

Insights

The Importance of Engaging Fathers in MCH

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Evidence demonstrates that fathers play a critical role in children's health and development, beginning in the prenatal period and continuing through early childhood and adolescence. When fathers are involved during pregnancy, mothers [are 1.5 times more likely](#) to receive prenatal care in the first trimester.

On this episode of Before Birth & Beyond, NICHQ honors Men's Health Month and Father's Day, both celebrated in June, by sitting down with two Black fatherhood experts to discuss the importance of including fathers in maternal and child health work, policy considerations to improve father engagement, and men's mental health and its impact on outcomes for children and families.

Featured guests include:

- Kenn Harris, NICHQ's Vice President of Engagement and Community Partnerships and Director of the Supporting Healthy Start Performance Project
- Dr. Derrick Gordon, Ph.D., Associate Professor of Psychiatry in the Division of Prevention and Community Research, Yale University School of Medicine/Director of Research Policy and Program on Male Development The Consultation Center

Domonique Davis:

Really excited to dive in today with you, Kenn. Thank you for being here. Why is it important to include fathers in maternal and child health programs? And does father inclusion impact outcomes for children and families?

Kenn Harris:

Well, first of all, thank you for the opportunity of being here. I think it's fantastic to do a podcast on this topic in particular, even as we think about maternal and child health. Just to ground us a bit, the maternal child health began in this country in 1912. And fatherhood work really only started like in the '90s. So to have that perspective in mind when we answer this question of why it is important to include fathers in MCH programs. Number one, we know that fathers are involved in pregnancy. So, I think it's important then to include them throughout pregnancy. We have so many challenges in maternal child health and in this country and even in the world, we're addressing the issue of infant mortality and that is babies dying before their first birthday. And in a country like America, it makes no sense that we have high infant mortality rates. And when we look at certain groups like African Americans or Native American groups, those infant mortality rates are much, much worse – two and a half, and sometimes three, times the rate of white infant mortality. When we talk about the importance, why it would be important to include fathers, because fathers matter and fathers make a difference. These partners of our moms that are delivering babies deserve to have as much support as possible. And we need to acknowledge that fathers are there and that they do matter.

This has been a concern and issue that we've been looking at for decades. In the 20th century, when we started the fatherhood work, it was important to include fathers in the work. When Healthy Start started as an example in 1991, those original programs focused on fatherhood, even though this was not a fatherhood program as maternal and child health. But even back then until now, we've seen the positive impact of having fathers engage in a maternal child health program, because it does increase the opportunity for better birth outcomes and supporting mothers during pregnancy and outcomes. It's an important thing to consider and bringing men into that to be part of that support. It's important to include them. They've been excluded for so long, it is time to really think about how to include fathers in MCH to really look for better birth outcomes, pregnancy and birth outcomes for children and families.

Domonique Davis:

I love the holistic approach that you mentioned, Kenn, because that's what it's all about. We really want to get at the family and all of those pieces, and fathers are an important piece in that unit. So, I want to talk about strategies that maternal and child health and public health professionals can implement to try to better engage fathers in their respective work and what they're doing.

Kenn Harris:

We need to have this conversation all over the country, really, as we think about these strategies that folks can use in MCH and public health practice to implement programs that really do a better job of engaging fathers. A framework for this for me, I think about three words, involvement or inclusion, then C, connection, and E, engagement. So I-C-E helps me talk about this as far as a framework of thinking about strategies. Because I think the first step is to involve

fathers, to include fathers in your programs.

You can begin by looking at your current program and start asking questions. How do we include fathers in the work that we do? Fathers are not an add-on. They should be included into the work. Whatever we're doing with moms, the information we're sharing with moms, the learnings that moms get. Certainly, our father needs that as well. Baby development. All of those things are important to dads as well. So, I think starting with inclusion, how do we include fathers in the current work that we're doing? Whether it be in the early stages and in pregnancy, whether it be postpartum afterward and early care, early childhood development, really think about that continuum. How do we include fathers? That would be the first thing to think about and build strategies there.

