North Carolina

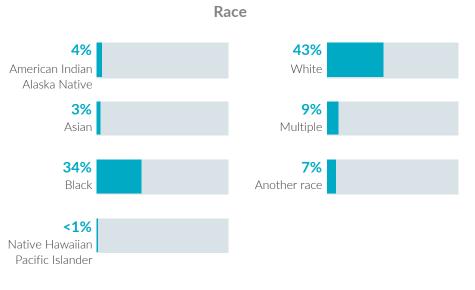
Families Served Through Evidence-Based Home Visiting in 2022

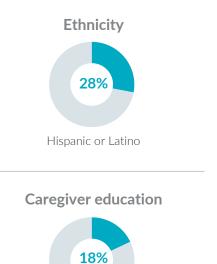
Models implemented in North Carolina included Attachment and Biobehavioral Catch-Up, Child First, Early Head Start Home-Based Option, Family Connects, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, Promoting First Relationships, and SafeCare Augmented. Statewide, 101 local agencies operated at least one of these models.

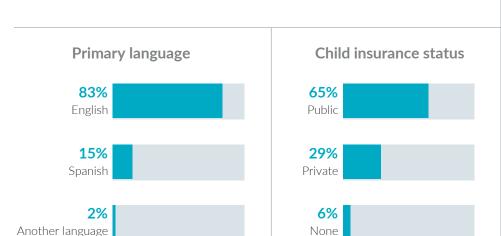


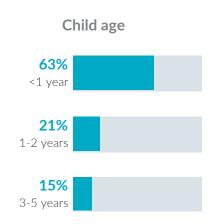












No high school diploma

NHVRC STATE PROFILES

North Carolina

Potential Beneficiaries in 2022

In North Carolina, there were 551,600 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 699,100 children.

699,100 children

could benefit from home visiting

551,600 families

could benefit from home visiting

Of the 699,100 children who could benefit-

Infai	nts Todd	lers	Preschoolers
<1 y	ear 1-2 y	ears	3-5 years
107	7,800 237	100	354,200
15%	% 34%		51%

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



Of the 551,600 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, Child First, EHS, Family Connects, HFA, HIPPY, NFP, PAT, PFR, and SafeCare Augmented. • 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 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. • PFR reported children served, families served, total home visits, and virtual home visits only. • SafeCare Augmented reported primary language, ethnicity, race, and families served only. The number of families served was included as a proxy for children served.

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.

