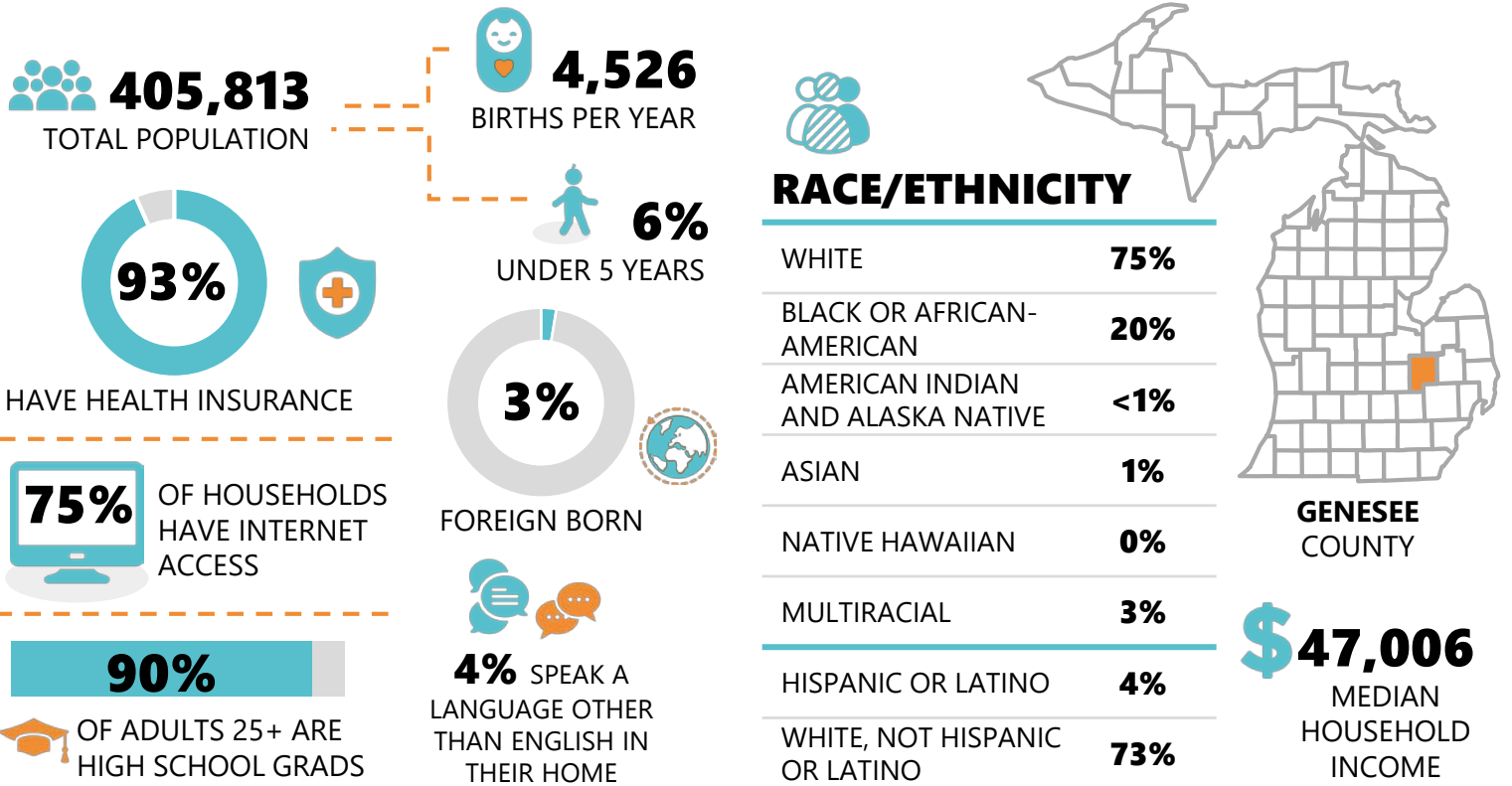


2020 HOME VISITING NEEDS ASSESSMENT

GENESEE 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



Women who identify as black, indigenous, and persons of color in Flint and Genesee counties face significant **disparities in maternal health outcomes** that could be ameliorated through the support provided by home visitors. These disparities are especially notable within Flint.



