The Maternal, Infant, and Early Childhood Home Visiting Program

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BACKGROUND

Since 2010, HRSA's voluntary, evidence-based Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program has empowered families with the tools they need to thrive. The MIECHV Program supports home visiting for expectant and new parents with children up to kindergarten entry age who live in communities that are at-risk for poor maternal and child health outcomes. Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being. The program builds upon decades of scientific research showing that home visits during pregnancy and early childhood improve the lives of children and families.

Evidence-based home visiting advances health equity by helping to address social and community factors that can negatively impact families' well-being. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness.[1] Home visiting can also be cost-effective in the long term, with the largest benefits coming through reduced spending on government programs and increased individual earnings.[2] By developing strong relationships with families, providing regular home visits, assessing family needs and delivering tailored services, the MIECHV Program supports the health and well-being of families.

Program Administration

The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). Without additional congressional action, authorization for the program will end on September 30, 2022. Absent reauthorization, MIECHV will not have funds available after the FY 2022 formula awards to sustain home visiting programs and services. States, territories, and tribal entities receive funding through the MIECHV Program and have the flexibility to tailor the program to serve the specific needs of their communities. Through a needs assessment, states identify and prioritize populations and select home visiting service delivery models that best meet state and local needs. By law, state and territory awardees must spend the majority of their MIECHV Program grants to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that will undergo rigorous evaluation. Currently, 20 home visiting models meet the U.S. Department of Health and Human

Services' criteria for evidence of effectiveness and are eligible for state and territory MIECHV Program funding.[3] In addition to states implementing evidence-based models, three state awardees are implementing and evaluating three different promising approach models.

What is Home Visiting?

All home visiting programs share characteristics; yet evidence-based models have different approaches (e.g., some programs serve expecting parents while others serve families after the birth of a child). In these voluntary programs, trained home visitors meet regularly with expectant parents or families with young children who want and ask for support, building strong, positive relationships. Home visitors evaluate families' strengths and needs and provide services tailored to those needs, such as:

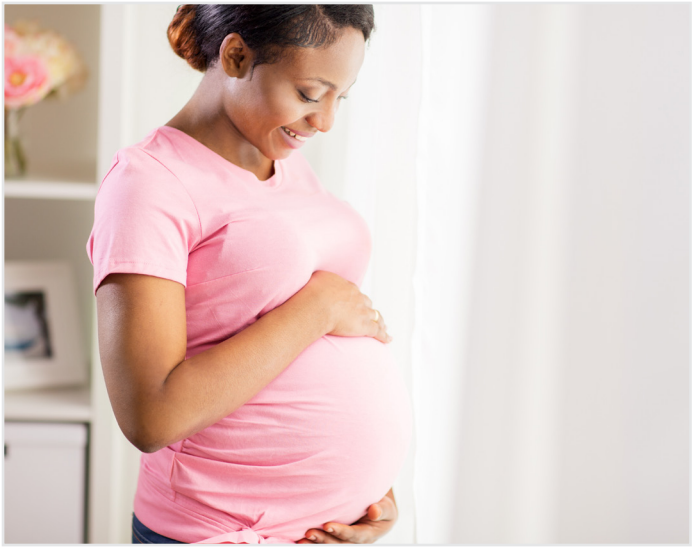
- Teaching positive parenting skills and modeling positive parent-child interactions.
- Promoting early learning in the home, with an emphasis on strong communication between parents and children that stimulates early language development.
- Providing information and guidance on a wide range of topics including breastfeeding, safe sleep practices, injury prevention, and nutrition.
- Conducting screenings for caregivers and providing referrals to address postpartum depression, substance use, and family violence.
- Screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities.
- Connecting families to other services and resources as appropriate.

