

# 2023 Healthy Start Fatherhood Summit Formal Proceedings



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## Introduction

In November 2023, the Healthy Start TA & Support Center (TASC) hosted the Healthy Start Fatherhood Summit: The Future of Fatherhood, Families, and Communities, Now and Beyond. This was the TASC's second Fatherhood Summit exploring fatherhood across the 20th and 21st centuries, including research, policy, and practice and their implications for fatherhood in the future. The purpose of the summit was to gain a better understanding of how fatherhood is currently integrated and operationalized within HS, and identify opportunities for enhancing and strengthening fatherhood integration, to ultimately lead to better outcomes for women, infants, fathers, families, and communities. The summit brought together experts who are considered leading national voices in fatherhood, along with Healthy Start (HS) Project Directors, fatherhood practitioners, and fathers.

The Director of the TASC, Kenn Harris, guided attendees through the summit agenda, which was designed around the concept of mountain climbing. Presentations were categorized by the world's seven highest mountain peaks:



MOUNT VINSON: *Changing for the Better – Focus on Entire Family*



KILIMANJARO: *Fatherhood Research, Tomorrow*



DENALI: *Implementing with Father Compassion*



MOUNT EVEREST: *Co-Parenting: A New Paradigm to Enhance the Relationship Health Among Low-Income Unmarried Parent*



ACONCAGUA: *Woman to Woman – Working with Fathers and Mothers*



MOUNT ELBRUS: *Our Advocacy During the Maternal Mortality Crisis*



MOUNT KOSCIUSZKO: *The Descent – Back to Base Camp*

In addition to the key strategies and recommendation highlighted in each presentation, attendees engaged in dialogue around successfully engaging and integrating fathers into MCH programming. These insights are highlighted throughout the following proceedings.

## Welcome to Base Camp



Base Camp, Boston Massachusetts

### Introducing the Summit Navigators and Sherpas

- Base Camp Lead Guide:
  - Andre Nelson, Fatherhood Consultant, TASC, National Institute for Children's Health Quality (NICHQ)
- Summit Navigators:
  - Kenn Harris, Vice President of Engagement and Community Partnerships at NICHQ and Director of the TASC
  - Dr. Art James, Senior TASC Consultant, TASC
- Summit Sherpas:
  - Nikki Maffei, Associate Project Director, TASC
  - Olivia Giordano Kean, Senior Project Manager, TASC
  - Danisha Charles, Project Manager, TASC
  - Sarah Summers, Consultant, TASC

### Acknowledgments

The summit began by honoring the pioneers who have built the foundation upon which fathers are recognized, supported, and embedded in the lives of children and their mothers, including:

[Representative Alma Adams](#), Congresswoman for North Carolina's 12<sup>th</sup> Congressional District. Representative Adams co-founded the [Black Maternal Health Caucus](#)

[Kenn Harris](#) is the Vice President of Engagement and Community Partnerships at NICHQ and the Project Director of the Healthy Start TASC. Kenn has been involved with Healthy Start since

1991 at one of the original 15 sites in Boston, MA. He is a nationally recognized trainer and facilitator, features broad and deep experience and expertise in MCH, racial equity, fatherhood, and partner involvement.

[Art R. James, MD, FACOG](#) is a retired obstetrician, gynecologist, and pediatrician, and expert in equity who has been involved in the care of underserved populations for the duration of his medical career. Dr. James consults with MCHB and represents a leading voice in the work to achieve equity in birth outcomes. Dr. James has held numerous leadership positions related to MCH and equity.

[Dr. Jeffrey Johnson](#) is President and CEO of the National Partnership for Community Leadership (NPCL). A particular focus of Dr. Johnson’s work has been on the plight of African American men and families. Dr. Johnson played a principal role in the passage of the first national fatherhood legislation in Congress, The Fathers Count Bill.

[Dr. Milton Kotelchuck](#) is a professor and chair emeritus of the Maternal and Child Health Department at Boston University School of Public Health and professor of pediatrics and obstetrics/gynecology at Boston University Medical School. Dr. Kotelchuck has extensive experience evaluating public health programs to improve birth outcomes and child health status and is chairman of the Technical Expert Panel on Evaluation of Healthy Start.

[Dr. Ronald Mincy](#) is the Maurice V. Russell Professor of Social Policy and Social Work Practice and director of the [Center for Research on Fathers, Children, and Family Well-Being](#) at Columbia University. *All of Dr. Ronald B. Mincy’s research rests on the premise that for the United States to reduce poverty and provide equal opportunity for all, policymakers must address the problems faced by young uneducated Black men, who continue to have the poorest life chances of anyone in our society.*

### Introducing and Learning about the Summit Mountaineers

Seventy-Five participants from 19 states attended the 2023 Fatherhood Summit. For the day, these participants became mountaineers who learned, celebrated, identified challenges, and committed to elevating the role of fathers within HS families and beyond. To kick off the day, the TASC utilized Mentimeter to collect real-time data from the summit participants and set the foundation for the day’s discussions and presentations.

#### **Mentimeter Prompt 1: How many years have you been doing fatherhood work?**

| Years in Fatherhood Work | % of respondents |
|--------------------------|------------------|
| 0-1 year                 | 31%              |
| 2-5 years                | 24%              |
| 6-10 years               | 16%              |

|             |     |
|-------------|-----|
| 10-15 years | 7%  |
| 15-20 years | 11% |
| 20-25 years | 5%  |
| 25+ years   | 5%  |

**Mentimeter Prompt 2: Name one of the barriers that you face in your work with dads.**

**Engagement Challenges:**

- Dads not knowing the value of fathers in MCH
- Dads who do not want to participate/engage with services
- Dads who don't believe the help is genuine
- Dads who do not want to take accountability and responsibility/put their child first
- Consistent engagement and commitment
- Initial engagement/getting that first "yes"
- Gaining trust
- Recruiting and retaining fathers

**Lack of Support for Fatherhood Work:**

- Mothers who do not want fathers involved
- Staff who see fathers as an after-thought
- Staff who don't believe men want to be engaged in MCH
- Gate keeping and lack of trust from MCH practitioners
- Funding for fatherhood
- Resources and incentives for fathers
- Facility buy-in

**Structural Barriers:**

- Fathers' work schedules
- Housing challenges
- Lack of job opportunities
- Working with child support
- Staff turnover
- Family and community challenges
- Racism
- Fathers not invited to the planning table

**Mentimeter Prompt 3: Name a barrier that dads face when they try to connect with needed services.**

- Consistency
- Rejection and being devalued
- Misinformation
- Support from family
- Support from HS staff, especially female staff
- Relationship with the mo
- Being devalued
- Red tape
- Education
- Time and attention

**Mentimeter Prompt 4: What is a question that you would like answered at today's summit?**

**Support for Fatherhood:**

- How can I contribute to building and supporting the fatherhood movement?
- How do I build strong partnerships with other organizations that can help our fathers?  
How do we partner with other father-focused programs in our community?
- How can we create intake systems and sustainability across all programs sharing best practices?
- How can we help fathers with their day-to-day needs?
- How can we improve service delivery to fathers?
- What are one or two actions that we can take that can make an immediate change or difference in our fathers' and families' lives?

**Father Engagement and Involvement:**

- What are the universal pillars that drive our work with men?
- How can we break the stigma of fathers being involved in MCH services?
- How can we help fathers be more engaged in their own health care?
- How can we get fathers more involved in their children lives?
- How can we get dads engaged during pregnancy?
- What are some techniques for getting more fathers involved in the program?
- How to motivate fathers?
- How can I best help my fathers feel included?
- How can we have the greatest impact in rural settings?
- Why has the number of required fathers been reduced so significantly?

**The Future of Fatherhood:**

- Will fatherhood have continued support in the coming years?
- Will the Fatherhood Coordinator continue to be a part of HS in the next cycle?
- How can we expect change while funding and/or support decreases?

**Summit Greetings and Context Setting**

*A Challenge to the Mountaineers by Dr. Art James*

It is important to remember, as we commence our work today, that we need to be concerned about racial equity and the need to do more. This country has been working on racial equity for the past 160 years and that is long enough. Our mothers and our babies are dying at unacceptably high rates. We need to do better. We need to do more until we get to a point in this country where there is zero tolerance for racial inequities.

### *Greetings and Context Setting by Kenn Harris*

This Summit has been designed to address the information shared and questions raised through the Mentimeter exercise. The presenters are leaders in the fatherhood space. They will share:

- Opportunities to work with our federal partners;
- What we are learning from the research;
- How co-parenting can be used to enhance the relationship between low-income unmarried parents;
- How to involve women in work with fathers;
- The experiences of Fatherhood Coordinators and Healthy Start Project Directors; and
- The need for advocacy to address Black maternal mortality.

In addition to hearing and learning from the presenters, there are a number of opportunities throughout the day for all mountaineers to participate in and contribute to the richness of the summit. One of the vehicles for participation are the Table Talks opportunities scheduled throughout the day.

## **Mount Vinson & Denali**

As a program of the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) and Division of Healthy Start & Perinatal Services (DHSPS), Healthy Start is invested in including fathers as integral components of families, even when parents are not together. These efforts require support across the federal level, including from the following agencies:

- The Department of Health and Human Services (HHS), Administration of Children and Families (ACF), Office of Child Support Services (OCSS)
- HHS Office of Family Assistance (OFA)

The summit included presentations on and discussions with these collaborative partners.

### **Fatherhood Included Again: MCHB and Fatherhood Ahead**

Presenter: LCDR Brandon Wood, Public Health Analyst & Fatherhood Lead, HRSA, MCHB, DHSPS

DHSPS:

- Leads and guides national efforts to improve the health outcomes of mothers and women;
- Directs its work before, during, and after pregnancy to enhance the well-being of mothers and babies;
- Focuses on reducing the differences in rates of death between racial and ethnic groups;
- Manages seven categories of programs and initiatives, including Healthy Start, which is the Division's largest initiative;

***"Fatherhood is now, with the current funding cycle, a Healthy Start requirement."***

***- Brandon Wood***



## DHSPSP's Charge to Summit Participants:

Advocate for fathers. Share your needs, concerns, and experiences. If you don't tell us, we don't know. Your input is needed to guide the next grant cycle.

