DEPARTMENT OF HEALTH

Family Home Visiting Annual Report, 2023

May 2024

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Executive summary

Through countless family testimonies and rigorous empirical research, family home visiting has long demonstrated its ability to be a powerful lever at supporting and empowering pregnant individuals and families with young children.

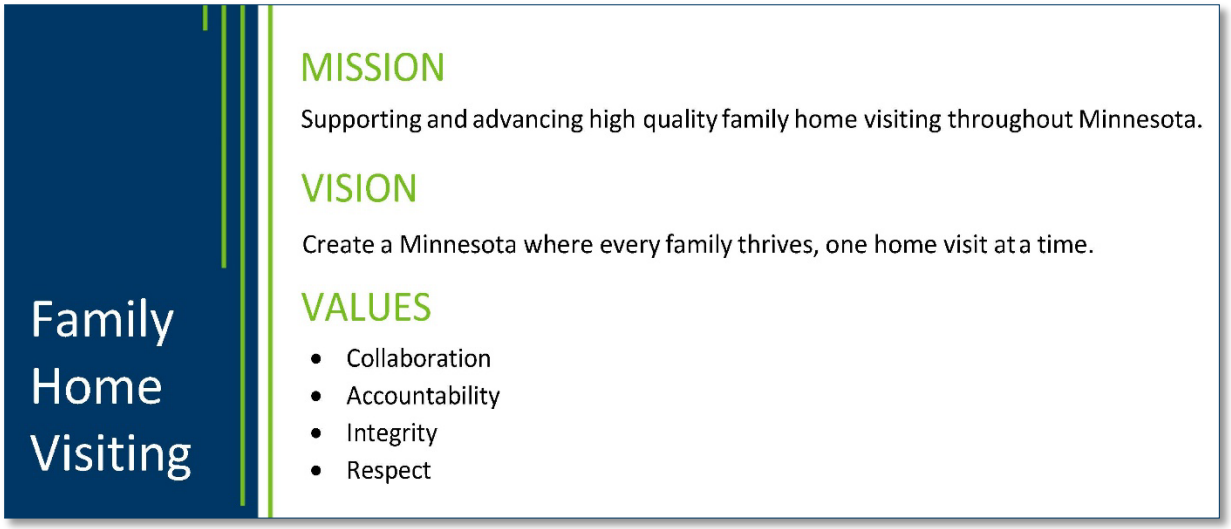
Family home visiting helps connect pregnant women with adequate prenatal care; learn about healthy child development in utero, infancy, and the early childhood years; and promotes responsive relationships. As children and families develop, these critical services ensure families with young children receive individualized social, emotional, health-related, and caregiving supports, and are referred to community resources that help stabilize families.

In 2023, over 5,000 families connected with their home visitors to find resources and learn health and wellbeing information for themselves and their families.

The Minnesota Department of Health supports this work through responsible grants monitoring, grantee-focused practice consultation, and rigorous evaluation activities. Three distinct grants, two of which are new in 2023, seek to find and recruit the families who would most benefit from this effective two- generation intervention. Guiding this work at the Minnesota Department of Health are the newly and collectively- created mission and vision statements and core values.

The Family Home Visiting Annual Report for 2023 describes the critical need for family home visiting, its benefits, and the activities that MDH and local implementing agencies facilitate to promote the health and wellbeing of pregnant individuals and families with young children, particularly those most in need.

Family home visiting continues to be a concrete and measurable mechanism to ensure safe, stable, and nurturing environments for children and families across Minnesota.



Report contents

Overview

What is family home visiting?

Family home visiting is a voluntary, preventive intervention that supports pregnant individuals and families with young children through a two-generation approach. Services typically begin before birth, or soon after birth, and continue through the early years of a child's life. A trained home visitor provides individualized services, in the home or another location, to meet the unique needs of each family. Local home visiting programs across the state seek to reach all families with young children and pregnant individuals who would benefit from these services.

Family home visiting is critically important

Family home visiting helps ensure pregnant women receive adequate prenatal care, teaches about healthy development in utero, in infancy, and beyond, and promotes responsive relationships. As children and families develop, these services help ensure families with young children receive individualized social, emotional, health-related, and parenting supports. Family home visiting helps stabilize and empower families by connecting them with community resources.

Appropriate prenatal care is critical for babies: brain development begins well before birth and is heavily affected by malnutrition, environmental pollutants, and infections (e.g., rubella).[1, 2, 3] Stressors and traumatic experiences in early childhood can disrupt normal brain development and lead to poorer physical health and worse emotional, behavioral, cognitive, and language developmental outcomes.[4, 5]

Chronic stressors, such as poverty, can actually change the way the brain looks, develops, and functions.[6] The effects of poverty can be detected in brain development as early as 6 to 9 months of age.[7]

These adverse experiences and stressors unevenly impact pregnant women and families who also experience **economic, structural,** and **racial inequities**. Minnesota has some of the best health statistics in the U.S., but those numbers mask significant disparities impacting many Minnesotans.

For example, Minnesota's infant mortality rate is well below the U.S. average,[8] yet differences among racial groups persist. The infant mortality rate of African American/Black infants is over twice the rate of non-Hispanic white infants.[9] This difference in birth outcomes between white mothers and mothers of color is a health disparity. Health inequities are avoidable, unjust, and systematic differences between two groups. They occur for a variety of reasons and are a result of historical trauma, racial discrimination, structural racism, and social disadvantage.[10]

Family home visiting is a proven strategy to address the factors that impact relationships and environments for pregnant and parenting families with young children in the communities in which they live. These services have demonstrated significant impact on improving child well-being outcomes for families experiencing the greatest burden of health, economic, and racial inequities.

What do families receive during a family home visit?

During a home visit, caregivers receive information about the child's stage of development; important safety and health information; screenings for child development, caregiver depression, and family violence; referrals to services such as health care supports; and help with goal setting and skill building.

Information about the child's stage of development

to help the parent learn how to nurture and support their child's social, emotional, and physical development.

Safety and health information

such as safer sleep practices, immunizations, shaken baby syndrome, oral health, breastfeeding, and nutrition.

Screenings

for child development, caregiver depression, and family violence.

Referrals to community resources and services

such as health care services and economic supports.

Help with goal setting and skill building

such as learning how to navigate community support systems and practicing parenting skills.

Impact on children and families

Family home visiting uses a multigenerational approach and has also repeatedly demonstrated multigenerational benefits, positively impacting infants and young children, parents and caregivers, and family systems.

Among infants and children of families that participate in family home visiting programs, improved health outcomes include reductions in preterm birth, low-birth weight, and infant mortality[11, 12], as well as increased breastfeeding rates[13, 14] and other healthy infant feeding practices[15]. The number of illnesses during a child's first year of life is lower for families participating in family home visiting[16]. Participation in family home visiting has led to lower body mass index (BMI) rates in children two years after birth[17]. There is a 22% reduction in substantiated child maltreatment cases for families participating in home visiting[18].

Families who participate in universal home visits are less likely to visit the emergency department and spend fewer nights in the hospital between birth to 12 months[19, 20]. A follow up study of the same program found participating families had fewer child maltreatment investigations through 5 years of age[21].

Children whose families participate in family home visiting fare better across multiple measures of learning and development: they have demonstrated higher rates of attachment to their primary caregiver[22, 23], lower rates of behavioral problems[24, 25], and increases in their vocabulary[26] and cognitive functioning[27, 28, 29]. Family home visiting supports positive parenting as well as participants reported increased warm parenting and less hostile parenting, as compared to a comparison group of parents[30].

