression, specific therapy clearly indicated – see physician
(from: Zierau et al. Nord J Psychiatry, 2002; 56(4): 265-71)

**GOTLAND MALE
DEPRESSION SCALE
13-ITEM SCREENING
QUESTIONNAIRE
INCLUDES
DEPRESSION-
INCLUDES
IRRITABILITY,
AGGRESSION, AND
ALCOHOL USE**

Providing resources for fathers

- Parenting
- Primary Care
- Mental Health Care

Mental Health Resources For Fathers

In early 2019, the American Academy of Pediatrics released a statement recognizing that “maternal depression affects the whole family” and urging pediatricians to “incorporate recognition and management of perinatal depression into pediatric practice.”

Even if you're coming with mom to your baby's pediatric appointments, we may not know how you're feeling.

Today is a day to recognize that dads experience postpartum depression and postpartum anxiety, too, and that there is support out here for you!

Early identification and treatment are so important! In dads, PPD and PPA may look more like anger and irritability rather than sadness. Managing paternal depression symptoms will increase your ability to be an emotionally sensitive and responsive parent, make it less likely that you and your infant will experience attachment problems, and will support your relationship with your partner.

This packet is filled with resources to support dads. Take a look. Talk to someone. Help is here!

Cuyahoga County Fatherhood Initiative Funded Programs

211 Fatherhood Line

The United Way program provides the 211 Fatherhood line in Cuyahoga County that links men to the services and programs they need to become better fathers or reconnect with their families. For more information please call **216-436-2000 or 211**.

Custody and Parenting Time Program

The Office of Child Support (OCSS)/Justice Services collaboration strengthens the link between paternity establishment, custody and visitation for fathers. Justice Services provide a staff person in the child support building to inform parents of their rights to visitation and assists them to begin the mediation process. Mediation assists in the development of a parenting plan and may lead to participation in a parenting education program. For more information please call **Susan Organiscak - 216-698-4996**.

Fathers and Families Together Program (FAFT)

The overall goal of this program located at the Centers for Families and Children is to assist fathers to enhance their parenting skills through participation in a series of educational life skills workshops and group support activities. The program provides fathers with father/child activities that encourage fathers to be healthy role models. Workshops for fathers and parenting partners are offered to promote effective parenting. For more information please call **Artis Gaines - 216-325-9124**.

Healthy Fathers Program

The Healthy Fathers Program engages fathers in school based fatherhood programming at 4 K-8 CMSD schools: Mound, Willow, Warner Girls Leadership and AB Hart in addition to the fatherhood programs at University Settlement. For more information please call **Frederick Knuckles - 216-641-8948 x228**.

Jobs for Dads

The Passages program provides counseling, job referral/employment readiness services, development of individualized plans for strategic steps toward employment and independence, crisis intervention and mentoring for young fathers. This program focuses on the population of ex-offenders and men with limited skills. Passages has extensive experience working with incarcerated or newly released ex-offenders and provides career planning and re-entry counseling for these fathers. For more information please call **Reverend Moore - 216-881-6776**.

Prevention of Premature Fatherhood

This program targets teen males ages 12-17 to prevent premature fatherhood with a curriculum that is intertwined with after school community events for male youth and families. This program is available to be held at locations in all communities throughout the county. For more information please call **Brandy Eaton - 216-201-2000 x1327**.

Cleveland Area Supportive Programs for Fathers

Project Lift

Creating a safe space for Black teens, adults, and fathers to re-imagine the possibilities through social justice and prevention advocacy that builds resilience while empowering them to be transformative members of society.

- Lifted Men Fatherhood Program
- Teen Life Skills
- Counseling and Grief Recovery

<https://projectliftservices.org/>

Ghetto Therapy

Men's Nights and other Family Services

<https://www.ghettotherapy.org/blank>

Rising Above Program

This is a Workforce Development/Training program at Career Development and Placement Strategies aimed at non-custodial fathers. It is a four-week training program with the goal of assisting fathers to reconnect with their families and preparing them to be a productive part of the workforce. Rising Above provides career readiness, career path counseling, relationship workshops and job placement. For more information please call **Maurice Stevens - 216-881-5866**.

"Safe and Sound" Supervised Visitation Program

The Supervised Visitation Program provides services for families currently mandated to participate in a supervised visitation program through the Domestic Violence and Child Advocacy Center. In addition to ongoing supervised visitation, fathers who participate in the program will attend fathering classes designed to build the skills that lead to successful parenting and stronger families. Supervised visitation and the fathering classes are presented at the Community Care Network Building. For more information please call **Deborah Benn - 216-229-2420 x257**.

Strong Fathers Program

The Strong Fathers Program at Murtis Taylor is targeted at low income males 25 years of age or younger who reside in Cuyahoga County. Strong Fathers uses both the 24/7 Dad and Active Parenting curriculums integrated with organized league sports to teach young fathers what it means to be a strong father. For more information please call **Nate Phillips - 216-283-4400 x 2284**.

