POLICY BRIEF

From Crisis to Care:
Examining Maternal and Infant Health Policies in Flint, Michigan

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Executive Summary

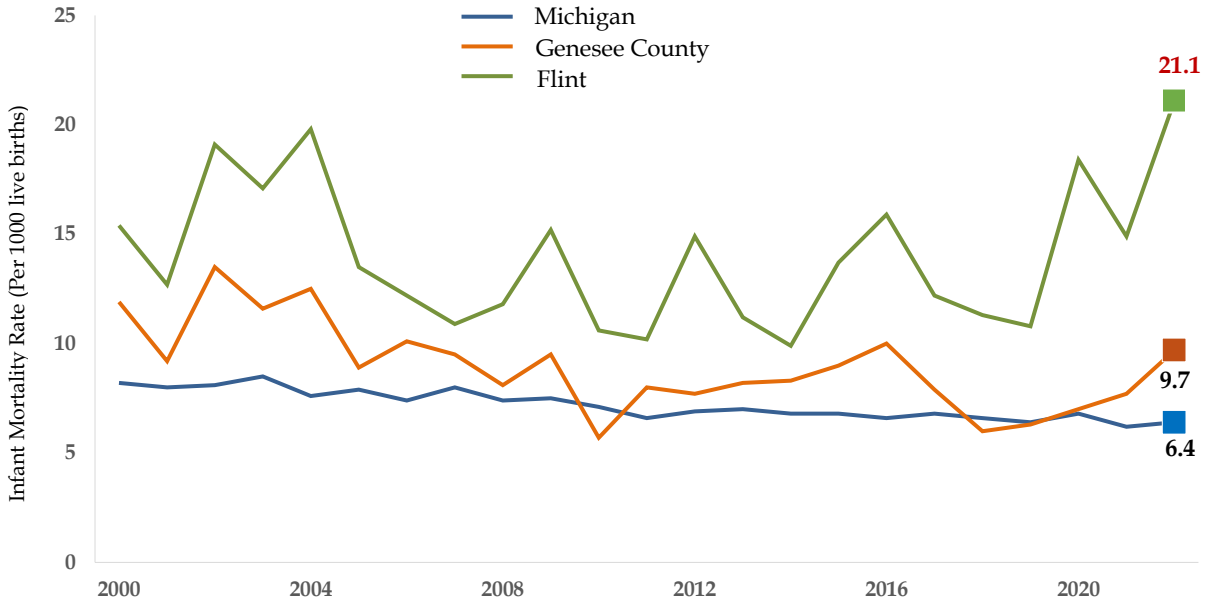
The maternal and infant health crisis has been persistent in the city of Flint over the past few decades, and it demands urgent policy attention. Flint has one of the poorest maternal and infant health outcomes in the state, while poverty, systemic racism, lack of resources, mistrust and bad governance worsen this longstanding crisis. Despite numerous policy interventions to improve this situation, the persistent struggle in Flint calls for an in-depth analysis. Using the Gap Analysis approach, this policy brief identifies existing critical barriers in this context and provides a set of policy recommendations for bridging the identified gaps, with a particular focus on restoring community trust, enhancing the effectiveness of healthcare delivery, and ultimately improving maternal and infant health outcomes in Flint.

Maternal and Infant Health Crisis in Flint, Michigan

At the national level, high maternal and infant mortality has been a crisis as the USA has the highest maternal and infant mortality rate among other comparable developed countries despite allocating the highest amount of GDP money to health care. The crisis is even worse **in Michigan**, considering the mortality rate and the disparities around it. Michigan ranked 13th with the highest infant mortality rate among all the states, and it ranked 30th with the highest maternal mortality rate. There has also been a persistent disparity in the mortality rate between black and white infants in the state, which is much higher than the national rate. In 2021, nationally, black infants had about 2.3 times higher mortality rate than white infants, while in Michigan, Black infants had a 3.7 times higher mortality rate. Moreover, during 2015-19, Black women in Michigan were 2.8 times more likely to die from pregnancy-related causes than white women, and 63.6% of total pregnancy-related deaths during that period were preventable.

