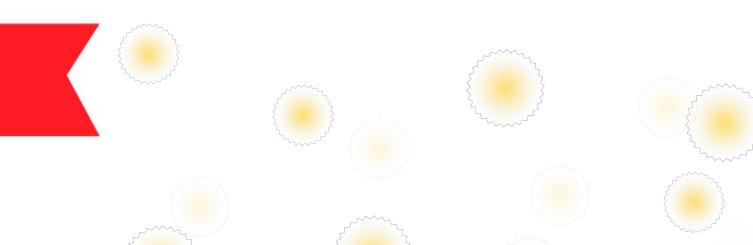
Facilitating Fatherhood within Early Relational health (ERH)

Changing the Narrative in Early Childhood Systems and Supports











Jose Romo Ramirez WIC Program Monitor WA Dept. of Health

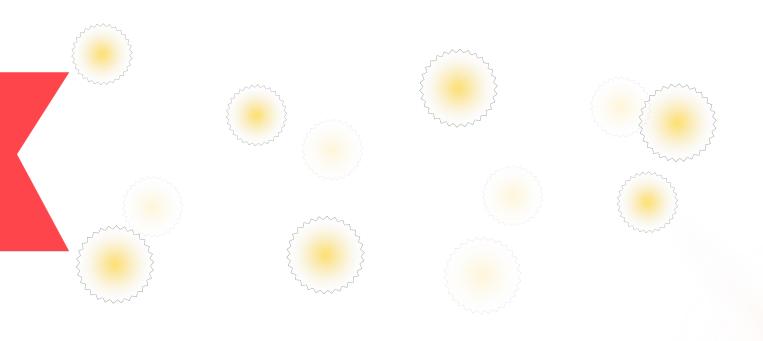




David W. Willis, MD Founder and Director Nurture Connection **Georgetown University Thrive Center**



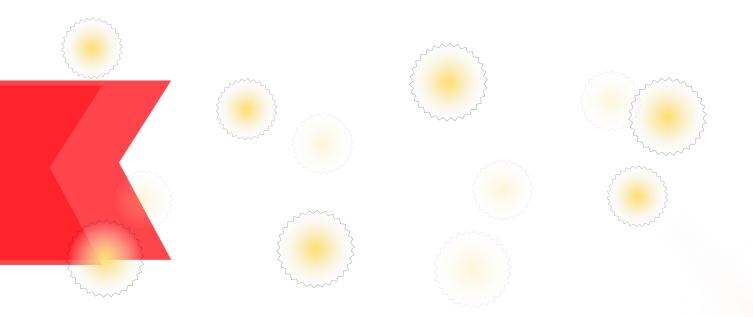
WE HAVE NO DISCLOSURES







- Understand Early Relational Health (ERH)
- Identify Barriers and Strategies For Father Engagement
- Apply ERH Principles in WIC Practices



ERH) ather Engagement



First Step Kent March 13/14, 2025

Introduction to Early Relational Health

David W. Willis, MD Nurture Connection GU Thrive Center



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A baby's future starts now.

Key Elements for Child Development

- Early experiences in life build "brain architecture" Ο
- Genes and environments together interact to shape the 0 architecture of the brain
- Cognitive, emotional and social capacities are inextricably 0 intertwined
- "Toxic stress" and adverse experiences derail healthy child Ο development
- Brain plasticity and the ability to change behavior decrease Ο over time
- Children develop in an environment of relationships 0





7 National Scientific Council on the Developing Child, 2015



THE POWER OF HUMAN CONNECTIONS:

"Its all about the relationships"

