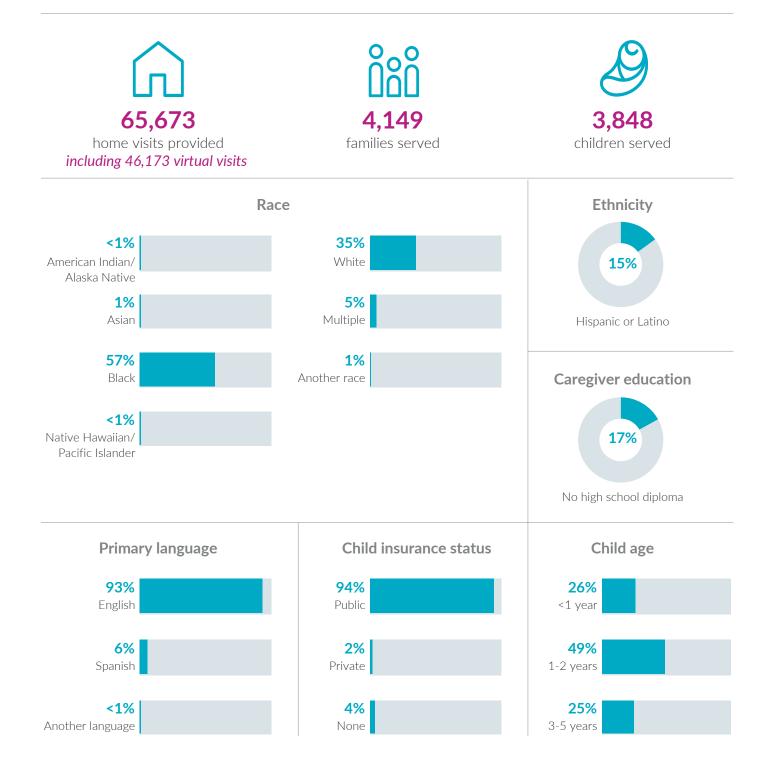
#### **NHVRC STATE PROFILES**

## **South Carolina**

### Families Served Through Evidence-Based Home Visiting in 2021

Models implemented in South Carolina 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, and Parents as Teachers. Statewide, 73 local agencies operated at least one of these models.



#### NHVRC STATE PROFILES

## South Carolina

#### Potential Beneficiaries in 2021

In South Carolina, there were 267,200 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 333,100 children.

## 333,100 children

could benefit from home visiting

# 267,200 families

could benefit from home visiting

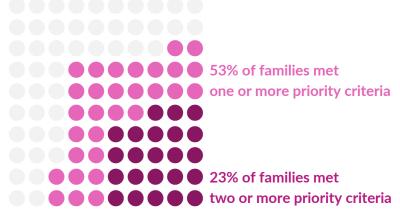
#### Of the 333,100 children who could benefit-

Infants	Toddlers	Preschoolers
<1 year	1-2 years	3-5 years
61,500	114,800	156,800
18%	34%	47%

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in South Carolina who met the following priority criteria:



#### Of the 267,200 families who could benefit-



NHVRC State Profiles present data provided by evidence-based models, which include both MIECHV and non-MIECHV data. This State Profile includes participant data from the following evidence-based models: ABC, HFA, HIPPY, NFP, and PAT. • Missing and unknown data were not included in calculations. • Percentages may not add 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 reported children served, families served, total home visits, and virtual home visits only. • HFA reported primary language of caregivers. Private insurance includes other forms of health insurance. • NFP reported primary language of caregivers. • PAT data for child insurance status and primary language were not included.

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