And then the next is the letter C for connection. So then how do we then connect with dads? Once we figured out and have strategies on how to include them, now let's talk about what kind of connections do we make? Oh, for example, coming into the clinic, let's connect with him when he comes into the clinic. Also, let's use our current staff to make connections with dads. Outreach and recruitment strategies come up there when you think about just connecting with dads. Where can we connect with dads? When can we connect with dads? Who do we need to help connect with dads? And so that'll help you begin to list out strategies just thinking about connection.

And then lastly, you get into the actual engagement. Once you have dads in hand, dads are part of a program, we've recruited him, he's there. Now, how are we engaging him? What are his needs? And then that means connecting him to other programs that really help meet his needs because we know that dads are going to have some needs as well. That'll be different for moms. As dads are engaged with your program, how are you partnering with others so that you can refer dads to those organizations that really provide services to him? Because again, if he's engaged and connected to services that he needs, then that increases his chances of being better engaged even in the maternal child health programs that he's supporting his partner in. So yeah, ICE – inclusion, connection, and engagement. You can come up with a great list of strategies if you just spend time thinking about those three.

Domonique Davis:

That's so important, Kenn, and you know, it's awesome. We're talking about this in June. It's hot, so we're trying to cool things off with ICE this summer. Everybody ICE, let's get started. As you all are diving into the work and really trying to move the policy work forward, what are the implications for fatherhood and what should practitioners be focused on for the future policy-wise?

Kenn Harris:

We could use a whole session to talk about that question. But there are policy implications of fatherhood. To kind of plant ourselves in a place, let's look at incarceration, for an example. We know that of the men in prison, over 90% happen to be fathers. And so just think about that. We have men incarcerated that are away from their families and their communities – the implications there. When you think of what that pathway toward prison, and then also even after fathers come out of prison, because it's really hard and how do you integrate back into community and really

making those connections with your family, with your children. It is really, really challenging. And there are so many policies there that impede his involvement. So that's one area to look at, like prison reform, for example, because certainly we know in our country when it comes to Black and Brown men and Black men in particular, because there's twice as many African American in prison than there are Hispanic men. And the next growing population of men in prison happens to be Native American. And when we think of the history of these two groups, we understand, again, connecting to the policies, especially that really caused these two groups to do worse than any other group in this country. And so there are so many, so many policy implications.

When you think about what's happening and what goes on in hospitals, and now not only does Healthy Start focus on infant mortality, but we've been looking at maternal mortality. Again, the disparity among Black women and Native American women, it's just unacceptable in this country. But when we think about those partners those male partners, fathers that are with moms in these institutions. And so even within the hospitals, we see some of the challenges around policy that impact the partners or the men or the fathers when they're in these institutions and trying to be supportive of their partner while there and I can tell you just working with folks like Charles Johnson, who lost his wife, Kira. He's been one of the great advocates around putting policies in place around maternal mortality. But working with Charles and hearing his story and how he was treated in the institution that killed his wife. And I understand that because my wife and I lost our second son, and she almost died in the hospital. And I remember how I was treated. So again, there's so much to address when it comes to the policies that are in place to either facilitate or really impede fathers being engaged.

I think practitioners have to really be aware of policies on all levels that really either can help facilitate engagement of fathers and then those certainly that exclude. Historically speaking, and if you look at that timeline, even from the '70s till now, and just look at Medicaid. Look at how it started and where it is now – the reforms that happened at different times, there were specific policies that pushed men out and keep them out. We still have a lot of work to do on that front.

Domonique Davis:

Thank you, Kenn. I know there's so much to be done. And I just, I reflect on COVID. You know, my sister and her husband had their first child during COVID, and the restrictions on guests or visitors. And she was making it clear that her husband was a part of her birth plan. Like there was no changing that. And it was really difficult for a lot of families trying to keep folks safe, but also like you said make policies that ensure fathers can be engaged from the beginning at every step. It's important. It's so important.

We mentioned in the beginning that this month is Men's Health Month, so Men's Health is important overall. But we really want to also talk about mental health and engaging men's mental health. What do we know and where do we need to focus, particularly with fathers and caregivers in this space?

