

Healthy Start Virtual Grantees' Meeting

Innovations in Fatherhood

Craig Garfield, MD, Northwestern Medicine

Lee Warner, PhD, MD, Centers for Disease Control and Prevention

June 26, 2020





Agenda



Introductions	Brandon Wood, MS, MCHB, DHSPS
Innovations in Fatherhood: NICU2Home, FAB, & FCHIP	Craig Garfield, MD, Northwestern Medicine
Innovations in Fatherhood: PRAMS For Dads	Lee Warner, PhD, MD, Centers for Disease Control and Prevention
Closing	Kenn L. Harris, NICHQ







Craig Garfield, MD, Northwestern Medicine

Lee Warner, PhD, MD, Centers for Disease Control and Prevention











Healthy Start Virtual Grantees' Meeting

Inspiration and Innovation in Fatherhood

Craig Garfield, MD, MAPP June 26, 2020











Objectives



- 1. Share a perspective on innovation through examples
 - Adapting work to have a father perspective (NICU2HOME)
 - Shift to different populations [Home Visiting Father and Baby (FAB)]
 - Bring it under one umbrella (FCHIP)
- 2. Inspire innovation in your work







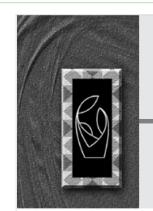
Fathers of Premature Babies in the Neonatal Intensive Care Unit (NICU): An Innovative Approach





Fathers in stressful parenting situations





DOI: 10.1097/JPN.0000000000000296

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Stress From the Neonatal Intensive Care Unit to Home

Paternal and Maternal Cortisol Rhythms in Parents of Premature Infants

Craig F. Garfield, MD, MAPP; Clarissa D. Simon, PhD; Joshua Rutsohn, MPH; Young S. Lee, PhD





Stress biomarkers in the NICU



- Examine how stress in NICU gets "under the skin" around transition to home by gender
- Cohort study of 86 parents with VLBW infants
- Salivary cortisol collected 3x/day on 4 days by mothers and fathers

Garfield, JPNN, 2017





Methods and results



- Analysis: 3 level HLM model
 - Allows for examining nested data-participant data within daily data which were nested in couple data
- 85% returned at least 1 sample per day, 70-75% completed all saliva samples





Results



- Mothers remain stressed, but fathers show <u>increased</u> stress over transition to home
- Mothers with higher PSS had higher bedtime cortisol
- Fathers' PSS not correlated with cortisol

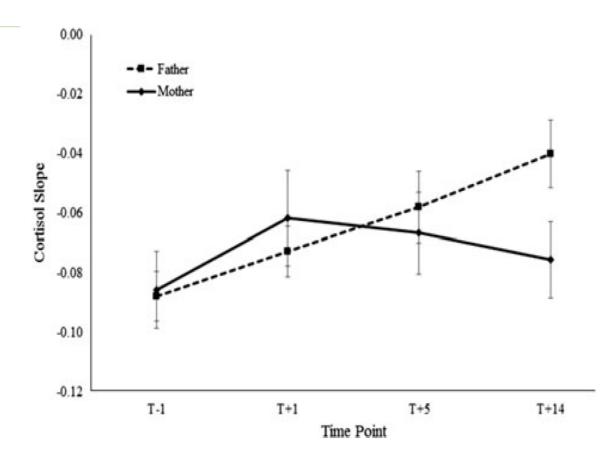


Figure 1. Least squares estimates of father and mother cortisol slopes by time of collection during the transition from neonatal intensive care unit to home.

Implications



- Stress differs between genders across the transition to home
- Fathers especially experience signs of physiologic stress but may not report stress*
- We don't know what we don't measure
 - First study to examine fathers and transition to home

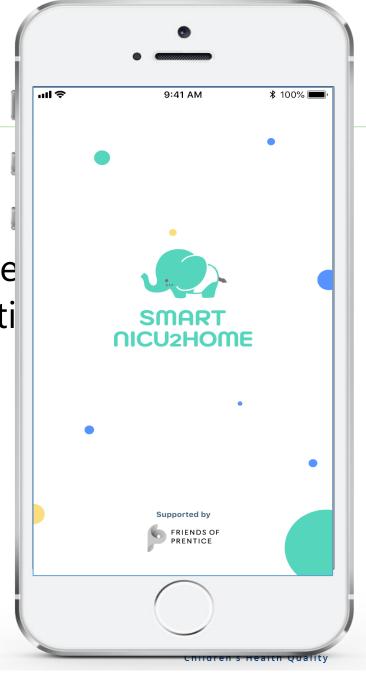




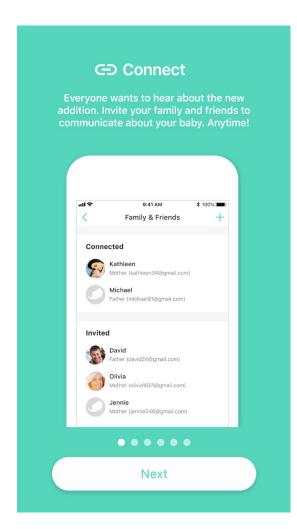
NICU2HOME app

- Parent-Empowerment Smart Technology
 - Detects information and communication nee
 - Provides personalized information & educati
 - Facilitates communication and partnership

