



The Maternal, Infant, and Early Childhood Home Visiting Program

Partnering with Parents to Help Children Succeed



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BACKGROUND

Since 2010, HRSA's voluntary, evidence-based Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program has been empowering families with the tools they need to thrive. The MIECHV Program supports home visiting for pregnant women and parents with children up to kindergarten entry living in at-risk communities. The Program builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and early childhood improve the lives of children and families. Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness.¹ Evidence-based home visiting helps children and families get off to a better, healthier start, and it can be cost-effective in the long term, with the largest benefits coming through reduced spending on government programs and increased individual earnings.²



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. Nineteen 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 Three state awardees are implementing and evaluating three different promising approach models.

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). In February 2018, the MIECHV Program was allocated \$400 million per year through fiscal year (FY) 2022. States, territories, and tribal entities receive funding through the MIECHV Program. They have the flexibility to tailor the program to serve the specific needs of their communities. Through a needs assessment, states identify target populations and select home visiting service delivery

What is Home Visiting?

All home visiting programs share characteristics; yet evidence-based models have different approaches



based on family needs (e.g., some programs serve expecting parents while others serve families after the birth of a child). In these voluntary programs, trained professionals meet regularly in the homes of 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 parent-child interactions.
- Promoting early learning in the home, with an emphasis on strong communication between parents and children that stimulate early language development.

- Providing information and guidance on a wide range of topics including breastfeeding, safe sleep practices, injury prevention, and nutrition.
- Supporting timely well-child visits, as well as postpartum visits with a healthcare provider for mothers.
- Conducting screenings and providing referrals to address postpartum depression, substance abuse, 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 2019, 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 154,000 parents and children in 79,000 families, and provided over one million home visits.

The MIECHV Program served many of the most vulnerable families in FY 2019:

- 70 percent of participating families had household incomes at or below 100 percent of the Federal Poverty guidelines (\$25,750 for a family four), and 41 percent were at or below 50 percent of those guidelines.
- Two-thirds (63 percent) of adult program participants had a high school education or less.
- Approximately 76 percent of participating adults and children relied on Medicaid or CHIP.
- Of all households served:
 - 20 percent reported a history of child abuse and maltreatment.
 - 14 percent reported substance abuse.
 - 12 percent included pregnant teens.

The MIECHV Program reached many communities in FY 2019:

- The Program reached families in 1,005 counties, which is 31 percent of all U.S. counties.
- The Program funded services in 40 percent of all urban counties, and 25 percent of all rural counties.⁴
- 51 percent of all counties served by the MIECHV program were rural.



PERFORMANCE MEASUREMENT

HRSA requires MIECHV Program awardees to report on their program's performance related to six statutorily defined benchmark areas (see Figure 1). The MIECHV

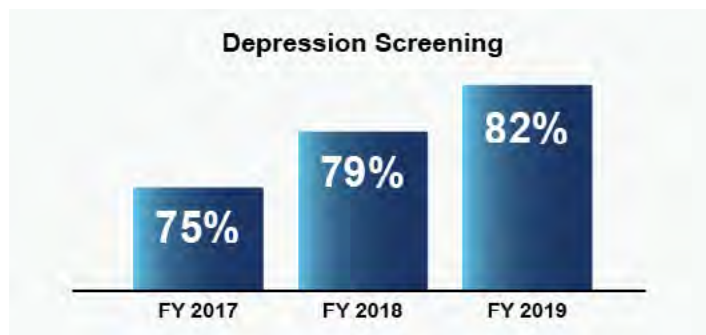
performance measurement system includes a total of 19 measures across the six benchmark areas.⁵

