Fatherhood Research & Practice Network

Policies and Programs Affecting Fathers
A State-by-State Report

Jessica Pearson, PhD, Director, Center for Policy Research, Denver, Colorado
Rachel Wildfeuer, PhD Candidate, Research Analyst, Center for Policy Research, Denver, Colorado

Chapter 5: Early Childhood

Early childhood programs offer vast opportunities to support, educate, and connect fathers to their children and to the wider community of parents.[1] The voluminous research on rapid child development during the first three years of life underscores the importance of father involvement prenatally, during infancy and during early childhood.[2] Nevertheless, fathers with low incomes, especially those who do not live with their children, often find it difficult to connect with their babies and young children and support their healthy social-emotional and cognitive development. This chapter presents the very limited evidence available on father engagement in programs and policies dealing with pregnancy, infants, and very young children at the state level. Because there are so few examples, we also highlight a number of opportunities for greater father involvement on various service platforms.

Father Engagement in Prenatal Programs

Fathers' prenatal involvement refers to men's behaviors that support their partner during pregnancy,[3] and promote bonding with the unborn baby through ultrasound visits, attending prenatal classes, being present at the child's birth, and buying supplies.[4, 5] There is growing recognition that father involvement during and after pregnancy is important for maternal and child health outcomes including greater usage of prenatal care,

1 Fagan, J., & Palm, G. (2004). *Fathers and early childhood programs.* Delmar Publishing (now Cengage).
2 Center on the Developing Child. (2022). *How early childhood experiences affect lifelong health and learning*. Harvard University. Retrieved from https://developingchild.harvard.edu/resources/how-early-childhood-experiences-affect-lifelong-health-and-learning/.
3 Bronte-Tinkew, J., Horowitz, A., Kennedy, E., & Perper, K. (2007). *Men's pregnancy intentions and prenatal behaviors: What they mean for fathers' involvement with their children* (Research Brief #2007-18). Child Trends. Retrieved from https://www.childtrends.org/wp-content/uploads/2013/07/2007-18PrenatalBehaviors.pdf.
4 Sayler, K., Hartman, S., & Belsky, J. (2021). Antecedents of pregnancy intention and prenatal father engagement: A dyadic and typological approach. *Journal of Family Issues*.
5 Shannon, J. D., Cabrera, N. J., Tamis-LeMonda, C., & Lamb, M. E. (2009). Who stays and who leaves? Father accessibility across children's first 5 years. *Parenting, 9*(1–2), 78–100.

lower rates of mothers' use of alcohol and tobacco, and lower rates of preterm birth and low birth weight babies.[6] Fathers' prenatal involvement is also associated with their postnatal involvement, which, in turn, is connected with positive child development. This section of the report describes policies and programs that aim to support father participation at the prenatal and postpartum stages in ways that are consistent with the needs and preferences of mothers.

Prenatal Experiences of Fathers

Three states are tracking the experience of fathers before, during, and after pregnancy. All three are modeled after the Pregnancy Risk Assessment Monitoring System (PRAMS), a national, annual surveillance of mothers' prenatal behaviors, attitudes, and experience conducted by the Centers for Disease Control and Prevention for over three decades. PRAMS for Dads, developed in collaboration with the Georgia Department of Public Health, aims to collect data reported from fathers during their transition to fatherhood.[7] In the October 2018 pilot survey, fathers were asked questions regarding health care access and usage, contraceptive use, cigarette and alcohol use, sleep safe practices, work leave, and father involvement. For nonresident fathers, there was a specific section of relevant questions related to time spent with babies and material contributions.[8] Reaching nonresident fathers remains a challenge and a subject of ongoing research.[9] Ohio plans to initiate the Ohio Pregnancy Assessment Survey for Dads (OPAS-D) to identify fathers at risk for health problems and monitor changes in their health status over time.[10] Massachusetts is currently recruiting new fathers and plans to distribute the PRAMS for Dads survey in spring 2022.[11]

Group Prenatal Care: CenteringPregnancy

Father participation in prenatal care has been limited but is reportedly growing.[12] A nationally representative survey with fathers of children birth to 3 found that 88% reported attending at least one ultrasound, and while the percentage was lower for unmarried fathers and those with low levels of education, a majority still attend.[13] Nevertheless, qualitative studies with expectant fathers and caregivers find that some fathers feel uncomfortable in prenatal visits and that healthcare providers are not trained to engage with fathers.[14] Other barriers include prenatal visits that conflict with employment and the absence of time off work to attend.[15]

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6 Walsh, T. B., Carpenter, E., Constanzo, M. A., Howard, L., & Reynders, R. (2021). Present as a partner and a parent: Mothers' and fathers' perspectives on father participation in prenatal care. *Infant Mental Health Journal*, *42*(3), 386–399.

7 Garfield, C. F., Simon, C. D., Harrison, L., Besera, G., Kapaya, M., Pazol, K., Boulet, S, Grigorescu, V., Barfield, W., & Warner, L. (2018). Pregnancy Risk Assessment Monitoring System for Dads: Public health surveillance of new fathers in the perinatal period. *American Journal of Public Health, 108*(10), 1314–1315.

8 Simon, C. D., & Garfield, C. F. (2022). Steps in developing a public health surveillance system for fathers. In M. Grau-Grau, M. las Heras Maestro, & H. R. Bowles (Eds.), *Engaging fatherhood for men, families and gender equality* (pp. 93–109). Springer.

9 Garfield, C. F., Simon, C. D., Stephens, F., Castro Román, P., Bryan, M., Smith, R. A., Kortsmit, K., von Essen, B. S., Williams, L., Kapaya, M., Dieke, A., Barfield, W., & Warner, L. (2022). Pregnancy Risk Assessment Monitoring System for Dads: A piloted randomized trial of public health surveillance of recent fathers' behaviors before and after infant birth. *PLOS One, 17*(1), e0262366.

10 Telephone call with Kimberly Dent, Director of the Ohio Commission on Fatherhood, on June 14, 2021.

11 Division of Maternal and Child Health Research and Analysis. (2021). *Pregnancy Risk Assessment Monitoring System for Dads (PRAMS for Dads)*. Commonwealth of Massachusetts, Department of Public Health, Bureau of Family Health and Nutrition. Retrieved from https://www.mass.gov/service-details/pregnancy-risk-assessment-monitoring-system-for-dads-prams-for-dads.

12 Walsh, T. B., Carpenter, E., Constanzo, M. A., Howard L., & Reynders, R. (2021). Present as a partner and a parent: Mothers' and fathers' perspectives on father participation in prenatal care. *Infant Mental Health Journal*, *42*(3), 386–399.

13 Walsh, T. B., Tolman, R. M., Davis, R. N., Palladino, C. L., Romero, V. C., & Singh, V. (2017). Moving up the "magic moment": Fathers' experience of prenatal ultrasound. *Fathering, 12*(1), 16–37.

14 Salzmann-Erikson, M., & Eriksson, H. (2013). Fathers sharing about early parental support in health-care-virtual discussions on an Internet forum. *Health and Social Care in the Community, 21*(4), 381–390.

15 Yogman, M., Garfield, C. F., & Committee on Psychosocial Aspects of Child Health and Family Health. (2016). Fathers' roles in the care and development of their children: The role of pediatricians. *Pediatrics, 138*(1), e20161128.

One approach to prenatal care that is conducive to the engagement of fathers is CenteringPregnancy, which replaces conventional, individual prenatal care with a group-centered model that combines health assessment with prenatal education and support.[16, 17] Developed in the 1990s, CenteringPregnancy is currently offered at 540 sites in the United States (CenteringParenting is a newer group-care variant that is offered at 144 sites).[18] Grouping together women with similar delivery dates who enter the program at the beginning of their second trimester, CenteringPregnancy integrates prenatal medical checks with group support and a formal curriculum dealing with pregnancy and birth that is delivered in 10 or 12 sessions spaced several weeks apart. The groups are facilitated by Certified Nurse Midwives (CNM) or nurse practitioners and co-facilitated by clinicians or others who are trained in group process and use formal, interactive curriculum dealing with pregnancy, birth, and the transition to parenthood.

Early research on CenteringPregnancy found that compared with individual care, it improved attendance at prenatal and postpartum visits, decreased the risk of preterm babies, and increased birth weights,[19] findings that have been replicated in more than 100 published studies and peer-reviewed articles.[20] Research also finds that CenteringParenting is associated with improved attendance, vaccination timeliness, and parenting self-efficacy.[21] An independent assessment of CenteringPregnancy urged states to pursue the use of CenteringPregnancy using one of a variety of value-based payment strategies.[22] According to the Prenatal-to-3 Policy Roadmap 2021, only three states—Rhode Island, Utah, Wyoming—do not support the use of CenteringPregnancy by providing financial support for group prenatal care and/or enhanced reimbursement rates through Medicaid. The percentage of pregnant people that use CenteringPregnancy ranges from 0.4% in Tennessee to 9.6% and 9.0% in Maine and Vermont, respectively, with the District of Columbia registering the highest proportion at 14.2% in 2019.[23]

The CenteringPregnancy model is built upon the inclusion of both the birthing person and a support person, which includes the father. Session co-facilitators are trained on including a support person as well as the pregnant person. The CenteringPregnancy curriculum is educational, designed to inform both the pregnant person and her partner about the pregnancy. It also includes session topics that are conducive to father participation, including the transition to parenthood. According to the Centering Healthcare Institute, 39.9% of pregnant women who participated in CenteringPregnancy in 2019 and 42% of women who participated in CenteringParenting in 2019 reported having a support person who attended sessions with them, a data item that, unfortunately, is not a required field in the Centering database.[24]

16 Rising, S. S. (1998). Centering pregnancy: An interdisciplinary model of empowerment. *Journal of Nurse Midwifery, 43*(1), 46–54.

