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Fatherhood Talk Tuesday

June 8, 2021

Fatherhood TOLK Tuesdays
A forum for fatherhood coordinators supported by the SHSPP Healthy Start TA Center at NICHQ

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Agenda

Housekeeping	Lisa Hong, NICHQ
Welcome & Introductions	Kenn Harris, NICHQ
Men's Health in the Era of Covid-19: A Practical Approach	Dr. Kevin Billups, Meharry Medical College
Q&A	All
Closing	Danisha Charles, NICHQ

Meeting Logistics

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- All participants are muted upon entry. We ask that you remain muted to limit background noise.
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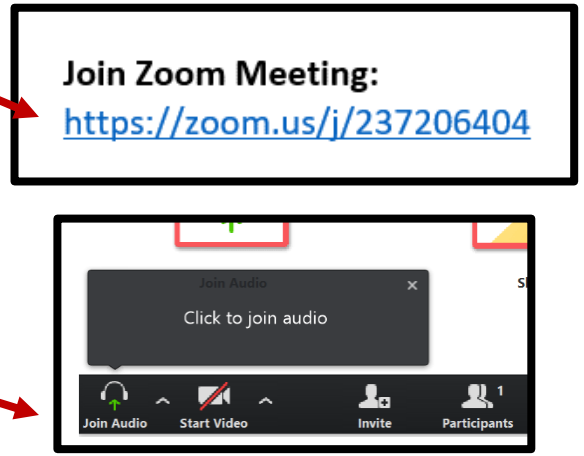

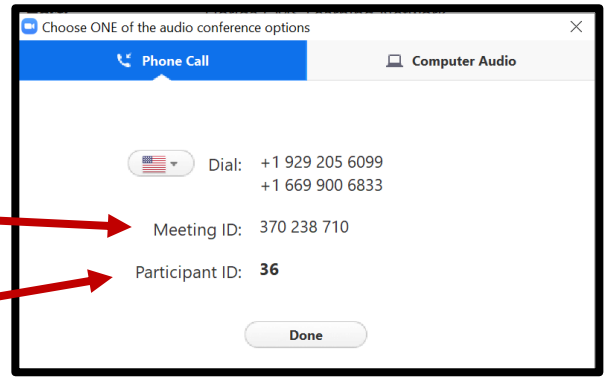

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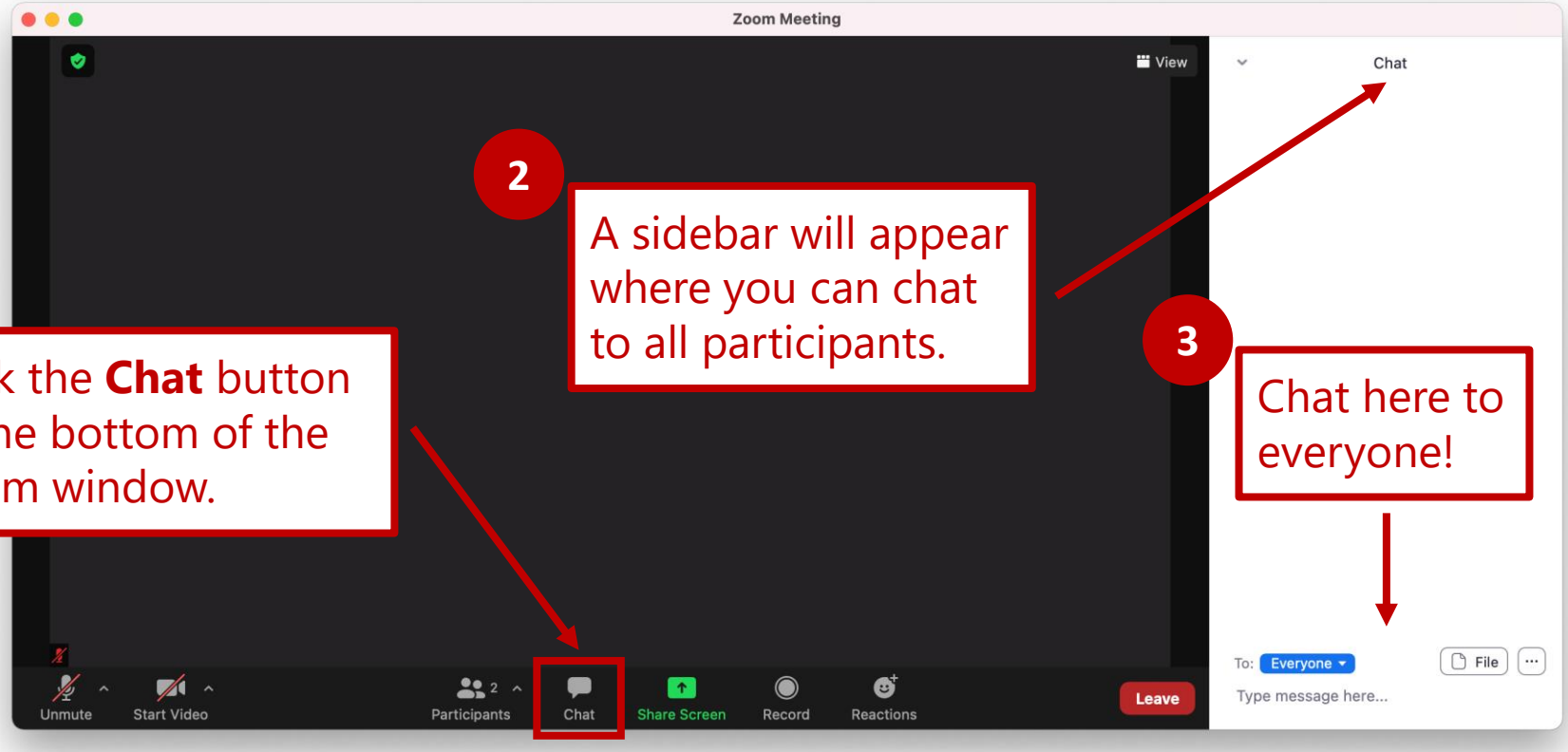
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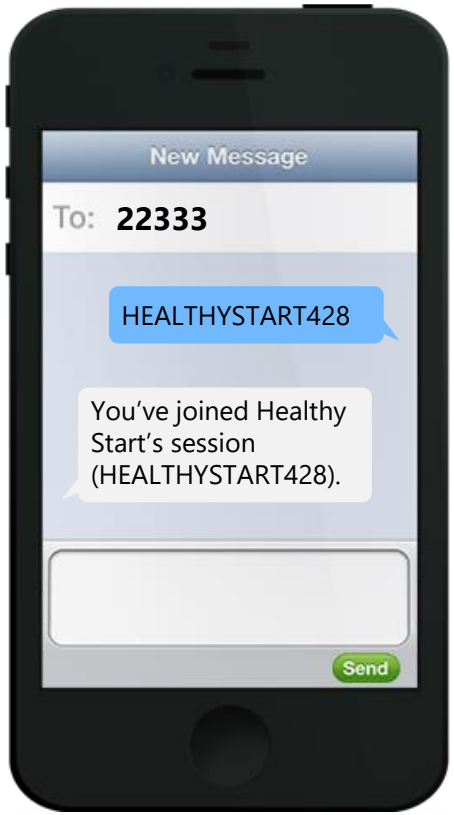

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Welcome & Introductions

Kenn Harris, NICHQ

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Dr. Kevin Billups

Professor of Medicine & Urology
Meharry Medical College

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Men's Health in the Era of Covid-19: A Practical Approach

Dr. Kevin Billups
Meharry Medical College

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Men's Health in the Era of COVID-19: A Practical Approach

Kevin L. Billups, MD

Professor of Medicine and Urology

Director of Men's Health

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Dr. Billups Disclosures

- None

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Presentation Outline

- What is Men's Health all About?
- My Approach to Men's Health
- Understanding Erectile Dysfunction & Testosterone Deficiency
- Implications for Chronic Disease Management
- The Future of Men's Health

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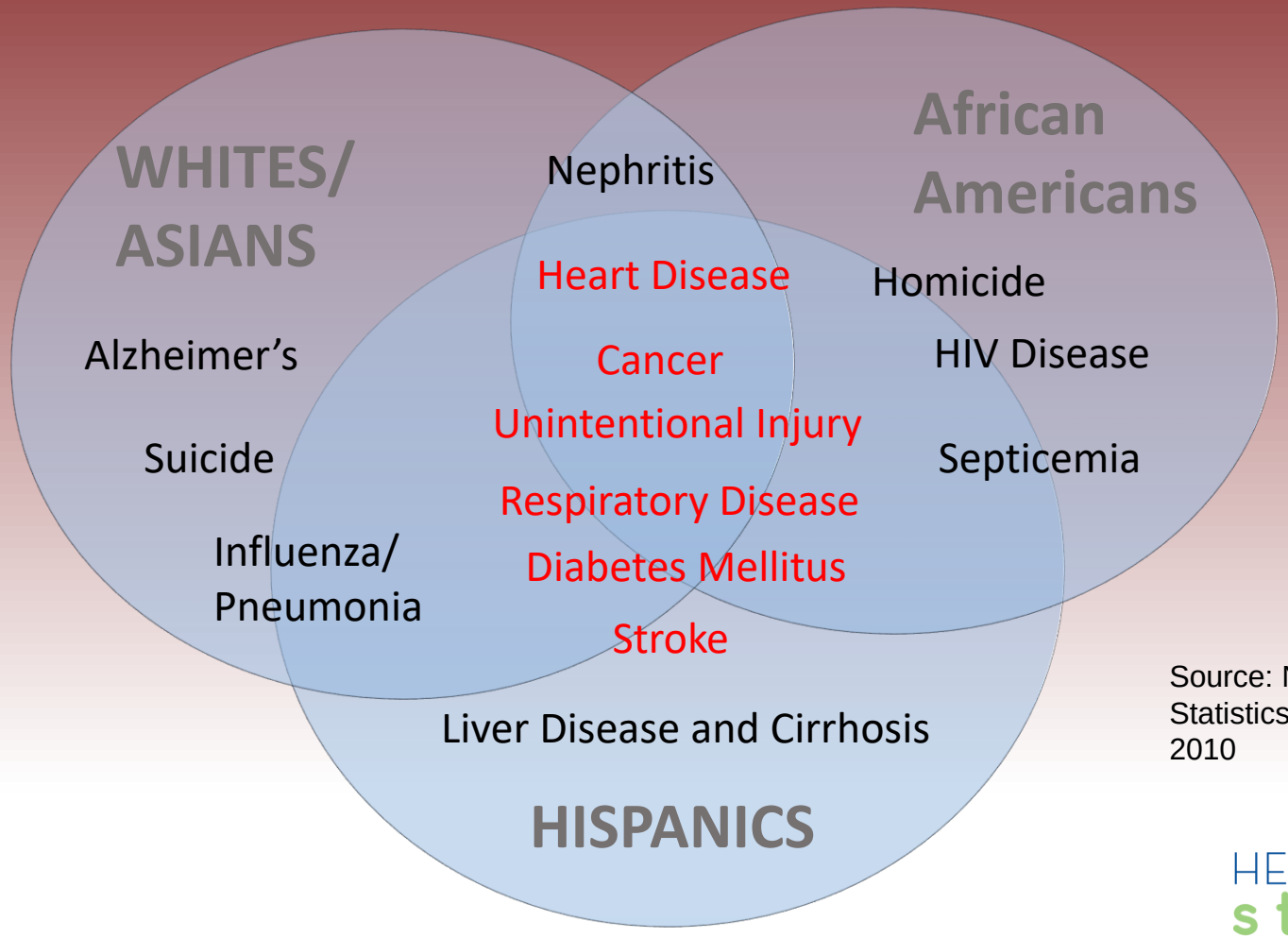
What is Men's Health?

