Collaboration between Ministry and Community to Heal Fathers, Families, and Communities

Collaboration, Compassion, Courage, Respect, & Justice

"Alone we can do so little; together we can do so much." - Helen Keller

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Project Director – Access to Healthcare
LEARNING OBJECTIVES

1. Be aware of how values of ministries can be actively used as guides in helping low-income men access healthcare services and education in their community.

2. See the importance of working collaboratively with the community institutions, agencies, programs and other resources to address the needs of an underserved population to ultimately help strengthen the community.

3. See how supporting fathers’ access to healthcare and helping them increase their knowledge of health and healthcare issues can reach far beyond just helping the individuals.

Overview

The South Carolina Center for Fathers and Families is an outgrowth of the Sisters of Charity Foundation of South Carolina’s Statewide Fatherhood Initiative, a ministry of the Sisters of Charity Health System. The Foundation launched a statewide Fatherhood Initiative in 1997 to reconnect low-income absent fathers with their children. The Foundation has invested more than $16 million in supporting programs and building this infrastructure. The Center helps secure support and oversees program operations and fiscal management of six fatherhood programs in 11 locations.

The Center and the local affiliated programs have more than 10 years of fatherhood programmatic operation experience making the programs the most seasoned and veteran programs in the state. The Center is recognized also as a national pioneer and leader in the field. The Center has successfully advanced policy and practices change through awareness, education, advocacy and partnerships.
The Health Component of the Fatherhood Program

Access to Healthcare Project

Implemented in 2007 at four fatherhood sites in the counties of SC: Richland, Lexington, Lancaster, and Marlboro.

Purpose: To improve participating men’s health through access to men’s health education, screening, medical treatment, and referral to outside treatment services when needed.
Community health approach where the participant were considered a “community” and their communal and individual needs were assessed, planned for, interventions identified, and evaluated by their progress and outcomes through case management of the nurse practitioner and staff.

Data collection and evaluation were implemented in the beginning through a partnership with USC Institute for Families in Society for best practice outcomes.

FUNDERS

1. Duke Endowment and J. Marion Sims Foundation (for Lancaster), joined with the Sisters of Charity Foundation to pilot the Access to Health project.
2. Later, and anonymous grant was awarded to help pay for men to acquire outside medical services, vision care and glasses and dental care through the NP case management.
3. Recent grants have been awarded from the Centene Foundation and Colonial Life
4. “In Kind” services from Providence hospitals and private health service providers
POPULATION and COMMUNITIES

FATHERHOOD DEMOGRAPHICS

1. Age: mean age is 33 years old; mean age of their children is 8 years old
2. Race: 81% are African American
3. Marital Status – 59% never been married
4. Highest Grade Completed: 65% between 11-12\textsuperscript{th} grades
5. Employment Status: 71% unemployed at intake
6. No Health Insurance: Richland 52%, Lexington 53%, Lancaster 68%, Marlboro 80% (national average is 16.3% and 20.8% for African Americans in 2010)
Communities Served (as of Feb 2012)

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th>% African American</th>
<th>% below Poverty</th>
<th>% Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marlboro</td>
<td>28,933</td>
<td>50.9%</td>
<td>31.1%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Lancaster</td>
<td>76,652</td>
<td>23.8%</td>
<td>19.8%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Lexington</td>
<td>262,391</td>
<td>14.3%</td>
<td>10.6%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Richland</td>
<td>384,504</td>
<td>45.9%</td>
<td>16%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

Engagement

1. Support roles of staff
2. Identifying and engaging community health partners
3. Unanticipated challenges in community
4. Link to services – Community partnership agreement
5. Bridging participants to community health programs
Case Study

Outcomes
### Health Services (Jan, 2008 – Dec, 2011)

<table>
<thead>
<tr>
<th>2008 - 2011</th>
<th>#Men Rec’d</th>
<th>#Services</th>
<th>Screenings by Outside Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>General</td>
</tr>
<tr>
<td></td>
<td>Services</td>
<td>Rendered</td>
<td>Screenings</td>
</tr>
<tr>
<td>Lancaster</td>
<td>187</td>
<td>717</td>
<td></td>
</tr>
<tr>
<td>Lexington</td>
<td>292</td>
<td>1667</td>
<td></td>
</tr>
<tr>
<td>Marlboro</td>
<td>291</td>
<td>797</td>
<td></td>
</tr>
<tr>
<td>Richland</td>
<td>333</td>
<td>1174</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1103</td>
<td>4355</td>
<td>442</td>
</tr>
</tbody>
</table>

### Community Partners

- Providence Hospitals
- SC DHEC
- Catawba Coalition
- Care Innovations for HIV education/screening
- LRADAC and local substance abuse counseling agencies
- SC Free medical clinic and local “sliding scale” medical clinics
- private physicians, surgeons, dentists and optometrists for “in kind” or reduced cost care
Wider impact of the program to fathers, children, families, and communities

Values of the Sisters of Charity of St. Augustine

Collaboration, Compassion, Courage, Respect and Justice
Discussion and Closing