

# in MICHIGAN DATA BOOK

What It's Like to Be a Kid in Michigan

# 2019 Kids Count in Michigan Advisory Committee

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We wanted to make this book as bright and vibrant as Michigan's kids, so we asked children from around the state to submit artwork to show us "what it's like to be a kid in Michigan." Their responses are featured in this year's book.

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 whose mission is to advance economic security, racial equity, health and wellbeing for all people in every part of Michigan through policy change.



# Acknowledgements

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Thank you to the members of the Kids Count in Michigan Advisory Committee, who have given their time and expertise to help shape the data book and other project activities throughout the year. We are grateful for your thoughtful review of the data book.

We are also so grateful for all of the kids who submitted their artwork for this year's book! It is a beautiful display of artistic talent from across the state and across age ranges. Thank you to the parents, teachers and other caring adults for helping with the submission process.

# Generous Supporters of the 2019 Kids Count in Michigan Data Book

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The findings and conclusions presented herein do not necessarily reflect the opinions of our funders.

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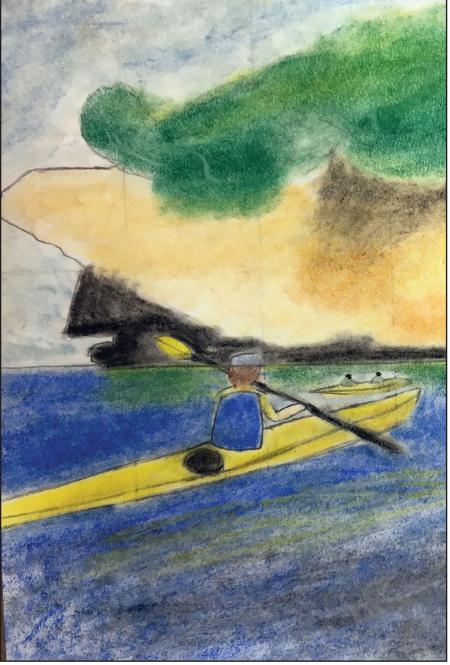
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Brook Robinson, Age 18

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# Introduction

# Michigan is at a crossroads.

The data is clear and cannot be denied: We know the barriers children face to reaching their full potential. Some children face roadblocks along their pathway to success due to their family's income, where they live or because of inequitable access to opportunities based on race and ethnicity. Immigrant families have also experienced incredible trauma because of federal policy decisions. Policymakers, community leaders and residents have the opportunity to take action now to support all kids and families.

Our children are in need of leadership and courage from those with the ability to make change and strategic investments. For example, while educational outcomes continue to lag, study after study has determined that Michigan has underfunded public schools. Research has shown that funding has also not been equitably distributed to reach the students who need the most support.<sup>1</sup> If Michigan is going to reach its goal of becoming a "Top 10 in 10 Years" in education, then state leaders should prioritize our kids from cradle to career. The data shows that Michigan's children are struggling in other areas as well—not just in education—pointing to the need for comprehensive solutions that look at the whole child and the families and communities that they are a part of.

As we near the 2020 Census, there is also a responsibility to ensure that all people are counted. Young children and those living in high-poverty communities are more likely to be missed.<sup>2</sup> In Michigan, about 11% of young children live in hard-to-count areas. It's even higher in Detroit: 70% of young children are at high risk of being missed. Already undercounted are immigrants and those whose primary language may not be English, and with the proposed inclusion of a citizenship question on the census survey, the undercount will likely be even worse.<sup>3</sup> What's at stake if all children aren't counted? Over \$4 billion in federal funding that is based on an accurate count of children to determine the need for programs and services, including child care, Medicaid and school lunch. Every child must be counted.

We can either take the necessary steps to ensure adequate investments in our kids are made, or we can continue to languish while other states move ahead.

As in previous editions, the 2019 Kids Count in Michigan Data Book lays out the data to help illustrate the state of Michigan's children. The report is a tool to be used to make informed policy decisions. The strategies may vary for kids depending on their needs—which are identified through the data. However, one thing is clear: Everyone wants every child in our state to thrive. We can either take the necessary steps to ensure adequate investments in our kids are made, or we can continue to languish while other states move ahead.

# About the Kids Count Indicators

# **Economic Security**

### Children in Poverty (Ages 0-17)

-U.S. Census Bureau, SAIPE-Children growing up in poverty (\$24,858 for a family of four in 2017) are much more likely than their peers to experience stress and deprivation that hinders health, development and readiness for school, and other developmental outcomes.

# Young Children Eligible for SNAP (Ages 0-5)

-MI Dept. of Health & Human Services-The Michigan Food Assistance Program (FAP), known as SNAP nationally, provides financial assistance to families with low incomes to buy groceries, striving to reduce food insecurity.

#### Students Eligible for Free/Reduced-Price Lunches

-Center for Education Performance Information-

K-12 students from families with incomes below 130% of the federal poverty level are eligible for a fully subsidized lunch. Those from families with incomes between 130% and 185% of poverty are eligible for reduced-price lunch. This is commonly used as a proxy for poverty.

# Health & Safety

# Less Than Adequate Prenatal Care

-MI Dept. of Health & Human Services-

Prenatal care increases the chances of a healthy pregnancy and birth. Adequacy of prenatal care is based on the Kessner Index, which measures adequacy by the month the care began, number of prenatal visits and length of the pregnancy. Prenatal care is adequate when it begins in the first trimester and includes, on average, at least one or two additional prenatal visits per month, depending on length of gestation.

# Low-Birthweight

Babies -MI Dept. of Health & Human Services-Infants born with low birthweight (less than 5 lbs., 8 oz.) are at a higher risk for physical and developmental delays that hinder growth, school readiness and long-term health outcomes.

# Infant Mortality

-MI Dept. of Health & Human Services-Infants who die before their first birthday is a child outcome, but also an indicator of population health. There are several main causes of infant deaths, some of which are genetic and others are environmental factors.

### Child/Teen Deaths (Ages 1-19)

-MI Dept. of Health & Human Services-Child and teen death rates from all causes, such as accidents, illnesses, homicide and suicide, can reveal underlying issues and inequities within communities, such as neighborhood safety, access to healthcare or exposure to environmental toxins

# **Family & Community**

# Births to Teens (Ages 15-19)

-MI Dept. of Health & Human Services-Teen moms often struggle to complete high school, live in poverty, and raise a child alone, making it more difficult for them to create good early learning environments to ensure their children are ready and prepared for school. Babies born to teen mothers are more likely to be born too early and/or too small.

#### Children in Families Investigated for Abuse/ Neglect

-MI Dept. of Health & Human Services-Each reported case of abuse or neglect is investigated and categorized based on the evidence collected and the safety risk for recurrence of abuse or neglect.

# Children Confirmed as Victims of Abuse/Neglect

-MI Dept. of Health & Human Services-Experiencing abuse or neglect as a child is one adverse childhood experience (ACE) that hinders healthy development and outcomes into adulthood.

#### Children Placed in Out-of-Home Care Due to Abuse/ Neglect

-MI Dept. of Health & Human Services-Children are removed from their families and placed in a foster home, relative care, residential care or shelter following substantiated abuse or neglect. This also has an adverse effect on health, development and outcomes into adulthood.

# Education

# 3- and 4-Year-Olds NOT in Preschool

-U.S. Census Bureau, SAIPE-Children who participate in high-quality preschool programs are more likely to be socially and cognitively ready for kindergarten.

### Students NOT Graduating From High School on Time

-MI Dept. of Education-Students who graduate with their cohort within four years are more likely to be better prepared for postsecondary education or training.

# Third-Graders NOT Proficient in English Language Arts

-MI Dept. of Education-After third grade, students read to learn rather than learn to read, making thirdgrade reading proficiency an important benchmark of future academic outcomes, such as high school graduation and long-term economic security.

# Eighth-Graders NOT Proficient in Math

-MI Dept. of Education-Proficiency in math by the end of middle school prepares students for high school math courses, increasing chances of graduation and development of basic math skills for adulthood.

# Students NOT College Ready

-MI Dept. of Education-Students who meet the college readiness benchmarks are more likely to successfully complete entry-level college requirements without remediation courses. Being college ready at the start of college increases the likelihood of postsecondary graduation. Using the Data Book

# Since 1992, the Michigan League for Public Policy has produced the annual *Kids Count in Michigan Data Book*.

The book reviews background and trend data to evaluate the well-being of children throughout communities in Michigan while identifying policy strategies that could be implemented to improve outcomes. The base period for the 2019 book is 2012 compared to 2017, unless otherwise noted. The report analyzes 16 key indicators across four domains: 1) economic security; 2) health and safety; 3) family and community; and 4) education. The overall child well-being rank is based on a county's rank in 14 of the 16 measures; infant mortality and child and teen deaths are excluded as many counties do not have sufficient data on these two indicators.

The following data limitations exist, or continue to exist, in this year's report:

**Children hospitalized for asthma:** In 2015, there were changes in the coding, making previous and future years incomparable. With this change, the data is only available in a single year, which means that almost all counties do not have data available since this data is generally reported in three-year averages.

**Virtual schools:** Due to the methodology and available data, virtual schools are included in county data according to the location of the virtual school authorizer.

**Program participation in Detroit and Flint:** Kids Count in Michigan has been unable to obtain Detroit and Flint data for the Food Assistance Program and Family Independence Program despite multiple requests. Detroit data are available through December 2016. Flint data remain unavailable at this time.

**M-STEP and college readiness:** In September 2018, new disclosure avoidance rules were applied to M-STEP and college readiness data. As a result, districts with fewer than 10 test-takers, or where the number of students not meeting proficiency or college readiness was suppressed, were excluded from analysis. County and city totals are estimations that may exclude some districts, and careful consideration should be taken when comparing data across years due to changes in data disclosure.

Throughout the report, the term "low income" refers to 200% of federal poverty while "poverty" refers to 100% of federal poverty. Additionally, please note changes to racial and ethnic terminology. Both the switch to "Latinx" to refer to the Hispanic/Latino community and the use of African American, unhyphenated, have been made intentionally in the interest of inclusion.