17 Rising, S. S., Kennedy, H. P., & Klima, C. S. (2004). Redesigning prenatal care through CenteringPregnancy. *Journal of Midwifery & Women's Health, 49*(5), 398–404.

18 List of active Centering sites received from the Centering Healthcare Institute on November 22, 2021.

19 Ickovics, J. R., Kershaw, T. S., Westdahl, C., Rising, S. S., Klima, C., Reynolds, H., & Magriples, U. (2003). Group prenatal care and preterm birth weight: Results from a matched cohort study at public clinics. *Obstetrics & Gynecology, 102*(5), 1051–1057.

20 Centering Healthcare Institute. (2021). *Centering Healthcare bibliography*. Retrieved from https://www.centeringhealthcare.org/uploads/files/Centering-Healthcare-Institute-Bibliography-2021.pdf.

21 Oldfield, B. J., Rosenthal, M. S., & Coker, T. R. (2020). Update on the feasibility, acceptability, and impact of group well-child care. *Academic Pediatrics, 20*(6), 731–732.

22 Rodin, D., & Kirkegaard, M. (2019). *Aligning value-based payment with the CenteringPregnancy group prenatal care model: Strategies to sustain a successful model of prenatal care.* Health Management Associates. Retrieved from https://www.centeringhealthcare.org/uploads/files/Aligning-Value-Based-Payment-with-CenteringPregnancy_210722_121345.pdf.

23 Prenatal-to-3 Policy Impact Center. (2021). *2021 Prenatal-to-3 state policy roadmap.* Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin. Retrieved from https://pn3policy.org/pn-3-state-policy-roadmap-2021/.

24 Phone call with Marena Burnett, Chief Engagement Officer for the Centering Healthcare Institute, on October 21, 2021.

Several demonstration and evaluation projects have illustrated the feasibility and value of adding conjoint and parallel classes for male partners and augmenting the traditional CenteringPregnancy curriculum with material on paternity, child support, and healthy relationships. Pre- and post-program assessments of pregnant teens and their male partners at the Teen Health Clinics of Baylor College of Medicine in Harris County, Texas found that men credited the program with helping them stay in a relationship with the baby's mother and acting appropriately during pregnancy.[25] Evaluation of another demonstration project that engaged fathers at CenteringPregnancy programs in Missouri and Colorado found that male and female participants were more knowledgeable about legal and child support issues and appreciated information on how to add the father's name on the birth certificate, visitation rights, and formal child support. Nevertheless, although staff came to view this material it as a "natural fit" for their programs and valuable for their clients, two-thirds of surveyed professionals thought that getting staff to deliver new material on paternity and child support would require new funding and nearly half felt that it would take a federal mandate.[26]

Boot Camp for New Dads

Boot Camp for New Dads (aka Daddy Boot Camp) is a father-to-father, community-based workshop that equips fathers-to-be to become confidently engaged with their infants and navigate their transformation into fathers. Founded in 1990, the non-profit program is offered in 260 programs in 45 states and on U.S. military bases. It claims to be the largest program for fathers in the U.S. and has produced more than 500,000 graduates. Men typically attend the workshop one to two months before their baby arrives. Coaches educate about parenting topics and facilitate discussions. Veteran dads who previously attended Boot Camp, share their experiences and bring their two- to nine-month-old babies to the class. New fathers get their questions answered and hands-on time holding, changing, or feeding babies. The program is conducted in English and Spanish, where it has been acculturated and translated for Latino fathers. It is offered in a variety of settings including hospitals, community centers, health clinics, and churches.[27]

Several outcome evaluations of Boot Camp for New Dads have been conducted, including a follow-up with 250 former participants of a Denver program who were randomly selected when their children were between the age of 1 and 2 years. Responding fathers reported high levels of involvement and most mothers (nearly 80%) and fathers (65%) reporting that Boot Camp had a very positive impact on how the father bonded with his baby.[28] Another Denver assessment that examined its effectiveness with 172 low-income, nonresident men found that the program increased their participation in parenting classes and doctor visits; their knowledge of infant development, care, and child abuse prevention; supportive behavior regarding the new mom; and involvement in infant care.[29]

The availability of Boot Camp for New Dads programs in states that have them ranges from one program (Alaska, Indiana, Louisiana, Nebraska, and Pennsylvania) to 25 programs (Ohio).[30]

25 Pearson, J., & Davis, L. (2009). *Strong start—Stable families*. Center for Policy Research. Retrieved from https://centerforpolicyresearch.org/wp-content/uploads/StrongStartStableFamilies.pdf.

26 Pearson, J., Kaunelis, R., & Davis, L. (2011). *Healthy babies—Healthy relationships: A project to promote financial and medical security for children*. Center for Policy Research. Retrieved from https://centerforpolicyresearch.org/wp-content/uploads/HealthyBabiesHealthyRelationships.pdf.

27 Boot Camp for New Dads. (2021). *Introduction to Boot Camp*. Retrieved from https://www.bootcampfornewdads.org/introduction-to-bootcamp.

28 Boot Camp for New Dads. (2006). *Outcome evaluation: 1-2 year post workshop follow-up survey*. Boot Camp for New Dads Program. Retrieved from static1.squarespace.com/static/5357ec17e4b03c3e9898dedd/t/536181dee4b0fcd157657ad6/1398899166495/Outcome+Evaluation+-+2009.pdf.

29 Boot Camp for New Dads. (2021). *Validating research*. Retrieved from https://www.bootcampfornewdads.org/validating-research.

30 Boot Camp for New Dads. (2021). *Find your local boot camp.* Retrieved from https://www.bootcampfornewdads.org/find-boot-camp-near-you.

Table 1 indicates, for each state and the District of Columbia, the percentage of pregnant people that participated in group prenatal care through CenteringPregnancy in 2019 and the number of Boot Camp for New Dads programs.

Chapter 5, Table 1. **State CenteringPregnancy Participation in 2019 and Number of Boot Camp for New Dads Programs**

State	Percentage of Pregnant People that Participated in CenteringPregnancy in 2019	Number of Boot Camp for New Dads Programs
Alabama	1.4%	2
Alaska	6.6%	1
Arizona	0.8%	4
Arkansas	0.4%	0
California	2.4%	22
Colorado	2.3%	19
Connecticut	N/A	0
Delaware	N/A	1
DC	14.2%	0
Florida	0.9%	13
Georgia	1.4%	5
Hawaii	8.6%	0
Idaho	0.7%	0
Illinois	2.3%	5
Indiana	3.2%	1
Iowa	2.6%	3
Kansas	0.9%	4
Kentucky	0.9%	0
Louisiana	1.1%	1
Maine	9.6%	5
Maryland	1.4%	0
Massachusetts	3.3%	4
Michigan	2.4%	4
Minnesota	1.2%	2
Mississippi	1.8%	0
Missouri	4.2%	3

State	Percentage of Pregnant People that Participated in CenteringPregnancy in 2019	Number of Boot Camp for New Dads Programs
Montana	4.4%	0
Nebraska	3.3%	1
Nevada	1.4%	2
New Hampshire	5.4%	0
New Jersey	3.1%	2
New Mexico	2.1%	0
New York	3.6%	7
North Carolina	5.0%	9
North Dakota	1.5%	0
Ohio	5.5%	25
Oklahoma	0.7%	0
Oregon	5.0%	4
Pennsylvania	3.5%	1
Rhode Island	N/A	0
South Carolina	7.6%	6
South Dakota	4.2%	0
Tennessee	0.4%	2
Texas	1.9%	4
Utah	N/A	0
Vermont	9.0%	0
Virginia	2.6%	9
Washington	4.9%	2
West Virginia	1.8%	0
Wisconsin	2.0%	4
Wyoming	N/A	0

Sources: Prenatal-to-3 Policy Impact Center. (2021). *2021 Prenatal-to-3 state policy roadmap.* Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin. Retrieved from https://pn3policy.org/pn-3-state-policy-roadmap-2021/.
Boot Camp for New Dads. (2021). *Find your local boot camp.* Retrieved from https://www.bootcampfornewdads.org/find-boot-camp-near-you.
Note: N/A indicates that the state did not have any CenteringPregnancy program sites in 2019.

Father Engagement in Infant Programs

Initiatives with Fathers of Newborns

This section offers examples of initiatives that focus on father engagement with newborns in three states. In Ohio, the Commission on Fatherhood (COF) and the Ohio Task Force to Reduce Disparities collaborate with the Ohio Departments of Health and Medicaid to reduce infant mortality rates by getting fathers to encourage breastfeeding, avoid smoking, and practice safe sleep habits with their babies.[31] Another way COF tries to encourage the engagement of expectant fathers and fathers of young children ages 0–5 is by paying a bonus to the fatherhood programs it funds for program enrollments that involve fathers with these characteristics.[32]

The Texas Safe Babies Initiative tries to prevent maltreatment in the first year after birth by providing in-hospital education to fathers or male caregivers at the baby's birth on abusive head trauma, postpartum mental health for both parents, infant safety, and the important role of a male caregiver in the baby's life. The initiative is being evaluated through a contract between the University of Texas Health Science Center at Tyler and the Texas Department of Family and Protective Services (DFPS).[33] In a second approach to father engagement, DFPS has implemented a preventive intervention that involves parent education and resources known as the Fatherhood EFFECT program.[34] In FY 2020, its scope expanded to include collaborations with community coalitions in order to increase supports targeted specifically at fathers across multiple programs in a community.

