

Access to Healthcare:

Meeting Men's Health Needs through Fatherhood Programs

The South Carolina
Center for Fathers and
Families

Evaluation Brief

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**SOUTH CAROLINA CENTER
FOR FATHERS AND FAMILIES**

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INTRODUCTION



OUR MEN, THEIR HEALTH

What would you do if earned less than \$500 a month, had no health insurance, no form of transportation, lived in a rural area, and suddenly felt a stabbing pain in your side? And what if this pain continued unabated for days? If you're like many men in our Fatherhood programs, you'd cross your fingers, suffer in silence, and pray it goes away. If the pain became excruciatingly unbearable you may drag yourself down to the nearest hospital emergency room, but only if you were lucky enough to find a ride.

Fortunately, men in a select few of our Fatherhood programs are not faced with this choice. *Access to Healthcare* (AtH), is a patient-centered integrated healthcare approach that pairs a full-time in-house

caring nurse practitioner with local community-based health care services to address the needs of our traditionally under-served population. The overarching goal of AtH is to reduce common barriers and empower our men to take control of their own healthcare.

AtH was first integrated into the Fatherhood programs of the SC Center for Fathers and Families in 2007 at four program sites (Lexington, Richland, Lancaster and Bennettsville) and expanded to include sites in Spartanburg County in 2015. We continue to seek resources to sustain and expand health access to all 18 of our Fatherhood sites.

ACCESS TO HEALTHCARE



Our Model

We know that men, and rural low-income African American men in particular, are less likely than the general population to seek out preventative care or even secondary medical care (White & Witty, 2009; American Cancer Society, 2015). There are a myriad of reasons for this, from historic racism (Jones, Crump, & Loyd, 2012) to overconformity with masculine norms of self-reliance (Addis & Mahalix, 2003; Springer, 2011), affordability, access, and a deep distrust of the health care system (Hammond, Mathews, Mohottige, Agyemany, & Corbie-Smith, 2010). However, these are not unchangeable. For instance, studies show that exposure to the health care system, and by definition health providers, can moderate the negative opinions once held as truisms. (Powell 2019) *Access to Healthcare* (AtH), is a culturally sensitive, supportive, hands-on, program for delivering preventative health care to men participating in our Fatherhood program. AtH is framed by the positive aspects of masculinity; offered in an context embodied by trust; delivered in a way that is accessible and affordable to all; and facilitated through role modeling and peer support.

Positive Masculinity

AtH is based, in part, on the paradigm of “positive masculinity” that emphasizes the male strengths of provider and protector. Masculine norms common to fatherhood participants such as self-reliance are leveraged to alleviate any reluctance to engage with health providers in self-care.

Our men are more apt to see a health care professional if it promotes their physical capacity to fully function at work and reinforce their role as the provider and protector of their families.

The Trusting Context of Fatherhood

On a recent survey of men’s health, trust ranked as the number one factor our fathers consider when seeking health care. The importance of trust cannot be understated. Fatherhood staff, representative in age and race to the majority of fathers, build trust, serve as role models for healthy lifestyles, and connect fathers to the services of the nurse practitioner (NP). In addition, staff have critical knowledge of the local community coupled with the ability to provide appropriate information and referrals, transportation, encouragement and reminders of medical appointments.