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Parent Loneliness

Capita 2022 Survey in North Carolina



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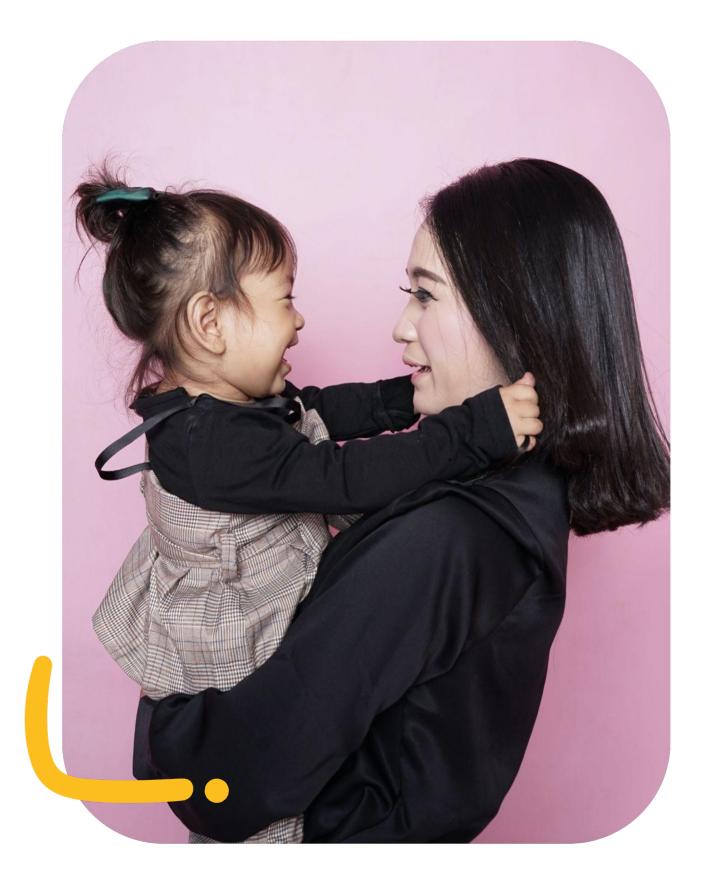
"We found that 46 % of Gen Z parents of young children said they are lonely, which is about 12 % more than older parents."

The Ties That Bind and Nurture

Population Health

- Flourishing: National Survey of Children's Health (NSCH) reports only 30% of children meet all four criterial of flourishing. Nearly one quarter of children are not flourishing
- Mental Health: One in six U.S. children aged 2-8 years (17.4%) have a diagnosed mental, behavioral or developmental disorder.²
- School readiness: In 2022, only 63.6% of 3- to 5-year-old children were 'On Track' in 4-5 domains without needing support in any domain. (NSCH, Healthy and Ready to Learn)

¹ Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Affairs*. 2019/05/01 2019:38(5):729-737. doi:10.1377/hlthaff.2018.05425 2 The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. Our Epidemic of Loneliness and Isolation (2023). Retrieved from: https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf ³ National Survey of Children's Health: School Readiness, 2022. Data Brief (2023). Available at: https://mchb.hrsa.gov/sites/default/files/mchb/data-research/2023-nsch-hrtl-brief-oct-2023.pdf



Early Relational Health: Definition

And, by definition, ERH is the state of emotional well-being that grows from the positive emotional connection between babies and toddlers and their parent/caregivers supported by strong, positive and nurturing experiences.

And ERH shapes the well-being of both the child and the caregiver, the two-way nature of relationships.

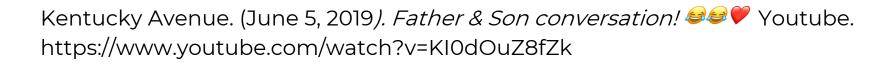
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Nurture Connection. Sotheara Yem. (May 13. 2018). *More than I deserve.* YouTube. https://www.youtube.com/watch?v=Uyw9F7FrQkA

Relational Observations

Relational Health Milestones

- Shared interest in each other
- Engagement w/ each other
- Shared emotions between them
- Shared initiation to create interactions w/ each other
- Imitation of each other
- Use of symbols/gestures to communicate to each other
- Communicate ideas non-verbally





Bio-behavioral synchrony and dyadic neurodevelopment

Bio-behavioral synchrony in human attachments





Behavioral Synchrony

Synchronized behavior in gaze, affect, vocal, and touch

Mother-specific Father-specific



Heart Rate Coupling

Synchronized HR during synchronized interactions

Endocrine Fit Coordinated OT response following contact

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Feldman, Ruth., The Neurobiology of Human Attachments, Trends in Cognitive Science, Feb 2017.



Coordinated cortisol response to stress





Brain to Brain Synchrony

Coordinated brain oscillations in alpha and gamma rhythms

2021 AAP Policy Statement

Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health

"By focusing on the safe, stable, and nurturing" relationships (SSNRs) that buffer adversity and build resilience, pediatric care is on the cusp of a paradigm shift that could reprioritize clinical activities rewrite research agendas and realign our collective advocacy."

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/ or Improve the Health of all Children Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational MEALTH, SECTION ON DEVELOPMENTAL AND BE sity and build resilience Rs are biological necessities for all children because they mitigate lemy of Pediatrics asserts that ses and proactively build r BCS Volume 148, number 2, August 2021 e2021052582

Garner et al, Pediatrics 148 (2) Aug 2021.

