

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



Collaboration, Compassion, Courage, Respect, & Justice

SOUTH CAROLINA CENTER  
 FOR FATHERS AND FAMILIES

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

Dawn Pender, MSN, APRN-BC, CPNP  
 Project Director – Access to Healthcare

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**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.

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## 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.

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The Health Component of the Fatherhood Program

*Access to Healthcare Project*

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**ACCESS to  
HEALTHCARE  
PROJECT**

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

**2** 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

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**MODEL for PROJECT**

- 1 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.
- 2 Data collection and evaluation were implemented in the beginning through a partnership with USC Institute for Families in Society for best practice outcomes.

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**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, an 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

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Population and Communities

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**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<sup>th</sup> 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)

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**Communities Served (as of Feb 2012)**

County	Population	% African American	% below Poverty	% Unemployed
Marlboro	28,933	50.9%	31.1%	16.7%
Lancaster	76,652	23.8%	19.8%	12.2%
Lexington	262,391	14.3%	10.6%	7.3%
Richland	384,504	45.9%	16%	8.3%

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**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

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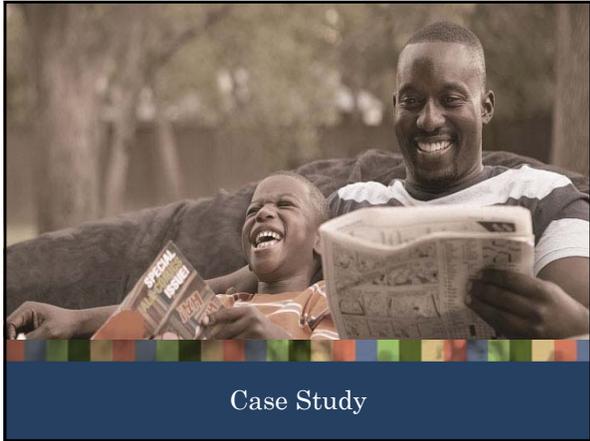
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Case Study

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Outcomes

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### Health Services (Jan, 2008 - Dec, 2011)

2008 - 2011	#Men Rec'd - Services	#Services - Rendered	Screenings by Outside Providers:	
			General Screenings	HIV Screenings
Lancaster	187	717		
Lexington	292	1667		
Marlboro	291	797		
Richland	333	1174		
<b>Total</b>	<b>1103</b>	<b>4355</b>	<b>442</b>	<b>239</b>

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**COMMUNITY PARTNERS**

25 community partners in the 4 sites including:

- 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

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Wider impact of the program to fathers, children, families, and communities

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Values of the Sisters of Charity  
of St. Augustine

Collaboration, Compassion, Courage,  
Respect and Justice

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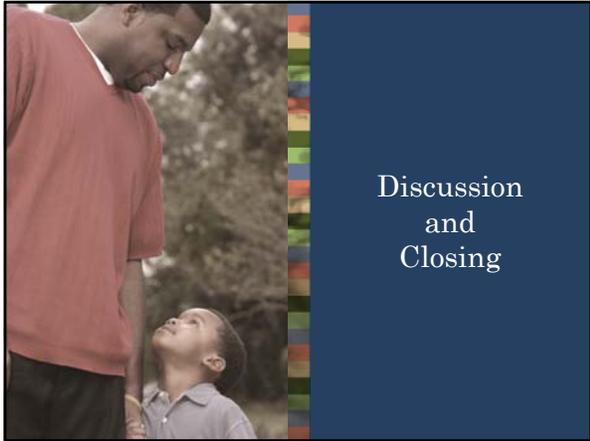
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Discussion  
and  
Closing

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