2020 HOME VISITING NEEDS ASSESSMENT

KENT COUNTY

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

656,955 TOTAL POPULATION

8,613 BIRTHS PER YEAR

7% UNDER 5 YEARS

94% HAVE HEALTH INSURANCE

8% FOREIGN BORN

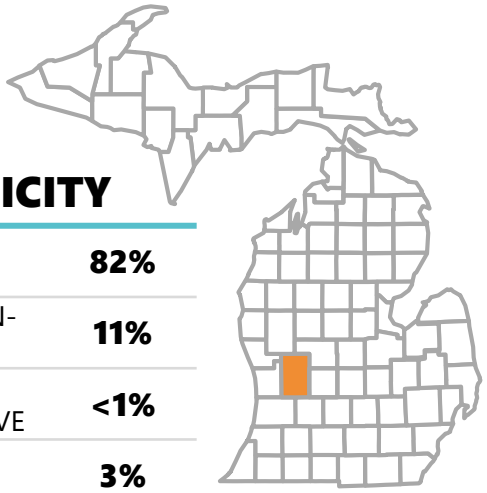
84% OF HOUSEHOLDS HAVE INTERNET ACCESS

90% OF ADULTS 25+ ARE HIGH SCHOOL GRADS

12% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

RACE/ETHNICITY

WHITE	82%
BLACK OR AFRICAN-AMERICAN	11%
AMERICAN INDIAN AND ALASKA NATIVE	<1%
ASIAN	3%
NATIVE HAWAIIAN	<1%
MULTIRACIAL	3%
HISPANIC OR LATINO	11%
WHITE, NOT HISPANIC OR LATINO	74%



KENT COUNTY

$60,351 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

Several organizations are aiming to connect with families early and share resources on child development. In the last 5 years, data show an increase in Special Education services being accessed in Kent County.

DISPARITIES IN KENT COUNTY

The Great Start data in Kent County shows disparities between white people and people of color in accessing pre-natal care, reports to CPS, children living in poverty, and infant mortality. Mortality rates for the Latinx community in Kent County are the highest in the nation.

Geographic disparities also exist. The urban core and rural communities face unique challenges, different from those living in the suburbs. Affordable and safe housing and accessible transportation are only two of the challenges that reflect geographic disparities.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN

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

COUNTY 2.3%

MI 4.6%

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

COUNTY 24.7%

MI 28.6%

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

COUNTY 3.3%

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 6.4%

MI 6.4%

The county rate for no health insurance is **the same as** the rate in Michigan.

UNEMPLOYMENT

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

COUNTY 3.5%

MI 4.6%

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

INCOME INEQUALITY

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

COUNTY 0.44

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 10.4%

MI 14.4%

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

COUNTY 14.6%

MI 19.3%

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)

COUNTY 12.8%

MI 15.9%

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

EXISTING HOME VISITING PROGRAMS

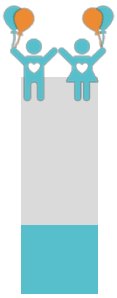
Home visiting programs sit at the intersection of families and communities. They provide critical linkages between families and community service systems. Kent County identified the reach and quality of services for families that partner with home visiting and identified strengths and gaps in the service 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.

20 HOME VISITING PROGRAMS

1,997 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN KENT COUNTY

6,224 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN KENT COUNTY

32% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN KENT COUNTY ARE **RECEIVING HOME VISITING SERVICES**



8 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

5 ARE OPERATING AT OR NEAR CAPACITY FOR MOST OF THE YEAR

Prenatal mothers and children to age one are served well by home visiting programs. While services for children 13-24 months are also available, home visiting was in demand for this age group during the COVID pandemic when early childhood education programs were less available. There are few opportunities for home visiting for children 24 months to preschool age.

WELL CONNECTED SERVICES

Resources to meet basic needs and pregnancy resource centers are well connected to home visiting programs. Hospitals and clinics, largely Maternal Infant Health Programs, provide referrals. Private preschools and Head Starts are often well connected and share resources on home visiting, which leads to word of mouth referrals from parents.

GAPS IN THE SERVICE NETWORK

There are gaps for older children (3-5 years old) for free preschool, families who speak English as a second language reaching needed services, services that have low-cost options for transportation, and services that are accessible for refugee populations. Mental health providers are struggling with referrals because of COVID.

KENT COUNTY

MEETING NEEDS OF CLIENTS

Findings from the home visiting program survey indicate that home visiting programs refer to agencies that are usually or always able to meet client needs. Service providers are aware of what resources are available and how to connect families in a way that they can access what they need.