## Changing for the Better – Focus on the Entire Family

Presenter: [Tangler Gray, Commissioner](#), Department of Health and Human Services, Administration for Children and Families, Office of Child Support Services

On June 5, 2023, the Administration for Children and Families announced the Office of Child Support Enforcement is now the Office of Child Support Services (OCSS).

The new name reflects OCSS' commitment to

- Promoting equity;
- Reflecting whole family strategies;
- Increasing the understanding of program's services; and
- Shaping the program's future.

OCSS partners with federal, state, tribal, and local governments, and others to promote parental responsibility so that children receive support from both parents even when they live in separate households.

This is done through a vision of engagement that is realized through the 3Ps.

- **People:** Promote economic and social well-being to the people OCSS serves.
- **Process:** Revisit policies in order to streamline processes that work on the federal, state, and local level.
- **Performance:** OCSS's work is data driven in supporting people and guiding any changes that might be needed.

The Commissioner's priorities include:

- Extending flexibilities to programs during public emergencies;
- Improving collaboration with tribal programs; and
- Reinvesting in programs that support fathers and further employment.

## Implementing Fatherhood with Compassion

Presenter: [Seth Chamberlain](#), Branch Chief, Healthy Marriage, and Responsible Fatherhood (HMRP), Office of Family Assistance (OFA), Department of Health and Human Services

The Healthy Marriage and Responsible Fatherhood (HMRP) programs provide \$150 million per year in discretionary grants, contracts, research and evaluation, and other activities to strengthen

families, promote responsible parenting, and improve family economic stability. The programs were originally authorized in 2005 and continues its authorization under 42 U.S.C. §603(a)(2).

These programs play a key role in helping the OFA achieve its goals to foster economically secure households and communities for the well-being and long-term success of children and families. The HMRF programs are specifically designed to help adults and youth build stronger relationships, marriages, father-child engagement, and families.

Responsible fatherhood programing offers educational services and curriculum for men. Programs tend to serve low income, unemployed fathers with two or more children.

***“When dads are involved,  
kids do better.”***  
**- Seth Chamberlain**

### **HMRF Demonstration Projects**

#### ***Healthy Relationships and Marriage Education (HMRE)***

- Authorized since 2006
- \$75M/year in grants and contracts
- 8 legislatively allowed activities to promote healthy marriages/relationships
- Two current programs:
  - Family, Relationship, and Marriage Education Works (FRAMEWorks)
  - Relationships, Education, Advancement, and Development for Youth for Life (READY4Life)

#### ***Responsible Fatherhood (RF)***

- Authorized since 2006
- \$75M/year in grants and contracts
- Three legislatively required service areas:
  - Responsible parenting
  - Healthy marriage and relationships
  - Economic stability
- Current program: Fatherhood Family-focused, Interconnected, Resilient, and Essential (Fatherhood FIRE)

## How much programming do fathers receive?

Workshop sessions average **26** hours over **8** sessions.

### Community Fathers

**85%**

attend at least one session.

On average, these fathers complete

**24** hours over **6** sessions.

### Re-entering Fathers

**94%**

attend at least one session.

On average, these fathers complete

**24** hours over **8** sessions.

Supporting Fatherhood: Final Report on the 2015 Cohort of Responsible Fatherhood Grantees [https://www.acf.hhs.gov/sites/default/files/documents/opre/hmrf\\_2015-final-report-fatherhood-grantees-oct-2021.pdf](https://www.acf.hhs.gov/sites/default/files/documents/opre/hmrf_2015-final-report-fatherhood-grantees-oct-2021.pdf)



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## The Invitation from OFA

Begin planning now to apply for a 2025 HMRF grant. A webinar reviewing the grant and application process will be offered (date to be determined after the grant announcement is released). The alignment of efforts will strengthen Healthy Start fatherhood Initiatives.

### OFA Resources:

- [National Responsible Fatherhood Clearing House: Information for dads, programs, and communities.](#)
- [About Healthy Marriage & Responsible Fatherhood: Information about HMRF programs](#)
- [HMRF Grantee Map: A list, with contact information, of all 110 HMRF programs](#)
- [National Call Center for Dads and Practitioners: 1-877-4DAD411 \(1-877-432-3411\)](#)

## Mount Kilimanjaro

### Fatherhood Research Tomorrow! Future Research on Father Involvement and Perinatal Outcomes

Presenter: [Ronald Mincy, PhD](#), Maurice V. Russell, Professor of Social Policy and Social Work Practice, Director of the Center for Research on Fathers, Children, and Family Well-Being, Columbia University

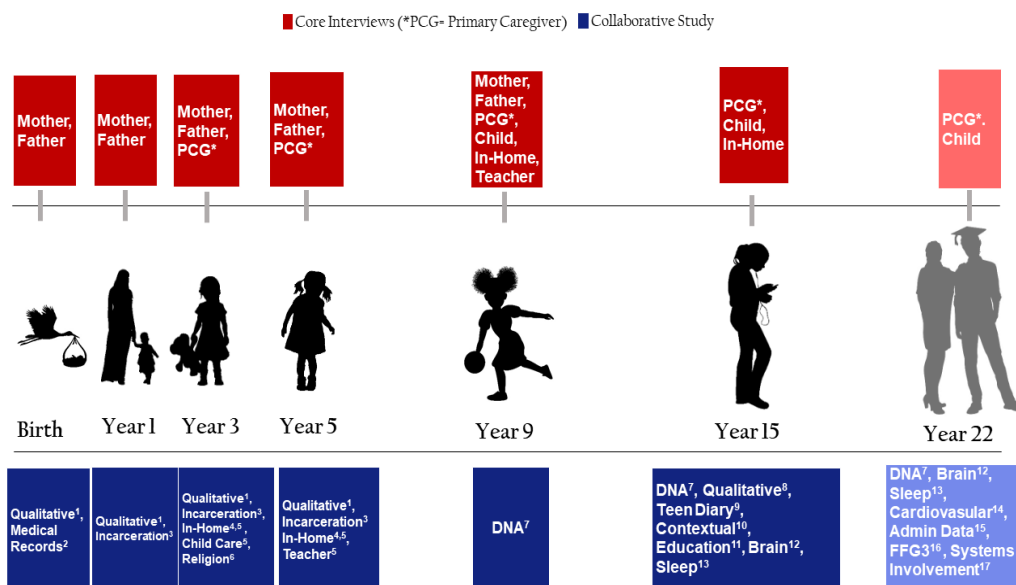
## Background

**The Future of Families & Child Wellbeing Study** (formerly the Fragile Families and Child Wellbeing Study) is based on a sample of nearly 5,000 children born in large U.S. cities between 1998 and 2000 (roughly three-quarters of whom were born to unmarried parents). For the purposes of the study, unmarried parents and their children are referred to as “fragile families” to underscore that they are at greater risk of breaking up and living in poverty than more traditional families.

The Future of Families & Child Wellbeing Study (FFCWS) was originally designed to address four questions of great interest to researchers and policy makers:

1. What are the conditions and capabilities of unmarried parents, especially fathers?
2. What is the nature of the relationships between unmarried parents?
3. How do children born into these families fare?
4. How do policies and environmental conditions affect families and children?

The core study consists of interviews with mothers, fathers, and/or primary caregivers at birth and again when children are ages one, three, five, nine, and fifteen. The parent interviews collect information on attitudes, relationships, parenting behavior, demographic characteristics, mental and physical health, economic and employment status, neighborhood characteristics, and program participation. Additionally, in-home assessments of children and their home environments were conducted at ages three, five, nine, and fifteen. The in-home interviews collect information on the children’s cognitive and emotional development, health, and home environment. Several collaborative studies provide additional information on parents’ medical, employment and incarceration histories, religion, childcare and early childhood education.



Source: <https://ffcws.princeton.edu/about>

## The Future of Families & Child Wellbeing Study Fast Facts

- It is the first longitudinal birth cohort survey based upon a probability sample that includes data on children, mothers, and fathers.
- It is the longest-running birth cohort study in the US based on a national probability sample. The study oversampled births to unmarried parents and is very diverse (46% Black; 24% Hispanic; 5% multiracial; and 25% white or other), making the data a valuable resource for studying racial and economic disparities in health and wellbeing.
- It started two years post welfare reform.
- The surveys at age 22 occurred during the COVID-19 pandemic, allowing information to be collected on the impact of the pandemic.
- More than 8,700 researchers have used these data to publish more than 1,100 articles and 44 books and book chapters, 1115 dissertations, and 150 working papers on families and children.
  - One paper that uses data from the baseline FFCWS is [Father involvement, child health and maternal health behavior: Children and Youth Services Review](#) by [Julien Teitler](#). [This paper](#) examined the level and effects of father-involvement on outcomes of interest to Healthy Start, such as birth weight and mother's health behaviors during pregnancy (e.g., prenatal care, alcohol and drug use, smoking). The findings indicate that most fathers, including unwed fathers, are involved with their children at birth and have intentions to remain involved.

*"This study changes the lexicon around the study of single parent families."*

- Dr. Mincy

## The Future of Families & Child Wellbeing Study at 27 Years

Princeton (Principal Investigator [Katheryn Edin](#)) and Columbia University (Principal Investigator [Jane Waldfogel](#)) are seeking funding for the 27-year FFCWS, a survey of approximately 3,630 FFCWS youth at age 27. They expect that this comprehensive life course study – from birth through young adulthood – will bring about new insights and innovative research on health and well-being across the lifespan, gene-environment interactions, and the intergenerational persistence of poverty and others form of disadvantage. A particular strength of the study is that it will enable researchers to study factors associated with mobility out of poverty and disadvantage.

The specific aims include 1) Collect data on the health and well-being of 27-year FFCWS young adults; and 2) Collect data on the social, economic, and physical environments of 27-year FFCWS young adults. Research facilitated by 27-year FFCWS will allow researchers to examine associations between childhood and adolescent experiences and young adult outcomes and behaviors; intergenerational mobility; and persistence in education, labor market, family formation, health, program participation, and systems involvement. Researchers will also gather data on young adults' exposure to different contexts from birth to young adulthood. Finally, the

data will shed light on the extent to which young adult trajectories were affected by the COVID-19 pandemic.

