The Illinois Infant Mortality Consortium Pilot: Fathers Initiative Report



Dr. Kirk E. Harris, MPA, JD, PhD, Esq. Principal Investigator for the Study Contract Number: 56300024C

CEO/Co-Designer, Fathers, Families, and Healthy Communities (FFHC) & Associate Professor, University of Wisconsin-

Milwaukee

With Cal Stoffel, MUP

For more information, contact Dr. Harris at: Phone: (708) 955-3015 Email: drkharris@ffhc.org

TABLE OF CONTENTS Acknowledgements 3	}
Father Engagement and Maternal and Child Health Outcomes4	
What We Know About Research and Practice4	
Pilot Project4	ł
Understanding Organizational and Program Practice Challenges and	
Opportunities in Illinois related to Father Engagement as an Infant Mortality Reduction Strategy4	L
inor any neuronon on accept	
The Assessment Process5	,
Demographics6	5
Community Outreach7	,
Lessons Learned11	
Working with Individual Fathers 12	2
Lessons Learned14	ļ
Parenting and Child Development 15	
Lessons Learned 18	
Father-Child Activities18	
Lessons Learned 20)
Support for Fathers and Families 21	
Lessons Learned23	
Program Operations/Evaluation24	
Lessons Learned27	,
Resource Allocation and Availability28	8
Lessons Learned 28	
From Course Discussions	
Focus Group Discussions 29 Effective Practices and Approaches 29	
Lessons Learned 30	
Most Significant Barriers 30	
Lessons Learned 32	
Roles and Responsibilities of Healthcare Providers 32	
Lessons Learned	
Lessons Learned	
Recommendations 35	,
References 37	,
Appendix 38	3
Study Survey Instrument 38	

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Acknowledgements

I would like to express profuse thanks to the former Director of the Illinois Department of Public Health, Dr. LaMar Hasbrouck for his tremendous initial support for the project. I would also like to express my enormous appreciation to Dr. Brenda Jones former Deputy Director and Title V Director, Office of Women's Health and Family Services for her visionary leadership and guidance associated with the advancement of this project. I extend my gratitude to Dr. Nirav D. Shah for his belief in the value of this project and for his efforts to accommodate the project work as it moved toward completion. Last, but certainly not least I would like to thank Ms. Andrea Palmer for her committed and unwavering support for my efforts to complete this important endeavor and for her advocacy and engagement when it was needed most.

My great appreciation is extended to Ms. Allison Hasler, Mr. Mark Hunter, Ms. Marilyn Green and Ms. Paula Brodie for their critical support in distributing the survey and advocating for its completion by their regional stakeholders. Without this essential support this study would not have been able to take place. Special recognition goes out to Ms. Allison Hasler for her foundational efforts associated with getting the survey to be accessible via the web so that community, organizational, program and state and regional stakeholders could easily complete the survey. This contributed significantly to the strong response rate realized by the study. Also, I cannot offer enough thanks to Ms. Allison Hasler and Ms. Paula Brodie for their fantastic work in setting up focus groups in their regions for the purpose of informing and augmenting the findings of the survey research. Appreciation is also extended to others who were interviewed or served as informants associated with this research.

Finally, many thanks go to the various representatives and staff of programs, health organizations, community groups, schools and other community-based institutions for taking time out of their enormously busy schedules and enormously important endeavors to complete the survey and/or participate in the focus group activity.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Father Engagement and Maternal and Child Health Outcomes

What We Know About Research and Practice

Nineteen million children, approximately a quarter of the children in the United States live with one parent with 88 percent of those children living with their mother (Kreider, 2007). The dominant perspective that has permeated the discourse regarding the contribution of fathers has focused on the father as a financial provider and sometimes suggesting a secondary role as a disciplinarian. Emerging research suggests that this view is far too narrowly conceived and does not reflect the broader set of contributions that fathers have made to improving maternal and child outcomes. Various studies have found that father engagement can improve the adaptive socio-emotional functioning of children, as well as improve academic and cognitive functioning of children (Moore, 2004). Moreover, father engagement has been proven to increase positive outcomes in the context of maternal and child health outcomes, including increasing by 40 percent the likelihood that mothers will receive prenatal care in her first trimester and decreasing by 36 percent a pregnant mother's consumption of cigarettes (Martin, McNamara, Milot, Halle, and Hair, 2007). Additionally, fathers play an important role in supporting and encouraging breastfeeding among mothers of their children (Wolfberg, Michels, Shields, O'Campo, Bronner, and Bienstock , 2004). Lastly, if meaningfully engaged in supporting and accompanying mothers on prenatal visits fathers are more likely to engage in father-child activities throughout the child's life (Vogel, Boller, Faerber, Shannon, and Tamis-LeMonda, 2003).

There is enormous opportunity in engaging fathers in the service of improving maternal and child health outcomes, but there are equally significant barriers to realizing the role that low-income fathers can play in enhancing maternal and child health outcomes. These barriers include:

- Socio-economic conditions that frustrate the self-sufficiency of the father and their ability to financially support themselves and their families
- Less than supportive public perceptions about low-income fathers and their desire to be responsible.
- Few if any governmental systems interact with low-income fathers in a positive way, including the child support system and the criminal justice systems, which typically interact with lowincome men in hostile and adversarial ways

Pilot Project

Understanding Organizational and Program Practice Challenges and Opportunities in Illinois related to Father Engagement as an Infant Mortality Reduction Strategy

Illinois ranks as one of the states in the nation with one of the highest rates of infant mortality. The Office of Women's Health and Family Services (OWHFS), Illinois Department of Public Health took leadership to advance a pilot initiative that sought to explore mitigation strategies associated with decreasing the rates of infant mortality throughout Illinois. As a unique innovation in the exploration of this issue, OWHFS desired to explore the role that fathers can play in supporting the decline of infant

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

mortality in the state of Illinois.

FFHC did an assessment of the organizational and program practices and approaches throughout the state of Illinois associated with potential efforts to promote father engagement in the context of advancing maternal and child well-being. FFHC's assessment framework was driven by the father engagement program practice recommendations promoted by the Association of Maternal and Child Health Programs (AMCHP). AMCHP recommendations for programmatic approaches that enhance father engagement include:

- 1. Acknowledge the father is an important part of the family system and his contributions (or omissions) have a lasting impact on the overall welfare of the mother and child.
- Involve fathers in the lives of their children from the earliest moment possible. Ideally, every
 man will have a strong sense of his personal responsibility in the planning, conception,
 development and life of his child(ren).
- Promote a shift in public opinion about a father's positive involvement during his partner's pregnancy, to promote healthy concepts of manliness and fatherhood.
- 4. Define the nature of fatherhood and what it is to be a loving father.
- 5. View the prenatal period as a key moment for intervention- a time to identify the mother and father's risk factors and to intervene accordingly.
- 6. Examine the ways in which prenatal fatherhood programs and family violence service providers can partner to achieve a shared goal of positive father involvement and overall family health and safety.
- 7. Work with local prenatal care services and providers to advocate for father involvement during pregnancy. Develop educational materials and trainings for nurses, doctors, midwives and other health care professionals about the importance of including fathers during prenatal visits and provide sample materials and trainings.
- 8. Rigorously evaluate program standards and results.

The Assessment Process

The goal of this project was to identify successful and promising father engagement and involvement practices occurring throughout the state, and to gain an appreciation of the gaps and challenges in program practices related to engaging and supporting fathers. There was also a desire to understand how service providers integrate issues of father engagement and involvement into their work. Finally, we hoped to gain a better understanding of what resources may be necessary at the program and community level to improve father engagement and involvement practices.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Survey respondents were asked a total of 46 questions (using the SurveyMonkey.com survey tool) about their agency and what they do to advance father engagement and family strengthening. The survey focused on 5 key areas with each area containing its own set of questions:

Engagement/outreach Working with individual fathers Parenting and child development Support for fathers Program operations and evaluations

Respondents were asked to rank how well they believe they do at meeting each item presented. Respondents could select not applicable (N/A), fair, good, or excellent. There are two ways to look at a rating of N/A. In some instances, this could indicate that the agency doesn't address the item due to a lack of staff or resources. In other instances, such a rating could potentially indicate that the respondent does not appropriately value the need to address the given item.

Demographics

A total of 193 agencies throughout the state responded to the survey. Numerous agencies represent multiple counties, and 68 counties have representation in the survey. In counties where only one representative completed the survey, those counties are counted as part of the 68 counties represented. However, those counties with only one representative completing the survey are not presented in the chart below.

Q1: What type of organization best fits the agency you represent?

Responses came from a variety of agencies. The highest number came from non-profit organizations (87 responses; 45%), public school systems or school-based health centers (40 responses; 21%), and local health departments (33 responses; 17%). The remaining surveys came from hospitals, community health centers, and faith-based organizations (21 responses; 11%).

Q2: What is the population range of the community your agency serves?

The majority of responding agencies serve communities of under 50,000 people (130 responses; 68%). Of those 130 responses, 60 (31%) came from organizations serving communities of under 10,000. Remaining organizations serve communities from 50,001 to 150,000 (38 responses; 20%) and 150,000 to 500,000 (27 responses; 14%). Only 13 responses (7%) came from agencies serving populations over 500,000.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Q3: What county/counties does your agency serve?

