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Limited Choices and Long Drives

Living in Rural Michigan With Young Children

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CONTEXT: RURAL MICHIGAN

According to the U.S. Office of Management and Budget's standards, 32 of Michigan's 83 counties are defined as rural (see Exhibit 1). However, for families living in rural Michigan the distinction between rural and urban is much more nuanced than population counts. Rural communities in Michigan are spread out much more than micropolitan or metropolitan areas and populations. Many of these areas have lower incomes and higher rates of unemployment than metropolitan areas. Confounding these challenges, rural areas typically have fewer employment opportunities.[1] Although some of these challenges are similar to those experienced by families in more urban areas, some characteristics specific to the rural experience make the needs of rural families with young children in Michigan different from the needs of families in metropolitan and micropolitan areas of the state. Furthermore, whether and how communities are defined as rural has implications for access to services for families and whether programs are funded.

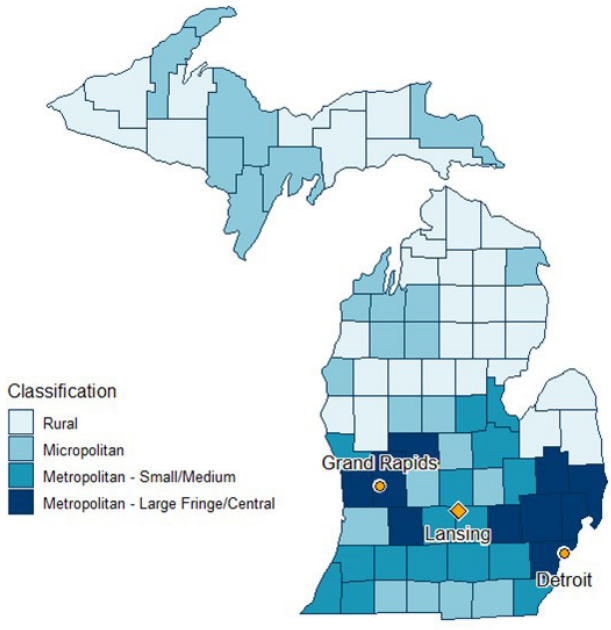
[1] U.S. Census Bureau. (2021). *QuickFacts Michigan.* https://www.census.gov/quickfacts/fact/table/MI/BZA115218

In 2020, Michigan was one of 20 states selected by the U.S. Department of Health and Human Services to receive a Preschool Development Grant Birth through Five (PDG B–5) renewal grant. Managed by the Office of Great Start at the Michigan Department of Education (MDE), the focus of Michigan's PDG is as follows:

- Prepare low-income and disadvantaged children to enter kindergarten and to improve transitions in to school.
- Encourage partnerships between the various providers of services before kindergarten and improve coordination and quality.
- Maximize parental choice in the mixed-delivery system of early childhood care and education program providers.

As part of Michigan's PDG B–5, MDE contracted with the American Institutes for Research (AIR) to launch a statewide needs assessment. In the 2020 needs assessment, AIR met with families and providers across Michigan to better understand the needs of families with young children that are currently unmet by the state's mixed-delivery early childhood system (check out the report here).

Exhibit 1. County Rural and Urban Classification



Source: National Center for Health Statistics (2013)[2]

[2] National Center for Health Statistics. (2013). *Urban-rural classification scheme for counties.* https://www.cdc.gov/nchs/data_access/urban_rural.htm#Data_Files_and_Documentation

After documenting initial needs in the first year of the PDG needs assessment, AIR is now focusing on the root causes of those needs. To do this, AIR will reengage with key stakeholders to better understand why they experience challenges in accessing services in the early childhood mixed-delivery system. The hope is that by identifying the root causes behind the needs, the state can more effectively address the needs of families with young children across the state of Michigan. The initial needs and underlying root causes summarized in this brief will be incorporated into the statewide strategic planning efforts currently underway.

The purpose of this brief is to outline the needs of families with young children living in rural communities. In January 2021, the study team (AIR and its partner, Early Childhood Investment Corporation) held eight focus groups with families and early childhood care and education (ECCE) providers from four rural regions of Michigan. The study team discussed access to and the affordability of programs and services for families with young children, as well as why they feel these needs exist within their community in three service areas: ECCE programs, medical care services, and early intervention and early childhood special education (ECSE) services. The findings are presented by service area in the sections that follow.

