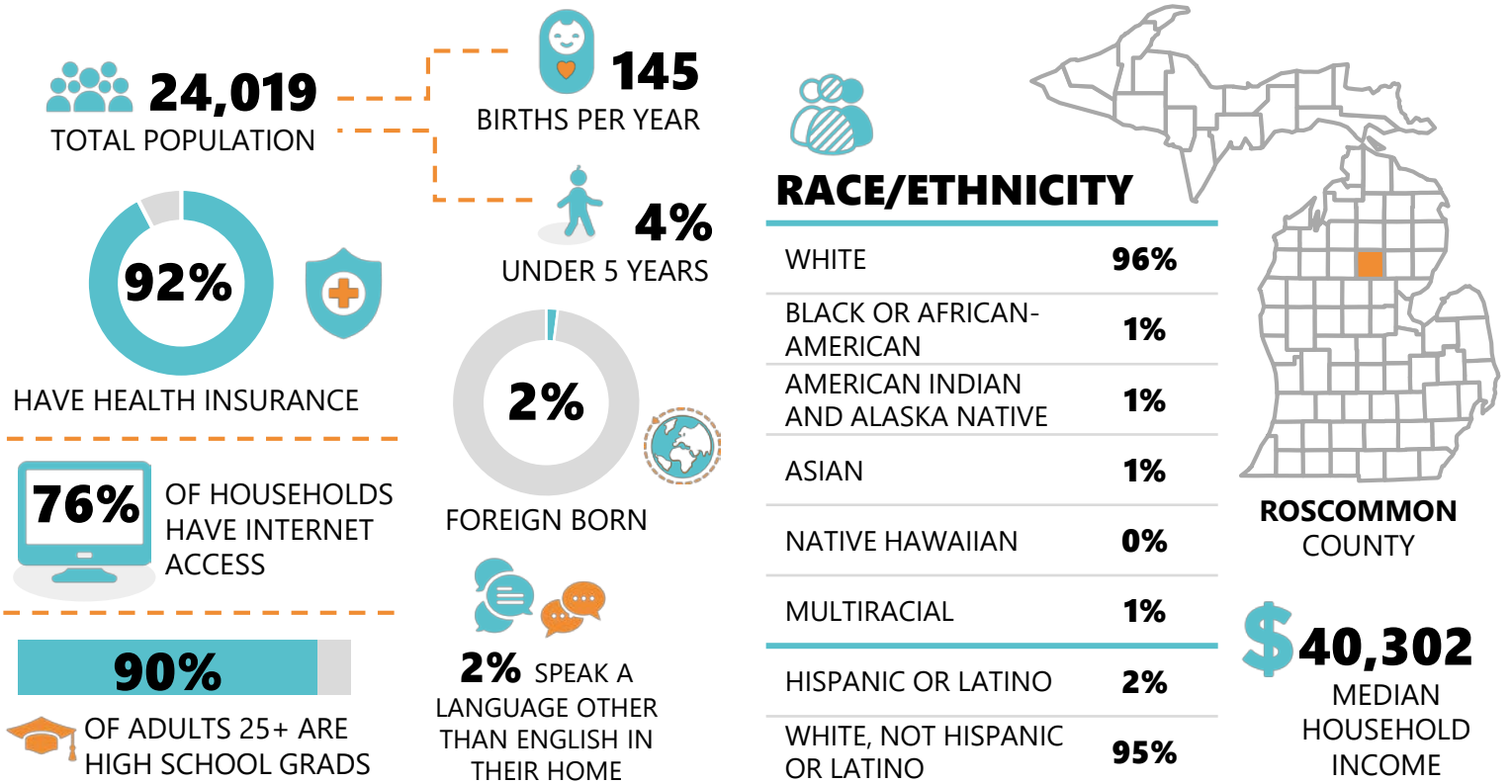


2020 HOME VISITING NEEDS ASSESSMENT

ROSCOMMON COUNTY



KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



OUTCOMES IMPACTED BY HOME VISITING

COUNTY PRIORITIES

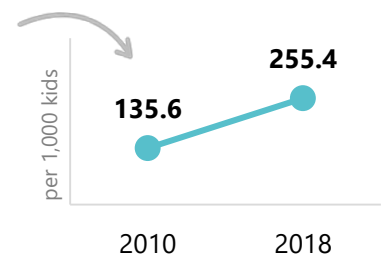
- MATERNAL HEALTH
- CHILD HEALTH
- CHILD DEVELOPMENT & SCHOOL READINESS**
- POSITIVE PARENTING PRACTICES
- CHILD MALTREATMENT**
- FAMILY ECONOMIC SELF-SUFFICIENCY
- LINKAGES AND REFERRALS
- JUVENILE DELINQUENCY, FAMILY VIOLENCE, AND CRIME



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



Roscommon County reported an **88% increase in the rate of children living in families investigated for abuse or neglect**, from 135.6 per 1,000 kids in 2010 to 255.4 per 1,000 kids in 2018.



