

## Right Start in Michigan and Its Great Start Collaboratives 2013: Trends in Maternal and Infant Well-Being

### EXECUTIVE SUMMARY

From the very beginning of life, children experience vastly different circumstances. Public policy can ease or exacerbate these disparities. The sustained public health and education campaign to reduce teen pregnancy and birth shows the success of such focus over the past two decades. Between 1990 and 2011, the state's teen birth rate was cut in half.

The investment in early childhood in Michigan must begin with assuring more children have the "right start" at birth. Currently Michigan compares poorly with other states on several measures and recent trends are troubling. Overall Michigan saw little improvement between 2005 and 2011 in maternal and infant well-being.

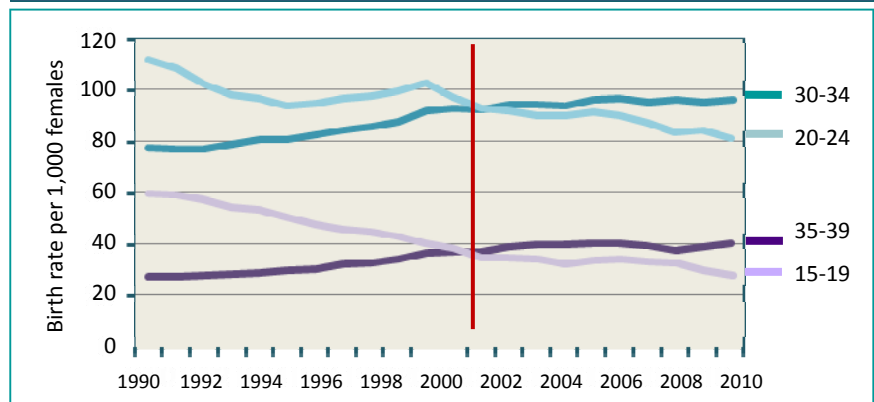
This report reviews eight key indicators at birth to assess the extent of differences by race/ethnicity in Michigan and among its 54 Great Start Collaboratives.<sup>1</sup> Children of color continue to experience a disproportionate disadvantage, which will have significant implications in the state's efforts to improve educational achievement and promote health to create a more competitive workforce, as their share of the birth cohort increases.

#### Michigan made little progress in improving maternal and infant well-being between 2005 and 2011.

- Only two measures of the five where a change could be calculated reflected substantial change.<sup>2</sup>
  - **Nonmarital births escalated** by 18%: rising from 36% of births to 42%. Soaring unemployment and dwindling wage levels most severely affected men and women without a college degree, limiting their capacity for family formation. Unemployment, particularly among men, is a major reason cited for delaying or rejecting marriage, according to findings from the Fragile Families Survey.
  - **Births to teens already mothers declined** who were by 9%—from 19% of teen births to 17%.

- In 2003 birthrates among women in their early and late 30s exceeded those among women in their early 20s and teens, respectively, and the gap continued to widen through the rest of the decade.

#### Birth rates for Michigan women in their 30s rose while those for teens and early 20s dropped.



Source: Michigan Department of Community Health, Vital Statistics and Health Data Development Section.

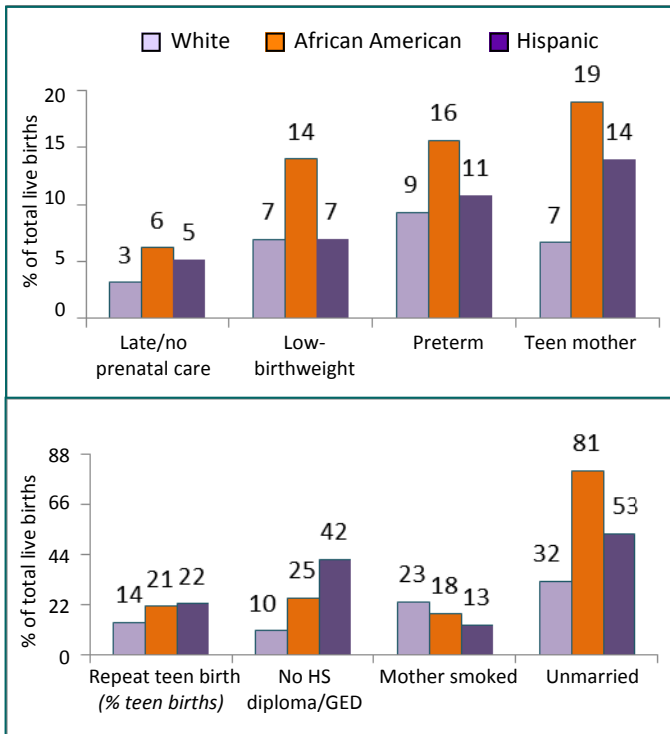
#### Maternal and infant well-being varied dramatically across Michigan's Great Start Collaboratives.