ECCE in Rural Michigan

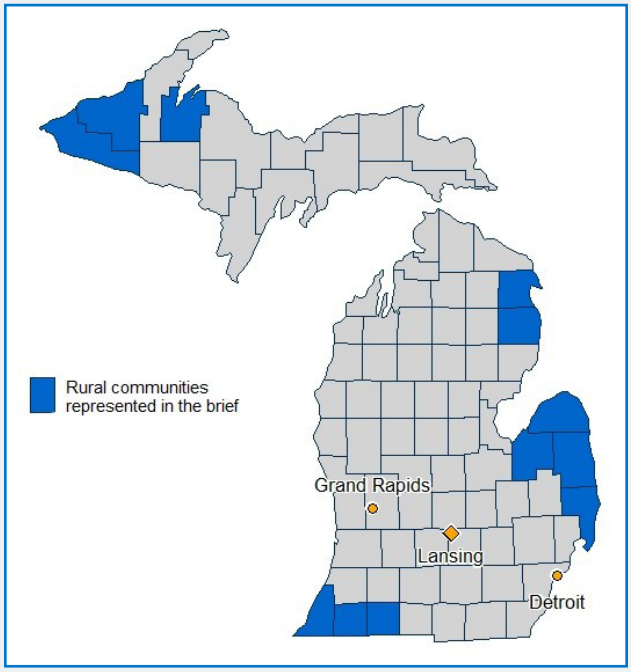
In the first needs assessment, conducted in 2020, families and providers reported that finding childcare and preschool was a challenge, especially in rural communities. Like last year, the greatest needs identified are still *access to* and *affordability of* high-quality ECCE programs. This brief outlines these needs and shares examples from families and childcare providers living and working in rural communities. When possible, the brief discusses the *root causes for why* family needs are not currently being met in rural regions.

DATA COLLECTION

In January 2021, the study team conducted eight focus groups with families and ECCE providers from four rural communities in Michigan. The purpose of the focus groups was to identify the root causes behind early childhood needs in rural communities. We partnered with program directors from Great Start to Quality Resource Centers[3] to recruit families and ECCE providers. In total, we recruited 33 families and 33 ECCE providers from 12 counties (Exhibit 2) representing four rural regions across Michigan (Eastern, North Eastern, Western, and the Upper Peninsula). It is important to note that participants were a sample of convenience, given that families and providers were those in close contact with Great Start to Quality Resource Centers.

The focus groups lasted approximately 90 minutes each. AIR transcribed and analyzed all focus group transcripts to identify the needs of rural families and providers and their root causes using a priori coding structure developed from the Year 1 needs assessment key themes and focus group protocols. We did not include focus groups with medical providers at this time, but hope to engage pediatricians and other medical providers in the next round of PDG stakeholder engagement.

Exhibit 2. Michigan Counties Represented in Rural Focus Groups



[3] Great Start to Quality resource centers provide childcare-related guidance and resources to families and childcare providers across Michigan.

Families in rural Michigan need more ECCE slots, particularly for infants and toddlers.

There are simply not enough ECCE slots to meet the childcare needs of rural families. Although families differed in the kinds of childcare they preferred, such as home- or center-based care, the majority agreed that care of any type was difficult to find in rural communities, particularly infant and toddler care. Both families and providers noted that care for infants and toddlers is so difficult to find that families expecting an infant need to start looking for care long before the baby is born. Typically, infant and toddler care have long waitlists. The waitlists are so long that sometimes by the time a slot opens, a family cannot use it because their child has grown too old for it.

> "Waiting lists, upon waiting lists, upon waiting lists. There's like one childcare in my town. I was on the waiting list to get into [my] daycare forever and ever because she's the only one close to my house, but while I was waiting I was driving 30 minutes there, 30 minutes back [to another daycare]. So, I was spending two hours a day on the road just to get my kid in somewhere." *–Michigan family*

> "The instant I found out I was pregnant, I got on every in-home [waiting] list in town because those are the types of childcare that what we have here. And all of them were at their limit for infants at the time. It was quite stressful because it took pretty much right up until before I gave birth. I'd say just within a couple months for me to get a slot. Somebody moved from the area and that is the only reason that I was able to get in." *–Michigan family*

More families want to enroll their children in publicly funded preschools like Head Start or the state's Great Start Readiness Program (GSRP), but not enough slots are available. Head Start and GSRP programs are appealing to families because they are offered at no cost to income-eligible families. Head Start programs and GSRPs in rural communities often have long waitlists due to their high-quality reputation and because so many families qualify to attend.

