

Tennessee

Families Served Through Evidence-Based Home Visiting in 2019

Models implemented in Tennessee included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 24 local agencies operated at least one of these models.



33,802

home visits provided



2,800

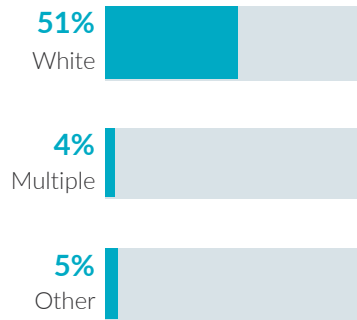
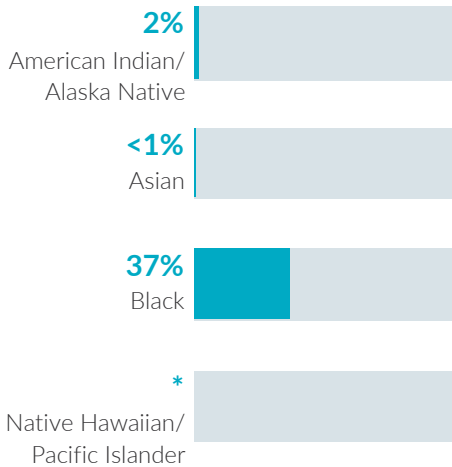
families served



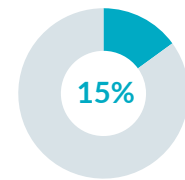
2,850

children served

Race

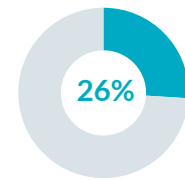


Ethnicity



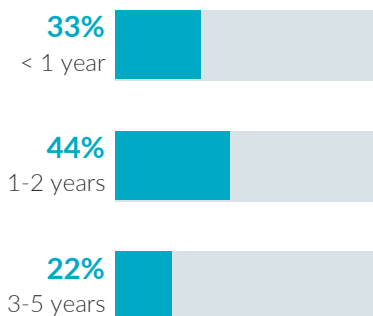
Hispanic or Latino

Caregiver education

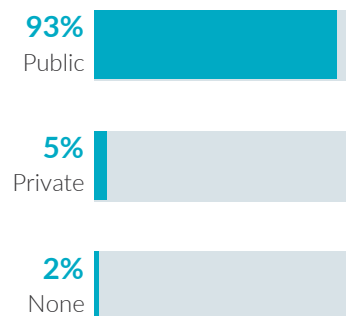


No high school diploma

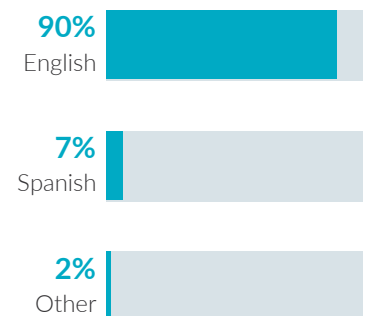
Child age



Child insurance status



Primary language



Tennessee

Potential Beneficiaries in 2019

In Tennessee, there were 370,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 472,500 children.

472,500
children

could benefit from
home visiting

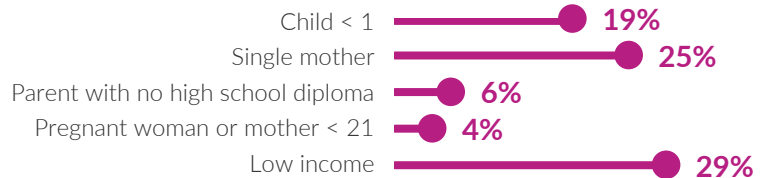
Of the 472,500 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
74,700 16%	164,800 35%	233,000 49%

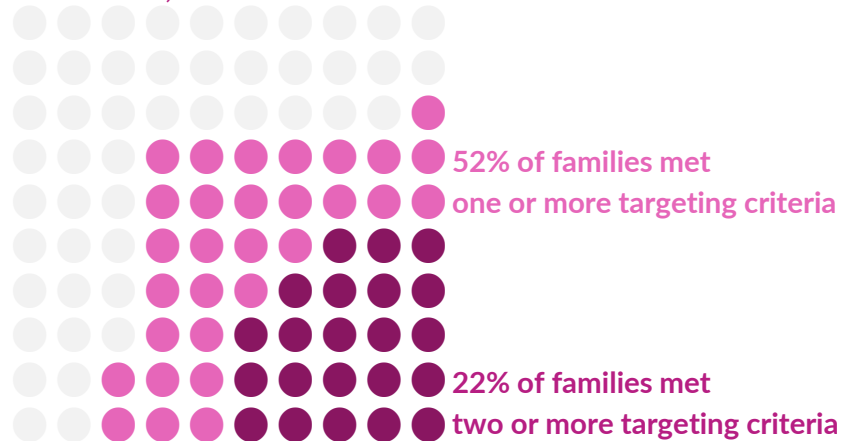
370,300
families

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 Tennessee who met the following targeting criteria:



Of the 370,300 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, HFA, NFP, and PAT. • 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. • 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