

Michigan

Families Served Through Evidence-Based Home Visiting in 2019

Models implemented in Michigan included Early Head Start Home-Based Option, Family Spirit, Healthy Families America, Maternal Infant Health Program, Nurse-Family Partnership, Parents as Teachers, and Play and Learning Strategies. Statewide, 213 local agencies operated at least one of these models.



188,640

home visits provided



29,776

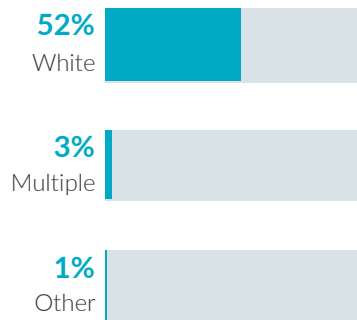
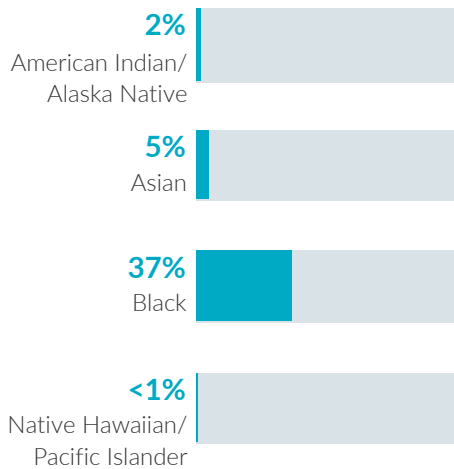
families served



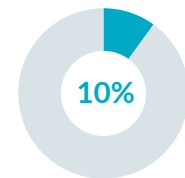
24,962

children served

Race

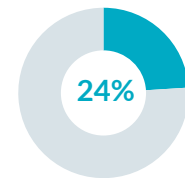


Ethnicity



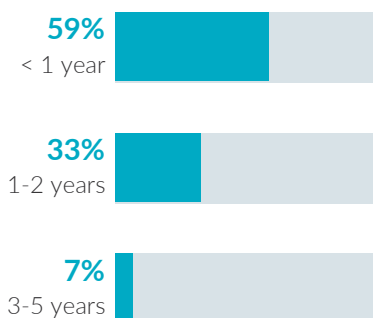
Hispanic or Latino

Caregiver education

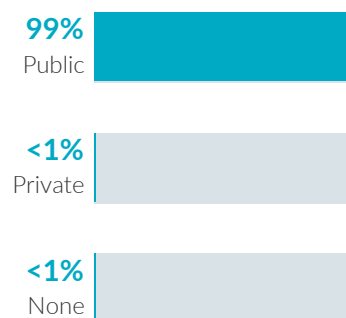


No high school diploma

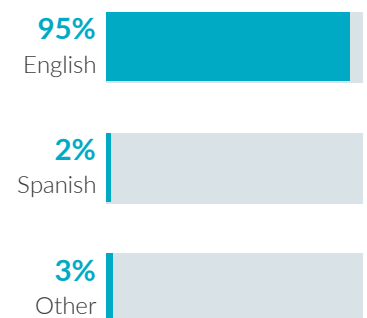
Child age



Child insurance status



Primary language



Michigan

Potential Beneficiaries in 2019

In Michigan, there were 513,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 667,400 children.

667,400
children

could benefit from home visiting

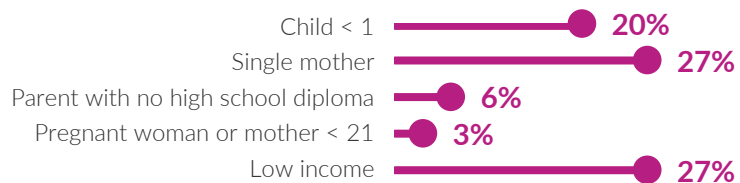
Of the 667,400 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
109,200 16%	227,800 34%	330,400 50%

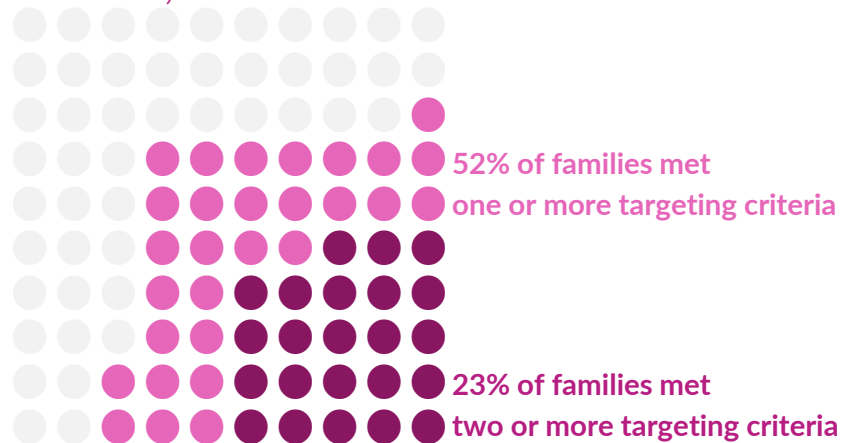
513,800
families

could benefit from home visiting

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Michigan who met the following targeting criteria:



Of the 513,800 families who could benefit—



Notes • NHVRC State Profiles present data provided by evidence-based models, which include both MIECHV and non-MIECHV data. This State Profile includes participant data from the following evidence-based models: EHS, Family Spirit, HFA, MIHP, NFP, PAT, and PALS. • Missing and unknown data were not included in calculations. • Percentages may not add to 100 due to rounding. • Public insurance includes Medicaid, CHIP, and TRICARE. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never married mothers or pregnant women. • EHS data may be underreported. Data include EHS programs that provided home-based services only. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS did not report home visits or families served. The number of children served was included as a proxy for families served. • Family Spirit reported children served, families served, and home visits only. • HFA reported primary language of caregivers. • NFP reported primary language of caregivers. • PAT data for child insurance status and primary language were not included. • PALS reported children served, families served, and home visits only.

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the 2020 Home Visiting Yearbook.



National Home Visiting
Resource Center
www.nhvc.org