



Healthy Birth Initiatives

Men's Needs for Family Involvement – A Brief Snapshot

February 2013

Prepared by

Tim Holbert, Research Analyst
Program Design & Evaluation Services
Office of Policy and Planning
Multnomah County Health Department



Purpose of this Brief Report

The purpose of this report is to briefly summarize learnings from a project that HBI conducted in which 21 community members were invited to share their experience and wisdom about the hurdles faced by men trying to connect and support their families, suggestions they had for actions HBI could take to support men and address the barriers, and the best ways to connect with men to offer resources and services.

Who We Are

Healthy Birth Initiatives (HBI), an Early Childhood Services program of the Multnomah County Health Department provides an array of services to African American women at risk for delivering pre-term or underweight babies. Services included case management, information and referral, home visiting nursing, mental health services, health education classes, community Consortium and facilitating services. Staff include community health workers, community health nurses, and health promotion coordinators.

Background

In addition to maternal child health services, HBI also provides peer support services and classes to fathers of children born to clients of the program. Services are meant to support the men in their growth and development as fathers and partners.

In order to evaluate and improve the services provided to men, HBI requested that Program Design and Evaluation Services (PDES), bring together evaluation data from different sources, including focus groups with past participants of the men's program, class evaluations and community member interviews.

This report presents a summary of findings from the community member interviews and evaluation recommendations to the program. A larger report will follow that presents the complete results and findings from the community member interviews.

Purpose of the Community Interview Project

While the intention of the larger complete evaluation is to improve HBI's services to men, the focus of the community member interview project was to (1) get a sense of the scope of issues that confront African American men in the metro area in their roles as fathers and partners—barriers/hurdles, (2) an idea of what helps them connect and be involved--facilitators, (3) how HBI could help and (4) what were the best ways to reach men about HBI services.

Our purpose was not to tally community opinion about the issues or conduct an exhaustive investigation but really to discover and highlight the core issues and identify what role HBI could play to address those issues.

How We Did It

HBI staff and evaluator developed a list of African Americans living in the greater Portland area involved in the African American community, who staff thought would have relevant and helpful experience to share. These community members were interviewed and the interviews were tape recorded. We listened to the tape recordings and made notes on major themes and main ideas. These findings—the major themes and ideas-- were organized and summarized. This document is a very brief summary of those findings and the recommendations made by evaluation staff.

Findings -- Summary and Implications

Below is a brief summary of the key findings from the interviews with community members about the barriers men face, the supports needed to help them cross those barriers and how to reach out to men with services.

Who was interviewed?

Twenty-one people were interviewed. All of them were African American and all but one were men. Community members were young (20's) and elders (60's, 70s). All of the 21 community members are currently active, or have been active, in the African American community. The community members work, or have worked, in a variety of fields--law enforcement, faith community, business, social services, academia, youth corrections, education, senior services, youth services. All of the community members had experience working with men and families.

What did the community members say?

Being involved with one's children is a basic right and life expression. As such parenthood touches every aspect of one's life and goes deeply into the areas of most wounding. As such the content of the interviews was wide ranging but what linked all that was said was the question of what hinders and what helps men in their desire and ability to be fathers.

The findings from what community members said about hurdles men face and the things that would help them are presented below in two different ways: A brief list and then a narrative.

The List

What follows is a short list of the hurdles faced by men and the things they need to help them gain strength to leap those hurdles together.

The Hurdles:

- Lack of job
- Lack of education
- Conflict with the mother of the baby
- Lack of value of being a father—stigma

- Poor self-esteem
- Institutional racism—legacy of trauma continues
- Lack of role models for fatherhood, careers, social services

What men need—the “facilitators”:

- Good education -- job skills training, mentoring, tutoring, empowering education
- Jobs—living wage work, meaningful work
- Skills for Life -- relationship skills, communication skills, life skills
- Relationship healing—ending the blame game
- Reinvigorating the value for family
- Mentors and models
- Afro-centric self-discovery
- Advocacy—custody rights, felony to work rights
- Community -- healing and rebuilding community, feeding ourselves, supporting ourselves
- A place to gather—emotionally safe places to connect with other men.
- Media – media destigmatize fatherhood/define masculinity; media literacy
- Services –more for men—see the importance of men in the family
- Policy advocacy that supports African American *families*

The best ways to reach men:

- Men to men – successful African American fathers reaching out to their brothers.
- Meet men where they are at – listening, non-judgmental, relevant topics

The Narrative

The section below presents the “hurdles” and facilitators that were listed above in a narrative format organized by four levels—Individual, Interpersonal, Community and Society.

