2020 HOME VISITING NEEDS ASSESSMENT

ANTRIM COUNTY

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

23,324 TOTAL POPULATION

196 BIRTHS PER YEAR

5% UNDER 5 YEARS

92% HAVE HEALTH INSURANCE

2% FOREIGN BORN

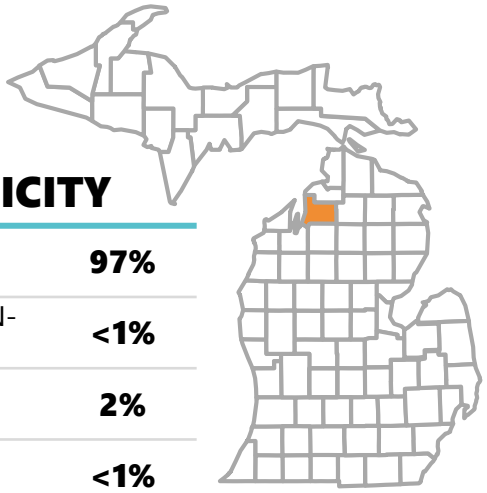
76% OF HOUSEHOLDS HAVE INTERNET ACCESS

92% OF ADULTS 25+ ARE HIGH SCHOOL GRADS

2% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

RACE/ETHNICITY

WHITE	97%
BLACK OR AFRICAN-AMERICAN	<1%
MULTIRACIAL	2%
NATIVE HAWAIIAN	<1%
AMERICAN INDIAN AND ALASKA NATIVE	1%
ASIAN	<1%
HISPANIC OR LATINO	2%
WHITE, NOT HISPANIC OR LATINO	95%



ANTRIM COUNTY

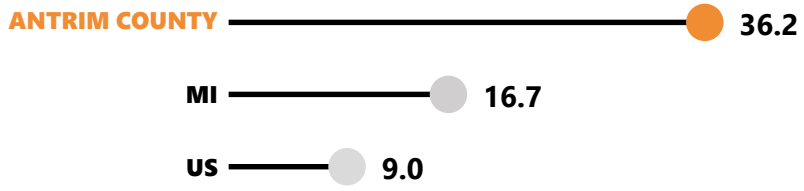
$52,589 MEDIAN HOUSEHOLD INCOME

OUTCOMES IMPACTED BY HOME VISITING

COUNTY PRIORITIES

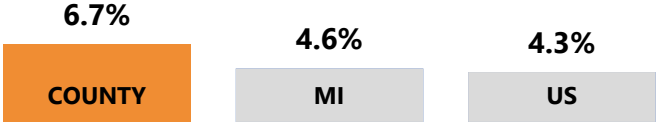
- ☐ MATERNAL HEALTH
- ☐ CHILD HEALTH
- ☐ CHILD DEVELOPMENT & SCHOOL READINESS
- ☐ POSITIVE PARENTING PRACTICES
- ☑ **CHILD MALTREATMENT**
- ☑ **FAMILY ECONOMIC SELF-SUFFICIENCY**
- ☐ LINKAGES AND REFERRALS
- ☐ JUVENILE DELINQUENCY, FAMILY VIOLENCE, AND CRIME

Antrim County's rate of child maltreatment is double that of the Michigan average and four times that of the US average.



child maltreatment rate per 1,000 child residents

The unemployment rate in Antrim County is higher than the state or the US average.



In rural Antrim County families face barriers due to transportation and housing. With a high poverty rate and high unemployment rate, the disparities associated with these social determinants become more prevalent.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN

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

COUNTY 6.1%

MI 4.6%

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

COUNTY 30.5%

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 6.3%

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 8.1%

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 6.7%

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 0.46

MI 0.50

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

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

FAMILIES LIVING IN POVERTY

% population living below 100% of the federal poverty level

COUNTY 11.1%

MI 14.4%

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

COUNTY 18.7%

MI 19.3%

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)

COUNTY 17.4%

MI 15.9%

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. Antrim 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

4 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

1 IS OPERATING AT OR NEAR CAPACITY FOR MOST OF THE YEAR

323 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN ANTRIM COUNTY

206 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN ANTRIM COUNTY

100% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN ANTRIM COUNTY ARE **RECEIVING HOME VISITING SERVICES**

Children birth to three are well-served by evidence-based home visiting programs, but older children do not have these programs available. The reach of home visiting is impressive despite the rural nature of the county.

CONNECTED SERVICES

Great Start Collaboratives and the Local Leadership Group offer linkages to services throughout the region, including transportation, education, housing, food, and medical care.

MEETING NEEDS OF CLIENTS

The county faces challenges related to funding for programs for children and families, recruitment and retention of families and staff, and collaboration across systems that impact families. The county also faces gaps in the availability of substance use services.

