2020 HOME VISITING NEEDS ASSESSMENT

ARENAC COUNTY

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

14,883
TOTAL POPULATION

139
BIRTHS PER YEAR

5%
UNDER 5 YEARS

92%
HAVE HEALTH INSURANCE

1%
FOREIGN BORN

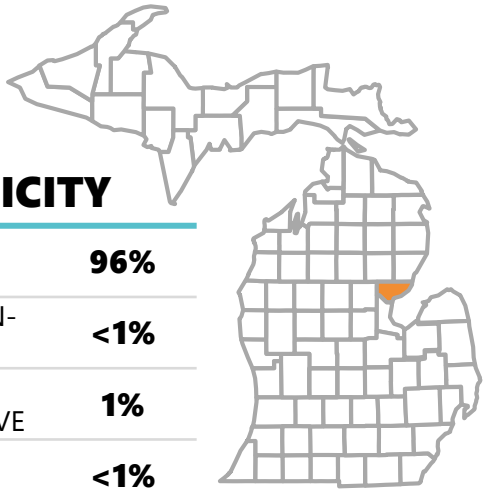
66% OF HOUSEHOLDS HAVE INTERNET ACCESS

87%
OF ADULTS 25+ ARE HIGH SCHOOL GRADS

2% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

RACE/ETHNICITY

WHITE	96%
BLACK OR AFRICAN-AMERICAN	<1%
AMERICAN INDIAN AND ALASKA NATIVE	1%
ASIAN	<1%
NATIVE HAWAIIAN	<1%
MULTIRACIAL	2%
HISPANIC OR LATINO	2%
WHITE, NOT HISPANIC OR LATINO	95%



ARENAC COUNTY

$40,769
MEDIAN HOUSEHOLD INCOME

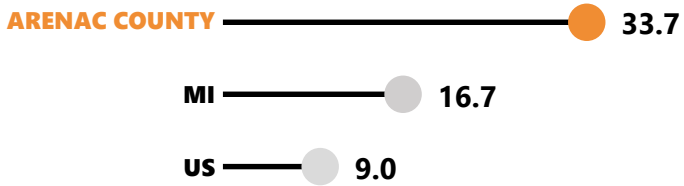
OUTCOMES IMPACTED BY HOME VISITING

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

Child health is an area of concern due to **high rates of homelessness** (more than 3 times the Michigan average), **higher rates of children living in poverty**, and a **higher rate of food insecurity** compared to Michigan's rate. These factors have a huge impact on a child's health.

Child maltreatment is a major concern within Arenac County. The county rate of child maltreatment is double that of the Michigan average and nearly four times that of the US average.



child maltreatment rate per 1,000 child residents

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN

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

COUNTY 13.3%

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 41.6%

MI 28.6%

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

COUNTY 10.5%

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 8.1%

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 8.2%

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 0.42

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 15.7%

MI 14.4%

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

COUNTY 24.1%

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 21.2%

MI 15.9%

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. Arenac 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.

4 HOME VISITING PROGRAMS

3 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

114 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN ARENAC COUNTY

57 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN ARENAC COUNTY

100% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN ARENAC COUNTY ARE **RECEIVING HOME VISITING SERVICES**

Children 0-5 are well served, as well as mothers prenatally. Even though programs are not at capacity, the number of spots available are not enough spots to serve all children/families in need of services.

WELL CONNECTED SERVICES

Social service organizations such as 211, CAN council, Peer 360, Great Lakes Bay Parents group and the home visiting programs within Arenac County work very well together.

ARENAC COUNTY

GAPS IN THE SERVICE NETWORK

Tighter communication between medical providers including family medicine, OB, Pediatrics, and dentists is needed.

STRENGTHENING THE SERVICE DELIVERY NETWORK

Additional funding would help strengthen home visiting services by being able to hire additional staff to do home visits. Funding would also help advertise and market existing the home visiting programs. Since Arenac County has great family involvement, it might be possible to offer a stipend for "ambassadors" to help get the word out regarding home visiting services.

[1]Number 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

Arenac 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. Arenac County completed 1 focus group with a total of 8 participants, 4 of which were served by home visiting programs in their community.

STRENGTHS

The parents and families that participated in the focus group stated they love their home visitors and their children always look forward to seeing them. They enjoy how creative the staff are. Parents described how their home visitors make everything into a game for their child, which gives them new ideas. Parents shared that home visitors do a great job connecting families to resources and share the importance of parents engaging in play. Parents also mentioned that they appreciate how flexible and accommodating home visitors are. They also described how they are treated in a non- judgmental way by their home visitor.

OPPORTUNITIES TO IMPROVE

Parents who participated in the focus group noted that they were disappointed that play groups were canceled because of COVID-19. Parents also shared that they would like to meet at other locations (i.e. park, zoo, museum). Parents who participated in the focus group described the challenges of virtual visits. They indicated that it is harder to keep their children engaged without in person contact.

OUTCOMES OF HOME VISITING

When asked "what are the outcomes you wish to achieve with your family by participating in home visiting?" parents noted that home visiting helped to make sure their child was on track with milestones and increased their knowledge of services/resources offered.

When asked "What are the outcomes you feel home visiting programs should work towards in your community?" parents answered: Marketing of the program should be blasted out more to the community. Home visiting programs should work toward making sure all feel welcome from the very beginning, like they do once in the program.

OTHER KEY TAKEAWAYS

Before ending the focus group, parents shared that they felt the group was very beneficial and appreciated being asked for their input.

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

4
3
2
1

Coalitions have great parent involvement to help identify needs of families. Some families with mental health needs that take time to address may feel that things move slowly. Some families are difficult to reach and engage, especially pregnant women.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

Current grant projects will allow data collection about inequities in the system. Home visiting programs are connected with language and cultural resources in the community, and staff have attended training on trauma. However, more emphasis on trauma informed care is needed.

COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS

4
3
2
1

Community members are aware of all home visiting programs but may not be educated on qualifications or what a home visit entails. Expanding eligibility requirements to serve more families would help.

COMMUNITY LEADERSHIP

LIMITED READINESS

4
3
2
1

Social service leaders are very well informed about home visiting from being involved in monthly collaborative meetings. Business leaders, providers, OB's, and pediatricians need to be more involved.

COMMUNITY CLIMATE

MODERATE READINESS

4
3
2
1

The Great Start Collaborative does a great job involving parents and incorporating family voice. All programs refer to each other very well. Staff engage new parents within the local health system. However, more education and advocacy are needed.

COMMUNITY RESOURCES

SIGNIFICANT READINESS

4
3
2
1

The home visiting system has good relationships with community resources. More Medicaid reimbursement is needed, as well as more funding to focus on recruitment and retention of families.

NEED & CAPACITY TO EXPAND HOME VISITING

Arenac County has need and capacity to expand evidence-based home visiting. There are many families in need. The county could expand services if funding was provided to hire additional staff.

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.

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