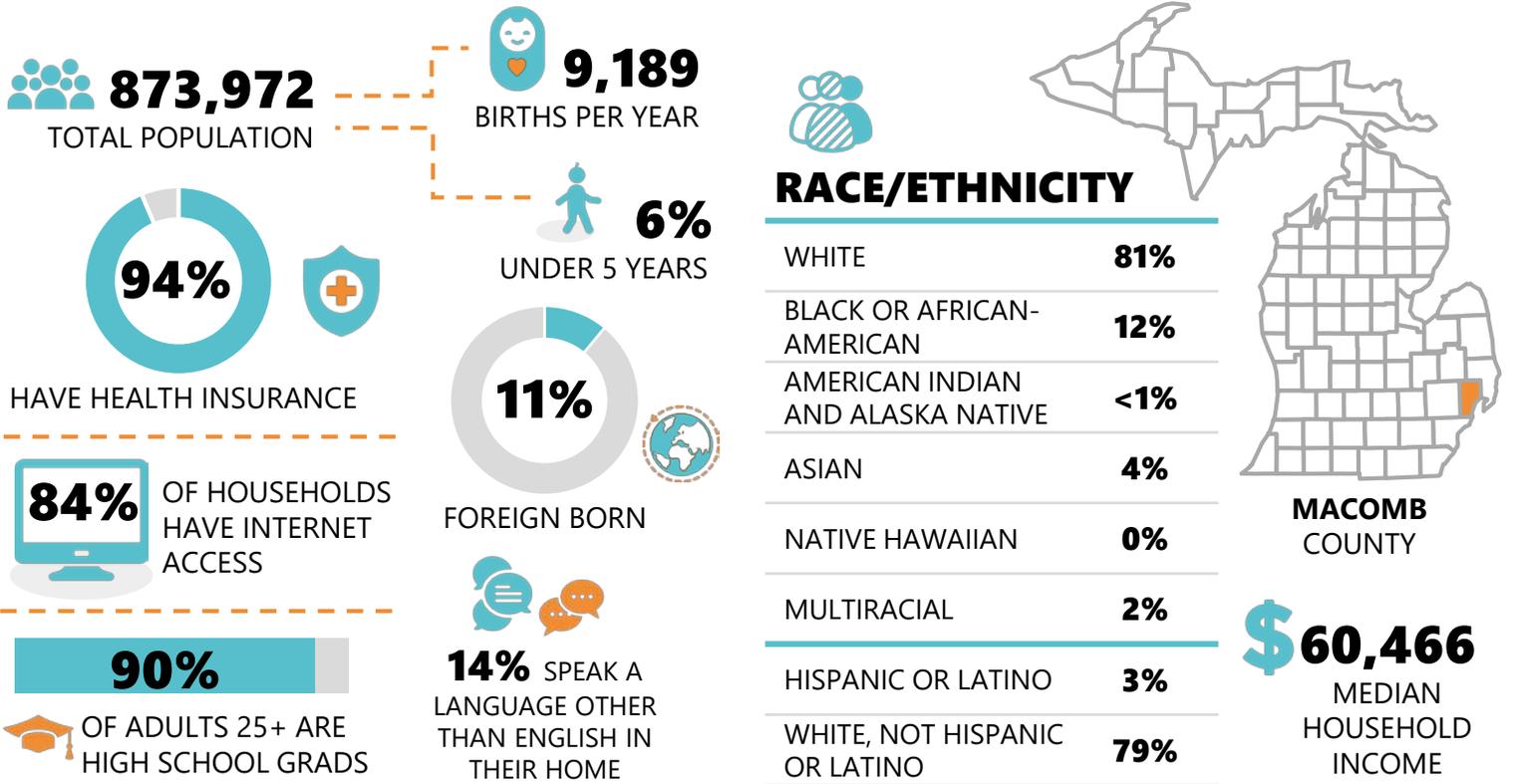


# 2020 HOME VISITING NEEDS ASSESSMENT

## MACOMB 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

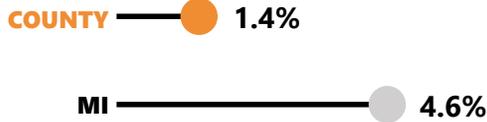
-  Maternal health is of concern for some communities in the county due to income levels and insurance access, which impact access and utilization of prenatal care and postpartum care.
-  There are large disparities in the number of preterm and low birthweight babies by racial groups in Macomb County. Such disparities affect a child's long-term health.
-  Although rates of child maltreatment, neglect, and abuse are lower than the state average, the rate of children in investigated families is on the rise within the county.
-  There are pockets of lower-income communities within Macomb County where insurance coverage is lower, affecting other social determinants of health.
-  Linkages and referrals may need an examination to assure women of color are receiving culturally appropriate referrals that are well received, and that will positively impact their care.
-  Macomb County has lower rates of Juvenile crime arrests, crime reporting, and domestic violence when compared to the state. However, city-level and stratified data sets are necessary for identifying areas of elevated risk within Macomb 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 **lower** than Michigan.

## NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years

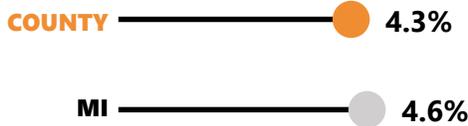


The county rate for no health insurance is **the same as** the rate in Michigan.

## 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).

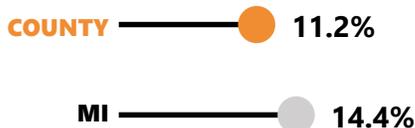


The county measure of income inequality is **lower** than in Michigan.

## FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

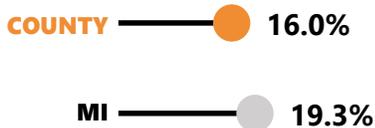


The county rate for poverty is **lower** than the poverty rate in Michigan.

## CHILDREN EXPERIENCING POVERTY



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

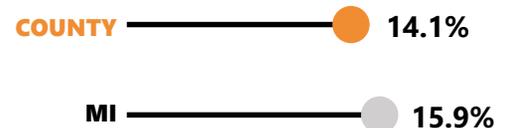


The county rate for children experiencing poverty is **lower** than Michigan's rate.

## CHILDHOOD FOOD INSECURITY



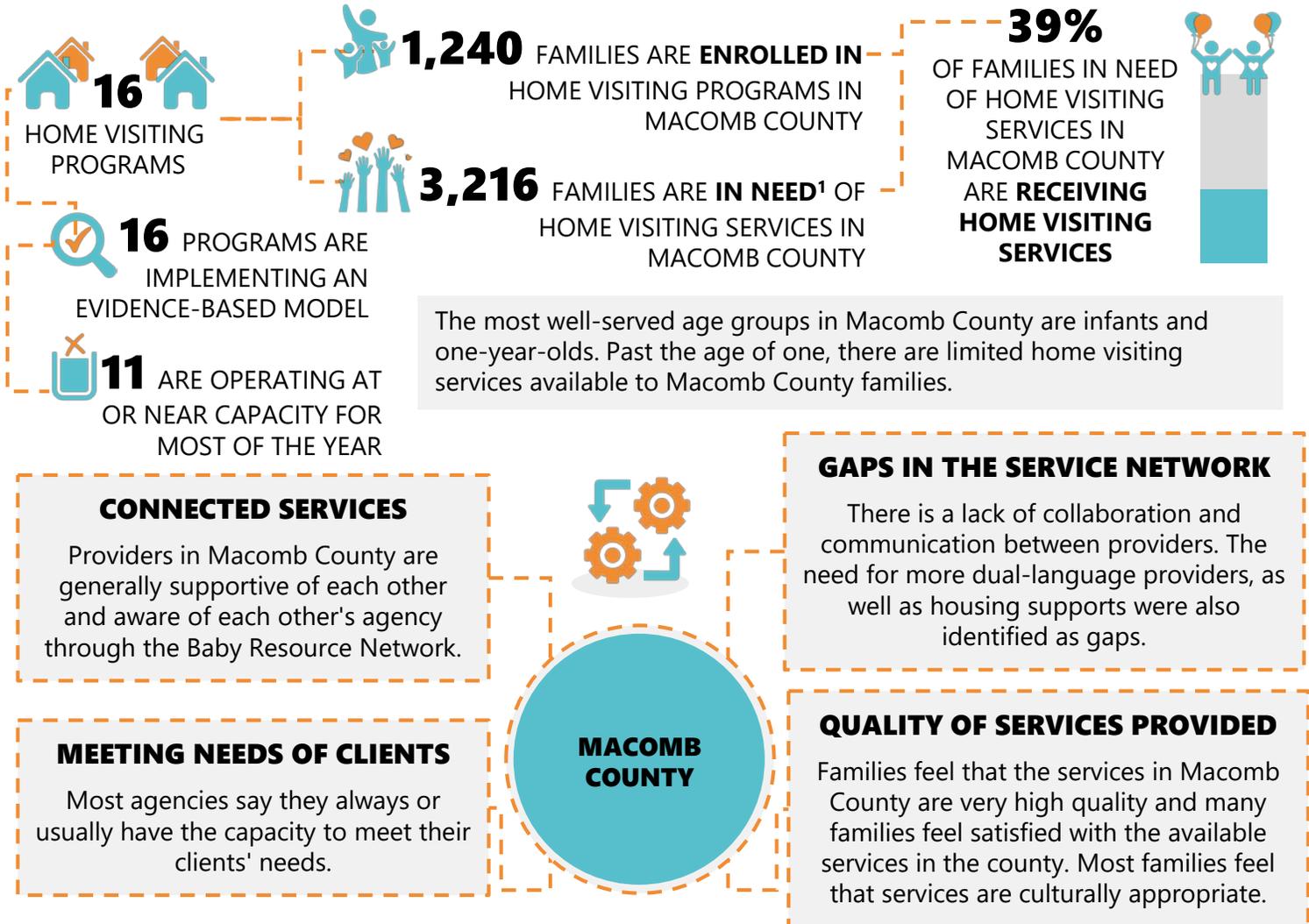
% of children experiencing food insecurity (lack of access, at times, to enough food)



