

2020 HOME VISITING NEEDS ASSESSMENT

BARRY COUNTY



KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



61,550

TOTAL POPULATION



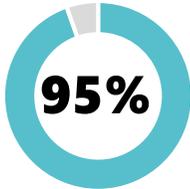
689

BIRTHS PER YEAR



6%

UNDER 5 YEARS



95%

HAVE HEALTH INSURANCE



78%

OF HOUSEHOLDS
HAVE INTERNET
ACCESS

93%



OF ADULTS 25+ ARE
HIGH SCHOOL GRADS



2%

FOREIGN BORN

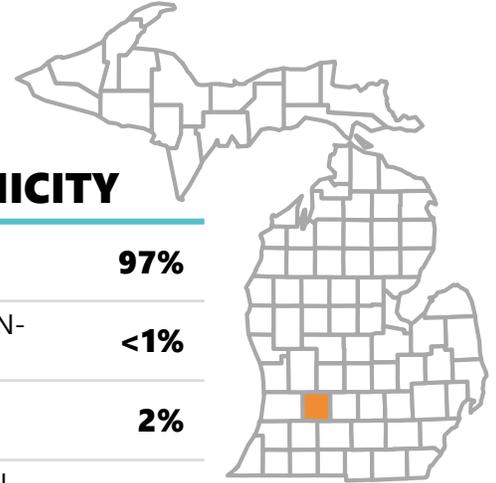


2% SPEAK A
LANGUAGE OTHER
THAN ENGLISH IN
THEIR HOME



RACE/ETHNICITY

WHITE	97%
BLACK OR AFRICAN-AMERICAN	<1%
MULTIRACIAL	2%
AMERICAN INDIAN AND ALASKA NATIVE	<1%
ASIAN	<1%
HISPANIC OR LATINO	3%
WHITE, NOT HISPANIC OR LATINO	94%



**BARRY
COUNTY**

\$ 61,016
MEDIAN
HOUSEHOLD
INCOME

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



2 OF THE 4 INDICATORS in the School Readiness & Achievement domain have higher than average percentages in Barry County than for the state.

5%

of K-12 children receive special education services.

55%

of third graders are not proficient in reading.

Expanding current Home Visiting programs with a focus on educational outcomes would be the most effective strategy for addressing the outcomes of concern.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

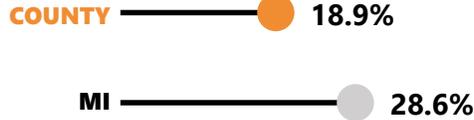


The county rate for homelessness is **higher** than Michigan's rate.

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

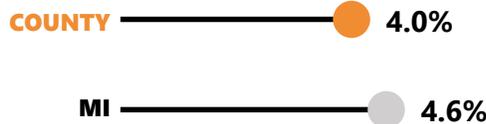


The county rate for no health insurance is **lower** than the rate in Michigan.

UNEMPLOYMENT



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

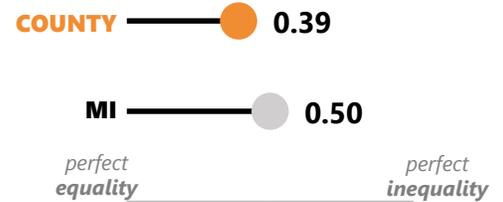


The county rate for unemployment is **lower** than the rate in Michigan.

INCOME INEQUALITY



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

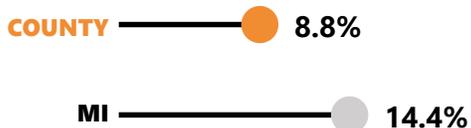


The county measure of income inequality is **lower** than in Michigan.

FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

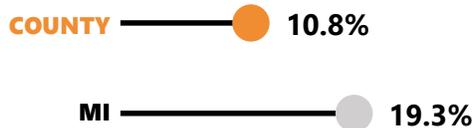


The county rate for poverty is **lower** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



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

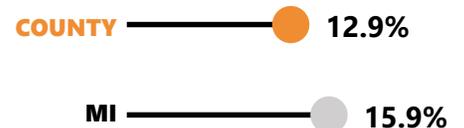


The county rate for children experiencing poverty is **lower** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