Data by race and ethnicity is collected and reported differently based on the source, and data labels in charts and the narrative may differ to reflect this. The Children's Services Administration at the Michigan Department of Health and Human Services (MDHHS) has made their data available in a detailed breakdown, which is then categorized by the League. All children with a race code that includes Hispanic are categorized as "Hispanic," while children with multiple race codes are categorized as "Multiracial." Children with single race codes are categorized accordingly. The MDHHS also includes race codes "Unable to Determine" and "No Match Found," which the League categorizes as "Unable to Determine." Due to these changes, data prior to fiscal year 2016 cannot be compared. Additionally, for the first time, Vital Statistics data from the MDHHS was provided in a raw format allowing the League to conduct more in-depth analysis by race and ethnicity; however, these data are still comparable to previous years.

Finally, caution should be taken when reviewing rates (e.g., per 1,000 or 100,000), percentages and numbers. Small population numbers in some areas of the state often result in data being suppressed, and small numbers may cause percentage changes in a rate to appear more significant. Also, keep in mind that some data are based on different time frames (e.g., school years, fiscal years, and three-year and five-year averages).

# Data Into Action

Strategies for Improving Overall Child Well-Being Michigan has seen some positive movement in recent years in policy decisions and investments, yet **outcomes for children have been mostly stagnant**, pointing to the need to do much more. Data should be used by policymakers to understand where efforts should be focused in order to support all kids and families across the state. Applying a **racial equity lens** to proposed policies and using **two-generation strategies** are two approaches that should be adopted to improve the overall well-being of kids, families and communities.

# **Economic Security**

# Key Findings

Nearly 1 in 5 kids in Michigan live below the federal poverty line, which is not an adequate measure of the share of families whose basic needs are going unmet.

An estimated 23% of children live in working families with low incomes who are struggling to make ends meet, in part, because of low-wage jobs, unaffordable child care and housing, and a lack of access to affordable postsecondary training and education programs to help gain the skills necessary to obtain a job that pays well.

# Health & Safety

# Key Findings

Significant health disparities exist by race and ethnicity for women and children in Michigan.

African American babies are more than two times as likely to die before their first birthdays, there is an increasing rate of Latinx infant mortalities and women of color face more barriers to accessing adequate prenatal care.

With a low of 3% uninsured, Michigan does well in providing health coverage to children, but more can be done.

# Recommendations

Modernize the state's Earned Income Tax Credit (EITC) to allow young workers and childless adults, often noncustodial parents, to receive the credit. The EITC helps workers with low wages keep more of what they earn to make ends meet. Research shows that children in families receiving the EITC benefit through improved educational and health outcomes.

Ensure access to affordable, high-quality child care by expanding income eligibility levels for subsidies and increasing provider reimbursement rates. Child care helps provide early learning experiences for children, allows parents to work and benefits employers.

Support youth and young adults to access postsecondary training, credentialing and education programs through flexible programming and increased financial aid. Providing multiple paths to access postsecondary programs, like early middle college programs, can help students achieve necessary career skills. It is also important to make college affordable for all students.

# Recommendations

Expand home visitation programs and strengthen the system by creating a centralized intake process that will ensure families are able to participate in the program that will meet their needs best. Home visiting programs are evidence-based and research shows that they improve outcomes in health, economic security and school readiness.

Restore funding for family planning and pregnancy prevention programs to previous levels. Unintended pregnancy can lead to delayed prenatal care and preterm births, which impact the health of moms and babies, including maternal and infant mortality.

Under the Children's Health Insurance Program Reauthorization Act (CHIPRA), states have the ability to provide health coverage to lawfully residing immigrant children before the five-year wait period ends. Michigan should extend coverage to these children to promote better health.

# Family & Community

# Key Findings

More than IID D kids in Michigan have experienced two or more adverse childhood experiences (ACEs), stressful or traumatic events impacting long-term well-being.

Michigan is one of four states to still automatically prosecute 17-year-old children as adults in the criminal justice system regardless of the crime. This law prevents youth from accessing age-appropriate treatment in the juvenile justice system and increases trauma for young people while also leading to higher crime rates and more violent offenses.

# Additionally, the rate of child abuse and neglect has

continued to rise—by 30% from 2012 to 2017—with disproportionate impacts on children of color. There are also recent increases in the rate of children placed in out-of-home care due to abuse or neglect.

Approximately 58% of young people exit foster care because they are emancipated or age out of the system without any permanence, meaning without a recognized adult parenting relationship in place.

# Education

# Key Findings

M-STEP, the state's standardized assessment on English Language Arts, math, science and social studies, has been in place for four years.

56% of third-graders test below proficiency in reading.

Over 67% of eighth-graders are not proficient in math.

Plus, more than half of Michigan's 3- and 4-year-olds are not enrolled in preschool, which is critical to building a strong foundation for learning. Students from families with lower incomes face additional barriers to reaching their potential.

# Recommendations

Raise the age of juvenile jurisdiction from 17 to 18 years old and fully fund its implementation.

Promote comprehensive strategies to prevent child abuse and neglect, including investments in job training and child care, along with positive parenting education, such as home visitation programs.

Address disparities in the child welfare system through appropriate data collection and cultural competency training for workers.

Ensure adequate support for programs that assist foster youth exiting the system with education, housing and work. In Michigan, only 3% of youth transitioning out of foster care receive employment assistance, and just 1% receive education support.

# Recommendations

Provide sufficient funding for early interventions to improve thirdgrade reading using a birth-to-8 framework, including maternal and child health programs, *Early On*, and affordable, highquality child care and education.

Ensure that all children from families with low and moderate incomes can receive a high-quality preschool education.

Address the state's Read by Grade Three law, which will allow for the retention of students reading below grade level in the upcoming school year by ensuring adequate funding and support for parents, schools and communities.

Adequately fund public schools, targeting resources in highneed areas and fully funding the At-Risk program.

# Key Findings

**Data Collection** 

Data collection by race and ethnicity is **inconsistent with** federal standards in several state systems, especially in the justice system. Juvenile justice data collection statewide is also inadequate and requires investment to create a streamlined system that is supported at the state and local levels.

# Recommendations

To make informed policy decisions and increase transparency, robust data must be collected and publicly disseminated, including data by race and ethnicity.



# **MICHIGAN**

# 2019 TRENDS IN CHILD WELL-BEING

(All Data Are for 2017 Unless Otherwise Noted)

Ρ		2012	2016	% change
ŏ	Total population	9,883,360	9,933,445	0.5%
Ò P Ų	Child population 0-17	2,266,870	2,189,505	-3.4%
Ľ	• Ages 0-5	697,840	688,553	-1.3%
Ą	• Ages 6-12	889,637	849,758	-4.5%
	• Ages 13-17	679,393	651,194	-4.2%

Child population by race	<u>2012</u>	2016	<u>% change</u>
Hispanic 0-17	173,982	180,051	3.5%
Non-Hispanic 0-17			
White	1,591,656	1,518,967	-4.6%
African American/Black	408,553	393,828	-3.6%
American Indian	18,919	17,823	-5.8%
Other	73,760	78,836	6.9%

	BASE YEAR		CURRENT YEAR		
	NUMBER	RATE	NUMBER	RATE	RATE CHANGE
ECONOMIC SECURITY	<u>201</u>	2	<u>201</u>	7	
Children in poverty, ages 0-17	549,131	24.7%	416,305	19.6%	-20.6%
Young children, ages 0-5, in the					
Food Assistance Program <sup>1</sup>	259,168	36.7%	179,467	26.1%	-28.9%
Students receiving free/reduced-	<u>2011-12</u>		<u>2017-18</u>		
price school lunches <sup>2</sup>	747,630	48.1%	742,922	50.3%	4.7%
HEALTH & SAFETY	<u>2010-12</u>	<u>(avg.)</u>	<u>2014-16</u>	<u>(avg.)</u>	
Less than adequate prenatal care	33,431	29.4%	36,926	32.5%	10.6%
Low-birthweight babies	9,599	8.4%	9,637	8.5%	0.6%
Infant mortality (per 1,000)	783	6.9	763	6.7	-2.4%
Child/Teen deaths, ages 1-19 (per 100,000)	684	27.5	630	26.7	-3.2%
FAMILY & COMMUNITY (per 1,000)	<u>2010-12</u>	<u>(avg.)</u>	<u>2014-16</u>	<u>(avg.)</u>	
Births to teens, ages 15-19	9,793	28.1	6,371	19.4	-30.9%
Child abuse/neglect	<u>201</u>	2	<u>201</u>	7	
Children in investigated families	206,896	90.1	249,110	113.8	26.2%
Confirmed victims	33,565	14.6	41,462	18.9	29.5%
Children in out-of-home care	10,316	4.5	11,209	5.1	13.9%
EDUCATION	<u>2008-12</u>	<u>(avg.)</u>	<u>2013-17</u>	<u>(avg.)</u>	
3- and 4-year-olds not in preschool	126,290	51.5%	123,617	52.9%	2.7%
	<u>201</u>	2	<u>201</u>	7	
Students not graduating on time	30,808	23.8%	24,035	19.8%	-16.6%
	<u>201</u>	<u>16</u>	<u>201</u>	8	
Students not college ready	67,878	65.1%	68,757	65.4%	0.5%
Not proficient (M-STEP)	<u>2014-15</u>	<u>5 (SY)</u>	<u>2017-18</u>	<u>(SY)</u>	
Third-graders (English Language Arts)	53,535	49.9%	56,872	55.6%	11.4%
Eighth-graders (Math)	75,854	67.8%	74,265	67.3%	-0.7%

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

<sup>2</sup> Family income is below 185% poverty level.
 SY - School Year. | M-STEP - Michigan Student Test of Educational Progress was first administered in 2015.

