

2021

KIDS COUNT IN MICHIGAN

Data Book



**A
BETTER
FUTURE
IS POSSIBLE**

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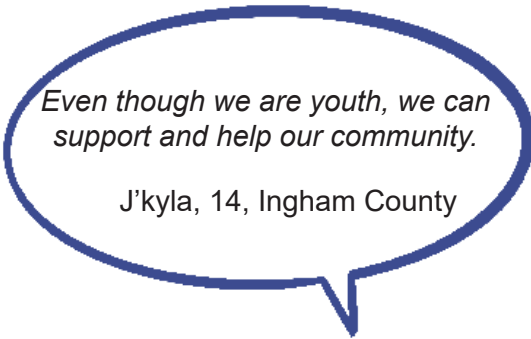
About Kids Count

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 well-being for all people in every part of Michigan through policy change.

Data Sources

Kids Count collects data from multiple primary sources, considering their reliability, collection schedule, availability at the local level and validity. Data in the 2021 Data Book and data profiles are mostly from the U.S. Census Bureau, American Community Survey, Michigan's Center for Education Performance and Information, Michigan Department of Health and Human Services, Michigan Department of Education, Early Childhood Investment Corporation, Feeding America and United for ALICE.



Even though we are youth, we can support and help our community.

J'kyla, 14, Ingham County

We wanted to make this book as bright and vibrant as Michigan's kids, so we asked youth from around the state to share their thoughts about what a better future for Michigan could look like. Their responses are featured in this year's book.

Acknowledgements

The creation of the *2021 Kids Count in Michigan Data Book* was led by Kelsey Perdue, Kids Count in Michigan Project Director at the Michigan League for Public Policy, with the invaluable contributions and assistance of League and project staff.

The following people contributed directly to this book through the planning, editing, fact-checking and dissemination processes: Jazmin Anderson, Amber Bellazaire, Julie Cassidy, Yona Isaacs, Parker James, Emily Jorgensen, Phyllis Killips, Tillie Kucharek, Laura Ross, Alex Rossman, Simon Marshall-Shah, Pat Sorenson and Renell Weathers. Parker James, Kids Count Policy Analyst, also led the creation of the 2021 state, region, county and city data profiles that accompany the Data Book.

The Kids Count Advisory Committee provides year-round expertise, guidance and support to the project.

Jessa Challa provided thoughtful, inclusive and beautiful illustrations that represent Michigan's diverse children and families.

Dozens of youth and young adults lended their expertise to the creation of this year's book. Kids Count conducted focus groups with youth and young adults in 2020, and in 2021 gathered input via survey from 80 more young people on their vision and ideas for the future. Their input is incorporated throughout.

Generous Supporters of the *2021 Kids Count in Michigan Data Book*

A number of generous supporters make the *2021 Kids Count in Michigan Data Book* possible: the Annie E. Casey Foundation, The Max M. and Marjorie S. Fisher Foundation, The Skillman Foundation, The Steelcase Foundation, Michigan Education Association, American Federation of Teachers Michigan, Blue Cross Blue Shield of Michigan Foundation, United Way for Southeastern Michigan and the Ruth Mott Foundation. The findings and conclusions presented herein do not necessarily reflect the opinions of these funders.

In Memoriam

Michele Corey, Vice President of Michigan's Children and Immediate Past Chair of the Kids Count in Michigan Advisory Committee, passed away in 2021. We recognize Michele for her years of service to the Kids Count in Michigan project, her fierce support of kids, youth and families across the state and her decades of contributions to the field of public policy.



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Table of Contents



Introduction.....	1
About Kids Count.....	2
Using the Data Book and profiles.....	2
How stakeholders use the Data Book.....	3
A note to lawmakers.....	5
Tips to influence state priorities.....	6
Michigan budget cycle.....	7
Data in action: Key findings and recommendations.....	8
Overall well-being in Michigan.....	12
Population and demographic overview....	14
Family and community.....	16
Economic security.....	20
Education.....	25
Health and safety.....	32
Data definitions and notes.....	36
Endnotes.....	46

Introduction

A Better Future Is Possible.

We collectively experienced a convergence of emergencies this past year: a global pandemic and its effects on our economy and health, a brutal election cycle and continuous displays of racial injustice. These hard times brought increased attention to the health, financial and educational challenges families have faced for far too long. In response, we saw renewed public will and resources made available to support families and businesses. The need for continued investments that benefit the core of who we are—our families—remains. Even as we see signs of the end of COVID-19, we will not see the end of these challenges without deliberate action and investment.

In these Data Book pages you'll find that, in some ways, we are doing better by kids, teens and young adults than we were a decade ago: Michigan has one of the highest rates of health coverage for children, high school graduation rates are up and more kids have their basic needs met. However, in other ways, life is harder today for families with children: economic inequality has grown, education achievement levels have remained flat and declined in some areas, and young people told us there's more we should be doing.

