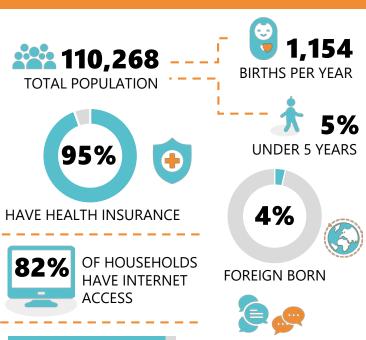
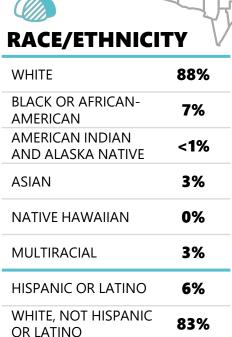
2020 HOME VISITING NEEDS ASSESSMENT

EATON COUNTY

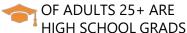


KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS









7% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THFIR HOME

OUTCOMES IMPACTED BY HOME VISITING

COUNTY PRIORITIES

- ☐ MATERNAL HEALTH
- ☐ CHILD HEALTH
- ☐ CHILD DEVELOPMENT & **SCHOOL READINESS**
- □ POSITIVE PARENTING **PRACTICES**



- ☐ FAMILY ECONOMIC SELF-SUFFICIENCY
- ☐ LINKAGES AND REFERRALS
- ☐ JUVENILE DELINQUENCY, FAMILY VIOLENCE, AND **CRIME**

The child maltreatment rate in **Eaton County is higher than the** state and national average. This may be influenced by the higher prevalence of all substance abuse and use indicators in Eaton County, as compared to state and national averages: binge drinking, marijuana use, non-medical painkiller use, and illicit drug use.

EATON 27.3%

24.7%

% binge alcohol use

PRESCRIPTION PAINKILLER USE

BINGE DRINKING

EATON - 4.7%

% nonmedical use of pain relievers

CHILD MALTREATMENT

EATON COUNTY —

21.8

16.7

child maltreatment rate per 1,000 child residents

MARIJUANA USE

EATON -

- 10.7%

MI — 10.4%

% marijuana use

ILLICIT DRUG USE

EATON - 3.8%

MI . 3.3%

% illicit drug use

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

4.2% **COUNTY** -4.6%

The county rate for homelessness is lower than Michigan's rate.

HOUSEHOLDS RECEIVING **PUBLIC ASSISTANCE**



% of households receiving supplemental security income or other public assistance

28.6%

23.7%

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

3.5% **COUNTY** -

> 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 vears

5.5% COUNTY -

6.4%



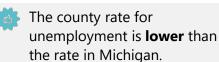
The county rate for no health insurance is **lower** than the rate in Michigan.

UNEMPLOYMENT



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

4.2% COUNTY MI 4.6%



INCOME INEQUALITY



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

0.40 COUNTY -

> MI -0.50

perfect perfect equality 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

8.7% COUNTY -

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

19.3%

12.2% COUNTY -

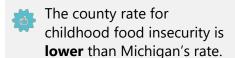
> The county rate for children experiencing poverty is lower than Michigan's rate.

CHILDHOOD FOOD INSECURITY



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

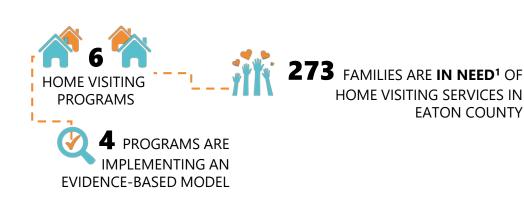
13.9% COUNTY 15.9%





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. Eaton 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.



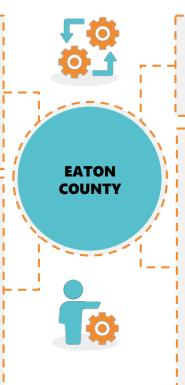
Children under five are all served to some degree.
All home visiting programs provide services throughout Eaton County; no geographic disparities in service were identified in this assessment.

CONNECTED SERVICES

Relationships with other organizations are the most critical part of serving families in Eaton County. Specifically, home visitors are well connected with WIC, area OB/GYN and pediatrics offices, birth hospitals, and DHHS.

MEETING NEEDS OF CLIENTS

WIC is a central figure in providing referrals to other early childhood programs; over one-third of all children under five in Eaton County were served by WIC. Essential partners adapted to providing online and phone-based services due to COVID-19 restrictions, even despite internet connectivity issues in rural parts of the county.



GAPS IN THE SERVICE NETWORK

There are gaps in services for children three to five years old and in mental health services.

QUALITY OF SERVICES PROVIDED

There is considerable community investment in early childhood programs in Eaton County. Countywide juvenile delinquency diversion millage provides funding to support early childhood prevention programs. Administratively, each organization is trying to link mental health outcomes to health indicators and services, in order to strengthen the quality of services overall. Further, the local health department and community mental health agency have provided leadership in the community's pursuit of equity.

STRENGTHENING THE SERVICE DELIVERY NETWORK

Home visiting programs for children too old for the Maternal Infant Health Program and mental health services for those who aren't eligible for Community Mental Health are areas that need strengthening.

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 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 community has an excellent Great Start Collaborative and WIC program. Program staff make sure eligible individuals sign up; however, people are not signing up as much as they used to despite the increased availability of remote services. Millage funds help with services, but it is hard to track referrals for most home visiting programs.

COMMUNITY KNOWLEDGE OF HOME VISITING

SIGNIFICANT READINESS



Community members find home visiting services through service providers and referrals from Medicaid health plans. Although COVID has allowed incentives for virtual home visits, funding has still limited programs overall. Families and home visitors are safely following COVID prevention procedures, but intake procedures for services are not as easy to access.

COMMUNITY CLIMATE

SIGNIFICANT READINESS





Programs are making health treatment plans a priority, while also linking mental health outcomes to health indicators and specific services. The county is also working to expand Early Head Start, but there has not been enough financial support to prioritize the early childhood population.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS



Programs have released anti-racial statements for their agencies, but not all community members have access to internet to view the statements. There are programs in place to help the needs of rural vs. urban areas, but it is not available in some areas of the county.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS



Leadership is very strong, providing quick answers and services to the people. The needs of the programs are prioritized. While the millage funding is beneficial for every program, there is limited control for home visiting programs since the community votes on major funding decisions. Health Department funding has also decreased over the years.

COMMUNITY RESOURCES

MODERATE READINESS



Programs continuously search for grant funding to expand services, but Eaton county faces challenges with the high cost of delivering services to rural areas, and challenges with costs related to programs billing Medicaid. There is also an immediate need for internet in the county.

NEED & CAPACITY TO EXPAND HOME VISITING

Eaton County has need and capacity to expand evidence-based home visiting. Need is especially high in the areas of child injuries and maltreatment, and substance use and abuse. The Early Head Start provider for Ingham and Shiawassee Counties already plans to expand services into Eaton County as soon as additional funding is identified. This capacity is bolstered by existing relationships with childcare providers in the county.

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.