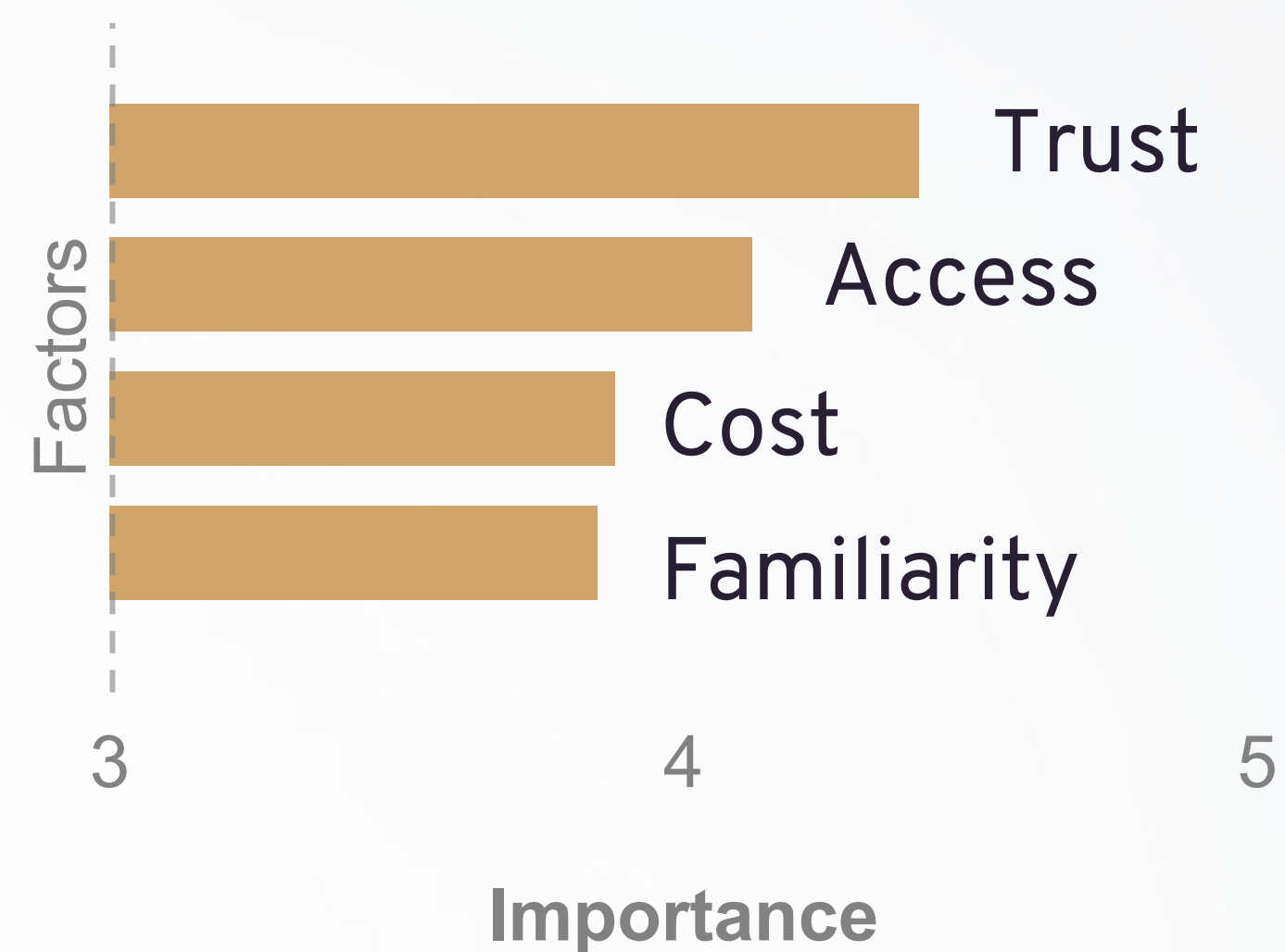
Ease of Access

Our fathers report that ease of access is the second most important factor they consider when they consider seeking health care. With AtH, participants are not required to travel to a clinic or to a doctor's office for services. Rather, the NP visits each fatherhood site on a monthly or bimonthly basis. Unless referred for further treatment, participants do not need to travel beyond the confines of the Fatherhood office to receive health services.

Familiarity and Peer Facilitation

Services are provided within the familiar confines of our Fatherhood offices, often during regularly scheduled group sessions in order to leverage the power of social facilitation. Studies have found that the more men perceive that their male friends are seeking help, either in the form of talking to someone about a troubling problem or getting an annual physical in the last year, the more likely men report having done the same (Hammond et al., 2010; Mahalik & Burns, 2011). Similarly, when our fatherhood participants see other participants seeking out and receiving health services, particularly those participants who have earned their admiration and respect, they are more likely to do the same. This normalizes the process and helps to break down preconceived notions and fears. We believe that our fathers are more likely to attend to their health needs when they see that their efforts are aligned with their notions of manhood, perceive that health care is normative, and these perceptions are validated through their peers.

Important Factors our Men Consider when Seeking Health Care



N=547; Factors ranked in importance from 1 (low) to 5 (high)

No Cost or Low Cost

Our fathers report that cost is the third most important factor they consider when seeking health care. There is no charge for AtH services. When outside referrals are made, sliding scale or no-charge services have been negotiated with local providers.

"Poor health, of body or mind, is defeat. Heath alone is victory. Let all men, if they can manage it, contrive to be healthy". Thomas Carlyle



Our Services

Although participation in AtH services is voluntary, AtH services are integrated within the overall Fatherhood program, creating wrap-around services so that participants can see, practice and understand the connections between health, healthcare and being a responsible father.

Nurse-Practitioner Visits

The NP visits sites once or even twice a month depending on availability. Visits are held during regularly scheduled men's group sessions. All members present are invited to visit with the NP privately on a one-on-one basis. Key services include blood pressure screenings, weight/BMI screenings, flu shots, smoking cessation consults, prescriptions, and referral for medical, dental, mental health, medical home, and vision problems. Follow-ups with these same participants is done in-person or via phone, text, and mailings as needed.



Fatherhood staff member modelling to participants how to use a blood pressure cuff.

Smoking Cessation - Consultation and Support

Sadly, over 63% of our participants are cigarette smokers, or four times the national average of 15%! (CDC, 2018). The NP offers direct consultations with those considering quitting to map out a reasonable plan. To those ready to quit, we offer smoking cessation support, including medical supports to reduce or eliminate nicotine withdrawal.

