2020 HOME VISITING NEEDS ASSESSMENT

WAYNE COUNTY

michigan Home Visiting initiative

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

1,749,343
TOTAL POPULATION

22,892
BIRTHS PER YEAR

7%
UNDER 5 YEARS

93%
HAVE HEALTH INSURANCE

9%
FOREIGN BORN

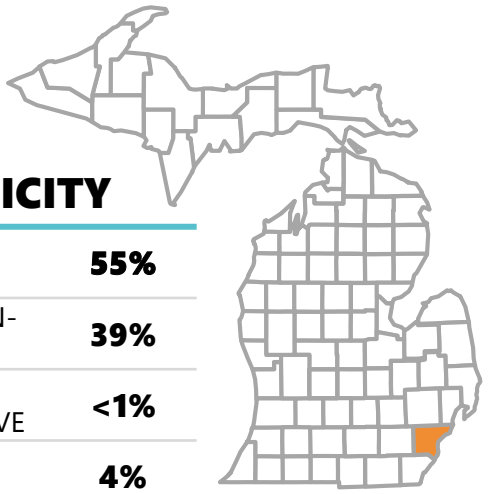
72% OF HOUSEHOLDS HAVE INTERNET ACCESS

86%
OF ADULTS 25+ ARE HIGH SCHOOL GRADS

14% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

RACE/ETHNICITY

WHITE	**55%**
BLACK OR AFRICAN-AMERICAN	**39%**
AMERICAN INDIAN AND ALASKA NATIVE	**<1%**
ASIAN	**4%**
NATIVE HAWAIIAN	**0%**
MULTIRACIAL	**3%**
HISPANIC OR LATINO	**6%**
WHITE, NOT HISPANIC OR LATINO	**50%**



WAYNE COUNTY

$45,321
MEDIAN HOUSEHOLD INCOME

OUTCOMES IMPACTED BY HOME VISITING

COUNTY PRIORITIES

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

Birth outcomes for Wayne County highlight those of Detroit the most populous city in the county. Variables such as preterm deliveries (15.3%), low birth weight (14.9%), Maternal morbidity/infant morbidity and mortality are higher than county rates and those of the state. The rate of breastfeeding at delivery and receiving first-trimester prenatal care was lower than the state average. Children living in poverty become unhealthy early in life, which impacts the total community. They are least likely to perform well in school, more likely to suffer from chronic health.

Children are stressed by their parents' negative coping mechanisms leading to violence and or neglect. A child's ability to learn due to symbolic developmental delays left unaddressed, may later become an adult who lingers in public assistance of criminal justice. Due to the pandemic schools where children have limited access to the Internet are thrust into virtual learning, potentially thwarting academic success.

Rates of poverty (33.4%), unemployment (9.3%), and other compromising variables tend to rise during disasters. Children may not receive the critical support they need when community services are limited, and fewer providers have access to the family.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN

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

COUNTY 1.7%

MI 4.6%

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

COUNTY 46.6%

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 4.4%

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 6.8%

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 5.4%

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 0.50

MI 0.50

perfect ***equality*** — *perfect* ***inequality***

The county measure of income inequality is **the same as** in Michigan.

FAMILIES LIVING IN POVERTY

% population living below 100% of the federal poverty level

COUNTY 22.6%

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 32.4%

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 19.2%

MI 15.9%

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

EXISTING HOME VISITING PROGRAMS

Home visiting programs rest at the intersection of families and communities. They provide critical linkages between families and community service systems. Wayne County identified the reach and quality of services for families partnering 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 as a systems priority.

18 HOME VISITING PROGRAMS

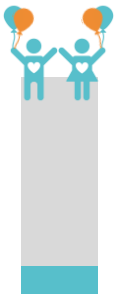
16 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

11 ARE OPERATING AT OR NEAR CAPACITY FOR MOST OF THE YEAR

2,631 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN WAYNE COUNTY

20,422 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN WAYNE COUNTY

13% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN WAYNE COUNTY ARE **RECEIVING HOME VISITING SERVICES**



Wayne County home visiting programs engage pregnant women and children prenatal to age 3. The programs provide a continuum of care.

WELL CONNECTED SERVICES

State-run programs are the most connected home visiting programs. MIHPs position as a Medicaid program places them at an advantage in terms of connections.

PATTERNS IN ORGANIZATIONS MEETING NEEDS OF CLIENTS

There is a lack of knowledge about what other programs are doing, lack of communication, and a lack of knowledge about avenues for accessing resources.

WAYNE COUNTY

GAPS IN THE SERVICE NETWORK

Language barriers, limited program knowledge, and lack of communication amongst providers are major gaps. Gaps vary by programs. Housing and transportation to essential services is a universal, ongoing, and institutional gap. These are basic needs that have not been equitably addressed.

PATTERNS IN QUALITY OF SERVICES PROVIDED

Programs appear to make more referrals to institutions and organizations such as local health departments, Mental Health, hospitals, medical practices, United Way and Diaper Bank. Programs can do more to fill the gaps in the continuum helping families make smooth transitions to other home visiting programs.

