North Dakota MIECHV Program FY 2023

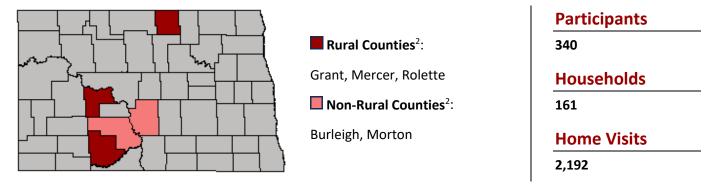


HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

supports the North Dakota 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 Dakota: Nurse-Family Partnership (NFP), Parents as Teachers (PAT)

North Dakota MIECHV Program At-a-Glance



North Dakota Prioritizes Community Needs

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

- **91.3**% of households were at or below 200% of the Federal Poverty Guidelines and **55.3**% were at or below 100% of those guidelines.
- 8.7% of households included a pregnant enrollee under age 21

North Dakota 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 Dakota MIECHV program successfully met the requirements for demonstration of improvement by improving in all 6 benchmark areas.

FY 2023 Performance Highlights Include:

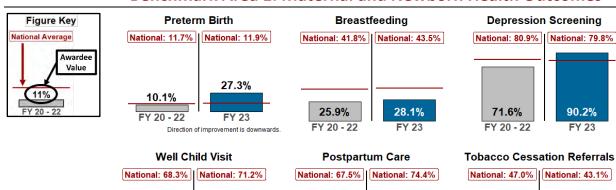
- **Early Language and Literacy Activities**: 98.9% of children enrolled in home visiting had a family member who read, told stories, and/or sang with them on a daily basis. Children who are spoken to frequently by their caregivers have larger vocabularies and literacy skills, which are linked to later academic, social, and cognitive functioning.
- **Depression Screening**: 90.2% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery. 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.

¹HRSA awarded ARP (American Rescue Plan Act) 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 Dakota MIECHV Performance Data Compared to National MIECHV Averages

Benchmark Area 1: Maternal and Newborn Health Outcomes



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

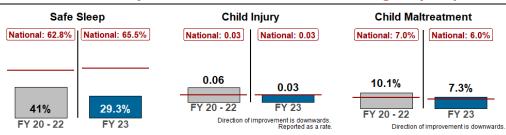
82.2%

23.2%

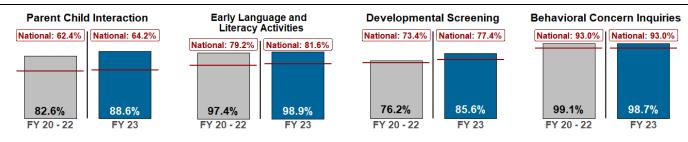
FY 20 - 22

74.8%

FY 20 - 22



Benchmark Area 3: School Readiness and Achievement



Benchmark Area 4: Crime or Domestic Violence

38.1%

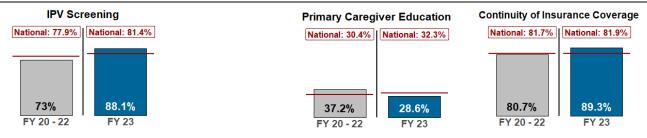
FY 20 - 22

Benchmark Area 5: Family Economic Self Sufficiency

90.2%

FY 23

66.7%



Benchmark Area 6: Coordination and Referrals