Third grade reading is a concern in the county. Additionally, specific to children impacted by the Flint Water Crisis, **child development** is a critical concern. Home visiting can support literacy, healthy development, routine developmental screening, and referrals to services.



Child maltreatment rates in Genesee County are higher than the state and national averages. Home visiting can help prevent child maltreatment by promoting positive parenting practices and reducing family stress.



Across several indicators, Genesee County sees high numbers of families who are **not economically self-sufficient**, which leads to a variety of negative outcomes. Home visiting programs that help families set goals and replace negative cycles with positive achievements.



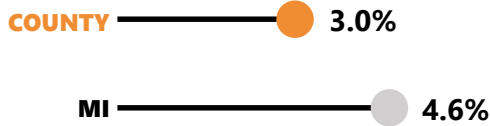
Programs and organizations do not always know what other services exist. Home visiting programs and the home visiting Local Leadership Group can support efficient and effective **linkages and referrals**.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

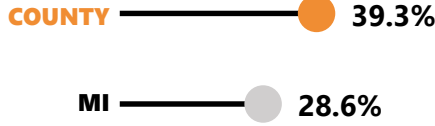


The county rate for homelessness is **lower** than Michigan's rate.

HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance



The county rate for receiving public assistance is **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

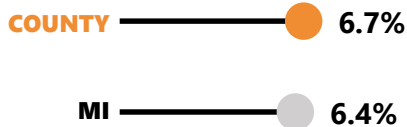


The county rate of persons without a high school diploma is **lower** than Michigan.

NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years

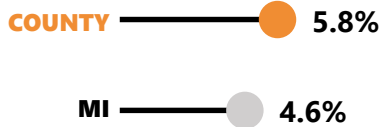


The county rate for no health insurance is **higher** than the rate in Michigan.

UNEMPLOYMENT



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

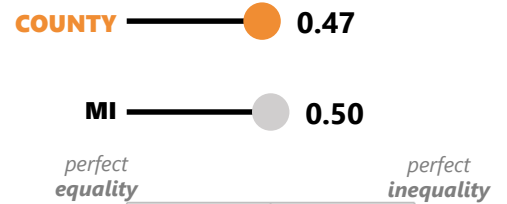


The county rate for unemployment is **higher** than the rate in Michigan.

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

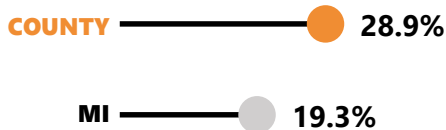


The county rate for poverty is **higher** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



% of children ages 0-17 who live below the poverty threshold

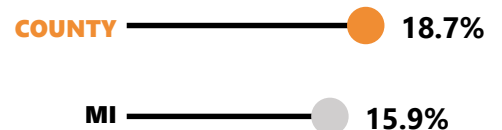


The county rate for children experiencing poverty is **higher** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



