2020 HOME VISITING NEEDS ASSESSMENT

OSCODA COUNTY

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

8,241
TOTAL POPULATION

100
BIRTHS PER YEAR

6%
UNDER 5 YEARS

91%
HAVE HEALTH INSURANCE

1%
FOREIGN BORN

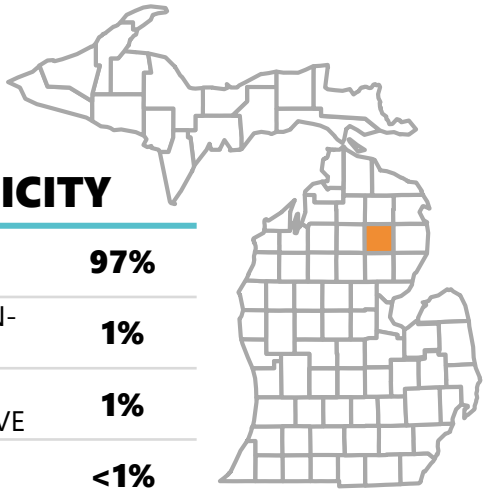
62% OF HOUSEHOLDS HAVE INTERNET ACCESS

83%
OF ADULTS 25+ ARE HIGH SCHOOL GRADS

7% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

RACE/ETHNICITY

WHITE	**97%**
BLACK OR AFRICAN-AMERICAN	**1%**
AMERICAN INDIAN AND ALASKA NATIVE	**1%**
ASIAN	**<1%**
NATIVE HAWAIIAN	**<1%**
MULTIRACIAL	**2%**
HISPANIC OR LATINO	**2%**
WHITE, NOT HISPANIC OR LATINO	**95%**



OSCODA COUNTY

$40,255
MEDIAN HOUSEHOLD INCOME

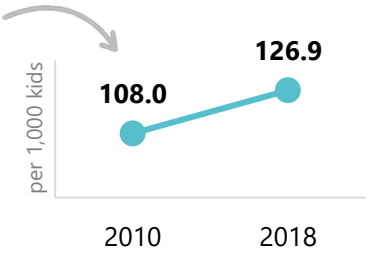
OUTCOMES IMPACTED BY HOME VISITING

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

As compared with Michigan, fewer Oscoda County children are proficient in third-grade reading or college ready.

Oscoda County reported a **18% increase in the rate of children living in families investigated for abuse or neglect**, from 108.0 per 1,000 kids in 2010 to 126.9 per 1,000 kids in 2018.



These priorities can be addressed early and holistically through policies and practices that improve the lives of kids and families, including evidence-based home visiting programs that support families as they navigate the challenges of parenthood. Families who are supported are more likely to thrive.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN

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

COUNTY 5.4%

MI 4.6%

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

HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE

% of households receiving supplemental security income or other public assistance

COUNTY 30.6%

MI 28.6%

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

COUNTY 15.0%

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 9.0%

MI 6.4%

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

COUNTY 7.5%

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 0.46

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 18.0%

MI 14.4%

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

COUNTY 28.2%

MI 19.3%

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)

COUNTY 19.3%

MI 15.9%

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. Oscoda 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.

2 HOME VISITING PROGRAMS

2 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

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

33 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN OSCODA COUNTY

67 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN OSCODA COUNTY

49% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN OSCODA COUNTY ARE **RECEIVING HOME VISITING SERVICES**

Home visiting programs in Oscoda County cover children prenatally to three years of age. Home visiting programs in Oscoda county serve families throughout the county.

CONNECTED SERVICES

The Great Start Collaborative and Local Leadership Group serve as referral sources between agencies. The WIC program is a main referral source for home visiting programs. In addition, the Maternal Infant Health Program links families to other home visiting programs as needed.

GAPS IN THE SERVICE NETWORK

Gaps in the network include limited resources due to rural geography of the county. Access to reliable internet for telehealth appointments is difficult. Transportation to doctor's appointments, limited providers, and feeling isolated are also issues.

OSCODA COUNTY

MEETING NEEDS OF CLIENTS

Home visiting programs are meeting participants' needs and expectations. Most resources that participants were struggling with were beyond the scope of home visiting, like lack of physicians, poor cell phone access, or a lack of basic supplies.

PATTERNS IN QUALITY OF SERVICES PROVIDED

Most families feel supported and had positive interactions with home visiting staff. Opinions about tele- versus in-person appointments are split with half of participants feeling satisfied with video chat or phone for visits and half preferring actual home visits.