Men's Health Group Sessions

Participants attend a 4-session, 90-minutes per session module on men's health issues, facilitated either by the nurse practitioner or a local health service professional and supported by Fatherhood staff. Topics include general health issues (exercise, nutrition, heart health), and sexual health, and substance abuse.

Comprehensive Health Screenings

Twice per year, the NP teams up with local hospitals or clinics to offer in-depth comprehensive health screenings, which includes HIV, blood cholesterol/sugar, and depression screenings. Screenings are held at Fatherhood sites and all enrolled participants are encouraged to attend.

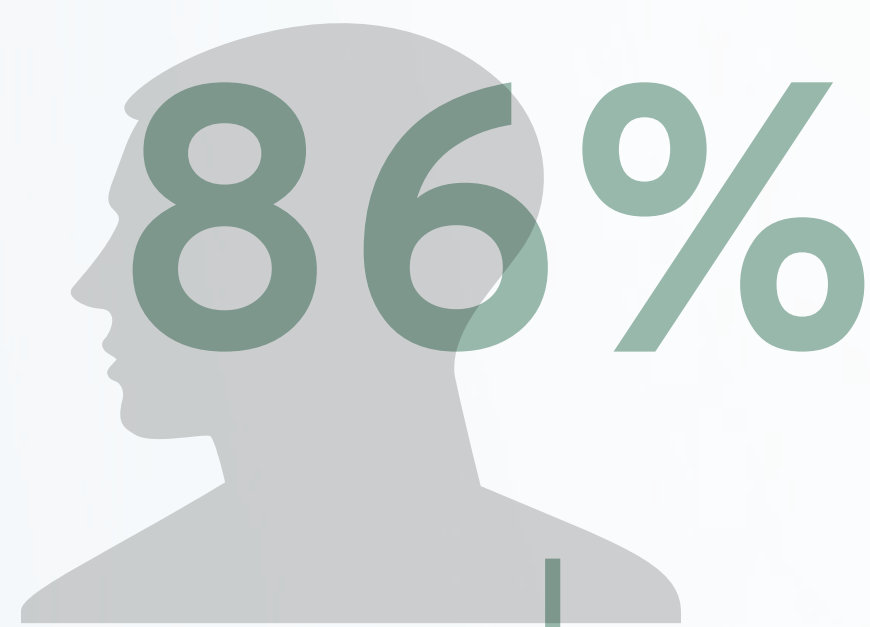
WHO WE SERVE



Our Participants

Who they are

We serve primarily low-income men who are non-custodial parents. Our typical participant is 33 years old with two children. About one-third are court-ordered into Fatherhood due to non-payment of child support, while the remaining participants enter voluntarily for a variety of reasons, including wanting help finding employment.



Are male.