Figure 1: Benchmark Domains and Associated Performance Measures

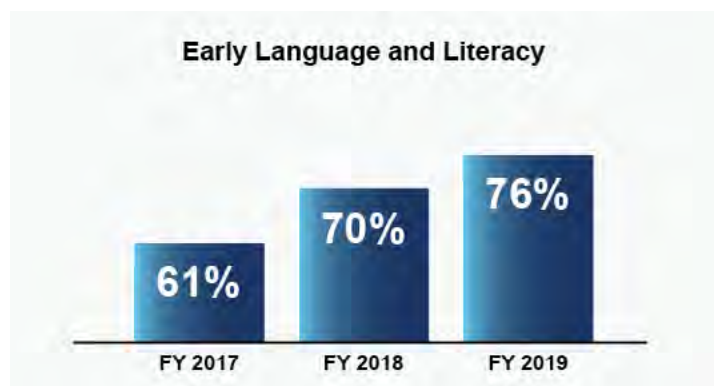
<p>Maternal and Newborn Health</p> <ul style="list-style-type: none"> • Preterm Birth • Breastfeeding • Depression Screening • Well-Child Visit • Postpartum Care • Tobacco Cessation Referrals 	<p>Child Injuries, Maltreatment, and Reduction of Emergency Department Visits</p> <ul style="list-style-type: none"> • Safe Sleep • Child Injury • Child Maltreatment 	<p>School Readiness and Achievement</p> <ul style="list-style-type: none"> • Parent-Child Interaction • Early Language and Literacy Activities • Developmental Screening • Behavioral Concerns
<p>Crime or Domestic Violence</p> <ul style="list-style-type: none"> • Intimate Partner Violence (IPV) Screening 	<p>Family Economic Self-Sufficiency</p> <ul style="list-style-type: none"> • Primarily Caregiver Education • Continuity of Health Insurance 	<p>Coordination and Referrals</p> <ul style="list-style-type: none"> • Completed Depression Referrals • Completed Developmental Referrals • Intimate Partner Violence (IPV) Referrals

The 19 performance measures reflect the two-generation approach of the MIECHV Program, aimed at improving the well-being of both parents and children across the lifespan. Below are a subset of performance outcome measures that highlight the impact of the Program on parents and their children:

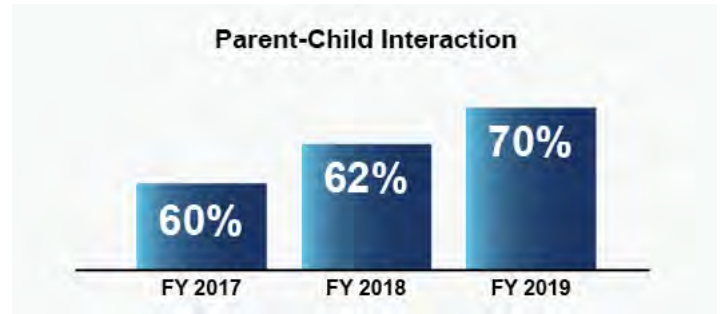
- **Depression Screening:** Research shows that postpartum depression can be associated with a number of adverse outcomes for both the mother and infant, such as poor parent-child bonding, negative parenting approaches, and increased risk of developmental, health, and safety concerns for the child.^{6,7,8,9,10,11} Postpartum depression is also common and treatable¹², and early screening and identification can be beneficial for the entire family.
 - 82 percent of MIECHV caregivers were screened for depression within 3 months of enrollment or 3 months of delivery in FY 2019, an increase from 75 percent in FY 2017 and 78 percent in FY 2018.



- **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.^{13,14} Home visitors teach parents about the importance of these early language and literacy activities, and help them learn skills and techniques to incorporate them into their regular routine.
 - 76 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 2019, an increase from 61 percent in FY 2017 and 70 percent in FY 2018.



- **Parent-Child Interaction:** Less than 50 percent of young children with developmental or behavioral disabilities are identified before they start school.^{15,16,17,18,19} Early identification of children who are at-risk for or who have a developmental delay may



lead to intervention services and family assistance at an earlier age, which may improve the developmental trajectories of children with such delays.

- 70 percent of MIECHV caregivers received an observation of parent-child interaction by the home visitor using a validated tool in FY 2019, an increase from 60 percent in FY 2017 and 62 percent in FY 2018.

The MIECHV Program is making an impact in the lives of families and supporting improvements in key performance areas, including depression screening, early language and literacy activities, and parent-child interaction. 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 pregnant women and parents with young children.

SOURCES

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- 3 More information on the [evidence-based models eligible to MIECHV awardees](#)
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