Parents who participate are also healthier. Participation in family home visiting has positive health and well-being outcomes, including lower rates of pregnancy-induced hypertension[31], reductions in illegal substance use[32], alcohol use[33], and better mental health[34].

Family home visiting participants are less likely to have subsequent pregnancies (within 24 month postpartum)[35]. New parents who participate in family home visiting are also more likely to receive adequate prenatal care and postnatal visits[36].

Compared to families who do not participate, family home visiting participants spend more time in education or training[37], are more likely to have completed at least one year of college[38] and earn more[39]. Family home visiting participants have also higher rates of health care coverage for both parent[40] and child[41].

Health equity

Families are central to the healthy physical, social, and emotional development of infants and young children. However, many Minnesota families face challenges that impact their children's development during the critical early years of life. Stressors such as poverty and adverse experiences disproportionately affect children and families in economically, socially, and environmentally disadvantaged communities. Frequent exposure to these stressors leads to likelihood of facing **health disparities** later in life.

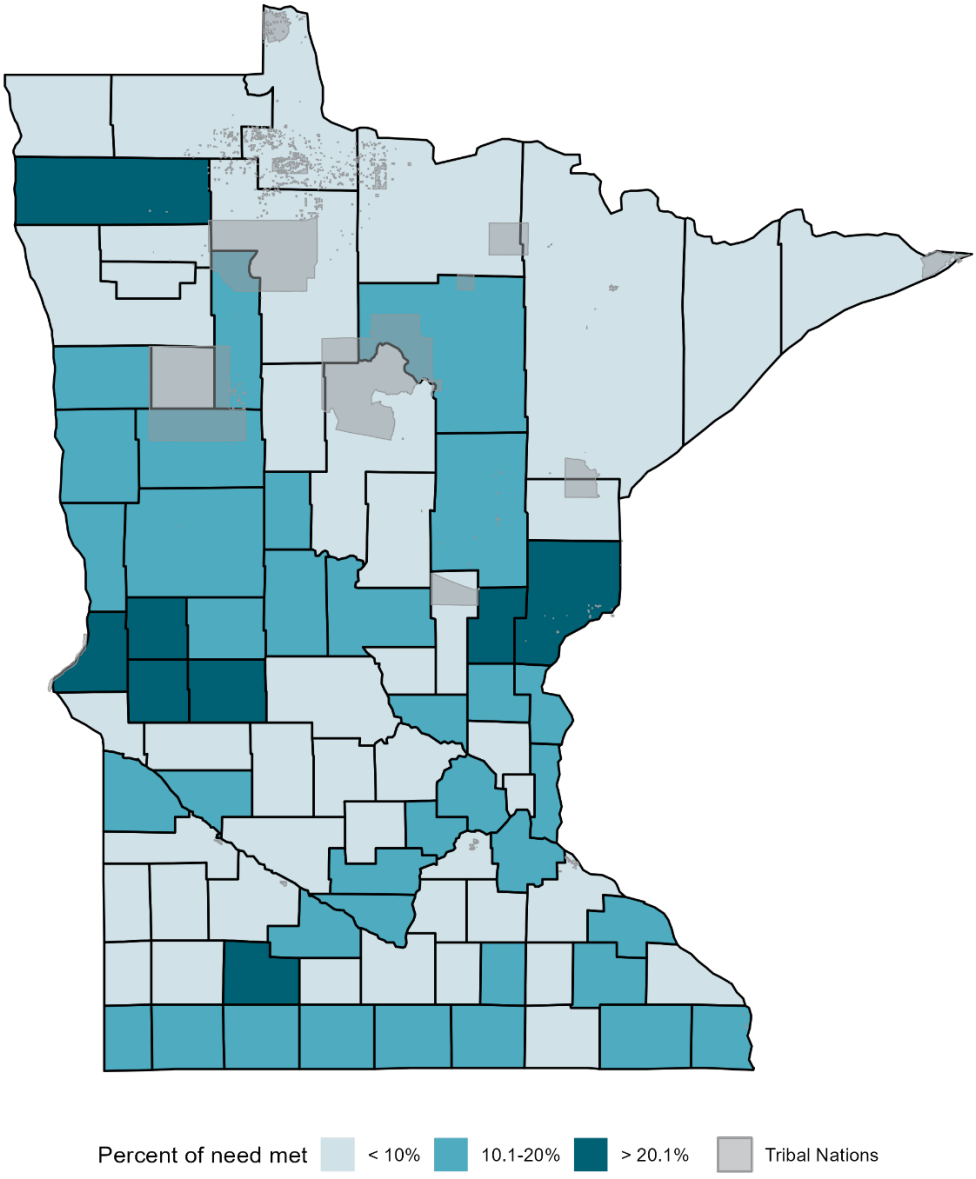
Health disparities are preventable differences in health outcomes that negatively affect socially disadvantaged populations, such as populations defined by race, gender, education, or geographic region.[42] The 2014 MDH report *Advancing Health Equity in Minnesota* describes these disparities as "neither random nor unpredictable. The groups that experience the greatest disparities in health outcomes also have experienced the greatest inequities in the social and economic conditions that are such strong predictors of health."[43]

Family home visiting is uniquely positioned to promote health equity by addressing disparities, especially for pregnant women and families with young children. It provides social, emotional, health, and parenting supports to families, and links them to appropriate resources. Family home visiting's emphasis of meeting families where they are, connecting pregnant women with appropriate prenatal care, and empowering parents with skills are just a few key activities that address the social and economic factors that drive these disparities.

Additional need for family home visiting in Minnesota

Over 6,500 families were served in 2023 across all 87 counties in Minnesota. That said, there were nearly 65,000 families with young children who could have benefited from family home visiting in 2023. Figure 1 displays the percent of families with young children living below 185% of the Federal Poverty Level[44] who participated in family home visiting 2023.

Figure 1. Percent of Eligible Families with Young Children Served by Family Home Visiting, by County in 2023



Across Minnesota, fewer than one in 10 families in need of family home visiting receive these services despite significant investments.

Family home visiting: A Family-centered approach

MDH

- Grants management
- Practice consultation
- Evaluation

FAMILY

- Safe, stable, nurturing relationships
- Healthy beginnings
- Family self-sufficiency

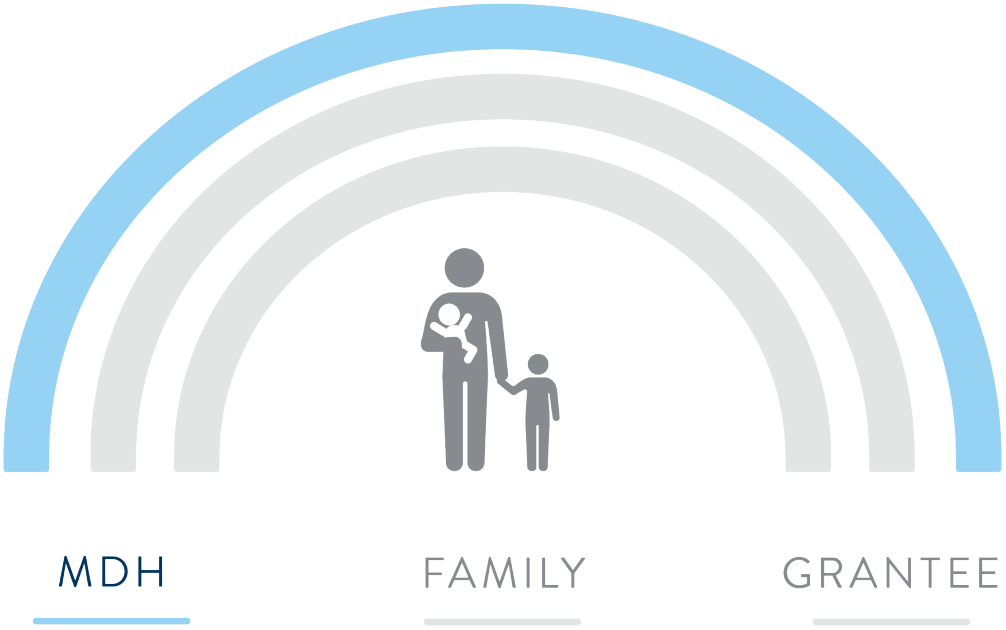
GRANTEE

- Effective
- implementation
- Home visitor support
- Strong referral and community partners

Children and families develop and thrive in safe, nurturing environments with high-quality interactions. In these spaces, family home visitors can help support pregnant individuals and families with young children by sharing information about child health and development, connecting families to essential resources, and offering support to parents. Local home visiting programs hire and train skilled home visitors, select models and curricula that meet the needs of their community, and create connections to other early childhood partners.