49%

Are unemployed at the time of enrollment

58%

Do not have health insurance

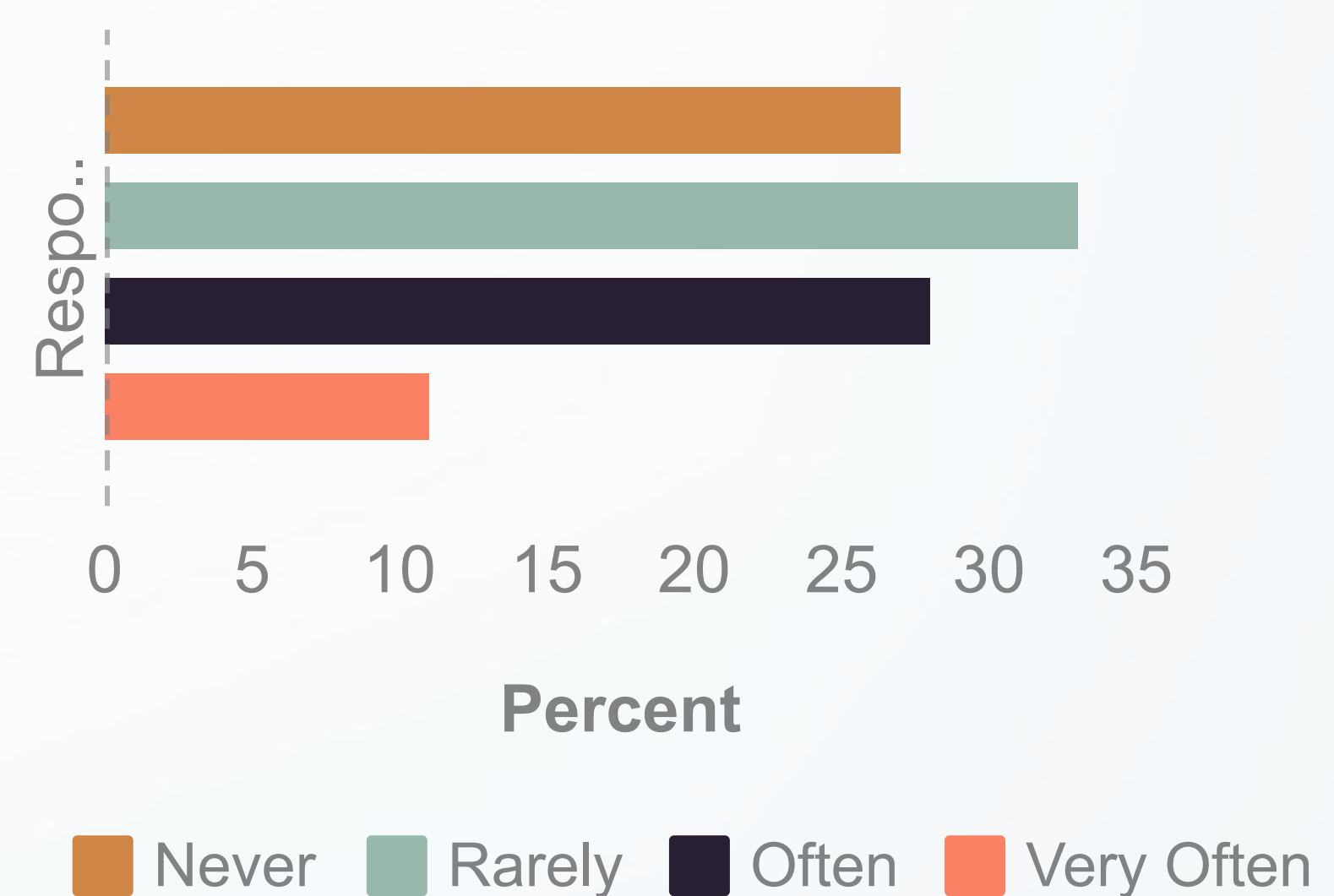
\$956

The average monthly earnings of all participants

Health Beliefs and Behaviors

While over 91% of our participants state that health is important or very important to them, less than one-half report having visited a doctor within the last 12 months, and 39% report that they often or very often simply ignore their symptoms despite knowing they should seek medical attention. When they do seek medical attention, chances are it will be through the local hospital emergency room.