# MICHIGAN

# 2019 BACKGROUND INFORMATION

FAMILY SUPPORT PROGRAMS	NUMBER	RATE	ECONOM		
Children receiving			Unemploym	nent	4.6%
• Subsidized child care, ages 0-12 <sup>1</sup>	33,648	2.2%		sehold income	\$54,840
• FIP cash assistance <sup>1,2</sup>	35,448	1.5%		st of full-time child	+,
• Food Assistance Program <sup>1,3</sup>	509,470	21.9%	care/mont		\$563
• Women, Infants, and Children (WIC)	270,784	47.3%	Percent	of full-time	
			minimun	n wage (2018)	35.2%
Children with support owed	511,639	20.8%	Percent of y	oung children	
• Receiving none (% of those owed)	92,125	18.0%	ages 0-5 ir	•	
Receiving less than 70% of amount	263,182	51.4%		013-17 avg.)	
<ul> <li>Average amount received (month)</li> </ul>	\$216	_	where all	parents work	66.2%
FAMILY AND COMMUNITY			NUMBER	RATE	
Births to moms without high school diplo	ma or GED (2	014-16 avg.)	13,539	11.9%	
High-poverty neighborhoods, ages 0-17			323,870	15.0%	
Household structure, ages 0-17 (2013-17			,		
Two-parent family	0,		1,425,045	66.2%	
One-parent family			727,831	33.8%	
Poverty by household structure, ages 0-	17 (2013-17 av	(q.)	,		
Two-parent family	,	0,	139,881	9.8%	
One-parent family			319,116	43.8%	
English not spoken at home, ages 5-17 (	2013-17 avg.)		170,164	10.4%	
ACCESS TO HEALTHCARE			NUMBER	RATE	
Children with health insurance (2016)			2,195,206	96.9%	
Children, ages 0-18, insured by			, ,		
• Medicaid <sup>1</sup>			1,003,645	43.1%	
• MIChild			44,170	1.9%	
Fully immunized toddlers, ages 19-35 mo	onths				
(for the series 4:3:1:3:3:1:4) <sup>1</sup>			125,853	75.0%	
Lead poisoning in children, ages 1-2			· ,		
• Tested			93,174	40.4%	
Poisoned (% of tested) (EBL confirme	d by venous)		1,519	1.6%	
Children, ages 1-14, hospitalized for asth	. ,	00) <b>(2016)</b>	1,979	9.3	
			-,		
Children with special needs					

Students in Special Education<sup>1</sup>

Children receiving Supplemental Security Income (rate per 1,000)<sup>1</sup>
Children, ages 0-2, receiving *Early On* services (ISD totals)

207,315

41,149

10,527

14.0%

3.1%

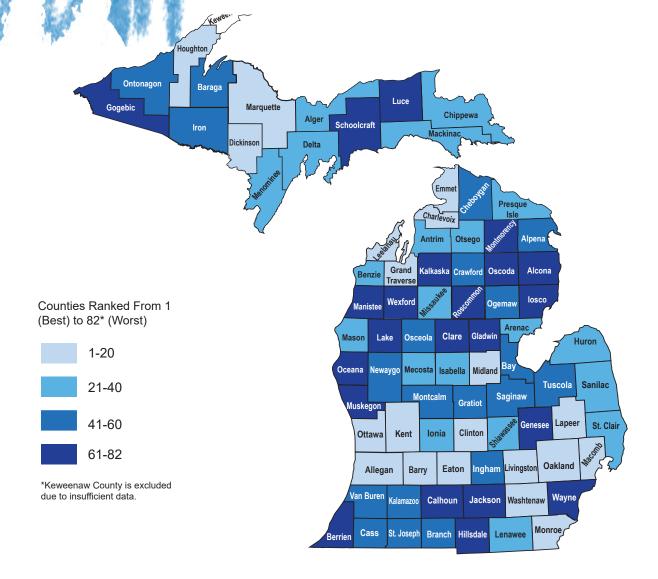
17.7

<sup>&</sup>lt;sup>1</sup> As of December 2017.

<sup>&</sup>lt;sup>2</sup> Family Independence Program.

<sup>&</sup>lt;sup>3</sup> State name for the federal Supplemental Nutrition Assistance Program, formerly called "food stamps." Note: Percentages reflect percent of population unless otherwise noted. See Data Definitions and Notes for details.

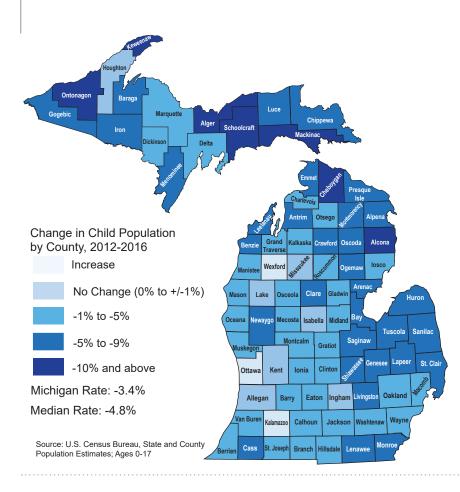
# Overall Child Well-Being Ranked



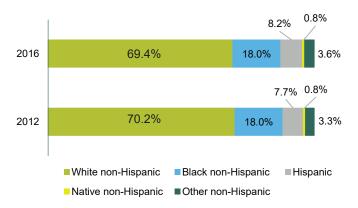
1. Livingston       11. Charlevoix         2. Clinton       12. Barry         3. Ottawa       13. Lapeer         4. Oakland       14. Monroe         5. Washtenaw       15. Dickinson         6. Emmet       15. Eaton         7. Leelanau       17. Allegan         8. Houghton       18. Maccomb         9. Grand Traverse       19. Kent         10. Midland       20. Marquette	22. Isabella     32. Shiawassee       23. Benzie     33. St. Clair       24. Otsego     34. Menominee       25. Ionia     35. Mason       26. Antrim     36. Delta       20. Mackinac     37. Arenac       28. Lenawe     38. Presque Isle       29. Alger     39. Missaukee	41. Baraga       51. Cass         42. Bay       52. Branch         43. Tuscola       53. Montcalm         44. Alpena       54. Cheboygan         44. Kalamazoo       55. Van Buren         46. Gratiot       56. Ogemaw         47. Newaygo       57. Osceola         48. Ingham       58. Crawford         49. Ontonagon       59. Iron         49. Saginaw       60. St. Joseph	61. Berrien     72. Wexford       62. Gogebic     73. losco       63. Roscommon     74. Manistee       64. Hillsdale     74. Oscoda       65. Jackson     76. Clare       66. Genesee     77. Calhoun       67. Wayne     78. Muskegon       68. Montmorency     79. Schoolcraft       69. Kalkaska     80. Alcona       70. Gladwin     81. Luce       71. Oceana     82. Lake

# **Child Population**

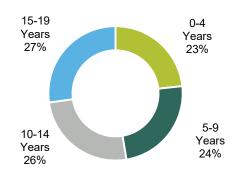
Michigan's child population continues to decline, with decreases higher than 18% in some counties.



With a declining child population, still about 1 in 3 are kids of color.



The state's child population is mostly balanced across age groups.



Source: U.S. Census Bureau, 2016; Ages 0-19

# 60,000—or 3%

of all children in Michigan were born outside of the United States.

# 286,000-or 13%

of Michigan kids live in an immigrant family, where they or at least one parent was born outside of the country.

# 24,000-or 8%

of children in immigrant families live with a parent who has been in the U.S. less than five years.

Source: National KIDS COUNT

# Economic Security

# While the child poverty rate is on the decline, we know that isn't enough.

The federal poverty level is an outdated measure, plus there continues to be about 1 in 5 children living in poverty with more young children and children of color disproportionately impacted. Two-thirds of young children have both parents in the workforce, yet child care alone can consume more than 35% of full-time, minimum wage earnings, which equal approximately \$1,600 a

month. Positively, Michigan's median income has increased by 17% from 2012 to 2017; however, the county with the largest incomes (Livingston County) is 134% higher—more than double—than the county with the lowest median income (Lake County). There has been an uneven recovery in the state's economy. This inequitable distribution of income and resources results in many negative impacts on children:

Child care alone can consume more than 35% of full-time, minimum wage earnings.

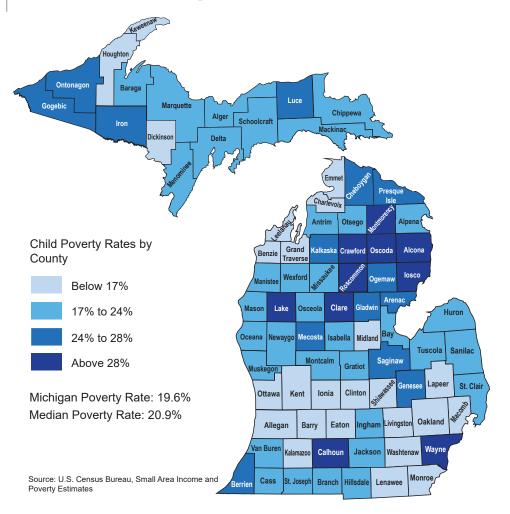
• Fewer family resources to provide basic needs, let alone cover expenses for extracurricular and other enrichment activities that are important for all kids;

 Increased family financial stress for prolonged periods of time can cause toxic stress response, which affects child development<sup>1</sup>;

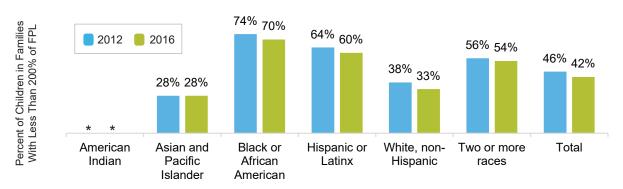
• School quality varies significantly based on a community's ability to pay taxes to support their local districts, as necessary, when state funding has declined significantly<sup>2</sup>; and,

• Lack of access to affordable, high-quality child care, healthy foods, adequate transportation and more all affect children and families and are tied to income.