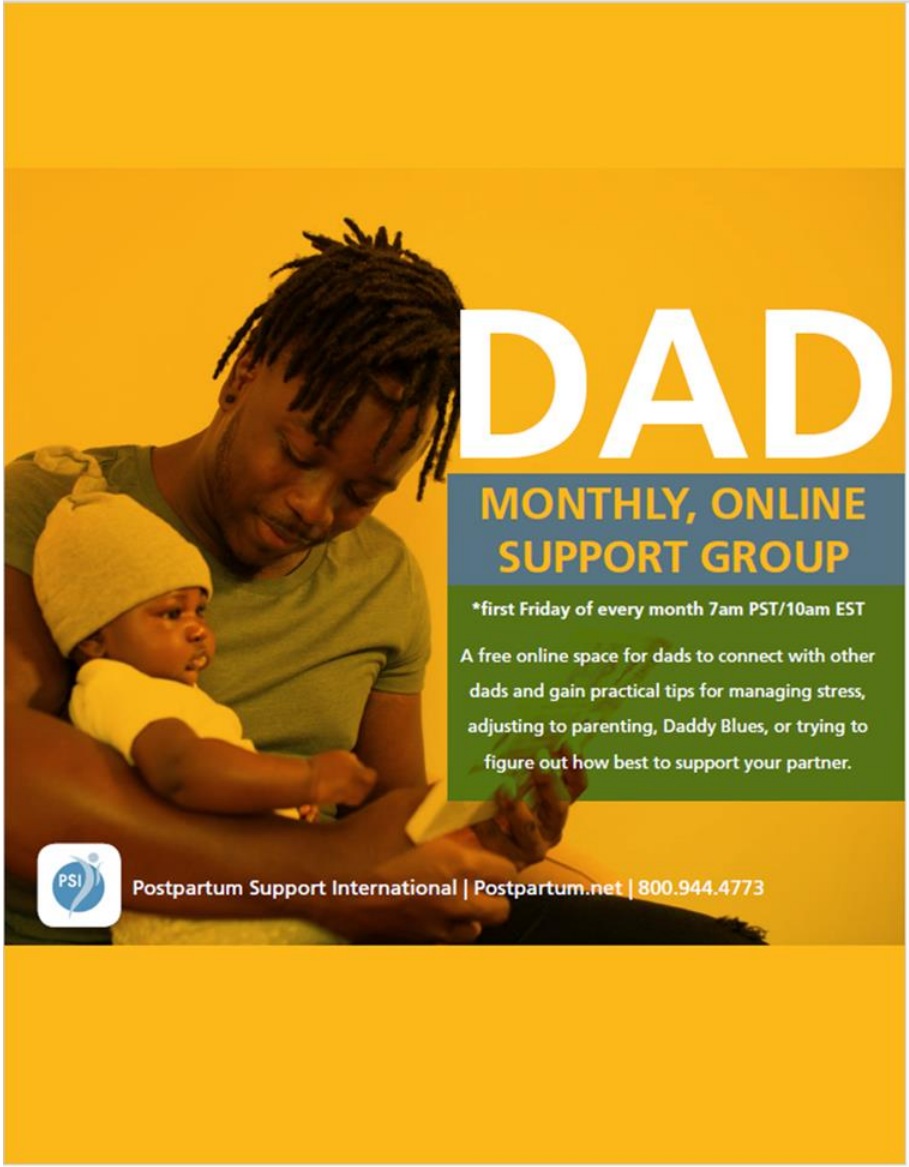
Towards Employment's Networks 4 Success Fatherhood Program

Provides comprehensive job preparation training and employment components with a Fathers Group- parenting education sessions based on best practices. The N4F assists fathers in building the skills necessary to gain and retain employment and be able to contribute both financially and emotionally to their families. The program also helps fathers improve their parenting skills. Job readiness workshops are four weeks of classroom instructions, Monday through Friday, with job club, job search and retention support following completion. For more information please call **Gary Larkins - 216-696-5750**.

For more information about the Fatherhood Initiative please visit our website:

www.fatherhoodinitiative.cuyahogacounty.us

or call us at 216-348-3967




DAD

MONTHLY, ONLINE SUPPORT GROUP

**first Friday of every month 7am PST/10am EST*

A free online space for dads to connect with other dads and gain practical tips for managing stress, adjusting to parenting, Daddy Blues, or trying to figure out how best to support your partner.



Postpartum Support International | Postpartum.net | 800.944.4773

BOOT CAMP

For New Dads


This program is for dads only and is taught by the veteran dads. It's a one day three hour course in a relaxed comfortable setting.

Come along to learn the best way to hold, feed and cuddle your new baby. You will have the chance to interact with real babies with the help of our male instructors who are skilled in baby care.