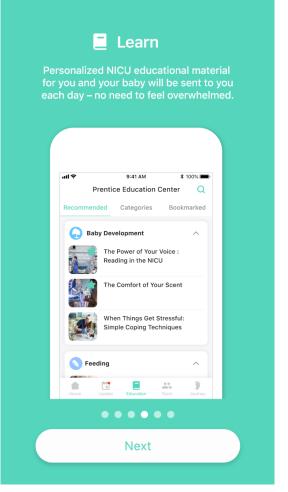
Cross-platform, social media type application

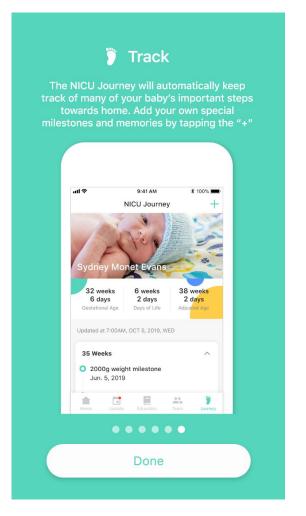


Unique service provided to NICU parents, connects with the EHR





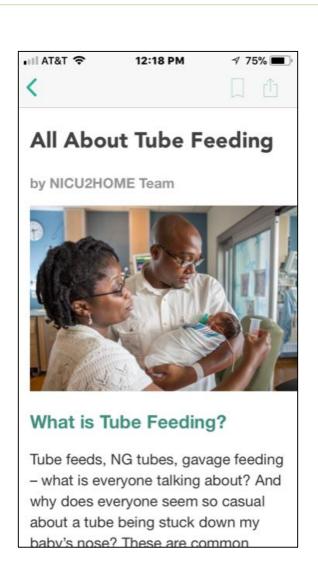




Fathers included...









NICU2HOME IMPLICATIONS



- We now are including fathers in the measurement of outcomes
- Fathers and mothers seek information, use technology differently
- Fathers need to be considered from the beginning







Home Visiting Innovation: Designing an SMS Text-Messaging Intervention for Fathers' Mental Health





Designing Text-Messaging for Fathers' Mental Health in Home Visiting Programs



 Develop and pilot a mental health intervention for fathers within Home Visiting

 Funded by National Institute of Minority Health and Health Disparities, Illinois Children's Healthcare

Foundation



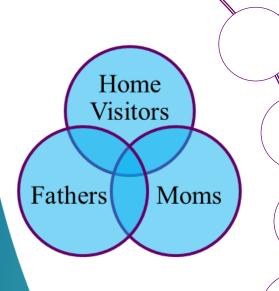




Fathers and Babies (FAB) Development



 Qualitative data collection with home visiting clients, fathers, and home visitors:



Provide a toolkit of skills to support Fathers mental health

Promote father's support of their partner's mental health

Align with MB core content and sessions

Flexibility of intervention delivery (e.g., in-person, phone, text-based)

Develop HV capacity to engage fathers





FAB Overview



- Goal is to support father's mental health and provide skills to support their partner's mental health
- Requires flexibility to accommodate schedules
 - FAB sessions align with the 12 Mother Baby (MB) sessions delivered in home visits (mothers and fathers receive content in parallel in person or remotely)
 - Texts with links to content (e.g., videos, worksheets)
 - Each participant receives a workbook with skill-based practice worksheets
 - > FAB is currently being piloted with 28 (mothers and fathers)
 - Diversity of family make-up and relationship status





Father Feedback

"It helped me with FAB

"It helped me with FAB

stress and health. FAB

stress and health. FAB

participant

participant

"Now, I know how to take a second and breathe and actually like, okay, if I know I'm mad or if I'm frustrated the kids are gonna feel it." – FAB Participant







FAB Impact



- Provide data to inform scalable interventions and programs to fathers to influence the mental health and well-being of new parents as well as their ability to engage in nurturing parenting practices for their young children
- Access to Mental Health: FAB is a stress management intervention intended to be delivered in non-mental health settings whereever fathers access services









Bringing it all together: Lurie Children's Family and Child Health Innovation Program





Family and Child Health Innovations Program (FCHIP)



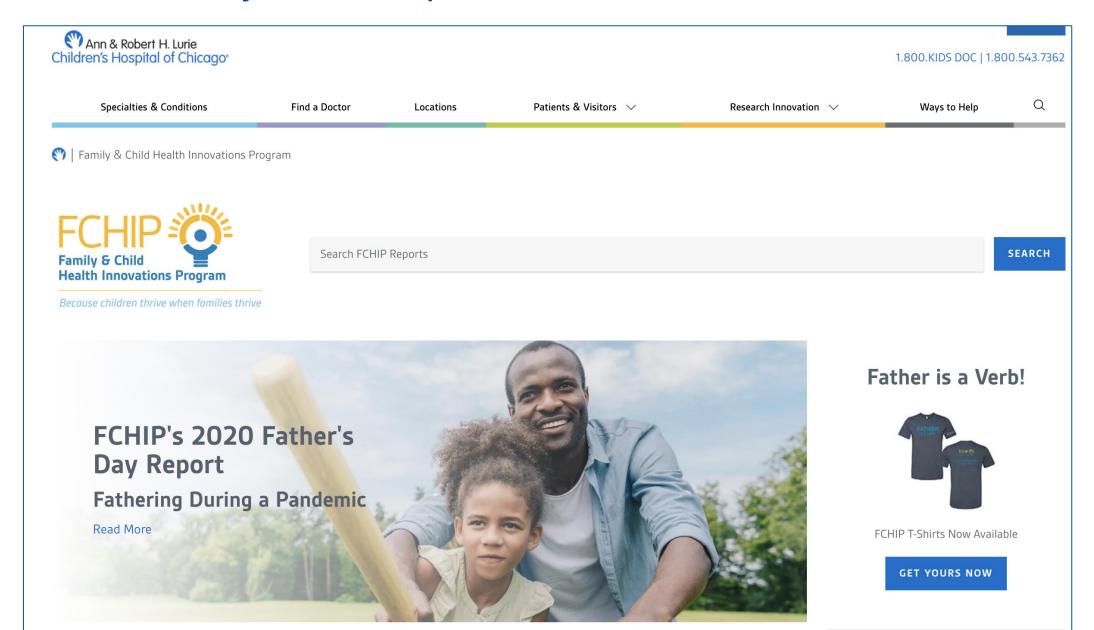
- Original research, dissemination of clinically relevant findings, influencing family health policy, systems and services
- Our goal is to advance children's well-being through understanding the roles of parents in a wide variety of family contexts, and how to enhance parents' contributions to children's health and development
- "Children thrive when families thrive"







