



# 2015

Kids Count in Michigan Data Book

Child and Family  
**WELL-BEING**  
IN MICHIGAN,  
its Counties and Detroit



Kids Count in Michigan is part of a broad national effort to measure the well-being of children at the state and local levels and use that information to shape efforts to improve the lives of children.

The project is housed at the Michigan League for Public Policy, a research and advocacy organization that promotes policies to improve the economic security of all Michigan residents.



[www.mlpp.org](http://www.mlpp.org)

## More data on the web

Profiles of counties, Detroit and several regions are available in PDF format at:

[www.mlpp.org](http://www.mlpp.org) under Kids Count/MI Data Book 2015

Data for the state, counties, cities and Congressional districts are available for over 100 indicators across multiple decades on the interactive **KIDS COUNT Data Center:**

[www.datacenter.kidscount.org](http://www.datacenter.kidscount.org)



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# INTRODUCTION

This annual report on child well-being in Michigan and its counties, which assesses trends on 15 key indicators, showed the state improving on eight between 2006 and 2013 while losing ground dramatically on five. All of the education measures showed improvement, but most only slightly while all the measures of economic security worsened substantially over the trend period. Over half a million children in the state lived in families with income below the poverty line (roughly \$18,800 for a single-parent family of three and \$23,600 for a two-parent family of four).

The most dramatic changes in the lives of children in Michigan were the increased likelihood of living in economic insecurity, and, not surprising, of experiencing an investigation of abuse or neglect. Neglect, which is closely

linked to poverty, is involved in over 80% of confirmed cases of child maltreatment and can be as damaging as abuse to child well-being and later adult health. Nonetheless, the rate of children living in out-of-home care for abuse or neglect dropped by one-third with the state focus on moving children in foster care into permanent homes with relatives or adoption as soon as possible.

While parents, families and communities play key roles in nurturing the children in their care, state and federal policymakers enact the laws and allocate the resources that shape the environment in which children and families live and grow. Decision-makers in Lansing and Washington D.C. determine priorities that inform tax and budget policies. Too often programs and policies lack a two-generation perspective. For children to thrive, their parents must have access to postsecondary education and training, affordable high-quality child care and family-supporting jobs. Family-friendly supports and practices in government programs and work environments facilitate positive parenting.

Policymakers have focused on improving educational outcomes and academic performance for the state's students, but little has been done to address the pervasive and persistent child poverty that is compromising the potential of our young. A large body of research highlights the impact of poverty on emotional and physical health, as well as cognitive development. While some children in some settings can achieve despite deprivation, the byproducts of poverty, including homelessness, unhealthy housing, hunger and poor health, stunt academic success for many disadvantaged children.

The data in this review clearly show the vast differences in child well-being by race/ethnicity and geography. Children in Lake County were five times more likely to live in a family with income below the poverty line compared with those in Livingston County. Children in Lapeer County were 12 times more likely to be confirmed as victims of abuse or neglect than those in Oakland County. Multiple measures reflect substantial differences by race/ethnicity that persist over time. These statistics have troubling implications as the state and nation grow more diverse.

Every year Kids Count in Michigan reviews the status of children in the state of Michigan, its counties and the city of Detroit, which is home to more children than 80 of Michigan's 83 counties. The report examines key measures in four domains of child well-being: 1) economic security, 2) health, 3) family and community and 4) education across the counties as well as the trends on these measures since the middle of the last decade. We provide this assessment to highlight the status of children in our state and communities and enrich the discussion of policy options for citizens and decision makers at the state and community levels. All of us want all of our children to have happy and successful lives.

Profiles of child well-being for all Michigan counties, the city of Detroit and several regions of the state are available under **Kids Count at [www.mlpp.org](http://www.mlpp.org)**

Many other indicators for Michigan counties and cities are available on the interactive **Kids Count Center Data Base at [www.datacenter.Kidscount.org](http://www.datacenter.Kidscount.org)** Users can create ranking tables, maps and line graphs; data for several indicators span two decades.

# Michigan Background Information

(All data are from 2013 unless otherwise noted.)

Number of children  
ages 0-5:

697,840



## ECONOMIC CLIMATE

Michigan

Unemployment	8.8%
Median household income (2012)	\$46,793
Average cost of full-time child care-monthly (2014)	\$545
• Percent of full-time minimum wage (2014)	43.8%
• Percent of young children ages 0-5 in Michigan families where all parents work	66.1%

POPULATION	2006	2012	% Change
Total population	10,102,322	9,883,360	-2.2%
Child Population 0-17	2,478,106	2,266,870	-8.5%
Hispanic	148,403	173,982	17.2%
Non-Hispanic			
• White	1,792,267	1,591,656	-11.2%
• African American	453,605	408,553	-9.9%
• Native American	18,126	18,919	4.4%
• Other	65,705	73,760	12.3%



FAMILY SUPPORT PROGRAMS	Number	Rate
Children receiving...		
• Subsidized child care, ages 0-12 <sup>1</sup>	37,142	2.3%
• FIP cash assistance <sup>1,3</sup>	67,890	2.8%
• Food Assistance Program <sup>1,4</sup>	670,108	27.8%
Children with support owed	526,028	20.6%
• Receiving none (% of those owed)	167,404	31.8%
• Receiving less than 70% of amount	326,437	62.1%
• Average amount received (monthly)		\$227

## ACCESS TO HEALTHCARE

Number Rate

Children with health insurance	2,249,250	95.7%
Children, ages 0-18, insured by...		
• Medicaid <sup>1</sup>	984,294	40.8%
• MICHild	37,607	1.6%
Fully immunized toddlers, ages 19-35 months (for the series 4:3:1:3:3:1:4) <sup>1</sup>	124,243	74.0%
Lead poisoning in children, ages 1-2		
• Tested	88,827	37.4%
• Poisoned (% of tested)	3,595	4.0%
Children, ages 1-14, hospitalized for asthma (rate per 10,000) <sup>2</sup>	2,654	15.2
Children with special needs		
Babies with a birth defect (2010-2012)	9,888	8.7%
Students in Special Education <sup>1</sup>	207,999	13.7%
Children receiving Supplemental Security Income (rate per 1,000) <sup>1</sup>	46,526	20.5



<sup>1</sup> As of December 2013.

<sup>2</sup> Annual rate and number are based on the three-year period 2010-2012 and only for counties with a total number over 20.

<sup>3</sup> Family Independence Program.

<sup>4</sup> State name for the federal Supplemental Nutrition Assistance Program, formerly called "food stamps."

Note: Percentages reflect percent of population unless otherwise noted.

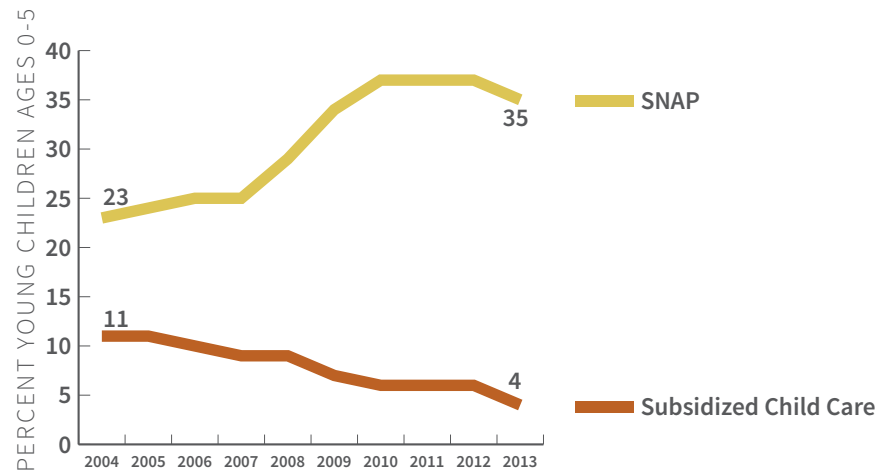
\* Sometimes a rate could not be calculated because of low incidence of events or unavailable data. N/A not available. See Data Notes and Sources for details.

# Michigan Background Information

(All data are from 2013 unless otherwise noted.)

Food aid rose with need among families with young children, unlike the child care subsidy.

Source: Michigan Department of Human Services



## Kids Count in Michigan Data Book 2015

	Best County	BEST (Lowest) Rate	WORST (Highest) Rate	Worst County	# Counties ranked	# Counties with change	# Counties Improved
Child poverty, ages 0-17	Livingston	8.7%	40.5%	Lake	83	83	0
Young children eligible for food aid (SNAP)	Livingston	13.1%	58.0%	Lake	83	83	3
Students eligible for free/reduced price lunch	Livingston	21.5%	93.4%	Lake	82	82	0
Less than adequate prenatal care	Huron	18.0%	43.6%	Branch	83	NA	NA
Low-birthweight babies	Alcona	3.2%	10.9%	Arenac	81	81	34
Infant mortality (per 1,000)	Lapeer	3.6	11.8	Otsego	47	45	26
Child/teen death ages 1-19 (per 100,000)	Saint Joseph	12.3	61.5	Mason	52	51	36
Births to teens ages 15-19 (per 1,000)	Livingston	10.7	49.3	Lake	82	82	68
Children in families investigated for abuse/neglect (per 1,000)	Livingston	41.7	234.1	Lake	83	83	3
Confirmed neglect/abuse victims (per 1,000)	Oakland	6.2	74.6	Lake	82	82	11
Children in out-of-home care (per 1,000)	Oakland	1.9	41.1	Luce	78	76	39
High school students not graduating on time	Mackinac	8.6%	44.0%	Lake	82	82	34
Fourth-graders below proficient in reading	Clinton	16.5%	47.1%	Alcona	82	82	74
Eighth-graders below proficient in math	Washtenaw	46.1%	85.0%	Alcona	82	82	51
Below proficient on MI Merit Exam -reading	Washtenaw	30.9%	65.0%	Lake	82	82	46



# Trends in Child Well-Being

	Base Year		Current Year			
	Number	Rate	Number	Rate	Percentage change in rate	
ECONOMIC SECURITY		2006	2012		worse	better
Children in Poverty, ages 0-17	444,913	18.3%	549,131	24.7%	35	<div></div>
			2013			
Children, ages 0–5, eligible for SNAP¹	194,116	24.8%	242,107	34.7%	40	<div></div>
Students eligible for free/reduced price school lunches	612,022	36.2%	737,094	48.6%	34	<div></div>
HEALTH	2004-06 (avg)		2010-12 (avg)			
Less than adequate prenatal care	N/A	N/A	33,431	29.4%		
Low-birthweight babies	10,571	8.4%	9,599	8.4%	1	<div></div>
Infant mortality (per 1,000)	979	7.6	783	6.9		<div></div> 10
Child/Teen deaths, ages 1–19 (per 100,000)	815	30.5	684	27.5		<div></div> 10
FAMILY AND COMMUNITY (PER 1,000)		2006	2012			
Births to teens, ages 15–19	12,117	33.4	9,793	28.1		<div></div> 16
CHILD ABUSE/NEGLECT		2006	2013			
Children in investigated families	157,945	62.6	199,440	88.0	41	<div></div>
Confirmed victims of abuse/neglect	28,842	11.4	33,807	14.9	31	<div></div>
Children in out-of-home care	16,660	6.6	9,970	4.4		<div></div> 33
EDUCATION (NOT PROFICIENT)						
	Class of 2007		Class of 2013			
Students not graduating on time	34,453	24.5%	29,428	23.0%		<div></div> 6
	2008-09 (SY)		2013-14 (SY)			<div></div> 24
Fourth-graders (MEAP reading)	45,022	39.7%	32,006	30.0%		<div></div> 4
Eighth-graders (MEAP math)	81,623	68.0%	73,321	65.5%		<div></div> 3
High school students (MME reading)	54,480	47.9%	48,963	46.5%		

<sup>1</sup> Supplemental Nutrition Assistance Program.

<sup>2</sup> Family income is below 185 percent poverty level.

\* Sometimes a rate could not be calculated because of low incidence of events or unavailable data.

SY - School Year

MME - Michigan Merit Exam

N/A not available.

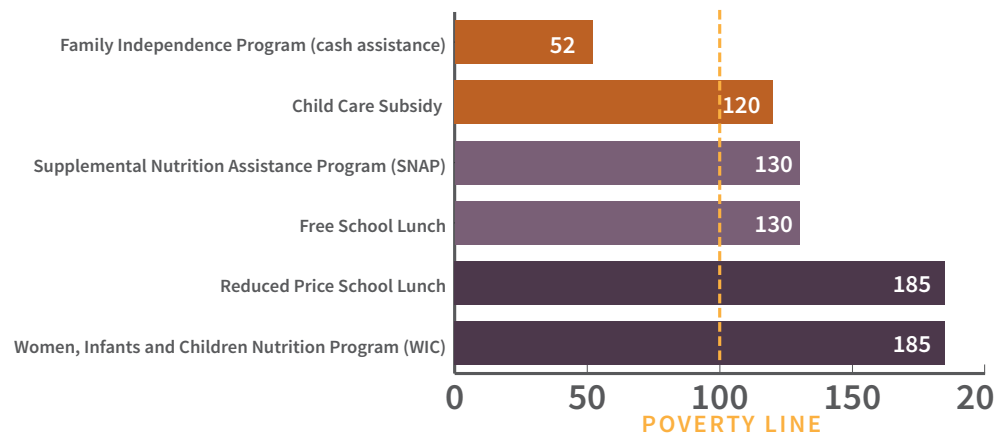


# ECONOMIC SECURITY

With the sluggish economic recovery, many Michigan families continue to have income below the poverty level or only slightly above and turn to “safety net” programs, such as the Supplemental Nutrition Assistance Program (also known as the Food Assistance Program in Michigan) and the School Lunch Program to make sure their children get the nutrition they need. Financial resources in families with young children are particularly stretched if they need to pay for child care: Two of every three young children under the age of 6 in Michigan live in families where all parents work.<sup>1</sup>

In recognition of the fragile financial status of families with incomes marginally above the poverty level, but still inadequate to meet basic needs, the federal government has placed eligibility for several safety net programs, particularly those providing nutrition, well above the poverty level. The intent is to ensure that children receive the nutrients they need to grow into healthy productive adults.

## Most “safety net” programs have eligibility above the poverty line (100%)



Source: Michigan Departments of Human Services, Community Health and Education

## INCOME INSECURITY LEVELS FOR MICHIGAN FAMILIES

	Single Parent/Two Children*		Two Parents/Two Children*	
	Annual Income	Monthly Income	Annual Income	Monthly Income
Extreme Poverty (50%FPL)	\$9,385	\$782	\$11,812	\$984
Federal Poverty Level (100%)	\$18,769	\$1,564	\$23,624	\$1,969
130% FPL	\$24,000	\$2,033	\$30,711	\$2,559
185% FPL	\$34,723	\$2,894	\$43,704	\$3,642
200% FPL	\$37,538	\$3,128	\$47,248	\$3,937
Full-time minimum wage income	\$16,952	\$1,413	\$16,952	\$1,413
Amount minimum wage earnings are below poverty level	\$1,817	\$151	\$6,672	\$556

*In 1979 a full-time minimum wage job would lift a family of 4 above poverty.*

*These amounts are gross income for full-time employment full-year- 2,080 hours annually.*

*\* children under age 18*

*FPL - Federal Poverty Level for 2013*

The federal programs where eligibility is tied to the poverty level, which is annually adjusted for inflation, serve almost all eligible families, and participation escalated as the economy weakened. Roughly 700,000 children in the state benefited from access to SNAP for their basic nutrition in 2013—up from roughly 500,000 in 2006. Similarly, children eligible for free or reduced price school meals increased by 34% over the trend period.

