

2020 HOME VISITING NEEDS ASSESSMENT

CALHOUN COUNTY



KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

134,159
TOTAL POPULATION

1,533
BIRTHS PER YEAR

94%
HAVE HEALTH INSURANCE

6%
UNDER 5 YEARS

4%
FOREIGN BORN

76% OF HOUSEHOLDS
HAVE INTERNET
ACCESS

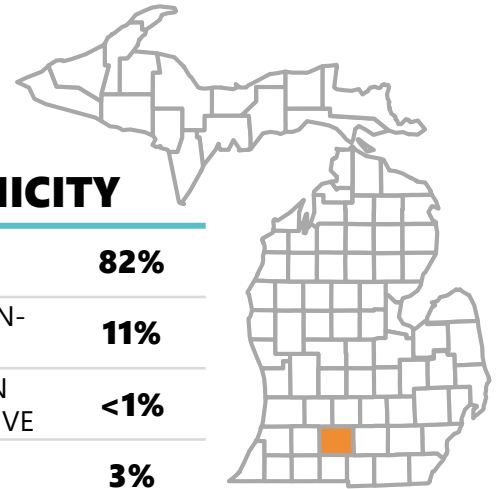
6% SPEAK A
LANGUAGE OTHER
THAN ENGLISH IN
THEIR HOME

91%
OF ADULTS 25+ ARE
HIGH SCHOOL GRADS



RACE/ETHNICITY

WHITE	82%
BLACK OR AFRICAN-AMERICAN	11%
AMERICAN INDIAN AND ALASKA NATIVE	<1%
ASIAN	3%
NATIVE HAWAIIAN	0%
MULTIRACIAL	4%
HISPANIC OR LATINO	5%
WHITE, NOT HISPANIC OR LATINO	77%



**CALHOUN
COUNTY**

\$47,426
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



Maternal health is a priority outcome because of the high rates of live births without any prenatal care, teen birth rate, and the maternal morbidity rate in Calhoun County. Many teens do not seek prenatal care until later in their pregnancy.



Children living in poverty often experience disparities in support for healthy development and may lack high quality early learning experiences due to cost, transportation barriers, as well as families with low educational attainment. 30.3% of all children 0-5 in Calhoun County are living in poverty; and child development and school readiness are directly impacted by poverty.



Positive Parenting strategies as an important intervention and prevention element in response to the child abuse and neglect rates in the county.



Poverty rates are high in Calhoun County. Prevention and intervention strategies that promote family economic security are essential to the health, education and overall family wellness of our community.



Linkages and Referrals are the responses to all the noted areas of concern. Coordination of and connection to a wide range of services for families is essential to their success.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

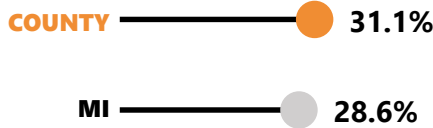


The county rate for homelessness is **lower** than Michigan's rate.

HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance

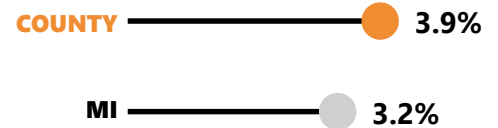


The county rate for receiving public assistance is **lower** than the rate in Michigan.

NO HIGH SCHOOL DIPLOMA



% of persons 16-19 years of age not enrolled in school with no high school diploma

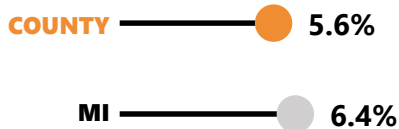


The county rate of persons without a high school diploma is **higher** than Michigan.

NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years



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

UNEMPLOYMENT



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

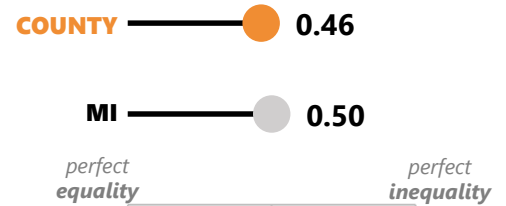


The county rate for unemployment is **higher** than the rate in Michigan.

INCOME INEQUALITY



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

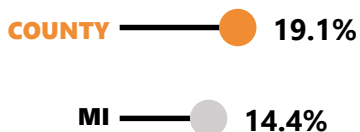


The county measure of income inequality is **lower** than in Michigan.

