

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 provided 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 research showing that home visits during pregnancy and early childhood improve the lives of birthing people, children, and their families.

Evidence-based home visiting reduces disparities in maternal and child health outcomes by addressing 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 reduced spending on government programs and increased individual earnings.² By developing strong relationships with families, providing regular home visits, assessing family needs, connecting families to appropriate community-based supports, and delivering tailored services, the MIECHV Program supports the health and well-being of birthing people, young children, and their 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). The Program was reauthorized in



December 2022 for an additional five years.³ This reauthorization provides the opportunity to expand evidence-based home visiting services across the nation. States, jurisdictions, and tribal entities that receive funding through the MIECHV Program have the flexibility to tailor home visiting programs 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 jurisdiction awardees must spend the majority of their MIECHV Program grants to implement evidence-based home visiting models. Up to 25 percent of funding is available to implement promising approaches that will be rigorously evaluated. Currently, 24 home visiting models meet the U.S. Department of Health and Human Services' criteria for evidence of effectiveness and are eligible for state and jurisdiction MIECHV Program funding.⁴ In addition, four state awardees are implementing and evaluating four different promising approach models.



What is Home Visiting?

Home visiting is an effective two-generation approach for addressing the upstream challenges and barriers that children and families face in achieving positive outcomes. By supporting families and linking them to critical resources during pregnancy, postpartum, and in early childhood, home visiting programs can directly impact maternal and child health and support broad outcomes across the life course. 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). 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 promotes early language development.
- Promoting early and ongoing care for expectant parents, postpartum support, and connections to well child care.
- 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 maternal depression, substance use, and family violence.
- Screening children for developmental delays and assisting with 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 2023, the MIECHV Program served all 50 states, the District of Columbia, and five U.S. territories. Among the 56 awardees, states and jurisdictions served over 139,000 parents and children in approximately 70,000 families and provided over 919,000 home visits. This represents an estimated 20% of the more than 351,000 families who are likely currently eligible and in need of MIECHV services.⁵

The MIECHV program in FY 2023 continues to serve families that disproportionately face barriers and challenges to health and well-being, including:

- 92 percent of participating families had household incomes at or below 200 percent of the Federal Poverty guidelines (\$60,000 for a family of four⁶), and 67 percent were at or below 100 percent of those guidelines (\$30,000 for a family of four⁷).
- 58 percent of adult participants had a high school education or less.
- Of all households served:
 - 18 percent reported a history of child abuse and maltreatment.
 - 14 percent reported substance misuse.
 - 8 percent included enrollees who are pregnant teens.



In FY 2023, the MIECHV Program reached:

- 1,033 counties, which is 32 percent of all U.S. counties.
- 43 percent of all urban counties, and 27 percent of all rural counties.⁸
- 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 areas⁹ defined in law, which are aimed at improving the well-being of both parents and children.¹⁰ 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 2023, all 56 MIECHV awardees successfully met the requirements for demonstration of improvement.

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



- **Early Language and Literacy Activities:** Children who 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.^{11,12} Home visitors teach parents about the importance of these early language and literacy activities and help them learn techniques to incorporate into their regular routines.

82 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 2023. This is an increase from a three-year rolling average (FY 2020 – FY 2022) of 79 percent.

- **Postpartum Care:** Since the period immediately following birth is a time of many physical and emotional adjustments, a timely visit with a health care provider after birth is important so that new mothers can get information on what to expect and have their questions or concerns addressed about physical, social, and emotional changes.^{13,14} Home visitors support mothers to ensure that they receive a timely postpartum visit with their health care providers.

74 percent of mothers enrolled in MIECHV received a postpartum visit with a health care provider within eight weeks of delivery in FY 2023, a six-percentage point increase compared to the average of the three previous years (68 percent).

- **Developmental Screening:** Regular developmental screenings help identify delays and enable families to access early interventions to improve children's developmental trajectories.¹⁵ Home visitors facilitate parent-led evaluations of their child's development according to the schedule recommended by the American Academy of Pediatrics (AAP).

77 percent of MIECHV children ages 9 – 30 months were screened for developmental delays in FY 2023. This is a four-percentage point increase compared to the average of the three previous years (73 percent).

- **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.^{16,17} 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.

71 percent of children enrolled in MIECHV received the most recent recommended well-child visit based on the AAP schedule. This is an increase from a three-year rolling average (FY 2020 – FY 2022) of 68 percent.

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

- ¹ U.S. Department of Health and Human Services, Administration for Children and Families. [Home Visiting Evidence of Effectiveness \(HomVEE\): What is Home Visiting Evidence of Effectiveness?](#)
- ² Michalopoulos, C, et. al. (2017). Evidence on the Long-Term Effects of Home Visiting Programs: Laying the Groundwork for Long-Term Follow-Up in the Mother and Infant Home Visiting Program Evaluation (MIHOPE). [OPRE Report 2017-73](#). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- ³ Social Security Act, Title V, § 511, as amended by Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328)
- ⁴ U.S. Department of Health and Human Services, Administration for Children and Families. [Home Visiting Evidence of Effectiveness \(HomVEE\): Models eligible for Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) funding](#).
- ⁵ HRSA internal analysis using 2023 U.S. Census Bureau American Community Survey Public Use Microdata Sample data. This estimate is based on a representative sample of the population and may change year to year.
- ⁶ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. [Prior HHS Poverty Guidelines and Federal Register References](#).
- ⁷ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. [Prior HHS Poverty Guidelines and Federal Register References](#).
- ⁸ 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, visit [FORHP's Defining Rural Population webpage](#).
- ⁹ Labiner-Wolfe, J., Vladutiu, C.J., Peplinski, K. et al. (2018). Redesigning the Maternal, Infant and Early Childhood Home Visiting Program Performance Measurement System. *Matern Child Health J* 22, 467–473. <https://doi.org/10.1007/s10995-018-2486-1>.
- ¹⁰ More information on [MIECHV Performance Measures](#).
- ¹¹ Ramey, C. T., et. al. (2004). Early learning and school readiness: Can early intervention make a difference? *Merrill-Palmer Quarterly*, 50(4): 471-491.
- ¹² Brooks-Gunn, J, et, al. (2005). The contribution of parenting to ethnic and racial gaps in school readiness. *The future of children*, 15(1): 139-168.
- ¹³ Health Resources and Services Administration. [Women's Preventive Services Guidelines](#). 2024.
- ¹⁴ Centers for Disease Control and Prevention. [Pregnant and Postpartum People](#). 2024.
- ¹⁵ Lipkin, P.H., Macias, M.M. (2020). AAP Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics*;145(1): e20193449.
- ¹⁶ American Academy of Pediatrics. [Well-Child Visits: Parent and Patient Education](#). 2024.
- ¹⁷ Centers for Disease Control and Prevention. [Catch up on Well-Child Visits and Recommended Vaccinations](#). 2023.