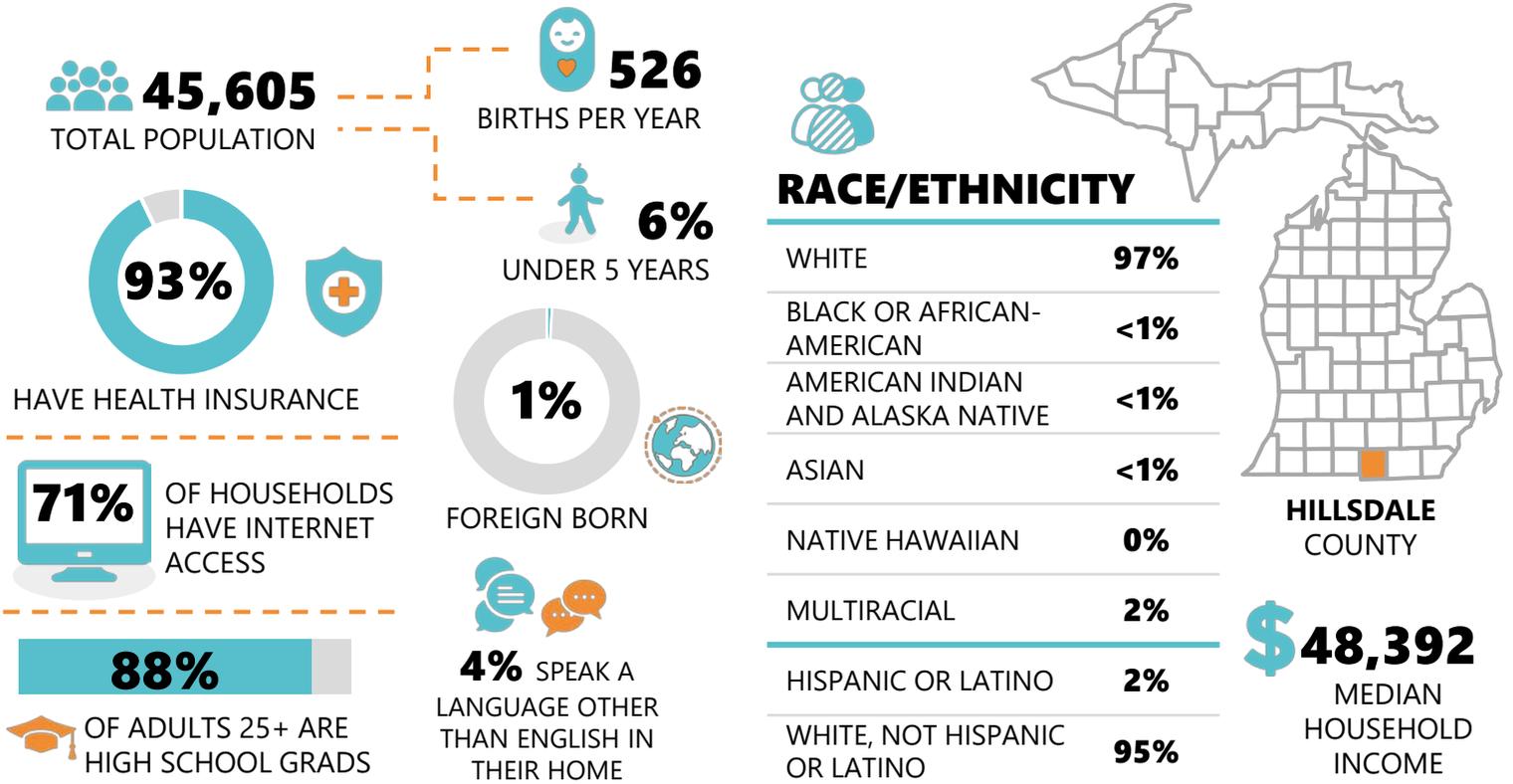


2020 HOME VISITING NEEDS ASSESSMENT

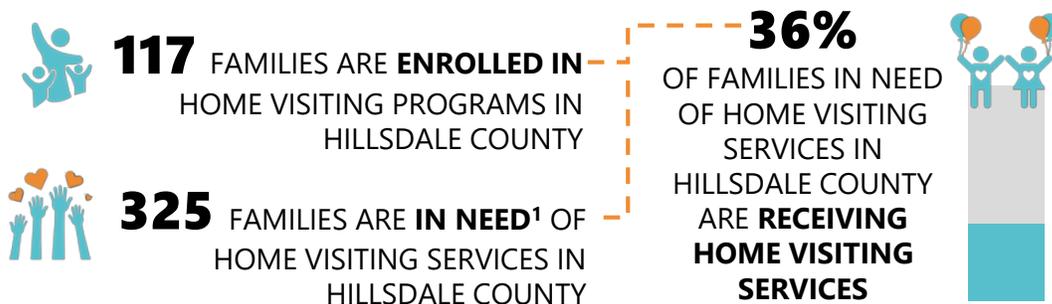
HILLSDALE COUNTY



KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



EXISTING HOME VISITING PROGRAMS



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

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 the Hillside County Great Start Collaborative.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

COUNTY 7.5%

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 24.6%

MI 28.6%

! 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

COUNTY 5.7%

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 7.1%

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 5.0%

MI 4.6%

! 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).

COUNTY 0.44

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 14.0%

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 20.0%

MI 19.3%

! 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)

COUNTY 17.4%

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

LIMITED READINESS

4
3
2
1

The Great Start Collaborative gathers information about family needs from its members, as well as through data sources like Kids County. Additionally, specific programs gather information from the families they serve about their needs. However, programs do not always share what they know about family needs broadly, and the Great Start Collaborative could improve parent participation.

COMMUNITY PURSUIT OF EQUITY

LIMITED READINESS

4
3
2
1

Agencies throughout the community are working more intentionally to identify and address disparities, and to identify the root causes of those disparities. However, the county could do more to hire staff who represent the diversity of the service population, and the community has room to grow in embracing diversity.

COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS

4
3
2
1

Home visiting as a service delivery model is well known to the early childhood system in the county. Additionally, partners value home visiting because they know that these programs are held to high standards of quality and are impactful for the families they serve. However, the Maternal Infant Health Program is not well known in the county and is serving fewer families than could benefit from this model. Also, the county is feeling the loss of a home visiting program that closed due to funding challenges.

COMMUNITY LEADERSHIP

LIMITED READINESS

4
3
2
1

The community benefits from a strong Great Start Collaborative, which keeps partners organized and on track to define and meet their goals. However, the community could benefit from more engagement of healthcare partners and local governmental officials in efforts to expand home visiting and other early childhood programs.

COMMUNITY CLIMATE

LIMITED READINESS

4
3
2
1

The community prioritizes children and families and has a history of multiple sectors investing in home visiting programs. Additionally, early childhood partners work well together, both to build a stronger system and to meet the needs of families across programs. However, hospital and k-12 partners are more challenging to engage in early childhood groups, and funding for home visiting has declined across all sectors.

COMMUNITY RESOURCES

LIMITED READINESS

4
3
2
1

The community has been actively exploring options for increasing funding for home visiting and has been successful in the past at raising funds for home visiting programs. However, most single funding sources are insufficient to set up and sustain an evidence-based home visiting program, or they have requirements that make them a poor fit, such as requiring a match.

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

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