

Nebraska

Families Served Through Evidence-Based Home Visiting in 2023

Models implemented in Nebraska included Early Head Start Home-Based Option, Family Check-Up, Family Connects, Family Spirit, Healthy Families America, and Parents as Teachers. Statewide, 29 local agencies operated at least one of these models.



12,563

home visits provided
including 1,067 virtual visits



1,872

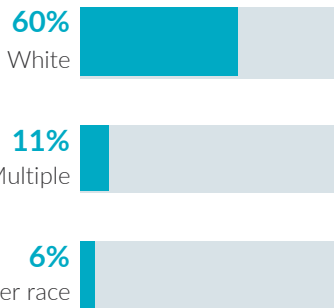
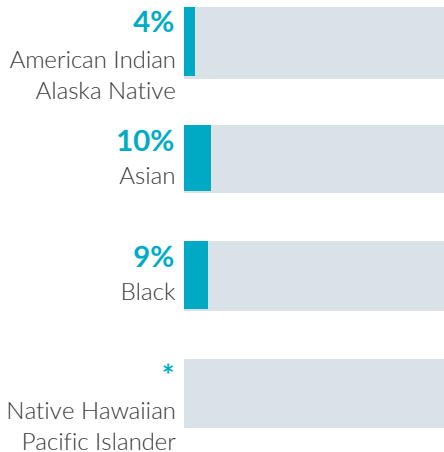
families served



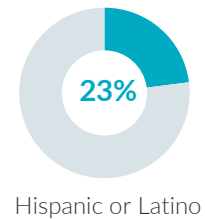
1,891

children served

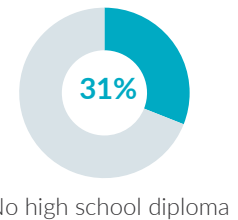
Race



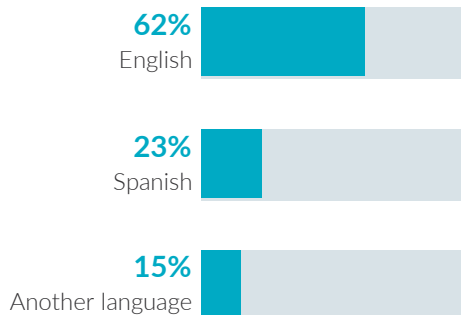
Ethnicity



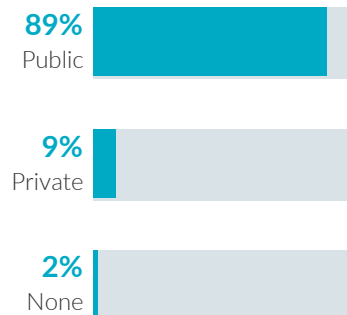
Caregiver education



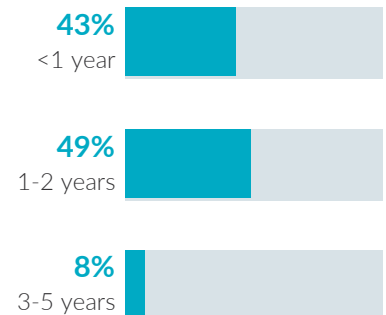
Primary language



Child insurance status



Child age



Nebraska

Potential Beneficiaries in 2023

In Nebraska, there were 113,100 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 151,100 children.

151,100
children

could benefit from home visiting

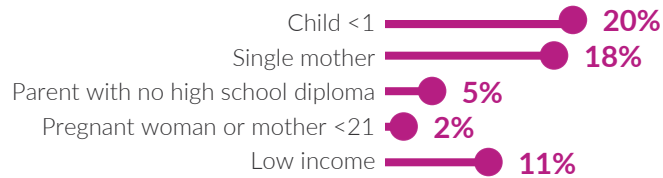
Of the 151,100 children who could benefit—

Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
24,100 16%	48,500 32%	78,500 52%

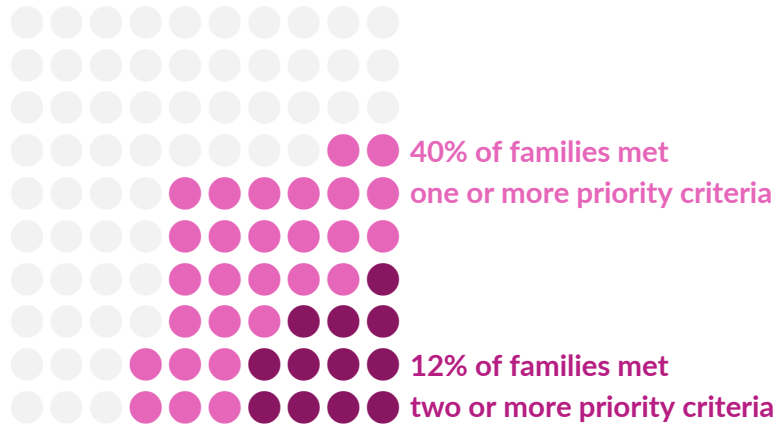
113,100
families

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 Nebraska who met the following priority criteria:



Of the 113,100 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, Family Connects, HFA, 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 include 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. The views expressed here do not necessarily reflect the views of the foundation. For a detailed methodology, see the 2024 Home Visiting Yearbook.



National Home Visiting
Resource Center
www.nhvrc.org