

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.

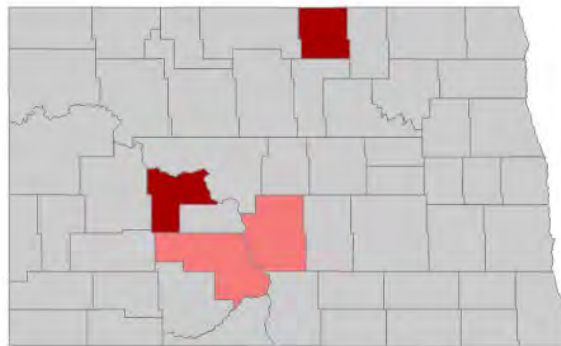
North Dakota MIECHV Program At-a-Glance

Rural counties by Funding Source:

■ MIECHV: Mercer, Rolette

Non-rural counties by Funding Source:

■ MIECHV: Burleigh, Morton



Participants

352

Households

168

Home Visits

2,381

North Dakota Prioritizes Community Needs

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

- **80.8%** of households were at or below 100% of the Federal Poverty Guidelines
- **13.1%** 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 2020, the North Dakota MIECHV program successfully met the requirements for demonstration of improvement by improving in 5 of the 6 MIECHV [benchmark areas](#).

Evidence-Based Home Visiting Models in North Dakota

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

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

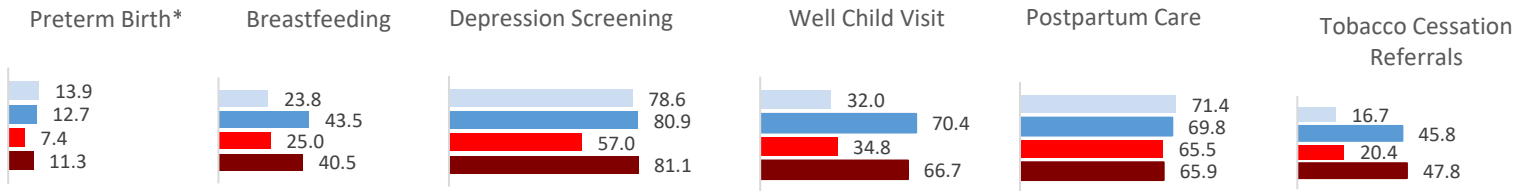
FY 2022 Performance Highlights Include:

- **Parent-Child Interaction:** 92.5% of caregivers enrolled in home visiting received an observation of caregiver-child interaction by the home visitor using a validated tool. Positive parent-child interactions that are responsive to a child's needs are positively related to school readiness, social skills, and language development, and can contribute to healthy brain development for infants and young children.
- **Early Language and Literacy Activities:** 97.3% 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.

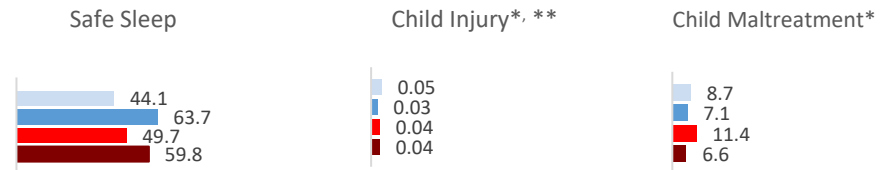
¹ HRSA awarded ARP [American Rescue Plan Act](#) funds to current MIECHV awardees to address the needs of families in response to the COVID-19 pandemic.

North Dakota MIECHV Performance Measurement Data Compared to MIECHV Averages²

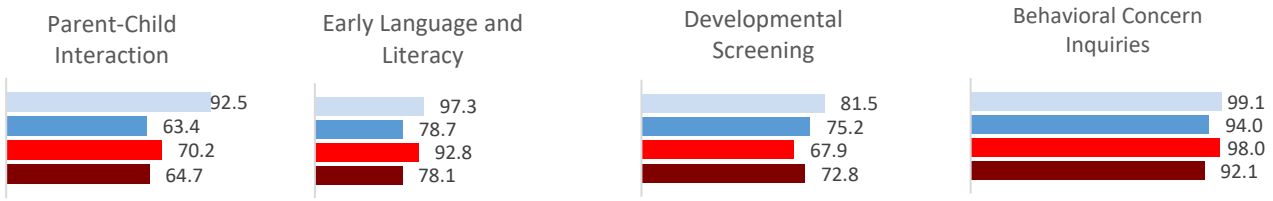
Benchmark Area 1 – Maternal and Newborn Health Outcomes



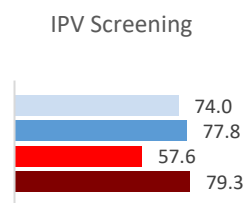
Benchmark Area 2 – Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits



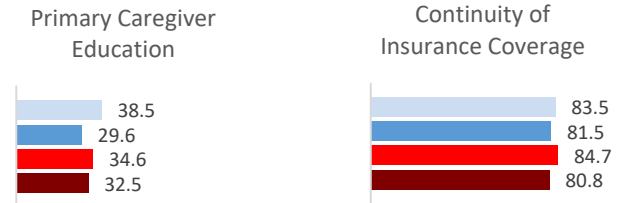
Benchmark Area 3 – School Readiness and Achievement



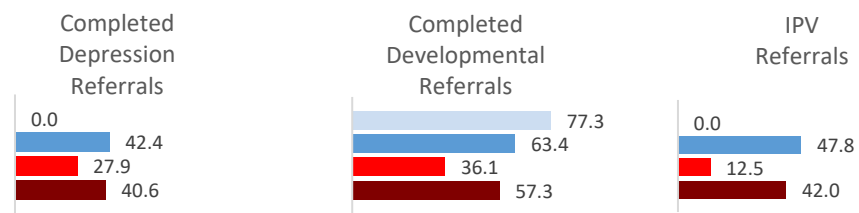
Benchmark Area 4 – Crime or Domestic Violence



Benchmark Area 5 – Family Economic Self-Sufficiency



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



North Dakota MIECHV (FY 2022)
 MIECHV National Average (FY 2022)
 North Dakota 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