

Pennsylvania

Families Served Through Evidence-Based Home Visiting in 2018

Models implemented in Pennsylvania 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/SafeCare Augmented. Statewide, 129 local agencies operated at least one of these models.



136,491

home visits provided



15,333

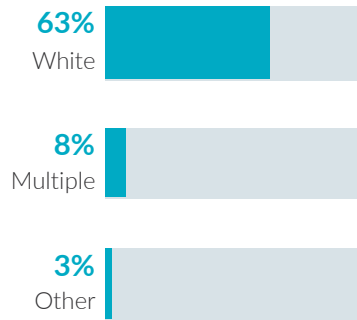
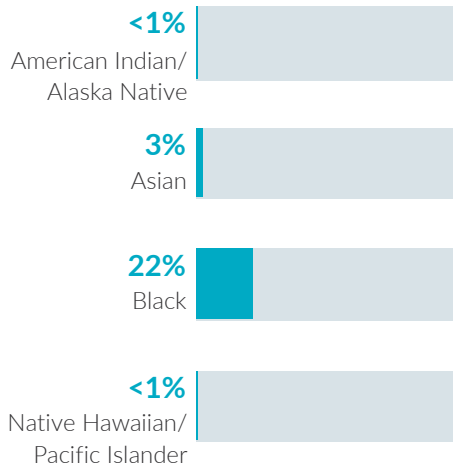
families served



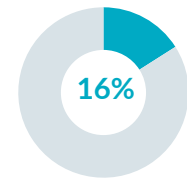
15,540

children served

Race

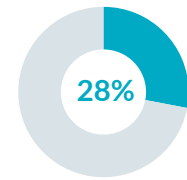


Ethnicity



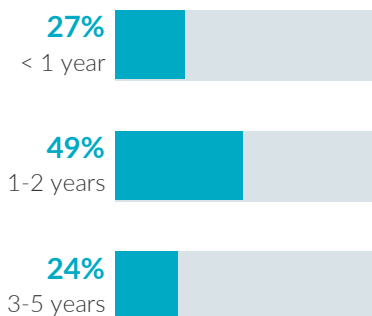
Hispanic or Latino

Caregiver education

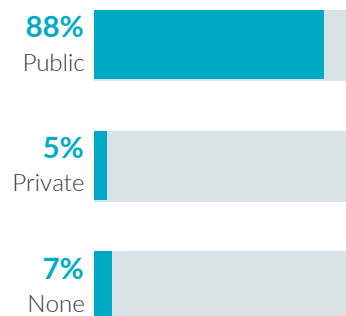


No high school diploma

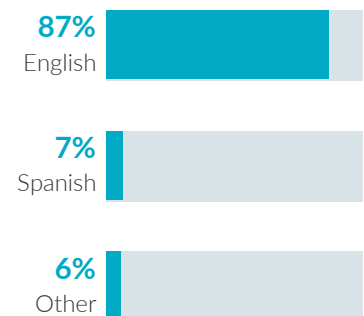
Child age



Child insurance status



Primary language



Pennsylvania

Potential Beneficiaries in 2018

In Pennsylvania, there were 652,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 835,100 children.

835,100
children

could benefit from
home visiting

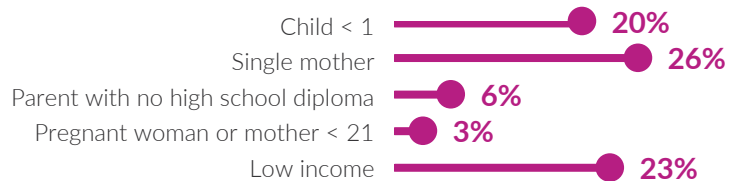
Of the 835,100 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
137,000 16%	283,500 34%	414,600 50%

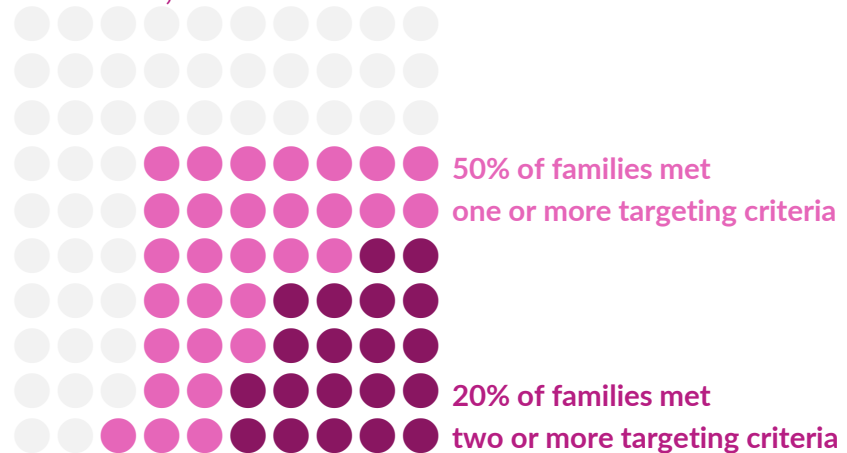
652,300
families

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 Pennsylvania who met the following targeting criteria:



Of the 652,300 families who could benefit—



Notes • NHVRC State Profiles present data provided by evidence-based models, which include both MIECHV and non-MIECHV data. • 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. 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. • PAT data for child insurance status and primary language are not included. • In 2018, SafeCare/SafeCare Augmented met standards of evidence as determined by HomVEE. This profile includes SafeCare/SafeCare Augmented (SafeCare) data. 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 2019 Home Visiting Yearbook.



National Home Visiting
Resource Center
www.nhvc.org