The World Health Organization (WHO) in the 1940's defined Men's Health as a state of complete physical, mental, and social well-being, as experienced by men, and not merely the absence of disease or infirmity. These often relate to structure such as male genitalia or to conditions caused by hormones specific to, or most notable in, males.

Leading Causes of "Men" Death by Race/Ethnicity



Source: National Vital Statistics Reports 62:6, 2010

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The Facts of Life For Men Today

- Men Die 5.6 Years Earlier Than Women; AA Men 9.9 Years Earlier
- Life expectancy in the US has dropped 1 full year with COVID-19 (2.7 years for African Americans; 1.9 year for Hispanics)
- At least 50% of premature male deaths are preventable

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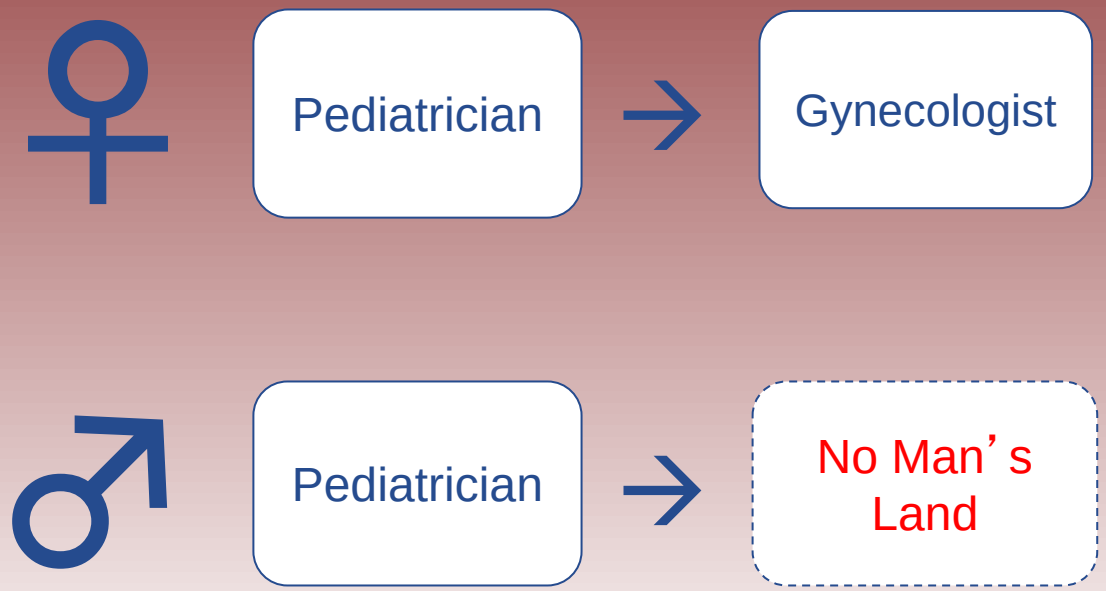
Why Men Get Off To a Slow Start

- Consider Female versus Male Health Care Pathways



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How I Currently Approach Men's Health

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Men's Health: Common Symptoms

- Erectile Dysfunction
- Decreased libido/fatigue
- Weight Gain
- Snoring/Sleep Apnea
- Arthritis & Gout
- Acid Reflux
- Low Back & Leg Pain

Men's Health = Metabolic Health
The Path to Optimal Results

Four Pillars of Metabolic Health

88% Have Abnormal Profile

- Blood Sugar < 100 mg/dl
- Waist Size < 40 inches
- Blood Pressure < 120/80
- Cholesterol LDL < 100 mg/dl

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The Result of Poor Metabolic Health: "The Real Pandemic"

- Diabetes: 85,000 Deaths Annually - 50% of US adults have diabetes or pre-diabetes
- Hypertension: Nearly 50% of adults in the US have HBP are taking medication for it – about 500,000 deaths (primary or contributing cause)
- Overweight/Obese: Almost 75% of US adults (42% obese)
- High Cholesterol: 29 million American adults with total cholesterol greater than 240 mg/dl
- Heart Disease: 655,000 deaths annually; about 1 in 4 deaths
- Cancer: Nearly 607,000 Deaths annually

Directly related to nutrition& lifestyle

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Achieving Optimal Men's Health

Easy Pathway

- Recognize the symptom(s)
- Choose a treatment
- No real plan often means no results

Effective Pathway

- Recognize the symptom(s)
- Understand the link metabolic health & disease
- Choose a solution

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COVID-19 Risk Factors

- Major Risk Factors
  - Diabetes
  - Hypertension
  - Obesity
- Common Denominator
  - All are diet (nutrition) related
  - All are lifestyle (exercise, sleep hygiene) related

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COVID-19: A Tale of Two Pandemics

- Diabetes, Hypertension and Obesity
  - Slow pandemic developing over the past 30 years
  - Increase the risk for severity associated with COVID infection
- COVID-19
  - Fast pandemic developed over the past 15 months

COVID-19 Risk Factors: Significance & Outcomes

- Diabetes, Hypertension
  - Each increase the risk of hospitalization 3x to 4x in an additive fashion
  - Diabetes plus Hypertension = about 6x to 8x increase risk of hospitalization
- Obesity
  - Moderate obesity (BMI of 30 to 40) = 4x increased risk of hospitalization
  - Severe obesity (BMI of >40) = 6x increased risk of hospitalization

The Solution: Get Healthier & Take Control of Your Life

- Symptoms are linked to metabolic health and chronic medical conditions
- You can change your metabolic health profile within 6 weeks
- Integrating lifestyle changes with medical supervision gets results
- Education triggers engagement which leads to empowerment

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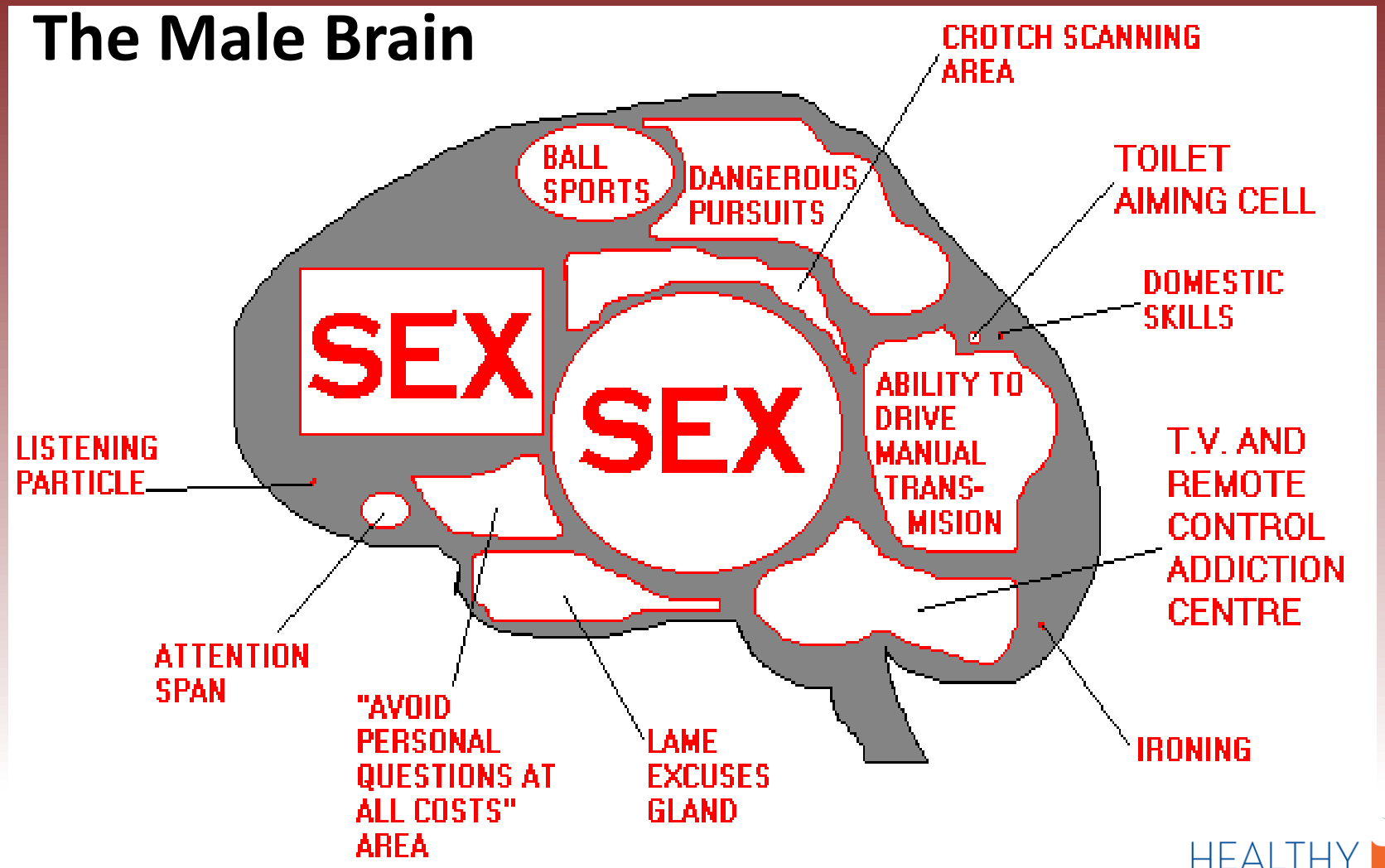
The Real Driver for Men's Health