Response	%	Count	Response	%	
Cook	53%	99	Kankakee	2%	
DuPage	5%	10	Lake	2%	
Adams	4%	7	Macon	2%	
St Clair	4%	7	Perry	2%	
Rock Island	3%	6	Pike	2%	
Kane	3%	5	Stephenson	2%	
Jackson	3%	5	Whiteside	2%	
United States	3%	5	Brown	1%	
Madison	2%	4	Christian	1%	
Hancock	2%	3	DeKalb	1%	
Illinois	2%	3	Franklin	1%	
Kankakee	2%	3	Grundy	1%	

Response	%	Count
Jersey	1%	2
Kendall	1%	2
Lee	1%	2
Ogle	1%	2
Peoria	1%	2
Schuyler	1%	2
Union	1%	2
Vermilion	1%	2
Will	1%	2
Williamson	1%	2
Winnebago	1%	2

Many counties in Illinois are represented by the organizations that submitted a survey. Because several organizations stated that they serve multiple counties, a county was tallied every time it was mentioned. Just over 53% of organizations who submitted a survey indicated that they represent Cook County. DuPage County was represented by 5% of those surveyed, while Adams County and St. Clair County were each represented by 4% of agencies surveyed.

The table above illustrates all counties that were represented by at least two organizations that participated in the survey. An additional 35 counties were represented by one agency each.

Community Outreach

Q4: Outreach materials for fathers:

Around one third of the agencies rated themselves as doing a fair job of describing how they involve fathers and children in their program, and how the program can strengthen the father's relationships. Over a third of the respondents indicated that they do a fair job or do not see the applicability of including images of fathers and families from other cultures and ethnicities in their materials. Additionally, over a third of the respondents indicated that they do a fair job of ensuring that the

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

language in their outreach materials appeal to fathers and families, or they do not find that practice applicable to them.

	Excellent	%	Good	%	Fair	%	N/A	%	Count
a) Describe ways that fathers and their children can be involved with the program.	27	14%	83	43%	66	35%	15	8%	191
 b) Describe ways that the program contributes to strengthening the fathers' relationships with their children. 	29	15%	66	35%	74	39%	19	10%	188
c) Include images of fathers and families from cultures/ethnicities in the community.	38	20%	71	37%	68	36%	14	7%	191
d) Materials are expressed in languages that appeals to fathers and families.	38	20%	79	42%	57	30%	14	7%	188
e) Materials are written in languages spoken by fathers and families in the community.	53	28%	70	37%	49	26%	16	9%	188
f) Provide specific information about services, activities and hours.	65	34%	75	39%	36	19%	14	7%	190
g) Provide information about fees and scholarships.	35	19%	38	20%	41	22%	74	39%	188

Q5: Information about the program is placed in locations, other organizations, businesses, and media outlets that are popular with fathers and families.

Excellent	%	Good	%	Fair	%	N/A	%	Count
17	9%	55	30%	81	44%	31	17%	184

Only 17 agencies out of 184 (9%) indicated that they do an excellent job of placing their outreach materials in a variety of locations that are likely to be frequented by fathers, while 30% indicated that they do a good job. Under half selected "fair" (44%) while 17% do not feel that this was an applicable practice to their agency.

Q6: Staff reach out to fathers in a variety of ways, such as:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) sponsoring father friendly activities.	38	20%	63	34%	58	31%	29	15%	188
b) speaking at local businesses and events.	11	6%	54	29%	76	40%	48	25%	189
c) collaborating with other programs, services and/or organizations.	37	20%	82	44%	52	28%	17	9%	188
d) including fathers in first contact with new families.	43	23%	62	33%	62	33%	20	11%	187

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Just over half of the respondents indicated that they do an excellent or good job of sponsoring father friendly activities, while just under half indicated that they do a fair job or they do not find the practice applicable to their agency. Half of respondents also reported doing an excellent or good job of including fathers in their first contact with new families, while the other half do a fair job or do not find the practice applicable to their agency.

Q7: The program works with other agencies to strengthen their capacity to include fathers in their services and activities.

Slightly over half of agencies surveyed indicated that they do either an excellent or a good job of working with other agencies to build their ability to include fathers in their services and activities. Just under half indicated they do either a fair job or do not see inter-agency outreach as applicable to their agency.

Excellent	%	Good	%	Fair	%	N/A	%	Count	
27	15%	76	41%	60	32%	23	12%	186	

Q8: The program's intake procedures and forms include information about fathers.

One third of respondents feel that they do an excellent job of including information about fathers in their intake forms while another third believe that they are doing a good job. The final third indicated that they do either do a fair job of including information about fathers in their forms, or find the practice not applicable to their agency.

Excellent	%	Good	%	Fair	%	N/A	%	Count
64	34%	60	32%	46	25%	17	9%	187

Q9: Activities and services are scheduled at times that are convenient for fathers and their families, and are responsive to work schedules and other responsibilities.

Around two thirds of organizations indicated that they do an excellent or good job of providing activities and services at convenient times for fathers and their families. Just over a third stated that they do either a fair job of conveniently scheduling their services or that they do not find the practice applicable to their agency.

Excellent	%	Good	%	Fair	%	N/A	%	Count
39	21%	84	45%	55	30%	8	4%	186

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) activities for fathers with their children	44	24%	73	39%	47	25%	22	12%	186
b) programs for children	83	45%	68	37%	18	10%	16	9%	185
c) support, discussion, and social groups	50	27%	65	35%	40	22%	31	17%	186
d) classes and workshops	46	25%	59	32%	53	29%	26	14%	184
e) visits at home, workplace, or other convenient location	60	32%	63	34%	37	20%	27	14%	187
f) counseling	29	16%	62	33%	44	24%	51	27%	186
g) information about other community resources and referrals upon request	73	39%	78	42%	27	14%	9	5%	187
h) mentors	14	7%	35	19%	55	29%	83	44%	187
I) volunteering	25	13%	57	31%	49	26%	55	30%	186

Q10: The program offers fathers a variety of opportunities to gain information and support, such as:

Around two thirds of agencies indicated they do an excellent or good job of offering activities for fathers with their children. Two thirds also indicated that they do an excellent or good job of offering support, discussion, and social groups for fathers. About two thirds of the agencies indicated that they do an excellent or good job of visiting in convenient locations. In contrast, one-third felt they do just a fair job of addressing any of the above identified practices.

About half of respondents also indicated that they do an excellent or good job of providing counseling services to fathers. The other half said that they do a fair job or do not provide these services. Around 80% indicated that they do an excellent or good job of providing information about other community resources and referrals to fathers, while 20% indicated that they do a fair job or do not provide these.

One quarter of the respondents indicated that do an excellent or good job of providing information about mentors to fathers, while three quarters indicated that they do a fair job or do not provide information about mentors to fathers. Roughly 45% indicated that they do an excellent or good job of providing information about volunteering, while 55% indicated that they do a fair job or do not provide this information.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Q11: The program encourages participation by

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) operating in convenient, accessible locations.	71	38%	76	41%	26	14%	12	6%	185
b) providing transportation assistance.	20	11%	50	27%	39	21%	78	42%	187
 c) providing age appropriate childcare during programs for fathers. 	51	28%	45	24%	25	14%	64	35%	185
d) providing refreshments.	63	34%	53	28%	32	17%	38	20%	186
e) offering incentives, food, gifts, giveaways/door prizes, gift cards, etc.	43	23%	52	28%	39	21%	52	28%	186

About 80% of agencies indicated that they do a good or excellent job of operating in convenient, accessible locations while the other 20% state they do a fair job or do not operate in convenient locations. Slightly over one third do an excellent or good job of providing transportation assistance while slightly under two thirds do a fair job of providing transportation assistance or do not do so at all. Finally, around one half do an excellent or good job of providing age appropriate childcare during programs for fathers. The other half states it does a fair job, or does not provide childcare.

Lessons Learned

Information Provision and Outreach

More needs to be done to ensure that organizations provide information about their programs in areas frequented by fathers and their families.

Outreach activities could include the provision of speakers at local businesses and events to find new participants that might not have otherwise been notified of services.

Providing Opportunities for Counseling, Mentoring, and Volunteering

Programs should find ways to better offer opportunities to fathers to gain information and support about counseling, mentors, and volunteering.

Transportation Assistance

More should be done to help participants with transportation assistance when needed. Finding ways to provide this kind of assistance directly or partnering with other organizations that can provide it will ensure that key populations are not being missed due to their inability to find ways to get to the agencies.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Working with Individual Fathers

Q12: Fathers have the opportunity to meet privately with staff members regarding individual concerns.

Excellent	%	Good	%	Fair	%	N/A	%	Count
84	48%	60	34%	20	11%	12	7%	176

Approximately 48% of organizations indicated that they do an excellent job and another 34% indicated that they do a good job of providing fathers the opportunity to meet privately with staff members to discuss individual concerns. Eleven percent indicated that they only do a fair job and 7% do not see this as applicable to them.

Q13: A staff member assists individual fathers in identifying their strengths, skills, past successes, and needs.

Excellent	%	Good	%	Fair	%	N/A	%	Count
42	24%	61	35%	45	26%	28	16%	176

Almost 60% of organizations surveyed indicated that they do an excellent or good job of providing a staff member to work with fathers in identifying strengths, skills, past successes, and current needs. Over 16% of agencies reported that they do not have a staff member that can provide this kind of assistance.

Q14: Using assessment information, fathers:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) develop goals for themselves, their children, and their family.	44	25%	59	34%	40	23%	32	18%	175
b) identify resources within their own family, the program, and the community.	46	26%	60	34%	47	27%	22	13%	175
c) make a plan to meet their goals.	43	25%	60	34%	39	22%	32	18%	174

Roughly 60% of organizations indicated that they do an excellent or good job of helping fathers develop goals for themselves and their families, identifying resources, and making a plan to meet their goals. In contrast, around 40% only do a fair job or do not help fathers assess their future plans and goals.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Q15: Family confidentiality is maintained within the program, and fathers are given equal opportunity to maintain that confidentiality.

Excellent	%	Good	%	Fair	%	N/A	%	Count
128	74%	39	22%	7	4%	0	0%	174

Agencies appear to place a high value on confidentiality, as 96% felt that they do an excellent or good job with this, while only 4% gave themselves a fair rating.