An Infant-Family Mental Health Service at All Children's Hospital in St. Petersburg, Florida, includes routine inquiries and documentation of the multiple relationships that infants share with important adults in their lives including nonresidential fathers. This information is used to create "ecomaps" of family relationship dynamics and issues and to deliver coparenting consultations aimed at promoting stronger relationships between adults so that children grow up in more stable and secure households.[35]

Fathers and Breastfeeding

Based on a Center for Policy Research (CPR) review of websites for Departments of Health in the 50 states and the District of Columbia in February 2021, 22 states provided resources for fathers or male partners concerning their role in breastfeeding. The resources encourage fathers to create safe and comfortable environments in which women can breastfeed, to learn the signs of hunger in infants, and to educate men on the benefits of breastfeeding for the entire family. Other initiatives use breastfeeding as an important opportunity to encourage greater father involvement in general infant care, housekeeping, and co-parenting.

The South Dakota WIC program has an especially simple and cogent handbook that provides actionable information on four ways in which fathers can be involved in breastfeeding, as well as information on the

31 Ohio Department of Health. (2021). *Infant mortality related programs*. Retrieved from https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-mortality/related-programs.
32 Ohio Commission on Fatherhood. (2020). *SFY 2020 annual report*. Retrieved from https://fatherhood.ohio.gov/Portals/0/OCF%202020%20annual%20report%20FINAL.pdf?ver=eW0buGqjTbRFnoDmlKIddQ%3D%3D.
33 The University of Texas System. (2021). *Texas safe babies*. Population Health. Retrieved from https://www.utsystem.edu/offices/population-health/overview-0/texas-safe-babies.
34 Texas Department of Family and Protective Services. (2021). *Fatherhood EFFECT*. Prevention and Early Intervention (PEI) programs. Retrieved from https://www.dfps.state.tx.us/Prevention_and_Early_Intervention/About_Prevention_and_Early_Intervention/fatherhood_effect.asp.
35 McHale, J. P., & Phares, V. (2015). From dyads to family systems: A bold new direction for infant mental health practices. *Zero to Three, 35*(5), 2–10.

benefits of breastfeeding for the entire family.[36] Similarly, Ohio provides a thorough handbook for fathers, which includes not only suggestions for ways in which fathers can help with breastfeeding, but also a list of activities to encourage emotional connection between infants and fathers.[37]

Fathers and WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC program) is a federal supplemental nutrition initiative intended to support the health of low-income and nutritionally at risk pregnant and postpartum women, infants, and children up to age 5.[38] Of note, the WIC program serves 53% of all infants that are born in the United States.[39] In addition to breastfeeding promotion and support, the WIC program provides nutritious foods, information on healthy eating, and referrals to health care.[40] The WIC program is administered at the federal level by the U.S. Department of Agriculture's Food and Nutrition Services and at the state level by 89 WIC state agencies.[41] Due to messaging overwhelmingly intended for an audience of women and staffing more practiced in serving women, many fathers do not realize that they too are eligible to receive WIC for their children. In response, some states have introduced initiatives to actively include fathers in state WIC programs and to make WIC centers more father friendly. Based on a review that CPR conducted of websites for Departments of Health in February 2021, ten states have introduced some type of initiative to make WIC centers accessible to fathers and/or partners of eligible participants.

The California WIC Association has assembled a comprehensive toolkit of resources to include men/fathers in WIC, which is primarily intended to train staff at any site across the nation on how to communicate with fathers and engage them in breastfeeding.[42] A case study of this toolkit, conducted by Mathematica, concluded that professional associations can promote father inclusion, small-scale practice changes can foster larger organizational cultural shifts towards greater father inclusion in programs traditionally focused on serving mothers and children, and programs can hire male staff to promote father engagement.[43]

Other initiatives, like those in Michigan and Minnesota, are similarly intended to educate WIC staff about father inclusion. Michigan's annual WIC staff training conference includes presentations and instruction on "being intentional in the engagement of fathers and male caregivers,"[44] while Minnesota provides resources which instruct WIC staff on engaging men and fathers in its state development resources.[45]

Other states, like Iowa and Utah have provided collections of resources exclusively for fathers through WIC websites, giving male caregivers a space in WIC. The Iowa Department of Public Health provides access to information meant to "inspire and equip" fathers for active participation both in and out of WIC.[46] Likewise, the Utah WIC website provides a collection of parenting, nutrition, and breastfeeding information just for fathers.[47]

36 South Dakota WIC. (2021). *Handbook for dads*. Retrieved from https://sdwic.org/wp-content/uploads/BFMomKit-DadBrochure_FINAL_trimsize.pdf.
37 Ohio WIC Program. (2019). *Calling all dads!* Retrieved from https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Women-Infants-Children/media/calling-all-dads.
38 Food and Nutrition Services. (2021). *About WIC*. U.S. Department of Agriculture. Retrieved from https://www.fns.usda.gov/wic/about-wic.
39 Food and Nutrition Services. (2021). *About WIC – WIC at a glance*. U.S. Department of Agriculture. Retrieved from https://www.fns.usda.gov/wic/about-wic-glance.
40 Food and Nutrition Services. (2021). *About WIC*. U.S. Department of Agriculture. Retrieved from https://www.fns.usda.gov/wic/about-wic.
41 Food and Nutrition Services. (2021). *About WIC – WIC at a glance*. U.S. Department of Agriculture. Retrieved from https://www.fns.usda.gov/wic/about-wic-glance.
42 California WIC Association. (2021). *Engaging men & dads at WIC: A toolkit*. Retrieved from https://www.calwic.org/what-we-do/engage-wic-families/engaging-men-a-dads/.
43 DeLisle, D., Selekman, R., & Holcomb, P. (2021). *Case study of father engagement in family nutrition and health programs: California WIC association*. Mathematica. Retrieved from https://www.mathematica.org/publications/case-study-of-father-engagement-in-family-nutrition-and-health-programs-california-wic-association.
44 Michigan WIC. (2017). *2017 Michigan WIC training and educational conference: Exhibitor prospectus*. Retrieved from https://www.michigan.gov/documents/mdhhs/64107_WIC_Educational_Training_Conference_2017_Assets_Graphics_607083_7.pdf.
45 Minnesota Department of Health. (2021). *Free online training resources for WIC staff development*. Minnesota WIC Program. Retrieved from https://www.health.state.mn.us/docs/people/wic/localagency/training/nutrition/resources.
46 Iowa Department of Public Health. (2021). *Families – Home*. Retrieved from https://idph.iowa.gov/wic/families.
47 Utah WIC. (2021). *Just for dads*. Retrieved from https://wic.utah.gov/families/just-for-dads/.

Table 2 indicates, for each state and the District of Columbia, whether there are identified breastfeeding fatherhood initiatives or WIC fatherhood initiatives.

Chapter 5, Table 2. **State Breastfeeding and WIC Fatherhood Initiatives**

State	Breastfeeding Fatherhood Initiative	WIC Fatherhood Initiative
Alabama		
Alaska		
Arizona		
Arkansas		
California	Yes	Yes
Colorado	Yes	
Connecticut	Yes	
Delaware		
DC		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		
Indiana	Yes	
Iowa		Yes
Kansas	Yes	Yes
Kentucky	Yes	
Louisiana	Yes	Yes
Maine	Yes	
Maryland		
Massachusetts	Yes	
Michigan	Yes	Yes
Minnesota	Yes	Yes
Mississippi		
Missouri		

State	Breastfeeding Fatherhood Initiative	WIC Fatherhood Initiative
Montana	Yes	
Nebraska	Yes	
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York	Yes	
North Carolina	Yes	
North Dakota		
Ohio	Yes	
Oklahoma		
Oregon	Yes	Yes
Pennsylvania	Yes	Yes
Rhode Island		
South Carolina		
South Dakota	Yes	
Tennessee		
Texas	Yes	
Utah	Yes	Yes
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin	Yes	Yes
Wyoming		

Source: Center for Policy Research review of Department of Health websites in February 2021.

Father Engagement in Healthy Start Programs

Healthy Start is a federal program funded by the Maternal and Child Health Bureau, part of the Health Resources and Services Administration, which is an operating division of the U.S. Department of Health and Human Services. The purpose of Healthy Start is to improve health outcomes before, during, and after pregnancy and to reduce rates of infant mortality and other negative birth outcomes. Healthy Start targets areas of the United States in which infant mortality rates are at least one and a half times the national average.[48] Although the program is federally funded, it is administered and organized locally. There are currently 101 Healthy Start programs located in 34 states and the District of Columbia funded through 2024.[49] Healthy Start programs often collaborate with other local programs and at the state level, including the WIC program discussed above and the Maternal, Infant, and Early Childhood Home Visiting Program and Early Head Start programs, both of which are discussed later in the chapter.[50]

Healthy Start has long emphasized the father's role in a child's life and his impact on maternal and child health. According to a 2011 publication from the National Healthy Start Association (NHSA) honoring the 20th anniversary of the program, of the then 38 states and the District of Columbia that had at least one Healthy Start program, specific mention of fathers or male partners was made in program descriptions in 17 states.[51] More importantly, 13 states had at least one Healthy Start program that provided specific programs dedicated to educating fathers on involved parenting and incorporating fathers in the Healthy Start mission.