Bundle for Advanced, Team-based, High Performing Medical Homes for Young Children

Redesigned **Well-Child Visits**

- Holistic, team-based care ٠
- Comprehensive well- child visits based on Bright Futures guidelines and EPSDT
- Family-centered, strengths-٠ based, relational, holistic approaches
- Recommended screening ٠ for development, social-emotional health, maternal depression and social determinants of health (SDOH)
- Reach Out and Read as • universal promotion

Relational Care Coordination

- Co-located programs in **Routine** care coordination as part of medical home primary care to promote ERH and development Intensive care coordina-(e.g., DULCE, Healthy tion for more complex Steps, VIP)
- medical conditions or social risks Integrate mental health
- Relational care coordination staff (e.g., community health workers, peer navigators)
- More effective responses, completed referrals, and linkages to community

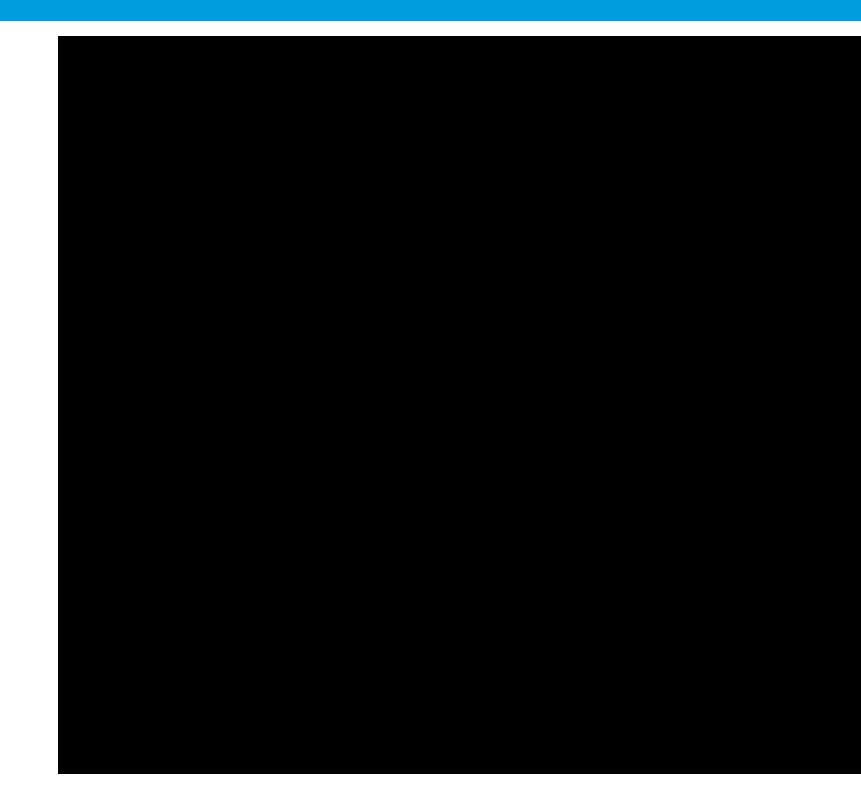
Adapted from: Johnson K, Bruner C. A Sourcebook on Medicaid's Role in Early Childhood: Advancing high performing medical homes and improving lifelong health. Child and Family Policy Center. 2018. https://www.inckmarks.org/docs/pdfs for Medicaid and EPSDT page/SourcebookMEDICAIDYOUNGCHILDRENALL.pdf Willis DW, Paradis N, Johnson K. The paradigm shift to early relational health: A network movement. Zero to Three. 2022;42(4):22-30.

Other Services and Enhanced Supports

- Families engaged as advisors and partners
- **Referrals and/or** linkages to other services (e.g., home visiting, early intervention, dental care, early care and education, parent-child mental health therapy, nutrition programs)

Kay Johnson. Child Health Transformation Bundle. Webinar: ECDHS Center. February 2024.

6 month Reach and Read Visit



Reach Out and Read. (January 19, 2023.) Cody 30s Clip for Emotional Connection Training. Youtube. https://www.youtube.com/watch?v=VFllcbPsNag



Comprehensive Early Childhood Systems BUILDING A RELATIONAL HEALTH ECOSYSTEM



The Relational Health Workforce

Relational care coordinators Family development specialists Family service workers Community health workers Home visitors Family coaches Promotores Doulas Family navigators WIC Family Specialists

Research repeatedly demonstrates that social connection strongly influences health. Feeling connected to a community was one of the strengths identified in the community engagement data from this assessment.

