

Community Interventions Subgroup B (Importance of Fathers) Intervention Action Plan Template

Updated July 16, 2011

Healthy Texas Babies (HTB) Expert Panel (EP) Meeting Attendees: Please review the document below for content only. All HTB workgroup intervention deliverables will be consistently formatted following the July 30, 2011 EP meeting.

1.1 Detailed Intervention Description:

Goal: Increased awareness of fathers' role during perinatal period.

Outcome: Decreased infant mortality in Texas measured in improved positive health behaviors

Measurement of outcome:

- A. Increase in early (first trimester) prenatal care,
- B. Decrease in household tobacco use,
- C. Increase breastfeeding initiation and duration, and
- D. Decreased elective deliveries less than 39 weeks gestation.

Intervention: Develop consistent messaging using applied research on the role of fathers during the perinatal period.

Activities:

1. Form a workgroup to look at evidence based perinatal messaging to fathers
2. Determine the feasibility of surveying new dads (within the past two months) in Texas for factors that impact healthy pregnancy outcomes
3. Create and distribute consistent perinatal messaging for fathers.
4. Develop and disseminate a call to action for father engagement during the perinatal/postnatal period for multiple stakeholders including local coalitions
5. Consider the feasibility of creating a clearinghouse for research, education, and programming for father involvement during the perinatal period.

1.2 Are there best practices associated with this intervention? If so, please highlight.

- A. The First Nine Months of Fatherhood: Paternal Contributions to Maternal and Child Health Outcomes. A report of the Findings from the First National Conference of Emerging Research and Practice on Prenatal Father Involvement,
- B. The Commission on Paternal Involvement in Pregnancy Outcomes Presents: Commission Outlook: Best and Promising Practices for Improving Research, Policy and Practice on Paternal Involvement in Pregnancy Outcomes, Joint Center for Political and Economic Studies , 40th Anniversary
- C. Improving Children’s Well-Being: Understanding, Nurturing Fatherhood, Today’s Issues, Issue No. 9, October 1998, National Institute of Child Health and Human Development (NIHD), National Institutes of Health (NIH) Fragile Families and Child Wellbeing Study: Father Involvement, Maternal Health Behavior and Infant Health. Research Brief Number 5, January 2001, Bendheim-Thoman Center for Research on Child Wellbeing Princeton University

1.3 Intervention -Desired Outcomes

Short-term (1-3 years):

- A. Broader awareness among men and women regarding the risk factors that impact infant mortality
- B. Increase awareness and knowledge among providers of the positive influence of fathers during the perinatal period
- C. Increase the understanding, awareness, and knowledge of service providers on the needs of fathers.

Long-term (5-7 years):

- A. Increase father involvement during the perinatal period in each new cohort of men (intergenerational support) along the life course so that it becomes the routine in Texas.
- B. Increase the knowledge and understanding of fathers on positive health behaviors, risk factors and pregnancy milestones

1.4 Data Elements to be Collected and Evaluated

Pre-Intervention:

- A. Literature review: Any existing data on paternal involvement in pregnancy outcomes
- B. Entry into prenatal care
- C. Existing birth certificate data and vital statistic data
- D. Increased breastfeeding initiation
- E. Smoking

F. Pregnancy Risk Assessment Monitoring System (PRAMS) survey data that pertains to questions about father or partner

Monitoring:

- A. PRAMS like survey for new fathers
- B. Monitor all data in pre-intervention section

Post-Intervention:

- A. Continue to monitor data from pre-intervention and monitoring

Process evaluation:

- A. Partners
- B. Market saturation of messages
- C. Providers that received the messages (saturation)

1.5 Has the intervention been implemented in Texas? If yes, please provide specific details and contact information.

- A. Women Infants Children (WIC) campaign for African-American community to increase breastfeeding
- B. Office of the Attorney General's conference on paternal contributions to maternal and child health outcomes
- C. National Responsible Fatherhood Clearinghouse (www.fatherhood.gov)
- D. Healthy Start – fatherhood component
- E. Tarrant County Infant Mortality Network – Fatherhood Summit
- F. WIC Peer Dad Program

1.6 Possible Partners (both public and private)

- A. Federal:
 - National Institutes of Health (NIH)
 - Title V – Maternal and Child Health Services
 - U.S. Health and Human Services (HHS) – Office of Child Support Enforcement
- B. National:
 - Foundations
 - National Fatherhood Initiative
 - National Responsible Fatherhood Clearinghouse
 - National sports associations

- Text4Baby (include dads)

C. State :

- Adult sororities and fraternities
- Advertising and marketing professionals
- AgriLife Extension Service
- Businesses including HEB, Whole Foods, other retail grocers, USAA and other insurers, other retailers, sports foundations, sporting goods stores, Dell
- Department of Family Protective Services
- Department of State Health Services
- Foundations
- Home-Visiting Programs
- Office of the Attorney General-Child Support Division
- Professional associations including but not limited to social workers, Texas Medical Association, Texas Association of Obstetricians and Gynecologists, Texas Nurses Association, , American Congress of Obstetricians and Gynecologists, Association of Women's Health, Obstetric and Neonatal Nurses, Texas Retired Teachers Association
- Professional human resources organizations
- State licensing boards
- Statewide faith-based organizations
- Texas Department of Criminal Justice
- Texas Education Agency
- Texas Retail Grocers Association
- Universities or centers for higher education including g education, marketing and outreach, arts, medicine, nursing, public health, and allied health
- University level sororities and fraternities
- University researchers