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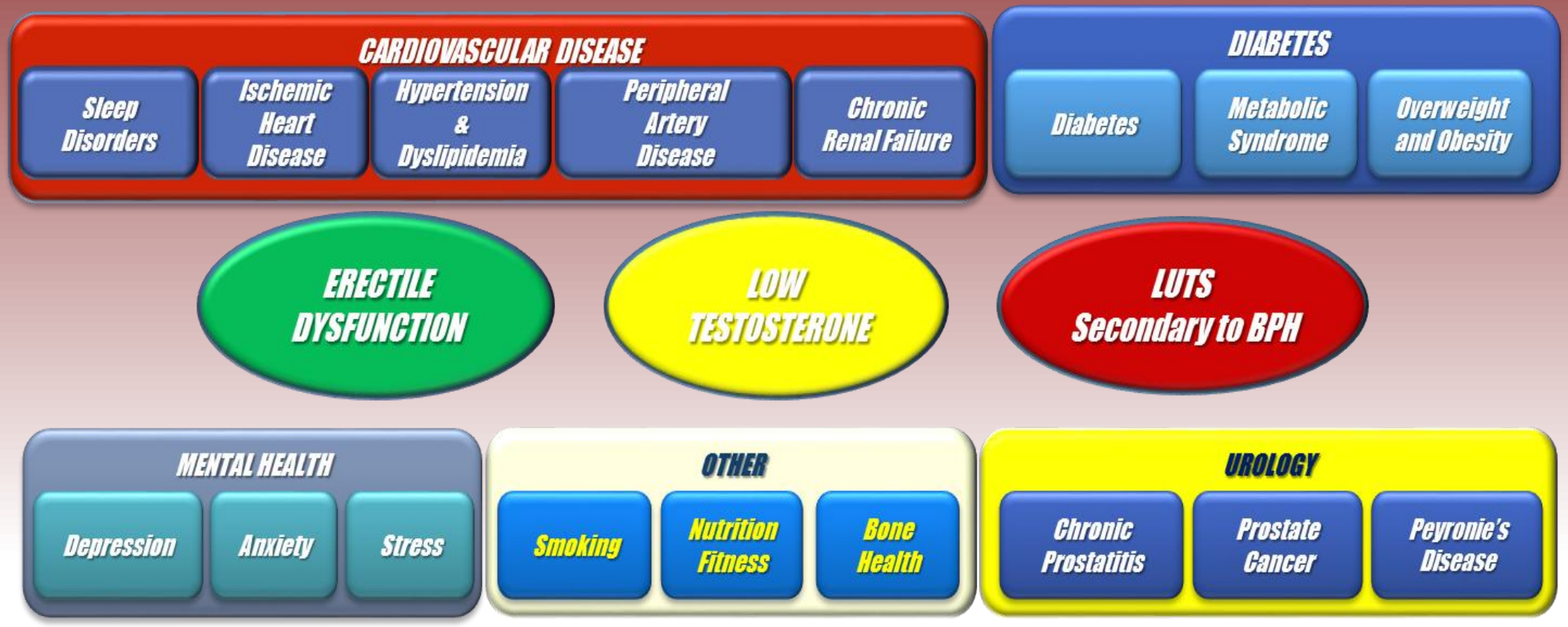
Men's Health, Sexual Medicine & Cardiometabolic Risk

Men's Health and Sexual Medicine correlates with all major chronic disease areas and impacts men across all racial, ethnic and socio-economic and geographical boundaries



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Common Men's Health Conditions

- Erectile Dysfunction
- Testosterone Deficiency (Hypogonadism)
- Premature Ejaculation
- Peyronie's Disease
- Benign Prostate Disease
- Infertility

Male Sexual Health Correlates

Causes of ED

- Coronary Artery Disease (CAD)
- Hormonal Problems
- Injuries
- Nerve Damage (RRP, MS, Parkinson's)
- Infections
- Diabetes
- Stress, Depression & Anxiety
- Alcohol & Drug Abuse
- Hypertension

Top 10 Leading Causes of Death[1]

- Heart Disease (CAD)
- Cancer
- Stroke
- Accidents
- Lung disease (COPD)
- Pneumonia
- Diabetes
- Suicide
- Liver Disease (Cirrhosis)
- Homicides

Hypogonadism[2,3]

Obesity (52.4)
Diabetes (50.0)
Hypertension (42.4)
Hyperlipidemia (40.4)
Osteoporosis (44.4)
Asthma/COPD (43.5)
Prostate Disease (41.3)

[1]Centers for Disease Control
[2]Hypogonadism In Males (HIM) Mulligan, T. et al, Int J Clin Pract. 2006; 60 (7): 762-769
[3]( ) = percent prevalence

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Causes of Erectile Dysfunction (ED)

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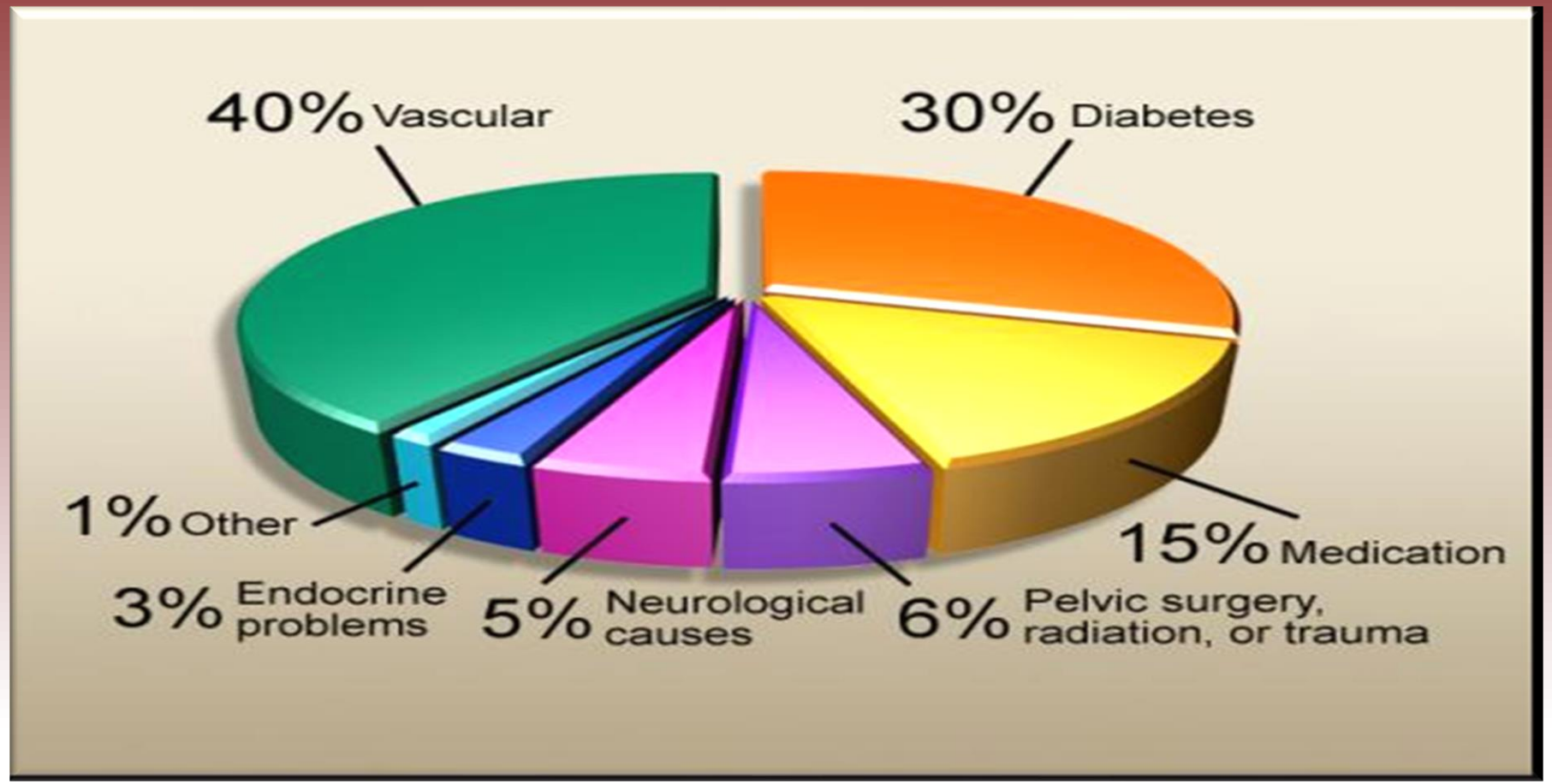
Organic Causes of ED: Percentage Distribution



With permission from Goldstein I, and the Working Group for the Study of Central Mechanisms in Erectile Dysfunction. Sci Am. August 2000:70-75.

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Clinical Evaluation of Erectile Dysfunction

The evaluation of the male with ED comprised of three Phases:

- History & Physical Exam
- Lab testing
- Adjunctive testing
  - Imaging and related modalities
- The modern ED assessment is an evaluation for vascular disease

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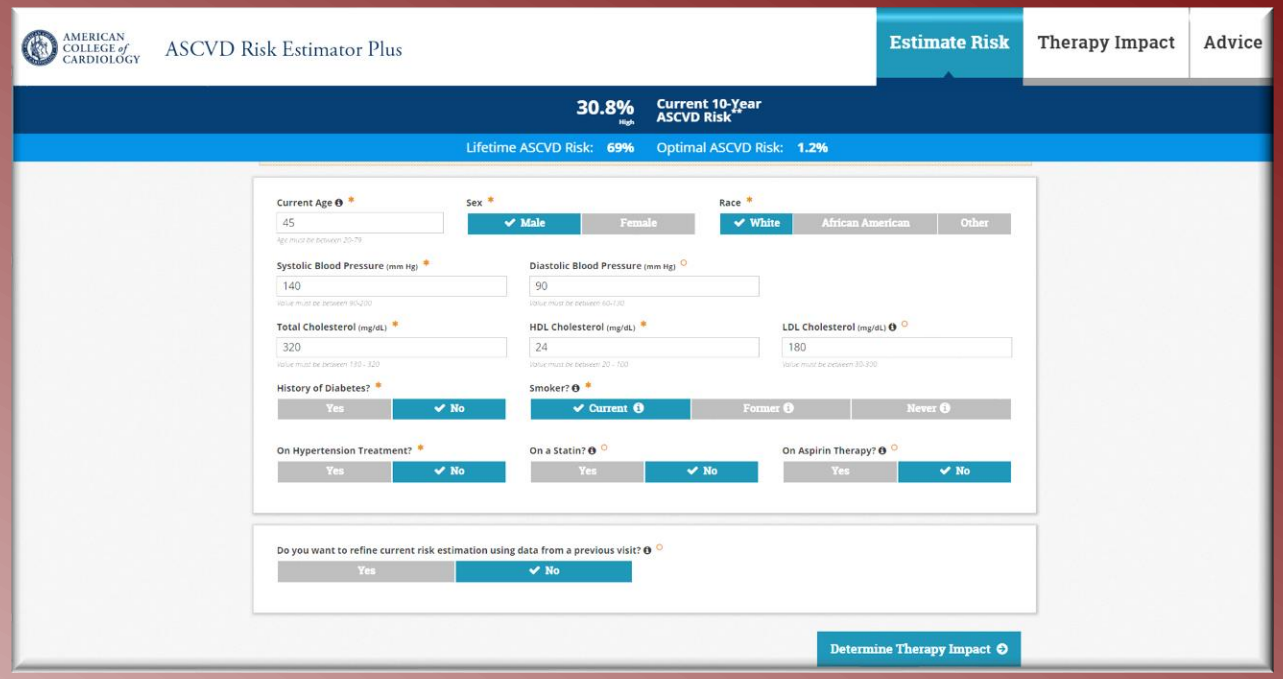
American College of Cardiology ASCVD Risk Calculator

