

# New Hampshire

## Families Served Through Evidence-Based Home Visiting in 2019

Models implemented in New Hampshire included Early Head Start Home-Based Option and Healthy Families America. Statewide, 10 local agencies operated at least one of these models.



**5,198**

home visits provided



**511**

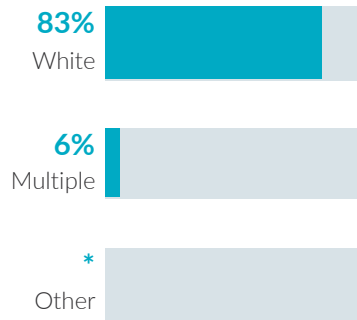
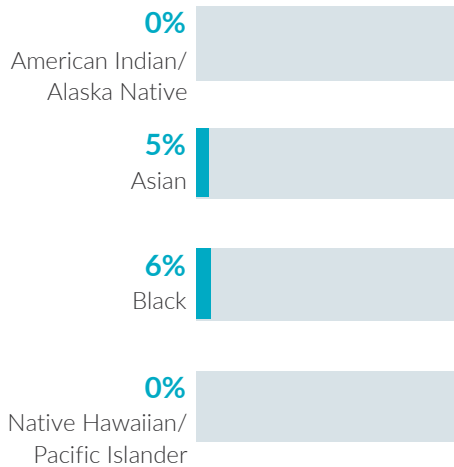
families served



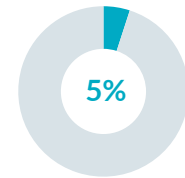
**583**

children served

### Race

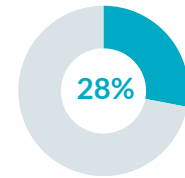


### Ethnicity



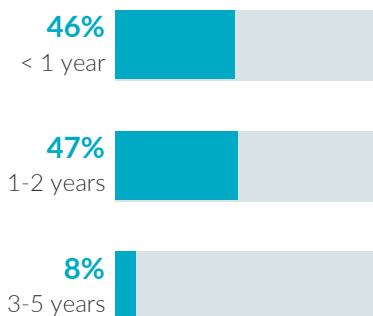
Hispanic or Latino

### Caregiver education

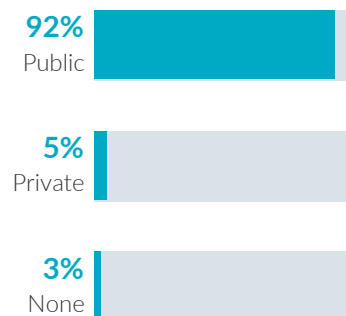


No high school diploma

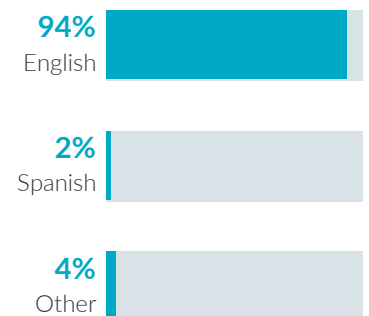
### Child age



### Child insurance status



### Primary language



# New Hampshire

## Potential Beneficiaries in 2019

In New Hampshire, there were 60,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 76,600 children.

**76,600**  
**children**

could benefit from  
home visiting

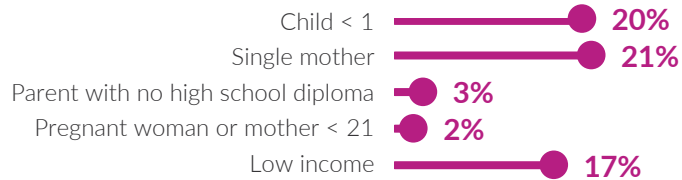
### Of the 76,600 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
<b>12,900</b> <b>17%</b>	<b>24,700</b> <b>32%</b>	<b>39,000</b> <b>51%</b>

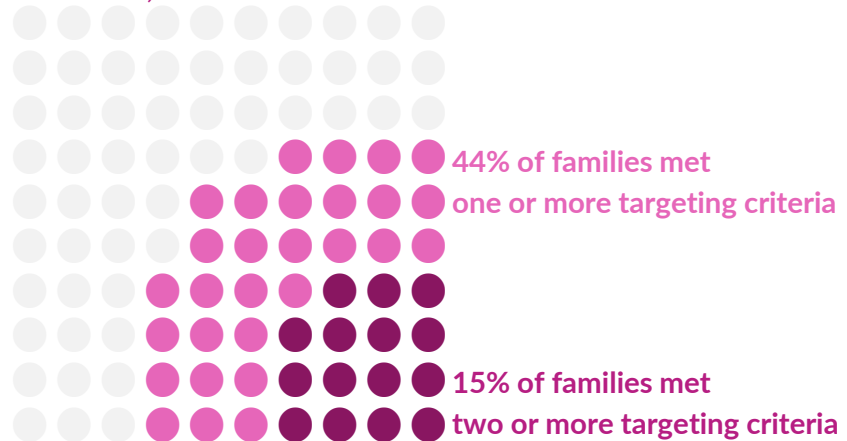
**60,400**  
**families**

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 New Hampshire who met the following targeting criteria:



### Of the 60,400 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 and HFA. • Missing and unknown data were not included in calculations. • Percentages may not add to 100 due to rounding. • To protect confidentiality, race and ethnicity categories with 10 or fewer participants were replaced with \*. • 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. • HFA reported primary language of caregivers.

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