Connection as a Social Determinant of Health

"The work of creating health is the work of creating connection." - DIDI PERSHOUSE

Building Equity Driven Parent Collaboration

Participation Parent with Child(ren) "We will keep you informed, and you can become involved"

8-8

System Goal: Parents are provided information, resources, volunteer opportunities.

Parents Experience:

Access to Newsletters. Brochures, Events/Fairs, Social Media, Presentations, Videos, Volunteering.

Parents Gain Opportunity:

To learn resources, increase knowledge, and provide support to other families.

Key Equity Driver: Do parents find it **Accessible** and **Economic Barriers** are **Removed**?



Involvement Parent with Lived Experience "We learn from your thinking"

System Goal: Parent input supports decision-making.

Parents Experience: Involvement in Surveys, Focus Groups, Interviews.

Parents Gain Opportunity: To share experiences and insights for change.

Key Equity Driver: Do parents feel **Safe** to share honest feedback?



Engagement Parent Leader "You are teaching us, and we are thinking differently"

System Goal: Parents identify strengths and challenges and are integrated into the process.

Parents Experience: Membership on Authentic, Coempowered, Steering Committees and Advisory Boards.

Parents Gain Opportunity: To share lived experiences with programs and meet family goals.

Key Equity Driver: Do parents understand the **Purpose** of the group and why their **Voice** is **Important?**

8

8

System Goal: Parents are Co-Designers and help to plan, make decisions. implement, evaluate.

Parents Experience: Knowledge in Presentation Delivery, Agenda Design, Meeting Facilitation, Transparent Communications.

Parents Gain Opportunity: To develop skills, knowledge, and trusted relationships.

Key Equity Driver: Do parents **Trust** it is safe to **Disrupt** the power flow?

Partnership Parent Consultant "Your expertise is critical to how we address this issue"

Steering Intersectional Professional "We need your expertise in our efforts for you to have Positional Power"

System Goal: Intersectional Professionals have "dual expertise" and drive planning. decision making, implementation, evaluation.

Intersectional Professionals Experience: Hired in Leadership Roles with Responsibilities, Authority and Lead or Co-lead change.

Intersectional Professionals Gain Opportunity: To combine lived experience, expertise, professional skills, and motivation to change systems.

Key Equity Driver: Do Intersectional Professionals Lead or Co-Lead as a paid professional?



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Active Ingredients that advance ERH flourishing within community powered transformation

I. Authentic family partnerships "Radically different way of engaging families" "Families are telling us the answers."

Evidence based concepts/promising innovations 2. "Meaningful shared moments of connection"

"Sharing narratives, stories and reflection" "Sitting at the feet of the storytellers"

Core Principles of Early Relational Health

- Nurturing Relationships: Attentive, responsive, and reciprocal interactions build strong and lasting relationships, benefiting both children and caregivers in the short and long term.
- Incorporating Family and Culture: Family experiences and cultural wisdom are essential in shaping early childhood development and strengthening research and practice.
- Connectedness and Belonging: The well-being of parents is supported by a sense of connectedness, belonging, and mattering, which directly influences early relational health.
- Strength-Based and Inclusive Approach: Emphasizing the strengths and diversity of families, practices, and communities fosters a comprehensive and equitable environment for development.
- Collaborative and Community Efforts: Shared decision-making between families, professionals, and community members enhances early relational health and ensures all children and families can thrive.

Nurture Connection

Early relational health is foundational for health, mental health, educational readiness, and flourishing

Nurture Connection



Garner et al, Pediatrics 148 (2) Aug 2021



State of Fatherhood in Washington 2024

October 24, 2023

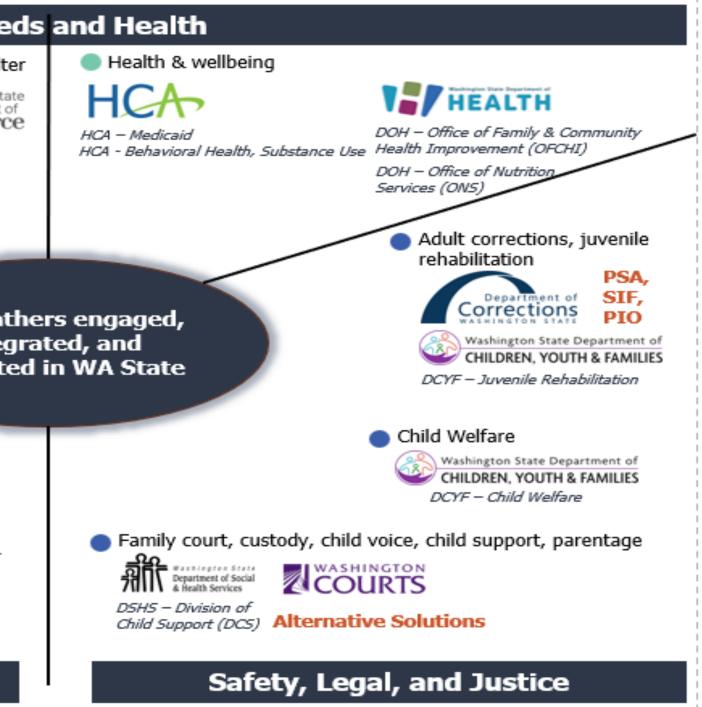
2024 NWA Presentation-Fathers at the Beginning of Life: the Intersection of Family and Mens Health Presentation