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

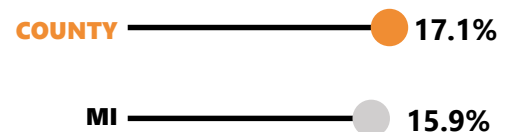


The county rate for children experiencing poverty is **higher** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



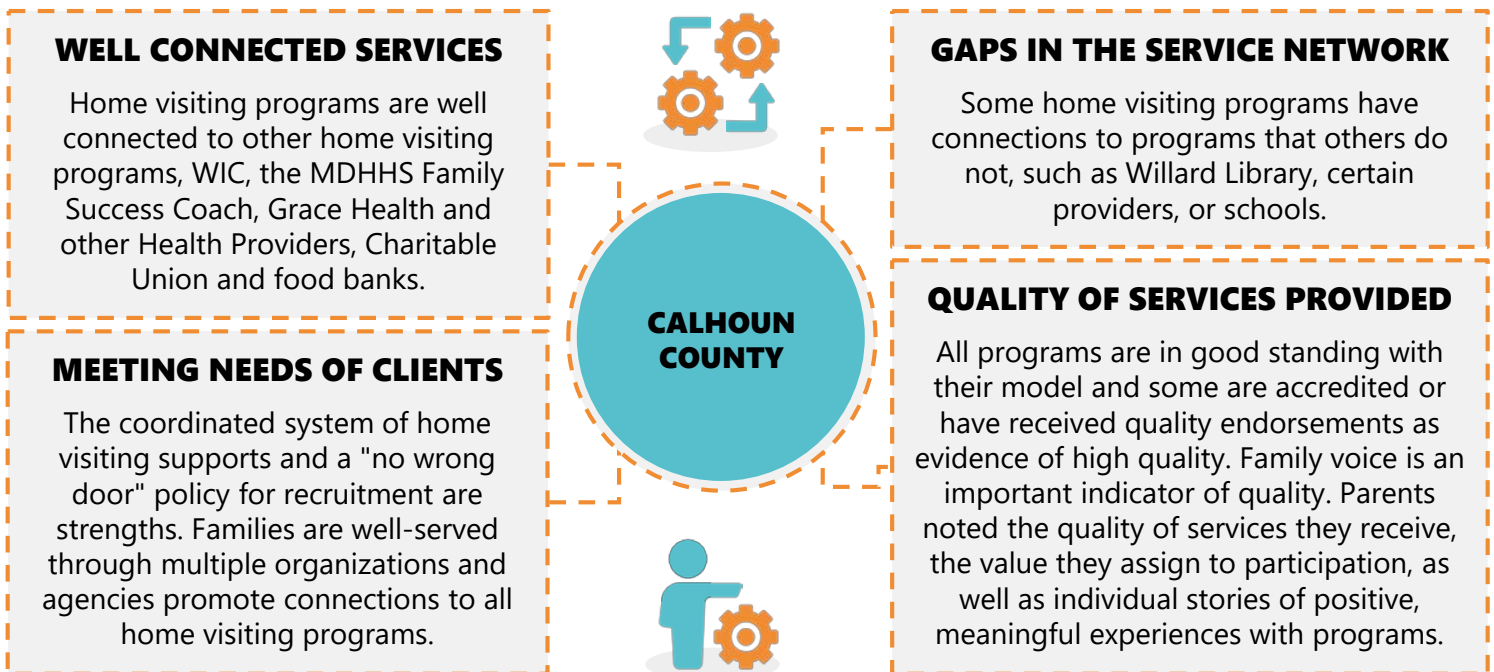
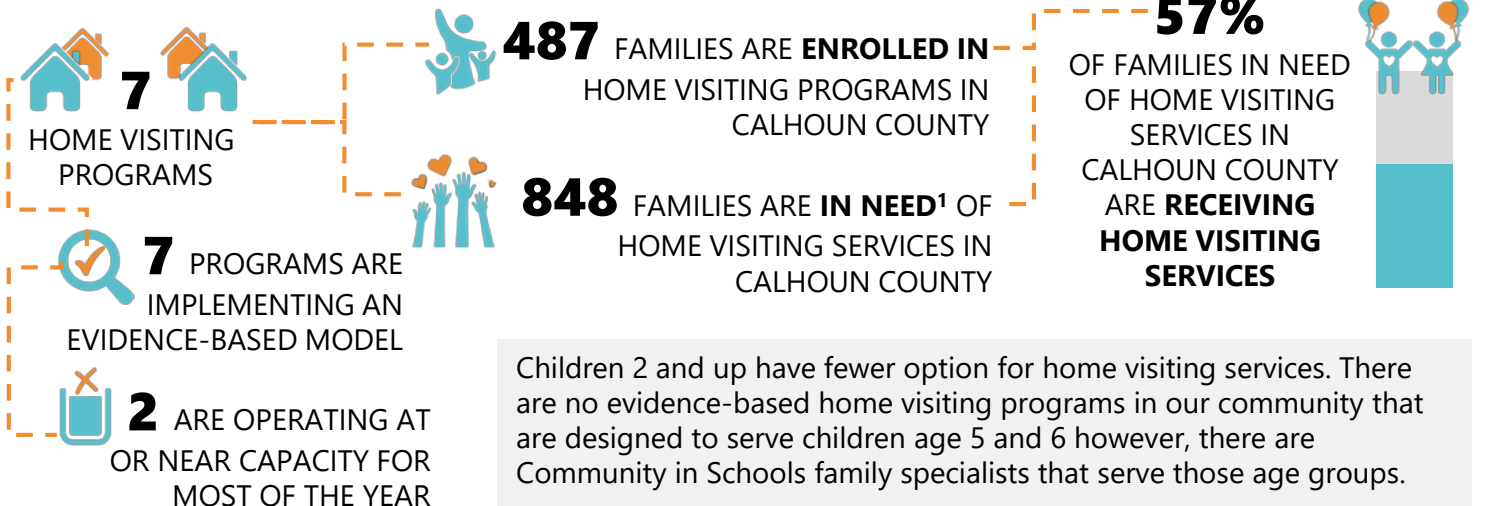
% of children experiencing food insecurity (lack of access, at times, to enough food)



