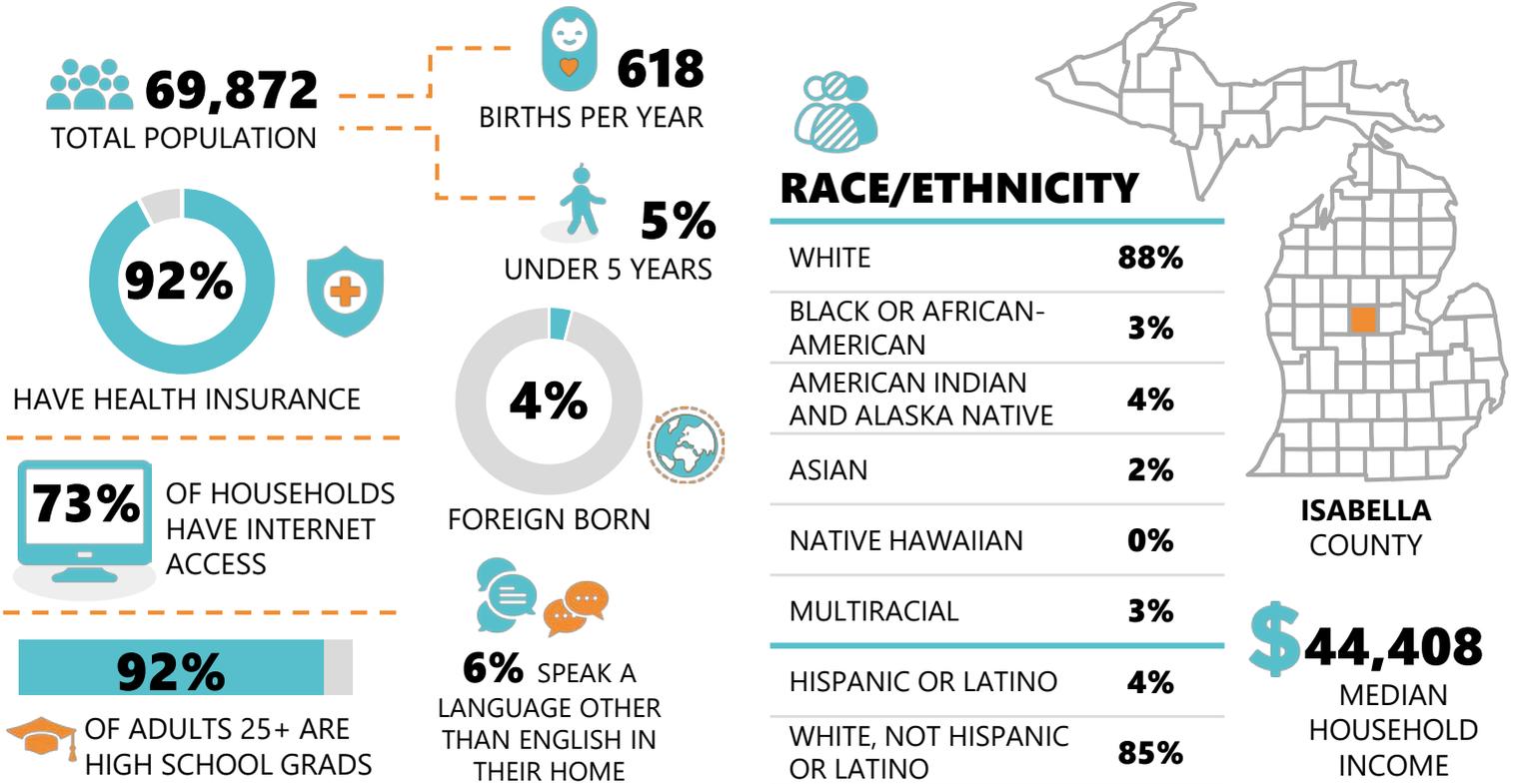


# 2020 HOME VISITING NEEDS ASSESSMENT

## ISABELLA COUNTY



### KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



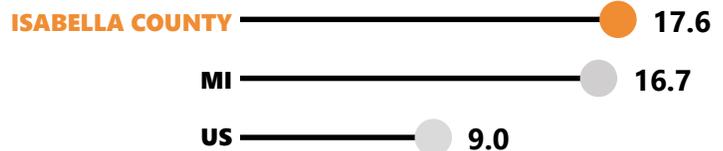
### OUTCOMES IMPACTED BY HOME VISITING

#### 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



The rate of child maltreatment in Isabella County is higher than the Michigan average. The county rate is nearly twice the rate of the US average.



*child maltreatment rate per 1,000 child residents*



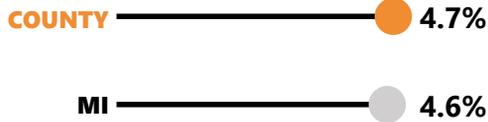
Linking the Saginaw Chippewa Tribe with community resources and working more closely together is an area of interest.

