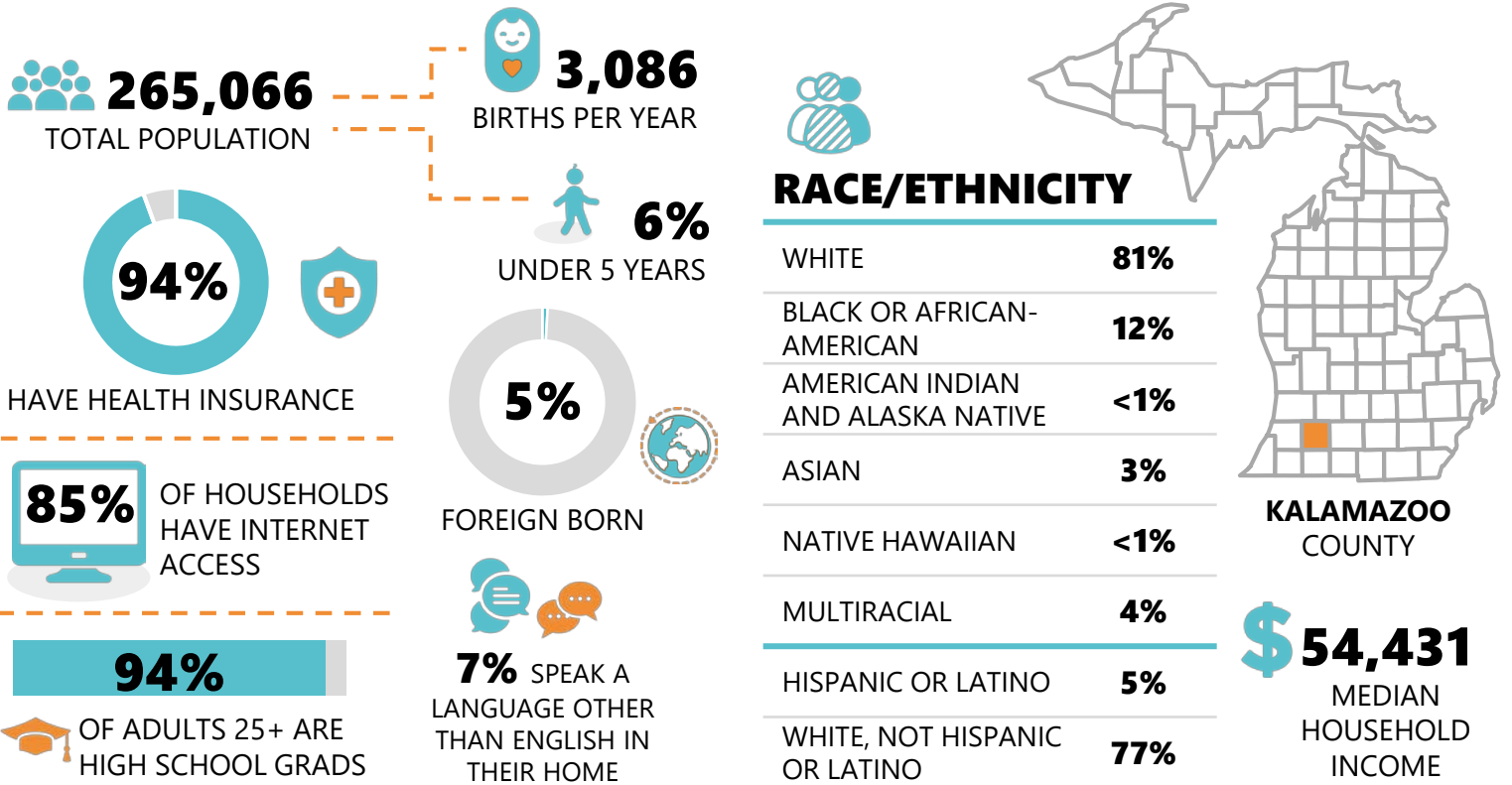


2020 HOME VISITING NEEDS ASSESSMENT

KALAMAZOO 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



Maternal health is an area of concern. Mothers of color are at higher risk of underlying health issues and are less likely to seek postpartum care due to stress and lack of support. Home visiting programs focus on making sure mothers are healthy physically, emotionally, and mentally. Healthy mothers create healthier environments where babies can thrive.



Child health is a priority outcome in Kalamazoo County. Home visiting programs inform, teach, and educate families about the importance of nutrition, developing strong parent and child relationships, promoting infant health, and preventing child abuse. Child health is also important because it establishes healthier behaviors that can carry throughout life.



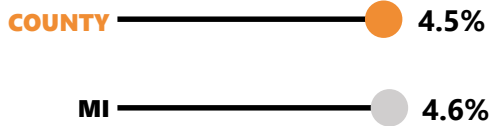
Home visiting programs provide families with resources and support to prepare children for school, which is a priority for Kalamazoo County.

