2020 HOME VISITING NEEDS ASSESSMENT

LAPEER COUNTY

michigan Home Visiting initiative

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

87,607 TOTAL POPULATION

835 BIRTHS PER YEAR

5% UNDER 5 YEARS

94% HAVE HEALTH INSURANCE

3% FOREIGN BORN

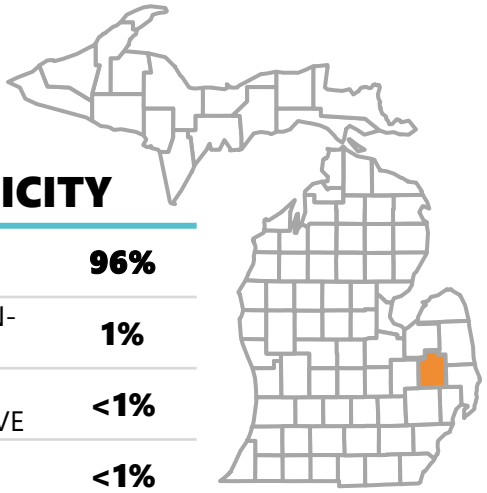
79% OF HOUSEHOLDS HAVE INTERNET ACCESS

91% OF ADULTS 25+ ARE HIGH SCHOOL GRADS

4% 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	**0%**
MULTIRACIAL	**2%**
HISPANIC OR LATINO	**5%**
WHITE, NOT HISPANIC OR LATINO	**92%**



LAPEER COUNTY

$58,952 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

Home visiting could positively impact many outcomes of concern in Lapeer County. In the area of **child health**, the county faces limited access to prenatal care and specialty care for children, as well as higher than average smoking during pregnancy and higher regional neonatal abstinence syndrome rates. Immunization rates are also lower than the state average, as are breastfeeding rates.

According to survey findings, Lapeer County families are concerned with the lack of affordable high-quality childcare, which is a driver of **school readiness**. Additionally, in Lapeer County, there is nearly a 20% gap in 3rd grade reading proficiency for economically disadvantaged youth and a 10-20% gap for children from minority groups.

There are limited supports for **parenting education** and information in the county. These are greatly needed considering parenting risk factors in the county, such as lower levels of education and use of substances.

Family self-sufficiency is an area of concern in Lapeer County, which faces lower education levels, lower income, and lack of livable wage jobs. The county also sees disparities by race and geography in poverty status.

Focus groups, surveys, and staff reports indicate families experience multiple barriers in **access to services**, which could be addressed through home visiting, including lack of awareness of services and challenging application processes.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN

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

COUNTY 3.6%

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 24.5%

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 6.1%

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 6.3%

MI 6.4%

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

COUNTY 5.4%

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 0.38

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 8.7%

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 13.9%

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 13.9%

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. Lapeer 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.

3 HOME VISITING PROGRAMS

2 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

1 IS OPERATING AT OR NEAR CAPACITY FOR MOST OF THE YEAR

130 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN LAPEER COUNTY

255 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN LAPEER COUNTY

51% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN LAPEER COUNTY ARE **RECEIVING HOME VISITING SERVICES**

Children prenatal to 3 years of age are well-served by home visiting programs in Lapeer County, while children 3 to 5 years of age are lacking available services. Areas outside of county seat in Lapeer are not as well-served by home visiting and other programs.

CONNECTED SERVICES

Home visiting programs have open lines of communication with other agencies to share information and resources, and home visitors are effective at connecting families to other services.

MEETING NEEDS OF CLIENTS

Families feel the "whole family approach" and ease and convenience of visits at home reduced access barriers related to transportation, time, work schedules, and childcare.

LAPEER COUNTY

GAPS IN THE SERVICE NETWORK

Eligibility requirements for the Maternal Infant Health Program leave gaps in services for non-Medicaid families. Limited capacity in other programs also creates gaps in services for families in need. Services for three-year-old children are limited.

QUALITY OF SERVICES PROVIDED

Families are very satisfied with home visiting services. Families feel home visitors are nonjudgmental, friendly, invested, caring, flexible, and personal. Home visitor relationships are key to addressing sensitive topics such as domestic violence, substance use disorders, and depression.

STRENGTHENING THE SERVICE DELIVERY NETWORK

Lapeer County can strengthen the service delivery network by increasing access to programs for families, and by recruiting and paying highly trained staff equitable wages; increasing awareness of services and decreasing stigma; increasing communication across county borders and between agencies especially with transition services; and increasing digital resources.

