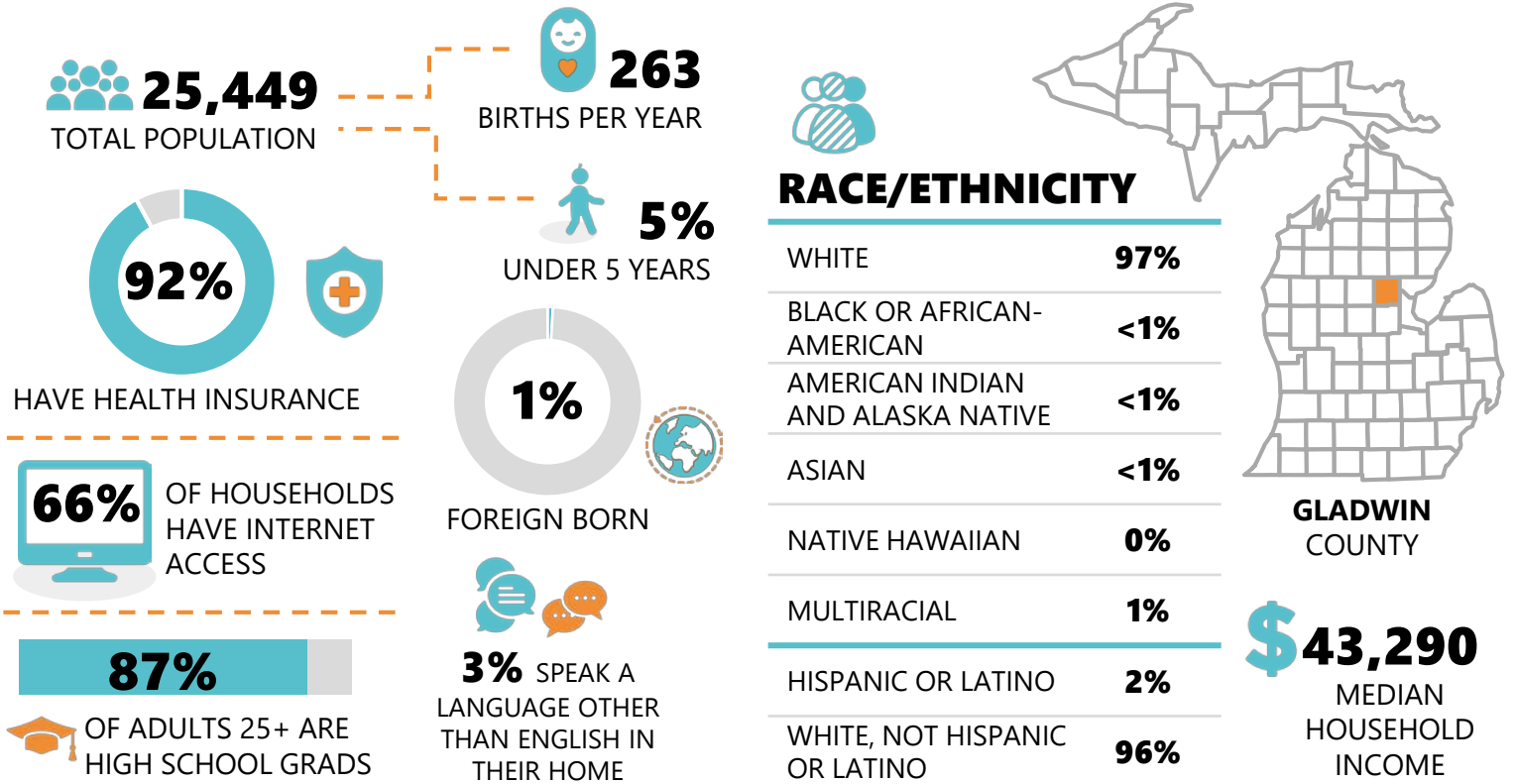


2020 HOME VISITING NEEDS ASSESSMENT

GLADWIN COUNTY



KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



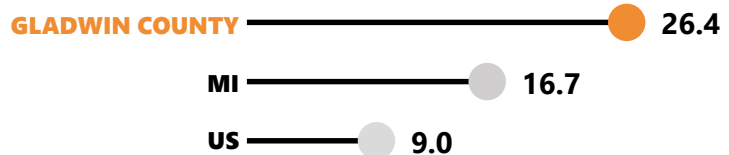
OUTCOMES IMPACTED BY HOME VISITING

COUNTY PRIORITIES

- MATERNAL HEALTH
- CHILD HEALTH
- CHILD DEVELOPMENT & SCHOOL READINESS
- POSITIVE PARENTING PRACTICES
- CHILD MALTREATMENT**
- FAMILY ECONOMIC SELF-SUFFICIENCY
- LINKAGES AND REFERRALS
- JUVENILE DELINQUENCY, FAMILY VIOLENCE, AND CRIME**



Child maltreatment is a huge concern in Gladwin County. **Gladwin County's rate of child maltreatment** is nearly double that of the Michigan average and three times that of the US average.

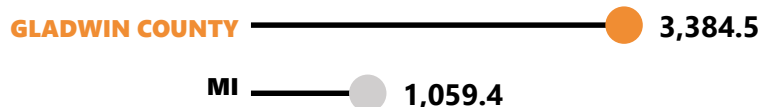


child maltreatment rate per 1,000 child residents

Between 2010 and 2018, Gladwin County reported a 70% increase in the rate of children living in families investigated for abuse or neglect. There has been an 80% increase in confirmed cases.



The **juvenile arrest rate** in Gladwin County is more than three times the rate in Michigan.



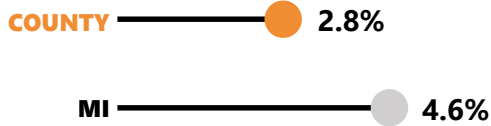
juvenile arrests rate per 100,000 juveniles

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



% of children ages 0-4 who experienced homelessness during the school year



The county rate for homelessness is **lower** than Michigan's rate.

HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance

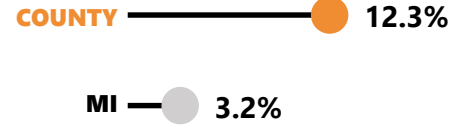


The county rate for receiving public assistance is **higher** than the rate in Michigan.

NO HIGH SCHOOL DIPLOMA



% of persons 16-19 years of age not enrolled in school with no high school diploma



The county rate of persons without a high school diploma is **higher** than Michigan.

NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years

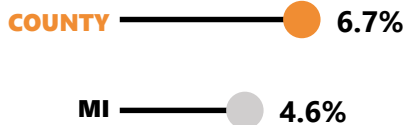


The county rate for no health insurance is **higher** than the rate in Michigan.

UNEMPLOYMENT



% of unemployed persons 16 years of age or older within the civilian labor force

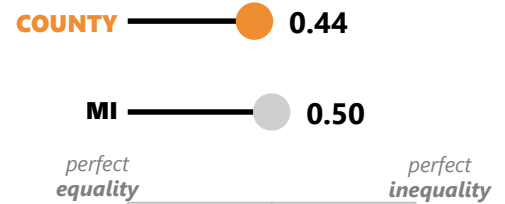


The county rate for unemployment is **higher** than the rate in Michigan.

INCOME INEQUALITY



A measurement of how far the wealth or income distribution differs from being equal (Gini Coefficient).



The county measure of income inequality is **lower** than in Michigan.

FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

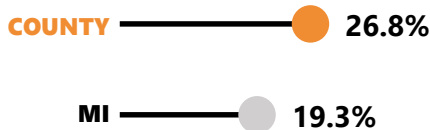


The county rate for poverty is **higher** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



% of children ages 0-17 who live below the poverty threshold



The county rate for children experiencing poverty is **higher** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