# Almost half of counties experienced a larger decrease in child poverty than the state average.

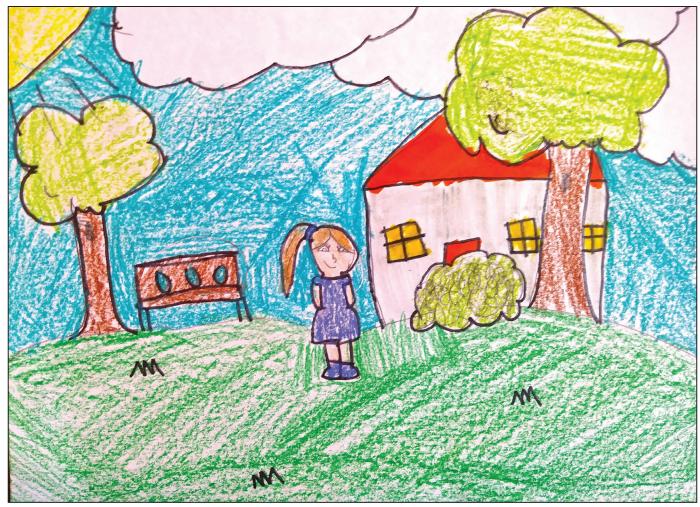


# Families of color face more barriers to economic security, with higher rates having low incomes.



\* No data available

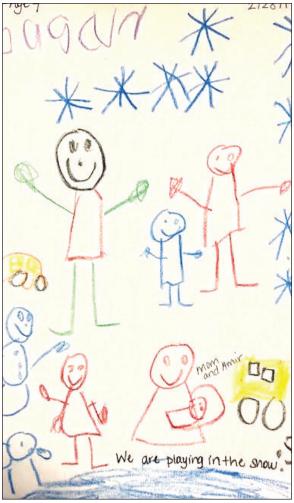
Source: National KIDS COUNT



Emily Glas, Age 9

# **County Summary & Rankings**

2017: Child poverty, ages 0-17				2017: Young children eligible for food aid (SNAP)			
Michigan: 19.6%				Michigan: 26.1%			
5 Best Counties	Rate	5 Worst Counties	Rate	5 Best Counties	Rate	5 Worst Counties	Rate
Livingston	6.3%	Lake	38.8%	Livingston	7.5%	Wayne	43.6%
Clinton	7.7%	Clare	37.8%	Ottawa	8.2%	Lake	43.4%
Ottawa	8.2%	Roscommon	37.8%	Leelanau	10.1%	Genesee	38.8%
Oakland	9.3%	Wayne	33.4%	Keweenaw	10.6%	Saginaw	38.6%
Leelanau	10.9%	Crawford	30.5%	Clinton	11.9%	losco	38.6%
Number of Count	Number of Counties: 2012 vs. 2017			Number of Coun	ties:	2012 vs. 2017	
Ranked	Cha	anged Im	proved	Ranked	Cha	anged	mproved
83	8	33	79	83	3	33	82



Susan Nasser, Age 4



Ciara Sheffey, Age 9

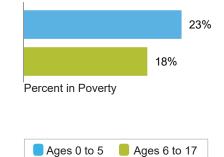
Inequitable distribution of income and resources results in many negative impacts on children.

2017-2018: Students eligible for free/reduced-price lunch									
	Michiga	n: 50.3%							
5 Best Counties	Rate	5 Worst Counties	Rate						
Livingston	22.3%	Lake	95.3%						
Clinton	31.3%	Oceana	74.8%						
Washtenaw	32.0%	Oscoda	72.5%						
Oakland	34.7%	Roscommon	72.2%						
Ottawa	36.3%	losco	70.8%						
Number of Counties: 2012 vs. 2018									
Ranked	Cha	nged Im	proved						
82	7	8	15						

# What does the Federal Poverty Level (FPL) mean for a family of four in Michigan?

200%	150%	100%	50%
\$49,716	\$37,287	\$24,858	\$12,429
a year about	a year about	a year about	a year about
41% of kids	31% of kids	20% of kids	9% of kids

Young children are more likely to live in poverty during some of their most formative years of development.



Source: National KIDS COUNT, 2017

Source: National KIDS COUNT, 2017

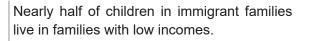


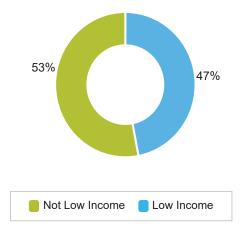
Nearly **1** in **4** young adults ages 18-24 live in poverty.

19.6% of children in Michigan live in poverty.

> 1 in 4 children in immigrant families live below the poverty threshold.

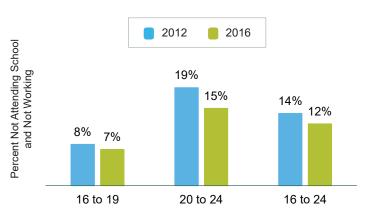
Gabriel Sheppard, Age 10



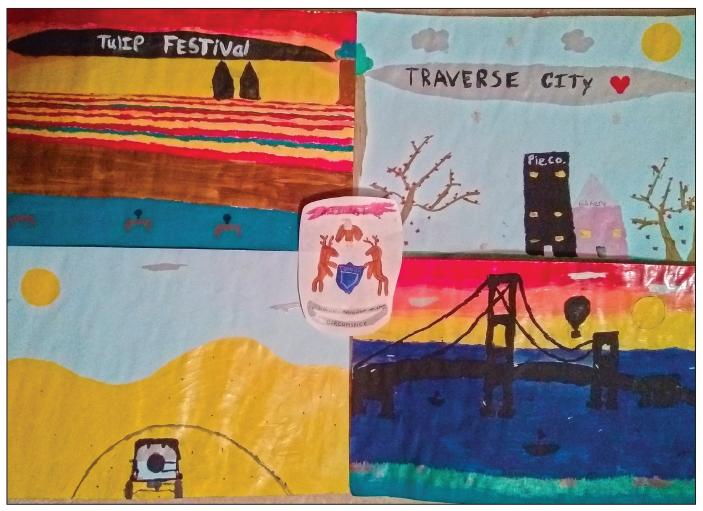


Source: National KIDS COUNT, 2016

More than 1 in 8 young adults ages 16-24 struggle to access school and work.

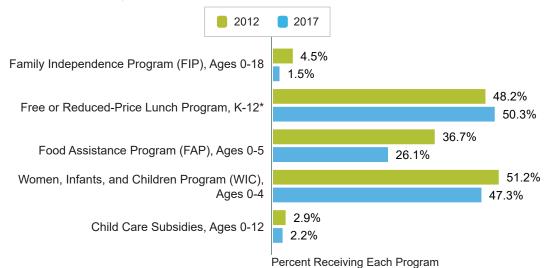


Source: National KIDS COUNT



Melody Placeway, Age 13

# As poverty rates decline, program participation also down with the exception of free or reduced-price lunch.



\*Students receiving due to income eligibility, not community eligibility provisions.

Source: Michigan Department of Health and Human Services and Michigan Department of Education

# Health & Safety

# The health of moms and babies is incredibly important to our state.

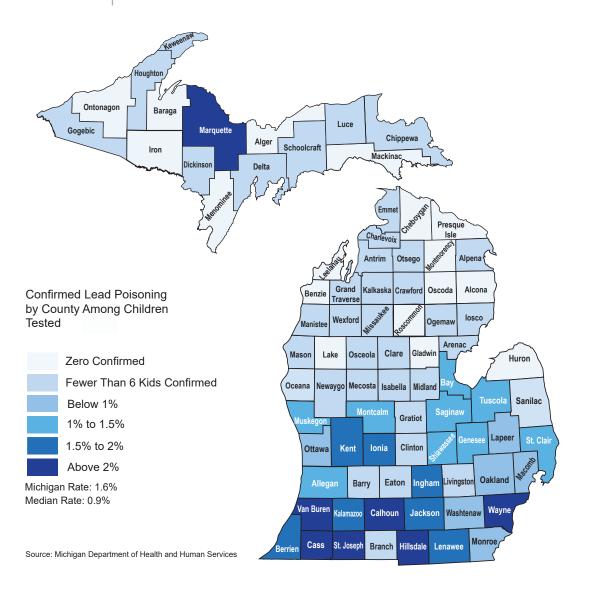
Unfortunately, the data show that there is a lot of work to do to ensure that women not only have access to prenatal care, but also to family planning options. Both have impacts on birth outcomes. Over 30% of births are to women who were not planning to become pregnant, which comes with a higher likelihood that prenatal

care does not begin on time.<sup>1</sup> More than 32% of births are to women who received less than adequate prenatal care due to lack of access, coverage, transportation, irregular work schedules and more. Women of color experience systemic barriers and worse outcomes.

Home visiting programs improve outcomes for **and muc** women and children addressing prenatal care, family planning and much more, but the need is much higher than the available resources. In 2017, over 245,500 home visits were made, serving over 24,000 women and 23,000 children.<sup>2</sup>

Historically, Michigan has done well in ensuring that children have healthcare coverage. In 2016, nearly 97% of children in the state had some type of health insurance. About half of states have opted to provide health coverage to immigrant children and pregnant women who are lawfully residing, or green card holders, without the typical five-year waiting period.<sup>3</sup> Michigan has not. During a time of antiimmigrant sentiment and policies that threaten the health of immigrant families, this is one option the state should take to help improve the well-being of all kids in Michigan.

Home visiting programs improve outcomes for women and children, addressing prenatal care, family planning and much more. The majority of counties reported at least one child having lead poisoning, with Cass, Calhoun and Wayne counties reporting that over 3% of children tested were confirmed as poisoned.



More than **93,000** 

1- to 2-year-olds in Michigan are tested for possible lead poisoning.

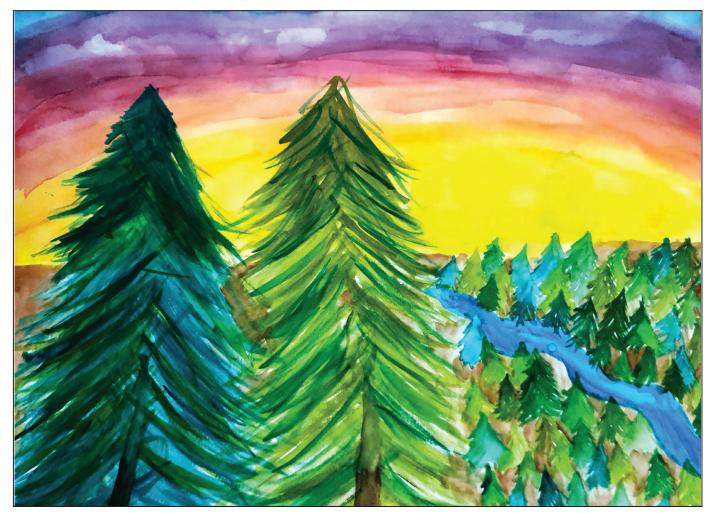
# 40.4%

of all 1- to 2-year-olds are tested for possible lead poisoning.

# 44.1%

of all 1- to 2-year-olds on Medicaid are tested for possible lead poisoning.

Source: Michigan Department of Health and Human Services, 2017



Mari Montgomery, Age 12

# **County Summary & Rankings**

2014-2016: Less than adequate prenatal care				2014-2016: Low-birthweight babies			
Michigan: 32.5%			Michigan: 8.5%				
5 Best Counties	Rate	5 Worst Counties	Rate	5 Best Counties	Rate	5 Worst Counties	Rate
Huron	19.5%	Gratiot	51.1%	Menominee	3.8%	Ontonagon	12.2%
Oakland	19.6%	Hillsdale	50.9%	Leelanau	4.5%	Oscoda	11.6%
Chippewa	20.9%	Schoolcraft	50.0%	Missaukee	4.9%	Crawford	11.0%
Clinton	21.5%	Menominee	49.4%	Otsego	5.2%	Wayne	10.8%
Crawford	21.7%	Oscoda	49.1%	Dickinson	5.4%	Genesee	10.6%
				Hillsdale	5.4%		
Number of Count				Number of Count	ties:	0040 0040	0040
Ranked		2010-2012 vs. 2014-2 Inged Im	proved	Ranked	Ch	2010-2012 vs. 2014 anged	mproved
		0					27
83	Č	32	19	82	-	78	37



Adrienne Kilmer-Burke, Age 9

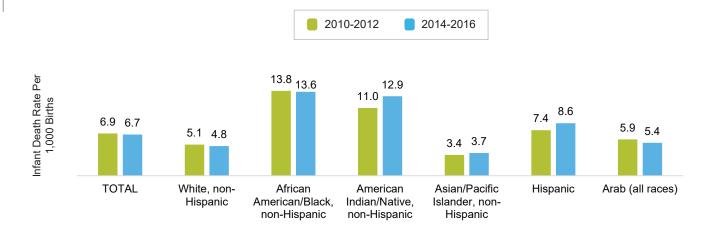


Rylie Carey, Age 18

2014-2016: Infant mortality				2014-2016: Child/Teen deaths, ages 1-19			
Michigan: 6.7 per 1,000				Mich	igan: 26	.7 per 100,000	
5 Best Counties	Rate	5 Worst Counties	Rate	5 Best Counties	Rate	5 Worst Counties	Rate
Isabella	3.5	Gogebic	16.1	Lapeer	11.4	Menominee	48.9
Midland	3.5	Oceana	12.1	Marquette	16.4	Cass	45.9
Marquette	4.2	Saginaw	10.0	Ionia	17.1	Wexford	45.9
Monroe	4.2	Gladwin	9.7	Newaygo	17.4	Manistee	43.4
Tuscola	4.2	Wayne	9.3	Clinton	17.9	Otsego	42.5
Number of Counties: 2010-2012 vs. 2014-2016			Number of Coun	ties:	2010-2012 vs. 2014	1-2016	
Ranked	Ch	anged li	mproved	Ranked	Ch	anged	Improved
45	4	40	20	50		47	23

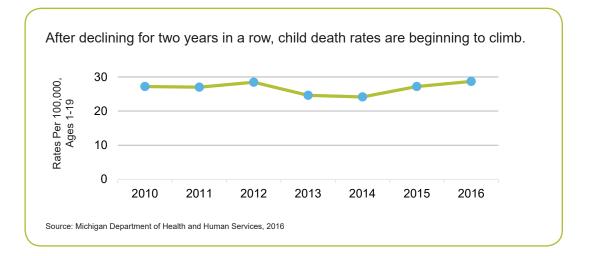


Navid Ali, Age 16

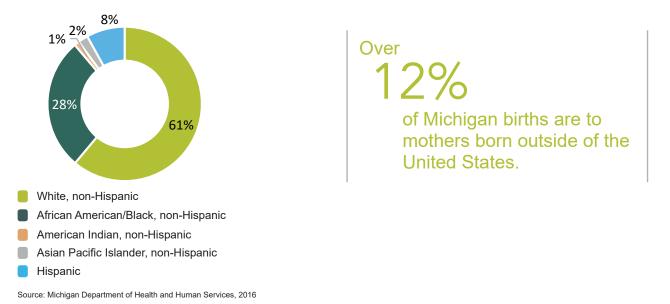


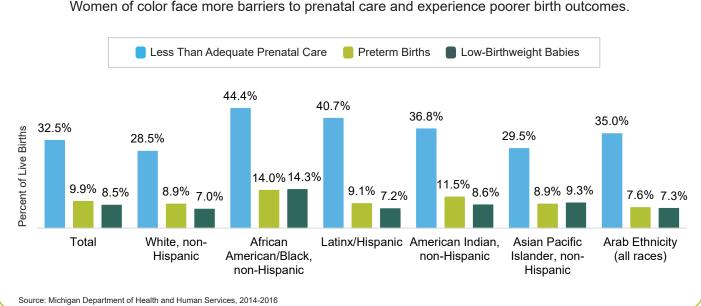
Rates of infant deaths have decreased overall, but are rising for some babies of color and significant racial and ethnic disparities exist.

Source: Michigan Department of Health and Human Services, Vital Statistics



African American children make up 18% of the child population, but 28% of child deaths.





Women of color face more barriers to prenatal care and experience poorer birth outcomes.

# Family & Community

# Investments in our neighborhoods, schools and families are critical to building strong foundations for our children.

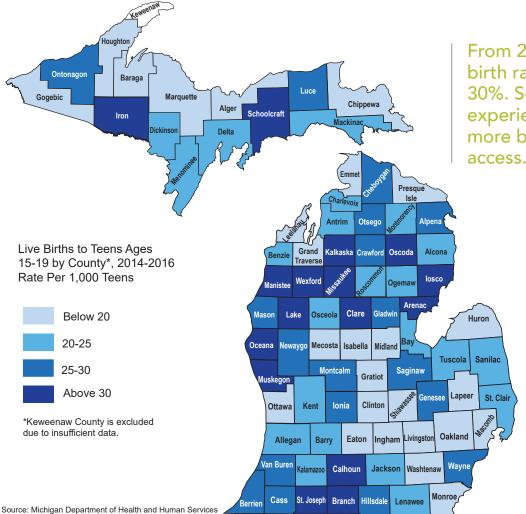
Nurturing relationships are also important beginning at birth and through adolescence. The development of caring relationships affects development in infants and toddlers and is important for youth as they transition into adulthood.<sup>1</sup> The interactions children and families have with various programs and systems in their communities should reflect this.

Michigan and the U.S. have made incredible strides in reducing unintended teen pregnancy, but the work is not done and there are threats on the horizon. Expanded access to healthcare and contraception along with funding for evidence-based programs are both key strategies to reducing unintended teen pregnancy. There has been a rise in repeat teen pregnancies, with more young people having subsequent children before reaching adulthood. This points to the need for more resources for young parents, whether it is connecting them to child care and schooling or supporting their family planning decisions. Additionally, about 1 in 10 young adults in Michigan are parents who face unique barriers that should be addressed.<sup>2</sup>

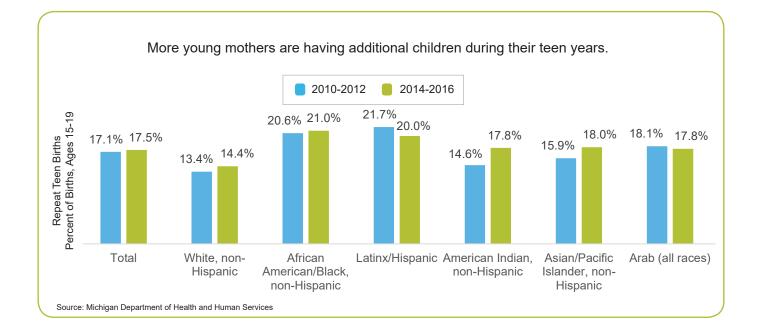
The amount of trauma created through these policy decisions and the impact on the foster care system require thoughtful and compassionate solutions.

Rates of child abuse and neglect continue to rise and are of significant concern, as are recent upticks in the share of children being placed in foster care. Young children and kids of color—particularly African American children—are disproportionately impacted, along with LGBTQIA+ youth who are not only overrepresented, but also more likely to leave foster care without a permanent home.<sup>3</sup> Additionally, youth in foster care overall are more likely to age out instead of leaving with a stable, permanent family relationship, and few receive needed transition support services like employment, education and housing.<sup>4</sup>

Increased immigration arrests, detentions and deportations have caused parents and their children to become separated. There have been reports of families withdrawing from services and/or not attending school because of fear created. Due to a proposed "public charge" rule, there's been evidence of fewer families enrolling in programs intended to improve well-being. Plus, the potential end to Temporary Protected Status for immigrants from certain countries could impact over a quarter of a million U.S. citizen children.<sup>5</sup> The amount of lifelong trauma created through these policy decisions and the impact on the foster care system require thoughtful and compassionate solutions.



From 2012 to 2016, the teen birth rate has declined over 30%. Some parts of the state experience higher rates with more barriers to healthcare access.

