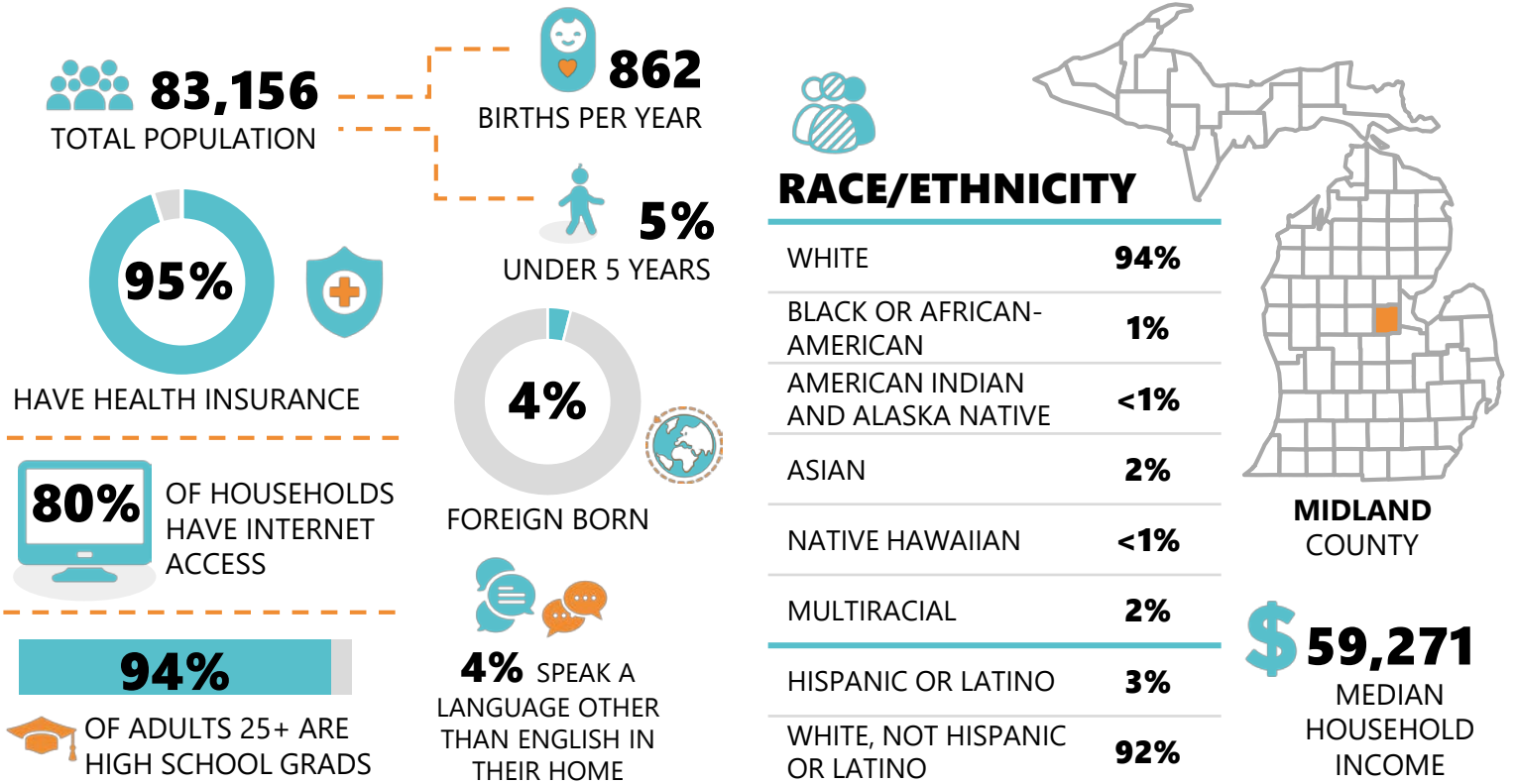


2020 HOME VISITING NEEDS ASSESSMENT

MIDLAND 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



Midland County lacks daycares and preschools. This gap creates concern for child development and school readiness. If parents cannot find childcare, it can impact their ability to remain employed, impacting family economic self-sufficiency.