The Minnesota Department of Health (MDH) supports the critical work of home visiting programs by providing technical assistance, coordinating home visiting services across the state, administering state and federal funding, and conducting research and evaluation activities for monitoring and quality improvement.

Minnesota Department of Health



Investments

In Minnesota, family home visiting is supported through several funding streams that work together to cohesively meet the needs of families. Across three grants, $35 million in state and federal home visiting funds are administered to 79 grantees annually. Table 1 provides an overview of the three grants: Temporary Assistance for Needy Families (TANF), Strong Foundations, and Promising Practices. Each grant has a specific focus, program requirements, and seeks to recruit defined priority populations.

Table 1. Family Home Visiting Grants in Minnesota, 2023

	TANF	Strong Foundations	Promising Practices
Communities served	87 counties 9 tribal nations	86 counties 4 tribal nations	10 communities
Annual funding	$8.1 million	$25 million	$1.9 million

	TANF	Strong Foundations	Promising Practices
Implementing agencies	community health boards (49) tribal nations (9)	community health boards (44) tribal nations (4) nonprofit organizations (17)	community health boards (4) nonprofit organizations (6)
Evidence-based model requirement	no	yes	no
Funding source	state allocation of federal funds	federal funds state general funds	state general funds

Temporary Assistance for Needy Families (TANF) grant

MDH administers federal TANF funds to provide family home visiting services for families who:

- Have an annual income at or below 200 percent of federal poverty guidelines.
- Are U.S. citizens or eligible non-citizens and who live in an eligible household.
- Are at risk for poor maternal and child outcomes.

These funds are approved by the Minnesota Legislature to support family home visiting programs under Minnesota Statutes 145A.17 (part of the Local Public Health Act). TANF funds are distributed by formula to all community health boards (CHBs) and tribal nations. Funds can be used for family home visiting, Women, Infants and Children (WIC) clinic services, and teen pregnancy prevention. To learn more, see the TANF Grant Guidelines (PDF).

Currently, 58 grantees (49 CHBs and nine tribal nations) receive $8.7 million dollars annually. To see a complete list of TANF grantees and awards, see TANF Family Home Visiting for CHBs (PDF) and TANF Family Home Visiting for Tribal Nations (PDF).

TANF priority populations with the following risk factors include:

- Adolescent parents.
- History of child or domestic abuse, or other types of violence including victimization.
- History of homelessness or low resiliency to adversities and environmental stressors.
- Serious mental health disorders including maternal depression or reduced cognitive function.
- History of alcohol or substance misuse.
- Insufficient financial resources and economic instability due to employment barriers.

Strong Foundations grant

Beginning in 2023, the Strong Foundations grant program awards funds for the implementation of evidence-based home visiting services to Minnesota families.

Strong Foundations prioritizes evidence-based long-term home visiting services to:

- Communities experiencing high poverty, high child maltreatment rates, and high rates of infants born with low birth weight.
- Pregnant and parenting teens, including fathers.
- Black, Indigenous, and families of color living in communities with low access to health care, mental health care, and supportive social opportunities and services.
- Families experiencing homelessness or housing insecurity.
- Families impacted by incarceration.
- Pregnant and parenting people, their partners, mothers, fathers, infants, and families experiencing substance abuse.
- Pregnant and parenting people, their partners, mothers, fathers, infants, and families experiencing increased stressors due to the COVID-19 pandemic.
- Rural areas with limited prenatal, post-natal, and pediatric medical services.

Beginning January of 2023, 65 grantees (44 community health boards, 17 nonprofit organization, and 4 tribal nations) are funded through the Strong Foundations program. Strong Foundations funding originates from three sources: 1) the federal Maternal, Infant, Early Childhood Home Visiting program, 2) state general funds appropriated under Minn. Stat. § 145.87, and 3) state general funds for Nurse-Family Partnership programs appropriated under Minn. Stat. § 145A.145.

Promising Practices grant

The Promising Practices family home visiting grant expands access to community-based family home visiting programs for priority populations. Promising Practices programs implement flexible approaches to service delivery that do not require an evidence-based home visiting model. A Promising Practice is a "program that has shown improvement toward achieving positive outcomes for pregnant women or young children" (Minn. Stat. § 145.87). These programs address some of Minnesota's greatest disparities related to family home visiting access for hard-to-reach families.

Promising Practices grantees prioritize home visiting services for:

- Families experiencing housing insecurity or homelessness.
- Families impacted by incarceration.
- Families experiencing substance use disorder.
- Families experiencing serious persistent mental illness.
- Families experiencing intimate partner violence or currently living in a domestic violence shelter.
- Families experiencing high-risk pregnancies including preeclampsia.
- Black, Indigenous, and families of color with limited access to evidence-based or other family home visiting services.

Beginning 2023, this two-year grant awarded $1.9 million annually to 10 grantees (four community health boards and six nonprofit organizations) using state general funds appropriated under Minn. Stat. § 145.87. Four additional grantees will be awarded Promising Practices grant funds beginning in State Fiscal Year 2025, to further expand these critical home visiting services to families.

Capacity Building grant

In 2023, a one-time grant opportunity awarded $2.3 million to existing Strong Foundations grantees. Ten nonprofits and 14 CHBs used this grant to respond to community needs and enhance their existing home visiting programs. Below is a snapshot demonstrating three innovative uses of the Capacity Building funding.

Growing Community Gardens

CLUES created a culturally-based garden project to help promote healthy living. Seeing an increase of Type 2 diabetes and food insecurity in its community, CLUES offered cooking classes and recipe preparation for family home visiting participants. Children were introduced to new and healthy foods, and parents participated in gardening activities and other special focus areas such as positive discipline, nutrition, and reading.

Innovative Cultural Communications Projects

Way to Grow and WellShare International saw a need for culturally-specific resources to better meet their communities' needs. Way to Grow created promotional videos that highlight powerful home visiting stories to share with community partners: Being a parent comes with big questions and The future is what we do right now.

WellShare hosted Somali and Oromo listening sessions with pregnant individuals and provided culturally-specific welcome gifts and books written in children's home languages.

Highlighting Ojibwe Voices

Northwest Community Development Center (NWICDC) is creating and implementing Early Bimaadiziwin, a family home visiting curriculum project highlighting Ojibwe culture and language. After seeing a need to for specific Ojibwe resources, NWICDC is listening, learning, and incorporating the voices of elders and knowledge keepers in the community into family home visiting resources.

Funding streams

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

The MIECHV program is a federal home visiting program originally authorized under the Affordable Care Act in 2010 and is currently authorized through Federal Fiscal Year (FFY) 2027. In FFY 2023, Minnesota received $10.1 million dollars. Currently, 12 MDH grantees receive MIECHV funds. They must implement an evidence-based home visiting model and serve a county that was identified as "at risk" in the recent MIECHV Needs Assessment 2020 Summary (PDF).