D. Regional:

- Men's organizations
- Utility companies or Co-ops

E. Local:

- Businesses including funeral homes, barbers, sporting goods stores, and utilities
- Community Health Workers and promotoras
- Federally Qualified Health Centers
- Head Start
- Healthcare providers
- Healthy Start
- Hospitals
- Local churches, mosques, synagogues, conferences
- Local health departments
- Pharmacies
- Pregnancy Testing Centers
- Recreation centers
- Service organizations including Rotary clubs, Lions clubs, Masons, and Junior League

1.7 Recommended appropriate assessment tools (e.g. Perinatal Periods of Risk (PPOR))

- A. PRAMS
- B. Vital Statistics data
- C. Development of father survey similar to PRAMS
- D. Defer to literature review

1.8 Recommended Lead Agency for Intervention

- A. Need a lead in the state that is familiar with the needs of fathers and is already established in at least some areas of the state. Support would be provided from Department of State Health Services, Office of the Attorney General, Department of Family Protective Service, Texas Association of Obstetricians and Gynecologists, Texas Nurses Association, local health departments

1.9 Target Audience(s) – define for each specific activity included in the intervention

- A. Expecting mothers and fathers

- B. Providers
- C. Local community partnerships (coalitions)

1.10 Recommended Time Period for Implementation by Activity

1. Begin to investigate possible private funding partners to support this project (HEB, United Way, etc) **(July 2011)**
 - a. Notify public and private funders regarding the paternal involvement intervention and research that is being initiated in Texas.
2. Conduct inventory of established fatherhood initiatives in Texas and any current materials used by those initiatives.**(July 2011)**
3. Form workgroup to review the literature regarding messaging on the role of fathers in a healthy pregnancy **(July 2011)**
 - a. Survey health organizations for family-focused initiatives.
4. Convene focus groups to inform questions to be included on PRAMS-like survey for first-time fathers. Determine appropriate indicators and measures based on lit review and establish theoretical framework to guide data collection and evaluation. These indicators may also be used to develop a screening tool for providers to use with fathers to assess the need for specific health risk education.**(August 2011)**
5. Initiate private and public policy review of fatherhood issues, such as paternity leave (August 2011).
6. Develop an annual first-time father PRAM-like survey to serve as a baseline for paternal involvement research in Texas **(September 2011)**
 - a. Pilot test the survey **(October 2011)**
7. Administer the PRAM-like survey. **(November/December 2011)**
8. Evaluate the PRAM-like survey. **January/February 2011)**
9. Develop draft messaging, screening tool for providers regarding need for health risk education, and materials for fathers based on existing research. **(August 2011)**
10. Form virtual council to review and provide feedback on draft messages and materials.**(November 2011)**
11. Field test draft messages and materials **(December 2011)**
12. Revise messaging and materials incorporating findings from PRAM-like survey. **(January 2012)**
13. Use virtual council to review second draft of messages and materials. Finalize messaging and materials **(February 2012)**
14. Share messaging with professional organizations in Texas for endorsements (medical, educational associations)**(March 2012)**
15. Disseminate messaging and materials to pilot locations for DSHS and OAG **(March 2012)**
16. Evaluate saturation and use of materials after 1 month **(June 2012)**

17. Make needed revisions **(July 2012)**
18. Determine the feasibility of establishing a clearinghouse for paternal involvement information for Texas with the centerpiece for research coming from the PRAM-like survey **(June 2012)**
19. Disseminate messages and screening tool to DSHS and OAG for use in state-wide implementation **(August 2012)**
20. Disseminate messages and screening tool to other state agencies: HHSC, DFPS, etc **(August 2012)**
21. Notify state agencies, health care providers, and other potential public and private partners of the kick-off in September 2012 **(July 2012)**
22. Complete process evaluation **(August 2012)**
23. Report to statewide coalition **(August 2012)**
24. Disseminate to licensing groups, healthcare providers and public/private partners* with a kick-off for a “Call to Action” **(September 2012). This is Infant Mortality Awareness Month**
25. Evaluate messaging in two years and make changes as needed. **(January 2014)**
26. Update all state agencies and partners on success of campaign and changes **(May 2014).**

1.11 Required Resources - (e.g. financial, human, in-kind, etc.)

- A. Funding
- B. Staffing
- C. Political will
- D. Leadership
- E. Time
- F. Research Partners
- G. Creative Marketing Partners
- H. Smoking Quit Line

1.12 Possible Challenges to Implementation

- A. Reaching fathers
- B. Sustainability
- C. Community buy-in
- D. Evaluation of impact
- E. Funding

