

Foreword

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ABBREVIATIONS

ACF—Administration for Children and Families

HRSA—Health Resources and Services Administration

MIECHV—Maternal, Infant, and Early Childhood Home Visiting

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We are pleased to present this special supplement on the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The US Department of Health and Human Services' Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) are the primary federal agencies responsible for implementing the MIECHV program. Through the Affordable Care Act, MIECHV provides an unprecedented opportunity to support states and communities in their efforts to implement evidence-based home visiting services for our most vulnerable children and families. The home visiting services being offered to at-risk families in the 56 participating states and territories, and 24 tribal communities, provide invaluable information, guidance, and referrals related to parenting, early child development, health, and school readiness. Moreover, this home visiting investment provides states and local communities with the ability to integrate early childhood systems to ensure that all of our children are healthy and ready to learn.

Pediatricians are integral partners with us in ensuring the success of the MIECHV program. As the health care system is transforming under the opportunities provided by the Affordable Care Act, we are committed to supporting the important work of health care practitioners caring for children and families. Both the HRSA and ACF are committed to supporting the vital work of the pediatric care community in ensuring the health and development of our most precious resource, our nation's children.

The HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. Comprising 6 bureaus and 10 offices, the HRSA provides leadership and financial support to health care providers in every state and US territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers, and children. The HRSA also supports the training of health professionals and improvements in systems of care in rural communities.

The ACF promotes the economic and social well-being of families, children, individuals, and communities. ACF programs aim to empower families and individuals to increase their economic independence and productivity; encourage strong, healthy, supportive communities that have a positive impact on quality of life and the development of children; create partnerships with front-line service providers, states, localities, and tribal communities to identify and implement solutions that transcend traditional program boundaries; improve access to services through planning, reform, and integration; and address the needs, strengths, and abilities of vulnerable populations, including people with developmental disabilities, refugees, and migrants.

The HRSA and ACF believe that home visiting should be viewed as one of several strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant, and early childhood health, safety, and development, as well as strong parent-child

relationships. Together with our state and tribal partners, we envision high-quality, evidence-based home visiting programs as part of an early childhood system for promoting the health and well-being of pregnant women, children through age 5 years, and their families.

Furthermore, we believe that the MIECHV program provides an extraordinary opportunity for collaboration among federal, state, and local agencies to effect changes that will improve the health and

well-being of vulnerable populations by addressing child development within the framework of life-course development and a socioecological perspective. Life-course development points to broad social, economic, and environmental factors as contributors to poor and unfavorable health and development outcomes for children, as well as to persistent inequalities in the health and well-being of children and families. The socioecological framework emphasizes that children develop within families,

families exist within a community, and the community is surrounded by the larger society. These systems interact with and influence each other to either decrease or increase risk factors or protective factors that affect a range of health and social outcomes.

We hope that this special supplement is helpful in highlighting opportunities that home visiting provides to create partnerships with the pediatric community in supporting the nation's children and families.

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