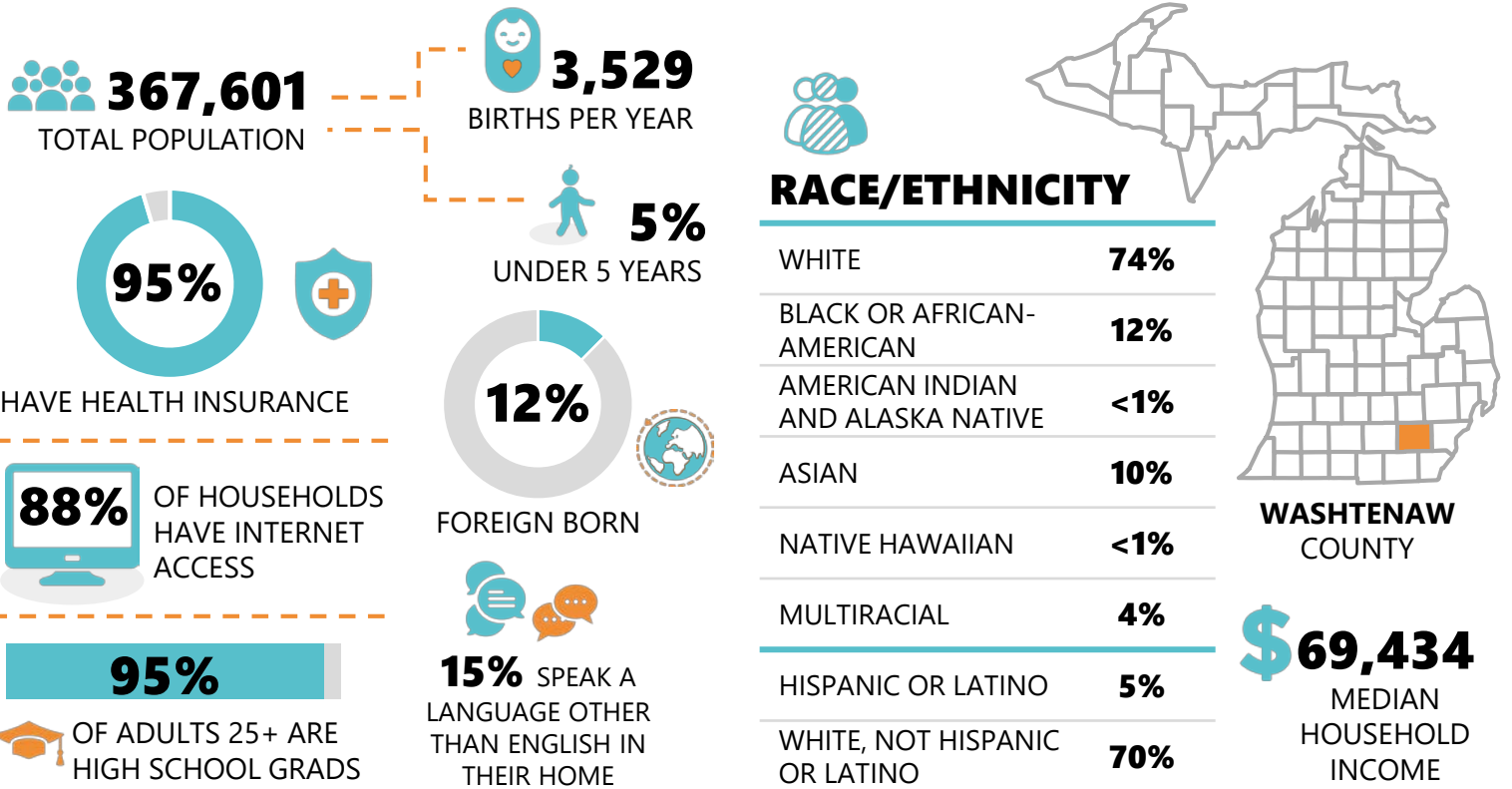


# 2020 HOME VISITING NEEDS ASSESSMENT

## WASHTENAW 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



**Maternal health** is an area of concern, particularly in the eastern part of the county (Ypsilanti, Ypsilanti Township, and Superior Township). Although some health indicators for maternal health are comparable to the Michigan rate, there are some large geographic disparities in these county areas.



The rate of children proficient at 3rd grade reading is an indicator of **school readiness**. The reading scores among Washtenaw County children show that there is a significant disparity between Ann Arbor and the two districts on the east side of the county.

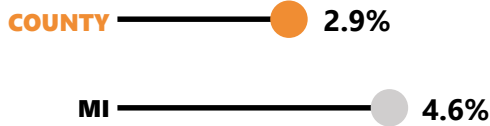
- In Ann Arbor, the all-student percentage of proficient or advanced is 67.4% but for Black students it is 26.2%.
- In Ypsilanti Community Schools the overall percentage of proficient or advanced is 9.1% and for Black students it is 12.1%.
- For Lincoln Consolidated Schools the overall percentage is 35.2% and for Black students it is 25.5%.

