FATHER INVOLVEMENT
In the
HANDS PROGRAM

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EXECUTIVE SUMMARY:

The HANDS program is a program based upon the Healthy Families America model of home visitation. Its purpose is to provide support for first time parents. It was started in the state of Kentucky in 1999 as part of the larger KIDS NOW initiative. Since its inception HANDS leaders have strived to actively involve fathers in all aspects of services. However, what is proposed at the policy development level may not always occur in the actual implementation of a program.

The purpose of this project is to examine how effective HANDS has been in engaging fathers. In order to do this a 2 tiered approach was taken. First, a survey was done of HANDS staff to assess their attitudes of the importance of fathers to child development and how they have involved fathers in services. The second part of this project was to survey fathers' attitudes about HANDS to get their opinions about the strengths and opportunities for growth of the program. The results of both surveys and their implications are discussed in this paper.

INTRODUCTION/BACKGROUND:

Father involvement is an issue that has recently been receiving a great deal of attention. This has not always been the case. Nearly 30 years ago a noted child psychologist, Michael Lamb, described fathers as "forgotten contributors to child development."[1] The contribution that fathers made to child development was considered by many to be negligible. Fathers were thought to be of secondary importance to mothers. Increasing divorce rates and increases in out-of-wedlock childbirth during the past 40 years has compounded this notion.

The past 10 years has seen a shift in the attitudes about the importance of fathers in the lives of children. The United States' most recent 2 presidents have each recognized the importance of this issue. Former President Bill Clinton stated, "The single biggest social problem in our society may be the growing absence of fathers from their children's homes because it contributes to so many other social problems."[2]

President George Bush stated, "Over the past four decades, fatherlessness has emerged as one or our greatest social problems. We know that children who grow up with absent fathers can suffer lasting damage. They are more likely to end up in poverty or drop out of school, become addicted to drugs, or have a child out of wedlock or end up in prison."[3]

The HANDS program has 4 main goals that it attempts to achieve with families.

1. Positive Pregnancy Outcomes
2. Optimal Child Growth and Development
3. Children Live in Healthy and Safe Homes
4. Families Make Decisions That Enhance Long Term Independence.

There have been many studies conducted over the past several years that have demonstrated how father involvement impacts each of HANDS' goals.

One study of prenatal care showed that infant mortality rates are 1.8 times higher for infants of unmarried mothers than for married mothers.[4] The findings of another study demonstrated that unmarried mothers are less likely to obtain prenatal care and more likely to have a low birth weight baby.[5]

Optimal child growth and development is also greatly impacted by father involvement. Children living with two parents are more likely to be read to everyday than are children in single parent homes. Fifty-eight percent of children in 2 parent households were read to every day in 1999, compared with forty-three percent of children in households with one or no parents.[6] Another researcher stated, "Whether the outcome variable is cognitive development, sex-role development, or psycho-social development, children are better off when their relationship with their father is close and warm."[7]

Father involvement is directly related to safe and healthy homes. Compared to living with both parents, living in a single-parent home doubles the risk that a child will suffer physical, emotional, or educational neglect.[8] A study completed in 1988 found that the proportion of single-parent households in a community predicts its rates of violent crime and burglary.[9]

Family independence is also correlated to the presence of a father. The time period from 1960 to 1990 saw a steady rise in household income for families with a father present. Households without a father saw a decrease in income from 1980 to 1990.[10] Another study found that both men and women who grew up in two parent households earned more as adults than those from other family structures.[11]

The summary of the available literature indicates that "Children who live absent their biological fathers are, on average, at least two to three times more likely to be poor, to use drugs, to experience educational, health, emotional and behavioral problems, to be victims of child abuse, and to engage in criminal behavior than those who live with their married, biological (or adoptive) parents. Children with involved, loving fathers are significantly more likely to do well in school, have healthy self-esteem, exhibit empathy and pro-social behavior, and avoid high risk behaviors such as drug use, truancy, and criminal activity compared to children who have uninvolved fathers."[12]

The above findings illustrate why HANDS technical assistance specialists stress engaging fathers to local programs when they make their local site visits. The contribution fathers make to their children's lives is increasingly being seen as complimentary to the contribution of mothers as opposed to secondary.

While many in the field of child development are recognizing the contribution fathers make, the shift in programs to engage fathers has been slow in coming. Many programs, which state they are family oriented, have traditionally meant they are for mothers and children. The Department for Public Health that operates the HANDS program is a prime example of this. The majority of health department services are geared towards females and children. Men often feel as if they are not welcome at the health department. Many health departments have done little to change this image. Some of them still have not even gone as far to put magazines of interest to men in their lobbies along side the women's magazines.

The HANDS program has stressed the importance of engaging fathers in all aspects of services. However, the majority of participants in the program remain women. This mirrors the staff that work in the HANDS program. As of March 1, 2006 less than

two percent of HANDS staff were male. The vast majority of counties across the state have no male employees working in their HANDS program. This fact illustrates the importance of female staff understanding the importance of father involvement to child well being. It also indicates that female staff must be knowledgeable of how to work with men and must be willing to do so.

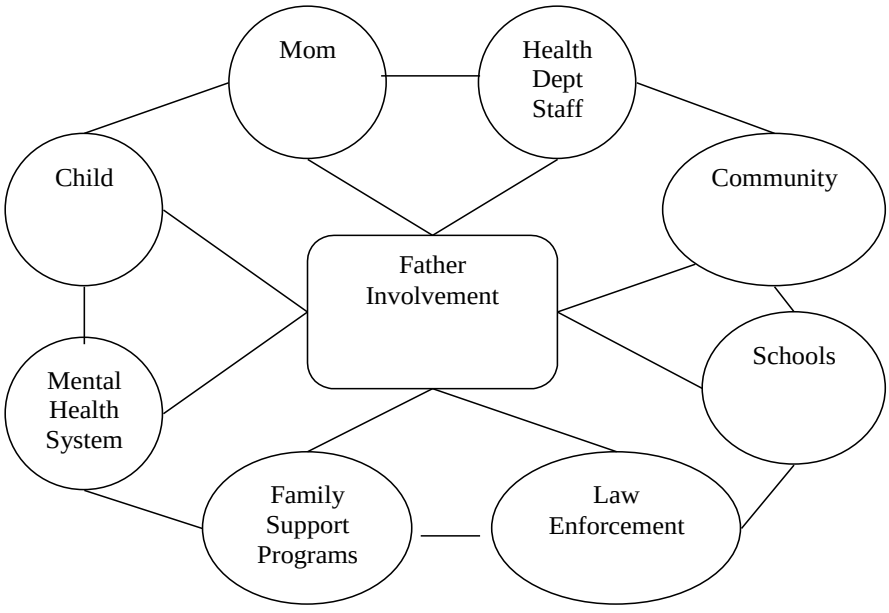
Problem Statement:

Males are not being engaged by the HANDS program at the same rate that females are being engaged.

