

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

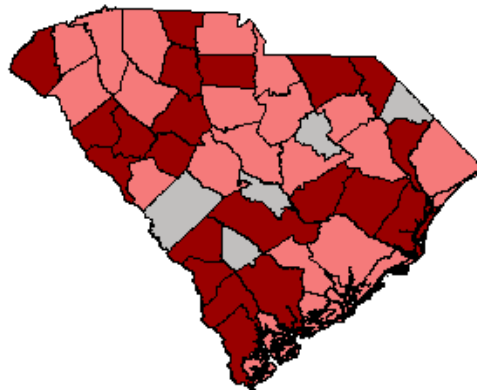
supports the [South Carolina Home Visiting Program](#) and provides voluntary, evidence-based home visiting programs for expectant and new parents with children through kindergarten entry age living in communities that are at-risk for poor maternal and child health outcomes¹.

Evidence-Based Home Visiting Models in South Carolina: [Healthy Families America \(HFA\)](#), [Nurse-Family Partnership \(NFP\)](#), [Parents as Teachers \(PAT\)](#)

South Carolina MIECHV Program At-a-Glance

Rural Counties²: Abbeville, Allendale, Barnwell, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Georgetown, Greenwood, Hampton, Jasper, McCormick, Marion, Marlboro, Newberry, Oconee, Orangeburg, Saluda, Union, Williamsburg

Non-Rural Counties²: Anderson, Beaufort, Berkeley, Charleston, Darlington, Dorchester, Edgefield, Fairfield, Florence, Greenville, Horry, Kershaw, Lancaster, Laurens, Lexington, Pickens, Richland, Spartanburg, Sumter, York



Participants

2,676

Households

1,420

Home Visits

17,814

South Carolina Prioritizes Community Needs

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

- **100%** of households were at or below 200% of the Federal Poverty Guidelines and **100%** were at or below 100% of those guidelines.
- **14.9%** of households included a pregnant enrollee under age 21

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

FY 2023 Performance Highlights Include:

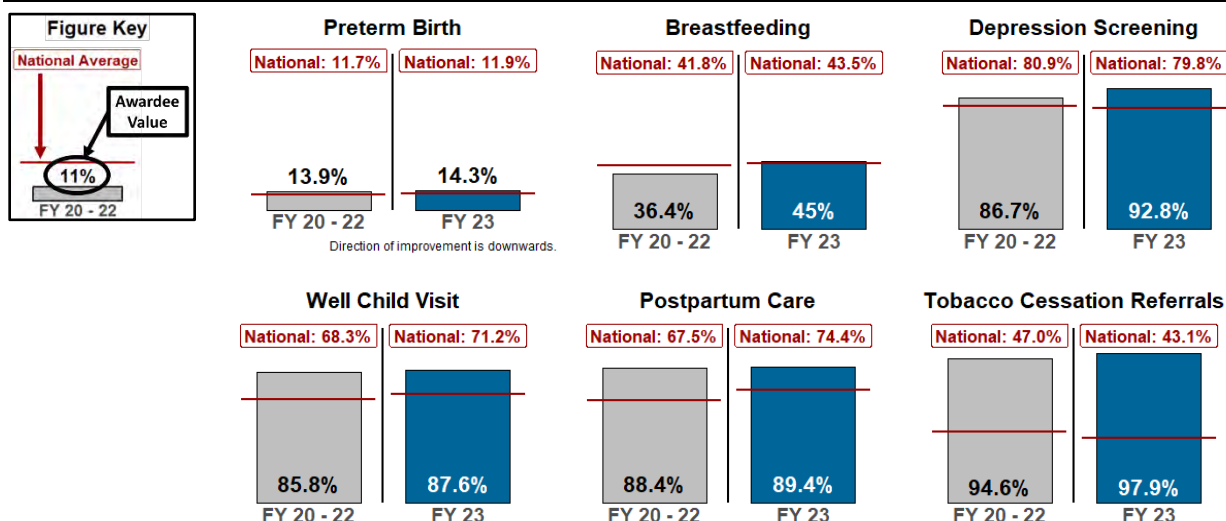
- **Depression Screening:** 92.8% of caregivers enrolled in home visiting were screened for depression within 3 months of enrollment or within 3 months of delivery. Research shows that postpartum depression can be associated with a number of adverse outcomes for both the mother and infant, such as poor parent-child bonding, negative parenting approaches, and increased risk of developmental, health, and safety concerns for the child.
- **Safe Sleep:** 95.0% of infants enrolled in home visiting were always placed to sleep on their backs, without bed-sharing or soft bedding. Following recommended infant safe sleep practices can reduce the risk of sudden infant death syndrome (SIDS) and other sleep-related infant deaths.

