

# Kansas

## Families Served Through Evidence-Based Home Visiting in 2021

Models implemented in Kansas included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and Play and Learning Strategies. Statewide, 104 local agencies operated at least one of these models.



**70,366**

home visits provided  
*including 35,993 virtual visits*



**7,506**

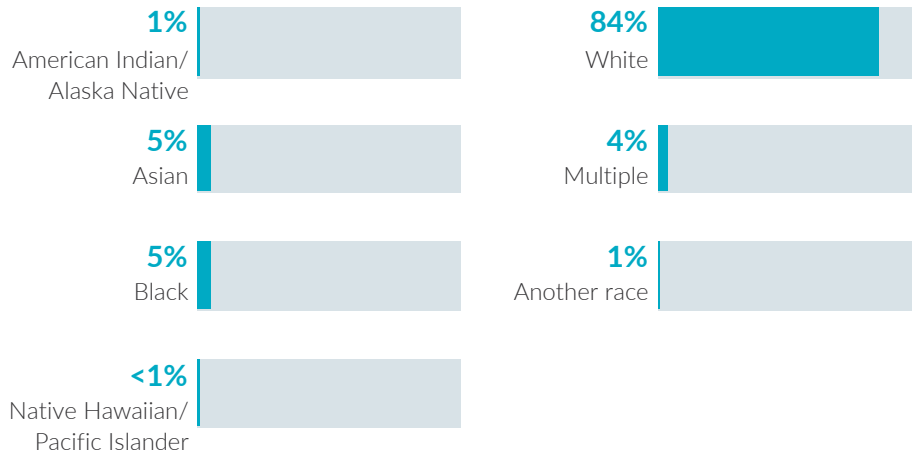
families served



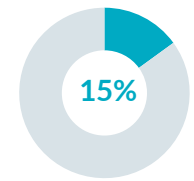
**9,663**

children served

### Race

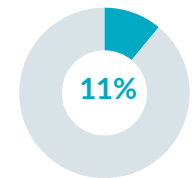


### Ethnicity



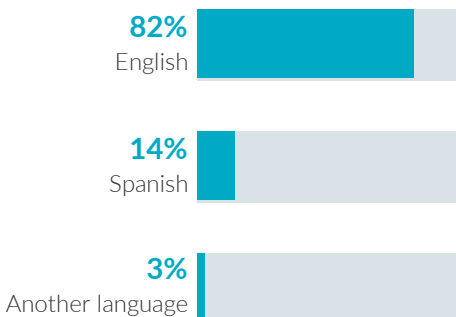
Hispanic or Latino

### Caregiver education

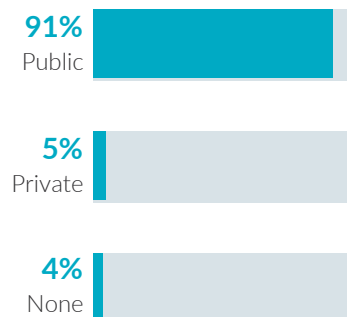


No high school diploma

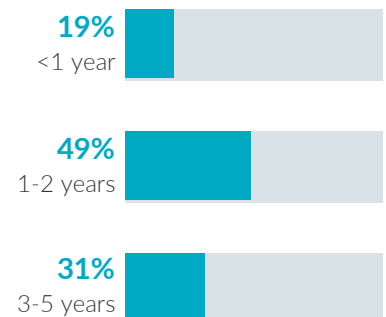
### Primary language



### Child insurance status



### Child age



# Kansas

## Potential Beneficiaries in 2021

In Kansas, there were 170,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 219,900 children.

**219,900**  
**children**

could benefit from home visiting

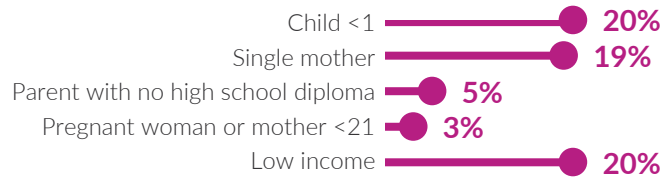
### Of the 219,900 children who could benefit—

Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
<b>34,700</b> <b>16%</b>	<b>71,600</b> <b>33%</b>	<b>113,500</b> <b>52%</b>

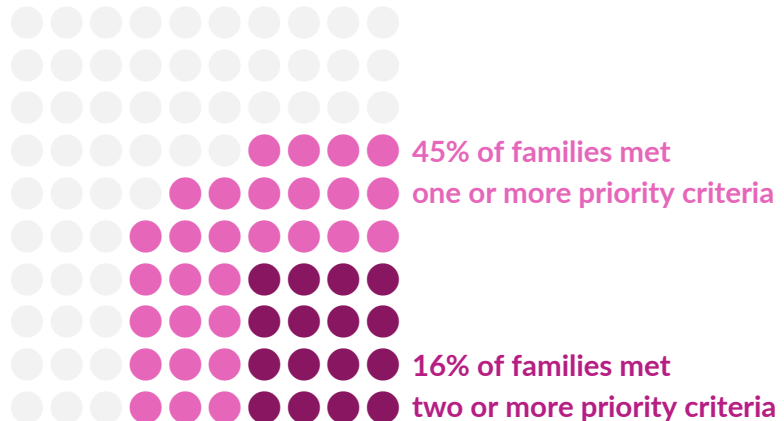
**170,500**  
**families**

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 Kansas who met the following priority criteria:



### Of the 170,500 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: ABC, EHS, HFA, NFP, PAT, and PALS. • 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. • ABC reported children served, families served, total home visits, and virtual home visits only. • 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. • NFP reported primary language of caregivers. • PAT data for child insurance status and primary language were not included. • PALS reported data reflecting the PALS I and PALS II programs. The PALS I program meets HomVEE criteria for evidence of effectiveness. PALS reported children served, families served, total home visits, and virtual home visits only.

The NHVRC is a partnership of James Bell Associates and the Urban Institute. Support is provided by the Heising-Simons Foundation and previously was also provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For a detailed methodology, see the *2022 Home Visiting Yearbook*.



National Home Visiting  
**Resource Center**  
www.nhvrc.org