

2020 HOME VISITING NEEDS ASSESSMENT

BARAGA COUNTY



KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

8,209
TOTAL POPULATION

68
BIRTHS PER YEAR

4%
UNDER 5 YEARS

92%
HAVE HEALTH INSURANCE

2%
FOREIGN BORN

71% OF HOUSEHOLDS
HAVE INTERNET
ACCESS

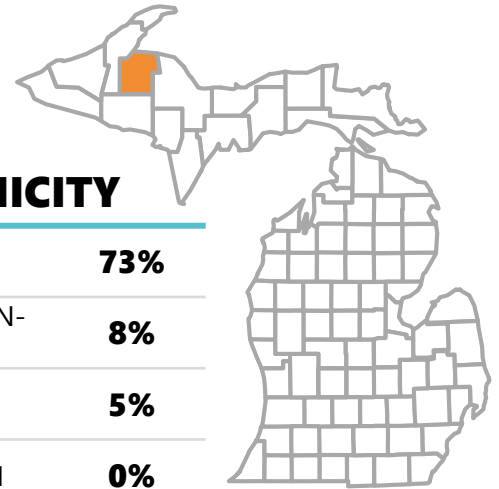
3% SPEAK A
LANGUAGE OTHER
THAN ENGLISH IN
THEIR HOME

89%
OF ADULTS 25+ ARE
HIGH SCHOOL GRADS



RACE/ETHNICITY

WHITE	73%
BLACK OR AFRICAN-AMERICAN	8%
MULTIRACIAL	5%
NATIVE HAWAIIAN	0%
AMERICAN INDIAN AND ALASKA NATIVE	14%
ASIAN	<1%
HISPANIC OR LATINO	2%
WHITE, NOT HISPANIC OR LATINO	72%



**BARAGA
COUNTY**

\$42,444
MEDIAN
HOUSEHOLD
INCOME

OUTCOMES IMPACTED BY HOME VISITING

PRETERM DELIVERY

% of live births at less than 37 weeks

COUNTY —● 8.6%
MI —● 10.0%

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

CHILD MALTREATMENT

rate of victims ages 1-17 per 1,000 child residents

COUNTY —● 19.8
MI —● 16.7

The county rate for child maltreatment is **higher** than Michigan's rate.

3RD GRADE READING

% of students who did not meet standards on the ELA M-STEP

COUNTY —● 65.0%
MI —● 55.0%

The county rate for 3rd grade reading incompetency is **higher** than the state.

DOMESTIC VIOLENCE

number of domestic violence victims per 1,000 residents

COUNTY —● 1.3
MI —● 4.8

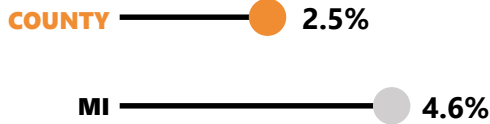
The county rate for domestic violence is **lower** than Michigan's rate.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

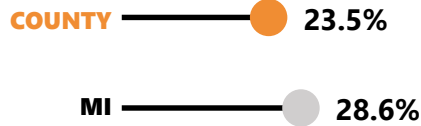


The county rate for homelessness is **lower** than Michigan's rate.

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

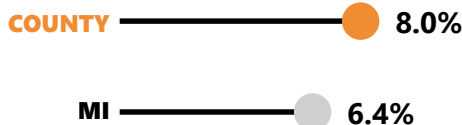


The county rate of persons without a high school diploma is **higher** than Michigan.

NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years

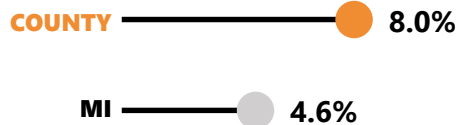


The county rate for no health insurance is **higher** than the rate in Michigan.

UNEMPLOYMENT



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

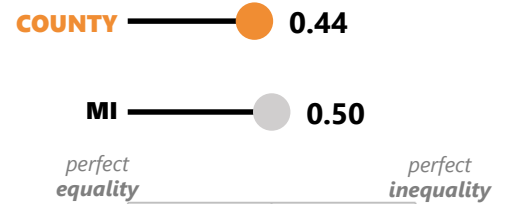


The county rate for unemployment is **higher** than the rate in Michigan.

INCOME INEQUALITY



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

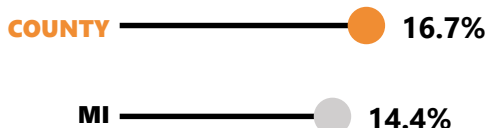


The county measure of income inequality is **lower** than in Michigan.