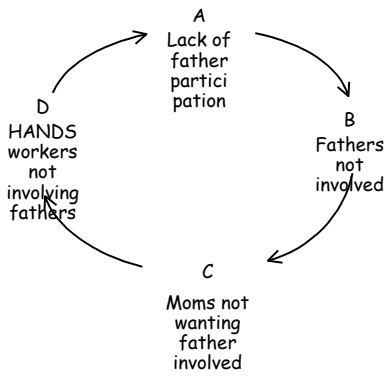
Behavior Over Time Graph:

FATHER INVOLVEMENT TIMELINE

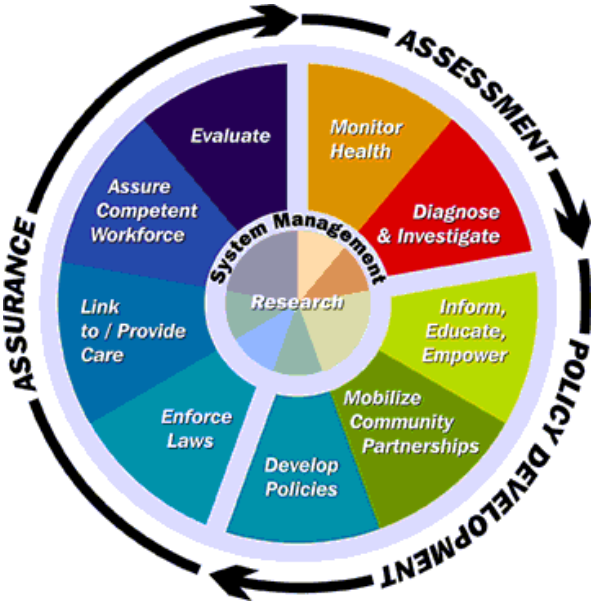
Earliest Beginning	Earlier Beginning	Earlier Beginning	Beginning	Present
1940-1945 WWII Absentee Fathers was a necessity	1960's Women's Rights Movement Fathers seen as optional	1970's Increase in Divorce Rate and Single Parent Homes	1999 Start of HANDS Program Fathers Reluctant to Participate	Lack of Father Involvement



Causal Loop Diagram:



10 Essential Public Health Services/National Goals Supported:



Lack of Father Involvement in the HANDS Program
National Goals our Project Supports

Essential Public Health Services

#1 Monitor health status to identify community health problems.

- The HANDS program identifies family need for a medical home and gives the family resources to acquire.

#2 Diagnose and investigate health problems and health hazards in the community

- The HANDS program monitors the health status of all members in the home and gives information to lower risk for unhealthy lifestyles. The home is monitored for safety hazards every visit and periodically the safety checklist is reviewed with education given.

#3 Inform, educate, and empower people about health issues

- The HANDS educator at every visit by using GGK/GGF curriculum and information provided by the health department refers families to their medical home.

#4 Mobilize community partnerships to identify and solve health problems

- The HANDS staff is required to attend and participate in local community organizations such as Early Childhood Councils, Community Partner Councils, school systems and Family Resource Centers.

#5 Develop policies and plans that support individual and community health efforts

- The HANDS staff assists families in making goals for their families, self and children. Staff communicates with health department personnel regarding communicable diseases, and health issues that the community needs to be aware of.

#6 Enforce laws and regulations that protect health and ensure safety

- HANDS staff are required to report activities that may place a person in danger. Staff is required to report illegal activity to Law Enforcement.

#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- Hands staff link families to community resources as needed.

#8 Assures a competent public health care workforce

- The HANDS staff must complete two weeks of off site training to learn the purpose and how to use GGK/GGF Curriculum before doing home visits. The staff must then meet two hours per week with supervisors to discuss the use of curriculum and family involvement. Staff is required to complete topics of priority training areas within twelve months of hire, twenty-four months of hire and ten hours of topical training based on individuals needs annually thereafter. The HANDS site itself must obtain Tier II and Tier III status per guideline protocol.

#9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services

- The HANDS staff at the state level gathers data from sites including: positive pregnancy outcomes, optimal child growth and development, health and safety of home environments, and family self-sufficiency. This data is complies to show evidence of meeting and exceeding the goals as for mentioned.

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

The objectives of this change master project are:

- Assess the level of satisfaction fathers have with services they are receiving from HANDS.
- Assess what services not currently provided fathers would like to see be made available to them by HANDS.
- Assess the relationship of HANDS staff attitudes towards fathers and their level of involvement in HANDS services.
- Compile a list of recommendations for practice with fathers to increase their involvement in services.

METHODOLOGY:

A survey tool had to be developed since this is the first time a survey of this type has been conducted with either HANDS fathers or staff. It was discovered that the Cabinet for Families and Children, Department of Community Based Services, recently conducted a study similar in nature. Their study was reported to be the first one of its type to assess father's attitudes on a statewide basis done in the nation. After review of their research a decision was made to replicate their study with HANDS fathers and staff.

The HANDS staff survey is based upon a survey that was conducted by the Department of Community Based Services to assess their staff's attitudes towards the fathers they work with. The survey was only slightly modified to reflect the difference in program names. Permission was obtained from Ruth Huebner, PhD, Child Welfare Researcher and Principal Investigator, to replicate the survey with HANDS staff.

The HANDS staff survey was an 18-item survey. It included the role the staff had in the HANDS program, demographics, a checklist of services fathers were referred to or which staff wished were available for fathers, and 10 questions based on a 5 point Lickert scale assessing staffs attitudes toward fathers.

The survey was administered to staff at the first annual HANDS retreat that was conducted in November 2005 at General Butler State Park. HANDS staff from all across the state attended this event. 174 participants completed the survey.

The HANDS fathers' survey is also based upon the survey used by DCBS to assess fathers' attitudes toward their agency. It is a 19-item survey that also provided space for comments from participants. The survey included the participants' demographics, a checklist of services they received and would have liked to have

received, and 11 questions with answers based on a 5 point Lickert scale rating their attitudes about the services they received from HANDS.

Identifying the fathers or significant male role models who were to receive the surveys was difficult. In many of the families HANDS serves the father is not present. It was decided to distribute the survey to all of the HANDS families who were actively receiving home visits as of December 31, 2005. A list of all families receiving services is in a statewide data system. The surveys were sent to each HANDS site across the state. The staff at each site hand delivered the surveys to every family they made home visits with during the 4 week period ending March 15, 2006. It is not known how many of the 6000 surveys that were distributed to sites actually made it into the hands of the target population. However, this method was thought to be the best available to maximize the number of surveys returned.

The following are the research procedures for this project:

- Approval for the project was requested and received by the UK IRB and the Department for Public Health.
- The surveys were copied and separated into groups according to how many active HANDS families each site had across the state as of December 31, 2005.
- The surveys were mailed in bulk to each individual HANDS site with the instructions for the HANDS staff to distribute the surveys to all of the active HANDS families they were seeing on upcoming home visits during the next 4 weeks after receipt of the survey.
- The surveys were given to individual families along with a self addressed stamped envelope addressed to the HANDS central office in Frankfort. The HANDS staff read the instructions on the attached instruction sheet to families.
- HANDS staff at the central office in Frankfort received the surveys for the group and forwarded them on to the research team.
- The research team will take the returned surveys analyze the data utilizing SPSS. The completed surveys will be returned to the HANDS central office in Frankfort and maintained for 3 years.

All but the last of these 5 steps have been completed. This report should be considered a preliminary report, as there has not yet been adequate time to thoroughly analyze all of the data.

