



Exploring Home Visiting's Unmet Need: Comparing Who Could Benefit to Who Is Served

Introduction

More than 18 million families can benefit from the support of a home visitor guiding them through the early stages of parenting.¹ Roughly half face at least one additional stressor, such as raising an infant, living in poverty, or having less than a high school diploma.

Early childhood home visiting has a [strong evidence base](#) demonstrating improved outcomes for children and families.² Home visitors provide critical forms of support to families and tailor services to meet their needs. Research shows that home visitors can teach parents how to engage with their children in positive, nurturing, and responsive ways, thus reducing child maltreatment.³ They can also help parents set goals to promote their financial self-sufficiency, leading to better education and employment outcomes.⁴

All states and territories offer home visiting services, and 51 percent of U.S. counties have at least one home visiting program. Still, there are not enough resources to serve all families, and not all families have the same level of need.

States use different strategies to maximize available funding. Some direct services to specific counties or areas to target families and communities with higher levels of need. Others take a more universal approach, such as serving all parents of newborns. At the program level, staff may enroll families they believe will benefit most from their model of service delivery.

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This brief compares data on potential home visiting beneficiaries to data on women and families served by home visiting programs to explore the realities of limited funding. It analyzes home visiting service data and U.S. Census Bureau data from 2018 to answer the following questions:

- ✔ What percentage of potential beneficiaries and high-priority families are served by home visiting?
- ✔ How does the percentage of children served vary by child age?
- ✔ How does the percentage of unmet need vary by state?

This information can provide important context for expanding home visiting's reach and spreading its known benefits to children and families.

What Percentage of Potential Beneficiaries and High-Priority Families Are Served by Home Visiting?

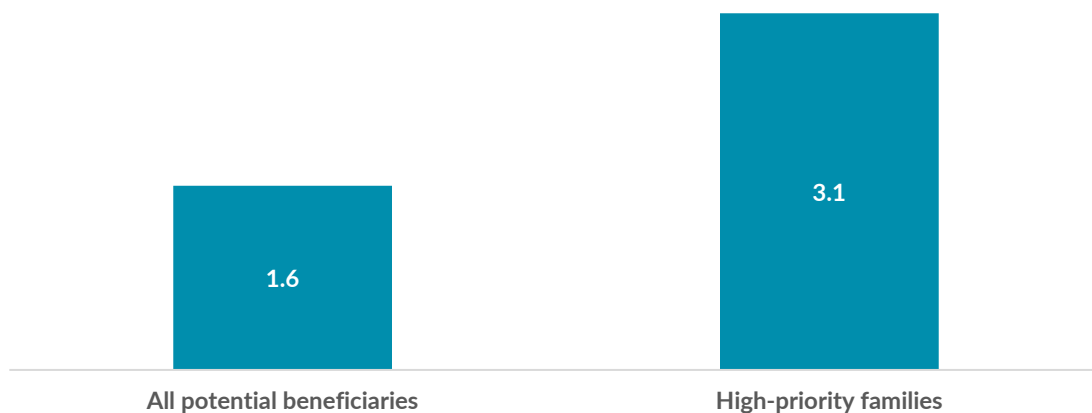
Home visiting programs delivered services to 286,108 families in 2018, according to data collected from 15 evidence-based models operating in the United States.⁵ Though this number is substantial, it represents only 1.6 percent of the 18 million pregnant women and parenting families who could benefit from home visiting.

The percentage of families served rises to 3.1 percent if one restricts the pool of potential beneficiaries to high-priority families that meet any 1 of 5 targeting criteria:

- ✔ Having an infant
- ✔ Income below the federal poverty threshold
- ✔ Pregnant women and mothers under 21
- ✔ Single/never married mothers or pregnant women
- ✔ Parents without a high school education

Exhibit 1 on the next page presents a side-by-side comparison.

Evidence-based home visiting programs delivered services to 286,108 families in 2018—less than 2 percent of the roughly 18 million families who could benefit nationally.

