North Carolina MIECHV Program FY 2023



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.

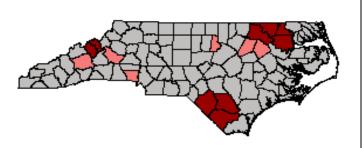
Evidence-Based Home Visiting Models in North Carolina: <u>Nurse-Family Partnership (NFP)</u>, <u>Healthy Families America (HFA)</u>

North Carolina MIECHV Program At-a-Glance

Rural Counties²: Bertie, Bladen, Columbus, Halifax, Hertford, Mitchell, Northampton, Robeson, Yancey

Non-Rural Counties²:

Buncombe, Burke, Durham, Edgecombe, Gaston, Nash



Participants	
987	
Households	

Households

542

Home Visits

6,852

North Carolina Prioritizes Community Needs

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

- **97.9**% of households were at or below 200% of the Federal Poverty Guidelines and **71.5**% were at or below 100% of those guidelines.
- 17.5% 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 2023, the North Carolina MIECHV program successfully met the requirements for demonstration of improvement by improving in 4 of the 6 <u>benchmark areas</u>.

FY 2023 Performance Highlights Include:

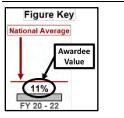
- Safe Sleep Disparities and Equity: After improving safe sleep percentages over the past three years, North Carolina MIECHV home visitors reflected on data by race/ethnicity during a State Regional Meeting and strategized for future conversations with families using a culturally responsive equity lens.
- **Developmental Screening**: 88.1% of children enrolled in home visiting had a timely screening for developmental delays. Early identification, referral to necessary supports and services, and follow-up has been shown to improve the developmental trajectories of children with developmental delays or disability.

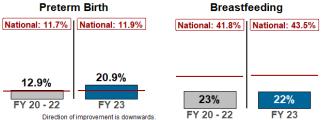
¹HRSA awarded ARP (<u>American Rescue Plan Act</u>) funds to current MIECHV awardees to address the needs of families in response to the COVID-19 pandemic.

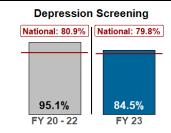
² These counties were served by MIECHV formula funds, ARP funds, or both.

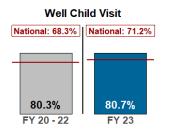
North Carolina MIECHV Performance Data Compared to National MIECHV Averages

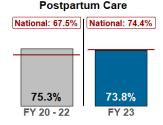
Benchmark Area 1: Maternal and Newborn Health Outcomes

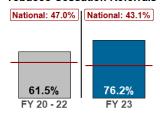






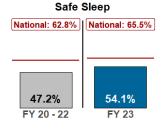




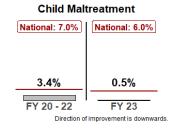


Tobacco Cessation Referrals

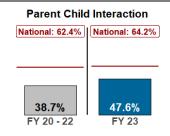
Benchmark Area 2: Child Injuries, Maltreatment, and Emergency Department Visits

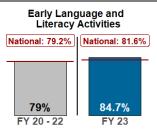


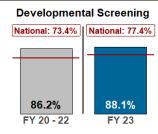


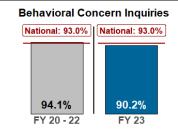


Benchmark Area 3: School Readiness and Achievement



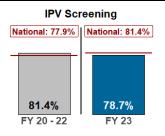


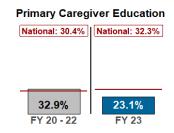


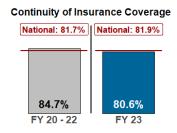


Benchmark Area 4: Crime or Domestic Violence

Benchmark Area 5: Family Economic Self Sufficiency







Benchmark Area 6: Coordination and Referrals