Studies facilitated by the 27-year FFCWS will serve as a platform for further research, which would transform the FFCWS into a three-generation study. This would:

- Support future satellite studies, including following the children of the FFCWS young adults from infancy into adulthood.
- Support a fatherhood study, which will re-engage the original and FFCWS fathers, as well as young adults who become fathers, and an older adult study following the young adults' parents as they age.
- Allow researchers to answer a wide range of longitudinal and intergenerational questions related to physical and mental health in young adulthood.
- Help to fill gaps in knowledge about family and family formation.

### **Fragile Families: The Third Generation (FFG3)**

As mentioned, the FFCWS is the longest running birth cohort study in the US that is based on a national probability sample. It follows parents (G1, for Generation 1)—both mothers and fathers—and their children (G2) who were born in 1998–2000. The G2 children are now having children of their own (G3). Given this, researchers at Columbia (PI [Julien Teitler](#)), Rutgers (PI [Nancy E. Reichman](#)); and Princeton University (PI [Daniel Notterman](#)) plan to expand the FFCWS into the third generation: the FFG3 study.

The study will consist of a perinatal survey on the health of the G3 children, early parenthood experiences of G2, and the characteristics of households and families into which G3 are born. Researchers will also collect saliva samples from the G3 children and their non-FFCWS parents and stool samples from the G3 children. The augmented data will have many unique and valuable features, including: 1) three generations of sociodemographic, environmental, and biological data; 2) extensive data on parenting in two generations (G1 and G2); 3) data on siblings and half-siblings (in G3); 4) genetic data on trios (G3 children and both of their parents); and 5) comprehensive data on perinatal health (i.e., preconception, prenatal, delivery, neonatal, and postpartum factors) and circumstances in two generations (G2 & G3).

The FFG3 study will facilitate novel and important analyses of intergenerational transmission of health, intergenerational relationships within families, and gene environment effects on health. It will also provide an essential foundation for future G3 data collection at subsequent developmental transitions, including school readiness at the transition to school; health and development in middle childhood and adolescence; and the transition to adulthood.

### **Research on Father Involvement**

By linking FFG3 data to retrospective data about father involvement at 22 years and the 27 year data, if proposal is funded, researchers will be able to test hypotheses about the effects of father

involvement on detailed maternal and child outcomes of keen interest to Healthy Start, including hypotheses involving:

- How race/ethnicity, employment status, educational attainment, criminal justice involvement, child support compliance status are associated with father involvement.
- If the foregoing factors moderate associations between father involvement and maternal and child outcomes.
- Gene-environment interactions that may play a role in associations between father involvement and maternal and child outcomes.
- The intergenerational transmission of father involvement and child wellbeing.

***“Dr. Mincy’s presentation was exceptional, and we are excited about the possibilities. The data will be crucial.”  
-Summit Participant***

## Mount Everest

### Co-Parenting: A New Paradigm to Enhance the Relationship Health Among Low Income Unmarried Parents

Presenters: [Dr. Jeffery Johnson](#), President and CEO, [National Partnership for Community Leadership](#) (NPCL) and [Meshia Henderson](#), Vice President, Workforce Services, Maximus Corporation

***“The question to answer in the 21<sup>st</sup> century is no longer, ‘Do fathers fit into maternal and child health?’ but more of, ‘how and when do fathers fit into MCH?’.”  
- Kenn Harris***

## Background

- Over the past few decades, family structure has changed in Western society. As a result, a range of new family structures has emerged, including divorced families, cohabiting couples, same-sex couples, reconstituted families, unmarried parents, and a variety of other kinds of family systems. (Casares 2008, Hamilton 2010)
- Changes in family formation have resulted in the highest level of unmarried parents in our nation's history. Forty percent of all US-born children are born to unmarried parents,

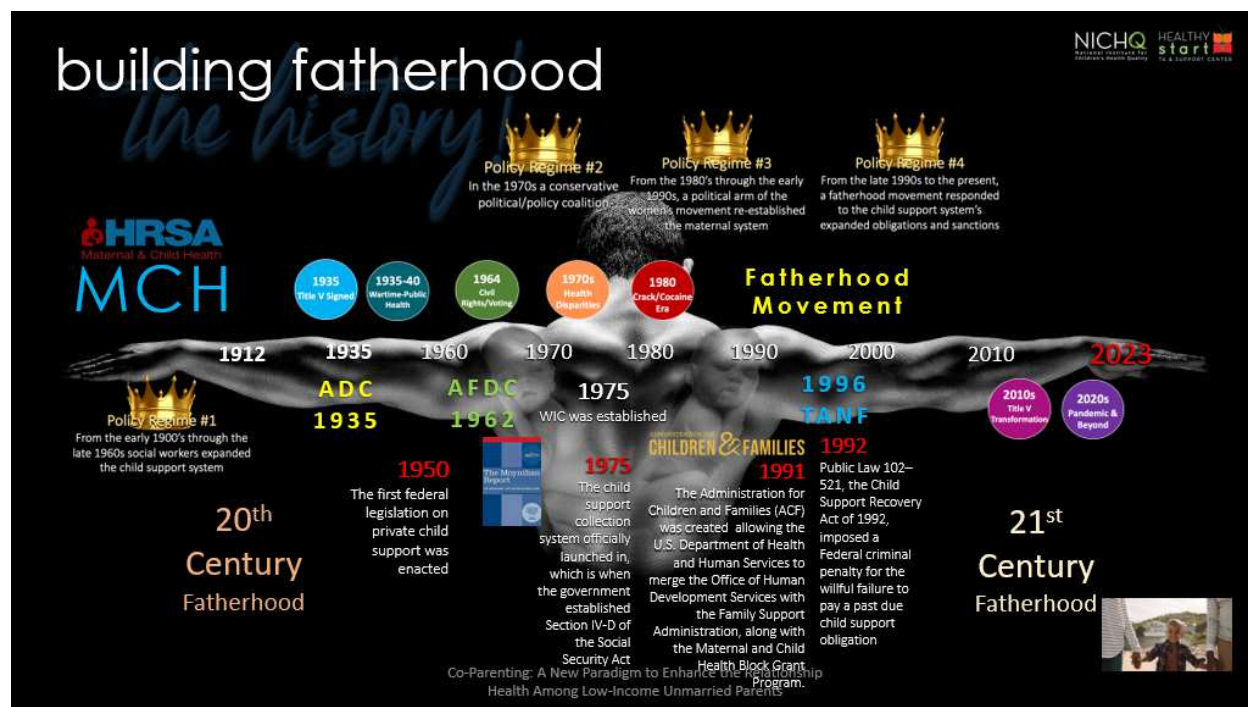
including 75% of Black children, many of whom are poor and living in single-parent households.

- Culturally speaking, the term co-parenting is not well known or understood. The word co-parenting has its origins in married couples who separate or divorce. In communities with a high level of unmarried parents who never intend to marry, co-parenting is generally not an expression or term used or talked about.

### Co-Parenting Relationship Wellness, the New Paradigm Shift

Co-parenting wellness is about a division of child-rearing duties in a healthy cooperative relationship. A **parenting alliance** is the degree to which parents act as allies in child-rearing. **Co-parenting** is the collaboration between parents (and sometimes grandparents) to do what is best for the child/children.

Co-parenting is essential. An analysis of over 100 studies on parent-child relationships found that having a loving and nurturing father was as important for a child’s happiness, well-being, and social and academic success as having a loving and nurturing mother.

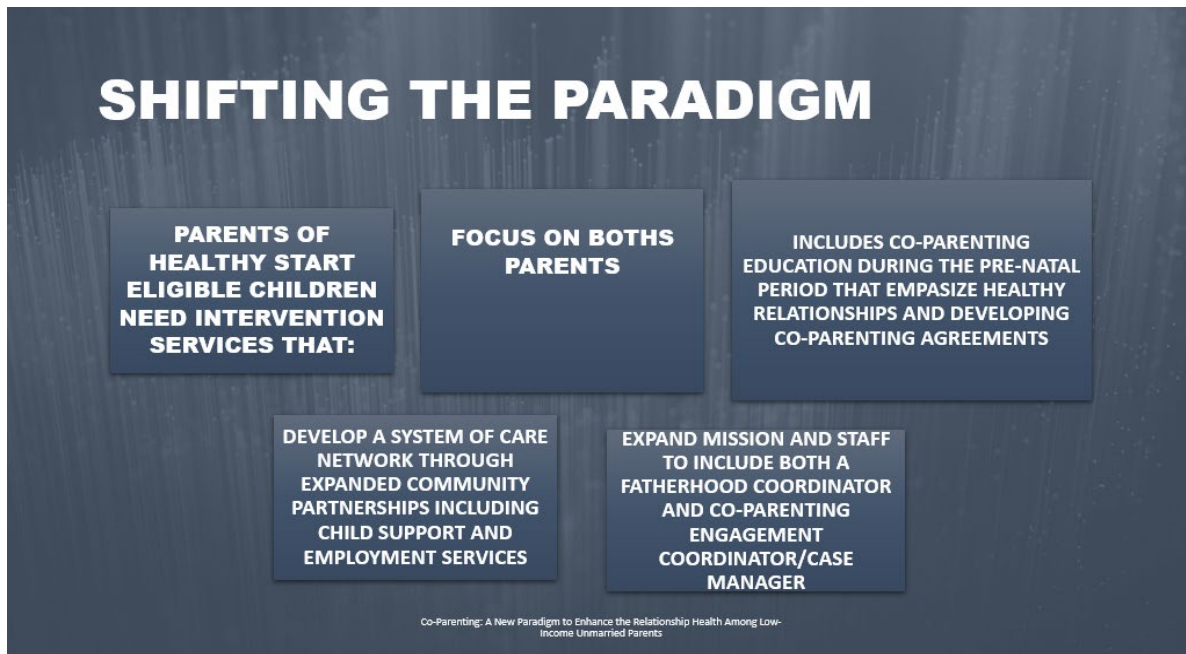


***“The term, “maternal child health” does not include fathers, so the big work around fatherhood is inclusion. There is growing research that supports father involvement, which demonstrates the value fathers contribute to better outcomes.”***

**- Kenn Harris**



## Co-Parenting is Shifting the Healthy Start Paradigm



### Why is Co-Parenting Important for Healthy Start?

- The services Healthy Start provides to unmarried fathers and mothers should be expanded to include an emphasis on co-parenting. This includes educating parents on what co-parenting means, its benefits to children from birth and beyond, and how to plan co-parenting agreements.
  - Currently, Healthy Start services for mothers include prenatal and postpartum support. In general, parenting and relationship education classes, nor peer support groups, are offered as an option for mothers.
- Research indicates that father involvement has a positive impact on the health outcomes of children and mothers.
  - Providing services and programming to increase fathers' positive parenting skills, appropriate discipline, effective communication, emotional support, and stress management can have the double effect of reducing child abuse and increasing protective factors.
  - Mothers are 1.5 times more likely to receive prenatal care in the first trimester when a father is involved, which has positive implications for maternal and infant health.