Table 3 indicates, for each state and the District of Columbia, whether it had a Healthy Start program with an initiative specifically dedicated to educating fathers on involved parenting in 2011.

48 Maternal and Child Health Bureau. (2021). *Healthy Start*. U.S. Department of Health and Human Services, Health Resources and Services Administration. Retrieved from https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start.

49 Maternal and Child Health Bureau. (2021). *2020 Healthy Start grant awards*. U.S. Department of Health and Human Services, Health Resources and Services Administration. Retrieved from https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start/awards.

50 Maternal and Child Health Bureau. (2021). *Healthy Start*. U.S. Department of Health and Human Services, Health Resources and Services Administration. Retrieved from https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start.

51 National Healthy Start Association. (2011). *Saving our nation's babies: The impact of the federal Healthy Start initiative*. Retrieved from https://441563-2014355-raikfcquaxqncofqfm.stackpathdns.com/wp-content/uploads/2021/04/NHSA_SavingBabiesPub_2ndED.pdf.

Chapter 5, Table 3. **State Healthy Start Initiatives Dedicated to Father Education in 2011**

State	Healthy Start Program(s) that Educate Fathers on Parenting in 2011
Alabama	
Alaska	
Arizona	Yes
Arkansas	
California	
Colorado	
Connecticut	
Delaware	
DC	
Florida	Yes
Georgia	
Hawaii	
Idaho	
Illinois	Yes
Indiana	
Iowa	
Kansas	

State	Healthy Start Program(s) that Educate Fathers on Parenting in 2011
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	Yes
Michigan	Yes
Minnesota	
Mississippi	
Missouri	Yes
Montana	
Nebraska	Yes
Nevada	
New Hampshire	
New Jersey	
New Mexico	Yes
New York	
North Carolina	

State	Healthy Start Program(s) that Educate Fathers on Parenting in 2011
North Dakota	
Ohio	
Oklahoma	Yes
Oregon	Yes
Pennsylvania	Yes
Rhode Island	
South Carolina	
South Dakota	
Tennessee	Yes
Texas	Yes
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

Source: National Healthy Start Association. (2011). *Saving our nation's babies: The impact of the federal Healthy Start initiative.* Retrieved from https://441563-2014355-raikfcquaxqncofqfm.stackpathdns.com/wp-content/uploads/2021/04/NHSA_SavingBabiesPub_2ndED.pdf.

Although the NHSA's 2011 report has not been updated, Healthy Start's commitment to father inclusion has deepened in the past decade. Its robust fatherhood/male involvement initiative, *Where Dads Matter*,[52] involves helping Healthy Start programs with programming, training, planning, and staff support. This includes conducting an annual *Summit on Fatherhood and the Health and Wellness of Boys and Men*, organizing a Fatherhood Practitioners Planning Team (FPPT) to provide training and technical assistance focused on fatherhood for Healthy Start programs, and developing a *Core Adaptive Model for Fatherhood and Male Involvement* (NHSA CAM for Fatherhood) that offers materials on fatherhood and male involvement.

Additionally, NHSA has piloted the *Text4Dad* program to provide messaging for expectant and new fathers and thereby deepen their involvement in the Healthy Start program. An evaluation of Michigan Text4Dad, which uses father-focused community health workers to engage fathers and conduct home visits,[53] found

52 National Healthy Start Association. (2021). *Fatherhood/health & well-being*. Retrieved from https://www.nationalhealthystart.org/fatherhood-programs-projects/.
53 Parenting in Context Research Lab. (2021). *Healthy Start engaged father program*. Retrieved from https://www.parentingincontext.org/healthy-start-engaged-father-program.html.

that the text messaging program was easy to use, useful for pushing out content to fathers on a weekly basis, and effective in helping fathers stay connected with the program.[54]

Perhaps most significantly, the current round of Healthy Start funding (2019–2024) requires that every Healthy Start project serve no less than 100 fathers/male partners affiliated with Healthy Start women/infants/children per calendar year and that failure to meet this and other service numbers may result in restriction of funding.[55] Programs were required to discuss father recruitment and engagement in their applications for funding and to report annually on progress toward achieving the 19 Healthy Start benchmark goals, two of which address father/male partner involvement during pregnancy and following birth.

The NHSA is supporting this new initiative in a variety of ways. In May 2021, NHSA published a Fatherhood Fact Sheet[56] and an Action Guide for Fatherhood Programs[57] with strategies on father recruitment and retention that Healthy Start Fatherhood Coordinators can take. It also created a Fatherhood Learning Academy to conduct training sessions on father engagement and programming which garnered strong levels of participation by Healthy Start projects.[58]

Father Engagement in MIECHV Programs

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is also a federal program funded by the Maternal and Child Health Bureau, part of the U.S. Department of Health and Human Services' Health Resources and Services Administration. The MIECHV Program aims to address the needs of disadvantaged, socially isolated or historically underserved families by funding states, territories, and tribal entities to develop and implement evidence-based home visiting (HV) programs.[59] Like other early intervention services, HV programs primarily serve pregnant women and children under five years old. They typically consist of an evidence-based parenting curriculum, psycho\social support to parents and collaboration with or referrals to community-based resources. In FY 2020, the MIECHV Program served over 140,000 parents and children and provided more than 925,000 home visits in all 50 states and the District of Columbia.[60] Goals for every HV program are to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. Despite their considerable accomplishments, researchers and stakeholders have long advocated for expanding home visitation services to include strengthening family relationships for the benefit of children and paying more attention to couple relationships, father involvement and parenting interactions with children in the context of new parenthood.[61]

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54 Lee, S., & Lee, J. (2020). *Testing the feasibility of an interactive, mentor-based, text messaging program to increase fathers' engagement in home visitation*. Fatherhood Research & Practice Network. Retrieved from https://www.frpn.org/asset/frpn-grantee-report-testing-the-feasibility-interactive-mentor-based-text-messaging-program.

55 Health Resources and Services Administration. (2021). *Healthy Start initiative: Eliminating disparities in perinatal health* (HRSA-19-049). U.S. Department of Health and Human Services. Retrieved from https://www.hrsa.gov/grants/find-funding/hrsa-19-049.

56 National Healthy Start Association. (2021). *Fatherhood fact sheet*. Retrieved from http://cm20-s3-nhsa.s3.us-west-2.amazonaws.com/ResourceFiles/1666404fb35b4802942eb3f0cf977128NHSA_Fatherhood_Fact_Sheet_Final.pdf.

57 National Healthy Start Association. (2021). *Recruitment and retention: An action guide for fatherhood programs*. Retrieved from http://cm20-s3-nhsa.s3.us-west-2.amazonaws.com/ResourceFiles/41c9165663754ed387fb3a90fffd3db4Fatherhood_Publication_070821.pdf.

58 National Institute for Children's Health Quality. (2021). *Fatherhood learning academy*. Healthy Start EPIC center. Retrieved from https://www.healthystartepic.org/technical-assistance-activities/healthy-start-learning-academies/fatherhood-learning-academy/.

59 Maternal and Child Health Bureau. (2021). *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*. U.S. Department of Health and Human Services, Health Resources and Services Administration. Retrieved from https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program.

60 Maternal and Child Health Bureau. (2021). *Home visiting*. U.S. Department of Health and Human Services, Health Resources and Services Administration. Retrieved from https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview.

61 Sar, B. K., Antle, B. F., Bledsoe, L. K., Barbee, A. P., & Van Zyl, M. A. (2010). The importance of expanding home visitation services to include strengthening family relationships for the benefit of children. *Children and Youth Services Review, 32*(2), 198–205.

In FY 2021, states were required to choose from among 19 evidence-based HV models for 75% of their services, the most common of which were Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT). States could also utilize 25% of the MIECHV Program funding for a model that qualifies as a promising approach, as well as using more than one model.[62] In FY 2020, 31 states and the District of Columbia used the HFA model, 36 states used the NFP model, and 34 states and the District of Colombia used the PAT model.[63] The Early Head Start Home-Based Option is also an eligible HV model.[64] Father engagement in Head Start and Early Head Start programs, which may include home visiting services, will be discussed in more detail later on in this chapter.

The most utilized HV model, Nurse-Family Partnership (NFP), focuses on prenatal and infant home visits by nurses for low-income, first-time mothers and their families, and has been tested in three randomized control trials since 1997.[65] It currently operates in 758 program sites that serve 38,756 families. Since the program began in 1996, NFP has served 342,766 families.[66] NFP has been cautious about accelerating father engagement due to concerns about the possible damaging effects to children by facilitating the engagement of fathers who are antisocial or engage in intimate partner violence.[67, 68] Another challenge to father engagement in the NFP model is the program's commitment to replication conducted with fidelity to the model tested in the trials which did not include fathers.[69] Nevertheless, father involvement has been the subject of more recent NFP program augmentations, as well as an assessment of the predictors of father participation in home visits at 80 community-replication sites, which included 694 nurses and 29,109 families enrolled in the program between 1996 and 2007.[70] Paternal attendance in home visits by NFP nurses stands at one paternal visit for every 10 maternal visits, with a small but significant increase since the creation of content dealing with the paternal role in 2007.

