

New York

Families Served Through Evidence-Based Home Visiting in 2023

Models implemented in New York included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 144 local agencies operated at least one of these models.



106,237

home visits provided
including 31,402 virtual visits



9,596

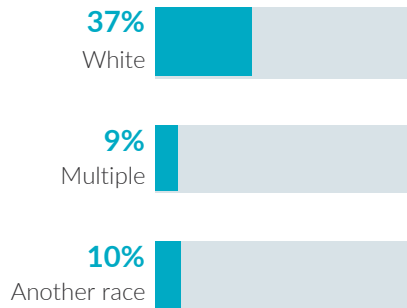
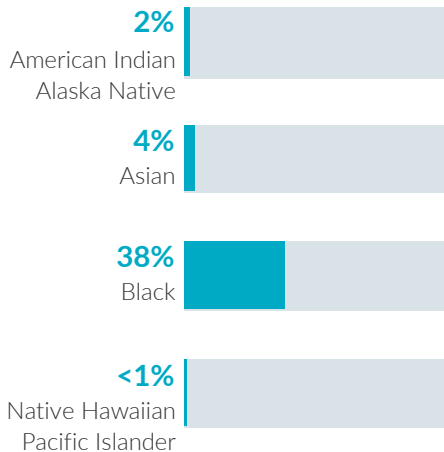
families served



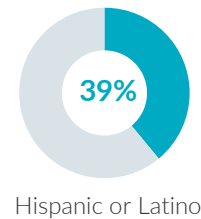
14,202

children served

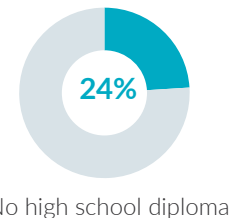
Race



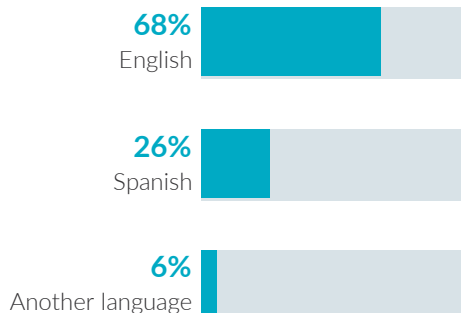
Ethnicity



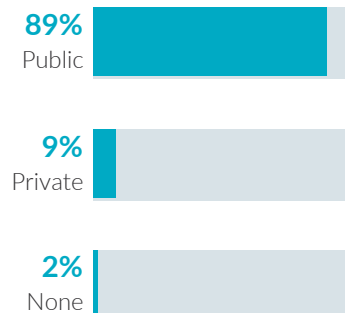
Caregiver education



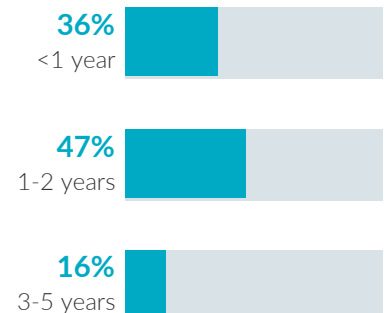
Primary language



Child insurance status



Child age



New York

Potential Beneficiaries in 2023

In New York, there were 954,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 1,264,700 children.

1,264,700 children

could benefit from home visiting

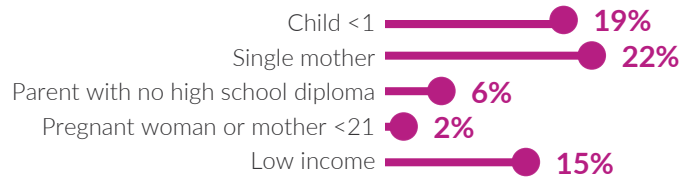
Of the 1,264,700 children who could benefit—

Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
211,700 17%	438,600 35%	614,400 49%

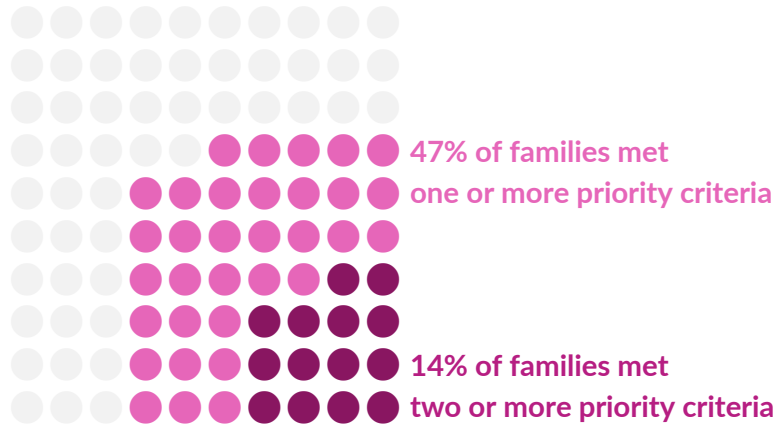
954,000 families

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 New York who met the following priority criteria:



Of the 954,000 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, EHS, HFA, HIPPI, NFP, and PAT. • 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 data for child insurance status were not included. Data are reported for the ABC-Infant program. • 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.nhvr.org