> "Luckily, my kids qualified for GSRP, and they do follow best practices. And they're just phenomenal. We've got the best teachers that there are, but they have play-based learning and lots of outside recess time and getting messy and just exploring the world. So we just squeezed in by the skin of our teeth. We just barely qualified, and most of my friends don't. And so, they don't have really a lot of choices for preschool, and when they do have those choices, they're very costly. They're cost prohibitive for most people I know." *–Michigan family*

Available ECCE programs are often located far from families' home or workplace. Families reported that childcare for infants and toddlers, as well as preschool programs, are located far from their homes or jobs. For families without a car or access to gas money, the long distances create a barrier to attending ECCE programs, preschool programs, and even employment. Head Start programs offer bus transportation for some communities.

Families who work nontraditional hours (evenings and weekends) or variable shifts struggle to find childcare. Most providers are open only during traditional working hours (i.e., 9 a.m. to 5 p.m.) and do not take children part-time. Providers shared that they limit part-time slots because it is difficult for them to cover costs with part-time children due to state licensing requirements on how many children per adult can be present at a given time. For providers, it is easiest to fill slots with full-time children. In the case of a part-time child, programs need to find another part-time child with an opposite schedule or risk losing revenue on open slots.

> "In a more rural area…there are more lower-paying jobs and they have the part-time schedules or the afternoons or just 2 or 3 days a week, and it's really hard to accommodate people, because you can't really fill the rest of the spots." *–Michigan ECCE provider*

> "I've had to turn some people who need part time care away. I can't really take on someone just 4 days a week when I don't have somebody to fit in the other days, so that's a challenge." *–Michigan ECCE provider*

Access to ECCE programs and slots are limited because rural providers struggle to access the resources needed to open new ECCE businesses or to expand slots in existing ECCE programs.

It is difficult to find existing facilities in rural areas that could be expanded upon or opened to offer new slots. One provider in the Upper Peninsula stated that the available facilities in her area are too old to meet licensing requirements or would require a considerable sum of money to update.

Potential new providers interested in opening a childcare business see the licensing process as too complicated and expensive.

> "The state makes it so difficult for people to become licensed providers; they don't want to deal with it, and it's expensive to do it. You have to pay for this. You pay for everything. You're paying for your radon test. You're paying for your CPR. You're paying for your license. It's pay, pay, pay." *–Michigan ECCE provider*

> "You have to kind of break it down for [potential providers] and do it in steps, and once they realize there's a lot of steps, then they're like, 'Oh, well, I don't know.' Then they just fade out. They don't want to make the commitment. If they are already feeling that way, they probably shouldn't do it, but [becoming licensed] is very hard." *–Michigan ECCE provider*

It is difficult to find and retain people to staff ECCE businesses. According to providers, this difficulty exists for multiple reasons. First, many providers cannot afford to pay qualified staff above minimum wage or to provide benefits, such as insurance, to attract them to new positions. In addition, providers find that they need to compete with the local public school system, which can pay trained educators more and provide benefits for similarly qualified applicants. Third, characteristics of rural communities such as low income, limited access to education, and limited job opportunities do not attract new people to the community, and many people move away. Finally, with such a small hiring pool, several providers reported that finding people who are both reliable and genuinely want to be with children is a challenge. One provider stated that she chooses not to fill all of the slots she is licensed for so that she doesn't have to worry about finding staff for her childcare.

> "When we post positions for availability, like our classroom aid position which don't get insurance or benefits, we don't have very many people that are looking for unbenefited work, so it's hard to fill those spots. And when you're trying to find teaching assistants, they must have certain qualifications, and right now that's hard to find. When you do find someone, they don't always like to show up when they're supposed to. They're not dedicated to the position. I know preschool is difficult and stressful sometimes, and there's a lot going on, but just getting people that want to commit to help the children is what I think our biggest issue is." *–Michigan ECCE provider*

Families in rural Michigan need ECCE slots to be *more affordable.*

Regardless of a family's income, families said they need more affordable ECCE options. Families of an infant or toddler particularly need more affordable ECCE options because many programs charge more for younger children. Furthermore, providers and families reported that rural families both above and below the poverty line struggle to afford preschool. Families who are ineligible for income-based programs such as GSRP and Head Start often do not make enough money to afford tuition-based preschool programs. As a result, children from these families do not attend preschool before entering kindergarten. According to Michigan School Data, nearly half of children entering kindergarten statewide did not attend preschool.[4]

