

HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

supports the [Connecticut Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for expectant and new parents with children through kindergarten entry age living in communities that are at-risk for poor maternal and child health outcomes¹.

Connecticut MIECHV Program At-a-Glance

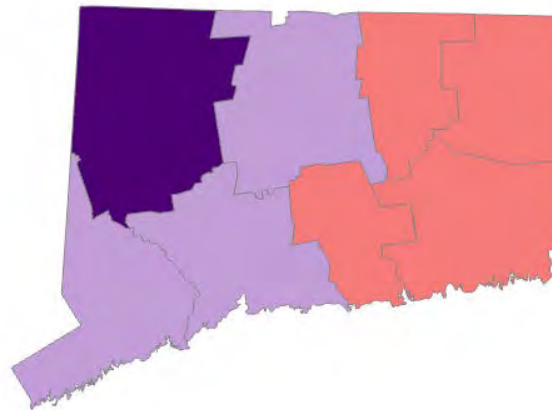
Rural counties by Funding Source:

■ Both ARP¹ & MIECHV: Litchfield

Non-rural counties by Funding Source:

■ MIECHV: Middlesex, New London, Tolland, Windham

■ Both ARP & MIECHV: Fairfield, Hartford, New Haven



Participants
2,308

Households
1,198

Home Visits
16,717

Connecticut Prioritizes Community Needs

MIECHV Program awardees tailor their programs to serve populations of need within their state. In Connecticut:

- **59.5%** of households were at or below 100% of the Federal Poverty Guidelines
- **6.3%** of households included a pregnant enrollee under age 21

Connecticut Performance Highlights

MIECHV Program awardees track and report improvements in MIECHV benchmark areas every year. Awardees are required by authorizing statute to demonstrate improvement in benchmark areas every three years. In the most recent assessment following FY 2020, the Connecticut MIECHV program successfully met the requirements for demonstration of improvement by improving in all 6 MIECHV [benchmark areas](#)

FY 2022 Performance Highlights Include:

- **Early Language and Literacy Activities:** 94.4% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis. Children who are spoken to frequently by their caregivers have larger vocabularies and literacy skills, which are linked to later academic, social, and cognitive functioning.
- **Well Child Visits:** 91.0% of children enrolled in home visiting received their last recommended well child visit based on the American Academy of Pediatrics schedule. Routine well-child check-ups prevent illness (through timely vaccinations), promote early identification of concerns, and ensure that children remain healthy.

Evidence-Based Home Visiting Models in Connecticut

[Nurse-Family Partnership \(NFP\)](#)

[Parents as Teachers \(PAT\)](#)

[Healthy Families America \(HFA\)](#)

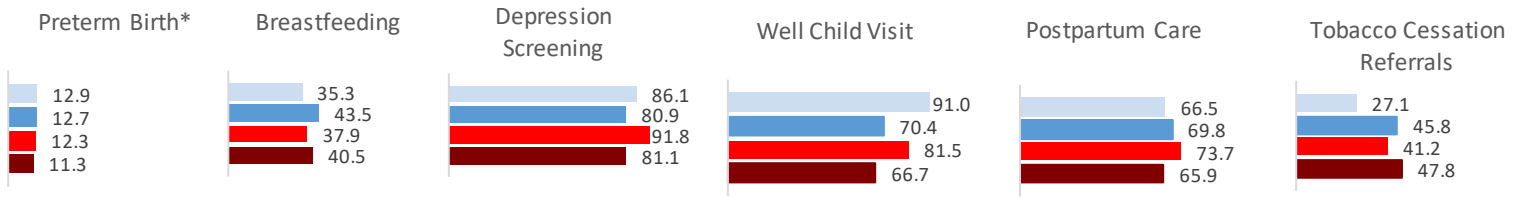
[Early Head Start-Home-Based Options](#)

[Child FIRST](#)

¹ HRSA awarded ARP ([American Rescue Plan Act](#)) funds to current MIECHV awardees to address the needs of families in response to the COVID-19 pandemic.

Connecticut MIECHV Performance Measurement Data Compared to MIECHV Averages²

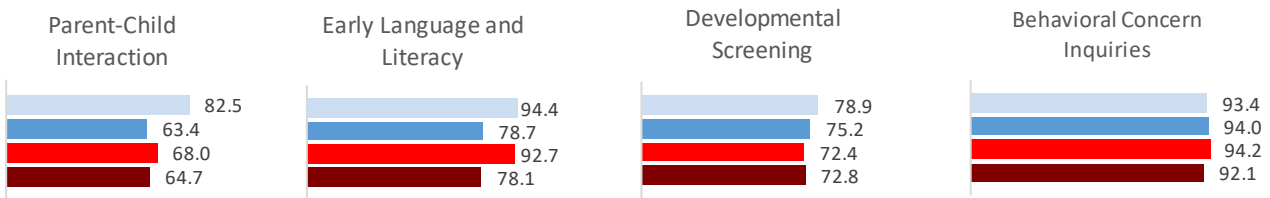
Benchmark Area 1 – Maternal and Newborn Health Outcomes



Benchmark Area 2 – Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits

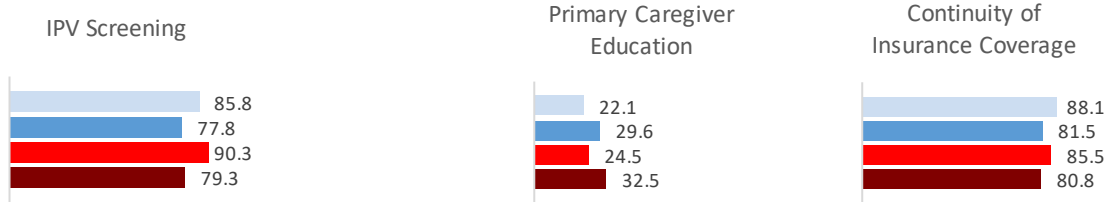


Benchmark Area 3 – School Readiness and Achievement

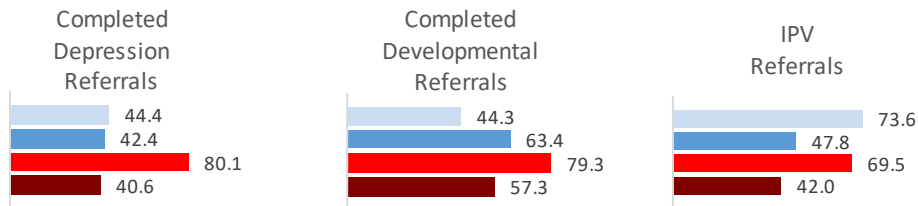


Benchmark Area 4 – Crime or Domestic Violence

Benchmark Area 5 – Family Economic Self-Sufficiency



Benchmark Area 6 – Coordination and Referrals for Other Community Resources and Supports



Connecticut MIECHV (FY 2022)
 MIECHV National Average (FY 2022)
 Connecticut MIECHV Rolling Average (FY 2019- FY 2021)
 MIECHV National Rolling Average (FY 2019- FY 2021)

² Comparison to a three-year average minimizes the effects of outliers or potential data reporting issues specific to one year.

* Direction for improvement in performance is downwards. **Child Injury reported as a rate