The Study focused on 8 Topical Areas across the Ecosystem of Partners

<u>Topical Areas (8)</u>	Landscape E
Basic Needs and Health	Basic Needs
Health and wellbeing	Financial support Food Housing, shelter
Food and financial supports	Tepartment of Social Compartment of Social A Health Services
Housing and shelter	DSH5 – Community Services Division (CSD) DOH – Office of Nutrition
Education, Employment, Supports	SNAP, TANF WIC
Early education and family supports	K-12, post-secondary,
Employment and education	vocational education; employment
Safety, Legal, and Justice	Security PFML % of fathe
Corrections and juvenile rehabilitation	Department WASHINGTON STATE integra supported
Family court and child support	OSPI of Public Instruction
Child welfare	
 Terms for Programs Offered by Agencies Supplemental Nutrition Assistance Program (SNAP) 	Early education & childhood systems, family supports
 Temporary Assistance for Needy Families (TANF) 	Washington State Department of CHILDREN, YOUTH & FAMILIES
 Women, Infant, and Children (WIC) Paid Family Medical Leave (PFML) 	DCYF – Early Learning DOH – Office of Family & Community
 Early Childhood Education Assistance Program (ECEAP) Early Support for Infant & Toddlers (ESIT) 	DCYF – Family & Community Health Improvement (OFCHI) Supports (FCS)
 Strengthening Families of Washington, Home Visiting 	Head Start, ECEAP, Working Connections;
 Services Account (SFWA/HVSA) Help Me Grow Washington (HMG WA) 	ESIT, SFWA/HVSA, HMG WA
 Parenting Sentencing Alternative (PSA) 	
 Strength in Families (SIF) Parenting Inside Out (PIO) 	Education, Employment, Family Supports
· creating monor out (140)	

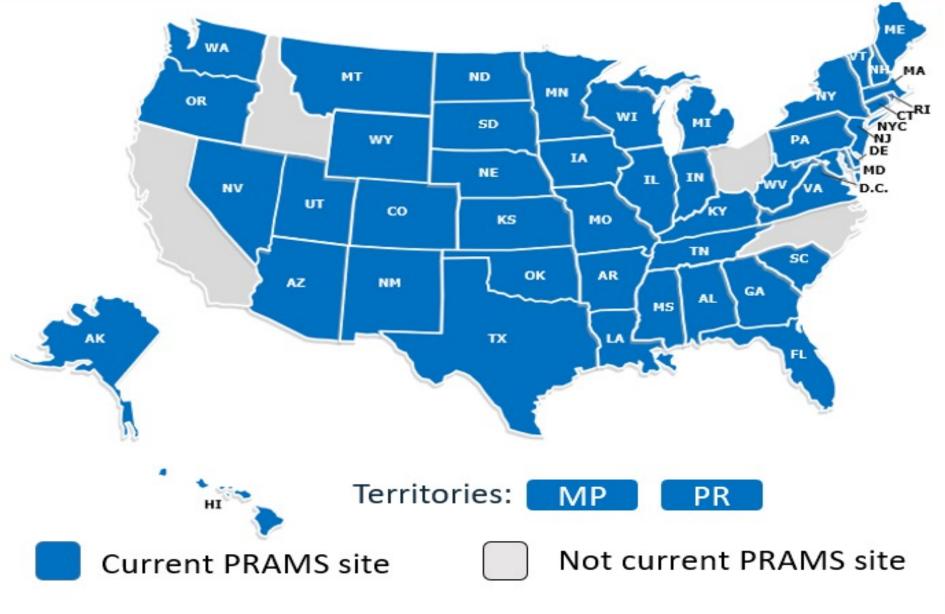
e Ecosystem





Pregnancy Risk Assessment Monitoring System (PRAMS): Public Health Surveillance since 1987

- Captures <u>maternal</u> experiences before, during, and after pregnancy
- Linked birth certificate sample
- Mail, phone survey 2-6mo PP
- 50 jurisdictions; 81% of US births
- Key MCH data:
 - PNC, substance exposures, safe sleep, BF, mental health, etc.





