Exploring Remaining Needs and Opportunities for Improvement in Rural Communities: A Focus on Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Services

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Home visitors, such as those qualified individuals funded by Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, are frontline workers who provide critical and often otherwise-missing services to families in rural communities. They can serve as a prenatal and postpartum support system for women and families. Home visitors provide broader family support that includes mental health assessments and screening, parent education, child development assessment, family planning, and family economic well-being. In many cases, a home visitor may be a rural parent's only point of contact outside their family in a given week, and usually one of the few sources of real-time information and resources as the parent begins to navigate a new chapter of parenthood.

Key Findings

- Home visiting programs often address deeply personal topics and experiences such as pregnancy, postpartum health, and parenting so MIECHV program staff need to build mutual trust within rural communities in order to provide services effectively.
- MIECHV program staff noted that service providers should be aware and respectful of cultural differences, namely the ways in which people parent and how these nuances may impact their discussions with participants.
- New mothers may experience higher degrees of social isolation than others in their rural communities (and others in non-rural communities). MIECHV programs in rural areas may be critical for addressing social isolation.
- MIECHV program staff identified significant pandemic-related need among their clients, particularly in the areas of mental health issues, substance use, job loss, and trauma.
- Stronger connections to other early childhood programs may help to address needs among MIECHV participants outside the scope of the home visiting program.

In this brief, we focus on the *Human Services Programs in Rural Contexts* study's findings for the MIECHV Program. The findings in this brief are drawn primarily from interviews with rural human services providers from eight of 12 study sites that had MIECHV-funded programs[1] as well as MIECHV administrative data

[1] MIECHV-funded programs were present in nine of the 12 study sites: Lake County, MT; Costilla County, CO; Starr County, TX; Montgomery County, KS; Wilcox County, AL; Georgetown County, SC; Magoffin County, KY; Gallia County,

and secondary survey sources. The findings illustrate the experiences of rural practitioners as they deliver MIECHV-funded home visiting services in their communities. It is worth noting that although some of these findings may also be present outside of rural areas, it was not the intent of the larger study to draw comparisons of human services delivery in rural versus non-rural areas.

We found that the MIECHV Program provides significant support to rural families who may otherwise be isolated. At the same time, we identified components of rural contexts that can make home visiting service delivery challenging, such as infrastructure and local culture. Taken together, the data suggest a variety of ways in which home visitors can effectively adapt service delivery for rural contexts, as well as a series of structural barriers that may be better addressed by policymakers across local, state, and federal levels.

Human Services Programs in Rural Contexts Study

This brief is part of a study focused more broadly on human services programs in rural contexts. Through a mixed methods research design that includes administrative and secondary data alongside 12 site visits, in tandem with engagement from human services practitioners and other subject matter experts, this project achieved the following: 1) provided an in-depth description of human services programs in rural contexts; 2) determined the remaining need for human services in rural communities; and 3) identified opportunities for strengthening the capacity of human services programs to promote the economic and social well-being of individuals, families, and communities in rural contexts. The study examined several human services programs administered by the U.S. Department of Health and Human Services, including Healthy Marriage and Responsible Fatherhood (HMRF); Maternal, Infant, and Early Childhood Home Visiting (MIECHV); Health Profession Opportunity Grants (HPOG); Temporary Assistance for Needy Families (TANF); and other programs focused on early childhood development, family development, employment, and higher education and technical training.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

The MIECHV Program funds evidence-based voluntary home visiting that supports that supports pregnant people and families with young children who live in communities that face greater risks and challenges to achieving positive child and family outcomes. MIECHV-funded home visiting programs aim to positively affect a range of outcomes that include the following:

- Improving maternal and child health
- Preventing child abuse and neglect
- Reducing crime and domestic violence
- Increasing family education level and earning potential
- Promoting children's development and readiness to participate in school
- Connecting families to needed community resources and support

