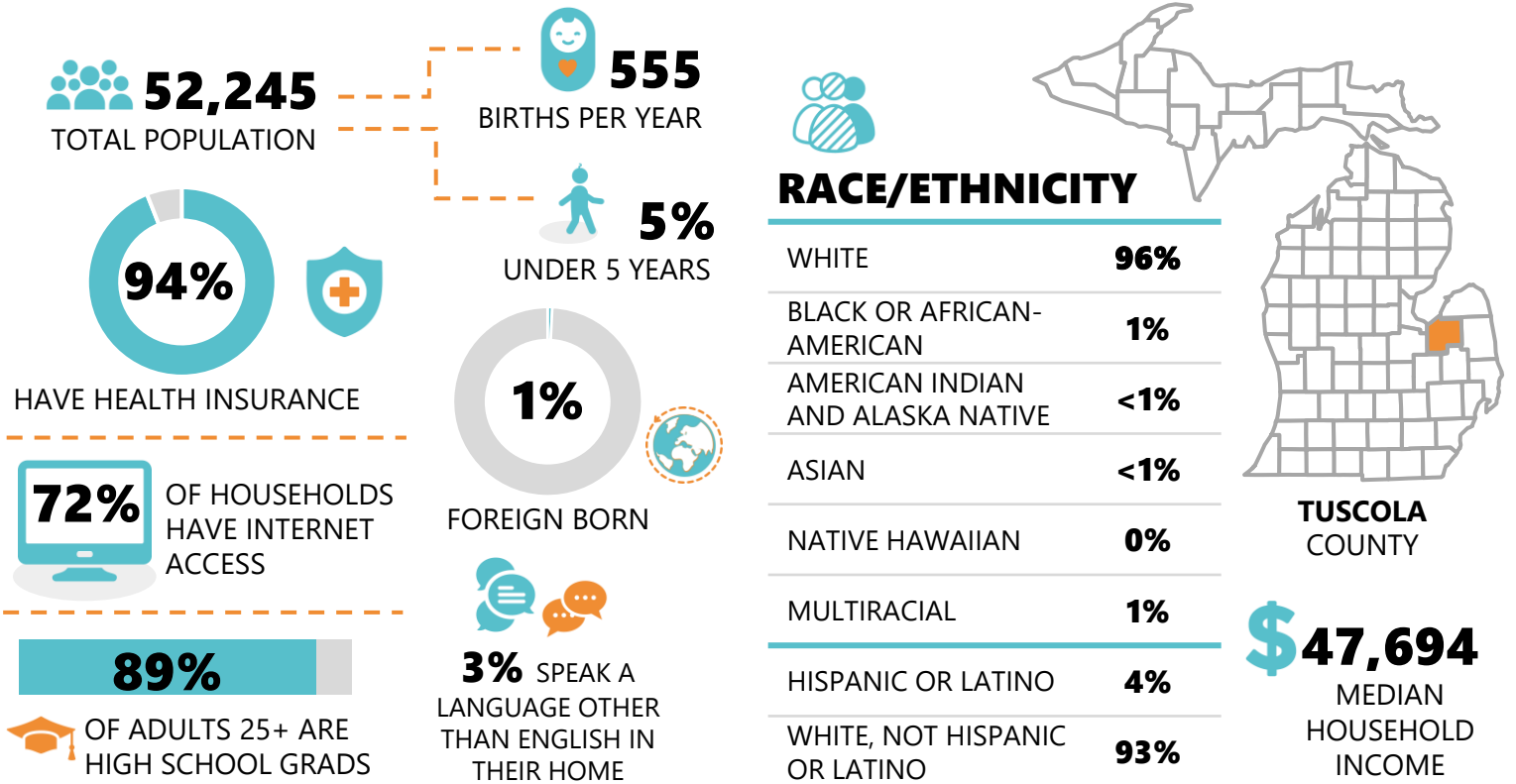


# 2020 HOME VISITING NEEDS ASSESSMENT

## TUSCOLA COUNTY



### KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



### 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 impact many outcomes of concern in Tuscola county. In the area of **child health**, the county faces higher than average smoking during pregnancy and higher regional neonatal abstinence syndrome rates. Low immunizations are also a concern. The county does not have a delivering hospital and there are almost no OB/GYN services or specialty care services for children.

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

There are limited supports for **parenting education** and information in the county, which is concerning considering other parenting risk factors such as lower levels of education and use of substances. Also, 26% of children have experienced two or more Adverse Childhood Experiences, and the rate of **child maltreatment** is higher in Tuscola County than the state average.

