

# EVIDENCE-BASED HOME VISITING IN GEORGIA

SUPPORTING A HEALTHY START FOR THE STATE'S YOUNGEST CHILDREN AND THEIR CAREGIVERS

**Voluntary, evidence-based home visiting connects parents and caregivers—including expectant parents—with a trained professional who supports them during the early stages of raising a family.** Extra support during the first years of a child's life, when the **brain develops most rapidly**, plays a crucial role in ensuring that children experience the types of positive relationships that ultimately create strong neural pathways and shape future learning.

Home visitors use an **evidence-based curriculum** to give caregivers tools to support **infant and child health, foster educational development and school readiness, maintain well-visit and immunization schedules, connect with community resources, and promote safe, stable environments and relationships** that are critical to children's lifelong physical and social-emotional well-being. Home visits can also reduce caregiver isolation, which has been exacerbated by the COVID-19 pandemic.

Built upon decades of scientific research, evidence-based home visiting has been shown to help **prevent prematurity, low birthweight, infant mortality, and child maltreatment** and can address the needs of children whose families experience poverty, interpersonal violence, and substance use disorders.

Georgia is currently one of only a handful of states that does not allocate **state** funds to support home visiting. **Families in over half of Georgia's 159 counties do not have access to evidence-based home visiting.** Of the 48 counties identified as **most at-risk** by a recent needs assessment, **only 27** have evidence-based home visiting programs.

**"I appreciate the chance to have someone come into my life when I was alone. I thought my daughter and I would not be together today, but because of people like Ms. Tonya and this program, I'm not only a better person but a great mom. I hope that many more moms have the chance to experience this program and have it be a gift to their life like it has been to mine."**

**- Cindy, Age 30  
Georgia Mom**

# WHAT DOES EVIDENCE-BASED HOME VISITING LOOK LIKE?

Evidence-based home visiting is a **voluntary** program. Parents and caregivers **choose** to participate.

Home visiting consists of four distinct components: one-on-one home visits, group meetings, developmental screenings for children, and a resource network.

Home visits are conducted by a professional trained in one of several evidence-based, nationally recognized models. Home visitors support parents and caregivers in a variety of areas, including **safety** (e.g., safe sleep, tobacco cessation, car safety), **parenting skills, nutrition, literacy, employment and education supports, and goal-setting**. Home visitors can also conduct **child screenings and assessments** (e.g., ASQ) and help families maintain **regular health care appointments**. In addition to crucial **resources**, such as car seats and books, families may also receive **outside referrals**, such as to **public benefits (e.g., SNAP, Medicaid), early intervention services, a pediatrician, or a child care program**.

The frequency of home visits depends on the needs of a family and the model used. A home visitor usually sees a parent **weekly or bi-weekly** for **hour-long visits**. Home visitors may stay with a family for as long as five years. Home visiting is not just for pregnant women and children; fathers, grandparents, and other **family members** are often included in home visits.<sup>1</sup>

## **GEORGIA'S EVIDENCE-BASED HOME VISITING PROGRAMS ARE ASSOCIATED WITH POSITIVE OUTCOMES THAT BENEFIT INFANTS, TODDLERS, AND THEIR FAMILIES.**<sup>2</sup>

- 99% of families had **no reports of child maltreatment**
- 83% of enrolled children received their last recommended pediatric **well child visit on time**
- 76% of new mothers **completed their postpartum visits**
- 87% of mothers were **screened for depression**
- 80% of caregivers reported **always using safe sleeping practices**
- 84% of caregivers were **screened for intimate partner violence**
- 97% of caregivers reported **reading, telling stories, or singing to children**

## STATE SPOTLIGHT

In 2020, **Alabama** allocated \$1 million in general funds to an evidence-based home visiting model.<sup>3</sup> In **Louisiana**, roughly \$2.5 million of the state general fund is allocated to evidence-based home visiting. Additionally, TANF dollars, fees on duplicate copies of birth certificates, and tobacco settlement money are used to support evidence-based home visiting.<sup>4</sup>



# WHO ARE GEORGIA'S HOME VISITORS?

Georgia's home visitors are a diverse group of professionals situated **within a community** and certified in one of three approved evidence-based home visiting models.

In addition to providing families with **tools to improve parenting skills, safety in the home, and literacy and school readiness**, home visitors can conduct **parent and child screenings and assessments**, help families **access health care, and support job and education goals for caregivers**.

# WHO RECEIVES EVIDENCE-BASED HOME VISITING IN GEORGIA?

Evidence-based home visiting stands to benefit all caregivers of young children, but currently, due to limited funding, **it is prioritized for parents who have conditions or experiences that can make the first years of a child's life even more stressful**. This includes parents who are low-income, first-time parents, under 21, unemployed, have an unstable housing situation, have received late or no prenatal care, have a history of substance use, depression, or mental illness, or are in the military. **Evidence-based home visiting is completely voluntary**.

## Evidence-Based Home Visiting Models

Three evidence-based home visiting models are in use in Georgia. All three models have been ranked as "well-supported," the highest-ranking on the Title IV-E Prevention Services Clearinghouse.



### Nurse Family Partnership (NFP)

Utilizes nurses to promote mothers' self-efficacy, personal growth, parent-child attachment, and healthy parenting choices.



### Parents as Teachers (PAT)

Focuses on enhancing parenting knowledge, attitudes, and behaviors, and promoting family well-being.