Midland County is home to several resources and services. However, these organizations struggle with engaging families in the rural communities.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

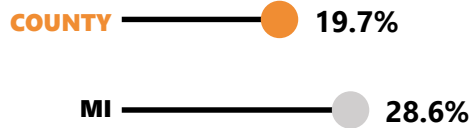


The county rate for homelessness is **lower** than Michigan's rate.

HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance



The county rate for receiving public assistance is **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 **lower** than Michigan.

NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years

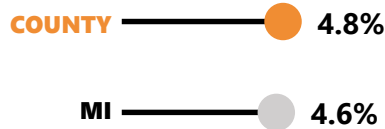


The county rate for no health insurance is **lower** than the rate in Michigan.

UNEMPLOYMENT



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

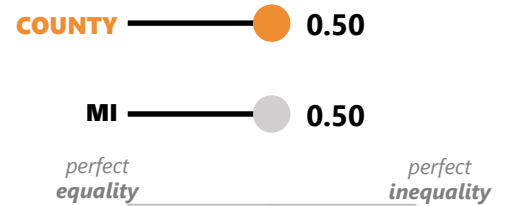


The county rate for unemployment is **higher** than the rate in Michigan.

INCOME INEQUALITY



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

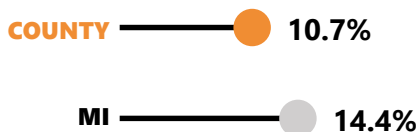


The county measure of income inequality is **the same as** in Michigan.

FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

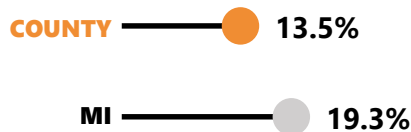


The county rate for poverty is **lower** than the poverty rate in Michigan.

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



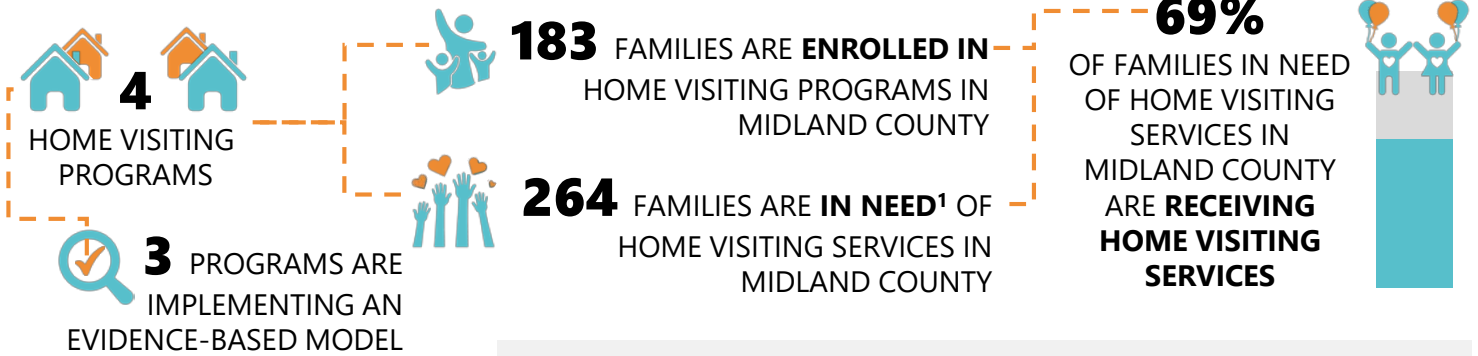
% of children experiencing food insecurity (lack of access, at times, to enough food)



