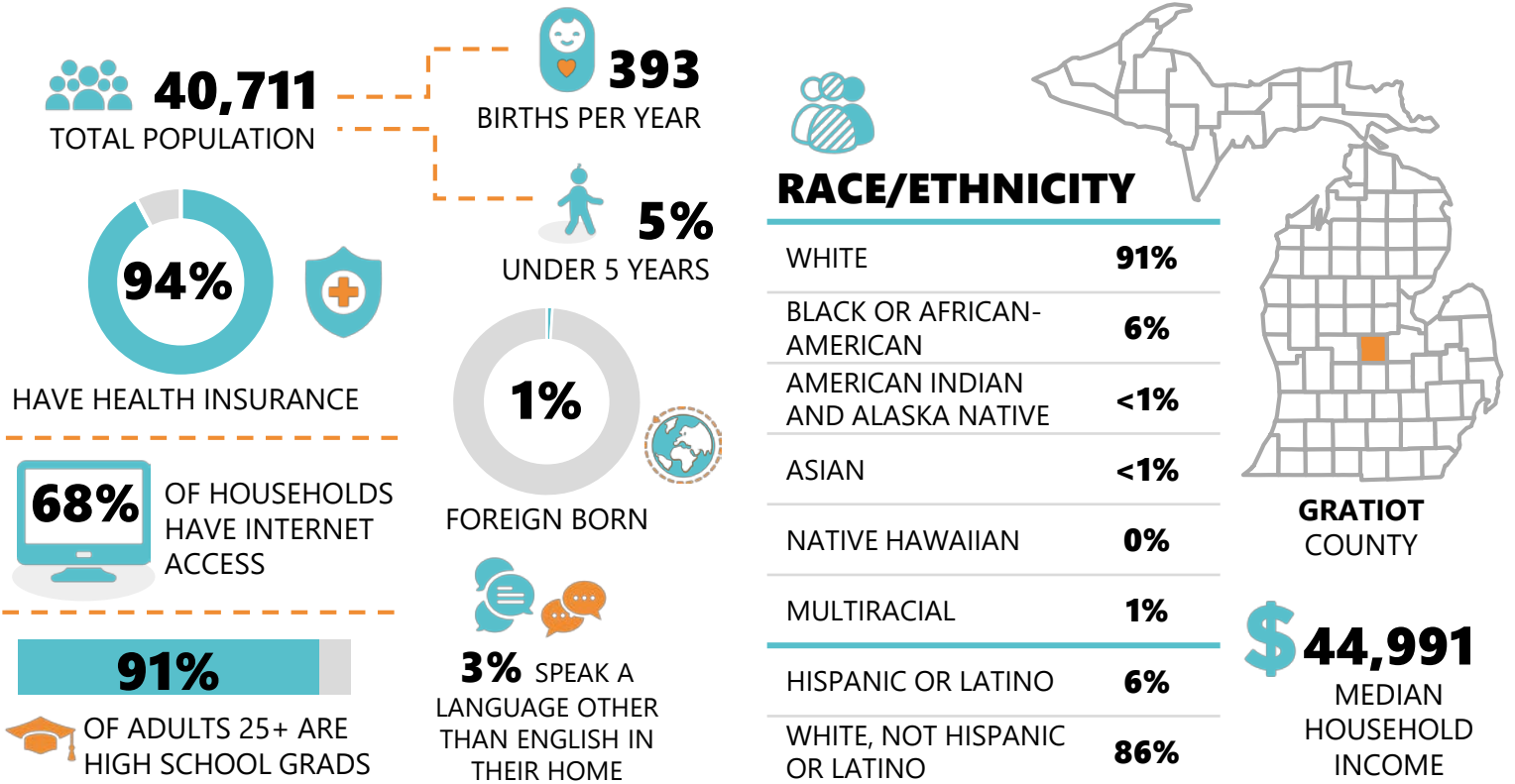


2020 HOME VISITING NEEDS ASSESSMENT

GRATIOT COUNTY



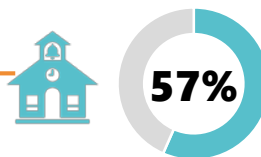
KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



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



57% of third graders are **not proficient in reading**. This is higher than the state average.