2

Ohio Commission on Fatherhood Fatherhood Well-Being Screening Tool

This is a tool used by the fatherhood program to help you with being a healthy, engaged, and responsible father. Your responses are voluntary and the information you share is confidential.

1. Do you have health insurance?		□ Ye	es 🗆 No	6. Please answer the following questions, Yes or No.			
2. Do you have a	primary health car	e doctor	2	□ Ye	es No	Are you currently enrolled in any type of substance use treatment?	E
	e you, do you have al provider you me					Are you unable to perform work or regular life activities because of your substance use?	c
example, this may include a preference for the medical professionals' gender, race, etc.		⊡ Y€	es 🗆 No	Have you ever considered reducing your substance use?			
-			-1.4			Have you had past treatment for substance use?	E
4. When was the	last time you soug	ht medic	altrea	tment?		Are you currently in any support group for addiction. For example,	
In the past 30 days	In the past 6 months	In the pas	styear	I do not	remember	Alcoholics Anonymous (AA), Narcotics Anonymous (NA), etc.	C
		0	3				
5. Where did you	a last receive treatm	nent?	octor's	Office	Emergency	Other	_

7. About how often have you felt the following in the past thirty (30) days?

	All of the	time Most of the time	So	me of the time	AI	ittle of the time	No	ne of
Nervous	□ 5	□ 4		3		2		1
Hopeless	□ 5	□ 4		3		2		1
Stressed	□ 5	□ 4		3		2		1
Restless or Fidgety	5	□ 4		3		2		1
Depressed	□ 5	□ 4		3		2		1
Alone	5	□ 4		3		2		1
Worthless	5	□ 4		3		2		1
Angry	. 5	□ 4		3		2		1

Other. Please explain.

Have you sought help for these feelings?	Yes No	What do you do to help with these feelings? For example, what are your l

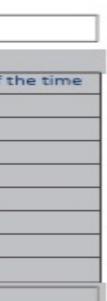
Have you been in mental health treatment at any time in the past?	
Are you currently seeking mental health treatment?	Yes No

	Family For example, significant other, children, etc.	Friends For example, work friends, neighbors, etc.	Sports Team For example, basketball, football, golf, etc.	Place of Worship For example, synagogue, church, etc.	Of (please
Do you have a support system to address your mental, spiritual, and physical well-being? Check all that apply.		-	-	-	r

