

‘Having someone there when no one else was around’: Positive Participant Experiences with the Maternal Infant Health Program

AUTHORS

Triana Kazaleh Sirdenis
Megan Foster Friedman
Robin Tepper Jacob
Zaiyi Jiang

KEY FINDINGS:

1. Families who participate in the Maternal Infant Health Program (MIHP) have reported that the program is beneficial and that they had positive experiences with MIHP.
2. A majority of participants had excellent or very good relationships with their home visitor and felt the program fully met their needs.
3. Communication strategies that emphasize these positive experiences may help shift the perception of the program to encourage eligible families to participate.

INTRODUCTION & BACKGROUND

The Maternal Infant Health Program (MIHP) aims to reduce maternal and infant mortality and morbidity, promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development. Home visits typically begin in pregnancy and continue in the postpartum period, and up to the baby's first year and a half of life. MIHP is for Medicaid-eligible pregnant individuals and infants and is Michigan's largest evidence-based statewide home visiting program. Those who enroll in MIHP before their third trimester and fully participate (i.e. at least three home visits), have a 23% lower risk of low birth weight and a 26% lower risk of preterm birth.¹ As these are the primary drivers of infant mortality, MIHP can make substantial contribution to improving infant and maternal health.

Programs like MIHP are vital to addressing long standing inequities in maternal health both nationally and within Michigan, as nearly half of all maternal deaths in the state are preventable.² Furthermore, Black women in Michigan are three times more likely to die from pregnancy-related causes than white women.³ Michigan lags nationally for infant mortality, with Black, American Indian, and Hispanic babies dying at the highest rates.⁴

Even though Medicaid-eligible pregnant people are automatically eligible for MIHP, the program is chronically underutilized. One potential concern about low participation is that it may suggest people are not satisfied with the program or that the program is not meeting their needs. However, participant data collected by the University of Michigan Youth Policy Lab (YPL) over several years and across a variety of contexts suggests otherwise.

In our long partnership with Michigan Department of Health and Human Services (MDHHS), YPL has conducted several surveys of MIHP participants. In 2019-2020, YPL surveyed 478 MIHP participants in Southeast Michigan (Macomb, Oakland, and Wayne counties) to learn about their experiences with the program. In addition, YPL surveyed 1,706 MIHP participants across the state in 2022-2023 as part of a pilot study to evaluate the effectiveness of enhanced services, as part of Governor Whitmer's Healthy Moms, Healthy Babies (HMHB) Initiative. Across these surveys, we found that people who participated in MIHP were overwhelmingly satisfied with the program, felt the program met their needs, and felt they had a good relationship with their home visitor. These findings, collected from families across the state and at different times, suggest that low participation is not driven by low satisfaction.

POSITIVE EXPERIENCE WITH MIHP IN MICHIGAN

According to responses from our 2022-2023 Healthy Moms Healthy Babies statewide pilot survey, MIHP is well received by its participants. As shown in Figure 1 below, most

participants said that the MIHP program fully met their needs and that they had a very good or excellent relationship with their home visitor.