# COMMUNITY CONDITIONS IMPACTING FAMILIES

## HOMELESSNESS AMONG CHILDREN



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

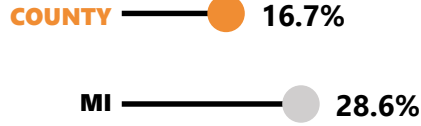


The county rate for homelessness is **lower** than Michigan's rate.

## HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance

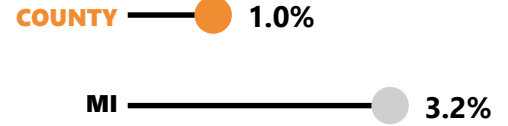


The county rate for receiving public assistance is **higher** than the rate in Michigan.

## NO HIGH SCHOOL DIPLOMA



% of persons 16-19 years of age not enrolled in school with no high school diploma

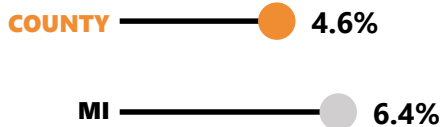


The county rate of persons without a high school diploma is **lower** than Michigan.

## 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

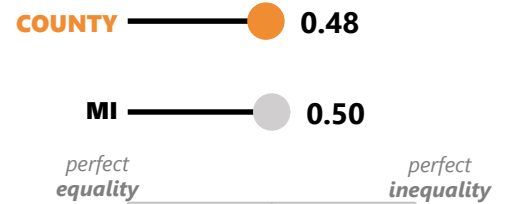


The county rate for unemployment is **lower** than the rate in Michigan.

## INCOME INEQUALITY



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

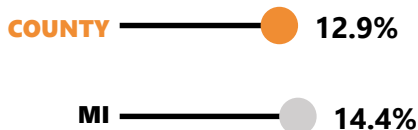


The county measure of income inequality is **lower** than in Michigan.

## FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

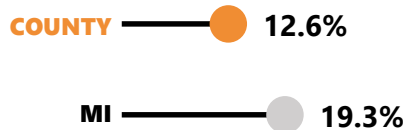


The county rate for poverty is **lower** than the poverty rate in Michigan.

## CHILDREN EXPERIENCING POVERTY



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

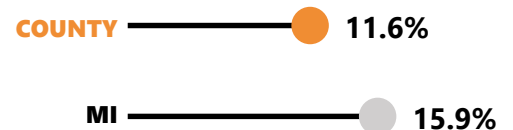


The county rate for children experiencing poverty is **lower** than Michigan's rate.

## CHILDHOOD FOOD INSECURITY



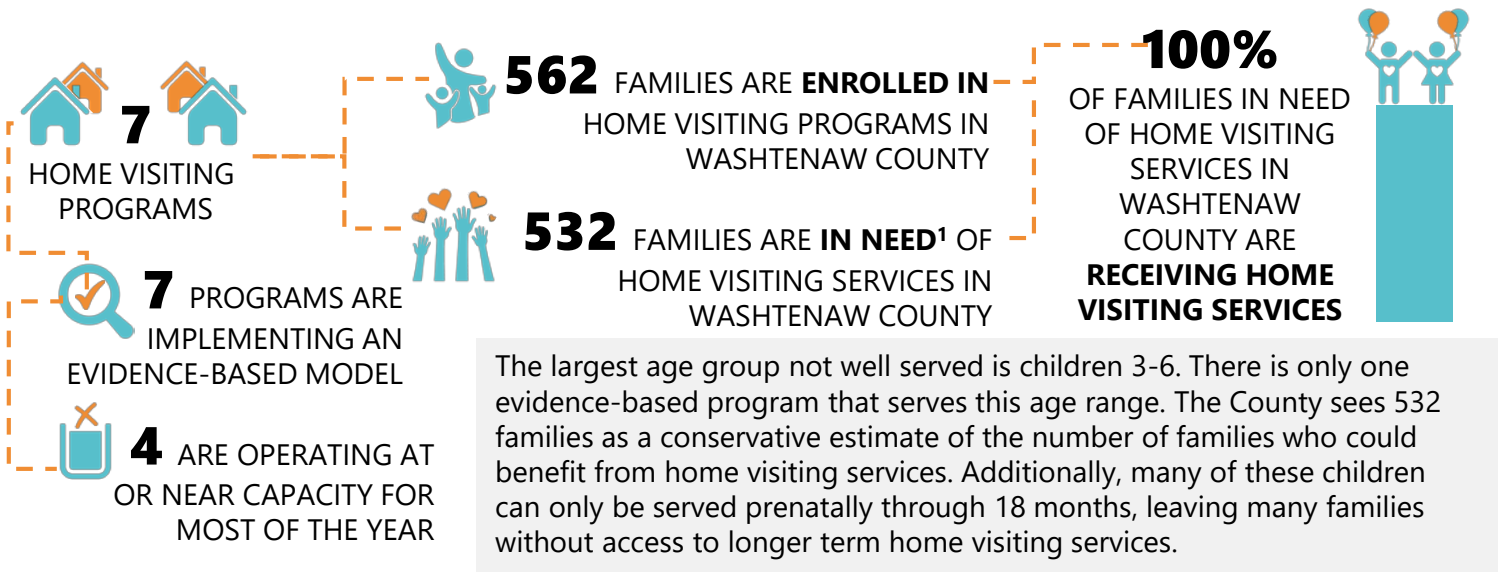
% of children experiencing food insecurity (lack of access, at times, to enough food)