The second most utilized HV model, Healthy Families America (HFA), makes no mention of father engagement on its website. Launched in 1992 as the prevention program for Prevent Child Abuse America, HFA operates in nearly 600 sites in the United States and internationally, with 70,000 families receiving in-home support from HFA program sites each year.[71] HFA's impact has been validated by more than 40 evaluation studies in 22 states.[72, 73] HFA characterizes its approach as family centered, with most families offered services for a minimum of three years and home visitors chosen on the basis of their ability to establish trusting relationships with participating families.

62 Administration for Children and Families. (2021). *Models eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding*. U.S. Department of Health and Human Services. Retrieved from https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees.

63 Maternal and Child Heath Bureau. (2021). *Home visiting program: State fact sheets*. U.S. Department of Health and Human Services, Health Resources and Services Administration. Retrieved from https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets.

64 Administration for Children and Families. (2021). *Models eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding*. U.S. Department of Health and Human Services. Retrieved from https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees.

65 Olds, D. L., Hill, P. L., O'Brien, R., & Racine, D. M. P. (2003). Taking preventive intervention to scale: The nurse-family partnership. *Cognitive and Behavioral Practice, 10*(4), 278–290.

66 Nurse-Family Partnership. (2021). *About us*. Retrieved from https://www.nursefamilypartnership.org/about/.

67 Blazei, R. W., Iacono, W. G., & McGue, M. (2018). Father–child transmission of antisocial behavior: The moderating role of father's presence in the home. *Journal of the American Academy of Child & Adolescent Psychiatry, 47*(4), 406–415.

68 Duggan, A., Fuddy, L., McFarlane, E., Burrell, L., Windham, A., Higman S., & Sia, C. (2004). Evaluating a statewide home visiting program to prevent child abuse in at-risk families of newborns: Fathers' participation and outcomes. *Child Maltreatment, 9*(1), 3–17.

69 Olds, D. L., Hill, P. L., O'Brien, R., & Racine, D. M. P. (2003). Taking preventive intervention to scale: The nurse-family partnership. *Cognitive and Behavioral Practice, 10*(4), 278–290.

70 Holmberg, J. R., & Olds, D. L. (2015). Father attendance in nurse home visitation. *Journal of Infant Mental Health, 36*(1), 128–139.

71 Health Families America. (2021). Retrieved from https://www.healthyfamiliesamerica.org/.

72 Healthy Families America. (2021). *Evaluations of HFA by state*. Retrieved from https://www.healthyfamiliesamerica.org/our-impact/state-evalutations/.

73 Healthy Families America. (2021). *Selected reports and publications on HFA evaluations*. Retrieved from https://www.healthyfamiliesamerica.org/selected-reports-and-publications-on-hfa-evaluations/.

Of the three major HV program models, the Parents as Teachers (PAT) model takes the most proactive approach to father engagement. Used by 933 PAT affiliates in the United States, PAT claims to focus on providing services for the whole family and not just the mother.[74] On its website, PAT maintains a Fatherhood Toolkit of information on and resources for engaging with fathers.[75] PAT affiliates in the United States reported that during the 2019–2020 program year, there were 126,101 home visits with male caregivers, which represents 13% of the total home visits conducted during that 12-month period.[76] Although it is difficult to get a true measure of active parent educators at a point in time, these PAT affiliates also reported that 125, or appropriately 2.4%, of active home visitors identify as male.

Despite the scale of the MIECHV Program, many low-income parents do not have access to home visiting. Across the United States, the median percentage of eligible children under age 3 (in families with incomes of less than 150% of the federal poverty level) served in home visiting programs in 2019 was only 7.3% and states ranged from 0.8% of eligible children served (Nevada) to 35.1% of eligible children served (Iowa).[77] The 2021 Prenatal-to-3 State Policy Roadmap highlights five states (Illinois, Iowa, Kansas, Maine, and New York) that augment MIECHV-funded, home visiting services for low-income families by using state dollars or Medicaid. For example, Illinois has included Medicaid funding for home visiting as part of its legislative efforts to address race-based inequities in the state's health care system, Iowa uses a combination of traditional program models and similar state-accredited program models to expand the reach of home visiting programs in rural areas, and Maine offers home visiting services to all parents with newborns.[78] It is notable that in May 2021, the U.S. Department of Health and Human Services, through the MIECHV Program, made an emergency award of approximately $40 million in emergency home visiting funds to states and the District of Columbia to support the delivery of home visiting services to families affected by the COVID-19 pandemic.[79]

Table 4 indicates, for each state and the District of Columbia, the number of home visits funded by the MIECHV Program in FY 2020, which of the three major home visiting program models they used, and the estimated percentage of eligible children under age 3 served in 2019.

74 Parents as Teachers National Center, Inc. (2021). *Who we are*. Retrieved from https://parentsasteachers.org/who-we-are-index.
75 Parents as Teachers National Center, Inc. (2021). *Fatherhood toolkit*. Retrieved from https://parentsasteachers.org/fatherhood-toolkit.
76 Phone call and email correspondence with Parents as Teachers employees in April 2021.
77 Prenatal-to-3 Policy Impact Center. (2021). *2021 Prenatal-to-3 state policy roadmap.* Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin. Retrieved from https://pn3policy.org/pn-3-state-policy-roadmap-2021/.
78 *Ibid.*
79 U.S. Department of Health and Human Services. (2021). *HHS awards $40 million in American Rescue Plan funding to support emergency home visiting assistance for families affected by the COVID-19 pandemic*. Retrieved from https://www.hhs.gov/about/news/2021/05/11/hhs-awards-40-million-american-rescue-plan-funding-support-emergency-home-visiting-assistance-families-affected-covid-19-pandemic.html.

Chapter 5, Table 4. **State MIECHV Program Home Visits and Major Model(s) Used in FY 2020 and Percentage of Eligible Children Served in 2019**

State	Number of MIECHV Program Home Visits (FY 2020)	Used HFA Model (FY 2020)	Used NFP Model (FY 2020)	Used PAT Model (FY 2020)	Percentage of Eligible Children Served (2019)
Alabama	22, 636		Yes	Yes	2.2%
Alaska	2,113		Yes		8.1%
Arizona	26,165	Yes	Yes	Yes	8.8%
Arkansas	28,209	Yes	Yes	Yes	2.5%
California	26,997	Yes	Yes		2.9%
Colorado	24,778		Yes	Yes	12.8%
Connecticut	19,190		Yes	Yes	10.7%
Delaware	7,489	Yes		Yes	9.5%
DC	2,828	Yes		Yes	7.9%
Florida	37,242	Yes	Yes	Yes	7.9%
Georgia	19,206	Yes	Yes	Yes	1.7%
Hawaii	7,537	Yes		Yes	6.1%
Idaho	5,798		Yes	Yes	5.8%
Illinois	17,489	Yes		Yes	10.1%*
Indiana	28,678	Yes	Yes		19.5%
Iowa	13,852	Yes	Yes	Yes	35.1%*
Kansas	7,533	Yes		Yes	23.8%*
Kentucky	34,087				11.2%
Louisiana	23,964		Yes	Yes	3.9%
Maine	19,150			Yes	23.8%*
Maryland	29,748	Yes	Yes		5.9%
Massachusetts	23,470	Yes		Yes	6.7%
Michigan	19,485	Yes	Yes		21.4%
Minnesota	19,979	Yes	Yes		11.6%
Mississippi	11,238	Yes			1.2%
Missouri	10,334		Yes	Yes	17.3%
Montana	14,342		Yes	Yes	12.1%
Nebraska	4,231	Yes			4.7%
Nevada	7,355		Yes	Yes	0.8%
New Hampshire	4,762	Yes			7.2%
New Jersey	61,888	Yes	Yes	Yes	9.1%
New Mexico	6,977		Yes	Yes	5.7%
New York	37,247	Yes	Yes		6.6%*
North Carolina	7,220	Yes	Yes		6.1%
North Dakota	1,663		Yes	Yes	8.9%
Ohio	25,557	Yes	Yes		8.6%
Oklahoma	10,864		Yes	Yes	8.2%
Oregon	15,135	Yes	Yes		11.7%
Pennsylvania	29,514	Yes	Yes	Yes	10.1%
Rhode Island	20,175	Yes	Yes	Yes	22.7%
South Carolina	17,934	Yes	Yes	Yes	4.6%
South Dakota	2,408		Yes		5.5%
Tennessee	18,917	Yes	Yes	Yes	2.5%
Texas	49,889	Yes	Yes	Yes	2.2%
Utah	6,231			Yes	4.1%
Vermont	4,200				N/A
Virginia	17,474	Yes	Yes	Yes	6.3%
Washington	17,091		Yes	Yes	7.2%
West Virginia	19,784	Yes		Yes	7.9%
Wisconsin	26,084	Yes	Yes	Yes	8.6%
Wyoming	3,535			Yes	13.2%

Sources: Maternal and Child Health Bureau. (2021). *Home visiting program: State fact sheets.* U.S. Department of Health and Human Services, Health Resources and Services Administration. Retrieved from https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets.
Prenatal-to-3 Policy Impact Center. (2021). *2021 Prenatal-to-3 state policy roadmap.* Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin. Retrieved from https://pn3policy.org/pn-3-state-policy-roadmap-2021/.
Notes: *indicates that state was identified as a leader in the 2021 prenatal-to-3 State Policy Roadmap.
N/A indicates that the estimated percentage of eligible children served in 2019 was not available in Vermont as Vermont's home visiting participation numbers were impacted by model changes during 2019.