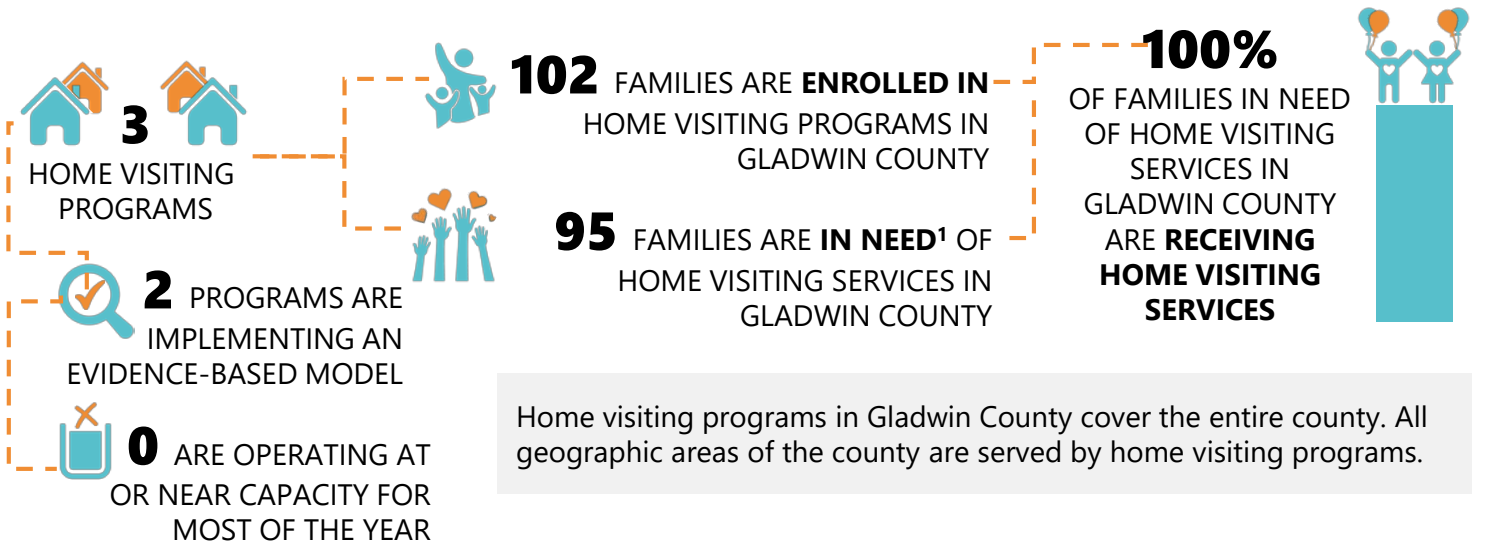
% of children experiencing food insecurity (lack of access, at times, to enough food)



The county rate for childhood food insecurity is **higher** than Michigan's rate.

EXISTING HOME VISITING PROGRAMS

Home visiting programs sit at the intersection of families and communities. They provide critical linkages between families and community service systems. Gladwin County identified the reach and quality of services for families that partner with home visiting and identified strengths and gaps in the service network. Some patterns of reach and quality for home visiting clients and the service delivery network were noted during the assessment, and ideas for strengthening the service delivery network are described below.



WELL CONNECTED SERVICES

Organizations that offer resources to parents/families are well connected. If one organization cannot meet a family's need, they will connect them with someone who can help. Programs work well together to ensure once one program ends, they are referred to another.

MEETING NEEDS OF CLIENTS

The most pressing needs within Gladwin County include car seats, pack n plays, cribs, medical care, and transportation.



GLADWIN COUNTY



GAPS IN THE SERVICE NETWORK

Gladwin County has a lack of medical care which puts a huge burden on parents and families. There are no pediatricians located within the county. OB's are only available two days a week, which makes it difficult for them to join collaboratives or inform them of the resources available within Gladwin County. Most refer only those in desperate need, when they could be referring several patients.

QUALITY OF SERVICES PROVIDED

Families feel their needs are met and staff do an excellent job of connecting them to services if their needs can't be met through the home visiting program.

STRENGTHENING THE SERVICE DELIVERY NETWORK

The service delivery network could be strengthened through creating an automatic referral system that connects the health department, medical providers, and other referring agencies to ensure no one falls through the cracks. Additional funding is needed for home visiting. Also, families need assistance with car seats, pack n plays, cribs, and transportation.

