

Voluntary Home Visiting Yields Strong Returns for Children, Families and the Nation

Strengthening investments in home visiting can help improve public safety, build the future workforce, and bolster national security

Giving all children a strong and healthy start is one of the best ways to create flourishing adults who make positive contributions to the nation. Unfortunately, not all families have the resources or capacity needed to give their children a strong foundation without extra support, particularly families who face difficult circumstances—such as poverty, mental health challenges or a lack of positive parenting role models.

High-quality, voluntary home visiting programs provide vital support for vulnerable families from pregnancy into the early years of a child's life, embracing the rationale that early investments reduce costly, future problems. Through consistent engagement with trained professionals, in the home or via virtual visits, parents receive guidance, preparation, tools, and gain access to community services. These resources help parents to effectively stimulate healthy development in their children and avoid harmful parenting practices, such as child maltreatment, that can lead to long-term developmental issues.

The benefits of home visiting extend well beyond the family. These programs may improve public safety by preventing children's future involvement in crime¹, promote school readiness and academic achievement,² and

help reduce substance use.³ They can also strengthen the economy by fostering families' economic independence and helping children become productive adults.⁴ Further, home visiting programs have implications for national security, through their impact on obesity, one of the major medical disqualifiers for military service.⁵ In addition, some home visiting models show positive returns on investment (ROI). For example, the Nurse-Family Partnership yields a "profit" of \$4,556 for each participant served.⁶

Despite these myriad benefits, the need for home visiting is greater than the capacity to serve. Nationwide there are approximately 3.4 million highest-priority families⁷ who could benefit from home visiting. Only about 71,000 (equivalent to two percent of vulnerable families)

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received services from the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.⁸ When including state and local funding, still only 299,000 families—about nine percent—received services.⁹

The Path Forward: A Stronger Investment in Home Visiting

Increase funding for home visiting

Increasing funding for the MIECHV program by \$200 million annually, to \$1.4 billion, would dramatically increase the number of families served.¹⁰

Invest more to serve families in Native communities

Currently, only three percent of funding is set aside for tribal communities.¹¹ Doubling this set-aside to six percent would help serve high-need areas in American Indian and Alaska Native communities.¹²

Permit continuation of virtual home visits

In recent years, particularly since the

COVID-19 pandemic, some home visiting models have adopted virtual home visiting.¹³ Virtual home visits can increase flexibility, extend service reach (particularly in rural areas), and prevent disruptions and family disengagement.¹⁴

Increase compensation for the home visiting workforce

The benefits of home visiting cannot be realized without a stable workforce. Experts have identified poor compensation as one the primary reasons for the workforce's instability.¹⁵ When home visiting professionals resign, this inhibits family engagement, and fewer families receive needed services.¹⁶

Home visiting programs help our most vulnerable families by providing tools and resources to overcome barriers to success. Without a renewed commitment to MIECHV, we run the risk of reversing gains and suspending future advancement, to the detriment of vulnerable families and the nation.

Council for a Strong America is a national, bipartisan nonprofit that unites membership organizations, including law enforcement leaders, retired admirals and generals, and business executives, that promote solutions ensuring that our next generation of Americans will be successful, productive members of society.

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MIECHV serves only a small fraction of families who could benefit

State	# of highest-priority families that could benefit from home visiting services*	# of families served, MIECHV	% of families served, MIECHV	% of families served, total (includes MIECHV, state, and local programs)
ALABAMA	60,260	1,854	3.10%	6.30%
ALASKA	7,140	214	3.00%	11.90%
ARIZONA	85,426	2,001	2.3 %	9.80%
ARKANSAS	40,986	2,008	4.9 %	16.30%
CALIFORNIA	405,042	2,684	0.70%	3.70%
COLORADO	39,676	1,994	5.0 %	21.20%
CONNECTICUT	24,675	1,105	4.50%	14.40%
DELAWARE	9,180	607	6.6 %	14.80%
DISTRICT OF COLUMBIA	8,088	205	2.5 %	5.50%
FLORIDA	196,580	2,790	1.4 %	8.10%
GEORGIA	124,761	1,461	1.20%	2.40%
HAWAII	10,036	565	5.6 %	8.00%
IDAHO	14,056	537	3.8 %	9.50%
ILLINOIS	124,002	1,260	1.0 %	11.80%
INDIANA	74,600	2,075	2.80%	16.20%
IOWA	30,090	1,019	3.40%	31.40%
KANSAS	29,359	544	1.90%	27.30%
KENTUCKY	53,571	1,439	2.70%	13.00%
LOUISIANA	71,523	2,186	3.10%	5.70%
MAINE	12,096	1,770	14.6 %	14.80%
MARYLAND	49,410	1,137	2.3 %	3.80%
MASSACHUSETTS	50,190	1,793	3.60%	5.50%
MICHIGAN	111,364	1,597	1.4 %	22.60%
MINNESOTA	47,970	1,772	3.70%	14.60%
MISSISSIPPI	45,306	676	1.50%	1.80%
MISSOURI	61,362	542	0.90%	23.70%
MONTANA	8,736	1,326	15.20%	18.40%
NEBRASKA	21,438	228	1.10%	4.90%
NEVADA	30,381	519	1.7 %	1.90%
NEW HAMPSHIRE	7,852	340	4.3 %	6.40%
NEW JERSEY	69,090	5,387	7.8 %	8.70%
NEW MEXICO	31,220	510	1.6 %	7.50%
NEW YORK	187,283	3,023	1.6 %	5.90%
NORTH CAROLINA	118,335	561	0.50%	9.70%
NORTH DAKOTA	8,364	128	1.50%	7.90%
OHIO	146,050	2,178	1.50%	8.30%
OKLAHOMA	47,140	894	1.9 %	12.10%
OREGON	35,785	1,135	3.20%	11.10%
PENNSYLVANIA	122,360	2,859	2.3 %	13.00%
RHODE ISLAND	9,918	1,608	16.2 %	16.20%
SOUTH CAROLINA	61,272	1,304	2.1 %	7.30%
SOUTH DAKOTA	9,027	171	1.90%	9.00%
TENNESSEE	77,511	1,595	2.10%	3.30%
TEXAS	349,800	3,333	1.00%	4.80%
UTAH	21,270	474	2.2 %	7.70%
VERMONT	4,004	469	11.70%	12.80%
VIRGINIA	69,705	1,333	1.90%	7.70%
WASHINGTON	64,200	1,578	2.50%	9.30%
WEST VIRGINIA	20,286	1,573	7.80%	9.00%
WISCONSIN	51,017	2,047	4.00%	8.70%
WYOMING	4,845	258	5.30%	18.70%
TRIBAL	96,454	1,606	1.70%	4.90%

