YOUTH POLICY LAB
UNIVERSITY OF MICHIGAN

MATERNAL INFANT HEATH PROGRAM

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Improving Maternal and Infant Health in Michigan: The Potential of Universal Home Visiting Outreach

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KEY FINDINGS

1. Home visiting programs have demonstrated numerous benefits for pregnant women, new parents, and infants. Most new parents can benefit from extra help and support when bringing a new baby into the world. All families should have access to the types of supports home visiting provides if they need it.

2. While most maternal-infant home visiting programs target services to specific socioeconomic or demographic groups, a ***universal*** approach that provides screening and needed services to all women may improve awareness, potentially improve maternal and infant health, and signal that home visiting is the standard of care for all new mothers.

3. Several universal approaches to home visiting operate in other regions of the United States and have demonstrated promising impacts on parenting behaviors, connections to social services, and health care use.

4. A number of states have passed legislation encouraging universal approaches to home visiting, including Hawaii, Maine, and Oregon, which recently passed legislation encouraging statewide expansion of an existing universal home visiting program. However, no state as large as Michigan has taken a universal home visiting model to scale thus far.

5. Michigan provides an promising context for piloting a universal approach to home visiting screening, assessment, and referral to test whether it reaches more women with pregnancy-related risk factors, and shows population-level impacts on infant and maternal mortality.

6. However, a key to ensuring the success of such programs will be identifying appropriate funding and bolstering community capacity. Other states and localities have leveraged a variety of funding streams to help support similar initiatives.

EXECUTIVE SUMMARY

Home visiting is an evidence-based strategy to promote the health and well-being of pregnant women, new mothers, and babies. Despite a large body of evidence documenting the success of home visiting in improving health outcomes, home visiting programs are persistently underutilized.[1] There are a number of reasons why home visiting programs do not reach everyone who is eligible. Home visiting systems may not have the capacity to serve all who are eligible due to insufficient funding, lack of resources for outreach, and workforce shortages. Families may not know they are eligible for services, and thus never engage with the system. Other families may decline to participate in home visiting because they do not have time to participate, do not want someone coming into their home, or feel that the program simply is not for them.

Low levels of participation are troubling, given persistent challenges with maternal and infant mortality in Michigan and across the nation. Screening new parents for needs universally can help ensure that all who need extra help during pregnancy and after birth are identified and referred to resources that can meet their needs.

Most home visiting programs restrict enrollment to those who meet certain socioeconomic or demographic criteria. This may make it more difficult for eligible families to enroll, or leave families unserved because they do not meet eligibility requirements.

Offering all families universal home visiting outreach, in which families are screened for risk factors ***universally*** and connected to more intensive home visiting services if they are needed, rather than targeting services based on specific socioeconomic or demographic characteristics, may help increase awareness of home visiting, increase participation and help ensure that more families are receiving the services they need.

Several universal approaches to home visiting programs have been tested in communities across the United States, and evidence suggests that universal approaches can positively impact program participation even among those who were eligible under more targeted approach. By increasing participation, universal approaches can impact a variety of outcomes related to health, education, and child development.

Michigan is currently using several evidence-based home visiting models, including the Maternal Infant Health Program (MIHP), the state's largest home visiting program for Medicaid-eligible women and infants. MIHP has demonstrated positive impacts on maternal and infant health outcomes and health care usage, but the program enrolls only 30% of eligible families. Given the state's ongoing challenges with maternal and infant mortality, combined with its statewide home visiting infrastructure, Michigan offers a prime environment to explore a universal approach to supporting families with new babies.

“MIHP has **demonstrated positive impacts on maternal and infant health** outcomes and health care usage, **but the program enrolls only 30% of all eligible families** in the state.”