Date Completed	Date Revised	Da	ate Revised	Date Revised	
			_		

N	\mathbf{O}	t.	0	5	
	~		-	-	



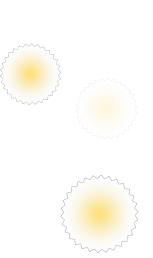




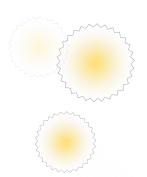






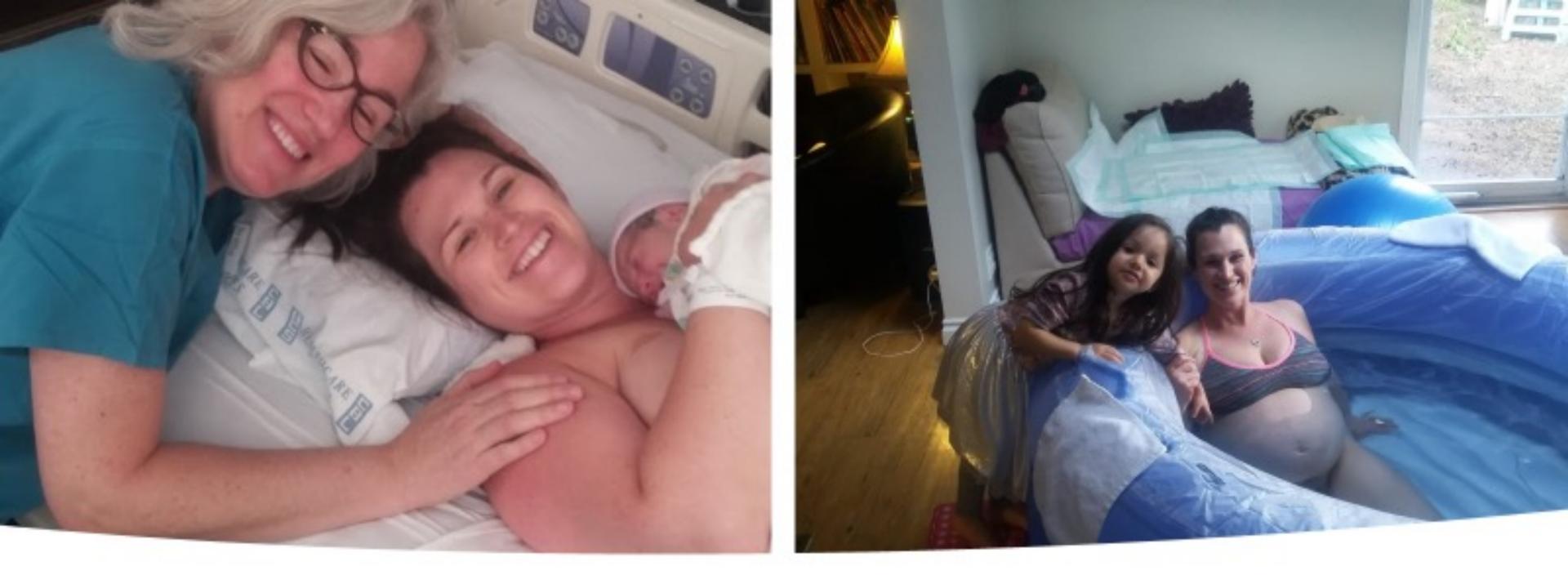








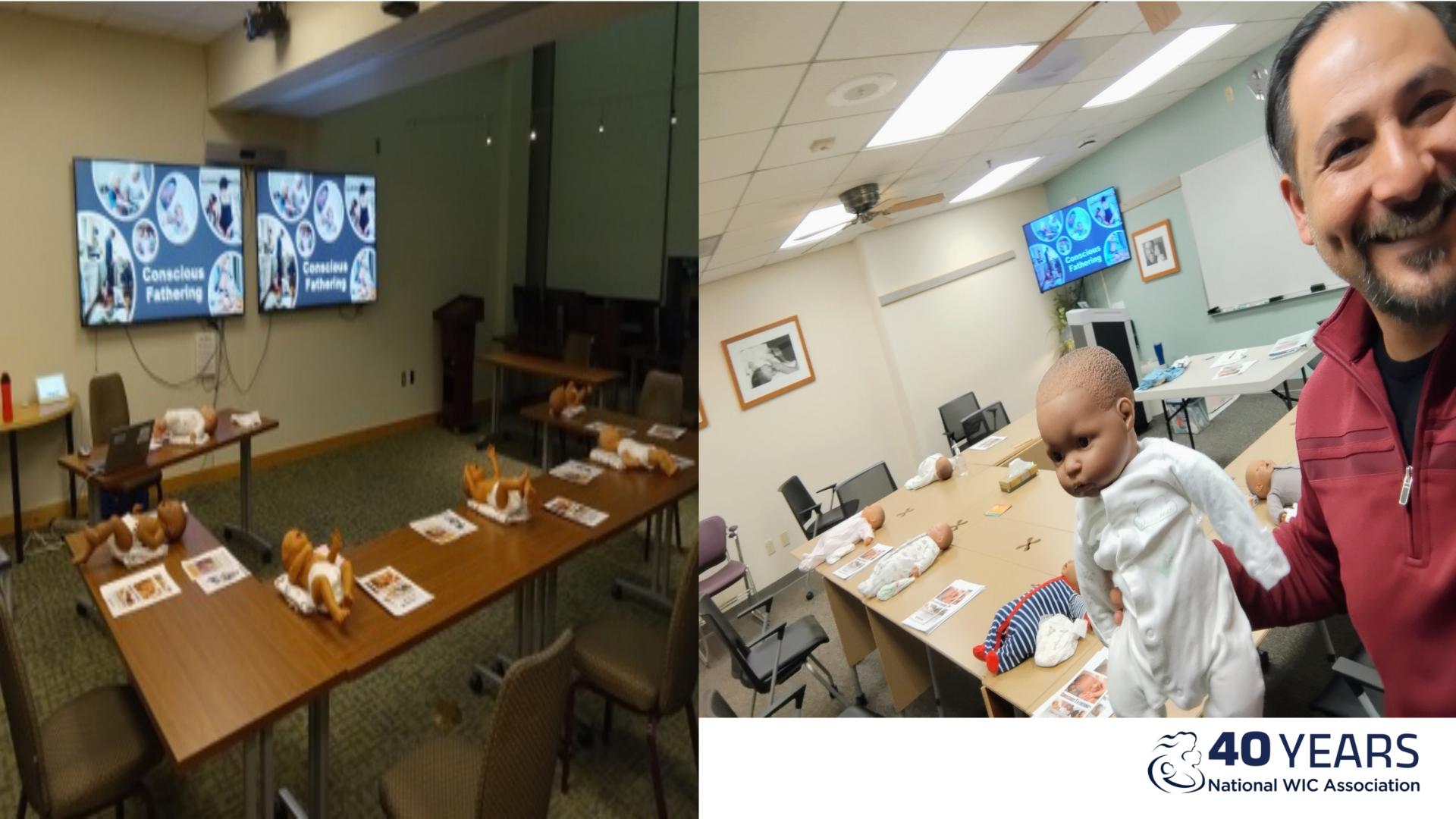
SFY2024-2025 rev. 1



Hospital Birth

Home Birth









Steve Thiebert

Parent Leader, WA Fatherhood Council **Nurture Connection**

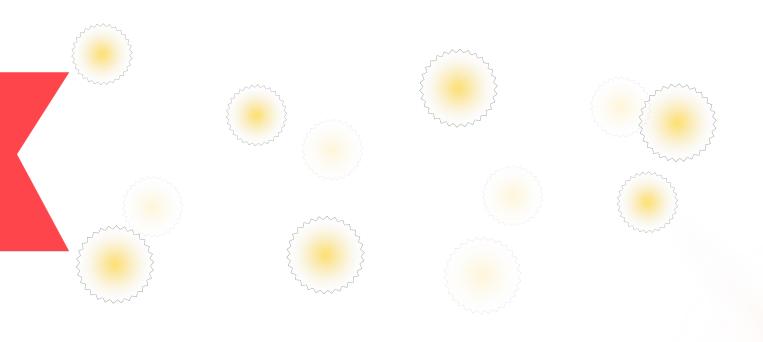
Robert Harris, PhD Thrive Center