The two programs with the lowest eligibility set in dollar amounts that have steadily lost value are those controlled by the state—the child care subsidy and cash assistance programs. The dollar amounts for eligibility have been modified only slightly over the past two decades. The state receives federal funding in the form of block grants to support these two programs. As child poverty escalated during the recession, participation in these programs plummeted.

Only Michigan families with income just above extreme poverty (income under half the poverty level) are eligible for “welfare” or cash assistance—those with a monthly income below \$814 (for a family of three).<sup>2</sup> Of the roughly 255,000 children in Michigan families with income below extreme poverty in 2013, only 68,000 were participating in the program.<sup>3</sup>

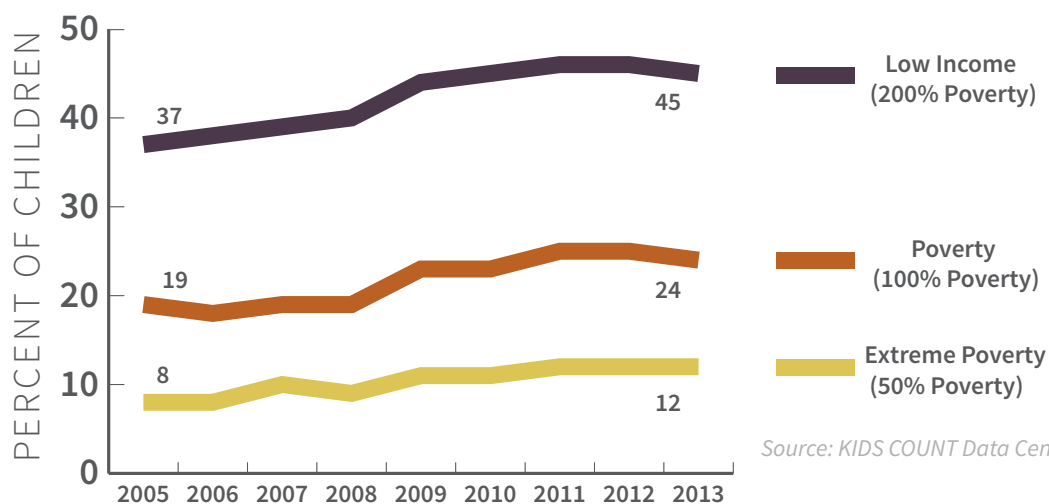
The maximum monthly grant for a family of three remains stalled at the 2008 level of \$492—only \$33 higher than it was in 1993. In fact, in December 2013, the average grant was \$363 for a family since the grant amount is reduced as family earned income rises.<sup>4</sup> Most of the program participants (73%) are children with an average age of 7.

In 2011 Michigan policymakers instituted a much stricter enforcement of the 48-month time limit for cash assistance despite the realities of work in the low-wage sector. Workers in low-wage jobs, such as retail and restaurants, are subject to erratic and inflexible schedules that put them at high risk for job loss as they try to respond to family responsibilities and employment demands. These workers are not likely to have paid sick or vacation leave so they must often jeopardize their job to meet family obligations and needs as well as their own.

**“Income inequality is correlated with inequalities in health, access to education, and exposure to environmental hazards, all of which burden children more than other segments of the population.”**

**– Joseph E. Stiglitz**  
Nobel Laureate in economics and Professor at Columbia University<sup>5</sup>

## Child poverty in Michigan deepened and broadened during the economic recovery.



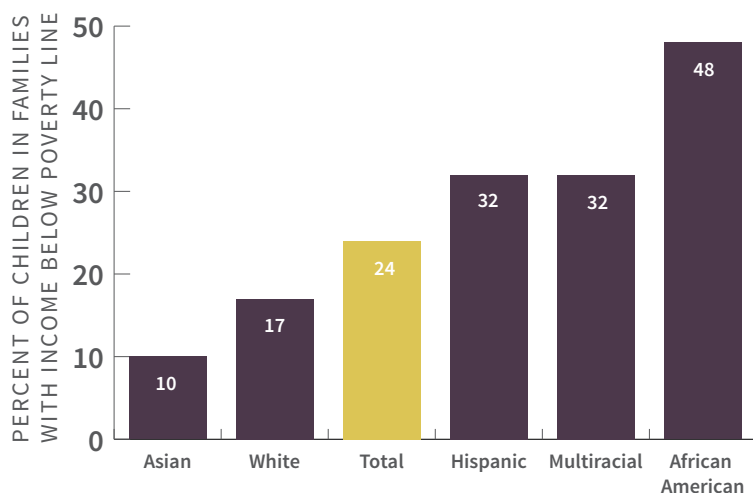
### Roughly one of every four children in Michigan lives in families with income below the poverty level

Child poverty actually worsened in Michigan during the economic recovery. In 2013 one of every four children in the state lived in a family with income below the poverty level (roughly \$18,800 for a single-parent family of three and \$23,600 for a two-parent family of four), and half of these children live in extreme poverty—with families struggling to get by on income less than half the poverty level.<sup>6</sup>

While more than half a million children in the state live in families with income below the federal poverty level, another half a million children in the state live in families with income above poverty but below an income adequate to meet basic needs.<sup>7</sup> Household budget analyses estimate that a single parent with two children under the age of 5 would need an annual income more than double the poverty level—just over \$44,000—to cover the average cost of basic needs, and a two-parent family with both parents working would require over \$52,000 in annual income if they needed to pay for child care.<sup>8</sup>

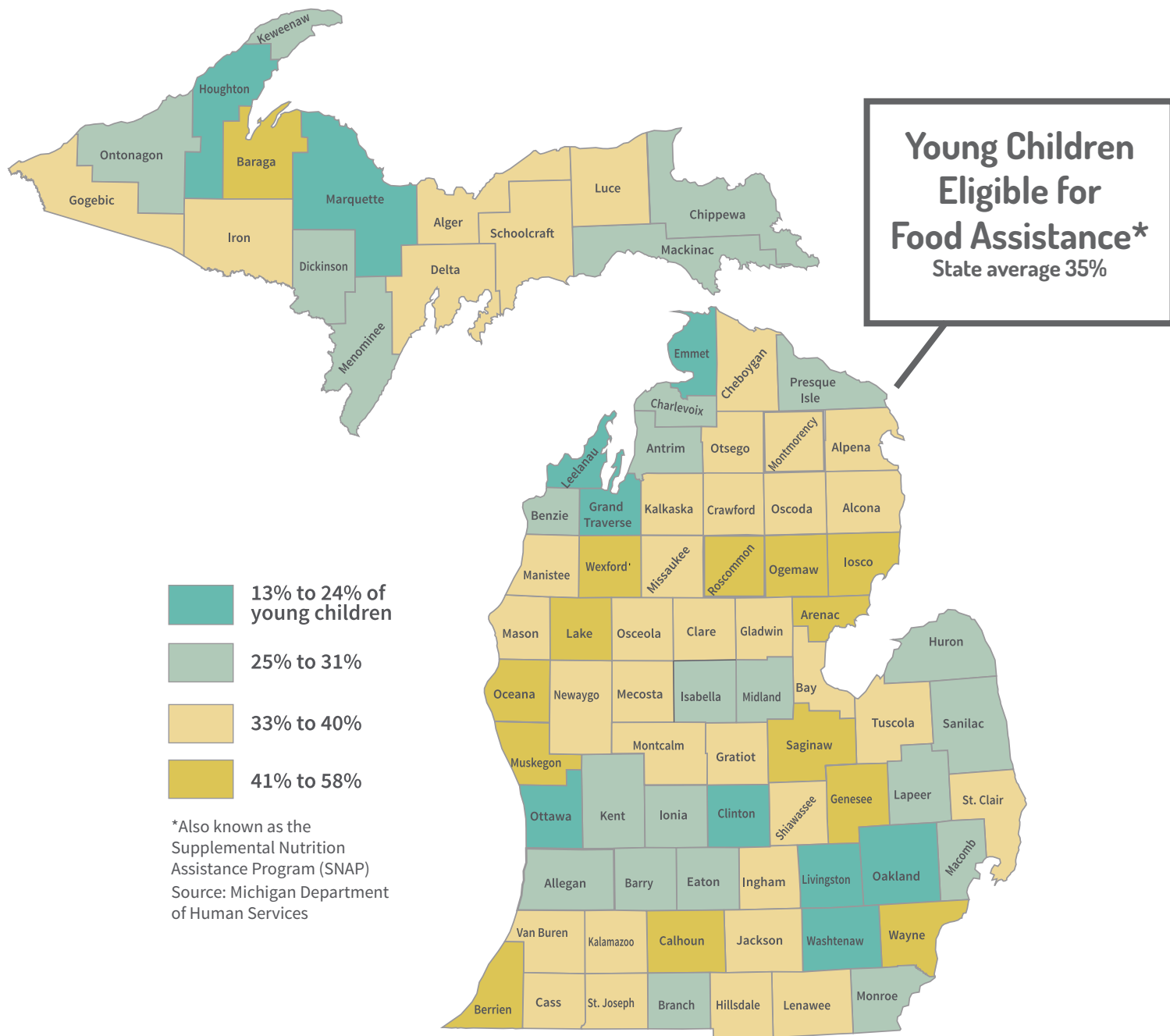
Michigan policymakers recently raised the hourly minimum wage from \$7.40 to \$8.15, but it won't rise again until Jan. 1, 2016 when it goes to \$8.50, then to \$8.90 in 2017, and finally to \$9.25 in 2018—still far lower than the proposal of \$10.10 an hour that narrowly missed the 2014 state ballot. Earnings from a full-time, year-round minimum wage job still do not lift a single-parent family of three above the poverty level. In fact, there's an almost \$2,000 shortfall, and for families of four close to \$7,000. In 1979 a full-time minimum wage job would lift a family of four above the poverty level. Parents account for nearly a quarter (23%) of the 1 million Michigan workers affected by changes in the minimum wage.<sup>9</sup>

Economic advantage is dispersed inequitably among Michigan's racial/ethnic groups, particularly for African-Americans, the state's second largest racial/ethnic group. An African-American child in Michigan is roughly five times more likely to live in a household with income below the poverty line than an Asian child and almost three times more likely than a white child. These dramatic differences have severe lifelong consequences that reverberate through multiple aspects of well-being, including health, family, community and education. Michigan ranked third from the bottom of the states



Child poverty in Michigan varied dramatically by race/ethnicity in 2013.

Source: KIDS COUNT Data Center.  
American Community Survey 2013



in the overall index of well-being for African-American children—roughly 100 points below the national average (244 compared with 345 U.S.).<sup>10</sup>

## More than one of every three young children ages 0-5 lives in families eligible for food assistance.

In 2013, roughly 242,000 young children under the age of 6 in Michigan were in a household receiving SNAP benefits—up from 194,000 young children in 2006. Families are eligible for food assistance with income under 130% of the federal poverty level. The percentage of young children in families eligible for SNAP benefits fell below 25% in only 10 of Michigan's 83 counties while in 14 counties, including some of the most populous urban centers, such as Wayne, Saginaw and Genesee, the percentages of young children in eligible families exceeded 40%. SNAP is an important program for children: Roughly two of every five recipients is a child. The average per person SNAP

benefit in Michigan is \$129 a month—roughly \$1.40 per meal.<sup>11</sup> SNAP plays a vital role in child health and development: Eligible children in families receiving SNAP are less likely to be underweight or at risk of developmental delays than those eligible but not receiving the benefit.<sup>12</sup>

While families are eligible for the child care subsidy with income under 120% of the federal policy level, slightly less than the eligibility for SNAP, only 30,500 of Michigan's young children benefited from the subsidy in 2013 compared with almost a quarter of a million in SNAP. Of course, some parents may not need subsidized child care for a number of reasons, including unemployment or an available relative.

Clearly there is an unmet need when one of every eight Michigan parents of young children under age 6 in low-income families reported changing, quitting or not taking a job due to child care problems.<sup>13</sup> (Roughly half of Michigan's young children live in families with income under 200% or double the poverty level.) The low eligibility threshold, minimal subsidy amounts



and hourly structure probably play a role in discouraging participation. Total state spending for child care dropped by 70% between 2005 and 2014—from \$479 million to \$136 million.<sup>14</sup>

## One of every two K-12 students is eligible for free or reduced price school meals.

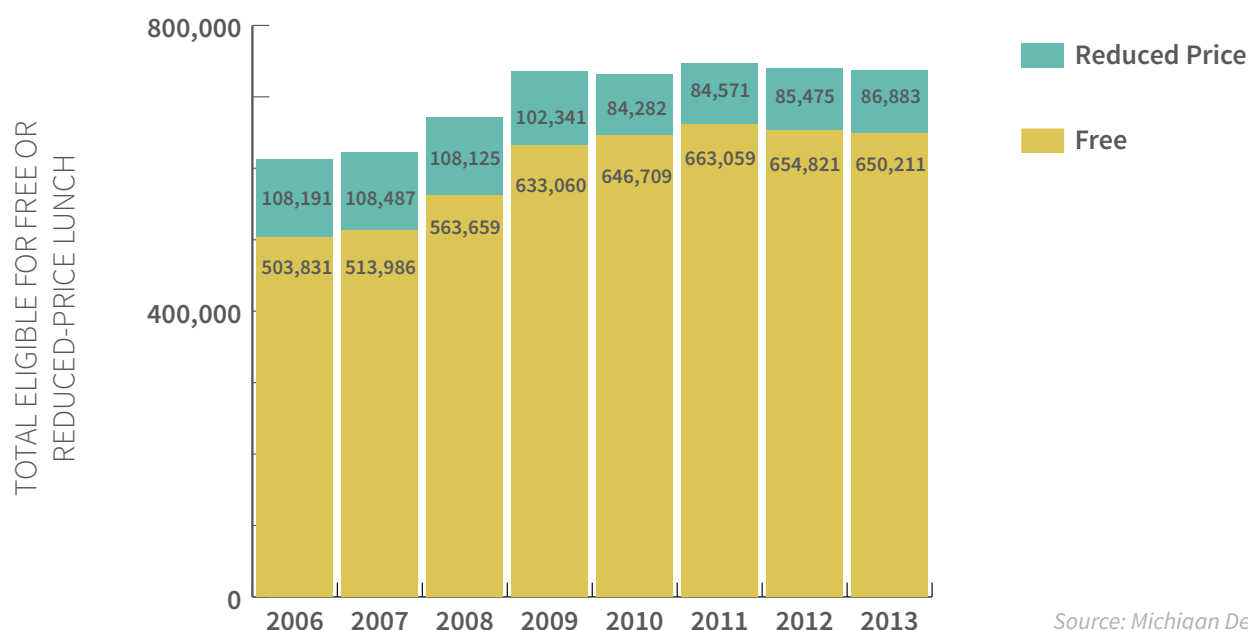
Similar to the participation trends in SNAP for young children between 2006 and 2013, the number of K-12 students eligible for free or reduced prices in the National School Lunch Program escalated by roughly one-third between 2006 and 2013. The National School Lunch Program offers free lunches to students in families with income below 130% and reduced price meals to those in families with income between 130-185% of the poverty level.<sup>15</sup> Most of the increased eligibility for free and reduced price lunches resulted from more students in families with income below 130% of the federal poverty level.