RESULTS:

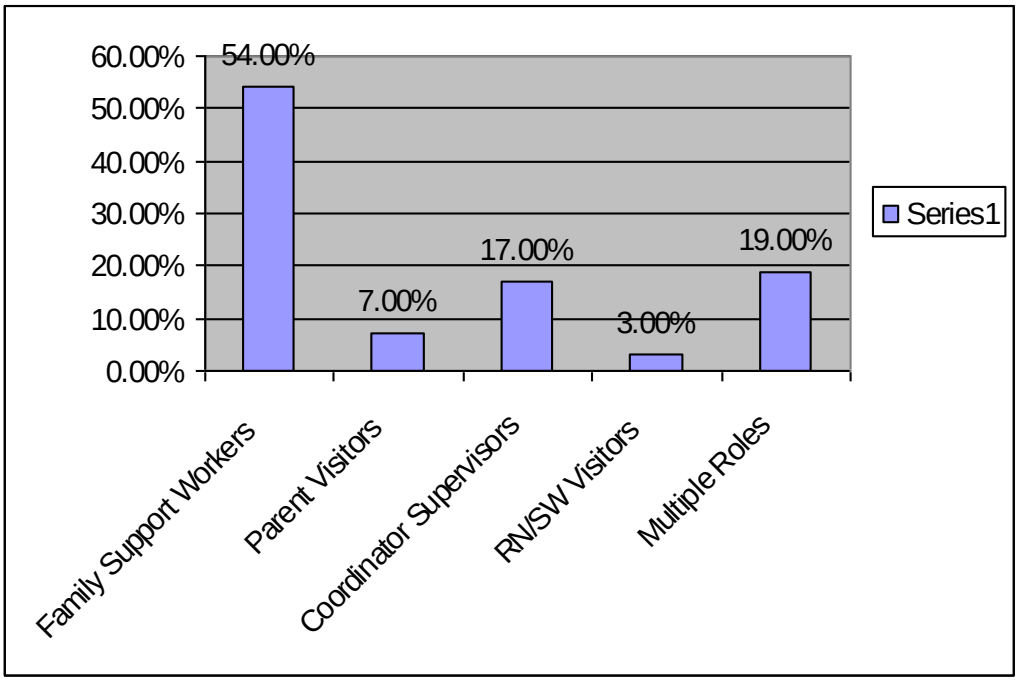
The results of the HANDS Staff Survey will be discussed first.

Participants

The following table displays the role in HANDS of the participants completing the survey.

Family Support **Workers**	**Parent Visitors**	**Coordinator** Supervisors	**RN/ SW** Visitors	**Multiple** Roles
94	12	29	6	33

Roles of workers responding to the survey are displayed here:

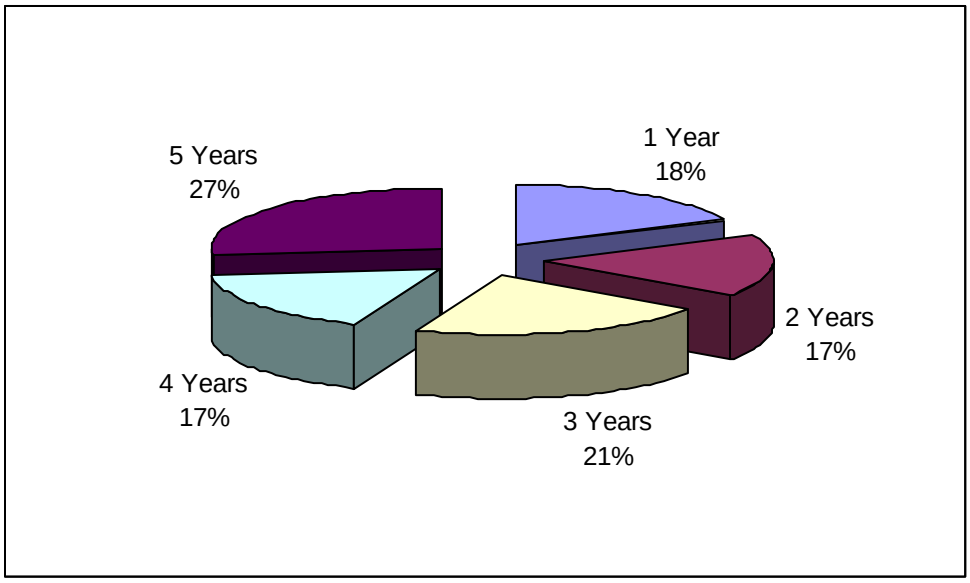


Years of Work with the Agency

The years of experience working in public health of the respondents ranged from a low of 1 year to a high of 30 years. The average was 7.5 years of experience.

Staff responding to this survey was experienced in HANDS. 65% of participants had 3 or more years experience working in the program. The group that had the most

experience in HANDS was the Coordinators and Supervisors. 54% of the respondents in this group had 4 or more years' program experience.



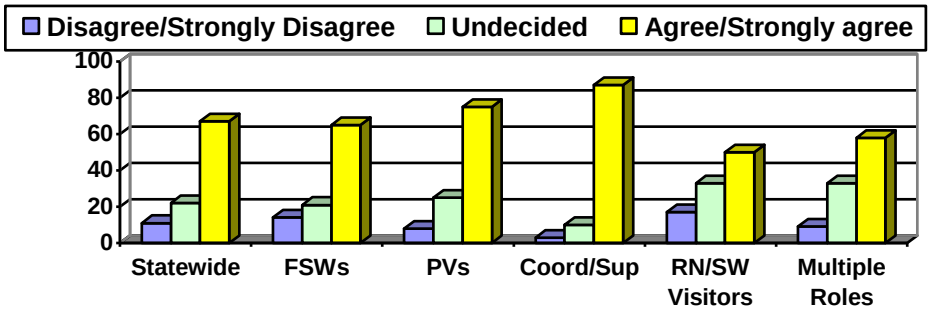
Results

General Questions about Working with Fathers

Responses are displayed by overall state figures and then for each type of social service worker.

Fathers want to participate in HANDS services.

- Statewide 67% of staff agreed or strongly agreed with this statement.
- There were not any significant differences based upon the role the staff had in the program and their belief that fathers wanted to participate in services.



I struggle to find enough time to work with fathers.

- Statewide 63% of staff disagreed or strongly disagreed with this statement.

- There were no significant differences by role of the worker and the time they had available to work with fathers.

When fathers are involved in home visits goals are more likely to be achieved.

- Statewide 59% of staff agreed or strongly agreed with this statement.
- Statewide 27% of staff was undecided about this statement.
- Statewide 14% of staff disagreed or strongly disagreed with this statement.

Mothers are reluctant to let fathers be involved in home visits.

- Statewide 80% of staff disagreed or strongly disagreed with this statement. This is encouraging since mothers are often the gatekeepers controlling the amount of involvement fathers have with their children.

I worry about domestic violence issues when engaging fathers in home visits.

- Only 9% of all staff were concerned that issues of domestic violence were a barrier to providing services to fathers.

I believe that father involvement is important for optimal child development.

- Statewide 95% of all staff agreed or strongly agreed with this statement.

I believe that fathers should be included in all aspects of services including parent visits.

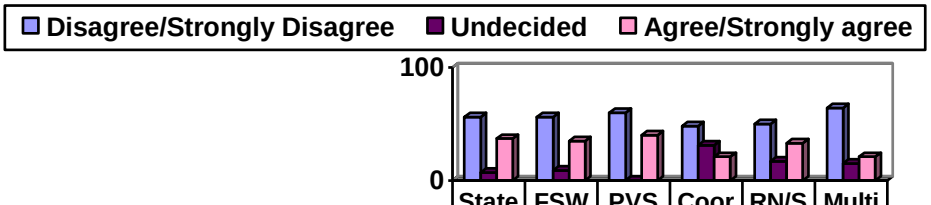
- 92% of staff agreed or strongly agreed with this statement. It should be noted that social desirability responding could have influenced this response.

I involve fathers in GGK and GGF activities. (GGK stands for Growing Great Kids. GGF stands for Growing Great Families. These are the curriculums used by HANDS to promote parent/child interaction. All home visitors are supposed to be trained in their use).

- 87% of staff agreed or strongly agreed with this statement.

Fathers are involved in most of my home visits.