Individual Level

There are two aspects to barriers and facilitators at the individual level—the internal, psyche or soul face and an external practical face. The personal face is internal. Barriers are fundamentally about the way that African American men perceive themselves, fatherhood, community and their relationship to all of these. What is needed is a radical transformation of psyche rooted in historical and cultural understanding. The external face of the personal is about the direct, imperative needs that men have to make a real living wage, provide for their families and receive the supports they need so that they can find their way to meaningful engage and contribute to the family and community. This external face is about education, jobs and health care.

Interpersonal Level

The interpersonal level is about the connection between individuals: the heart connection, the respect connection, the sexual connection, and the economic connection. From what community members said -- there is a deep rift between African American men and women. This rift has roots in governmental economic and social policy. Those historical roots need to be acknowledged and addressed in current economic and social service policy and in interpersonal healing between men and women. This is the level of family and of the transmission of values, and, in this case in particular, the value and expectation that fathers of babies will be active and supportive fathers. Community leaders voices call out the erosion of those values, of family and expectations for the roles of men and women.

The interpersonal level is about men connecting with other men and supporting each other in a positive way as fathers and men.

Community Level

The third level—community-- has most to do with the health of the African American community. Historically and throughout the world, community was the basket that held people. But the modern, industrial society deeply challenges the existence and health of real supportive communities. The African American community in Portland has seen tremendous trauma. The purpose of this report was not to discuss that trauma in detail, but that trauma needs to be acknowledged, and the African American community needs to be supported in its work to heal and support itself.

Society

The fourth level-- society— has to do with historical and current manifestations of institutional racism: government policies and media exploitation in particular. The racism needs to be acknowledged and addressed. Much of this level was about the programmatic needs of men—that is, how programs could help address needs expressed at the other levels. But it was also about the state of affairs of local agencies and how they work together, or not, and how they work with men. Agencies were encouraged to work collaboratively. Services need to be delivered in a way that is personal, approachable, culturally sensitive and gender specific.

Outreach, as well needs to be conducted in a personal, sensitive approach that is conducted by other African American men who successfully model engaged fatherhood. Community members encouraged HBI to take a deep look at its “branding” as a program for “poor mothers,” at its capacity to reach men in a positive way, its location within the Health Department and all the limitations and benefits that brings, and finally, to consider the possibility of itself as a convener of other organizations offering services to men.

The power and exploitive nature of mainstream media needs to be acknowledged and addressed perhaps with counter campaigns that destigmatize fatherhood and in fact celebrate it – a new vision of manhood is called for.

Cross Level Themes: Institutionalized Racism and Social Determinants of Health

Some themes cut deeply across the layers. Institutional racism and social determinants of health (for example, education and jobs) seem to be concepts that hold much of what community members were saying needed to be addressed. Simply put, African American men, their families and community have been, and continue to be, profoundly affected by institutionalized forms of racism. The need to address the social determinants of health: meaningful work, education, where we live, the distribution of wealth and power, racism are woven throughout the four levels.

Recommendations

Following are our recommendations to the HBI program for possible actions to help African American men connect with and support their families.

Emphasis has been placed on those ideas from the community leaders that connect with HBI program scope, capacity and practice. As such, some community suggestions are not included as recommendations, for example, the evaluation team is not making recommendations regarding employment even though nearly every community member spoke about the need for jobs because there are job services in the community and HBI is not in the business of employment services.

- 1) **Convening:** It seems from that services for men in the community are redundant, siloed and not well communicated. A convener is needed to bring community service providers, faith organizations, business partners together for program planning, development, coordination and communication.