¹Number of families likely to be eligible for MIECHV services based on the criteria: Number of families with children under the age of 6 living below 100% of the poverty line + number of families in poverty with a child under the age of 1 and no other children under the age of 6; AND belongs to one or more of the following at-risk sub-populations: Mothers with low education (high school diploma or less), young mothers under the age of 21, and/or families with an infant (child under the age of 1). Data Source: ACS 2017 1-Yr PUMS Data

FAMILY PERSPECTIVES ON HOME VISITING

Gladwin County asked parents who have previously participated in a Home Visiting program in their county to take part in a focus group to share their experiences with home visiting and other community services. Focus group participants were asked to describe the risks and opportunities families face in their communities; the outcomes they're concerned about and what facilitates wellbeing; strengths and opportunities to improve home visiting programs; and strengths and opportunities to improve the service delivery system. Gladwin County completed 1 focus group with a total of 12 participants, 8 of which were served by home visiting programs in their community.



STRENGTHS

Parents who participated in the focus group shared the following strengths of home visiting programs:

- The home visitors are always positive and honest
- Home visitors do a great job of connecting families to resources (clothes, diapers, lactation/formula)
- Home visitors educate families on how to teach their child in a nonjudgmental way
- Home visiting brings moms together
- Home visiting helps parents feel like they are not alone
- Home visiting staff are extremely flexible and willing to work with families' schedules



OPPORTUNITIES TO IMPROVE

When asked about opportunities to improve home visiting, focus group participants shared that:

- Families have more unmet needs since COVID.
- Some families do not like virtual visits as much as in-home visits.



OUTCOMES OF HOME VISITING

When asked the question "What are the outcomes you wish to achieve with your family by participating in home visiting?" parents who participated in focus groups identified the following outcomes:

- School readiness
- Opening up to another adult
- Helped children feel comfortable with other kids of the same age through play groups
- Mental and emotional wellbeing



OTHER KEY TAKEAWAYS

- Some participants mentioned they were in abusive relationships and felt they got more help and support from home visiting staff than at the shelter.
- Participants felt that because there is the trust and no judgement, they can talk to their home visitor about anything.

COMMUNITY READINESS TO EXPAND HOME VISITING

New or expanded programs and services are most successful in communities that are clear about their readiness to provide a supportive context. Home Visiting partners were convened to discuss the five dimensions of readiness to expand home visiting and identified both community strengths and weaknesses. For each of these domains, the community partners scored each dimension as a 0 (no readiness), 1 (limited readiness), 2 (moderate readiness), 3 (significant readiness), or 4 (full readiness).

COMMUNITY KNOWLEDGE OF FAMILY NEEDS

MODERATE READINESS



Home visiting programs do a good job of meeting families' needs. The programs work and communicate well with each other. Families may not know about programs and the resources available to them. Safety and safe sleep are concerns.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS



Home visiting programs are extremely flexible and accommodating. There is a great relationship with the Amish population. Maternal Infant Health Program staff are required to complete equity training. More efforts should emphasize both parents, not just mothers.

COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS



Families who engage with home visiting programs love them and stick with them. Those who are not in programs might not be aware of them. The community is not educated about qualifications and don't believe they would benefit.

COMMUNITY LEADERSHIP

MODERATE READINESS



Home visiting programs have great relationships and collaborate well with social service organizations. Other sectors are not aware of home visiting programs, including city managers, commissioners, and business leaders.

COMMUNITY CLIMATE

MODERATE READINESS



The community is very supportive of school-based home visiting programs, but not as supportive of health department programs. There are no pediatricians in the county, and OB offices only refer a select few patients, so relationship building and education with family medicine will be needed.

COMMUNITY RESOURCES

MODERATE READINESS



Programs may lack some resources, but organizations work well together to address families' needs. Medicaid reimbursement does not cover costs, and there is not enough funding for promotional items.

NEED & CAPACITY TO EXPAND HOME VISITING

Gladwin County has need and capacity to expand evidence-based home visiting. Additional funding is needed to recruit families that are eligible for services and additional home visitors are needed

This process engaged families to participate as partners and leaders by inviting families to participate with an active role and with active support. The family engagement connections that are already existent within Region 5 were utilized. A survey was administered to agencies to distribute to the clientele they serve who fit the criteria of this needs assessment.

Adjustments were made to data collection to account for geographical separation as well as ongoing COVID-19 restrictions. Incentives were provided to families that participated.

Thank you to the parents and community partners who engaged in the assessment process.

Data collected by Region 5 Perinatal Quality Collaborative with assistance from MPHI-CHC. For more information about this assessment, contact Region 5 Perinatal Quality Collaborative. This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,799,696 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).