The county rate for childhood food insecurity is **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. Washtenaw 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.



## STRENGTHENING THE SERVICE DELIVERY NETWORK

Service organizations need to do a better job at hiring people of color throughout the levels of their organization and offering services that are culturally appropriate. The service delivery network can also be strengthened by improving communication, networking, and referrals among our home visiting organizations.

<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

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



## STRENGTHS

- Parents who participated in focus groups shared very positive feelings about their home visitor. Parents said things like “she was like part of our family” or “she saved my life.” Participants described how home visitors focus on the whole family and the self-care of the mom. They emphasized that home visiting is about so much more than providing parenting ideas and support for child development.
- Participants noted that home Visitors are very responsive to the families they serve. They are willing to help provide a connection to resources when ever it's needed and not just during their visit.
- Parents who participated in focus groups shared how home visiting connects families to other parents through the socialization groups, building parents’ social support network. Families have organized their own support groups of moms they met at play groups. During COVID, some have still met at parks to be able to talk face to face.
- Participants described home visitors as very knowledgeable about resources. The listserv, Barrier Busters, is full of people willing to help with resources, like help with utility bills or car repairs.



## OPPORTUNITIES TO IMPROVE

- Participants in focus groups emphasized the need for outreach to families who are not connected to resources. There are still many marginalized families who do not know about home visiting. There is a need for more people who are connected to families at the community level and more resources to market home visiting.
- Participants also shared that there is a lack of resources needed to provide home visiting services. There are two evidence-based programs other than the Maternal Infant Health Program or Infant Mental Health but they both have waiting lists. If a family needs a bilingual home visitor, the wait can be significantly longer.
- The virtual home visits during COVID are not working for some of the families. It's hard to get kids engaged and hard for parents to focus when the kids are demanding attention. Two families said they found it successful because their home visitors were also checking in by text message on a regular basis. One program was able to provide iPads to families and that was helpful because they took short videos when their kids were playing and sent them to the home visitor.



## OUTCOMES OF HOME VISITING

- Home visiting is successful in connecting families to resources.
- Families feel that they are strengthening their parenting skills and feeling the social emotional support themselves.
- Moms report improvements in their physical and mental health, and that their kids are learning and growing.

# 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

Data and knowledge of family needs is abundant and robust. To leverage this knowledge, it is vital that families get connected with programs for them to be reached.

## COMMUNITY PURSUIT OF EQUITY

### MODERATE READINESS

4  
3  
2  
1

The community is dedicated to addressing issues in equity, but a lack of funding and evidence of action hinders the ability of the program to create lasting changes.

## COMMUNITY KNOWLEDGE OF HOME VISITING

### MODERATE READINESS

4  
3  
2  
1

Programs and early childhood partners are important allies in this community. Confusion amongst outside groups creates difficulties in understanding the role of the Home Visiting program. Limited funding adds to the difficulties in staffing the program and creates unnecessary competition.

## COMMUNITY LEADERSHIP

### MODERATE READINESS

4  
3  
2  
1

Leaders in the community support the Home Visiting program but tend to focus on children aged K-12.

## COMMUNITY CLIMATE

### MODERATE READINESS

4  
3  
2  
1

Local coordinated funding and preventative care are available to assist families. However, improvement is needed in the referral process.

## COMMUNITY RESOURCES

### MODERATE READINESS

4  
3  
2  
1

Despite funding from a variety of resources and grassroots organization involvement, there is still a lack of funding that inhibits the effectiveness of the Home Visiting program.

# NEED & CAPACITY TO EXPAND HOME VISITING

Washtenaw County has need and capacity to expand evidence-based home visiting. There is great need in the county evidenced by outcome and risk data, yet the limited amount of high-quality home visiting programs in the county cannot reach all families in need due to very limited due to funding.

This process engaged families to participate as partners and leaders by inviting families with children who represent the identified service to join the Assessment Team. The process recruited parents to participate in a focus group to provide qualitative data about the needs of parents and provide their feedback on the home visiting program. Parents on the Assessment Team and parents participating in the focus group received compensation for their time.

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

*Data collected by Washtenaw Success by 6 Great Start Collaborative with assistance from MPHI-CHC. For more information about this assessment, contact Washtenaw Success by 6 Great Start Collaborative. 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.*