Georgetown University



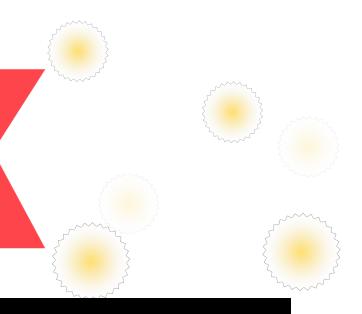


WE HAVE NO DISCLOSURES

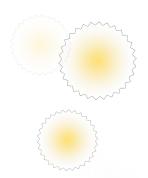




Fatherhood Panel Discussion-Video





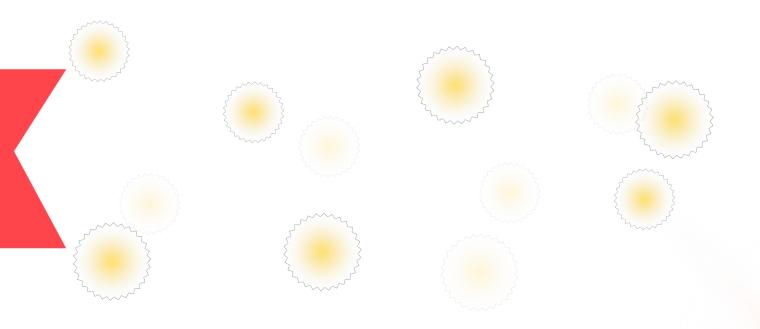




AUDIENCE DISCUSSION:

Applying ERH Principles in WIC Practices

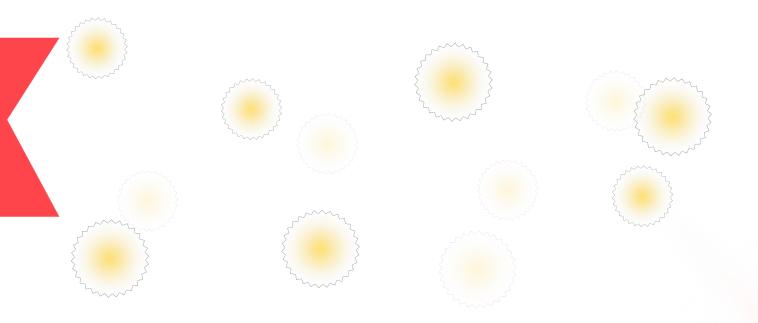
- The role of WIC specialists
- WIC Practice transformations
- Strategic messaging
- Engaging fathers





Contact information

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