The South Carolina Center for Fathers and Families

Improving Healthcare for Low-Income Men

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Who We Are

- The South Carolina Center for Fathers and Families was founded in 2002
- The Center is an outgrowth of the Sisters of Charity Foundation's Fatherhood Initiative launched in 1997
- The Center supports seven fatherhood programs operating in 11 rural and urban communities across the state with funding and technical assistance
- The fatherhood programs were established between 1998 – 2000
- Programs provide holistic services to approximately 1,500 fathers annually
- The Center also raises awareness, addresses policy and works to integrate fatherhood into systems

Demographics of Population Served

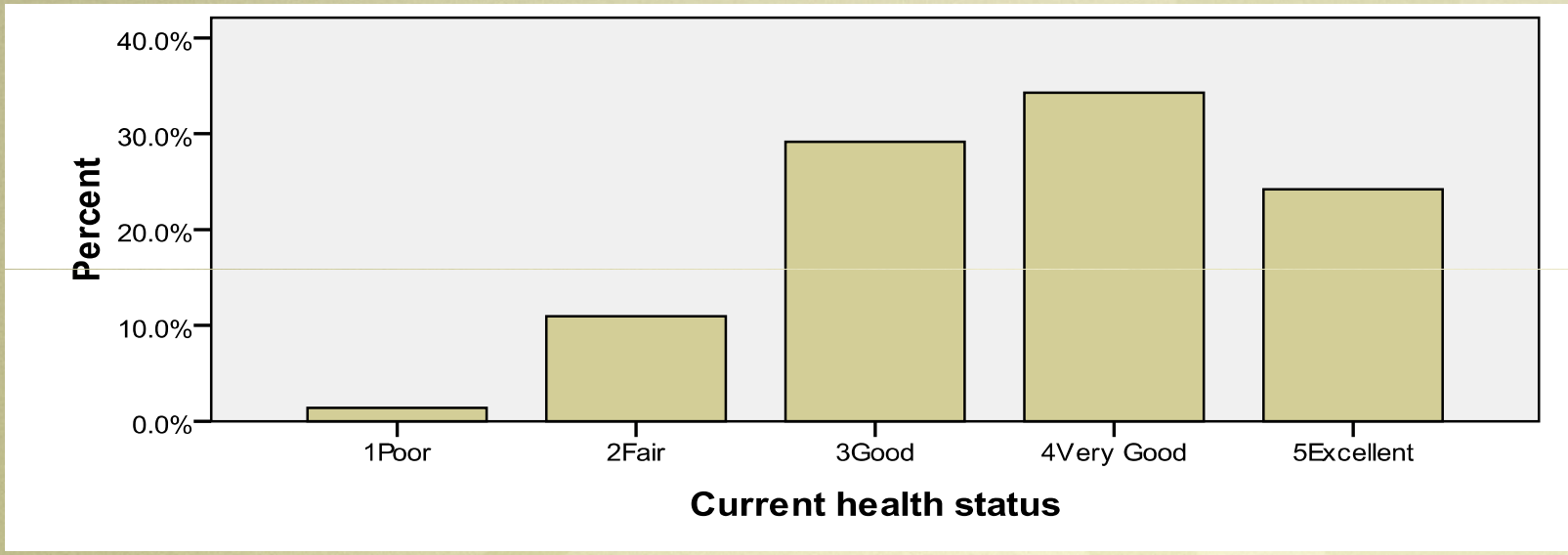
- Mean age: 32 years
- Marital Status:
  - 52% never married
  - 23% married; not living with spouse
- Average number of children: 2.4. (Median age of children is 8 years)
- Education: 40% have not completed high school
- Income: 200% of poverty level or below
- Employment Status: 68% were unemployed upon entering the program

Pilot Project

- The pilot project, Improving Access to Healthcare for Low-Income Non-Custodial Fathers, has been operating for three years.
- The goals of the project are to
  - facilitate access through accessible health education, screening and other health care services;
  - increase access to prescription drugs and other medical services necessary for good health; and
  - increase understanding of good health as a critical part of being a good father, having a positive relationship with their children and being able to support their children emotionally and financially.
- The project operates in four fatherhood program sites in different geographical sections of the state in both rural and urban locations.