- Calculates Lifetime & 10-year ASCVD Risk
- Indicates Optimal ASCVD Risk
- **Projects 10-year Risk Reduction by Intervention/Therapy**
  - Smoking cessation
  - Statin therapy
  - Blood pressure medication
  - Aspirin therapy
- **Provides Risk Reduction Scenarios**
- **Provides Treatment Advice based on individual patient data**
  - LDL-C Management
  - Blood Pressure Management
  - Tobacco Cessation
  - Diabetes Mellitus Management
  - Lifestyle Recommendations
  - Aspirin Use
  - Therapy Safety Information



ASCVD Risk Estimator Plus

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Laboratory Testing

- Hemoglobin A_1C (Diabetes)
- Hemoglobin & Hematocrit
- Hypothalamic-pituitary-gonadal axis evaluation
  - Total Testosterone
  - Free Testosterone
  - Sex Hormone-Binding Globulin (SHBG)
  - Prolactin
  - Luteinizing Hormone (LH)
  - Follicle Stimulating Hormone (FSH)
- PSA
- Lipid profile
  - Total cholesterol
  - HDL
  - LDL
  - Triglycerides
- Thyroid function tests (if indicated)
  - Thyroid-Stimulating Hormone (TSH)
  - Triiodothyronine (T3)
  - Total Thyroxine (T4)
  - Free Thyroxine (FT4)
- Vitamin D 25-Hydroxy

Imaging Studies

- Nocturnal Rigidity
  - Rigiscan
  - Stamp or Tape Test
- Specialized Vascular Evaluation
  - Diagnose arterial and venous insufficiency in men with ED
  - Penile Color Duplex Doppler Ultrasonography
  - Utilizing ICI to evaluate blood flow direction and velocity
  - Diagnostic for both arterial insufficiency and veno-occlusive dysfunction

Broderick GA, Arger P. Duplex Doppler ultrasonography: noninvasive assessment of penile anatomy and function. Semin Roentgenol. 1993; 28(1):43–56.

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Erectile Dysfunction Medical Management

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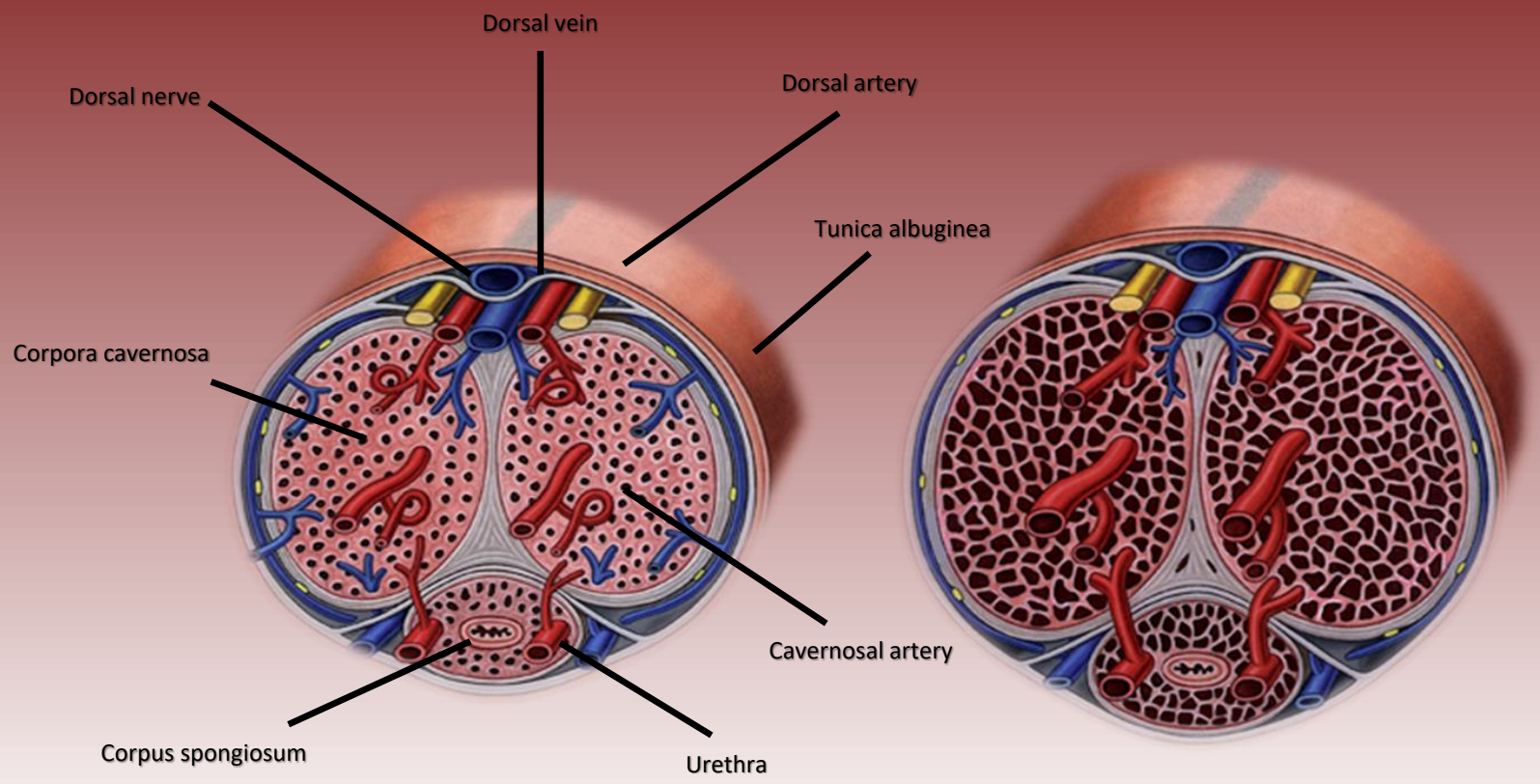
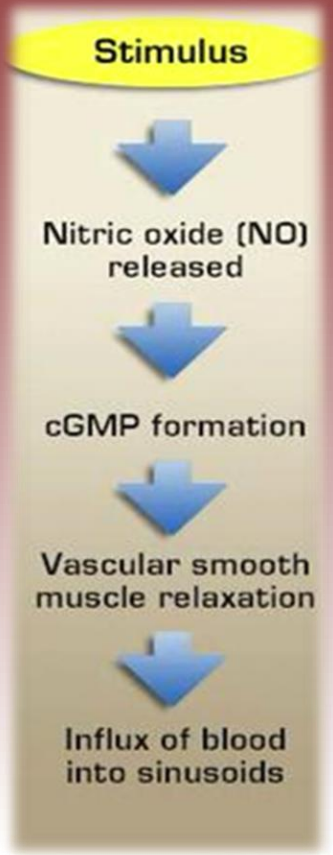
Male Erectile Physiology



Flaccid Penis

Erect Penis



National Erectile Dysfunction Foundation. Understanding Erectile Dysfunction. 1998.

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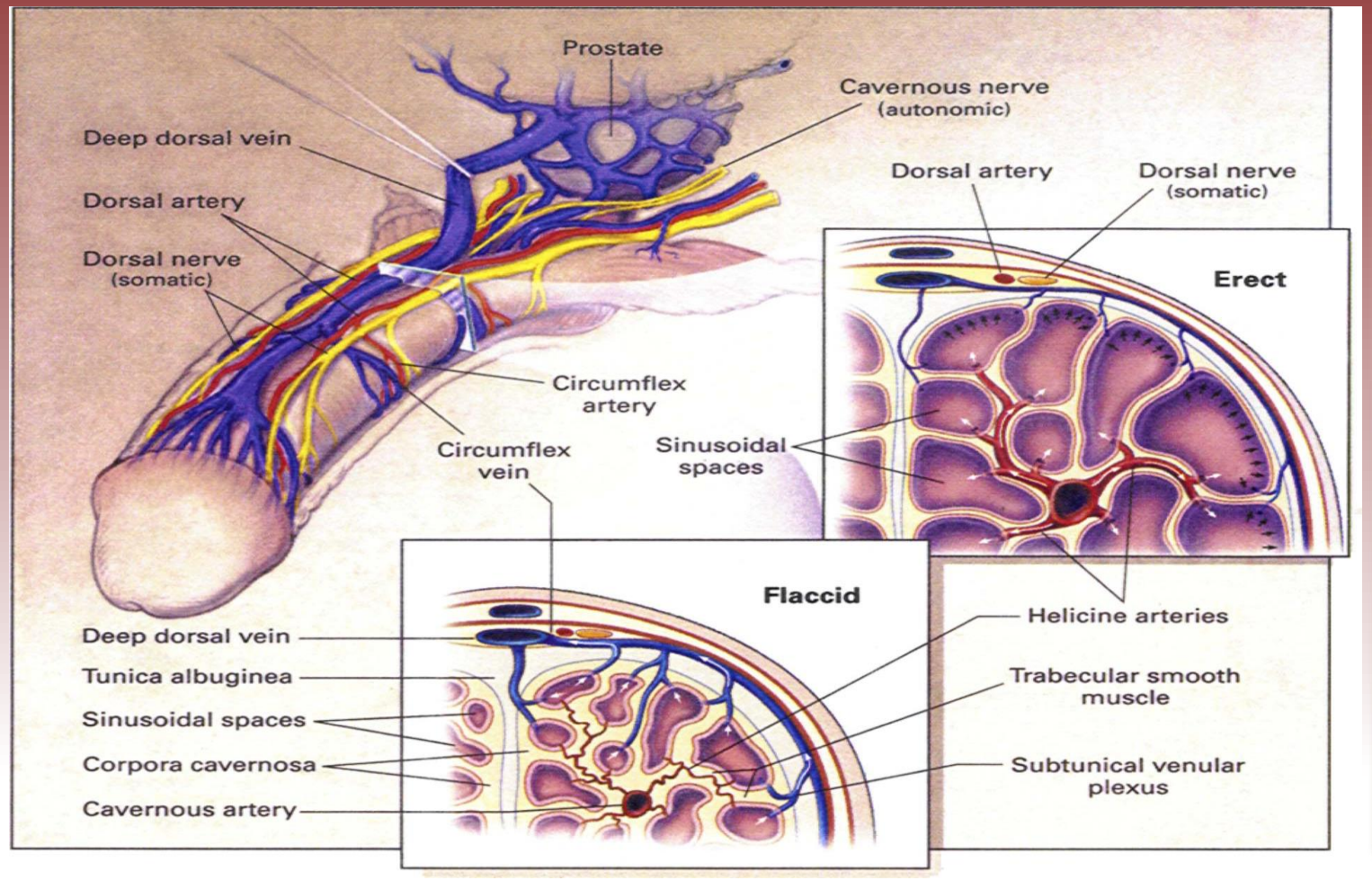
Penile Anatomy