1.13 Communication Strategies – including who, what, when, where, how

- A. A Community Workgroup advisory board, comprised of coalition members, community leaders, representative from the business, faith, medical, public health and social work communities will be responsible for developing fathering messages and media to convey those messages
- B. To maintain consistency between and within workgroups, the HTB Statewide Coalition will establish communications standards. Internally this will involve how meetings should be planned and conducted, how information from meetings/activities should be disseminated; standards for participation and continued membership in the coalition; expectations for participation (quality & quantity); and appropriate methods for communication (e-mail, in-person meetings vs. conference calls of other technology, etc.)
- C. A communications strategy should look externally to how the findings of messages developed by, and work done by the Community Workgroup are disseminated to their communities and to the greater audience of Texas fathers of childbearing age and their families. Communication strategies should use all available appropriate media to convey their findings, messages and work and should use appropriate media for different groups.
- D. The Community Workgroup advisory board should determine a timeline for strategic communication to stakeholders. Messages should first be disseminated to the HTB Statewide Coalition for feedback before being released to the general public. There should be time points integrated into the evaluation plan for reflection and evaluation of communication efforts.
- E. Communication strategies will vary by location and scale of intervention (local vs. regional).
- F. The media that are most appropriate for internal dissemination of information within the workgroup are in-person and conference call meetings, emails and telephone calls. The media most appropriate to disseminate information externally to local and regional fathers of child-bearing age and their families vary by region and populations most affected by infant mortality. Possibilities are text messages and other phone applications, TV (public access stations, commercials, PSAs) and radio, internet chat boards and blogs and websites. Additional ways to incorporate information are to insert messages into existing resources accessed by at-risk fathers and their families – by sponsoring speakers at Texas Department of Criminal Justice, during WIC visits or teaching, during home visits by Nurse-Family Partnership or like organizations, community centers, YMCAs, etc.

G. An evaluation component for communication strategies should be developed during the planning phase of the messaging.

1.14 Detailed Implementation Steps (how this intervention should be operationalized)

1. Development of messaging requires addition of persons with other skill sets, i.e. social marketing and advertising.
2. Lead agency needs to be determined to provide oversight. At this point the most work done with fathers seems to be through the OAG.
3. Funding for production of materials needs to be secured from public or private sources.
4. Need to investigate the possibility of reimbursement for providers who provide screening for paternal behavioral risk at prenatal and postpartum visits.
5. Messaging needs to be accompanied by guidance and/or training for staff/providers about how to incorporate the messaging into their regular activities.
6. Need to develop a mechanism for sharing success stories as well as suggestions from field staff.
7. Use of various forms of media must be considered to maximize reach and manage costs.
8. Development, administration and evaluation of a PRAMS-like survey of first-time fathers could be completed as part of a location coalition or via a contract with DSHS.

1.15 Plan for sustainability

Messaging:

- A. Consistent, evidence-based messages for first-time fathers will be disseminated to state agencies and professional health care organizations for integration into appropriate activities for each agency. The integration is important to help minimize cost of the messaging and increase the reach. Each agency will fund distribution to its population. Contacts will be made with service and volunteer organizations to promote messaging in other arenas, with the understanding that the promotion is funded by the group. Outreach by organizations in employment and mentoring settings will hopefully bring the messaging about wellness to men before they become fathers.
- B. Messages will be re-evaluated in two years to help assure they are still relevant and revisions will be made as needed. Revisions will be coordinated by the lead agency and be evidenced-based. In addition, the lead agency will seek funding for the re-evaluation and revisions. Following the re-evaluation, any revisions will be communicated to the stakeholders.

- C. An important part of making a project sustainable is connecting with private partners to supplement any funding from a state agency, since state-level funding is not assured. Possible private funding sources identified at this point include non-profit organizations like the United Way and private companies such as large employers or companies with a track record of working with family-friendly initiatives (HEB, Whole Foods, insurance industry).
- D. Reaching out to existing fatherhood and family-focused initiatives in Texas and getting their support of this initiative is a core element of sustainability. Research on Paternal Involvement:
- E. A series of focus groups should be conducted to prepare questions and indicators for a PRAMS-like survey for fathers.
- F. The PRAMS-like survey for first time fathers will be administered by local coalitions or handled through a contract with DSHS. The survey will provide data on fathers in Texas and serve as a baseline for further research.

1.16 Plan for scalability to acknowledge that resources available for implementation may vary

Messaging:

Short-term – Pilot messaging for first-time fathers in two areas of the state through Department of State Health Services and Office of the Attorney General activities.

Long-term - Distribute messaging state-wide via websites, brochures, and posters. Expand to other state agencies and professional health care associations, including the Texas Pediatric Society. Incorporate messaging in national efforts (Text4Baby). Incorporate messaging into training for health care providers, birth registrars and WIC professionals. Expand to public/private partnerships (i.e. sporting goods stores and sporting events, barber shops, etc) with the goal of reaching more segments of the male populations, including men with more than one child and grandparents. Expand payer/providers reimbursable activities during the prenatal period to include a paternal health assessment (i.e. screen for risk behaviors such as paternal tobacco use) and distribution of intervention materials.

