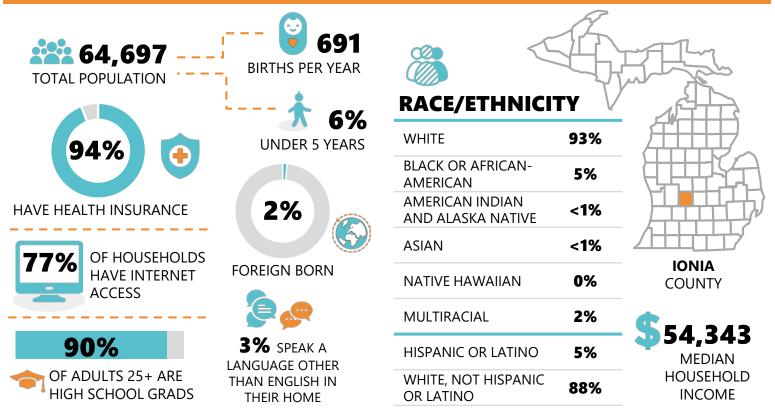
# 2020 HOME VISITING NEEDS ASSESSMENT IONIA COUNTY

# **KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS**



# **OUTCOMES IMPACTED BY HOME VISITING**

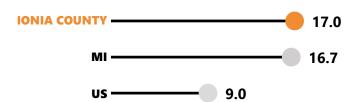
## **COUNTY PRIORITIES**

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



Special education enrollment, high school diploma among adults, and third graders not proficient in reading were all worse than the state averages in Ionia County. This indicates **child development and school readiness** are a priority.

The **child maltreatment** rate in Ionia County is also higher than the state overall. This may be influenced by the higher prevalence of substance abuse and use in Ionia County, as compared to state and national averages.



child maltreatment rate per 1,000 child residents

# **COMMUNITY CONDITIONS IMPACTING FAMILIES**

HOMELESSNESS AMONG CHILDREN	HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE	NO HIGH SCHOOL DIPLOMA	
% of children ages 0-4 who experienced homelessness during the school year	% of households receiving supplemental security income or other public assistance	% of persons 16-19 years of age not enrolled in school with no high school diploma	
COUNTY 2.6%	COUNTY 28.9%	COUNTY 2.7%	
мі — 4.6%	MI 28.6%	MI 3.2%	
The county rate for homelessness is <b>lower</b> than Michigan's rate.	The county rate for receiving public assistance is <b>higher</b> than the rate in Michigan.	The county rate of persons without a high school diploma is <b>lower</b> than Michigan.	
<b>NO HEALTH INSURANCE</b>	UNEMPLOYMENT	INCOME INEQUALITY	
% of persons without health insurance, under age 65 years	% of unemployed persons 16 years of age or older within the civilian labor force	A measurement of how far the wealth or income distribution differs from being equal (Gini Coefficient).	
COUNTY 5.8%	COUNTY	COUNTY 0.40	
MI 6.4%	MI 4.6%	MI 0.50 perfect perfect equality inequality	
The county rate for no health insurance is <b>lower</b> than the rate in Michigan.	The county rate for unemployment is <b>lower</b> than the rate in Michigan.	The county measure of income inequality is <b>lower</b> than in Michigan.	
FAMILIES LIVING IN	CHILDREN	CHILDHOOD FOOD	
POVERTY	EXPERIENCING POVERTY	INSECURITY	
% population living below 100% of the federal poverty level	% of children ages 0-17 who live below the poverty threshold	% of children experiencing food insecurity (lack of access, at times, to enough food)	
COUNTY 11.6%	COUNTY 12.4%	COUNTY	
MI 14.4%	мі ———— 19.3%	мі ———— 15.9%	
The county rate for poverty is <b>lower</b> than the poverty rate in Michigan.	The county rate for children experiencing poverty is <b>lower</b> than Michigan's rate.	The county rate for childhood food insecurity is <b>lower</b> 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. Ionia 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.