[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

Lapeer 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. Lapeer County completed 2 focus groups with a total of 6 participants, 6 of which were served by home visiting programs in their community.

STRENGTHS

Families who participated in the focus groups reported that home visitors were nonjudgmental, friendly, invested, caring, flexible, and personal. These relationships were cited as key to addressing sensitive topics such as domestic violence, substance use disorders, and depression. Participants also noted that the convenience of visits at home reduced access barriers related to transportation, time, work schedules, and childcare. Some participants also indicated that the visits were more productive because their child was in their natural environment. Families noted that communication between home visitors and participants were a strength, including home visitor availability by text and phone. The whole family approach was appreciated by the focus group participants, who valued the ability of home visitors to include other children in the family and address family needs.

OPPORTUNITIES TO IMPROVE

Focus group participants indicated that many families are not aware of home visiting services. They indicated that information about home visiting is very difficult to find and suggested that birthing centers, pediatric clinics, schools, and social service agencies could all be great places to distribute information. Participants also noted confusion about eligibility related to service areas, and they noted that some families do not enroll in home visiting because they are afraid of being judged by their home visitor. Participants also noted opportunities to improve home visiting service delivery. They noted an opportunity to improve the timing and content of materials provided by home visitors. They felt that it would be helpful to have information about children's development earlier, and they requested materials that were more tailored to the needs of each child. They would also like materials to be available online or linked via a newsletter. Families also noted a need to work on referrals and transitions between agencies and services.

OUTCOMES OF HOME VISITING

In a poll used during the focus groups, members identified the following as outcomes of home visiting: families learn about their child's development, families feel less alone, and families have more support. Participants also indicated that they wanted their children to be healthier and to make sure they were developmentally on track. Finally, participants reported that home visiting helped their family meet their goals.

OTHER KEY TAKEAWAYS

The diversity of families in these focus groups demonstrated how these services are very important to families in special circumstances such as foster families, grandparents raising grandchildren, families that have experienced trauma, and families with children who have special needs.

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

Needs of pregnant women and families are identified through community- and agency-level needs assessments, surveys, and direct parent participation. The community uses both population data and input from families and providers to understand needs. While robust assessment activities are in place, findings could be more broadly shared and some groups of parents' voices are missing, such as dads and teens.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

Programs for families have worked toward increased awareness of inequities in the past few years, and diversity and inclusivity are valued by home visiting programs. However, more training is needed, as are language resources in addition to Spanish (Chinese, American Sign Language). Finally, families who identify as LGBTQ+ could be better represented and engaged in services.

COMMUNITY KNOWLEDGE OF HOME VISITING

FULL READINESS

4
3
2
1

Home visiting is highly regarded by families, and the community has several strategies in place to strengthen and improve referral networks, such as utilizing MI Bridges. However, there is a lack of consistent branding for home visiting and no one-stop source of information on this service, which could reduce stigma and fear.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

4
3
2
1

Community leaders are supportive of home visiting and engaged in the Great Start Collaboratives Perinatal Quality Collaborative and other initiatives. However, it remains challenging to fund prevention programs, such as home visiting due to lack of awareness of the need.

COMMUNITY CLIMATE

SIGNIFICANT READINESS

4
3
2
1

Programs work together and value prevention. Home visiting programs are normally full, and events for families are well attended within the community. However, early childhood providers have difficulty connecting with medical providers as referral sources, limited services are available, and families in outlying areas face barriers to access.

COMMUNITY RESOURCES

SIGNIFICANT READINESS

4
3
2
1

Home visiting programs sit in agencies with stable funding and longevity in the community. However, home visitors are under paid and retaining home visiting staff is challenging. Additionally, there is a gap in availability of services for three- and four-year-olds.

NEED & CAPACITY TO EXPAND HOME VISITING

Lapeer County has need and capacity to expand evidence-based home visiting. Data collected through this assessment process show home visiting programs in Lapeer county would have the capacity to serve more eligible families with additional funding. Additionally, many programs have eligibility guidelines that leave out children in need, especially those that are just above income eligibility guidelines.

This process engaged families to participate as partners and leaders by inviting families via social media, mailings, and phone calls to take part in focus groups and online surveys. Incentives were provided for virtual participation.

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

Data collected by Michigan Thumb Public Health Alliance; Huron County Great Start Collaborative (GSC), and Huron County Great Start Parent Coalition with assistance from MPHI-CHC. For more information about this assessment, contact these groups. 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.