2020 HOME VISITING NEEDS ASSESSMENT

INGHAM COUNTY

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

292,406
TOTAL POPULATION

2,974
BIRTHS PER YEAR

6%
UNDER 5 YEARS

94%
HAVE HEALTH INSURANCE

10%
FOREIGN BORN

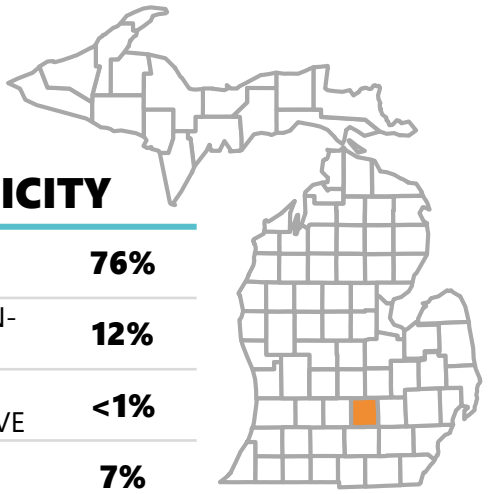
80% OF HOUSEHOLDS HAVE INTERNET ACCESS

93%
OF ADULTS 25+ ARE HIGH SCHOOL GRADS

12% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

RACE/ETHNICITY

WHITE	76%
BLACK OR AFRICAN-AMERICAN	12%
AMERICAN INDIAN AND ALASKA NATIVE	<1%
ASIAN	7%
NATIVE HAWAIIAN	<1%
MULTIRACIAL	4%
HISPANIC OR LATINO	8%
WHITE, NOT HISPANIC OR LATINO	69%



INGHAM COUNTY

$50,940
MEDIAN HOUSEHOLD INCOME

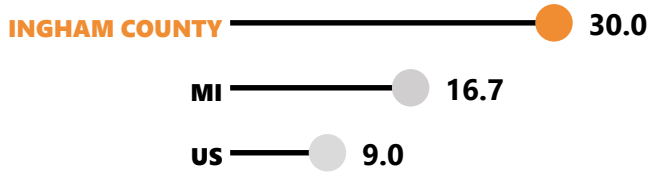
OUTCOMES IMPACTED BY HOME VISITING

COUNTY PRIORITIES

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

Breastfeeding outcomes and maternal morbidity are concerns for Ingham County.

Child Maltreatment is twice as high as the state, and four times as high as the country. Over 20 years, the numbers have continued to rise.



child maltreatment rate per 1,000 child residents

Housing and the long-term impact of COVID-19 on families are concerns.

There is a need for better resource sharing in the community.

The local law enforcement in Ingham County is seeing an increase in violent crimes, including shootings.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN

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

COUNTY 4.0%

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 29.9%

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 2.5%

MI 3.2%

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

COUNTY 6.2%

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 4.4%

MI 4.6%

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).

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 19.8%

MI 14.4%

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

COUNTY 19.1%

MI 19.3%

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)

COUNTY 15.9%

MI 15.9%

The county rate for childhood food insecurity is **the same as** Michigan's rate.

EXISTING HOME VISITING PROGRAMS

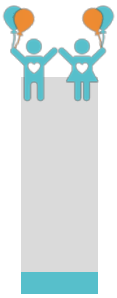
Home visiting programs sit at the intersection of families and communities. They provide critical linkages between families and community service systems. Ingham County identified the reach and quality of services for families that partner with home visiting and identified strengths and gaps in the service 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.

13 HOME VISITING PROGRAMS

298 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN INGHAM COUNTY

2,844 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN INGHAM COUNTY

10% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN INGHAM COUNTY ARE **RECEIVING HOME VISITING SERVICES**



11 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

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

Families with children ages birth to three are well served. Children over age 3 until age 5 need more services. Mental health services for ages birth through five is another gap. All programs serve Lansing, but there is still unmet need through the rest of Ingham county. There are fewer services available to out county (rural) areas.

WELL CONNECTED SERVICES

DHHS is well connected in Ingham County. Both incoming and outgoing referrals reflect strong collaborations with the local health department, the Intermediate School District, and Early Head Start. Providers related to health services are a clear common link for referrals to programs.

MEETING NEEDS OF CLIENTS

Without adequate staffing and funding, programs may not be able to serve every family in need, which could deter some referrals if there is the assumption that services are at capacity.

INGHAM COUNTY

GAPS IN THE SERVICE NETWORK

Mental health providers are a visibly large gap for home visiting programs when looking at incoming and outgoing referrals.

