

## SUMMARY STATEMENT

### Evidence-based Home Visiting

The Maternal, Infant, Early Childhood Home Visiting (MIECHV) program is a federal initiative dedicated to expansion of access to voluntary evidence-based home visiting in the US and tribal communities and territories. The Georgia Department of Public Health (DPH) oversees administration of Georgia's MIECHV program and partners with 15 Local Implementing Agencies (LIAs). In addition to the 15 MIECHV LIAs, DPH has expanded home visiting to 6 different agencies. These LIAs utilize one of the following Evidenced-Based Home Visiting (EBHV) models: (1) Early Head Start-Home Visiting (EHS-HV), (2) Healthy Families Georgia (HFG), (3) Parents as Teachers (PAT) and (4) Nurse-Family Partnership (NFP). Decades of scientific research show that home visits during pregnancy and early childhood improve the lives of children and families, and can be cost-effective in the long term, with the largest benefits coming through decreasing families' need for public assistance programs and increased individual earnings.

### Group Prenatal Care

CenteringPregnancy® has been implemented in three public health locations with high numbers of preterm births.

### Family Planning

DPH launched a campaign to increase access to long acting reversible contraceptive devices (LARCs) for women who chose to space or delay pregnancy.

## ACTIVITIES AND RESULTS

### Evidence-based Home Visiting

The Georgia EBHV system includes identification, referral, screening, parent education, and linkage to appropriate community services. Georgia has a proven track record of implementing quality EBHV programs throughout the state and between the periods of October 1, 2017 to September 30, 2018, certified home visitors completed 24,042 visits to at-risk families and 5,946 community referrals. In order to measure program's performance, provide continuous quality improvement, and evaluation, Georgia collects data on 19 performance measures. The performance measures reflect a two-generation approach aimed at improving the well-being of both parents and children across the lifespan. The performance measures are intended to help tell the story of home visiting in Georgia and demonstrate the impact of the program on parents and their children. For example in FY 2018 (10/1/17 to 9/30/18):

**Depression Screening:** 80% of Georgia MIECHV caregivers were screened for depression.

**Developmental Screening:** 67% of children enrolled in Georgia MIECHV had a timely screening for developmental delays.

**Intimate Partner Violence (IPV) Screening:** 79% of MIECHV caregivers were screened for IPV.

Families are linked to other community services based upon the results of the assessments and screenings.

### Additionally:

**9%** of women enrolled prenatally delivered preterm.

**38%** of mothers were breastfeeding their child at 6 months.

**81%** of children received their last well child visit.

**76%** of mothers received a postpartum visit within 8 weeks of delivery.

**93%** of primary caregivers who used tobacco products at enrollment received a referral to cessation services.

**80%** of primary caregivers consistently practiced safe sleep methods with their infants.

**Of all households served:**

**1%** had an investigated case of maltreatment following enrollment.

**3%** had an injury related emergency department visit.

The Georgia Department of Public Health is committed to providing a quality comprehensive community-based Maternal and Early Childhood system which includes evidenced-based home visiting services as a major strategy to improve the well-being of mothers, children and families which will ultimately ensure thriving communities in rural and urban areas alike.

**Group Prenatal Care**

State funding was allocated to expand Medicaid reimbursement of group prenatal care in 2018. A reimbursement pilot is underway in four CenteringPregnancy® locations in the state including one in a public health setting. Successful results from the pilot and full state rollout of expanded reimbursement will increase sustainability and access to group prenatal care and a decrease in preterm births.

**Family Planning**

The campaign included a media awareness component and increased the number of midlevel providers and LARC inventory in public health clinics. Since the launch of the campaign in 2015, nearly 30,000 LARCs have been provided resulting in an increase of 67%.