

## Rural Health Integration Models for Parents and Children to Thrive (IMPACT)

The purpose of the Rural Health Integration Models for Parents and Children to Thrive (Rural Health IMPACT) program is to support the implementation of evidence-based, two-generational strategies that promote the health and well-being of young rural children and create economic opportunities for their families. This includes:

- ensuring rural children and their families have access to critical health, development, education, and family support services that are aligned and coordinated;
- improving early identification of and intervention for high-risk families who have experienced or are at-risk for adverse childhood experiences, maternal depression and other mental health issues, substance use disorders including opioid use and related neonatal abstinence syndrome, as well as other factors that lead to poor health and social outcomes for rural families; and
- developing, implementing, and expanding two-generational strategies that effectively link children and their families to services to: a) encourage children's healthy development; and b) help families overcome barriers to achieving economic security and self-sufficiency.



This program builds upon an earlier demonstration program (Rural IMPACT, 2015-2018), which provided leadership and community-level resources to develop two-generation approaches to address rural poverty. In September 2018, HRSA awarded \$600,000 per year for five years to the West Virginia University's Center for Excellence in Disabilities to serve as a coordinating center that: 1) provides financial support and intensive training and technical assistance, and partnership support to three demonstration sites in the northern region of West Virginia; 2) facilitates partnerships across demonstration sites and state and local partners to support early childhood system coordination; 3) identifies and disseminates resources that address the additive effects of poverty and geographic isolation on early childhood health and development; and 4) promotes evidence-based, two-generation strategies among rural communities to other HRSA programs, including the Maternal, Infant, and Early Childhood Home Visiting Program and the Early Childhood Comprehensive Systems Program. Each demonstration site serves as a convener across the early childhood system and supports access to two-generational interventions for children (prenatally to age 3) and families at greatest risk.

Implementation in West Virginia focuses on children diagnosed with Neonatal Abstinence Syndrome (NAS), or with other prenatal substance exposures, and their families, with an ultimate aim to reduce disparities in health and well-being. The model of care coordination and case management expands and sustains the home visiting program to include areas of emphasis such as substance use, stigma, social determinants of health and social service coordination, education and employment attainment supports, and advanced child development knowledge. Evidence-based materials and resources will be available through an online learning portal, with eventual public-facing access.

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