

Rhode Island

Families Served Through Evidence-Based Home Visiting in 2021

Models implemented in Rhode Island included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 24 local agencies operated at least one of these models.



18,850

home visits provided
including 11,818 virtual visits



1,688

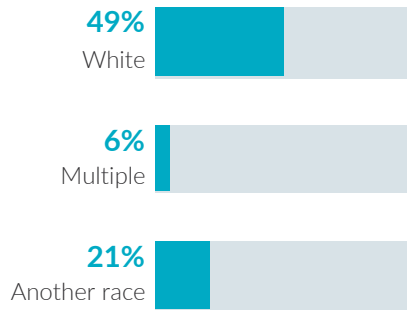
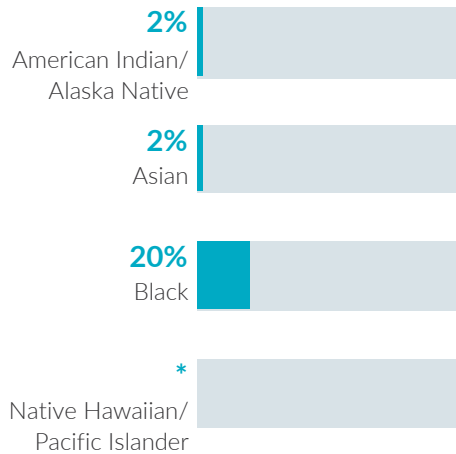
families served



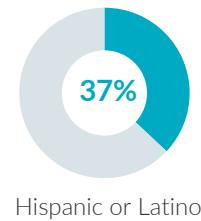
2,200

children served

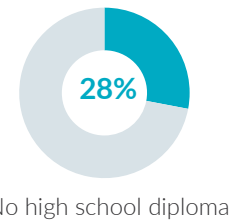
Race



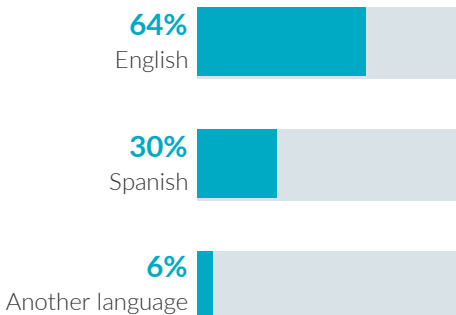
Ethnicity



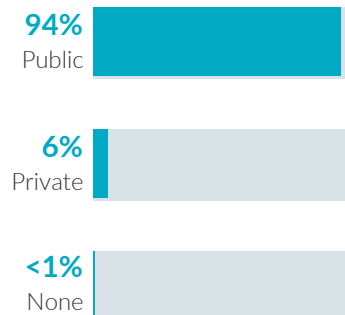
Caregiver education



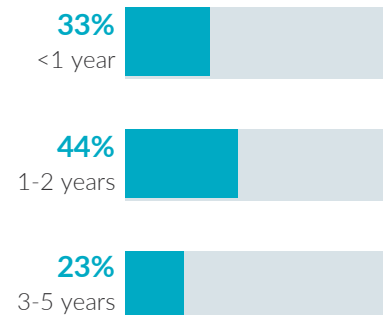
Primary language



Child insurance status



Child age



Rhode Island

Potential Beneficiaries in 2021

In Rhode Island, there were 51,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 64,600 children.

64,600
children

could benefit from
home visiting

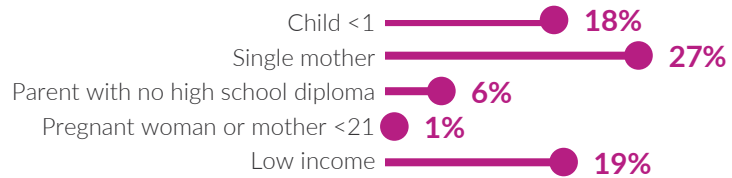
Of the 64,600 children who could benefit—

Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
10,400 16%	20,900 32%	33,400 52%

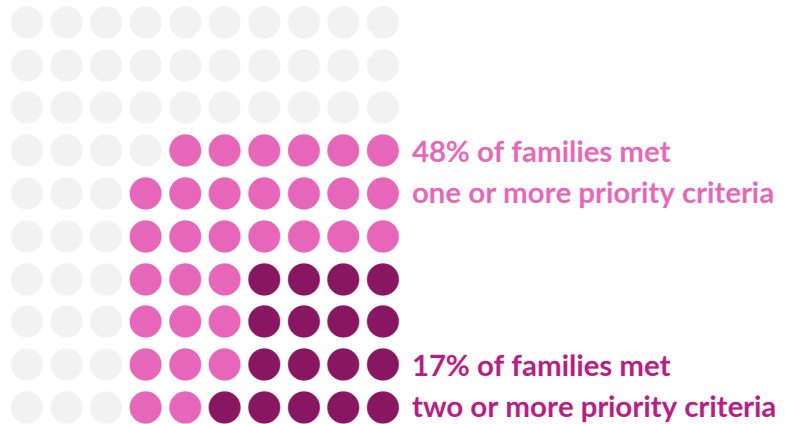
51,000
families

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 Rhode Island who met the following priority criteria:



Of the 51,000 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 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. • PAT data for child insurance status and primary language were not included.

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National Home Visiting
Resource Center
www.nhvrc.org