- 37% of staff agreed or strongly agreed with this statement with parent visitors endorsing this item most often. Differences between groups are displayed here.

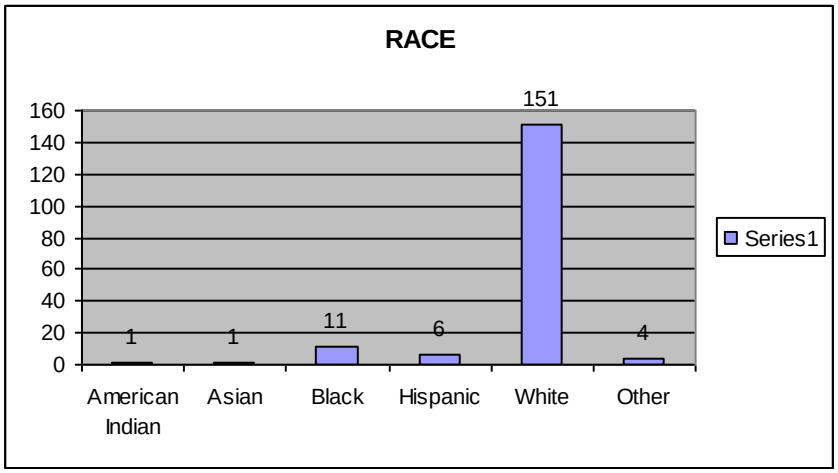


	State	FSW	PVS	Coor	RN/S	Multi
Disagree/Strongly Disagree	56	56	60	48	50	64
Undecided	7	9	0	31	17	15
Agree/Strongly agree	37	35	40	21	33	21

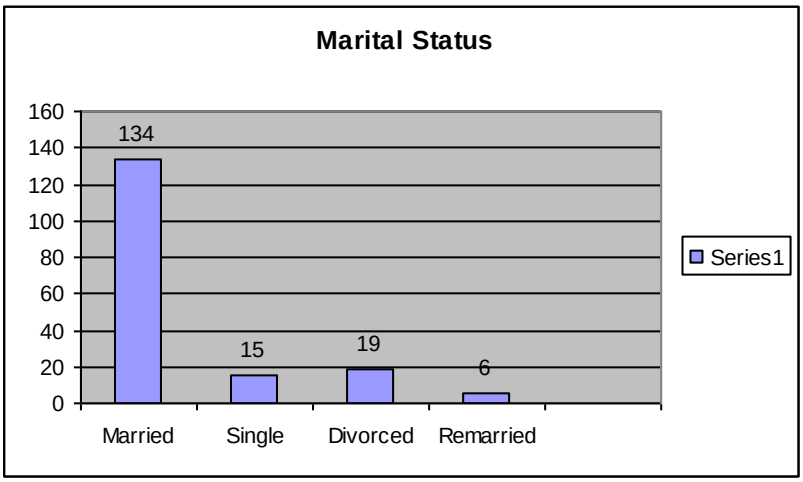
Services provided to fathers are effective in making them better fathers.

- 87% of all staff either agreed or strongly agreed with this statement.

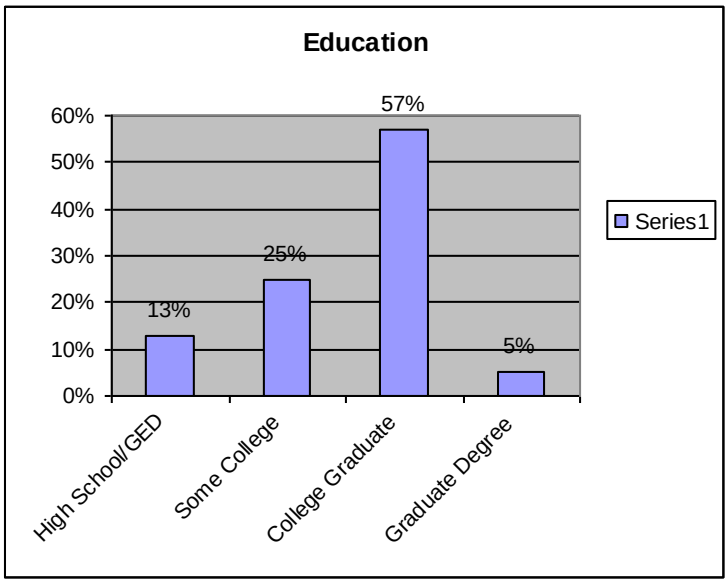
Staff Demographics:



(Expressed in numbers as opposed to percentages.)



(Expressed in numbers as opposed to percentages.)



Services for Fathers:

HANDS staff was asked to identify the services that they referred fathers to. They were also asked to identify the services they wished they had available for fathers. The following table displays the responses.

Services that Fathers were Referred to by Workers and Services that Staff wish they had for fathers: (expressed in number of responses since all respondents did not answer all questions).

Service	Referred to Service	Staff Wished for Fathers
Father Support Group	20	131
Family Group Events	107	62
Day Care/child care	103	25
Housing	141	31
Job Training	124	37
Parenting Class	82	56
Educational Services	139	21
Drug/Alcohol Support	81	31
Healthcare Services	127	28
Legal Service	85	30
Transportation	105	41

Comments:

The final question on the staff survey was a request for comments to see how the program could be improved or how they felt more fathers could be engaged. Staff's comments are broken down by employee role in the program.

Family Support Worker

1. More funds for incentives for our HANDS families.
2. HANDS is a wonderful program I love my job, best job I ever had.
3. Mothers are reluctant to let fathers be involved in home visits. Primarily there is usually a reason, but unless custody battle they want fathers involved.
4. More information for dads
5. More funds for extra projects and incentives for families.
6. More activities and information for dads in GGK. So that if dad was not at a visit you could leave it with mom to give him.
7. I think we should have more activities to leave for fathers so they can be more involved even if they are not there for our visits.
8. I find that many of our moms do not have any male partners in their home. Those who do – I try to do some visits with mom only, and the rest with both.
9. Getting fathers involved takes strategy. Old fashioned beliefs that mothers raise and care the children is what I run into the most. I think that is changing though. I think father will become more and more involved.
10. Need to have more support from the health dept.
11. Hire more males.
12. We need more information directed toward fathers to engage them.
13. Fathers sometimes can't be at visits. Father packets and educational information could be pre-printed. Cards with praise left for them. I often leave activities for them to do.
14. Increase funding; hire more male FSW's.
15. As a FSW I wish the health dept would supply vehicles. I did not realize that I would be putting so many miles on my car. I do enjoy my new position and I enjoy helping and working with my families.
16. In our district, we have a serious issue with medical care. There aren't any doctors accepting new passport/Medicaid patients. Our babies can't get their immunizations until way too late. Help us! North Central District.
17. More Spanish material and more funding for incentive gifts.
18. Some fathers are interested in program some not. The fathers that are interested in the program I always leave info pertaining to father interactions with baby and how much of a benefit they are to the bringing up of their child.
19. Paperwork time needs to improve.
20. Need more resources in getting dad's involved in visits. Need a mans guide into his world.
21. Less paperwork, then more time for home visits and planning. No more what happened on goals, it is already on home visit log.
22. Reduce paperwork.

23. For some of my answers I haven't had the case or need to refer fathers to, but it will be case I will do it immediately.
24. Incentive money does help in getting parents attention. More video/DVD parenting information. Appt. cards or schedule books to hand out to parents to teach parents organizational skills.

Parent Visitor

1. More GGK modules written especially for fathers only.
2. Hands is the "silver bullet" for families and children! I am so thankful for the privilege of being involved.
3. The wording of some of your questions make answering them difficult.
4. On the family status sheet – we need an option for vocational/technical school under education and current enrollment.
5. Need incentive money. More male employees.

