

Tennessee MIECHV Program FY 2022

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

supports the [Tennessee 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.

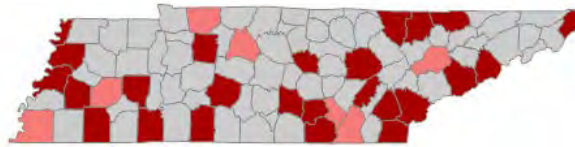
Tennessee MIECHV Program At-a-Glance

Rural counties by Funding Source:

■ MIECHV: Campbell, Claiborne, Cocke, Coffee, Cumberland, DeKalb, Dickson, Dyer, Grundy, Hardeman, Hardin, Haywood, Henderson, Johnson, Lake, Lauderdale, Lawrence, Marion, Maury, McMinn, Monroe, Polk, Rhea, Scott, Sevier

Non-rural counties by Funding Source:

■ MIECHV: Davidson, Hamilton, Knox, Madison, Montgomery, Sequatchie, Shelby



Participants

3,027

Households

1,499

Home Visits

13,968

Tennessee Prioritizes Community Needs

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

- **58.5%** of households were at or below 100% of the Federal Poverty Guidelines
- **6.8%** of households included a pregnant enrollee under age 21

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

FY 2022 Performance Highlights Include:

- **Early Language and Literacy Activities:** 93.2% 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:** 90.3% 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.

Evidence-Based Home Visiting Models in Tennessee

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

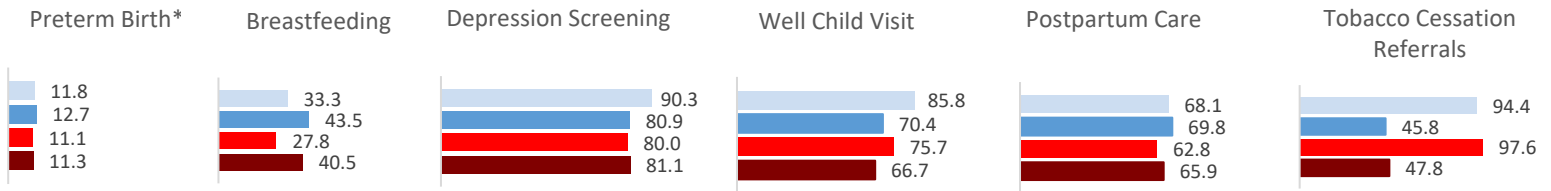
[Nurse-Family Partnership \(NFP\)](#)

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

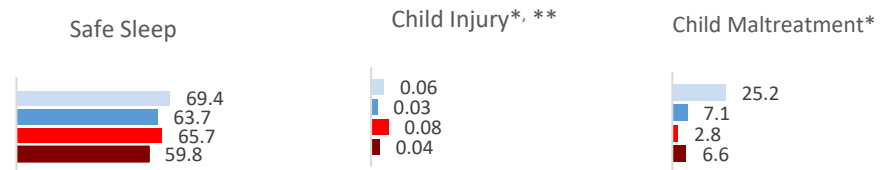
¹ HRSA awarded ARP [American Rescue Plan Act](#) funds to current MIECHV awardees to address the needs of families in response to the COVID-19 pandemic.

Tennessee MIECHV Performance Measurement Data Compared to MIECHV Averages²

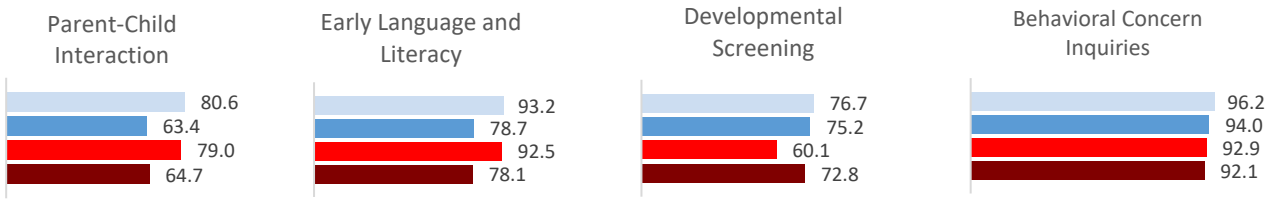
Benchmark Area 1 – Maternal and Newborn Health Outcomes



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

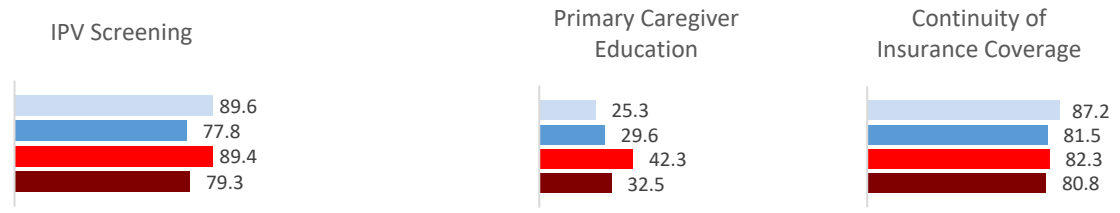


Benchmark Area 3 – School Readiness and Achievement

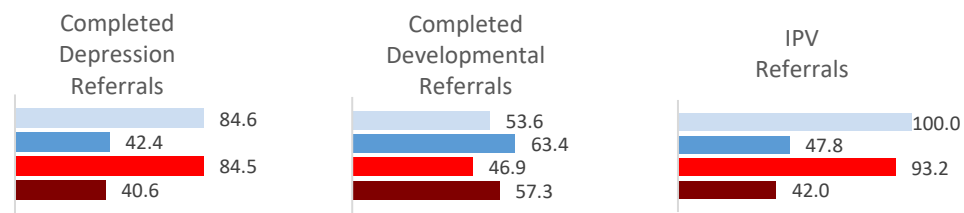


Benchmark Area 4 – Crime or Domestic Violence

Benchmark Area 5 – Family Economic Self-Sufficiency



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



■ Tennessee MIECHV (FY 2022) ■ Tennessee 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