STRENGTHENING THE SERVICE DELIVERY NETWORK

To address issues with internet and phone, home visiting programs could supply participants with cell phones or minutes, tablets with limited WIFI services, or hotspot capabilities for staff. Some requirements could be adjusted to favor telehealth appointments. Increasing State or Federal funds to increase the number of physicians who practice in Northern rural Michigan would greatly strengthen the service network.

[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

District Health Department #2 asked parents who have previously participated in a Home Visiting program in the region 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. District Health Department #2 completed 2 focus groups with a total of 6 participants, 1 of whom was served by a home visiting programs in Oscoda County.

STRENGTHS

In home visits are convenient, especially because they don't require transportation. Participants appreciated that home visitors check up on the whole family, are punctual, educate on how to help children reach milestones, and connect them to other services when necessary. They noted that communication was good and responses from home visitors were quick. Participants shared that home visitors help create a comfortable and encouraging environment. They also noted that home visitors support people suffering from substance abuse or mental health issues, and participants appreciated that programs are accessible. Participants also noted that information shared by home visitors can be shared with family and friends.

OPPORTUNITIES TO IMPROVE

Participants noted that home visiting could be more visible in the community and do more outreach. They also noted that the community has internet coverage gaps which hinder virtual services. Some participants expressed concerns about shortages of supplies such as baby formula and diapers. Participants described a need for more resources for families experiencing behavioral issues, as well as more services for children with special needs. They also indicated that parents vary in their comfort with different modes of communication, so it is important to have several options. Similarly, participants felt that home visitors could be more mindful to talk 1:1 with caregivers, to make sure answers to sensitive questions are not influenced.

OUTCOMES OF HOME VISITING

Participants noted that home visiting improves the emotional health of the whole family. They also shared that home visiting teaches parents creative ways to reinforce their child's learning. It also helps parents learn how to identify developmental accomplishments and delays.

OTHER KEY TAKEAWAYS

Some participants wanted more visits per month and felt it would be helpful to have a detailed explanation of all programs available. Participants also noted that it can be uncomfortable for home visitors to keep written notes of sensitive conversations. Transportation and employment were problems often mentioned, and COVID-19 was noted as a factor in making it hard to access services. Participants noted that in home services can make some parents uncomfortable. Finally, participants noted that it is critical for home visitors to understand and work to address the unique priorities of the family.

> *My home visitor helped my son grow and develop the way he's supposed to, and that may not have happened without their help."*
>
> -FOCUS GROUP PARTICIPANT

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

Needs of pregnant women and families are identified through Needs Assessments, surveys, and parent participation in different groups. Some groups engage parents during medical evaluations and medication review appointments. Some gaps in awareness exist in the business sector. Other gaps exist in referrals – many enrollments happen after delivery and are missed prenatally because of a gap in clinician referrals.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

Position postings use language to recruit hires with the lived experience of the service population, bilingual staff, and previous participants. One program has universal enrollment and some program have evening hours. The county works closely with tribal programs. However, there is a fair amount of resistance to understanding, embracing, and addressing disparities in the community.

COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS

4
3
2
1

Early childhood programs are well known and visible in the community and outreach with referral sources is frequent. Partners are ready to support new or additional programs. However, often there is a stigma associated with home visiting programs and they are likened to CPS or only for the "poor and troubled."

COMMUNITY LEADERSHIP

MODERATE READINESS

4
3
2
1

Leaders are supportive of home visiting. Many organizations have had buy-in from local leaders to address priority issues by focusing on the return on investment in early childhood. Sometimes different systems operate from their own agenda, which creates barriers to referrals.

COMMUNITY CLIMATE

MODERATE READINESS

4
3
2
1

There is good community support for programs. Partners offer a variety of tailored resources. Services are prioritized through health screenings. Flexible clinic hours accommodate families with atypical schedules. There is still a stigma attached with home visiting and WIC programs and discrimination against families on public assistance.

COMMUNITY RESOURCES

MODERATE READINESS

4
3
2
1

Working remotely has been essential to meet both client and employee needs. Training for home visitors is available, and the community is working toward becoming trauma-informed. However, programs are not universal, infant mental health services are lacking, and rural areas struggle with poor access to resources.

NEED & CAPACITY TO EXPAND HOME VISITING

Oscoda County has need and capacity to expand evidence-based home visiting. Oscoda County is ranked 80th in the state for overall health outcomes by the Robert Wood Johnson Foundation Based on available data, there is capacity for expanding evidence-based home visiting.

This process engaged families to participate as partners and leaders by including parent representatives in the assessment process. Parents were recruited through social media to share their experiences in order to improve services. Through regular communication with families and focus groups, families were asked to provide feedback on their experiences with local home visiting programs and their suggestions for change.

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

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