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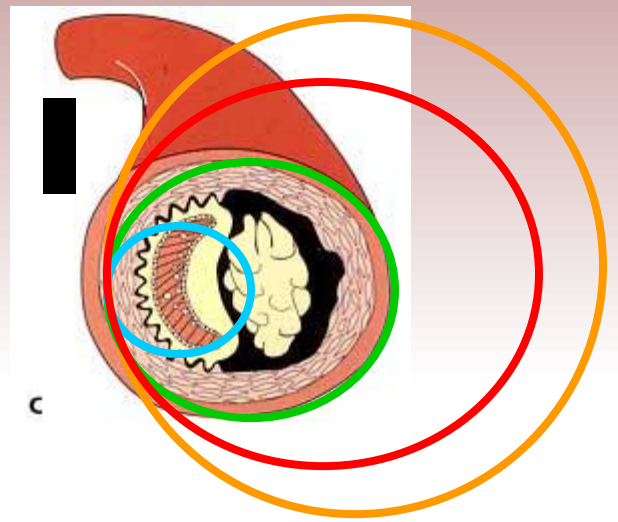
Vascular ED: Early Marker of More Diffuse Vascular Disease

ED may be silent to the patient and healthcare provider — BUT THE VASCULAR DISORDER LINK WITH ED IS NOT CLINICALLY SILENT

Smaller penile arteries suffer obstruction from plaque burden earlier than the larger arteries

- Penile 1-2 mm
- Coronary 3-4 mm
- Carotid 5-7 mm
- Iliofemoral 6-8 mm



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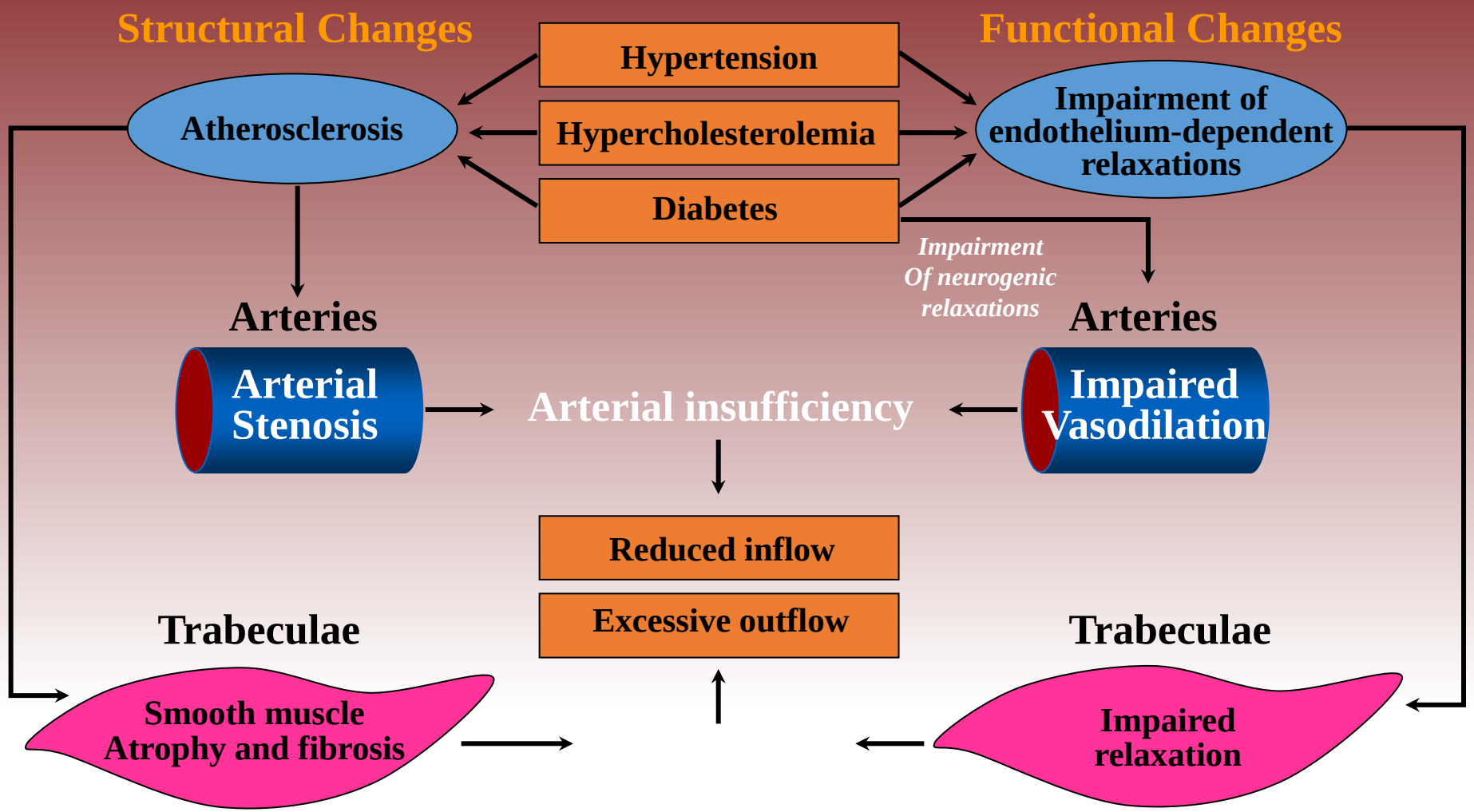
Vascular Causes of ED



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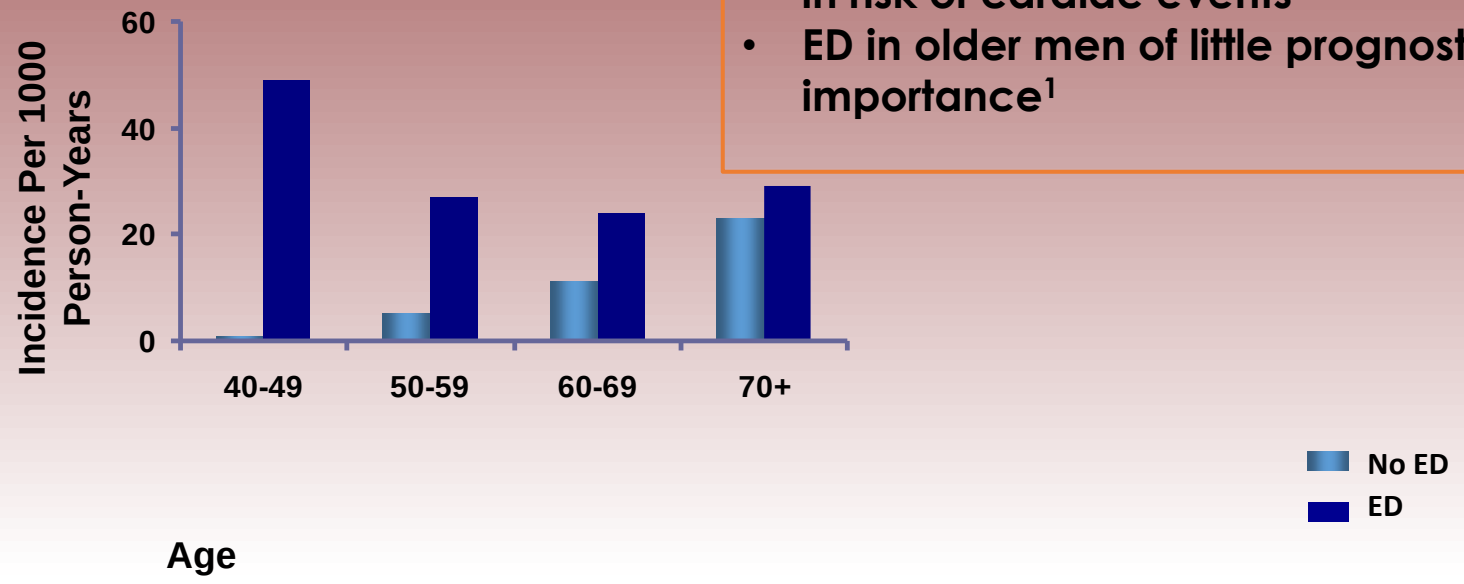
ED Predicts Coronary Events: 10-Year Follow-up

1990-2000: **2115 community-dwelling men aged 40 -79** entered *Olmstead County Study of Urinary Symptoms and Health Status Among Men*[1]

- **ED and CAD may share common underlying vascular pathology[2]**
- **ED in younger men related to marked increase in risk of cardiac events[1]**
- **ED in older men of little prognostic importance[1]**



CAD Incidence-Densities/1000 person-years[1]

. Inman BA et al. *Mayo Clin Proc.* 2009;84(2):108-113. 2. Reproduced from Miner MM. *J Androl.* 2011;32(2):125-134.

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Vascular ED: Clinical Significance

- Vascular ED: powerful marker of increased CVD risk beyond traditional risk factors
- Detection of vascular ED should trigger CVD risk assessment/reassessment for subclinical CAD
- No guidelines exist for w/u vascular ED
- In patients with vascular ED considered at intermediate or high CVD risk, coronary artery calcium (CAC) may be particularly valuable for further assessment

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Shah N, Achirica M, Feldman D, Blumenthal R, Miner M, Billups K, Blaha, M. Cardiovascular Disease Prevention in Men with Vascular Erectile Dysfunction: The View of the Preventative Cardiologist. Am J Medicine 2015.

