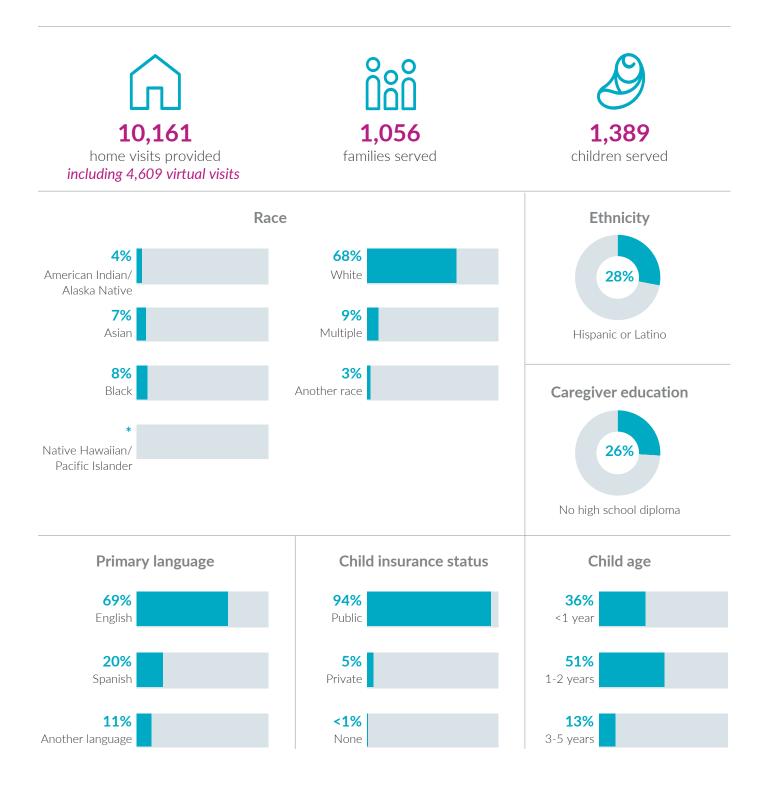
#### NHVRC STATE PROFILES

## Nebraska

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

Models implemented in Nebraska included Early Head Start Home-Based Option, Family Spirit, and Healthy Families America. Statewide, 20 local agencies operated at least one of these models.



# Nebraska

## Potential Beneficiaries in 2021

In Nebraska, there were 119,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 153,600 children.

#### 153,600 Of the 153,600 children who could benefit— Preschoolers Infants Toddlers children <1 year 1-2 years 3-5 years 77.200 25.200 51.200 could benefit from 33% 50% 16% home visiting Many home visiting services are geared toward particular subpopulations. The 119,300 NHVRC estimated the percentage of families who could benefit in Nebraska families who met the following priority criteria: 20% Child <1 could benefit from Single mother 💻 19% home visiting Parent with no high school diploma — 6% Pregnant woman or mother <21 - 3% Low income 18% Of the 119,300 families who could benefit-44% of families met one or more priority criteria 🕨 🜑 🜑 🜑 16% of families met

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 and HFA. • 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.

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