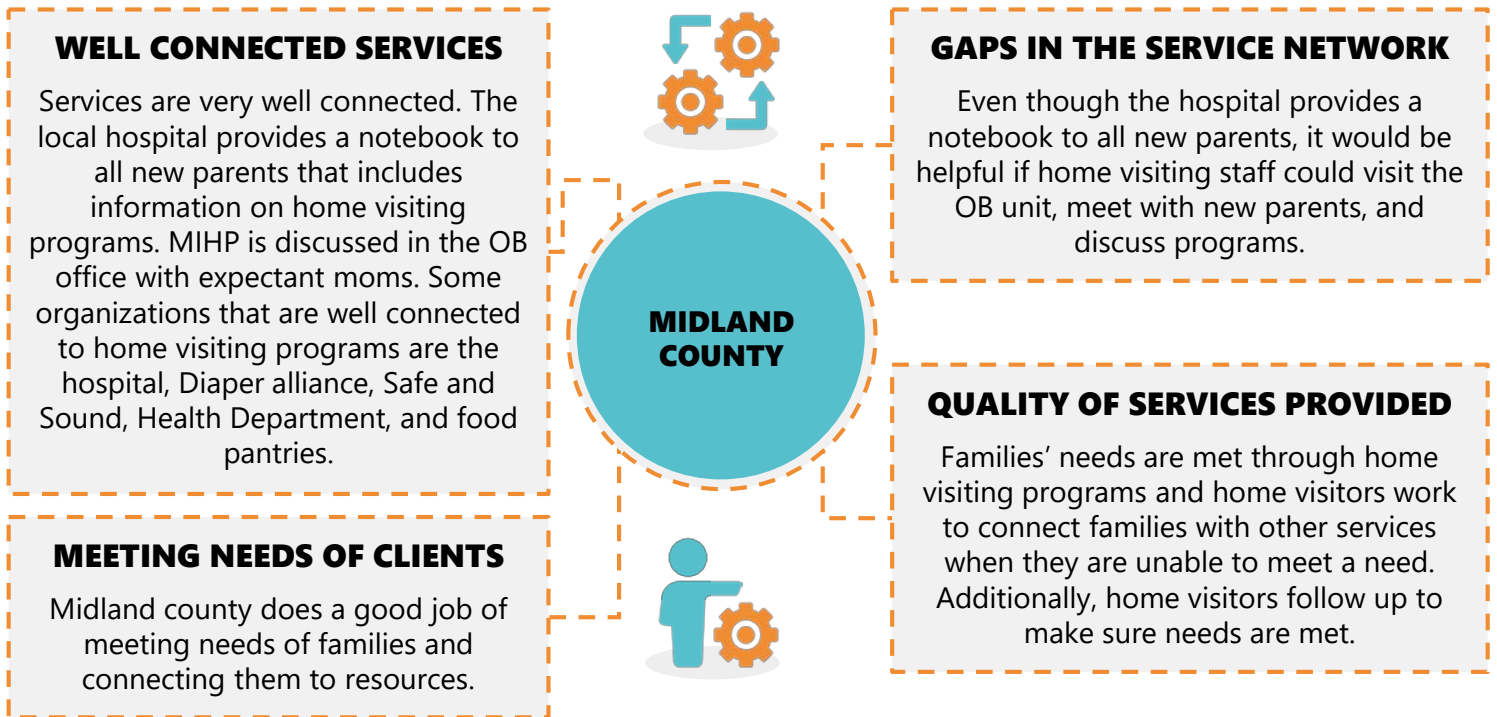
The county rate for childhood food insecurity is **lower** than Michigan's rate.

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. Midland 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.



Infant Mental Health is the only home visiting program that serves children 1-6. Infants are well served but additional services are needed for children. There are no geographic service gaps in Midland County.