FIGURE 1: MIHP Experiences among Healthy Moms Healthy Babies Pilot Participants

85.1%

had an excellent or very good relationship with their home visitor



86.8%

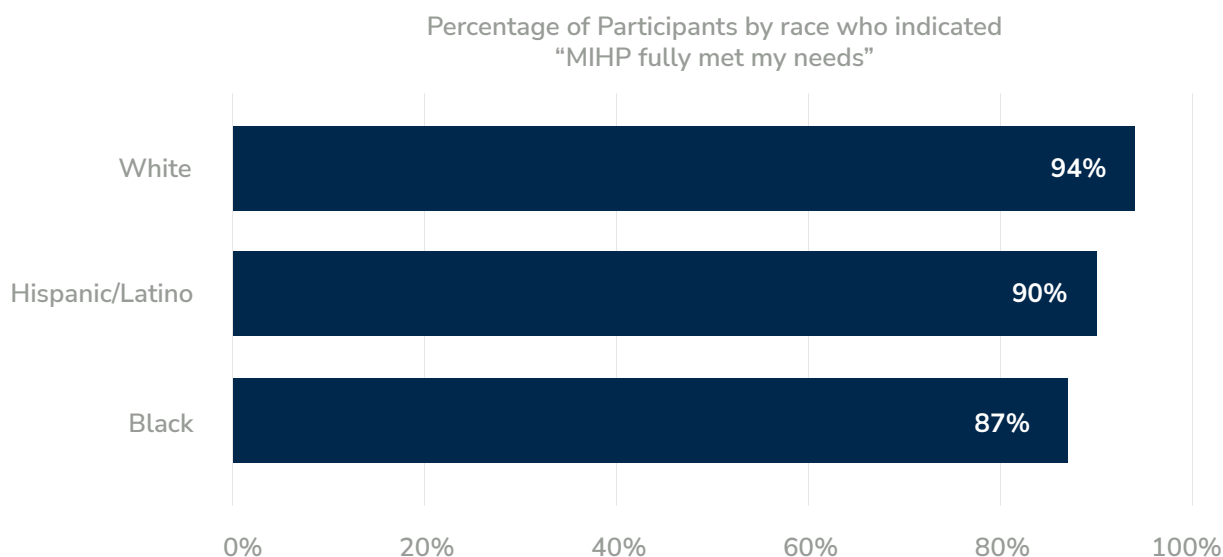
said MIHP fully met their needs



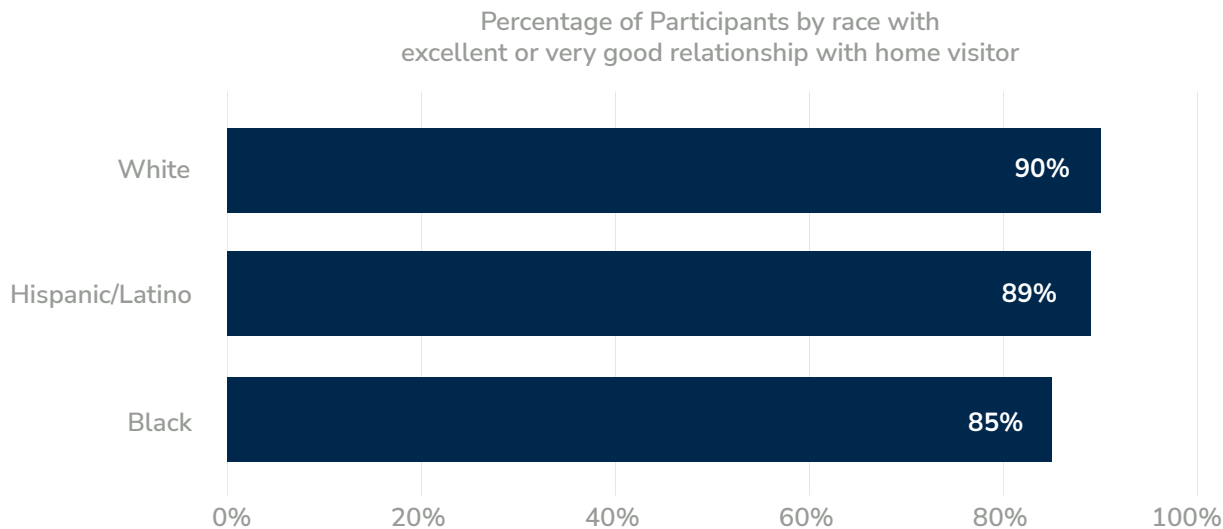
As shown in Figures 2 below and 3 on the following page, White and Hispanic/Latino participants were more likely than Black participants to say their needs were fully met

and that they had an excellent or very good relationship with their home visitor.

FIGURE 2: Needs Met for HMHB Pilot Participants, by Race and Ethnicity



N=1,332. Note: Since a majority of the sample was captured by these racial and ethnic categories, we limited analysis to these three groups for ease of accessibility and because no other groups were large enough to conduct a reliable analysis.

FIGURE 3: Home Visitor Relationship Quality for HMHB Pilot Participants, by Race and Ethnicity