State Nurse-Family Partnership funds

In 2015, the Minnesota legislature authorized state funds for grants to community health boards and tribal nations to create or expand the implementation of the Nurse-Family Partnership home visiting model. This was added to statute in 2021 (Minn. Stat. § 145A.145) and awards $2 million dollars annually.

State home visiting funds

The Minnesota Legislature authorized $16.5 million dollars annually to provide home visiting grants to community health boards (CHBs), tribal nations, and nonprofit agencies to start up or expand evidence-based home visiting programs. This was added to statute in 2021 (Minn. Stat. § 145.87).

Up to 25% can be awarded to evidence-informed or promising practice home visiting programs that address health equity and use community-driven health strategies.

Evidence-based models

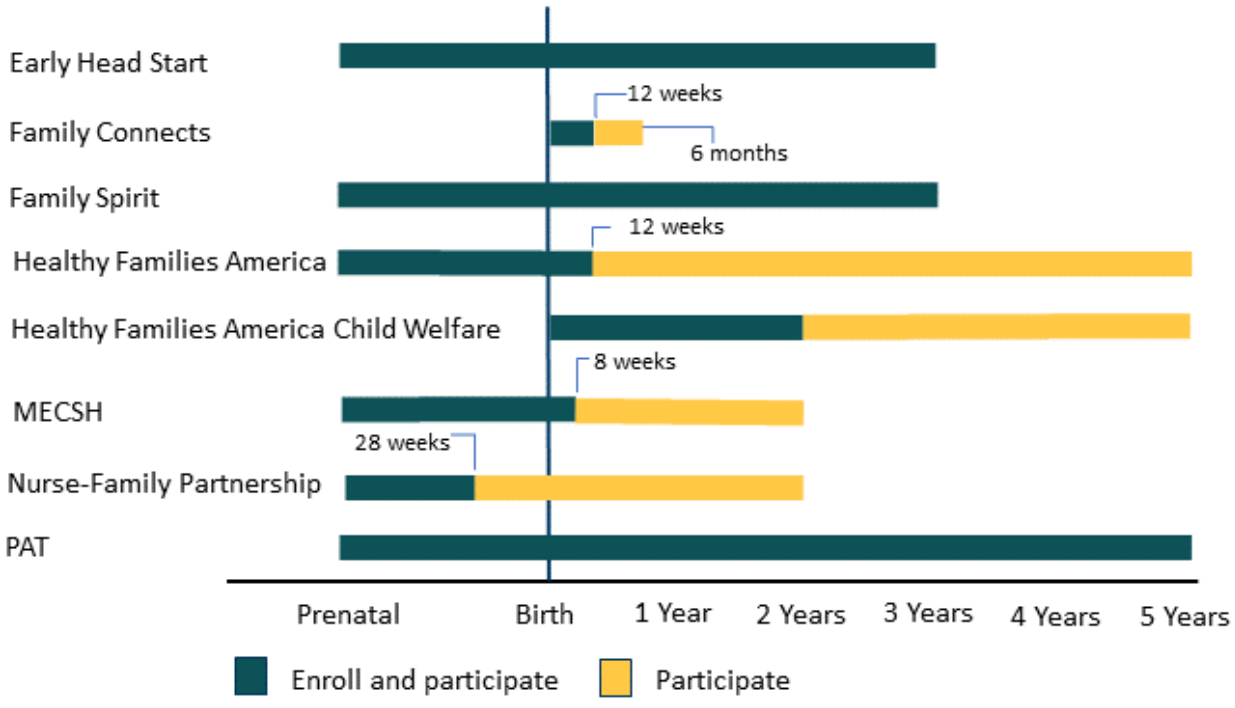
MDH supports seven different evidence-based home visiting models that vary in focus, intensity, and duration. To be considered evidence-based, a model must demonstrate positive impacts on child and family wellbeing through rigorous research.

Early Head Start, Family Spirit, Healthy Families America, Maternal Early Childhood Sustained Home-Visiting (MECSH), Nurse-Family Partnership, and Parents as Teachers are long-term, targeted home visiting models, serving families for 2-5 years.

Family Connects is a short-term, universal home visiting model that provides families an average of 2-5 visits. All models use a two-generation approach for supporting parents and children yet vary slightly in audience, eligibility, and content focus.

See Figure 2 for a display of each model's enrollment and participation periods. Each model varies slightly on when families may enroll in family home visiting as well as length of participation based on the child/ren's age.

Figure 2. Enrollment and Participation Eligibility* for Models Implemented in Minnesota



*General definitions for program implementation; Some models may allow exceptions

Table 2 describes the impacts of models implemented in Minnesota by outcome measure type, compiled by the Home Visiting Evidence of Effectiveness (HomVEE) review within the U.S. Department of Health & Human Services. Visit Home Visiting Evidence of Effectiveness for more information.

Table 2. Positive Impacts on Primary or Self-Reported Outcome Measures for Home Visiting Models Implemented in Minnesota

	Early Head Start	Family Connects	Family Spirit	Healthy Families America	Maternal Early Childhood Sustained Home-Visiting	Nurse-Family Partnership	Parents As Teachers
Child Development & School Readiness	x		x	x	x	x	x
Child Health		x		x	x	x	
Family Economic Self-Sufficiency	x			x		x	x
Linkages/ Referrals	x	x		x			
Maternal Health	x	x	x	x	x	x	
Positive Parenting Practices	x	x	x	x	x	x	x
Reduction in Child Maltreatment				x		x	
Reductions in Juvenile Delinquency, Family Violence, & Crime				x		x	

Source: U.S. Department of Health & Human Services, Home Visiting Evidence of Effectiveness (HomVEE)

Traditional family home visiting

Traditional public health home visiting, sometimes called non-model home visiting, is widely implemented across Minnesota. This type of home visiting is often guided by practitioner experience, nursing education, community needs, and findings from basic research.

Numerous local public health agencies, tribal nations, and nonprofits provide traditional home visiting services. The services range in length and intensity. Some public health departments provide a single universal home visit shortly after birth, with additional visits if the family is found to be in need, while others provide ongoing, intensive services to families at risk.

MDH activities

Family home visiting at MDH provides systems-level supports to grantees and local implementing agencies through three areas of work: Practice consultation, grants management, and evaluation. This work is collaborative and interactive—the success of one area relies on the support and expertise of the others.

MDH Family Home Visiting Program Key Functions

- **Supporting home visiting implementation** via technical assistance, training, and ensuring model fidelity.
- **Distributing funds** to and monitoring performance of grantees.
- **Evaluating** program effectiveness through outcome measurement.
- **Strengthening program through continuous quality improvement** to improve outcomes for families.
- **Providing training and professional development** opportunities to home visiting staff.
- **Overseeing MECSH** home visiting model implementation as state license holder.

Practice consultation

Practice consultants support local public health, tribal nations, and non-profit organizations in successfully implementing effective home visiting programs. Family home visiting practice consultants have extensive home visiting knowledge—often having experience implementing one or more evidence-based models or having completed training on specific models or curricula. To support this work, they have regular contact with model developers and attend pertinent conferences and trainings to continually strengthen their understanding of best practices in family home visiting.

They provide ongoing consultation to grantees on numerous topic areas, for example, specific model implementation, screenings and assessments, and successful recruitment strategies. This type of technical assistance is documented in either monthly or quarterly Practice Connections. In 2023, practice consultants facilitated over 300 Practice Connections with individual grantees across Strong Foundations, Promising Practices, and TANF.