Frequency of Ignoring Physical Symptoms that Need Medical Attention

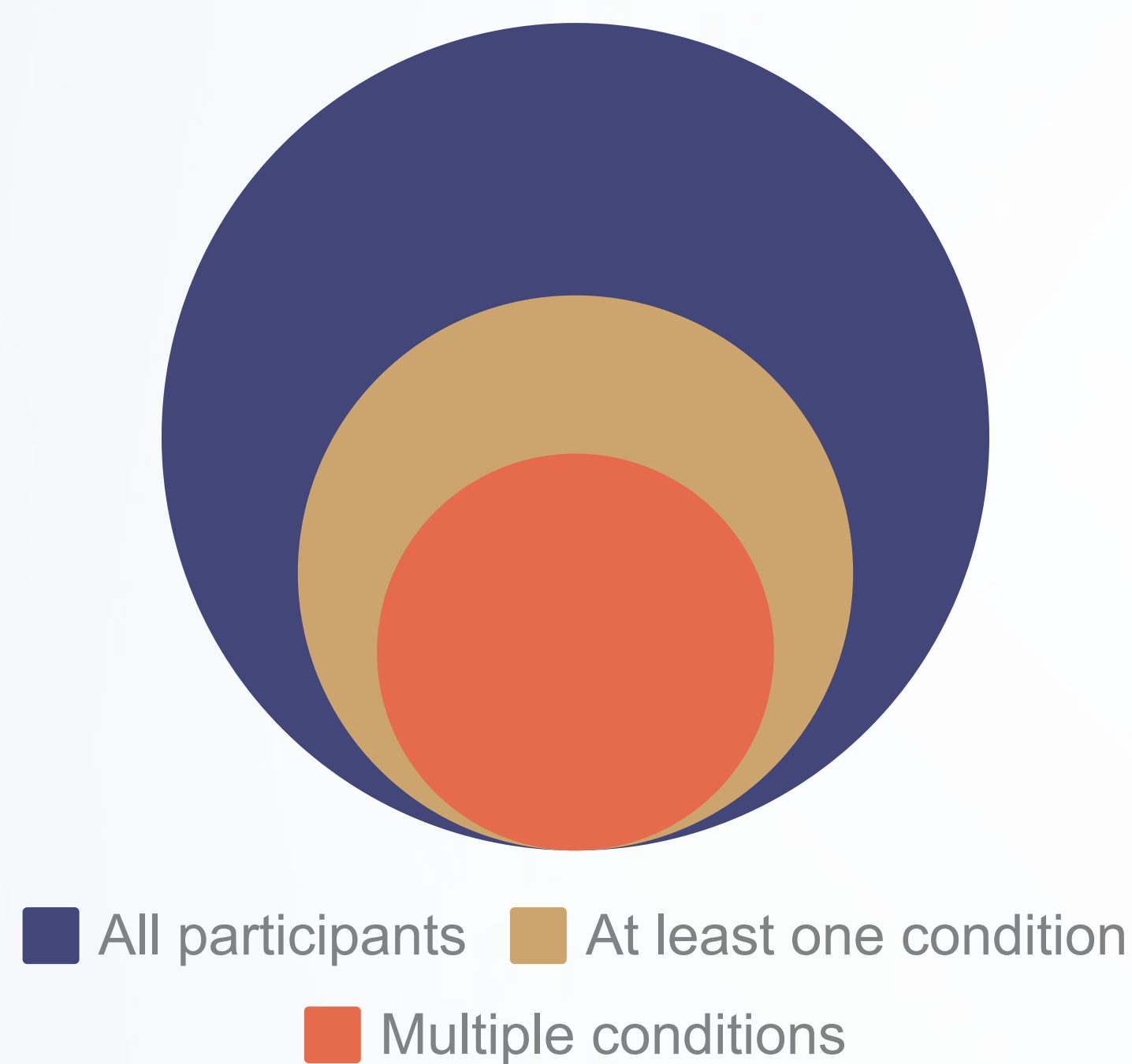


31%

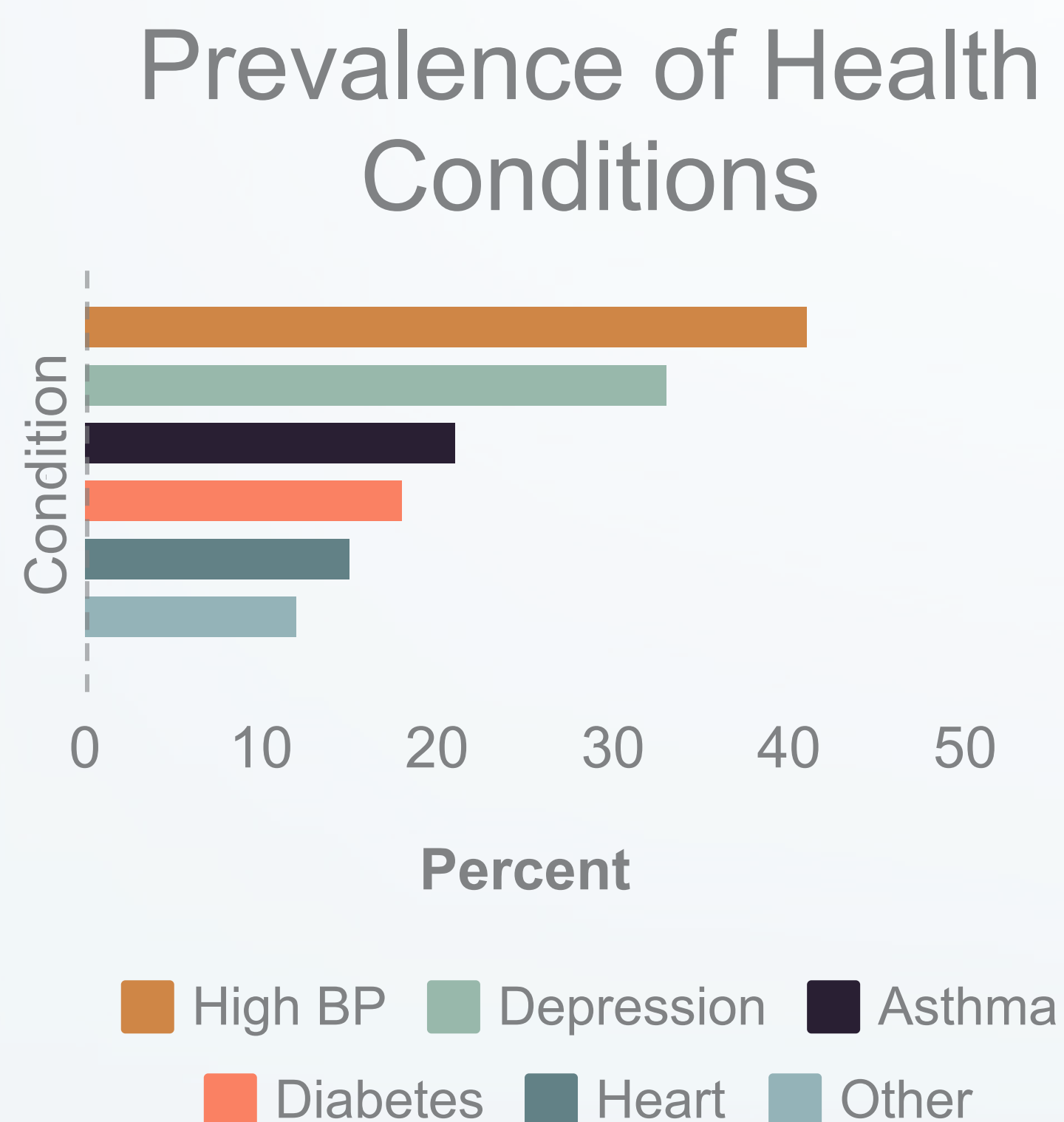
Have visited the Emergency Room within the last 12 months

