

West Virginia

Families Served Through Evidence-Based Home Visiting in 2018

Models implemented in West Virginia included Early Head Start Home-Based Option, Healthy Families America, and Parents as Teachers. Statewide, 30 local agencies operated at least one of these models.



16,264

home visits provided



2,006

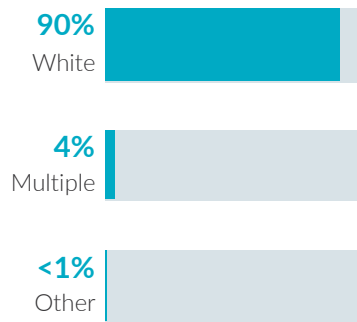
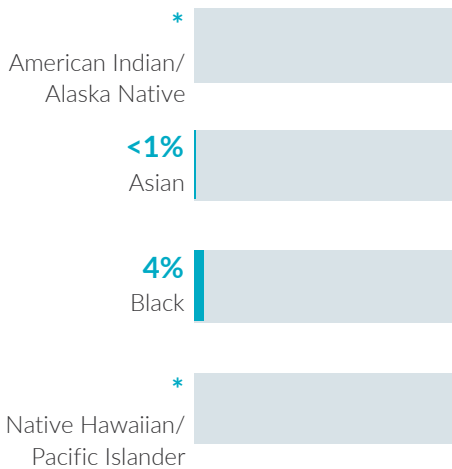
families served



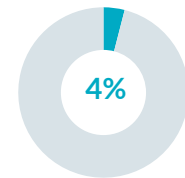
2,435

children served

Race

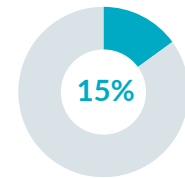


Ethnicity



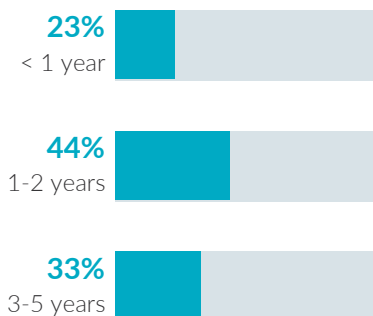
Hispanic or Latino

Caregiver education

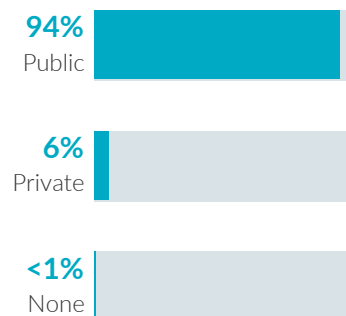


No high school diploma

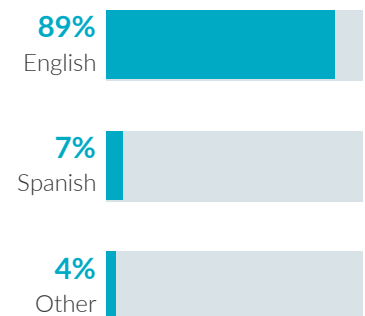
Child age



Child insurance status



Primary language



West Virginia

Potential Beneficiaries in 2018

In West Virginia, there were 91,900 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 118,200 children.

118,200 children

could benefit from home visiting

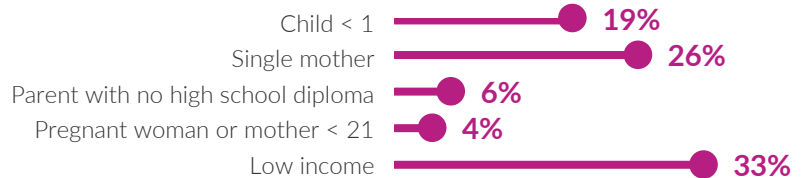
Of the 118,200 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
19,300 16%	39,900 34%	58,900 50%

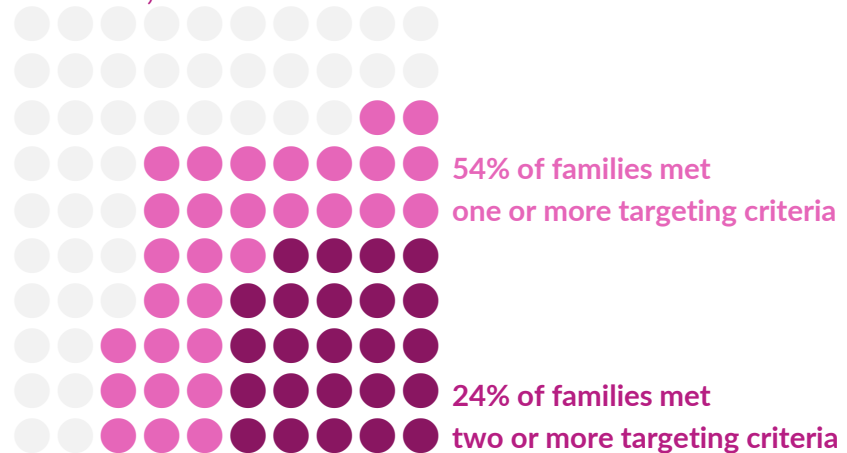
91,900 families

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 West Virginia who met the following targeting criteria:



Of the 91,900 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. • To protect confidentiality, race and ethnicity categories with 10 or fewer participants were replaced with *. • 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. • 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.

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.nhvr.org