State-Level Activity to Engage Fathers in Home Visiting

Although HV programs represent a promising service platform from which to engage fathers with documented benefits that include greater family retention in HV programs,[80] improved educational outcomes,[81] and reduced risks of maternal child maltreatment,[82] fathers' participation in home visiting services is infrequent and inconsistent.[83]

An April 2019 research snapshot from the National Home Visiting Research Center (NHVRC) presents both the benefits and challenges associated with engaging fathers in home visiting.[84] On the positive side, early father involvement improves partners' behaviors and birth outcomes, promotes children's emotional regulation and cognitive development, and is associated with longer-term outcomes including positive peer relationships and decreased odds of incarceration, crime, and teen pregnancy. Fathers who engage in home visiting report improved knowledge of child development and positive parenting practices; better anger management; stronger communication with their partners; and greater connections to employment, educational opportunities, and other community services and resources.

Challenges with engaging fathers in home visiting that programs experience include the misperception that home visiting is not for men, staff resistance, maternal gatekeeping, relationship and safety concerns, scheduling concerns, and inadequate curriculum and staff training to address both parents' needs.[85] The NHVRC research snapshot identifies five promising strategies for engaging fathers in home visiting: assessing and improving the father readiness of services; ensuring recruitment, enrollment, and outreach practices are

80 Navale-Waliser, M., Martin, S. L., Campbell, M. K., Tessaro, I., Kotechuck, M., & Cross, A. W. (2000). Fathers predicting completion of a home visitation program by high-risk pregnant women: The North Carolina Maternal Outreach Worker Program. *American Journal of Public Health, 90*(1), 121–124.

81 McWayne, C., Downer, J. T., Campos, R., & Harris, R. D. (2013). Father involvement during early childhood and its association with children's early learning: A meta-analysis. *Early Education & Development, 24*(6), 898–922.

82 Guterman, N. B., Lee, Y., Lee, W. S., Waldfogel, J., & Rathouz, P. (2009). Fathers and maternal risk for physical child abuse. *Child Maltreatment, 14*(3), 277–290.

83 Holmberg, A. J. R., & Olds, D. L. (2015). Father attendance in nurse home visitation. *Infant Mental Health Journal*, *36*(1), 128–139.

84 Sandstrom, H., & Lauderback, E. (2019). *Father engagement in home visiting: Benefits, challenges, and promising strategies*. National Home Visiting Resource Center. Retrieved from https://www.nhvrc.org/wp-content/uploads/NHVRC-Brief-041519-FINAL.pdf.

85 McHale, J. P., & Phares, V. (2015). From dyads to family systems: A bold new direction for infant mental health practices. *Zero to Three, 35*(5), 2–10.

friendly; using flexible scheduling practices; implementing staffing practices that engage fathers; and tailoring program content and delivery format to engage fathers.[86]

Another explanation for the lack of father engagement is the absence of any federal requirement to include fathers and/or measure their participation in home visiting. HV workers do not routinely collect information from or about fathers, and although the Health Resource and Services Administration included a new performance item on father engagement in home visits among the proposed changes for reporting on the MIECHV Program in 2022, this was dropped when the reporting requirements were finalized. Thus, the finalized reporting scheme for the MIECHV Program posted in the Federal Register Notice in 2021 did not include the proposal to add an item on father engagement.[87]

There are very few examples of state-led initiatives to include fathers in home visiting. Typically, they come from evaluations of father engagement efforts in HV demonstration projects.

In Texas, the Department of Family and Protective Services, Prevention and Early Intervention (PEI) division operates Texas Home Visiting, which matches parents with home visitors.[88] Texas was the first state to use MIECHV Program funds to evaluate father participation in home visiting programs and identify programmatic strategies and attitudes pertaining to father involvement. Its study findings revealed that fathers valued the services provided by HV programs, were interested in having a father advocate and a group for fathers, and desired parenting resources and wraparound services.[89]

In Florida, the MIECHV initiative evaluated father engagement in 2019–2020.[90] Focus groups with MIECHV home visitors, supervisors, and administrators revealed that father engagement was viewed as important to the success of the program and that there was strong interest in doing more to further father engagement. Program factors that were identified as supporting father engagement included having male staff and male home visitors, using curricula and activities specific for fathers, providing training for fathers on topics of their interest, using relevant referrals and resources, and offering family therapy and mental health counseling.

Illinois was home to a rigorous research project that involved the development and testing of Dads Matter-HV, an enhancement to existing HV curricula designed to increase father engagement in home visiting by making HV workers comfortable and adept at engaging fathers in the HV intervention.[91] Curriculum modules address how to explicitly invite both mothers and fathers to visits, how to consider both parents' availability when scheduling visits, and how to engage fathers through activities and customized information. A study comparing 204 families randomly assigned to work with HV staff trained in Dads Matter-HV to

86 Sandstrom, H., & Lauderback, E. (2019). *Father engagement in home visiting: Benefits, challenges, and promising strategies*. National Home Visiting Resource Center. Retrieved from https://www.nhvrc.org/wp-content/uploads/NHVRC-Brief-041519-FINAL.pdf.

87 Health Resources and Services Administration. (2021). *Agency information collection activities. Submission to OMB for review and approval; Public comment request; The Maternal, Infant, and Early Childhood Home Visiting program performance measurement information system, OMB No. 0906-0017, revision*. Federal Register. Retrieved from https://www.federalregister.gov/documents/2021/04/19/2021-07971/agency-information-collection-activities-submission-to-omb-for-review-and-approval-public-comment.

88 Texas Department of Family and Protective Services. (2021). *Texas Home Visiting (THV).* Retrieved from https://www.dfps.state.tx.us/Prevention_and_Early_Intervention/About_Prevention_and_Early_Intervention/thv.asp.

89 Zero to Three. (2016). *Texas MIECHV engages fathers in home visiting programs*. Retrieved from https://www.zerotothree.org/resources/940-texas-miechv-engages-fathers-in-home-visiting-programs.

90 Chandran, V., Toluhi, D., Dorjulus, B., Yusuf, B., Elger, R. S., Carr, C., Darnal, S., Maxwell, H., & Marshall, J. (2020). *Florida Maternal, Infant and Early Childhood Home Visiting initiative evaluation: Father engagement focus group report 2019-2020.* University of South Florida College of Public Health, Chiles Center. Retrieved from https://usf.app.box.com/s/597vw6x2ml80hruqiclyxbt15r7ot4eg.

91 Bellamy, J., Harty, J., Guterman, N., Banman, A., Morales-Mirque, S., & Massey, C. K. (2020). *The engagement of fathers in home visiting services: Learning from the Dads Matter-JV study.* Fatherhood Research & Practice Network. Retrieved from https://www.frpn.org/asset/frpn-grantee-report-the-engagement-fathers-in-home-visiting-services-learning-the-dads-matter.

their counterparts who delivered HV services as usual found that 33% of fathers in the treatment group participated in home visits, as compared for 20% of fathers in the control group. In addition to this significant boost in father participation, the study found that it had no negative effects on the relationship between home visitors and mothers.[92] Finally, the participation of fathers was viewed positively by mothers, fathers, and home visitors.

Connecticut promotes father engagement in the state's HV programs that use the Parents as Teachers (PAT) model.[93] To accomplish this, Connecticut introduced five male home visitors in two communities as part of a pilot program in 2009 and as of 2019 had twenty-five male home visitors delivering the PAT model across the state. Jennifer Wilder, the primary prevention services coordinator in the Connecticut Office of Early Childhood, notes that male home visitors help make the PAT model appropriate and engaging for men and add to home visiting programs' understanding of working with fathers and father figures.

While not statewide, the Direct Assistance to Dads (DAD) Project in Milwaukee, Wisconsin, is a free and voluntary program that provides home visits to fathers and their families using the PAT model.[94] Any resident of the City of Milwaukee who is an expectant father or a father with a child up to three years old is eligible to enroll in the program.

A February 2011 report describes the Dads in the Mix program, a Responsible Fatherhood project that took place at a PAT affiliate in Pittsburgh, Pennsylvania.[95] The program combined home visits targeted toward fathers with fatherhood group meetings, father–child meetings, and family-oriented meetings and met its goal of expanding services to fathers and recruiting and retaining fathers. The report identified several key strategies including male staffing, coordination of services, the provision of incentives, flexibility of scheduling, organizational partnership and collaboration, and communication and outreach.

In Washington, Filming Interactions to Nurture Development (FIND), a video coaching program focused on strengthening positive interactions between caregivers and children, was implemented in Early Head Start HV programs. The FIND Father's (FIND-F) project then tested FIND with low-income fathers. Semi-structured interviews with fathers and home visitors helped to adapt the model, with 15 low-income fathers then participating in the program. The fathers who completed the six session of the program reported lower stress and showed improvements in observed parenting skills.[96]

Table 5 summarizes, for each state and the District of Columbia, whether there have been state-led initiatives to include fathers in MIECHV-funded HV programs.

92 Bellamy, J. L., Harty, J. S., Banman, A., & Guterman, N. B. (2021). Engaging fathers in perinatal home visiting: Early lessons from a randomized controlled study of Dads Matter-HV. In J. Fagan, & J. Pearson (Eds.), *New Research on Parenting Programs for Low-Income Fathers* (pp. 58-73). Routledge Press.