Father's Day 2020 Report [luriechildrens.org/fchip]



Fathering During COVID-19

Due to COVID-19 changes, fath involved in their children's lives housework and 45% spending Even in countries where fathers



outdoor recreation a way for comothers', providing a unique di

Have a New Baby? Here's how to Protect Your Growing Family

There are steps you can take to help your partner during pregnancy and delivery, and to keep yourself and family safe when taking your

baby home.

The ongoing health crisis has changed he have fewer visits or have telehealth visits about any questions, including rules about questions, especially if you or the mother

To read more from other parents who have and Quartz.

One of the most important jobs fathers he the Centers for Disease Control and Prevention of COVID-19 should wash their feedings with a bottle or breast. Fathers wash your hands prior to feeding.

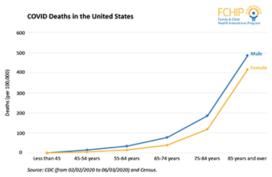


June is Men's Health Month: Know Your COVID-19 Risks

As a male, you may be just as likely to contract COVID-19 as a female, but you have a higher likelihood of getting really sick. What do we know and what can you do to protect yourself?

More men than women are having serious cases of COVID-19 and being hospitalized, and this risk is higher as you age (JAMA, 2020; Frontiers in Public Health, 2020). Certain health conditions like hypertension, obesity and diabetes also increase your risk during the COVID-19 pandemic. Men are at higher risk than women at nearly all ages, especially at younger ages (Centers for Disease Control and Prevention, 2020; Frontiers in Public Health, 2020). Being part of an ethnic minority group increases your risk as well, for reasons ranging from a higher likelihood of having a chronic condition, to health system reasons such as less access to health care (JAMA, 2020).

Scientists are still exploring why men are more impacted by COVID-19 compared to women. The answer may lie in biology (like genetics, immune systems, or hormones), higher rates of chronic conditions and behaviors such as smoking, or exposure to pollution due to working outdoors and other high-risk jobs that are now considered "essential." Men are also less likely to take steps to protect themselves or see a doctor if they have symptoms. (Healthline, May 12, 2020).



Sources: Centers for Disease Control and Prevention, 2020; Census Bureau, 2020

See a larger view of the graph.

Further, the health of men who are becoming fathers is important for overall family reproductive and general health. For example, new research is examining whether the COVID-19 virus can be found in semen, in which case the virus could become a sexually-transmitted infection. While some studies show no virus in semen (Fertility and sterility, 2020; Biology of Reproduction, 2020), others did find virus in semen samples (JAMA Network Open, 2020). Researchers and doctors recommend more studies to see whether COVID-19 can be transmitted sexually and uncover any other impacts on male reproductive health or their offspring.

Necessity is the *mother* of innovation



- Seeing a need → filling that need
- Rarely easy, never quick
- Two essential elements: patience and teamwork





Almost my last thought...



Success



what people think it looks like

HEALTHY start

TA & SUPPORT CENTER



Almost my last thought...



Success

Success



250000

what people think it looks like

what it really looks like





Really my last thought...



ָטז) הוּא הָיָה אוֹמֵר, לֹא עָלֶיךּ הַמְּלָאכָה לִגְּמֹר, וְלֹא אַתָּה בֶּן חוֹרִין לִכָּטֵל. מִמֵּנָּה.

Pirkei Avot 2:16

It is not your responsibility to finish the work, but neither are you free to desist from it.





Acknowledgements



- NICU2HOME
 - Young Lee, PhD
 - Sana Hassan
 - Becky Christie
- Fathers and Babies (FAB)
 - Darius Tandon, PhD
 - Jaime Hamil
- Family and Child Health Innovations Program
 - Katelyn Kanwisher
 - Eric Goodwin
 - Clarissa Simon, PhD

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Healthy Start Virtual Grantees' Meeting

INSPIRATION AND INNOVATION IN FATHERHOOD

Lee Warner, PhD, MPH

Chief, Women's Health and Fertility Branch
Division of Reproductive Health
Centers for Disease Control and Prevention

June 26, 2020



RESEARCH ON FATHER INVOLVEMENT



WHERE IS THE F IN MCH? FATHER INVOLVEMENT IN AFRICAN AMERICAN FAMILIES

Objectives: To: 1) review the historical contexts and current profiles of father involvement in African American families; 2) identify barriers to, and supports of, involvement; 3) evaluate the effectiveness of father involvement programs; and 4) recommend directions for future research, programs, and public policies.