While over 737,000 K-12 students participate at discounted prices in the School Lunch Program during the school year, many of these children are at risk of going hungry over the long summer break. Meals provided through the Summer Nutrition Program also draw children into “educational, enrichment, and recreational activities that keep them learning, engaged, active, and safe during school vacation.”<sup>16</sup> Michigan’s Summer Food Program serves only 12% of eligible students during the summer.<sup>17</sup> While the state has been expanding its summer program in the past few years, there is a long way to go.

Summer enrichment activities are one of the strategies promoted to address learning loss over the long vacation, particularly for students in low-income families and communities. Estimates suggest students in low-income families lose as much as two months in grade level equivalency in both math and reading over the summer months while more affluent children make gains during that time.<sup>18</sup>

Many children are at risk of going hungry over the long summer break.

More students were eligible for free rather than reduced-price lunch as participation increased.



Source: Michigan Department of Education

# State policies to improve economic security

- **Strengthen safety net programs such as SNAP**, unemployment insurance and cash assistance that cushion families with children in times and areas of high unemployment. Today's volatile labor market exposes many families with children to financial hardship. Policies that restrict access to these programs fail to recognize the instability of employment in the low-wage sector. Parents who cycle in and out of low-wage, part-time jobs with unpredictable schedules are also unlikely to have flexibility or benefits, such as sick or vacation time, to meet family needs.
- **Increase access to safe, affordable and high-quality child care** to improve opportunities for parental employment and enhanced child development. Michigan has one of the lowest eligibility levels and reimbursement rates in the country for its child care subsidy for low-income working parents. The average cost of full-time child care for one child would take almost half the income of a full-time minimum wage earner. A good job is the best route out of poverty, but parents who cannot access affordable and reliable child care have difficulty finding and keeping a job.
- **Restore the state Earned Income Tax Credit to 20% of the federal EITC.** Low-income families need to spend more of their income to meet basic expenses than higher-income families so any increase in the sales tax has a greater impact on them. Raising the state Earned Income Tax Credit is a strategy to offset this effect. Reinstating the state EITC to its former level (20% of the federal EITC) is currently tied to voter approval of a May ballot proposal to raise the sales tax from 6% to 7% to fund road repair.

- 1 KIDS COUNT Data Center [<http://datacenter.kidscount.org/data/tables/5057-children-under-age-6-with-all-available-parents-in-the-labor-force?loc=24&loct=2#detailed/2/24/false/36,868,867,133,38/any/11>]
- 2 Once eligible, families of three can stay on the cash assistance program until their earned income exceeds \$1,183 a month. (The typical family on cash assistance is a single parent with two children.)
- 3 Kids Count Data Center [<http://datacenter.kidscount.org/data/tables/45-children-in-extreme-poverty-50-percent-poverty?loc=24&loct=2#detailed/2/24/false/36,868,867,133,38/any/325,326>]
- 4 Michigan Department of Human Services. Eligible Recipient Characteristics for December 2013 (EY 180vs5).
- 5 [<http://www.project-syndicate.org/commentary/american-children-lack-equal-opportunity-by-joseph-e--stiglitz-2014-12#DqoZ0gPQLjKOhPmL.99>]
- 6 The federal poverty level is adjusted for the number and ages of family members and the annual rate of inflation.
- 7 KIDS COUNT Data Center. [<http://datacenter.kidscount.org/data/tables/47-children-below-200-percent-poverty?loc=24&loct=2#detailed/2/24/false/36,868,867,133,38/any/329,330>]
- 8 Michigan League for Public Policy. *Making Ends Meet in Michigan. A Basic Needs Income Level for Family Well-Being*. March 2013.
- 9 Yannet Lathrop. *Raising the Minimum Wage: Good for Working Families, Good for Michigan's Economy*. Michigan League for Public Policy. October 2013. [<http://www.mlpp.org/raising-the-minimum-wage-good-for-working-families-good-for-michigans-economy#sthash.yDu1HJ7q.dpuf>]
- 10 The Annie E. Casey Foundation. *RACE FOR RESULTS: building a path to opportunity for all children*. 2014. The Race for Results Index standardized scores across 12 key milestones and conditions to create a scale of 0 to 1,000 for each of five racial/ethnic groups in the states.
- 11 Michigan Department of Human Services. *GREEN BOOK REPORT OF KEY PROGRAM STATISTICS* October 2014. Food Assistance Program (FAP): Cases, Recipients and Payments\* Food Assistance Program Data as of October 2014.
- 12 Brynne Keith-Jennings. *SNAP Plays a Critical Role in Helping Children*. Center for Budget and Policy Priorities. July 17, 2012
- 13 Arin Gencer. *Creating Opportunity for Families-a two-generation approach*. KIDS COUNT Policy Report. The Annie E. Casey Foundation. 2014. [Data from Child Trends' analysis of 2011/12 National Survey of Children's Health].
- 14 Pat Sorenson. *Failure to Invest in High-Quality Child Care Hurts Children and State's Economy*. Michigan League for Public Policy. September 2014.
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- 16 Food Research and Action Center. *Hunger Doesn't Take A Vacation: Summer Nutrition Status Report 2014*.
- 17 Ibid.
- 18 Brenda McLaughlin and Jeffrey Smink. *Why Summer Learning Deserves a Front-Row Seat in the Education Reform Arena*. Johns Hopkins School of Education. [<http://education.jhu.edu/PD/newhorizons/Journals/spring2010/why-summer-learning>]



## HEALTH

Child health in Michigan improved between 2006 and 2012, as reflected in the declines in mortality rates for infants, children and youth, but the relatively high levels of less than adequate prenatal care and babies born at low birthweight persisted.

**While mortality rates have declined, the overall health of children is clearly compromised by the dramatic increase in child poverty in the state.**

As healthcare access increases for adults due to the Affordable Care Act, Michigan should see progress on these two measures since major barriers to timely prenatal care are lack of health insurance and concerns about cost. Women who begin prenatal care in the second or third trimester are at higher risk of unhealthy births. Low-income women will have access to comprehensive healthcare services prior to pregnancy through the Healthy Michigan Plan or Medicaid while higher-income women who purchase coverage through the Healthcare Marketplace will have access to primary care and maternity services.

While mortality rates have declined, the overall health of children is clearly compromised by the dramatic increase in child poverty in the state. Financial instability in families can expose children to unsafe housing, homelessness, food insecurity and despair. Such conditions can result in a toxic stress that has a detrimental impact on the healthy brain development of children, particularly young children. Poverty during early childhood has been linked with higher risk of heart disease, high blood pressure and arthritis in adulthood, independent of their current income. One neuroscientist who has tracked the impact on the brain of economic insecurity argues that poverty should be regarded as a public health issue.

Chronic diseases, including dental disease, obesity, lead poisoning and asthma, affect larger shares of children in economically stressed families. Dental disease has been identified as the most common chronic unmet health need among children. Preventive and regular dental care is as essential to overall health as preventive primary care. Unfortunately roughly 400,000 Medicaid-eligible children cannot participate in the Healthy Kids Dental program because it is not yet available in their counties.

In 2000 Michigan piloted the Healthy Kids Dental program, which increased dental care access by 32% for Medicaid-eligible children in the 22 selected counties.<sup>1</sup> The program provides private reimbursement rates to dentists who treat Medicaid-eligible children. The state has been steadily expanding the program, and it is currently available in all Michigan counties but three (Wayne, Oakland, Kent). Those counties have not only some of the largest numbers of Medicaid-eligible children, but also the largest numbers of children in communities of color. As of October 2014 just over one-quarter (28%) of white children eligible for Medicaid lived in a county without the Healthy Kids Dental plan compared with almost two-thirds (63%) of Medicaid-eligible African-American children.<sup>2</sup>

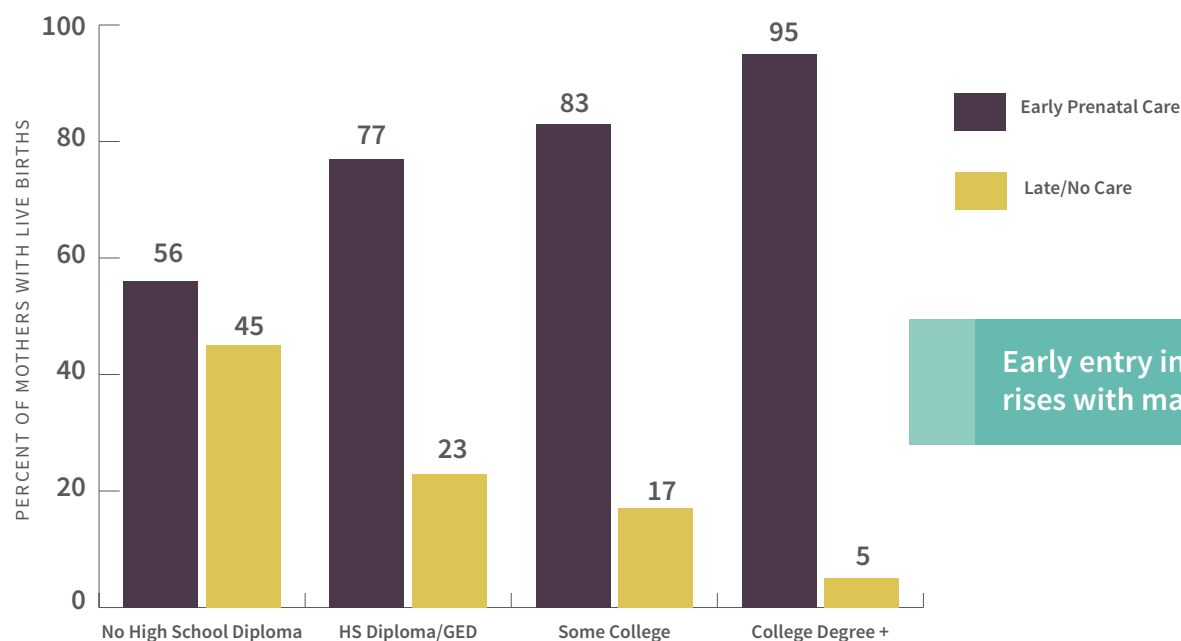
Children afflicted by dental disease are more likely to miss school, and dental disease also has been linked to preterm births and even infant mortality. Physical changes during the pregnancy can affect the gums and teeth, and these conditions should be addressed. National data show that two of every five pregnant women suffer from inflammation of the ligaments and bones supporting the teeth, tooth decay or gum disease.<sup>3</sup> More low-income women may have better oral health before pregnancy with access to health coverage through the Healthy Michigan Plan, which includes dental benefits.

## Roughly 33,000 mothers of newborns in Michigan received less than adequate prenatal care.

Over the three-year period 2010-12 over 33,000 babies in Michigan were born each year to women who did not receive adequate prenatal care that started in the first three months of the pregnancy. The most critical factor in access to prenatal care in Michigan is the education level of the mother, according to an analysis by the Michigan Department of Community Health.<sup>4</sup>

Women without a high school education were almost 10 times more likely to start prenatal care late or not at all as women with a college degree. Almost half of women who lacked a high school education and gave birth in 2006 did not get timely prenatal care compared with roughly 5% of women with at least a college degree. The report cited the need for more targeted education efforts to these women to recognize the early signs of pregnancy and realize the importance of starting prenatal care in the first trimester. Over 16,000 Michigan babies were born to women who did not have a high school diploma or a GED in 2012.

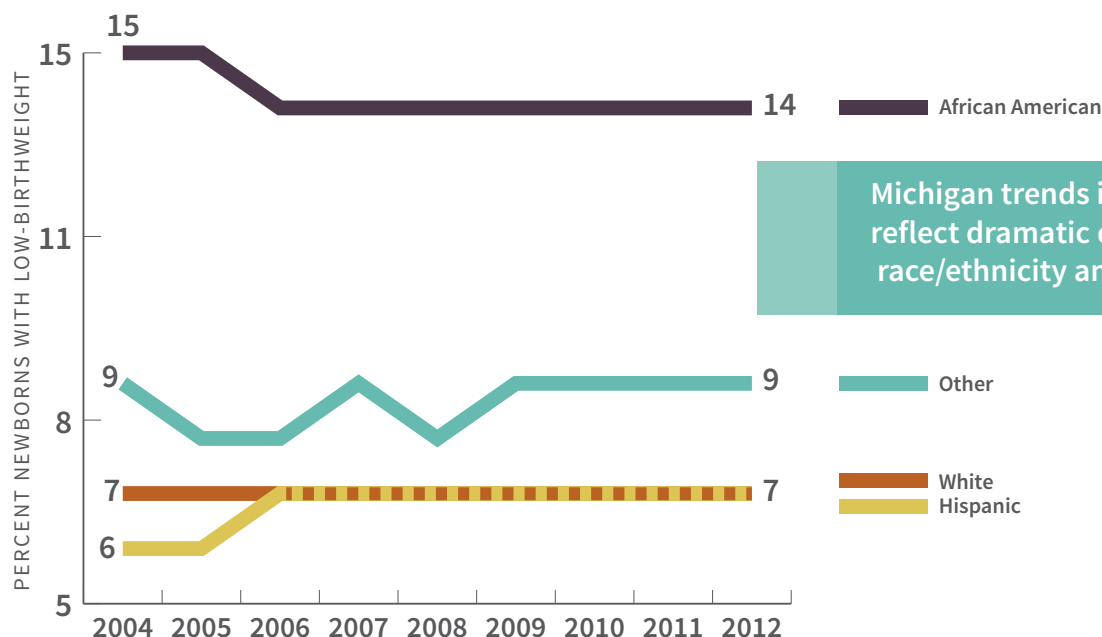
Prenatal care is a critical step in assuring not only a healthy birth but also a positive early childhood experience. Providers of prenatal care advise women to avoid alcohol, tobacco or drugs while expecting—such precautions are also important when caring for infants and young children. Healthcare providers also maintain the relationship after the birth to encourage mothers to breastfeed, read to the child and protect their babies from lead and other toxins.



Source: Michigan Department of Community Health. Pregnancy Risk Assessment Monitoring System 2006.







