2020 HOME VISITING NEEDS ASSESSMENT

SANILAC COUNTY

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

41,170 TOTAL POPULATION

392 BIRTHS PER YEAR

5% UNDER 5 YEARS

93% HAVE HEALTH INSURANCE

2% FOREIGN BORN

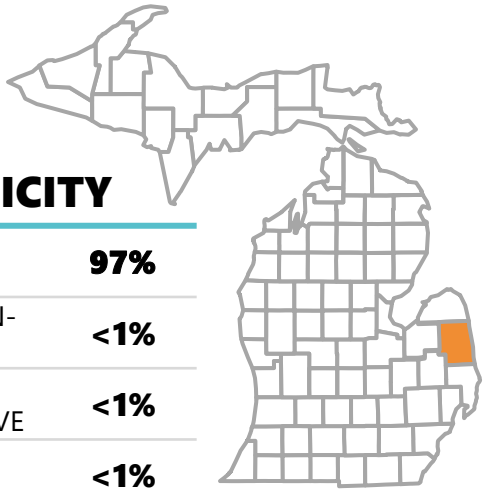
69% OF HOUSEHOLDS HAVE INTERNET ACCESS

88% OF ADULTS 25+ ARE HIGH SCHOOL GRADS

6% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

RACE/ETHNICITY

WHITE	**97%**
BLACK OR AFRICAN-AMERICAN	**<1%**
AMERICAN INDIAN AND ALASKA NATIVE	**<1%**
ASIAN	**<1%**
NATIVE HAWAIIAN	**0%**
MULTIRACIAL	**1%**
HISPANIC OR LATINO	**4%**
WHITE, NOT HISPANIC OR LATINO	**94%**



SANILAC COUNTY

$45,277 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

Home visiting could positively impact many outcomes of concern in Sanilac County. In the area of **child health**, the county faces higher than average smoking during pregnancy and higher regional neonatal abstinence syndrome rates. Immunization rates are also lower than average, as are rates of lead testing.

According to survey findings, Sanilac 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 nearly a 20% gap in 3rd grade reading proficiency.

Home visiting and other **parenting** education supports are limited but needed considering parenting risk factors in the county such as lower levels of education and use of substances. Additionally, 40% of children have experienced two or more Adverse Childhood Experiences, and the rate of **child maltreatment** is higher in Sanilac 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 there is a lack of jobs with a livable wage jobs.

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

COUNTY 4.7%

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 26.5%

MI 28.6%

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

COUNTY 6.9%

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 7.5%

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 6.0%

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 0.43

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 14.5%

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 22.0%

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 17.2%

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. Sanilac 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.

5 HOME VISITING PROGRAMS

4 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

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

159 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN SANILAC COUNTY

306 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN SANILAC COUNTY

52% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN SANILAC COUNTY ARE **RECEIVING HOME VISITING SERVICES**

Home visiting programs have significant service gaps in Sanilac County among children 3 to 4 years of age. The northern most rural area of the county has the fewest families served. The Port Sanilac area and families living along the shoreline also have lower service numbers.

CONNECTED SERVICES

Programs, such as Women Infants and Children, the Maternal Infant Health Program, Early Head Start, and Parents as Teachers work collectively to make mutual referrals and get families off waitlists.

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 visits at home reduced access barriers related to transportation, time, work schedules, and childcare.

SANILAC COUNTY

GAPS IN THE SERVICE NETWORK

Gaps exist where funding is based on time-limited grants. There are gaps in services available to 3-year-olds and some eligibility gaps, as well as gaps in transitional programming. There is no delivery hospital and no OB in the county. Medical services are a gap in the community including birthing classes, pediatricians, and services that can meet the needs of children with special health care needs.

QUALITY OF SERVICES PROVIDED

Families are very satisfied with home visiting services. Relationships with home visitors are key to families. Home visitors are very adaptable to addressing the needs within the family such as working around visitation or unique childcare schedules.

STRENGTHENING THE SERVICE DELIVERY NETWORK

Sanilac County can strengthen the service delivery network by providing more secondary trauma support for staff. There are opportunities to improve transitions, enrollment, and referrals between different programs. Increasing awareness of services and decreasing stigma would help reduce access barriers for families.