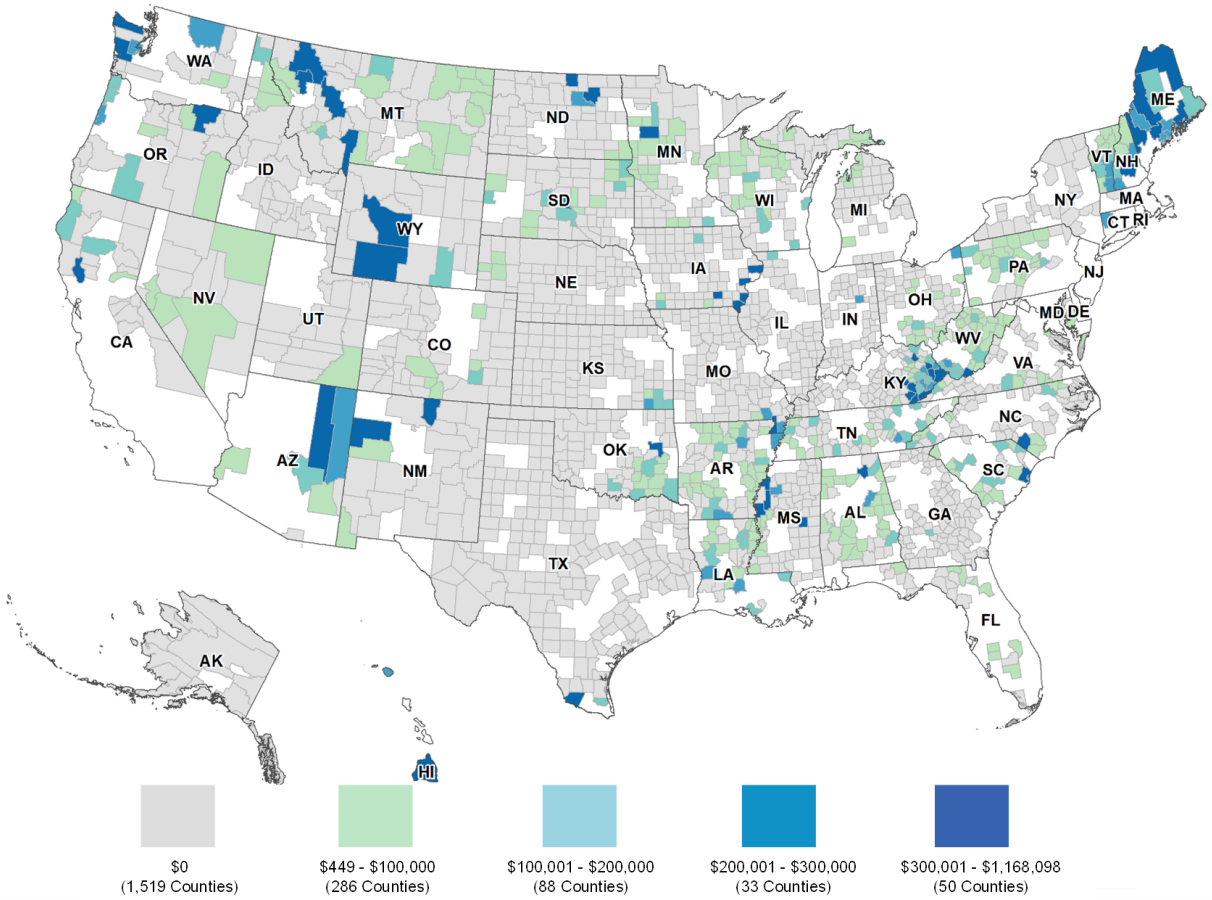
Numerous studies have demonstrated the efficacy of evidence-based home visiting in supporting multiple positive outcomes, including prevention of rapid repeat birth, domestic violence, child maltreatment, and

OH; Clinton County, PA. The research team was not able to conduct interviews with MIECHV staff in Montgomery County.

maternal depression, as well as promoting increased health literacy (Cluxton-Keller et al., 2018; Howard and Brooks-Gunn, 2009; Lyon et al., 2015; Ownbey, Ownbey, and Cullen, 2011; Rubin et al., 2011; Mobley et al., 2014).