Background on Maternal and Infant Health in Michigan

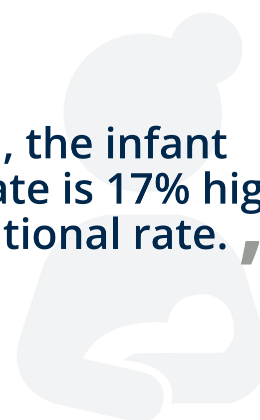
Maternal and Infant Mortality

The maternal mortality rate in Michigan was 27.6 deaths per 100,000 live births from 2013-2017, just below the national average of 29.6 deaths per 100,000 live births.[2] Estimates suggest nearly 50% of these pregnancy-related maternal deaths were preventable.[3] The infant mortality rate in Michigan in 2017 was 6.8 deaths per 1,000 live births, 17 percent higher than the national rate.[4] Low birthweight, a condition highly correlated with prematurity, accounted for 25% of all infant deaths in Michigan in 2017.[5] A Youth Policy Lab analysis finds that about 40% of the 770 infants who died within one year of birth in 2015 were covered by Medicaid, while the remaining 60% had another type of insurance coverage or were uninsured.[6]

Researchers have documented a variety of factors that may contribute to low birth weight, including maternal age, race/ethnicity, educational attainment, socioeconomic status, and health behaviors.[7] Data provided through the Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) indicates that while low birthweight infants are more prevalent among women with low income and less educational attainment, risk-inducing health behaviors (such as tobacco, alcohol, and drug use) exist at all income levels and insurance statuses.[8] Smoking during the last three months, marijuana use, and opioid use during pregnancy exist across most education levels and for women insured by both Medicaid and private insurance.[9] Additionally, women across all income levels and insurance statuses may have mental health or other medical conditions that increase risk during pregnancy.[10]

Black infants and black women in Michigan are two to three times more likely to die during pregnancy, at delivery, and during a baby's first year, as compared to their white counterparts.[11] The racial disparity actually widens as a black woman's education level, income status, and behavioral health status improves.

This disparity is rooted in a long history of racism resulting in limited access to care, poorer quality of care, and in some cases, outright denial of care.[13] Some hypothesize that the cumulative impact of repeated exposure to racism and chronic stress can trigger the over-activation of the nervous system, with implications for the reproductive health of black women. This process, called weathering, increases risk of preeclampsia, eclampsia, embolisms, and mental health conditions for pregnant black women even among those with higher income and educational attainment.



"In Michigan, the infant mortality rate is 17% higher than the national rate."

Background on Home Visiting

Home visiting is an evidence-based strategy for promoting the health and well-being of pregnant women, new mothers, and babies.[14] Families enrolled in home visiting programs are visited in their home by a trained professional (often a nurse or social worker) who provides education, social support, and resources throughout pregnancy, infancy, and early childhood. Home visitors offer families information and support across a wide range of topics, including healthy pregnancy and postpartum behaviors, safe sleep, breastfeeding, parent-child interactions, early learning, and developmental milestones. They also link families with unmet mental, social, economic, or other needs to community resources. Research demonstrates that home visiting positively affects families in many ways, including improving infant and child health, improving child development, and encouraging positive parenting practices. Some models have also demonstrated reductions in child maltreatment, increases in health care usage, and increases in school readiness.[15,16,17] Evidence for intensive, sustained home visiting has accumulated in recent years, and the large federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) has provided funding for evidence-based models.

Despite a large body of evidence on their positive effects, home visiting programs across the nation are unable to reach all families who could benefit from services. The National Home Visiting Resource Center estimates that current programs reach only 6% of the estimated 18 million pregnant women and families with children under age 6. Many (if not most) home visiting programs target women based on specific criteria (e.g., income, geographic location, prior history of risk factors, insurance type) in an effort to concentrate resources on those most in need. Yet, their reach remains far too limited.

In Michigan, lack of awareness appears to be a major barrier to enrollment in the Maternal Infant Health Program (MIHP). According to a survey of MIHP-eligible women in Southeast Michigan conducted by the Youth Policy Lab in 2019, approximately 70% of women who did not participate in MIHP were not told about the program during their most recent pregnancy, 50% did not sign up for MIHP because they had not heard of the program, and only 21% knew someone who participated in the program. Yet there is substantial interest in accessing home visiting services, even among those who did not participate in MIHP: over half indicated they would have enrolled if the program had reached out during a different point in their pregnancy, and nearly half said they would enroll in the program if they become pregnant again.

Strategies designed to encourage participation in home visiting have yielded mixed results. Efforts to increase awareness via print, radio or television advertising, text messaging or social media outreach, for example, have had only limited success. Other approaches provide a "warm hand off" to service providers, allow for flexibility in program delivery (e.g., timing, frequency, and/or location of visits), or use community members to engage potential participants. Yet such interventions are often complex and time-consuming, redundant, occur in a piecemeal fashion across sites, or do not appear to demonstrate widespread success.[19,20,21,22,23,24] Screening all new parents for needs and risk factors, may be provide an alternative way to increase awareness of and participation in home visiting programs.