ANTRIM COUNTY

GAPS IN THE SERVICE NETWORK

This rural county lacks prenatal and postnatal care for mothers and newborns. The lack of internet access compounds this challenge. Also, since home visiting is not universal, not all families who could benefit are eligible.

PATTERNS IN QUALITY OF SERVICES PROVIDED

Home visiting programs in the county are of high quality. Additionally, the Great Start Collaboratives, Local Leadership Groups, and Perinatal Collaboratives have produced strong partnerships and are making strides to address priority issues.

STRENGTHENING THE SERVICE DELIVERY NETWORK

The service delivery network in this county could be strengthened by expanding services to address mental health needs. Additionally, it would support system building and decision making to have greater participation by top leadership in key meetings. Finally, programs would benefit from higher reimbursement related to the rural nature of the counties and the time it takes to reach families who are spread out geographically.

[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

Antrim 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. Antrim County completed 2 focus groups with a total of 14 participants, all of whom were served by home visiting programs in their community.

STRENGTHS

Participants shared several strengths of the home visiting programs in their community, including how home visiting supports children in achieving developmental milestones, offers families social connections, brings another set of eyes on the child, and makes parents and children feel comfortable. Participants expressed that home visiting helped them feel that their child would stay developmentally on track. They also appreciated the convenience of a home-based service, especially given transportation barriers. Participants enjoyed the frequency of visits, felt reassured, and had decreased anxiety once a relationship was developed with the home visitor. They also appreciated the education offered by home visitors without judgement or pressure. Participants felt like home visiting valued the happiness of the family. They noted that home visitors went above and beyond to make sure all their basic needs were met, and their visitor provided useful and informative resources. Participants also noted that breastfeeding support from the breastfeeding peer counselors was hugely helpful.

OPPORTUNITIES TO IMPROVE

Some opportunities to improve were also shared by participants.

- Turn-over among home visitors made families feel like they were 'starting over.' They noted that it is difficult to establish relationships when staff changes are frequent.
- Peer socialization groups would be more meaningful if they were better attended.
- Home visitors should review schedules during the first home visit so that parents know when the program is and is not available.

OUTCOMES OF HOME VISITING

Participants highlighted how home visiting helped them set and achieve goals that were meaningful, manageable, and specific to their family's needs. They also highlighted outcomes in terms of transition to school and continuity of care.

OTHER KEY TAKEAWAYS

Participants felts that the community does a good job at describing the home visiting services that are available. They also noted that home visiting programs are culturally competent and home visitors were respectful and considerate. Overall, the needs of families served by home visiting programs are being met.

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

Knowledge of family needs comes primarily from one-on-one check-ins with families receiving services, as well as through the work of the Great Start Collaboratives. However, family needs include economic development, and the community lacks economic development committees. The community also lacks ideas for special needs children.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

The community is moving toward universal social determinants of health screenings in programs, hiring bilingual staff, working with tribal programs, and hiring people who are peers and live in the community. Wages make recruitment and retention challenging, and the community could better engage the LGBTQIA population.

COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS

4
3
2
1

Home visiting is a key connection point for families to other services. However, businesses and the general public often do not know about early childhood programs. The community could do a better job getting the word out, but not being able to offer programs to everyone makes awareness efforts complicated.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

4
3
2
1

The Perinatal Collaborative involves several traditional and non-traditional partners, and local leaders have supported priority issues in early childhood. However, hospital systems tend to operate from their own agenda, and some dental clinics are not as connected to home visiting.

COMMUNITY CLIMATE

MODERATE READINESS

4
3
2
1

The community has taken steps to make services more accessible such as offering late clinic hours for working families and letting other caregivers take children to appointments. Also, some programs can pay better wages, and the health department has buy-in from its Board of Health. However, stigma is attached with home visiting and WIC programs, and the community sometimes discriminates against families on public assistance.

COMMUNITY RESOURCES

MODERATE READINESS

4
3
2
1

Several groups have invested in home visiting in the community by providing training and making donations. However, home visiting is limited by restrictions on eligibility and is not universal. Additionally, the community has a gap in Infant Mental Health services. As a rural county, the area struggles with poor options for internet and telehealth.

NEED & CAPACITY TO EXPAND HOME VISITING

Antrim County has need and capacity to expand evidence-based home visiting. There are still several families that could benefit from home visiting. These families are vulnerable and live at or below the poverty line.

This process engaged families to participate as partners and leaders by seeking participation from current LLG parents during the process. The LLG recruited additional parents through collaborating with the local GSCs and gathered their input via focus groups.

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

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