3 out of 5

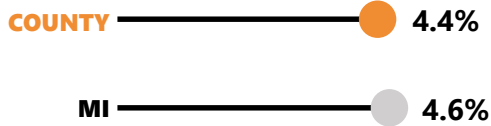
high schools in Gratiot County have Average Standard Scores below the 50th percentile for Michigan.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

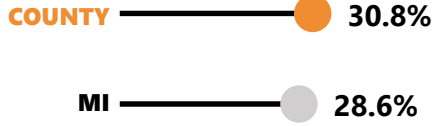


The county rate for homelessness is **lower** than Michigan's rate.

HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance



The county rate for receiving public assistance is **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



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 **lower** than the rate in Michigan.

UNEMPLOYMENT



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

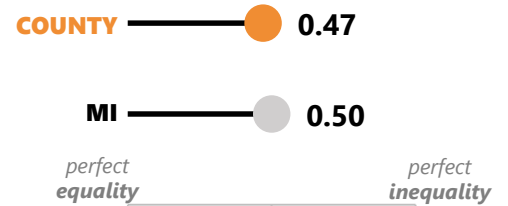


The county rate for unemployment is **higher** than the rate in Michigan.

INCOME INEQUALITY



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

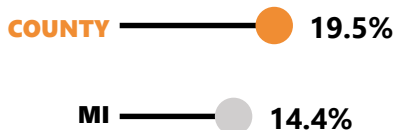


The county measure of income inequality is **lower** than in Michigan.

FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

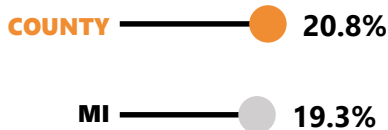


The county rate for poverty is **higher** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



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

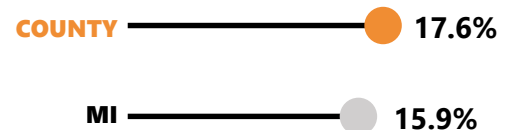


The county rate for children experiencing poverty is **higher** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



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



The county rate for childhood food insecurity is **higher** 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. Gratiot 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.

