



Emergency Assistance to Families through Home Visiting

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program has a proven track record of improving outcomes for at-risk pregnant women and families – some of the same families that are struggling the most with isolation and economic hardship during the pandemic.

- Home visiting is shown to improve women’s general health, increase health insurance coverage, and reduce maternal depressive symptoms.¹
- Home visiting also improves school readiness and increases parent-child interaction.²
- MIECHV funds a number of evidence-based home visiting models across the country, including Healthy Families America, Parents as Teachers, and the Nurse-Family Partnership.

The families served by and eligible for MIECHV home visiting are particularly vulnerable during this pandemic.

- The majority of participating caregivers are single parents under 25 with a high school diploma or less education.³ All three of these characteristics are associated with increased job loss during COVID-19.⁴
- These same characteristics, plus identifying as Black or Hispanic, are also associated with a much lower likelihood of teleworking, increasing the personal risk of earning a living.⁵ Thirty percent of participating adults identify as Black, and 29% of participating adults identify as Hispanic.⁶

MIECHV can be a fast, effective tool to get help to our most vulnerable families, but home visiting programs need resources and flexibility not available under current law.

- Current funding of \$377 million a year only covers the cost of serving a tiny fraction of the estimated 18 million eligible families.
- Home visitors have worked without pause during the pandemic, but programs have struggled to pay for PPE, technology for virtual visits, and other key safety measures.
- Home visitors are not currently allowed to directly provide supplies that they know families need and struggle to obtain during the pandemic – things like diapers, soap,

¹ <https://www.acf.hhs.gov/opre/research/project/maternal-infant-and-early-childhood-home-visiting-evaluation-mihope>

² <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

³ <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/reportcongress-homevisiting.pdf>

⁴ <https://www.bls.gov/cps/effects-of-the-coronavirus-covid-19-pandemic.htm#table3>

⁵ <https://www.bls.gov/cps/effects-of-the-coronavirus-covid-19-pandemic.htm#table1>

⁶ <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/reportcongress-homevisiting.pdf>

groceries, and other basic necessities – and the pandemic has made their normal method of referring to other social services programs more challenging.

- Non-profit supports for young families like diaper banks are also struggling with increased need and decreased donations.

The Emergency Assistance to Families through Home Visiting Act would provide a one-time appropriation of \$150 million for the additional cost to home visiting programs of serving more families safely and meeting the needs of their existing families better during the pandemic.

- Help would arrive quickly, because the funding could be provided by amending existing contracts, and home visitors are already serving the most vulnerable families in rural, urban, and suburban communities across the country.
- In addition to funding safe home visiting for more families struggling with toxic stress and isolation, funds would be available to:
 - acquire emergency supplies, including prepaid grocery cards, diapers, and personal protective equipment
 - help families obtain devices and WiFi for home visits
 - work with local diaper banks, including reimbursing them for supplies provided to eligible families