Michigan trends in low-birthweight babies reflect dramatic differences by race/ethnicity and little improvement.

Source: Division for Vital Records and Health Statistics, Michigan Department of Community Health.

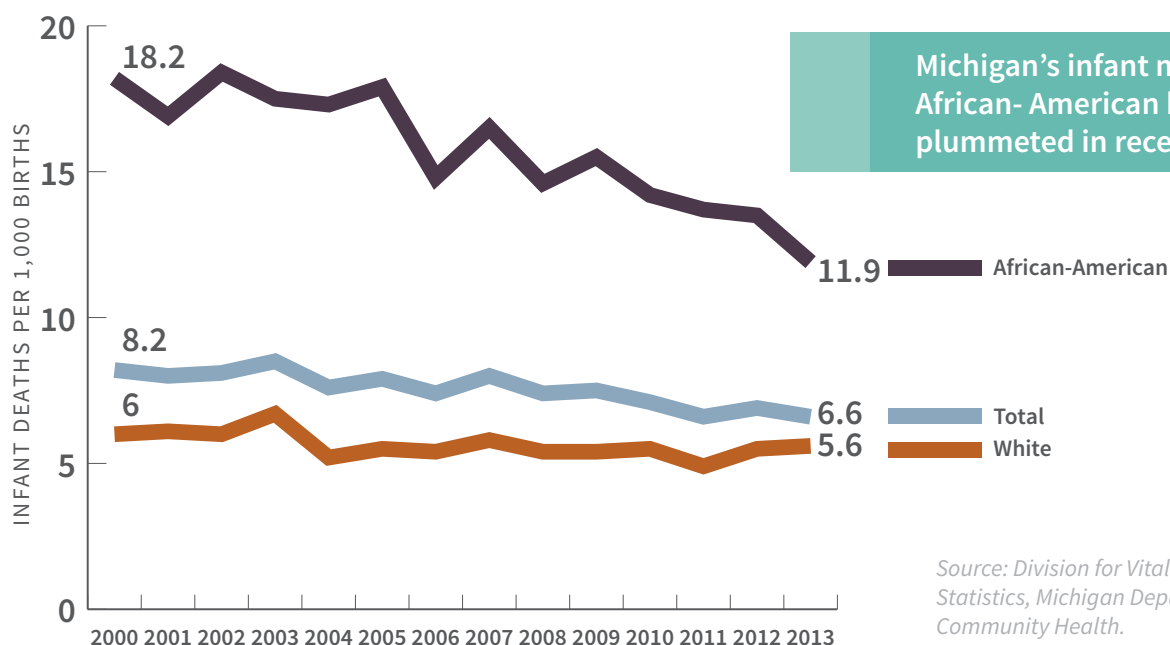
## Michigan's infant mortality rate showed some improvement.

Michigan's infant mortality rate has consistently hovered above the national average, which is substantially higher than other developed nations. The state is making progress: Michigan's infant mortality rate dropped from 7.6 to 6.9 deaths per 1,000 births between 2006 and 2012—almost 200 fewer infants died before their first birthday in 2012 compared with 2006. Nonetheless, the large gap between the state's two largest racial groups, whites and African Americans, persisted. It mirrors the substantial inequities between the two groups in health, education, employment and income.

## Child/Teen deaths declined.

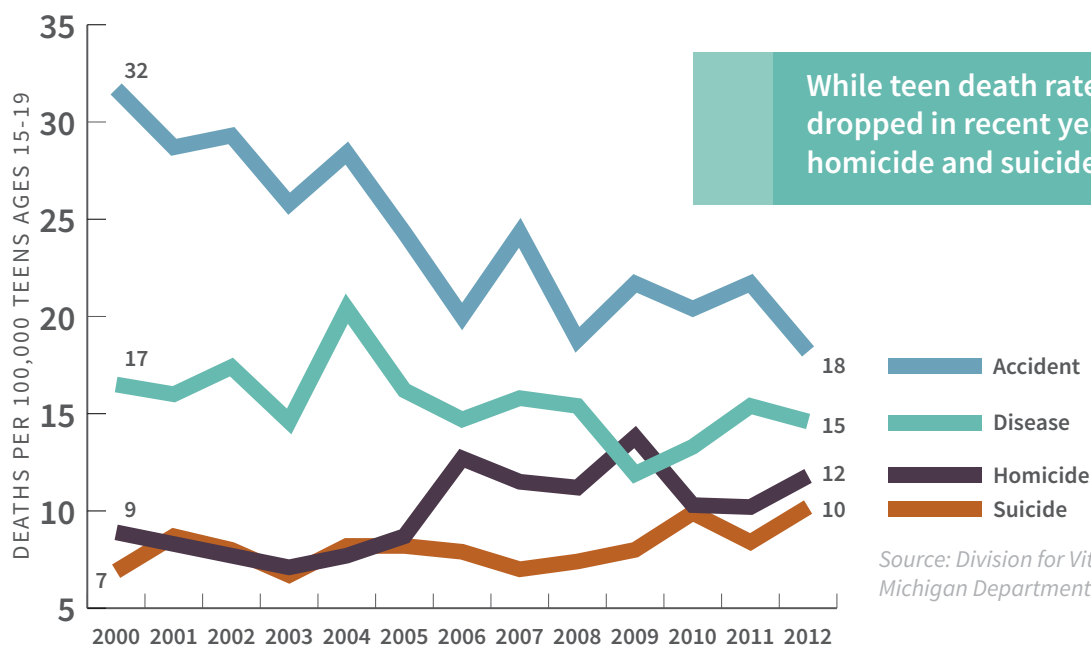
The mortality rate among children/youth ages 1-19 dropped by 10% between 2006 and 2010—from 31 to 29 deaths among every 100,000. Nonetheless roughly 680 children or teens died in 2012 from all causes, including disease. Although teens ages 15-19 represent only one-fourth of the defined child population, the majority of deaths occur to this age group.

While the overall death rate for Michigan teenagers has fallen, it consistently represents roughly triple that for children ages 1-14: 55 deaths per 100,000 compared with 18 for children ages 1-14. Teen deaths due to accidents, mainly involving automobiles, and disease have declined dramatically since 2000 but those due to suicide and homicide are climbing.



Michigan's infant mortality rate for African-American babies has plummeted in recent years.

Source: Division for Vital Records and Health Statistics, Michigan Department of Community Health.



Source: Division for Vital Records and Health Statistics, Michigan Department of Community Health

Death rates vary dramatically by race in Michigan. African-American youth are much more likely than their white peers to die, particularly from homicide or disease while white teens are more likely to lose their lives due to accidents and suicide. Nine times as many white youth died by suicide as African-American youth (54 vs. 6) in 2012. Firearms are involved in almost all (88%) of teen homicides and 42% of teen suicides.<sup>5</sup> The most common site of a firearm youth suicide death is the home.<sup>6</sup>

School is one of the safest places for children; in the 2010-11 school year less than 1% of all child homicides in the country occurred at school, on the way to school or at a school-sponsored event.<sup>7</sup> Two of every three killers of youth are over the age of 18. While many policies have been implemented to prevent accidental teen deaths, little progress has been made on addressing the high rate of homicide deaths among African American youth: Eight times as many African American youth in Michigan died due to homicide as their white peers in 2012—58 deaths vs. 7 among white youth.<sup>8</sup>

**Death rates vary dramatically by race in Michigan. African-American youth are much more likely than their white peers to die.**

# State Policies to Improve Child Health

- **Reduce infant mortality disparities and exposure to lead and other toxins.** The state progress on infant mortality must continue by implementing its Infant Mortality Reduction Plan with increased focus on the social and economic dimensions of the issue. While proven home visiting programs that can begin before or after the birth of a child have been found to enhance maternal and child health, community resources and supports also play a vital role.
- **Increase access to dental care for all low-income children.** Preventive and regular dental care is essential to overall health, but low-income children are much less likely to have access to such care. Roughly 400,000 Medicaid-eligible children live in the three counties that still lack access to the state's Healthy Kids Dental program that improves the likelihood of children getting preventive dental care.
- **Encourage safe storage of household firearms.** Gun ownership has been found to be a risk factor for youth homicide and suicide. Firearms are present in about one-third of American households with children and youth. Studies show that states with larger percentages of homes with firearms tend to have higher rates of suicide by firearm.<sup>9</sup>

- 1 S.A.Eklund et al. "Michigan Medicaid's Healthy Kids Dental program: an assessment of the first 12 months". *Journal of the American Dental Association*. 2003 Nov;134(11):1509-15. [<http://www.ncbi.nlm.nih.gov/pubmed/14664272>]
- 2 Michigan Department of Human Services. Children eligible for Medicaid by county and race. October 2014.
- 3 The American College of Obstetricians and Gynecologists. Dental X-Rays, Teeth Cleanings = Safe During Pregnancy: Ob-Gyns Recommend Routine Oral Health Assessments at First Prenatal Visit. July 26, 2013.
- 4 Michigan Department of Community Health. *Racial Disparities in Prenatal Care*. Michigan PRAMS Delivery. Volume 7: Number 2. October 2008.
- 5 Child Trends. *Teen Homicide, Suicide and Firearm Deaths*. [<http://www.childtrends.org/?indicators=teen-homicide-suicide-and-firearm-deaths#sthash.QIX6i1pc.dpuf>]
- 6 National Association of School Psychologists. Youth Gun Violence Fact Sheet. (Prepared for NASP by: Stephen E. Brock, California State University, Sacramento; Amanda Nickerson, University at Buffalo, SUNY; & Michelle Serwacki, University at Buffalo, SUNY.)
- 7 Child Trends. Teen Homicide, Suicide and Firearm Deaths.
- 8 Michigan Department of Community Health. Requested Data.
- 9 National Association of School Psychologists. Youth Gun Violence Fact Sheet.



## FAMILY & COMMUNITY

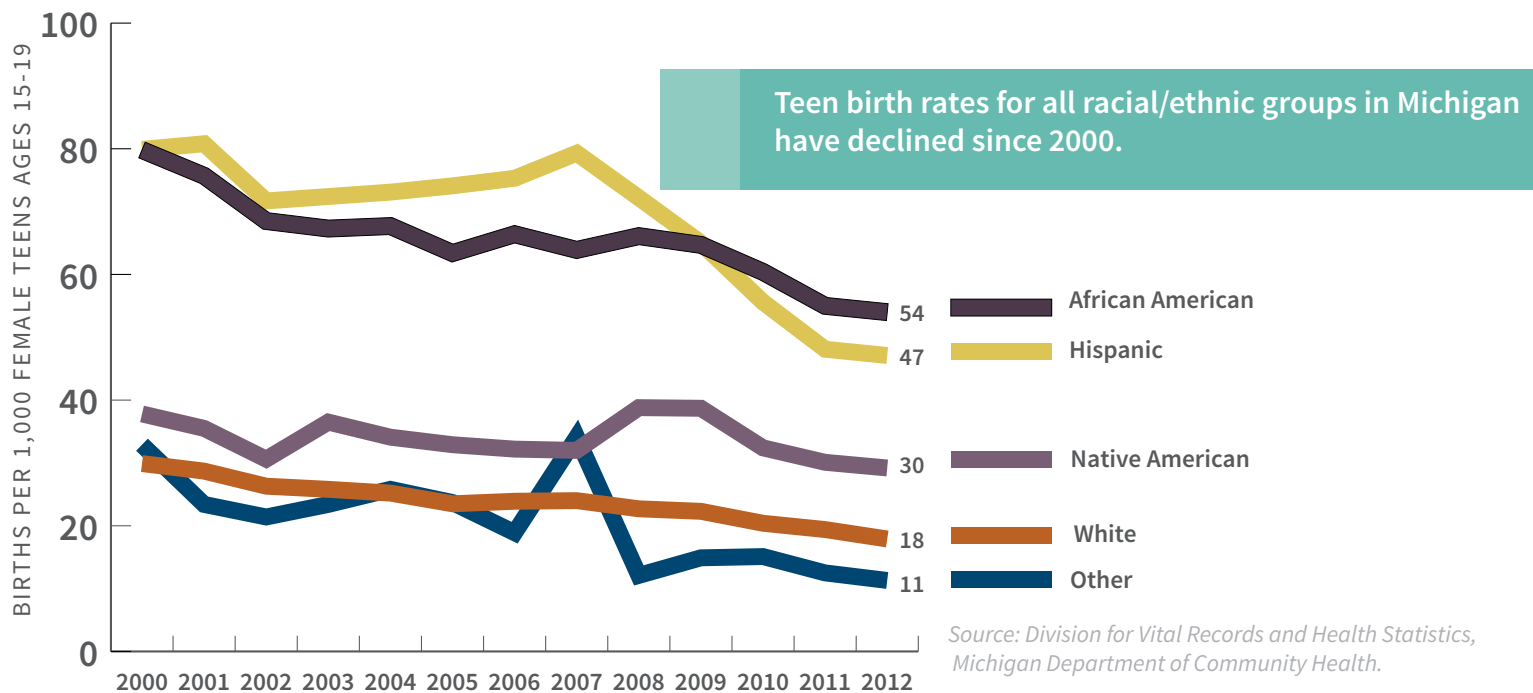
Families and their communities shape the opportunities available to children. Children born to parents who are teenagers, impoverished, afflicted by physical or mental illness are less likely to receive the support they need to grow into healthy productive adults. State and federal funding and policies that support local programs to provide services to parents who are struggling can make a difference in children's lives.

Sometimes families either cannot or do not get the services necessary to ensure the well-being of their children. Anyone who suspects child abuse or neglect can call the toll free 24-hour hotline (855-444-3911) to report an incident. A number of professionals who come into contact with families and children are “mandated reporters”, who are required to report any cases of suspected child abuse or neglect to the Department of Human Services. If an incident fits the definitions in the Child Protection Law, the case will be assigned to a worker from Child Protective Services in the appropriate county for investigation.

### **The teen birth rate continued to decline.**

The state's birthrate dropped by 16% between 2006 and 2012—from 33 births among every 1,000 teen females to 28 births. This progress reflected one of the three most substantial improvements in child well-being over the trend period. Nonetheless, in 2012 roughly 9,800 babies were born to teen mothers unlikely to have completed any postsecondary training to be eligible for a well-paid job, and almost all these young mothers were single at the time of the birth.

While teen births declined substantially among all racial ethnic groups, the most dramatic decline occurred for Hispanic teens: Their rate decreased by 41% from 2000 to 2012—from 80 births among every 1,000 female teens to 47. After having the highest teen birth rate among the racial/ethnic groups in the state, Hispanics saw their rate stay below the African American rate in 2012 (54 births per 1,000 teen females).



### Almost one of every 10 children in Michigan lived in a family investigated for abuse or neglect in Fiscal Year 2013.

Once an intake worker at the centralized intake unit has determined that the allegation of abuse or neglect fits the definition in the law, the case is referred to the appropriate county Child Protective Services unit for an investigation, which must begin within 24 hours and end within 30 days unless there are extenuating circumstances. The investigation involves face-to-face interviews with the children and parents or caretakers in the family, as well as key reports/documents and interviews with friends, neighbors or professionals that have contact with the family.