Often accompanied with grants management or evaluation staff, the practice consultants discuss and provide technical support across several topic areas. Multiple topics are frequently covered in a single meeting; in 2023, three-quarters (76%) of all Practice Connections had two or more technical assistance topics addressed.

Top Topics Discussed During Practice Connections

Reflective Supervision

Connections to Trainings

Continuous Quality Improvement

Recruitment and Enrollment

Target Caseload

Grants management

Grant managers are responsible for monitoring grantee performance, progress, and compliance. They work with family home visiting staff to create and maintain equitable relationships with and processes to support grantees through the grant lifecycle. Grant managers coach grantees on the most efficient, effective, and equitable uses of grant funding, guiding them on allowable expenditures, meeting financial deadlines, and offering opportunities for additional funding when it becomes available.

Evaluation

The evaluation unit leads data collection and analysis for the family home visiting section. This work includes reporting of process and outcome measures to meet state and federal requirements. The evaluation unit tracks performance measures for the federal MIECHV program as well as evaluation measures for state-funded programs. Evaluation staff provide grant monitoring data to grant managers and practice consultants, and produce feedback reports to grantees to support continuous quality improvement. Finally, they provide data-related technical assistance to grantees and respond to information requests.

Grantees are required grantees to submit data to MDH for program monitoring and evaluation. To learn more about the current data requirements for each grant, visit the Family Home Visiting Grantee Requirements for 2024 (PDF).

Continuous quality improvement (CQI)

Across the state, the evaluation unit leads CQI, a deliberate, defined process, which is focused on activities that are responsive to community needs and improving population health. It is a continuous and ongoing effort to achieve measurable improvements in efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality.

MDH Family Visiting CQI Objectives

- **Improve outcomes for families** served by local home visiting programs
- **Build capacity of Local Implementing Agencies** (LIAs) to use consistent and planned quality improvement methods.
- **Continually improve state methods** for supporting LIAs in quality improvement efforts.

The family home visiting program at MDH implements a comprehensive CQI plan, offering support to grantees by providing:

MECSH (Maternal Early Childhood Sustained Home-Visiting)

MDH is a license holder of the MECSH model for MDH-funded home visiting programs in Minnesota. MDH program staff oversee implementation of the model by providing technical assistance to grantees, creating and delivering trainings, facilitating Communities of Practice sessions, ensuring model fidelity, and submitting model data to the model developers. In 2023, six MECSH trainers from across the state were trained to facilitate model implementation training for home visitors new to MECSH.

Family home visiting staff at MDH assure local MECSH home visiting programs' staff:

- Are appropriately trained.
- Have the programmatic materials needed to visit families.
- Have access to collaborate and learn from one another.
- Have the funding needed to implement.

Training

Supporting the professional development of family home visiting staff is critical for promoting stable and effective organizations and for delivering quality programming to families. While each of the family home visiting models has specific training requirements for program staff, MDH also provides and connects local programs to ongoing training that build capacity and promote connections across home visiting programs. Beyond the core requirements of each

home visiting model, family home visiting agencies have discretion in selecting trainings specific to the needs of their home visitors and communities.

In 2023, MDH's family home visiting section hosted, coordinated, and supported 45 trainings, 35 of which were virtual and 10 in-person, reaching over 1,000 home visitors and supervisors across the state. These trainings covered a variety of topics, including motivational interviewing, grief and loss, adverse childhood experiences, healthy relationships, and developmental and social emotional screening tools.

"I think the way the program was presented was the best! First working on us, the people for the people. And then, how we can help."

–Connected Parents Connected Kids training participant

For MECSH-implementing agencies, MDH provided model foundation and refresher training, along with a stop-gap training for home visitors who had not yet attended the initial model foundation training. MDH family home visiting staff also hosted separate MECSH community of practice meetings for home visitors and supervisors. Each of the four general MECSH community of practices had an average of 120-150 participants. An average of 90 MECSH supervisors attended each of the six supervisor-level MECSH community of practices in 2023.

Advancing health equity at MDH

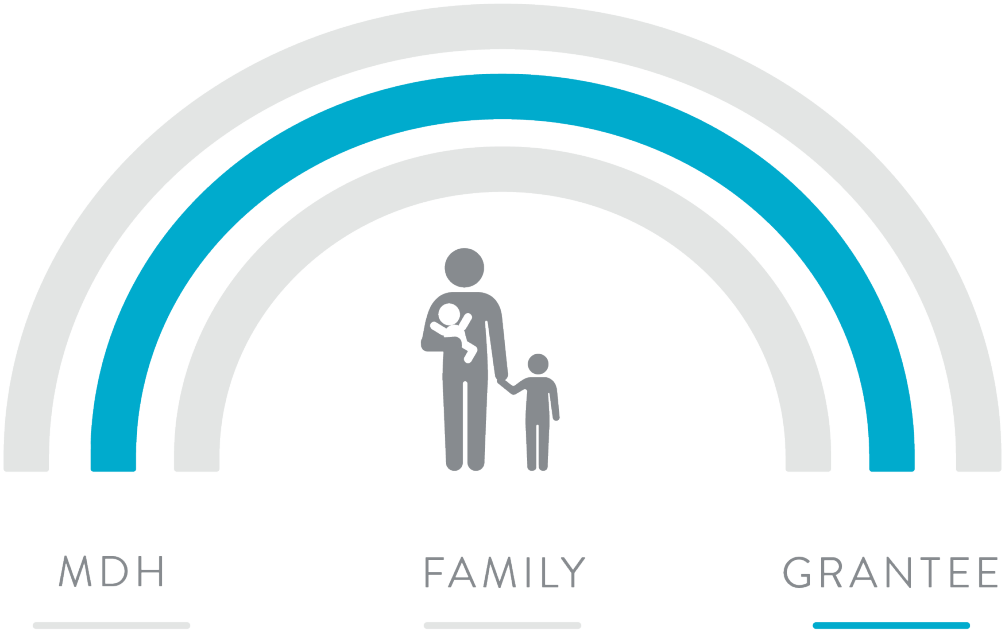
MDH continually finds new ways to embed strategies and practices that help advance health equity. MDH staff work to establish partnerships with implementing agencies (local public health, tribal nations, and nonprofits), within the agency (e.g., Refugee and International Health, Health Equity Data Community of Practice), and nationally (cross-state Parent Advisory planning, national CQI project participation). A focus of MDH staff is to personalize their work with each grantee, tailoring their communication (type, frequency) to meet their unique needs.

Family home visiting staff at MDH participate in equity-related trainings and connect grantees with similar types of trainings and resources. They regularly provide technical assistance and have introduced technology to streamline information collection to reduce the burden on grantees. Examples include: prepopulated budget modifications, centralized grant lifecycle software, and online progress monitoring data collection.

One of the strongest mechanisms MDH uses to promote health equity is embedded throughout the grant lifecycle. Equitable grant practices include:

- Asking applicants to describe within the grant application how they will apply health equity principles into multiple areas of their work (e.g., how they plan to reach priority populations, how their chosen evidence-based model is appropriate for their communities).
- Compensating community reviewers of grants which promotes diverse perspectives from local reviewers.
- Building relationships with family home visiting grantees through regular technical assistance practice connections on a quarterly or more frequent basis based on grantees' needs.
- Requiring Strong Foundations grantees to pick the model that best serves their communities' needs. Promising Practice grantees may choose curricula and/or models and adapt as needed to meet the needs of their families.
- Extending Strong Foundations' funding cycle to five years helps stabilize programming in local communities.
- Utilizing Promising Practices funds to support programs that are better able to reach hard- to-reach families and/or have specific risks that are linked to health disparities.
- Offering one-time funds, such as the 2023 Capacity Building grants, that address specific needs by building from cultural assets.