[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

Sanilac 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. Sanilac County completed 2 focus groups with a total of 8 participants, 8 of which were served by home visiting programs in their community.

STRENGTHS

Focus group participants described home visitors as nonjudgmental, nice, dedicated, caring, flexible, and personal. The relationships between home visitors and families were cited as key to satisfaction with services. The whole family approach of home visiting was appreciated by the focus group participants. Participants also appreciated that home visitors were adaptable to address needs within the family, and that ease and convenience of visits at home reduced access barriers related to transportation, time, work schedules. Participants also described communication between home visitors and families as a strength, including home visitor availability by text, private messenger, and phone. They also appreciated the information provided by home visitors and noted that handouts about developmental milestones or specific needs of their child were especially helpful. Finally, assessments and referrals to services were mentioned as a strength.

OPPORTUNITIES TO IMPROVE

Focus group participants noted that awareness of programs and knowledge of their purpose are barriers to families accessing home visiting. Additionally, some families don't think they qualify for services, while others fear being judged. Participants also noted that waiting lists and paperwork create barriers to enrolling in home visiting. Participants suggested that home visiting provide more support around social/emotional topics and behavioral skills such as potty training, since these are central to preschool readiness. Some participants also noted feeling overwhelmed by the volume of printed information provided by their home visitors.

OUTCOMES OF HOME VISITING

In a poll used during the focus groups, members identified the following benefits of home visiting: families learn about their child's development, families have more support, families feel less alone, and families are healthier. Participants also indicated that home visitors helped with basic needs and connecting them to other services. Participants emphasized that they wanted their child to meet developmental milestones and be healthy and happy, and home visiting helped them reach these goals. Participants also indicated that the additional support led to better outcomes as they were more confident in their knowledge about child development and helping their child reach developmental milestones.

OTHER KEY TAKEAWAYS

Families indicated that medical services are a gap in the community including birthing classes, pediatricians, and services that can meet the needs of children with special health care needs. They also noted that a lack of affordable childcare was a major gap in services. Participants also felt that there was a need for socialization activities for 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

SIGNIFICANT READINESS

4
3
2
1

Needs of pregnant women and families are identified through community- and agency-level needs assessments, surveys, and direct parent participation. The community uses both population data and input from families and providers to understand needs. While robust assessment activities are in place, findings could be more broadly shared, and some groups of parents' voices are missing. There could also be greater exploration of local data sources.

COMMUNITY PURSUIT OF EQUITY

NOT RATED

4
3
2
1

Programs for families have worked toward increased awareness of inequities in the past few years, and diversity and inclusivity are valued by home visiting programs. However, more training is needed, as are language resources in addition to Spanish (Chinese, American Sign Language). Also, families who identify as LGBTQ+ could be better represented and engaged in home visiting services. Not all programs have inclusive engagement strategies.

COMMUNITY KNOWLEDGE OF HOME VISITING

FULL READINESS

4
3
2
1

Home visiting is highly regarded by families, and the community has several strategies in place to strengthen and improve referral networks, such as utilizing MI Bridges. However, there is a lack of consistent branding for home visiting and a need to reduce stigma and fear. Also, some programs are full or have limited eligibility, leaving families without services.

COMMUNITY LEADERSHIP

MODERATE READINESS

4
3
2
1

Community leaders are supportive of home visiting and engaged in the Great Start Collaboratives Perinatal Quality Collaborative and other initiatives. However, it remains challenging to fund prevention programs, such as home visiting due to lack of awareness of the need.

COMMUNITY CLIMATE

SIGNIFICANT READINESS

4
3
2
1

Programs work together and value prevention, and home visiting programs are widely promoted. However, there are gaps in the connection between medical providers and home visiting programs.

COMMUNITY RESOURCES

SIGNIFICANT READINESS

4
3
2
1

Home visiting programs sit in agencies with stable funding and longevity in the community. However home visitors are under paid and retaining home visiting staff is challenging. Additionally, there is a gap in availability of services for three- and four-year-olds.

NEED & CAPACITY TO EXPAND HOME VISITING

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

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