

District of Columbia

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in the District of Columbia included Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Districtwide, 11 local agencies operated at least one of these models.



4,922

home visits provided



532

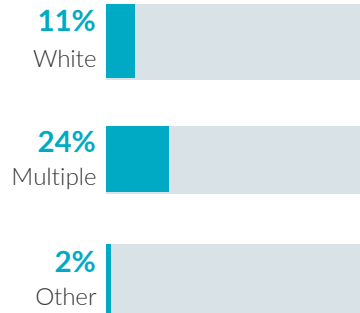
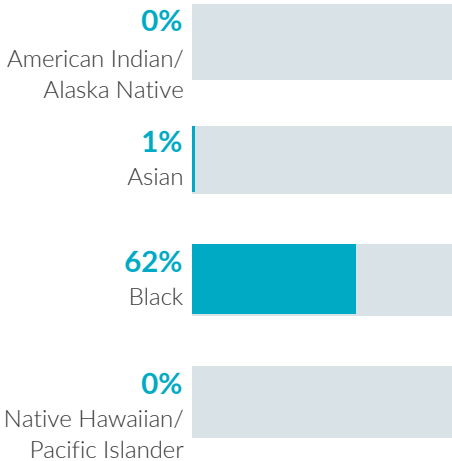
families served



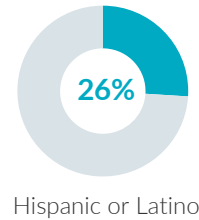
639

children served

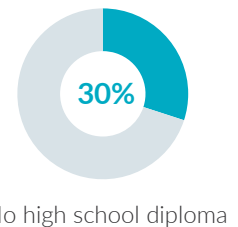
Race



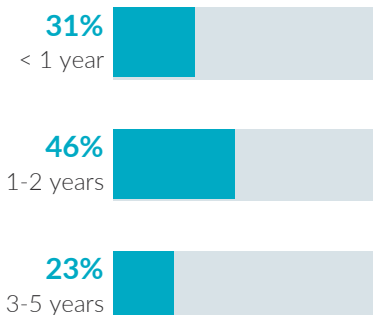
Ethnicity



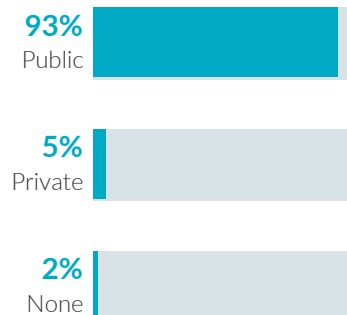
Caregiver education



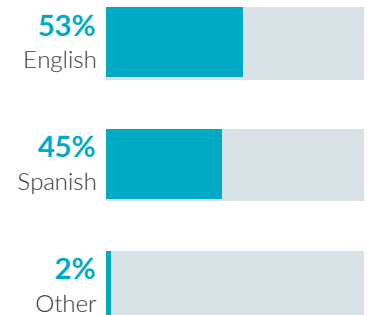
Child age



Child insurance status



Primary language



District of Columbia

Potential Beneficiaries in 2017

In the District of Columbia, there were 34,400 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 47,400 children.

47,400
children

could benefit from
home visiting

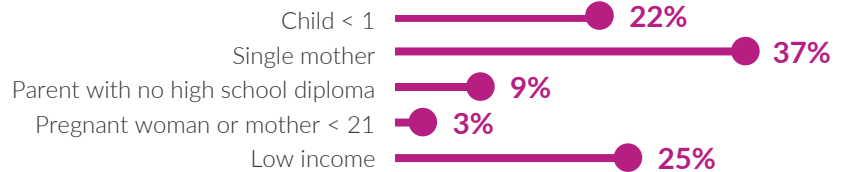
Of the 47,400 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
9,200 19%	16,200 34%	22,000 46%

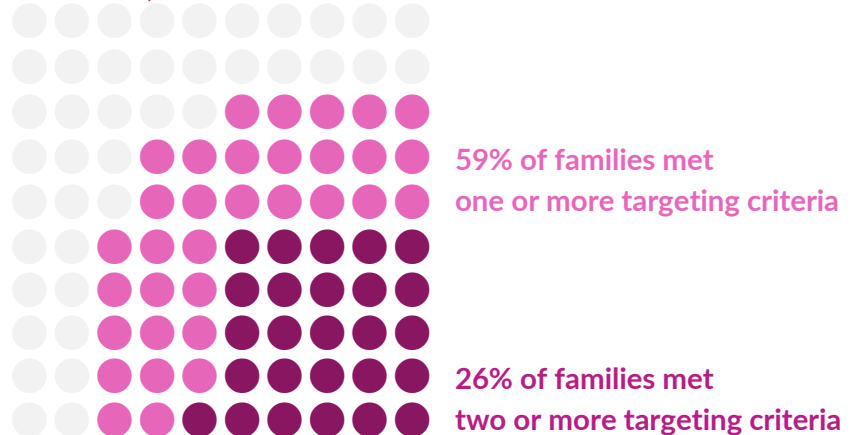
34,400
families

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 the District of Columbia who met the following targeting criteria:



Of the 34,400 families who could benefit—



Notes • Percentages may not add up 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. • To protect confidentiality, race categories with fewer than five participants were combined with "Other" race. • EHS programs in DC include a combination of center-based and home-based services. EHS data are not included because home-based service data cannot be isolated from statewide data. • HFA reports primary language of caregivers. • HIPYP public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • PAT reports race and ethnicity of children. PAT primary language data are not included.

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the *2018 Home Visiting Yearbook*.



**National Home Visiting
Resource Center**
www.nhvrc.org