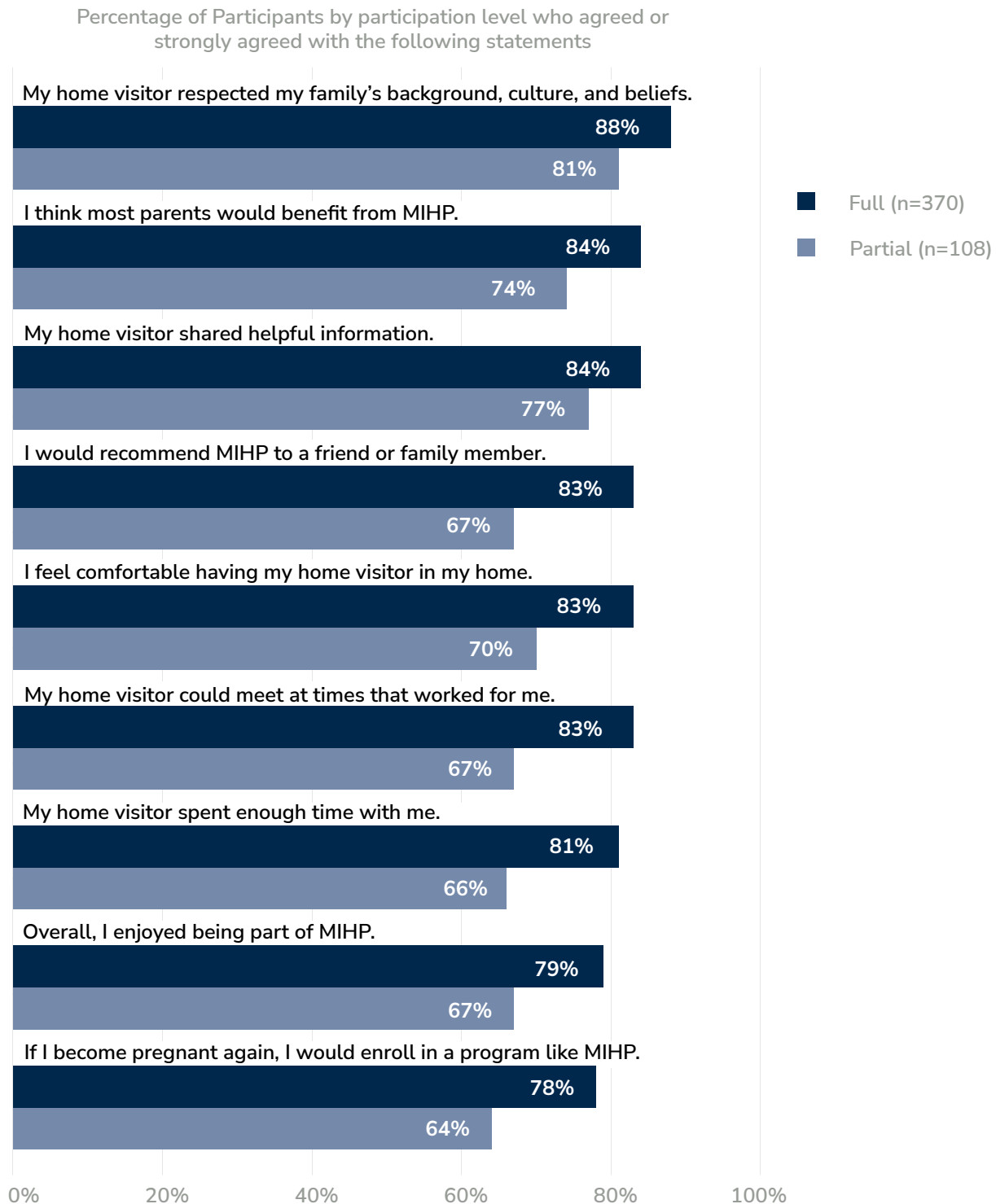
N=1,332. Note: Since a majority of the sample was captured by these racial and ethnic categories, we limited analysis to these three groups for ease of accessibility and because no other groups were large enough to conduct a reliable analysis.

When analyzing the impact of the HMHB pilot, we found that providing more resources to agencies to meet the needs of their high-risk beneficiaries nearly eliminated the gap in satisfaction across racial and ethnic groups.⁵

EXPERIENCE OF SOUTHEAST MICHIGAN PARTICIPANTS

While data from the statewide survey of Healthy Moms, Healthy Babies pilot participants provides a broad overview of satisfaction across regions, we also explored MIHP satisfaction in-depth in a 2019-2020 survey of participants in Southeast Michigan (Macomb, Oakland, and Wayne counties). As the state's most populous and racially diverse region, the experiences of MIHP participants in this region are particularly important. In this survey, we asked questions of two distinct groups: people who fully participated in MIHP (meaning they enrolled during pregnancy and had at least three home visits), and people who partially participated in MIHP (those with less than three home visits).

As we reported in a [2020 brief](#), participants in Southeast Michigan had overall positive experiences with MIHP.⁶ As shown in Figure 4, full participants were more likely than partial participants to have positive experiences across several dimensions of the program, including respecting participants' culture and beliefs and sharing helpful information. In addition, participants felt the program could be beneficial to others, with most sharing they would recommend it to a peer and enroll in a similar program if pregnant again.