Erectile Dysfunction Algorithm©

COUNSEL THE MAN AND PARTNER REGARDING

- The value of psychosocial/relationship support from trained professionals to optimize treatment satisfaction
- The importance of lifestyle change (weight loss, exercise, smoking cessation) to improve erectile function and overall health.
- The benefits and risks/burdens of all available ED treatments that are not contraindicated

↓

Using a shared decision-making framework, identify appropriate treatment[1] based on values and priorities of man and partner

↓

- PDE5i
- Vacuum Devices
- Intraurethral (IU) alprostadil
- Intracavernosal injection (ICI)
- Penile prosthesis Surgery

↓

ASSESS OUTCOMES, ADVERSE EVENTS (AEs), AND SATISFACTION OF MAN AND PARTNER

↓

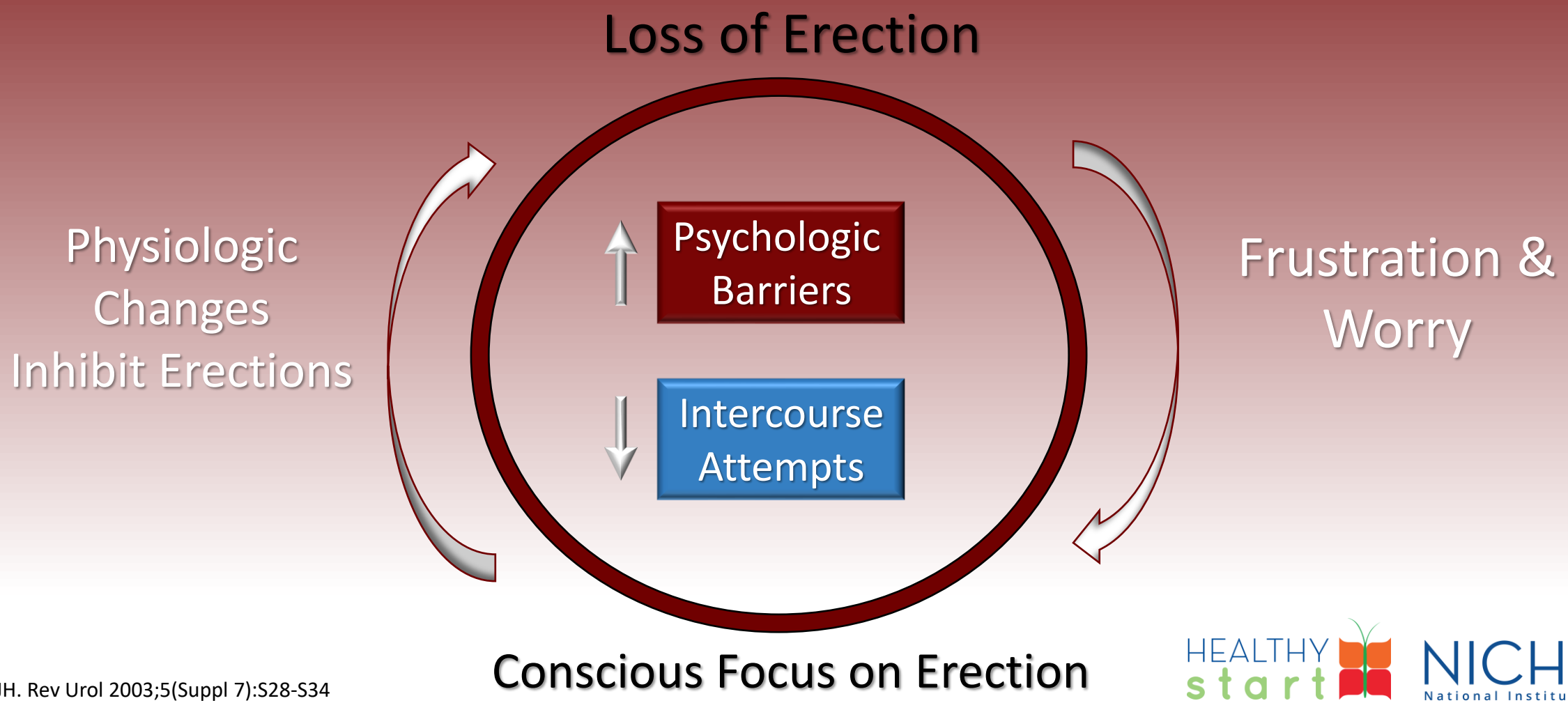
IF INADEQUATE EFFICACY AND/OR UNACCEPTABLE AEs AND/OR INSUFFICIENT SATISFACTION, THEN ADDRESS AS APPROPRIATE

- Dose adjustments (for PDE5i, IU alprostadil, ICI
- Revisit instructions to maximize efficacy (for all treatments)
- Revisit values and priorities of man and partner with mental health professional to refine values and priorities and/or to address psychosocial or relationship barriers to successful treatments
- Consider alternate treatment

[1] For men with testosterone deficiency defined as the presence of symptoms and signs and a total testosterone <300 ng/dl, counseling should emphasize that restoration of testosterone levels to therapeutic levels is likely to increase efficacy of ED treatments other than prosthesis surgery.

Courtesy: American Urological Association 2018 Education and Research, Inc.

Physiologic and Psychologic Impact of Erectile Dysfunction



Barada JH. Rev Urol 2003;5(Suppl 7):S28-S34

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Testosterone Deficiency Evaluation & Management

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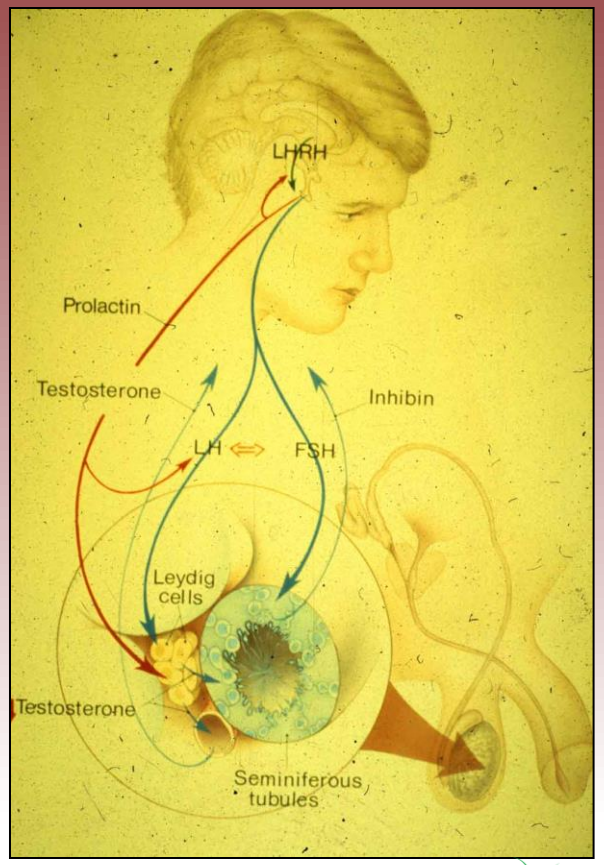
Definition of Hypogonadism

- A reduction in testosterone production
  - Primary: testicular failure
  - Secondary: hypothalamic or pituitary dysfunction (Co-morbidity related)
  - Combined: decreased pulsatility of gonadotropins plus decreased Leydig cell response
- Congenital or acquired
- May be multifactorial: aging, chronic disease, unhealthy behavioral habits, and side effects from medications
- Lifestyle changes can have an impact



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Testosterone Deficiency Signs & Symptoms

Physical

- Decrease muscle mass and strength
- Decreased bone mineral density
- Diminished energy, sense of vitality, or well-being
- Gynecomastia
- Anemia
- Frailty
- Increased body mass index (BMI)
- Fatigue
- Insulin resistance
- Enlarged Liver/Elevated LFT's

Psychological

- Diminished energy, sense of vitality, or well-being
- Impaired cognition and memory
- Decreased mood

Sexual

- Decreased bone mineral density
- Decrease spontaneous erections
- Erectile dysfunction
- Difficulty achieving orgasm
- Diminished libido

Hypothalamic-Pituitary-Testicular Axis in Aging Males

- Altered hypothalamic secretion of Gonadotropin Releasing Hormone (GnRH)
- Altered signal to pituitary to release Luteinizing Hormone (LH)
- Altered signal to testes (Leydig Cells)
- Low testosterone levels

Morley JE. J Gend Specif Med. 2001;4:49-53.
Tenover JL. Int J Androl. 1999;22:300-306.
Matsumoto AM, J. Gerontol: Med. Sciences. 2002;57A(2):M76-M99.

Prevalence of Major Risk Factors with Hypogonadism

Overall Prevalence of Biochemical Hypogonadism in Clinical Practice: 38.9%

Risk Factor	Hypogonadism[a] Prevalence (95% CI)	Odds Ratio (95% CI)
Obesity	52.4 (47.9-56.9)	2.38 (1.93-2.93)
Type 2 diabetes	50.0 (45.5-54.5)	2.09 (1.70-2.58)
Hypertension	42.4 (39.6-45.2)	1.84 (1.53-2.22)
Hyperlipidemia	40.4 (37.6-43.3)	1.47 (1.23-1.76)
Asthma or COPD	43.5 (36.8-50.3)	1.40 (1.04-1.86)
Prostate disease	41.3 (36.4-46.2)	1.29 (1.03-1.62)

HIM Study (N = 2085)

Adapted from Mulligan T, et al. *Int J Clin Pract*. 2006;60:762-769.

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After a 2 year visit to the USA, David is returning to Italy…

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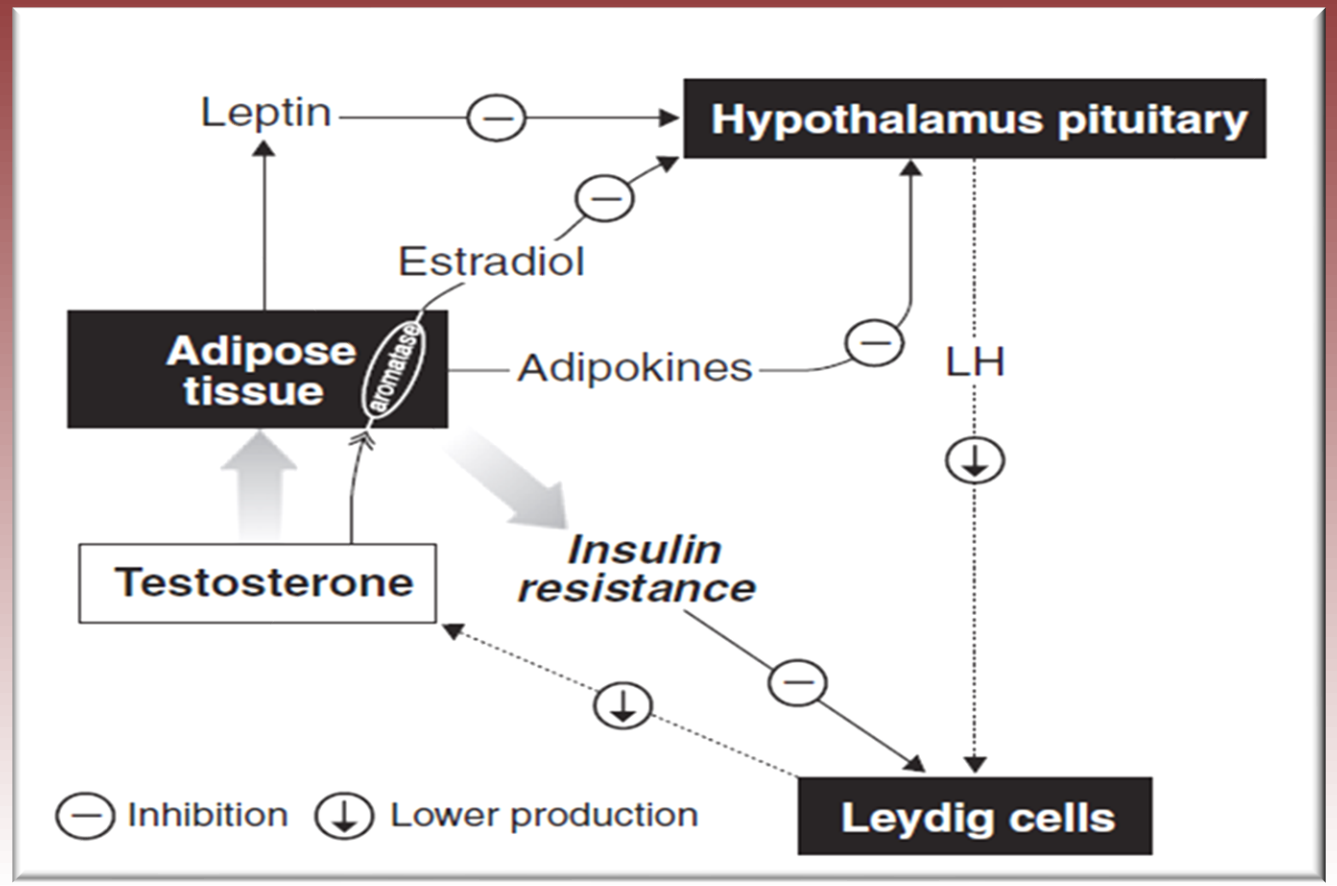
Hypogonadism-Obesity & Insulin Resistance