- 1,153 fathers completed a survey designed to learn about their health behavior practices and perceived health status when they entered the program.
- A convenient sample was used. Fathers were free not to complete the survey.
- 380 fathers voluntarily received healthcare services.
- One hour group sessions facilitated by the nurse practitioner or a carefully chosen presenter occurs for six-weeks to address various topics related to men's health.
- The nurse practitioner locates resources in each community that are willing to treat the men at no cost or a reduced cost if necessary.

Self-Perceived Health Status



- A little over 6 in 10 men rated their health status as good and very good health. Fewer than 2 in 10 rated their health as fair and poor. **Average: 3.7**
- Nationwide (poor African American): About 5 in 10 poor African Americans nationwide rated their health excellent or very good. 2 in 10 rated their health to be fair or poor health.

Source: National Center for Health Statistics, Vital Health Statistics 10 (243). 2009

Participants' Health Conditions

Health Conditions	**N (%)**
High Blood Pressure	64 (38%)
Depression	29 (17%)
Asthma	24 (14%)
High Cholesterol	20 (12%)
Diabetes	17 (10%)
Heart Problems	13 (8%)
Cancer	2 (1%)
Total	169 (100%)

* Multiple responses are possible

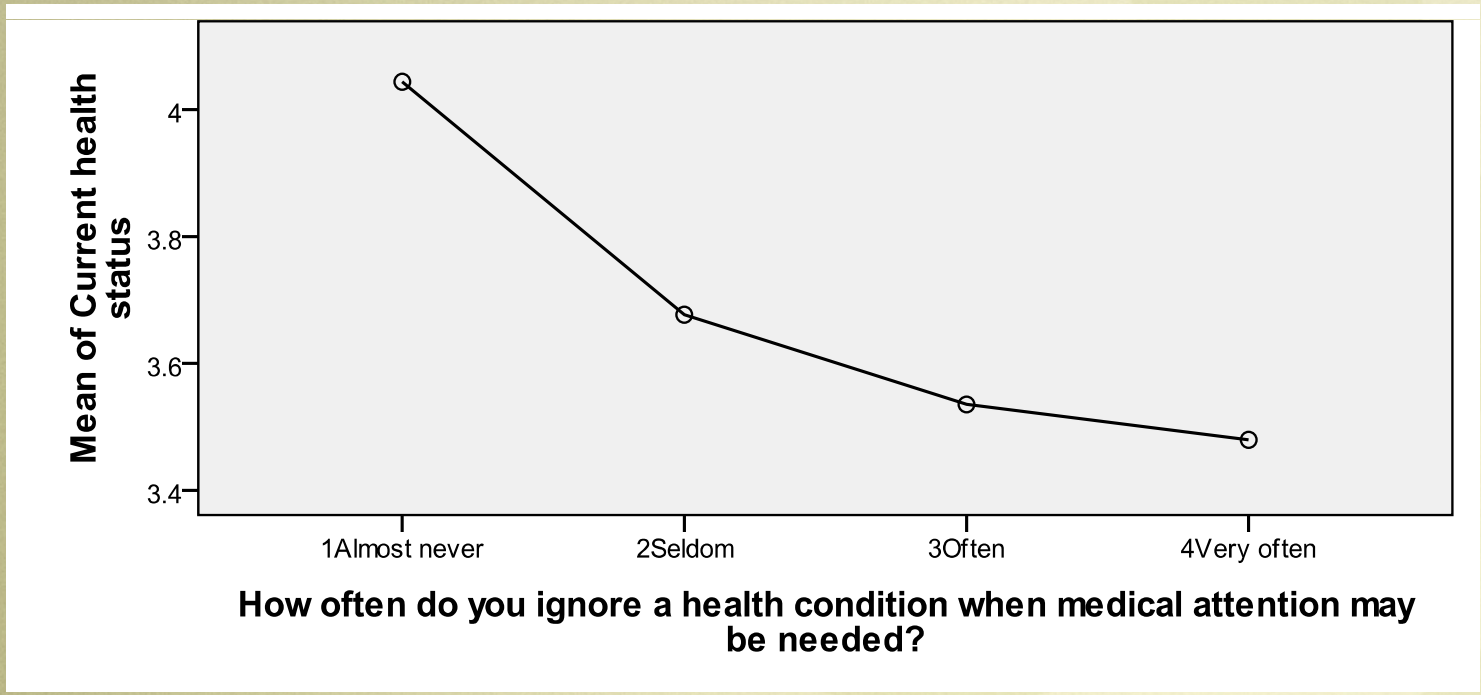
Family Medical History

Health Conditions	**N (%)**
High Blood Pressure	666 (58%)
Diabetes (sugar)	507 (44%)
Asthma	240 (21%)
Heart Disease	227 (20%)
Stroke	194 (17%)
Prostrate Cancer	70 (6%)
Colon Cancer	57 (5%)
Other types of cancer	20 (2%)

* Multiple responses are possible

Health Status and Attention to Medical Needs

Participants with lower self-perceived status tend to ignore their medical condition/needs compared to those with higher or better self-perceived health. See Figure below.