1.17 Best Practice Evidence Table

#	Source	Sample	Study Design Description	Objective
1.	Bond, J. (March/April 2009). First Things First: Identifying Best Practices to Improve Paternal Involvement in Pregnancy Outcomes, <i>Joint Center FOCUS Magazine</i> .	Article identifies best practice methods for improving paternal involvement in pregnancy outcomes and need for further research.	Best Practices summary	<p>Results: Much of what we know about fathers comes from mother's report. Prenatal involvement may determine later engagement. Author describes three pathways to paternal involvement in pregnancy outcomes: structural-level barriers the father must overcome, individual-level predictors of involvement (psycho-social and health-risk behaviors) and that increased and informed participation at the individual level will result in optimal pregnancy outcomes.</p> <p>Pertinence: Provides best practice recommendations for improving research and policy on paternal involvement as well as a schema of pathways to paternal involvement.</p>
2.	Quinn, G. P., August, E. M., Austin, D., Keefe, C., Bernadotte, C., Scarborough, K., et al. (2009). High risk community – Men's perceptions of Black infant mortality: A qualitative inquiry. <i>American Journal of Men's Health</i> , 3, 224-237.	Focus group of 17 African American men in highest IMR-rate community in Florida and follow-up validation focus group of 16 African American men. Focus group comments to five structured questions analyzed using qualitative interpretation with thematic analysis.	Examine the role of Black men's perceptions of infant mortality in a high-risk community.	<p>Results: Focus was mainly on the woman's role as a healthy child-bearer and the stresses that may impact her pregnancy. Limited awareness of infant mortality among this group and the disparities between racial groups. "The men participating in this group had limited expectations of the role of fathers in helping produce healthy infants" (235). Highlights of discussion: financial pressures, difficult to access healthcare, fear and racism's influence on the decision to seek healthcare, need for educational systems (schools and churches) to address the issue.</p> <p>Pertinence: Good model for focus groups and development of assessment tool. Good data on a small sample of African American men's perceptions of the barriers to healthy birth outcomes for African American children. Small sample size, and not in Texas, but</p>

#	Source	Sample	Study Design Description	Objective
				interesting results and themes emerged.
3.	The Commission on Paternal Involvement in Pregnancy Outcomes (CPIPO) presents: Commission Outlook: Best and Promising Practices for Improving Research, Policy and Practice on Paternal Involvement in Pregnancy Outcomes. (May 2010). <i>Joint Center for Political and Economic Studies</i> .	Report from CPIPO, convened by the Joint Center for Political and Economic Studies.	“To improve paternal involvement in pregnancy and family health by reframing debates and informing research, policy and practice to support greater involvement of expectant fathers in pregnancy” (2).	<p>Results: Identified three best and promising policy recommendations: address policy barriers to paternal involvement, promote best and promising practice in paternal involvement through preconception, reproductive life planning, pregnancy and childbirth and expand research on paternal involvement in pregnancy outcomes. Each policy recommendation was followed by specific action steps. For example, under addressing policy barriers to paternal involvement: “Reduce the marriage penalty in the Earned income Tax Credit to allow deductions on the second earner’s income, amend FMLA to include paid parental leave (maternal and paternal), etc.</p> <p>Pertinence: Shows that beyond father-specific interventions at the community-level, real change must encompass policy-level change reinforced through changes to law, payer reimbursement structures, provider practice reinforced by professional organizations and expansion of research. Our intervention should make sure it encompasses some of these four elements.</p>
4.	Alio, A. P., Mbah, A. K., Kornosky, J. L. Washington, D., Marty, P. J., Salihu, H. M. (2011). Assessing The Impact of Paternal Involvement on Racial /Ethnic Disparities in Infant Mortality Rates, <i>Journal of Community Health</i> , 36, 63-68.	Univariate analysis of 1,397,801 linked birth and death certificates of live-born singleton infants between 20-44 weeks gestation in Florida between 1998-2005. Data was analyzed with <i>chi-square</i> test for categorical variables and student <i>t</i> test for continuous variables. Independent association	“To evaluate the impact of lack of paternal involvement in Florida birth population and to determine the degree to which interventions to improve paternal involvement during pregnancy could negate some of the adverse effects” (2).	<p>Results: Neonatal mortality rates of infants born to women with absent fathers is nearly four times that of their counterparts with involved fathers. Black women with involved fathers have a two-fold increased risk of infant mortality whereas infants born to black women with absent fathers are seven times more likely to die during infancy. Hispanic women have birth outcomes that are similar to those of white women in spite of risk profiles that are similar to those of black women. Women with absent fathers have a higher prevalence of</p>