Universal Home Visiting Outreach: A Promising Approach

As evidence for home visiting is becoming more widely accepted,[25,26,27] some have proposed a universal approach, which is rooted in the idea that everyone should have equal access to services no matter their income or other assets. This is in contrast to the more common targeted approach to home visiting that recognizes various barriers to quality health care services and provides specific services for vulnerable members of society in efforts to improve health outcomes, address families' risks, and assist with coordination of services.[28]

Offering low-intensity home visiting universally, where a few home visits are offered to all families who choose to participate, may increase participation by increasing awareness of the program and/or reducing any stigma associated with participation. Many people in the United States have negative perceptions of individuals who participate in targeted social programs, leading the participants themselves to adopt negative perceptions of their own participation.[29] According to our survey, among women who were eligible for but did not participate in MIHP, nearly one-third said they did not enroll in the program because they felt they did not need MIHP, and 9% said that programs like MIHP were "not for people like me." Offering universal outreach can help signal that *home visiting is the standard of care for all pregnant women and new mothers.*

Expanding eligibility for social programs can also potentially create a "woodwork effect" where individuals who were previously eligible but unenrolled "come out of the woodwork" to enroll after a policy change expanding access. For example, when states expanded their Medicaid programs to cover low-income adults under the ACA, many states experienced enrollment growth among adults and children who were previously eligible for Medicaid, but had not enrolled. These coverage gains were due in part to increased awareness of coverage options under the ACA and reductions in administrative burdens.[30,31]

By increasing awareness of home visiting, and signaling that home visiting is the standard of care for all families, universal home visiting outreach has the potential to enroll more vulnerable families in home visiting.

A universal approach also has the potential to reach more women with pregnancy-related risk factors than targeted approaches. The social determinants of health provide a useful framework for moving beyond individual health behaviors and recognizing how social, environmental, and economic factors influence health status and help shape individual health behaviors.[32] Factors such as race, housing, food insecurity, educational attainment, exposure to air pollution and toxins, and social support all play a critical role in pregnancy and birth outcomes because they shape access, continuity, and quality of prenatal, postpartum, and infant care. Thus, many factors, aside from income or demographics, can compromise the health of a pregnancy. However, many social determinants of health are not readily apparent or easily screened for in health care settings. Studies of Durham Connects, a universal home visiting program in North Carolina, for example, found that almost half (44%) of all families screened at their initial visit had at least one major risk factor that warranted a referral to a community service provider.[33]

Many women also experience "churn" in their insurance coverage in the time leading up to and immediately following childbirth. A recent analysis of 2015-2017 national PRAMS data found that approximately one-third of women experienced a health insurance change during or after pregnancy.[34] Coverage changes during or after pregnancy can mean that screening tools that select families on the basis of insurance status overlook high risk families in the enrollment process.

Evidence Regarding Universal Approaches to Home Visiting

Initial evaluations of universal approaches to home visiting show promising results. These programs operate on a continuum of support for new families. Some focus on universal home visiting outreach, providing screening, assessment, and referral to women and infants immediately after birth. Others are sustained home visiting models, with pregnant women, new parents, and infants receiving multiple home visits over a specified time period. The programs highlighted in Figure 1 are presented roughly in order of their intensity of engagement, beginning with the outreach approaches and ending with the sustained home visiting approaches.

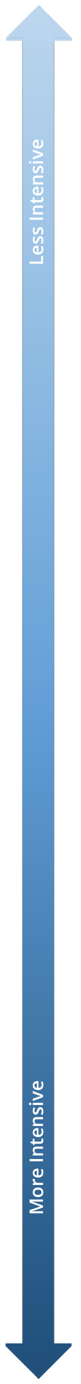
Evaluations of universal home visiting outreach approaches, such as Welcome Baby L.A. and Healthy Futures in Northern Michigan, have found improvements in health insurance coverage, breastfeeding, and immunization rates among participating parents.

More intensive and sustained home visiting approaches, such as the First Born program and Durham Connects/ Family Connects International, have demonstrated lower odds of infant emergency room visits, improvements in parenting practices, and increased access to community-based resources and/or mental health resources (additional findings are described in Figure 1).