In fiscal year (FY) 2018, approximately $58 million of the funding that the MIECHV Program awarded to states, territories, and tribal locations supported rural communities in providing home visiting services to families (Exhibit 1). Based on the funding estimates in Exhibit 1 below, the MIECHV Program awarded more funds to grantees serving rural counties in the Northeast (especially Maine); counties in the Appalachia region in rural Kentucky and West Virginia; rural counties along the Mississippi and Arkansas border in the Delta region; and rural pockets in the West and Rocky Mountain region of the country as compared to other regions across the United States.

Exhibit 1. Map of FY 2018 Funding for MIECHV (Non-Tribal and Tribal) in Rural Counties



Note: We estimated that the amount allocated to each rural county by mapping grantee service areas to the county level. In 2018, there were two new MIECHV Tribal Grantees (covering rural counties in Alaska and South Dakota) that did not serve clients during that year; the counties these grantees serve are therefore represented on the map as having $0 in funding. See Section 7.2.3 of the Comprehensive Report for the methods used to estimate funding at the county level.

Sources: HRSA administrative data; U.S. Census Bureau (2018).

Models Discussed by MIECHV Awardees at the Study Sites Rural Contexts

MIECHV awardees have flexibility to select an eligible evidence-based home visiting model[2] or a promising approach that best fits the needs of their communities. The findings presented below are from interviews we conducted across eight study sites implementing MIECHV-funded home visiting and provide a perspective from rural home visitors on aspects of models and approaches that they feel may be most effective. Although staff across the sites spoke generally about their service delivery approaches, respondents at two of the sites provided details about the specific models they used. The descriptions of these models serve as examples of the kinds of services provided. One of these two sites was implementing the Nurse-Family Partnership (NFP) model; another was implementing Parents as Teachers (PAT), both of which are considered evidence-based home visiting models. The NFP model requires specific visit schedules, income requirements, and participation requirements (participation is limited to women who are enrolled prior to 28 weeks' gestation and are first-time mothers). The model has flexible guidelines regarding the topics covered and emphasizes a client-driven approach where the client is consulted during the process of setting goals and choosing support types. One interviewee described the client-centered nature of the model, saying "the idea [is] that the client is the expert on their own life . . . meaning we're not there [to] give advice but rather to help them set goals that are pertinent to their own idea or picture that they're painting."

The PAT model was described by respondents as an evidence-based model that focuses on family goals and child development outcomes. One MIECHV staff member reported that they perceive the PAT model to be working well in their area due to its family-centered approach, explaining, "This program allows us to deliver the quality home-based early childhood education . . . developmentally age-appropriate activities that we can provide to the parents and even resources . . . depending on the family needs . . . each family has different needs and each family wants to learn different things." This respondent mentioned health, discipline, and developmental questions or concerns as examples of different family priorities.

MIECHV staff reported challenges associated with delivering models with fidelity in rural communities, including extensive processes for becoming a provider; extensive data collection requirements; long driving distances to families; and conducting outreach. This is due in many cases to staff capacity and access to resources and technical assistance. Across the sites, we found that rural communities often struggle to recruit and retain highly-qualified staff. In many cases, practitioners are stretched thin in order to deliver programs without the staff size or resources available to programs in non-rural areas. Staff with multiple roles may struggle to balance administrative responsibilities such as data reporting, grant applications, and operations with their role in conducting outreach and delivering services in the community.

Across our interviews at MIECHV sites, program staff also highlighted strategies they can implement in response to the needs of their unique rural contexts. Some of these strategies include the following:

- **Forming community partnerships**: MIECHV staff highlighted the importance of community partnerships, as MIECHV participants often enter into the program after being referred by another human services program operating in the same community. Not only do partnerships with other

[2] See Models Eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Funding: https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees

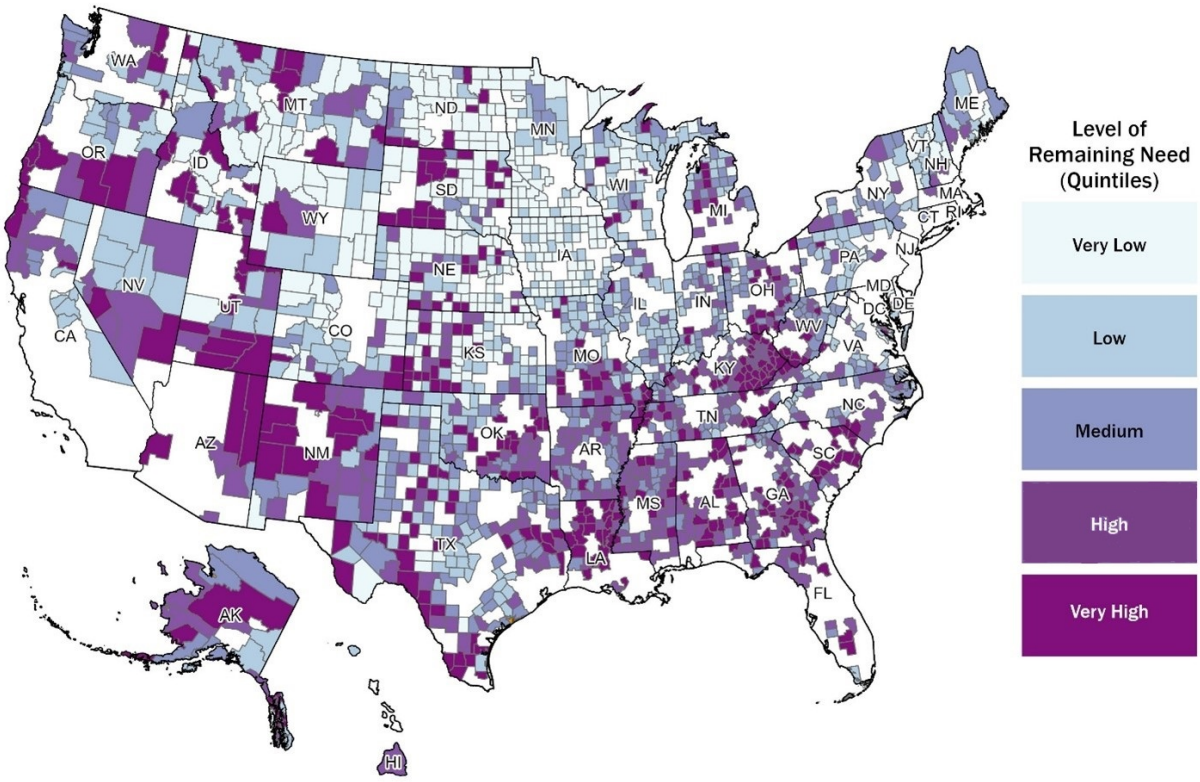
nonprofits in the community promote community awareness of MIECHV-funded programs, these partnerships help to build mutual trust between programs and the community.

- **Adapting materials and delivery models**: Respondents noted that there is often a need to adapt curriculums and educational materials to fit with the participant's primary language or level of literacy.
- **Understanding client needs when providing services**: MIECHV staff shared that there are several structural barriers in rural contexts that can make it difficult to reach, engage, and serve participants. These barriers included long travel times between clients, lack of childcare, and a dearth of available employment opportunities. To mitigate these barriers, MIECHV staff would schedule sessions outside standard business hours to accommodate client employment and childcare schedules and MIECHV staff would be flexible in providing times for make-up sessions when conflicts arose.

Remaining Need Associated with MIECHV in Rural Contexts

In addition to conducting interviews with MIECHV and community partner staff at rural sites, this study sought to gain better insight into areas of remaining need through a quantitative analysis of administrative and secondary survey data. We defined remaining need for services provided by MIECHV as **the difference between the eligible population and the population served,** with a greater difference between the eligible population and the served population indicating a greater remaining need. We also accounted for the level of non-federal human services funding and the baseline level of need for MIECHV Program services in each rural county. Importantly, we found that MIECHV efficiently allocates its services to focus on rural counties with higher levels of need. However, we also found, that some rural counties still have high levels of remaining need that are currently unmet by the program (Exhibit 2). Need remains high especially in rural counties in the South, Appalachia, the West, the Southwest, and in some counties across Alaska and Hawaii.

Exhibit 2. Quintiles of Remaining Need for MIECHV Program Services



Opportunities for Strengthening MIECHV in Rural Contexts

> No family is going to be the same. They're always going to need something different from the program. – MIECHV Staff

Our qualitative findings across the eight MIECHV sites point to key lessons learned that may improve future program delivery. Several of these lessons learned and practitioner recommendations from staff at MIECHV-funded programs echo those insights we found across the other human services programs of focus in this study[3].