Local family home visiting programs

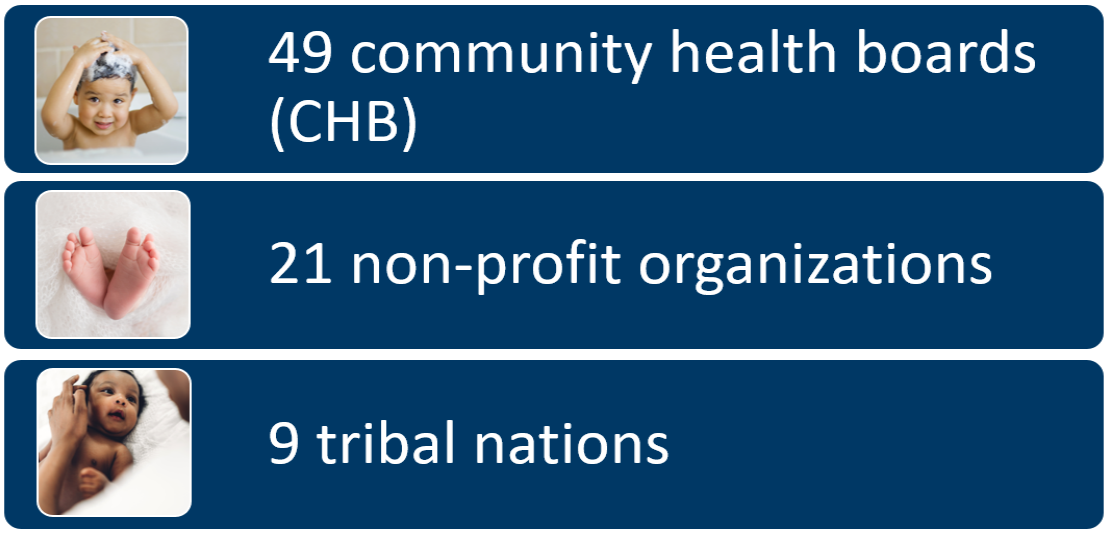


Local programs provide and implement family home visiting services in Minnesota. Grantees receive state and federal funds to deliver home visiting services to families. The agencies conducting the home visits use their knowledge of the community they serve, community needs, and resources that best serve their priority population(s) to determine the desired outcomes from home visiting. Selecting appropriate home visiting models and curricula, managing operations, hiring and supporting home visiting staff, and meeting reporting requirements are a few key responsibilities of local family home visiting programs.

For a current family home visiting program inventory, including MDH-awarded programs, visit Family Home Visiting - Help Me Connect, an online early childhood resource navigator. Search results can be filtered by evidence-based model, specialization, or service area (ZIP code, city, or county).

Across Minnesota, 49 CHBs, 21 nonprofit organizations and nine tribal nations provide family home visiting services to all 87 counties and nine tribal communities in 2023.

Local family home visiting implementing agencies across Minnesota, 2023



Home visitor workforce

The training and experiences of home visitors often vary by grantee type. Home visitors in CHBs most often are public health nurses. Non-profit organizations are newer home visiting grantees funded through MDH and have demonstrated their ability to meet the unique needs of the communities in which they serve. Tribal governments provide family home visiting services as a method to support and empower tribal community members with young children, often using a home visiting model that emphasizes culture as a protective factor.

MDH collects data from home visitors about their demographic and professional characteristics in the IHVE data system. Reporting of demographic characteristics is optional and home visitors may decline to respond to those questions. This section describes home visitors who provided family home visiting services to families in 2023.

Family home visiting services are delivered by home visitors with a range of professional experiences, including public health nursing, social work, child development, and family education. A large number of home visitors (82%) have at least a bachelor's degree and 9nine in 10 have at least one license or specialized training. Home visitors hold a variety of licenses and credentials, including certified public health nurse (63%), registered nurse (RN) (67%), certified lactation consultant (22%), and child passenger safety technician (11%).

The average length of experience as a home visitor is 8.3 years (range of zero to 46 years). Eighty-nine percent are trained in at least one evidence-based home visiting model.

Like national trends[45], most of the home visiting workforce funded by MDH is female (95%) and white (74%). Nearly half of home visitors (45%) are 40 years old or older.

Seven percent of home visitors are Black or African American, five percent are Asian, and one percent are American Indian or Alaska Native. Three percent of home visitors identify as more than one race, and eight percent reported their race as not listed.

Most home visitors deliver home visiting services in English (95%). Home visitors also offer home visits in Spanish, Hmong, Somali, and Amharic. Over one in 10 home visitors can provide home visits in more than one language. Four percent of home visitors are Hispanic or Latino/a/x, three percent are Hmong, and two percent identify as Somali.

Home visits

In 2023, families participated in over 47,000 home visits. As seen in Figure 3, each of the three family home visiting grants in Minnesota provided these critical services to families who could most benefit from home visits.

Figure 3. Number of Home Visits by Grant Type, 2023

*Estimates are conservative. TANF is often braided with other family home visiting funding (e.g., Strong Foundations, local funds) to support the grantee's overall home visiting program.

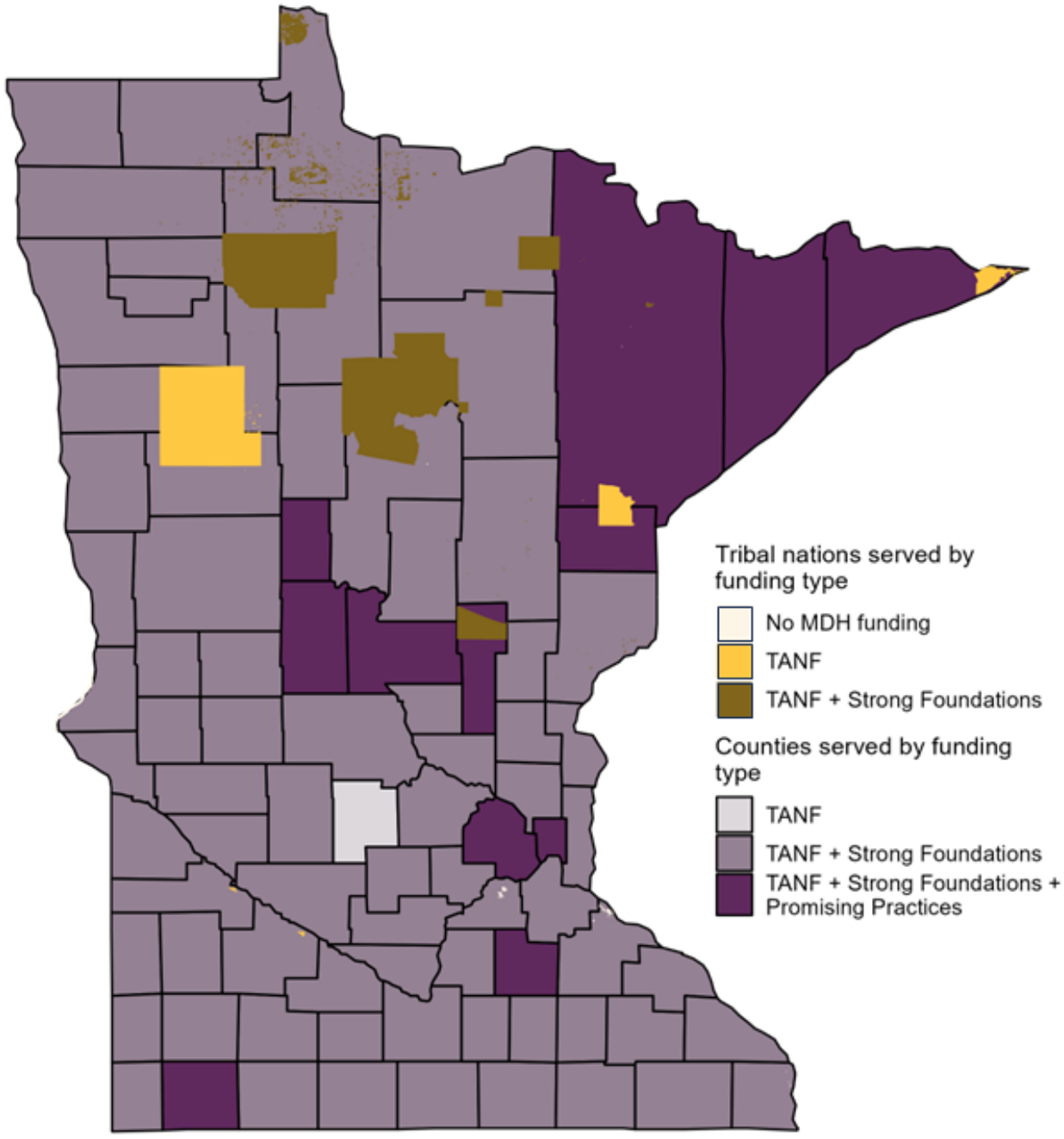
**Counts only include participants who consent to share data with MDH