**A new paradigm shift to Co-Parenting Relationship Wellness in Healthy Start**

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**Expanding services to include case management, peer support groups for mothers, services to fathers, and co-parenting education.**

## MDRC Research on Fatherhood and Family Policy and Programs a Decade Ago

In 2013, [MDRC](#) published [Strengthening Low-Income Families: A Research Agenda for Parenting, Relationship, and Fatherhood Programs](#). The paper demonstrated that:

- A child's early years are critical for both brain development and building a foundation of emotional security.
- Fathers play a unique role in the lives of children.
- Children benefit from policies that increase parents' employment *and* income.
- Regardless of whether parents are married, children benefit from living in stable, low-conflict families.

### What's Next

- Inform future family strengthening programs with results from studies already underway.
- Develop new approaches to supporting fathers, whether residing with their children or not.
- Continue investing in parents' capacity to promote their children's early development, using rigorous evaluation research to identify promising strategies.

### Co-Parenting Policy Perspectives

Policies are aimed at reducing disparities by improving opportunities for disadvantaged parents and their children. The goal is to strengthen the quality of the relationships between parents. New investments in policies and programs should be based on the best current evidence about how families function, what children need, and what works to improve outcomes for low-income families and children. Whether parents live together or not, most children are likely to benefit from having a relationship with both parents.

### Emerging Evidence of Promise: Peer Support Programs for Mothers



## The Motherhood & Co-Parenting Initiative

This Initiative is based in Richmond Virginia. It offers mothers' peer support through motherhood groups that create a safe place for women to vent their frustrations and concerns with other mothers. Research supports the best way to move forward in co-parenting efforts is for mothers and fathers to have the opportunity to meet separately before having both parents work together. Richmond's Motherhood & Co-Parenting Initiative has created an effective peer support vehicle for moms.

### Lessons Learned

- Dispelling myths and stereotypes of single mothers:
  - Most women do want the father of their children in their lives but are not emotionally healed due to the failure of the relationship or their past mistakes.
  - Most women only want to protect their children from the past emotional hurt of fathers not honoring their promises.
  - There is a link between the mother getting over her own personal hurts and not having her own father engaged.
- Program Implementation
  - Key points for facilitators:
    - Be flexible.
    - Remain cognizant of time.
    - Have compassion but be mission driven.
  - Have community resources on hand.
  - Keep curriculum/program fidelity but be mindful of the type of partner and environment.
  - Build solid connections with community resources.

### Case Study: A Father's Involvement Really Matters Program

The A Father's Involvement Really Matters (AFRIM) Program began in Memphis, Tennessee as a partnership between Maximus and well-known, trusted organization in the community, [Family Matters](#). They applied for and were awarded a \$25 million grant from the state. To inform the grant proposal, they conducted focus groups with fathers, which revealed the following:

- Dads wanted better career opportunities and earning capacity.
- They also wanted support around co-parenting and being a better father.
- They felt that services dedicated to their needs were missing and that services should focus on their success as fathers and co-parents, not just their financial contribution through child support.

As a result, the Three Services Pillars were established, reflecting the voices of fathers.

## Three Service Pillars



37 PRESENTATION NAME

maximus

### Fast Facts: The AFRIM Program

#### The Population

- Low-income dads aged 18-40 in Memphis/Shelby County who are:
- Connected to a TANF family.
- Have received a prospective or recent child support order.

#### The Problem

- Earnings Capacity: Chronic unemployment/underemployment and limited education yields less ability to provide financially.
- Fear of Child Support System: Fear of unpayable child support orders leads fathers to avoid the formal system.
- Safety Net Not Structured for Fathers: Most service interventions focused on the needs of mothers (e.g., TANF, SNAP).
- Father's Impact Under Valued: Children do better with involved fathers, but services often only prioritize financial support.

## The Vision

- Permanently transform the way that low-income fathers are viewed and served by safety net/social programs.

## The Value Proposition

- Build capacity to reduce dependency.
- Invest in low-income fathers to change the trajectory of their children's lives, while also creating safety net savings.

## Collaborative Partners

In this program, collaborative partners create a service model primed for success.

- **Lead organization:** [Family Matters](#)
- **Delivery partner:** Maximus
- **Advisors on Operations Best Practices:** National Fatherhood Experts
- **Community of Care:** A networking consisting of satellite locations; warm hand-offs to additional resources and support; and specialized services that may not be provided through the core collaborative

## The Power of Community Outreach

From March – July 2023, AFRIM averaged 25 enrollments per month. In August 2023, they initiated a “boots on the ground” recruitment effort, including outreach to barber shops and Tennessee College of Applied Technology (TCAT) education facilities. In August 2023 there were 42 enrollments, with 22 coming from this community outreach. This was a 68% increase compared from March-July 2023.

October 2023 produced 73 enrollments to end Year 1 with a total of 274 enrollments. This was a **154% increase** for October 2023 in comparison to March-September 2023 and an increase of **114.7%** in comparison to September 2023. Since the implementation of this initiative, the program has had a **98.7% increase in enrollments** through October 2023. Much of this increase was attributed to one father's Facebook posting. Additionally, there were 21 enrollments from government partners with 14 of the 21 coming from the Shelby County Juvenile Courts.

### AFRIM's Engagement Results

| Month                    | Referred     | Scheduled for Orientation | Enrolled   | % of Referred scheduled for orientation | % of Orientations enrolled |
|--------------------------|--------------|---------------------------|------------|---|----------------------------|
| 3/1/2023 starting 2/1/23 | 434          | 76                        | 22         | 18%                                     | 29%                        |
| Apr-23                   | 363          | 61                        | 31         | 17%                                     | 51%                        |
| May-23                   | 477          | 62                        | 28         | 13%                                     | 45%                        |
| Jun-23                   | 478          | 53                        | 23         | 11%                                     | 43%                        |
| Jul-23                   | 566          | 66                        | 21         | 12%                                     | 32%                        |
| Aug-23                   | 657          | 95                        | 42         | 14%                                     | 44%                        |
| Sep-23                   | 1749         | 112                       | 34         | 6%                                      | 30%                        |
| Oct-23                   | 455          | 159                       | 73         | 35%                                     | 46%                        |
| <b>Total</b>             | <b>5179</b>  | <b>684</b>                | <b>274</b> | <b>13%</b>                              | <b>40%</b>                 |
| <b>Average</b>           | <b>647.4</b> | <b>85.5</b>               | <b>34</b>  | <b>16%</b>                              | <b>40%</b>                 |

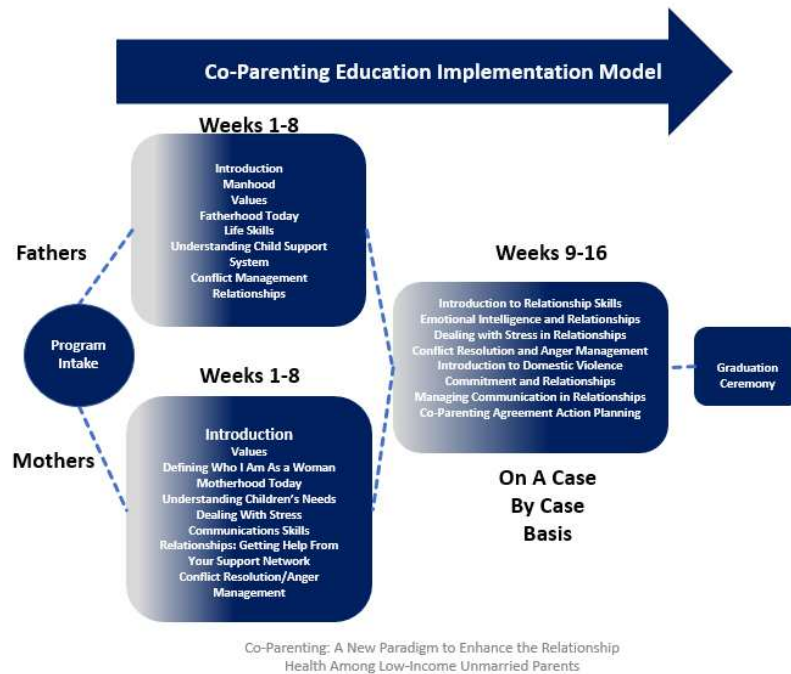
### Fatherhood Co-Parenting Classes

AFRIM randomly assigns fathers to 1) Group A, where they attend an eight-week fatherhood workshop designed to build fathers' skills; or 2) Group B, where they do not attend the fatherhood workshop but receive employment and training services. Fathers also have the option to co-enroll with their child's mother in a Relationship Skills for Strong Families Workshop focused on healthy co-parenting. In this workshop, parents work together to create a Parenting Agreement that cements what they have learned and received through the workshop. Both the Fatherhood Workshop and Co-Parenting Workshop include key milestones, milestone payments (see below), and a graduation celebration. **38% of graduates** that completed AFRIM's Fatherhood Workshop have signed a co-parenting agreement.