MIECHV PROGRAM STAFF NEED TO BUILD MUTUAL TRUST WITHIN RURAL COMMUNITIES IN ORDER TO PROVIDE SERVICES EFFECTIVELY

Program staff across multiple regions noted that human services programs that involve home visiting like MIECHV address deeply personal topics and experiences such as pregnancy, postpartum health, and parenting. As a result, these programs require significant social capital[4] within the community as well as trust-building with families in order to operate effectively. One MIECHV staff member in Appalachia noted,

[3] The other programs of focus included Temporary Assistance for Needy Families (TANF), Healthy Marriages, Responsible Fatherhood (HMRF), and Health Profession Opportunity Grants (HPOG).

[4] "Social capital" is a term used to describe the ways in which trust and bonding function in a community, defined by researcher Robert Putnam (Putnam, 2020) as the following: "A wide variety of quite specific benefits that flow from the trust, reciprocity, information, and cooperation associated with social networks. Social capital creates value for the people who are connected and—at least sometimes—for bystanders as well."

"It's scary, especially for this type of population . . . they only trust their own people, it seems like." In order to promote participation, program staff rely on referrals from family and friends who can vouch for the safety and efficacy of the program and help to build community trust in the program. MIECHV program staff described one strategy for trust-building as establishing relationships with healthcare workers, such as maternity ward nurses, who may be able to provide referrals for their patients. Future research could determine the effectiveness of different strategies and incentives in promoting trust between communities and human services programs in different contexts.

Findings from human services practitioners across the study sites also suggest a cultural distrust of the government in many rural areas. This can be especially challenging for home visiting programs, as residents of rural communities sometimes confuse them with child protective services—a state or local agency whose staff members also go to families' homes and work with parents and children. This misunderstanding can be a barrier to service uptake for families considering home visiting services.

HOME VISITORS SHOULD BE CULTURALLY SENSITIVE, PARTICULARLY REGARDING PARENTING PRACTICES

In line with needing to build community trust, practitioners noted that service providers should be aware and respectful of cultural differences. Different cultures parent their children in different ways, and a knowledge of these nuances may impact the discussions human services providers have with their participants. One example is how MIECHV program staff discuss the concept of "safe sleep," which is defined by the American Academy of Pediatrics (AAP) and includes specific research-based guidance about how to reduce the risk of Sudden Infant Death Syndrome (SIDS), crib death, or suffocation. Curriculum models used by MIECHV Program require home visitors to provide families with this guidance and its rationale. However, the APP guidance does not necessarily align with how all families approach the practice of putting their infants to sleep (some families engage in co-sleeping, for example, or do not share a room, or may use things like crib bumpers and blankets, which are not recommended by the AAP for infants). These practices may be culturally grounded and discretion is needed as staff navigate such issues while providing guidance and building trusting relationships. The staff noted a tension between being culturally sensitive and meeting performance metrics laid out by model curriculum guidelines: "Safe sleep is one example of an MIECHV benchmark that we're required to measure and talk to families about . . . There's a huge cultural issue with safe sleep and differences of thinking [and] there's room for all that . . . but because the home visitor has to be so focused on one . . . data point . . . and knowing that if the family reports non-safe sleep measures, that's a ding somehow to our program."

> Give us the autonomy to be able to know who we serve and to be able to . . . bend the tree branch of the rules. When I bend the stick, don't make it break. Let me make it fit where I need while staying within guidelines. – MIECHV Staff

Another home visiting program staff member noted that the level of documentation required may also make participants wary and can hinder trust-building: "many families report that [the initial visit] seemed very overwhelming and . . . not what they signed up for . . . not helpful. 'I thought somebody was going to come in and . . . walk me through how to be a parent' . . . and then you've got to come in as . . . a professional and during the entire course of the relationship, it's very documented."