Coordinator/Supervisor

1. Less shadowing requirements.
2. When adults live in a family group it is essential to include ALL involved individuals in the home visitation process to include and ensure continuity of practices, etc…
3. My comments are somewhat guesses on involvement and referrals because I do very few home visits in my role.
4. Include father in activity when present.
5. I wish the state would purchase a couple of pamphlets geared toward Dads and provide them to all counties. The March of Dimes catalogue has them.
6. More info for Dads
7. Would like to see more info for getting dad to stay involved with service.
8. Dads would be involved more but have to work and be away from home so much.
9. I'm glad to see some male FSW maybe some counties could share a male for specific families.

RN/SW Visitor

1. Please stock pamphlets on "Involving Dads" – I have found this particular pamphlet to be helpful. Anything promoting Dad involvement would be great!

Multiple Roles

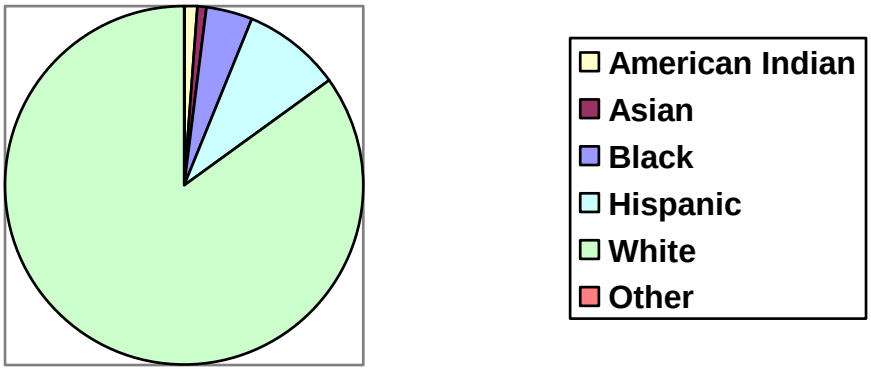
1. This is a great survey regarding dads – good luck with the compilation of results.

Following are the results of the survey of fathers.

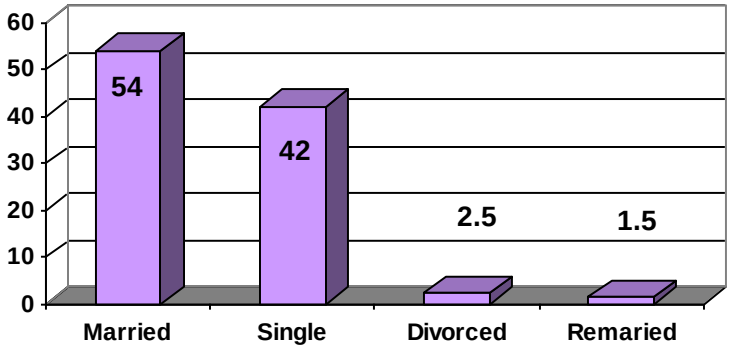
Participants:

Men responding to the survey included 359 biological fathers or significant male role models in the HANDS target child's life. Demographic information is displayed here to aid in understanding fathers' current situations.

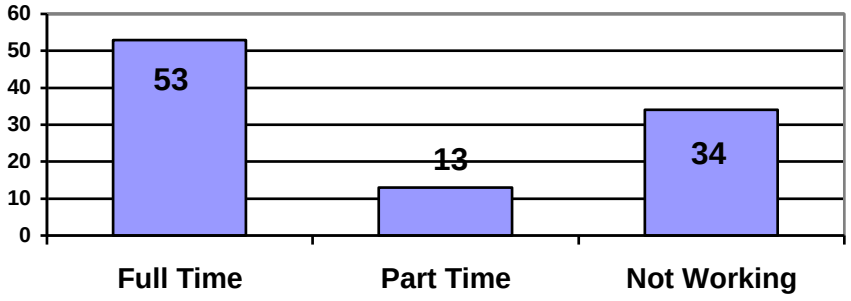
Race/Ethnicity
85 % Caucasian, 9% Hispanic, 4% African American, 1% American Indian, 1% Asian



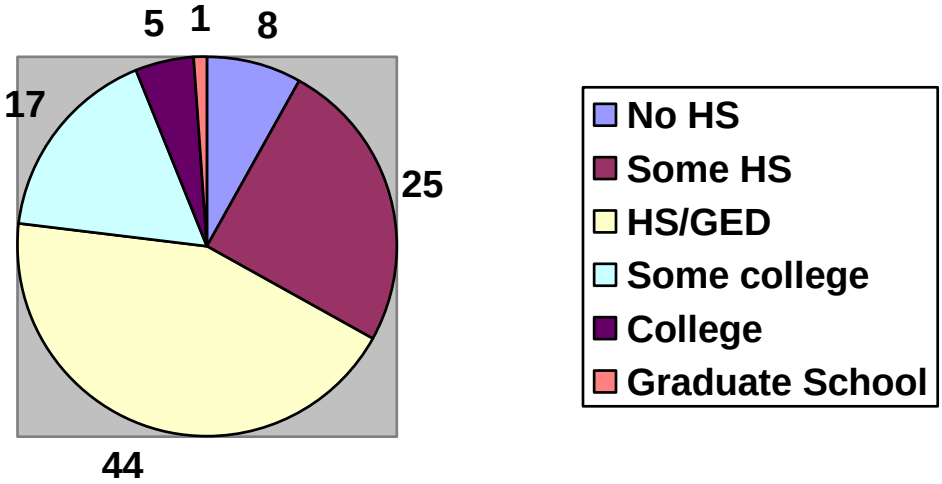
Marital Status:
The majority of fathers who completed a survey were married:



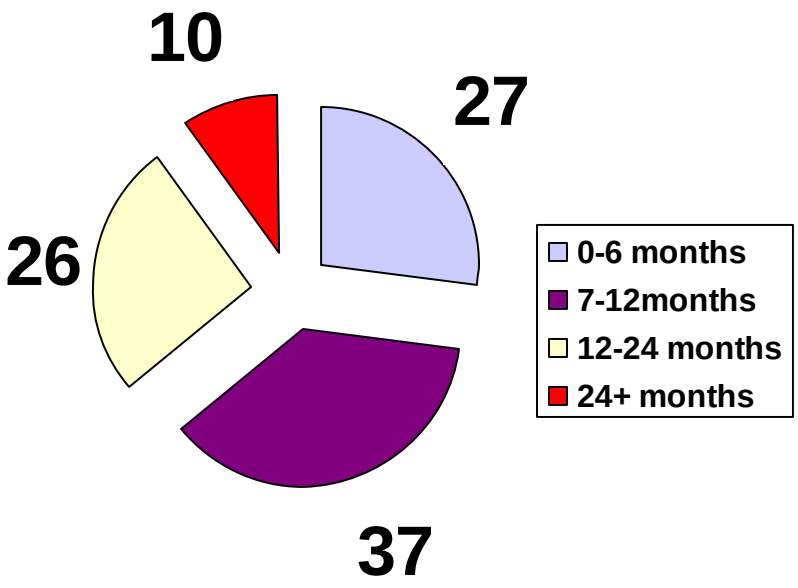
Employment Status
Fathers were asked about current work status as working part-time, full-time or not working. Percentages are as follows:



Educational Status is displayed here. The educational pattern of participants showed 8% with no high school, with 25% with some high school and 44% with high school, 17% with some college, and 5% with a bachelor's degree.

