

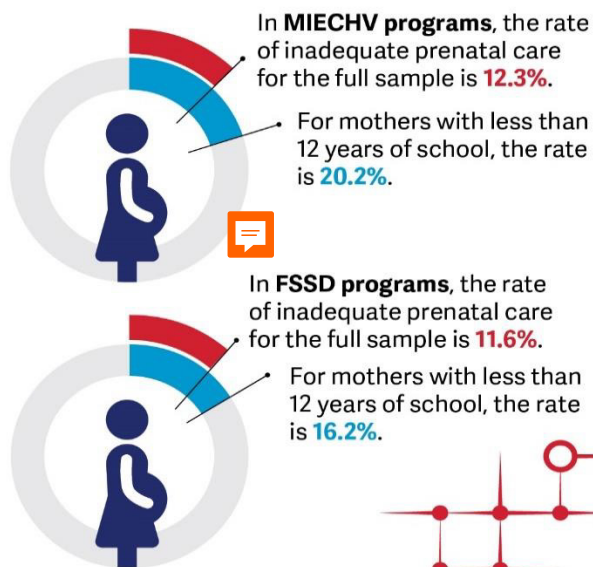
PROGRAM OUTCOMES AND BIRTH RISKS IN HOME VISITING

SERVING THE MOST AT-RISK FAMILIES

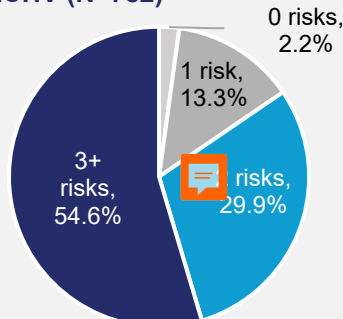
This brief highlights findings from a recent report ¹ using I2D2 data about families in home visiting. Children served by federal programs (MIECHV) are found to have higher rates of individual and cumulative birth risks compared to those in state programs (FSSD). MIECHV is serving a higher proportion of families on Medicaid or WIC at the time of birth, single mothers, teen mothers, and mothers who use tobacco immediately before or during pregnancy.

Birth risks analyzed include: Poverty, preterm or low birth weight, low maternal education, single motherhood, teenage motherhood, inadequate prenatal care, and tobacco use.

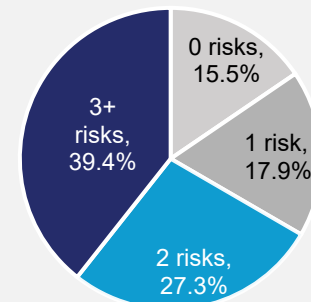
For children with two or more risks, one unique pattern emerged demonstrating that children born to moms without a high school education have more than **1.5x the rate of inadequate prenatal care**.



MIECHV (N=782)



FSSD (N=7,898)



84.5% of children served by federally funded programs have 2 or more birth risks in comparison to only 66.7% of children with 2 or more risks served by state funded programs.



WHAT'S NEXT?

State programs have a more universal approach to services – but they may not be reaching the families most at risk

1. Programs can focus on **filling service gaps** and **connecting communities with higher rates** of children being born with more risks.
2. Programs can **concentrate engagement efforts for families with higher numbers of risks** to prevent drop out.
3. When programs connect with mothers without a high school education, special emphasis can be placed on **connecting mothers with prenatal care and related services**.

	Complete	Did Not Complete
Risks		
0 risks	72.8	27.2
1 risk	45.6	54.4
2 risks	40.6	59.4
3+ risks	31.5	68.5
Program		
MIECHV	24.4	75.6
FSSD	44.6	55.4

Children experiencing higher numbers of risks at birth are less likely to complete home visiting programs

