

North Dakota

Families Served Through Evidence-Based Home Visiting in 2022

Models implemented in North Dakota included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 15 local agencies operated at least one of these models.



8,078

home visits provided
including 2,209 virtual visits



709

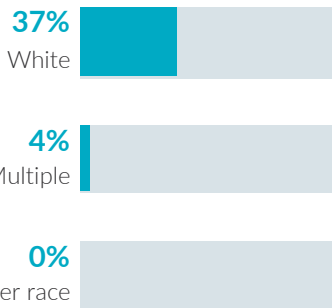
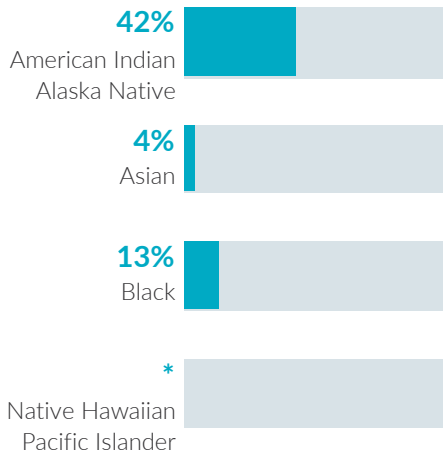
families served



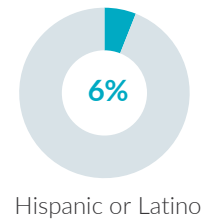
795

children served

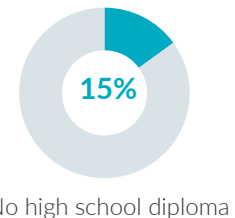
Race



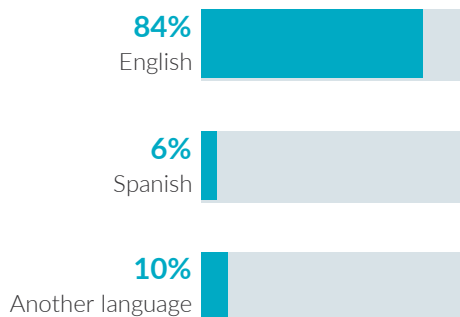
Ethnicity



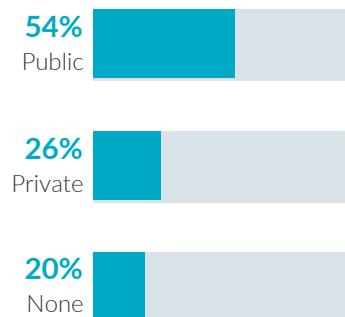
Caregiver education



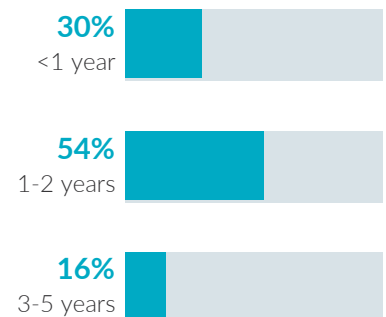
Primary language



Child insurance status



Child age



North Dakota

Potential Beneficiaries in 2022

In North Dakota, there were 49,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 62,700 children.

62,700
children

could benefit from
home visiting

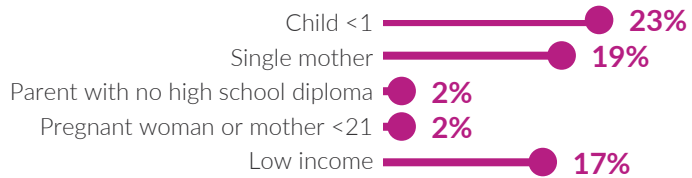
Of the 62,700 children who could benefit—

Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
11,300 18%	21,000 33%	30,400 48%

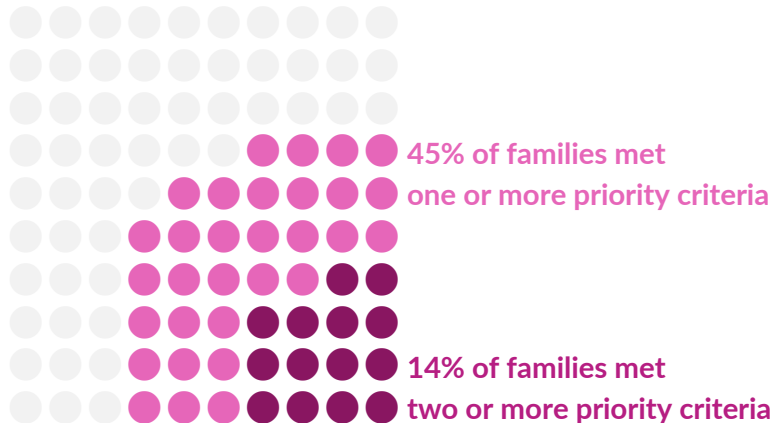
49,200
families

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 North Dakota who met the following priority criteria:



Of the 49,200 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 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.

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National Home Visiting
Resource Center
www.nhvrc.org