

Nevada

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Nevada included Early Head Start Home-Based Option, Family Check-Up, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers. Statewide, 12 local agencies operated at least one of these models.



5,472

home visits provided



408

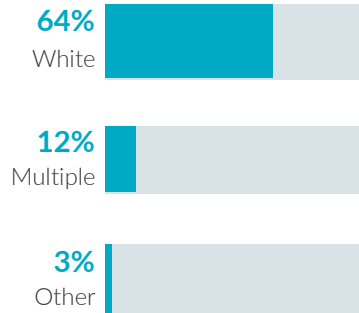
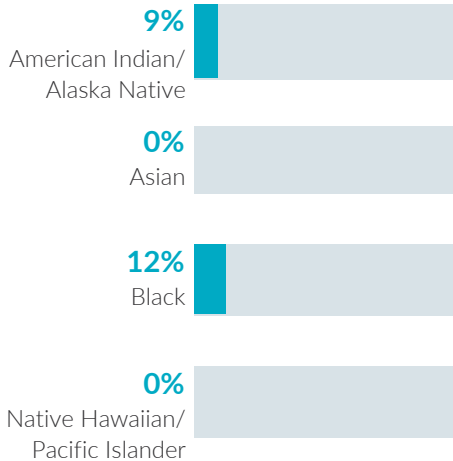
families served



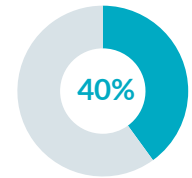
535

children served

Race

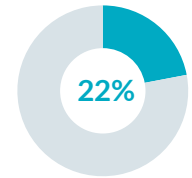


Ethnicity



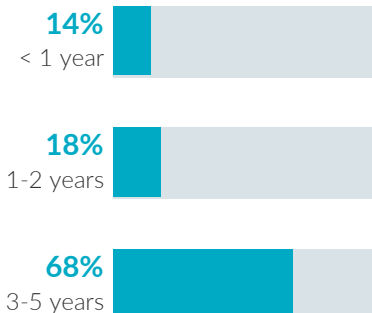
Hispanic or Latino

Caregiver education

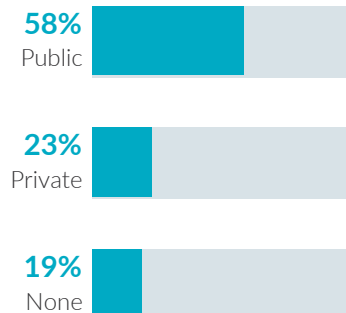


No high school diploma

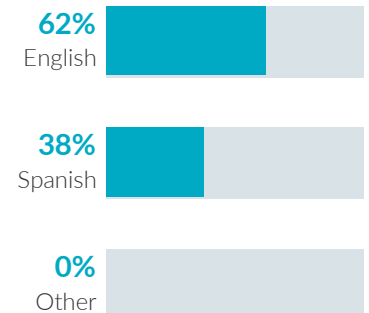
Child age



Child insurance status



Primary language



Nevada

Potential Beneficiaries in 2017

In Nevada, there were 162,800 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 212,100 children.

212,100
children

could benefit from
home visiting

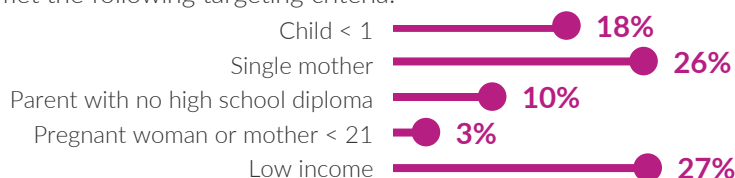
Of the 212,100 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
32,300 15%	70,200 33%	109,500 52%

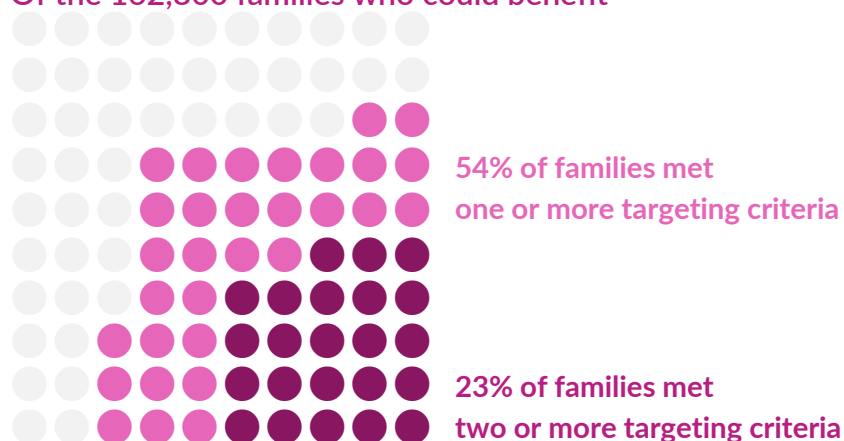
162,800
families

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 Nevada who met the following targeting criteria:



Of the 162,800 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 NV 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. • FCU reports children served only. The number of children served was included as a proxy for families served. • HIPV 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.nhvrc.org