Although Michigan, overall, has been suffering from poor maternal and infant health outcomes, some areas are more affected by this crisis than others, especially the areas with a higher number of Black populations. Thus, **the city of Flint**, the second biggest city in the state with the highest Black population after Detroit and one of the poorest cities in Michigan, is particularly vulnerable in terms of maternal and infant health outcomes. According to 2023 statistics, 33.3% of Flint residents live in poverty, and nearly 54% of young Flint children live below the federal poverty line. The city has also been struggling with bad governance and structural racism, leading to a series of public health crises, notably the water crisis, which created a sense of mistrust between the community and the government. All these factors collectively have led to Flint experiencing the poorest maternal and infant health outcomes in Michigan.

Figure 1: Flint has the highest Infant Mortality Rate (IMR) in Michigan



Source: Michigan Resident Birth and Death Files, Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services.

Flint has the highest infant mortality rate compared to other major cities in Michigan. In 2022, Flint's Infant Mortality Rate was 3.3 times higher than the state rate. Similar to trends across the state, Black infants are at a higher risk in this crisis, with a mortality rate that is twice as high for Black infants than their White counterparts. Moreover, mothers in Flint have lower access to resources, and data shows that a higher percentage of pregnant women in Flint receive no or late prenatal care compared to Genesee County and Michigan. As a result, the risk of giving preterm births and having an infant with low birth weight, which are the leading causes of infant deaths, is almost two times higher in Flint than the state average.

Method of Analysis

This research used a **Gap Analysis** approach to identify the areas where Flint's maternal and infant health policies fall short and recommend tailored policy interventions to address those deficiencies. The gap analysis involved three methods:

1. The first method of analysis was to examine Flint's major federal, state, and local level programs and initiatives to improve maternal and infant health outcomes. This step involved examining the type of programs offered, their services, and their eligibility criteria.
2. Based on the identified programs, the next step of the gap analysis was to conduct secondary data collection and analysis to inspect how the Flint community utilizes these programs, including the participants' enrollment and completion data and demography details. Program utilization data for this method was gathered by analyzing publicly available data and requesting data from the respective programs.
3. The final step was to conduct interviews with the healthcare professionals, community workers, and mothers of Flint, based on a semi-structured questionnaire to gather a

deeper understanding of their experiences and perspectives and to find why the city of Flint has been suffering from poor maternal and infant health outcomes even after these policy initiatives.

Finding: There are Several Policy Efforts to Improve the Crisis

The findings from the first two steps of the analysis imply that multiple programs and initiatives are in place. However, further analysis indicates that there is substantial scope for further improvement. This analysis identified six major maternal and infant health programs in Flint from the state and local levels. These programs offer a range of services, including home visitation, nutrition, education, support services, cash benefits, etc. The following table provides a detailed breakdown of each of these programs.

Table 1: Program Mapping Findings

Level of Intervention	Name of the Program	Offered Services	Eligibility Criteria	Utilization
State-level	Maternal Infant Health Program (MIHP)	1. Home visitation	**1.** Medicaid-eligible pregnant people. **2.** Medicaid-eligible families with infants under 12 months of age.	Total 475 enrollment in Genesee County in 2022: 59.15% Black and 38.1% White
	Healthy Moms, Healthy Babies	**1.** Home visitation till one year of childbirth **2.** Doula services	**1.** Medicaid-eligible pregnant people.	No publicly available data, and didn't respond to the data request.
	Women, Infants, And Children (WIC)	**1.** Nutrition education **2.** Supplemental foods **3.** Breastfeeding promotion and support **4.** Referrals to health care	**1.** Must be a US citizen or a qualified immigrant **2.** Family with pregnant, postpartum, and breastfeeding women, infants, and children up to age five **3.** Being at "nutritional risk" and under a certain income level	Total 16870 enrollment in Genesee County in fiscal year 2023: 38.08% Black and 49.88% White
Local-level	Genesee Healthy Start	**1.** Home visitation till the child reaches 18 months **2.** Parenting and peer support **3.** Assistance with basic needs like food, housing, and health insurance **4.** Resource support	**1.** Must be a resident of Genesee County	No publicly available data, and didn't respond to the data request.
	The Mid-Michigan Community Health Access Program (CHAP)	**1.** Connection to resources **2.** Health coverage **3.** Lead education **4.** Healthcare coordination **5.** Transportation	A free program is available to anyone in need, regardless of age or insurance status.	No publicly available data, and didn't respond to the data request.
	Flint Rx Kids	**1.** Unconditional cash transfer of $7500	**1.** Women who are residents of Flint, 20+ weeks pregnant, or have infants up to 6 months old born in 2024.	522 Families enrolled in Flint up to April 8, 2024