# 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

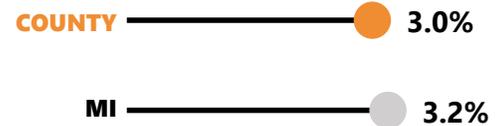


The county rate for receiving public assistance is **lower** than the rate in Michigan.

## 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 **lower** 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

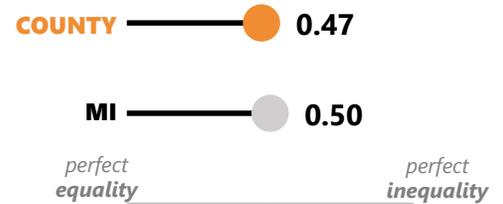


The county rate for unemployment is **the same as** than the rate in Michigan.

## INCOME INEQUALITY



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

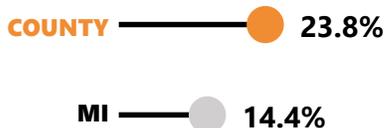


The county measure of income inequality is **lower** than in Michigan.

## FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

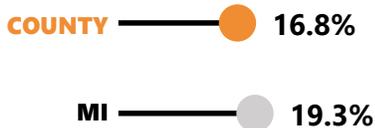


The county rate for poverty is **higher** than the poverty rate in Michigan.

## CHILDREN EXPERIENCING POVERTY



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

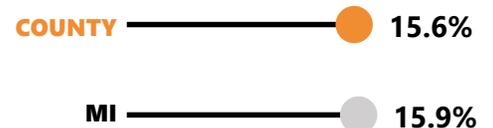


The county rate for children experiencing poverty is **lower** than Michigan's rate.

## CHILDHOOD FOOD INSECURITY



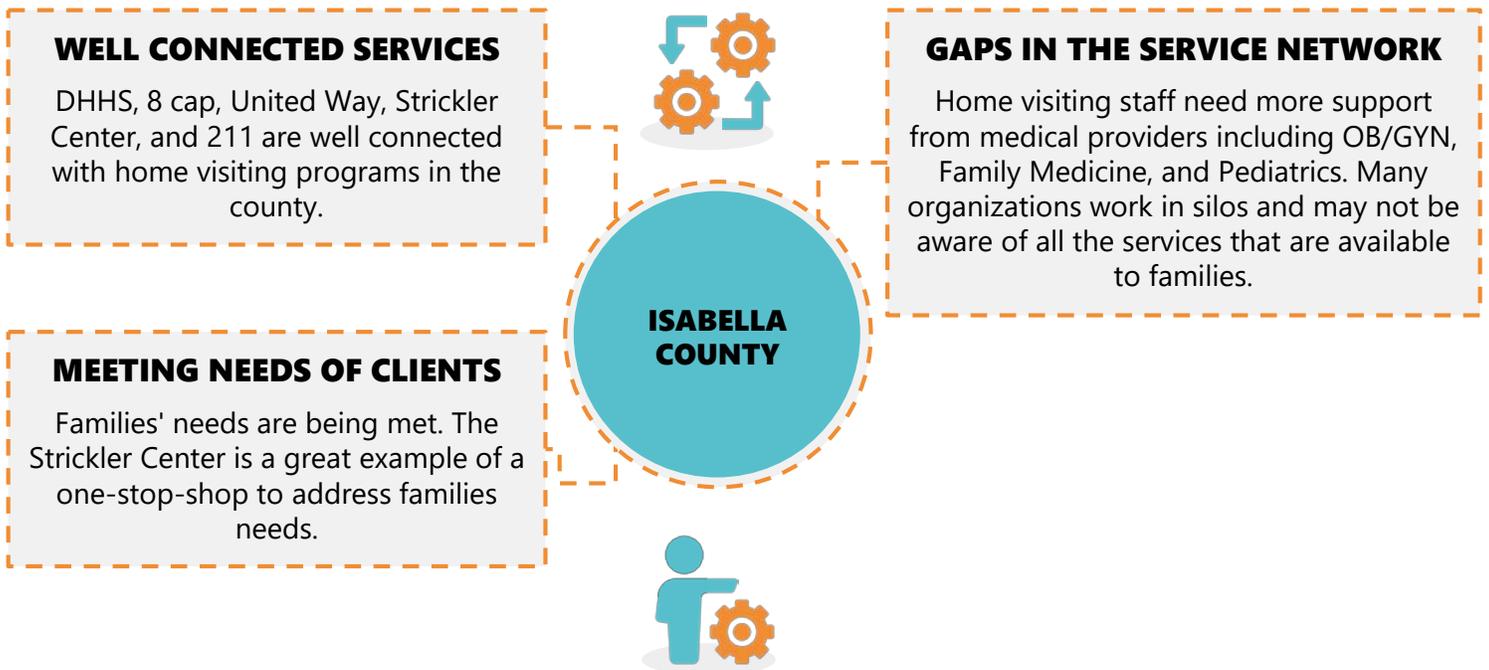
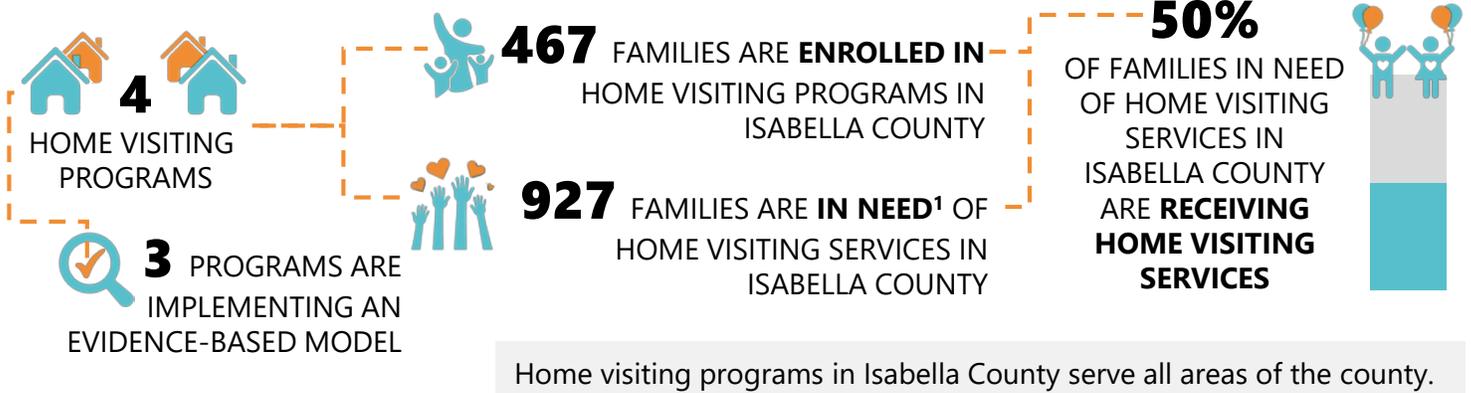
% of children experiencing food insecurity (lack of access, at times, to enough food)