***Counts include 6 months of implementation. Promising Practices began July 1, 2023.

Geographic reach

Family home visiting reaches families across corners of the state. The three family home visiting grants work cohesively to help ensure as many families as possible participate in these critical early childhood services. In most areas of the state, two or more of the grants are in place to reach their priority populations. Figure 4 displays a map of the service areas of Promising Practices, Strong Foundations, and TANF in county and tribal nation.

Figure 4. Family Home Visiting Service Area, by Grant, 2023

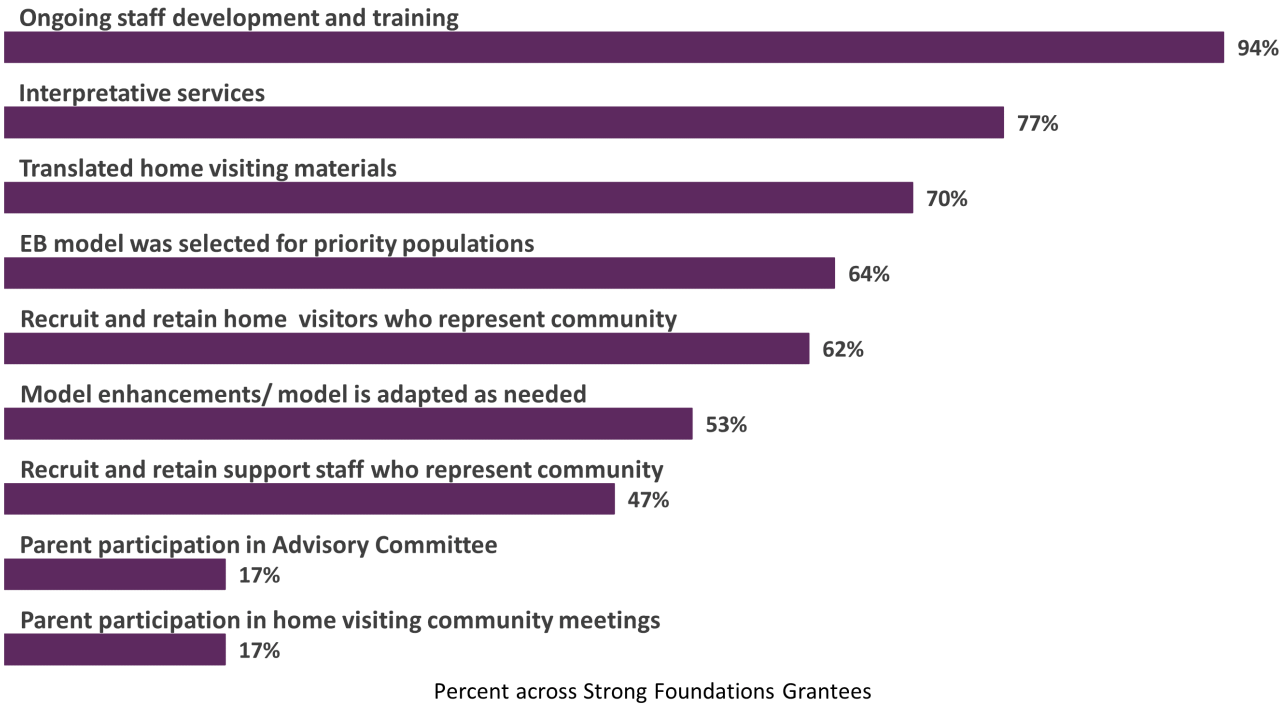


Key activities

Promising Practices, Strong Foundations, and TANF grantees complete annual work plans that serve as a guide in providing high-quality home visiting to their communities. The grant-specific workplans provide a general structure that ensures several key implementation areas are addressed; grantees have the flexibility to articulate how to best accomplish these implementation topics in their communities. Recruiting families prenatally, achieving target caseload, facilitating reflective practice strategies with home visitors, and quality data submission are a few topics where programs use specific strategies to meet program goals.

For example, Strong Foundations grantees shared strategies they use to advance health equity in their programming. As seen in Figure 5, several strategies are utilized to effectively reach, recruit, and retain their priority populations across the 65 Strong Foundations grantees.

Figure 5. Percent of Strong Foundations Grantees that Report Strategies that Reach, Recruit, and Retain Priority Populations



Sustainability

To promote long-term sustainability for home visiting programs, grantees that meet the Centers for Medicare & Medicaid Services eligibility criteria to bill for screening or home visiting services are required to bill for third-party reimbursement.

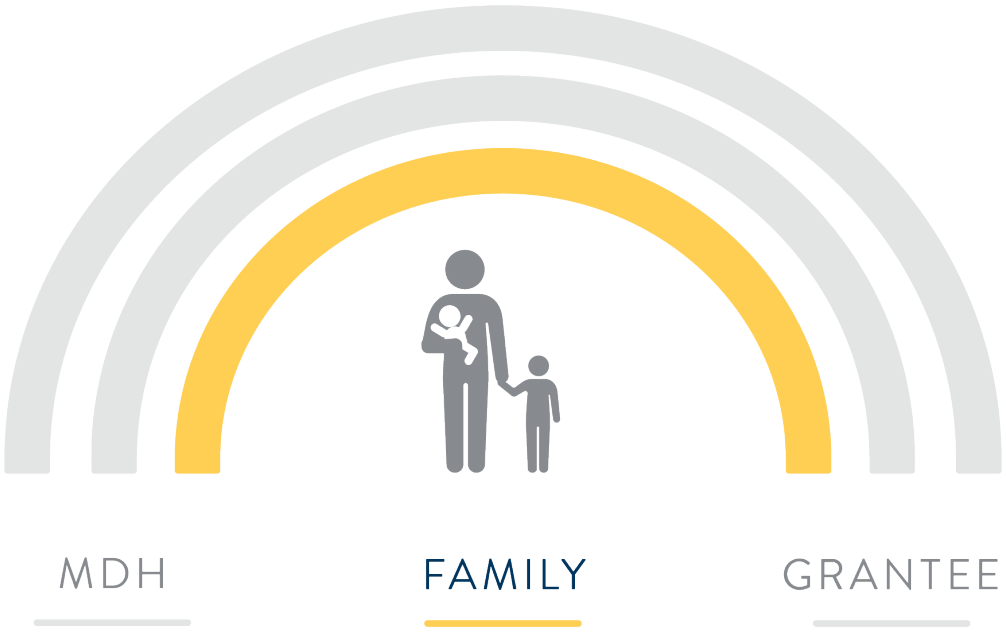
Third party reimbursement from third-party payers includes Medical Assistance, Prepaid Medical Assistance Program, and private health insurance payments on claims for covered services provided to clients through the home visiting program.