Michael C. Lu, MD, MPH; Loretta Jones, MA; Melton J. Bond, PhD; Kynna Wright, PhD, MPH; Maiteeny Pumpuang, MPH; Molly Maidenberg, MSW, MPH; Drew Jones, MPH; Craig Garfield, MD, MAPP; Diane L. Rowley, MD, MPH

Enhancing Father Involvement in Low-Income Families: A Couples Group Approach to Preventive Intervention



Enhancing Fathers' Roles in the Care and Development of Their Children: The Role of Pediatricians

Michael Yogman, MD, Craig F, Banfield, MD, the COMMITTEE ON PSYCHOROGIAI, ASPECTS OF CHILD, FAMILY HEALTH



WHY SURVEY FATHERS?



Paternal involvement linked to:

- Improved maternal prenatal and postpartum behaviors
 - Early initiation of prenatal care
 - Smoking cessation
 - Breastfeeding initiation and duration
- Improved outcomes throughout the lifespan of a child
 - Birth (e.g., reductions in prematurity and infant mortality)
 - Developmental (e.g., language development)
 - Psychological (e.g., mental health)
 - Cognitive (e.g., academic performance)



WHY SURVEY FATHERS?



Fathers play a key role in health and development of their children

 Fathers' health behaviors influence decisions about pregnancy, women's health, and early child development

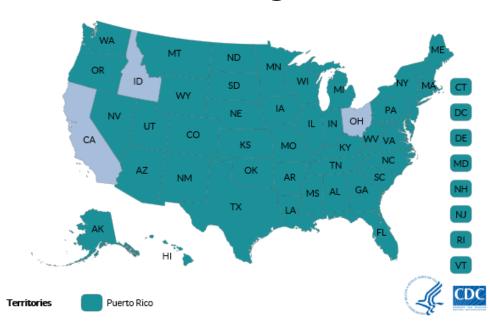
- Very little research has examined:
 - role of expectant fathers
 - father's influence on maternal and child health
 - effect of transition to fatherhood on paternal health

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)



- State-specific, population based surveillance system, estab. 1987
- Captures <u>maternal</u> experiences before, during, and shortly after pregnancy ending in a live birth
- Sample drawn from and linked to birth certificate
- Administered via mail and phone when infants are 2-6 months old

PRAMS grantees





PREGNANCY RISK ASSESSMENT **MONITORING SYSTEM (PRAMS)**



AJPH PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

The Pregnancy Risk Assessment Monitoring System (PRAMS): Overview of Design and Methodology

Holly B. Shalman, MA, Donise V. D'Angelo, MPH, Ledie Hamison, MPH, Ruben A. Smith, PhD, and Lee Warner, PhD

Data System. The Pregnancy Risk Assessment Monitoring System (PRAMS) is an on-pregnancy. It is conducted by participating going state-based surveillance system of maternal behaviors, attitudes, and experiences state, territorial, tribal, or local health debefore, during, and shortly after pregnancy. PRAMS is conducted by the Centers for partments in partments in partments in partments in partments in partments in partments. Disease Control and Prevention's Division of Reproductive Health in collaboration

Data Collection/Processing. Birth certificate records are used in each participating jurisdiction to select a sample representative of all women who delivered a live-born infant. PRAMS is a mixed-mode mail and telephone survey. Annual state sample sizes range from approximately 1000 to 3000 women. States stratify their sample by characteristics of public health interest such as maternal age, race/ethnicity, geographic area

Data Analysis/Dissemination. States meeting established response rate thresholds are included in multistate analytic data sets available to researchers through a pro- (Figure 1), PRAMS surveillance currently posal submission process. In addition, estimates from selected indicators are avail-

PublicHealth Implications PRAMS provides state-based data for key maternal and child health indicators that can be tracked over time. Stratification by maternal characteristics allows for examinations of disparities over a wide range of health indicators. (Am J Public Health, 2018;108;1305-1313, doi:10.2105/AJPH.2018.304563)

See also Witt, p. 1277; and Ghandour, p. 1303.

(CDC) initiative to reduce infant mortality and low birth weight and promote rafe motherhood, PRAMS was implemented in 1000 delivery hospitalizations in 2013-2014.⁷ 1987 because infant mortality rates were no longer de dining a srapidly as they had been in prior years.1 Although the US infantmortality nte has dropped 15% over the past decade, the United States continues to have one of the highest infant mortality rates among developed countries, at 5.8 per 1000 live births in 2015.2 Despite recent declines, preterm birth rates remain high (9.9% in 2016),3 and sadden infant death syndrome is the leading cause of death among infants 1 to 12 months old (approximately 1600 deaths in 2015).4

Maternal mortality and morbidity rates have also been increasing. The number of reported pregnancy-related deaths in the United States rose from 7.2 per 100 000 live