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		between father involvement and risk of infant mortality was assessed with multivariable logistic regression and odds ratios generated were used to approximate relative risk. Preventive fraction was also calculated to indicate the level of excess fetoinfant death that could be prevented if fathers were involved.		maternal obstetric complications, are less likely to get adequate prenatal care and more likely to smoke. Maternal stress and type, quantity and quality of paternal involvement were not assessed in this study as it relied on birth certificate data. Pertinence: Confirms importance of paternal involvement on positive birth outcomes and highlights disparities between races despite similar risk profiles.
5.	Bond. M. J., (2010, December). The Missing Link in MCH: Paternal Involvement in Pregnancy Outcomes. <i>American Journal of Men's Health</i> , 4, 285-286.	Editorial on Article 08: Identifying additional factors to consider.	Notable exclusions: Paternal stressors and coping pattern as they influence the mother. Need to have other 'men's health' variables to be included.	Results: Identifies additional indirect data points for consideration Pertinence: Include Paternal interaction, Paternal desire for pregnancy and race disparities.
6.	Milligan, R., Wingrove, B. K., Richards, L., Rodan, M., Monroe-Lord, L., et al. (2002). Perceptions about prenatal care: Views of urban vulnerable groups. <i>BMC Public Health</i> , 2, 1-9.	Qualitative study used focus groups (169 participants) in Washington, D.C. with four distinct categories: homeless women, women with current or past substance abuse, significant others of homeless women and residents of a community with high infant mortality and poverty and low prenatal care. Themes were coded using ethnographic and counting methods.	To identify barriers and motivators to prenatal care as identified by vulnerable, hard to reach populations to help healthcare providers better understand what attracts and retains these women to care.	Results: Baby's father plays a role as a barrier to be overcome but more often as a motivator or facilitator of care. Fathers should be active participant in care and emphasizing their role can add to the prenatal experience and encourage stronger families. Pertinence: We need to consider those more difficult-to-reach populations like fathers in homelessness and drug abuse. Overall fathers are greater motivators to seek prenatal care than deterrents and this is an avenue to motivate positive behavior.

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7.	Education Development Center. (2009). <i>Findings from the 2009 child maltreatment prevention environmental scan of state public health agencies</i> . Washington, D.C.: Public Health Leadership Initiative.	Component of Public Health Leadership Initiative in 2009 to inventory state public health agencies' involvement in child maltreatment initiatives. 50-question web-based scan of 50 U.S. states and D.C.	Determine the current state of child maltreatment initiatives in the U.S.	Results: One of the elements that was scanned was fatherhood programs. 19 states offer fatherhood programs through either their state or local public health agencies. 10 deliver programs through state agency, 2 through local agencies and 7 through both. Pertinence: See prevalence of similar programs across the country.
8.	Lu, M. C., Jones, L., Bond, M. J., Wright, K., Pumpuang, M., Maidenberg, M., et al. (2010, Winter) Where is the F in MCH? Father Involvement in African American Families, <i>Ethnicity & Disease, 20, S2-49 - S2-61</i> .	Article discussing the issues surrounding father-absent families, especially in African-American families. Review of several studies.	1) historical and social factors in African American families 2) positive and negative factors for father's role 3) review of current programs 4) suggestion of future research	Results: Social factors point to a comprehensive intervention plan to include job/financial, relational, and mentorship. Using the life experience model, beliefs and attitudes of parenting and fatherhood as well as relationships with children and their own parents influence the bond of father-child. Pertinence: future research should include ecological, multi-level approach using the life-course perspective. Also identify expanded understanding of "involvement".
9.	Ray, R., Gornick, J. C., Schmitt, J. (2010). Who cares? assessing generosity and gender equality in parental leave policy designs in 21 countries, <i>Journal of European Social Policy, 20, 196-216</i> .	Original database was developed to capture parental leave policies in 21 high-income countries: 14 EU members, 2 non-EU European countries and 5 non-European countries as of January 2009. Supporting laws and social insurance programs and employer/beneficiary manuals were also examined. Each country's paid parental leave was converted into Full-Time Equivalent (FTEs) for comparison or calculated as a percentage of the	Analysis of how countries vary in generosity of parental leave policies; degree to which policies are gender-egalitarian; ways in which these issues are inter-related.	Results: Policies in all 21 countries support one parent at least; four countries stand out as having policies both generous and gender egalitarian: Finland, Norway, Sweden and Greece. The U.S. has the lowest amount of leave granted to mothers (12 weeks) with France and Germany having the highest (162). Only 7 countries provide for paid leave, with that comprising the smaller proportion of leave granted. Many countries allow fathers to transfer their leave to mothers for use. Leave exclusively for use by fathers is usually on a use-it-or-lose-it basis, with Spain and France offering up to 156 weeks, 154 of which are unpaid. The US offers fathers 12 weeks of unpaid leave. Sweden offers fathers the most paid leave (7 weeks). Australia, Canada, Japan and Switzerland offer fathers no leave