> "If you make just a little bit too much your kids can't go to Head Start, but you still can't afford preschool. There is quite a few parents around this area that are in that situation. And their kids don't go to school until kindergarten." *–Michigan family*

[4] MI School Data. (2021). *Pathways to kindergarten.* https://www.mischooldata.org/pathways-to-kindergarten/

The state's Child Development and Care program subsidy reduces the cost of childcare for low-income families, but not everyone in need can access the subsidy nor does it cover the full cost of care. Similar to the 2020 needs assessment findings, we heard from families of varying income levels that ECCE costs are difficult to afford. Families and providers shared that the income threshold for both income-based ECCE programs and the childcare subsidy was unreasonably low. Some families reported that although they cannot afford childcare, they cannot benefit from the subsidy because they earn too much money. For some families who are eligible for the subsidy, there is often still a small contribution per child that they are responsible for each month. This amount is based on family size, income level, and other factors (if the child is in foster care, if the family is eligible for cash assistance, unhoused family and children, as well as children from migrant families). ECCE providers reported, however, that even this small contribution amount is challenging for families to afford.

> "So if my rate is $175 and the subsidy covers $150 a week, [parents] can't even afford the $25 per child to cover that, typically. So that's a huge thing that we're running into in our area." –*Michigan ECCE provider*

> "Anything that DHHS [Department of Health and Human Services] does not cover, the family is responsible for out of pocket. I currently don't charge my families what DHHS does not cover. I just eat that part of it. So I'm actually making probably less than my $3 an hour. In fact I am, but it's okay, most of my families are eligible for the subsidy." –*Michigan ECCE provider*

Work requirements for the childcare subsidy are another barrier for families who need to reenter the job market. The state of Michigan offers childcare subsidies and has a mix of federal and state-wide eligibility factors. For example, employment or a job search is a federal requirement for families to access childcare subsidies. Michigan does not currently allow families to be eligible for the subsidy while searching for employment. Instead, the state of Michigan requires that families must either be currently employed, completing a high school degree/GED, participating in a job training program, or engaging in family preservation activities. For families seeking employment, reentering the workforce can be complicated by these requirements because the state of Michigan does not list job search as an approved activity. As such, families must secure employment *before* being approved for the subsidy. However, to start work, families need childcare. This "chicken and egg" state policy makes it difficult for families who are actively searching for work. While some providers reported that they have accepted families prior to the subsidy being formally in place, that practice has resulted in unpaid bills when families were subsequently deemed ineligible after a lengthy eligibility determination period. These lump-sum bills are a big financial challenge for families to pay off and for providers to absorb after the fact.

> "So for the first week or two while parents are waiting for the subsidy to start, they don't have the money for tuition payments, and sometimes the daycares won't take them because they want prepayment. So it just becomes a really big hassle. I feel like parents end up giving up because they don't want to keep going through all the hoops." –*Michigan family*

Subsidy reporting requirements and eligibility communication issues can be a challenge for ECCE providers. Providers who do accept the subsidy reported that the amount of paperwork required for billing can be overwhelming. Providers are required to record the daily in and out times and absences for all children who receive the subsidy, even if they normally charge a weekly or monthly flat rate. Additionally, when families lose their subsidy status (possibly because they did not renew their eligibility), they are not always aware or fail to inform their provider. Because providers are not informed of changes in eligibility until after a reimbursement request is submitted, this miscommunication or misunderstanding can result in bills that a family cannot pay and costs that a provider cannot recoup.

> "With DHS payments…you're only allowed to bill from the time that they get there until the time that they leave. Normally families pay for the week whether they choose to come or not because we have bills to pay too. We count on our income and [subsidy billing] is kind of a hardship." –*Michigan ECCE provider*

> "I put reminders in my phone for when the subsidy needs to be renewed, and I have to remind the parents or ask if they've done it and stuff like that." –*Michigan ECCE provider*

Local income levels limit childcare rates, but subsidies help providers to earn more, particularly those with higher star ratings. Despite subsidy challenges, rural providers reported that accepting the state's childcare subsidy is important because so many families in the area are eligible and because the subsidy has the capacity to help providers as well. Providers explained that their rates are capped by the low incomes present in their community. As a result, the state subsidy rate can be a way to help increase childcare rates beyond the local income ceiling. Childcare businesses, particularly those with a large number of families using the subsidy, who have a higher Great Start to Quality star rating can increase their childcare rates because the subsidy reimbursement rates for families increases based on a provider's Great Start to Quality star rating level.

