

# Oregon

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

Models implemented in Oregon included Early Head Start Home-Based Option, Family Connects, Family Spirit, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 51 local agencies operated at least one of these models.



**55,988**

home visits provided



**4,133**

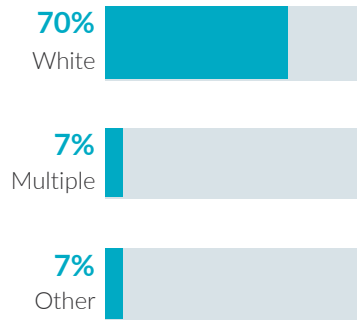
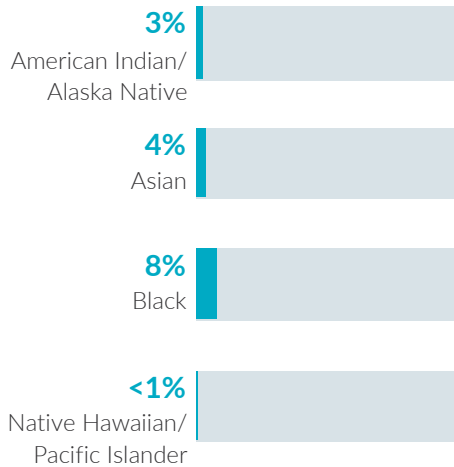
families served



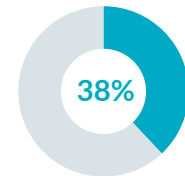
**4,830**

children served

### Race

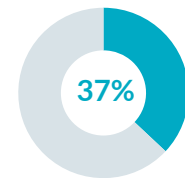


### Ethnicity



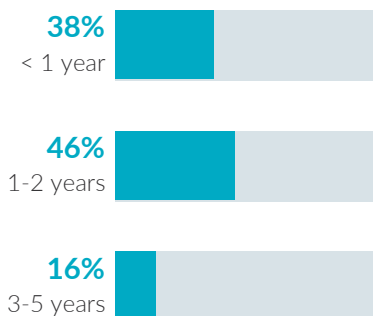
Hispanic or Latino

### Caregiver education

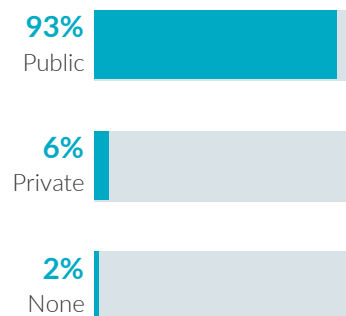


No high school diploma

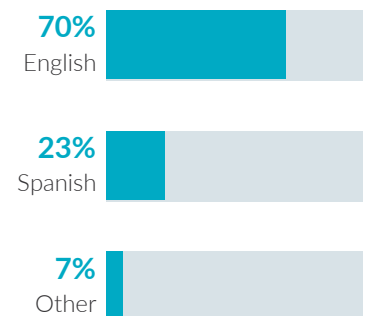
### Child age



### Child insurance status



### Primary language



# Oregon

## Potential Beneficiaries in 2019

In Oregon, there were 214,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 270,500 children.

**270,500**  
**children**

could benefit from home visiting

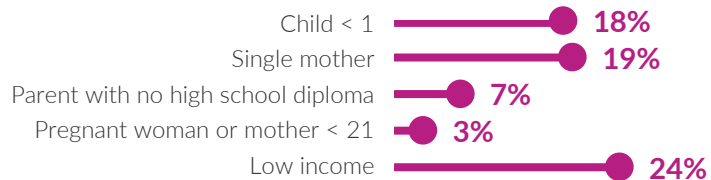
### Of the 270,500 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
<b>41,300</b> <b>15%</b>	<b>94,300</b> <b>35%</b>	<b>134,900</b> <b>50%</b>

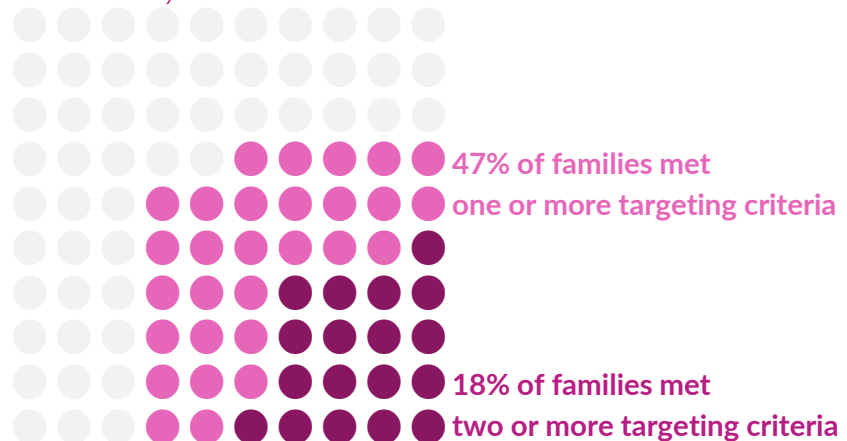
**214,200**  
**families**

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 Oregon who met the following targeting criteria:



### Of the 214,200 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 Connects, Family Spirit, HFA, NFP, and PAT. • 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 Connects reported families served and home visits only. The number of families served was included as a proxy for children 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.

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