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		most recently available average wage figures for the country. Level of provision available to couples vs. mothers vs. fathers was compared.		at all. Pertinence: Policy around fatherhood leave should be considered in development of our intervention, as this is cited also in the CPIPO as a necessary element of change. "if parental leave does not replace a substantial portion of fathers' earnings, most families will bear a greater financial burden when fathers take leave than when mothers take leave" (205).
10.	Henwood, K., Proctor, J. (2003). The 'good father': Reading men's accounts of paternal involvement during the transition to first-time fatherhood. <i>British Journal of Social Psychology</i> , 42, 337-355.	Qualitative analysis of interviews conducted with a "heterogeneous sample" of 30 men from varying socio-economic backgrounds in Norfolk, VA. Interviews were analyzed by (1) how interviewees described the good father ideal (2) how they reacted to the ideal (3) how and when they invested in fatherhood and how it affected their lives (4) how they justified their personal behavior's deviation from the ideal.	To investigate men's responses to contemporary sociocultural transformations in masculinity and fatherhood and revised expectations of them as fathers.	Results: Interviewees welcomed new "involved" fatherhood model and increased paternal involvement but found three areas of difficulty: providing financial support, valuing selflessness and yet retaining some autonomy and negotiating fairness, equity and decision-making. Pertinence: Men's responses to fatherhood in a contemporary context can help us formulate appropriate ways to address their needs.
11.	Blumenshine, P. M., Egarter, S. A., Libet, M. L., Braveman, P. A. (2011). Father's education: An independent marker of risk for preterm birth. <i>Maternal Child Health Journal</i> , 15, 60-67.	Population-based, cross-sectional postpartum survey linked with birth certificates of 21,712 women who gave birth in California from 1999-2005.	"To explore the association between paternal education and preterm birth, taking into account maternal social and economic factors."	Results: "Women whose infants' fathers had not completed college had significantly higher odds of preterm birth than women whose infants' fathers were college graduates, even after adjusting for maternal education and family income [...] the effect of paternal education was greater among unmarried women than among married women" (60). The association between paternal education and preterm birth did not vary significantly across racial/ethnic groups. Pertinence: Educational level should be

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				considered an important variable to consider in development of programs and support of educational attainment for better birth outcomes should be a component of public messaging.
12.	Edin, K., Tach, L., Mincy, R. (2009). Claiming fatherhood: Race and the dynamics of paternal involvement among unmarried men. <i>Annals of American Academic Political and Social Sciences</i> , 621, 149-177.	Descriptive analysis of quantitative evidence from the Fragile Families and Child Wellbeing Study (5000 children in 20 U.S. cities) and qualitative evidence from 165 in-depth interviews conducted between 1995-2001 with unmarried fathers in Philadelphia, PA.	Authors use large qualitative and quantitative studies to show the popular notion of the “hit and run” fatherhood (father involved only for conception) is not well-founded. Study intends to show accurate patterns of involvement of fathers with their children after relationship with the mother ends.	<p>Results: Unmarried cohabiting paternal involvement in their children’s lives is relatively high up to the age of five. After relationships between father and mother ends, involvement in children’s lives drops off sharply, and drops off further when new partner relationships are initiated, particularly when those involve additional children. When stratified by race, less so for African-American fathers. This suggests “the role of the father outside the context of a conjugal relationship may be more strongly institutionalized in the black community” (150). There is a traditional notion of fatherhood, co-habitation and relationship between mother and father as a “package deal” which is eroded when one component of the package is discontinued.</p> <p>Pertinence: Informs our interventions – important to consider the effect of un-cohabiting relationships on the role of the father. Stability is important for child well-being and it is important for fathers and mothers to be aware of the need for continued involvement of the father with their children despite the current status of their relationship. The package deal is an outmoded archetype and does not take into account current realities of relationships.</p>
13.	Dungee Greene, A., Emig, C., Heam, G. (1996). <i>A summary of the town meeting on fathering and male fertility</i> . Washington, D.C.: Prepared for the NICHD	Meeting summary and report.	Report summarizing the major findings from the Town Meeting on Fathering and Male Fertility.	<p>Results: Meeting was held in 1996 to allow federal agencies responsible for collection of data on children and families to hear from a cross-section of researchers, state officials, Congressional staff and advocates on the</p>

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	Family and Child Well-Being Research Network by Child Trends Inc.			importance of gathering data on fatherhood and male fertility. Addressed need for data-driven policy, limitations of data currently available, ways to improve quality of data and challenges to improving data. Pertinence: Provides recommendations for content of future surveys of fathers. Discusses elements that are missing from current frameworks for addressing fatherhood.
14.	Frey, K. A., Navarro, S. M., Kotelchuck, M., Lu, M. C. (2008, December). The Clinical Content of Preconception Care: Preconception Care for Men. <i>American Journal of Obstetrics and Gynecology Supplement</i> , S389-S395.	Best practice recommendations for clinical care models.	Delineation of reasons preconception care for men should be seriously considered. Summarizes key elements of a comprehensive approach to optimizing care and identifies barriers to be overcome.	Results: Provides a model framework of the content of preconception care for men for clinical practice. Model consists of risk assessment, social history, risk behaviors, nutrition, mental health, physical exam and laboratory, health promotion and clinical and psychosocial interventions with supporting evidence. Pertinence: Guidelines for potential outreach to providers to encourage paternal/men's interconception care.
15.	Bonhomme, J. J., (December 2007). Men's Health: Key to Healthier Women, Children and Communities. <i>American Journal of Men's Health</i> , 1, 335-338.	Discussion	Description of the clinical and social implications of men's non-entrance into healthcare.	Results: Describes men's limited participation in healthcare and the implications for women and children of men's deficient health-seeking behavior. Pertinence: Shows we have to be culturally competent in addressing men's lack of participation in health care. May inform educational interventions for providers and men themselves.
16.	Misra D.P., Caldwell C., Young, A.A., Abelson, S. (2010, February). Do fathers matter? Paternal contributions to birth outcomes and racial disparities. <i>American Journal of Obstetrics and Gynecology</i> , 99-100.	Editorial	Look at Sociological factors for 'absent fathers'- need to take the data from the men, not proxy report of mothers. Tie this to infant and maternal M&M	Results: Economic labor force depression, impact on maternal outcomes Pertinence: Nice illustration of lifespan approach model (conceptual framework)