Health at Enrollment

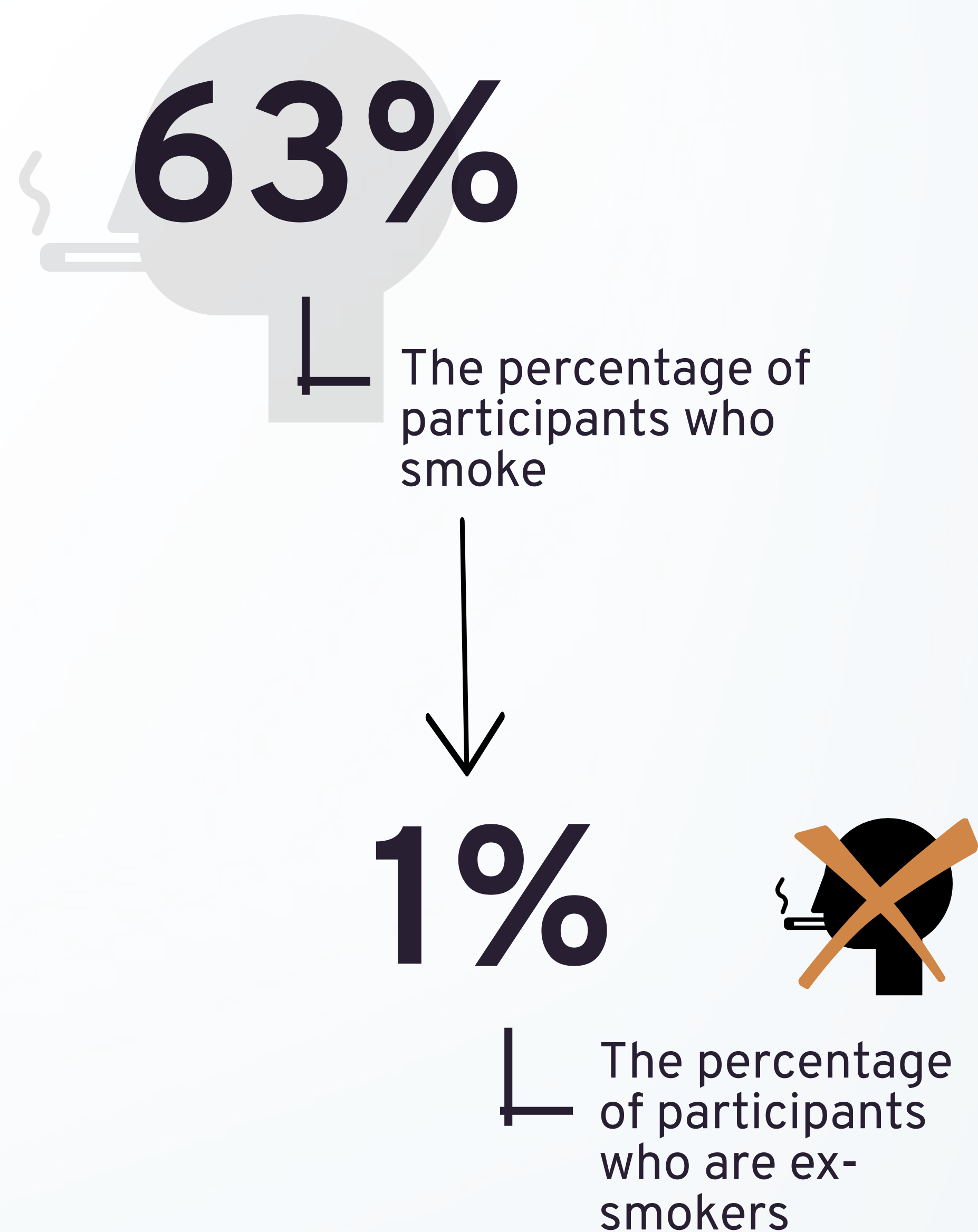
Despite their relatively young age, and their belief in the important of maintaining good health, almost one-half of our participants (45%) report having at least one health condition at the time of enrollment, many of which are serious enough to threaten their role as the family provider and protector (ex., cancer, heart conditions).



Of those participants with a condition, slightly more than one-half (53%) report having multiple conditions. The most common conditions are high blood pressure, followed by depression, asthma, diabetes and heart problems, and other assorted conditions.