The Programs y Risk Assessment Monitoring System (PR,AMS) is part of the in 2013, 5.6 Moreover, the number of women messan hers, nonputs fit health organizations, no health denature etc. and fideral agencies births in 1987 to 17.3 per 100 000 live births Centers for Disease Control and Prevention presenting at delivery with 1 or more chronic grate health departments, and federal agencies conditions use from 66.9 per 1000 delivery to guide development of new programs and homitalizations in 2005-2006 to 91.8 per

PRAMS is an ongoing state-level, population-based surveillance watern of selected maternal behaviors and experiences

contribute to general health knowledge. Public Health Significance

PR AMS provides state-specific data used to monitor health behaviors, access to care. and receipt of services among recently pregthat occur before, during, and shortly after nant women. For example, PRAMS data

provides annual funding to participating sites through a cooperative agreement, with sup-

plemental funding contributed by recipients.

hereafter as states) has increased from 6 to 51.

including 47 states, the District of Columbia, New York City. Paerto Rico, and the Great

The main purposes of PRAMS are to

semination of population-based data of high scientific quality and to support the use of data

to develop policies and programs that aim to decrease maternal and infant morbidity and

policies, evaluate existing programs and

policies, develop educational materials for health care providers and the public, and

promote the collection, analysis, and dis-

Plains Tribal Chairman's Health Board

Since the system's inception, the number

All of the authors are with the Division of Repeductive Health, National Center for Chemic Division Provention and Health

Bronodon, Costers for Disease Control and Brownston, Atlanta, GA. Correspondence should be cost to Holly B. Shubson, M.A., Control for Disease Costed and Proceeding, 4770 Bulled Hury MS-F74, Adamia, GA 30341 &-mail: blot (@dcgar). Reprint contended a http://toww.cgh.og.by dishing for "Reprints

October 2018, Vol. 108, No. 10 AJPH

Shalman et al. Peer Reviewed Research 1305



https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2018.304563





PREGNANCY RISK ASSESSMENT MONITORING SYSTEM ZIKA POSTPARTUM EMERGENCY RESPONSE

PRAMS-ZPER

PARTNER SURVEY







 Según su opinión, ¿cuáles de las siguientes declaraciones acerca del virus del Zika son cierta y cuales son falsas? (Para cada una, marque Ciert si usted cree que es verdad o Falso, si opina que no verdad.) 	durante los últimos 12 n enfermera u otro profesio de las siguientes cosas? (i lo hicieron o No, si no lo hi	10. En cualquiera de sus visitas de atención médica durante los últimos 12 meses, ¿un doctor, enfermera u otro profesional de la salud hizo alguna de las siguientes cosas? (Para cada una, marque St, si lo hicieron o No, si no lo hicieron.)		
b. La infección por el virus del Zika durante el	a. Habló con usted acerca d de prevenir infectarse cor Zika	n el virus del		
nacimiento en el bebé	e los siguientes períodos de tiempo, irmera u otro profesional de la salud a el virus del Zika? (Para cada período jue SI, si le dijeron que tenía el virus ntonces o No, si no le dijeron. Puede r un calendra.)	15. En los últimos 12 meses, ¿cuán a menuc repelente de mosquitos sobre su piel exp ropa cuando estaba afuera, aunque fuera tiempo? Marque una	puesta o a por poco	
después de ser infectado e. Todas las personas que tiene a. En los últimos 3 b. En los últimos 1 c. En los últimos 4	Si No 0 dlas	☐ Siempre ☐ Algunas veces ☐ Rara vez o cuando veía mosquitos ☐ Nunca — ▶ Pase a la P	regunta 17	
 En los últimos 12 meses, ¿u e. En los últimos 10 visita de atención médica do por un doctor, enfermera u o salud? 	0 a 12 meses	16. Cuando usaba repelente de mosquitos so piel expuesta o ropa, ¿cuántas veces al daplicaba? Marque una	día se lo	
Las siguientes pre picaduras de mos	guntas son acerca de evitar las quitos.	☐ Más de una vez por día☐ Una vez por d		
9. ¿Qué tipo de visitas de atene en los últimos 12 meses? siguientes medi mosquitos en su lo hizo o No, si n	12 meses, ¿tomó alguna de las idas para evitar las picaduras de u hogar? (Para cada una, marque SL si o lo hizo.)	17. Cuando no usaba repelente de mosquito eran sus razones para no usarlo? Marque todas las que com		
de familia puertas abiertas Visita asociada al virus del Visita asociada a una enfo	Sí No a metálica ("screens") en a metálica ("screens") en	☐ No me gustaba su olor ☐ No me gustaba cómo me dejaba la piel ☐ Me preccupaba que los químicos del repelente me hicieran daño ☐ Me preccupaba que los químicos del repelente le		
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☐ Otra → Por favor escribal: e. Vació los envase su casa y patio s	es con agua estancada en emanalmente	☐ Raramente estaba afuera ☐ El repelente de mosquitos era demasiado costoso ☐ A mi esposa o pareja no le gustaba cuando lo usaba		
g. Fumigó el interio los mosquitos	or de su casa para combatir ras y alrededor de su casa y	☐ Otra razón → Por favor, escribala:		
i. Aplicó larvicidas	sen el exterior de su casa			

Topics covered on survey:

- Zika related concerns, knowledge, behaviors, and interactions with healthcare providers
- Contraception
- Relationship status
- Prenatal care visits
- Preparation for a new baby
- Birth attendance
- Concerns about becoming a father
- Depression
- Employment and leave