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17.	McGencey, S. (June 2010). <i>Healthy Men, Healthy Communities Newsletter</i> . Silver Spring: Grantmakers for Children, Youth & Families.	E-newsletter from Grantmakers for Children, Youth & Families	Compiles editorials/newspieces on the importance of fathers in children's lives.	Results: Some promising practices highlighted: Santa Clara County in CA formed a countywide Fatherhood/Male Involvement Collaborative to form a strategic plan to increase father involvement in the county. Highlighted President Obama's Fatherhood and Mentoring Initiative. Pertinence: More of a reference to existing programs than a resource in itself.
18.	Roy, K. M., Dyson, O. (2010). Making daddies into fathers: Community-based fatherhood programs and the construction of masculinities for low-income African American Men. <i>American Journal of Community Psychology</i> , 45, 139-154.	Analysis of life history interviews with 75 men in Illinois and Indiana.	"To enhance understanding of how involvement in responsible fatherhood programs can alter conceptions of fatherhood" (141).	Results: Looks at community-based interventions to influence African-American men's perceptions of fatherhood and masculinity. Proposes "programmatic strategies to facilitate personal turning points, to administer social support and institutional interventions and to reframe successful fathering as contact with children rather than economic provision" (141). Pertinence: Promising responsible fatherhood program approaches and insight into the meanings of fatherhood and manhood for a select group of men. Study design may be of interest.
19.	Aronson, R. E., Whitehead, T. L., Baber, W. L. (2003). Challenges to masculine transformation among urban low-income African American males. <i>American Journal of Public Health</i> , 93, 732-741.	Qualitative evaluation of men's services program affiliated with large urban infant mortality prevention project on the East Coast. Life histories of 12 African American men were conducted then analyzed using Whitehead's Big Man/Little Man Complex theoretical framework and McLeroy's Social Ecology Model.	"To better understand the circumstances and trajectory of men's lives, including how involvement in the program" benefits their role as fathers (732).	Results: Program is comprehensive in that includes individual case management, support groups, personal development curriculum, one-on-one and group discussions, GED classes, addictions counseling and employment assistance. Program had positive impact on fathers but fathers many additional challenges from social norms and policy-related barriers outside the locus of control of the participants. Pertinence: Promising practice of comprehensive services program. Interesting use of theoretical framework to guide analysis of interviews and potentially inform survey development for our program.

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20.	A report of the findings from the first national conference of emerging research and practice on prenatal father involvement (August 20-21, 2007). <i>The first nine months of fatherhood: Paternal contributions to maternal and child health outcomes</i> . Austin: Office of the Attorney General of Texas, Greg Abbott.	Report from national conference in Texas	“To bring into focus the current research and practice surrounding prenatal father involvement and provide a catalyst for further discussion and review” (15).	Results: Many barriers to paternal involvement exist, but prenatal and birth outcomes benefit from fathers’ involvement. Need for broader social awareness of the needs of men and policy change. Pertinence: Recommendations for practical change as well as background information provided make this a central document for making the case for increased attention to the role of fathers in Texas.
21.	Shah PS; on behalf of the Knowledge Synthesis Group on determinants of preterm/low birthweight births. <i>Paternal factors and low birthweight, preterm, and small for gestational age births: a systematic review</i> . Am J Obstet Gynecol 2010;202:103.	Comprehensive Meta analysis of English language (36 studies) from academic peer-reviewed journals	Identification of father data in peer-reviewed studies to identify significant influences in low birth-weight, preterm births and small for gestational age infants.	Results: Paternal age, height and both high and low birth weight, limited educational level, as well as lead exposure and were identified as influencing factors. Non-contributing factors were occupations involving plant work, working with wood and exposure to pesticides. Pertinence: This might help in identifying regional risk populations.
22.	Lesser, J., Verdugo, R. L., Koniak–Griffin, D., Tello, J., Kappos, B., Cumberland, W. G. (2005). Respecting and protecting out relationships: A community research HIV prevention program for teen fathers and mothers. <i>AIDS Education and Prevention</i> , 17, 347–360.	Phase 1: Focus groups and individual interviews (4 groups N= 26, Individual N= 10) Phase 2: N=96 (48 couples) Community based: case-controlled intervention	Community-academic partnership to research and intervene in HIV prevention project for Latino teens in 2 phases. 1) Building partnerships and focus groups for information 2) Pilot intervention	Results: 1) Collaboration and information gathering based on the needs of this community (focus groups), intervention design based on EBP 2) Details of planning for 6 encounters of 2 hours for the intervention couples based on Culturally designed methods. Pertinence: Applicable to community-based research planning: 2 phases of design.
23.	Bunting and McCauley <i>Research Review: Teenage pregnancy and parenthood: the role of fathers Child and Family Social Work 2004, 9, pp 295–</i>	2004- Lit review of Fatherhood studies in US and UK. Most studies from pre- 1999.	Looking at social support and demographics identifying paternal and maternal parents (child grandparents) having	Results: Need more research- extended family is influential in father’s involvement. Pertinence: Historically, this is a lit review that may include data of the previous generation (prior

