Connecticut

Families Served Through Evidence-Based Home Visiting in 2021

Models implemented in Connecticut included Child First, Early Head Start Home-Based Option, Healthy Families America, Minding the Baby, Nurse-Family Partnership, and Parents as Teachers. Statewide, 58 local agencies operated at least one of these models.

66,007
home visits provided
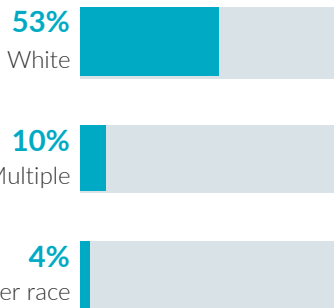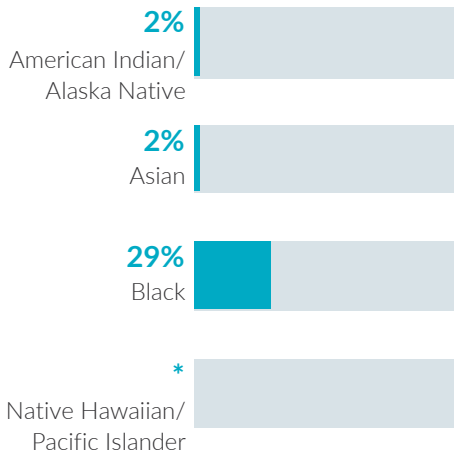*including 38,615 virtual visits*
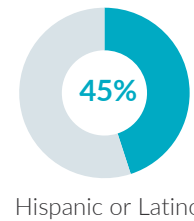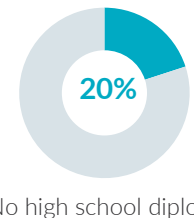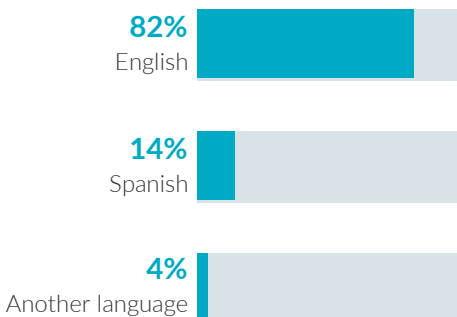
3,517
families served

3,572
children served

Race

2% American Indian/Alaska Native

2% Asian

29% Black

* Native Hawaiian/Pacific Islander

53% White

10% Multiple

4% Another race

Ethnicity

45%
Hispanic or Latino

Caregiver education

20%
No high school diploma

Primary language

82% English

14% Spanish

4% Another language

Child insurance status

88% Public

11% Private

<1% None

Child age

31% <1 year

35% 1-2 years

34% 3-5 years
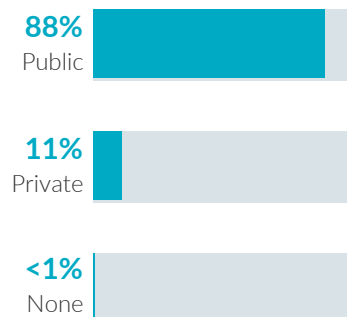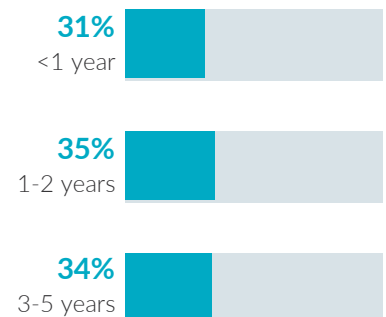
Connecticut

Potential Beneficiaries in 2021

In Connecticut, there were 167,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 210,200 children.
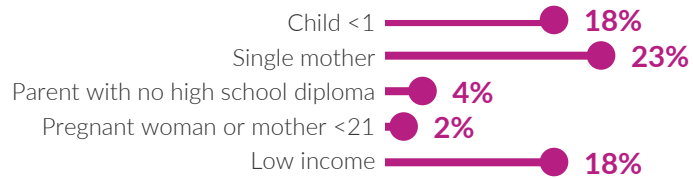
210,200 children
could benefit from home visiting

Of the 210,200 children who could benefit—

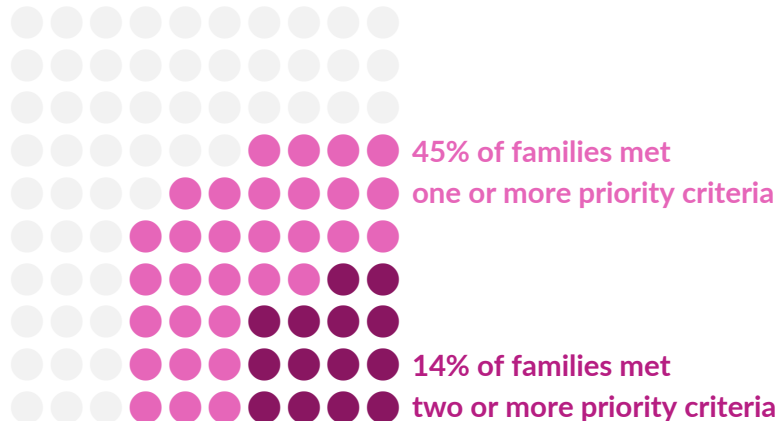| Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
32,500 **15%**	**73,800** **35%**	**103,900** **49%**

167,800 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 Connecticut who met the following priority criteria:

Child <1	**18%**
Single mother	**23%**
Parent with no high school diploma	**4%**
Pregnant woman or mother <21	**2%**
Low income	**18%**

Of the 167,800 families who could benefit—

45% of families met one or more priority criteria

14% of families met two or more priority criteria

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: Child First, EHS, HFA, Minding the Baby, 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 and ethnicity data include children and pregnant caregivers. EHS did not report home visits. Data for child insurance status were not included. • HFA reported primary language of caregivers. Private insurance includes other forms of health insurance. • Minding the Baby reported families served and total home visits only. The number of families served was included as a proxy for children served. • NFP reported primary language of caregivers. • PAT data for child insurance status and primary language were not included.

National Home Visiting Resource Center
www.nhvrc.org