### Healthy Families Georgia (HFG)

Focuses on enhancing early, nurturing relationships between children and their primary caregivers as the foundation for life-long, healthy development.



### Early Head Start Home-Based Option (EHS)

Uses research-based practices to support early learning, social-emotional development, and positive parent-child interactions.

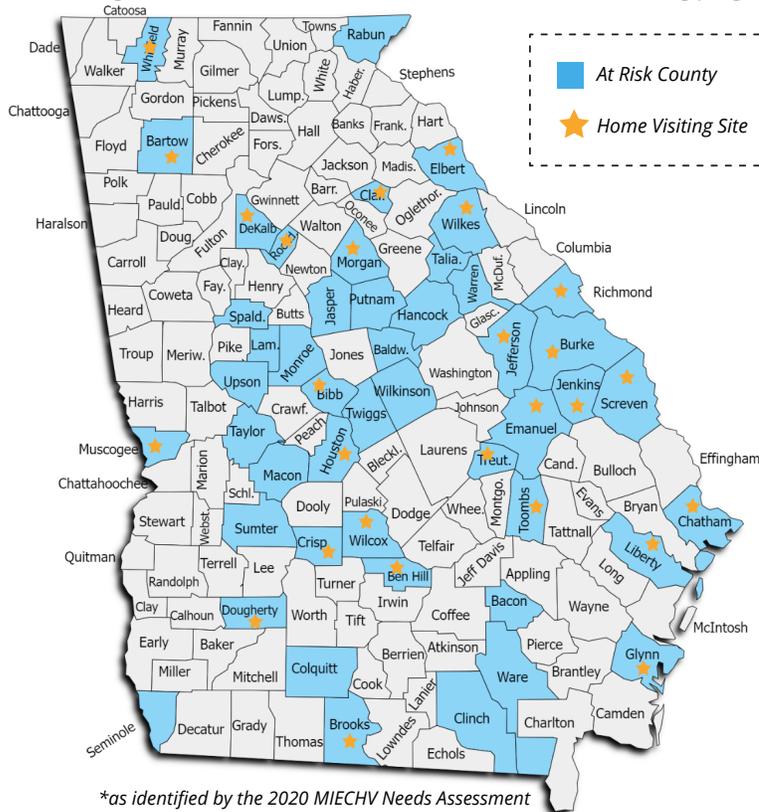
## STATE SPOTLIGHT

High-quality home visiting programs offer **returns on investment ranging from \$1.75 to \$5.70 for every dollar spent** due to reduced costs of child protection, K-12 special education, grade retention, and criminal-legal expenses.<sup>5</sup> Recognizing this, other states have made significant investments in home visiting.

- **Ohio** recently allotted an additional **\$1.9 million** in general funds to their evidence-based home visiting budget, bringing the total annual investment to **\$43,142,281**.<sup>6</sup>
- **Arizona** allocates **\$15 million** annually in general funds to evidence-based home visiting.<sup>7</sup>
- In addition to an annual allotment of state general funds, **Texas'** legislature established the **Texas Home Visiting Trust Fund** to which individuals applying for a marriage license can donate.<sup>8</sup>

## Home Visiting Coverage in At-Risk\* Counties

Only 27 of Georgia's 48 at-risk counties have evidence-based home visiting programs.



**FAMILIES IN OVER HALF OF GEORGIA'S 159 COUNTIES DO NOT HAVE ACCESS TO EVIDENCE-BASED HOME VISITING.**

## THE GEORGIA HOME VISITING LANDSCAPE

Evidence-based home visiting is funded through a variety of sources, including the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), HRSA Healthy Start Initiative, Title V, the Child Abuse Prevention and Treatment Act (CAPTA), the Family First Prevention Services Act (FFPSA), and private dollars. State agencies blend and braid funding to support home visiting sites in communities using these federal and private funds. Georgia is one of only a handful of states that does not allocate **state** funds to support evidence-based home visiting.

While funding streams and administrative structure may vary across program sites, the Georgia Department of Public Health (DPH) serves in a coordinating role for evidence-based home visiting in the state, and the University of Georgia provides technical assistance for home visiting sites.

## RECOMMENDATION

Currently, there are no state general funds allocated to evidence-based home visiting in Georgia—one of only a few states with that distinction. **Georgia's legislature should consider investing \$6.5 million in evidence-based home visiting, allowing the Department of Public Health to serve an additional 21 counties considered "at-risk" by the 2020 MIECHV Needs Assessment,** which considers rates of prematurity, low birthweight, infant mortality, poverty, substance abuse, and child maltreatment. This investment would ensure coverage for all at-risk counties and improve access to critical evidence-based home visiting services for thousands of families across the state.

### REFERENCES:

1. Title IV-E Prevention Services Clearing House, "Parents as Teachers," (2021).
2. University of Georgia Center for Family Research, "Georgia Home Visiting Program, Annual Report," (2020).
3. National Conference of State Legislators, "Early Care and Education State Budget Actions: FY 2020."
4. National Conference for State Legislators "Significant Home Visiting Enacted Legislation in States (2008-2020)."
5. Department of Public Health, "Georgia Home Visiting Program," (2021).
6. Toledo Blade, "Ohio Urged to Spend Surplus on Children and Pregnant Women," (2021).
7. National Conference of State Legislatures, "Early Care and Education State Budget Actions: FY 2019."
8. National Conference of State Legislatures, "Significant Home Visiting Enacted Legislation in States (2008-2020)."