| Milestone Payments  |   | Payment Amount |         |
|---|---|----------------|---------|
|   |   | Group A        | Group B |
| Parenting Milestones  |   |                |         |
| Completion of the Fatherhood & Co-Parenting Curriculum Training | Recognition and certificate of completion of the 8-week training.   | \$500          |         |
| Establish a Co-Parenting Agreement                              | Signed agreement by both parents for each established child support case.   | \$800          |         |
| Career Milestones   |   |                |         |
| Complete Credential/Certification Training                      | Training Class Certification on letterhead from school where the credential was obtained  | \$500          | \$500   |
| Job Placement (30 day retention)                                | Completed employment verification form, paycheck stubs and/or the work number.  | \$200          | \$200   |
| Job Retention (60 and 120 day retention)                        | Completed employment verification form, paycheck stubs and/or the work number.  | \$300          | \$300   |
| Complete on the job and upskills training                       | Acknowledgement from the employer that a required or specific set up upskills has been obtained to increase the opportunity for career advancement. | \$300          | \$300   |

### Co-Parenting Relationship Wellness: The Way Forward





### NPCL's Co-Parenting Curriculum Goals

| Fathers will...   | Mothers  |
|---|--|
| <ul style="list-style-type: none"> <li>✓ Understand the benefits of his involvement in his child's health, academic, and relationship success.</li> </ul> | <ul style="list-style-type: none"> <li>✓ Understand the benefits of the father's involvement in her child's health, academic, and relationship success.</li> </ul> |
| <ul style="list-style-type: none"> <li>✓ Understand the importance of healthy co-parenting.</li> </ul>  | <ul style="list-style-type: none"> <li>✓ Understand of the importance of healthy co-parenting.</li> </ul>  |
| <ul style="list-style-type: none"> <li>✓ Have a receptive attitude about healthy co-parenting.</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Have a receptive attitude about healthy co-parenting.</li> </ul>  |
| <ul style="list-style-type: none"> <li>✓ Be willing to engage in a healthy co-parenting relationship.</li> </ul>  | <ul style="list-style-type: none"> <li>✓ Be willing to engage in a healthy co-parenting relationship.</li> </ul>   |
| <ul style="list-style-type: none"> <li>✓ Agree to share in parental duties and responsibilities.</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Agree to share in parental duties and responsibilities.</li> </ul>  |
| <ul style="list-style-type: none"> <li>✓ Establish legal paternity.</li> </ul>  | <ul style="list-style-type: none"> <li>✓ Agree on child support.</li> </ul>  |
| <ul style="list-style-type: none"> <li>✓ Get a high school diploma and more.</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Agree on visitation and access (goal)</li> </ul>  |
| <ul style="list-style-type: none"> <li>✓ Obtain legal employment.</li> </ul>  |  |



|   |   |
|---|---|
| <p>✓ Pay child support.*</p> <p>✓ <b>Put forth his best effort to act in the best ways he can to support the mother to feel and be successful.</b></p> <p>✓ Support his Child’s Bill of Rights.</p> <p>*Fathers who have regular access and visitation to their child are more likely to pay their child support.</p> | <p>✓ Get a high school diploma and more.</p> <p>✓ Obtain a job to help support the child, when appropriate.</p> <p>✓ <b>Put forth her best effort to act in the best ways she can to support the father to feel and be successful.</b></p> <p>✓ Support her Child’s Bill of Rights.</p> |
|---|---|

### The Co-Parenting Curriculum Knowledge and Attitude Assessment Tool

This tool is administered as a pre and post-test to program participants completing the curriculum workshops and includes three categories:

**Care** = Acceptance of parenting responsibly

**Legal** = Understanding the legal process and how it deals with child custody disputes in a divorce or when a romantic relationship ends.

**Social** = what the socialized roles of fathers and mothers.

### Developing Healthy Co-Parenting Relationships



## What are some of the critical cornerstone lessons that help community-based organizations implement effective co-parenting programs?

- Research and Planning
- Professional Development
- Selecting An Evidenced Informed Curriculum
- Meeting Mothers and Fathers where they are
- Understanding the Father/Mother Relationship
- Documentation and Case Management
- Building An Evidence-Base
- Developing A Logic Model
- Facilitation Skills
- Fidelity of Implementation
- Community Partnerships
- Implementing A System of Care

### Final Points

- We must change the policies and systems that fail to address poor children's and their families needs. For too long, we have been in the “wilderness.”
- Co-parenting, while not a new approach, emerging evidence of promise are offering a new opportunity to engage fathers and mothers and address their relational challenges as unmarried parents that want the best for their children, particularly low-income parents who are not romantically involved.

## Mount Elbrus

### Our Advocacy During the Maternal Mortality Crisis

Presenter: [Charles Johnson](#), Founder and Board Chair, [4 Kira4Moms](#)

***“Our mothers and our babies are dying at unacceptably high rates. We [including everyone at this Summit] need to do better. We need to do more until we get to a point in this country where there is zero tolerance for racial inequities.”***  
**- Dr. Art James**

## Kira Johnson

Charles began his presentation by sharing this [video](#), which tells the story of his wife, Kira, and her tragic and preventable death.



## The Statistics

- 🚩 Every year approximately **800** women in this country die from **preventable** causes related to pregnancy and childbirth.
  - **84% percent** of maternal deaths in the US are classified as preventable.
- 🚩 In 2015 the US ranked **50<sup>th</sup>** globally for infant mortality.
- 🚩 The US is 1 of 8 countries with a **continually rising maternal mortality rate**.
  - The estimated US maternal mortality rate **increased by approximately 26%** from 2000 to 2014.
  - The US now **ranks 55<sup>th</sup> in the world for maternal mortality**, despite being ranked the 1<sup>st</sup> in dollars spent on maternity care.
- 🚩 Black women are **4 times more likely to die** from pregnancy or childbirth complications than White women:
  - 42.8% of Black women per 100,000 live births compared to 12.5% of White women and 17.3% of women of other races
  - The average annual household income of Black women who experienced severe maternal morbidity and mortality is \$123,750.

***“You would be gravely mistaken to believe that you can earn your way out or learn your way out of the experiences associated with being Black in this country.”***

**- [Elaine Welteroth](#)**

## About 4Kira4Moms



4Kira4Moms aims to eradicate the maternal and child health crisis in this country. Their mission is four pronged, and includes the following actions.


1. *Educate* the public about the impact of maternal mortality in communities.
  - Inform and empower a new generation of providers who offer culturally competent and compassionate services and care.
  - Empower families to not only survive, but thrive before, during, and after childbirth.
2. *Advocate* for improved maternal health policies and regulations.
  - Advocate for policies that promote improved maternal health and safe motherhood.
  - Raise awareness and build commitment to maternal health among leaders and decision makers.
  - Address barriers to access posed by gender and poverty.
  - Introduce social accountability mechanisms to enable communities to hold government and providers accountable for the quality and availability of maternal health services.
3. *Provide support* to victims' family and friends. The Maternal Mortality Response Team is a team of support that will mobilize anywhere in the US within 72 hours after a woman has died from a pregnancy-related complication. The four main areas of support for families include:


- Practical baby care supplies
  - Childcare support
  - Emotional support
  - Legal support
4. *Campaign and legislate*, promoting the idea that maternal morality should be viewed and discussed as a human rights issue.


## Black Maternal Health Legislation


### *Momnibus Act*

**Black Maternal Health Momnibus Act**  
*Representative Lauren Underwood and Senator Cory Booker*

 Awards funding to community-based organizations working to promote Black maternal health equity

 Invests in the growth and diversification of the clinical and non-clinical perinatal health care workforce

 Provides funding to address social determinants of health affecting pregnant and postpartum people like housing and nutrition

 **Black Maternal Health Momnibus Act**  
Learn more: @BMHCaucus| [bmhc-underwood.house.gov](http://bmhc-underwood.house.gov)

Each of the 13 titles of the [Momnibus](#) was introduced as a standalone bill by a member of the [Black Maternal Health Caucus](#). A summary of each of the bills can be found [here](#).

The Momnibus is endorsed by more than 200 organizations, listed [here](#). Quotes in support of the legislation can be found [here](#). A list of Momnibus cosponsors in the House can be found [here](#). A list of Momnibus cosponsors in the Senate can be found [here](#).

## The Kira Johnson Act



# Kira Johnson Act

*Representative Alma Adams*



Awards funding to community-based organizations working to promote Black maternal health equity



Provides funding to implement trainings on bias and racism for all employees in maternity care settings



Establishes Respectful Maternity Care Compliance Programs to promote accountability in hospitals and birth settings

**Black Maternal Health Omnibus Act**  
Learn more: [@BMHCaucus](#) | [bmhc-underwood.house.gov](#)

[The Kira Johnson Act](#) establishes grants to improve maternal health outcomes for racial and ethnic minority groups and other underserved populations. Specifically, the Department of Health and Human Services must award grants for:

- community-based programs to improve maternal health outcomes for Black pregnant and postpartum individuals, as well as individuals in other underserved groups;
- training for health care providers and others who work in maternity care settings on reducing and preventing racism, bias, and discrimination; and
- respectful maternity care compliance programs in specified health care facilities.

The National Academies of Sciences, Engineering, and Medicine must study issues related to the training programs, and the Government Accountability Office must study issues related to the compliance programs.

## Mount Kosciuszko

### Voices from the Mountain: Panel Presentations with Healthy Start Project Directors, Fatherhood Coordinators, and Fathers

Throughout the day, Kenn Harris facilitated panel discussions, which provided opportunities for Healthy Start Project Directors, Fatherhood Coordinators, and fathers to share their fatherhood experiences, lessons learned, challenges, and celebrations.

### The Panelists:

- Angela Ellison, Project Director, University of Illinois Chicago Healthy Start, Illinois
- Rachel Hanson, Project Director, Centerstone of Tennessee, Tennessee,
- Hicham Rahmouni, Project Director, West Central Indiana Healthy Start, Indiana
- Kevin Sherman, Fatherhood Coordinator, Healthy Start New Orleans, Louisiana
- Adnoris Torres, Fatherhood Coordinator, Strong Beginnings Healthy Start, Michigan
- Rodney Moore, Fatherhood Coordinator, New Haven Healthy Start, Connecticut
- Ethoia Shivers, Healthy Start Father, Low Country Healthy Start, South Carolina

### **Question 1: Project Directors, how are you working with your fatherhood coordinator? Talk about the need for a strong relationship between Project Directors and Fatherhood Coordinators.**

Hicham Rahmouni: The Fatherhood Coordinator position is a very difficult position to fill. But when you have the right person, it is easy to have a strong relationship that is reflected in Healthy Start supporting fathers in the MCH space. Shout out to our Fatherhood Coordinator, Austin Farrington.