> "Having a higher star rating makes it more worth it to take subsidy because then you're getting more money from kids with subsidy." –*Michigan ECCE provider*

Families in rural Michigan need *greater access to quality* ECCE programs.

High-quality care is not always accessible to rural families. Families reported that the quality of care available to families in rural areas varied, as did the availability of high-quality ECCE programs. Most families reported that they perceived their home-based ECCE environment to be of high quality, but a few reported not trusting these environments and having bad experiences. Center-based care, in contrast, was viewed by all as high quality, although it is difficult to find due to limited availability in rural areas. When asked specifically about preschool programs, families had mixed opinions about the quality of local private preschool programs (which can be in a home or center). They shared that while some followed the type of play-based curricula most appropriate for young children, others did not and had staff who were not well trained. Families perceived these programs to be expensive. Families spoke highly of GSRP and Head Start programs due to their use of play-based curricula and educated staff.

> "There are preschools that are not following best practices about play-based learning. I went and visited four preschools, and [students] were sitting at desks and doing worksheets and just not what I want for my 4-year-old or my 3-year-old. I wanted them to just play and have open-ended activities like they're supposed to. Luckily, my kids qualified for GSRP. We've got the best teachers, they have play-based learning and lots of outside recess time, and [the kids can] get messy and just explore the world. But [we] squeezed in by the skin of our teeth. We just barely qualified, and most of my friends don't qualify. And so, they don't have a lot of choices for preschool. And when they do have those choices, they're very costly. They're cost prohibitive for most people I know." –*Michigan family*

Providers often cannot charge more to afford program improvement or expansion because their revenue is capped by their low rates, a result of the low local income level. Providers recognize they need to keep childcare affordable for their families and they risk losing families even with small increases in their rates. While some providers have been able to increase their rates over time, they note that their rates are considerably lower than other areas of the state due to the lower levels of income present in their communities.

> "The first time that I raised my rates was actually last year, and I only raised them a quarter. But as long as wages stay the same, I probably won't be able to raise my rates." –*Michigan ECCE provider*

> "The people in our community just can't afford high prices, they just can't. I can't speak for all providers, but I give a family rate. I charge $3 per child, and then if there's two in the family then it goes up to $5 and I do that, I cut for all of them. Because otherwise they would be just working to pay daycare, they wouldn't ever get ahead. … But that's my choice. That's me. Not everybody's like that." –*Michigan ECCE provider*

The Great Start to Quality star ratings process takes time and may limit some providers from participating in the system. The process can be difficult for small programs without other staff as the application process requires time in addition to their daily childcare responsibilities. While the state indicates that support is available at regional Great Start to Quality resource centers, providers reported that receiving assistance has been difficult.

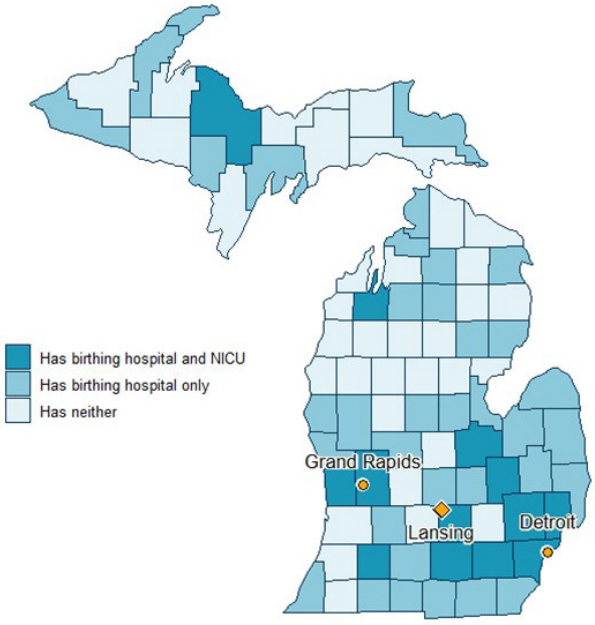
> "So we are in the process of obtaining a GSQ [Great Start to Quality] star rating right now, and it is a lot to do while I am trying to also be lead teacher. Finding the hours and the time to go through that process, to pull all of the proof that I need to submit, it's taking a lot of additional personal time in order to complete. It's extremely difficult to try to find the time within normal working hours to complete the tasks of both job titles. It's not something that really anyone else can truly help with. It's like you have to just find the time, make it happen. So I don't know, it's a lot of personal time investment, I'll just say." *–Michigan ECCE provider*