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 **lower** 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

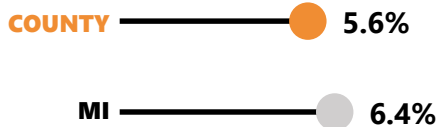


The county rate of persons without a high school diploma is **higher** than Michigan.

NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years

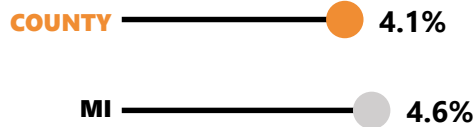


The county rate for no health insurance is **lower** than the rate in Michigan.

UNEMPLOYMENT



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

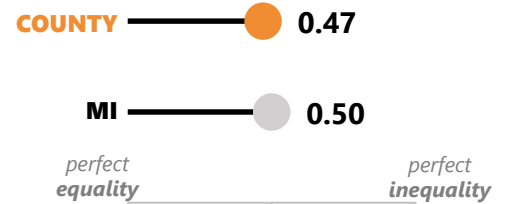


The county rate for unemployment is **lower** than the rate in Michigan.

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

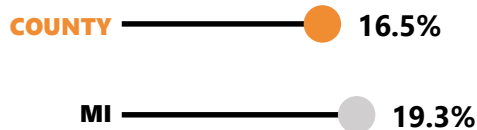


The county rate for poverty is **lower** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



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

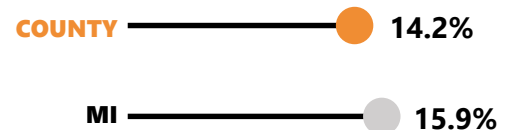


The county rate for children experiencing poverty is **lower** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



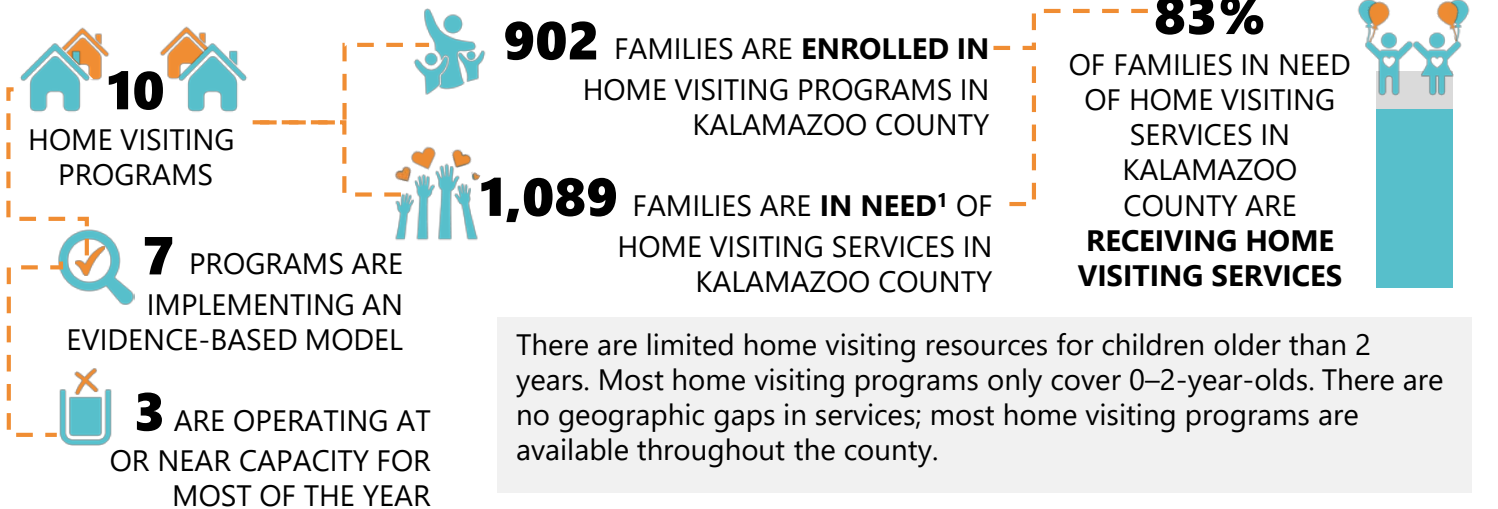
% of children experiencing food insecurity (lack of access, at times, to enough food)



The county rate for childhood food insecurity is **lower** 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. Kalamazoo 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

Maternal Infant Health Programs are well connected. Many home visiting programs, and early childhood programs, serve mothers, infants, and young children.