HBI, sitting within Multnomah County Health Department and focused on the watershed issue of maternal child health is strategically positioned to serve in the capacity as a convener for forums bringing together community based services supporting men and families. As a convener HBI would reach out to organizations that provide support and services to men, inviting and hosting regular forums for these

organizations to address program planning, development, coordination and communication of services.

- 2) **Policy and Advocacy:** There are several issues that directly affect the ability of men to be involved with their families that require advocacy, policy development, and social marketing. With its experience working at the level of policy and the community, HBI is well poised to facilitate the advancement of some of these issues such as, felony record and employment, child custody and visitation rights for men, media campaign and social marketing on redefining masculinity and destigmatizing fatherhood.
- 3) **Specific services:** HBI should proceed thoughtfully with providing or contracting for specific services for men. Care should be taken that services are not duplicative of services already being offered within the community to which HBI men could be referred. Some critical areas of need identified in the report that may also be gaps in the palette of community services are (a) individual mental health and life-skills services to men with a specific orientation toward the unique challenges faced by African American men such as self-esteem building and deconstructing internalized oppression with support for men to discover positive and meaningful identify vis a vis the community, (b) relationship skill building with their HBI client partners and (c) a facilitated place to gather and connect as men, a place where there are mentors.
- 4) **Outreach:** Outreach needs to be of two kinds—1) to men connected with HBI mothers (fathers of babies) and 2) to agencies and organizations within the community. Most of the individuals interviewed for this project had not heard of HBI, which indicates that HBI needs to assess its outreach strategy to potential community partners.

With respect to outreach to men, recommendations from community leaders are clear: outreach needs to be conducted by men who are charismatic and have the ability to connect and who have successfully faced the same challenges as the men being sought. Outreach needs to be on the men's' time table not a 9-5 schedule. The outreach needs to offer something of value to the men (see #3 above).

- 5) **Community building:** Infant mortality is the tragic face of a deep and broad river of suffering for the African American community. When one begins to tug at the potential reasons for the disparities in infant mortality and low birth weight, they are found to connect to historical roots and current institutional expressions of racism, to the health, vitality and connectivity of the community itself.

With its historical roots in community development and focus on the watershed issues of maternal child health, HBI is well positioned to focus on African American community health, vitality and empowerment. Some of this work has been done through the consortium, but how it develops into the future warrants deep consideration. Being a convener (#1 above) may be the best role for HBI but there may be other aspects to community development and empowerment that HBI may be able to facilitate. One caveat it, though, is that the program needs to be mindful of its dual nature – that though staff are largely from the community, the program sits within the health department which has some “history” with the community. Given that caveat, though,

important work may already be happening within the community and, if it is, then it should be encouraged especially around de-institutionalizing services and economic development.

- 6) HBI mission and branding: HBI should take a close look at the connections among its mission, the social determinants of health for the African American community, the requirements of funding streams, and the relationship of infant mortality to life course health.

Historically HBI's roots are deep in community health and community economic development. The focus on infant mortality was chosen because of its power as both an indicator of community health, a federally supported priority and as an issue with strong heart connections that could galvanize community focus. Given that many of the agencies interviewed for this project had not heard of HBI, suggests that HBI may need to examine how it markets itself within the community.

There are several questions that HBI could benefit from considering: Does the continued focus on maternal child health and infant mortality still serve HBI's historical mission? Does it still serve for addressing the roots of community health? Do current funding streams provide the stability and flexibility that HBI may need? What does that work look like for a maternal child health program? Is there a benefit to shift program focus to the health of the family?

Acknowledgements

I'd like to thank Solamon Ibe and Yugen Rashad for their great work reaching out to the community members and listening to the wisdom offered.

Thank you to the Health Birth Initiatives team— Monique Allen, Tameka Brazille, Dianne Clay, VaSheeta James, Violet Larry, Ellie Myrick, Aisha Redmond, Elnetta Williams and Rachael Banks for all the great work in thinking of people in the community to talk with and helping with the design of this project.

This report was prepared for the Healthy Birth Initiatives team by Tim Holbert with Program Design and Evaluation Services, Multnomah County Health Department and Oregon Health Authority; for more information, comments or questions you can contact Tim at tim.holbert@state.or.us.