

**Michigan Department of Community Health and the
Great Start System Team
Affordable Care Act:
Maternal, Infant and Early Childhood Home Visiting Program
UPDATE**

September 9, 2010

This is the sixth in a series of communications with individuals and organizations who are interested in Michigan's response to the *Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program Funding Opportunity Announcement (FOA)* that was issued by HHS on June 10, 2010. For information about the requirements of this program, please go to <http://apply07.grants.gov/apply/UpdateOffer?id=19148> where you can view and download the FOA referenced above.

On August 19, 2010 the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF) issued the Supplemental Information Request for the Submission of the Statewide Needs Assessment (Home Visiting Needs Assessment – OMB Control No. 0915-0333).

This guidance document describes the second step in a three-step process that States must complete in order to receive FY 2010 *ACA Maternal, Infant and Early Childhood Home Visiting Program* funding. The document is available at:

<http://www.hrsa.gov/grants/apply/assistance/homevisiting/homevisitingsupplemental.pdf>.

In response to the Supplemental Information Request (SIR), the Great Start System Team (GSST) Home Visiting Workgroup is assembling the required information for submission by the deadline of September 20, 2010. Michigan's response to the SIR will include:

1. a statewide data report describing Michigan's status on a specified set of indicators and metrics;
2. a state level table of state and/or federally funded home visiting programs;
3. a preliminary analysis to identify communities with the highest concentration of risk across the set of indicators specified in the SIR;
4. a description of the state and/or federally funded home visiting programs in the communities identified as having the highest concentration of risk based on our preliminary analysis.

At this point, the Home Visiting Workgroup has completed the statewide data table, and identified a preliminary list of communities with the highest concentration of risk across the indicators. The statewide data table will shortly be available for review at both websites listed at the end of this document.

Our daily experiences tell us that all communities in the state have families at risk, especially given our state's economic and budget crisis. However, the federal Home Visiting funds are focused on communities with the highest concentration of risk, as determined by indicators and metrics specified in the guidance.

In order to identify the communities with the highest concentration of risk, we analyzed data by county (e.g. community = county). When county data was not available for a particular indicator (for example, high school drop-out data), we looked at the closest approximation.

We used 13 indicators in our analysis; ten that were specified in the SIR, plus three additional indicators identified by the workgroup. We added the three additional indicators to our analysis to reflect what we have been learning about disparities that impact wellness, risk and needs. The 13 indicators include:

1. Premature birth
2. Low-birth weight infants
3. Infant mortality
4. Poverty
5. Crime
6. School drop-out rates
7. Substance abuse
8. Unemployment
9. Child maltreatment
10. Domestic violence
11. Presence of an urban center in that county
12. Proportion of the total population of American Indians living in each county compared to the total population of American Indians in the state
13. Proportion of the total population of African Americans living in each county compared to the total population of African Americans in the state.

Twenty-two of Michigan's 83 counties did not have complete data across the indicators, and could not be included in the final analysis. Incomplete data might be due to missing information, or because of such small values for one or more indicators that they are not reported, due to standards for reliability and precision.

For the remaining 61 counties, we determined the level of risk for each county on each indicator. The county was deemed 'at risk' if the county average was higher than the state average for that indicator. When the SIR requested multiple measures for an indicator (for example, Substance abuse has four measures), a composite score was developed. The county was deemed 'at risk' for the composite score if any of the individual measures were higher than the state average. Finally, the number of indicators for which the county was higher than the state average was totaled to calculate the concentration of risk.

Research by Barth, et al (2008), cited by the Harvard University Center on the Developing Child (http://developingchild.harvard.edu/index.php/library/briefs/inbrief_series/inbrief_the_impact)

of early adversity/), indicates that as the number of adverse early childhood experiences mount, so does the risk of developmental delays. Children with seven or more risk factors have a 100% chance of developmental delay. Using this research, a county was defined as having a high concentration of risk if they exceeded the state average on seven or more of the 13 indicators used in our analysis.

Our preliminary analysis identified 10 counties with the highest concentration of risk as compared to the statewide level of risk. The counties identified include:

County	Score
Genesee	13
Wayne	12
Saginaw	11
Calhoun	10
Ingham	10
Kalamazoo	9
Muskegon	9
Berrien	8
Kent	8
St. Clair	8

Note: there were no counties with a score of 7

We are currently in the process of contacting key stakeholders in each of these 10 counties to gather information to complete this Needs Assessment.

While we are collecting basic information about each of these 10 counties at this stage, determinations about how the home visiting funding will be spent (which of these 10 counties or areas within these counties, and on what models and target populations) will not be made until we receive the next round of guidance from the U.S. Department of Health and Human Services, sometime later this fall. At that time we will develop an Updated State Plan, including final designation of the targeted at-risk communities, along with a specified plan tailored to address the needs in the selected communities. The tailored plan will include identification of the home visiting program(s) to be implemented, as well as strategies to support effective implementation of those home visiting program(s).

Ongoing communications in this series of Updates about the Home Visiting program in Michigan will be distributed to interested stakeholders and posted on the following web sites:

Maternal Infant Health Program web site at www.michigan.gov/mihp

ECIC web site at www.greatstartforkids.org

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