*Families with two or more priority criteria

Source: National Home Visiting Resource Center, <https://nhvrc.org/yearbook/2021-yearbook/>

Endnotes

- 1** Kim, E.Y., Park, J. & Kim, B. (2016). Type of childhood maltreatment and the risk of criminal recidivism in adult probationers: A cross-sectional study. *BMC Psychiatry*, 16(294). <https://bmcpsy psychiatry.biomedcentral.com/articles/10.1186/s12888-016-1001-8> ; Nurse-Family Partnership manual. http://community.nursefamilypartnership.org/comnfp/media/large_files/DataCollection-Manual-October-2012-Final.pdf ; Parents as Teachers technical brief. https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/58239059197aea06e0b46520/1478725721563/TA_Brief_9_Protocols_April_2016.pdf
- 2** Zigler, E., Pfannenstiel, J., & Seitz, V. (2008). The Parents as Teachers program and school success: A replication and extension. *Journal of Primary Prevention*, 29, 103-120. <https://link.springer.com/article/10.1007/s10935-008-0132-1>.
- 3** Easterbrooks, A., et al. (2017). The Massachusetts Healthy Families Evaluation-2: Early Childhood (MHFE-2EC): Follow-up study of a randomized, controlled trial of a statewide home visiting program for young parents. <https://sites.tufts.edu/tier/files/2021/06/tuftsFinalReportFull2017.pdf> ; Kitzman, H., Olds, D.L., Cole, R., et al. (2010). Enduring effects of prenatal and infancy home visiting by nurses on children: Age-12 follow-up of a randomized trial. *Archives of Pediatric Adolescent Medicine*, 164(5), 412-418. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4225617/>
- 4** Jones Harden, B., et al. (2012). Early Head Start home visitation: The role of implementation in bolstering program benefits. *Journal of Community Psychology*, 40(4), 438-455. <https://onlinelibrary.wiley.com/doi/abs/10.1002/jcop.20525> ; Olds, D. L. et al. (2010). Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending: Follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics & Adolescent Medicine*, 164(5), 419-424. <https://www.ncbi.nlm.nih.gov/pubmed/20439792> ; The Coalition for Evidence put the savings in 2014 dollars: <http://evidencebasedprograms.org/1366-2/nurse-family-partnership>
- 5** Orday, M.R., Sadler, L.S., Holland, M. L., et al. (2018). A home visiting parenting program and child obesity: A randomized trial. *American Academy of Pediatrics*, 14, e20171076. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5810599/>
- 6** Washington State Institute for Public Policy. (2020, February 26). Washington State Institute for Public Policy benefit-cost. Nurse Family Partnership. <http://wsippweb-prod.us-west-2.elasticbeanstalk.com/BenefitCost/ProgramPdf/35/Nurse-Family-Partnership>
- 7** Those with two or more priority criteria (i.e. infant below 12 months; income below poverty threshold; under age 21; single; less than a high school diploma). National Home Visiting Resource Center. (2021). 2021 Home visiting yearbook. Who could benefit? Priority families. <https://nhvrc.org/yearbook/2021-yearbook/who-could-benefit/priority-families/>
- 8** U.S. Department of Health and Human Services, Health Services & Resources Administration (2021, July). Maternal, Infant, and Early Childhood Home Visiting Program. <https://mchb.hrsa.gov/sites/default/files/mchb/about-us/program-brief.pdf>
- 9** National Home Visiting Resource Center. (2021). 2021 Home visiting yearbook. Who is being served by evidence-based models? https://nhvrc.org/state_profile/national-profile-2021/
- 10** First Five Years Fund. (2022). The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. https://www.ffyf.org/wp-content/uploads/2022/03/FFYF_MIECHV_FY2022.pdf
- 11** Congressional Research Service. (2018). Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Background and funding. <https://sgp.fas.org/crs/misc/R43930.pdf>
- 12** First Five Years Fund. (2022). The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. https://www.ffyf.org/wp-content/uploads/2022/03/FFYF_MIECHV_FY2022.pdf
- 13** Home Visiting Coalition. (2022). Virtual home visiting. <https://www.smartstart.org/wp-content/uploads/2022/02/Virtual-Home-Visiting-7-2.pdf>
- 14** National Home Visiting Resource Center. (2017). Technology in home visiting: Strengthening service delivery and professional development using virtual tools. https://www.nhvrc.org/wp-content/uploads/NHVRC-Brief-1108_FINAL.pdf
- 15** Alitz, P. J., Geary, S., Birriel, P. C., et al. (2018). Work-related stressors among maternal, infant, and early childhood home visiting (MIECHV) home visitors: A qualitative study. *Maternal and Child Health Journal*, 22(1), 62–69. <https://pubmed.ncbi.nlm.nih.gov/29855835/>
- 16** *ibid.*