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.

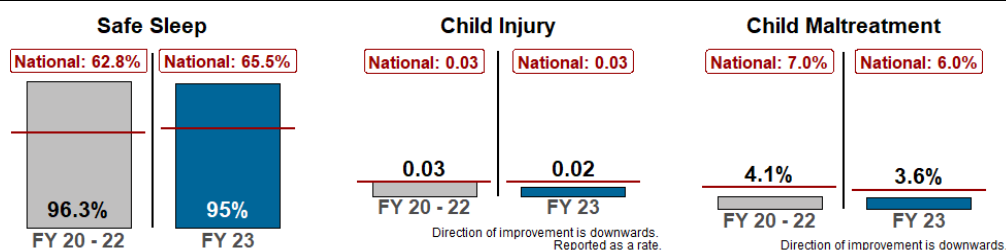
² These counties were served by MIECHV formula funds, ARP funds, or both.

South Carolina MIECHV Performance Data Compared to National MIECHV Averages

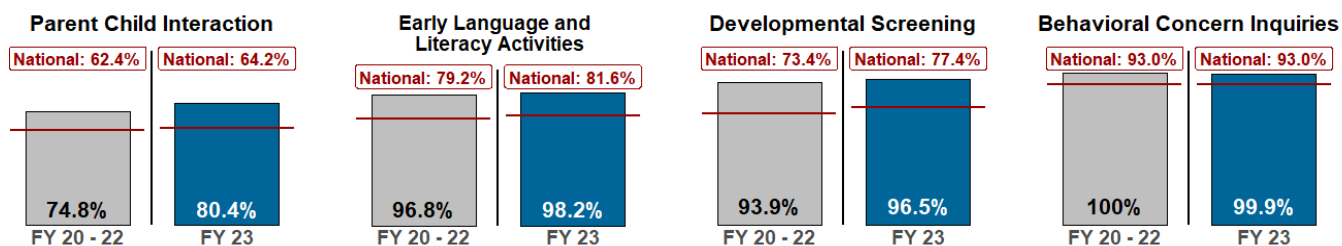
Benchmark Area 1: Maternal and Newborn Health Outcomes



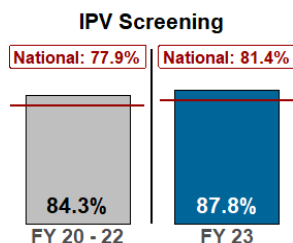
Benchmark Area 2: Child Injuries, Maltreatment, and Emergency Department Visits



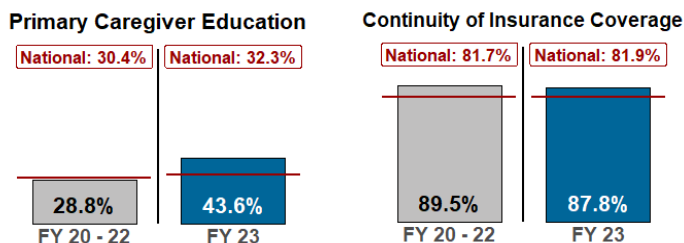
Benchmark Area 3: School Readiness and Achievement



Benchmark Area 4: Crime or Domestic Violence



Benchmark Area 5: Family Economic Self Sufficiency



Benchmark Area 6: Coordination and Referrals