PROGRAM PARTICIPANTS AND COMMUNITIES SERVED

In FY 2021, the MIECHV Program served all 50 states, the District of Columbia, and five U.S. territories. Among the 56 awardees, states and territories served approximately 140,000 parents and children in 71,000 families, and provided over 920,000 home visits. This represents an estimated 15% of the more than 465,000 families who are likely currently eligible and in need of MIECHV services.[4]

The MIECHV program in FY 2021 continues to serve families that disproportionately face barriers and challenges to health and well-being, including:

- 68 percent of participating families had household incomes at or below 100 percent of the Federal Poverty guidelines ($26,500 for a family four[5]), and 40 percent were at or below 50 percent of those guidelines.
- 60 percent of adult participants had a high school education or less.
- Of all households served:
  - 20 percent reported a history of child abuse and maltreatment.
  - 14 percent reported substance misuse.
  - 10 percent included enrollees who are pregnant teens.



In FY 2021, the MIECHV Program reached:

- 1,065 counties, which is 33 percent of all U.S. counties.
- 45 percent of all urban counties, and 28 percent of all rural counties.[6]
- 60 percent of all counties served by the MIECHV Program were rural.

PROGRAM PERFORMANCE

MIECHV awardees annually report program performance on 19 measures across six benchmark areas[7] defined in law, which are aimed at improving the well-being of both parents and children.[8] Beginning in the FY 2020 reporting period and every three years thereafter, awardees are required to demonstrate improvement in at least four of six benchmark areas. In FY 2020, all 56 MIECHV awardees successfully met the requirements for demonstration of improvement.

Below are a subset of performance outcome measures that highlight the impact of the Program on parents and their children.

- **Early Language and Literacy Activities**: Children that are spoken to frequently by their caregivers have larger vocabulary and literacy skills, and these skills can be linked to later academic, social, and cognitive functioning.[9,10] Home visitors teach parents about the importance of these early language and literacy activities, and help them learn techniques to incorporate them into their regular routines.
  - 80 percent of children enrolled in MIECHV had a family member who read, told stories, and/or sang with them on a daily basis in FY 2021, a five percentage point increase as compared to the average of the three previous years.
- **Depression Screening:** Research shows that postpartum depression can be associated with a number of negative outcomes for both the mother and infant, such as poor parent-child bonding, negative parenting approaches, and increased risk of developmental, health, and safety concerns for the child.[11,12,13,14,15,16] Postpartum depression is also common and treatable[17], and early screening and identification can be beneficial for the entire family.
  - 81 percent of MIECHV caregivers were screened for depression within 3 months of enrollment or 3 months of delivery. This performance is consistent with the historically high rate of depression screenings (80 percent three-year rolling average, 2018-2020) delivered by MIECHV awardees.
- **Well-Child Visit:** Early childhood is a time of rapid growth and development. Well-child visits are an important opportunity for health care providers to evaluate children's physical, social, and emotional development and to provide essential preventive care including regular immunizations.[18,19] Home visiting facilitates important linkages between families with young children and health care providers by promoting the timely receipt of routine well-child visits to give children a strong start to life.
  - 68 percent of children enrolled in MIECHV received the most recent recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule. This is an increase from a three-year rolling average (2018-2020) of 66 percent. The increase in this measure, despite substantial disruptions in national rates of well-child visit attendance during COVID-19[20], highlight the positive impact of evidence-based home visiting programs in supporting growth and development.
- **Safe Sleep:** Approximately 3,400 infants die each year from sleep-related deaths in the United States.[21,18] Following recommended infant safe sleep practices can reduce the risk of sudden infant death syndrome and other sleep-related infant deaths.[22,23] Home visitors help caregivers create a safe sleep environment by providing safe sleep education and engaging in family-centered conversations on safe sleep strategies.
  - 64 percent of children enrolled in MIECHV were always placed to sleep on their backs, without bed-sharing or soft bedding in FY 2021, a substantive increase compared to an average of 57 percent, from the previous three year average.

The MIECHV Program makes an impact in the lives of families and supports improvements in outcomes that lead to children, parents, and families that are healthy and thriving. Learn more about the MIECHV Program and its impact on families.

SOURCES

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[3] More information on the evidence-based models eligible to MIECHV awardees.

[4] HRSA internal analysis using 2019 Current Population Survey data.

[5] Prior HHS Poverty Guidelines and Federal Register References

[6] Rural and urban county designations used here follow the HRSA Federal Office of Rural Health Policy definitions. Please note that some urban counties may include rural sub-county areas according to FORHP definitions. For more information on FORHP definitions on rural populations please visit FORHP's website.

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