But a better future is possible. By analyzing data that's available and honoring folks' stories as a critical source of information, we can craft smart investments and policy solutions that work to level the playing field and improve well-being in meaningful ways. It's in our power to create a society and state where families and businesses thrive—where everyone's needs are met, high-quality learning is available and affordable at any age, people experience physical and mental wellness, and families and communities are together and stronger than ever.

We must dedicate the resources and muster the bold leadership needed to ensure every person has the proper opportunities and resources to live a full life in Michigan

There is an opportunity cost with every school year, legislative cycle and season that passes without bold action. Just think: if our K-12 schools didn't miss out on \$4.5 billion in resources over the last decade, if over 40% of Michigan households didn't have to worry about struggling to make ends meet, and if infants and teens didn't die from preventable causes—imagine the talent, possibilities and world that could have been made real for all of us.

It's not too late to create this world. As we begin to emerge from the pandemic, engage in another state budget cycle, spend relief dollars and act out the bold promises for racial equity made last year, we must keep families and children front of mind. It's simply not enough for some children to have the basic things they need to stay alive. We must dedicate the resources and muster the bold leadership needed to ensure every person has the proper opportunities and resources to live a full life in Michigan.

My hope is that the *2021 Kids Count in Michigan Data Book* serves as a source of information as well as an action guide. The tips to influence state priorities, the budget cycle overview, data trends, input from young people and policy recommendations are all tools that can help us build and walk this path toward a better future. A better future is certainly possible, wholly dependent on decisions we make (or don't make) today. Let's make it happen.

With thanks,

Kelsey Perdue
Kids Count in Michigan Project Director

About Kids Count



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.

Kids Count in Michigan is housed at the Michigan League for Public Policy, a nonprofit policy institute focused on opportunity for all. Its mission is to advance economic security, racial equity, health and well-being for all people in Michigan through policy change. It is the only state-level organization that addresses poverty in a comprehensive way.

Every year the project releases data products to facilitate data-driven decision-making for diverse stakeholders. Using a two-generational approach, the project recognizes that we cannot improve life for children without also addressing parental needs. To that end, our data products include household indicators to help understand and analyze family characteristics. We also recognize that racism has made disparities by race inevitable. Our products disaggregate data by race and ethnicity when possible to better understand outcomes for various subgroups.

Using the Data Book and profiles

Kids Count in Michigan and the Michigan League for Public Policy have produced the annual *Kids Count in Michigan Data Book* since 1992. The Data Book reviews the most recently available and trend data to evaluate the well-being of children while identifying policy that, if implemented, could improve life and outcomes for families.

In addition to the Data Book, Kids Count publishes a state data profile and regional, county and select city data profiles. These profiles—along with nearly 100 indicators that are regularly updated on the Annie E. Casey KIDS COUNT Data Center—provide local and disaggregated data across variables such as race/ethnicity, age and nativity. The Data Center has other useful functions: one can compare data between counties and states, locate rankings, view trends over multiple years, and create and download charts and graphs. Visit the Kids Count in Michigan web page for more information on how to use the Data Center.

A change from previous years, the 2021 Data Book and accompanying data profiles do not provide county rankings. Rankings are still available on the Data Center.

All data sources, definitions, notes and limitations are available for every indicator at the back of the Data Book and/or on the online Data Center. Definitions for data that are featured on the Michigan state profile in the Data Book are included in the book. Definitions for other indicators that Kids Count collects and publishes are on the Data Center. All other citations are listed in the endnotes section.

To provide more robust information by race and ethnicity, the Data Book uses an additional data source from the data profiles. Thus, depending on the indicator, racial categories may vary within the Data Book and profiles. In each case, racial categories are presented in a way that matches the data source.

Small population numbers in some areas of the state often result in data being suppressed, and small numbers may cause rate changes to appear more significant. Caution should be taken when reviewing rates, percentages and numbers, especially when wanting to make comparisons.

Data may be available on different time frames, for example, by school year, fiscal year, and three- and five-year averages. Suppression rules and time frames are noted on the definitions page.

How stakeholders use the Data Book

Kids Count data products help facilitate data-driven decision-making for diverse stakeholders ranging from residents and business leaders to lawmakers. The Data Book serves as a resource, call to action and path forward to a better future.



“The COVID-19 pandemic has highlighted many inequities across our state, from disparities in public health to lack of broadband access for children participating in virtual learning.

As we combat COVID-19, Gov. Whitmer and I continue to take action to tackle these injustices now and in the future. The *Kids Count in Michigan Data Book* is a critical component in identifying these inequities. As a proud father of three, I believe that it’s more important than ever that children and families are valued in Michigan.

Gov. Whitmer and I recognize the need to make historic investments in Michiganders of all ages and empower them to continue learning and reaching new opportunities.”