ORGANIZATIONS MEETING NEEDS OF CLIENTS

Programs can do more to meet the needs of clients during COVID-19. Each program has had to make cuts and service delivery has been compromised. The home visiting team continues to work collectively to address the needs of the community and share resources. Agencies work collaboratively to fill the gaps.



GAPS IN THE SERVICE NETWORK

Gaps include transportation, WIFI access, connecting families with adequate housing and handing them off to another program once the child ages out of a program. Quality, accessible childcare is lacking, as is health literacy and family trust/confidence in institutions. Home visiting programs continue to work to find solutions with families.

QUALITY OF SERVICES PROVIDED

HV Programs focus on supporting families, addressing social determinants of health to address immediate family needs, increasing parental engagement and promoting early childhood education. Programs are truly collaborating and working together to share resources.

STRENGTHENING THE SERVICE DELIVERY NETWORK

The service delivery network must continue to work together to identify gaps, reevaluate program capacity, and increase community outreach to enroll more parents in need of support. Agencies should utilize social media to share information with the community and link them to resources offered by the programs. There is a need to include the community voice in the process to ensure programs meet the needs of client.

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

Kalamazoo 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. Kalamazoo County completed 2 focus groups with a total of 15 participants, 12 of which were served by home visiting programs in their community.



STRENGTHS

Parents who participated in focus groups identified the following strengths of home visiting in their community:

- Home visiting programs provide and link families to resources they need.
- Home visiting programs help and support mothers and families.
- Home visiting programs provide an opportunity to stay connected with other families and caregivers.



OPPORTUNITIES TO IMPROVE

Parents who participated in focus groups also identified opportunities to improve. They recommended that home visiting programs:

- Increase awareness and reach of home visiting services;
- Increase outreach efforts in the areas that need it most;
- Increase social media advertising for the programs; and
- Support mother to mother advertising, blogs, and support groups.



OUTCOMES OF HOME VISITING

Women enrolled in home visiting enjoy the programs because they offer support, provide resources and assist their families in critical times. Participants reported the programs provide the community with the help required during crisis and hard times. Home visiting promote healthy families and provides a helping hand to those who need it.



OTHER KEY TAKEAWAYS

Staff turnover negatively impacts participants in home visiting programs. There is a need for additional resources in the community. Overall, families are receptive to home visiting as long as they are engaged and included throughout the process.

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

Organizations regularly identify family needs at annual system gap reviews and partnership meetings. The Community Voice Panel brings together families with young children to review early childhood programs. Home visiting programs meet bi-weekly for coordination and to address barriers. More work is needed to promote home visiting, integrate it into the system of care, and change how families see services.

COMMUNITY PURSUIT OF EQUITY

SIGNIFICANT READINESS

4
3
2
1

Maternal program data is shared in a Care Coordination Registry to ensure enrollment of marginalized families. Home visiting is committed to improving disparities and systems change. Funding for workforce equity would allow programs to increase wages, create a process to promote the professional development of participants in the home visiting workforce, and support targeted recruitment of people of color.

COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS

4
3
2
1

Kalamazoo offers home visiting programs such as Healthy Babies Healthy Start, Healthy Families America, Infant Mental Health, Maternal Infant Health Program, Nurse Family Partnership, and Parents as Teachers. These programs meet bi-weekly to support best practices and coordination. However, Kalamazoo lacks a systematic referral process into home visitation.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

4
3
2
1

Kalamazoo has seen increased awareness of the need for home visiting, which has led to more programming. Leaders have publicly committed to addressing early childhood issues like poverty and racism. Coordinated leadership is needed to ensure successful program implementation. Leaders need to work together to reduce silos and distribute funding equitably across sectors.

COMMUNITY CLIMATE

SIGNIFICANT READINESS

4
3
2
1

Kalamazoo is very invested in early childhood programs. Program diversity provides families with the services that best meet their needs. Funders are very supportive of direct services. Additional funding is needed to support the sustainability of home visiting programs and to support coordination of the home visiting network.

COMMUNITY RESOURCES

SIGNIFICANT READINESS

4
3
2
1

Kalamazoo is well-equipped to expand home visiting. Programs have worked together to build trust and relationships. Current gaps include a lack of funding for flexible home visitation programs. Additionally, more work is needed to create a system of care that views home visitation as a universal service.

NEED & CAPACITY TO EXPAND HOME VISITING

Kalamazoo County has need and capacity to expand evidence-based home visiting. Half of the women who become pregnant in the county meet the criteria of high-risk for infant mortality. Of those, less than 50% are referred to home visiting. Of those referred, only 16% enroll. Ideally, home visiting would be a "norm" expected with the birth of each child.

This process engaged families to participate as partners and leaders by utilizing the care coordination registry to recruit families and identify specific needs.

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

Data collected by Cradle Kalamazoo with assistance from MPHI-CHC. For more information about this assessment, contact Cradle Kalamazoo. 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.