Q16: The program provides fathers with opportunities and/or links them to other resources to learn more about handling their:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) health conditions and needs.	42	24%	71	41%	45	26%	15	9%	173
b) training and/or education.	41	24%	72	42%	35	20%	25	14%	173
c) employment, job training, and job search.	43	25%	64	37%	40	23%	25	15%	172
d) relationships with their family, partners, and/or children.	48	27%	74	42%	42	24%	11	6%	175
e) spiritual/religious interests and growth	19	11%	41	24%	53	30%	61	35%	174
f) emotional/mental health (e.g. isolation, stress, loss and grief, anger/resentment, etc.)	42	24%	69	39%	46	26%	18	10%	175
g) financial issues (e.g. debt, child support, public assistance, etc.)	37	21%	66	38%	47	27%	24	14%	174
h) legal issues (e.g. paternity, custody, divorce, expungement, etc.)	29	17%	60	35%	47	27%	37	21%	173
I) substance/drug treatment needs.	33	19%	63	37%	47	27%	29	17%	172
j) housing needs.	35	20%	66	38%	48	28%	23	13%	172
k) transportation.	34	20%	57	33%	46	26%	37	21%	174
l) childcare.	63	36%	61	35%	33	19%	17	10%	174

Roughly two thirds of the respondents reported that they do an excellent or good job of providing any of the above resources. Slightly more than one fourth said they do a fair job of providing any of the outlined resources. The remainder felt that they do not see these resources as being applicable.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Q17: The program assists fathers to strengthen their

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) sense of self worth.	36	21%	67	39%	43	25%	27	16%	173
b) communication skills.	35	20%	67	39%	42	24%	28	16%	172
c) problem solving and negotiation skills.	33	19%	61	35%	46	27%	32	19%	172

Organizations also indicated that they attempt to strengthen fathers' sense of self worth, communication skills, and problem solving skills. Between 41% and 45% of organizations selected "fair" or "N/A" for these three items.

Q18: With reference to Question 14 (developing goals and identifying resources), the program also recognizes fathers' efforts and progress in achieving their goals.

Excellent	%	Good	%	Fair	%	N/A	%	Count
34	20%	71	42%	32	19%	34	20%	171

Approximately 20% of agencies indicated that they do not see this as an applicable practice, and 19% said they were only doing a fair job of recognizing fathers' efforts and achievements.

Lessons Learned

Linking to opportunities and resources

There is more support needed at the agency level to help make information available to clients. Not enough agencies indicated that they do a good or excellent job of linking clients to resources.

Examples include:

- o Spiritual/religious interests and growth
- Legal issues
- o Transportation

Linking to opportunities and resources

Agencies should work to ensure that they recognize fathers' efforts because this can increase buy-in by positively reinforcing good work.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Parenting and Child Development

Q19: Fathers have opportunities to learn more about child development, including:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) fathers' impact on children's development.	70	42%	59	35%	31	18%	8	5%	168
b) bonding and attachment.	73	44%	54	32%	31	19%	9	5%	167
c) cognitive, physical, social and emotional learning, speech and language.	75	45%	57	34%	29	17%	6	4%	167
d) the value of play.	76	46%	55	33%	26	16%	8	5%	165
e) what children can do and at what age: appropriate expectations.	82	49%	53	32%	26	16%	6	4%	167
f) specific needs of boys and girls at different development stages.	65	39%	58	35%	31	18%	14	8%	168
g) the impact of change and/or instability (e.g. violence/trauma, grief, loss, separation, etc.)	63	38%	58	35%	34	20%	13	8%	168

Overall, agencies indicated they do a good or excellent job of helping fathers to learn more about child development. This includes fathers' impact on development, bonding, the value of play, social leaning, appropriate expectations, specific needs, and the impact of change or instability.

All child development-related items outlined received excellent or good ratings between 76% and 81%. The highest percentage of respondents selecting "not applicable" to any given item was 8%, and most items had only 4% to 5% of agencies indicating that they did not believe that the items were applicable.

Q20: Fathers have the opportunity to learn about and/or meet with specialists that are working with their child's development and/or behaviors

Excellent	%	Good	%	Fair	%	N/A	%	Count
65	40%	55	34%	27	17%	16	10%	163

Approximately 26% of agencies indicated that they only do a fair job or do not at all provide the opportunity for fathers to meet with child development specialists.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Q21. The program helps fathers link and reflect on how their parenting is impacted by:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) their values and feelings about themselves and their children.	36	22%	66	40%	40	24%	24	14%	166
b) their childhood and experience with their own father, other men in their family, mother, etc.	36	22%	56	34%	47	28%	28	17%	167
c) their relationship with their wife, partner, or the child(ren)'s mother.	34	21%	62	38%	46	28%	23	14%	165
d) cultural traditions and expectations about parenting.	30	18%	74	45%	38	23%	24	14%	166
e) their own ability to handle problems.	29	17%	71	43%	41	25%	25	15%	166
f) what is important to them as a parent.	41	25%	65	39%	40	24%	21	13%	167

Agencies were given the chance to discuss how well they help fathers reflect on different life circumstances, experiences, and relationships that might impact their parenting. The agencies were fairly equally split between whether they do an excellent or good job, and a fair job or do not address those items.

Q22. Program provides opportunities for juliers to enhance their parenting admites/skins related	nities for fathers to enhance their parenting abilities/ski	ills related to:
--	---	------------------

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) talking with their children (communication skills).	66	39%	60	36%	30	18%	12	7%	168
b) supporting their children's learning/ education.	66	39%	62	37%	28	17%	12	7%	168
c) positive play.	67	40%	64	38%	24	14%	12	7%	167
d) physical health and nutrition.	63	38%	67	40%	28	17%	10	6%	168
e) effective discipline methods.	61	37%	64	39%	28	17%	11	7%	164
f) nurturing their children's creativity and social, emotional, and spiritual development.	64	38%	62	37%	31	18%	11	7%	168
g) educating their children and adolescents on safety and sensitive issues, (e.g. sexual matters, alcohol/drugs, etc.)	35	21%	51	31%	40	24%	41	25%	167

Agencies also give fathers the opportunity to actively enhance their parenting abilities. The hope is that the parents are able to apply skills learned during agency activities to their everyday parenting.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Here, agencies said they feel more comfortable in their abilities to help fathers enhance parenting skills like communicating, nurturing education for their children, providing effective discipline, and maintaining physical health and nutrition. All items had a 75% to 78% excellent/good rating, except for the last one listed. Only 52% of agencies indicated that they do an excellent or good job of helping fathers educate their children about safety and sensitive issues. Overall, there is still room for improvement; on average, at least 7% of organizations indicated each item to not be applicable.

Q23. Program helps fathers understand and access specialized services/support within the educational system

Excellent	%	Good	%	Fair	%	N/A	%	Count	
34	21%	59	36%	31	19%	39	24%	163	

There was a 57% to 43% split between agencies that believed they are doing an excellent or good job of helping fathers understand and access specialized services and those who believed they are doing a fair job or didn't see this service as applicable.

Q24. Parent education and child development materials:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) incorporate fathers' perspectives.	43	26%	64	38%	39	23%	21	13%	167
b) incorporate fathers' and mothers' (grandparents', etc.) contributions to children's development.	54	32%	64	38%	33	20%	17	10%	168
c) includes male role models.	33	20%	60	36%	45	27%	29	17%	167
d) convey information fathers can use.	55	33%	61	36%	38	23%	14	8%	168
e) reflect the culture and child-rearing practices of fathers and families.	42	25%	66	40%	36	22%	22	13%	166
f) engage and motivate fathers.	41	25%	61	37%	45	27%	18	11%	165

Agencies were asked to self-report how well their parent education and child development materials incorporated fathers' perspectives, included male role models, and provided other features that pertained to fathers as well as to other parental figures. A slight majority of respondents answered that they do an excellent or good job of meeting any given item outlined above (56-70% on average).

Q25: Fathers are involved in reviewing and adapting curricula and materials for programs.

Excellent	%	Good	%	Fair	%	N/A	%	Count
11	7%	40	25%	53	33%	59	36%	163

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Only one fourth of agencies indicated that they were doing a good or excellent job of involving fathers in curricula review and adaptation. Approximately one third reported that they do not do this at all.

Lessons Learned

Fathers' learning about child development

Overall, agencies have indicated they do a good or excellent job of teaching fathers about various areas of child development, such as paternal impact on child development, bonding, the value of play, social learning, appropriate expectations, specific needs, and the impact of change or instability.

Curriculum review

More needs to be done to involve fathers in curriculum review and development, as they can offer important perspectives that might not have otherwise been considered when designing programs and activities.

Meeting with specialists

If agencies are unable to provide opportunities for their fathers to meet with specialists, they might consider partnering with other organizations that do offer that opportunity.

Reflecting on parenting

Strategies should be adopted to ensure that more agencies help to offer introspective activities for fathers to reflect on how their parenting is impacted by their own history, experiences, and cultural traditions.

Father-Child Activities

Q26: Father-child activities that are provided by the program:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) are fun, enriching, and educational.	55	33%	65	39%	17	10%	30	18%	167
b) are age appropriate.	63	38%	59	35%	15	9%	30	18%	167
c) encourage problem-solving.	48	29%	70	42%	19	11%	29	17%	166
d) draw out cultural richness.	40	24%	62	37%	33	20%	32	19%	167
e) build children's social and emotional development.	63	38%	57	34%	18	11%	29	17%	167
f) encourage community service.	30	18%	51	31%	42	26%	41	25%	164

Organizations were more likely to indicate that they do an excellent or good job of providing fun and enriching, age-appropriate activities that encourage problem-solving and build social and emotional development (71 % to 73% for each item). They were less likely to indicate that they are doing an

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

excellent (49%) or good (61%) job of providing activities that encourage community service or that draw out cultural richness.