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	303 © 2004 Blackwell Publishing Ltd (UK).		influence.	to 1994)
24.	Barlow, Schrader, Kirkpatrick, et al. <i>Health-led Parenting interventions in Pregnancy and Early Years</i> . Research Report No. DCSF-RW070 Department for Children, Schools and Families, University of Warwick UK 2008. ISBN 978 1 84775 265 9	UK based research-comprehensive report Systematic Review and Meta Analysis of research on pregnancy and early child interventions includes section on "Preparing for Fatherhood" 4.5.2.5	The evidence There is an urgent need for further research about the best methods of preparing fathers to both support their partners and prepare for their new role during the antenatal period.	Results: Antenatal classes increase the involvement of fathers in partner and infant care. Most of the fatherhood research comes from the US- indicating that interventions "should be flexible, participative, and responsive to the self-defined needs of participating parents." Pertinence: More research is needed, but section 4.5.2.5. Has a number of ideas that can be included in a Fatherhood class.
25.	Tach, Laura, Mincy, Ronald, Eden, Kathryn <i>PARENTING AS A "PACKAGE DEAL": RELATIONSHIPS, FERTILITY, AND NONRESIDENT FATHER INVOLVEMENT AMONG UNMARRIED PARENTS*</i> <i>Demography</i> , Volume 47- Number 1, February 2010: 181–204	UK based research-comprehensive report Systematic Review and Meta Analysis of research on pregnancy and early child interventions includes section on "Preparing for Fatherhood" 4.5.2.5	The evidence There is an urgent need for further research about the best methods of preparing fathers to both support their partners and prepare for their new role during the antenatal period.	Results: Antenatal classes increase the involvement of fathers in partner and infant care. Most of the fatherhood research comes from the US- indicating that interventions "should be flexible, participative, and responsive to the self-defined needs of participating parents." Pertinence: More research is needed, but section 4.5.2.5. Has a number of ideas that can be included in a Fatherhood class.
26.	Jay Fagan and Elisa Bernd, Valerie Whiteman <i>Adolescent Fathers' Parenting Stress, Social Support, and Involvement with Infants</i> . <i>JOURNAL OF RESEARCH ON ADOLESCENCE</i> , 17(1), 1–22 Copyright © 2007, Society for Research on Adolescence	50 dyads (mother-father) assessed at prenatal (7-8 months pregnancy) and 3 months of infant's life. Framework: Stress Theory	Identify prenatal father involvement and extended social support on interaction and caregiving of infant at 3 months of age	Results: Early involvement (prenatal) of fathers correlated with significantly lower levels of parenting stress than fathers who were less involved in the pregnancy. Pertinence: Engagement of fathers early in pregnancy has a good outcome for both maternal and paternal stress.
27.	<i>Fatherhood Lessons</i> . The National Latino Fatherhood and Family Institute and Bienvenidos Children's Center, Inc. © 2003	Cultural Context paper including paternal role and responsibilities facing Latino men.	Cultural Identity, 'strong and true', Survival, Family, Connection (compadres), Palabras (word) and	Results: broaden the definition of child support to include the provision of food, clothing, health and education support, and child care assistance Pertinence: Good baseline for defining

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			barriers noted	culturally sensitive and comprehensive programs for Latino men
28.	Jacinta Bronte-Tinkew, Ph.D., Mary Burkhauser, M.A., & Allison Metz, Ph.D. NRFC Practice briefs: PROMISING TEEN FATHERHOOD PROGRAMS: INITIAL EVIDENCE LESSONS FROM EVIDENCE-BASED RESEARCH. Sept 2008 National Responsible Fatherhood Clearinghouse www.fatherhood.gov	Evaluations of programs designed to measure outcomes based on research design, sample size, improvement outcomes, and retention.	18 programs for teen fatherhood evaluated and categorized as 'model program' or 'promising program'	Results: Looking at study design, sample size, improvement outcomes, and retention of both study and control subjects, one program is (of 18) identified as 'model program' and 3 programs considered 'promising'. Pertinence: Ten factors for program design can lead our intervention and outcomes planning Can use same criteria to judge general (non-teen) fatherhood initiatives.
29.	Janna Lesser, Deborah Koniak-Griffin, Rong Huang, Sumiko Takanagi, and William G. Cumberland. Parental Protectiveness and Unprotected Sexual Activity Among Latino Adolescent Mothers and Fathers. <i>AIDS Education and Prevention</i> , 21, Supplement B, 88-103. 2009, the Gilford Press	Result of case-control study of Latino father and HIV prevention program #22	Intervention planned as community-academic partnership and with feedback from teens in the community	Results: Multiple factors effected the retention and follow-through of the teens in the program. Pertinence: Good feedback on process of developing community-academic partnerships including the need to define and study the process as well as the study findings.