**Family self-sufficiency** is an area of concern in Tuscola County, which faces high rates of food insecurity, lower education levels and income, and lack of jobs that pay a livable wage.

**Access to services** is a challenge in Tuscola which lacks a county wide transportation service and other transportation services are almost non-existent.

# 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 **higher** 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 **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

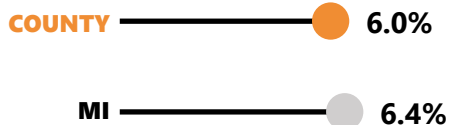


! The county rate of persons without a high school diploma is **higher** than Michigan.

## NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years



! The county rate for no health insurance is **lower** than the rate in Michigan.

## UNEMPLOYMENT



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

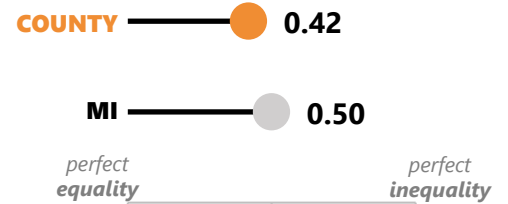


! The county rate for unemployment is **higher** than the rate in Michigan.

## INCOME INEQUALITY



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

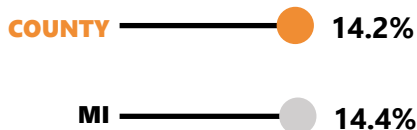


! The county measure of income inequality is **lower** than in Michigan.

## 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

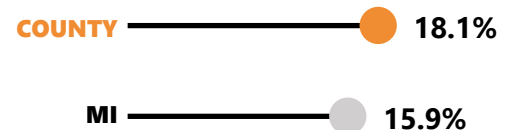


! The county rate for children experiencing poverty is **lower** than Michigan's rate.

## CHILDHOOD FOOD INSECURITY



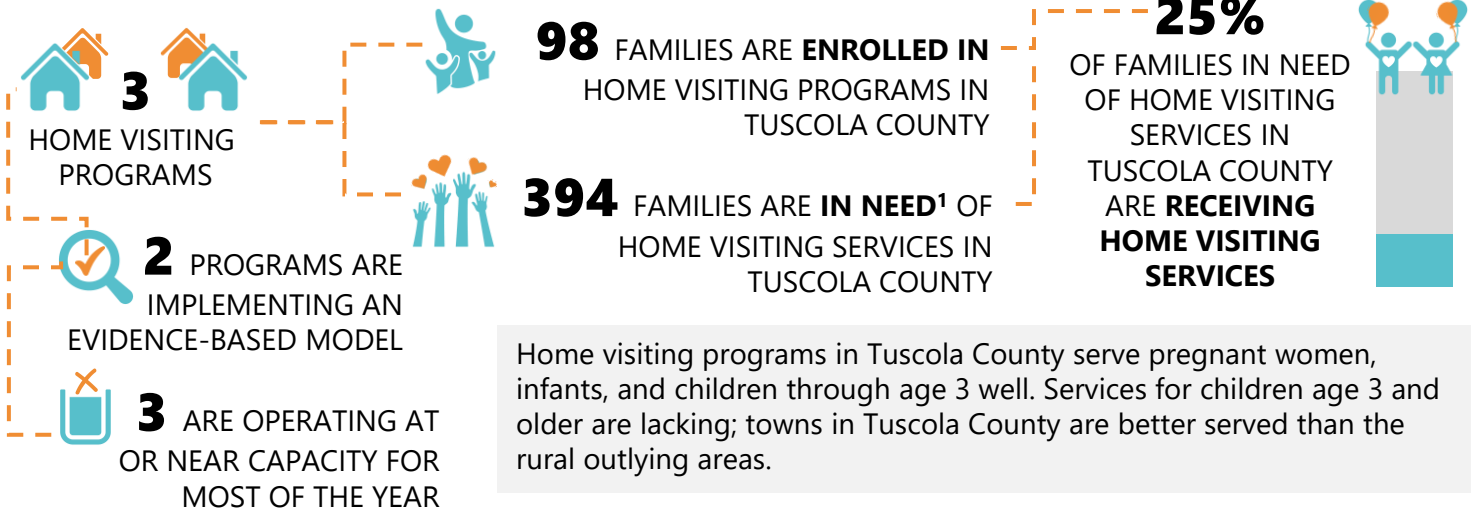
% of children experiencing food insecurity (lack of access, at times, to enough food)



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

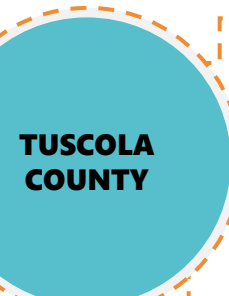
# EXISTING HOME VISITING PROGRAMS

Home visiting programs sit at the intersection of families and communities. They provide critical linkages between families and community service systems. Tuscola 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.