93 Sandstrom, H., & Lauderback, E. (2019). *Q&A: Jennifer Wilder on engaging Connecticut fathers in home visiting* (Blog post). National Home Visiting Resource Center. Retrieved from https://nhvrc.org/engaging-connecticut-fathers/.

94 Milwaukee Health Department. (2021). *DAD project*. Retrieved from https://city.milwaukee.gov/Health/Services-and-Programs/DAD.

95 Wakabayashi, T., Guskin, K. A., Watson, J., McGilly, K., & Klinger, L. L. (2011). *The Parents as Teachers Promoting Responsible Fatherhood project: Evaluation of "Dads in the Mix," an exemplary site.* Parents as Teachers. Retrieved from https://www.fatherhood.gov/sites/default/files/resource_files/e000002466.pdf.

96 Center on the Developing Child. (2021). *FIND: Filming Interactions to Nurture Development*. Retrieved from https://developingchild.harvard.edu/innovation-application/innovation-in-action/find/.

Chapter 5, Table 5. **State-Led Initiatives to Include Fathers in MIECHV-Funded Home Visiting Programs**

State	Initiative to Include Fathers in MIECHV-Funded HV Programs
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	Yes
Delaware	
DC	
Florida	Yes
Georgia	
Hawaii	
Idaho	
Illinois	Yes
Indiana	
Iowa	
Kansas	

State	Initiative to Include Fathers in MIECHV-Funded HV Programs
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Jersey	
New Mexico	
New York	
North Carolina	

State	Initiative to Include Fathers in MIECHV-Funded HV Programs
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	Yes
Rhode Island	
South Carolina	
South Dakota	
Tennessee	
Texas	Yes
Utah	
Vermont	
Virginia	
Washington	Yes
West Virginia	
Wisconsin	Yes
Wyoming	

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Wakabayashi, T., Guskin, K. A., Watson, J., McGilly, K., & Klinger, L. L. (2011). *The Parents as Teachers Promoting Responsible Fatherhood project: Evaluation of "Dads in the Mix," an exemplary site.* Parents as Teachers. Retrieved from https://www.fatherhood.gov/sites/default/files/resource_files/e000002466.pdf.

Father Engagement in Head Start and Early Head Start Programs

Head Start and Early Head Start programs are administered by the Office of Head Start, within the U.S. Department of Health and Human Services' Administration for Children and Families. The Office of Head Start provides funding and oversight to agencies to operate Head Start and Early Head Start programs in local communities.[97] These programs promote school readiness in children ages 0 to 5 from low-income families with services, available at no cost, focused on early learning and development, health, and family well-being. Programs may include home visits, as previously mentioned, but are more often based in centers. [98] The Head Start Parent, Family, and Community Engagement (PFCE) Framework provides an organizational guide for collaboration among families, Head Start and Early Head Start Programs, and community service providers.[99] While using the PFCE Framework is not a requirement for Head Start and Early Head Start Programs, it helps programs meet performance standards that include family engagement including strategies to engage fathers.[100] These family engagement approaches include providing specialized staff training to support families' economic mobility,[101] providing intensive education and career services for parents, and improving coordination and collaboration with local service providers.

The Office of Head Start's Program Information Report (PIR) provides national and state-level information on families including the total number of families enrolled in Head Start programs (which includes Head Start, Early Head Start, Migrant and Seasonal Head Start, Migrant and Seasonal Early Head Start, American Indian Alaska Native (AIAN) Head Start, and AIAN Early Head Start) and the number of fathers/father figures engaged in Head Start program activities. This includes father participation in family assessments, family goal setting, involvement in child development experiences, program governance, and parenting education workshops. Since enrollment and family participation dropped due to COVID-19, we focus on pre-pandemic patterns.[102]

In 2019, father/father figure engagement in family assessments in Head Start programs ranged from 8.4% (Maryland) to 41.2% (Arizona), with the nationwide average being 20.3% and 29 states reporting higher levels than the national average. In 2019, father/father figure engagement in family goal setting ranged from 7.6% (District of Columbia) to 34.0% (Maine), with the nationwide average being 19.6% and 26 states and the District of Columbia reporting higher levels than the national average. Father/father figure engagement in Head Start child development activities, such as home visits and parent–teacher conferences, was somewhat higher, ranging from 12.3% (District of Columbia) to 49.0% (Utah), with the nationwide average being 28.0% and 31 states reporting higher levels than the national average. To contrast, father/father figure engagement in Head Start program governance, such as participating in the Policy Council or policy committees, ranged from 1.1% (South Dakota) to 8.9% (Utah), with the nationwide average being only 2.6% and 25 states falling

97 Office of Head Start. (2021). *About the Office of Head Start*. U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from https://www.acf.hhs.gov/ohs/about.

98 Office of Head Start. (2021). *Head Start services*. U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from https://www.acf.hhs.gov/ohs/head-start-services.

99 Head Start Early Childhood Learning & Knowledge Center. (2021). *School readiness*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. Retrieved from https://eclkc.ohs.acf.hhs.gov/school-readiness/article/head-start-parent-family-community-engagement-framework.

100 Head Start Early Childhood Learning & Knowledge Center. (2021). *Head Start policy & regulations*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. Retrieved from https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-50-family-engagement.

101 McCormick, M., Sommer, T. E., Sabol, T., & Hsueh, J. (2021). *Three ways Head Start programs can use federal relief funds to support parents' economic mobility*. Spotlight on Poverty & Opportunity. Retrieved from https://spotlightonpoverty.org/spotlight-exclusives/three-ways-head-start-programs-can-use-federal-relief-funds-to-support-parents-economic-mobility/.

102 Office of Head Start. (2021). *Head Start enterprise system*. U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from https://hses.ohs.acf.hhs.gov/auth/login.

below this level. Finally, nationwide an average of 11.2% of families had a father/father figure who engaged in parenting education workshops during the program year, with 20 states exceeding the national average and engagement ranging from 5.2% (Rhode Island) to 35.7% (Nevada).

Researchers credit father engagement in family services programs such as Head Start to hiring men and fathers as staff and intentionally recruiting fathers to the Policy Council and other Head Start community forums.[103] Programs that employ men or involve men in program design report that men open up to other men and appreciate seeing people like them reflected among the program staff. For example, the District of Columbia Bright Beginnings program, that offers both center- and home-based Head Start programming, has a robust fatherhood initiative that includes a 12-week course to help build fatherhood and relationship skills and special staffing to ensure that fathers receive equal access and that their needs are met. Each father receives individualized support in health and wellness, trauma and mental health, parenting skills, goal setting, education, career readiness, employment stability, and workforce development.[104] Additionally, Bright Beginnings focuses on helping fathers obtain leadership roles within Head Start programming.[105]

Table 6 summarizes, for each state and the District of Columbia, the percentage of families with a father/ father figure engaged in family assessment, family goal setting, child development activities, program governance, and parenting education workshops.

103 Selekman, R., & Holcomb, P. (2021). *Father engagement in human services*. Mathematica. Retrieved from https://www.mathematica.org/publications/father-engagement-in-human-services.

104 Bright Beginnings. (2021). *Fatherhood program*. Retrieved from https://www.bbidc.org/fatherhood-program.

105 Mathematica. (2021). *New insights from an early childhood nonprofit that supports fathers*. Retrieved from https://www.mathematica.org/blogs/new-insights-from-an-early-childhood-nonprofit-that-supports-fathers.

Chapter 5, Table 6. **State Father Engagement in Head Start Program Activities in 2019**