Rachel Hanson: The Fatherhood Coordinator position was so challenging to fill. We had to get creative and looked to other positions that could do the work. This pivot has worked out well. Our fatherhood work is being done by a community health worker and a male therapist. Shout out to Leah Johnson, community health worker and Don Price, therapist. Having a male therapist for our dads has helped them deal with their mental health issues, such as perinatal mood disorders, which are often overlooked as the focus has been more on supporting moms.

Angela Ellison: The challenge of finding the right person for the Fatherhood Coordinator position resulted in having three people in the role before finding the perfect fit. That fit includes finding a person that brings a passion to the work. Shout out to our Fatherhood Coordinator, Willie Naugles. An example of his passion and innovation is reflected in the work he is doing with Cook County Jail. A cohort of 195 inmates have received fatherhood training.

### **Question 2: Project Directors, how do you bring fathers into the MCH space?**

Hicham Rahmouni: Meet dads where they are. Understand their issues. For example, be aware that men undergo hormonal changes related to the birth of their first child.

Rachel Hanson: We hired a male therapist because we knew men were not comfortable talking to female staff about some of their issues.

Angela Ellison: Fathers have always been involved in the Healthy Start, but it has been challenging. What has made it easier has been elevating fathers as a Healthy Start priority. This means that fathers need to be integrated into the program. We had moved from the mom-child dyad to supporting the family. If you work with the whole family, make sure your program

reflects that. For example, do you have pictures with dads and the whole family in your program's space?

**Question 3: Project Directors, what words of encouragement do you have for other Project Directors who might be struggling to find a Fatherhood Coordinator and bring fathers into their Healthy Start program?**

Hicham Rahmouni: Thank you for being innovators. Celebrate your work. Be a model for exemplifying what you want dads to become.

Rachel Hanson: Lean on your creativity.

Angela Ellison: Never give up. Your work is too important. Seek out partners who might be able to help.

**Question 4: Fatherhood Coordinators and Fathers, think about where you are in your Healthy Start journey. What are some of the accomplishments you see in Healthy Start that are not being done for fathers in other MCH programs?**

Rodney Moore: There are more women involved in this work. They are not only involved, but pushing fatherhood within Healthy Start programs.

Kevin Sherman: When I first entered the Healthy Start space there was not a lot there for me. That has changed now that women have become part of the work and the discussions that focus on families, including dads.

Adnoris Torres: Utilizing the tools that already exist and the alignment that is occurring across the board.

Ethoia Shivers: I feel blessed. Healthy Start makes a difference. More men need to come into Healthy Start programs and get help handling their business.

**Question 5: Kevin, in our efforts to address the mass incarceration of fathers, how does your experience influence your work?**

Kevin Sherman: Not having a father figure in my home, I looked for what I needed in the streets. That led me to the Louisiana State Prison at the age of 16 to serve a life sentence. As I matured, I saw a lot of young men coming into the prison just like I did. I decided that, given the chance, I would work to make sure other young men and women did not have the same experience as I did. You have to be passionate about this work. If not, this is not the work for you. (To learn more about Kevin's story, click [here](#).)



**Question 6: Adnoris, what is driving you to do this fatherhood work?**

Adnoris Torres: Henry David Thoreau said, “to know what we know and to know what we do not know is true knowledge.” Never stop learning. Take advantage of the benefits of learning from and being inspired by others.

**Question 7: Rodney, how important it is for dads to know that they can depend on you and have confidence in you?**

Rodney Moore: I love this work because it reminds me of my mom and my family. Many guys never had the support and love that I had. I want to give them what I had growing up. Dads love their kids and sometimes they have to work hard to convince the moms that they want to be part of their children’s lives. I love this work because I know how important it is for children.

**Question 8: Ethoia, what message would you like to give to other dads?**

Ethoia Shivers: Just do your best. Be the best dad you can be, and Healthy Start can help.

**Question 9: Fatherhood Coordinators, what message do you have for other in this room doing fatherhood work?**

Adnoris Torres: Fail hard. Fail often. Keep trying because you are making a difference.

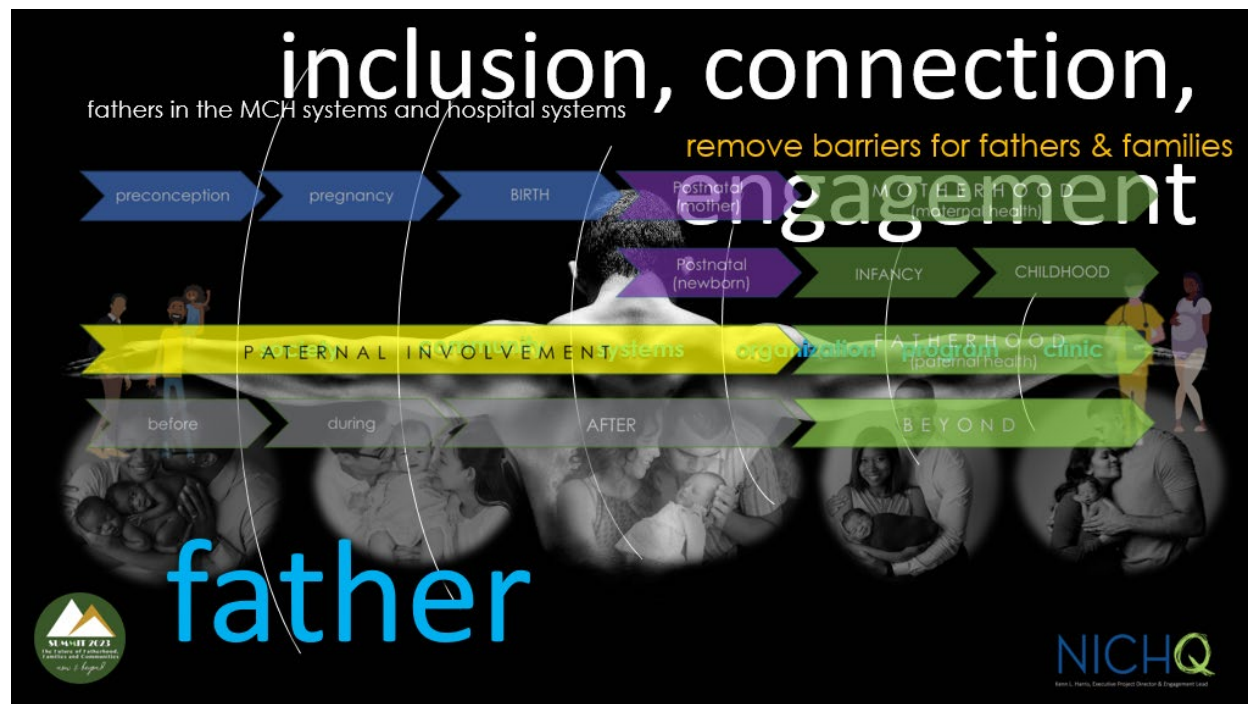
Kevin Shermain: Be real. I give you me. You need to give me you. You can’t help someone if you don’t know them.

Rodney Moore: Listen to the dads. Fathers want to tell their stories. Be available. Don’t try to work on solutions until there is a relationship.



## The Descent: Back to Base Camp

Presenter: Kenn Harris, Director, Healthy Start TASC



We need to remove barriers for fathers and families through **inclusion, connection,** and **engagement** throughout the maternal care continuum starting in the preconception period.

**Questions we must ask and answer in order to integrate father involvement throughout the continuum:**

- What are essential elements of father inclusion in MCH?
- What core components of services are necessary to successfully engage fathers?
- What federal agencies need to be better aligned?
- What kinds of policy needs to be addressed to move fatherhood forward?
- With regards to research, where do we need to go from here?
- What are:
  - Our observations
  - The lessons learned
  - The opportunities
  - The challenges that remain
- Our recommendations to MCHB and other federal agencies?



History Was Made Here Today

## Appendix

### TableTalks: Snapshots of Mountaineer Discussions



| <b>Mount Vinson:</b><br><i>Changing for the Better - Focus on Entire Family</i><br>presented by OCSS Commissioner, Tangler Gray |  |
|---|--|
| Prompt  | Participant Responses  |
| General Reactions?  | <ul style="list-style-type: none"> <li>• Encouraged.</li> <li>• Child support services are now viewed as supportive rather than punitive.</li> </ul>   |
| Questions?  | <ul style="list-style-type: none"> <li>• Is it just a name change or will there be actual change in the agency?</li> <li>• What are the specific services offered by OCSS?</li> <li>• Are there any partnerships/resources being made available for fathers who have been incarcerated?</li> <li>• Need informational materials, especially for rural counties.</li> </ul>   |
| Related topics that should be explored?   | <ul style="list-style-type: none"> <li>• Coparenting, life skills, employment support for dads, mental health support for parents and children</li> <li>• Mandatory DNA test before child support is an issue</li> <li>• Systemic disparities</li> <li>• Education for fathers on postpartum depression.</li> </ul>  |
| High points?  | <ul style="list-style-type: none"> <li>• The OCSS name change</li> <li>• Focusing on the family as a unit</li> </ul>   |
| Concrete actions we can take?   | <ul style="list-style-type: none"> <li>• Meet individuals where they are.</li> <li>• Work with childcare centers and get them involved in Healthy Start.</li> <li>• Encourage men to accept the OCSS name change and give it a chance.</li> <li>• Teach men how to ask for and accept help.</li> <li>• Help fathers connect to the resources available.</li> <li>• Be mindful of the message you send out.</li> <li>• Be vocal. Be an advocate.</li> </ul> |

| <b>Denali:</b><br><i>Implementing Fatherhood with Compassion</i><br>presented by HMRF Branch Chief, Seth Chamberlain |  |
|--|--|
| Prompt   | Participant Responses  |
| 1. What are your general reactions to what you've heard?   | <ul style="list-style-type: none"> <li>• Good information. Never heard of this program.</li> </ul> |