Several states are now seeking to build upon these encouraging findings, with Hawaii[35] and Maine[36] having passed legislation encouraging a universal approach to home visiting. More recently, in 2019, Oregon passed legislation to expand the Family Connects International model statewide. This legislation includes provisions requiring private insurance coverage for Family Connects home visiting services.[37]

Figure 1: Comparison of Selected Universal Approaches to Home Visiting in the United States

Program Overview	Population & Location	Evaluation Methods	Evaluation Findings	Federally designated as evidence-based?	Funding
Welcome Baby L.A.[38,39]					
Prenatal and post-delivery risk assessment and home visits help parents learn about parenting, early child development, and obtaining assistance with basic health care, insurance coverage, nutrition, breastfeeding, family violence, maternal depression, or improving home safety.	Free, universal program offered to pregnant and postpartum women that reside in L.A. County. Operates in 14 hospitals and served 59,000 families as of June 2018.	Mixed-methods analysis (interviews, focus groups, surveys, primary and secondary data analyses) related to implementation fidelity and client outcomes across program sites. Key outcomes for participants were compared to national benchmarks.	• High client satisfaction • Scored at or better than national and regional benchmarks on parenting practices, breastfeeding, health insurance status, safe sleep practices, child development • High scores on parenting knowledge, immunization rates, home safety	No	L.A. County's allocation of funds from California's Proposition 10 tobacco tax
Healthy Futures[40]					
Universal intake system for home visiting services, with more coordinated supports for families with higher levels of need. Connects families to resources and supports them in a number of areas of wellness, preventive care, and other interventions connected to positive health outcomes.	Universal program offered to pregnant and postpartum women and children from birth to age five in the northern area of Michigan's lower peninsula.	2017-2018 evaluation of regional impacts and potential for continued or expanded services. Compared key outcomes for participating families against statewide PRAMS averages.	• Improved access to insurance and health care • Improved rates of breastfeeding • Increased rates of immunizations	No, but builds on Michigan's Maternal Infant Health Program (MIHP), which is designated as evidence-based[41]	Receives funding from Munson Health Care and regional Public Health Departments
First Born Program[42,43]					
Weekly home visits provide education, support, and service coordination for first-time parents. Families receive assistance identifying personal goals, building parenting strengths, recognizing opportunities for growth, and establishing healthy relationships.	Free, universal program offered to women pregnant for the first time, families parenting for the first time, and families adopting their first baby that reside in any of the 18 participating counties in New Mexico. Served approx. 1,400 families in 2018.	Randomized controlled trial of 244 primary caregivers using intent-to-treat models. All clients' records that had a complete pretest and posttest assessment were included in the study, for a total sample of 109 families in the treatment group. Families were assessed using the Revised North Carolina Family Assessment Scale. Paired sample tests were used to assess effect.	• Lower probability of an emergency room visit or visiting a primary care provider 9+ times in the first year of life • Increased social support • Increased positive caregiving characteristics • Increased number of mothers who learned how to access appropriate mental health services • Improved level of family functioning (bonding, interaction, support)	No	New Mexico Children Youth and Families Department state funding LANL Foundation
Durham Connects (now operates as Family Connects International)[44]					
Community-wide nurse home visiting program with the mission to increase child well-being by bridging the gap between parent needs and community resources.	Free, universal home visiting program for parents of newborns. Operates in 16 sites across 10 states.	A randomized control trial was conducted for all 4,777 resident births in Durham, North Carolina between July 1, 2009 and December 31, 2010. A random, representative subset of 549 families received blinded interviews for impact evaluation.	• Decreased number of emergency medical care episodes • Increased access to community resources • Increased rate of positive parenting behaviors • Higher rates of home quality environment and safety	Yes[45]	Received federal funding via MIECHV



Expanding Home Visiting in Michigan

The varied factors that contribute to maternal and infant mortality and racial disparities illustrate the need for a population-based strategy to promote maternal and infant health in Michigan. The Maternal Infant Strategy Group and the Michigan Department of Health and Human Services, in collaboration with community stakeholders across the state, developed the Mother Infant Health and Equity Improvement Plan (MIHEIP) with the goal of decreasing the rates of infant and maternal mortality in Michigan through a strategic and equitable framework.[46] The plan outlines three objectives: 1) to explicitly address disparities, 2) align public and private sector work, and 3) integrate intervention across the maternal infant dyad to achieve the vision of "zero preventable deaths and zero health disparities."

The MIHEIP explicitly calls for an increase in access to home visiting and an increase in the number of families served by home visiting services to improve maternal and infant health outcomes. Universal home visiting outreach is one potential evidence-based strategy to achieve this goal. A universal outreach approach to home visiting services can help improve population health because it acknowledges that the need for additional support during pregnancy and after birth is not limited to one demographic but exists across all education levels, income levels, and insurance types.[47]

There are several evidence-based home visiting models currently operating in Michigan. The Maternal Infant Health Program (MIHP) is Michigan's largest home visiting program and serves pregnant women and infants under one-year-old with Medicaid coverage in the state.

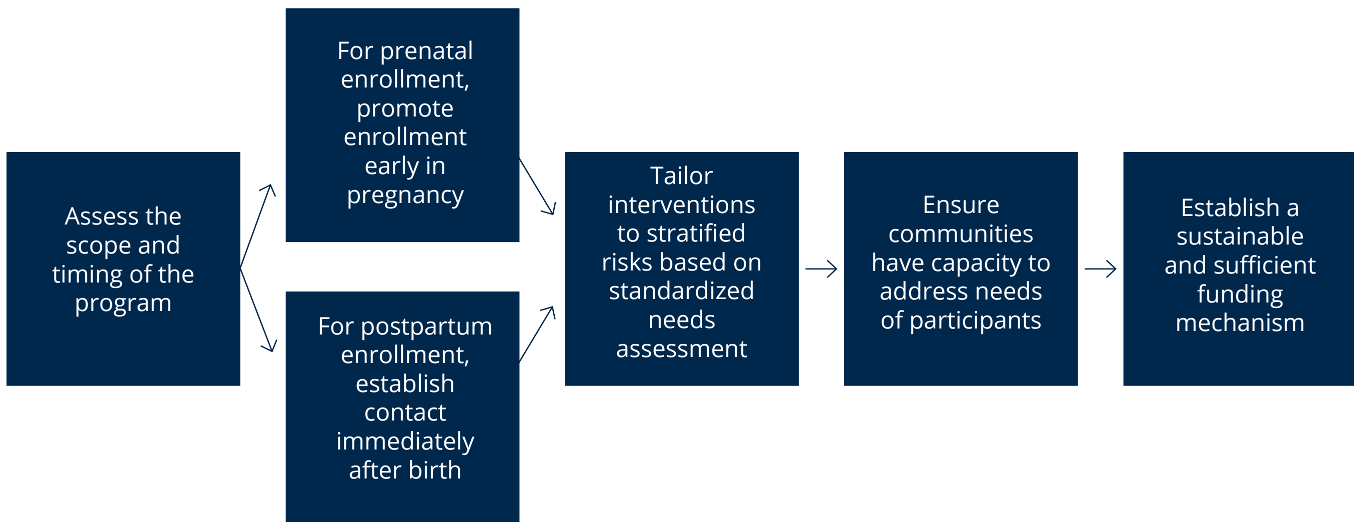
MIHP is actively working towards the state's vision of zero preventable deaths and zero health disparities by using evidence-based practices, focusing on care coordination, and developing comprehensive and individualized plans of care.

MIHP providers tailor the interventions to meet the specific needs of pregnant women and mothers, and provide resources such as safe sleep education, breastfeeding support, and mental health referrals. MIHP providers also aid in providing health literacy and advocacy, a crucial component to navigating complex healthcare systems during a vulnerable life phase.

In 2013, Michigan State University conducted a quasi-experimental evaluation of MIHP and found that women enrolled in MIHP before the end of their second trimester and who had 3 or more home visits (i.e., "full" participation) were 23% less likely to have a baby with low birth weight, 59% less likely to have a baby with very low birth weight, and 26% less likely to have a preterm birth, the main drivers of infant death.[48] For black women, the results were comparable: full participation in MIHP reduced the risk of low birth weight by 24%, very low birth weight by 58%, preterm birth by 29%, and very preterm births by 59%.[49] Additional analyses indicated that MIHP participants were also 6% more likely to receive adequate prenatal care and 50% more likely to receive appropriate postpartum care.[50] Despite these benefits, a Youth Policy Lab analysis found that only 28% of eligible Medicaid-covered pregnant women participated in the program from 2009-2016.

Given this, Michigan provides an ideal context for testing the impact of making home visiting outreach universally available. Policy makers could pilot a universal approach to screening in a specific geographic region (e.g., one of Michigan's Prosperity Regions) or could partner with one or more local MIHP providers (e.g., a large health care system or local health department) to offer first visit screenings universally.

The following process could be used by policymakers to determine the best way to design and test a universal home visiting program in Michigan:



Below, we discuss implications for each of these decision areas and describe several examples of promising program practices in Michigan.

Assess the Scope of the Program

By definition, a universal approach to home visiting will enroll a broader set of families than targeted home visiting programs in an effort to ensure that all families who would benefit from home visiting services can participate. When determining what population will be eligible for initial screening, policy makers will need to weigh the benefits of casting as wide a net as possible with the feasibility and costs of administering the program. For example, some universal home visiting programs deliver universal services only to individuals in a defined geographic region or to first-time parents. The timing of the initial outreach will also need to be established. Initial outreach could either occur during the prenatal period or immediately postpartum, depending on the goals of the program.

If families will be targeted during the prenatal period, the proram should build upon current evidence suggesting that home visiting enrollment early in the prenatal period can produce better birth outcomes for women and babies. The majority of the reduction seen in poor pregnancy outcomes from home visiting is due to enrollment early in the prenatal period.[51] According to Michigan PRAMS data, approximately 86% of new mothers in 2017 began prenatal care during their first trimester, and nearly all new mothers received some prenatal care throughout the course of their pregnancy.[52] Better coordination between health care providers and home visiting programs can maximize the benefits of home visiting by ensuring pregnant women enroll as early as possible during the prenatal period.[53]

Programs could also plan to reach out universally to all women immediately postpartum, particularly if the focus of the program is on supporting parenting practices, or infant health and well-being. The postpartum period is a time when many families are seeking support as they adjust to having a new baby at home. It is also an important time for helping to ensure that post-pregnancy complications do not compromise the health of the mother.

EXAMPLES FROM THE FIELD: Healthy Futures

The Healthy Futures program operates in Michigan's Prosperity Regions 2 and 3, which span 21 counties in the northern Lower Peninsula. Healthy Futures provides an initial point of contact for all pregnant women and families, where pregnant women can learn about resources to keep their baby healthy and get referrals to needed services, including home visiting. Home visiting referrals are integrated into other countywide systems (such as WIC), and women who are eligible for MIHP are identified and immediately referred to the program. All families in the region have access to a basic level of home visiting supports, but those with higher levels of need receive additional coordination and services.

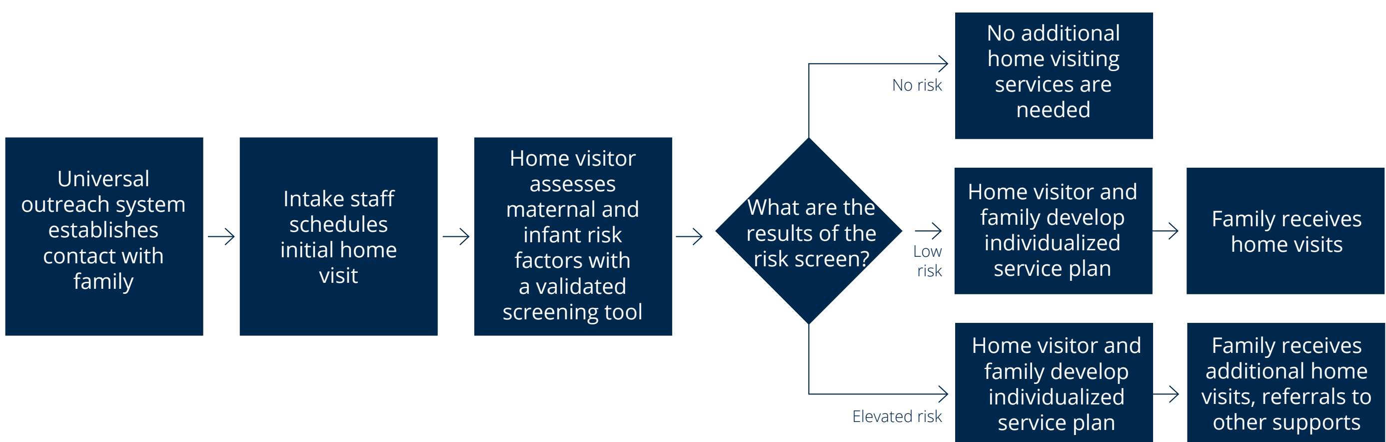
Many of the counties participating in Healthy Futures have high MIHP participation rates (e.g., over 70%) relative to the rest of the state. In addition, a 2018 evaluation of the program found positive impacts on rates of breastfeeding, immunization, and access to care in the Healthy Futures region relative to the rest of Michigan.[40]

Tailoring Interventions to Risks

While many new parents may want some extra support during pregnancy and after birth, not all families will require the same level of services and supports. A universal home visiting screening system can be a cost-effective use of limited resources and a way to ensure that those families who need services the most can receive them. In such a system, all families would receive one initial home visit to assess risk factors and discuss goals. Current programs commonly use a combination of interviews/observations and formalized screening questionnaires to determine both maternal and infant risk factors.

The results of this assessment would determine the intensity of home visiting services. If families are deemed to be no risk, then they would not need to be referred to additional home visits. If families are deemed to be at low risk, they would receive a limited number of home visits, while families deemed to be at elevated risk would receive more intensive and sustained home visits and referrals to other community-based resources (see Figure 2 for an illustration of this proposed system flow).

Figure 2: Universal Home Visiting Outreach System Participant Flow



Addressing Community Capacity Issues

In Michigan, expanding home visiting services to all families regardless of insurance status would almost double the number of eligible participants.[54] There may be operational challenges associated with creating a large enough home visiting infrastructure to effectively serve all pregnant women, new parents, and infants and the program would require additional funding or expanded insurance coverage for the program to serve additional women and infants.

A universal home visiting outreach system has the potential to reach many more families with maternal and infant risk factors than a targeted home visiting system—but it can only achieve real improvements in population health if it can connect families to resources to address those risk factors. Potential barriers can include insufficient or inaccurate information on the availability of services, or a lack of community resources to meet the population's needs.[55] To reduce these barriers, a universal home visiting outreach system could use care coordinators to bridge information gaps for new families, strengthen referral relationships with community partners, and enhance referral processes (e.g., a closed-loop referral system) to help families navigate and enroll in additional services.[56]

In Michigan, several communities are testing innovative models to improve coordination between health care systems and community-based organizations to address social determinants of health. For example, in Michigan's State Innovation Model (SIM), participating primary care clinics use a brief screening tool to assess the social needs of their patients (e.g., food security, transportation, income, social isolation) and link patients to appropriate community resources.[57] Some communities are aggregating these screening results at a regional level to determine the greatest areas of need and target investments in social services accordingly.[58] A universal home visiting system could adopt similar coordination strategies to create a more seamless continuum of referrals and service coordination.

EXAMPLES FROM THE FIELD: Family Connects International

Family Connects Durham, formerly known as Durham Connects, piloted and effectively demonstrated the strong, positive impact of universal home visiting on families with newborns. Durham Connects has now evolved to Family Connects International with sixteen sites across ten different states. Family Connects is a free, universal home visiting program for all families with a newborn working to bridge the gap between parent needs and community resources. All families with a newborn are contacted by the program, ensuring high reach, and nurses triage families according to assessed risk. All introductory visits are standardized and then subsequent interventions are tailored to the family's specific needs and identified risks. The universality of the program decreases stigma around receiving services and the individualized plan of care ensures that the nurse is able to deliver competent and relevant care.

An evaluation of the initial Durham Connects pilot indicated that it had high rates of penetration, fidelity, and community referrals. High acceptance rates suggest that the universal nature of the program does indeed decrease stigma around participation and encourages progress towards program completion. As compared to non-intervention families, families enrolled in Durham Connects connect to more community resources, score higher in parenting quality, maintain a safer home environment, and have fewer emergency care episodes. The significant reduction in emergency care services resulted in significant savings. For every $1 spent on Durham Connects, $3.02 was saved by age six months in costs for emergency care.[44]

