

Mississippi

Families Served Through Evidence-Based Home Visiting in 2022

Models implemented in Mississippi included Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Maternal Infant Health Outreach Worker Program, and Parents as Teachers. Statewide, 19 local agencies operated at least one of these models.



9,221

home visits provided
including 8,306 virtual visits



828

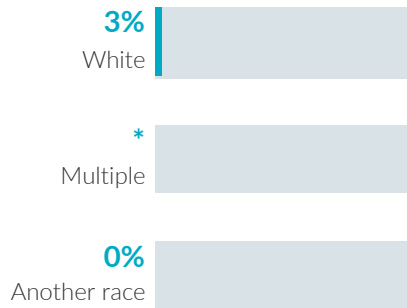
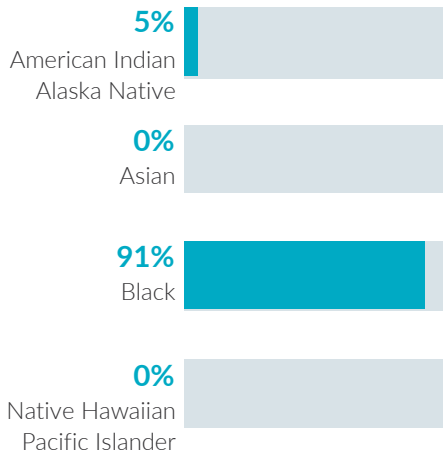
families served



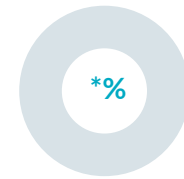
814

children served

Race

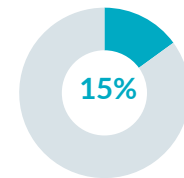


Ethnicity



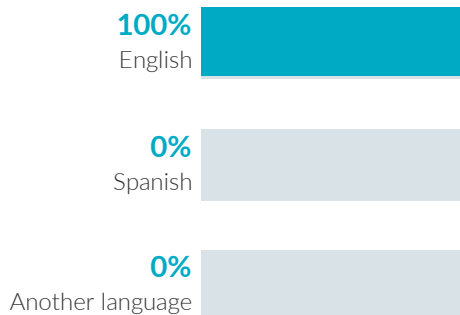
Hispanic or Latino

Caregiver education

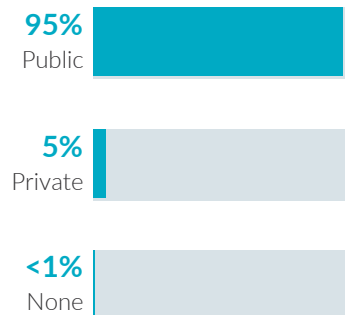


No high school diploma

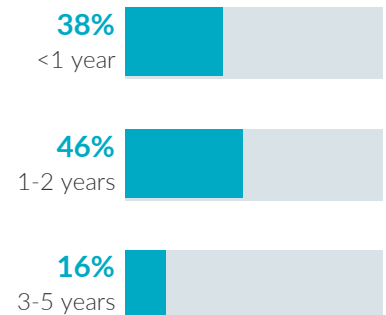
Primary language



Child insurance status



Child age



Mississippi

Potential Beneficiaries in 2022

In Mississippi, there were 163,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 209,000 children.

209,000
children

could benefit from
home visiting

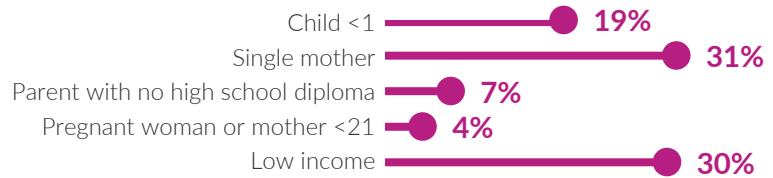
Of the 209,000 children who could benefit—

Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
31,800 15%	73,600 35%	103,600 50%

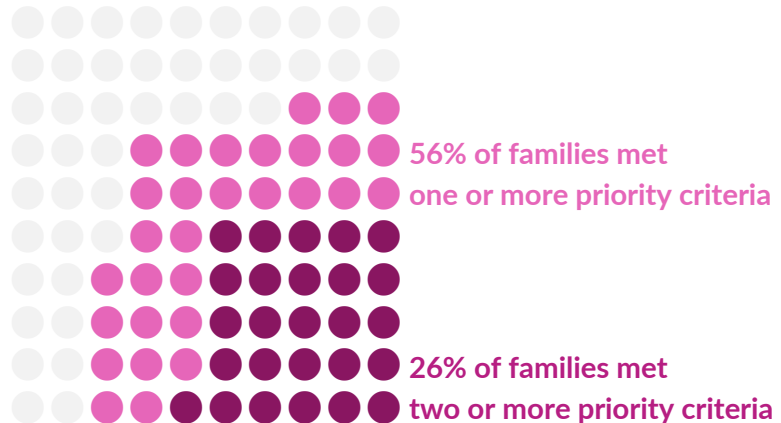
163,300
families

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 Mississippi who met the following priority criteria:



Of the 163,300 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: HFA, HIPPI, MIHOW, 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. • HFA data for private insurance includes other forms of health insurance. • MIHOW did not report virtual home visits. • 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 *2023 Home Visiting Yearbook*.



National Home Visiting
Resource Center
www.nhvrc.org