

Rhode Island MIECHV Program FY 2022



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

supports the [Rhode Island 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.

Rhode Island MIECHV Program At-a-Glance

Non-rural counties by Funding Source:

Source:

-  MIECHV: Bristol, Providence
-  Both ARP¹ & MIECHV: Washington



Participants

2,955

Households

1,498

Home Visits

15,794

Rhode Island Prioritizes Community Needs

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

- **74.2%** of households were at or below 100% of the Federal Poverty Guidelines
- **5.0%** of households included a pregnant enrollee under age 21

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

FY 2022 Performance Highlights Include:

- **Intimate Partner Violence (IPV) Screening:** 93.8% of caregivers enrolled in home visiting were screened for IPV within 6 months of enrollment. IPV is associated with adverse physical and mental health outcomes. Children exposed to IPV are at a higher risk of abuse and neglect and may be more likely to experience certain health and behavioral problems, such as elevated blood pressure, sleep issues, anxiety, and depression.
- **Collaboration:** In partnership with another HRSA grant, Healthy Tomorrows Partnership for Children Program, three Healthy Families America and two Parents as Teachers teams partnered with pediatric practices or health centers to build relationships and improve care coordination and outcomes for children.

Evidence-Based Home Visiting Models in Rhode Island

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

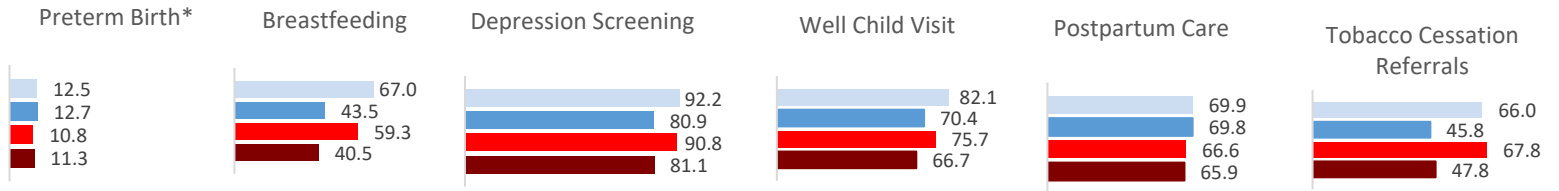
[Nurse-Family Partnership \(NFP\)](#)

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

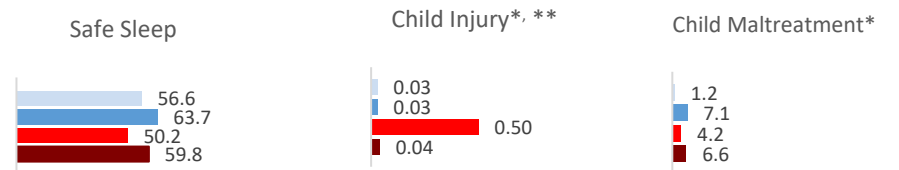
¹ HRSA awarded ARP ([American Rescue Plan Act](#)) funds to current MIECHV awardees to address the needs of families in response to the COVID-19 pandemic.

Rhode Island MIECHV Performance Measurement Data Compared to MIECHV Averages²

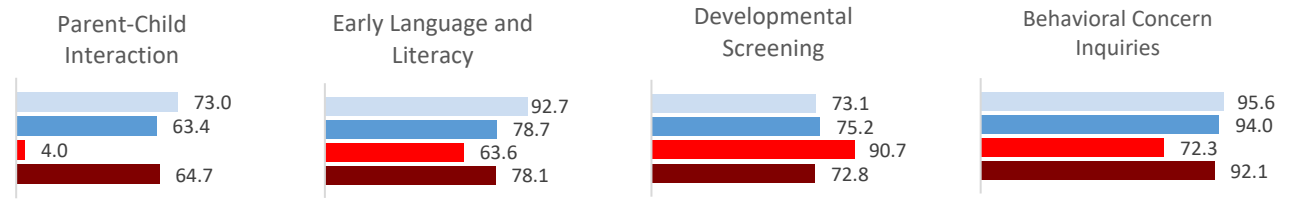
Benchmark Area 1 – Maternal and Newborn Health Outcomes



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

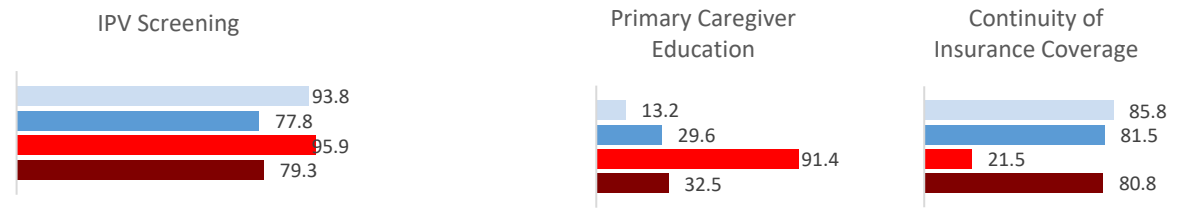


Benchmark Area 3 – School Readiness and Achievement

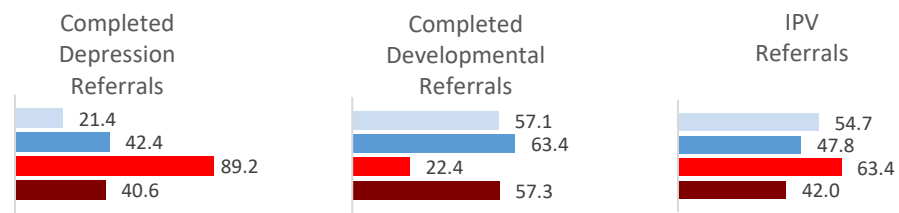


Benchmark Area 4 – Crime or Domestic Violence

Benchmark Area 5 – Family Economic Self-Sufficiency



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



■ Rhode Island MIECHV (FY 2022) ■ Rhode Island 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