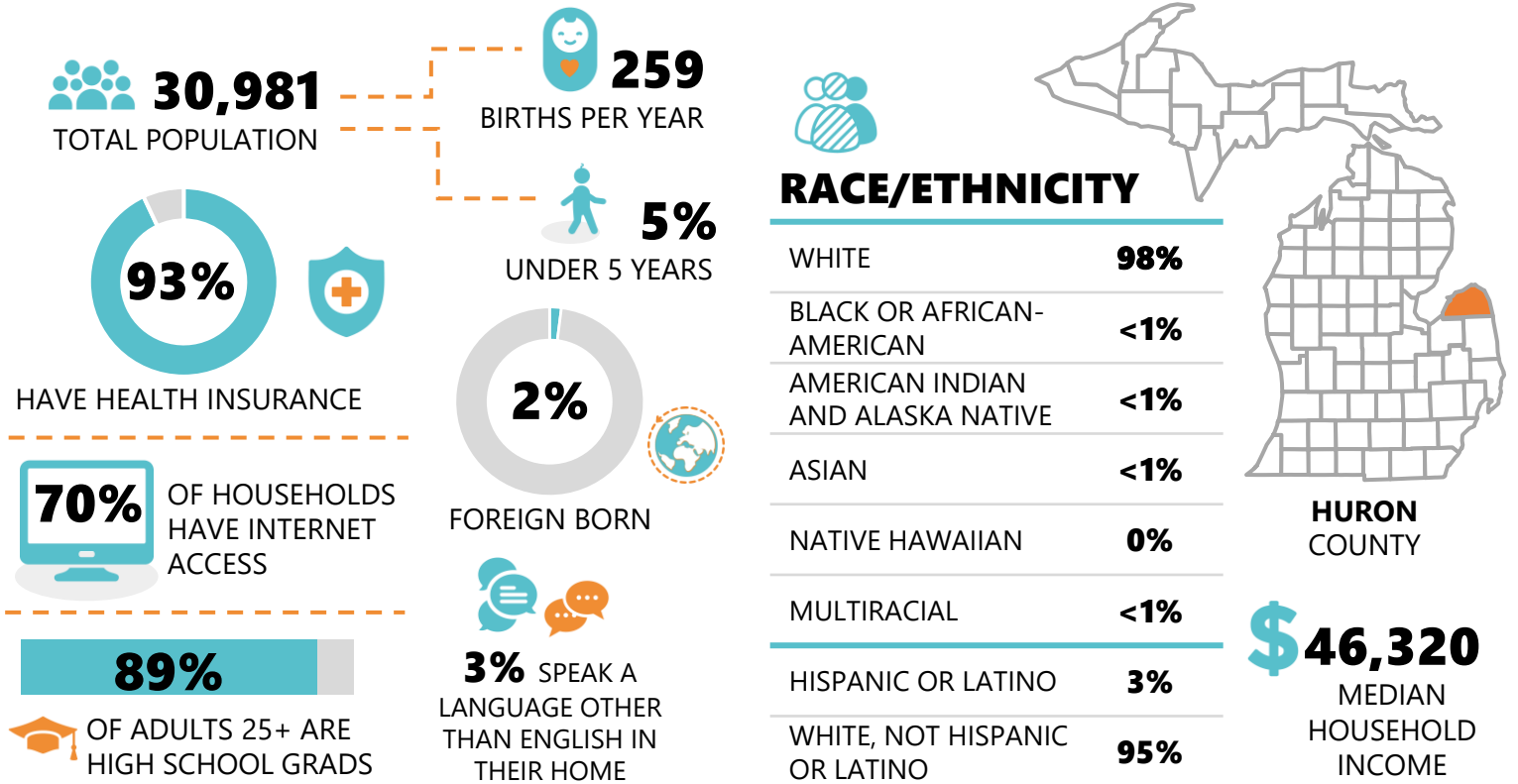


2020 HOME VISITING NEEDS ASSESSMENT

HURON 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 positively impact many outcomes of concern in Huron County. In the area of **child health**, the county faces limited access to prenatal care and specialty care for young children, as well as higher than average smoking during pregnancy and higher regional neonatal abstinence syndrome rates.

According to survey findings, Huron County families are concerned with the lack of affordable high-quality childcare, which is a significant driver of **school readiness**. Additionally, children who are economically disadvantaged have a 30% gap in 3rd grade reading proficiency in the county.

Home visiting and other **parenting education** supports are limited in Huron County, and 30.6% of children in the county have experienced two or more Adverse Childhood Experiences. Additionally, the rate of **child maltreatment** is higher in Huron County than the state average.

Families in the county face challenges with **economic self-sufficiency**. Education levels and income are both below the state average, and food insecurity is higher than the state average.