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) a strong self-identify and feeling of self-worth.	48	29%	67	40%	30	18%	21	13%	166
b) strong cultural and family identity.	39	23%	71	43%	32	19%	24	14%	166
c) a sense of personal responsibility.	47	28%	66	40%	33	20%	20	12%	166
d) communication and negotiation skills.	44	27%	66	40%	34	20%	22	13%	166
e) understanding of own feelings and feelings of others.	45	27%	63	38%	37	22%	21	13%	166
f) a sense of belonging and accomplishment.	47	28%	63	38%	35	21%	20	12%	165
g) critical thinking and problem-solving skills.	43	26%	61	37%	43	26%	19	11%	166
h) a value of education and goal setting skills.	56	34%	59	36%	32	19%	18	11%	165
i) healthy eating and hygiene habits.	43	26%	71	43%	39	24%	12	7%	165
 j) an understanding of child development and caring for younger children. 	64	39%	58	35%	29	17%	15	9%	166

Q27: The program provides developmentally appropriate opportunities for father-child relationships to build:

The surveyed organizations also seek to help fathers build numerous skills and habits such as a sense of personal responsibility, communication and negotiation skills, and cultural and family identity. Other skills and attributes are listed in the table.

A majority of agencies (63% to 74%) indicated that they do a good or excellent job of providing any of the above skill-building opportunities for fathers. The item with the lowest percentage of excellent/good ratings was the provision of critical thinking and problem-solving skills (63% excellent/good), while the item with the highest percentage excellent/good ratings was the provision of an understanding of child development and caring for younger children (74% excellent/good). Aside from providing opportunities to build healthy eating/hygiene and building understanding of child development, all other items were listed as not applicable by 11% to 15% of agencies.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Q28: The program provides father-children activities that:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) allow fathers and children to learn and have fun together.	63	39%	50	31%	22	13%	28	17%	163
b) enhance father-child relationships.	66	40%	49	30%	23	14%	27	16%	165
c) enhance father-child communication.	62	38%	53	32%	22	13%	28	17%	165
d) strengthen ability to resolve conflicts.	45	27%	60	37%	30	18%	29	18%	164

Approximately two thirds of agencies indicated that they provide father-children activities that allow fathers and children to learn, enhance those relationships and communication, and strengthen abilities to resolve conflicts. Of note, 16% to 18% of respondents indicated that any given item outlined was not applicable to their agency.

Q29: The program provides opportunities for all family members to participate with their children.

Excellent	%	Good	%	Fair	%	N/A	%	Count
84	51%	55	33%	15	9%	12	7%	166

Of those surveyed, over 84% believed that they are doing either an excellent or good job of providing opportunities for all family members to participate with their children.

Lessons Learned

Providing father-child activities

More investigation should be done to determine how agencies can better incorporate fatherchild activities. This will help strengthen relationships between children and their fathers. Improvement should especially be centered around:

- Encouraging community service
- Drawing out cultural richness

Providing opportunities for all family members to participate with their children is one area where surveyed agencies excel. Agencies should continue to make efforts to ensure that they provide these opportunities for all family members.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Support for Fathers and Families

Q30: The program assists fathers in strengthening their relationship with their wife, partner, the children's mother, or primary caretaker of their children by providing opportunities to learn and practice:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) positive communication skills.	35	21%	59	36%	44	27%	27	16%	165
 b) sharing parenting responsibilities; respecting each parent's role and contributions. 	41	25%	55	33%	45	27%	25	15%	166
c) setting goals together for their children.	45	27%	57	35%	38	23%	25	15%	165
d) negotiation and conflict resolution.	32	19%	56	34%	47	28%	30	18%	165

Slightly over half of agencies surveyed indicated that they do a good or excellent job of assisting fathers in strengthening family relationships by providing opportunities to learn and practice various coparenting skills. In contrast, slightly under half reported that they do a fair job or do not provide these opportunities to learn and practice different communication, goal building, negotiation, and collaboration skills.

Q31: Fathers have the opportunities to lead activities, as well as provide feedback as to whether the programs are meeting the needs of their personal and family goals.

Excellent	%	Good	%	Fair	%	N/A	%	Count	
24	14%	65	39%	42	25%	35	21%	166	1

Approximately 54% of organizations indicated that they do a good or excellent job of giving fathers the opportunity to lead activities and provide feedback about those activities. However, the remaining half were nearly split between indicating that they only do a fair job (25%) and stating that they do not provide this opportunity at all (21%).

Q32: The program provides or connects fathers to child care or respite care upon request

Excellent	%	Good	%	Fair	%	N/A	%	Count
32	20%	68	41%	30	18%	34	21%	164

Approximately 61% indicated that they do a good or excellent job of connecting fathers to child or respite care when needed. An additional 18% indicated that they do a fair job of linking fathers to care, while the remaining 21% do not see this as an applicable practice or do not provide care.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Q33: The program helps fathers meet/get to know each other, discuss common interests, and have fun
with other fathers through activities such as: family outings, special events, etc.

Excellent	%	Good	%	Fair	%	N/A	%	Count
28	17%	47	29%	42	26%	45	28%	162

Of agencies surveyed, 26% indicated that they do a fair job of helping fathers meet and get to know one another, while 28% indicated that they do not do this at all. Only 17% believed that they do an excellent job.

Q34: The program provides opportunities and support for fathers to contribute or "give back" to the program and community.

Excellent	%	Good	%	Fair	%	N/A	%	Count	
17	10%	52	32%	40	24%	55	34%	164	Ì

Almost 60% of organizations surveyed stated that they only do a fair job of giving fathers the opportunity to "give back" to the community or do not do so at all.

Q35: The program helps fathers navigate the education system, build rapport with teachers, and develop effective communication with their children's school.

Excellent	%	Good	%	Fair	%	N/A	%	Count
35	21%	59	36%	28	17%	43	26%	165

A somewhat similar response pattern for this question was observed relative to the pattern for Question 23 (the program helps fathers understand and access specialized services/ support within the educational systems). Here, 43% indicated that they do a fair job of or do not help fathers navigate the education system.

Q36: The program celebrates fathers' participation, accomplishments, and contributions.

Excellent	%	Good	%	Fair	%	N/A	%	Count
39	23%	67	40%	29	17%	31	19%	166

Approximately 64% of those surveyed indicated that they do a good or excellent job of recognizing the accomplishments and contributions of their fathers. For the agencies that indicated otherwise, steps should be taken to improve opportunities for recognition. This might result in higher satisfaction, better buy-in, and improved participation and outcomes for fathers.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Lessons Learned

Strengthening Relationships through Skill Building

Various agencies should closely consider the importance of co-parenting skill building for fathers.

Fathers Leading Activities and Providing Program Feedback

Building fathers' leadership skills can help to increase positive relationships between family members. Those agencies not working to increase fathers' leadership skills might need support to do so.

Providing fathers the opportunity to lead activities may increase satisfaction and give fathers a sense of ownership when parenting and when participating in program activities.

Opportunities for Fathers to Meet

More effort should be made to identify the organizations that would be best suited to provide activities for clients to get to know one another.

It is important that fathers believe that they have a community of peers to connect with. Organizations may need technical assistance and other resources to facilitate these kinds of activities.

Providing or connecting to child care

Organizations that are unable to provide child care might consider partnering with other child care agencies.

"Giving Back" to the Agency and Community

Providing community service activities could also help organizations give their clients more opportunities to get to know one another and to discuss common interests. It is also important that opportunities for reciprocity be provided because this serves as an important mechanism for empowering and encouraging engagement.

Navigating the School System and Building Rapport with Teachers

Agencies should consider referring fathers to organizations that provide assistance with the educational process if the agencies surveyed cannot provide this service themselves.

Celebrating Fathers' Participation, Accomplishments, and Contributions

Organizations should take steps to improve opportunities for recognition. This might result in higher satisfaction, better buy-in, and improved participation and outcomes for fathers.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Program Operation/ Evaluation

		%	Good	%	Fair	%	N/A	%	Count
a) increase their understanding and responsiveness to fathers and their families.	27	16%	63	38%	41	25%	36	22%	167
b) jointly plan events and programs together.		12%	53	32%	46	28%	47	28%	165
c) address issues and barriers fathers and their families face in the community.	18	11%	65	39%	41	25%	42	25%	166

Q37: The program works with other agencies, community services, and local planning groups to:

Only 11% to 16% of organizations surveyed indicated that they do an excellent job of working with other agencies. Of those surveyed, 46% to 56% indicated that they only do a fair job or do not work with other agencies to increase responsiveness, jointly plan events, or address issues and barriers fathers and families face.

Q38: Staff reflect the racial, ethnic, linguistic, and cultural heritage of fathers and families served.

Excellent	%	Good	%	Fair	%	N/A	%	Count
47	29%	66	40%	38	23%	13	8%	164

Approximately 69% of agencies indicated that they do a good or excellent job of reflecting the various cultures, races, ethnicities, and languages of fathers and families served. Another 23% stated that they do a fair job of reflecting these cultures, races, ethnicities, and languages. Only 8% did not believe that reflecting the diverse backgrounds of clients was an applicable activity.

Q39: Fatherhood activities/services connect with o	r are integrated into the overal	program/ agency.

Excellent	%	Good	%	Fair	%	N/A	%	Count
29	18%	58	36%	50	31%	25	15%	162

Respondents were equally split between those who stated that they do an excellent or good job (54%) of integrating fatherhood activities and services into the overall program and those who believed they do a fair job or do not achieve that integration (46%).