> "It's a full-time job just to get all the stuff that they want…and it seems like they're expecting more and more. I've asked for help at other times. … You'd have to go back and forth. So I've asked before, can somebody help me along here and I'm just not really getting as much help as I think that I should get. *–Michigan ECCE provider*

Medical Care in Rural Michigan

In the first needs assessment, families and providers told us that there is limited access to medical services for children in rural communities. As was found in our 2020 needs assessment, the greatest need is *access* to pediatric care. This year, we talked with focus group participants about *access* to maternal care, which is a great need in rural communities. Exhibit 3 includes a map of birthing hospitals with neonatal intensive care units (NICUs) and birthing hospitals without NICUs to show the availability of these services in rural Michigan.

Exhibit 3. Birth Hospitals in Michigan



Source: Publicly available NICU data from Neonatology Solutions (https://neonatologysolutions.com/michigan-nicus/) and internal birthing hospital data provided to us by the Michigan Department of Health and Human Services.

Families in rural areas have *limited access* to pediatric medical care and maternal health care.

In general, there is a lack of nearby medical providers specializing in pediatric services in rural areas. Many participants said they had to travel outside of their home county to access medical services for their child. While some participants said they were within a reasonable driving distance to a pediatrician, other participants said no pediatricians were available. All participants reported that access to specialized pediatric care is a widespread challenge for families in rural areas. Many families travel multiple hours just to see a specialist.

> "They have a wonderful pediatrics office here in [upper peninsula town], but anything where specialists are in need or surgical procedures have to be done, you're going to have to travel quite a ways. And I think that's definitely a barrier for low-income families, especially." *–Michigan family*

> "We travel at least 45 miles for pediatric dentistry and also for our pediatrician. They're both in different cities." *–Michigan family*

Likewise, there is a lack of nearby medical providers specializing in maternal health care. Families reported that there are few obstetricians or midwives in their area. The collective understanding among focus group participants was that prenatal care was at least 30 minutes away. Some moms reported traveling more than an hour each way for their obstetric appointments. Mothers reported that they needed to travel great distances to their nearest birthing hospital, many of which do not have a NICU in the case that more intensive support is needed at birth (Exhibit 3).

> "My daughter was C section, and we wanted to potentially try a VBAC with my son, but it just it didn't seem like a viable option because if I were to go into labor then I would have to drive 2 1/2 hours in potentially dangerous [winter] conditions. So we just opted for a C section so that way we didn't really have to worry about it. I do wish we had had the option to do a VBAC; it kind of was disappointing." –*Michigan family*

When families can access medical care, they often experience a lack a continuity of care. Many families noted that the medical offices providing both pediatric and maternal care in their region have high turnover rates and employ "traveling" physicians who visit each office location only once or twice a month. These conditions result in lack of continuity of care for both children and pregnant mothers, particularly those who require frequent medical visits.

> "So, unfortunately, at our doctor's office, they don't have an active pediatrician, so we have traveling pediatricians, so that means that my son, who is only two months old has been seen by multiple different providers. Which to me is concerning just because the continuity of care is not present., I feel like I'm re explaining everything each time." –*Michigan family*

> "So finding a doctor was fine. It was keeping the same one that was the problem…through like three or four different doctors at the end of my pregnancy. It's not the problem of finding it. It's just keeping them." –*Michigan family*

Working family–friendly office hours are too limited. Offices are often open only on weekdays and stop taking appointments after 3 or 4 p.m., making it impossible for working families and pregnant mothers to attend appointments without taking time off work. This issue is exacerbated for families who must travel long distances for their appointments.

> "It can be hard for people to travel to specialists because they may have work conflicts and stuff like that. I know recently, I was able to take my son to a couple of specialists because I have a flexible schedule. But if I wasn't able to be flexible, I don't think we would have been able to make those appointments because their hours are limited." –*Michigan family*

> "People who work, it's hard to get to a pediatric dentist before 4:00 pm. There's no extended hours or weekend. I think maybe providers just don't think there's a need for that. I know maybe in bigger counties, there's more time accessibility." –*Michigan family*

A lack of access to transportation exacerbates the challenge of accessing medical care in rural areas. Without access to reliable transportation, it is even more difficult for families to visit medical centers outside of their home county. For rural areas that do have public transportation, such as dial-a-ride or insurance-based resources like Medicaid transportation services, the availability and the lack of flexibility in the departure and arrival times makes scheduling medical appointments—and making it to those appointments at their scheduled times—extremely difficult. Families who live in areas that do not have these resources reported being dependent on hiring taxis and the help of friends, family members, and faith-based community supports to access transportation to medical appointments.