Exhibit 1. Percentage of Families Served (2018)

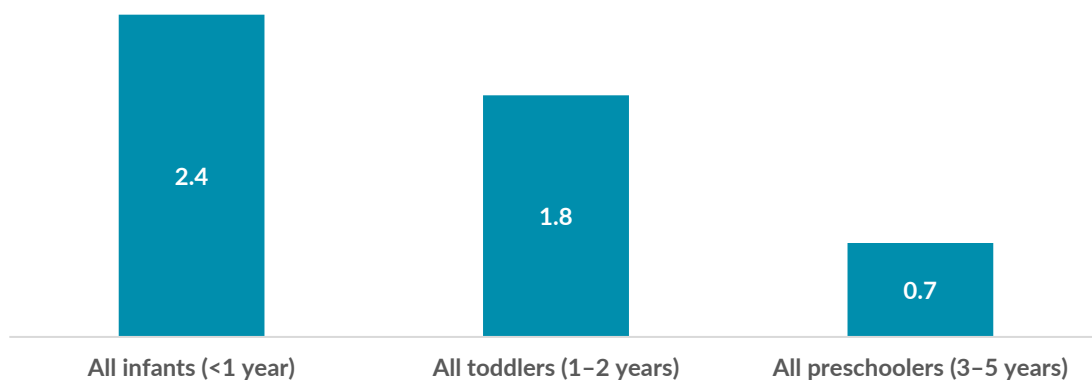
Source: Authors' calculations based on data collected from 15 evidence-based models operating in the United States in 2018, and tabulations of the American Community Survey (2013-2017). See the 2019 *Home Visiting Yearbook* for more information.

Note that the 3.1 percent estimate makes the simplifying assumption that the 286,108 families served are high-priority families. Available data do suggest that families who receive home visiting face many stressors. Among families served, 31 percent of parents do not have a high school diploma.⁶ Seventy-one percent of families served by federally funded programs had household incomes at or below 100 percent of the federal poverty guidelines.⁷

The NHVRC selected these five criteria to be useful to states and programs,⁸ but they reflect only a fraction of possible eligibility criteria used by the field. Some home visiting models, such as [Family Connects](#), are available to all families with newborns in their service area. Other models, such as [Early Head Start Home-Based Option](#), focus on providing services to low-income families.⁹

How Does the Percentage of Children Served Vary by Child Age?














Home visiting is designed to support pregnant women and families with young children. Our data show that families with infants and toddlers are more likely to receive service than families with preschool-age children.^{10, 11} In 2018, home visiting programs served 2.4 and 1.8 percent, respectively, of the roughly 3.8 million infants and 7.8 million toddlers in the United States. This compares to the 0.7 percent of 11.5 million preschoolers served that year (see exhibit 2 on the next page).






















Exhibit 2. Percentage of Child Age Groups Served (2018)

Source: Authors' calculations based on data collected from 15 evidence-based models operating in the United States in 2018, and tabulations of the American Community Survey (2013-2017). See the 2019 *Home Visiting Yearbook* for more information.

Home visiting models vary in terms of the ages of children they aim to serve. [Minding the Baby](#) works with families while the child is in the first 2 years of life, for example, while [Home Instruction for Parents of Preschool Youngsters](#) (HIPPY) serves families with children 3–5 years old. In general, more models focus on infants and toddlers than preschoolers. Thirteen of 15 evidence-based models serve infants and toddlers, while only 8 of 15 serve preschool-age children (see exhibit 3). This discrepancy may reflect, in part, a decreased need for home-based services for children 3–5 years old, who often are in center-based or out-of-home care.¹²

Exhibit 3. Ages of Children Served by Home Visiting Model (2018)

Model	Infants (<1 year)	Toddlers (1–2 years)	Preschoolers (3–5 years)
Attachment and Biobehavioral Catch-Up			
Child First			
Early Head Start Home-Based Option			
Family Check-Up			
Family Connects			
Family Spirit			

