Connecticut

Families Served Through Evidence-Based Home Visiting in 2022

Models implemented in Connecticut included Attachment and Biobehavioral Catch-Up, Child First, Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 55 local agencies operated at least one of these models.

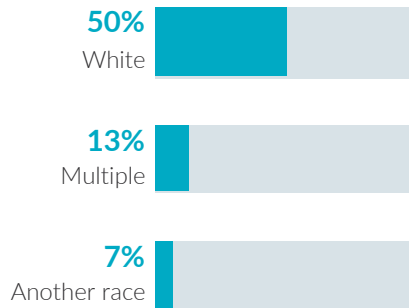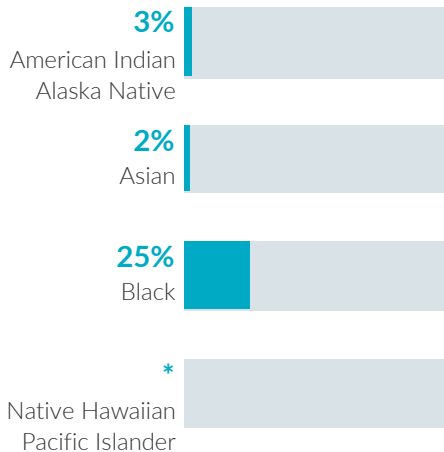**58,271**
home visits provided
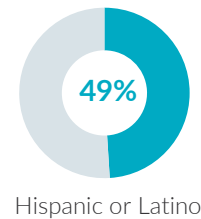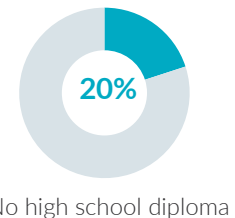*including 23,747 virtual visits*

3,557
families served

3,830
children served

Race

3%
American Indian Alaska Native

50%
White

2%
Asian

13%
Multiple

25%
Black

7%
Another race

*
Native Hawaiian Pacific Islander

Ethnicity

49%
Hispanic or Latino

Caregiver education

20%
No high school diploma

Primary language

77%
English

19%
Spanish

5%
Another language

Child insurance status

83%
Public

14%
Private

4%
None

Child age

32%
<1 year

35%
1-2 years

34%
3-5 years
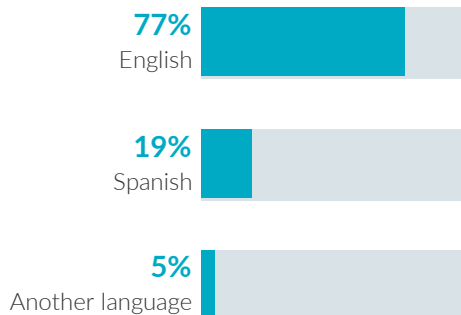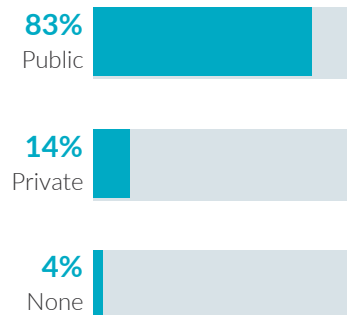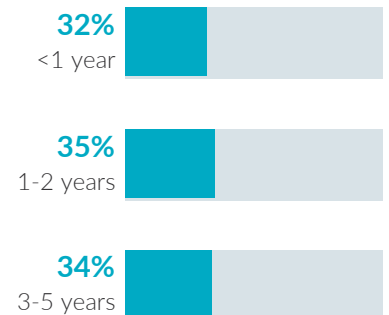
Connecticut

Potential Beneficiaries in 2022

In Connecticut, there were 168,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 210,300 children.

210,300 children
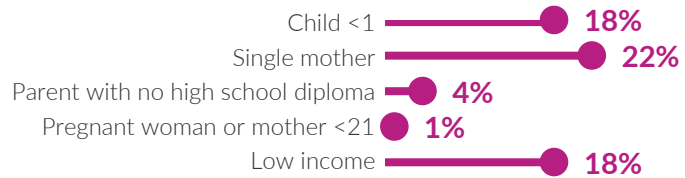could benefit from home visiting

Of the 210,300 children who could benefit—

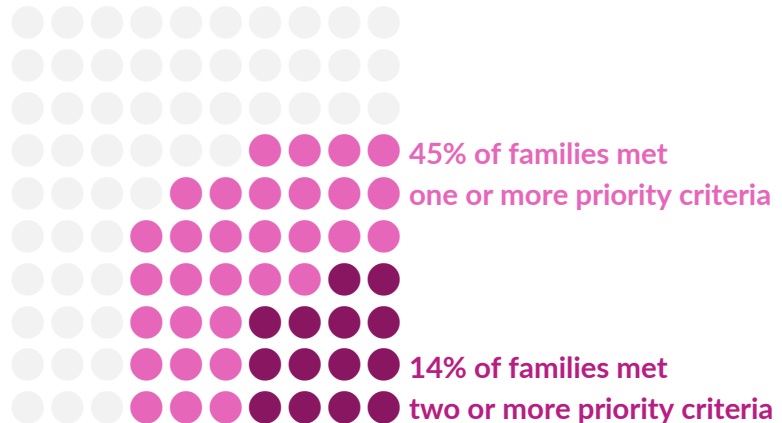| Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
33,100	73,400	103,900
16%	35%	49%

168,200 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 Connecticut who met the following priority criteria:

Child <1	18%
Single mother	22%
Parent with no high school diploma	4%
Pregnant woman or mother <21	1%
Low income	18%

Of the 168,200 families who could benefit—

45% of families met one or more priority criteria

14% of families met two or more priority criteria

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: Child First, 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 did not report home visits. Data for child insurance status were not included. • HFA data for private insurance includes other forms of health insurance. • PAT data for child insurance status and primary language were not included.

National Home Visiting Resource Center
www.nhvrc.org