> "A lot of the people in [rural areas] don't have the resources to travel outside of the county for [medical] appointments, especially if they're appointments they can get into fairly quickly. So, they have to schedule them out a little bit longer for planning purposes. So, either it's hard to get in with somebody or you can't get in right away because you just can't negotiate [transportation]." –*Michigan family*

> "In Huron County, we have public transportation, but the problem with that is that we are finding is they aren't being flexible with anybody's schedule anymore. So if your appointment doesn't match with when they can get you a bus to your appointment and back, it really doesn't work for people that need it." –*Michigan family*

Rural families struggle to find medical providers who accept their health insurance. Many families—especially those who rely on Medicaid for health insurance—shared experiences in which their local medical provider did not accept their insurance. They were forced to take their children to providers that were further away.

> "Specialists that take Medicaid just don't exist. There are very few that take the state insurances. And when you do find them, they have such a long waiting list that it's hard to get in." –*Michigan family*

> "If you do find a provider that takes Medicaid insurance, like I said, it's 45 minutes to an hour away, and then it's a whole month out because everybody's traveling to get to them." –*Michigan family*

Income limitations and small populations make it difficult to attract and retain medical professionals to rural communities. Several participants mentioned that they felt medical care is difficult to access in rural communities because their areas fail to attract medical professionals to live and work in the community. Some participants said rural communities are less likely to attract or retain medical providers, particularly specialists, due to the characteristics of the communities themselves (e.g., smaller population, poorer schools, fewer resources and activities). Because of the smaller population there is a lesser demand for services, in addition to the inability to offer or access competitive pay found in bigger cities. This inability to access higher pay may be particularly off-putting for new doctors who generally have large sums of student debt. Evidence suggests that providers who serve rural areas experience high levels of stress due to the sheer scope and complexity of medical needs that they are expected to assess on their own. In rural areas, physicians are without the support of nearby specialists and often must address medical issues in fewer visits because of the distance and transportation challenges commonly present with rural populations.[5]

> "The more specialized people aren't coming here. … They don't want to live in a rural area. They're more used to working in the cities, having more resources for their families, as well as having a team to work with. If they have their own children, they're concerned about the level of education their kids will be getting here. Not that the education is poor here, but we don't have as many options or choices as the bigger school [districts] do." –*Michigan family*

> "I think doctors aren't getting paid as well up here. I know we don't always get paid as much as you would in the bigger cities." –*Michigan family*

Early Intervention and Early Childhood Special Education (ECSE) in Rural Michigan

As with the Year 1 needs assessment findings, we heard from rural families and ECCE providers that they need better *access* to early intervention and ECSE programming.

Families in rural areas have *limited access* to early intervention and ECSE services.

Families need more information about the early intervention and ECSE services available to them in their area. Some parents reported that it would be helpful to have more information from their pediatrician or childcare provider about available services and how to access them.

> "Even though I work in education, I don't know what's available in our area. I think part of it is just like getting the word out as to what is available. I want to be able to tell parents what is available in this area. So having material out there that educates people as what resources are available—I think would be super important, would be definitely helpful too." –*Michigan family*

[5] The National Institute of Mental Health Information Resource Center. (2018). *Mental health and rural America: Challenges and opportunities.* https://www.nimh.nih.gov/news/media/2018/mental-health-and-rural-america-challenges-and-opportunities

Families perceive limited opportunities to have their child's delays identified in a timely manner. While parents from multiple regions said programs like Early Head Start, Head Start, and GSRP identify children with delays in a timely manner, children who do not attend these programs have fewer opportunities to have their delays detected prior to entering elementary school. A few parents reported that this was due to the limited resources and limited availability of services and professionals who are educated in child development. A few parents mentioned that their pediatrician referred them for Early On® services, suggesting that universal screening practices are occurring in rural areas. However, one parent mentioned that for some families, barriers to visiting their pediatrician may play a part in limiting access to universal screening opportunities.