PATERNAL FEELINGS AND CONCERNS **ABOUT BECOMING A FATHER**





Despite feeling ready to be a father, many still had concerns

Fathers' concerns about becoming a father



Having a healthy baby

Balancing work and family life

Knowing how to

Having enough take care of a baby money for the baby

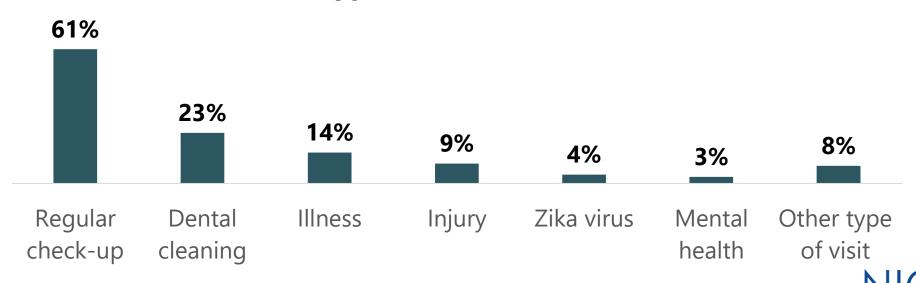


PATERNAL HEALTHCARE-RELATED BEHAVIORS



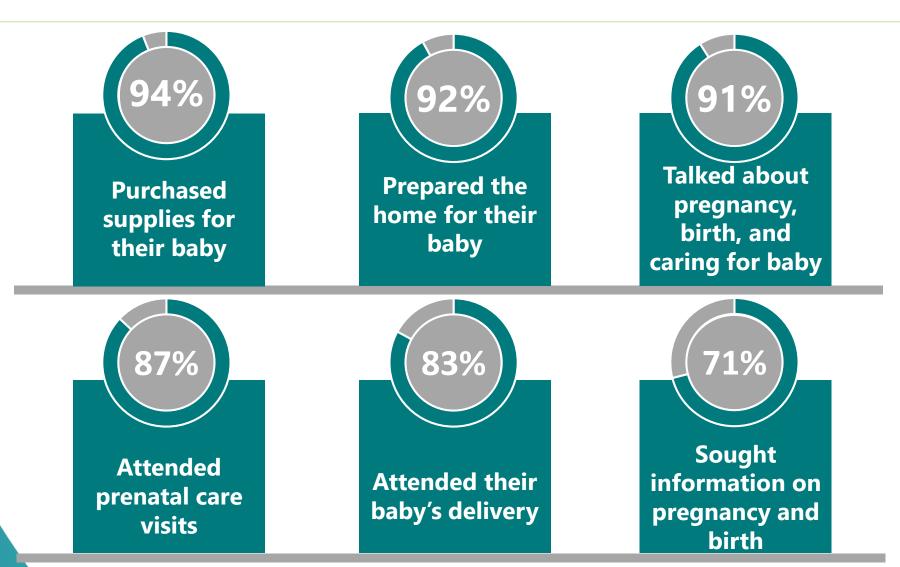


Type of healthcare visit



PATERNAL PARTICIPATION DURING PREGNANCY AND AT DELIVERY

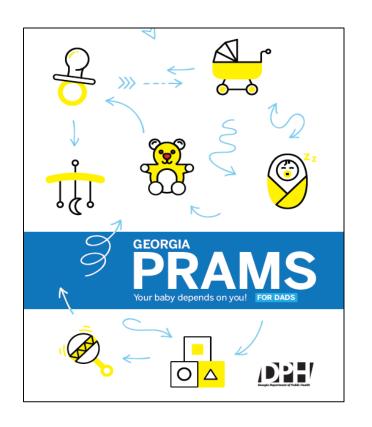




CONTINUING WORK WITH NEW FATHERS: PILOT STUDY FOR PRAMS FOR DADS







WHAT IS PRAMS FOR DADS?



- Survey to examine men's health, attitudes, and experiences prior to and after becoming a father
- Collects comprehensive information about fathers before and after the birth of their child
- Links between paternal factors and pregnancy outcomes
- **Builds on success of PRAMS** methodology

AJPH PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

Pregnancy Risk Assessment Monitoring System for Dads: Public Health Surveillance of New Fathers in the Perinatal Period

each June, the nation pages to of men's health.4 reflect on the importance of fathen. In the United States, approximately 60% of American men are fathers, 82% of whom live with at least one of their paternal involvement is strongly associated with better prenatal with improved developmental outcomes for children.2 A number of key indicators demhave on perinatal maternal and child health.3 including improvements in first trimester neenatal care initiation, infant morbidity and mortality, and continuation. Although fathers' involvement in families is increasing there has been limited fects the health and well-being of fathers themselves, especially around the time of the transition into fatherhood. In particular, surveillance efforts examining new fathers' behaviors and attipectant fathers' preconception health is a newly emerging a rea of male health care services and use. research focused on measuring ultimately supporting men and the health of men during their

1314 Editorial Garifeld et al

As Father's Day approaches reproductive years, a key tenet PERINATAL HEALTH

MALE HEALTH AND NEW FATHERS

involvement on maternal and for men during the perinatal and postnatal maternal health and child health outcomes, enhanced period and the significant period paternal health surveillance cfit overall male health, as the transition to figherhood affects male mental and physical health.5 produce healthy offspring, parage, many men do not access health care. The transition to fatherhood could be an opportune time to promote the integral involvement of fathers in their children's lives as well as serve as a lever for men's health change. Focused surveillance designed to letter understand the health care provide insight into the gap in