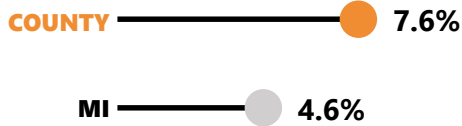
These priorities can be addressed early and holistically through policies and practices that improve the lives of kids and families, including evidence-based home visiting programs that support families as they navigate the challenges of parenthood. Families who are supported are more likely to thrive.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



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

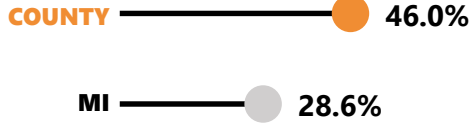


! The county rate for homelessness is **higher** than Michigan's rate.

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

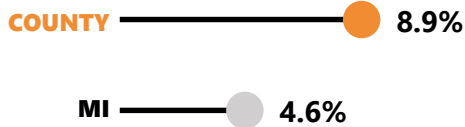


! The county rate for no health insurance is **higher** than the rate in Michigan.

UNEMPLOYMENT



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

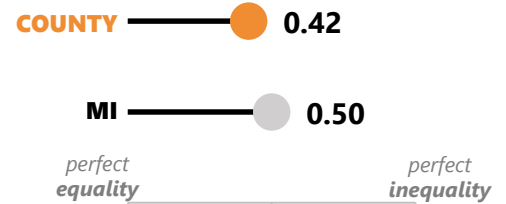


! The county rate for unemployment is **higher** than the rate in Michigan.

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

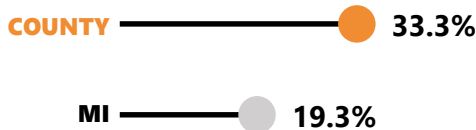


! The county rate for poverty is **higher** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



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

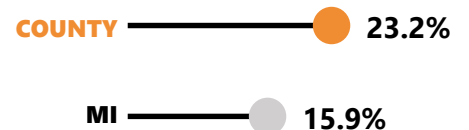


! The county rate for children experiencing poverty is **higher** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