MIECHV PROGRAMS IN RURAL AREAS MAY BE CRITICAL FOR ADDRESSING SOCIAL ISOLATION

Social isolation, defined as "an objective lack of social contact with others" (National Academies of Sciences, Engineering, and Medicine, 2020), may be more prevalent in rural areas across all populations due to factors like low population density, lack of transportation, and fewer, or a lack of, community resources and commercial businesses. The immediate postpartum period is particularly isolating for many mothers in the United States. Research has found that the COVID-19 pandemic may have exacerbated the situation (Weissbourd et al., 2021). This means that new mothers in rural areas may experience higher degrees of social isolation than others living in the same community (and others in non-rural communities). In multiple cases, MIECHV staff noted that once they have built trust with their participants, these visits serve as a primary form of social interaction and support for new mothers: "There [are] moms that . . . don't talk to anybody, only to us . . . I had a mom… [and] I would sometimes be there an hour and a half in her home . . . and then she would walk me to my car and [say] 'No, don't leave . . . please, can you come tomorrow?' Because they don't go out [and] because they don't drive or [because] they don't have a vehicle, [or] dad's working the whole week, [or] they're at home 24/7." In addition to one-on-one interaction, some MIECHV programs sought to fill social gaps through play groups and other opportunities for parents and children to socialize.

MIECHV PROGRAM STAFF HAVE IDENTIFIED SIGNIFICANT PANDEMIC-RELATED NEED AMONG THEIR CLIENTS, IN PARTICULAR MENTAL HEALTH ISSUES, SUBSTANCE USE, JOB LOSS, AND TRAUMA

Many program staff identified an increase in substance use and mental health issues related to the COVID-19 pandemic. In addition to affecting mental health, the pandemic has also served to increase isolation in rural communities, areas that often lack reliable broadband internet access. As a result, residents were less able to engage in virtual and hybrid activities during the pandemic. Practitioners indicated that these concerns span multiple generations, affecting not only the parents at whom the program is directed, but also their children: "In the past two years, I've seen a significant uptick and we've had families overdose, families incarcerated . . . it's very disheartening . . . the behavior issue as well has increased [among the] children that we see coming to our center . . . and we work hand-in-hand with the school district as well . . . and they will report the same thing [that] these kids . . . don't necessarily have a significant delay or a significant developmental issue, but [they] just have a lot of social-emotional issues." Continuing to help families connect with other services may help to address the uptick in mental health, social-emotional, and substance use concerns among parents and children.

STRONGER CONNECTIONS TO OTHER EARLY CHILDHOOD PROGRAMS MAY HELP TO ADDRESS REMAINING NEED AMONG MIECHV PARTICIPANTS

By statute, the MIECHV Program funds home visiting for pregnant women and parents of children from birth to age five. Because of this focus, some MIECHV-funded programs using models that work with families until children are five years old end enrollment at age four to ensure a child receives a full year of services. However, there are not formal pathways for many families to continue to receive support once their child ages out of the MIECHV-funded program. Although related programs like Head Start exist in many rural communities, parents may be unaware of such programs; program spots may be filled or inadequate to meet local demand; or programs may be challenging to reach. Therefore, even if home visitors provide information about these programs, needs may go unmet after their children age out of MIECHV-funded services. One practitioner noted that her parent educators refer their participants to local afterschool programs as well as to Head Start, but this appears to be an informal practice across all rural areas. Practitioners suggested that it may helpful to build more formal connections between the MIECHV program and other human services programs dedicated to supporting families like Head Start.

FLEXIBILITY IN PROGRAM DELIVERY AND LOCAL ADAPTATIONS MAY HELP ADDRESS CHALLENGES IN RURAL CONTEXTS

Program staff recommended flexibility in several aspects of program delivery that would improve their capacity to meet remaining need. These include budget and funding application flexibility as well as regulatory, evaluation, and data reporting flexibility. The requested flexibility strongly aligns with the program staff's understanding of the key strengths, challenges, and barriers to current service delivery models in rural areas. At the same time, program staff from MIECHV as well as the other programs of focus acknowledged the importance of evidence-based models and oversight in delivering services effectively. Program staff suggested that local adaptations and innovations can be valuable in helping human services programs meet the needs of their participants, adding that the federal government should incentivize local program staff to develop, pilot, and share highly effective adaptations to address remaining need. Policymakers may consider how to both allow and encourage these local adaptations and innovations.