Finding: The Identified Gaps Indicate Scopes for Further Improvements

Interviews with Flint mothers, healthcare professionals, and community health workers revealed valuable insights into the existing gaps. The following table presents the themes identified in the interview transcripts. Each theme underscores a distinct but interrelated set of challenges and echoes the voices of a community that feels underserved and disconnected from the programs that are designed to support them with maternal and infant health.

Table 2: Identified Themes from Interviews

Mistrust

The interviews highlighted a prevalent sense of mistrust in the community toward the healthcare system. According to a Flint mother, "There is a complete disconnect of trust,". Despite notable improvements over the past few years, there remains a high level of sensitivity and skepticism towards some policy interventions, indicating a deep-rooted issue that extends beyond mere dissatisfaction with the healthcare services to a fundamental distrust in the system itself.

Negative Attitudes Towards Home Visitations

The mistrust in the community also creates a negative attitude towards home visitation programs. Healthcare professionals and community workers reported that home visitation programs struggle with acceptance in Flint due to unstable housing conditions and a general reluctance to allow strangers into home regardless of the purpose of visitations which makes it difficult for these programs to be effective.

Lack of Health Literacy

Both Flint mothers and healthcare professionals expressed concern over the lack of basic health literacy in the community. This deficiency is also a result of community mistrust and contributes to unsafe practices during pregnancy and after childbirth, endangering both maternal and infant health.

Lack of Community Engagement

The interview respondents pointed out that program outreach efforts often lack the engagement needed to make a meaningful connection with the community. Outreach is described as being really basic communications like flyers and emails, which fail to resonate with or reach the intended audience, especially those who lack resources.

Inadequate Program Outreach

The program outreach methods are not effectively reaching the Flint community because of outdated and limited outreach strategies such as press releases, email and flyers. The failure to diversify the channels of communication means that crucial program information is not reaching those who need it most, thus hindering the delivery of essential care and support

Information Inaccessibility

A key theme that emerged from the interviews is the inaccessibility of information about programs and resources. The challenge is not only the overall scarcity of information in the community but also its inaccessibility to those who are not self-aware or proactive to find information.

Recommendations

Based on the severity of Flint's maternal and infant health crisis and the identified gaps, the following are the key recommendations to ensure better program utilization by the community and improve Flint's maternal and infant health outcomes.

01

Thinking Beyond Home Visitation Programs

The findings indicate that the home-visitation programs are mostly ineffective in Flint due to factors like mistrust, instable housing and hesitancy. This phenomenon stresses a need for programs to adapt to the community dynamics and find alternative ways to provide support that are more acceptable to the community.

02

Promoting Value-based care

Value-based care should be promoted rather than the care that is driven by profits. In value-based care, health care providers recognize that each person is unique and can experience improved health outcomes through person-centered, coordinated care.

03

Prioritizing Health Literacy Initiatives for Flint mothers

Initiatives to improve health literacy among Fling mothers must be prioritized to ensure that they receive the knowledge and tools necessary to navigate their healthcare needs and make informed decisions for themselves and their infants.

04

Improving Information Accessibility

Information must be made more accessible and available through diversification of outreach strategies, fostering community engagement to create trust and dialogue, and promoting transparency to ensure the clarity and openness of information regarding maternal and infant healthcare services.

Conclusion

The findings from this Gap Analysis suggest that policymakers must acknowledge and respond to the needs and past experiences of the Flint community. The policy interventions must go beyond the traditional provision of services and address the fundamental issues of trust, cultural competence, communication, and community engagement to shift Flint's maternal and infant health outcomes from a state of crisis to a path of care.

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