2020 HOME VISITING NEEDS ASSESSMENT

JACKSON COUNTY

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

158,510
TOTAL POPULATION

1,740
BIRTHS PER YEAR

6%
UNDER 5 YEARS

94%
HAVE HEALTH INSURANCE

2%
FOREIGN BORN

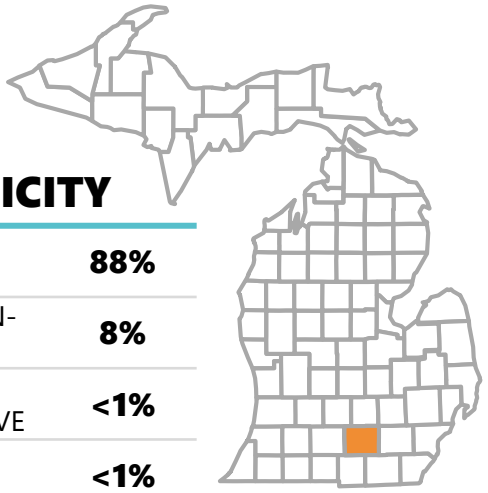
78% OF HOUSEHOLDS HAVE INTERNET ACCESS

91%
OF ADULTS 25+ ARE HIGH SCHOOL GRADS

3% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

RACE/ETHNICITY

WHITE	88%
BLACK OR AFRICAN-AMERICAN	8%
AMERICAN INDIAN AND ALASKA NATIVE	<1%
ASIAN	<1%
NATIVE HAWAIIAN	<1%
MULTIRACIAL	3%
HISPANIC OR LATINO	4%
WHITE, NOT HISPANIC OR LATINO	85%



JACKSON COUNTY

$51,431
MEDIAN HOUSEHOLD INCOME

OUTCOMES IMPACTED BY HOME VISITING

COUNTY PRIORITIES

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

Maternal morbidity rates and teen birth rates are higher in Jackson County than the state rates. Jackson county also has higher rates of residents reporting poor physical and mental health, asthma, arthritis, heart disease, stroke, cancer and diabetes compared to Michigan averages.

Infant mortality rates and rates of low-birth-weight births in Jackson County are higher than the rate in Michigan. Infant mortality is a health concern as evidenced by the high rate of infant death, and large disparities between babies who are white and babies who are black.

54% of 3- to 4-year-old children do not attend preschool in Jackson County.

Jackson County's rate of child maltreatment is nearly double the state's rate.

There are disparities in the median household income, poverty level, and households receiving public assistance in Jackson County compared to the state and national rates.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN

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

COUNTY 2.9%

MI 4.6%

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

COUNTY 32.6%

MI 28.6%

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

COUNTY 4.6%

MI 3.2%

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

COUNTY 5.7%

MI 6.4%

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

UNEMPLOYMENT

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

COUNTY 4.7%

MI 4.6%

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).

COUNTY 0.47

MI 0.50

perfect ***equality*** — *perfect* ***inequality***

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

FAMILIES LIVING IN POVERTY

% population living below 100% of the federal poverty level

COUNTY 13.3%

MI 14.4%

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

CHILDREN EXPERIENCING POVERTY

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

COUNTY 19.9%

MI 19.3%

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)

COUNTY 16.7%

MI 15.9%

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. Jackson 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.

4 HOME VISITING PROGRAMS

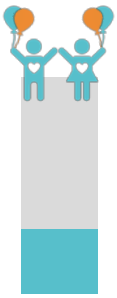
3 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

3 ARE OPERATING AT OR NEAR CAPACITY FOR MOST OF THE YEAR

315 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN JACKSON COUNTY

1,058 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN JACKSON COUNTY

30% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN JACKSON COUNTY ARE **RECEIVING HOME VISITING SERVICES**



Home visiting programs in Jackson County serve 0- to 3-year-olds well. The county is lacking home visiting programs serving 4- to 6-year-old children. Most referrals are for inner city families and rural families may be missed in these referrals and services.

CONNECTED SERVICES

Well connected services include: Playgroups, Early Education, Parent Education, Mental Health and Substance Use Disorder Treatment, WIC and Food Assistance, and DHHS Assistance.

MEETING NEEDS OF CLIENTS

Home visiting helps clients address social isolation and is characterized by good quality relationships. However, handoffs between providers could be improved.

JACKSON COUNTY

GAPS IN THE SERVICE NETWORK

Gaps in the service network include: transportation to and from the county, affordable daycare, housing, infant mental health access immediately, communication within referral services, and access to virtual services (iPads, wireless connections, Zoom, etc.).

QUALITY OF SERVICES PROVIDED

The quality of services in Jackson County is good but pediatric care is very limited. Additionally, clients distrust government services and associate home visiting with Child Protective Services. Finally, families need community resources and support (e.g., housing, transportation).