Perhaps one of the most distressing statistic, with clear implications for long term health and economic stability, is that 63% of our participants are smokers, averaging 10 cigarettes per day. According to a 2018 CDC report, this prevalence rate is 4 times the national average. Furthermore, while the CDC goes on to say that almost 60% of the people who have ever used cigarettes have managed to quit, just 1% of our participants report being an ex-smoker, suggesting that few of our participants are likely to quit on their own without additional support.





Derrick's Story

"Derrick is like many of our fathers - they want to provide for their children and many times when they find work, they have to work long hours to “catch up” to their family's financial needs but at a cost to their own physical and mental well-being."



Derrick (pseudonym) is a 36 year old dad of 2 boys ages 2 and 9, who was court ordered into fatherhood for getting behind on child support payments due to difficulty with work situations. He is divorced from his first wife he has a 9 year son with and he says they have a good co-parenting relationship. He has a son age 2 from an ex-girlfriend that they have a hostile relationship and had difficulty in seeing child. Recently she dropped child off with him to raise which was not planned and he struggles with the single parent roll of a small child.

Derrick came to fatherhood in summer of 2018 needing employment (he works with construction and some electrical work), needing his driver's license reinstated, and wanting to see his son again but now he has to raise the son on his own. Derrick had some medical issues that he was seen in local Urgent Care and ERs when things hit a “crisis mode” concerning his health. He had new onset hypertension and the NP worked with him in checking his blood pressure and continuing hypertension medications. She had him an appointment to secure a medical home with a sliding scale clinic but due to work obligations, he has had to postpone this appointment until the following spring He has been ill a few times in the past months and the NP has seen him and helped him with affordable prescriptions for his care while encouraging him to get a medical home very soon. He is working overtime at a construction job and the fatherhood staff maintains communication via phone and text since due to his intensive schedule with work and family care.

Derrick is like many of our fathers – they want to provide for their children and many times when they find work, they have to work long hours to “catch up” to their family's financial needs but at a cost to their own physical and mental well-being. Our NP helps with education about their health status and helps them to find realistic resources to help them in getting care. She also encourages and reminds them to keep appointments and that their children depend on a “healthy dad” to see them through life. Not just for today – but for the future too.

HOW WE SERVE



Utilization of Services

Although not required, all participants whether voluntary or court-ordered to Fatherhood, are strongly encouraged to take advantage of AtH services. Participants are made aware of when each service is available, and transportation is provided if needed. Ultimately however, utilization of AtH is left to the discretion of each participant. Recently we analyzed data from a sample of 636 participants served in our 5 AtH sites whose case was closed between July 1 2017 and June 30 2018 to determine the extent to which AtH services are utilized.

One-on-one sessions with the Nurse-Practitioner



One-on-one sessions with the NP was provided to 227 of the 636 participants, or 36% of the sample.

36%

└ The percentage of participants who receive one or more sessions with the NP

1,875

└ The number of services provided by the NP (8.3 per participant served).

Each one-on-one session lasts an average 19 minutes. The level of each encounter, an indicator of the complexity of the session, is measured on a 5-point scale, where 1 is a simple problem (rash, scrape, minor cut) and 5 is a complicated problem requiring a detailed review of history and records. The average level of encounter is 2.2, indicative of routine problems such as respiratory infection or a simple problem requiring extra testing. Blood pressure screenings and outside referrals are the most frequently provided services.

345

└ The number of BP screening services performed by the NP, the most frequently provided service.

288

└ The number of referrals to outside providers made by the NP, the second most frequently provided service.

Proportionally speaking, slightly more participants with a medical condition were seen by the NP (39%) compared to those without a medical condition (32%)

Smoking Cessation Consults

It's no secret that many ex-smokers say that quitting is the hardest thing they ever did. Our participants appear no different. Of the 397 smokers in the sample, 104 (26%) were willing to discuss the prospects of quitting with the NP. Of these participants, 39 (36%) engaged with our NP to devise a program to help them try to quit.

104 

└ The number of smokers willing to consider quitting smoking.

185

└ The number of smoking consults offered to those willing to consider quitting (1.8 per person)

39 

└ The number of smokers who attempted to quit (36% of all consults)

Comprehensive Health Screenings

Twice a year, the NP coordinates comprehensive health screenings with local service providers. These are offered at the Fatherhood sites and are more in-depth than regular one-on-one sessions.

