

2020 HOME VISITING NEEDS ASSESSMENT

ST. CLAIR COUNTY



KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

159,128
TOTAL POPULATION

1,540
BIRTHS PER YEAR

94%
HAVE HEALTH INSURANCE

5%
UNDER 5 YEARS

3%
FOREIGN BORN

3% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

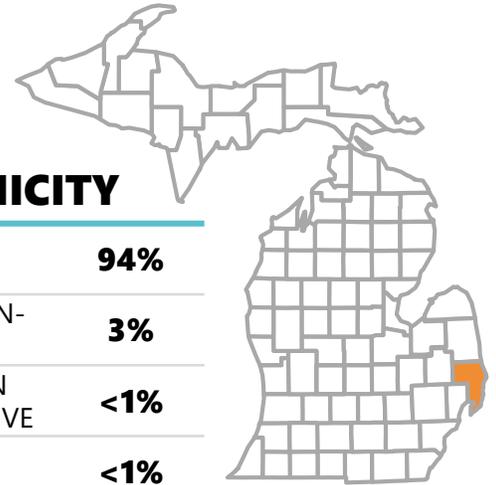
81% OF HOUSEHOLDS HAVE INTERNET ACCESS

91% OF ADULTS 25+ ARE HIGH SCHOOL GRADS



RACE/ETHNICITY

WHITE	94%
BLACK OR AFRICAN-AMERICAN	3%
AMERICAN INDIAN AND ALASKA NATIVE	<1%
ASIAN	<1%
NATIVE HAWAIIAN	0%
MULTIRACIAL	2%
HISPANIC OR LATINO	3%
WHITE, NOT HISPANIC OR LATINO	91%



ST. CLAIR COUNTY

\$55,240
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



The rates of babies born exposed to substances is higher than the state and national rate.

The rate of breastfeeding at delivery is lower than the state average.

St. Clair county has a higher rate of marijuana, non-medical, and illicit drug use than the state and national rate.



Literacy rates are low in the county specifically in Capac and Port Huron areas. This area of concern is being highlighted by the Great Start Collaborative and is a focus within the home visiting and preschool programs.



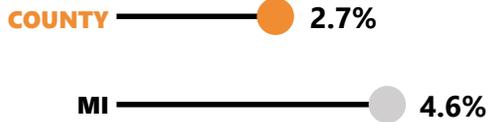
The child maltreatment rate in St. Clair county is much higher than the national rate. The number of children in foster care in the county has been an area of concern and one that local groups are focusing on.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

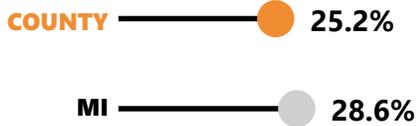


The county rate for homelessness is **lower** than Michigan's rate.

HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance



The county rate for receiving public assistance is **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



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



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).

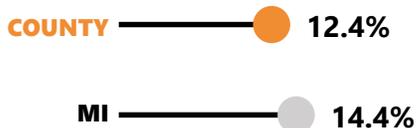


The county measure of income inequality is **lower** than in Michigan.

FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level



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

CHILDREN EXPERIENCING POVERTY



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

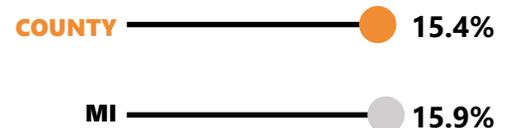


The county rate for children experiencing poverty is **higher** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



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



The county rate for childhood food insecurity is **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. St. Clair 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.

 **4** HOME VISITING PROGRAMS

 **119** FAMILIES ARE ENROLLED IN HOME VISITING PROGRAMS IN ST. CLAIR COUNTY

7% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN ST. CLAIR COUNTY ARE RECEIVING HOME VISITING SERVICES 

 **3** PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

 **1,602** FAMILIES ARE IN NEED¹ OF HOME VISITING SERVICES IN ST. CLAIR COUNTY

 **4** ARE OPERATING AT OR NEAR CAPACITY FOR MOST OF THE YEAR

The 0-3 age group is well served by home visiting programs. All four home visiting programs in the county can serve children 0-3 years old. The 3-5 age groups are not as well served. Only one of the programs can serve children 3-5 years old.

WELL CONNECTED SERVICES

Many programs are well connected with home visiting, including Kids in Distress, Blue Water Community Action, Blue Water YMCA, local school districts, DHHS, Spero, WIC, the health department, Community Mental Health, and some pediatricians.