After this process, the worker must weigh the evidence to determine whether abuse or neglect has occurred; the level of risk of future maltreatment of the child or children; and the needs and strengths of the family. In some instances, the life of a child can hang in the balance. Infants and young children are at particularly high risk; almost half of the 119 child deaths that were linked to abuse or neglect in 2011 by the Child Death Review teams were infants, and another 30% were ages 1-4.<sup>1</sup>

The number of children living in families investigated for abuse or neglect jumped during the height of the recession in 2008 and again when centralized intake was implemented in 2012. Roughly 200,000 children lived in families investigated for abuse or neglect in Fiscal Year 2013.

The rate of children in investigated families in Michigan rose by 41% between fiscal years 2006 and 2013 from 63 of every 1,000 children ages 0-17 to 88 of every 1,000 children. This increase represented the largest percentage change in the trend indicators for this period—just exceeding the percentage change in young children eligible for SNAP. The two measures are not unrelated—the growth in poverty among young children puts them at higher risk for neglect or deprivation of basic needs.

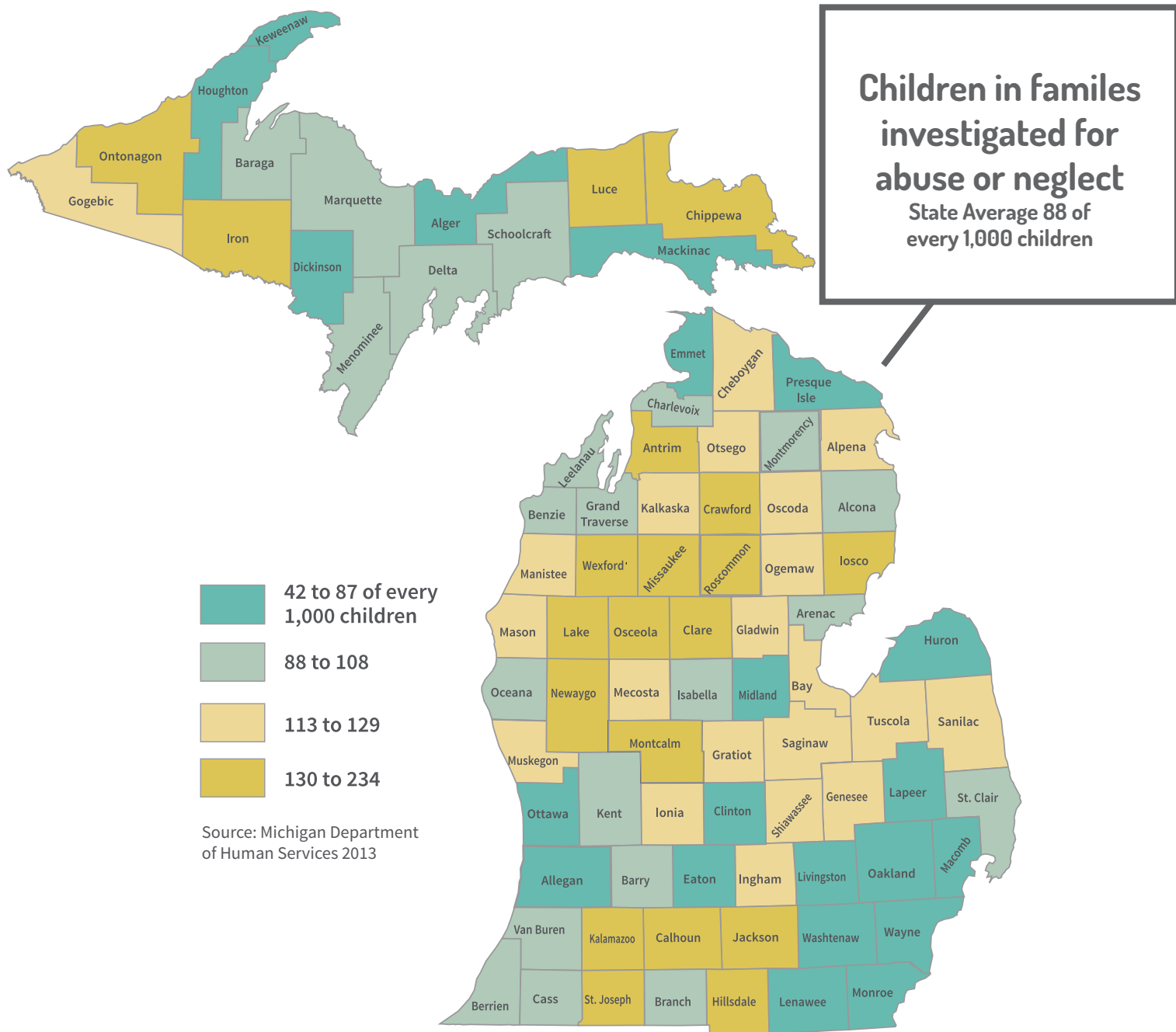
The number of children living in families investigated for abuse or neglect jumped during the height of the recession in 2008.

Studies have documented that poverty and unemployment increase the risk of child maltreatment, particularly neglect.<sup>2</sup> While most parents with income below the poverty level do not maltreat their children, poverty, especially when compounded by parental depression, substance abuse, and social isolation, can increase the risk of child maltreatment.

In the most affluent counties, such as Livingston and Clinton, the percentage of children in families investigated for abuse or neglect was roughly 4% while in some of the counties with the highest child poverty rates, such as Lake and Clare counties, the percentages were four to six times higher (16-23%). Differences on this measure do not always align with known risk factors. For example, the low rate (8%) of investigation in Wayne County is very puzzling since it has relatively high rates for the predictive factors such as poverty, concentrated poverty and teen births. Rates were below the state average throughout Southeast Michigan, whereas in 20 Michigan counties more than one of every eight children lived in a family investigated for abuse or neglect in 2013.

Historically, most (75-80%) investigations of abuse or neglect do not result in confirming the allegation, but nonetheless a high risk of future maltreatment for the child or children can





exist in some of these unconfirmed cases. To address this issue Michigan obtained a waiver to initiate a pilot program in three counties—Macomb, Muskegon and Kalamazoo—to provide enhanced services to selected confirmed as well as unconfirmed cases with young children ages 0-5 assessed with high-risk for future maltreatment.

### The rate of confirmed victims of child abuse or neglect jumped by 31 percent.

Almost 34,000 children ages 0-17 in Michigan were confirmed as victims of abuse or neglect in Fiscal Year 2013—roughly 5,000 more than Fiscal Year 2006. The rate of confirmed victims escalated by almost one-third between fiscal years 2006 and 2013—from 11 among every 1,000 children to 15 of every 1,000.

Among the five categories defined by the Department of Human Services for the results of an investigation, the first three encompass confirmed victims. The number of victims in Category 1, which is the most severe with the child at high risk of future maltreatment and usually requires immediate removal from the home, actually fell. The most dramatic escalation occurred in the lowest-risk confirmed category 3 where families are referred for community services.

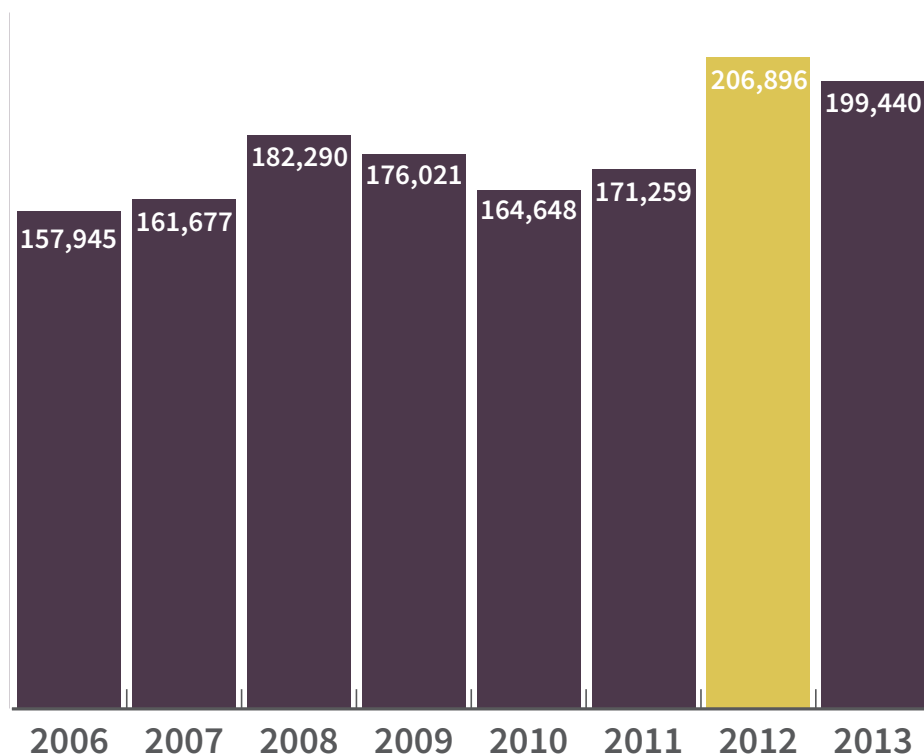
The availability of services for Michigan families is a problem. Many communities lack a sufficient quantity and diversity to prevent first-time and recurrent maltreatment, particularly in rural areas.<sup>3</sup> Services for domestic and sexual violence offenders, adequate housing and transportation options do not exist in many areas of the state.

One of every eight children (12%) in the U.S. will experience confirmed maltreatment by age 18.

Data that show roughly 1% of children are confirmed as victims of abuse or neglect each year dramatically understate the prevalence of child maltreatment, according to a recent study that examined the cumulative risk of maltreatment over childhood.<sup>4</sup> Researchers reviewed first-time rates of confirmed maltreatment in the National Child Abuse and Neglect Data System, and concluded that one of every eight children (12%) in the U.S. will experience confirmed maltreatment by age 18. Rates were much higher among the most disadvantaged racial/ethnic groups—African American, Native American and Hispanic.

These are very disturbing findings given the lifelong impact of child maltreatment. Five of the 10 Adverse Childhood Experiences that have been shown to affect the health and well-being of adults involve child maltreatment: 1) physical, 2) emotional or 3) sexual abuse and 4) physical or 5) emotional neglect. As the ACE score rises so does the adult risk for substance abuse, addictions, depression, suicide, job loss, disease and early death.<sup>5</sup>

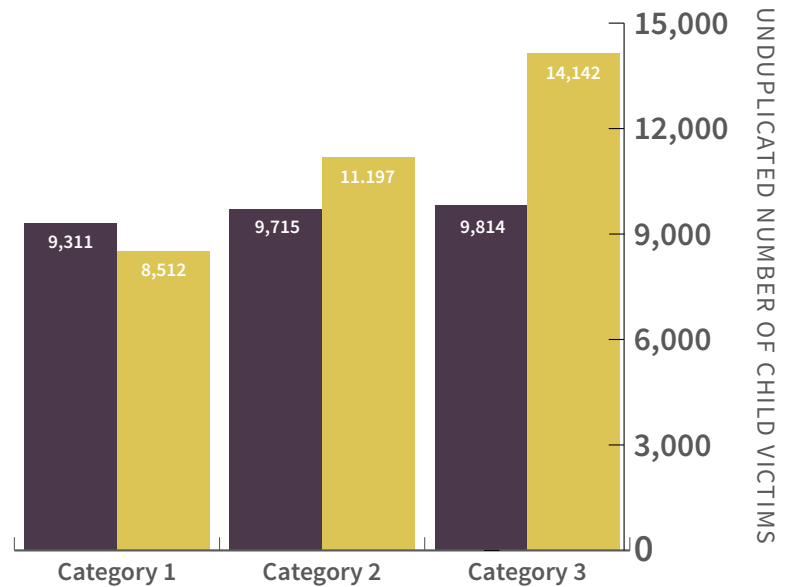
The number of children living in families investigated for abuse or neglect jumped in 2012 with implementation of centralized intake.



Source: Michigan Department of Human Services.

Increases in confirmed victims of abuse or neglect between 2006 and 2013 are in lower risk categories (2 and 3).

Source: Michigan Department of Human Services



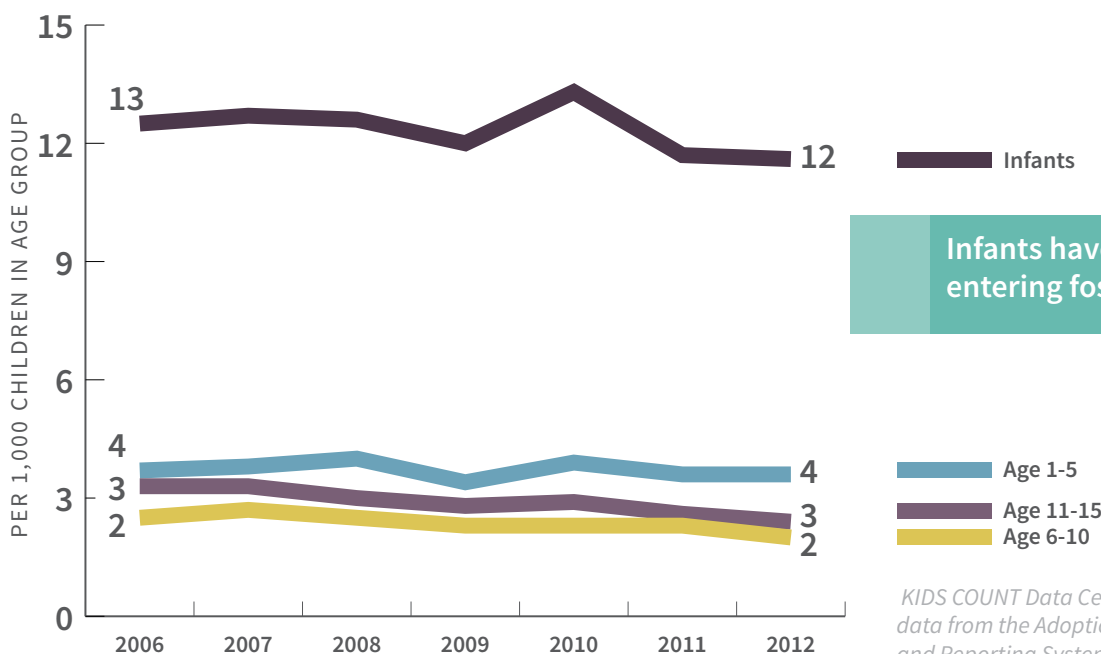
## Many fewer maltreated children in Michigan were living in out-of-home care in 2013.

Children who are confirmed victims of abuse or neglect at highest risk for further maltreatment in their homes are removed from their home and placed either with a relative or in a foster home. Almost 10,000 children in Michigan were living in such a placement at the end of Fiscal Year 2013, a significantly lower number than the 16,700 in 2006. While the experience of abuse or neglect is damaging, separation from the known and the familiar can cause further trauma.

