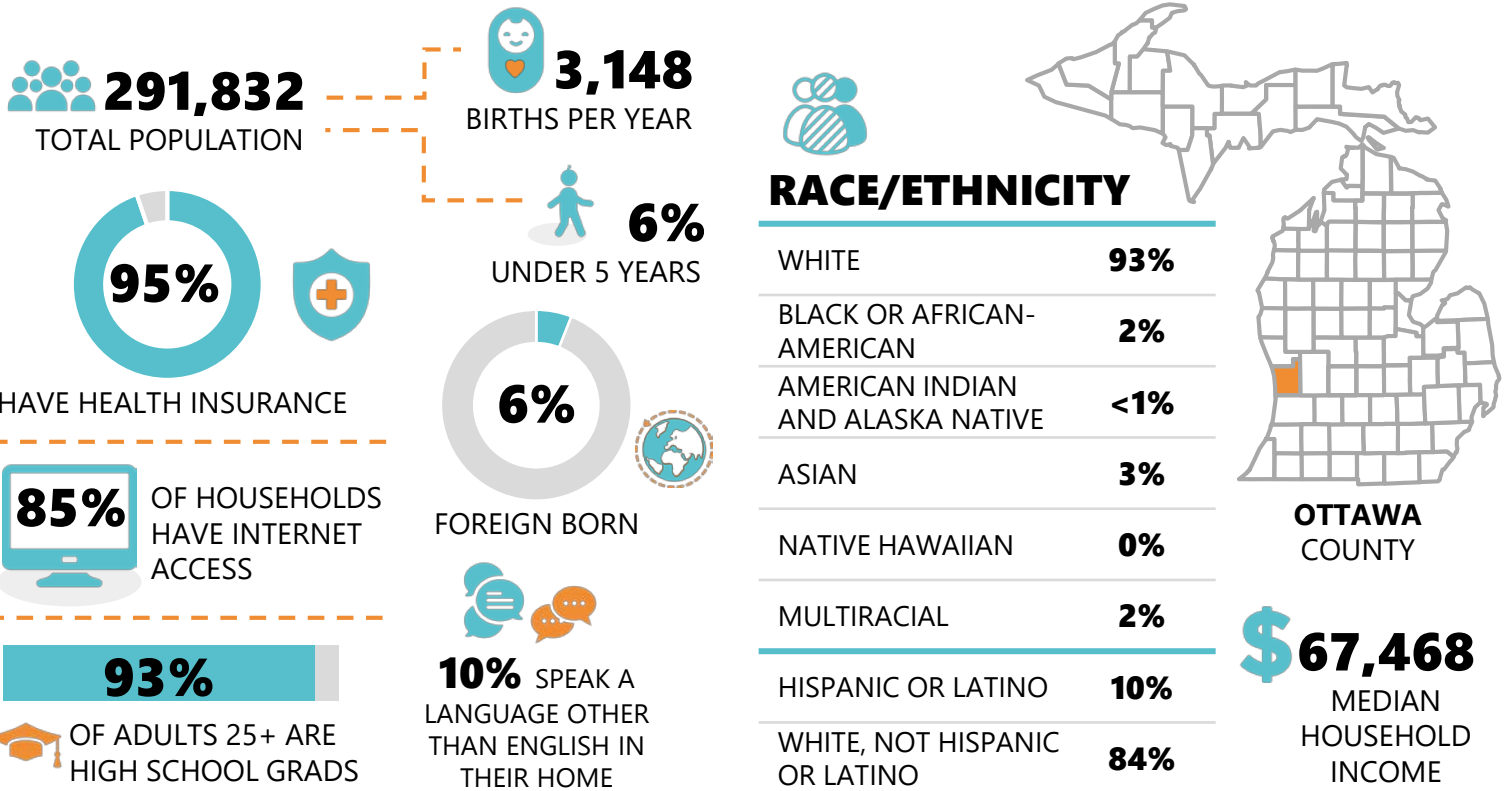


# 2020 HOME VISITING NEEDS ASSESSMENT

## OTTAWA COUNTY



### KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



### OUTCOMES IMPACTED BY HOME VISITING

#### COUNTY PRIORITIES

##### ✓ MATERNAL HEALTH



Ottawa County is seeing a rise in several prenatal and postpartum risk indicators, including inadequate prenatal care, preterm births, and smoking during pregnancy. Reversing this trend could improve maternal health and lead to other positive outcomes such as decreased child maltreatment, positive parenting practices, and school readiness.