STRENGTHENING THE SERVICE DELIVERY NETWORK

There is a need to have a transitioning plan in place that is supported at the state and local level. More programs working to effectively transition families would lead to more referrals between HV programs. Far too many families fall through the cracks when they leave home visiting. A supported transition plan would involve HV programs making referrals to other HV programs when appropriate for the family. It would also include call lines for home visiting referrals where follow-up calls are made to programs to ensure that the referral they made resulted in a connection.

[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

Wayne County invited parents with home visiting experience and parents who served on the GSC Parent Coalition to participle in two focus group. 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. Wayne County completed two focus groups with a total of 18 participants, 13 of which acknowledged current or past enrollment in home visiting programs.

STRENGTHS

"If home visiting programs weren't available in Wayne County we would be dealing with an even larger issue of children falling behind academically. This pandemic has exposed how far behind minority communities are and we need all the resources we can get."

OPPORTUNITIES TO IMPROVE

The collective responses to "Opportunities to Improve" acknowledged an issue of missed opportunities. The prevailing theme was a need to expand awareness and promotion of home visiting services. The comments and the discussion both reflected concern for the lack of awareness about home visiting programs. The parent responses highlighted systems level issues. Parents saw a missed opportunity to invest in statewide marketing and education. Examples of their responses were:

- "They can do a better job marketing."
- "I agree with education and informing medical professionals so they can partner with families."
- "Visibility and awareness in the message where home visiting services are not exclusive to low-income families but should be inclusive of all families." (paraphrased for clarity)
- Another comment went further by addressing a key tenet of marketing "know your target market." The parent felt that this and the hiring of people who have experience with the community and home visiting service delivery was critical. The parent said. "Make note of who your target market is. It should look like the people you are trying to reach. And those people should also have experience with the program."

OUTCOMES OF HOME VISITING

The parent participation in the focus group was lively and engaging. At the conclusion there was strong support for MHVI to consider having more focus groups where parents can be open about home visiting services. The flow of dialogue throughout the parent focus was very open and personal. One parent shared her concern about how her and her daughter would be ending their home visiting program because she is turning three soon, the age limit for the program. She reflected on how far her child has come and how the home visitor has been there for the last two years. She felt the experience put her in a better position to home school her daughter and was a contributing factor in her parenting practices and decisions.

OTHER KEY TAKEAWAYS

- Parents who are recipients of home visiting services want to be treated as parents first not like people who are needy, uneducated, and incapable of handling their life.
- Both groups expressed concern for what they saw as a lack of marketing for home visiting programs. They wanted to see PSA and more promotional campaigns informing the community of the programs available.

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

There is knowledge of the birth and maternal outcomes the community faces and there is a constant involvement of parents' voice. Community organizations and those who are working directly with families base their services/programming on what they hear from families about what they need, but sometimes program activities are dictated by grant requirements.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

The pursuit of equity must start at the systems and program level. Wayne County has several essential community-based organizations/ coalitions that have provided ongoing forums for discussions on equity. These efforts have influenced key community-based agencies to incorporate similar training opportunities for staff. The goal is to affect an equitable climate for the delivery of support services for families.

COMMUNITY KNOWLEDGE OF HOME VISITING

LIMITED READINESS

4
3
2
1

Parents expressed great surprise and dismay about the missed opportunities to reach more parents with home visiting. There is consensus regarding the opinion that if more promotional material was available in locations frequented by families that it would increase awareness and potentially enrollment. Several parents did not know the services existed.

COMMUNITY LEADERSHIP

MODERATE READINESS

4
3
2
1

The establishment of HV LLGs across the state has been a value add to community leadership. Members of the group, through consistent participation, have forged trusting and cooperative relationships over time. The local leadership groups include parent leaders who play essential roles by providing a platform for home visitors to understand what works best for families. Parent leaders are also active in organizations working as change agents.

COMMUNITY CLIMATE

MODERATE READINESS

4
3
2
1

Several groups, such as Brilliant Detroit, Detroit Parent Network, GSRP, and GSC, contribute positively to a climate that supports the well-being and strength of families. This rating considers the need for more equity in improving community factors such as the social determinants of health.

COMMUNITY RESOURCES

MODERATE READINESS

4
3
2
1

The need for more financial resources to create community resources that eradicate the inequities that exist in our communities is ongoing. There may not be enough professional development resources for staff or item resources for families, but they exist and are available to those who seek them.

NEED & CAPACITY TO EXPAND HOME VISITING

Wayne County has need and capacity to expand evidence-based home visiting. Detroit has struggled with reducing the rates of infant mortality, pre-term births, and low birth weight babies for decades. Public health efforts are stymied by the conditions in which families are born, grow, live, work, and age. These circumstances are shaped by inequities across the state and nationally. Despite these factors, the county manages to effectively deliver five evidenced-based national models. The need for expansion of services is evident in the risk factor data, and the capacity is evident in the current program delivery.

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

Data collected by Great Start Collaborative Detroit Wayne with assistance from MPHI-CHC. For more information about this assessment, contact Great Start Collaborative Detroit Wayne. 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.