QUALITY OF SERVICES PROVIDED

Based on results from the home visiting program survey, the quality of services is mostly high, with no services being rated low or unsure.

STRENGTHENING THE SERVICE DELIVERY NETWORK

In order to strengthen the service delivery network to better meet the needs of Ingham County families, mental health services need to be expanded. In addition, the county needs more services for children 3 to 5 years of age.

[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

Ingham 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. Ingham County completed one focus group with a total of four participants, all of whom were served by home visiting programs in their community.

STRENGTHS

Parents who participated in focus groups noted several strengths of home visiting in Ingham County. Both human interaction to help with loneliness for parents and social interaction for the young children were mentioned as strengths. Participants indicated that home visiting also provides community resources, support for the parents and child(ren) with both physical and mental health in areas like maternal depression, and breastfeeding support. Also mentioned were other health resources. For example, one parent realized her son had a hearing issue as a direct result of the home visitor. Home visiting helped these parents with knowing when to access extra supports for developmental concerns, and it provided opportunities for helping children developmentally succeed and prepare for school.

OPPORTUNITIES TO IMPROVE

Parents who participated in the focus group indicted that home visiting that is better suited for dads would be appreciated. Extending the age of services would be helpful as well because not all families are ready to be done with the program when they age out. Current program parents having connections to alumni parents who finished the program would also be helpful. Parents also recommended that home visiting programs work on their paperwork and information on resources being shared in order to find a way to get the information out without it being overwhelming or too close to a deadline to take action.

OUTCOMES OF HOME VISITING

Parents noted several outcomes of home visiting. They felt like they made gains in self-improvement and improved their parenting skills, which leads to healthier and better adjusted children. Home visitors also helped these families set and achieve goals, so parents who receive home visiting may be more likely to have felt supported while trying to reach a goal like housing, employment, school, and so forth.

OTHER KEY TAKEAWAYS

Housing stability and the need for a point person that harnesses all the community resources in one spot for easy access for families and home visitors was a need parents identified.

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

Families' needs are often identified through contact with medical providers, but medical referrals to home visiting are lacking. Word of mouth and outreach through fairs and social media are used but need more outreach to women prenatally. Many collaboratives prioritize family voice, but still families are often referred based on eligibility alone rather than best fit. Awareness by the general community and cultural empathy are gaps, and provision of some basic needs.

COMMUNITY PURSUIT OF EQUITY

SIGNIFICANT READINESS

4
3
2
1

Many local groups and collaboratives work to address root causes of disparities. Efforts are made to diversify images on flyers and hire home visitors that represent the community, including bilingual staff. However, this requires more resources, and there is still a need to target specific areas.

COMMUNITY KNOWLEDGE OF HOME VISITING

LIMITED READINESS

4
3
2
1

Community members generally know about preschool but lack full understanding of home visiting. There is confusion about what each program does and who they serve, as well as a stigma that HV is connected with CPS. Ingham county is nowhere close to serving all eligible families who could benefit from home visiting services, but additional funding is needed.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

4
3
2
1

Leaders support services for families by writing legislation, advocating for funding of programs, and attending informational events about home visiting impacts on the community. However, there is always room for increased engagement.

COMMUNITY CLIMATE

LIMITED READINESS

4
3
2
1

There are strong connections for those who do know about programs, but it's essential to have the base knowledge. More education about different programs and stronger referrals are needed. There also needs to be a shift in focus from intervention to prevention.

COMMUNITY RESOURCES

MODERATE READINESS

4
3
2
1

The Local Leadership Group provides great support to home visiting programs, as well as parent leaders. Grants are used to fill some gaps in funding, but resources are stretched thin as costs continue to rise and funding levels stagnate.

NEED & CAPACITY TO EXPAND HOME VISITING

Ingham County has need and capacity to expand evidence-based home visiting. The data and community input shows Ingham County would benefit greatly from program expansion. Current capacity would be limited without financial support, but with additional funding and increased staffing, evidence-based home visiting could fulfill current gaps in services for families.

This process engaged families to participate as partners and leaders by recruiting parents to the LLG. A parent leader orientation was developed for new parents joining the LLG. The annual Parent Panel engages parents with home visitors from all programs. Each LLG meeting has "Parent Voice" on the agenda which provides time for parents to share their perspectives about HV. The HVNA was incorporated into LLG meetings for discussion and input from parents, and portions were emailed for review and input between meetings. Parents' time was supported financially.

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

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