STRENGTHENING THE SERVICE DELIVERY NETWORK

The service delivery network could be strengthened by reimbursement from Medicaid that covers the cost of the home visit, funding to recruit parents and families to appropriate programs, and a universal referral system to 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

FAMILY PERSPECTIVES ON HOME VISITING

Midland County asked parents who have previously participated in a Home Visiting program in their county to take part in a focus group to share their experiences with home visiting and other community services. Focus group participants were asked to describe the risks and opportunities families face in their communities; the outcomes they're concerned about and what facilitates wellbeing; strengths and opportunities to improve home visiting programs; and strengths and opportunities to improve the service delivery system. Midland County completed 1 focus group with a total of 6 participants, 3 of which were served by home visiting programs in their community.



STRENGTHS

When asked about the strengths of home visiting programs, parents who participated in focus groups shared that home visiting programs:

- Are nonjudgmental and comfortable;
- Offer the opportunity to ask questions;
- Support growth as a family;
- Support learning about becoming a first-time mom;
- Expand knowledge of local resources;
- Are flexible, available, and responsive; and
- Provide great resources breastfeeding and postpartum depression.



OPPORTUNITIES TO IMPROVE

When asked about opportunities to improve home visiting, parents who participated in focus groups shared:

- When Midland county experienced the flooding there were so many more resources available and it would be nice if those were available more often.
- They need more assistance with transportation.
- They would like more play groups and parent support groups to be offered.
- The community could improve knowledge of home visiting programs so more families are aware.
- Virtual visits are difficult, especially if a family has internet issues.



OUTCOMES OF HOME VISITING

When asked the question "What are the outcomes you wish to achieve with your family by participating in home visiting?" participants said they wanted their child to be on schedule for meeting milestones and to be ready when the time comes to start school.



OTHER KEY TAKEAWAYS


The topic of education came up often. Parents are eager for their children to be ready for school.

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

 Midland County does a good job with identifying and addressing needs of families. The community may know the needs of families, but organizations are sometimes unsure what other organizations offer.


COMMUNITY PURSUIT OF EQUITY

SIGNIFICANT READINESS

 Programs have plans in place to meet language and cultural needs. Staff meet the clients where they are and are very nonjudgmental. They build trust with clients. Midland County has a lot of resources but would like to do a better job reaching rural areas.


COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS

 If they are enrolled in a home visiting program, families love it and stick with it. Many families self-refer for their second child. However, there is some confusion on qualifications for home visiting programs and what they offer.


COMMUNITY LEADERSHIP

MODERATE READINESS

 Social service leaders have a good relationship with home visiting programs through collaborative work. However, business leaders do not have good knowledge of what a home visit entails. They receive mailings but that does not mean they fully understand.


COMMUNITY CLIMATE

MODERATE READINESS

 Home visiting programs work well together. Once one program ends, they refer to other programs. There is a lot of support within the programs, utilization of local resources, and good support from local providers and the health system. However, there is a lack of knowledge and understanding of what a home visit entails. Health system provides education on home visiting programs but could use more education.

COMMUNITY RESOURCES

SIGNIFICANT READINESS

 There are a good number of resources available. Social service organizations work well together and see each other frequently at collaborative meetings. A weakness is that Medicaid reimbursement does not cover the cost of a home visit. Resources are ever-changing, in part because funding is allocated differently year to year.

NEED & CAPACITY TO EXPAND HOME VISITING

Midland County has need and capacity to expand evidence-based home visiting. There are many families that live in poverty in Midland County that could benefit from home visiting programs, especially for children 1 to 6 years of age.

This process engaged families to participate as partners and leaders by inviting families to participate with an active role and with active support. The family engagement connections that are already existent within Region 5 were utilized. A survey was administered to agencies to distribute to the clientele they serve who fit the criteria of this needs assessment. Adjustments were made to data collection to account for geographical separation as well as ongoing COVID-19 restrictions. Incentives were provided to families that participated.

Thank you to the parents and community partners who engaged in the assessment process.

Data collected by Region 5 Perinatal Quality Collaborative with assistance from MPHI-CHC. For more information about this assessment, contact Region 5 Perinatal Quality Collaborative. 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).