QUALITY OF SERVICES PROVIDED

The home visiting program survey indicated that families generally feel the services they receive are high to very high quality. Parents are pleased with their experience in home visiting services. Programs should continue to diversify staff so that home visiting staff are more representative of service populations.

STRENGTHENING THE SERVICE DELIVERY NETWORK

Programs need to ensure that there is "no wrong door" when providing access to community resources and services. Using a platform to share resource information can help better the network of communication for quick sharing of information. The county needs to change how programs share about other programs so that families can better understand what they are receiving.

[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

Kent 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. Kent County completed two focus groups with a total of eight participants, all of whom were served by home visiting programs in their community.

STRENGTHS

In both focus groups there were common themes expressed regarding the strengths of home visiting in our community. Participants felt they had a strong connection with their home visitor that extended beyond the two of them to include the child participating and other children in the household. Participants also agreed that education on topics related to parenting or helping their child become school ready was a benefit of home visiting. Linkages to resources in the community were also helpful for families. Participants shared that the benefits of home visiting extended beyond their family to include other parents in their community with whom they could share resources. Participants agreed providers were able to pivot and meet the needs of their family and child when requested. Providers also help families advocate for the needs of themselves and their family.

OPPORTUNITIES TO IMPROVE

Focus group participants also noted opportunities to improve. They felt services should be more equitable and bridge the gaps, especially for families where English is not their first language. More diverse providers that reflect the race/ethnicity of those receiving services would also improve home visiting. Participants indicated that families are hesitant to let providers in their home for fear of being judged or having people involved in their personal business. Having providers that are more representative of the population they serve may help with some of these concerns. Participants also indicated that programs could better target the needs of specific groups, such as fathers, teens (moms/fathers), and single parents.

Participants also indicated that they would like to see home visiting expanded beyond early childhood into the teen years. They indicated that programs with waitlists need more slots since by the time a family can be served key time may have been lost. Participants suggested having more programs embedded in community-based organizations versus larger organizations.

Finally, all the participants agreed the services were very beneficial for themselves and their families. They also agreed there is not enough visibility in the community for home visiting. Many families aren't aware of the services available to them. Participants felt that if families are learning about home visiting at the hospital it could get lost in the volume of information and there should be other opportunities to learn about home visiting in the community.

OUTCOMES OF HOME VISITING

Participants indicated that their goals for home visiting participation were to be happy and healthy, to make sure their children meet developmental milestones, and to receive education in different forms.

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

SIGNIFICANT READINESS

4
3
2
1

There is overall support for early childhood education in the community. There are many workgroups and community meetings/collaboratives that utilize parent representatives to amplify the parent voice and this needs to be emphasized and strengthened for the county.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

Community groups strive to use data related to health disparities to inform their decisions on how to address conditions that lead to disparities.

COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS

4
3
2
1

Many early childhood organizations know about home visiting and there is an algorithm to assist in connecting families to the top three service options that they qualify for within home visiting. This helps narrow down where families would be most eligible for services. There are still opportunities for advertising of home visiting programs.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

4
3
2
1

There are many advocates for families within the community including those who helped support the Early Childhood Millage. It seems that hospitals and medical leaders support the growth of these services.

COMMUNITY CLIMATE

FULL READINESS

4
3
2
1

The Ready by 5 Early Childhood Millage was approved in Kent County, and this indicates support for early childhood services. Discussions of home visiting services are still occurring, which shows support for home visiting and for families.

COMMUNITY RESOURCES

SIGNIFICANT READINESS

4
3
2
1

More parent voice will help to expand home visiting services. Through the Ready by 5 Millage program there is financial commitment but there is competition for services, which can lead to less collaboration.

NEED & CAPACITY TO EXPAND HOME VISITING

Kent County has the need and capacity to expand evidence-based home visiting given the right opportunity. Currently due to COVID it is hard to measure the needs. Families report that many of the people they know are not aware of home visiting and its benefits. The community needs to focus efforts on making home visiting more visible and on monitoring specific geographical needs to reflect the diverse needs of a community comprised of urban, suburban, and rural areas.

The GSC and HVPN/LLG have designated parent representatives and formal parent input mechanisms that the network accessed for this process. Families of current home visiting programs were invited to participate in focus groups. This process utilized a variety of input mechanisms from parent representatives in focus groups, surveys and guided interviews. Parent Reps were given a stipend for their time and focus group attendees received a gift card as an incentive to participate.

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

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