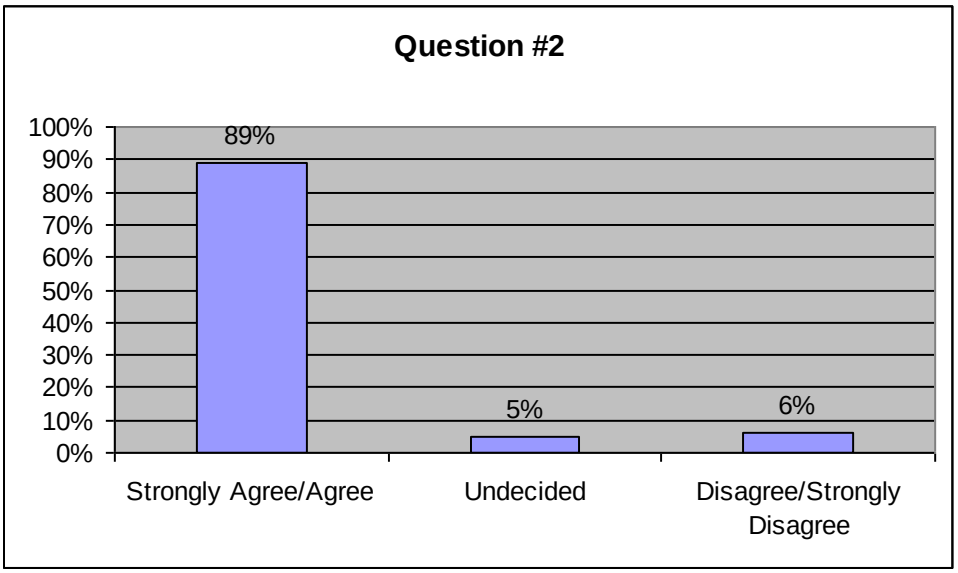


Length of Time Working with HANDS
Fathers were asked about the length of time that they have been involved with HANDS. Their responses were divided between four categorical choices. (Expressed in percentages).

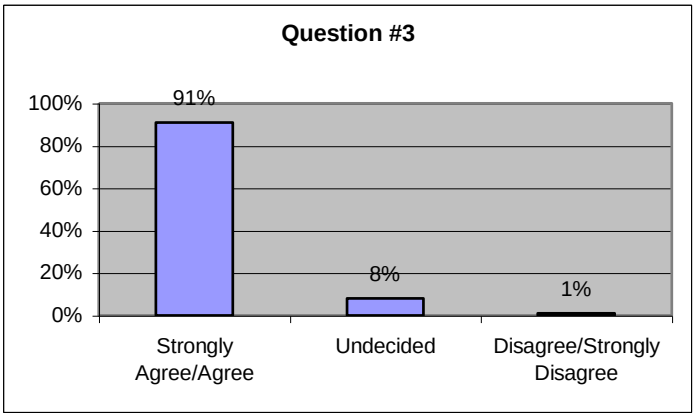


Survey Questions:

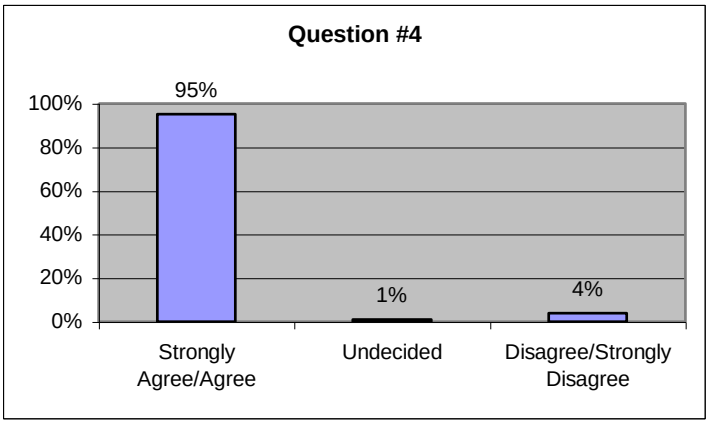
Item #2: The *HANDS worker had regular contact with me*.



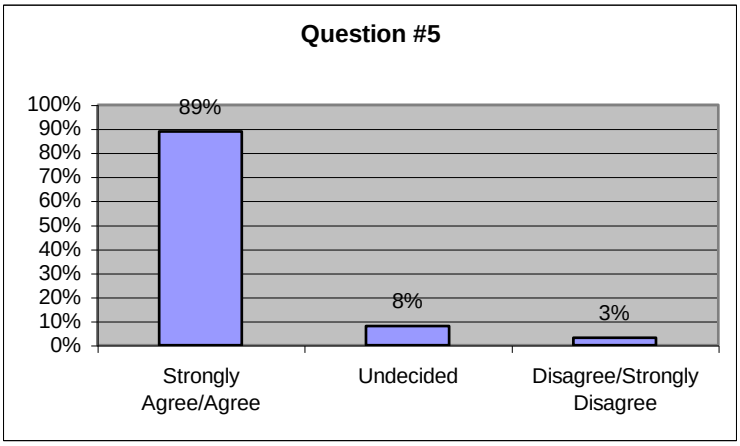
Item #3: My child/ren have been helped by the service.



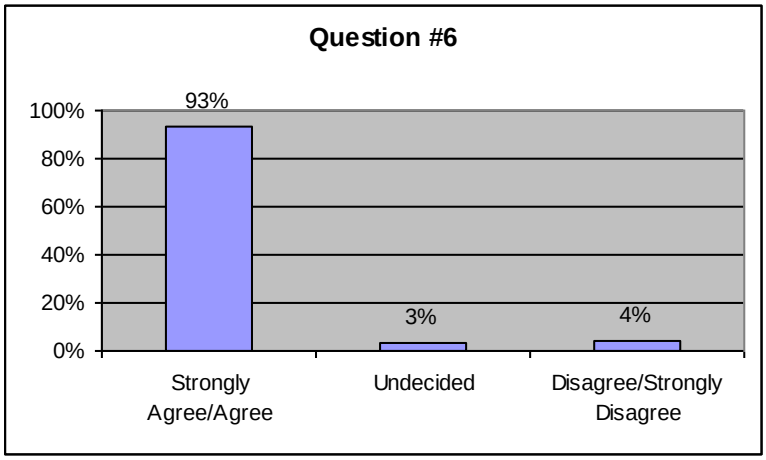
Item #4: My ideas about my child/ren were taken seriously.



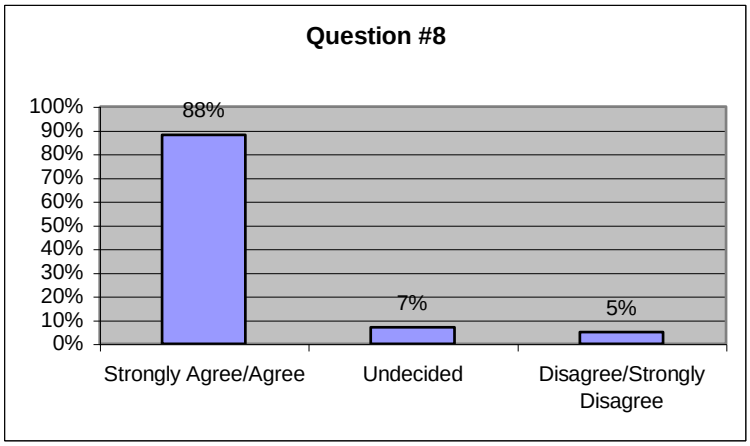
Item #5: I felt involved in making decisions with HANDS.



