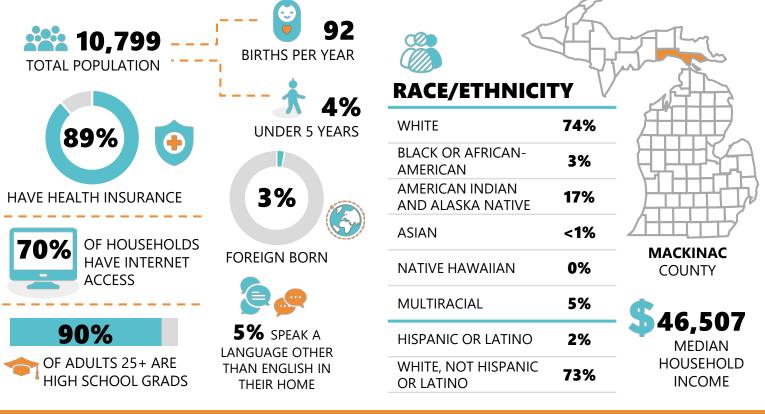
# 2020 HOME VISITING NEEDS ASSESSMENT MACKINAC COUNTY

# **KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS**



# **OUTCOMES IMPACTED BY HOME VISITING**

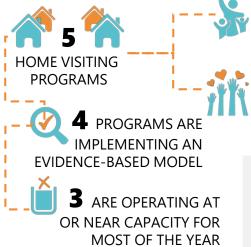
PRETERM DELIVERY	CHILD MALTREATMENT	3 <sup>RD</sup> GRADE READING	DOMESTIC VIOLENCE
% of live births at less than 37 weeks	rate of victims ages 1-17 per 1,000 child residents	% of students who did not meet standards on the ELA M-STEP	number of domestic violence victims per 1,000 residents
COUNTY 10.9%	COUNTY 23.0	COUNTY 55.2%	<b>COUNTY —</b> 2.7
мі —— 10.0%	мі — 16.7	мі —— 55.0%	мі — 4.8
The county rate for preterm delivery is <b>higher</b> than Michigan's rate.	The county rate for child maltreatment is <b>higher</b> than Michigan's rate.	The county rate for 3 <sup>rd</sup> grade reading incompetency is <b>higher</b> than the state.	The county rate for domestic violence is <b>lower</b> than Michigan's rate.

# **COMMUNITY CONDITIONS IMPACTING FAMILIES**

HOMELESSNESS AMONG CHILDREN	HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE	NO HIGH SCHOOL DIPLOMA
% of children ages 0-4 who experienced homelessness during the school year	% of households receiving supplemental security income or other public assistance	% of persons 16-19 years of age not enrolled in school with no high school diploma
COUNTY 7.8%	COUNTY	COUNTY
мі — 4.6%	MI 28.6%	MI 3.2%
The county rate for homelessness is <b>higher</b> than Michigan's rate.	The county rate for receiving public assistance is <b>higher</b> than the rate in Michigan.	The county rate of persons without a high school diploma is <b>higher</b> than Michigan.
NO HEALTH INSURANCE	UNEMPLOYMENT	INCOME INEQUALITY
% of persons without health insurance, under age 65 years	% of unemployed persons 16 years of age or older within the civilian labor force	A measurement of how far the wealth or income distribution differs from being equal (Gini Coefficient).
COUNTY 11.5%	COUNTY 10.2%	COUNTY 0.44
MI —— 6.4%	MI — 4.6%	MI 0.50 perfect perfect equality inequality
The county rate for no health insurance is <b>higher</b> than the rate in Michigan.	The county rate for unemployment is <b>higher</b> than the rate in Michigan.	The county measure of income inequality is <b>lower</b> than in Michigan.
FAMILIES LIVING IN	CHILDREN	CHILDHOOD FOOD
POVERTY	EXPERIENCING POVERTY	INSECURITY
% population living below 100% of the federal poverty level	% of children ages 0-17 who live below the poverty threshold	% of children experiencing food insecurity (lack of access, at times, to enough food)
		• at times, to enough food)
COUNTY 14.3%	COUNTY	COUNTY

# **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. Mackinac 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.



FAMILIES ARE ENROLLED IN – HOME VISITING PROGRAMS IN MACKINAC COUNTY

FAMILIES ARE IN NEED<sup>1</sup> OF -HOME VISITING SERVICES IN MACKINAC COUNTY OF FAMILIES IN NEED OF HOME VISITING SERVICES IN MACKINAC COUNTY ARE RECEIVING HOME VISITING SERVICES

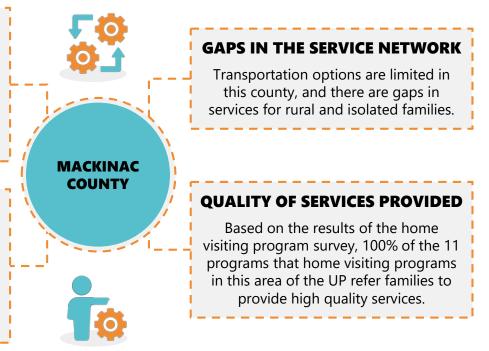
The number of home visiting programs and families enrolled were gathered through a home visiting program survey. The estimate of need was a highly conservative estimate calculated at the federal level. Also, while every county in the Upper Peninsula has access to at least one home visitor, some home visitors cover multiple counties, which means fewer families are served due to driving time.

### WELL CONNECTED SERVICES

The network of providers that serves families with young children in Mackinac County have a strong history of collaboration and work well to ensure children have the support and services they need.

### **MEETING NEEDS OF CLIENTS**

Based on the results of the home visiting program survey, home visiting programs in this area of the UP refer families to at least 11 other programs. All these programs usually or always have the capacity to meet family needs.



### **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.

<sup>1</sup>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**

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.



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.

# **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 sigma 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.

## **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**

Mackinac 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.

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.

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