State	Percentage of Families with Father Engagement in Family Assessment	Percentage of Families with Father Engagement in Family Goal Setting	Percentage of Families with Father Engagement in Child Development Activities	Percentage of Families with Father Engagement in Program Governance	Percentage of Families with Father Engagement in Parenting Education Workshops
Alabama	16.4%	14.0%	22.2%	3.4%	10.7%
Alaska	18.1%	19.6%	27.8%	4.6%	13.2%
Arizona	41.2%	27.5%	36.1%	4.5%	14.5%
Arkansas	18.2%	19.2%	33.0%	2.8%	17.9%
California	18.5%	18.6%	24.9%	2.3%	10.4%
Colorado	23.7%	16.8%	29.8%	3.2%	10.6%
Connecticut	20.3%	21.4%	29.7%	2.6%	11.3%
Delaware	24.6%	24.6%	28.8%	4.3%	7.8%
DC	12.1%	7.6%	12.3%	4.2%	7.1%
Florida	22.4%	22.0%	26.7%	3.8%	12.5%
Georgia	19.9%	18.3%	24.4%	2.4%	17.1%
Hawaii	12.7%	13.2%	16.8%	2.3%	7.7%
Idaho	32.8%	33.4%	43.8%	3.6%	15.2%
Illinois	12.1%	11.4%	19.3%	1.6%	8.5%
Indiana	19.5%	18.3%	29.7%	1.9%	11.8%
Iowa	22.3%	22.1%	37.0%	2.1%	6.7%
Kansas	23.3%	22.8%	36.2%	3.9%	7.7%
Kentucky	22.7%	20.4%	28.5%	2.3%	6.7%
Louisiana	15.0%	13.9%	27.4%	4.5%	17.0%
Maine	33.1%	34.0%	45.6%	1.8%	9.0%
Maryland	8.4%	8.8%	15.7%	3.2%	6.4%
Massachusetts	13.6%	15.2%	23.6%	1.8%	7.1%
Michigan	21.5%	21.0%	29.9%	1.8%	9.4%
Minnesota	23.6%	25.5%	36.3%	1.7%	7.6%
Mississippi	21.1%	20.0%	20.7%	1.9%	9.1%
Missouri	21.2%	20.3%	29.6%	2.7%	7.3%
Montana	26.1%	25.7%	38.2%	3.0%	11.4%
Nebraska	29.9%	30.7%	41.5%	3.6%	7.9%
Nevada	18.0%	13.7%	46.3%	2.2%	35.7%
New Hampshire	24.9%	25.7%	38.4%	1.4%	11.1%
New Jersey	15.6%	18.6%	29.2%	2.4%	15.6%
New Mexico	19.1%	18.2%	25.3%	2.0%	11.5%
New York	19.2%	18.7%	31.5%	2.6%	13.6%
North Carolina	20.5%	21.1%	27.5%	3.1%	13.3%
North Dakota	30.2%	29.2%	37.0%	3.2%	13.1%
Ohio	23.6%	22.5%	32.4%	2.6%	10.1%
Oklahoma	25.6%	25.2%	29.6%	2.2%	10.3%
Oregon	29.3%	28.6%	38.4%	2.9%	8.7%
Pennsylvania	19.5%	20.0%	27.4%	2.1%	8.7%
Rhode Island	18.4%	17.9%	25.6%	1.6%	5.2%
South Carolina	20.6%	18.3%	21.5%	2.5%	12.5%
South Dakota	20.5%	19.4%	30.1%	1.1%	7.2%
Tennessee	15.7%	14.9%	23.0%	1.2%	17.7%
Texas	20.4%	20.0%	25.1%	2.4%	9.9%
Utah	32.9%	32.5%	49.0%	8.9%	15.0%
Vermont	17.1%	17.9%	40.4%	2.6%	9.8%
Virginia	16.8%	16.1%	25.1%	2.4%	10.5%
Washington	26.4%	27.1%	36.1%	3.2%	8.6%
West Virginia	21.3%	19.9%	29.3%	1.9%	5.7%
Wisconsin	23.9%	23.7%	38.0%	2.8%	9.9%
Wyoming	31.5%	33.5%	38.7%	2.6%	14.5%

Source: Office of Head Start. (2021). *Head Start enterprise system.* U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from https://hses.ohs.acf.hhs.gov/auth/login.

Note: The Head Start programs include Head Start, Early Head Start, Migrant and Seasonal Head Start, Migrant and Seasonal Early Head Start, American Indian Alaska Native (AIAN) Head Start, and AIAN Early Head Start.

Conclusions

Despite growing evidence on the importance of father involvement in the lives of children for child health and well-being, prenatal and postpartum interventions focus on mothers and babies with little evidence of father inclusion. The exceptions to the nearly exclusive concentration on mothers and children in infant and early childhood interventions are Healthy Start programs and Head Start and Early Head Start programs. Both have performance standards that involve father engagement and provide programs with specific strategies to achieve father engagement. By the same token, home visiting services funded by Health Resource and Services Administration, through the federal MIECHV Program, do not include any father engagement metric and the proposed inclusion of program reports on father participation in home visits was dropped when the reporting requirements were finalized. The importance of tracking and measuring father engagement as a fundamental, home visiting metric gets further support from surveys conducted with 204 WIC and CenteringPregnancy staff who were asked about the feasibility of including fathers in programs for pregnant and new mothers. Despite the fact that they viewed father-oriented material as helpful, two-thirds thought that the change would require new funding and nearly half felt that it would take a federal mandate.[106]

In addition to incentives and mandates, staff training will also be needed to change practice and engage more fathers. Research with healthcare providers that work with patients during the perinatal period found that they are not typically well-trained to engage and partner with fathers as well as mothers to promote positive outcomes.[107] An assessment of the correlates of father participation in home visits conducted by 694 NFP nurses at 80 community-replication sites with 29,109 families found that individual nurses and sites accounted for more than 9% of the variation in father participation, with variations at the level of the nurses being more than three times as influential as that for the sites. And the salience of providing explicit training on father engagement to home visitors receives additional support from recent rigorous research conducted in five home visiting programs in Chicago. Following random assignment of 204 families to work with home visiting staff who had received explicit training on father engagement using Dads Matter-HV in addition to regular program curricula and home visiting staff who had only received training in existing program curricula, workers who received father engagement training were significantly more likely to include fathers in visits.

Inflexible jobs and the hours during which home visits and prenatal care appointments are held also prevent many fathers from attending. Integrating virtual opportunities for fathers during such appointments might be a viable way to broaden their participation although it would undoubtedly present its own set of challenges. A recent study of serving families virtually for home visits in Texas finds that while such approaches make for easier scheduling, wider hours of availability, fewer cancellations, and improve comfort for some, many families lack the technology at home to participate in virtual visits, some home

106 Pearson, J., Kaunelis, R., & Davis, L. (2011). *Healthy babies—Healthy relationships: A project to promote financial and medical security for children*. Center for Policy Research. Retrieved from https://centerforpolicyresearch.org/wp-content/uploads/HealthyBabiesHealthyRelationships.pdf.

107 Yogman, M., Garfield, C. F., & Committee on Psychosocial Aspects of Child Health and Family Health. (2016). Fathers' roles in the care and development of their children: The role of pediatricians. *Pediatrics, 138*(1), e20161128.

visitors need new equipment, and some find building relationships and conducting formal assessments more difficult to accomplish virtually.[108] These findings suggest that hybrid approaches might maximize the benefits of both in-person and virtual formats. Although not studied, hybrid formats might also make it possible to include fathers virtually during a portion of an in-person home visit or prenatal care appointment without losing the advantages of in-person services.

Finally, and perhaps most critically, engaging fathers in a range of early childhood programs will require hiring more men to work in the field. Having male staff promotes fathers' interest and engagement in services.[109] Attracting and retaining male staff, however, is connected with improving early educator jobs. Wages and benefits for early educators remain among the lowest of any occupation in the country, ranging from $8.94 per hour in Mississippi to $15.36 in the District of Columbia. In more than half of the states (28), the median wage for childcare workers was less than $11 per hour, and in all but two states (Maine and Vermont) childcare workers earned less than two-thirds of the median wage for all occupations in the state—a common threshold for classifying work as "low wage."[110] Fortunately, child care has received dedicated funding through the Coronavirus Response and Relief Supplemental Appropriations and the American Rescue Plan Act. Although implementation is largely up to individual states, both rounds of federal relief encourage states to use funding to increase wages for childcare educators, among other stabilization activities.[111] Hopefully states will make investments to address compensation issues, and strengthen the early care system in the U.S. Not insignificantly, these measures might also increase the number of male educators and help to promote the inclusion of fathers in services with newborn and very young children.

108 Osborne, C., Sanderson, M., & Gibson, M. (2021). *The future of social service delivery: Balancing in-person and virtual service* (CFRP Policy Brief B.046.0921). Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin. Retrieved from https://childandfamilyresearch.utexas.edu/the-future-of-social-service-delivery.

109 Sandstrom, H., & Lauderback, E. (2019). *Father engagement in home visiting: Benefits, challenges, and promising strategies*. National Home Visiting Resource Center. Retrieved from https://www.nhvrc.org/wp-content/uploads/NHVRC-Brief-041519-FINAL.pdf.

110 McLean, C., Austin, L. J. E., Whitebook, M., & Olson, K. L. (2021). *Early childhood workforce index – 2020*. Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from https://cscce.berkeley.edu/workforce-index-2020/wp-content/uploads/sites/2/2021/02/Early-Childhood-Workforce-Index-2020.pdf.

111 ChildCare Aware of America. (2021). *Federal relief funds: State progress, Fall 2021*. Retrieved from https://info.childcareaware.org/blog/federal-relief-funds-state-progress-fall-2021.

Fatherhood Research & Practice Network

About the FRPN

The Fatherhood Research & Practice Network (FRPN) was created and operated by Temple University and the Center for Policy Research through funding by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation from 2013-2019 (OPRE grant #90PR0006). FRPN promotes rigorous evaluation of fatherhood programs, disseminates information to fatherhood practitioners and researchers, and catalyzes system-level changes that support father engagement and equity. Visit www.frpn.org for an extensive library of resources for practitioners, researchers, and policymakers.

Policies and Programs Affecting Fathers: A State-by-State Report was prepared with the support of the Center for Policy Research in Denver, Colorado. Thanks are extended to Jay Fagan, Professor Emeritus of Social Work at Temple University; Johan Dellgren, Student at Pomona College; Jane Venohr, Research Associate and Economist at the Center for Policy Research; Christopher Brown, President, National Fatherhood Initiative; and various subject matter and policy experts with whom we consulted in the course of developing this report.

To the best of our knowledge, the information we provide is current as of report publication and/or the date indicated in the report and table sources. Nevertheless, since state policies and programs continually evolve, there are inevitable changes and developments that we have not captured. The views expressed in the report are those of the authors.

©2022. Center for Policy Research, Denver, Colorado. Suggested citation: Pearson, J., & Wildfeuer, R. (2022). Policies and Programs Affecting Fathers: A State-by-State Report. Center for Policy Research and Fatherhood Research & Practice Network.