Health Coping Strategies

	N	(%)
Prayer	759	(66%)
Take over the Counter Drugs	724	(63%)
Take Home Remedies	703	(61%)
Ignore Symptoms/Pain	667	(58%)

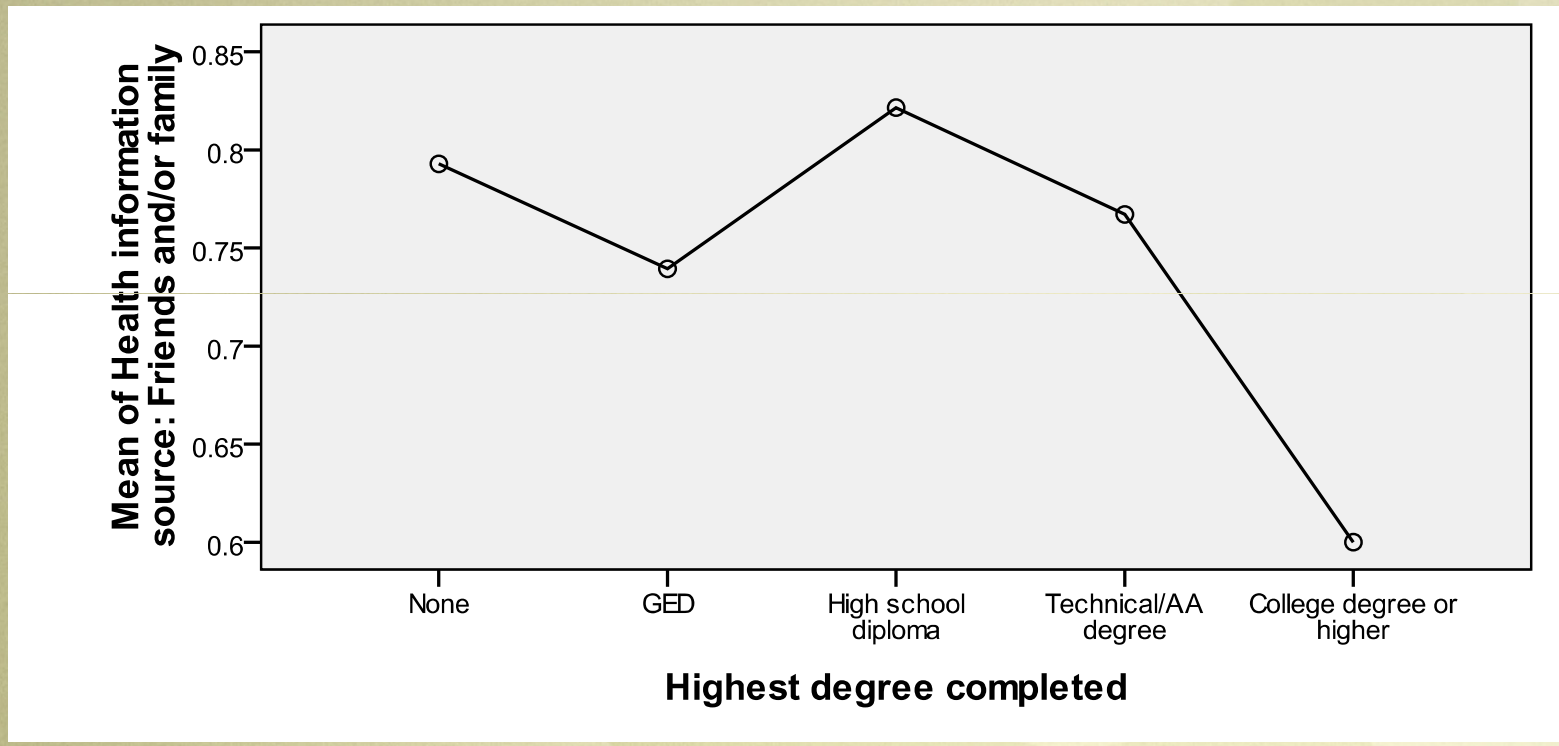
* Multiple responses are possible

Health Information Sources

Friends or Family	906	(79%)
Healthcare Workers	746	(65%)
Internet	412	(36%)
Printed Materials	306	(27%)
Community (church), Events, Fairs	260	(23%)
News outlets (radio/TV)	221	(20%)