Dandona P, Dhindsa S, Chaudhuri A, et al. Curr Mol Med. 2008;8(8):2289-94.
Kapoor D, Malkin CJ Channer KS, et al. Clin Endocrinol(Oxf) 2005;63(3):239-50.

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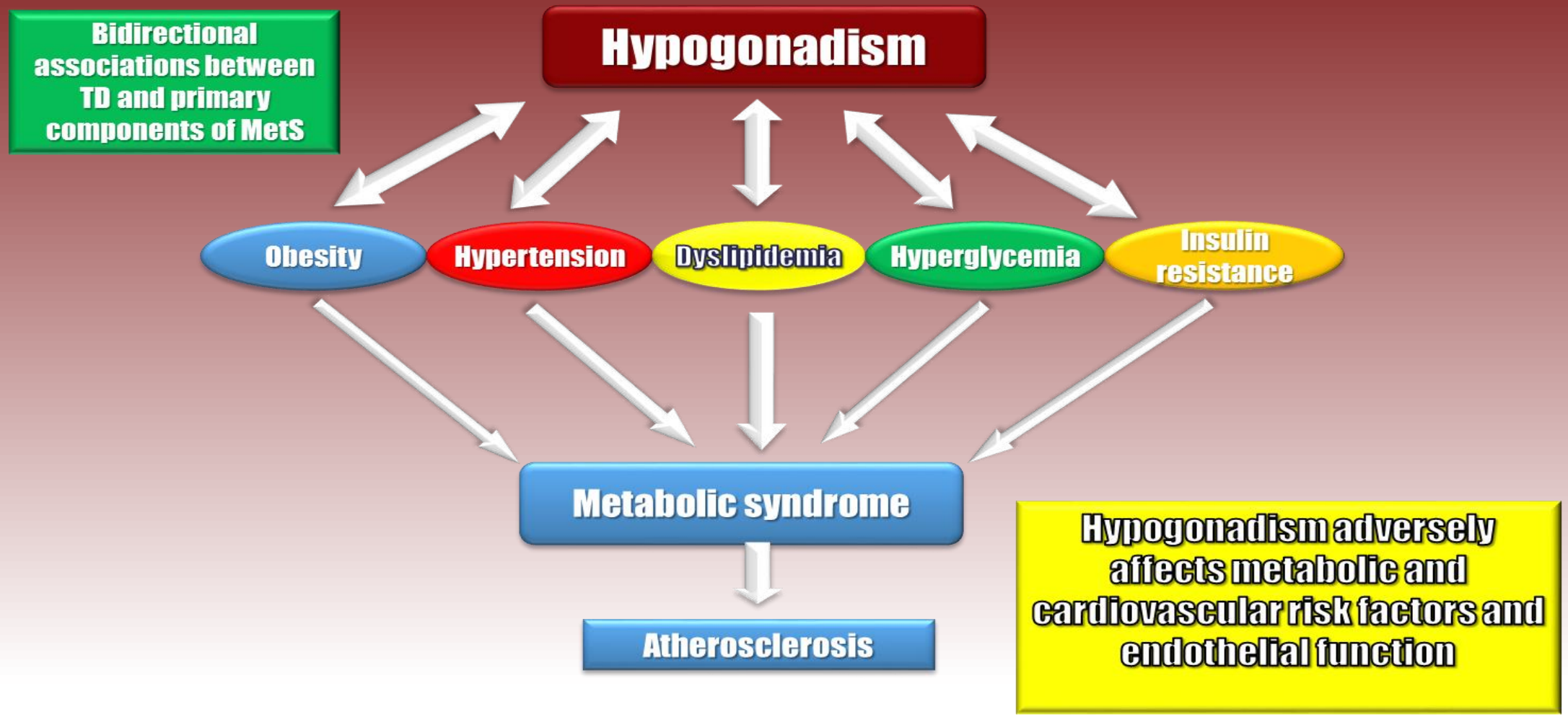
A RELATIONSHIP WE SHOULD DISCUSS



Traish AM et al. J Androl. 2009;30(1):23-32

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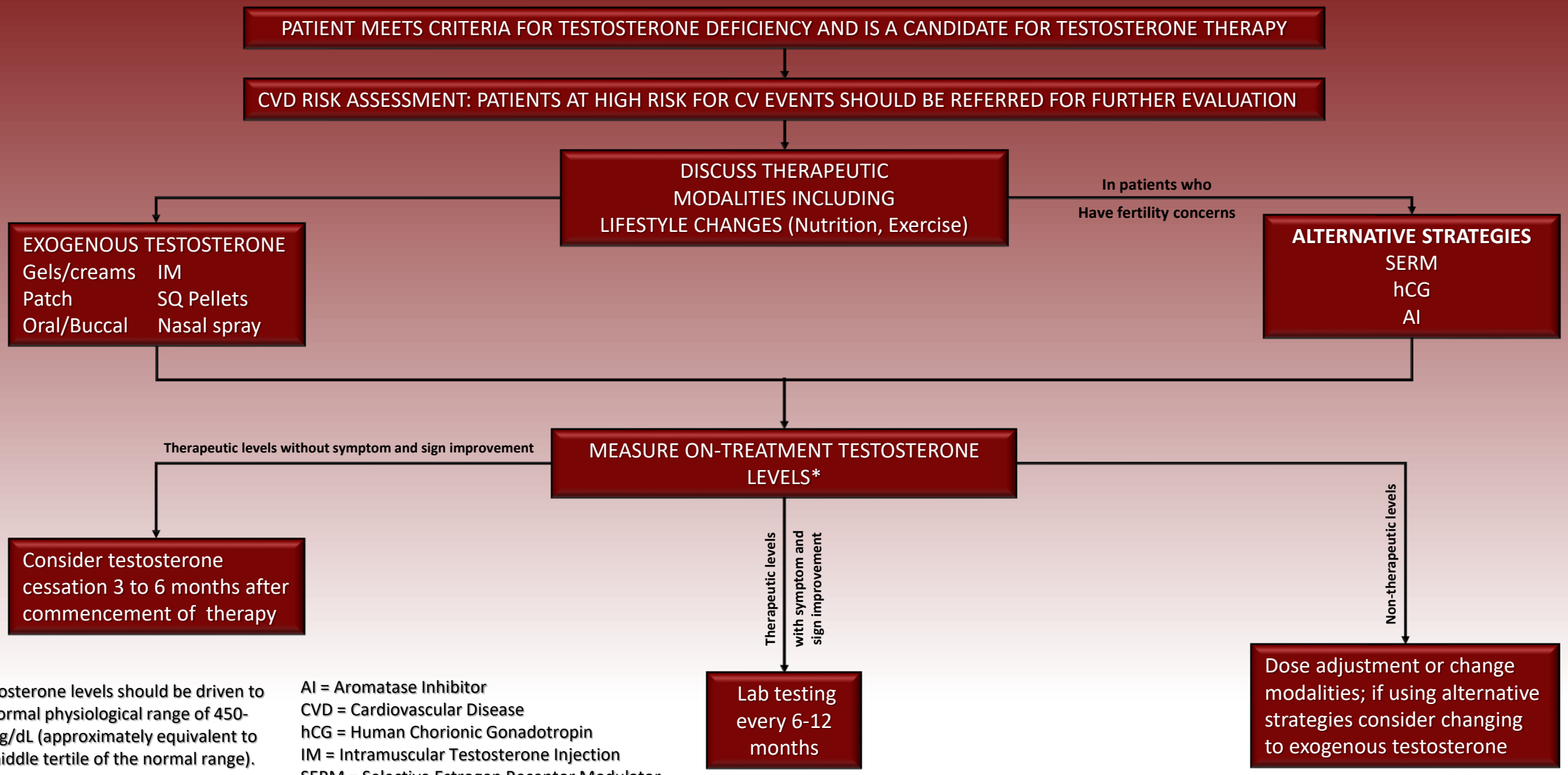
Evaluation and Management of Testosterone Deficiency: Treatment Algorithm



*Testosterone levels should be driven to the normal physiological range of 450-600 ng/dL (approximately equivalent to the middle tertile of the normal range).

AI = Aromatase Inhibitor
CVD = Cardiovascular Disease
hCG = Human Chorionic Gonadotropin
IM = Intramuscular Testosterone Injection
SERM = Selective Estrogen Receptor Modulator
SQ = Subcutaneous

Courtesy: American Urological Association Education and Research, Inc.®

TRT Contraindications & Precautions

Contraindications	Precautions
▪ Male breast cancer ▪ Prostate cancer (known or suspected) ▪ Known or suspected sensitivity to ingredients used in the medication or delivery system	▪ Benign Prostatic Hyperplasia (BPH) ▪ Lower Urinary Tract Symptoms (LUTS) ▪ Edema in patients with preexisting cardiac, renal, or hepatic disease ▪ Gynecomastia ▪ Precipitation or worsening of sleep apnea ▪ Azoospermia ▪ Testicular atrophy ▪ Cardiovascular Risk Assessment

“Men Food”

Salt Lick, Driftwood, TX.