FIGURE 4: Experiences with MIHP Among Full and Partial Participants in Southeast MI

VOICES OF PARTICIPANTS

Qualitative data from both surveys allowed participants to share their positive experiences in their own words.

Healthy Moms, Healthy Babies Participants

In this survey, we invited participants to provide feedback about their relationship with their home visitor in an open-ended question. Nearly 89% of participants who responded to that open-ended question described their home visitor in positive terms like “attentive” or “supportive.”

Open-ended responses also revealed the benefits of the program mentioned most often by participants, including:

- Resources like free diapers
- Ability to ask questions
- The support that the home visitor provided

SE Michigan MIHP Participants

In our 2019-2020 analysis, we coded for common themes from open-ended responses where participants shared in their own words what they liked most about MIHP. In that survey, participants felt the best part of MIHP was the information provided (22%), the emotional support (21%), and their home visitor (19%).⁷ When asked about how to improve the program, participants most frequent responses included better provider quality (18%), more flexibility with scheduling (17%), and expansion of programming options, especially connecting with other new parents (9%).

When asked what the best part of MIHP was, actual participants shared:

- *Having a knowledgeable person to talk to.*
- *Great communication and resources.*
- *Our [home visitor] was personable, kindhearted, informative.*
- *[Being] able to talk about my concerns and get my questions answered.*
- *[The home visitor] takes the time with me.*

“ I very much enjoyed our visits, and knew I had a great support system. ”

MIHP Participant

“ The best part of MIHP was...having someone I can trust and talk to about everything and help me provide a better environment for my family. ”

MIHP Participant

“ [Our home visitor] became a part of our family. I hope other families get the experience my family did. ”

MIHP Participant

CONCLUSIONS AND RECOMMENDATIONS

Surveys of MIHP participants across several years show that the program consistently provides most participants with positive experiences. Participants feel respected, believe that they receive helpful information, and would recommend the program to others. Our more recent analysis of HMHB indicates that a vast majority of participants have positive relationships with their home visitor and that the program fully meets their needs.

As detailed in our [2020 brief](#), MIHP could consider a variety of strategies to improve take up, including on-going provider training, centralized intake coordination, and flexibility in scheduling.⁸ It would also be worth exploring how to improve communication strategies to diversify and update how the program is shared among eligible families. Asset-based communication strategies emphasizing participants' positives experiences may help shift the perception of the program to encourage eligible families to participate and have positive impacts on Michigan's maternal and infant health landscape. This could include:

- Updating program materials to share the recent evaluation of HMHB and positive participant experiences
- Hosting informational sessions and sharing updated communication materials for provider agencies, community health workers, and other trusted messengers who refer families to MIHP to share the positive reputation of the program
- Revising communication guidance and materials (e.g., pitches, referral scripts)
- Updating or creating new print and online marketing materials for the program that share the direct experiences of participants. This should include materials in different languages and those tailored for racial and ethnic minorities (e.g., Black and Hispanic/Latino participants)

Incorporating positive findings into a robust communications strategy may help encourage more eligible families to participate, by sharing that families like them found the program beneficial. This, along with other strategies could improve overall uptake of the program, furthering its positive impact on maternal and infant health in Michigan.

“ My workers have always been amazing, helpful, insightful, and never caused me to feel like they thought they were better, but always felt a genuine love and care for my family... [They] have always made myself and my family feel cared for, and I always looked forward to the days I had appointments with them. ”

MIHP Participant

APPENDIX

Healthy Moms, Healthy Babies Background

In 2021, the MDHHS began piloting an enhanced version of MIHP which focused on increasing access for those considered high risk as part of Governor Whitmer's Health Moms Healthy Babies (HMHB) Initiative. The pilot program expanded the services that a subset of MIHP providers could provide to those considered high risk for adverse outcome. Those in the pilot program treatment group were eligible for additional visit time, home visits, care coordination, and the addition of a longer discharge visit. Our recent 2024 evaluation of HMHB revealed the program enhancement had a positive impact on families' self-reported social determinants of health like decreased homelessness, and was particularly beneficial for Black families and those experiencing their first pregnancy. Please see our [full report](#) for details.

Starting on October 1, 2024, Medicaid will reimburse all MIHP providers for enhanced services including additional home visits, care coordination, and a discharge visit. This indicates an official rollout of HMHB pilot services across all MIHP agencies, which is expected to bring long-term benefits to Michigan families.