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



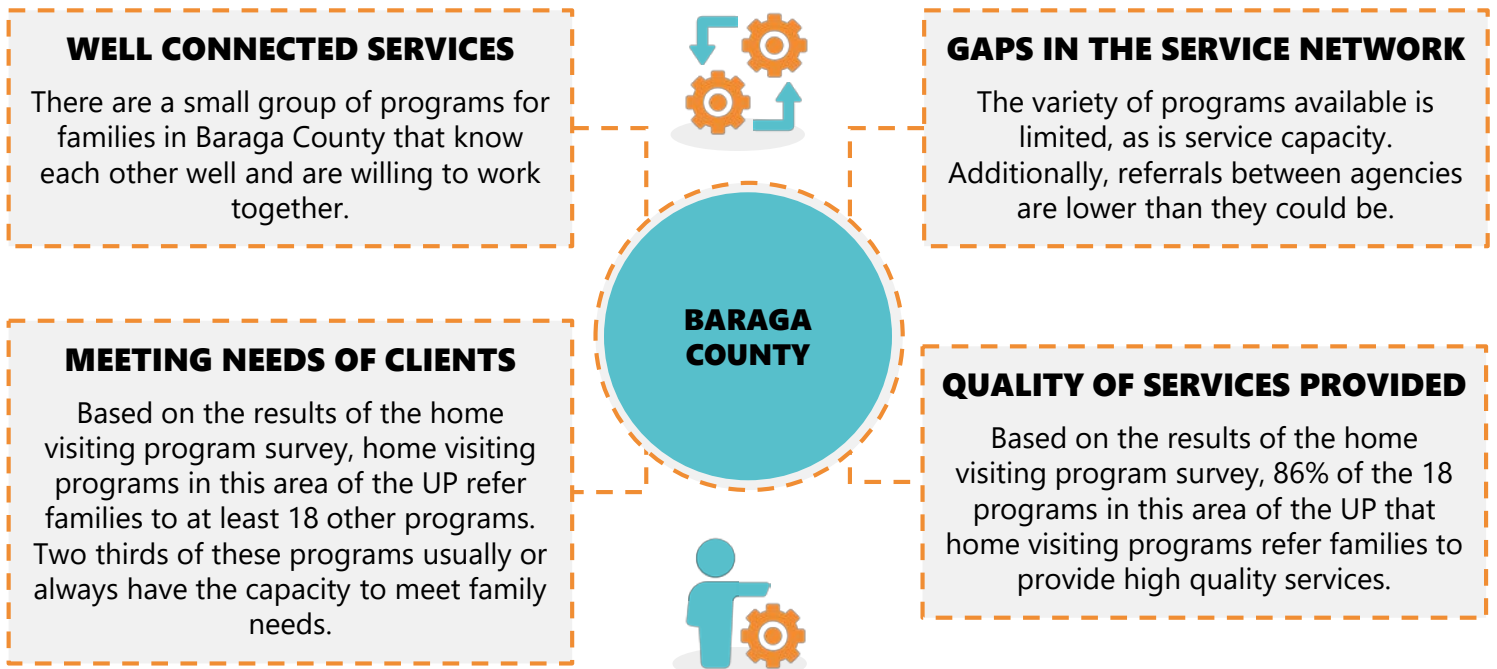
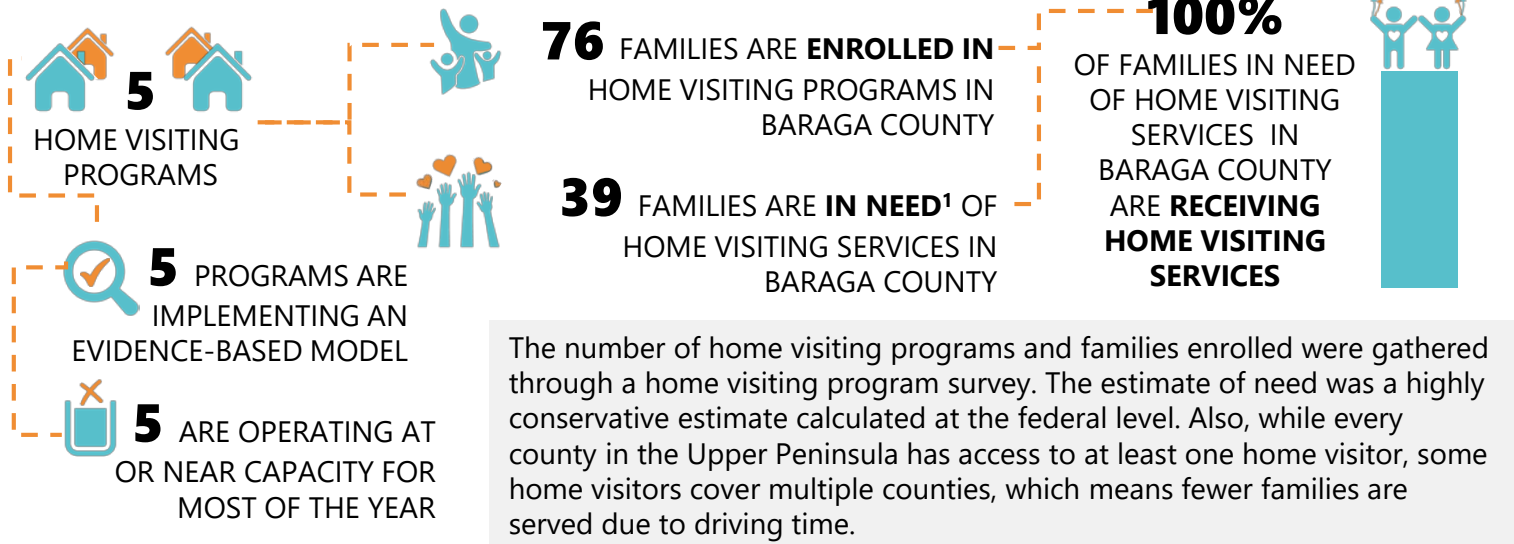
% of children experiencing food insecurity (lack of access, at times, to enough food)




