New York

Families Served Through Evidence-Based Home Visiting in 2021

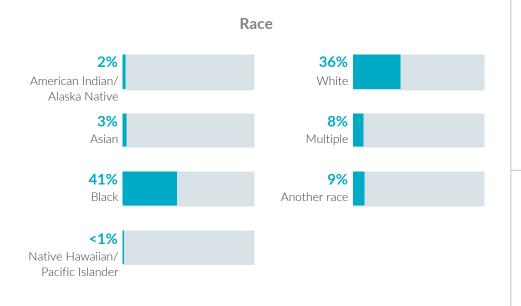
Models implemented in New York included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 134 local agencies operated at least one of these models.



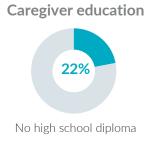
home visits provided including 93,401 virtual visits

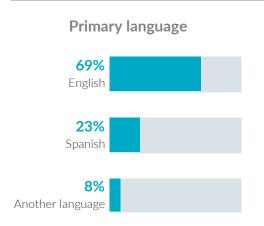


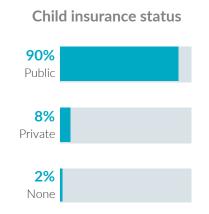


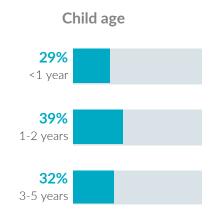












NHVRC STATE PROFILES

New York

Potential Beneficiaries in 2021

In New York, there were 973,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 1,290,300 children.

1,290,300 children

could benefit from home visiting

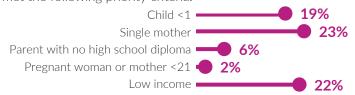
973,400 families could benefit from

home visiting

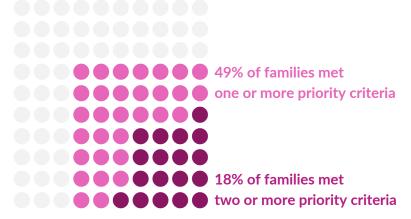
Of the 1,290,300 children who could benefit-

Infants	Toddlers	Preschoolers
<1 year	1-2 years	3-5 years
215,100	446,700	628,500
17%	35%	49%

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in New York who met the following priority criteria:



Of the 973,400 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, HIPPY, NFP, and PAT. • 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.

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 Yearhook