GAPS IN THE SERVICE NETWORK

Some gaps exist in funding, lack of infant/toddler care, and loss of childcare providers due to COVID. There is also a lack of transportation to resources for families with children.

MEETING NEEDS OF CLIENTS

The established Local Leadership Group works to create strong collaboration and communication between organizations in order to meet the needs of home visiting clients. If a home visiting program cannot meet a family's needs directly, the program utilizes other community resources to connect and support the family to meet their needs.



QUALITY OF SERVICES PROVIDED

Local Leadership Group priorities include streamlining recruitment and enrollment for home visiting, expanding home visiting programs, and quality of programs. Programs have started to participate in more professional development and collaborative efforts to improve quality, including the CQI process.

ST. CLAIR COUNTY

STRENGTHENING THE SERVICE DELIVERY NETWORK

The service network is strong within the early childhood programs and services but may need to be strengthened when it comes to the health care providers. The communication and networking for occupational therapy and physical therapy and other specialty services is lacking.

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

St. Clair 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. St. Clair County completed 3 focus groups with a total of 10 participants, all of whom were served by home visiting programs in their community.



STRENGTHS

Focus group participants noted several strengths of home visiting programs in St. Clair County, including:

- Home visiting programs answer parents' questions.
- Home visiting takes place in the family's home.
- All participants agreed that the resources they received were valuable and often personalized to their needs.
- Parents can talk about difficult issues with home visitors because they are comfortable with and have a rapport with their home visitor.



OPPORTUNITIES TO IMPROVE

Focus group participants also noted opportunities to improve home visiting:

- Parents sometimes prefer communication through text, yet not all home visitors have work phones to text so they must rely on phone calls or emails.
- Better advertising about what home visiting is and what to expect if you sign up is needed.
- Parents might feel comfortable if the first few home visits took place in a public space until parents are comfortable inviting the home visitor into their home.
- More frequent home visits would be preferred by many parents.
- It would be helpful to reduce the amount of paperwork.
- Home visitors are limited in referral options due to limitations in the availability of some services.



OUTCOMES OF HOME VISITING

- Focus group participants emphasized that the biggest goal and outcome of home visiting is to ensure children are developmentally on track.



OTHER KEY TAKEAWAYS

- Qualifications determined what home visiting programs parents pick.
- COVID has created new challenges for home visiting families but the virtual visits helped keep consistency and provide additional resources. However, parents prefer face-to-face visits.
- Parents are more likely to enroll or inquire about a home visiting program when they have heard about it from a trusted source. Parents shared that word of mouth was how they found out about home visiting, and it made them more comfortable knowing someone who enrolled in the program.

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

Along with The Great Start program and community partners, the county has many tools to hold a dialogue with families. There are still challenges in representation, enrollment paperwork, and in comprehensive knowledge of services amongst partners.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

Partnerships and work continues within the community, but there is limited diversity.

COMMUNITY KNOWLEDGE OF HOME VISITING

SIGNIFICANT READINESS

4
3
2
1

The Local Leadership Group promotes Home visiting and programs do a great job at maintaining visibility in the community. Despite these strengths, there is improvement to be made in access to services and a persisting stigma of Home Visiting.

COMMUNITY LEADERSHIP

MODERATE READINESS

4
3
2
1

Leaders within the community care and support the work of home visiting but needs to expand to those that don't directly work with home visiting.

COMMUNITY CLIMATE

SIGNIFICANT READINESS

4
3
2
1

Great enthusiasm and support exist within the county, but improvements can continue to be made by increasing awareness of programs and expanding focus to early childhood.

COMMUNITY RESOURCES

MODERATE READINESS

4
3
2
1

Agencies across the county collaborate and support home visiting work, but limited financial resources continue to make the work difficult.

NEED & CAPACITY TO EXPAND HOME VISITING

St. Clair County has need and capacity to expand evidence-based home visiting. The Great Start Home Visiting program has the capacity to expand and add additional home visitors. The program was able to expand in the past with a Children's Trust Fund grant for a part time home visitor and with the help from community partners for recruitment and referral would be able to expand again.

This process engaged families to participate as partners and leaders by including parent voice in the data collection process. In order to support families and remove all barriers, The group provided a stipend as well as support for childcare or mileage when needed.

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

Data collected by St. Clair County RESA with assistance from MPHI-CHC. For more information about this assessment, contact St. Clair County RESA. 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.