Home Visiting Accomplishments in [STATE]

Overview

[STATE] is working to improve the lives of low-income pregnant women and families with young children by increasing access to and the quality of home visiting programs. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. [STATE] is using MIECHV Program funding to increase the number of families receiving evidence-based home visiting services and to improve the quality of the state's home visiting services through training and supports. This fact sheet explains why home visiting matters, states what [STATE] is doing through home visiting, and describes recent accomplishments of the [STATE] home visiting program.

Why Home Visiting Matters

- Through home visiting programs, services are offered on a voluntary basis to pregnant women, expectant fathers, and parents or primary caregivers of children ages birth to kindergarten entry in their own home.
- Home visiting programs have been shown to improve parenting skills; children's cognitive, language, and social-emotional development; and school readiness.¹
- Home visiting programs connect families to services and educational support to improve a child's health, development, and ability to learn.

Home Visiting in [STATE]

- Home visiting reached more than (xx) at-risk families in our state in 20XX.
 - o Most families served by our program were receiving Medicaid.
 - Most families served by our program were living in single-parent homes.
 - O All families served by our program were living at or below (xx)% of the Federal poverty line.
- We conducted more than (xx) home visits in [STATE] in 20XX.
- Home visiting services reached at-risk families in (xx) counties.

This is a SAMPLE fact sheet. The information below should be replaced with data from your program and this box should be deleted.

- In 20XX, our state demonstrated improvement in a variety of outcomes:
 - o (xx)% of primary caregivers were screened for depression
 - o (xx)% of caregivers who used tobacco at enrollment received tobacco cessation referrals
 - o (xx)% of infants were breastfed any amount at 6 months of age
 - o (xx)% of children received the last recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule

Summary

Home visiting services provide education, support, and referrals to expectant and new parents/caretakers in the home. [STATE]'s evidence-based home visiting program are reaching more atrisk families than ever before. Along with expanding the availability of home visiting services, [STATE] is conducting training to support local home visiting programs and is collecting data to measure program improvements across the state. [STATE] will continue to measure the performance of our home visiting program and strive to reach more vulnerable families with the services they need.

References

¹ The PEW Charitable Trust. (2014). *Home Visiting Family Support Programs: Benefits of the Maternal, Infant, and Early Childhood Home Visiting Program.* Washington, DC: The PEW Charitable Trust.

This is a SAMPLE fact sheet. The information below should be replaced with data from your program and this box should be deleted.

How [STATE] Is Addressing Primary Caregiver Depression Through Home Visiting

Overview

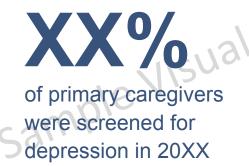
Primary caregiver depression includes a wide range of mood disorders that can affect women during pregnancy and families after the birth of the child. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. [STATE] is using MIECHV Program funding to train home visitors to discuss primary caregiver depression with participants and make appropriate referrals to mental health services. This fact sheet explains why primary caregiver depression matters, states what [STATE] is doing through home visiting to address primary caregiver depression, and describes our progress on screening for primary caregiver depression among expectant women and caregivers in the home visiting program.

Why Primary Caregiver Depression Matters

- Approximately 10–20% of women experience depression either during pregnancy or in the first 12 months postpartum.¹
- Caregiver depression is a significant risk factor affecting the well-being and school readiness of young children.²
- Mothers with depression generally show less attentiveness and responsiveness to their children's needs.³

How [STATE] Is Addressing Primary Caregiver Depression Through Home Visiting

- Home visitors screen for primary caregiver depression and make referrals to mental health services.
- MIECHV Program funding is used to increase training for home visitors on primary caregiver depression and screening techniques.
- With funding from the MIECHV Program, [STATE]'s recent efforts ensured that (xx)% of primary caregivers in the program were screened for depression in 20XX.