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Q40: Staff are knowledgeable and skilled in gender-sensitive areas such as:

	Excellen t	%	Good	%	Fair	%	N/A	%	Count
a) men's and women's learning styles.	34	20%	63	38%	48	29%	21	13%	166
b) men's and women's communication styles and cross-gender communication.	33	20%	64	39%	47	28%	22	13%	166
c) paternal and maternal parenting styles.	36	22%	69	42%	44	27%	17	10%	166
d) ethnic and cultural values/expectations regarding roles and relationships.	40	25%	71	44%	36	22%	16	10%	163

Between 58% and 68% of agencies self-reported that they do a good or excellent job of having available knowledgeable and skilled staff in gender-sensitive areas involving learning styles, communication styles and cross-gender communication, parenting styles, and ethnic and cultural values. Of the remaining agencies, more indicated that they do at least a fair job of providing skilled staff in these areas (22% to 29%) than agencies that did not see this as applicable (10% to 13%).

Q41: Ongoing training is provided to all staff on engaging and working with fathers, and on issues affecting fathers and their families.

Excellent	%	Good	%	Fair	%	N/A	%	Count	
20	12%	52	32%	55	33%	38	23%	165	

Results indicated that a slight majority of agencies (56%) stated that they do a fair job of providing ongoing training for staff on working with fathers, or do not provide it at all. There appears to be a lack of staff training particularly focused on working with fathers.

Q42: The program evaluates staff on a wide range of abilities including working with fathers.

Excellent	%	Good	%	Fair	%	N/A	%	Count
20	12%	61	37%	42	25%	42	25%	165

A majority of agencies (51%) indicated that they do a fair job of evaluating staff on a wide range of abilities including working with fathers, or do not evaluate staff with respect to these abilities. Of the remainder, 12% reported that they do an excellent job, and 37% stated they do a good job of evaluation.

Q43: Fathers who have completed the program are recruited to work as mentors, recruiters, group facilitators, etc.

Excellent	%	Good	%	Fair	%	N/A	%	Count
5	3%	27	16%	42	26%	90	55%	164

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Only 20% of agencies indicated that they do a good or excellent job of recruiting fathers who have completed the program to work as mentors or group facilitators. Approximately 26% indicated that they do a fair job, while the majority (55%) indicated that this is not something that they do.

Q44: The program routinely collects, analyzes, and uses information from satisfaction surveys from fathers/families and participating children to make programmatic adjustments.

Excellent	%	Good	%	Fair	%	N/A	%	Count	
30	18%	56	34%	31	19%	49	30%	166	

Of those organizations surveyed, 52% reported that they do a good or excellent job of surveying fathers and family members to collect information for program improvement. About 30% said they do not see this as applicable to their agency.

Q45: The program routinely surveys fathers about how the program has impacted their sense of wellbeing, their ability to manage, their knowledge and use of community resources, their parenting skills, attitudes, and knowledge.

Excellent	%	Good	%	Fair	%	N/A	%	Count
13	8%	41	25%	42	26%	67	41%	163

Fewer programs said they are likely to survey fathers about their improved well-being when that surveying was not related to programmatic evaluation. Roughly 26% of agencies stated that they do a fair job of surveying fathers about the impact of the program on their lives, while another 41% said that they do not survey fathers at all.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Lessons Learned

Program Collaboration

Organizations should consider collaborative efforts that leverage agency and community resources and mutually reinforce efforts that advance the work of father involvement and engagement.

Reflecting Racial, Ethnic, Linguistic, and Cultural Heritages

Efforts to reflect racial, ethnic, linguistic, and cultural heritages are promising. It is critical that these be considered when working with fathers and their families. Understanding the gender, ethnic, linguistic and cultural context for engaging fathers in their communities is essential to success. Staff training in language and learning styles is fundamental to building fatherhood and strengthening families.

Connecting Fatherhood Activities to the Overall Program

Agencies might consider that better integration of fatherhood services into their overall programs could lead to more effective leveraging of resources and supports for fathers, agency-wide, which could improve outcomes for fathers and their families.

Providing Ongoing Training for Staff

There appears to be a lack of focus on staff training particularly focused on working with fathers. Organizations appear to be in need of additional technical assistance and training.

Evaluating Staff

It is very important that staff be given the necessary support, technical assistance, and training to better assist fathers.

Once that training is in place and is working well, staff should be held accountable in their efforts to work effectively with fathers and their families.

Recruiting Fathers to Work as Mentors, Recruiters, Facilitators

Agencies that are not involving fathers as mentors, recruiters, and group facilitators should consider doing so. This is potentially a low cost mechanism for building programming in support of engagement and father involvement.

Surveying Fathers

Agencies should consider increasing surveying to determine how the program has helped fathers and to make programmatic adjustments based on feedback received.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Resource Allocation and Availability

Q46: How much money is allocated in your current yearly budget for programs/ initiatives focused on engaging fathers?

Amount/Response	Count	%
0	29	29%
Minimal	3	3%
1 to 2,000	11	11%
2,001 to 5,000	1	1%
5,001 to 10,000	0	0%
10,001 to 20,000	2	2%
20,001 to 50,000	1	1%
50,001 to 70,000	1	1%
3% to 5% of program budget	3	3%
0 specifically for fathers built into overall budget	23	23%
Not sure	20	20%
N/A	5	5%
Total	99	

The survey asked organizations how much money they allocate in their current yearly budget for programs and initiatives focused on engaging fathers. Of all the questions presented, this one was the least answered. One-half (99) of respondents replied, while one half (96) respondents did not. Of those who did respond, almost one third mentioned that they are not able to allocate any money to fatherhood initiatives while one fourth indicated that they extract resources from their overall budget in order to support fatherhood engagement work. One fifth of respondents were not sure how much they spend on fathers. Those who indicated a specific dollar amount were most likely to spend between \$1 and \$2,000 per year (11% of respondents).

Lessons Learned

Most programs do not appear to commit resources to fatherhood engagement. Those that do spend very little on it.

There might not be a lot of incentive to track resource spending for father support.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Focus Group Discussions

Four focus groups with fathers, mental health experts, and service care providers were held to gain further insight. Participants were asked the four questions bolded below. Participants' answers were categorized based on broad themes, and these themes are outlined in numbered bullets. Whenever possible, an attempt was also made to match these themes to the questions asked in the initial survey. Original survey question numbers are in bold next to the themes that they match. For example, the theme "marketing materials and strategies focused on fathers" is related to question four of the original survey: "how well do outreach materials for fathers achieve the following?"

From your experience, what are the most effective practices or approaches that you or others have used in terms of supporting and promoting positive engagement of fathers that would lead to positive health outcomes for mothers and children?

Among the focus groups, five major themes emerged with regard to effective practices that will promote father engagement:

- Marketing materials and strategies should be focused on fathers. (Q4; 5; 6d; 8; 24) Suggestions included gearing materials more toward the fathers, and including more images of fathers and father-specific information in brochures.
- 2. More effectively engage fathers in care visits for the mother. (12; 18; 20, 36; 39)

Focus group participants offered a number of thoughts on this topic and felt that, broadly, it is important to create an environment where fathers feel welcome, engaged, and are encouraged to participate. The fathers might feel more engaged in the process when care providers are able to include the fathers' cell phone numbers in the contact information so that fathers can also receive notifications of appointments. Engaging the fathers in conversation during the appointment makes the fathers feel welcome. Giving tasks also helps fathers feel responsible for promoting the well-being of the mother to be. An example of a task could be to ensure that the mother to be is drinking an adequate amount of water each day. Fathers can be employed to report back to providers if they are noticing behaviors that the mother should be engaging in but are not currently doing.

Congratulating fathers and ensuring that they receive recognition for their efforts and achievements is important.

3. Provide programming specific to fathers. (6; 19; 33)

Engaging fathers in assessments can be helpful. For example, it might be effective to ask whether he has a health care provider of his own, to discuss co-parenting, and to encourage him to participate in prenatal and parenting classes.

Fathers may be more responsive toward curricula that focus more specifically on fathering than on parenting in general.

Programming should be designed to address the fact that in certain circles, the parents might be less likely to be a couple even though they have a child together.

4. Increase education and outreach. (6; 10; 14; 16; 24)

Education about navigating family issues is important. For example, fathers may need to learn how to become more empowered when they are not allowed by the mother's family to be a part of the child's development. They might also need to see how ignored

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

or mismanaged child support can become a large barrier to engagement between the two parents.

Others need assistance with parenting, learning about child development, and addressing cooperation and conflict resolution.

 Provide simplified, easy to understand instructions, and take more time to meet with fathers. Some participants pointed out the need to be as simple and clear as possible when providing instructions to fathers at care visits for the mother.

Both care providers and fathers recognized that the time allotted to care visits is often not adequate to ensure all issues were addressed.

Lessons Learned

Provide marketing and programming specific to fathers

Marketing materials may be less likely to focus on fathers. Providing brochures which are geared toward fathers, and feature images of them, is one idea that may help motivate fathers and make them feel more included.

Fathers may be more likely to respond to programming that focuses specifically on fathering rather than on general parenting.

Engage fathers in care visits and providing easy-to-understand information

Include fathers' cell phone number or contact information in records. Fathers should be alerted of appointments and updates.

During care visits for the mother, giving the father tasks to perform outside of appointments may give them a better sense of responsibility. An example of a task could be to ensure the mother drinks enough water per day.

The provision of simplified, easy to understand instructions during care visits might lead to better outcomes.

Increase education and outreach

Fathers and families may need information on parenting and child development. It is also important to help fathers navigate family issues, and to strengthen their cooperation and conflict resolution skills.

From your experience, what would you characterize as some of the most significant barriers to getting fathers engaged and to supporting their positive roles in promoting good outcomes for the mother and children?

The following seven themes emerged during focus group discussions.

- 1. Some clients lack education in certain areas. (19; 23, 26-29)
 - Fathers may need help to navigate being a parent in a nuclear or split environment, to understand how to apply for benefits, and to understand the importance of seeking regular medical care for themselves.
- 2. Financial barriers include transportation and housing. A lack of education and a criminal record were noted as specific barriers to financial well-being. (9; 11; 16; 32)
- 3. There can be a lack of trust and comfort among fathers when it comes to interacting with service providers and attending appointments. (15; 38)

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Service care providers mentioned that it can be more effective to engage fathers in a non-clinical setting. Some focus group participants stated that they are more likely to get care for themselves only when they are familiar with a clinic or specific provider. They felt that trust has to be developed before they feel comfortable with a provider. Other issues that can lead to a lack of trust among fathers are feelings that a lack of proper insurance will lead to inadequate care, and the thought among some fathers that going to care appointments with the mother will mean that he will be reported for not paying child support.

4. Family barriers include a lack of trust and a lack of information sharing between parents who are no longer together. (15; 17; 30)

Examples include a need to get even with an ex-partner, an adversarial approach to custody or child support where one person "wins" in court, and/or the mother or her family who do not allow the ex-partner to be involved in the care of the child even when the father wants to.

5. There can be a lack of focus on fathers at care visits. (4; 5; 6d; 8; 24)

Literature and brochures don't often mention or feature fathers, or explain benefits that the fathers can pursue. The structure of the care setting typically ensures that medical practitioners are unable to spend as much time focused on the father as on the mother. The names of some social service programs can also suggest that they do not serve fathers, even if they actually do. An example is WIC (Women, Infants, and Children).

6. Structural and societal issues may play a role. (21; 30)

Examples shared by participants included a lack of societal acknowledgement that the nuclear family is not as common as it once was, the occasional persistence of dysfunctional parenting across generations, and the idea that single fathers are unable to manage by themselves.

7. Some fathers fail to acknowledge or take responsibility. (34)

Some fathers are unwilling to pay child support, may have several children without the financial means to do so, or don't realize that they have an equal responsibility in the development of their child.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Lessons Learned

Some clients lack education and have financial barriers

Fathers might need help understanding how to apply for benefits, in addition to being reminded about the importance of seeking regular medical care for themselves. Agencies may want to determine how to provide transportation assistance to appointments to those who need it. Referrals to other agencies for housing and job assistance would also be helpful.

Structural and societal issues persist, including family barriers

Nuclear families are not as common as they used to be. Dysfunctional parenting sometimes persists across generations. Therefore, more focus should be provided for both parents on how to raise children if they are no longer a couple.

Some fathers fail to take responsibility and provide child support. Involving them in care visits might help them better understand the importance of their role as a parent.

There can be a lack of focus on fathers at care visits and low client trust

Fathers may be more likely to trust care providers if they feel more included in visits. Some fathers share more with social service providers than with physicians, so collaboration between social service providers and physicians might be necessary.

More research should be done on how to address fathers' distrust of care providers.

What roles and responsibilities should health care and service professionals assume in engaging fathers? Should they have roles?

The following themes emerged with respect to roles and responsibilities that health care and service professionals should assume in engaging fathers:

1. Ensure patients and fathers have understood the instructions and information that providers conveyed in the appointment.

Prenatal visits can sometimes be the first instance where fathers receive information about healthy parenting.

Care providers stated that they often spend time debunking incorrect medical or parenting views held by the patients. Some providers said it is helpful to ask the parents to repeat instructions to ensure that they understand them.

- 2. Provide a trusting environment and a caring demeanor. (38)
 - Fathers in focus groups said that the tone of the service provider and the feeling that the provider cares can go a long way.
- 3. During the mother's appointments, engage fathers (at the very least) by inquiring about some of their medical history.

At least one service provider saw this as important, as it can establish a road map for any genetic issues the child might have down the road.

4. Insurance and funding structures need to change before other improvements can be made to service. **(46)**

Insurance and funding structures typically dictate short appointments where providers cannot address everything that they need to in 15 minutes. The system is also not adequately set up to reimburse for preventive care, or to ensure that patients who fall just outside of income limits do not slip through the cracks.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Funding from the state for outreach programs would be helpful, in addition to updated, current outreach materials.

- 5. Inter-agency collaboration would be helpful. (6c; 7; 20; 37)
 - Some patients tell case managers more than they tell their physicians, so collaboration is important.

Agencies may be less likely to collaborate due to competing priorities.

Lessons Learned

Provide a caring demeanor and ensure information is understood

Fathers indicated that the tone of the care provider can increase their level of trust. Care providers should provide instructions in a manner that anyone can understand, regardless of education. Asking patients to repeat instructions ensures that they understand what was conveyed.

Increasing inter-agency collaboration

Because some fathers tell case managers more than they tell their physicians, agencies should make sure that they are sharing information whenever legally and ethically possible. Increasing collaboration could be one way to address funding and insurance barriers.

Push for changes to funding structures and insurance

Greater funding from the state level for outreach programs and updated outreach materials might increase father participation and ensure better outcomes.

Care providers expressed frustration with appointment time limits. Some stated that a 15 minute appointment does not enable them to focus on fathers at all.

What kinds of tools, support, or assistance, if any, do health care or other providers need to grow their efforts to promote fatherhood engagement and better outcomes for mothers and children? There were six major topics that emerged with regard to tools, support, or assistance. Care providers need to increase their efforts in these areas to promote fatherhood engagement.

- 1. Family planning, birth control, and father well-being is important. (10f)
 - Less emphasis is placed on birth control from the male perspective. Education is important for potential fathers to realize that they have to protect themselves first when it comes to guarding against pregnancy and diseases. Family planning should start in at a high school level.

Depression screening for fathers was also mentioned as an important component of ensuring well-being.

2. There must be more opportunities to build trust and relationships with fathers, and to advocate for them. (12; 13; 40-42)

There should be opportunities to build trust, yet providers cannot engage fathers who do not show up to appointments.

Some providers discussed the need for customer service, relational skills, and racial sensitivity training for staff.

- 3. Provide more time to meet with patients and increase practitioner receptiveness. (9)
- More staff and interagency collaboration might improve and increase referrals. (6c; 7; 10h; 20; 37)

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Focus group participants mentioned specific ideas: male peers or advocates, staff to help with referrals to different services like workforce assistance, counselors, and referrals to higher education.

 Ideal service provision includes the ability to identify and overcome existing barriers. (11; 44; 45) Small, tangible incentives might increase participation in father-focused discussion groups.

Focus group participants mentioned the need to determine best practices such as engaging dads in home visits, wrapping fatherhood engagement around services already being provided, and determining how to keep both parents involved in the care of the child when HIPAA regulations can prevent unmarried fathers from accessing their child's healthcare information.

6. Promote better education. (10; 19; 22; 23, 26-29)

Early prevention is important in medical care for fathers, but many of them do not seek routine care like they should.

Focus groups spanning different age groups could be helpful.

Lessons Learned

Provide a caring demeanor and ensure information is understood

Males need a better focus on birth control from their perspective. Physical health check-ups and depression screenings promote father well-being.

Male focus groups spanning different generations could increase awareness that early fatherhood is a choice; not an inevitability.

Increase inter-agency collaboration

Because some fathers tell case managers more than they tell their physicians, agencies should make sure that they are sharing information whenever legally and ethically possible. Increasing collaboration could be one way to address funding and insurance barriers.

Increase visit times and find other ways to improve client trust

Longer visits would ensure more of a focus on fathers, but some care providers noted that fathers need to come to appointments in the first place.

Some providers might benefit from skills training in areas like customer service, relational skill building, and racial sensitivity.

Overcome service barriers and increase inter-agency collaboration

Male peers or advocates could ensure that fathers are referred to services like workforce development and counseling.

Incentives like gift cards can increase father participation.

Wrapping father engagement around the services already provided to mothers might be the most efficient and cost-effective way to increase focus on fathers.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Recommendations

This study has produced the following recommendations for practitioners and service providers when considering work with fathers and their families:

Community Outreach

- Provide information about agency programs in areas frequented by fathers and their families. Provide marketing materials that focus specifically on fathers.
 - Employ various methods of outreach, such as speaking at local businesses and events.
 - While longer care visits would be helpful to provide more focus on fathers, some fathers need to be encouraged to come to appointments in the first place.

Working with Individual Fathers

- Link clients to resources like legal services, training opportunities, and spiritual groups. Help fathers gain information about counseling, mentors, and volunteering.
- Provide information on parenting, child development, navigating family issues, cooperation, and conflict resolution.
- Help fathers understand how to apply for benefits, and the importance of seeking regular medical care for themselves.
- Provide for men a better focus on birth control from their perspective. Physical health check-ups and depression screenings promote fathers' well-being.
- Make available male focus groups spanning different generations to promote well-being. Ensure the recognition of fathers' efforts.
- When permitted, include fathers' phone numbers in records to ensure they are apprised of appointments and updates.
- Provide opportunities to focus on fathering rather than just on general parenting. Encourage an increased sense of responsibility for fathers.
- Fathers indicated that the tone of the care provider can increase their level of trust. Provide instructions in a manner that anyone can understand, regardless of education. Ask patients to repeat instructions to make sure that they understand what was conveyed. Perform more research to determine how to address fathers' distrust of care providers.

Parenting and Child Development

- Continue helping fathers to learn more about child development.
- Help fathers reflect on how their parenting is impacted by their history, experiences, and cultural traditions.
- Involve fathers in curriculum review and development, as they can offer important perspectives. Partner with other agencies when unable to provide a specific service needed.

Father-Child Activities

Find opportunities to encourage activities that strengthen father-child relationships. Continue providing opportunities during agency visits for all family members to participate with their children.

Support for Fathers and Families

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Various agencies should consider the importance of co-parenting skill building as it relates to fathers.

Provide focus on how to raise children for parents that are no longer a couple. Help fathers develop leadership skills through the leading of some agency activities.

Introduce activities for fathers to get to know one another.

Include community service activities to encourage engagement and empowerment.

Provide transportation assistance and referrals to other agencies for housing and job assistance. Male peers or advocates could ensure that fathers are referred to services such as employment assistance and counseling.

When unable to provide child care, consider partnering with other child care agencies. When needed, refer fathers to organizations that provide assistance with their child's educational needs.

