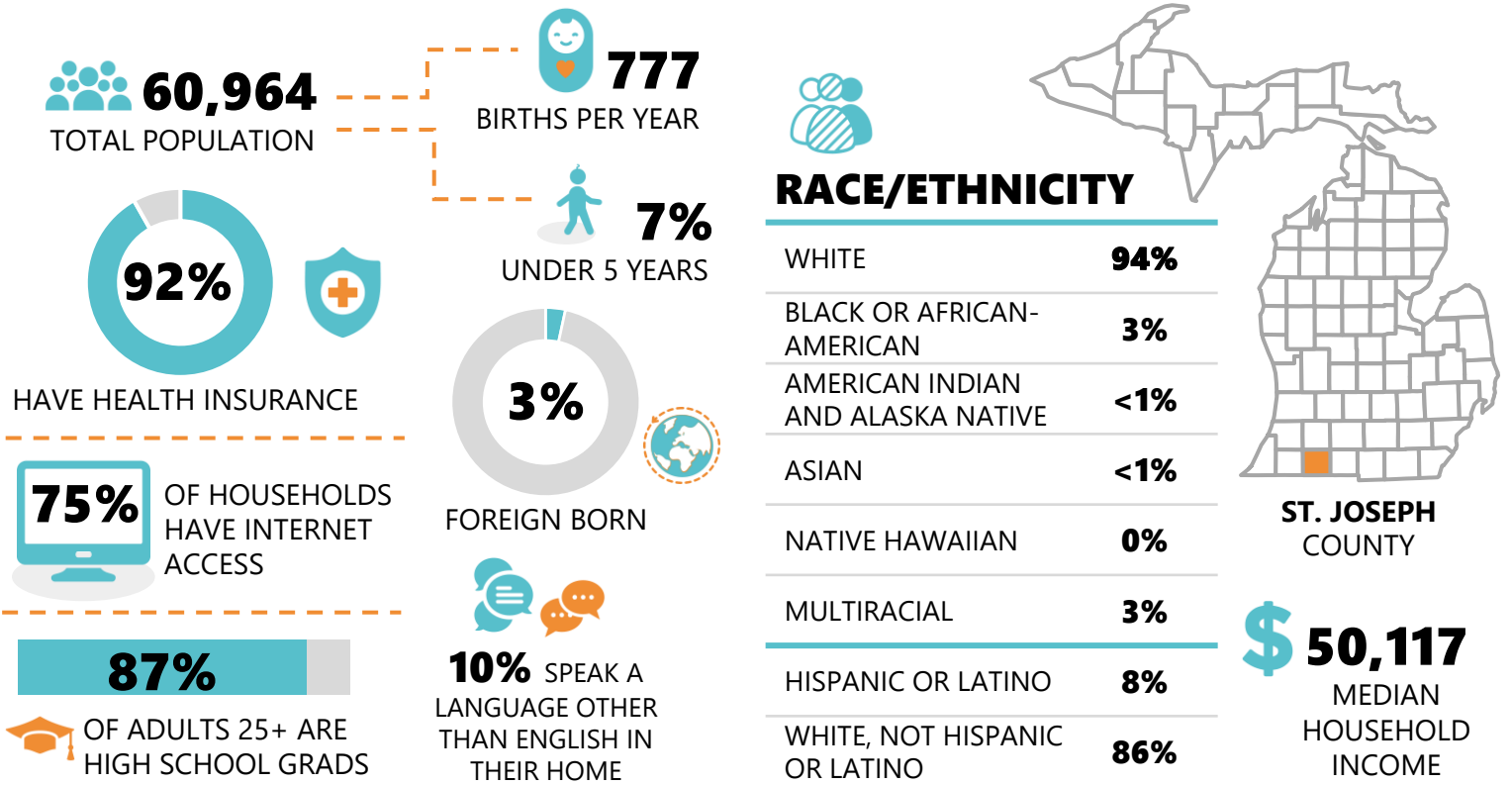


# 2020 HOME VISITING NEEDS ASSESSMENT

## ST. JOSEPH COUNTY



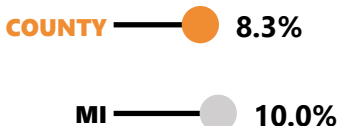
### KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



