

# New Jersey

## Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in New Jersey included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 56 local agencies operated at least one of these models.



**65,670**

home visits provided



**5,627**

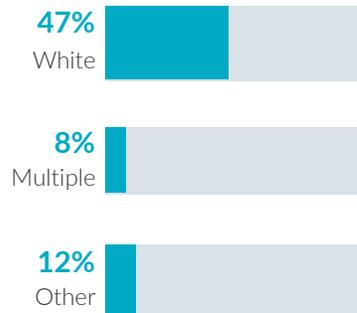
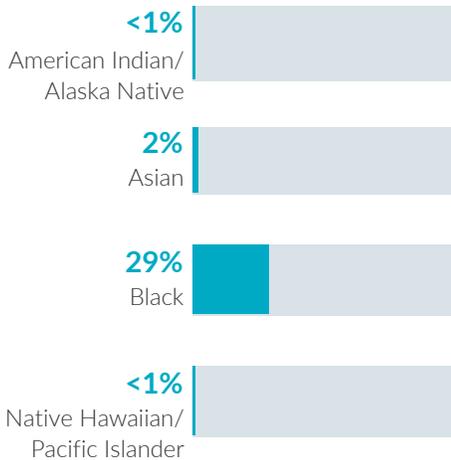
families served



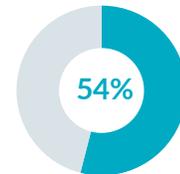
**5,688**

children served

### Race

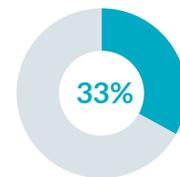


### Ethnicity



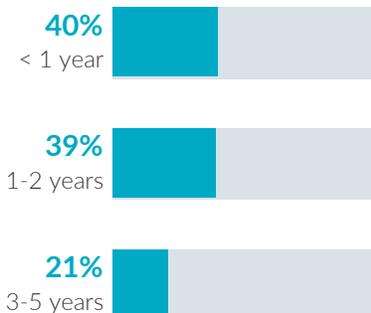
Hispanic or Latino

### Caregiver education

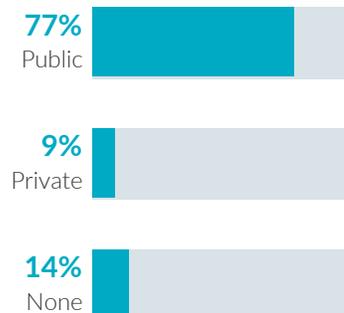


No high school diploma

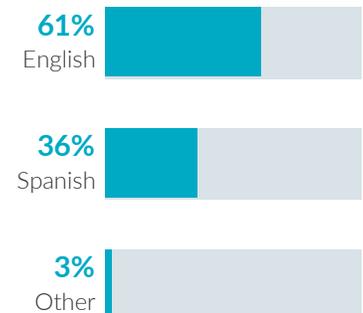
### Child age



### Child insurance status



### Primary language



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## Potential Beneficiaries in 2017

In New Jersey, there were 482,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 618,400 children.

**618,400**  
**children**

could benefit from  
home visiting

### Of the 618,400 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
<b>97,400</b> <b>16%</b>	<b>211,300</b> <b>34%</b>	<b>309,700</b> <b>50%</b>

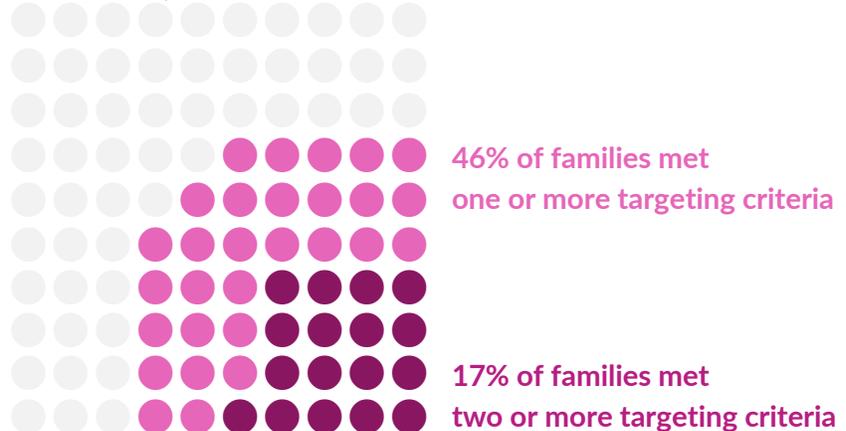
**482,300**  
**families**

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 Jersey who met the following targeting criteria:



### Of the 482,300 families who could benefit—



Notes • NHVRC State Profiles present data provided by evidence-based models, which may include both MIECHV and non-MIECHV data; numbers may vary from those in the MIECHV State Data Tables, which include MIECHV data only. • 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. • ABC data are not available for NJ. • 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. • HIPPA public insurance also includes Early and Periodic Screening, Diagnostic and Treatment. • NFP includes MIECHV and non-MIECHV data for children served, families served, and home visits. All other data reflect participants receiving NFP services through MIECHV funding only. • 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.nhvr.org