Take steps to increase opportunities for recognition of the role that fathers play. During care visits for the mother, give the father tasks that will encourage positive outcomes during her pregnancy. An example is making sure the mother drinks enough water per day. Provide simplified, easy to understand instructions during care visits.

Program Operation/ Evaluation

When working with families, keep in mind gender, racial, ethnic, linguistic, and cultural heritages. Provide staff training in these areas.

Provide skills training for staff in areas including customer service and relational skill building. Periodically evaluate staff on their efforts to work effectively with fathers and their families. Integrate fatherhood services into overall program offerings to better leverage resources. Provide inter-agency collaborative efforts that reinforce father involvement and engagement. Because some fathers tell case managers more than they tell their physicians, share information whenever legally and ethically possible.

Involve fathers as mentors, recruiters, and group facilitators to support engagement. Survey fathers for feedback and to make programmatic adjustments.

Provide incentives like gift cards to increase fathers' participation.

Agency Funding

Commit more resources toward fatherhood engagement, and track resource spending. Greater funding from the state level for outreach programs and updated outreach materials would be helpful.

Appointment time limits do not allow for care providers to focus much on fathers. More needs to be done to figure out how to navigate this issue.

Increase inter-agency collaboration to address funding and insurance barriers.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT
References

A Closer Look: An Examination of African American Men in Illinois. Illinois Taskforce on the Condition of African American Men in Illinois-Final Report. Prepared by the Illinois Department of Human Services June 2009

Kreider, R. M. (2007). Living Arrangements of Children: 2004. Current Population Reports, 70-114. Washington, DC: U.S. Census Bureau.

Martin, L., McNamara., M., Milot, A., Halle, T., Hair, E. (2007). The Effects of Father Involvement during Pregnancy on Receipt of Prenatal Care and Maternal Smoking. Maternal Child Health Journal, 11, 595–602.

Mincy, R. and Sorensen, E. (1998). Deadbeats and Turnips in Child Support Reform. Journal of Policy Analysis and Management, 17: 44-51.

Moore, T., Kotelchuck, M. (2004). Predictors of Urban Fathers' Involvement in Their Child's Health Care. Pediatrics. 113, 574-580.

Office of Family Initiatives. Office of the Attorney General of Texas. (2008). *The First Nine Mothers of Fatherhood: Paternal Contributions to Maternal and Child Health Outcomes*. A Report of the Findings from the First National Conference of Emerging Research and Practice on Prenatal Father Involvement. Retrieved January 10, 2009, from <u>http://www.oag.state.tx.us/cs/publications_cs.shtml</u>.

Stanley, J. Mortality Risk for Black Infants Nearly Triples that of Whites in Illinois. Medill Reports Chicago. May 1, 2014.

Vogel, C., Boller, K., Faerber, J., Shannon, J., Tamis-LeMonda, C. (2003). Understanding Fathering: The Early Head Start Study of Fathers of Newborns. Mathematica Policy Research, Inc. Available at: http://www.mathematica-mpr.com/earlycare/fatheroverview.asp

Wolfberg, A., Michels, K., Shields, W., O'Campo, P., Bronner, Y., Bienstock, J. (2004) Dads as Breastfeeding Advocates: Results from a Randomized Controlled Trial of Educational Intervention. American Journal of Obstetrics and Gynecology. 191(3), 708-12

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Fatherhood and Family Strengthening Practice Survey Tool

Fathers, Families & Healthy Communities Copyright, 2010

Father involvement is critical to a child's long-term growth and development. Increased positive father involvement and engagement will create greater opportunities for fathers to make a significant contribution to their children's healthy growth and development. Fathers vary in expectations about their roles and the goals they have set for parenting and child development activities. These varying expectations need to be considered and responded to as efforts are made to support a range of father involvement opportunities.

This tool promotes **strength-based service delivery strategies** in support of families and fathers. Family supportive organizations, agencies, and networks should have a strong interest in building capacity to include fathers in productive and healthy ways. This tool can help create dialogue among staff, identify areas of focus and help evaluate current activities. How do programs consider and reinforce fathers' involvement in programs, services, and community activities?

This self-assessment tool organizes a set of basic considerations needed to develop or improve a program that serves the needs of both fathers and mothers.

The assessment tool is divided into 5 sections:

- 1. engagement/outreach
- 3. working with individual fathers
- 4. parenting and child development
- 5. support for fathers
- 6. program operations and evaluations

Length of time to complete survey. 30-40 minutes

Targeted Agencies: We encourage agencies that are providing social service and or health/wellness services to mothers, children and/or fathers to complete this survey. (Examples: local health departments, hospitals, non profit organizations, community service groups, community health centers, FQHCs, rural health clinics, faith-based organizations, volunteer organizations, healthcare foundations, schools, and school based health centers.

Targeted Staff: Administrators and/or Program Directors

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Program to Assess: Any/all agency programs that target the whole family to improve the health outcome of the mother and child.

Goal of Assessment: To identify challenges and opportunities with respect to the engagement of fathers as active stakeholders along with mothers and children in the delivery of programs and social services. The information from this exploration is intended to be used to highlight insights, strategies, and thinking related to resource leveraging and development that might make it easier for programs and family serving systems to embrace the engagement of fathers. It is also hoped that the sharing of survey results will stimulate an open dialogue about father engagement efforts and facilitate the development of a community of practice around father engagement.

Outreach Materials

1. What type of organization best fits the agency you represent?

Other (please specify)

2. What is the population range of the community your agency serves?

3. What county/counties does your agency serve?

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

4. Outreach Materials for Fathers:

	Excellent	Good	Fair	N/A
a) describe ways that fathers and their children can be involved with the program.	0	0	0	0
b) describe ways that the program contributes to strengthening the fathers' relationships with their children.	0	0	0	\bigcirc
c) include images of fathers and families from cultures/ethnicities in the community.	\bigcirc	0	0	0
d) are expressed in languages that appeals to fathers and families	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) are written in the languages spoken by fathers and families in the community.	\bigcirc	\bigcirc	\bigcirc	0
f) provide specific information about services, activities, and hours.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
g) provide information about fees and scholarships.	\bigcirc	0	\bigcirc	0
Comments/Examples				

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

5.	Information about the program is placed in locations, other organizations, businesses, and media
outlets	that are popular with fathers and families (ex: recreation centers, sporting events, barber shops,
home i	mprovement/auto parts stores, etc.)

Excellent	Good	Fair	N/A
\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples			

6. Staff reach out to fathers in a variety of ways, such as:

	Excellent	Good	Fair	N/A
a) sponsoring father friendly activities.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) speaking at local businesses, events.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) collaborating with other programs, services and/or organizations.	\bigcirc	\bigcirc	0	\bigcirc
d) including fathers in first contact with new families.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples				

7. The program works with other agencies to strengthen their capacity to include fathers in their services and activities.

	Excellent	Good	Fair	N/A		
	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Comm	ents/Examples					
8.	The program's intake	procedures and forms	include information about fa	thers.		
	Excellent	Good	Fair	N/A		
	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Comments/Examples						
	THE ILLINOIS INFANT MOR	TALITY CONSORTIUM PILOT: I	FATHERS INITIATIVE REPORT	41		

9. Activities and services are scheduled at times that are convenient for fathers and their families, and responsive to work schedules and other responsibilities.

Excellent	Good	Fair	N/A
\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples			

10. The program offers fathers a variety of opportunities to gain information and support, such as:

	Excellent	Good	Fair	N/A
a) activities for fathers with their children.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) programs for children.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) support, discussion and social groups.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) classes and/or workshops.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) visits at home, workplace or other convenient location.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) counseling.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
g) information about other community resources and referrals upon request.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
h) mentors.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I) volunteering.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
 j) involvement/ activities for fathering or other community needs. 	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples				

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

11. The program encourages participation by:

	Excellent	Good	Fair	N/A
a) operating in convenient, accessible locations.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) providing transportation assistance.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) providing age appropriate childcare during programs for fathers.	0	\bigcirc	\bigcirc	\bigcirc
d) providing refreshments.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) offering incentives, food, gifts, giveaways/ door prizes, gift cards, etc.	0	\bigcirc	\bigcirc	\bigcirc
Comments/Examples				
Working with Individua	I Fathers			
Fathers have the opp	oortunity to meet privat	tely with staff me	mbers regarding in	dividual concerns.
Excellent	Good		Fair	N/A
\bigcirc	\bigcirc		\bigcirc	\bigcirc
Comments/Examples				

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

13. A staff member assists individual fathers in identifying their strengths, skills, past successes, and needs.

Excellent	Good		Fair	N/A
\bigcirc	\bigcirc		\bigcirc	\bigcirc
Comments/Examples				
4. Using assessment	t information, father	rs: Good	Fair	N/A
a) develop goals for themselves, their children and their family.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
 b) identify resources within their own family, the program, and the community. 	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) make a plan to meet their goals.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples				

15. Family confidentiality is maintained within the program, and fathers are given equal opportunity to maintain that confidentiality.