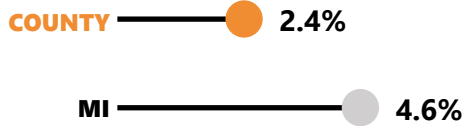
Focus groups, surveys, and staff reports indicate families experience multiple barriers in **access to services**, which could be addressed through home visiting, including lack of awareness of services and challenging application processes.

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 **lower** 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

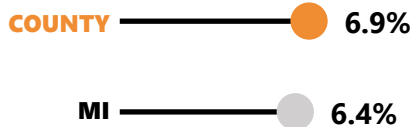


The county rate of persons without a high school diploma is **lower** than Michigan.

NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years



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

UNEMPLOYMENT



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

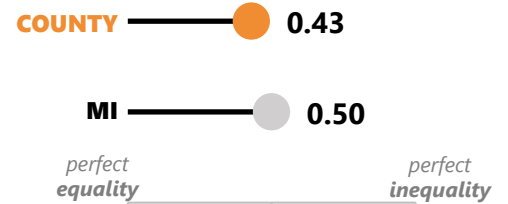


The county rate for unemployment is **higher** than the rate in Michigan.

INCOME INEQUALITY



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

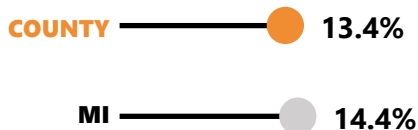


The county measure of income inequality is **lower** than in Michigan.

FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

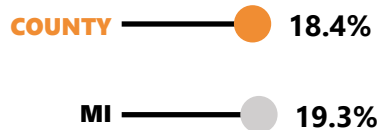


The county rate for poverty is **lower** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



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

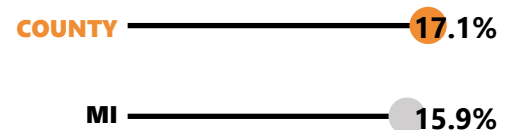


The county rate for children experiencing poverty is **lower** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



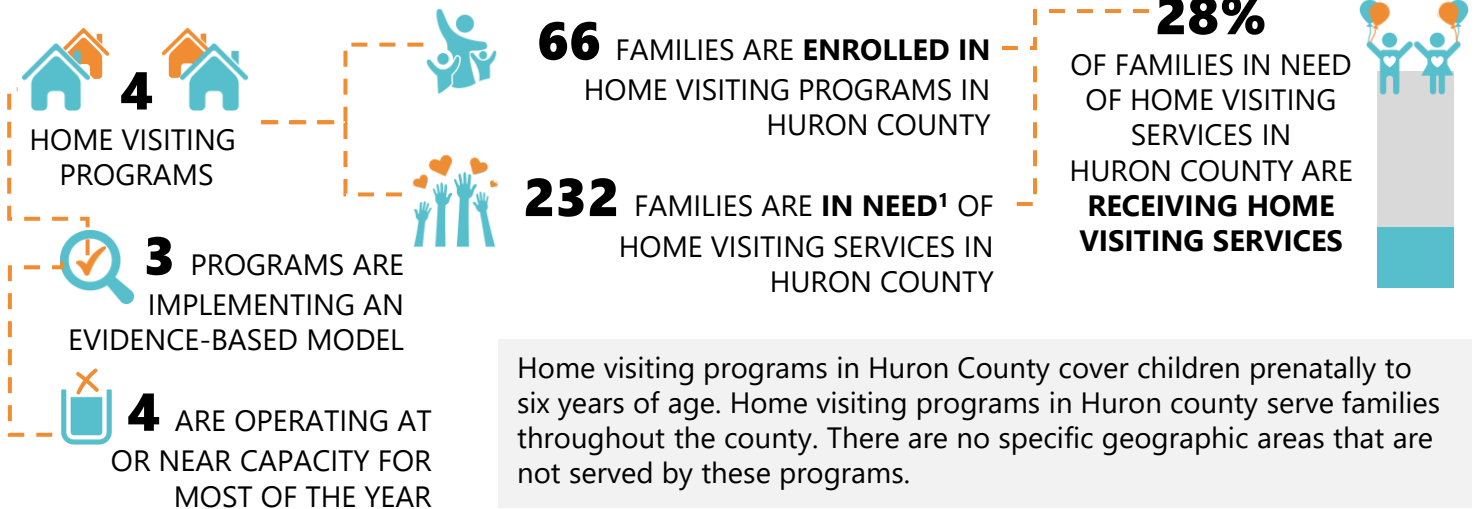
% of children experiencing food insecurity (lack of access, at times, to enough food)



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. Huron 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

Service providers communicate well with one another and with families. Home visiting programs follow a common referral process. Great Start Collaborative/Parent Coalition, Local Interagency Collaborative Council, Huron County Community Collaborative, and Trauma Team work together to achieve better outcomes for families.