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. Calhoun 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

Ideas for strengthening the service delivery network include: 1) Develop a strong, updated referral sites, and fortify referral practices. 2) Build stronger trusted relationships with faith and health partners to increase reach to those most vulnerable (families of color, ESL families, rural families, families with risk factors who are not connected to any early childhood programs). 3) Commit and act on increased collaboration on projects and activities from other programs to serve all families (resources connection sharing, joint recruitment, additional connections to the Birth to Five portal). 4) Improve outreach strategies for at-risk families. 5) Formalize transition plans - more teamwork between programs and warm handoffs. 6) Continue to build strategies to promote ease of access for families. 7) Rebuild our family leader base (to replace those in the workforce now).

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

Calhoun 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. Calhoun County completed seven focus groups with a total of 85 participants, 45 of whom were served by home visiting programs in their community.



STRENGTHS

Focus group participants noted many strengths of home visiting in Calhoun County:

- Connections to resources (referrals to other agencies for basic needs, financial security, and unique family needs, as well as specific items delivered to families like diapers, wipes, emergency formula)
- Social emotional supports (feeling of connection to home visitor, coaching and mentoring to empower parents, coaching to support child's social emotional development)
- Positive parenting supports that break cycles of abuse, support family communication, and build strong relationships between mother and baby
- Supports for child development
- Connecting nutrition to healthy development: "giving food that supports their body and brain"
- Whole child, whole family approach
- Supportive transitions and warm hand-offs between programs
- Coordination of services and partnerships between programs: "I went from one home visiting program to another without even knowing there was a real change! I had a visit with both my old and new person at the same time and then started with the new one. It took a couple visits before I even understood I have moved on to another program. They worked so well together that it didn't even feel like a change. That was really great that they work together like that."



When I started, I was a new mom with no family or friends in town and no one to help me. My family coach always said I was my child's first and most important teacher but I didn't think I was qualified for that job. During COVID I have learned that I can do it. My Family coach calls and supports me but now I believe him that I can be a good teacher for my child. Without my coach I would have never believed that."

-FOCUS GROUP PARTICIPANT



This home visiting program helped me to become a better parent for my child and help me to see a bigger picture for my future."