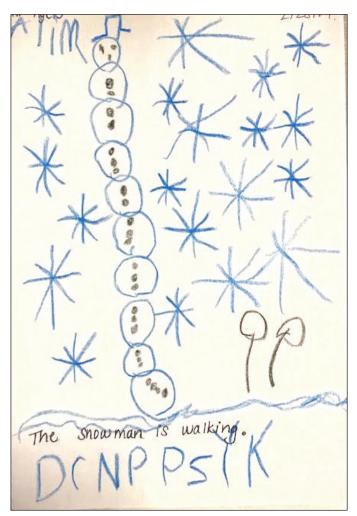




Rio Tomlinson, Age 16

# **County Summary & Rankings**

2014-2016: Teen births				2017: Children in investigated families			
Michigan: 19.4 per 1,000				Michigan: 113.8 per 1,000			
5 Best Counties Livingston Washtenaw	<b>Rate</b> 6.3 6.3	<b>5 Worst Counties</b> Schoolcraft Oceana	<b>Rate</b> 40.7 39.7	<b>5 Best Counties</b> Keweenaw Leelanau	<b>Rate</b> 40.3 41.1	5 Worst Counties losco Lake	<b>Rate</b> 250.6 245.4
Isabella Oakland Houghton Ottawa	8.6 9.4 9.7 9.7	Clare Manistee Oscoda	37.2 35.8 35.5	Livingston Oakland Ottawa	52.4 56.2 65.7	Montcalm Wexford Jackson	223.3 215.9 215.4
Number of Counties:2010-2012 vs. 2014-2016RankedChangedImproved828276		proved	Number of Count Ranked 83	Ch	2012 vs. 2017 anged lr 32	nproved 10	



Ali Mukahhal, Age 5



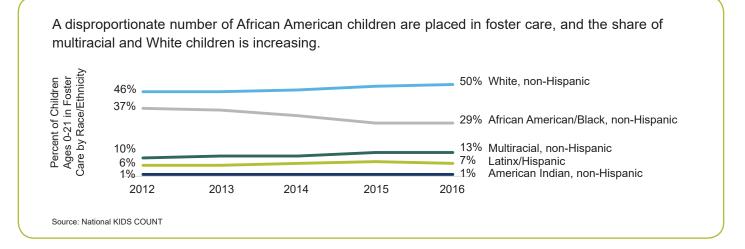
Eleanor Groen, Age 7

2017: Confirmed victims of abuse/neglect										
Michigan: 18.9 per 1,000										
5 Best Counties	Rate	5 Worst Counties	Rate							
Oakland	8.4	Lake	44.2							
Clinton	9.0	Gladwin	43.8							
Houghton	9.2	Alcona	43.6							
Macomb	9.4	Kalkaska	42.2							
Leelanau	9.8	Wexford	41.3							
Number of Counti	ies:		1							
Ranked	2012 vs. 2017       Ranked     Changed     Improved									
Ranked	Cha	proved								
82	3	19								

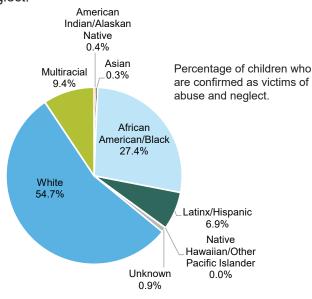
2017: Children in out-of-home care				
Mie	chigan: 5	.1 per 1,000		
5 Best Counties	Rate	5 Worst Counties	Rate	
Houghton	1.1	Gogebic	20.6	
Washtenaw	1.8	Cass	14.6	
Clinton	2.0	Crawford	14.1	
Missaukee	2.0	Lake	13.4	
Oceana	2.1	Oscoda	12.8	
Number of Counties:				
	2012 vs. 2017			
Ranked	Cha	anged Ir	Improved	
80	7	77	31	



Michaela Enger, Age 10



African American children have systematically been overrepresented in the total number of victims of abuse and neglect.

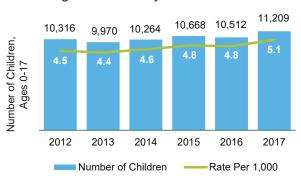


Source: Michigan Department of Health and Human Services, 2017



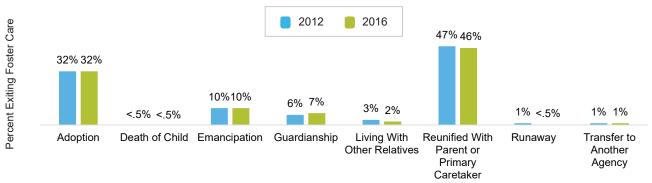
Rebecca Johnson, Age 10

The structures and institutions in which our children are growing up—and how those systems interact with one another—have an effect on child development and well-being across time. The rate of children placed in out-of-home care is increasing after several years of decline.



Source: Michigan Department of Health and Human Services

While 10% of all foster children age out, 58% of older foster youth age out. Less than half of children are reunified with their families and almost a third are adopted.



Source: National KIDS COUNT and Fostering Youth Transitions, Annie E. Casey Foundation, 2018



# It isn't news that our students are struggling with educational achievement.

In the national 2018 KIDS COUNT Data Book, Michigan ranked 38th in the country on four measures of educational outcomes—an improvement from 41st the year before. Yet, the most recent M-STEP results show that nearly 56% of Michigan's third-graders are not proficient in reading. This is important as we approach the next school year, when the Read by Grade Three law will mandate that students are retained if they are more than one grade level behind. There were many well-intended components of the law, however, sufficient financial resources from the state were

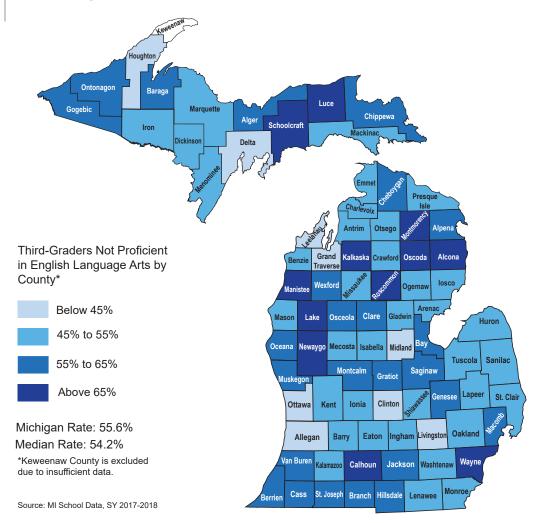
not provided to support our schools to meet these new requirements. Students from families with low incomes and students of color will be disproportionately impacted if nothing is changed.

Third-grade reading is built on a strong foundation in early childhood, which includes healthy births, access to infant mental health, interventions for developmental delays, high-quality child care and preschool attendance. The readiness gap begins at birth and continues due to a difference Students from families with low incomes and students of color will be disproportionately impacted if nothing is changed.

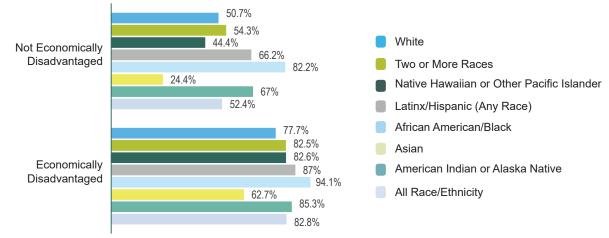
in resources and opportunities.<sup>1</sup> These all impact graduation rates and college readiness, which are two other areas in need of attention. To reach educational goals, like becoming a "Top 10 in 10 Years" state, there also needs to be a focus on systems that interact with institutions of education.

Several studies now have shown that Michigan is underfunding schools. The state's school finance model has not addressed equity and, in fact, support for students with greater barriers—poverty, language access and more—has diminished relative to the number of students in need.<sup>2</sup> Ensuring that all of our children are well-educated and prepared for the workforce is critical, regardless of where they live, their family's income, or their race and ethnicity.

In most counties, at least 50% of third-graders are not proficient in reading.

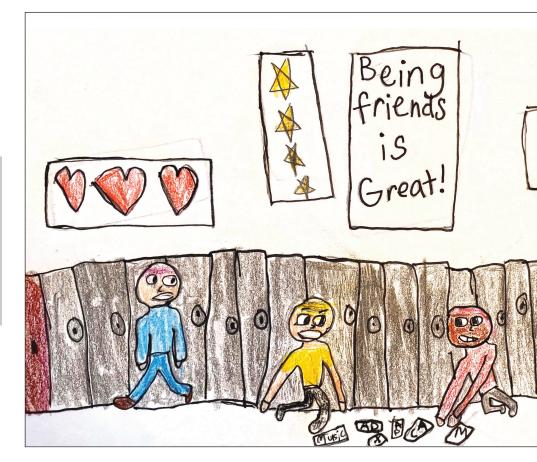


When it comes to meeting college readiness benchmarks, the majority of students in Michigan struggle. But students from families with low incomes and students of color face additional barriers, as they are more likely to attend underresourced schools and have less access to additional support.



Percent NOT Meeting College Readiness Benchmarks

The state's school finance model has not addressed equity, and support for students with greater barriers poverty, language access and more—has diminished relative to the number of students in need.



# **County Summary & Rankings**

2018: Students not college ready			2017: Students not graduating on time				
Michigan: 65.4%				Michigan: 19.8%			
5 Best Counties	Rate	5 Worst Counties	Rate	5 Best Counties	Rate	5 Worst Counties	Rate
Washtenaw	45.2%	Schoolcraft	93.7%	Clinton	7.4%	Manistee*	53.0%
Midland	46.1%	Lake	91.3%	Mackinac	8.2%	Berrien*	36.5%
Oakland	52.6%	Osceola	83.8%	Alger	9.9%	Ogemaw	28.0%
Grand Traverse	53.4%	Manistee*	80.4%	Arenac	10.1%	Lake	26.7%
Ottawa	54.1%	Luce	80.0%	Ottawa	10.4%	Eaton	25.9%
						Ingham	25.9%
Number of Counties: Number of Counties:							
2016 vs. 2018       Ranked     Changed		Ranked	Ch	2012 vs. 2017	nproved		
82	(	8 4	43	79	7		58

\*Districts within Manistee and Berrien counties are authorizers for virtual schools, which is included in totals for the county data.



Marcus Sheppard, Age 10

Less than half of preschool-age children are enrolled in a public or private school.