### OUTCOMES IMPACTED BY HOME VISITING

#### PRETERM DELIVERY

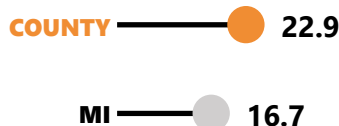
% of live births at less than 37 weeks



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

#### CHILD MALTREATMENT

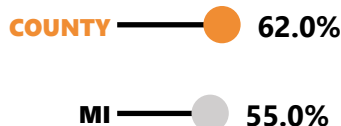
rate of victims ages 1-17 per 1,000 child residents



The county rate for child maltreatment is **higher** than Michigan's rate.

#### 3<sup>RD</sup> GRADE READING

% of students who did not meet standards on the ELA M-STEP



The county rate for 3<sup>rd</sup> grade reading incompetency is **higher** than the state.

#### DOMESTIC VIOLENCE

number of domestic violence victims per 1,000 residents



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

**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 early childhood partners in St. Joseph County.**

# COMMUNITY CONDITIONS IMPACTING FAMILIES

## HOMELESSNESS AMONG CHILDREN



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

COUNTY 5.7%

MI 4.6%

! 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

COUNTY 41.7%

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 7.4%

MI 3.2%

! 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

COUNTY 8.2%

MI 6.4%

! 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

COUNTY 4.3%

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 0.42

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 13.0%

MI 14.4%

! 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

COUNTY 17.9%

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 16.2%

MI 15.9%

! 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



The Great Start Collaborative gathers input about family needs from multiple sources, such as Early Head Start and playgroups, and uses that input to update their plans. Parent liaisons are an especially important resource for connecting with families in the Latinx community. The community has processes in place to collaborate to address urgent needs that come up for specific families, including a provider list and Google group. However, it has been difficult to engage leaders from healthcare to provide information about family needs and resources.

## COMMUNITY PURSUIT OF EQUITY

### LIMITED READINESS



The Great Start Collaborative uses data to explore disparities related to health, and the community has started to focus more explicitly on equity. Early childhood programs have also been working on recruiting more diverse staff. However, the network of programs and providers has more work to do to identify and address policies and practices that hinder progress toward equitable service delivery.

## COMMUNITY KNOWLEDGE OF HOME VISITING

### LIMITED READINESS



Families are very aware of early childhood services in the community, and the early childhood system is well connected. Although the community has lost much of its home visiting due to funding loss, partners and families with older children remember the benefits of home visiting programs. It used to be a key strategy for connecting families with the broader network of services in the community. Over time, knowledge of home visiting has declined, especially among families with young children.

## COMMUNITY LEADERSHIP

### SIGNIFICANT READINESS



Public health and early childhood leadership are in support of home visiting, and, if funding were available, community leaders would support home visiting programs. However, the lack of home visiting in the county limits it as a discussion topic, which makes it difficult to generate sustained enthusiasm for home visiting among leaders.

## COMMUNITY CLIMATE

### SIGNIFICANT READINESS



Early childhood partners work together well and have created a climate that supports collaboration. However, the community has lost funding for home visiting, as well as other prevention strategies focused on early childhood. For example, parenting programs are most available to families who have had contact with Child Protective Services or the courts. The community would benefit from more widely available prevention programs but struggles to access funding.

## COMMUNITY RESOURCES

### LIMITED READINESS



The community is willing to support home visiting and understands how it could be targeted to meet family needs. Additionally, there are funders in the community that might be able to provide limited support. However, administrative infrastructure is stretched too thin, and, in addition to funding home visitors, the community needs sustainable funding to support administrative infrastructure.

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

*Data collected by MPH-CHC. For more information about this assessment, contact MPH-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).*