The rate of children in out-of-home care dropped by one-third between 2006 and 2013—from 7 of every 1,000 children

to 4. During this time the department made every effort to move children, particularly those eligible for adoption, into permanent arrangements with a relative or through adoption. This decline was the most dramatic change for the better among the 15 indicators tracked in this report.

Infant victims have triple the likelihood of being removed compared with young children ages 1-5. Their total dependence and virtual immobility increase their vulnerability. At the same time, separation from a parent or caregiver can be particularly traumatic and damaging at this point in a child's development. To mitigate the trauma, the department is joining in a collaborative effort with the Michigan Association of Infant Mental Health to implement policies and practices that recognize the special needs of infants.



Infants have by far the highest risk of entering foster care in Michigan.

KIDS COUNT Data Center: Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System

# State Policies to Improve Family and Community Life

- **Maintain and expand teen pregnancy prevention.** Most teenagers do not have the resources, financial or emotional, to care for a young child, and they often do not have a high school diploma or a postsecondary credential. While Michigan's teen birth rate is lower than the national average, the numbers affected (9,800) are large.
- **Increase services in local communities to prevent child abuse or neglect.** The department has identified a severe deficit in the range and variety of services in local communities, particularly in rural areas. A large body of research identifies critical risk factors such as poverty, teen parenting, community violence, unemployment and lack of access to social services and community resources.
- **Target services to families with infants.** Since infants are at highest risk of confirmed abuse or neglect and placement in out-of-home care, more services should be provided to vulnerable families early in the lives of their infants to prevent abuse or neglect. Infants and toddlers are also more likely to suffer trauma and attachment problems when removed from their homes.

- 1 Michigan Child Death State Advisory Team. *Child Deaths in Michigan. Tenth Annual Executive Report*. The Michigan Department of Human Services and the Michigan Public Health Institute.
- 2 Office on Child Abuse and Neglect, Children's Bureau, J. Goldman et al. *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* Chapter Five: "What Factors Contribute to Child Abuse and Neglect?" 2003.
- 3 These barriers are identified in the Department of Human Services. State of Michigan. *Child and Family Services Plan. 2015 – 2019*.
- 4 Christopher Wildeman et al. *The Prevalence of Confirmed Maltreatment Among US Children, 2004 to 2011*. JAMA Pediatrics August 2014 Volume 168, Number 8. Published online June 2, 2014.
- 5 The Adverse Childhood Experiences (ACE) Study was based on a retrospective survey of a Kaiser Permanente HMO population in San Diego of over 17,000 participants with an average age of 57. The other five experiences involved household mental illness, violence against mother, divorce, substance abuse and incarceration of a relative. [Felitti, VJ et al. American Journal of Preventive Medicine 1998;14:245–258 [www.acestudy.org](http://www.acestudy.org)]



## EDUCATION

**Michigan has one of the largest percentages of children (16%) in neighborhoods of concentrated poverty.**

As in the other areas of child well-being, the outcomes in education generally reflect family income and community resources. Traditionally, education opportunities have been in neighborhood schools, but those schools are challenged when communities are so stratified by income. Michigan has one of the largest percentages of children (16%) in neighborhoods of concentrated poverty (poverty rates for residents are 30% or higher) among the 50 states. While the disadvantages of low family income are amplified by such community concentrations of poverty, even children in families with income above the poverty level within these communities experience the negative impact of living in areas of high unemployment, physical and mental distress and limited resources.

The level of eligibility for free or reduced prices in the School Lunch program among students in the school or district continues to provide the most reliable predictor of outcomes on standardized testing, and little has changed despite increasingly harsh penalties on schools for lack of improvement or achievement and extensive expansion of public school academies commonly known as charter schools.

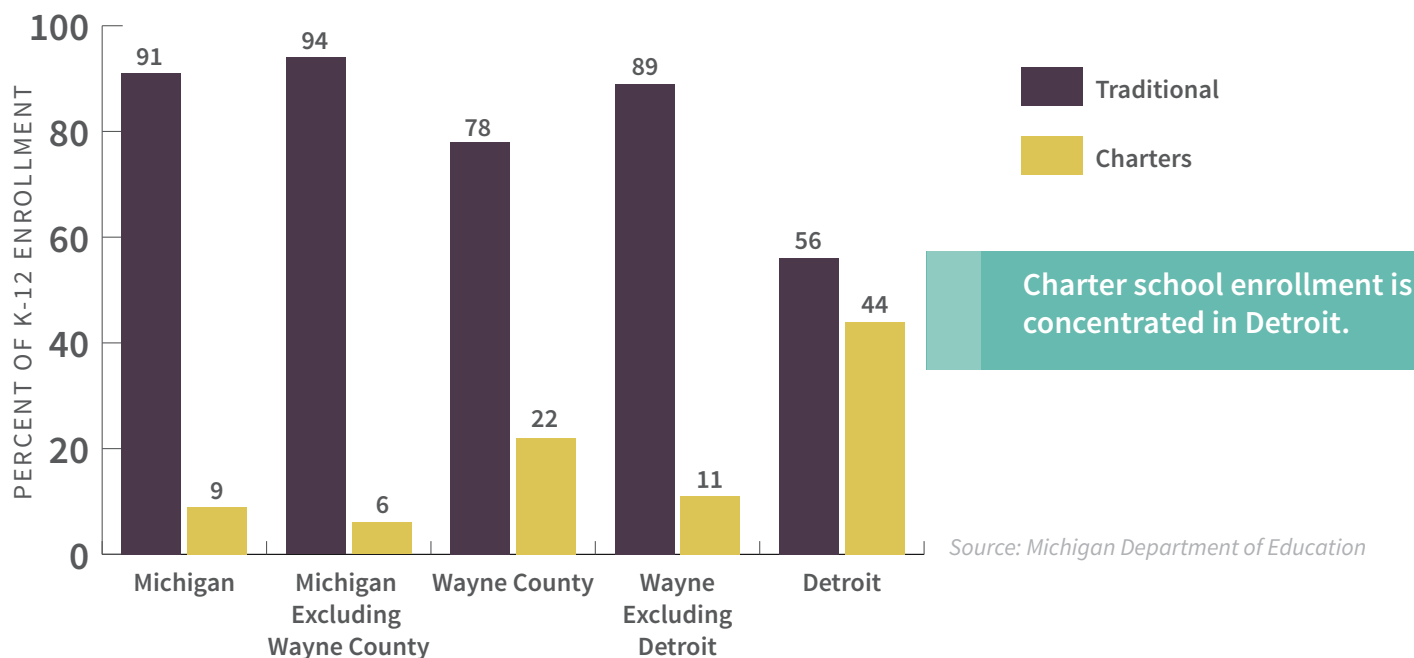
Extensive debates on strategies to ensure that more children succeed academically continue in the legislature and school districts. Many initiatives, such as increasing the number of charter schools, privatizing public schools, and expanding school choice without clear oversight or evaluation of results, have not proved successful. A more comprehensive

two-generation approach would acknowledge the perils of poverty and address opportunities for parents to improve their own education levels. (See discussion on economic security.) Some successful strategies address the circumstances of children's lives and opportunities after school, on the weekends and during the summer to enhance in-school learning.

The massive introduction of charter schools in the state is largely concentrated in the state's urban neighborhoods with high levels of poverty. In Detroit, for example, four of every five children live in concentrated poverty. Almost half of the children in the city, compared with only 9% in the state, attend charter schools. The proliferation of these overwhelmingly for-







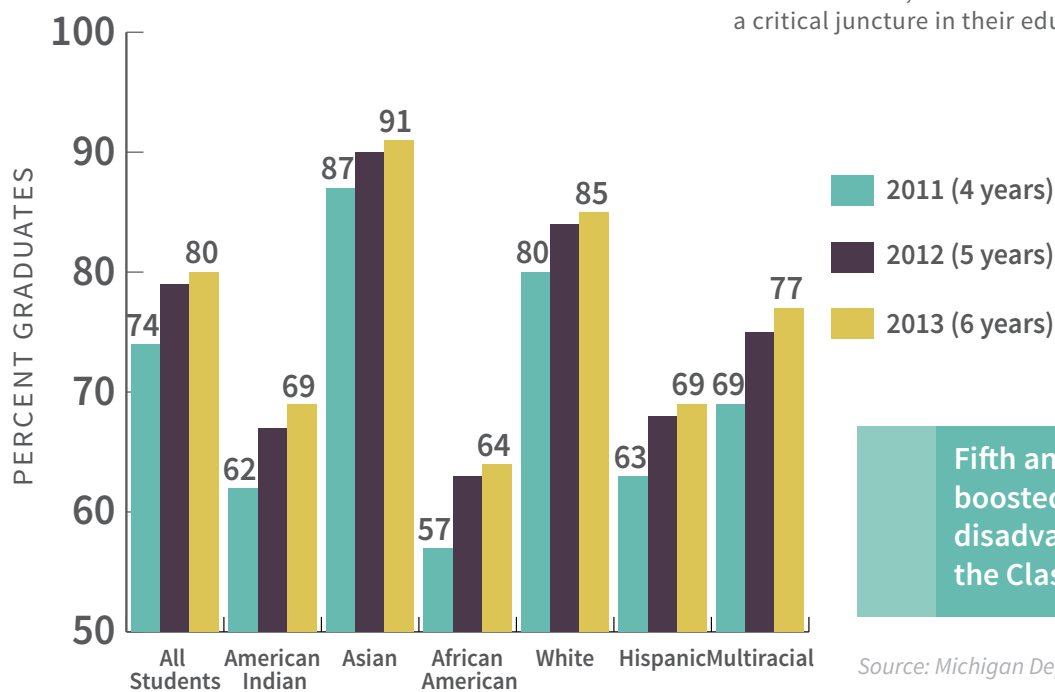
homelessness and disability. Rates are also substantially lower for children in communities of color with relatively high poverty rates. Among the Class of 2013 Asians had the highest on-time graduation rate (87%) and African-Americans the lowest (61%). All racial/ethnic groups except Native Americans in the Class of 2013 had higher on-time graduation rates compared with the Class of 2007.

Students can persist in their high school studies for another year or two in order to graduate. The latest data, which are available for the Class of 2011, showed their final graduation rate rose from 74% at four years to 80% by the end of the sixth year.

### The most dramatic improvement in education occurred in reading proficiency among fourth-graders.

Michigan fourth-graders in the 2013-14 school year were much less likely to demonstrate reading skills below the MEAP proficiency standard than their counterparts in 2008-09, the first comparable year for this test. Roughly 30% demonstrated reading skills below proficiency in 2013-14 compared with roughly 40% in the 2008-09 school year. (Skills at Level 3 and Level 4 are both below the proficiency standard.)

Nonetheless, the percentage who did not demonstrate proficiency still represents almost one-third of fourth-graders in the state—32,000 children who are struggling with literacy at a critical juncture in their educational path.

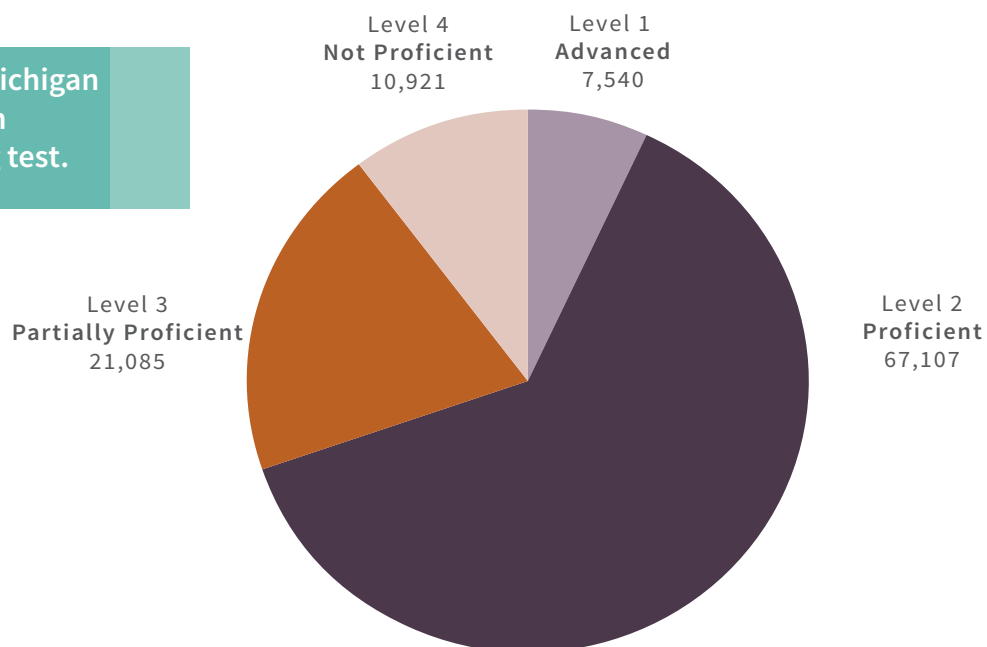


Fifth and sixth year of high school boosted graduation rates most for disadvantaged minority students in the Class of 2011.

Source: Michigan Department of Education

Almost one of every three Michigan fourth-graders did not reach proficiency on state reading test.

Source: Michigan Department of Education, 2013 Grade 4 Reading MEAP



## Eighth-graders see little gain in math proficiency.

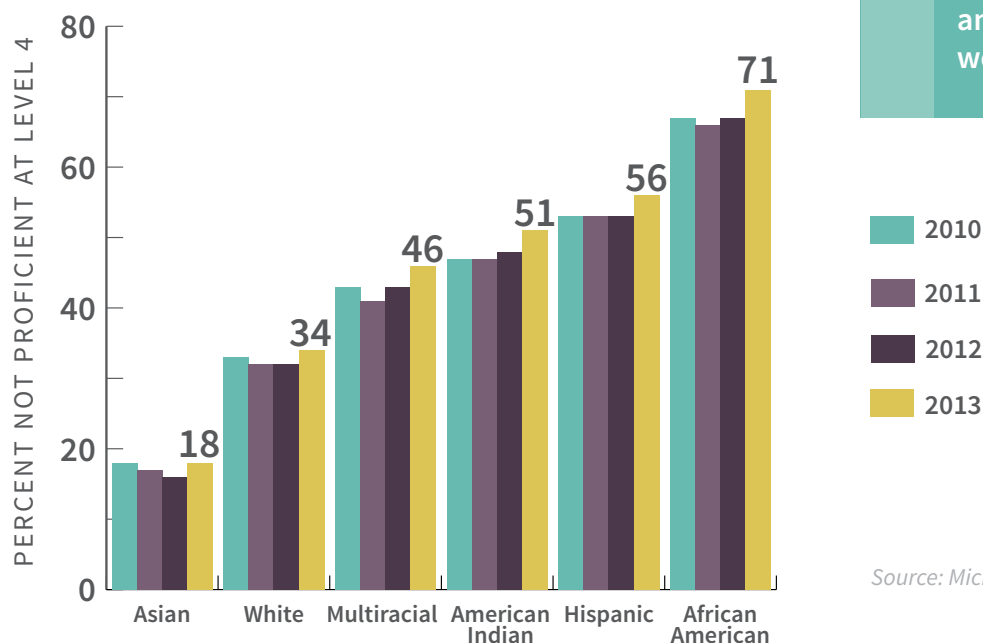
Overall roughly 73,000 Michigan eighth-graders did not demonstrate proficiency on the MEAP math test in the 2013-14 school year—two of every three students. The percentage of students who performed below the proficiency standard dropped only slightly between the 2008-09 school year and 2013-14—from 68% to 67%.