HURON COUNTY

GAPS IN THE SERVICE NETWORK

Programs have limited capacity due to funding. Eligibility requirements exclude families in need. There is a gap in services for three-year-olds. Families need better access to childcare, substance use disorder treatment, and transportation.

MEETING NEEDS OF CLIENTS

Support groups and mental health services are improving; secondary trauma support for staff seems to be greater than in the past but still limited. Families feel the "whole family approach" and ease and convenience of home visits reduced access barriers related to transportation, work schedules, and childcare.



QUALITY OF SERVICES PROVIDED

Families are very satisfied with home visiting services. Relationships with home visitors are key to families when addressing sensitive topics such as domestic violence, substance use disorders, and depression.

STRENGTHENING THE SERVICE DELIVERY NETWORK

Huron County can strengthen the service delivery network by increasing slots in the programs; reducing or eliminating eligibility criteria; improving transitions between different programs; creating digital resources; and increasing awareness of services while decreasing stigma.

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

Huron 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. Huron County completed 1 focus group with a total of 6 participants, 6 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 cited as key to addressing sensitive topics such as domestic violence, substance use, and depression. Another strength was the ease and convenience of visits at home, which reduced access barriers related to transportation, time, work schedules, and childcare. The whole family approach was appreciated by focus group participants. The ability of home visitors to include other children in the family and address family needs were noted as strengths. Participants noted that home visitors have worked hard to meet family needs during the pandemic and that communication and materials provided were very good.



OPPORTUNITIES TO IMPROVE

When asked about barriers and opportunities to improve, participants focused on awareness of services and recruitment. Participants reported that many families are not aware of home visiting. Income guidelines or perceived limits may be preventing some families from seeking home visiting. Participants also indicated that families fear being judged, although participants never experienced it with their home visitors. Participants also noted that working families have unique scheduling needs that could present a barrier at the point of enrollment. In addition to suggestions related to awareness and recruitment, participants recommended that home visiting programs plan more social events and playdates that align with family scheduling needs. Additionally, some families felt overwhelmed by all the printed information they were provided and suggested an online format or organizational tools. Participants also noted that they preferred in person visits to virtual visits.



OUTCOMES OF HOME VISITING

In a poll used during the focus group, members identified the following as outcomes of home visiting: families learn more about their child's development; it is easier for families to meet basic needs (food, housing, utilities); families have more security and safety; families are healthier; and families feel less alone. Participants also indicated that home visitors helped connect them to other services and reach their family's goals.



OTHER KEY TAKEAWAYS

Participants shared their thoughts on the most important concerns facing families with young children in their community. Many thought having enough money to pay the bills and the lack of affordable, quality childcare were the main concerns in their community for families with 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

FULL READINESS

4
3
2
1

Early childhood programs gather input from families through one-on-one conversations. Additionally, the Great Start Collaborative and Parent Coalition plays a key role in gathering input from families in the community on their needs. However, data about family needs are not always shared back with the community or across programs. Also, some families are less well represented in the data that are gathered, such as families that work full-time.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

Early childhood partners have focused on building awareness of inequities and implicit bias, and ensuring programs and services are inclusive. However, there is a need for ongoing equity training and changes in practice, especially related to ensuring services are inclusive of families based on sexual orientation and gender identity. Additionally, partners have more difficulty reaching families that fear government programs or who speak a language other than English or Spanish.

COMMUNITY KNOWLEDGE OF HOME VISITING

FULL READINESS

4
3
2
1

The community has multiple strategies for linking families to HV programs, families are highly satisfied with HV programs, and programs often have waitlists. However, home visiting consistently must work through stigma connected to home visiting, which creates barriers to enrollment. Additionally, first time parents can be hard to reach, and there is no one stop place for information.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

4
3
2
1

Many local leaders are involved in early childhood collaborative bodies or specific programs. They have been instrumental in prioritizing young children. However, it is always a challenge to justify prevention programs.

COMMUNITY CLIMATE

SIGNIFICANT READINESS

4
3
2
1

The community climate around early childhood is shaped by collaboration, community engagement, and utilizing best practices. However, there are gaps in the referral network, including the transition between pre-K and kindergarten, connections with medical providers including mental health providers, and transportation options.

COMMUNITY RESOURCES

SIGNIFICANT READINESS

4
3
2
1

HV programs are situated in long standing organizations within the community, which supports their sustainability. However, home visitors are not paid equitably, and the cost of HV is not covered adequately by funders. Additionally, access to home visiting is limited by eligibility requirements, and there are few programs available for 3- and 4-year-old children.

NEED & CAPACITY TO EXPAND HOME VISITING

Huron County has need and capacity to expand evidence-based home visiting. Data collected through this assessment process show home visiting programs in Huron 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 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 MPH-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.