Kenn Harris:

You talked about during COVID, some of these issues were exacerbated. And mental health was one of those things. As we think of people of color, and I can speak for African Americans in particular, once we identify the need, the next thing is service, right? Accessing those services

that are needed. And that's where we're seeing, again, some of the challenges, because it's also really important for some people to have someone to go to that looks like them, that understands them. And so that is another need that we have, and that'll come up as well. And then I know looking at some of the statistics, the number of folks that have been identified with mental health issues. There's less that are able to really access those services because of finances, insurance, etc. So, there's a lot to do there, but as you said, we're talking about it more, addressing it more, and so we just hope folks will continue to talk about it to make sure that folks have access to the services that they need.

Men, you know, because of socialization, haven't been comfortable talking about mental health, but as we see, it's a rising issue and we're talking about it more. So addressing men's mental health is really critical. We do that within Healthy Start, and also folks are here, Dr. Derrick Gordon, our psychologist who's been working with the TA Center since we got started here four years ago and he's our go-to and looking at men of color and mental health. So he'll be able to talk even more about that.

Dr. Derrick Gordon:

Thank you so much for having me. The piece that's there around men's mental health is a recognition. Earlier on, mental health was seen as being this sideline thing that had nothing to do with your physical health outcomes. And there's a body of research demonstrating that once mental health functioning has an impact on their physical health, has an impact, the kind of social health has an impact on all these other kinds of ways in which we operate in society. And so, the ripple effects are real – issue one.

Issue two is, if I'm not mentally healthy, guess what? I can't be mentally present for you as a father, as a husband, as a son, and so there are ways in which our mental health or mental health functioning has implications, for the ways in which we function just in general.

That's one of the reasons why it becomes important. The other thing is there's been a whole host of conversations about how the pandemic has impacted the mental health and function of society in general and part of the society, our man. We, too, have experienced some issues as it relates to that. One of the things that happens when we talk about mental health is we oftentimes forget that we talk about coping, and people tend to cope in different ways. You know, what do we know about suicidality? We know that more women attempt suicide, but more men complete suicide attempts. Men, when they actually engage in suicidal behavior, they use more lethal means. We can think about the ways in which men's mental health and mental health functioning have real implications on family and community life, and on parenting. We can't separate those things at all. They're so critical. If we say we want to support family in being healthy, we have to think about the ways in which men's mental health impacts family and impacts families' functioning.

Domonique Davis:

Mental health is just, it's so critical. We're focusing on it more holistically as a country, but it's really awesome that we have programs like Healthy Start that have men engaging other men in these conversations and leading these conversations and opening these safe spaces and creating that for each other. It's incredible to be building these communities.

Talking about programs like Healthy Start that focus on mental health for moms. How do mental health and men's mental health particularly impact pregnancy, pregnancy outcomes for infants? What can we do with focusing on mental health to better address outcomes for infants in this space?

Dr. Derrick Gordon:

There's a ton of research showing that men's mental health impacts his child and his child's development directly. Father to child, right? But there's also a ton of research showing that men's mental health impacts his child indirectly, father to female, partner to child. We have to think about the two routes. The first route is how do we help men understand by breaking down the stigma that's attached to it, how their mental health impacts them, first and foremost. But then how does it reciprocally impact their child and their child's development?

The piece that's important for me is that children, kind of grew up in a context and from a heteronormative perspective, there's usually a father and a mother. But, that's true for even not heterosexual couples. So a recognition that children exist in context. They're in context of schools, they're in context of doing after school activities. Then context of families. So we have to think about what are the support systems that we put in place around children and how well are those support systems provided a kind of support and guidance that kids need to be able to grow and thrive.

I'm a licensed clinical psychologist. When you come into my office, you sit on my couch, and you can divulge all those pieces. One of the things that we need to recognize too, is that those endeavors are really intimidating for the general population.

My question is, might there be ways for us to meet men in the community differently than what we are traditionally accustomed to doing? Whenever I get an opportunity to go to men's groups and talk about mental health issues, I do that. Not because I feel as if I have all the answers for them. Actually, to the contrary, I do that because I want them to see that there are men of color out here who provide services, who if they're a person of color, they might feel as if getting mental services is a white upper-middle-class thing to do. I want to break down that myth around who the psychologist is that you might be working with. Another piece is that when we talk about not only the kind of systems that are there, we have to think about the structural factors or barriers that come up for these men as they say, I want some help. How do we dismantle them?