> "No one goes out of their way to say, 'Oh, look let's evaluate your child.' With being so rural we don't have people that are educated to send you somewhere. I think it needs to be more broadcasted for children in general. That's it." –*Michigan family*

> "We need to have preschool that is accessible and more options for students, because those preschool teachers are some of the first people to be able to recognize some of those special needs that students might have early on. Not having that those resources available in larger cities or the appropriate people to catch those needs early on, sometimes our students fall through the cracks during that time when they could have had earlier interventions." –*Michigan family*

For children diagnosed with a special need, it can be challenging to access services to meet these needs. Families and providers living in rural areas reported that early intervention and early special education services and professionals (including occupational and physical therapy) are limited or are located far from their community. Families also reported a lack of continuity of professionals who provide these services.

> "They offered to do virtual visits, but doing a virtual speech visit with a two year old that is deaf and has cochlear implants and is autistic is very, very difficult and it's just not an easy thing to do so to not have a speech therapist closer than four hours away, where we can go do an in person visit is very debilitating for his growth." –*Michigan family*

> "He was supposed to get both speech therapy and behavioral therapy, and they didn't have it through our ISD [intermediate school district]. The programs are great, but the services are a little bit slim as far as how many therapists they have on hand, what they do, and how many kids they can service." –*Michigan family*

Intervention access limitations can delay evaluation and service provision. Parents further reported that these access limitations delayed the process of evaluating children for services. Moreover, several families reported that they experienced a gap in services after their child turned 3 that lasted until their child entered the public school system.

> "I know that we started with all of [my son's] evaluations just after his first birthday, and we are still getting through some of them and he's 4 1/2. [The delay in service] has a lot to do with availability of providers and availability of services. And there are some services he hasn't received because there's nobody to give them in our area." –*Michigan family*

ECCE providers need better access to resources, support, and training regarding care of children with special needs. Several providers stated that they have had to turn families away because they did not have the capacity to effectively care for a child with special needs. These providers reported that they either had facility limitations, did not have enough staff, or lacked the requisite training to provide appropriate care for a child.

> "We really tried for a good 3 months [to care for a child with a special need], and it was just really, really challenging because we didn't have the resources to have somebody to work with him, we didn't have the training, and we weren't qualified. … [W]e want the kids that come into our programs to have the best care and the best quality that we can offer them and we just could not [for this child]." –*Michigan ECCE provider*

COVID-19 IMPACTS AND SUPPORTS

The COVID-19 pandemic brought several new challenges to rural areas and worsened existing ones.

Childcare

Providers who stayed open during the pandemic reported that they lost staff entirely or intermittently due to illness. These staff shortages impacted ratios that further limited the slots available to the community. However, childcare availability during the pandemic appeared to vary. Providers reported waitlists or low enrollment. Low enrollment was reported by preschools. Families who continued to use childcare during the pandemic spoke of the burdensome unanticipated cost of paying for the care of children who would otherwise be in school. Finally, providers reported that the COVID-19 grant money was very helpful. These monies were used to cover some of the costs for families, to pay for personal protective equipment and cleaning supplies, and to purchase materials that supported social distancing.

Early Intervention

Families whose children receive early intervention and special education services reported that the COVID-19 pandemic stopped in-home services completely and delayed aspects of their service plan. Some families reported that they received services virtually during the pandemic but that the nature of those services and age of their child made these visits particularly difficult.

Medical Care

Families reported that COVID-19 pandemic-related restrictions surrounding the number of people allowed to attend medical appointment (often one adult and one child) made attending those appointments difficult, especially for families with multiple children and no other adults available to care for them.

Conclusions

Our results from focus groups with families and ECCE providers from four rural regions across Michigan both confirmed and expanded upon our needs assessment findings from Year 1. Policy recommendations for the findings outlined in this document can be found in the MI-PDG Strategic Plan for improving Michigan's mixed-delivery system, developed by School Readiness Consulting. However, these findings brought to the forefront new questions that deserve a closer look in future needs-assessment work. For example, future needs assessments should investigate the experiences of medical providers in rural areas. In addition, our study found that ECCE providers held some incorrect beliefs regarding Child Development and Care subsidy program policies. Future needs assessment should explore this disconnect and try to understand where ECCE provider confusion is occurring so that it can be addressed. Finally, future needs assessments of rural Michigan should work more closely with early intervention and ECCE professionals, as well as rural intermediate school districts, to better understand parental and ECCE provider knowledge of rural early intervention and ECSE services and to better understand why those services are so limited for rural families.

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