##### ✓ CHILD HEALTH

##### ✓ CHILD DEVELOPMENT & SCHOOL READINESS

POSITIVE PARENTING PRACTICES

CHILD MALTREATMENT

FAMILY ECONOMIC SELF-SUFFICIENCY



Ottawa County has a lower proportion of mothers initiating breastfeeding compared to the State of Michigan. Most children enrolled in Medicaid do not receive yearly preventative dental visits. The number of children opting out of immunizations is increasing and poses a health risk and a rise in preventable diseases.



Lower preschool attendance and third-grade reading proficiency disproportionately affect students of color.

##### ✓ LINKAGES AND REFERRALS

JUVENILE DELINQUENCY, FAMILY VIOLENCE, AND CRIME



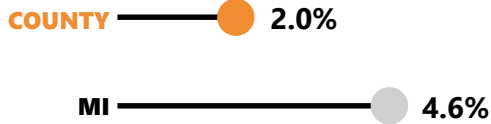
Numerous resources exist, but many families are unaware or face barriers in accessing resources. Help Me Grow Ottawa was implemented to assist families with community connections. Innovative methods are needed to increase and expand family connections.

# COMMUNITY CONDITIONS IMPACTING FAMILIES

## HOMELESSNESS AMONG CHILDREN



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

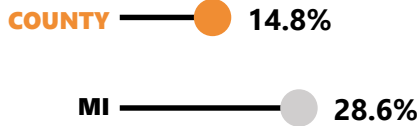


The county rate for homelessness is **lower** than Michigan's rate.

## HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance

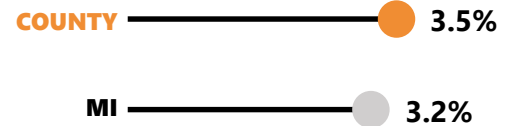


The county rate for receiving public assistance is **lower** than the rate in Michigan.

## NO HIGH SCHOOL DIPLOMA



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

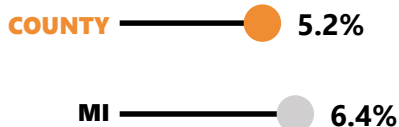


The county rate of persons without a high school diploma is **higher** than Michigan.

## 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

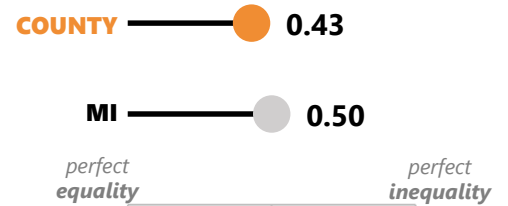


The county rate for unemployment is **lower** than the rate in Michigan.

## INCOME INEQUALITY



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

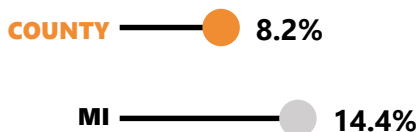


The county measure of income inequality is **lower** than in Michigan.

## FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

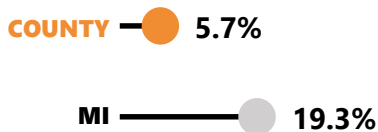


The county rate for poverty is **lower** than the poverty rate in Michigan.

## CHILDREN EXPERIENCING POVERTY



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

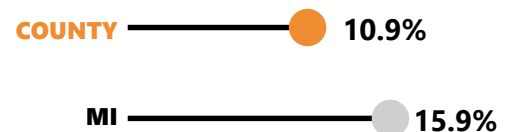


The county rate for children experiencing poverty is **lower** than Michigan's rate.