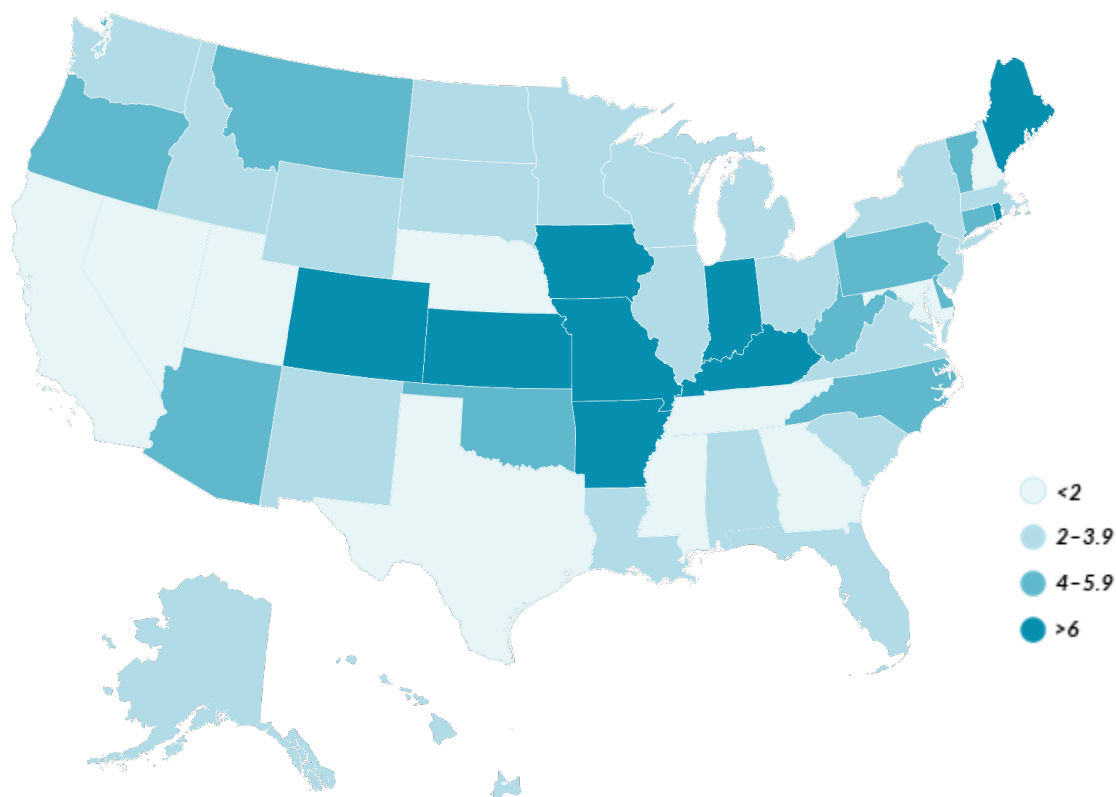
Model	Infants (<1 year)	Toddlers (1–2 years)	Preschoolers (3–5 years)
Health Access Nurturing Development Services			
Healthy Families America			
Home Instruction for Parents of Preschool Youngsters			
Maternal Early Childhood Sustained Home-Visiting			
Minding the Baby			
Nurse-Family Partnership			
Parents as Teachers			
Play and Learning Strategies			
SafeCare /SafeCare Augmented			
Total	13	13	8

Source: Age ranges served by models based on information shared by models and provided in [NHVRC model profiles](#).

How Does the Percentage of Unmet Need Vary by State?

Nationwide, 1.6 percent of all potential beneficiaries and 3.1 percent of high-priority families were served through evidence-based home visiting programs in 2018. Drilling down to state-level data, the percentage of potential beneficiaries served ranged from 0.4 percent in Mississippi and Nevada to 4.6 percent in Kansas and 4.5 percent in Missouri. Exhibit A-1 in the appendix shares results for each state.