|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• The percentage of dads completing the program is great.</li> <li>• Good curriculum pieces</li> <li>• Opportunity for partnership and collaboration.</li> <li>• Concerns with cultural competency of the program</li> </ul>   |
| <p>2. Does this presentation provoke any questions you'd like to ask?</p> | <ul style="list-style-type: none"> <li>• What does engagement look like? How did they keep the dads engaged?</li> <li>• How can we connect with Seth on a partnership? Is grant writing assistance available?</li> <li>• How can we better utilize <a href="https://fatherhood.gov?">https://fatherhood.gov?</a></li> <li>• Is there a grant that will fund Healthy Start programs?</li> <li>• What are they doing that is different than the National Fatherhood program?</li> <li>• What happened to the Men's Health Network?</li> <li>• Need benchmarks for the numbers.</li> <li>• He said they "demonstrate if something works, then pass it on to others" and they are working a getting better at passing it on . . . What does that mean?</li> </ul> |
| <p>3. Are there related topics that we should explore further?</p>        | <ul style="list-style-type: none"> <li>• More training/education on grant writing             <ul style="list-style-type: none"> <li>○ What are the limitations of the funding? Does it include facilities and salaries?</li> </ul> </li> <li>• How can we work with and relate to their program?</li> <li>• Explore other funding opportunities.</li> <li>• Navigation of non-marital communities/the reality of today.</li> <li>• What are the parameters of "re-entering"?</li> <li>• Mental health and fatherhood, destigmatizing therapy, asking for help/support</li> </ul>   |
| <p>4. What are some high points you'd like to share?</p>                  | <ul style="list-style-type: none"> <li>• Appreciate the broad scope of the funding opportunity.</li> <li>• Liked that the focus was on family and marriage.</li> <li>• The sharing of resources to enhance the program</li> </ul>   |


|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• More opportunities to apply for and receive grants</li> </ul>   |
| 5. What is a concrete action that we can take? | <ul style="list-style-type: none"> <li>• Look into the information available at <a href="https://fatherhood.gov">https://fatherhood.gov</a>.</li> <li>• Reach out to the organization for grant writing class.</li> <li>• Apply for a grant.</li> <li>• Move forward, connect, and build a partnership.</li> </ul> |

| <b>Kilimanjaro:<br/>Fatherhood Research Tomorrow!<br/>presented by Dr. Robert Mincy</b> |   |
|---|---|
| Prompt  | Participant Responses   |
| 1. What are your general reactions to what you've heard?                                | <ul style="list-style-type: none"> <li>• Excited about the critical use of epigenetic studies.</li> <li>• Dr. Mincy's studies are integral in program development for Healthy Start.</li> <li>• Intergenerational challenges caused by under the table pay.</li> <li>• Political structure is a determinant to moms' health.</li> </ul>   |
| 2. Does this presentation provoke any questions you'd like to ask?                      | <ul style="list-style-type: none"> <li>• Can we refer individuals to be part of the study?</li> <li>• How to get information from the latest surveys?</li> <li>• How do you integrate what's happening in our communities into your latest work?</li> <li>• Interested to learn more about the results of the 27-year study.</li> <li>• Where is the money to do more?</li> <li>• More information on how changes impact future generations.</li> <li>• Can this be done in rural or other settings?</li> <li>• How do you track/keep families engaged?</li> <li>• What are some of the myths uncovered through your research?</li> </ul> |
| 3. Are there related topics that we should explore further?                             | <ul style="list-style-type: none"> <li>• Intergenerational traumas associated with child support, SNAP, TANF, etc.</li> </ul>   |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Childhood experiences/trauma/sexual</li> <li>• Grandparents to come together to work with parents about parenting</li> <li>• Fatherhood from a geopolitical conversation</li> <li>• Changing policy, laws, and interactions</li> <li>• Would like a deeper dive into Dr. Mincy's work.</li> <li>• Research of community environments and the health care workers in them.</li> <li>• Moving forward on how to compensate for the policies of the past.</li> <li>• Income/contributions required to get Medicare and Social Security.</li> <li>• How to set up families for success with non-traditional jobs.</li> </ul> |
| <p>4. What are some high points you'd like to share?</p> | <ul style="list-style-type: none"> <li>• Excited about this and moving forward.</li> <li>• Being in the same space as these important people is inspiring.</li> <li>• Being burdened with being the only male in the MCH room.</li> <li>• Family study (marriage, co-parenting, same-sex partnership)</li> <li>• Normalizing rough play</li> <li>• Co-parenting and how to facilitate</li> <li>• How to use epigenetic data to make change.</li> <li>• Legal effect of marijuana, what is the impact of using it while pregnant?</li> </ul>   |
| <p>5. What is a concrete action that we can take?</p>    | <ul style="list-style-type: none"> <li>• Do your own research.</li> <li>• Review the research and figure out how we can integrate it into programs.</li> <li>• Identify who will share the resources as well as the knowledge.</li> <li>• Look for new research topics.</li> <li>• Stay current on the research.</li> <li>• Conduct surveys in our fatherhood programs.</li> <li>• Contact Dr. Mincy with questions and for guidance.</li> </ul>  |

Graphic Recordings:

# FEDERAL CHILD SUPPORT UPDATE

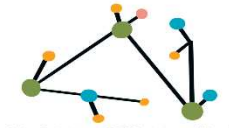


**COMMISSIONER TANGULAR GRAY**  
OFFICE OF CHILD SUPPORT SERVICES

**OUR VISION: ENGAGEMENT**

**PROCESS**


**EQUITY IN ACTION**  
ENGAGING PEOPLE WITH LIVED EXPERIENCE TO IMPROVE OUR POLICIES AND PROGRAMS




**WE ARE DATA-DRIVEN!**

**PERFORMANCE**

**PEOPLE**





**NAME CHANGE** FEDERAL OFFICE OF CHILD SUPPORT SERVICES

PROMOTES EQUITY




REFLECTS WHOLE FAMILY STRATEGIES

HELPING CHILDREN RECEIVE CONSISTENT, RELIABLE SUPPORT FROM BOTH PARENTS


A NECESSARY EVOLUTION → SUPPORTING FAMILY SELF-SUFFICIENCY

**PRIORITIES**

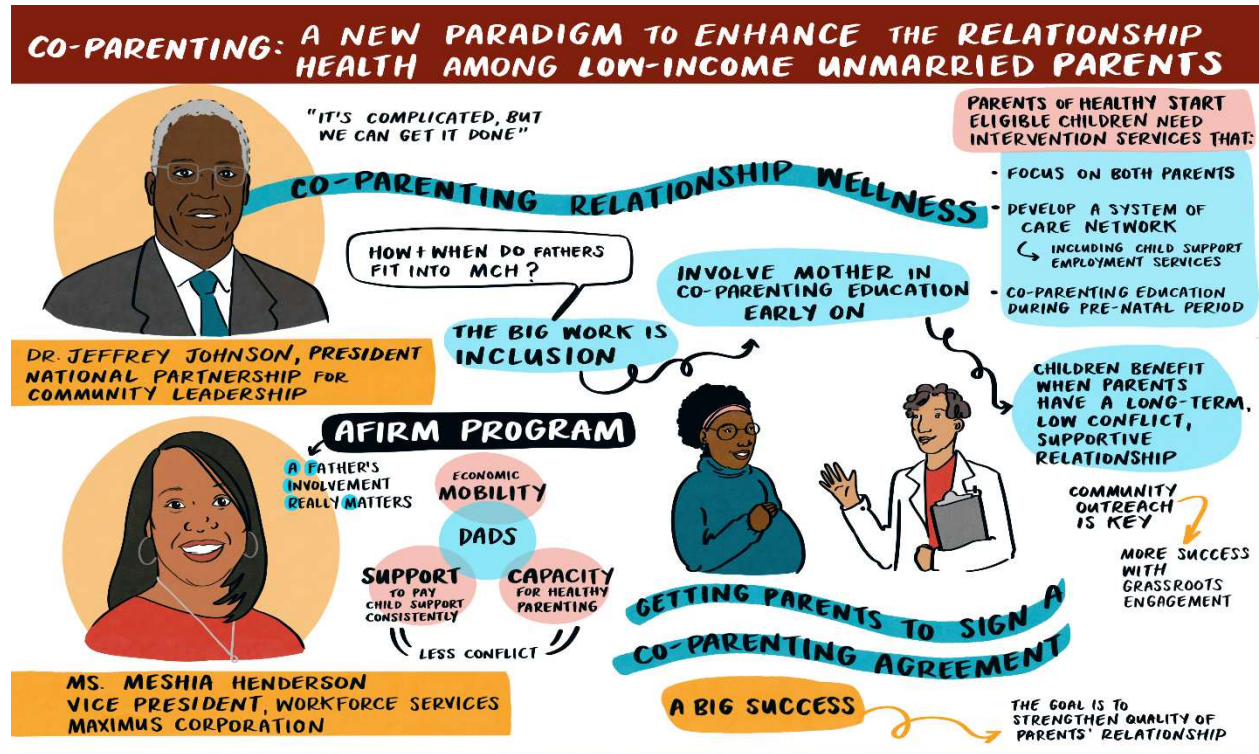
- 1 **EXTEND** FLEXIBILITIES TO PROGRAMS DURING PUBLIC EMERGENCIES
- 2 **IMPROVE** OUR COLLABORATION WITH TRIBAL PROGRAMS → ADDRESSING CHALLENGES
- 3 **REINVEST** IN PROGRAMS TO SUPPORT FATHERS AND FURTHER EMPLOYMENT