Earned program income generated by grant-supported activities must go back into the grantee's home visiting program, by either:

- Expanding the program.
- Increasing current program quality.
- Reducing reliance on grant funding.

In the Strong Foundations grant alone, third party reimbursement payments extended services to families by **reinvesting nearly $6.7 million dollars** back into local family home visiting programming in 2023.

Families



Families are at the center of this work; the collective focus of family home visitors, local family home visiting programs, and MDH is to meet the unique needs of each family. Over 6,500 families participated in family home visiting programs in 2023, and their development of nurturing relationships, healthy beginnings, and self-sufficiency are key measures of the success of family home visiting.

TANF

By participating in family home visiting, participants funded by TANF foster healthier beginnings for their children and have improved pregnancy outcomes. Other participant goals include improved school readiness, the prevention of child abuse and neglect, reductions in juvenile delinquency, improved positive parenting and resiliency in children, and improved family health and economic self-sufficiency for children and families. Families enroll prenatally when possible and are determined to be at risk, for example, being at risk for child abuse, child neglect, or juvenile delinquency.

In 2023, 1,634 caregivers and 1,360 children were served exclusively using TANF funding.

Strong Foundations

In year one (2023) of the Strong Foundations grant, 4,635 primary caregivers and 4,237 children participated in family home visiting. These counts represent those who were funded by Strong Foundations or Strong Foundations and TANF. Counts do not include participants who didn't consent to share data with MDH nor tribal nations who own and control their communities' data.

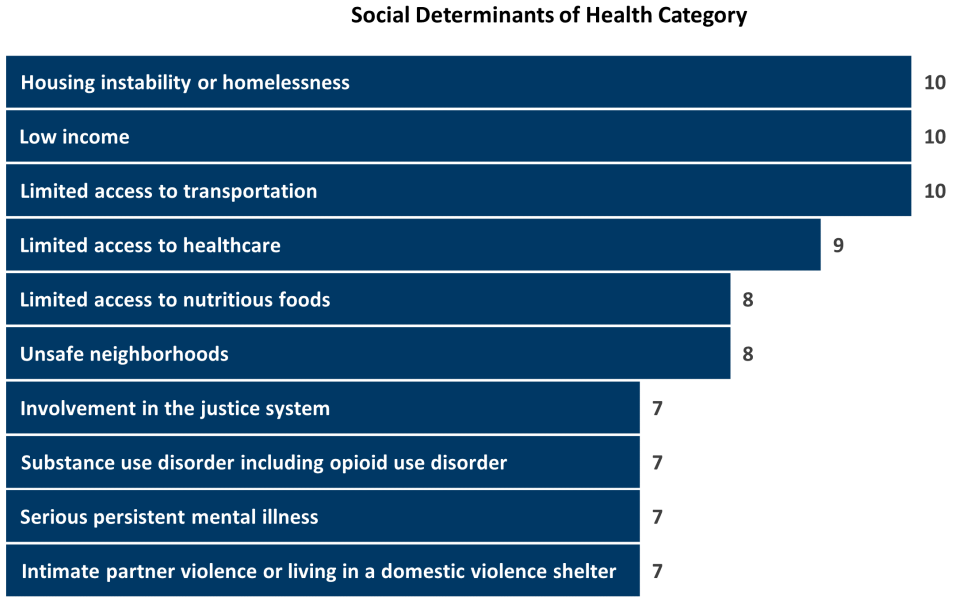
Over a third of caregivers were under 25 years old. A little over half (51%) of participants reported their race as white, followed by Black or African American (22%), Asian (6%), American Indian or Alaska Native (5%) and Native Hawaiian or Other Pacific Islander (1%). Thirteen percent of family home visiting caregivers described their race as something other than the races mentioned above. Almost a third (32%) of caregivers reported their ethnicity as Hispanic or Latino/a/x, Somali (3%) or Hmong (1%).

Nearly half (45%) of children served by family home visiting are under 12 months old. A variety of languages are spoken in their homes: 66% speak English, followed by Spanish (22%), Somali (3%), Karen (2%), Hmong (1%), and Oromo (1%). Like the caregiver characteristics, almost half (47%) of children's race is reported as white, followed by Black or Black or African American (23%), Asian (6%), American Indian or Alaska Native (5%) and Native Hawaiian or Other Pacific Islander (1%). Twelve percent of caregivers report their child's race as something not listed above. Thirty percent of children's ethnicity was reported at Hispanic or Latino/a/x, Somali (3%) or Hmong (2%). Full caregiver and child characteristics for year one of the Strong Foundations grant will be available later in 2024.

Promising Practices

While demographic information of individual participants is not consistently collected for the Promising Practices grant, local grantees report various conditions or environments that impact outcomes and risks called Social Determinants of Health (SDOH). Figure 6 presents the number of Promising Practices grantees that reported SDOH areas in the priority populations they serve.

Figure 6. Number of Promising Practices Grantees That Report Social Determinants of Health Areas in Their Priority Populations



Conclusion

Safe, stable, nurturing relationships and environments help set the stage for lifelong emotional, social, and physical health. Minnesota's continued investment in family home visiting ensures pregnant and parenting families living with the heaviest burdens of health, economic, and racial inequities have opportunities to support their children's positive health and development.

In partnership with local public health, tribal nations, community-based organizations, and other early childhood stakeholders, MDH will continue to promote the use of local, state, and federal funds to increase statewide implementation of family home visiting models, practices, and other early childhood systems that emphasize health equity.

Get connected!

Please email Health.HomeVisiting@state.mn.us with questions. To receive weekly updates about family home visiting, you can subscribe to the Tuesday Topics e-bulletin.

Resources

TANF Grant Guidelines (PDF) (https://www.health.state.mn.us/docs/communities/fhv/tanfgrantguide.pdf)

TANF Family Home Visiting for CHBs (PDF) (https://www.health.state.mn.us/communities/fhv/tanfawards.pdf)

TANF Family Home Visiting for Tribal Nations (PDF) (https://www.health.state.mn.us/communities/fhv/tanfgranttribal.pdf)

Minn. Stat. § 145.87 (https://www.revisor.mn.gov/statutes/cite/145.87)

Minn. Stat. § 145A.145 (https://www.revisor.mn.gov/statutes/cite/145A.145)

Being a parent comes with big questions (https://www.youtube.com/watch?v=UYW97Bk1Fgg)

The future is what we do right now (https://www.youtube.com/watch?v=tl481KnUSsA&t=4s)

MIECHV program (https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program)

MIECHV Needs Assessment 2020 Summary (PDF) (https://www.health.state.mn.us/docs/communities/fhv/miechvnasummary.pdf)

Home Visiting Evidence of Effectiveness (https://homvee.acf.hhs.gov/about-us/project-overview)

Family Home Visiting Grantee Requirements for 2024 (PDF) (https://www.health.state.mn.us/communities/fhv/fhvgranteereq24.pdf)

Family Home Visiting - Help Me Connect (https://helpmeconnect.web.health.state.mn.us/HelpMeConnect/Search/PregnantandExpectantFamilies/EducationandSupport/FamilyHomeVisiting)

Tuesday Topics e-bulletin (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_263)

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