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. Isabella 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

Additional funding is needed to help recruit and enroll eligible families into the home visiting program that best fits their needs and preferences. Funding is also needed to expand the number of home visitors.

<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

### SIGNIFICANT READINESS

4  
3  
2  
1

Some organizations are more aware of family needs. There are a lot of resources within Isabella County and they work well together through collaboratives. Some organizations still work in silos and many organizations are not aware of services available in the county, outside of what their organization offers.

## COMMUNITY PURSUIT OF EQUITY

### SIGNIFICANT READINESS

4  
3  
2  
1

Isabella County does a good job working together to address family needs. Isabella county is a very diverse county with CMU students, the Saginaw Chippewa Tribe, and the Amish populations. Even though staff may live and work in the county, program staff could be more diverse.

## COMMUNITY KNOWLEDGE OF HOME VISITING

### MODERATE READINESS

4  
3  
2  
1

The Maternal Infant Health Program does not have any funds for marketing and it is hard to get the word out about their programs. Luckily, Isabella County has collaboratives that help with networking and sharing. There is a lack of home visiting in Isabella County, and the referral process has room for improvement.

## COMMUNITY LEADERSHIP

### MODERATE READINESS

4  
3  
2  
1

The collaboratives in the county are very strong and have great representation from many sectors including medical, business leaders, social service organizations, judicial, and city commissioners. Even though they get great attendance and representation from many different sectors, they may not be 100% aware of the programs each organization offers.

## COMMUNITY CLIMATE

### MODERATE READINESS

4  
3  
2  
1

The Great Start Collaborative has a great strategic plan that includes many families/parents, and community partners. However, there are a lot of missed opportunities in serving children aged 0-4. Many fall through the cracks due to lack of referrals and being unaware of services.

## COMMUNITY RESOURCES

### MODERATE READINESS

4  
3  
2  
1

Isabella County has many resources and hosts many events throughout the year to increase enrollment in programs. However, many parents and families attending the resource fairs do not think they qualify for services when they do. Medicaid does not cover cost of home visits.

# NEED & CAPACITY TO EXPAND HOME VISITING

Isabella County has need and capacity to expand evidence-based home visiting. Additional funding is needed to hire additional staff to recruit eligible families to enroll in home visiting programs. Additional home visitors are also needed.

This process engaged families to participate as partners and leaders by inviting families to participate with an active role and with active support. The family engagement connections that are already existent within Region 5 were utilized. A survey was administered to agencies to distribute to the clientele they serve who fit the criteria of this needs assessment.

Adjustments were made to data collection to account for geographical separation as well as ongoing COVID-19 restrictions. Incentives were provided to families that participated.

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

Data collected by Region 5 Perinatal Quality Collaborative with assistance from MPHI-CHC. For more information about this assessment, contact Region 5 Perinatal Quality Collaborative. 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).