Similarly, the percentage of high-priority families served ranged from 0.8 percent in Mississippi and Nevada to 9.8 percent in Kansas and 8.9 percent in Missouri. As shown in exhibit 4, nine states served 6 percent or more of high-priority families (Arkansas, Colorado, Indiana, Iowa, Kansas, Kentucky, Maine, Missouri, and Rhode Island). At the other end of the spectrum, the percentage of high-priority families served by home visiting was less than 2 percent in 10 states (California, Georgia, Maryland, Mississippi, Nevada, Nebraska, New Hampshire, Tennessee, Texas, and Utah).

Exhibit 4. Percentage of High-Priority Families Served by State (2018)

Source: Authors' calculations based on data collected from 15 evidence-based models operating in the United States in 2018, and tabulations of the American Community Survey (2013-2017). See the 2019 *Home Visiting Yearbook* for more information.

States often piece together federal, state, and private dollars to serve families; even with blended funding streams, there are typically not enough resources (see sidebar). Geography also poses a challenge. In some rural areas, home visitors travel hours to see one family, limiting the number of families that can be served overall.

What Funding Sources Do States Use to Provide Home Visiting Services?

- Federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
- Medicaid, Temporary Assistance for Needy Families (TANF), Title IV of the Social Security Act, and other sources of federal dollars
- State general funds
- Dedicated funds, such as lottery proceeds, tobacco settlement dollars, tobacco taxes, and birth certificate fees
- Public and private grants

States work hard to overcome these barriers. In 2018, the number of families served by states ranged from 50 to 16,051. Some states have an expansive network of local agencies implementing evidence-based home visiting. For example, more than 120 local agencies implemented 4 models across Missouri in 2018, serving more than 15,400 families. Other states have fewer local agencies but still reach many families.

Summary

Millions of families could potentially benefit from home visiting across the United States. Many families receive services because of federal, state, local, and private efforts. However, unmet need is still great. This brief explores levels of unmet need at the state and national levels to provide valuable context for researchers, states, policy makers, and others looking to increase home visiting's reach in local communities and across the country.

Although a small percentage of families are being served by home visiting, recent data show that programs are effectively targeting families with infants and toddlers, serving a greater proportion of these children than older children. Models that serve preschool-age children may want to consider ways to increase service to older children, such as coordinating with out-of-home services like childcare.

States also vary in their ability to meet demand for home visiting services. States could consider a similar approach of using more localized Census data to explore which communities have the highest need and then expanding home visiting accordingly. Models and states could also examine their own service data to identify—and tailor recruitment efforts for—families with particular high-risk characteristics who are less likely to be served.

Given the wealth of research supporting home visiting's effectiveness across a range of outcomes, it is worth exploring these and other avenues to boost home visiting's reach.

Appendix

Exhibit A-1. Percentage of Families Served by State (2018)

State	All families	High-priority families
Alabama	1.4	2.5
Alaska	1.6	3.5
Arizona	2.5	4.5
Arkansas	3.6	6.6
California	0.7	1.4
Colorado	2.8	6.3
Connecticut	2.7	5.9
Delaware	2.6	4.9
District of Columbia	1.9	3.3
Florida	1.6	3.1
Georgia	0.5	0.9
Hawaii	1.1	2.5
Idaho	1.3	2.9
Illinois	1.7	3.4
Indiana	3.2	6.3
Iowa	3.1	6.5
Kansas	4.6	9.8
Kentucky	3.6	6.9
Louisiana	1.5	2.7
Maine	3.2	6.8
Maryland	0.8	1.8
Massachusetts	0.9	2.1
Michigan	1.6	3.1
Minnesota	1.6	3.5
Mississippi	0.4	0.8
Missouri	4.5	8.9

State	All families	High-priority families
Montana	2.6	5.4
Nebraska	0.8	1.7
Nevada	0.4	0.8
New Hampshire	0.8	1.7
New Jersey	1.4	3.0
New Mexico	1.6	2.6
New York	1.1	2.2
North Carolina	2.3	4.5
North Dakota	1.1	2.4
Ohio	1.8	3.4
Oklahoma	2.7	5.3
Oregon	2.1	4.5
Pennsylvania	2.4	4.7
Rhode Island	4.1	8.0
South Carolina	1.7	3.1
South Dakota	1.3	2.7
Tennessee	0.7	1.3
Texas	0.9	1.7
Utah	0.7	1.7
Vermont	1.9	4.3
Virginia	1.2	2.6
Washington	1.7	3.8
West Virginia	2.2	4.1
Wisconsin	1.7	3.4
Wyoming	1.6	3.8
US Total	1.6	3.1

Source: Authors' calculations based on data collected from 15 evidence-based models operating in the United States in 2018, and tabulations of the American Community Survey (2013-2017). See the 2019 *Home Visiting Yearbook* for more information.

References and Notes

¹ This 18 million estimate includes all pregnant women and families with children under 6 years old and not yet in kindergarten.

² As detailed in the 2019 *Home Visiting Yearbook*, evidence-based models have met standards of evidence as determined by the Home Visiting Evidence of Effectiveness project. See <https://nhvrc.org/yearbook/2019-yearbook/> for a full list.

³ Del Grosso, P., Hargreaves, M., Paulsell, D., Vogel, C., Strong, D. A., Zaveri, H., . . . Daro, D. (2011). *Building infrastructure to support home visiting to prevent child maltreatment: Two-year findings from the cross-site evaluation of the Supporting Evidence-Based Home Visiting initiative*. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. Contract No.: GS-10F-0050L/HHSP233200800065W. Available from Mathematica Policy Research, Princeton, NJ.

⁴ National Home Visiting Resource Center. (2018). *Home Visiting Primer*. Arlington, VA: James Bell Associates and the Urban Institute.

⁵ As detailed in the 2019 *Home Visiting Yearbook*, evidence-based models have met standards of evidence as determined by the Home Visiting Evidence of Effectiveness project. See <https://nhvrc.org/yearbook/2019-yearbook/> for a full list.

⁶ National Home Visiting Resource Center. (2019). *2019 Home Visiting Yearbook*. Arlington, VA: James Bell Associates and the Urban Institute.

⁷ U.S. Department of Health and Human Services, Health Resources and Services Administration. (2019). *The Maternal, Infant, and Early Childhood Home Visiting Program: Partnering with parents to help children succeed*. Retrieved from <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf>

⁸ We selected these criteria because they reflect the diversity in program requirements for enrollment, where some programs aim to serve all infants, while others focus on families with at least one demographic or economic characteristic associated with poor developmental outcomes. These five criteria also are measurable in the American Community Survey. Other critical priority groups, such as families with a history of substance abuse or maltreatment or children with developmental delays, are harder to measure in a broad, national household survey such as the American Community Survey. Moreover, three of these criteria align with the priorities of the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), which requires programs to prioritize families in poverty, high-school drops outs, and pregnant women and mothers under 21, among other priority populations.

⁹ Model-specific eligibility and target criteria are available on the NVHRC website: <https://nhvrc.org/about-home-visiting/models/>

¹⁰ Not all models report child age data. The models that are able to report include Child First, Early Head Start Home-Based Option, Health Access Nurturing Development Services, Healthy Families America, Home Instruction for Parents of Preschool Youngers, Minding the Baby, Nurse-Family Partnership, and Parents as Teachers.

¹¹ Infants include children under 1 year old, toddlers include children 1–2 years old, and preschoolers include children 3–5 years old.

¹² Laughlin, L. (2013). *Who's minding the kids? Child care arrangements: Spring 2011*. Current Population Reports, P70–135. U.S. Census Bureau, Washington, DC. Retrieved from <https://www.census.gov/prod/2013pubs/p70-135.pdf>