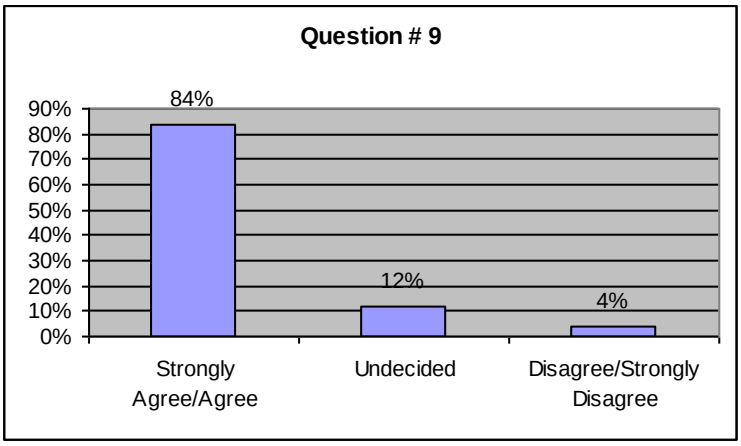
Item #6: ***I was invited to by the HANDS worker to participate in visits.***



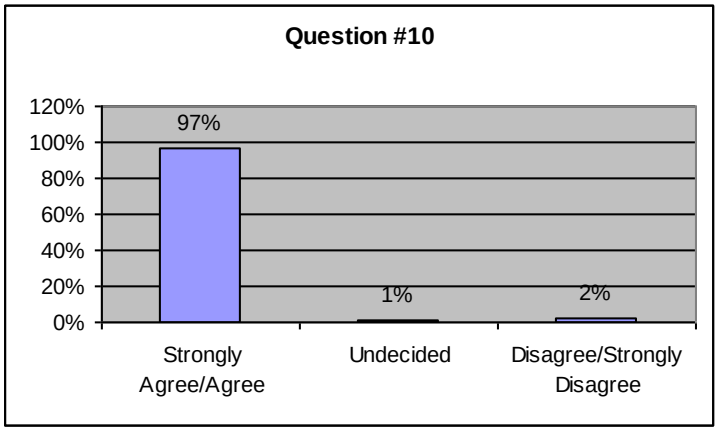
Item #8: ***My HANDS worker told me about services that would assist my family.***



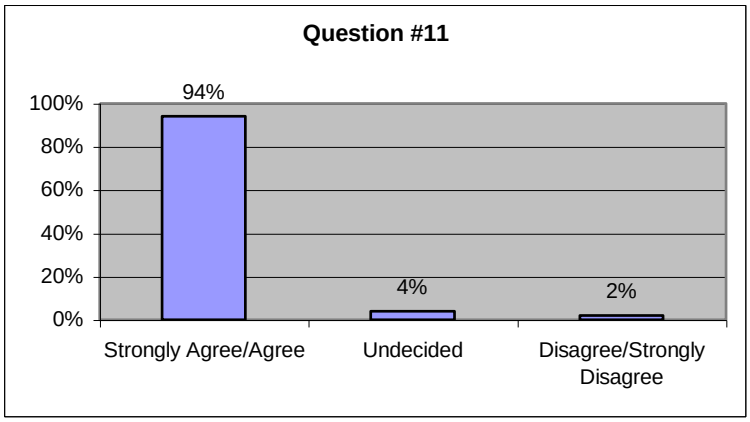
Item #9: ***The services I received helped me to be a better father.***



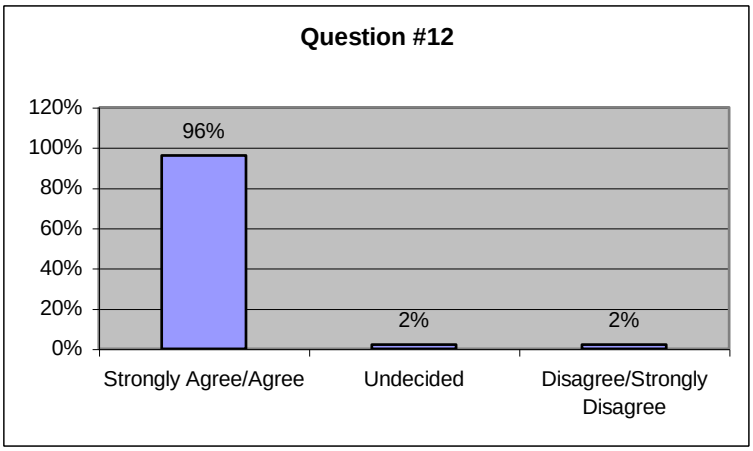
Item #10. The staff from HANDS were professional and polite.



Item #11: I would seek help from HANDS again, if needed.



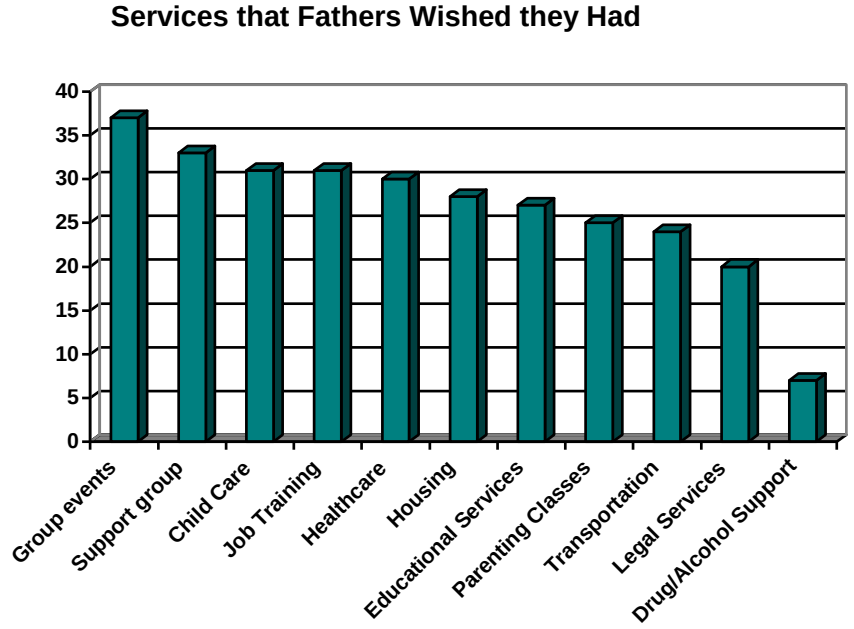
Item #12: If I had a friend in need, I would suggest that they get help from HANDS.



Services to Meet the Needs of Fathers

The survey asked fathers to identify the services they had been referred to and the ones they 'wish' they had received. The chart below lists the top 5 responses in each category as well as the lowest response in each category.

Referred To This Service	%	Wished I had this service	%
Healthcare Services	32	Family Group Events	37
Family Group Events	29	Fathers Support Group	33
Parenting Classes	21	Child Care	31
Educational Services	18	Job Training	31
Housing	16	Healthcare Services	30
Drug/Alcohol Support Group	8	**Drug/Alcohol Support Group**	7



Comments:

The final question on the survey tool requested that the participants give feedback for ways to improve HANDS services. The comments were coded as either positive comments, suggestion/neutral comments, or disappointed comments. 133 participants listed comments on the surveys they returned. 76% listed a positive comment. 22% offered a suggestion of neutral comment. 3% offered a disappointed comment.

The main theme of the positive comments was gratitude for the support the families received. Many participants gave the name of their Family Support Worker and

discussed how much they had learned from HANDS. Following are selected examples of these comments:

- HANDS is an awesome program. It helps me and my wife so much.
- I am the best daddy in the world, thanks to the HANDS program.
- My HANDS worker is very helpful and fun. I enjoyed her visits very much.