Domonique Davis:

That's important. And I love the way Healthy Start truly takes a holistic approach to focus on families because we know improving outcomes for mothers, improves outcomes for babies, improving outcomes for fathers, improves outcomes for babies, and the whole family unit.

Next, we want to talk about the Healthy Start program a little bit. Kenn is the Project Director for our Supporting Healthy Start Performance Project at NICHQ, and Healthy Start had a really strong presence at the recent AMCHP conference where one of your presentations included, "Fatherhood Summit, the State of Fatherhood and MCH Today, Tomorrow and Beyond." So, can you share some findings from that summit and how you plan to utilize your learnings moving forward?

Kenn Harris:

First, to give credit to our Healthy Start TA and Support Center staff here at NICHQ, Dominique Maffei and Danisha Charles, who work on my team.

We were very excited this past spring to be able to participate in the AMCHP Conference. We had several presentations there, one was called "The State of Fatherhood in MCH Today, Tomorrow and Beyond," about our Fatherhood Summit. And I was able to partner with Dr. Jeff Johnson of NPCL [National Partnership for Community Leadership]. Dr. Johnson has been with us for a while. And he's been doing this fatherhood work for several decades and he is one of the pioneers in this work. I've had the pleasure and blessing of working with him over that time. We partnered with Dr. Johnson to join us at the TA Center to be our Dean of our Fatherhood Learning Academy. Last fall, NICHQ TA Center, convened a Fatherhood Summit here. We called together almost 40 of the leading voices in fatherhood that span the sectors of research, practice, and programming. We got these folks that have been around for a while, honoring the past, if you will, and then also current folks, folks that are in the space now, new researchers, new practitioners that are in the space now. And we called this summit to really look at the past, so that we can think about how we leap forward. And that's why we really explored fatherhood in MCH looking back and then looking even today, and then where do we go from here?

One thing we learned at the conclusion of that meeting was we need more research that really talks about the impact of fathers on birth outcomes. We have some early work that was done by folks like Dr. Ron Mincy, the Fragile Family Study, which gave us some great learnings there. We have other research that has come into the fold that has really let us know that father involvement can make a difference in improving birth outcomes on things like smoking decreases, when women felt supported during pregnancy that they had better birth outcomes, healthy weight babies as an example, being supported through that continuum and really engaging fathers around breastfeeding support. As we really look across the continuum, we certainly have seen how fatherhood has strengthened or encouraged better birth outcomes.

And we also really looked at the implications of policy across the timeline with Dr. Johnson. It's so important to look at the history of fatherhood at MCH. When you think about MCH having this great head start, starting over 110 years ago, and fatherhood is just 35, 40 years old, it's really helpful to understand the policies that are in place that either facilitate his involvement, and certainly there were policies that excluded him, policies that pushed him out, pushed him under. It was important to explore those policies that are in place so we can, again, put new policies in place to facilitate his engagement. Very powerful session that we had on sharing that information with the audience at the AMCHP conference. Working with the Maternal Child Health Bureau's Healthy Start program, we'll continue to share our learnings from our work around fatherhood so we can really create that future of what fatherhood looks like moving forward.

Domonique Davis:

I love some of the work that you all have done with including doulas and non-traditional workers in these spaces that open up avenues to allow parents to focus on each other and focus on their mental health and engage. Healthy Start and the Healthy Start TA and Support Center are really just doing such incredible work in this fatherhood space.

Kenn Harris:

What we've seen, again, since it is Men's Health Month, it's really important to acknowledge that we have dad doulas, right? There are Healthy Start programs that are training men to be doulas and supporting families. And then we've also have heard from some of our programs where the fatherhood practitioners that are working with these dads, some of the dads are doing a training so they can just learn how to support their partner better. And then there are others that are going full on getting their certificate, etc. So again, it is exciting to see what's happening even in the doula space, and fathers are excited to be more connected. So, it's wonderful. Thanks for mentioning that because that is an area of real excitement.

Domonique Davis:

It's incredible the work y'all are doing. Want to make note that in the show notes here, you'll be able to find links to some of the programs we're talking about, the Healthy Start TA and Support Center's website. We'll link you back and make sure that you can have access to these resources that Kenn has mentioned today, because we want to continue these conversations and make sure that folks have access and continue to have access and make space for fathers.