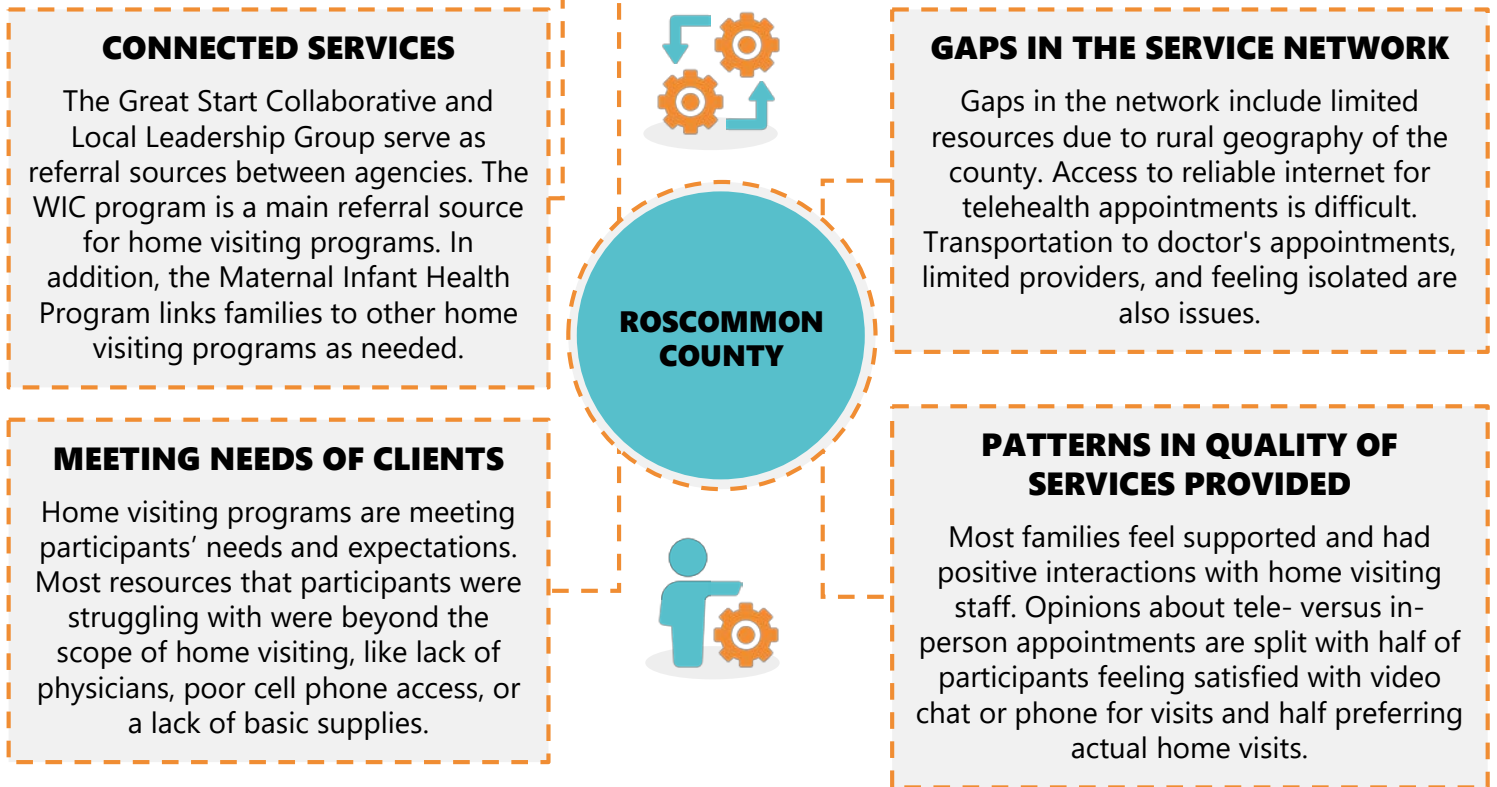
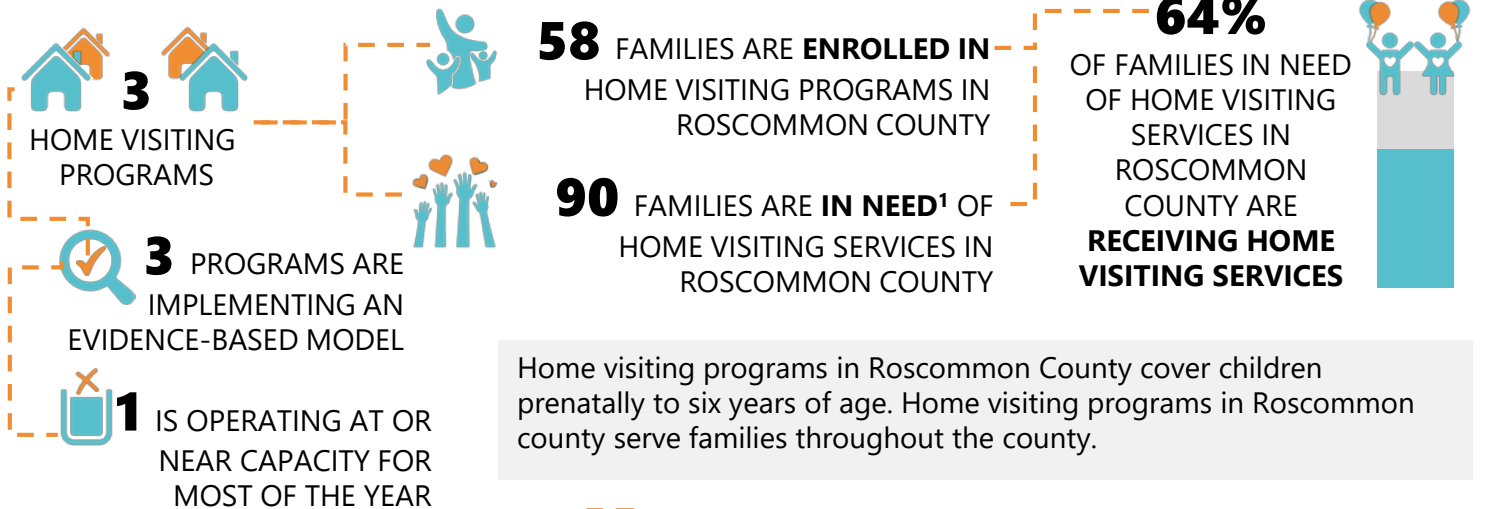
% of children experiencing food insecurity (lack of access, at times, to enough food)



! The county rate for childhood food insecurity is **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. Roscommon 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

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 rural Northern Michigan would greatly strengthen the service network.

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

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, none of whom were from Roscommon County, specifically.



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



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



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



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



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



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



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

Roscommon County has need and capacity to expand evidence-based home visiting. Data collected through this assessment process show home visiting programs in Roscommon county have the capacity to increase evidence-based home visiting, and there is need for such programs within the county.

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.

Data collected by Rural Regions No. 3 Prosperity Group Local Leadership Group with assistance from MPHI-CHC. For more information about this assessment, contact Rural Regions No. 3 Prosperity Group Local Leadership Group. 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.