

Ohio

Families Served Through Evidence-Based Home Visiting in 2017

Models implemented in Ohio 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, Parents as Teachers, and SafeCare. Statewide, 131 local agencies operated at least one of these models.



137,899

home visits provided



12,760

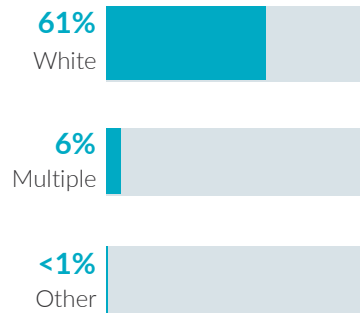
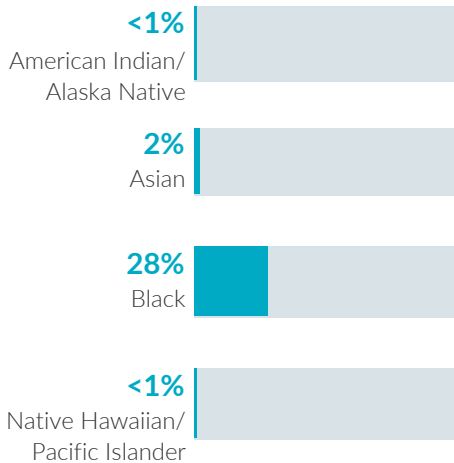
families served



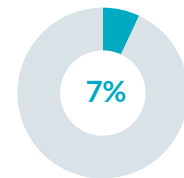
13,211

children served

Race

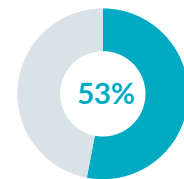


Ethnicity



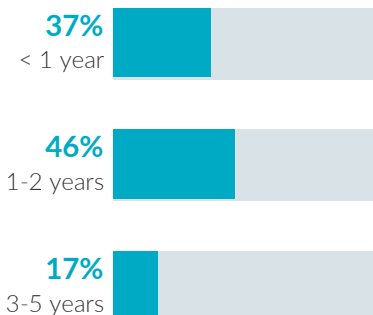
Hispanic or Latino

Caregiver education

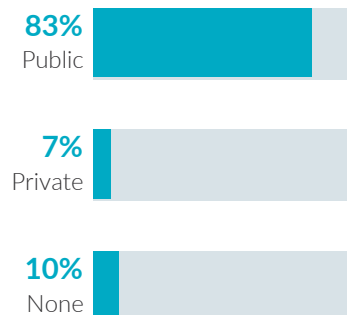


No high school diploma

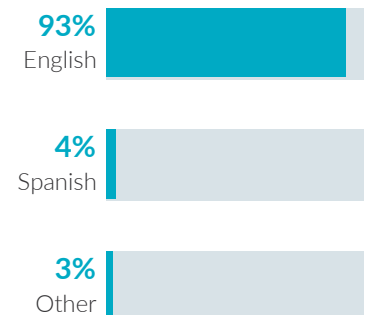
Child age



Child insurance status



Primary language



Ohio

Potential Beneficiaries in 2017

In Ohio, there were 641,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 818,900 children.

818,900 children

could benefit from home visiting

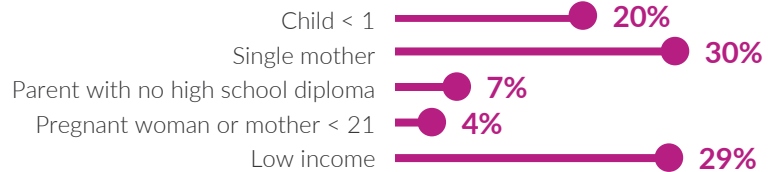
Of the 818,900 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
132,900 16%	272,200 33%	413,800 51%

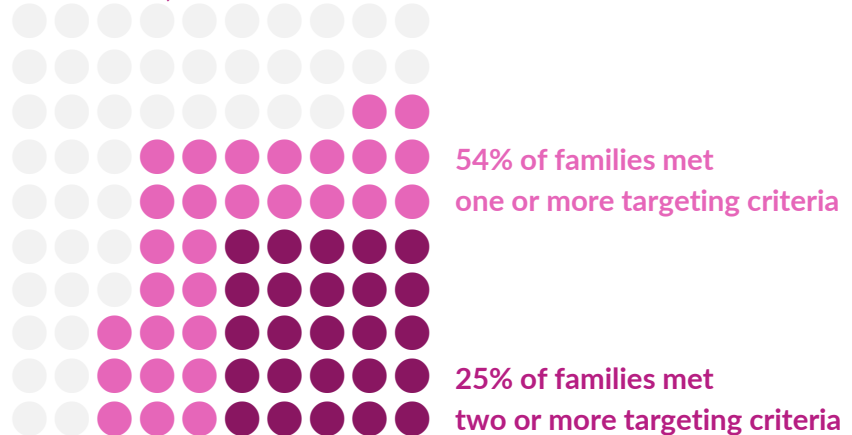
641,900 families

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 Ohio who met the following targeting criteria:



Of the 641,900 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. • 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. • 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. • SafeCare does not report the number of children served. The number of families served was included as a proxy for children served. SafeCare does not report caregiver education, child age, or child insurance status.

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