## CHILDHOOD FOOD INSECURITY



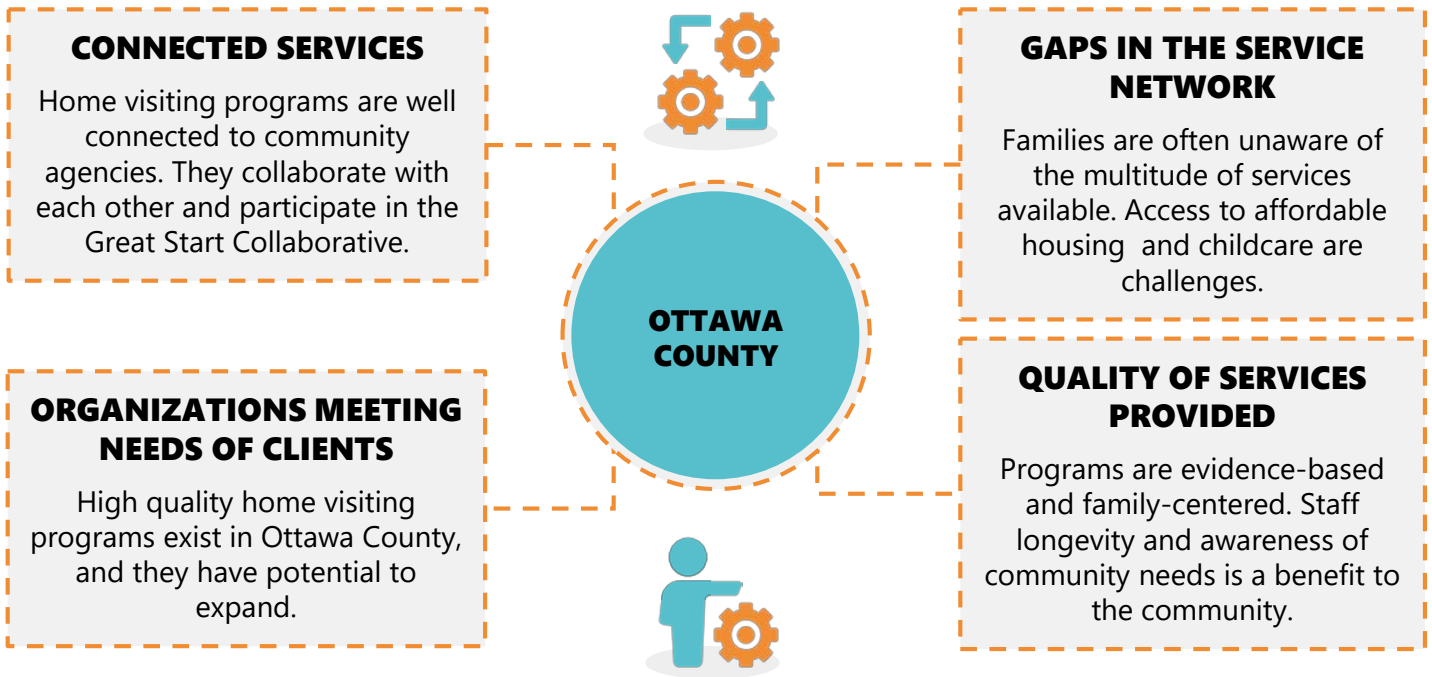
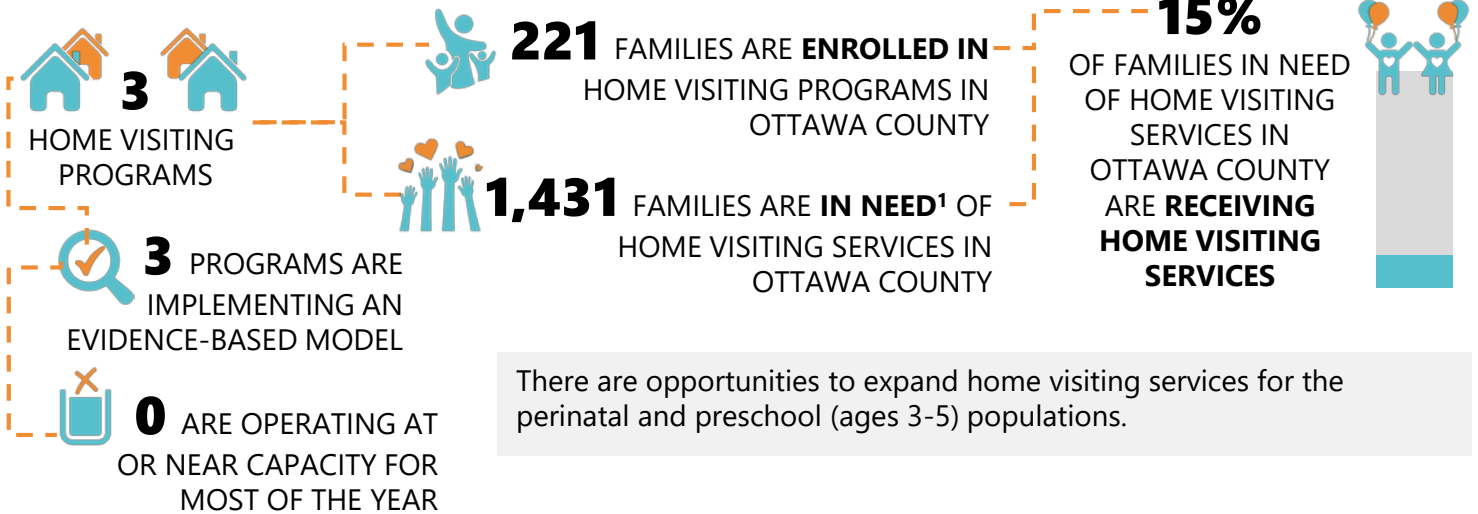
% of children experiencing food insecurity (lack of access, at times, to enough food)