**HEALTHY START FATHERHOOD SUMMIT | NOVEMBER 8, 2023**

VISUALIZED BY  
KARINA HILSSON FOR 

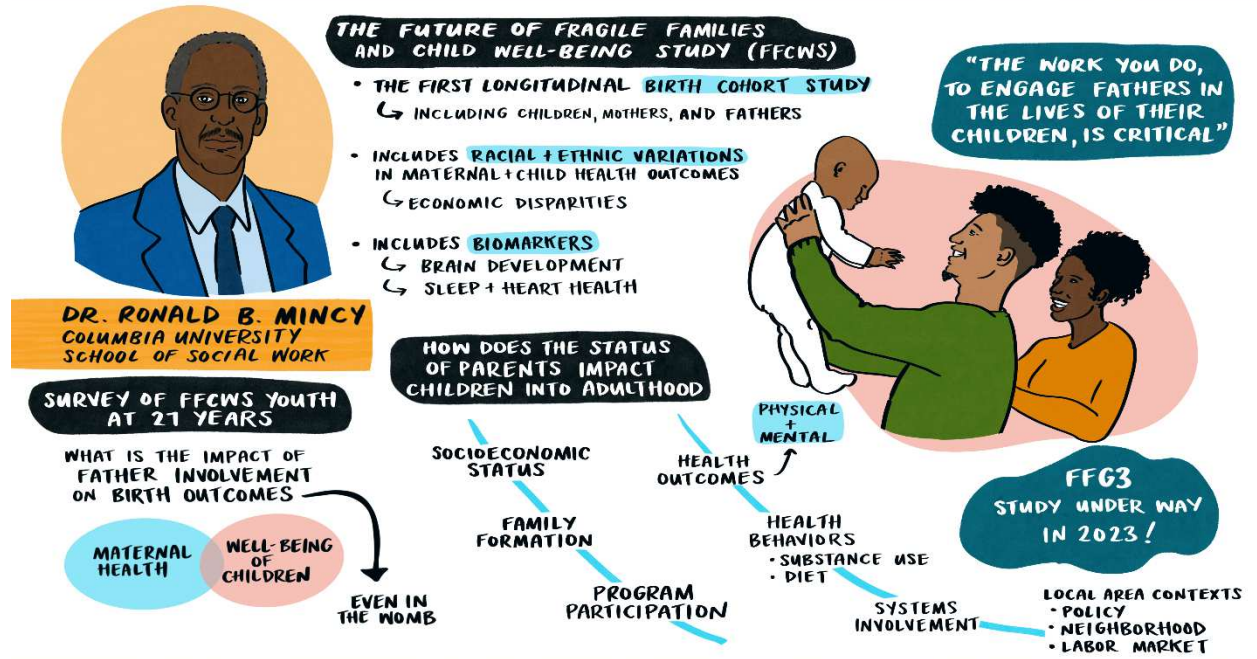





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# FUTURE RESEARCH ON FATHER INVOLVEMENT AND PERINATAL OUTCOMES



# IMPLEMENTING FATHERHOOD WITH COMPASSION



**SETH CHAMBERLAIN**  
DIVISION DIRECTOR,  
OFFICE OF FAMILY ASSISTANCE  
US DEPT OF HEALTH AND HUMAN SERVICES

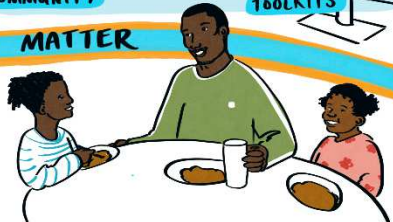
**HELPING PARTNERS CONNECT**

STRENGTH IN RELATIONSHIPS  
STRENGTH IN FAMILIES

**PARENT-CHILD PARTNERSHIPS MATTER**

CHILDREN WITH ENGAGED FATHERS HAVE:

- BETTER SOCIAL SKILLS
- FEWER RISKY BEHAVIOURS
- LESS DELINQUENT BEHAVIOURS
- CLOSER FAMILY TIES



**\$75 M / YEAR IN GRANTS + CONTRACTS**

PROMOTING ENGAGEMENT OF FATHERS  
IN THEIR CHILDREN'S LIVES

- 1 PROMOTING **RESPONSIBLE** PARENTING
- 2 PROMOTING **HEALTHY** MARRIAGE/RELATIONSHIPS
- 3 FOSTERING ECONOMIC **STABILITY**

**WE SUPPORT ALL FAMILIES**

**NEED** → **OBJECTIVE**

**MORE FAMILY ENGAGEMENT**

}

**STRONGER FAMILIES**

EDUCATIONAL, GROUP-BASED  
RESPONSIBLE FATHERHOOD  
PROGRAMMING

**26 HOURS OF PROGRAMMING, PER PERSON!**

PROMOTING EQUITY OF  
ACCESS TO PROGRAMS,  
SKILLS, + SERVICES

NATIONAL RESPONSIBLE FATHERHOOD CLEARING HOUSE

VIRTUAL SOCIAL COMMUNITY    RESEARCH    CALL CENTER    RESOURCES    TOOLKITS

**WOMAN TO WOMAN | WORKING WITH FATHERS AND MOTHERS**



**AVIS DENISE FILES**  
DIRECTOR OF FAMILY AND SUPPORTIVE SERVICES, PATHWAY INC.  
BROTHER'S UNITED / HEALTHY START PROGRAM

**BROTHER'S UNITED / HEALTHY START**

- DATA DRIVEN
- DEALING WITH TRAUMA
- HEALTHY RELATIONSHIPS

CHILDREN WITH INVOLVED FATHERS HAVE A STRONG FOUNDATION FOR CHILD WELL-BEING

WE OFFER TRAININGS FOR FEMALE SOCIAL WORKERS AND PRACTITIONERS TO BE AFFIRMING WITH MEN + FATHERS



WHAT ARE THE BARRIERS CONNECTING FATHERS TO SERVICES?

ON THE GROUND WORK IS BEST

RELATIONSHIP BUILDING IS KEY

FULL PARTICIPATION STARTS AT RECRUITMENT



TRANSPORTATION  
HAVE ONLINE OPTIONS

CONNECT WITH FRIENDLY THERAPISTS  
MENTAL HEALTH  
OFFER RESOURCES AROUND INSURANCE



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## OUR ADVOCACY DURING THE MATERNAL MORTALITY CRISIS



**CHARLES JOHNSON, 4KIRA4MOMS**

HERE TO ERADICATE THE MATERNAL MORTALITY HEALTH CRISIS IN THE U.S.

BLACK WOMEN 4x MORE LIKELY TO DIE THAN WHITE WOMEN

EVERY YEAR, IN THE U.S., 800 WOMEN DIE FROM PREVENTABLE CAUSES RELATED TO PREGNANCY + CHILDBIRTH

- EDUCATE** - INFORM + EMPOWER PROVIDERS + FAMILIES
- ADVOCATE** - NAVIGATING A HEALTH CARE SYSTEM NOT BUILT FOR THEM
- LEGISLATE** - HR 1319: ALL 50 STATES MUST HAVE MATERNAL MORTALITY REVIEW COMMITTEES

### FATHERS FEAR SPEAKING UP

DON'T WANT TO BE SEEN AS ANGRY OR VIOLENT

WANT TO BE SEEN AS AN ADVOCATE AND A FATHER

CAN'T HELP IF REMOVED BY SECURITY

FAMILIES NEED KNOWLEDGE + RESOURCES TO SHOW UP WITH CONFIDENCE TO ASK QUESTIONS

+ FOR A SECOND OPINION

- BLACK MATERNAL HEALTH MOMNIBUS
- MANDATORY IMPLICIT BIAS TRAINING
- TRANSPARENCY IN HOSPITALS ABOUT MATERNAL HEALTH STATS

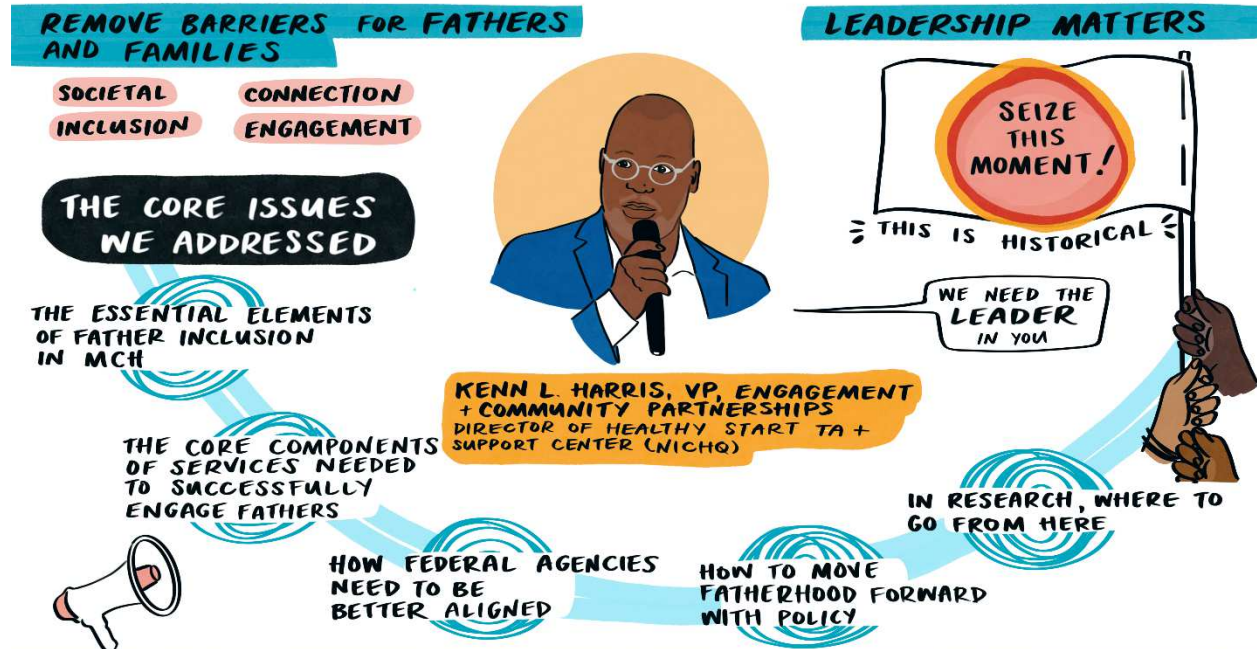
CULTURALLY COMPETENT PROVIDERS NEEDED



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# FATHERHOOD SUMMIT CLOSING



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VISUALIZED BY CARINA NILSSON FOR **see in colors**