Photo: Raphael Brion

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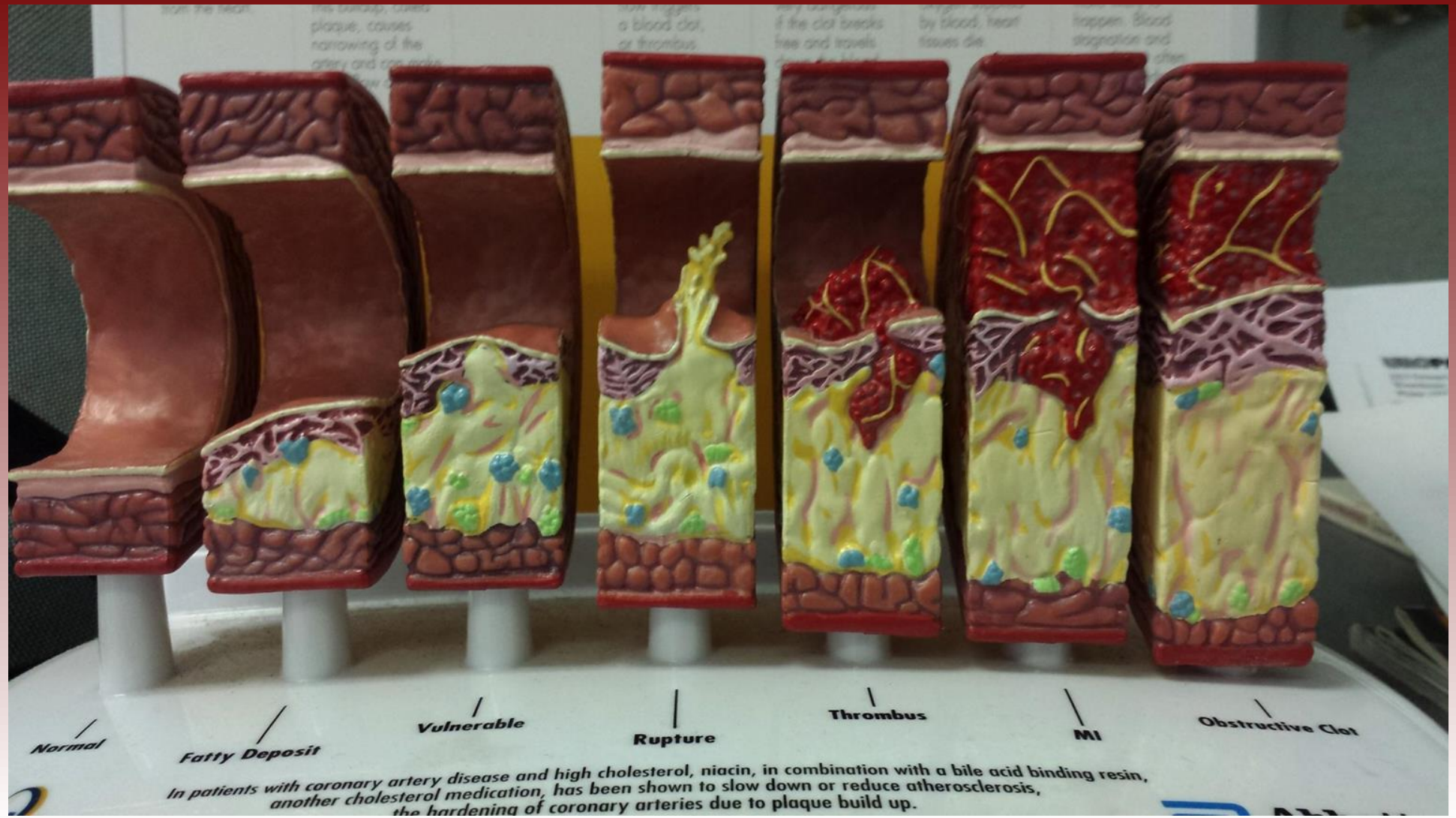

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Endothelial Cell Destruction

- Nitric Oxide production for health
- Oxidative stress and inflammation cause damage
- Viagra and other meds try to boost production of native nitric based on current ECC damage
- Good nutrition helps to keep your endothelium health via better production of nitric oxide and less inflammation and oxidative stress

A week's worth of groceries of a family

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A week’s worth of groceries of a family in China

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A week's worth of groceries of a family in the US

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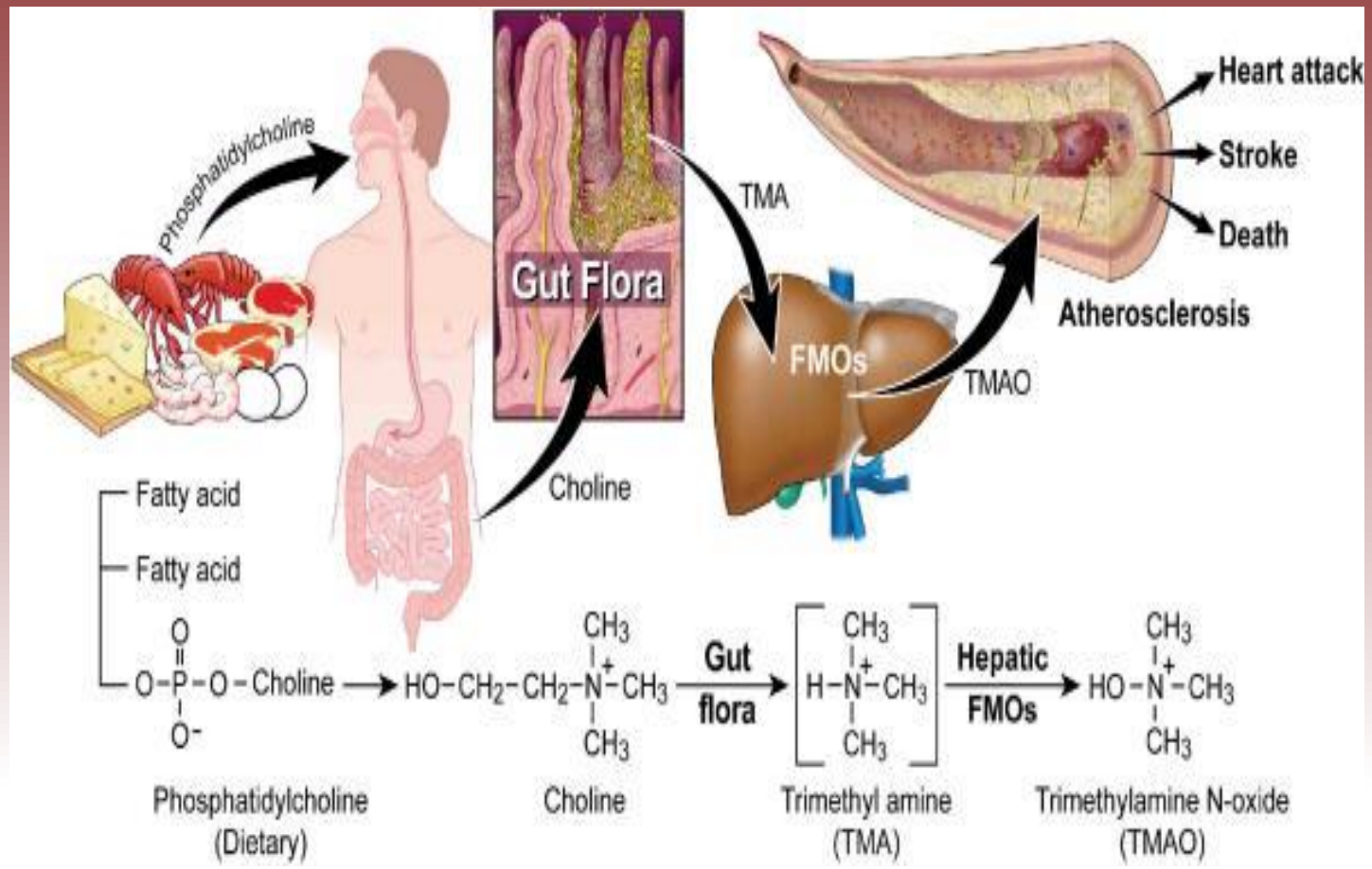
Nutrition and the Gut Biome: Role of Choline, L-carnitine and Inflammation beyond saturated fat for Cardiovascular Disease



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What You Eat Is Important

- **Eggs, Milk, Liver, Red Meat, Shellfish and Fish major dietary source of Carnitine and Choline**
- Gut bacteria metabolize both to TMAO
- **Resultant inflammation – mechanism for cancer promotion**/accelerating vascular disease (heart attack, stroke).
- Effect is blunted in vegans/vegetarians
  - Gut bacteria as a result of the shift from animal product digesting bacteria
- Whole Food Plant-based healthy eating NOT plant only

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Take-Home Messages for Men's Health & Food

- Consider **nutrition as the first aspect of care** for Men's Metabolic Health
  - Eat "real" food
  - Not too much
  - Mostly plants (Michael Pollan quote)
- Nutrition should be viewed as a long-term solution. You cannot undo 30 years of bad eating habits in one week

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Concluding Thoughts

- Erectile Dysfunction and Testosterone Deficiency are more that just sexual health conditions
- They are often symptoms of poor metabolic health and undetected or inadequately controlled chronic medical conditions
- Medical treatments address the symptoms but not the underlying causes
- Integrating lifestyle changes (plant-based nutrition strategy, exercise and adequate sleep) are a critical part of overall management
- Sexual health concerns are an important drivers for prevention and chronic disease management in men
- Sexual health is just another on ramp to chronic disease management

Questions

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Closing

Danisha Charles, NICHQ

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Healthy Start
Deadlines & Events

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Can be found on the EPIC website or bit.ly/hs-deadlines-and-events

June 2021

Deadlines:

Jun 4	NPCL International Fatherhood Conference Survey Due
Jun 15	HSMED-II Report (CSV or XML) Due
Jun 30	Aggregate Report (Excel) Due
Jun 30	Grantee Performance Report Due

Events:

Jun 1	Webinar: Legacy of Slavery & Impact of Racism on Breastfeeding
Jun 2	HS Breastfeeding Cohort Meeting #4 — *Cohort members only*
Jun 7	Networking Café
Jun 8	Fatherhood Talk Tuesday
Jun 9	NPCL International Fatherhood Conference – *Registrants only*
Jun 10	NPCL International Fatherhood Conference – *Registrants only*
Jun 16	Healthy Start COIN Meeting #7 — *COIN members only*
Jun 16	HS Evaluation Cohort Meeting #3 — *Cohort members only*
Jun 18	Quality Improvement Learning Academy Meeting #5
Jun 21	TIROE CoP Learning Session #2 – *COP members only*
Jun 24	CAN Learning Academy Meeting #2

www.healthystartepic.org

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24/7 Dad Training Webinar

July 16, 2021
12-5 p.m. ET

To register, visit healthystartepic.org
or the link in the chat box.

24:7 DAD
training institute
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If you are interested in obtaining the Fathering in 15 curriculum for your Healthy Start project, please complete the survey at your earliest convenience.

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Contact Information

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Evaluation

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Fatherhood Talk Tuesday is on Summer Break!

Next Fatherhood Talk Tuesday: September 14, 2021

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Thank you!

Contact the TA & Support Center at
healthystart@nichq.org