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. Ottawa 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

Strategies include:

**1**  
Improved marketing

**2**  
The streamlining of referrals

**3**  
Greater utilization of Help Me Grow

<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

# FAMILY PERSPECTIVES ON HOME VISITING

Ottawa 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. Ottawa County completed 7 focus groups, which included 24 participants.



## STRENGTHS

Focus group participants identified several strengths of home visiting programs. They noted that home visiting creates the opportunity to form meaningful relationships, which are important to parents and offer strong social and emotional connections. Home visiting helps connect families to resources. It also offers flexibility and ease for people who have difficulty traveling to appointments, which is especially convenient when parents have other children at home.



## OPPORTUNITIES TO IMPROVE

Focus group participants also noted opportunities to improve home visiting programs. They noted a desire to connect more with other parents to address the isolation experienced by families. Participants also indicated that home visiting programs could improve staff diversity and continue staff training related to working with diverse communities and supporting family choice. Participants also noted that programs could better use technology and social media platforms that meet family needs, and that they could improve marketing of programs, services and resources in the community. Finally, participants noted that it would be helpful to increase parents' knowledge of the home visitor's role and to emphasize building trust and open communication.



## OUTCOMES OF HOME VISITING

- Improved maternal health, specifically decreased perinatal and postpartum depression
- Improved child health
- Improved social connections
- Increased awareness and access to community resources
- Increased knowledge of child development
- Increased school readiness



## OTHER KEY TAKEAWAYS

- Families have appreciated the continuation of home visiting programs throughout the COVID-19 pandemic.
- There is a need to continue to normalize home visiting.
- Parents want a way to connect with other parents.
- Parents suggested that home visitors from different programs help connect families in transitioning to new programs.
- Families struggle with finances and are having to make difficult choices.

# 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

**4**  
**3**  
**2**  
**1**

Family needs are assessed by programs through conversations with families and program surveys. The community needs a system for more broadly identifying family needs.

## COMMUNITY PURSUIT OF EQUITY

### MODERATE READINESS

**4**  
**3**  
**2**  
**1**

The community culture and organizational practices are shifting to focus on identifying disparities and pursuing equity. The community needs wide-range efforts focused on diversity, equity, and inclusion and efforts that shift the conditions that perpetuate inequities.

## COMMUNITY KNOWLEDGE OF HOME VISITING

### MODERATE READINESS

**4**  
**3**  
**2**  
**1**

Some community partners are aware of home visiting and are supportive. There is a lack of advertising and some stigma associated with this service. The home visiting system can be complex and difficult to navigate.

## COMMUNITY LEADERSHIP

### SIGNIFICANT READINESS

**4**  
**3**  
**2**  
**1**

Generally, community leaders are supportive of early childhood programs and moderately aware of home visiting.

## COMMUNITY CLIMATE

### MODERATE READINESS

**4**  
**3**  
**2**  
**1**

The community values early childhood and has prioritized awareness of adverse childhood experiences as part of its Community Health Improvement Plan. Additional funding is needed to achieve prenatal to age five prevention goals and strategies.

## COMMUNITY RESOURCES

### SIGNIFICANT READINESS

**4**  
**3**  
**2**  
**1**

The community has a robust philanthropic community, an early childhood database, an active Great Start Collaborative, and a learning culture that promotes growth.

# NEED & CAPACITY TO EXPAND HOME VISITING

Ottawa County has a high-quality home visiting system and has capacity to expand.

This process engaged families to participate as partners and leaders in all parts of the process-- planning, recruitment, data collection, and dissemination. Family engagement was supported through the provision of incentives, meals, transportation, and childcare.

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

*Data collected by Ottawa County Department of Public Health with assistance from MPHI-CHC. For more information about this assessment, contact Ottawa County Department of Public Health. 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.*