Conclusion

Rural practitioners and program staff highlight the importance of MIECHV-funded home visiting programs in providing significant support to families in rural areas; addressing the needs of new parents; supporting child development; and generating connections between families and their broader communities. However, they also cite barriers to access like a lack of community trust or program inflexibility and they suggest an increased need to deal with mental health, substance use, job loss and trauma over the past several years following the COVID-19 pandemic. Although MIECHV-funded programs yield many positive outcomes for rural families, service provision of local programs could benefit from reduction of structural barriers, additional tailoring to local contexts, and further integration with other rural human services programs to address the remaining need.

The project's findings for the other programs of focus—Temporary Assistance for Needy Families (TANF), Health Profession Opportunity Grants (HPOG), and Healthy Marriage and Responsible Fatherhood (HMRF)— are available in their respective program area briefs as well as the Comprehensive Report for this study.

References

Cluxton-Keller, Fallon, Melony Williams, Jennifer Buteau, Craig L. Donnelly, Patricia Stolte, Maggie Monroe-Cassel, and Martha L. Bruce. 2018. "Video-delivered Family Therapy for Home Visited Young Mothers with Perinatal Depressive Symptoms: Quasi-Experimental Implementation-Effectiveness Hybrid Trial." *JMIR Mental Health* 5 (4): e11513. https://mental.jmir.org/2018/4/e11513

Health Resources and Services Administration's Maternal and Child Health Bureau. 2022. "Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program." https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program

Howard, Kimberly S. and Jeanne Brooks-Gunn. 2009. "The Role of Home Visiting Programs in Preventing Child Abuse and Neglect." *The Future of Children* 19 (2): 119–146. https://www.jstor.org/stable/27795050

Lyon, Kate, Erin Geary, Mariel Sparr, Brandie Buckless, Melina Salvador, and Julie Morales. 2015. *Tribal Maternal, Infant, and Early Childhood Home Visiting: A Report to Congress.* OPRE Report #2015-88. https://www.acf.hhs.gov/sites/default/files/documents/opre/opre_reporttocongress_november2015_b508.pdf

Mobley, Sandra C., Suzanne Dixson Thomas, Donald E. Sutherland, Jodi Hudgins, Brittany L. Ange, and Maribeth H. Johnson. 2014. "Maternal Health Literacy Progression Among Rural Perinatal Women." *Maternal and Child Health Journal* 18 (8): 1881–1892. https://link.springer.com/article/10.1007/s10995-014-1432-0

National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.* Washington, DC: The National Academies Press. https://nap.nationalacademies.org/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the

Ownbey, Mark, Jeannie Ownbey, and Joseph Cullen. 2011. "The Effects of a Healthy Families Home Visitation Program on Rapid and Teen Repeat Births. *Child and Adolescent Social Work Journal* 28 (6): 439–458. https://link.springer.com/article/10.1007/s10560-011-0235-z

Putnam, Robert. 2020. *Social Capital Primer*. http://robertdputnam.com/bowling-alone/social-capital-primer/

Rubin, David M., Amanda L. R. O'Reilly, Xianqun Luan, Dingwei Dai, A. Russell Localio, and Cindy W. Christian. 2011. "Variation in Pregnancy Outcomes Following Statewide Implementation of a Prenatal Home Visitation Program." *Archives of Pediatrics & Adolescent Medicine* 165 (3): 198–204. https://jamanetwork.com/journals/jamapediatrics/article-abstract/384383

U.S. Census Bureau, Geography Division. 2018. "2018 Cartographic Boundary Files – Shapefile: County 500k." https://www.census.gov/geographies/mapping-files/time-series/geo/carto-boundary-file.html

Weissbourd, Richard, Milena Batanova, Virginia Lovison, and Eric Torres. 2021. *Loneliness in America: How the Pandemic Has Deepened an Epidemic of Loneliness and What We Can Do About It.* Harvard Graduate School of Education Making Caring Common Project. https://static1.squarespace.com/static/5b7c56e255b02c683659fe43/t/6021776bdd04957c4557c212/1612805995893/Loneliness+in+America+2021_02_08_FINAL.pdf

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