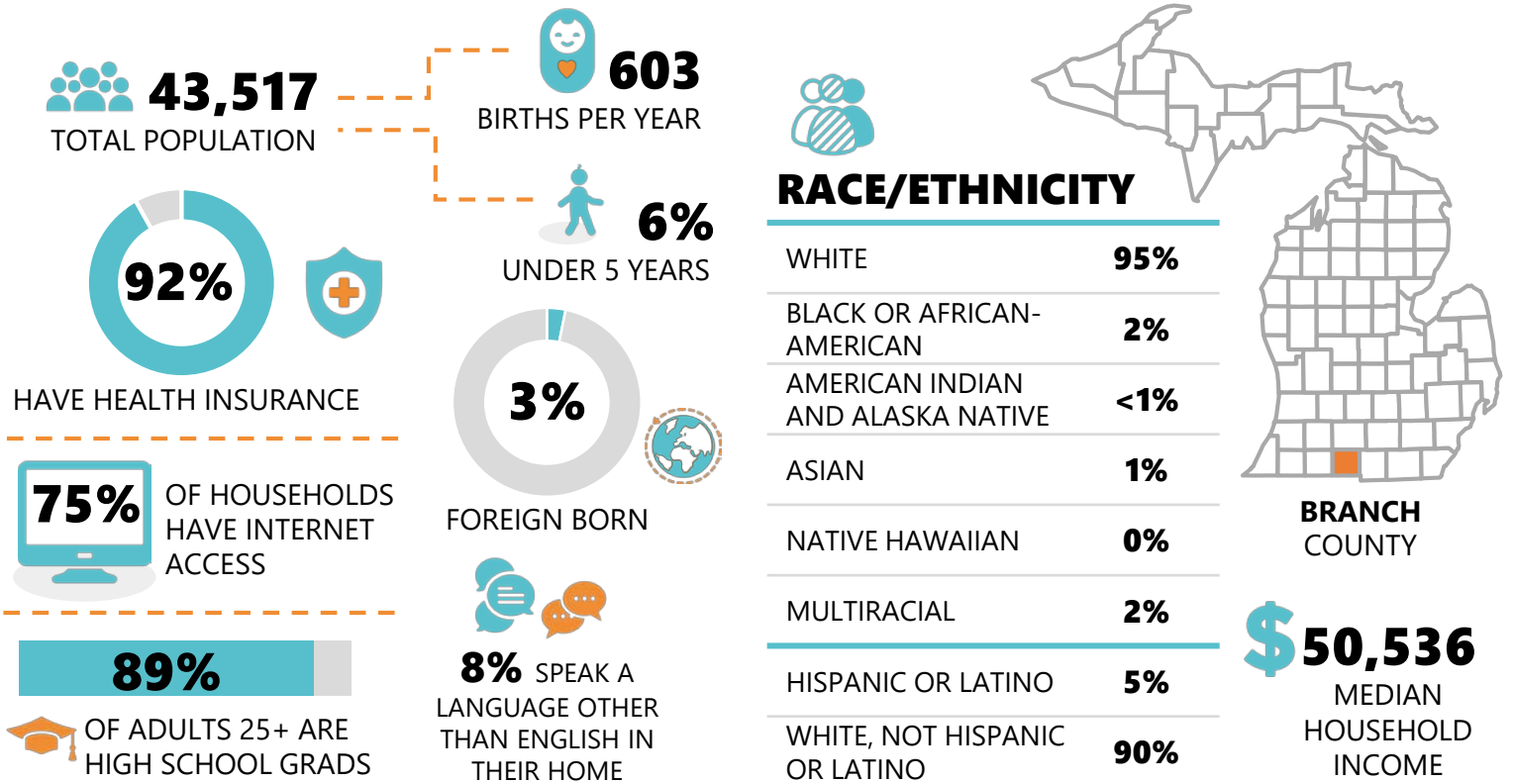


# 2020 HOME VISITING NEEDS ASSESSMENT

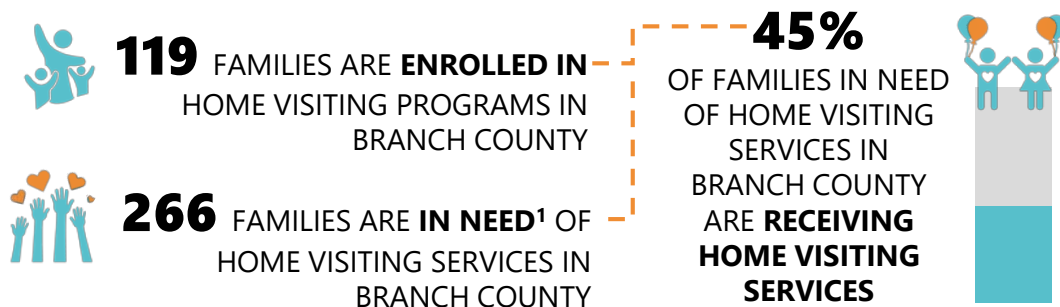
## BRANCH COUNTY



### KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



### EXISTING HOME VISITING PROGRAMS



<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

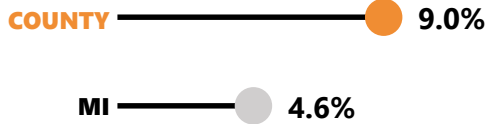
Note: This county did not formally complete a local home visiting needs assessment. This profile was completed based on data gathered through the statewide Home Visiting Needs Assessment and dialogue with home visiting partners in Branch County.