The risks to maternal and infant well-being were least prevalent in Livingston GSC, which had the lowest rates on four of the eight measures tracked in this report. Wayne and Genesee GSCs tied for the worst ranking.

#### Maternal/infant well-being varied dramatically by race/ethnicity:

In 2011 infants born to mothers in Michigan's two major minority groups were at much higher risk than their white counterparts on a number of key measures, including teen births, preterm births, nonmarital births and births to women without a high school diploma or GED. White women were the most likely (23%) to report smoking during pregnancy.

**Risks to infants often vary quite substantially by indicator across racial/ethnic groups.**



Source: Michigan Department of Community Health, Vital Statistics and Health Data Development Section.

**Maternal/infant well-being worsened on most measures among Hispanics.** Between 2005 and 2011, all the major racial/ethnic groups in Michigan experienced declines in their percentages of repeat teen births and increases in their non-marital births with whites reflecting the most dramatic changes on both measures. Only African American infants saw increased risk of being born to a teenager and decreased likelihood of low-birthweight while only Hispanics experienced worsening trends in low birthweight and preterm births.



**Public policy can improve maternal and infant well-being.**

Public policies that improve access to health care so that more women are healthy before they become pregnant and that allow women access to family planning services are critical. Programs to provide opportunities for low-income workers to improve their skills so they have the financial resources to care for their children would provide more young children the “right start.” The Affordable Care Act extends federal funds to accomplish some of these objectives, and state policymakers should support its implementation and look to establish other family-friendly initiatives to improve the circumstances for more children at the beginning of their lives.

**Medicaid expansion:** The federal Affordable Care Act, which extends access to medical care and preventive services to all Americans, will particularly benefit low-income individuals. Medicaid expansion to all Michigan residents in households with incomes under 138% of the federal poverty level offers a critical opportunity to increase access to health services for the most economically disadvantaged women who have the highest probability for several risk factors for pregnancy and birth.

**Home visiting:** The federal ACA also extends funding to the states to improve home visiting programs and expand services in high-risk communities. This effort supports the evidence-based home visiting models that achieve better birth outcomes for mothers and babies. Michigan has successfully applied for this funding. Improved coordination across home visiting programs and centralized access are some initiatives being piloted in communities to target services to fit family needs. Michigan now requires all funding for home visiting through any department support only promising or evidence-based programs. An annual report to the Legislature is required on a set of common outcomes across all home visiting programs.

**Pay equity:** With rising nonmarital births, more women are on their own in supporting children. As noted, the feasibility of marriage is often grounded in economic realities, so low wages and high unemployment discourage family formation despite childbirth. Michigan has one of the worst ratios in gender pay in the country, so pay equity would improve the lives of women and their children. Increasing job training opportunities for high school graduates would help more young parents and parents-to-be secure jobs with family-supporting wage levels.

**ENDNOTES**

<sup>1</sup> There are 54 GSCs—37 single counties and 17 with two or more counties. Three county-based ISDs—Manistee, Oceana and Iosco—have been integrated into nearby multiple county ISDs. The ISDs match the county lines in the more highly populated southern counties but encompass as many as six counties in the northern rural areas.

<sup>2</sup> Due to changes in the Michigan birth certificate implemented in the summer of 2007, only five indicators can be assessed for trends between 2005 and 2010.