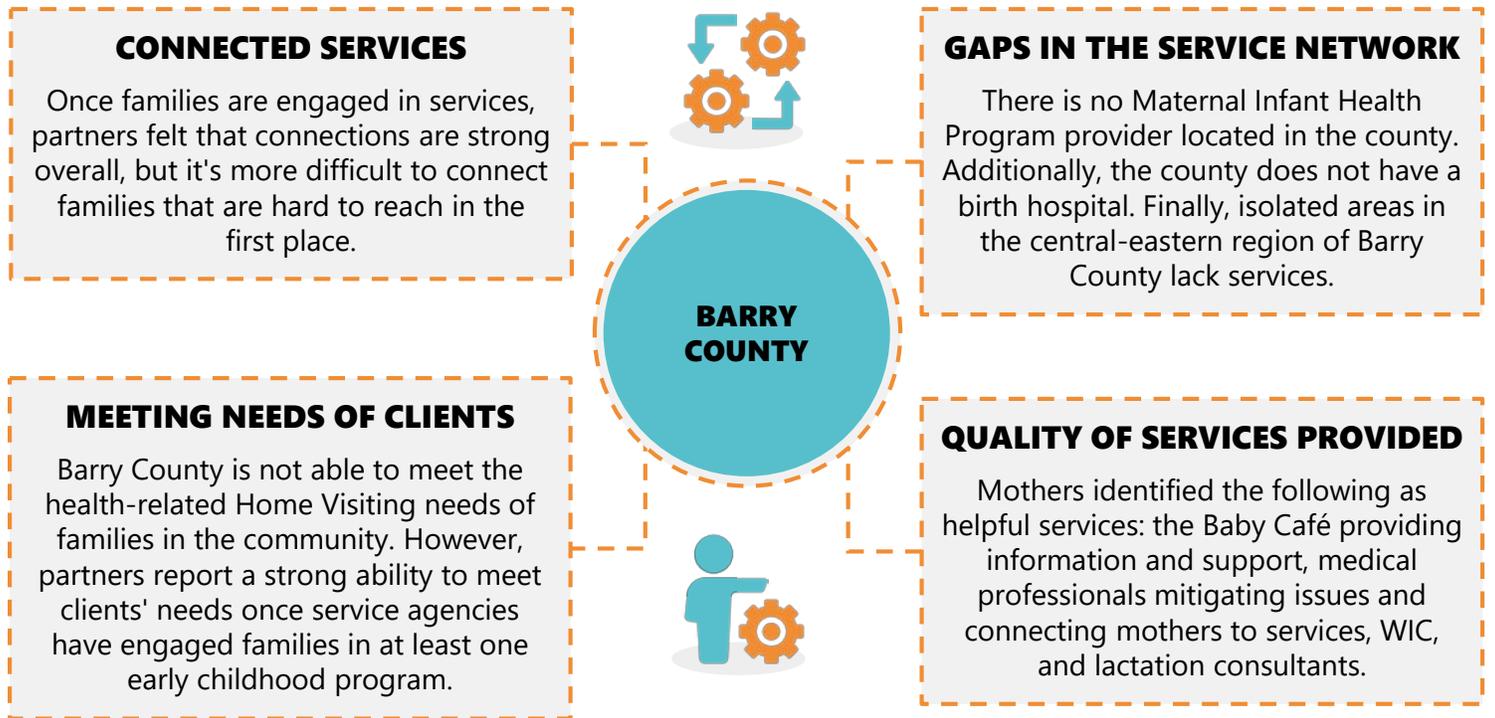
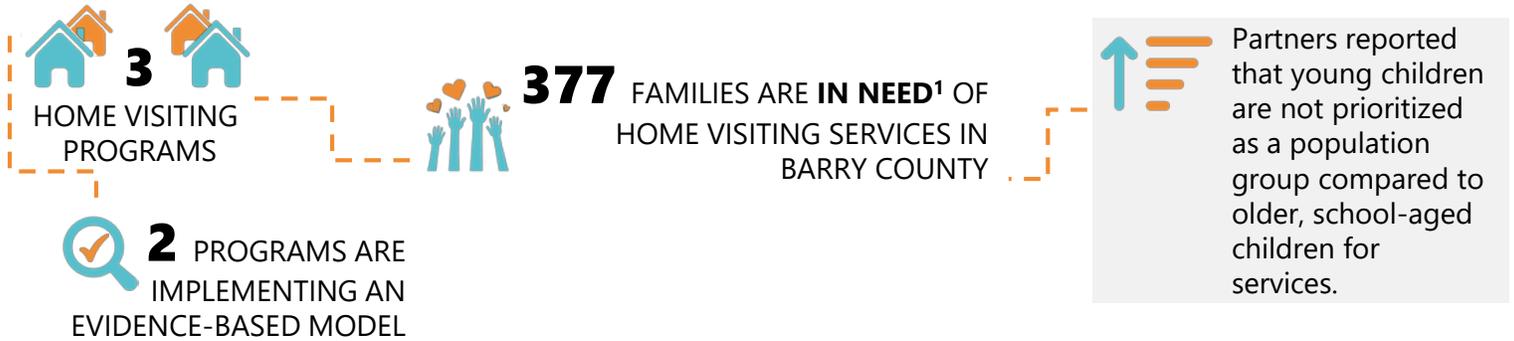
% of children experiencing food insecurity (lack of access, at times, to enough food)



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. Barry 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



The service delivery network could be strengthened by expanding home visiting, including health-focused home visiting, in Barry County.

It is also important to improve outreach to bring people in that are not currently taking advantage of available services.

¹Number 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 areas for improvement. 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
Providers understand the needs of families they serve, but they know less about the needs of families who are hard-to-reach.

COMMUNITY PURSUIT OF EQUITY

SIGNIFICANT READINESS

4
3
2
1
Program staff respect that families will accept services they value, and they work to build trust with families. Young children do not receive the same level of attention as older school aged children.

COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS

4
3
2
1
Those that do know about programs are engaged. However, the community does not have a method to spread information about home visiting. Also, home visiting programs have limited funding and often have a waiting list.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

4
3
2
1
Community leadership is reasonably good with the community health needs assessment and behavioral health areas. However, leaders can always find more opportunities to work together.

COMMUNITY CLIMATE

SIGNIFICANT READINESS

4
3
2
1
The community is good at prioritizing; however, funding is a challenge. People who need services are not getting them.

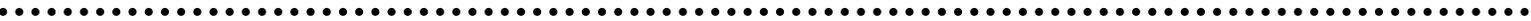
COMMUNITY RESOURCES

SIGNIFICANT READINESS

4
3
2
1
Relationships between partners take time and investment, and partners work well together. However, options are limited by funding.

NEED & CAPACITY TO EXPAND HOME VISITING

Barry County has need and capacity to expand evidence-based home visiting. Programs that impact school readiness and achievement have a need for expansion in Barry County, such as the Parents As Teachers program in the community. Existing programs are limited by funding, which is evident by the families on waitlists. Based on these findings there is a need to expand education-focused home visiting programming and there is ability to build on existing infrastructure.



This process engaged with parents as leaders through virtual means due to the COVID-19 pandemic. The county conducted one-on-one interviews and solicited participants from each county's WIC program. Participants had built rapport with the health department staff. 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 Mid-Michigan District Health Department (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.