STRENGTHENING THE SERVICE DELIVERY NETWORK

A system is needed for easy access for providers to communicate with each other about families they share. The use of Jackson Care Hub is very poor. Often the Home Visitation Programs are not known and/or are misunderstood. Better marketing and recruitment efforts are needed. More funding is needed to allow for more resources and a broader scope for providers to better meet the needs of the families.

[1]Number 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

Jackson 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. Jackson County completed 4 focus groups with a total of 14 participants, 11 of which were served by home visiting programs in their community.

STRENGTHS

Parents who participated in focus groups noted that home visiting is convenient for families with multiple children and transportation barriers. Visiting in the family's home also helped home visitors get to know the family and children in their own environment. Parents also described enjoying spending time with their home visitor and appreciated that home visiting offers accountability to meet goals and keep motivated. Parents appreciated support in monitoring their children's development, as well as the opportunity to learn about child development and parenting. Finally, families noted that home visiting helped link them to needed community resources.

OPPORTUNITIES TO IMPROVE

Parents who participated in the focus groups also noted opportunities for home visiting programs to improve. They indicated that home visiting could focus more on the needs of mothers, especially related to mental health. They also noted a need for additional support communicating with health care providers and accessing services and supports, such as transportation and housing. Parents suggested meeting more in the community, such as at doctors' appointments or grocery stores. They also noted that income restrictions make it difficult for the working poor to access home visiting services. Parents also asked that home visiting programs hold groups for fathers. Finally, parents who participated in the focus groups noted that more technology support is needed due to barriers in accessing the internet.

OUTCOMES OF HOME VISITING

Parents who participated in focus groups described the following outcomes of home visiting programs for their families:

- Children will be more educated and school ready.
- Parents are more educated and better prepared to support their child in achieving goals.
- Increased access to needed community services.

OTHER KEY TAKEAWAYS

- Given the rural nature of Jackson more transportation options are crucial.
- Building trusting and dependable relationships with families is critical to success.
- More opportunities to lessen social isolation are needed (i.e. playgroups, Parent Cafe's, parent support groups/activities).
- Lack of accessibility to participate remotely is critical for future programming (i.e. internet access, iPads, zoom, training in use).

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

SIGNIFICANT READINESS

4
3
2
1

Community voice is captured through MChat surveys gathered from mothers in the hospital, and through community scans. Large entities/collaborative(s) do not use community voice regularly. When a need is identified, the response tends to be reactionary.

COMMUNITY PURSUIT OF EQUITY

SIGNIFICANT READINESS

4
3
2
1

The diversity of the community is represented in the collaborative work of coalitions and other community groups. Funding has been directed to educate the community on equity, and organization equity scans are taking place. Gaps in equity include limited recruiting and hiring of staff to represent populations served. Trust needs to be rebuilt with people from minority communities.

COMMUNITY KNOWLEDGE OF HOME VISITING

LIMITED READINESS

4
3
2
1

Home visiting staff meet families in their homes, but families can feel a lack of trust having outsiders in their home. Overall, there is not enough awareness of home visiting programs among parents and providers. Different home visiting programs are often lumped together. Families are unable to self-refer because they are unaware of what programs offer or if they exist.

COMMUNITY LEADERSHIP

LIMITED READINESS

4
3
2
1

Community leaders have an active role with collaborations, yet the communication among groups and providers is poor. The Network Care HUB is helpful, but the necessary partners are not always at the table. There is poor awareness at the leadership level, and funding and reimbursement services do not cover costs.

COMMUNITY CLIMATE

LIMITED READINESS

4
3
2
1

Local funding supports families with young children, and families are very satisfied with services. Agency partners also refer with each other. However, stigma often impacts families wanting services, and there is a challenge enrolling families in high poverty due to limited time and energy.

COMMUNITY RESOURCES

MODERATE READINESS

4
3
2
1

Michigan Health Endowment Fund, Michigan Association of Infant Mental Health, Reflective Supervision, and Jackson COVID Action Network have been excellent sources of funding and help. However, there is a lack of funding and payments for services. Program staff are facing burnout.

NEED & CAPACITY TO EXPAND HOME VISITING

Jackson County has need and capacity to expand evidence-based home visiting. Data and service providers indicate that the scope of services and lack of funding limits what the home visitation programs can do. There is a need for more support and resources and a need for a larger scope of services. Providers have limits placed on their time, and funding and resources prohibit them from providing the supports, advocacy, and resources that families need.

This process engaged families to participate as partners and leaders by seeking participation from the Great Start Families group, parents in the Great Start Collaborative playgroup, families enrolled in MIHP and Early On Programs, and Jackson's Early HeadStart and Head Start programs.

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

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