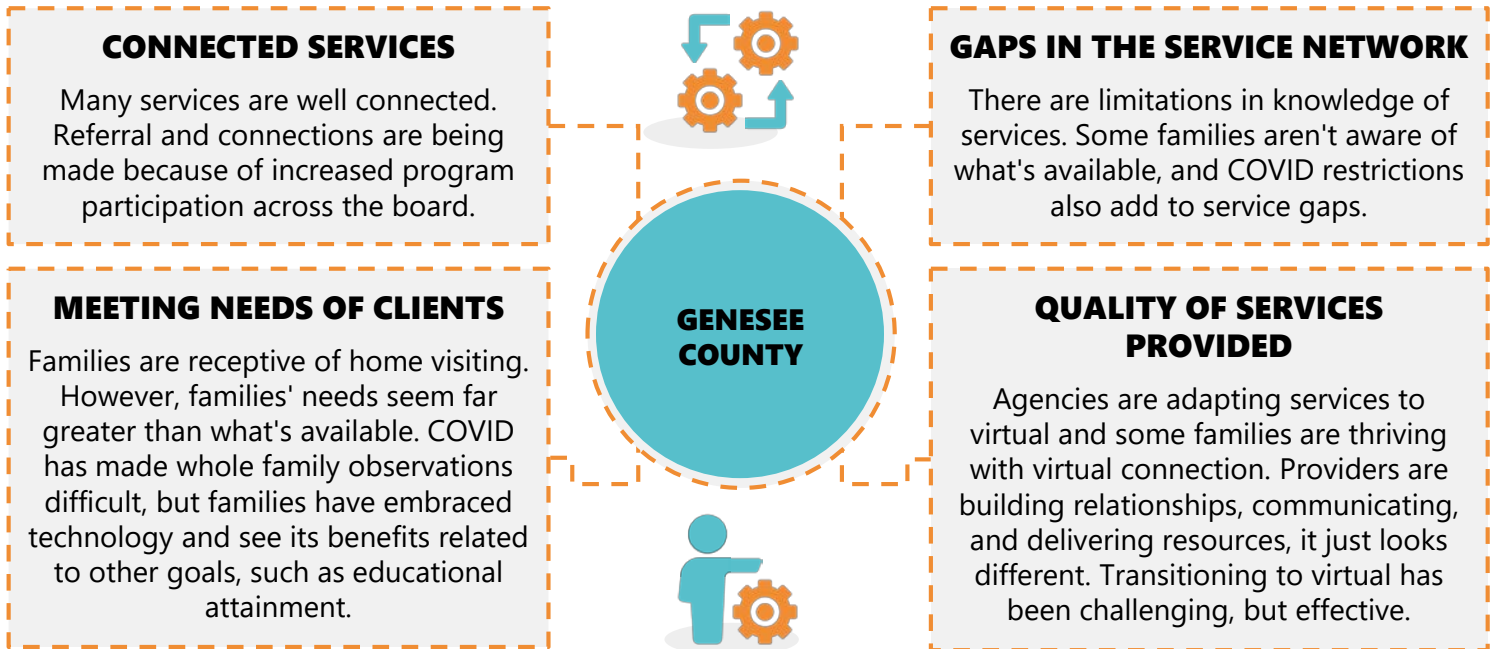
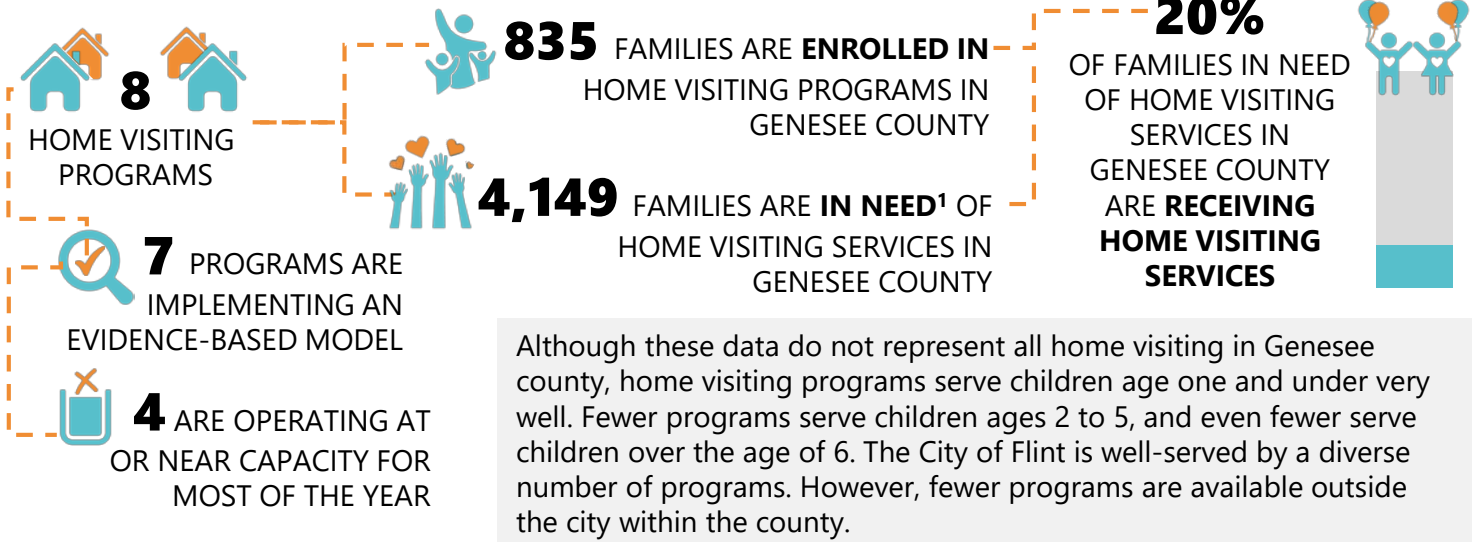
% of children experiencing food insecurity (lack of access, at times, to enough food)



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. Genesee 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

Programs need to find ways to work better together to offer more collaboration between programs and community partners. Programs should establish direct contacts within services and complete referrals for families. Services need to be expanded to be serve more families. Stakeholders should be more involved, and programs should hear family and parent voice and input more frequently. Programs need to market in doctors' and OBGYN offices, building relationships with local physicians. Services must be strengthened through trainings that address implicit biases, lack of diversity, equity, retention, and empathy.