## CONNECTED SERVICES

Agencies work together and make mutual referrals. Multiple collaborative groups work together to address system issues and improve connections between services including the Great Start Collaborative, Human Services Coordinating Council, Trauma Team, Judge Thane's Collaborative; Children's Advocacy Center Board- Child Abuse and Neglect Program.



## GAPS IN THE SERVICE NETWORK

There are gaps in services available to 3-year-olds and eligibility gaps, as well as gaps in transitional programming. Medical services are a gap in the community such as OB/GYN care, childbirth education, and parenting education. Resource navigation and affordable childcare are lacking.

## MEETING NEEDS OF CLIENTS

Tuscola County's Great Start home visitor's passport program has helped families and home visitors track the services each family has received and led to more coordinated services. Services have been innovative during the pandemic and families praise the accessibility of services.



## QUALITY OF SERVICES PROVIDED

A Home Visiting Workgroup meets annually and provides trainings to home visitors. Families are very satisfied with home visiting services and feel that home visitors are nonjudgmental, nice, dedicated, caring, flexible, and personal.

## STRENGTHENING THE SERVICE DELIVERY NETWORK

Tuscola County can strengthen the service delivery network by providing additional and different types of trainings to home visitors; increasing awareness of services and decreasing stigma; reducing barriers to enrollment and transitions; and reducing system issues that are barriers to accessing services, such as systems for rescheduling services.

<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

Tuscola 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. Tuscola County completed 2 focus groups with a total of 12 participants, 12 of which were served by home visiting programs in their community.



## STRENGTHS

Families reported that home visiting staff were nonjudgmental, friendly, invested, caring, flexible, and personal. These relationships were also cited as key to addressing sensitive topics such as domestic violence, substance use disorders, and depression. Another strength of the program mentioned was the accessibility, ease, and convenience of visits at home reduced access barriers related to transportation, time, work schedules, and childcare. Focus group participants felt communication was a strength of home visitors, and they noted that they appreciated the materials and resources provided by programs, especially materials about developmental milestones or special needs. Participants discussed how home visitors have worked hard to meet family needs during the pandemic, and that home visitors used innovative ways to interact with families, such as dropping off materials to use during virtual visits.



## OPPORTUNITIES TO IMPROVE

Focus group participants noted that perceived fear of being judged and income guidelines prevent enrollment in home visiting. Additionally, they noted that paperwork and waiting lists may prevent families from receiving services. Participants described a gap in home visiting services for children age 3-5 and found that transitions between programs are challenging due to the complexity of the system.



## OUTCOMES OF HOME VISITING

In a poll used during the focus groups, members identified the following benefits of home visiting programs: families learn more about their child's development; families have more support; families feel less alone; families are healthier; it is easier for families to meet basic needs; and families have more security and safety. Participants indicated that they wanted their child to be healthier and make sure they were developmentally on track. The participants agreed that the home visiting program helped them reach these goals.



## OTHER KEY TAKEAWAYS

Participants shared their thoughts on the most important concerns facing families with young children in their community. They shared that families do not have access to birthing classes, that the community lacks affordable childcare, and that the community needs more opportunities for socialization for young children.

# 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**

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, and program staff could use training to assist families in feeling comfortable sharing their needs.

## 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 home visiting services.

## COMMUNITY KNOWLEDGE OF HOME VISITING

### SIGNIFICANT 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, confusion about similar services, and no one-stop source of information, 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 prioritize early childhood. Collaborative bodies are active, and events for families are well attended within the community. However, early childhood providers have difficulty connecting with medical providers as referral sources, programs are beyond capacity, 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

Tuscola County has need and capacity to expand evidence-based home visiting. The county is seeing increases in families facing challenging circumstances and research supports that providing home visiting services can assist these families in meeting their needs. There are additional families that could be served in all age groups and in particular children over the age of three were not well-served.

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.*