

# Pennsylvania

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

Models implemented in Pennsylvania included Attachment and Biobehavioral Catch-Up, Early Head Start Home-Based Option, Family Check-Up, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and SafeCare. Statewide, 132 local agencies operated at least one of these models.



**144,159**

home visits provided



**14,537**

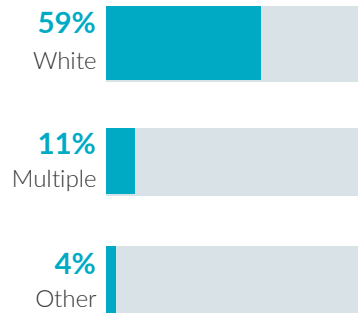
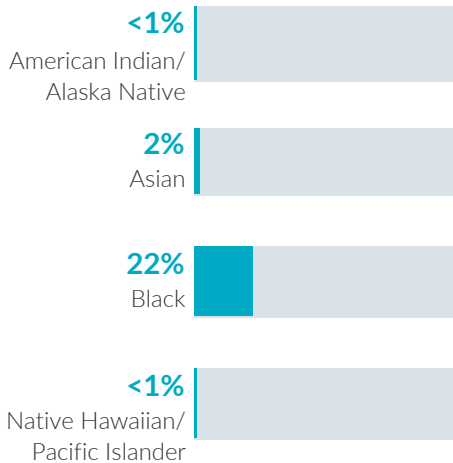
families served



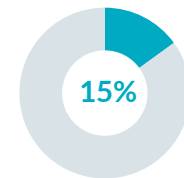
**17,037**

children served

### Race

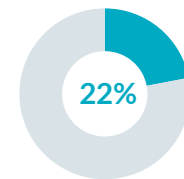


### Ethnicity



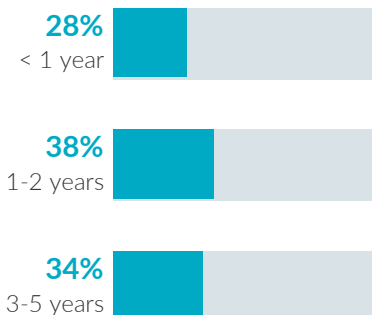
Hispanic or Latino

### Caregiver education

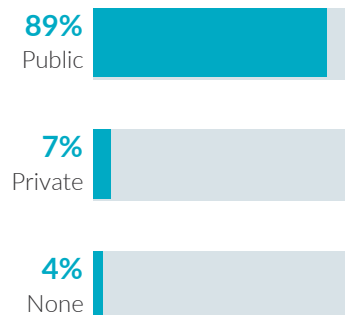


No high school diploma

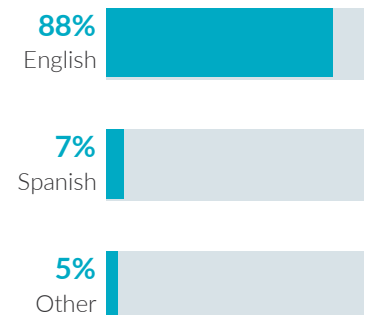
### Child age



### Child insurance status



### Primary language



# Pennsylvania

## Potential Beneficiaries in 2017

In Pennsylvania, there were 654,500 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 841,300 children.

**841,300**  
**children**

could benefit from  
home visiting

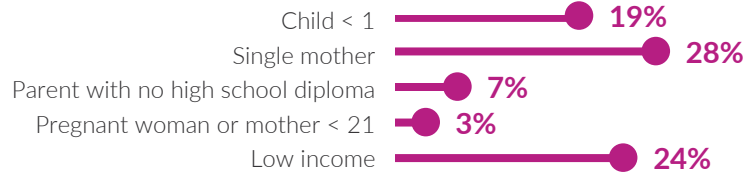
### Of the 841,300 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
<b>136,700</b> <b>16%</b>	<b>285,300</b> <b>34%</b>	<b>419,300</b> <b>50%</b>

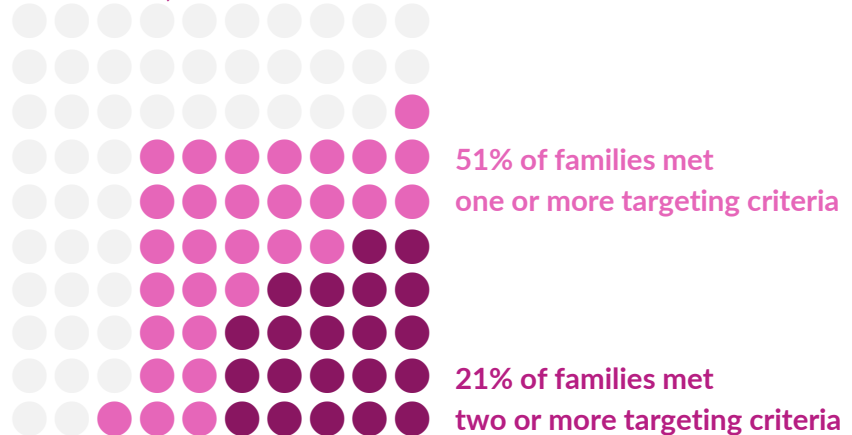
**654,500**  
**families**

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 Pennsylvania who met the following targeting criteria:



### Of the 654,500 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 data are not available for PA. • 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. • FCU reports children served only. 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. • 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