Excellent	Good	Fair
\bigcirc	\bigcirc	\bigcirc
Comments/Examples		

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

16. The program provides fathers with opportunities and/or links them to other resources to learn more about handling their:

iore about nanoling the	Excellent	Good	Fair	N/A
a) health conditions and needs.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) training and/or education.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) employment, job training and job search.	\bigcirc	\bigcirc	\bigcirc	0
d) relationships with their family, partners, and/or children.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) spiritual/ religious interests/ growth	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) emotional/mental health (e.g. isolation, stress, loss and grief, anger/resentment, etc.)	\cap	\cap	\cap	\cap
g) financial issues, i.e. debt, child support, public assistance, etc.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
h) legal issues (e.g. paternity, custody, divorce, expungement, etc.)	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I) substance/ drug treatment	\bigcirc	\bigcirc	\bigcirc	\bigcirc
j) housing needs.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
k) transportation.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I) childcare.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples				

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

17. The program assists fathers to strengthen their:

	Excellent	Good	Fair	N/A
a) sense of self worth.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) communication skills.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) problem solving skills/ negotiation skills.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples				

18. With reference to Q14, the program also recognizes fathers' efforts and progress in achieving their goals.

Excellent	Good	Fair	N/A
\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples			

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

- 46

Parenting and Child Development

19. Fathers have opportunities to learn more about child development, including:

Excellent	Good	Fair	N/A
\bigcirc	\bigcirc	\bigcirc	0
\bigcirc	\bigcirc	\bigcirc	\bigcirc
0	\bigcirc	\bigcirc	0
\bigcirc	\bigcirc	\bigcirc	\bigcirc
0	\bigcirc	\bigcirc	0
0	\bigcirc	\bigcirc	0
0	\bigcirc	0	0
	out and/or meet w	th specialists that a	re working with their
Good		Fair	N/A
\bigcirc		\bigcirc	\bigcirc
	 	 Constraints 	Image: constraint of the second o

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

21. The program helps fathers link and reflect on how their parenting is impacted by:

	Excellent	Good	Fair	N/A
a) their values, feelings about themselves and their children.	\bigcirc	\bigcirc	\bigcirc	0
b) their childhood and experience with their own father, other men in their family, mother, etc.	\cap	\cap	\cap	\cap
c) their relationship with their wife, partner or the child(ren)'s mother.	\bigcirc	\bigcirc	\bigcirc	0
d) cultural traditions and expectations about parenting.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) their own ability to handle problems.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) what is important to them as a parent.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples				

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

22. The program provides opportunities for fathers to enhance their parenting abilities related to:

	Excellent	Good	Fair	N/A
a) talking with their children/ communication skills.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) supporting their children's learning/ education.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) positive play.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) physical health and nutrition.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) effective discipline methods.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) nurturing their children's social, emotional, spiritual development, and creativity.	\cap	\cap	\cap	\cap
g) educating their children and adolescents safety and sensitive issues, i.e. sexual matters, alcohol/ drugs, etc.	0	0	0	0
Comments/Examples				
23. The program help educational systems, e.g			cialized services/supp s_etc	oorts within the
Excellent	Good		Fair	N/A
\bigcirc	\bigcirc		\bigcirc	\bigcirc

\bigcirc	\bigcirc	\bigcirc
Comments/Examples		
•		

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

24. Parent education and child development program materials:

		Excellent	Good	Fair	N/A
	a) incorporate fathers' perspectives.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	b) incorporate fathers' and mothers' (grandparents', etc.) contributions to children's development.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	c) includes male role models.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	d) convey information fathers can use.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	e) reflect the culture and child-rearing practices of fathers and families.	\bigcirc	\bigcirc	0	0
	f) engage and motivate fathers.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
	Comments/Examples				
25.	Comments/Examples Fathers are involved in	n reviewing and adap	ting curricula a	nd materials for prog	rams.
		n reviewing and adap Good	ting curricula a	nd materials for prog i Fair	rams. N/A
	Fathers are involved in		ting curricula a		
25.	Fathers are involved in		ting curricula a		
25.	Fathers are involved in Excellent		ting curricula a		
25.	Fathers are involved in Excellent		ting curricula a		
25.	Fathers are involved in Excellent		ting curricula a		
25.	Fathers are involved in Excellent		ting curricula a		
25.	Fathers are involved in Excellent		ting curricula a		

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Father-Child Activities

26.	Father-child activities that are provided by the program:
-----	---

	Excellent	Good	Fair	N/A
a) are fun, enriching and educational.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) are age appropriate.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) encourage problem- solving.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) draw out cultural richness.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) build children's social and emotional development.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) encourage community service.	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Comments/Examples

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

27. The program provides developmentally appropriate opportunities for father-child relationships to build:

Comment [1]: In e) below, "understand" should be "understanding"

	Excellent	Good	Fair	N/A
a) a strong self-identify and feeling of self- worth.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) strong cultural and family identity.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) a sense of personal responsibility.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) communication and negotiation skills.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e) understanding of own feelings and feelings of others.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f) a sense of belonging and accomplishment.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
g) critical thinking and problem-solving skills.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
h) a value of education and goal setting skills.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I) healthy eating and hygiene habits.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
j) an understanding of child development and caring for younger children.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples				

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

28. The program provides father-children activities that:

Comments/Examples

	Excellent	Good	Fair	N/A
a) allow fathers and children to learn and have fun together.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) enhance father-child relationships.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) enhance father- child communication.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d) strengthen ability to resolve conflicts.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples				

ExcellentGoodFairN/AOOO

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Support for Fathers and Families

30.

32.

Excellent

Comments/Examples

children's mother, or primary caretaker of their children by providing opportunities to learn and practice: Excellent Good Fair N/A a) positive \bigcirc \bigcirc \bigcirc \bigcirc communication skills. b) sharing parenting responsibilities; respecting each \bigcirc \bigcirc parent's role and contributions. c) setting goals together for \bigcirc their children. d) negotiation and \bigcirc \bigcirc conflict resolution. Comments/Examples Fathers have opportunities to lead activities, as well as provide feedback as to whether the 31. programs are meeting the needs of their personal and family goals. Excellent Good N/A Fair Comments/Examples

The program provides or connects fathers to child care or respite care upon request.

Fair

The program assists fathers in strengthening their relationship with their wife, partner, the

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Good

54

N/A

	Excellent	Good	Fair	N/A
	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Com	ments/Examples			
	The program provides o munity.	opportunities and support	for fathers to contribute o	or "give back" to the prog
	Excellent	Good	Fair	N/A
	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Com	ments/Examples			
	The program helps fathe communication with the		n system, build rapport wi	th teachers, and develop
	Excellent	Good	Fair	N/A
		_	-	_
	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Com	ments/Examples	\bigcirc	0	\bigcirc
Com	ments/Examples	0	0	0
Com	ments/Examples		\bigcirc	0
	· · · · · · · · · · · · · · · · · · ·		complishments, and contr	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	The program celebrates	fathers' participation, ac	complishments, and contr	ributions.
1	The program celebrates	fathers' participation, ac	complishments, and contr Fair	ributions.
1	The program celebrates	fathers' participation, ac	complishments, and contr Fair	ributions.
1	The program celebrates	fathers' participation, ac	complishments, and contr Fair	ributions.
1	The program celebrates	fathers' participation, ac	complishments, and contr Fair	ributions.
1	The program celebrates	fathers' participation, ac	complishments, and contr Fair	ributions.
1	The program celebrates	fathers' participation, ac	complishments, and contr Fair	ributions.
1	The program celebrates	fathers' participation, ac	complishments, and contr Fair	ributions.
1	The program celebrates	fathers' participation, ac	complishments, and contr Fair	ributions.
1	The program celebrates	fathers' participation, ac	complishments, and contr Fair	ributions.

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

Program Operation/ Evaluation

		a .		
	Excellent	Good	Fair	N/A
a) increase their understanding and responsiveness to fathers and their families.	0	0	0	0
b) jointly plan events and programs together.	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c) address issues and barriers fathers and their families face in the community.	\bigcirc	\bigcirc	0	0
omments/Examples	I, ethnic, linguistic, a	and cultural heritag	e of fathers and fam	ilies served.
	Good	and cultural heritag	Fair	N/A
Staff reflect the racia Excellent	-	and cultural heritag		
Staff reflect the racia	Good	and cultural heritag	Fair	N/A
Staff reflect the racia Excellent	Good		Fair	N/A
Staff reflect the racia Excellent	Good		Fair	N/A
Staff reflect the racia Excellent omments/Examples	Good		Fair	N/A
Staff reflect the racia Excellent omments/Examples	Good		Fair Ginto the overall pro	N/A
Staff reflect the racia Excellent omments/Examples Fatherhood activities Excellent	Good		Fair Ginto the overall pro	N/A

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

40. Staff are knowledgeable and skilled in gender sensitive areas, such as:

	Excellent	Good	Fair	N/A
a) men's and women's learning styles	\bigcirc	\bigcirc	\bigcirc	\bigcirc
b) men's and women's communication styles and cross-gender communication.	0	\bigcirc	\bigcirc	\bigcirc
c) paternal and naternal parenting styles.	0	\bigcirc	\bigcirc	\bigcirc
 ethnic and cultural values/expectations egarding roles and elationships. 	\bigcirc	\bigcirc	\bigcirc	\bigcirc
omments/Examples				
	is provided to all staff r families. Good	on engaging an		N/A
Excellent	r families.	on engaging an	-	
Excellent	r families.		Fair	N/A
Excellent	r families. Good		Fair	N/A
Comments/Examples	r families. Good		Fair	N/A
Excellent	r families. Good		Fair	N/A
Comments/Examples	r families. Good		Fair	N/A
Comments/Examples	r families. Good		Fair	N/A
Comments/Examples	r families. Good		Fair	N/A
Excellent The program eval Excellent Excellent Comments/Examples Comments	r families. Good		Fair	N/A

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT

43. Fathers who have completed the program are recruited to work as mentors, recruiters, group facilitators, etc.

Excellent	Good	Fair	N/A
\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples			
44. The program routinely from fathers/families and part		uses information from sati ke programmatic adjustme	
Excellent	Good	Fair	N/A
\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples			
		how the program has impac	
well-being, ability to manage, skills, attitudes, and knowled		e of community resources,	their parenting
Excellent	Good	Fair	N/A
\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comments/Examples			
46. How much money is a	allocated in your current	yearly budget for programs	/initiatives
focused on engaging fathers			

THE ILLINOIS INFANT MORTALITY CONSORTIUM PILOT: FATHERS INITIATIVE REPORT