ENDNOTES

- 1 Roman, L., Raffo, J. E., Zhu, Q., & Meghea, C. I. (2014). A statewide Medicaid enhanced prenatal care program: impact on birth outcomes. *JAMA Pediatrics*, 168(3), 220-227. doi:10.1001/jamapediatrics.2013.4347
- 2 Michigan Maternal Mortality Surveillance Program. (2018). Maternal deaths in Michigan. Available at: https://www.michigan.gov/documents/mdhhs/MMMS_2011-2015_Fact_Sheet_FINAL_635164_7.pdf
- 3 Michigan Department of Health and Human Services. (n.d.). Healthy Moms Healthy Babies. https://www.michigan.gov/-/media/Project/Websites/Whitmer/Documents/Misc/HEALTHY_MOMS_FINAL.pdf?rev=4a9e17bac3a94ee9b0d0e74f4a97c21c
- 4 Michigan Department of Health and Human Services. (n.d.). Healthy Moms Healthy Babies. https://www.michigan.gov/-/media/Project/Websites/Whitmer/Documents/Misc/HEALTHY_MOMS_FINAL.pdf?rev=4a9e17bac3a94ee9b0d0e74f4a97c21c
- 5 Internal Report to Michigan Department of Health and Human Services. (2024). Healthy Moms Healthy Babies Pilot Program Evaluation Final Report.
- 6 Jacob, R., Foster Friedman, M. (2020). Opportunities to Increase Participation in Michigan's Maternal Infant Health Program. University of Michigan Youth Policy Lab. Available at: <https://youthpolicylab.umich.edu/publications/opportunities-to-increase-participation-in-michigans-maternal-infant-health-program/>. Accessed April 5, 2024.
- 7 Jacob, R., Foster Friedman, M. (2020). Opportunities to Increase Participation in Michigan's Maternal Infant Health Program. University of Michigan Youth Policy Lab. Available at: <https://youthpolicylab.umich.edu/publications/opportunities-to-increase-participation-in-michigans-maternal-infant-health-program/>. Accessed April 5, 2024.
- 8 Jacob, R., Foster Friedman, M. (2020). Opportunities to Increase Participation in Michigan's Maternal Infant Health Program. University of Michigan Youth Policy Lab. Available at: <https://youthpolicylab.umich.edu/publications/opportunities-to-increase-participation-in-michigans-maternal-infant-health-program/>. Accessed April 5, 2024.

Acknowledgements

The Youth Policy Lab would like to thank our partners at MDHHS for their contributions to this research and their leadership on efforts to improve maternal and infant health in Michigan. We would also like to thank Liz Reosti, YPL's Data Team Manager, who helped make this research possible.



Support the Youth Policy Lab's effort to use data for good.

University of Michigan Youth Policy Lab
5201 Institute for Social Research
426 Thompson St
Ann Arbor, MI 48104

734-647-8829

@YouthPolicyLab

www.linkedin.com/showcase/youth-policy-lab/

youthpolicylab.umich.edu

© 2024 by the Regents of the University of Michigan

Photo by Nathan Dumlao on Unsplash

About the Authors

Triana Kazaleh Sirdenis is a senior project manager working on a number of projects and initiatives in the lab. Her current work is mostly focused on the impact evaluation of a foster care pilot program in Michigan.

Megan Foster Friedman is the managing director of the Youth Policy Lab. Before this role, she was a senior project manager at the lab where she managed evaluations related to maternal health, infant health, and adolescent mental health.

Robin Jacob is a faculty co-director of the Youth Policy Lab and a research professor at the Institute for Social Research at the University of Michigan. Her research focuses on rigorously evaluating interventions designed to improve the educational and life outcomes of youth and their families.

Zaiyi Jiang is a project manager with the Youth Policy Lab. Her work primarily focuses on maternal-infant health and early childhood education.

Youth Policy Lab

The University of Michigan Youth Policy Lab was launched in 2016 with a vision for reducing socio-economic disparities through improvements in education and other social policies affecting youth. By developing evidence-based, policy-relevant research in partnership with local and state agencies, practitioners, and policymakers, Dr. Robin Jacob and Dr. Brian Jacob sought to build upon their exemplary careers in social science research by taking research findings out of academic journals and putting them in the hands of decision-makers. With this aim in mind, they have spent the past seven years bringing the resources and expertise of one of the nation's leading public research universities to bear on some of Michigan's most pressing social challenges.

The Youth Policy Lab envisions a world where partner-driven research drives positive social change. Our mission is to inform public policy decisions by analyzing data and evaluating programs to help our partners answer their most pressing questions.