

# Rhode Island

## Families Served Through Evidence-Based Home Visiting in 2023

Models implemented in Rhode Island included Early Head Start Home-Based Option, Family Check-Up, Healthy Families America, and Parents as Teachers. Statewide, 20 local agencies operated at least one of these models.



**16,618**

home visits provided  
*including 4,843 virtual visits*



**1,473**

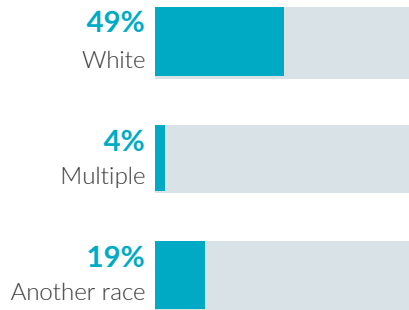
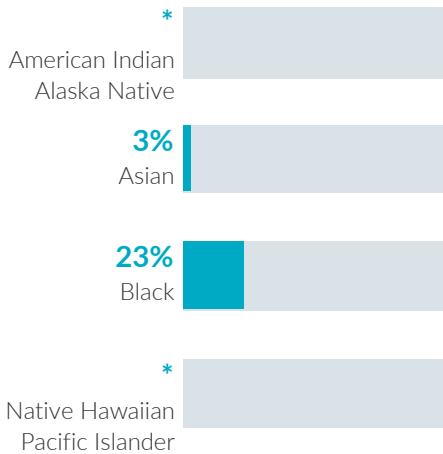
families served



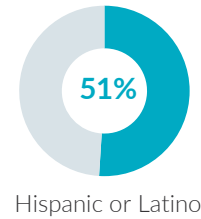
**1,692**

children served

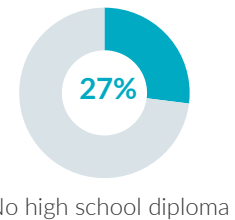
### Race



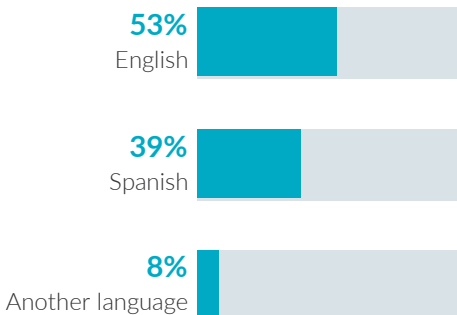
### Ethnicity



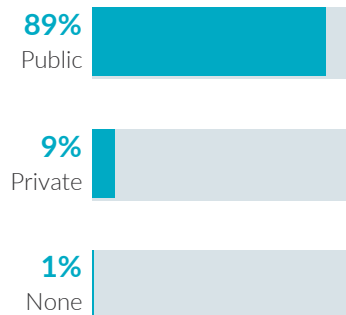
### Caregiver education



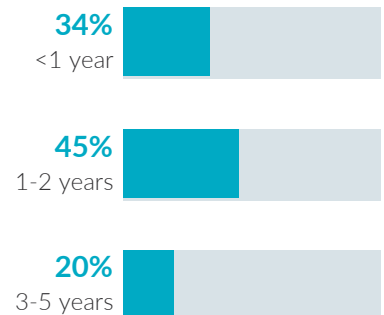
### Primary language



### Child insurance status



### Child age



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## Potential Beneficiaries in 2023

In Rhode Island, there were 49,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 63,300 children.

**63,300**  
**children**

could benefit from home visiting

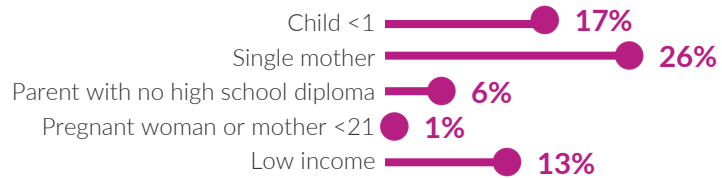
### Of the 63,300 children who could benefit—

Infants <1 year	Toddlers 1-2 years	Preschoolers 3-5 years
<b>9,900</b> <b>16%</b>	<b>20,400</b> <b>32%</b>	<b>33,000</b> <b>52%</b>

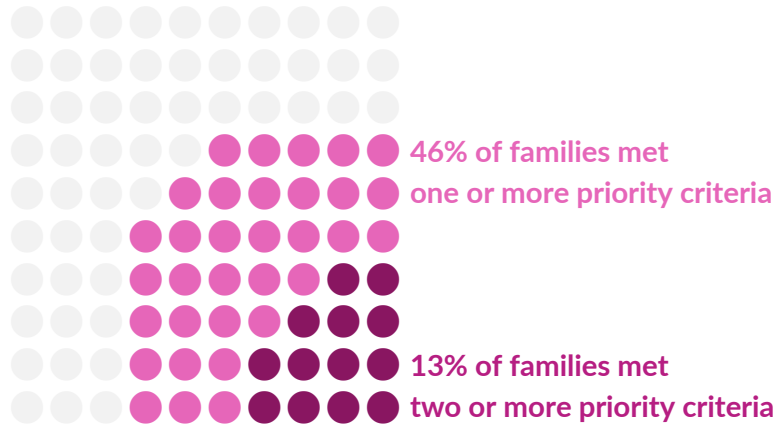
**49,700**  
**families**

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 Rhode Island who met the following priority criteria:



### Of the 49,700 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, 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