

All Michigan infants should have the opportunity to get a healthy start, but Michigan birth certificate data show the well-being of infants and mothers varies dramatically across Michigan communities, as well as by race/ethnicity and socio-economic status.

- Half of births in Michigan occurred in Michigan communities with population over 25,000, but 80 percent of births to minority mothers.
- Just over half of these 69 Michigan communities were classified as low-risk for maternal and infant well-being – with average rates at or below the communities’ median.
- Two of every five births in the 69 communities were in those classified as high-risk where the average rate on nine key indicators was significantly worse than the median.
- The well-being of infants and mothers in the African-American community was the most precarious; they reflected higher rates on seven of the eight RS measures, while Hispanics had the worst rates on four of the eight when compared with white infants and mothers.
- Maternal and infant risk by racial group varied widely, however, among Michigan communities. While almost one-third of African American births was to a teen in the city of Jackson, in Southfield it was roughly one in ten.
- Income rather than race or ethnicity was more critical. Communities with high concentrations of births to low-income mothers were the most likely to be high risk.
- Overall Michigan saw improvement between 2000 and 2008 on three of the five indicators that could be reviewed for trends, but has stalled on these improvements in recent years.

Disparities at birth fuel future inequities. Without early intervention these disparities become the readiness gap at kindergarten and the achievement gap in school, affecting dropout rates and employment opportunities.

- Babies born too soon or too small are more likely to suffer from developmental delay and chronic disease.
- Disparities appear early. Recent analysis of a nationally-representative sample of children born in the year 2001 reveal that as early as 9 months of age, statistically significant developmental disparities can be identified based on key demographic characteristics. The most consistent risks are low income (under 200% FPL) and low maternal education (less than high school). Disparities affect development across all areas, including cognitive, social-emotional, and general health. The disparities between children with and without a demographic risk factor become even more pronounced by 24 months of age. (*Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)* by Tamara Halle, Nicole Forry, Elizabeth Hair, Kate Perper, Laura Wandner, Julia Wessel, and Jessica Vick – Child Trends and the Council of Chief State Officers, June 2009)

To meet its future needs for an educated workforce, Michigan needs to strengthen programs and policies to improve the lives of young children and their families from birth. Unfortunately Michigan policy makers have been cutting state funding for these initiatives.

- Policies that could support healthy development in young children in Michigan
 - **Exempt single parents on TANF** from work requirements until the youngest child reaches the age of one to foster the bond between a child and parent.
 - **Raise the income eligibility limit** for child care subsidies to 200% FPL and increase the child care subsidy to the recommended market rate.
 - **Provide opportunities** for low-income parents to access education and training that will lead to jobs with higher earnings.
 - **Offer intensive and comprehensive home-based interventions** starting before birth and continuing into toddlerhood. These programs have demonstrated long-term benefits for at-risk families.
 - **Involve parents** in early intervention services. Programs that provide support to parents have the potential for positive effects on parent outcomes.
 - **Focus on curriculum and professional development for home-based child care providers** in low-income communities to improve the quality of care received by infants and toddlers. Such care has the potential to moderate the effects of demographic risk factors on child outcomes at 24 months.
- The National Center for Children in Poverty as part of its *Improving the Odds for Young Children* project outlines a range of policy choices and presents research on how selected public programs can support the healthy development and school readiness of young children.

Key Implications from research:

- **Start Early** – Meaningful differences are being detected as early as 9 and 24 months. Research suggests that interventions should be high-quality, comprehensive and continuous for children ages 0 to 3 as well as ages 3 to 5.
- **Target Low-income Children** – Income is the most prevalent risk factor
- **Engage and Support Parents** – Since maternal education is a prevalent risk factor, early childhood interventions should promote the education of parents about early childhood development as well as support parents in their own educational attainment.
- **Improve the Quality of Early Care Settings** – Most infants and toddlers from low-income households, are cared for in home-based settings; and high-quality early care and education has the potential to moderate the effects of demographic risk factors for young children. To ensure a safe, supportive and stimulating environment for young children a focus on curriculum development and professional development could be offered for all home-based settings that serve infants and toddlers.