Roughly two of every three eighth-graders in the Asian community were proficient in math—the only racial/ethnic group in the state where a majority of grade 8 students demonstrated math proficiency.

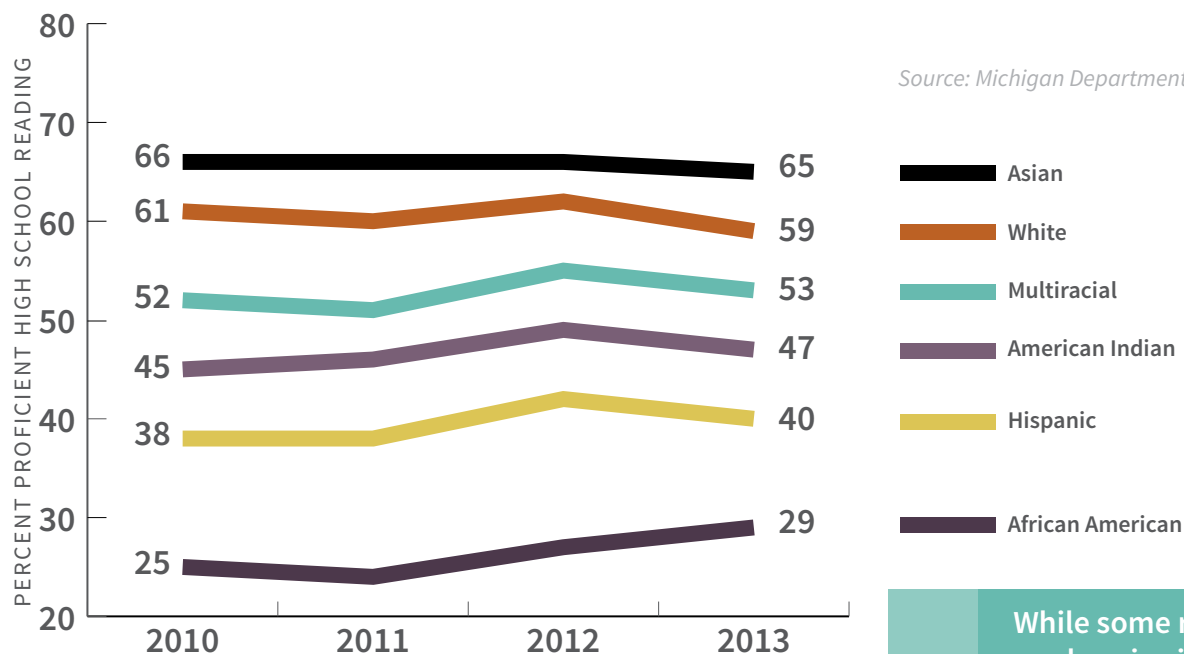
The next largest group, white students, fell well below that level with only two of every five students demonstrating math proficiency. Among African-American students, just over one of every 10 students were proficient in math.

Of most concern is the fact that the majority of eighth-graders in three of the six largest racial/ethnic groups in the state performed at the lowest level (4) of math skills. Usually level 3 or partially proficient is the larger of the two groups below proficiency level.

For half of the major racial/ethnic groups in Michigan the majority of eighth-graders perform at the lowest level (4) on math MEAP and the situation has worsened recently.



Source: Michigan Department of Education



While some racial/ethnic groups made gains in high school reading, substantial gaps persisted.

### Racial/ethnic gaps persist on the standardized assessment of reading among Michigan's high school students.

Roughly one of every two high school students in Michigan tested on the Michigan Merit Exam for reading did not demonstrate proficiency in the 2013-14 school year. The percentage of test-takers who scored below the standard of proficiency declined only slightly between the 2008-09 and 2013-14 school years—from 48% to 47%. These results show that roughly half or 49,000 Michigan high school graduates will not have the literacy skills needed for postsecondary training or education to prepare for a career that offers a living wage.

The percentages of students from Michigan's largest racial/ethnic groups that demonstrate proficiency on the MME reading test are quite distinct and consistent over the four-year period 2010-2013. The reading proficiency results generally reflected the trends on other education indicators. Asians had the largest percentage proficient (65%) and African-Americans the smallest (29%) although African-Americans saw some improvement over the period.

Similarly the percentages proficient among students challenged by disabilities (19%), low-income (38%), limited English (13%) and homelessness (34%) were much lower than the state average. As more children are growing up in some of these circumstances, a broader array of academic supports must be made available if they are to complete their high school education with higher levels of proficiency.

# State Policies to Improve K-12 Education

- **Fund programs to find and help young children with developmental delays or disabilities and their families.** Earlier identification and services for these youngsters and their families would reduce the need for later support and lead to better outcomes including behavior, educational progress and attainment, from a much earlier age. Proven programs with well-trained professionals and smaller child-to-staff ratios produce the best results.<sup>3</sup>
- **Enroll low-income 3-year-olds in preschool.** Starting preschool at age 3 yields cumulative effects, particularly in literacy skills. It also provides an opportunity to build social-emotional competence at a younger age, especially for children at highest risk, as well as influence parents earlier through modeling positive interactions and connecting them with resources to improve their own physical, emotional and financial well-being.
- **Adequately fund public schools.** The inflation-adjusted funding for K-12 education declined by 16% from 2004 to 2014, placing even more schools in financial emergency as they cope with dwindling enrollment and rising costs.<sup>4</sup> As of December 2014, 57 districts were in deficit spending.<sup>5</sup> The Proposal A funding plan that provides a per pupil foundation grant has reduced financial resources at a time of increased need among students and higher demand for academic performance yet financial pressures have led to increased student-teacher ratios in two-thirds of Michigan districts.<sup>6</sup>
- **Provide more financial aid for low-income college students.** Due to the state's declining support for higher education, post-secondary education opportunities have moved out of reach for many low-income students, especially the older non-traditional ones. Of the three state student financial aid grant programs, two explicitly exclude high school graduates beyond 10 years, and the third must be used Fund programs to find and help young children with developmental delays or disabilities and their families. Earlier identification and services for these youngsters and their families would reduce the need for later support and lead to better outcomes including behavior, educational progress and attainment, from a much earlier age. Proven programs with well-trained professionals and smaller child-to-staff ratios produce the best results.<sup>7</sup>

1 National Association of Charter School Authorizers. *On the Road to Better Accountability: an Analysis of State Charter School Policies*. 2014

2 The Common Core standards were developed as an initiative of the nation's governors and state schools chiefs to agree on common definitions of proficiency in English and math state tests.

3 Lynn A. Karoly, M. Rebecca Kilburn, Jill S. Cannon. *Proven Benefits of Early Childhood Interventions*. Rand Corporation Research Brief. 2005. [[http://www.rand.org/pubs/research\\_briefs/RB9145.html](http://www.rand.org/pubs/research_briefs/RB9145.html)]

4 Michigan State Board of Education *Recommendations for Change to Michigan School Organization and Finance*. December 2014. Presented at the State School Board December meeting.

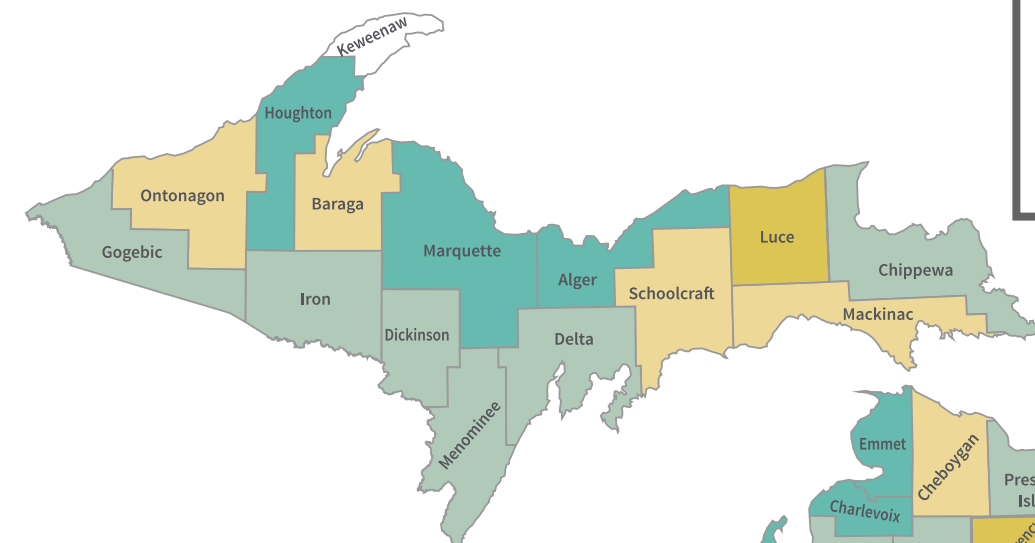
5 Lynn A. Karoly, M. Rebecca Kilburn, Jill S. Cannon. *Proven Benefits of Early Childhood Interventions*. Rand Corporation Research Brief. 2005.

6 Michigan State Board of Education *Recommendations for Change to Michigan School Organization and Finance*. December 2014.

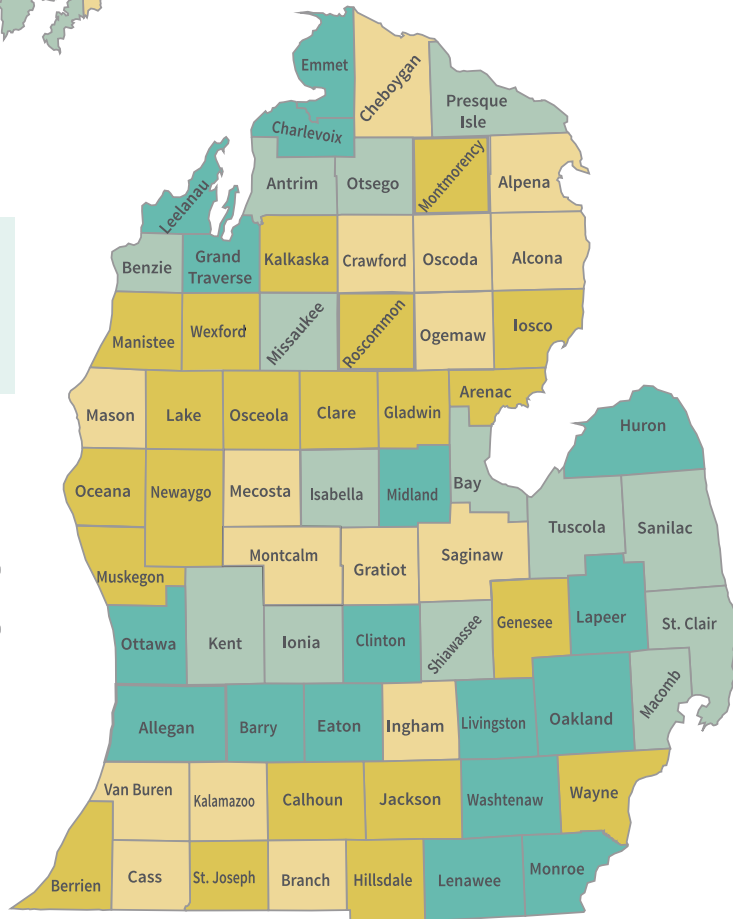
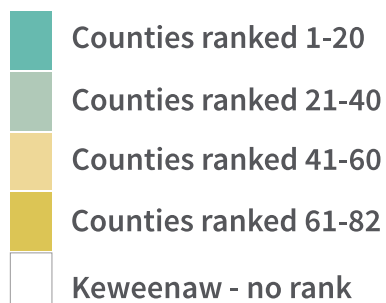
7 Families with children 0 to 8 where all resident parents have less than an Associates degree. American Community Survey.



Overall child  
well-being  
ranked



Detailed county profiles are available  
at [www.mlpp.org](http://www.mlpp.org) under  
Kids Count\MI Data Book 2015



1. Livingston	11. Huron	21. Macomb	32. Bay	41. Mackinac	52. Kalamazoo	61. Manistee	72. Oceana
1. Ottawa	12. Leelanau	22. Dickinson	33. Otsego	42. Alpena	53. Ogemaw	62. Kalkaska	73. Genesee
3. Clinton	13. Allegan	23. Delta	34. Menominee	43. VanBuren	54. Baraga	63. Montmorency	74. Wayne
4. Midland	14. Barry	24. Benzie	35. Presque Isle	44. Gratiot	55. Cheboygan	64. Saint Joseph	75. Roscommon
5. Oakland	15. Lenawee	25. Sanilac	36. Antrim	45. Montcalm	56. Schoolcraft	65. Newaygo	76. Osceola
6. Emmet	16. Lapeer	26. Kent	37. Missaukee	46. Mecosta	57. Ontonagon	66. Arenac	77. Calhoun
7. Washtenaw	17. Eaton	27. Saint Clair	38. Tuscola	47. Mason	58. Branch	67. Gladwin	78. Iosco
8. Houghton	18. Alger	28. Chippewa	39. Shiawassee	48. Cass	59. Saginaw	68. Hillsdale	79. Muskegon
9. Grand Traverse	19. Charlevoix	29. Isabella	40. Gogebic	49. Ingham	60. Crawford	69. Jackson	80. Luce
10. Marquette	20. Monroe	30. Ionia		50. Oscoda		70. Wexford	81. Clare
		31. Iron		51. Alcona		71. Berrien	82. Lake

# State Policies to Improve Child Well-Being

**Economic Security:** While more than half a million children in Michigan live in families with income below the federal poverty level, another half a million children in the state live in families with income above poverty but below an income adequate to meet basic needs.

- **Strengthen safety net programs such as SNAP, unemployment insurance and cash assistance that cushion families with children in times and areas of high unemployment.**
- **Increase access to safe, high-quality child care to improve opportunities for parental employment and enhanced child development.**
- **Restore the state Earned Income Tax Credit to 20% of the federal EITC.**

**Child Health:** While mortality rates have declined, the overall health of children is clearly compromised by the dramatic increase in child poverty in the state. Financial instability in families can expose children to unsafe housing, homelessness, food insecurity and despair.

- **Reduce infant mortality disparities and exposure to lead and other toxins.**
- **Increase access to dental care for all low-income children**
- **Encourage safe storage of household firearms.**

**Family and Community Life:** Families and their communities shape the opportunities available to children. Children born to parents who are teenagers, impoverished, afflicted by physical or mental illness are less likely to receive the support they need to grow into healthy productive adults.