SURVEILLANCE

Although a few existing swtems, such as the National Survey of Family Growth and the Fraeile Families and Child Wellbeing Study, touch on aspects of fatherhood, there are no large-scale - tempersonal violence around US-based public health surveil-Beyond influences of paternal lance efforts designed specifically

PRAMS One of the longest-runn A healthy father is more likely to and most successful public health surveillance programs is the ticipate fully in child-searing and Centers for Disease Control and as men's health—a wealth of Prevention's Pregnancy Risk from the time of their high school Assessment Monitoring System physical until they reach middle (PRAMS), a 30-year-old state-

this issue of AJPH, p. 1305). useful for tracking health indicaton over time, evaluating public health programs, and isues (c.e., e-ciesrette use, in fluenza vaccine, Zika) during the perinatal period through the use of short questio nosin Currently, the primary qui tion asked about fathers in

conducted annually of mothers

perinatal behaviors, attitudes, and eriences (see Shulman et al., in

promancy. Although information regarding fathers could supplement, the issue remains that mothers would be reporters hindering a first hand examination of the father's perinstal experience. To expand knowledge of fatherhood risks, benefits, and itive aspects of parenthood as well topics related to fathers and their of men, rather than indirectly

Desartment of Polistrics, Northwestern Printers School of Medicine, Chicago, IL, Ledi Herrison, Chews Beern, Marke Kapaya, Karn Pard, Shree Books, Wonde Berfeld, and Lee Warner or with the Division of Repeduative Health and Violande Grigorica is with the Division of Hedth Informatics and Surveillance, Control for Disease Control and

Prevention, Adapta, GA
Gorespondence should be a set to Quig F. Gorfeld, Professor, Northwestern University Pointure Short of Medicine, Department of Policeira, 633 St. Clair, Saire 19-059, Clicare og by dicking the "Reprints" link.

This obtaind was compact July 12, 2018.

Note: The findings and conclusions in this report are those of the authorit) and do not necessarily represent the official spection of the Control for Disease Control and Presention

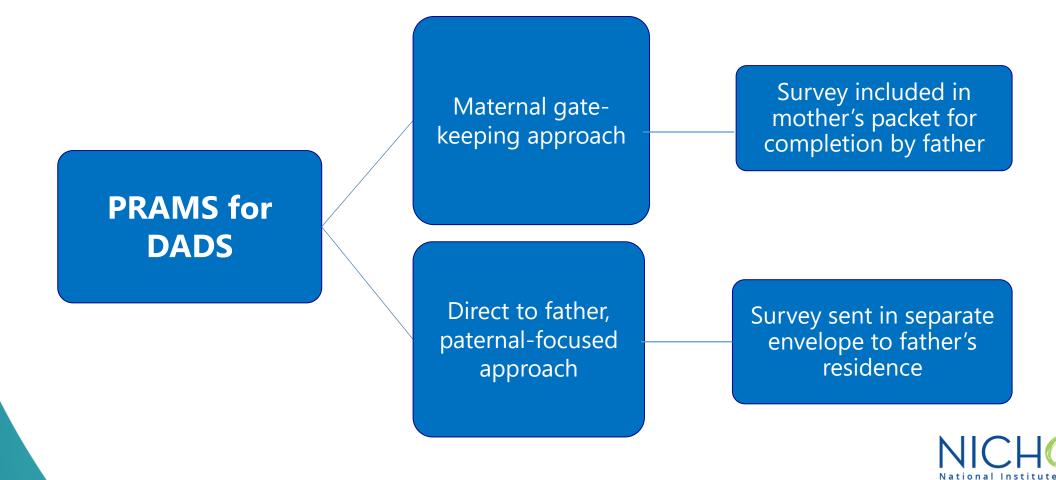
AJPH October 2018, Vol 108, No. 10



https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2018.304664

RANDOMIZED PILOT STUDY – 2 STUDY ARMS







REACHING FATHERS

- For married mothers (60% of births), husband is presumed to be father on birth record
- For unmarried mothers (40% of births),
 - Must check paternal acknowledgment on birth certificate
 - Voluntary acknowledgment of paternity (AOP/VAP) form filled out (70% overall completion rate)

2									
or phatement Please Note: There is a \$10.00									
forward this completed form w					tate Office of Vital				
Records. A valid copy of your P			NEGRECTLY BELOW AN		ON BACK				
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	EN I S INFO	MATION							
EAT ALI HUMBR			MOUTY						
Please Note: Do not use th					oirth of this child or				
for any reason, there is an				cate.					
PATHET SPEET NAME AT BETH	PATHET ME	DLE NAME AT BIRTH	MATHER'S LINGAL LIGHT RAWAR		GENERATION (IR., II, II, ITC				
The father acknowledges I	that he is the I	biological (natural) f		MOTHER'S LAST HAME A	THEN				
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PLEASE ADDRESS ALL CORRESPONDENCE TO THE ADDRESS BELOW.
ITATE OFFICE OF VITAL RECORDS | 1680 PHOENIX BLVD. SUITE 100, ATLANTA, GA 30349 | PHONE 404.679.4702



