

Georgia

Families Served Through Evidence-Based Home Visiting in 2018

Models implemented in Georgia included Early Head Start Home-Based Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Statewide, 48 local agencies operated at least one of these models.



36,738

home visits provided



3,060

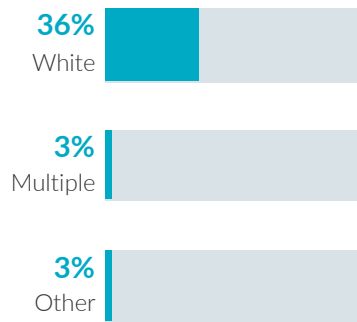
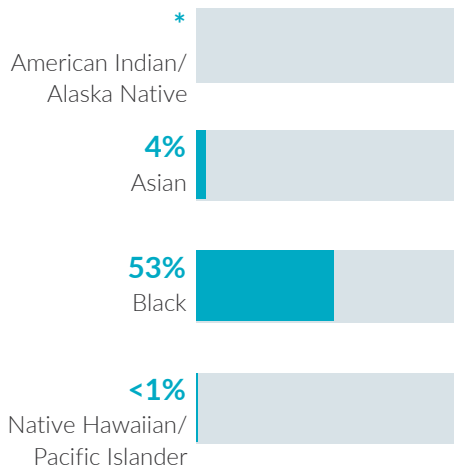
families served



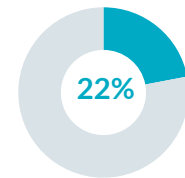
3,691

children served

Race

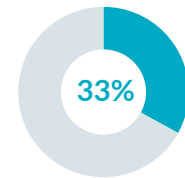


Ethnicity



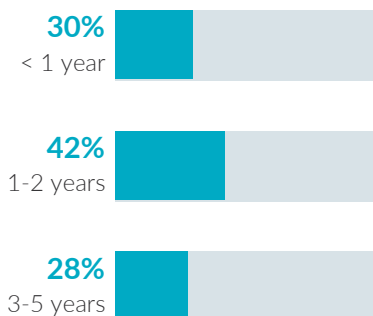
Hispanic or Latino

Caregiver education

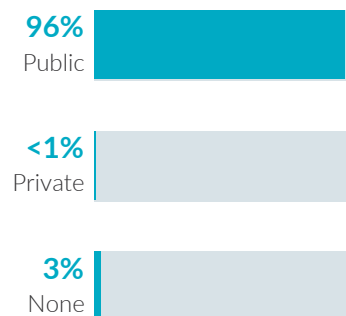


No high school diploma

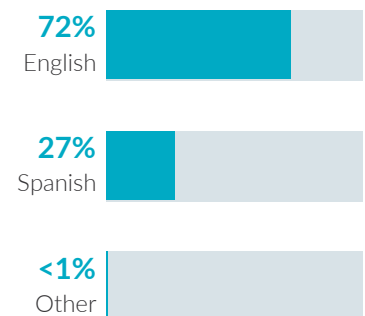
Child age



Child insurance status



Primary language



Georgia

Potential Beneficiaries in 2018

In Georgia, there were 608,300 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 771,600 children.

771,600
children

could benefit from home visiting

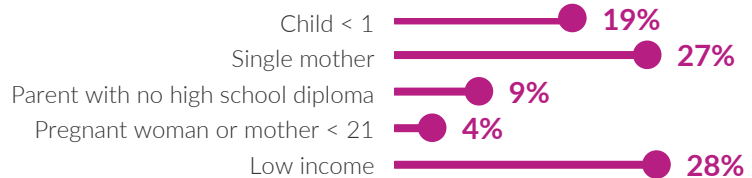
Of the 771,600 children who could benefit—

Infants < 1 year	Toddlers 1-2 years	Preschoolers 3-5 years
126,800 16%	258,500 34%	386,200 50%

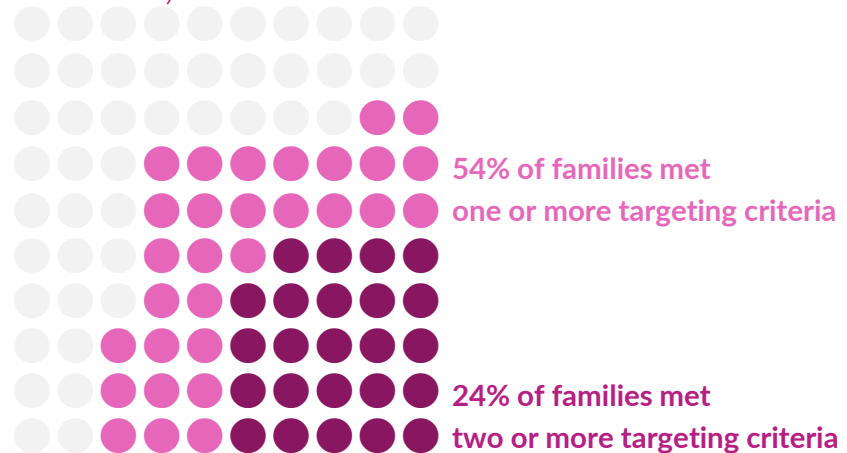
608,300
families

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 Georgia who met the following targeting criteria:



Of the 608,300 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 programs in GA offer a combination of service options. EHS data are not included because home-based service data cannot be isolated from statewide data. • 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.nhvrc.org