Summary

Primary caregiver depression puts caregiversand children at risk for negative outcomes. Home visitors are trained to screen for depression and make appropriate referrals as they build trusting relationships with expectant and new caregivers. MIECHV Program funds are used in [STATE] to expand training for home visitors on effective screening and referral techniques. Since 2010, these resources have contributed to an increased number of screenings and more referrals to appropriate mental health services. In addition to monitoring depression screenings, MIECHV home visitors also track the completion of depression referrals to ensure families receive the support they need. Ultimately, connecting expectant and new caregivers to quality mental health services will result in healthier families.

References

¹ National Institute for Health Care Management and Education Foundation. (2010). *Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans.* Washington, DC: National Institute for Health Care Management and Education Foundation.

² Knitzer, J., Theberge, S., & Johnson, K. (2008). *Reducing Maternal Depression and Its Impact on Young Children: Toward a Responsive Early Childhood Policy Framework*. New York, NY: National Center for Children in Poverty.

³ Canadian Paediatric Society. (2004). Maternal depression and child development. *Paediatrics and Child Health*, 9(8), 575-583.

How [STATE] Is Promoting Breastfeeding Any Amount Through Home Visiting

Overview

Breastfeeding benefits moms and babies. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. [STATE] is using MIECHV Program funding to train home visitors to discuss breastfeeding with new moms and provide appropriate resources to support them. This fact sheet explains why breastfeeding matters, states what [STATE] is doing to promote breastfeeding any amount through home visiting services, and describes our progress in increasing rates of breastfeeding any amount at 6 months of age.

Why Breastfeeding Matters

- The American Academy of Pediatrics recommends exclusively breastfeeding for about the first six months of a baby's life.¹
- Breastfeeding has health benefits for babies²:
 - o It supplies all the necessary nutrients in the proper proportions.
 - It protects against allergies, sickness, and obesity.
 - o It protects against diseases, like diabetes and cancer.
 - o It protects against infections, like ear infections.
 - Breastmilk is easily digested.
 - Breastfed babies have healthier weights as they grow.
 - Breastfed babies score higher on IQ tests later in life.
- Breastfeeding has health benefits for moms³:
 - It is associated with lower risk of breast and ovarian cancer.
 - It is a positive form of bonding with the baby.
 - It may help decrease postpartum depression.

How [STATE] Is Promoting Breastfeeding Any Amount Through Home Visiting

- [STATE] is encouraging breastfeeding any amount through the MIECHV Program by training home visitors to explain the value of breastfeeding to new moms and share resources with women who struggle with breastfeeding.
- Nationally, 79% of moms initiate breastfeeding before they leave the hospital.⁴
- In [STATE], (xx)% of infants in the MIECHV Program were breastfed any amount at 6 months in 20XX.





Summary

While new moms may have good support for breastfeeding while they are in the hospital after delivery, they often need additional help at home. Home visitors work with new moms at home to explain the value of breastfeeding and share resources and materials to support breastfeeding. MIECHV Program funds are used in [STATE] to expand the reach of home visiting and increase the availability of breastfeeding resources to support new moms. In [STATE], our goal is to build a network of resources to increase the number of moms who breastfeed any amount for the first few months of the baby's life.

References

- ¹ American Association of Pediatrics. (2012, February). *AAP Reaffirms Breastfeeding Guidelines*. Retrieved from http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Reaffirms-Breastfeeding-Guidelines.aspx#sthash.TrGXgclU.dpuf
- ² New York Department of Health. (2013, May). *Why Is Breastfeeding Important for Your Baby?* Retrieved from https://www.health.ny.gov/prevention/nutrition/wic/breastfeeding/importance.htm
- ³ U.S. Department of Health and Human Services. (2011). *The Surgeon General's Call to Action to Support Breastfeeding*. U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK52687/

⁴ Centers for Disease Control and Prevention. (2014, July). *Breastfeeding Report Card. United States, 2014*. Retrieved from http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf