

Evidence-Based Home Visiting Program

Georgia's **Evidence-Based Home Visiting (EBHV) Program**, under the Georgia Department of Public Health, provides new parents the supports they may need when having a baby. EBHV gives at-risk pregnant women, new moms, and families with children 0-5 years old the skills they need to raise healthy children.¹ The overall goals of home visiting programs are to:²

- increase healthy pregnancies,
- improve parenting skills,
- improve child health and development,
- strengthen family connectedness to community support, and
- reduce child abuse and neglect.

In 2021, 22,863 home visits were conducted for 1,925 Georgia families.³

ELEMENTS OF AN EVIDENCE-BASED HOME VISIT⁴



Weekly to monthly visits, based on the families' needs



Screening for developmental delays, parent depression, and domestic violence



Visits last 1 to 1.5 hours



Making referrals to community resources



Answering questions about child development



Encouraging perinatal and well-child visits



Promoting engaged, positive parenting practices



Supporting parents' education and employment goals

WHO IS ELIGIBLE FOR EBHV?5

To be eligible, parents must be in need of ongoing support and meet some of the following criteria:



- Low-income
- First-time parent
- Younger than 21 years old
- Lack employment or stable housing
- Low educational attainment
- Lacking access to prenatal care
- Experienced child abuse or neglect
- History of, or ongoing, substance abuse or mental health challenges
- Is receiving or has received special education services
- Has veteran or active military members in the family

FUNDING FOR EBHV

The federal Maternal, Infant, Early Childhood Home Visiting (MIECHV) program is the primary funding source for home visiting; additional funding streams include Title V, Child Abuse and Neglect Prevention, and other state dollars.



EFFECTIVENESS OF THE 2020 GEORGIA HOME VISITING PROGRAM²

Outcomes after receiving home visiting services:

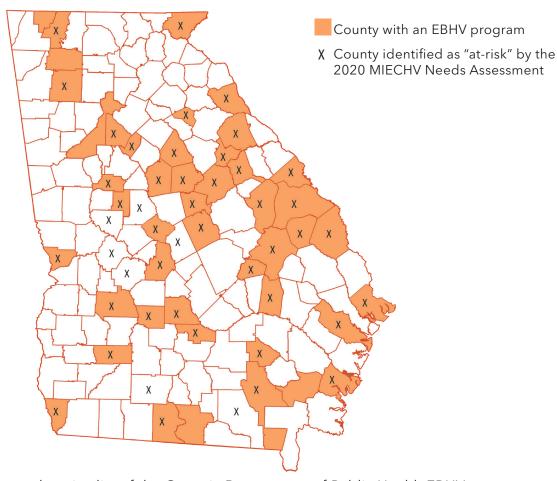
For children:

- **99%** had no reports of maltreatment
- **97%** spent quality time with a caregiver (e.g., read a story, sang songs)
- **90%** were screened for developmental delays at the appropriate time
- **100%** of those referred to early interventions services for developmental delays *received* services in a timely manner

For primary caregivers:

- **92%** received postpartum care
- **94%** were screened for depression
- **89%** were using safe sleep practices
- **96%** were screened for intimate partner violence
- **74%** maintained health insurance for at least 6 months of the year

GEORGIA HOME VISITING PROGRAM COUNTY COVERAGE BY PROGRAM TYPE*



^{*}This chart is a non-comprehensive list of the Georgia Department of Public Health EBHV programs across the state.⁸

RECOMMENDATIONS

- Create and fund an interagency workgroup (overseen by DPH) to map current state home visiting
 efforts, identify national best practices, and develop and execute a strategic plan to increase the
 availability of home visiting throughout the state.
- Continue to fund existing Georgia home visiting programs at current levels; this includes (pending passage of the proposed federal MIECHV reauthorization) setting aside funds for a possible state match for MIECHV-funded programs.

Sources for Evidence-Based Home Visiting

- 1 "Home Visiting Program," Georgia Department of Public Health. Accessed January 4, 2022. https://dph.georgia.gov/homevisiting.
- 2 Ibid.
- Georgia Department of Public Health. Georgia Home Visiting Program Annual Report October 2018 September 2019. Accessed November 4, 2022. https://dph.georgia.gov/document/document/home-visiting-annual-report/download.
- 4 "Home Visiting Program," Georgia Department of Public Health, Accessed January 4, 2022. https://dph.georgia.gov/homevisiting.
- 5 Ibid.
- 6 Ibid.
- Georgia Department of Public Health. Georgia Home Visiting Program Annual Report October 2018 September 2019. Accessed November 4, 2022. https://dph.georgia.gov/document/document/home-visiting-annual-report/download.
- 8 Georgia Department of Public Health. Professional Communications. September 2022.