2 HOME VISITING PROGRAMS 1 PROGRAM IS IMPLEMENTING AN EVIDENCE-BASED MODEL 0 ARE OPERATING AT OR NEAR CAPACITY FOR MOST OF THE YEAR **D1** FAMILIES ARE **ENROLLED IN**-HOME VISITING PROGRAMS IN IONIA COUNTY

**194** FAMILIES ARE **IN NEED**<sup>1</sup> OF -HOME VISITING SERVICES IN IONIA COUNTY

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OF FAMILIES IN NEED OF HOME VISITING SERVICES IN IONIA COUNTY ARE RECEIVING HOME VISITING SERVICES



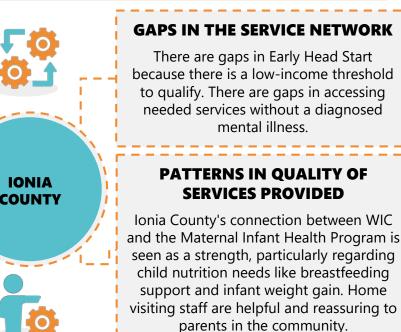
Children under age two are served by both the Maternal Infant Health Program and Infant Mental Health home visiting, while older children are only eligible for Infant Mental health. All geographic areas in Ionia County are served by both MIHP and Infant Mental Health.

## CONNECTED SERVICES

The local health department serves as the hub for connecting services in Ionia County. Well-connected services include WIC, hospitals and obstetricians, Child Protective Services, and Medicaid. Essential partner feedback echoes the well connectedness of WIC and home visiting. Mental health services are well connected to the Maternal Infant Health program.

## **MEETING NEEDS OF CLIENTS**

Ionia County has room for improvement in this area. There is a struggle to get outside referrals. A large number of referrals are self-referrals, with most coming from DHHS. The community is working on this issue, and efforts to increase their Facebook presence is helping to make a difference in reaching families. Programs have difficulty reaching out to Hispanic populations.



## STRENGTHENING THE SERVICE DELIVERY NETWORK

The lack of Maternal Infant Health Program reimbursement for program administration, is an area for improvement. Communication could also be strengthened a) between service providers and the community and b) among service providers themselves. Ionia County needs additional services related to transportation, housing, and basic infant items.

<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**

#### LIMITED READINESS

The Department of Health and Human Services is aware of community need and is the top in the region for referrals. However, gaps in the community exist with childcare centers closing and the limited capacity for preschool programs. Other gaps exist in communication about services that provide care and communication between service groups.

#### **COMMUNITY KNOWLEDGE OF HOME VISITING**

#### LIMITED READINESS

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Community members get information about home visiting programs directly from available programs. Referrals come from the WIC program, but there is a gap in getting outside referrals.

#### **COMMUNITY CLIMATE**

#### LIMITED READINESS

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While having two pediatricians in the county is useful for the availability of tools and resources, there is limited agency funding and a lack of prioritization in this area. The elderly in the community are the top priority, and early childhood classes often get cut first.

### **COMMUNITY PURSUIT OF EQUITY**

#### LIMITED READINESS

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Home visiting programs are reaching out to

- community members who are Hispanic, but these
- efforts have not yet been effective. There is also a gap in reaching homeless families.

#### **COMMUNITY LEADERSHIP**

#### SIGNIFICANT READINESS



There were no reported problems in this area.

### COMMUNITY RESOURCES

#### LIMITED READINESS

Head Start programs provide home visiting
services, but families often don't qualify if they are
above the income eligibility mark. Gaps in services
also exist when there is no mental illness reported.
Funding is limited for reimbursements to run the
programs, and staffing.

## **NEED & CAPACITY TO EXPAND HOME VISITING**

lonia County has need and capacity to expand evidence-based home visiting. The need for expanding home visiting services is present, based on data indicating several outcome areas scoring lower than the state. Essential partners also reported a feeling of being disconnected from birth hospitals, which is a system gap that home visiting expansion could help fill. Feedback from essential partners and home visiting programs suggests that the main barrier to expanding home visiting is financial, not due to lack of capacity at local organizations providing early childhood services.

This process engaged families to participate as partners and leaders by creating virtual spaces for participation to adapt to COVID-19 restrictions. 1-on-1 interviews were conducted with participants from each county's WIC program where health department staff had existing built rapport. Each participating family received a \$50 Meijer or Wal-Mart gift card to offset the time and energy to participate in the assessment.

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

Data collected by Mid-Michigan District Health Department (MMDHD) with assistance from MPHI-CHC. For more information about this assessment, contact MMDHD. 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.