83

└ The number of participants receiving a comprehensive health screening

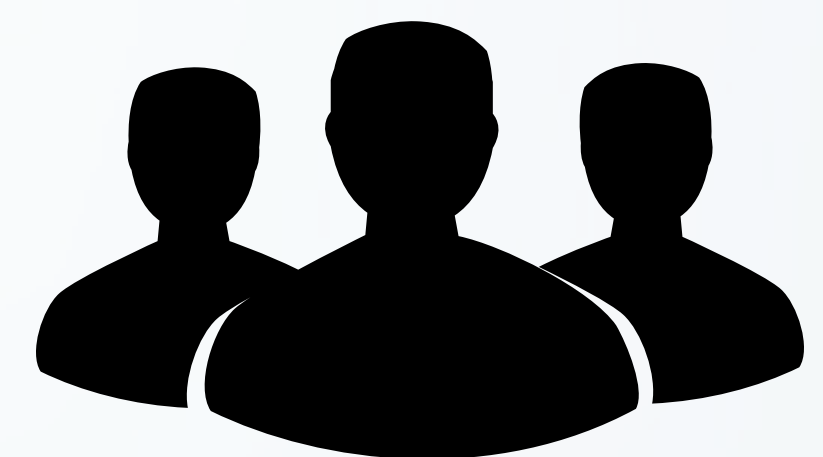
60

└ The number of participants receiving an HIV test as part of the comprehensive health screening

Men's Health Groups

Four weekly 90-minute modules on men's health are offered twice a year, covering one module per week for four consecutive weeks. Topics include general health, STDs, and substance abuse. Each module contains a twenty-item knowledge test administered immediately before and immediately after the group session.

313



└ The number of participants attending one or more men's health group sessions (49% of the sample; ave 2.7 groups attended per person)

3 of 4

└ The number men's health modules showing statistically significant gains in participant knowledge from pretest to posttest

SUMMARY



Moving Forward

With almost 60% of participants without health insurance, over 30% visiting the ER in the previous year, and with 45% having one or more medical conditions at enrollment, it is clear that AtH is addressing a needy and undeserved population.

We are proud to have AtH fully operational in five of our 18 Fatherhood sites. But conversely, this means that AtH is NOT operational in our remaining 13 sites. This represents over 1,200 participants who did not receive any AtH services. In the fall of 2018, we began implementing differing models of AtH in other select counties.

"lite-touch" AtH services are provided in Marion and Florence counties. In Greenville county, AtH services are being paired with additional strategies to improve diet and exercise in order to provide a more holistic approach to health. The major challenges to expanding our coverage include funding and finding available and qualified nurse practitioners given the currently favorable job market.

The Challenges

In sites with AtH, roughly 50% of the participants are touched by one or more AtH services. But this leaves 50% untouched. Why is this, given that we strive to overcome distrust and make our services free and accessible to all? We suspect the answer is threefold. First, Fatherhood has a policy of open enrollment, meaning that participants can enroll and leave at any time, making continuity and scheduling an ongoing

challenge. Second, we inherently have a hard-to-serve population. Our men frequently move residences, work unusual hours, and are often dealing with a myriad of legal and familial issues that prevent them from making self-care a priority. And third, as is typical for most men, if they believe they are free of symptoms, it must mean they are healthy and have no need for health services.

Next Steps in Research and Evaluation

Our expectations, given our resources, population, and operational context, are realistic. The overarching goal of AtH is to EMPOWER men to take charge of their health care by helping them to change risky behaviors that jeopardize their health; screening them for the onset of preventable or treatable conditions; and referring them to affordable or no cost local health providers for further diagnosis and possible treatment. We do know that our men's health groups significantly increase our participant's knowledge about the topic at hand. However, what we don't know is whether changes in knowledge actually translates into changes in risky behaviors; whether our model promotes more healthy attitudes toward health care providers and self-care in general; or the extent to which our men follow through on their health referrals and, if necessary, engage in treatment.

“Of all the forms of inequality, injustice in health is the most shocking and inhumane”

Dr. Martin Luther King Jr.

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Technical notes

AtH sample (see How We Serve, p 09). The sample of 636 participants were from the following Fatherhood sites offering full services: Richland, Lexington, Marlboro, Spartanburg, and Lancaster. These sites have a long established relationship with AtH and the NP. Active cases were not included in the sample because it would be premature to draw conclusions that included participants who are continuing to receive services.

Testing for significant gains in knowledge from pretest to posttest in Men's Health Groups. (See Men's Health Groups, p 10) A twenty-item true/false test is administered to participants before and after each of the four Men's Health group. Omnibus testing using a paired sample t-test yielded significant knowledge gains for pretest to posttest ($t(366)=-2.21, p<.05$). Separate posthoc analysis indicates 3 of the 4 Men's Health modules produced significant gains in knowledge regarding substance abuse (module 1 & module 2) and sexual health. Significant knowledge gains were not evident in the General Health module.

About the SCCFF

The South Carolina Center for Fathers and Families, a ministry of the Sisters of Charity Health System, supports a unique network of 18 fatherhood programs serving select counties of the state, providing education and resources that help men become engaged and responsible fathers. The Center also promotes father-friendly policies and practices that help erase society's negative stereotypes of non-custodial, low-income dads.

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