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. Baraga 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.



STRENGTHENING THE SERVICE DELIVERY NETWORK

 Service delivery could be strengthened by hiring additional home visitors. Each home visitor could cover a smaller geographic area, allowing for building stronger communication connections with families and being able to serve more families by spending less time driving between counties.

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

The Upper Peninsula engaged parents across the region who had participated in a Home Visiting program 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. These results are not specific to this county but represent the experiences of 7 parents from across the Upper Peninsula.



STRENGTHS

Parents who participated in the focus group expressed that they enjoyed home visiting as a service and their home visitor. They described their home visitors as accessible, responsive, accepting, supportive, and understanding. They noted the value of the educational materials provided, as well as the linkages to services. They also described how much they appreciated having someone to connect with openly and honestly about needs and challenges who could provide both a listening ear and helpful guidance. For example, one parent noted that, as a first-time mom, her home visitor helped her learn how to care for her baby, as well as what to expect as a parent. Another parent described how the activities she learned through home visits have helped her find ways to interact more with her children.



OPPORTUNITIES TO IMPROVE

Parents who participated in the focus group highlighted the need to improve awareness of home visiting. They suggested stronger connections with health care providers and school systems as sources of referrals into home visiting, as well as having a greater presence at community events such as resource fairs. Parents also noted the need to address stigma and misperceptions of home visiting. In addition, parents noted that home visiting programs could facilitate more social interactions by occasionally meeting in locations where children gather and play, like a playground or library.



OUTCOMES OF HOME VISITING

Focus group participants noted that home visiting has had a variety of important outcomes for themselves and their families. They indicated that home visiting has helped them build coping strategies and learn to ask for help. They also described how, as a whole family service, home visiting has strengthened family bonds and improved sibling relationships. Parents also noted positive outcomes in the area of school readiness for their children. One parent described how a referral from her home visitor helped her get a good job, supporting her economic self sufficiency.

FAMILY PERSPECTIVES ON HOME VISITING (CONTINUED)



OTHER KEY TAKEAWAYS

Virtual visits during the COVID-19 pandemic worked well for some parents who participated in the focus group; however, internet issues and access to technology made this option very difficult for other families. Also, some families were not offered virtual visits, and wished that option had been available.

When asked about other services needed by families in the UP, focus group participants highlighted needs related to transportation and childcare. They also spoke to the social isolation experienced by families in rural areas and noted that this has been exacerbated by the COVID-19 pandemic.

NEED & CAPACITY TO EXPAND HOME VISITING

Baraga County has the need to expand evidence-based home visiting. The community is committed to evidence-based home visiting but needs additional staff and supervision capacity in order to serve more families.

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This process engaged families to participate as partners and leaders by providing barrier reduction (mileage, lodging, meal reimbursement, childcare, etc.) and stipends for participating in events/meetings. LMAS District Health Department/UPHVN currently has a policy in place supporting authentic family involvement through the Local Leadership Group.

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

Data collected by LMAS District Health Department with assistance from MPHI-CHC. For more information about this assessment, contact LMAS District Health Department. 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).