

# Tennessee

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

Models implemented in Tennessee included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 25 local agencies operated at least one of these models.



**36,484**

home visits provided  
*including 21,378 virtual visits*



**2,943**

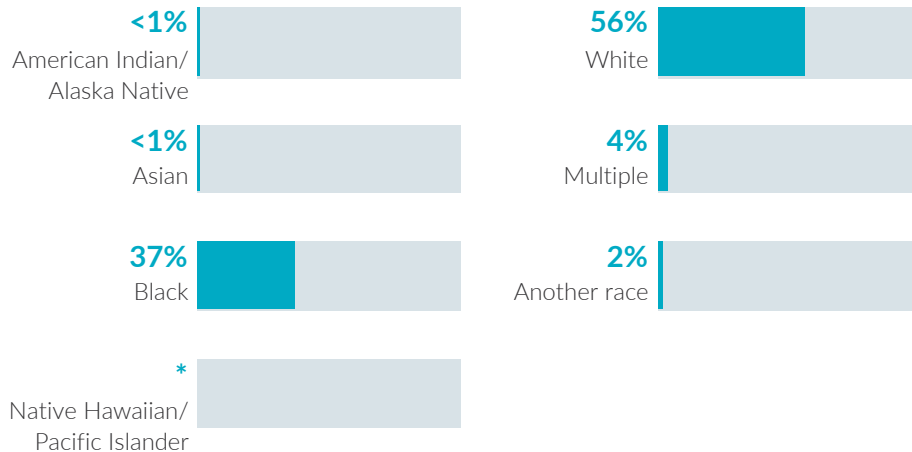
families served



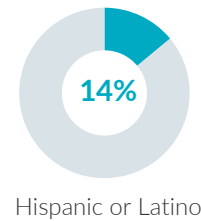
**3,021**

children served

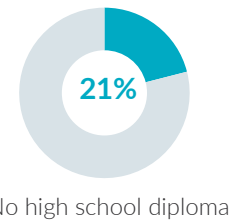
### Race



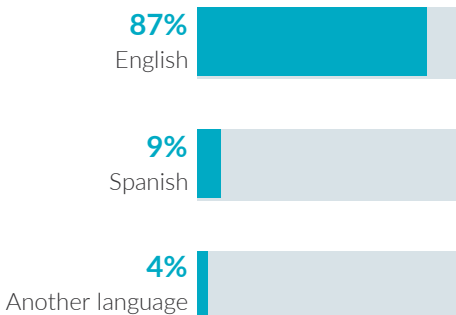
### Ethnicity



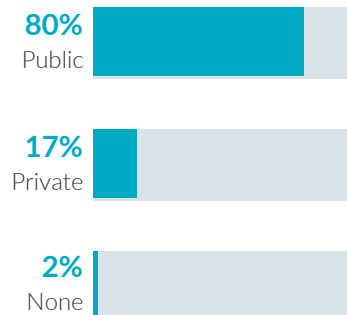
### Caregiver education



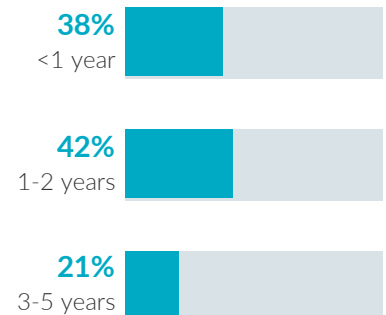
### Primary language



### Child insurance status



### Child age



# Tennessee

## Potential Beneficiaries in 2021

In Tennessee, there were 371,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 474,000 children.

**474,000**  
**children**

could benefit from home visiting

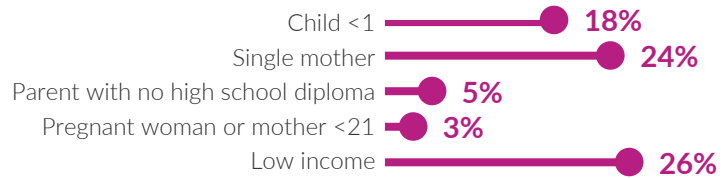
### Of the 474,000 children who could benefit—

Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
<b>72,800</b> <b>15%</b>	<b>167,000</b> <b>35%</b>	<b>234,100</b> <b>49%</b>

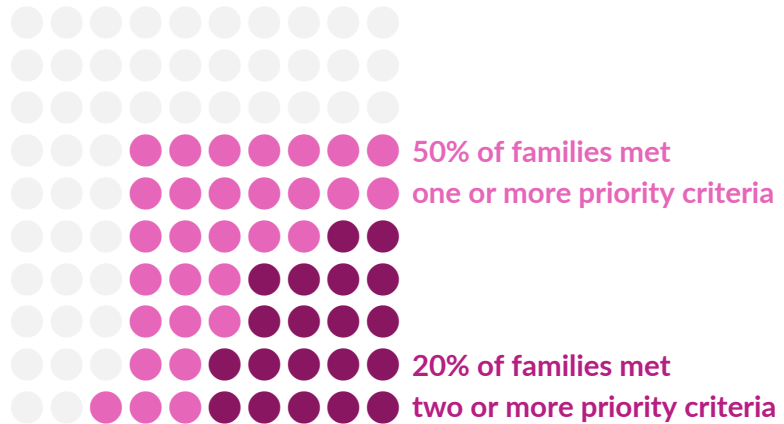
**371,900**  
**families**

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 Tennessee who met the following priority criteria:



### Of the 371,900 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, 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. • 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 Yearbook*.



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