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. Macomb 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.



## STRENGTHENING THE SERVICE DELIVERY NETWORK

There are a few opportunities to strengthen the delivery network in Macomb County.

- Most importantly, the network needs to be de-siloed to foster better communication, collaboration, and referrals across agencies. Encouraging collaboration and communication would help to make the environment less competitive and more efficient.
- There is a need for providers that speak additional languages and for materials and programming to be offered in those languages. Specifically, Spanish, Arabic, and Bengali speaking providers and resources are needed to strengthen the network and improve care and outcomes for clients.
- Home visiting agencies in Macomb County are doing everything they can to provide for their clients and meet their needs, but burnout is likely. Given the pandemic's effect on employment and income, it is highly likely that the need and use for home visiting services will grow within the county.
- Expanding access to or knowledge of programs that can help connect families to the internet, or provide stable cell phone service, should be explored to help encourage the use of telehealth services.

<sup>1</sup>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

# 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

Individual organizations have regular family involvement, and Early Head Start requires a parent-led governing body. There is strong engagement from faith-based organizations, neighborhood associations, cultural/ethnic organizations, and the Macomb Chamber of Commerce. However, some agencies lack family engagement.

## COMMUNITY PURSUIT OF EQUITY

### MODERATE READINESS

Agencies regularly examine health data and use the data to do targeted outreach to populations with poorer outcomes. The health department works to recruit and hire individuals from the populations that are experiencing disparate outcomes. However, there is low engagement from families and lack of connection with services and resources for community members.

## COMMUNITY KNOWLEDGE OF HOME VISITING

### LIMITED READINESS

There are a lot of Maternal Infant Health Program providers available to serve the county. However, there is a lack of awareness of resources for families and providers. Early childhood programs are not visible or well-known in the community. Community referral sources are not aware of detailed resources of various home visiting programs. There is poor outreach to physician practices.

## COMMUNITY LEADERSHIP

### MODERATE READINESS

Some organizations engage politicians to help increase the awareness and image of available programs. Public health leaders are very aware of these programs and support them. However, most non-public health focused local leaders are unaware of programs and their distinctions, and there are limited opportunities to bring leaders to the table to discuss services for pregnant women and families with young children.

## COMMUNITY CLIMATE

### MODERATE READINESS

There are many resources in Macomb County for a variety of services, but there is a lack of awareness of home visiting resources. Programs compete for clients and there is a lack of trust from families for home visitors, and a stigma around accessing these services.

## COMMUNITY RESOURCES

### LIMITED READINESS

The health department provides adequate support for the workforce. There is strong philanthropic support for programs. However, communities with the highest need for resources have the least number of resources. Many organizations work in silos making it difficult for resources to be disbursed in an impactful way.

# NEED & CAPACITY TO EXPAND HOME VISITING

Macomb County has need and capacity to expand evidence-based home visiting. The lack of available services past the age of one in the county is a significant gap that needs to be addressed. There is currently a gap between the number of families eligible or in need of services and the number of clients enrolled.

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

Data collected by Macomb County Health Department with assistance from MPHI-CHC. For more information about this assessment, contact Macomb County Health Department. 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](http://HRSA.gov).