

West Virginia

Families Served Through Evidence-Based Home Visiting in 2020

Models implemented in West Virginia included Early Head Start Home-Based Option, Healthy Families America, and Parents as Teachers. Statewide, 33 local agencies operated at least one of these models.



18,100

home visits provided
including 5,717 virtual visits



1,817

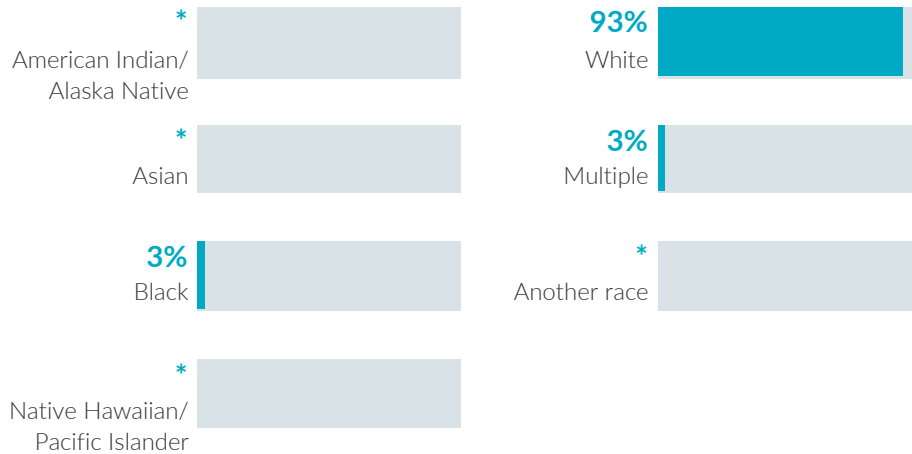
families served



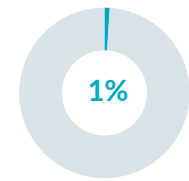
2,233

children served

Race

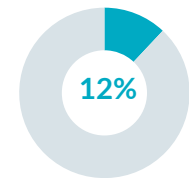


Ethnicity



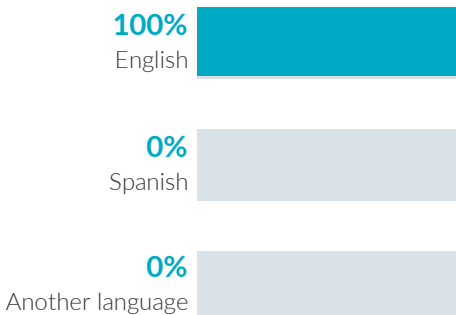
Hispanic or Latino

Caregiver education

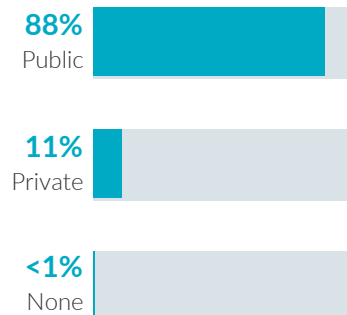


No high school diploma

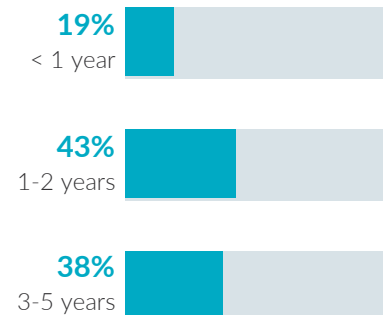
Primary language



Child insurance status



Child age



West Virginia

Potential Beneficiaries in 2020

In West Virginia, there were 88,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 114,100 children.

114,100
children

could benefit from home visiting

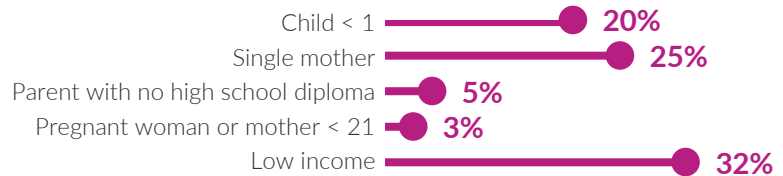
Of the 114,100 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
19,500 17%	38,100 33%	56,600 50%

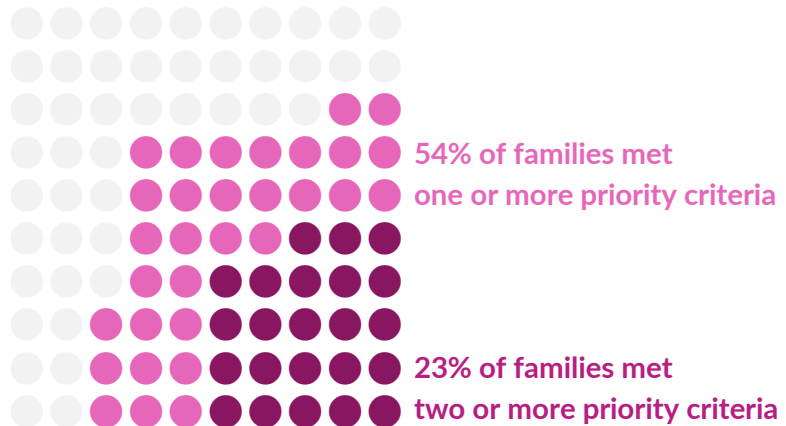
88,200
families

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 West Virginia who met the following priority criteria:



Of the 88,200 families who could benefit—



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, 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 did not require reporting on 2020 data due to the COVID-19 pandemic. The number of children served in 2019 was included as a proxy for children and families served in 2020. • HFA 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 2021 *Home Visiting Yearbook*.



National Home Visiting
Resource Center
www.nhvrc.org