

Hawaii

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Hawaii included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, and Parents as Teachers. Statewide, 17 local agencies operated at least one of these models.



11,317

home visits provided



938

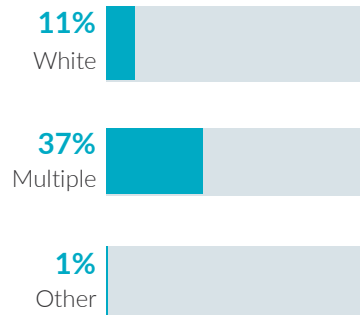
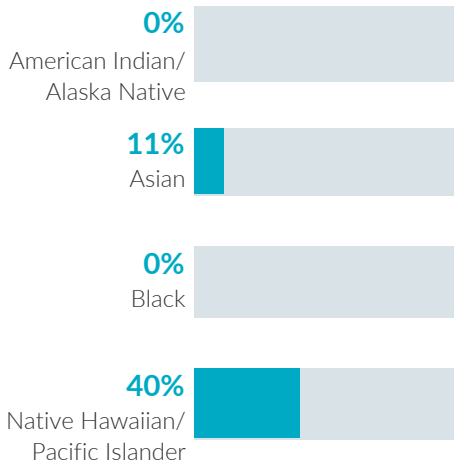
families served



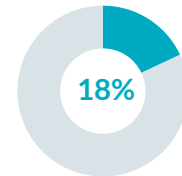
902

children served

Race

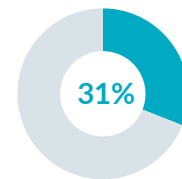


Ethnicity



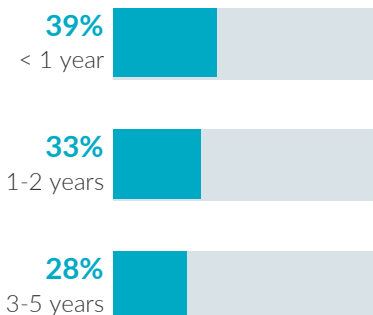
Hispanic or Latino

Caregiver education

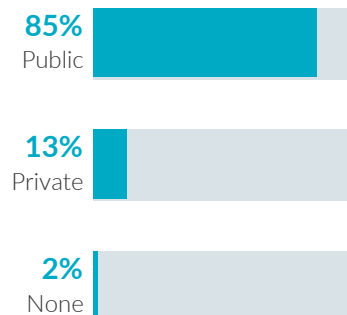


No high school diploma

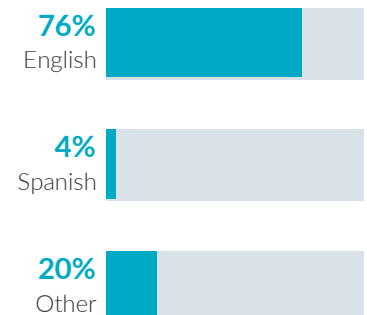
Child age



Child insurance status



Primary language



Hawaii

Potential Beneficiaries in 2017

In Hawaii, there were 80,700 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 106,500 children.

106,500
children

could benefit from
home visiting

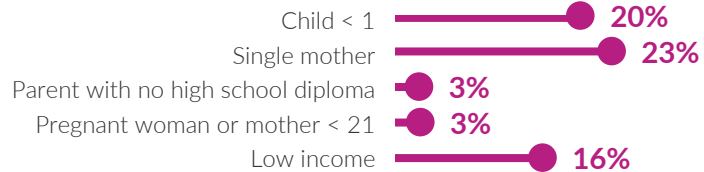
Of the 106,500 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
17,400 16%	36,900 35%	52,200 49%

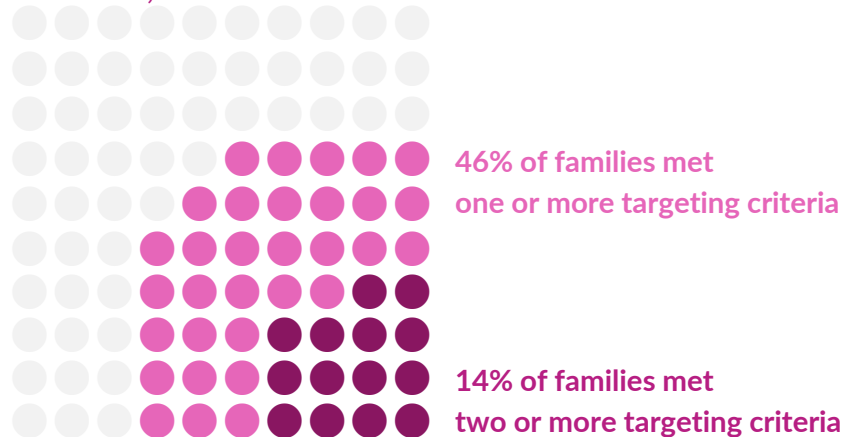
80,700
families

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 Hawaii who met the following targeting criteria:



Of the 80,700 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. • ABC reports children served, families served, and home visits only. • EHS data may be underreported. Data include EHS programs providing home-based services only, not programs providing both home-based and center-based services. EHS race, ethnicity, and primary language data include children and pregnant caregivers. EHS does not report home visits or families served. The number of children served was included as a proxy for families served. • 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