# 2017: 3- and 4-year-olds not in preschool Michigan: 52.9%

Michigani 62.678					
5 Best Counties	Rate	5 Worst Counties	Rate		
Keweenaw	22.2%	Oscoda	70.7%		
Iron	32.1%	Houghton	69.3%		
Otsego	34.2%	Missaukee	67.5%		
Ontonagon	34.4%	Tuscola	67.0%		
Cheboygan	38.8%	Gogebic	66.5%		
Number of Counties: 2008-2012 vs. 2013-2017					

Ranked	Changed	Improved
83	81	35

# 2018: Third-graders not proficient in English Language Arts

Michigan: 55.6%					
5 Best Counties	Rate	5 Worst Counties	Rate		
Clinton	34.1%	Montmorency	80.0%		
Houghton	34.8%	Roscommon	71.8%		
Ottawa	36.3%	Schoolcraft	71.4%		
Grand Traverse	42.0%	Luce	70.8%		
Livingston	42.0%	Oscoda	69.6%		

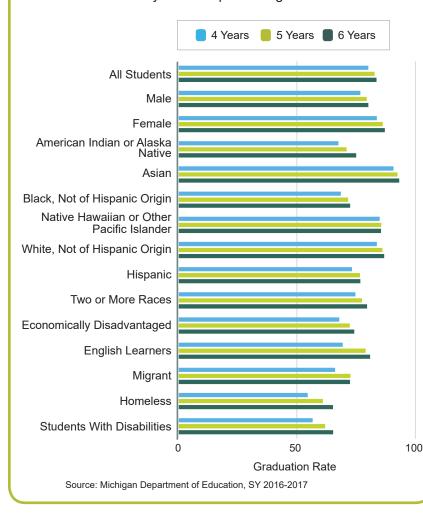
# Number of Counties:

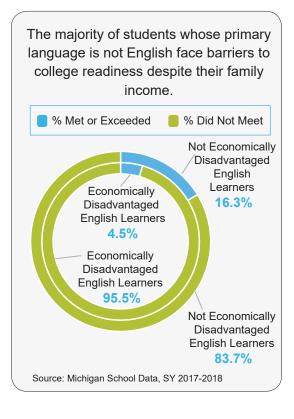
number of oounties.	2015 vs. 2018		
Ranked	Changed	Improved	
82	80	15	

# 2018: Eighth-graders not proficient in math

Michigan: 67.3%					
5 Best Counties	Rate	5 Worst Counties	Rate		
Emmet	41.4%	Alcona	86.5%		
Newaygo	50.3%	Luce	86.0%		
Crawford	50.4%	Calhoun	84.3%		
Ottawa	50.6%	Iron	84.3%		
Washtenaw	51.7%	Schoolcraft	84.3%		
Number of Counties:					
	2015 vs. 2018				
Ranked	Cha	inged In	Improved		
80	7	<b>'5</b>	42		

Allowing more time to graduate increases high school completion for all students, especially for those who are English Learners, have a disability or are experiencing homelessness.

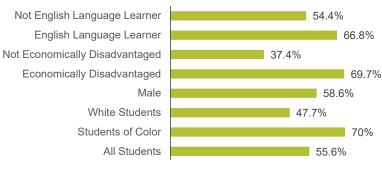




# 19.8%

of students do not graduate on time in Michigan.

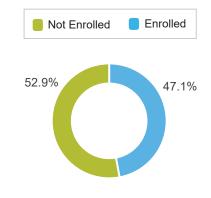
While supports are needed to improve reading proficiency for *all* students, some face additional barriers, such as attendance at underresourced schools.



Percent of Third-Graders NOT Proficient in English Language Arts (ELA)

Source: MI School Data, SY 2017-2018

Less than half of preschool-age children are enrolled in school, meaning they often lack access to ageappropriate programs.

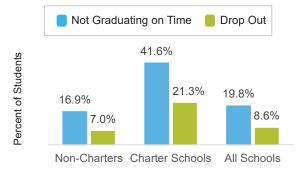


Source: American Community Survey, 2013-2017



Morgan Sieloff, Age 17

Students attending charter schools experience more difficulties graduating on time and completing high school.



Source: Michigan Department of Education, SY 2016-2017

Allowing more time to graduate increases high school completion for all students.

# TREND INDICATORS

(in order of their appearance on state/county profiles)

### **POPULATION**

Estimated populations for 2012 and 2016 are for all people and of children ages 0-5, 6-12, 13-17 and 0-17. The 0-17 populations are broken down by race and ethnicity. 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; Detroit and Flint estimates from the Office of the State Demographer

# **ECONOMIC SECURITY**

#### **Children in Poverty**

The number reflects children living in families whose income was below the poverty level in 2012 and 2017. The percentage is based on the total number of children ages 0-17 during that period.

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

#### Young Children in the Food Assistance Program

The number includes children in families eligible for the Food Assistance Program (FAP), also known as the federal Supplemental Nutrition Assistance Program (SNAP), in December 2012 and December 2017. Families qualify with incomes below 130% of the poverty level. The percentage is based on the estimated populations of children ages 0-5 in 2011 and 2016.

Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 68, December 2012 and December 2017 (for counties); special run for Detroit data

### Students Eligible for Free or Reduced-Price School Lunches

K-12 students from families with incomes below 130% of the federal poverty level are eligible for a fully subsidized lunch while children from families with incomes between 130% and 185% are eligible for reduced-price meals. The percentage is based on total enrollment of K-12 public school students for school years 2011-12 and 2017-18, including public school academies.

Source: Center for Educational Performance Information

# **HEALTH & SAFETY**

### 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. The base year is an annual average for the three-year period of 2010-12. The current number is an annual average for the three-year period of 2010-12. The current number is an annual average for the three-year period of 2014-16. The percentage is based on total resident live births based on the mother's county of residence. Data prior to 2008 are not comparable due to a change in the definition.

Source: Michigan Department of Health and Human Services, 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 2010-12 and 2014-16. The percentage is based on total resident live births in the mother's county of residence. Data prior to 2008 are not comparable due to a change in the definition.

Source: Michigan Department of Health and Human Services, 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 2010-12 and 2014-16. The rate is the number of infant deaths per 1,000 births during the referenced periods based on the mother's county of residence.

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

#### **Child and Teen Deaths**

The number includes deaths from all causes for children ages 1-19. It is an annual average for the three-year periods of 2010-12 and 2014-16. The rate is the number of child deaths per 100,000 children ages 1-19 during those periods based on the child's county of residence.

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

# **FAMILY & COMMUNITY**

#### **Births to Teens**

The number of births to teens ages 15-19 is an annual average for the three-year periods of 2010-12 and 2014-16. 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 Health and Human Services, 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 2012 and 2017. 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 for 2011 and 2016. Data is no longer combined for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

Source: Michigan Department of Health and Human Services, Health and Welfare Data Center, Children's Protective Services Management Special Report

### **Confirmed Victims of Abuse or Neglect**

The number reflects a count of children ages 0-17 confirmed to be victims of abuse or neglect following an investigation in fiscal years 2012 and 2017. Children may be counted twice if there was evidence of two separate cases of abuse found. The rate is calculated per 1,000 children ages 0-17 in their county of residence for 2011 and 2016. Data is no longer combined for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

Source: Michigan Department of Health and Human Services, Health and Welfare Data Center, Children's Protective Services Special Report

#### Children in Out-of-Home Care

The number represents child victims of abuse or neglect placed in active out-of-home placements, such as a foster or relative home, court-ordered fictive kin, residential or shelter care supervised by the Department of Health and Human Services, its agents or the courts. The county represents the location of the court rather than the child's residence. The data are from a single month (September) in the reference years. The rate is calculated per 1,000 children ages 0-17 for 2011 and 2016. Data is no longer combined for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

Source: Michigan Department of Health and Human Services, Children's Services Management Information System, Special Report

# **EDUCATION**

#### **Children Ages 3-4 Not in Preschool**

The count represents the average number of children ages 3-4 who were not enrolled in preschool during 2008-2012 and 2013-2017. The percentage is based on the population for ages 3-4 during those periods.

Source: American Community Survey, Table S1401

### **Students Not Graduating on Time**

The count includes students who entered Grade 9 in 2008 or 2013 and did not graduate four years later as expected, or five years if enrolled in an Early Middle College program. The percentage is based on the cohort of students entering Grade 9 in those years. Several county totals include virtual schools operated by Intermediate School Districts or school districts within the county whose students may reside in other counties, impacting on-time graduation rates. The counties most affected are Manistee, Leelanau and Berrien.



Source: Michigan Department of Education

#### Third-Grade English Language Arts (M-STEP)

The number reflects third-graders whose performance on the 2015 and 2018 M-STEP English Language Arts (ELA) tests did not meet the standard of proficiency. The percentage is based on the number of third-graders whose ELA test scores were included in the report. M-STEP is a state standardized test for selected subjects in selected grades administered for the first time in 2015 to public school students. Several county totals include virtual schools operated by Intermediate School Districts or school districts within the county whose students may reside in other counties, impacting outcomes.

Source: Michigan Department of Education

#### Eighth-Grade Math (M-STEP)

The number reflects eighth-graders whose performance on the 2015 and 2018 M-STEP math tests did not meet the standard of proficiency. The percentage is based on the number of eighth-graders whose math test scores were included in the report. Several county totals include virtual schools operated by Intermediate School Districts or school districts within the county whose students may reside in other counties, impacting outcomes.

Source: Michigan Department of Education

#### **College Readiness**

The number reflects 11th-graders whose performance on the 2016 and 2018 College Board SAT in the subjects of Evidence-Based Reading and Writing and Mathematics did not meet the college readiness benchmarks in one or both of the subjects. The percentage is based on the number of 11th-graders whose SAT test scores were included in the report. The SAT College Readiness data are based on the SAT with essay administration completed during the Michigan Merit Examination in the spring of Grade 11. Prior to the 2015-16 school year, the ACT College Readiness examination was used to measure the proficiency of high school students in English, mathematics, reading and science. Several county totals include virtual schools operated by Intermediate School Districts or school districts within the county whose students may reside in other counties, impacting outcomes. *Source: Michigan Department of Education* 

# BACKGROUND INDICATORS

(in order of their appearance on state/county profiles)

# FAMILY SUPPORT PROGRAMS

#### **Children Receiving:**

**Subsidized child care:** The number reflects children ages 0-12 in child care whose parents received a subsidy payment from the state in December 2017. Most families qualify with earned income below 12% of the poverty level. The percentage is based on the estimated population of children ages 0-12 in 2016.