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

Genesee 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. Genesee County completed a focus group with a total of 4 participants, all of whom were served by home visiting programs in their community.



STRENGTHS

Participants felt that home visiting offers families more than resources, they provide vital support and established trust for programming. Evidenced-based programming gives families the security and comfort of proven-success of care and services. Though there are some limitations of service and care, participants felt virtual programming during COVID has been beneficial and well received. Participants felt that home visiting is guided by what the family and child needs, which allows families to take a lead role in their care.



OPPORTUNITIES TO IMPROVE

- Parents who participated in focus groups noted opportunities to strengthen home visiting services. They indicated that continuity of care could be strengthened. For example, geographic location should not change the assigned home visitor nor quality of services provided. Parents have also felt neglected between program transitions.
- Participants indicated that cultural diversity training is needed for all programs and home visitors. Home visitors are disproportionately white women.
- Resources are readily available, but not all programs are accessible due to requirements and restrictions. For example, food pantry resources could be connected to in home visiting. Some families would not openly ask for food but may accept it if the home visitor brought a box to each visit.
- Participants noted opportunity to improve home visiting marketing throughout the community, and especially among physicians. Physicians should have one universal resource available to distribute to families when they're talking about services.
- Special education resources need to be available/better connected with every program. Parents felt it would be helpful if home visiting programs could provide basic special education services.



OUTCOMES OF HOME VISITING

Parents indicated that home visiting has improved outcomes for family well being, child health, as well as increasing school readiness among all populations including those most at risk.



OTHER KEY TAKEAWAYS

Parents who participated in focus groups felt that it was important for home visiting programs to share with families that screenings for substance use, depression, and domestic violence are standard components of home visiting. This helps to normalize asking about sensitive topics.

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

Programs within the community work diligently to routinely check on family needs, but more emphasis needs to be placed on providing opportunities and platforms for direct communication and engagement with parents.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

Programs in the community are transforming the hiring process by de-identifying résumés to eliminate racial bias and involving parents to reflect the people in the community. More funding is required to produce action that addresses disparities, reduce program inequities, and offer higher pay to prospective applicants.

COMMUNITY KNOWLEDGE OF HOME VISITING

SIGNIFICANT READINESS

4
3
2
1

The community has a strong record in supporting early childhood partners and creating awareness. Improvements can still be made to increase awareness around other age groups and other programs.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

4
3
2
1

Leadership from various organizations are effective at being impartial by making community needs paramount in their work. There is still work to be done in order to reduce barriers to collaboration, reducing competition for funding, and raising awareness of services for those in leadership positions.

COMMUNITY CLIMATE

LIMITED READINESS

4
3
2
1

Funding is a critical issue in the community that needs to be addressed to ensure home visiting programs can remain strong. However, existing programs do great work to support families and the community and involve them in processes.

COMMUNITY RESOURCES

MODERATE READINESS

4
3
2
1

Programs have a robust selection of services that are offered to community and they can link to other agencies to increase their reach. To leverage these strengths, the enrollment process should be revised in order to make the process seamless and straight-forward. Programs should also work to reduce turnover and find ways to secure additional funding.

NEED & CAPACITY TO EXPAND HOME VISITING

Genesee County has need and capacity to expand evidence-based home visiting. There are thousands of local families who could benefit from the support home visiting provides. Most already-operating programs feel they have the capacity to expand if adequately funded. These programs are high-quality and in good standing.

This process engaged families to participate as partners and leaders by inviting all currently enrolled families to participate in the family-oriented focus group as well as the partners and families focus group. The focus groups were conducted virtually and parents who participated were provided with monetary support.

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

Data collected by Voices for Children - Genesee County Local Leadership Group with assistance from MPH-CHC. For more information about this assessment, contact Voices for Children - Genesee County Local Leadership Group. 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.