

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

supports the [North Carolina 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.

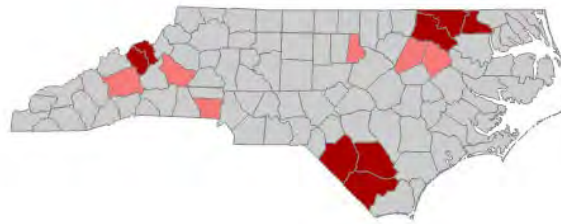
North Carolina MIECHV Program At-a-Glance

Rural counties by Funding Source:

■ MIECHV: Bladen, Columbus, Halifax, Hertford, Mitchell, Northampton, Robeson, Yancey

Non-rural counties by Funding Source:

■ MIECHV: Buncombe, Burke, Durham, Edgecombe, Gaston, Nash



Participants

896

Households

495

Home Visits

6,552

North Carolina Prioritizes Community Needs

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

- **89.2%** of households were at or below 100% of the Federal Poverty Guidelines
- **17.6%** of households included a pregnant enrollee under age 21

North Carolina 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 North Carolina MIECHV program successfully met the requirements for demonstration of improvement by improving in all 6 MIECHV [benchmark areas](#).

Evidence-Based Home Visiting Models in North Carolina

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

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

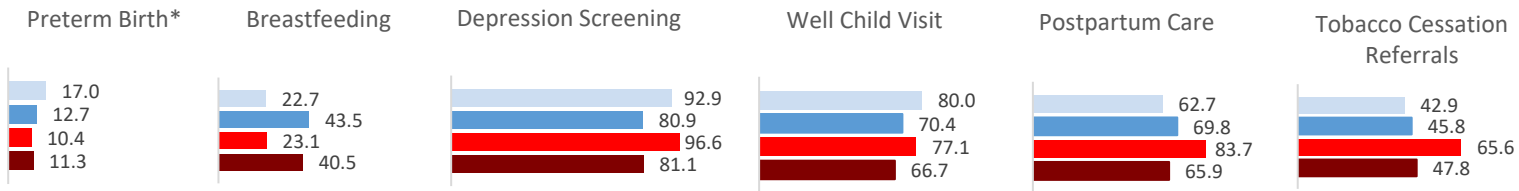
FY 2022 Performance Highlights Include:

- **Early Language and Literacy Activities:** The percent of children enrolled in home visiting who had a family member read to, tell stories, and/or sing songs with them daily in a typical week increased by 9.0% over the last four years. 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.
- **Breastfeeding:** Using continuous quality improvement practices, home visitors explored challenges with breastfeeding initiation/continuation and developed new educational content, provided supplies such as breast pumps and storage bags, and further partnered with WIC clinics and local hospitals to better support families.

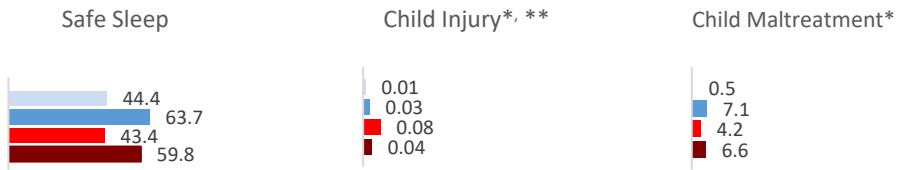
¹ HRSA awarded ARP [American Rescue Plan Act](#) funds to current MIECHV awardees to address the needs of families in response to the COVID-19 pandemic.

North Carolina MIECHV Performance Measurement Data Compared to MIECHV Averages²

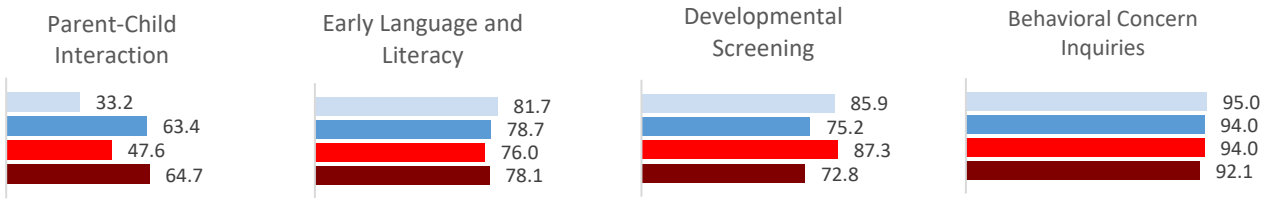
Benchmark Area 1 – Maternal and Newborn Health Outcomes



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

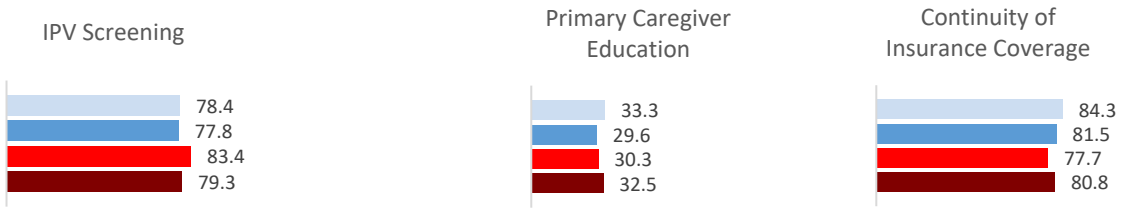


Benchmark Area 3 – School Readiness and Achievement

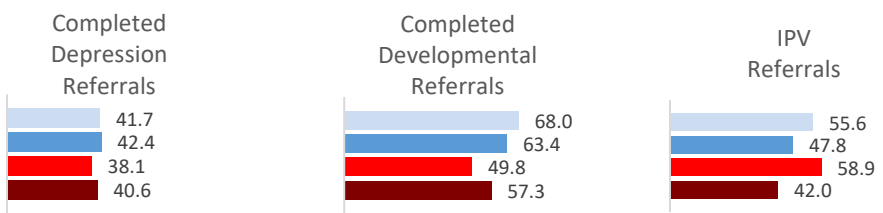


Benchmark Area 4 – Crime or Domestic Violence

Benchmark Area 5 – Family Economic Self-Sufficiency



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



North Carolina MIECHV (FY 2022)
 North Carolina MIECHV Rolling Average (FY 2019- FY 2021)
 MIECHV National Average (FY 2022)
 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