Offered several times a month at the following locations

Fairview and Lakewood Hospitals 440-356-0347	MetroHealth Main Campus & Broadway Health Center 216-778-3381	Southwest General Hospital 440-816-8036
Garfield Heights Womankind Building 216-850-0553 or 216-662-5700	University Hospitals Parma Medical Center 440-743-2584 or 440-743-4031	St. John Medical Center 440-835-8000 or 1-877-597-6348
Hillcrest Hospital 440-312-4647	Stephanie Tubbs Jones Health Center 216-767-4447	University Hospitals MacDonal Women's Hospital 216-844-4000 or 440-995-3831

BREAKFAST OR LUNCH WILL BE PROVIDED



Cuyahoga County Fatherhood Initiative



You will learn how to change our diapers!

FACT SHEET Dads & Depression

KEY POINTS

- One in 10 fathers will experience postpartum depression or anxiety.^{2,3,4,5,7}
- Depression and anxiety are two times as common in expecting and new fathers, compared with global estimates in men.⁵
- The peak incidence of postpartum depression in fathers is 3-6 months.⁵
- The Edinburgh Postnatal Depression Scale (EPDS) has been validated for detecting paternal depression, but with lower cut-off scores.³
- Men suffering depression often exhibit higher levels of irritability and anger.⁶
- Fathers suffering postpartum depression report lower levels of affection and higher levels of criticism both toward and from their partner.⁵

JUNE 2021

MMHLA
Maternal Mental Health
Leadership Alliance



Learn more: postpartum.net/news/iffmhd
Follow: facebook.com/dadsMHday

Society views men as stoic, self-sacrificing, and above all, strong. When men feel none of those things as new fathers, it might be hard to admit it or seek help. The stigma in experiencing difficulties as a new parent is even greater for men than for women.

MATERNAL DEPRESSION IS THE MOST IMPORTANT RISK FACTOR FOR PATERNAL DEPRESSION^{4, 5, 7}



IMPACTS OF PATERNAL DEPRESSION

INCREASES	DECREASES
Negative parenting ² , including harsh discipline practices (such as spanking or corporal punishment)	Positive parenting ² , including sensitivity or warmth, and practices such as reading to children.
Hostility and conflict in the home, particularly with spouse/partner ^{1, 6}	Higher levels of positive parenting by a non-depressed adult can lessen the impact of parental depression on the child. ¹
Children's behavioral and conduct problems ^{4, 9}	

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TREATMENT

To treat paternal depression, recommendations include:

- Adequate sleep, exercise, nutrition
- Social support
- Talk therapy
- Medication

The Father's Feelings Project (research study)

The Father's Feelings Project

ABOUT THE STUDY

- How This Study Can Help You**
Every participating dad receives:
- One (1) free consultation with a highly trained professional counselor.
 - One (1) free session with a parenting educator and family services expert.
 - Resources for yourself and your family.
 - A \$25 gift card and a special father-child gift upon completion.
 - For families in need, we offer up to \$400 in necessary baby safety items,^{*} as well as additional professional consultations and parenting sessions. These items are made possible through the generosity of the Ohio Children's Trust Fund.

- What You Do In This Study**
Any dads that enroll in the Father's Feelings study do three things:
- Meet with research staff.
 - Fill out questionnaires.
 - Talk about your experiences as a new dad.

All study visits are done virtually through video calls (like Zoom).

^{*} Some eligibility restrictions may apply.

DURING THE STUDY

- Free Professional Consultation**
Get advice and information on:
- Caring for your mental health
 - Families and relationships
 - Parental stress
 - Fatherhood concerns
 - Personal strengths

- Free Parent Education Session**
Learn about:
- Safe sleep
 - Play activities for babies
 - Self care
 - Men's wellness
 - Child development
 - Coparenting

- Questionnaires to Complete**
After you consent to participate in the study, you will complete:
- An enrollment form
 - Online surveys

Research staff also will ask you a few short questionnaires during study visits.

MORE INFORMATION

How Do I Sign Up?
The easiest way to sign up for the study is to visit research.ohioguidestone.org/study and then click on the "Father's Feelings Interest Sign-Up" button.

Did Someone Refer You?
Let us know their name when you sign up, and they'll be entered in a monthly drawing!

Questions?
Email us at research@ohioguidestone.org or call (844) 250-8865.



OHIOGUIDESTONE
MEMORIAL FOUNDATION
A COMMITMENT TO FAMILY COMMUNITY IMPACT

Advocacy

Parental leave for fathers

Medicaid coverage

Bring more healthcare into community spaces, e.g. barbershops and churches

Social media campaigns - encourage preventative care and destigmatize mental health issues





Inviting fathers to engage with the visit

- Who do they want to be as a father
- How were they parented and how do they want to parent
- Tips on promoting positive attachment
- Emphasize social supports
- Talk with fathers about safe sleep, breastfeeding, child development, and attachment. Emphasize important role fathers play in cognitive, social, and emotional development

Office processes

- Offering office hours outside of regular work hours
- Encouraging families to try to schedule visits when all caregivers can attend
- Consider using including video options to include parent who is working or unable to physically attend visit
- Developing father-focused resources, including father-support groups- send home with mother if father not present

Thank you!

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