The relationship with the worker also was the theme of the disappointed comments. All of these comments reflected bad experiences the family or father had with the worker.

- The worker was rude and acted odd and made me feel uncomfortable in my house.
- The nurse … needs to improve her people skills.
- The answers that are marked "Disagree" are pertaining to the previous HANDS agent we had.

The suggestion/neutral comments also had a theme. The theme of the majority of these comments was that fathers wanted to participate more but were prevented from doing so do to work. They also wanted more activities just for fathers.

- Have modules specifically for fathers. Set up father-HANDS mtg monthly. Leave more surveys for fathers to ask questions about HANDS.
- Having more activities to do with my child and family.
- More program/classes for entire family in evenings after work and school.
- Updated videos, more involvement of fathers, more hands on instead of reading to you.
- Include more stuff for the fathers please. Thank you.
- I wish that I could be around more for her visits. My work schedule makes it hard.

Another theme of this set of responses was assistance with and referral to other resources.

- We need a program for people with learning disabilities to get their GED program.
- More info on support groups not only for partners but stay at home mom's mommys day out type of things.
- I feel that dads need more involvement. I feel more programs are needed for fathers.
- Help find a man a job other than flipping burgers. I do have a diploma in electricity.

CONCLUSIONS:

The discussion at this point in the process can yield some very useful information. As mentioned earlier in this paper the data has not yet been thoroughly analyzed using SPSS so all conclusions at this point must be considered preliminary. After further analysis of the data a research report will be written and presented to the HANDS program and the Department For Public Health for follow up.

Initial analysis of the staff surveys indicated that HANDS has an experienced staff. Fifty-four percent of participants had 4 or more years experience in the program. This is good considering the program has only been around since 1999. Turnover is a major concern to the program considering the amount of training that is required for staff. Employees are also well educated. Sixty-two percent of participants had a college degree or higher.

The answers to the survey questions revealed that ninety-five percent of all staff believed father involvement is important for optimal growth and development of children. HANDS staff are required to attend training on the importance of father involvement. On the surface it would appear that this training has been effective.

Ninety-two percent of participants indicated that they believed fathers should be included in all aspects of services. However, only sixty-seven percent believed fathers wanted to participate. Eighty percent of staff indicated that mothers were not preventing fathers from being involved. Finally, only thirty-seven percent of participants indicated fathers regularly participated in their visits.

The service staff referred fathers to most often for was housing assistance. Educational assistance and healthcare services were second and third. The service they most wished they had for fathers was a father support group. Family group events were a distant second.

Staff comments revealed that there were several concerns with paperwork being reduced. Staff would also like to see more male employees in this field. Another theme in the comments was resources to actively involve fathers. This may include pamphlets, father specific activities, or a separate father involvement curriculum.

The survey of fathers also yielded some useful information. Initially the number of returned surveys was thought to be low. However, when compared to the number of surveys returned in the Cabinet study that is being replicated it was comparable. The Cabinet had 341 surveys returned from an identified 12,602 names in the TWIST database. This study had 359 surveys returned from an identified 5743 families.

The answers to the survey questions were very positive. Fathers indicated that they had been helped by the service and that their ideas were taken seriously. The majority indicated they felt involved in making decisions and that the worker had invited them to participate.

The question that had the lowest positive response rate asked if the services they had received helped them to be a better father. Eighty-four percent of respondents agreed HANDS has helped them. Twelve percent were undecided and four percent disagreed. One possible reason for these responses is that the material presented on home visits is not focused enough on the man's role as a father.

The comments of fathers were very insightful. Thirty-eight percent of participants took the time to write comments on their survey. The suggestions they made for improvement of the program should be given special consideration. Fathers

suggested that there be more activities directed specifically towards their role in parenting. Curriculum modules specifically for fathers were requested. Another father stated he would like to have more activities to do with his child. Several comments were made that fathers wanted to be more involved but were unable to do so due to work schedules.

These findings indicate that staff is willing to involve fathers and the majority of fathers want to be involved. Fathers did not indicate that they wanted a male worker even though several staff thought this would be useful. Female staff may need more training on how to engage fathers. An answer to several requests by fathers might be a father-focused curriculum. This could provide the role specific information fathers are wanting and the training staff need. The HANDS program is urged to explore this possibility.

Another recommendation is to evaluate the times visits are made. HANDS has always encouraged flextime for staff so evening visits can be made. However, many fathers indicated that they were not present for visits due to work. More efforts may need to be made to make visits after "normal" working hours if the program is serious about engaging fathers.

Finally, fathers indicated the service they would like to have most is group events. It is recommended that HANDS support local sites to host more group events to get fathers involved. This support may be in the form of technical expertise on how to host events or financial. Group events have long been thought to be beneficial but it was surprising that fathers rated them so highly.

After further analysis of the data more recommendations may be forthcoming. We respectfully request the leaders of HANDS and the Department for Public Health to give careful consideration to these findings and their implications for practice.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Kaye Lynne Depew; ASN, RN, CWS

KPHLI has been an excellent learning opportunity. I have gained exposure to ethical thinking, critical thinking, problem solving, and systematic ways of accomplishing tasks. This experience has been very beneficial for me personally and professionally. I have gained some exciting new friendships with many great people. The KPHLI experience has provided an excellent opportunity to enhance my leadership skills and public health knowledge. Thanks to my director for allowing me to participate in this wonderful program.

Brenda Kaye Humphrey; ADN, BSN, RN

KPHLI has inspired me to be more open-minded regarding different styles of Leadership. It has inspired me to want to read more and become more knowledgeable so I can, hopefully, transfer the knowledge I gain into better leadership skills.

Lenora Gail Kinney; AA, BA
KPHLI has been a learning opportunity that I have greatly appreciated. I am grateful to the Wedco District Health Department and Dr. Julie Watts McKee for allowing me the opportunity to be a part of the KPHLI experience. There have been times when I felt I could not read or think about leadership and causal loops another minute. But, part of participating in any program is to challenge yourself and to push forward when you don't feel you can. The Change Master Program has allowed me to work with others on a project that is close to my heart but in a different manner. I think the HANDS program is such a positive program for new parents that I felt it a privilege to work with HANDS personnel. KPHLI has been an asset to my pursuit of leadership challenges in my personal and professional life. Now that this program is nearing a close I will be continue to use the information and experience to further my education and interaction with other leaders.

Anthony Scott Lockard; BA, MSW, CSW
KPHLI has been one of the best experiences I have had in the field of public health. This experience has challenged me to evaluate the way I view myself, others around me, and my profession. We have discussed many concepts that are crucial to being competent in this arena. I have really liked the focus on leadership. Many organizations have managers. A totally different set of skills is needed to be an effective leader. This program supports individuals to identify and grow these skills. My favorite part of the experience has been the exercises where I have had the opportunity to self evaluate and reflect on how others have evaluated me as well. I believe I will be much more effective as a leader of a public health department thanks in part to participating in this institute.

Allison Leigh Napier; BSN, RN
KPHLI has been a nice experience. I have really enjoyed getting to meet and learn new people from across the state that I might not otherwise have met. All of the assessments (360 Degree and Emotional Intelligence) have been eye opening. The assessments have identified areas of growth for myself, therefore, aiding me in becoming a more effective leader. My favorite assignment has been the Change Master Group Project. What an opportunity to identify and correct a public health issue. KPHLI has been an honor and a privilege to be a part of and I would recommend it to others.

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