

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

supports the [New Hampshire 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.

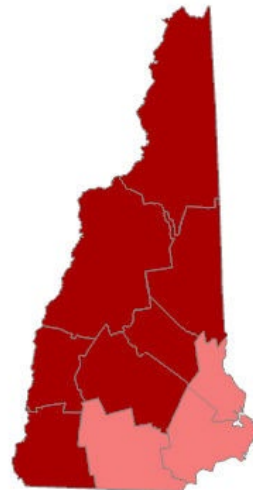
New Hampshire MIECHV Program At-a-Glance

Rural counties by Funding Source:

■ MIECHV: Belknap, Carroll, Cheshire, Coos, Grafton, Merrimack, Sullivan

Non-rural counties by Funding Source:

■ MIECHV: Hillsborough, Rockingham, Strafford



Participants
828

Households
344

Home Visits
3,948

New Hampshire Prioritizes Community Needs

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

- **60.5%** of households were at or below 100% of the Federal Poverty Guidelines
- **5.9%** of households included a pregnant enrollee under age 21

New Hampshire 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 New Hampshire MIECHV program successfully met the requirements for demonstration of improvement by improving in 5 of the 6 MIECHV [benchmark areas](#).

FY 2022 Performance Highlights Include:

- **Depression Screening:** 89.2% 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.
- **Postnatal Depression Screening with cultural considerations:** Developed and distributed a flowchart to support staff in conducting maternal depression screenings with participants who have limited English-speaking proficiency, with guidance to support discussing results, making referrals, and documenting screening and referral in the data system.

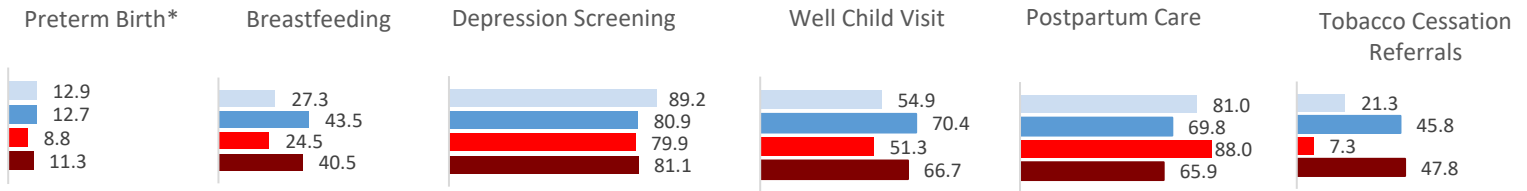
Evidence-Based Home Visiting Models in New Hampshire

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

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.

New Hampshire MIECHV Performance Measurement Data Compared to MIECHV Averages²

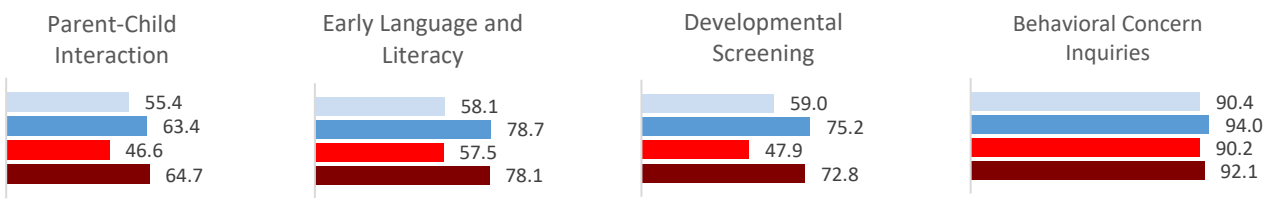
Benchmark Area 1 – Maternal and Newborn Health Outcomes



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

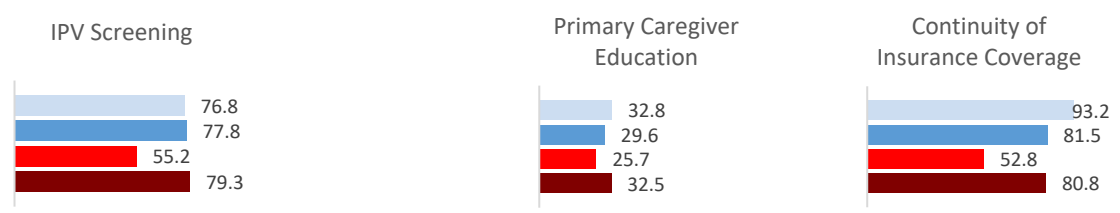


Benchmark Area 3 – School Readiness and Achievement

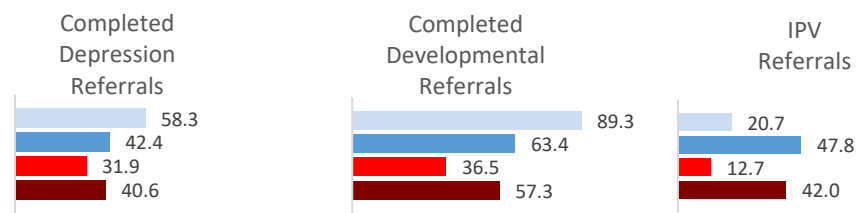


Benchmark Area 4 – Crime or Domestic Violence

Benchmark Area 5 – Family Economic Self-Sufficiency



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



■ New Hampshire MIECHV (FY 2022) ■ New Hampshire 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