*Multiple responses are possible

Primary Source of Health Information with Education



- Respondents with no educational degree were more likely to get their source of information from family and friends than those with postsecondary degrees (secondary difference)

Primary Source of Health Information and Insurance

- Respondents without health insurance were more likely to use friends/family compared to those with insurance (significant difference).

- Respondents with health insurance were more likely to get advice from healthcare workers (significant difference) than those without health insurance.

Source of Health Information, Insurance and Education

- For men with insurance, the mean for getting information from friends and families (1=yes, 0=no) for all educational levels was 0.631.
- Those with no degree and insurance tended to get their information from friends and families more often than those with postsecondary degrees.
- The difference was significant at $p<0.01$ level.
- For men without insurance, the mean for obtaining information from friends and families (1=yes, 0=no) for all educational levels was 0.786.
- There was no significant difference between all educational groups without insurance.

Where the Men go for Healthcare

Provider	N (%)
Emergency Room	931 (81%)
Family Physician	723 (63%)
Local/mobile clinics	679 (59%)

There were no significant differences in use of emergency room for care for those who have insurance and those who do not have insurance. This pattern was the same for those in the pilot project.

* Multiple responses are possible

Challenges/Concerns with using Healthcare Services

	Mean
Confidentiality of medical information	4.26
Healthcare workers that can be trusted	4.25
Easy access	3.94
Low cost exams/screenings	3.75
Familiar environment	3.73

1 = not important; 5 = extremely important

Key Findings and Lessons Learned

- Fathers care about their health
- The men mistrust the confidentiality of their medical information
- Trust: creating an environment and developing a relationship with the healthcare worker that feels comfortable and non-judgmental plays a major role in their seeking and utilization healthcare services
  - The nurse practitioner's regular presence at the program every 2 weeks
  - Having access to the nurse practitioner without having to wait for hours or long periods of time before being able to receive service
  - Showing the father that he is valued as a person
  - Having continuity of interacting with the nurse practitioner in group sessions on men's health issues

- Key Findings and Lessons Learned, cont.
  - Education and awareness about health issues help men to begin to take action steps to address their health needs and concerns.
  - Normalize the importance of taking care of their health as an ongoing process, not just as a crisis.
  - Help the men make connections between good health and improvement in their quality of life for themselves, their children and family.
  - Must work with the men to develop a plan of action. That means making a plan with steps to get the services needed.

- Key Findings and Lessons Learned, cont.
  - Providing supports such as linking them to community resources, providing transportation, making necessary arrangements for them to be seen by outside sources, etc. help increase their use of health care services.
  - It may take approximately 2-3 months for changes to see some behavioral and medical changes in the men.
  - Partnering with hospitals, health care facilities, physicians, and organizations that help provide healthcare services at a cost that is affordable to the population is crucial.
  - Time and patience is needed to help low-income African American men to become engaged in seeking and availing themselves to health care services.

Program Implications

- Programs need to be developed with a sensitivity to the culture, gender and economic status of the men.

- Developing trust with the healthcare system and provider is essential. Community-based fatherhood programs can serve as a bridge to facilitate the process.

- In order to get increased participation, the environment needs to be one where the men feel comfortable and not judged negatively.

- Written materials to deliver information is not an effective way to communicate with this population. The men relate more to face to face interactions.

- There needs to be accurate knowledge and information shared with the men about their health and available health care resources. The information needs to be presented in a manner they can easily understand and include the context of community norms.

- There needs to be an advocate and hands on supports to help navigate and gain access to the health care system.

Questions to be Explored in Continuing Research

Follow-up with the men once they leave the fatherhood program is needed to find out the following:

1. Whether or not their engagement with the healthcare system continued.
2. What facilitated or hindered their use of health care resources?
3. Do they utilize other healthcare resources rather than the emergency room services for non-emergency conditions?
4. Do they continue to address their health issues before they become acute?

Questions and Answers

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