-FOCUS GROUP PARTICIPANT

FAMILY PERSPECTIVES ON HOME VISITING (CONTINUED)



OPPORTUNITIES TO IMPROVE

Focus group participants also noted opportunities to improve and highlighted how home visiting programs are always working to improve: "I know the program works to improve themselves all the time. No one has to ask them to."

- Families know services are available, but transitions do not always work as well as they could
- More translated materials (more Spanish translation is available than Burmese) and more interpretation supports
- Less paperwork
- Extend the service to 4 or 5 full years and make visits longer
- Earning "bucks" for participating to help families access the things they need
- Home visitors could bring more activities
- Programs could provide all handouts to families at once so they can read when needed



OUTCOMES OF HOME VISITING

- Families feel qualified to support their child's development
- Stronger families because home visiting is about children AND adults
- Families who participate in home visiting are well connected know how to seek out resources
- More children ready for school
- Families know how to set goals for themselves and their children
- Connections to early intervention services like Early On
- Better parenting
- Families understand what their child needs: "You don't know what you don't know! And now I know!"



OTHER KEY TAKEAWAYS

ABOUT HOME VISITING DURING COVID19

- Overall parents noted that they miss the in-person visits but have felt supported during COVID19 and many noted they enjoyed the virtual visits and phone visits.
- Some families said they got more time with their home visitor during this time as some home visitors were meeting with them every week
- Home visitors noted they struggled with some families who didn't see their calls or video visits as actual visits and sometimes didn't reserve that time for a dedicated visit.
- Some home visitors felt they got closer to some families during COVID and families really began sharing: "Perhaps it was easier for them to share through a phone call instead of in person".
- Both some families and some home visitors noted that they are still nervous about in-person visits and feel it isn't safe yet.

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

FULL READINESS

4
3
2
1

Family voice plays a big role in guiding planning and improvement with home visiting services. Families trust home visitors and the services provided. Home visiting is improving on meeting families where they are and providing culturally appropriate services. Expanding outreach effort to additional organizations across different sectors is needed.

COMMUNITY PURSUIT OF EQUITY

SIGNIFICANT READINESS

4
3
2
1

The home visiting programs emphasize equity by hiring and training staff to address the needs of culturally diverse families in the community. Several partnerships exist to serve the culturally diverse population and ongoing trainings happen in the community. Plans are put into action to sustain the efforts around equity. Additional work is still needed to provide services to fathers in the community.

COMMUNITY KNOWLEDGE OF HOME VISITING

FULL READINESS

4
3
2
1

There is high awareness of home visiting through several messaging campaigns, collaborative work, increased family-focused engagement, and various new partnerships with faith-based organizations. There are still linguistic and cultural barriers preventing the reach of home visiting services in all communities. Additional collaboration is needed among local partners to improve reach and awareness with rural communities.

COMMUNITY LEADERSHIP

FULL READINESS

4
3
2
1

More community leadership are coming to the table to focus on early childhood. We have increased engagement with the city government, local small and large businesses, workforce development, and our elected officials. There has been growth in prioritization of early childhood, but more work needs to occur.

COMMUNITY CLIMATE

FULL READINESS

4
3
2
1

There is extensive cross-sector partnership through Great Start Collaborative work that allows for increased awareness of the importance of early childhood supports and services. There is still a need to emphasize the early childhood timeframe, in addition to services for children K-12.

COMMUNITY RESOURCES

FULL READINESS

4
3
2
1

There are resources in the community to serve additional families by building on the existing collaboration among partners in the home visiting system. There are limitations in resources to reach all families in need with additional focus on recruiting and retaining an adequate and diverse HV workforce.

NEED & CAPACITY TO EXPAND HOME VISITING

Calhoun County has need and capacity to expand evidence-based home visiting. There is a gap in services for families who live in communities in Calhoun County outside the urban center. All programs have the capacity and readiness to expand their reach further by adding additional staff if funding was available to do so.

This process engaged families to participate as partners and leaders by leveraging relationships between home visitors and families to engage families in the process. Books and materials were provided to families who participated in virtual focus groups. Parent Leaders who helped convene groups were provided stipends. Some individual phone calls and "porch conversations" occurred in order to meet the needs of all families who wanted to participate.

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

Data collected by Calhoun Intermediate School District with assistance from MPHI-CHC. For more information about this assessment, contact Calhoun Intermediate School District. 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.