- **Maintain and expand strategies to prevent teen pregnancy.**
- **Increase services in local communities to prevent child abuse or neglect.**
- **Target services to families with infants since infants are at highest risk of confirmed abuse or neglect and placement in out-of home care.**

**Education:** Outcomes in education generally reflect family income and community resources. Schools are challenged when communities are so stratified by income.

- **Fund programs to find and help young children with developmental delays or disabilities and their families.**
- **Enroll low-income 3-year-olds in preschool.**
- **Adequately fund public schools.**
- **Provide more financial aid for low-income college students.**

# Data Notes

## Background Indicators (in order of appearance on profiles)

### ECONOMIC CLIMATE

**Unemployment:** The annual rate (not seasonally adjusted) is based on the average monthly number of persons considered to be in the “workforce” because they are employed or unemployed, but looking and available for work. Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics [<http://data.bls.gov>]

**Median Household Income:** The median represents the midpoint of household income amounts in 2012. Source: U.S. Census Bureau, Small Area Income and Poverty Estimates. [<http://www.census.gov/hhes/www/saipe.html>]

**Average Cost of Full-Time Child Care:** The number is the weighted average monthly cost for infants, toddlers, preschoolers, and school age children in day care centers, group homes and family homes in 2014. Source: WorkLife Systems, Inc.

**Percent of Full-Time Minimum Wage:** The percent is the average child care cost divided by the monthly income from a full-time minimum wage job (based on 168 hours of work).

**Population:** Estimated populations for 2006 and 2012 are for all people and of children ages 0-17, by race and ethnicity, along with the percent change. The estimates use a model that incorporates information on natural changes such as births and deaths and net migration. Source: U.S. Census Bureau, State and County Population Estimates

### ACCESS TO HEALTHCARE

**Children with Health Insurance:** The annual number and percentage estimates are based on a three-year average (2010–12) number of children ages 0–18 insured through a public or private program at any point during the year based on the Current Population Survey. Source: Small Area Health Insurance Estimates (SAHIE)

**Children Ages 0–18 Insured by Medicaid:** The number reflects the enrollment in Medicaid as of December 2013. The percentage is based on the estimated population of children ages 0–18 in 2012. Source: Michigan Department of Community Health, special run for December 2013.

**MIChild:** This program provides health insurance to children ages 0–18 in families with income between 150–200% of the federal poverty line. The number is the average monthly count during 2013. The percentage is based on the estimated population of children ages 0–18 in 2012. Source: MAXIMUS. MIChild Monthly Executive Summaries

**Fully immunized toddlers:** The number reflects children ages 19–35 months who had completed the vaccination 4:3:1:3:3:1:4 Series Coverage as of December 2013, according to the Michigan Care Improvement Registry (MCIR). The percentage is based on the population of children ages 19–35 months who were born to mothers residing in Michigan at the time of the birth. Source: Michigan Care Improvement Registry [<http://mcir.org>]

**Lead Poisoning in Children, Ages 1–2 Tested:** The number reflects children ages 1–2 who were tested for lead in 2013. The percent is based on the number of children ages 1–2 as of July 2012.

**Poisoned (% of tested):** This number reflects children ages 1–2 whose test showed 5 or more micrograms of lead per deciliter of blood (mcg/dL). The percent is based on the number of children ages 1–2 who were tested. Source: Michigan Department of Community Health, Childhood Lead Poisoning Prevention Program, 2013

**Children Hospitalized for Asthma:** This number represents

Michigan hospital discharges of children ages 1–14 with asthma recorded as the primary diagnosis. The number reflects the annual average and rate per 10,000 children ages 1–14 over three-years (2010–12). Rates are provided only for counties with a three-year total of more than 20 discharges; the numbers are provided for counties with more than four such discharges. Source: Michigan Department of Community Health, Division of Epidemiology Services

### CHILDREN WITH SPECIAL NEEDS

**Babies with a Birth Defect:** The number reflects the average of infants reported with a birth defect over the three-year period 2010–12. Only infants who are identified with at least one of over 800 types of defects within their first year of life are counted. The percentage is based on the average number of live births during 2010–2012. Location is based on the residence of the mother. Source: Michigan Department of Community Health, Michigan Birth Defects Registry

**Students in Special Education:** The number includes all individuals ages 0 through 26 receiving special education services as of December 2013, except those in programs operated by state agencies. These students have been diagnosed with a mental or physical condition that qualified them for special education services. The percentage is based on the enrollments from the Free/Reduced Lunch data file. Source: Michigan Department of Education, Special Education Services, and the Center for Educational Performance Information [<http://www.mich.gov/cepi>]

**Children receiving Supplemental Security Income:** The number reflects child recipients of Supplemental Security Income (SSI) as of a single month (December 2013). SSI is a Social Security Administration program of cash and medical assistance for low-income elderly and disabled persons, including children. The rate is per 1,000 children ages 0–17 in 2012. Source: Michigan Department of Community Health, Special Run for December 2013

### FAMILY SUPPORT PROGRAMS

**Children Receiving: subsidized child care:** This number reflects children, ages 0–12, in child care whose parents received a subsidy payment from the state in December 2013. Most families qualify with earned income below 121 % of the poverty level. The percentage is based on the estimated population of children ages 0–12 in 2012. Source: Michigan Department of Human Services, Child Development and Care Program, Assistance Payments Statistics, Table 69, December 2013

**Children Receiving FIP cash assistance:** The number reflects child recipients ages 0–18 in the Family Independence Program (FIP) in a single month (December 2013). Families with minor children qualify with assets less than \$3,000 and gross monthly income below \$814. Children in families receiving extended FIP are not included. The percentage is based on the estimated population of children ages 0–18 in 2012. Source: Michigan Department of Human Services, Assistance Payments Statistics, Table 4, December 2013 (for counties); special run for Detroit data.

**Children in Food Assistance Program:** The number reflects child recipients ages 0–18 in the FAP, also known as the Supplemental Nutritional Assistance Program, in a single month (December 2013). whose families qualify with incomes below 130 percent of the poverty level. The percentage is based on the estimated population of children ages 0–18 in 2012. Source: Michigan Department of Human Services, Assistance Payments Statistics, Table 68, December 2013 (for counties); special run for Detroit data

**Children with Support Owed:** The number reflects children ages 0–19 who had a child support order and should have received child support for at least one month during Fiscal Year 2013. The percent is based on the estimated population of all children ages 0–19 in 2012. The county represents the location of the court rather than the child’s residence.

**Children receiving no support:** The number reflects children who received none of the support payments that were owed during Fiscal Year 2013. The percent is based on the number of children with support owed for at least one month during Fiscal Year 2013.

**Children receiving less than 70% of court-ordered amount:** The number reflects children who received less than 70 percent of total support amount owed for Fiscal Year 2013 (including those who received none). The percent is based on the number of children with support owed for at least one month during Fiscal Year 2013.

**Average Amount Per Child:** The number reflects the average monthly amount (per child) of support received in Fiscal Year 2013, for children who received some child support.

Source: Michigan Child Support Enforcement System Special Run

## Trend Indicators

(in order of appearance on profiles)

## ECONOMIC SECURITY

**Children in poverty:** The number reflects children living in families whose income was below the poverty level in 2006 and 2012. The percentage is based on the total number of children ages 0–17 in those years.

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates [<http://www.census.gov/hhes/www/saie.html>]

**Young Children in the Food Assistance Program:** The number includes children in families eligible for the FAP, also known as the federal Supplemental Nutrition Assistance Program (SNAP), in December 2006 and December 2013. Families qualify with incomes below 130 percent of the poverty level. The percent is based on the estimated populations of children ages 0–5 in 2005 and 2012. Source: Michigan Department of Human Services, Assistance Payments Statistics, Table 68, December 2005 and December 2012 (for counties); special run for Detroit data

## Students Eligible for Free/Reduced Price

**School Lunches:** K–12 students from families with incomes below 130 percent of the federal poverty are eligible for a fully subsidized lunch while children from families with incomes between 130 and 185 percent are eligible for reduced price meals. The percentage is based on total enrollment of K–12 public school students for school years 2006–07 and 2013–14, including public school academies. Source: Center for Educational

Performance Information [<http://www.mich.gov/cepi>]

## Child Health

### Less than Adequate Prenatal Care:

The number represents the mothers who received less than adequate prenatal care as defined by the Kessner Index, which measures the adequacy of prenatal care by the month it began, the number of prenatal visits, and the length of the pregnancy. Data from years prior to 2008 are not comparable. The number is an annual average for the three-year period of 2010–12. The percent is based on total resident live births, based on the mother's county of residence. Source: Michigan Department of Community Health, Vital Records and Health Data Development Section

**Low–Birthweight Babies:** The number, which includes those babies who weighed less than 2,500 grams (approximately 5 lb. 8 oz.) at birth, is an annual average for the three-year periods of 2004–06 and 2010–12. The percentage is based on total resident live births in the mother's county of residence. Source: Michigan Department of Community Health, Vital Records and Health Data Development Section

**Infant Mortality:** The number, which includes infants who died before their first birthday, is an annual average for the three-year periods of 2004–06 and 2010–12. The rate is the number of infant deaths per 1,000 births during the reference periods in the mother's county of residence.

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

**Child/Teen Deaths:** The number includes deaths from all causes for ages 1–19. It is an annual average for the three-year periods of 2004–06 and 2010–12. The rate is the number of child deaths per 100,000 children ages 1–19 during those periods in the child's county

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

## Family and Community

**Births to Teens:** The number of births to teens ages 15–19 is an annual average for the three-year periods of 2004–06 and 2010–12. The rate of teen births is based on the number of live births per 1,000 females, ages 15–19 for those periods by county of residence.

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

**Children in Investigated Families:** These children reside in families where an investigation of abuse or neglect was conducted in fiscal years 2006 and 2013. Families may be investigated more than once in a given year, and their children would be counted each time. The number reflects the total for the year. Rates are calculated per 1,000 children ages 0–17 in their county of residence. Data are merged for two sets of counties: Missaukee/Wexford and Grand Traverse/Leelanau. Source: Michigan Department of Human Services, Health and Welfare Data Center, Children's Protective Service Management Special Report (Fiscal Years 2005 and 2012)

**Confirmed Victims of Abuse or Neglect:** The number reflects an unduplicated count of children confirmed to be victims of abuse or neglect following an investigation in fiscal years 2006 and 2013. The rate is calculated per 1,000 children ages 0–17 in their county of residence. Data are merged for two sets of counties: Missaukee/Wexford and Grand Traverse/Leelanau. Source: Michigan Department of Human Services, Health and Welfare Data Center, Children's Protective Service Special Report (Fiscal Years 2005 and 2012)

## Children in Out-of-Home Care

The number represents child victims of abuse or neglect placed in a foster or relative home supervised by the Department of Human Services, its agents or the courts during fiscal years 2006 and 2013. The county represents the location of the court rather than the child's residence. The rate is calculated per 1,000 children ages 0–17. The data are from a single month (September) in the reference years. Source: Michigan Department of Human Services, Children's Services Management Information System, Special Report (September 2005 and 2011)

## Education

**Fourth-grade (MEAP Reading):** The number reflects fourth-graders whose performance on the 2008 and 2013 MEAP reading tests did not meet the standard of proficiency implemented in 2011. The percentage is based on the number of fourth-graders whose reading test scores were included in the report. Source: Michigan Department of Education [<http://www.mich.gov/meap>]

**Eighth-grade (MEAP Math):** The number reflects eighth-graders whose performance on the 2008 and 2013 MEAP math tests did not meet the standard of proficiency implemented in 2011. The percentage is based on the number of eighth-graders whose math test scores were included in the report. Source: Michigan Department of Education [<http://www.mich.gov/meap>]

**High School Students (MME Reading):** The number reflects 11th-graders whose performance on the 2008 and 2013 MME reading tests did not meet the standard of proficiency implemented in 2011. The percentages are based on the number of 11th-graders whose reading test scores were included in the report. Source: Center for Educational Performance Information [<http://www.mich.gov/cepi>]

## Students Not Graduating on Time:

The count includes students who entered Grade 9 in 2003 or 2009 and did not graduate four years later. The percent is based on the cohort of students entering Grade 9 in those years. It should be noted that some inconsistent data have been encountered each year. Source: Center for Educational Performance Information [<http://www.mich.gov/cepi>]

## Definitions

**MEAP:** Michigan Educational Assessment Program - a state Standardized test for selected subjects in selected grades administered annually to public school students

**MME:** Michigan Merit Exam

**Population Estimates:** Rates for non-census years are based on population estimates from the Census Bureau; the 2012 estimates were the latest available when rates were calculated for this publication.

**Rates:** Except where noted, rates are calculated when incidents total more than five. Three years of data are used to calculate an average annual rate for most health indicators because they are less likely to be distorted than rates based on single-year numbers; this three-year averaging also allows rates to be calculated for many counties with small populations. Rates based on small numbers of events and small populations can vary dramatically and are not statistically reliable for projecting trends or understanding local impact.

**Percentage Change:** Change is calculated by dividing the difference between the recent and base year rates by the base year rate (Recent rate-base rate) / base rate. Rising rates indicate worsening conditions for children on measures in this report. Changes on some indicators such as victims of abuse or neglect may reflect state or local policies or staffing levels. The calculation is based on unrounded rates; calculations using rounded rates may not produce identical results.

Rank is assigned to a county indicator based on the rounded rate of the most recent year reported or annual average. A rank of 1 is the “best” rate on the measure. Only counties with a rate in the most recent year are ranked on a given indicator.



# 2014 Kids Count in Michigan Advisory Committee



## **Chair: Mike Foley, Executive Director, Michigan Children's Trust Fund**

Jan Amsterburg, Superintendent, Gratiot-Isabella Intermediate School District

Stacie Bladen, Deputy Director, Children's Services Administration, Michigan Department of Human Services

Joan Blough, Senior Vice President, Great Start System Strategy & Evaluation, Early Childhood Investment Corporation

Julie A. Chapin, Director MSUE Children & Youth Development

Robert S. Collier, President and COO, Council of Michigan Foundations

Steven B. Cook, President, Michigan Education Association

Michele Corey, Vice President for Programs, Michigan's Children

Ghida Dagher, Public Policy and Advocacy Associate, United Way of Southeast Michigan

Scott Dzurka, President, Michigan Association of United Ways

Orlene Hawks, Director, Office of Children's Ombudsman

Wendy Lewis Jackson, Deputy Director, Community Development, Detroit, The Kresge Foundation

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Rashmi Travis, Director, Bureau of Family, Maternal and Child Health, Michigan Dept. of Community Health

Jennifer D. Warner, Management Analyst, State Court Administrative Office

Michelle Weemhoff, Associate Director, Michigan Council on Crime and Delinquency

Amy Zaagman, Executive Director, Michigan Council for Maternal and Child Health

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