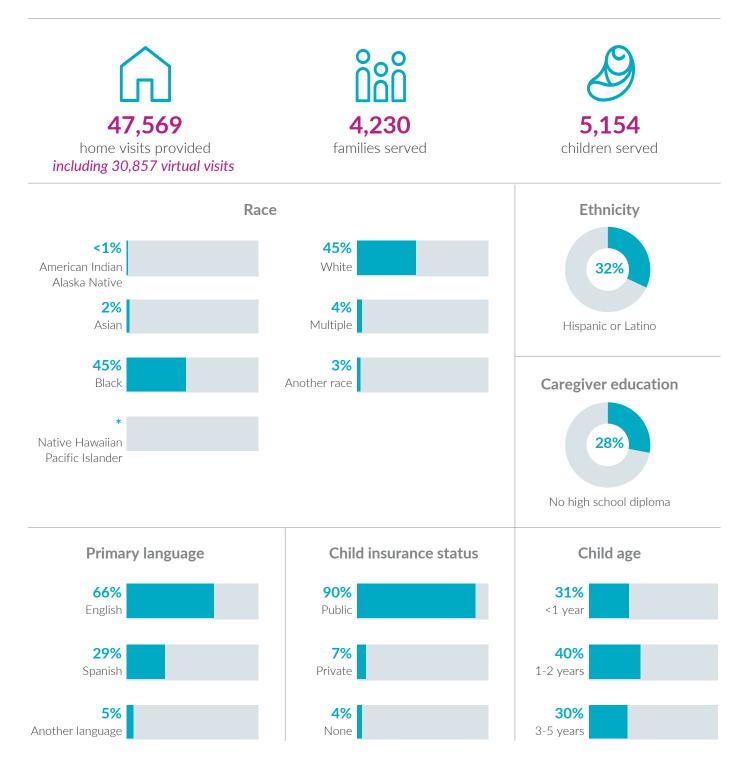
NHVRC STATE PROFILES

Virginia

Families Served Through Evidence-Based Home Visiting in 2022

Models implemented in Virginia included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Check-Up, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 61 local agencies operated at least one of these models.



Virginia

Potential Beneficiaries in 2022

In Virginia, there were 462,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 582,900 children.

582,900 Of the 582,900 children who could benefit-Infants Toddlers Preschoolers children 1-2 years 3-5 years <1 year 286,200 203.900 92.800 could benefit from 35% 49% 16% home visiting Many home visiting services are geared toward particular subpopulations. The 462,300 NHVRC estimated the percentage of families who could benefit in Virginia families who met the following priority criteria: 18% Child <1 could benefit from 20% Single mother home visiting Parent with no high school diploma - 4% Pregnant woman or mother <21 **2%** Low income 17% Of the 462,300 families who could benefit-43% of families met D 🔵 🔵 🔵 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

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.

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.