Cost-Effectiveness and Sustainability

Despite these capacity and funding concerns, investing in universal home visiting outreach may prove to be a cost-effective strategy to achieve population-level improvements in maternal and infant health and lower health care costs associated with poor pregnancy and birth outcomes. A 2015 report conducted by the Michigan Department of Community Health (now MDHHS) estimated that for every $1 spent on prenatal services for MIHP participants, the state Medicaid program saved approximately $1.38 in costs associated with preterm birth in the first month of life. In addition to the cost savings quantified in this report, preterm babies are likely to incur substantial health expenses during the first year of life and are more likely to have developmental delays requiring additional services during childhood; mothers of preterm babies also incur higher hospital costs than mothers of full-term babies. While these costs were not included in the report's cost estimates, MIHP's role in preventing preterm birth and improving a number of other health outcomes for mothers and babies likely generates additional cost savings, both for the state Medicaid program and for society overall.[59]

States have a variety of funding strategies available to expand access to their home visiting services, or coordinate intake systems for existing home visiting programs. A number of federal funding streams can be used to support home visiting, including the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), the Maternal and Child Health Block Grant, Medicaid, Temporary Assistance for Needy Families (TANF), and Early Head Start, among others. For example, Georgia used federal MIECHV funding to create a statewide centralized home visiting data and intake system to serve all pregnant women and families with children under age 5.[60] Many of these funding streams generally require states to contribute matching funds, but can be used to supplement state funding for home visiting programs.[61] States can blend or braid a variety of funding streams and partner with non-governmental entities to help support universal approaches to home visiting screening.

EXAMPLES FROM THE FIELD: Welcome Home Baby

The Welcome Home Baby program in Grand Rapids, MI operates a universal information and referral system for pregnant women and families with newborns, regardless of income or insurance status. Individuals are eligible for Welcome Home Baby services if they live in Kent County and are either (1) a first-time parent; (2) a pregnant woman or parent of a newborn enrolled in Medicaid; or (3) a newborn eligible for Medicaid.

Welcome Home Baby conducts an initial screening in the hospital immediately following birth or by phone to assess families' need for and interest in early childhood services. The screening includes an algorithm to match families' needs or risks to appropriate programs. Based on screening results, Welcome Home Baby describes two to three program options that parents can choose from (including home visiting, playgroups, developmental screening, and education) and makes direct referrals to any programs the family chooses.

A 2015 evaluation of the program found that mothers who completed the one-time initial screening visit were five times more likely to be engaged in home visiting by the time their baby was 30 days old than mothers who only received referrals to programs while they were in the hospital after delivery.[62]

CONCLUSION

Michigan provides a unique context to test a universal approach to home visiting. The Maternal Infant Health Program (MIHP) has already demonstrated its ability to provide education, referrals, case management, and support to promote healthy pregnancies, positive birth outcomes, and healthy infants[63] and is already established state-wide. Expanding access to MIHP or other home visiting services to all pregnant women and infants may increase the number of women and infants who benefit from these programs.

Maternal and infant mortality are multifaceted and complex issues and thus deserve an equally aggressive and sophisticated approach to addressing them. Universal home visiting outreach offers a promising approach for supporting families with new babies, and is worth testing as a potential strategy for achieving the State's goal of zero health disparities and zero preventable infant deaths.

ENDNOTES

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Youth Policy Lab

The University of Michigan Youth Policy Lab helps community and government agencies make better decisions by measuring what really works. We're data experts who believe that government can and must do better for the people of Michigan. We're also parents and community members who dream of a brighter future for all of our children. At the Youth Policy Lab, we're working to make that dream a reality by strengthening programs that address some of our most pressing social challenges.

We recognize that the wellbeing of youth is intricately linked to the wellbeing of families and communities, so we engage in work that impacts all age ranges. Using rigorous evaluation design and data analysis, we're working closely with our partners to build a future where public investments are based on strong evidence, so all Michiganders have a pathway to prosperity.

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The Michigan Medicine Maternal Infant Health Program is a free home visiting program provided to pregnant Michigan Medicine patients and their babies who are covered by Medicaid. As a provider for the statewide Maternal Infant Health Program, Michigan Medicine MIHP offers monthly home visits by a nurse, registered dietician, and social worker. The program provides safe sleep education, breastfeeding support, smoking cessation resources, immunization education, and helps coordinate prenatal care, mental health services, and other resources for pregnant women, new mothers, and their babies.

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