Source: Michigan Department of Health and Human Services, Child Development and Care Program, Assistance Payments Statistics, Table 69, December 2016

**Family Independence Program cash assistance:** The number reflects child recipients age 0-18 in the Family Independence Program (FIP) in a single month (December 2017). 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 2016 population of children ages 0-18.



Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 4, December 2016 (for counties); special run for Detroit data

Food Assistance Program: The number reflects child recipients ages 0-18 in the Food Assistance Program (FAP), also known as the Supplemental Nutritional Assistance Program (SNAP), in a single month (December 2017), whose families qualify with incomes below 130% of the poverty level. The percentage is based on the estimated population of children ages 0-18 in 2016. Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 68, December 2016 (for counties); special run for Detroit data

Women, Infants, and Children (WIC) program: The number reflects children ages 0-4 who were enrolled in the Women, Infants, and Children (WIC) program during calendar year 2017. The percentage is based on the estimated population of children ages 0-4 in 2016.

Source: Michigan Department of Health and Human Services, Michigan WIC Program

#### **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 2017. The percentage is based on the estimated population of all children ages 0-19 in 2016. The county represents the location of the court rather than the child's residence.

**Receiving none:** The number reflects children who received none of the support payments that were owed during fiscal year 2017. The percentage is based on the number of children with support owed for at least one month during fiscal year 2017.

Receiving less than 70% of court-ordered amount: The number reflects children who received less than 70% of the total support amount owed for fiscal year 2017 (including those who received none). The percentage is based on the number of children with support owed for at least one month during fiscal year 2017.

Average amount per child: The number reflects the average monthly amount (per child) of support received in fiscal year 2017 for children who received some child support.

Source: Michigan Department of Health and Human Services, Child Support Enforcement System Special Run

# **ECONOMIC CLIMATE**

#### Unemployment

The 2017 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 are looking and available for work as of August 2018.

Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics

#### Median Household Income

The median represents the midpoint of household income amounts in 2017. Source: U.S. Census Bureau, Small Area Income and Poverty Estimates

#### 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 2018.

Source: Early Childhood Investment Corporation

#### Percent of Full-Time Minimum Wage

The percentage is the average child care cost divided by the monthly income from a full-time minimum wage job (based on 173 hours of work).

### **All Parents Work**

The number is an average for 2013-2017 of children ages 0-5 whose parents are in the labor force (i.e., either both parents work in a two-parent family or the parent works in a one-parent family). The percentage is based on the average population ages 0-5 for 2013-17. *Source: American Community Survey, Table B23008* 

# **FAMILY AND COMMUNITY**

# Births to Mothers With No High School Diploma or GED

The count is an average for 2014-16. The percent is based on average births for 2014-16. Source: Michigan Department of Health and Human Services, Vital Records and Health Data Development Section

#### **Children 0-17 Living in High-Poverty Neighborhoods**

The count is an average for 2013-17 of children living in census tracts with poverty rates of 30% or higher. The percentage is based on the 2013-17 average population of children ages 0-17.

Source: American Community Survey, Table S1701

#### Family Structure for Children Ages 0-17:

Two-Parent Household: The number reflects the 2013-17 average of children ages 0-17 in two-parent households. The percentage is based on the average population of children ages 0-17 for that period.

One-Parent Household: The number reflects the 2013-17 average of children ages 0-17 in one-parent households. The percentage is based on the average population of children ages 0-17 for that period.

Source: American Community Survey Table B17006

#### Poverty Rate for Children Ages 0-17:

Two-Parent Household: The number reflects the 2013-17 average of children ages 0-17 in two-parent households whose income was below the poverty level. The percentage is based on the average population of children ages 0-17 in two-parent households for that period.

**One-Parent Household:** The number reflects the 2013-17 average of children ages 0-17 in one-parent households whose income was below the poverty level. The percentage is based on the average population of children ages 0-17 in one-parent households for that period.

Source: American Community Survey, Table B17006

#### Children Ages 5-17 in Households Not Speaking English at Home

The count is an average for 2013-17 of children living in households where English is not spoken. The percentage is based on the 2013-17 average population of children ages 5-17.

Source: American Community Survey, Table B16008

# **ACCESS TO HEALTHCARE**

#### **Children With Health Insurance**

The annual number and percentage estimates are based on a three-year average (2014-16) 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. Detroit and Flint data are from the American Community 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 2017. The percentage is based on the estimated population of children ages 0-18 in 2016.

Source: Michigan Department of Health and Human Services, special run for December 2016

MIChild: This program provides health insurance to children ages 0-18 in families with income between 150% to 200% of the federal poverty level. The number reflects the enrollment in MIChild as of December 2017. The percentage is based on the estimated population of children ages 0-18 in 2016.

Source: Michigan Department of Health and Human Services, special run for December 2016

#### **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 2017, 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* 

#### Lead Poisoning in Children, Ages 1-2

**Tested:** The number reflects children ages 1-2 who were tested for lead in 2017. The percentage is based on the number of children ages 1-2 in 2016.



**Poisoned (% of tested):** The number reflects children ages 1-2 whose test showed 5 or more micrograms of lead per deciliter of blood (mcg/dL), with the results confirmed by venous testing. The percentage is based on the number of children ages 1-2 who were tested.

Source: Michigan Department of Health and Human Services, Childhood Lead Poisoning Prevention Program, 2017

#### **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 in 2016. Due to a change in hospital reporting after 2014, 2016 data are available for the state only and should not be compared to prior years. Three-year averages will be available for the years 2016-2018 in 2020.

Source: Michigan Department of Health and Human Services, Division of Epidemiology Services

# **CHILDREN WITH SPECIAL NEEDS**

#### **Students in Special Education**

The number includes all individuals ages 0 through 26 receiving special education services as of December 2017, 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

#### **Children Receiving Supplemental Security Income (SSI)**

The number reflects child recipients of Supplemental Security Income (SSI) as of December 2017. SSI is a Social Security Administration program of cash and medical assistance for elderly people with low incomes and individuals with disabilities, including children. The rate is per 1,000 children ages 0-18 in 2016.

Source: Michigan Department of Health and Human Services, Special Run for December 2016

#### Children Served by Early On

The number reflects children ages 0-2 who were enrolled in *Early On* in the fall of 2017. The percentage is based on the estimated population for ages 0-2 in 2016. These data are reported by Intermediate School District (ISD); 40 counties have county data, while 43 have their ISD total listed.

Source: Michigan Department of Education

# DEFINITIONS

Population Estimates: Rates for non-census years are based on population estimates from the United States Census Bureau.



**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 No. 1 is the "best" rate on the measure. Only counties with a rate in the most recent year are ranked on a given indicator.

# Endnotes

# Introduction

- 1. Arsen, David, Tanner Delpier, and Jesse Nagel, *Michigan School Finance at the Crossroads: A Quarter Century of State Control, January* 2019: http://education.msu.edu/ed-policy-phd/pdf/Michigan-School-Finance-at-the-Crossroads-A-Quarter-Center-of-State-Control.pdf
- 2. Annie E. Casey Foundation, 2018 KIDS COUNT Data Book: State Trends in Child Well-Being, July 2018: https://www.aecf.org/re sources/2018-kids-count-data-book/

3. ibid

# **Economic Security**

- 1. Center on the Developing Child, Harvard University: https://developingchild.harvard.edu/science/key-concepts/brain-architecture/
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# Health & Safety

- 1. Pregnancy Risk Assessment Monitoring System (PRAMS), Michigan PRAMS Indicator Tables 2014 Birth Year, Accessed January 7, 2019: http://www.michigan.gov/documents/mdhhs/2017-08-21 MI PRAMS 2014 Tables final 598704 7.pdf
- 2. Michigan Department of Health and Human Services, *Michigan Home Visiting Report FY 2017*, Accessed January 7, 2019: https://www.michigan.gov/documents/homevisiting/Home\_Visiting\_Initiative\_Report\_2017\_637278\_7.pdf
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- 3. Youth.gov, Youth Topics-LGBTQ-Child Welfare, Accessed, March 8, 2019: https://youth.gov/youth-topics/lgbtq-youth/child-welfare
- 4. Annie E. Casey Foundation, Fostering Youth Transitions: Using Data to Drive Policy and Practice Decisions, November 2018, https://www. aecf.org/resources/fostering-youth-transitions/
- 5. Mattie Quinn, Planning for Detention: How 2 States Help Immigrant Children Stay Out of Foster Care, Governing, January 31, 2019: https://www.governing.com/topics/public-justice-safety/gov-immigration-deportation-guardianship-children-maryland.html

# **Education**

- 1. Annie E. Casey Foundation, *Early Warning! Why Reading by the End of Third Grade Matters,* January 1, 2010: https://www.aecf.org/m/ resourcedoc/AECF-Early\_Warning\_Full\_Report-2010.pdf
- 2. Arsen, David, Tanner Delpier, and Jesse Nagel, *Michigan School Finance at the Crossroads: A Quarter Century of State Control,* January 2019: http://education.msu.edu/ed-policy-phd/pdf/Michigan-School-Finance-at-the-Crossroads-A-Quarter-Center-of-State-Control.pdf

#### **Special Note:**

Letter artwork featured on the cover comes from works by: Samantha Avina, age 15; Taylor Brown, age 16; Jaden Chapman, age 17; Rovic Ines, age 17; Isabella Martellini, age 15; Brook Robinson, age 18; Morgan Sieloff, age 17; Rio Tomlinson, age 16; and Brandon Vega, age 18.

Bug artwork featured in the Data Definitions and Notes section was created by Jrue Sims, age 6.

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