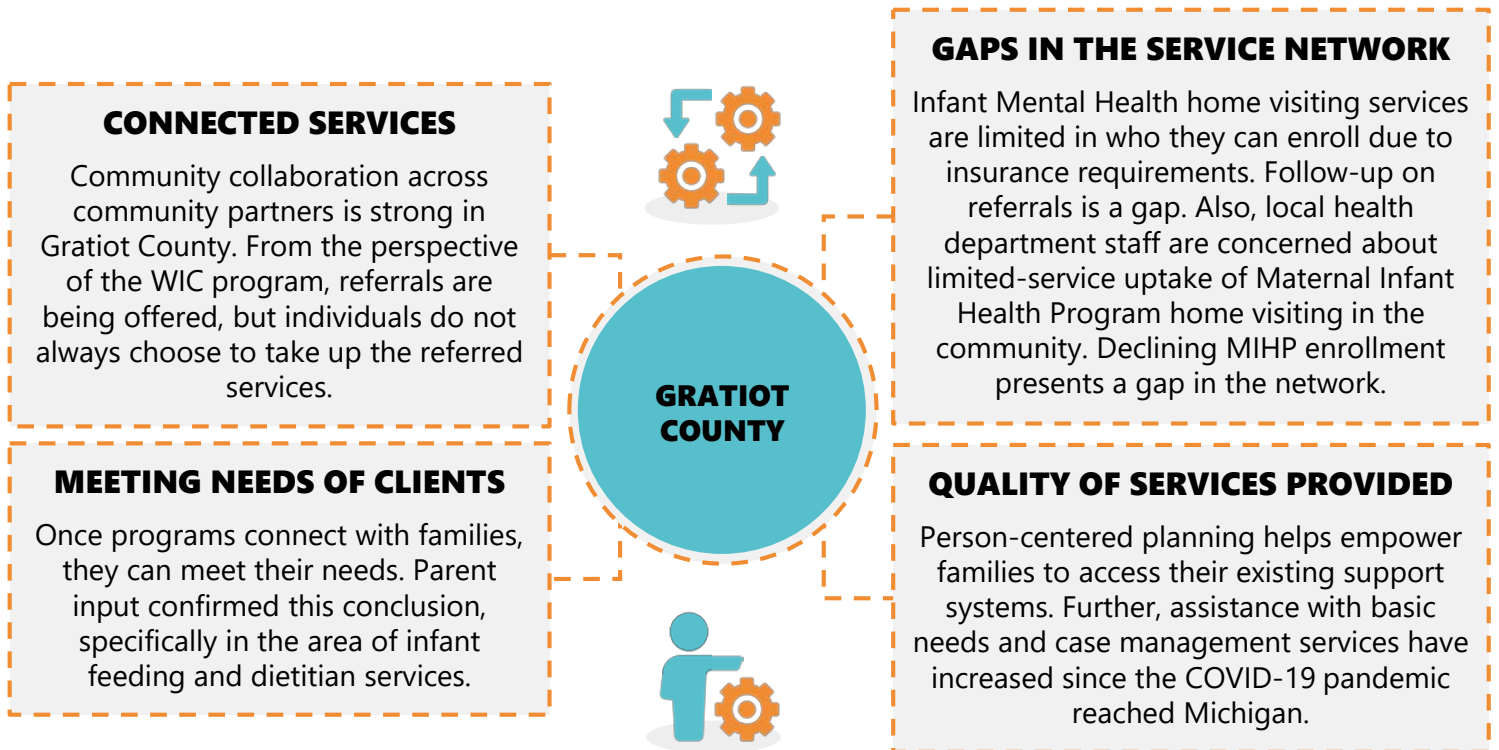


535 FAMILIES ARE **IN NEED**¹ OF
HOME VISITING SERVICES IN
GRATIOT COUNTY



1 PROGRAM IS
IMPLEMENTING AN
EVIDENCE-BASED MODEL

With the exception of the mental health services provided through Infant Mental Health, the Gratiot County is not well-served by home visiting programs.



STRENGTHENING THE SERVICE DELIVERY NETWORK

Telehealth needs to be strengthened. There is a need for better internet connectivity in Gratiot County. Fully one-third of households do not have access to broadband internet. The biggest concern of partners is the limited uptake of health-related home visiting services through the Maternal Infant Health Program. Advertising and referral follow up were both mentioned as activities that need to be strengthened in this area.

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

Community partners collaborate well and work together to identify family needs. However, providers could gain more awareness of all the programs that are offered within the community as both services and family needs change over time.



COMMUNITY PURSUIT OF EQUITY

LIMITED READINESS

Early childhood programs understand the difference between true change and helping families navigate a reality that is unfair. However, the values within this rural community make it challenging to make the fundamental structural changes needed to achieve equity.



COMMUNITY KNOWLEDGE OF HOME VISITING

LIMITED READINESS

Partners such as WIC are making referrals to home visiting, but there are gaps in referral follow up. Also, home visiting could be better advertised with greater clarity about the populations served by each program.



COMMUNITY LEADERSHIP

LIMITED READINESS

Community leaders understand the importance of early childhood and help make it a priority. However, leaders are limited by the resources available.



COMMUNITY CLIMATE

SIGNIFICANT READINESS

Families who qualify receive the services that they're eligible to receive. However, state funding and program eligibility limit which families receive services.



COMMUNITY RESOURCES

LIMITED READINESS

Early childhood programs make a big difference for the families that they reach, and home visiting should be more widely available. However, flat and shallow funding is unsustainable as both family needs and the costs of running home visiting programs grow.



NEED & CAPACITY TO EXPAND HOME VISITING

Gratiot County has need and capacity to expand evidence-based home visiting. The declining trend in MIHP screened mothers and infants, coupled with the feedback from partners, indicates that there is a need to expand evidence-based home visiting in Gratiot County. Capacity has been reduced since the local health department discontinued MIHP services; however, feedback from essential partners shows that overall leadership is strong, and it is the lack of financial resources that limits capacity in the community.

This process engaged families to participate as partners and leaders virtually through 1-on-1 interviews. Mid-Michigan District Health Department solicited participants from each county's WIC program. Each participating family received a \$50 Meijer or Walmart 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.