CRITERIA FOR SELECTING A PRAMS STATE FOR THE PILOT



- High PRAMS response rate
- State prevalence of unmarried mothers comparable to national prevalence
- AOP completion rates
- Strong, stable operations
- Time available
- Willing to champion

State	% unmarried	% AOP	%2013 response rate
Alabama	40.6	70.1	53
Alaska			68.6
Arkansas	42.2		60.9
Colorado	34.5	78.4	61.3
Delaware	45.0		68.4
Elorida	22.1	71 5	EE 1
Georgia	47.8	31.6	65.9
Hawaii	48.0	72.9	70.4
Illinois	45.4	67.2	65.4
Louisiana	37.3		58.4
Maine	40.4	69.2	65.3
Maryland	53.0	69.9	64.9
Massachusetts	41.0		62
Michigan ⁵	40.4	72.8	59.7
Minnesota	33.5	75.7	60.2
Missouri	42.4	65.4	68.8
Nebraska	32.9	75.4	65.5
New Jersey	40.3	63.3	71.5
New Mexico	33.3	69.9	66.4
New York ⁶	35.6		60.4
New York City	52.0	57.9	68
North Carolina	40.2	74.5	44.1
Ohio			56.4
Oklahoma	41.4	63.7	62.9
Oregon	43.7	61.1	62.2
Pennsylvania	42.2	68.7	68
Rhode Island	35.9	75.1	62
South Carolina	41.6	84.9	52.8
Tennessee	44.6		60.7
Texas	47.3	52.9	55.1
Utah	44.0	64.0	66
Vermont	42.2	70.6	74.8
Virginia	18.9	68.5	45.2
Washington	40.2	82.2	65
West Virginia	34.6	70.6	66.3
Wisconsin	32.8	62.2	63
Wyoming	45.2		61.8



PRAMS FOR DADS TEAM: A COLLABORATIVE PARTNERSHIP



- Northwestern University Feinberg School of Medicine
- Georgia Department of Public Health, PRAMS Team
- PRAMS for Dads Work Group, DRH, CDC









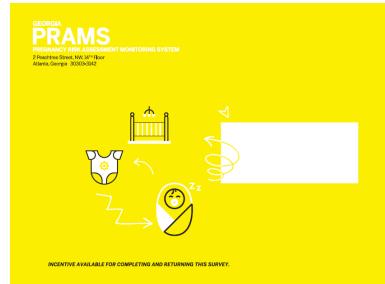


 To implement a PRAMS for Dads pilot study based on formative research.

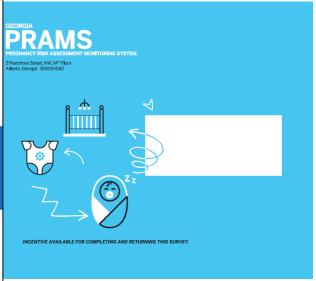
 To identify the most effective approach for reaching residential and non-residential fathers in the perinatal period.

PRAMS FOR DADS MATERIALS









All Dads have the option to complete survey online!



PRAMS FOR DADS MATERIALS



Topics covered on survey:

- •Relationship status
- Birth control use
- Father involvement
- Safe sleep practices
- Breastfeeding
- Employment
- Paternal Leave
- Health care visits

Please check the box next to your answer or follow the directions included with the question. You may be asked to skip some questions that do not apply to you. The first questions are about you.		5. Duri have	next questions are about e your baby's mother was ing your baby's mother's pre a any health care visits with ther health care worker, inc ental health worker?	s pregnant. gnancy, did <u>you</u> a doctor, nurse	
1. What is <u>your</u> date of birth?		₽0		io to Question 7	
Month Day Year			nt type of health care visit(s nyour baby's mother was pr	egnant?	
2. Just before your baby's mother became pregnant, how much did you weigh? — Pounds OR Kilos 3. What was your weight when your new baby we born? — Pounds OR Kilos	ras	0000	Regular checkup at my famil Visit for an illness or chronic Visit for an injury Visit for family planning or b Visit for depression or anxiet Visit to have my teeth cleans dental hygienist	condition irth control y	
4. How tall are you without shoes?			you have a primary care phy baby's mother was pregnan		
Feet Inches			No Yes		rour reasons or your baby's asons for not doing anything to jetting pregnant?
OR Centimeters		preg	ny time <i>during your baby's i</i> pn <i>ancy,</i> did you regularly ta lications?		Check ALL that ap aind if she got pregnant t she could not get pregnant at the
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PRAMS FOR DADS FINDINGS

- Length of enrollment: October 2018 to June 2019
- 857 total fathers invited in completed batches
 - 268 completed surveys (31% response rate)
 - Similar response rates between two arms

Phone

Web

Survey Completion Mode Survey Completion Arm 50% 50%

Mothers as Gatekeepers

Direct-to-Dads

LESSONS LEARNED FROM THE FIELD



Challenges

- Administrative and logistical barriers
- Limited resources

Opportunities

- Continued commitment to the project success
- · Increased adaptability and flexibility in the field
- Capturing the voice of both parents



CONCLUSIONS AND RECOMMENDATIONS



- Fielding a PRAMS for Dads survey is feasible with strong support from researchers, states, and national agencies
- Logistical difficulties can be overcome in order to optimize survey delivery and completion
- The best approach for reaching new fathers will be assessed upon project completion



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The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Questions?





Up Next





Healthy Start Town Hall