# COMMUNITY CONDITIONS IMPACTING FAMILIES

## HOMELESSNESS AMONG CHILDREN



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

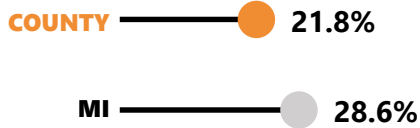


**!** The county rate for homelessness is **higher** than Michigan's rate.

## HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance

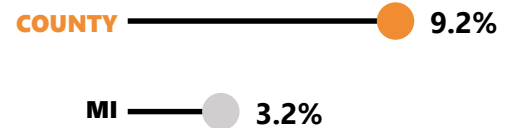


**!** The county rate for receiving public assistance is **lower** than the rate in Michigan.

## 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

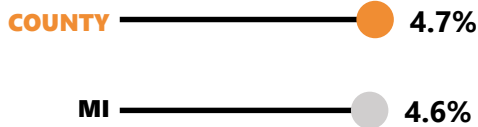


**!** The county rate for no health insurance is **higher** than the rate in Michigan.

## UNEMPLOYMENT



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

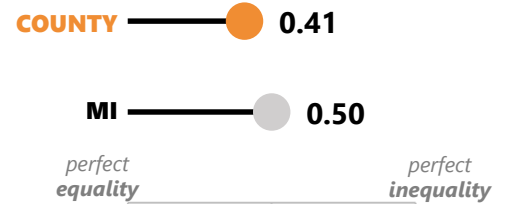


**!** The county rate for unemployment is **higher** than the rate in Michigan.

## INCOME INEQUALITY



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

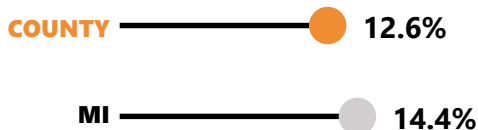


**!** The county measure of income inequality is **lower** than in Michigan.

## 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

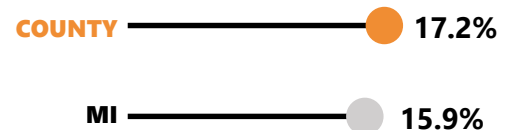


**!** The county rate for children experiencing poverty is **higher** than Michigan's rate.

## CHILDHOOD FOOD INSECURITY



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



**!** The county rate for childhood food insecurity is **higher** than Michigan's rate.

# 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

Early childhood programs gather input from families through one-on-one conversations. Additionally, the community has assessment and planning processes that gather family input. However, families have expressed mistrust in services, and they could be engaged in more robust ways to speak to needs and offer ideas for improvement. Also, some families are less well represented in the data that are gathered, such as Amish families.

## COMMUNITY PURSUIT OF EQUITY

### LIMITED READINESS

4  
3  
2  
1

The community is diverse and includes a large Arab American population. There are groups working to create more connections across cultures, but there is a need to better align services with the diversity of the community. Additionally, the early childhood workforce could be more diverse. There are also political and cultural divisions in the broader community that require time and intentional relationship building to heal.

## COMMUNITY KNOWLEDGE OF HOME VISITING

### MODERATE READINESS

4  
3  
2  
1

Early childhood programs are visible in the community, and home visiting programs are knowledgeable about other early childhood programs. However, knowledge of home visiting in other sectors, such as healthcare, is more limited, and agencies in the community would need more infrastructure support to expand home visiting services.

## COMMUNITY LEADERSHIP

### MODERATE READINESS

4  
3  
2  
1

Community leaders are supportive of early childhood, and many local agencies are knowledgeable and involved, such as the United Way. However, leaders tend to be spread thin across many groups. Additionally, there is opportunity to improve connections with the k-12 education system and the court system.

## COMMUNITY CLIMATE

### MODERATE READINESS

4  
3  
2  
1

The community prioritizes early childhood services. Partners are active in the Great Start Collaborative, they refer families to one another, and engage community leaders. However, there are pockets of the community that are less engaged, and all partners are spread very thin. This makes it difficult to transition to implementation.

## COMMUNITY RESOURCES

### MODERATE READINESS

4  
3  
2  
1

The community has a knowledgeable and capable early childhood workforce and leaders who value early childhood. However, decreases in funding and increases in costs have made it difficult to create sustained investment in home visiting. Funding is needed that supports program infrastructure, not just family slots, because community-based organizations are too overextended to provide the support needed by new or expanded programs.

**Thank you to the community partners who provided this information.**

Data collected by MPHI-CHC. For more information about this assessment, contact MPHI-CHC. 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](https://www.hrsa.gov).