Michigan Lt. Gov. Garlin Gilchrist II



Philanthropy

“Kids Count is more than a report card of our efforts, it is a call to action, shedding light on where our public and private dollars are creating impact, and perhaps more importantly, where we are falling short. The findings are a reflection of today’s priorities with consequences that reach well into our state’s, and our nation’s, future.”

Cynthia K. Rowell, The Max M. & Marjorie S. Fisher Foundation

“Because of Kids Count and other important reference materials, we were able to make data-driven decisions about the outcomes we are focused on to improve the lives of north Flint children and families.”

Raquel Thueme, Ruth Mott Foundation

Business

“Childhood well-being is foundational for educational attainment and a strong predictor of economic and community success. For Michigan businesses to attract and retain the best talent and thrive in a competitive global marketplace, leaders from around the state must continue to prioritize public policies that promote successful outcomes for children.”

Sandy Baruah, Detroit Regional Chamber of Commerce



Community Organizations

“The Kids Count book is a superbly helpful tool for our organization as we conduct local needs assessments to ensure we are meeting the needs of Michigan residents. In addition, the facts and figures support the basis for establishing need with appropriate funding agencies so that we can plan and implement programming across the state in all 83 counties in Michigan.”

Erica Tobe, Michigan State University Extension Children and Youth Institute

“We use the data book to amplify our community dashboard to tell a more holistic story about the well-being of our students.”

Michele Strasz, Capital Area College Access Network

“The Data Book and Data are helpful when writing grants—they help demonstrate what children in Michigan need. As the university/research partner for the Wayne County Baby Court project, I use the data in trainings to demonstrate a need for a specialty court for infants and toddlers.”

Ann Michele Stacks, Infant Mental Health Program, Merrill Palmer Skillman Institute, Wayne State University

“Our advocacy on expanding Medicaid coverage to 12 months postpartum relied on data from Kids Count. Being able to show a map of Medicaid births by county and demonstrate the impact of the proposed change has been one of the strongest advocacy points in individual meetings with legislators and contributed immensely to our collective successful efforts here in Michigan.”

Amy Zaagman, Michigan Council for Maternal and Child Health

“Kids Count data is essential to the Greater Flint Health Coalition’s children’s health dashboard StateOfFlintKids.com, our Community Data Scorecard, and our Community Health Needs Assessment. This data is a critical tool that helps us to monitor factors that impact the health of children and our community.”

Nichole Smith-Anderson, Greater Flint Health Coalition

Lawmakers

“As a teacher-turned-lawmaker, I’m dedicated to enacting education policies that are well-informed and set kids up for success in the real world. Thanks to the *Kids Count in Michigan Data Book*, we don’t have to write those policies in the dark. Every year, legislators and staff rely on this resource to tell us where kids are and what they need in order to thrive.”

Senate Democratic Leader Jim Ananich

“The Kids Count in Michigan Data Book seeks to tell the whole story of the whole child, looking at every area of kids and their families’ lives and what policy changes can be made to improve them. I continue to work on policies to better address families at the ALICE threshold in Kent County and around the state, and Kids Count offers the data and policy insights to help inform these efforts, and I hope my colleagues will join me in heeding this information and stepping up to do more for our kids.”

Sen. Winnie Brinks

“Michigan children and families should be at the forefront of every policy decision, and all children should be given the same opportunities to thrive. No child’s well-being should be based on their race, ethnicity, family income or zip code. The Kids Count data helps ensure lawmakers know how kids are doing in our districts and what policies can help improve the lives of our young people. As a state senator and as a mom, securing the well-being of Michigan’s kids is the most important part of my work.”

Sen. Stephanie Chang

A note to lawmakers

Kids Count in Michigan has been an independent source of data and research for children and families for nearly 30 years. We publish a variety of data products and work with policymakers and community members across the state to understand and act on the challenges families face. Below are four ways Kids Count can support you while in office.

1

View outcomes specific to your district.

Easily view, rank, compare and contrast outcomes for nearly 100 indicators of well-being in your county and district with data for the state and other areas on the Annie E. Casey KIDS COUNT Data Center (datacenter.kidscount.org). Much data are available by variables such as race and ethnicity, age and nativity.

2

Quickly access the most current data.

This biannual Data Book and annual data profiles use the best data available. Even more, the Kids Count team regularly updates Michigan data on the online Data Center (datacenter.kidscount.org) to ensure you always have access to the most current data.

3

Consider policy recommendations backed by the public.

The League and Kids Count offer budget and policy recommendations based on data as well as community and collaborative input. For example, in 2018 the League held eight focus groups around the state with over 80 people to identify top priorities for Michigan families, and our teams are connected with dozens of community partners.

4

Enjoy technical assistance.

The Kids Count team provides technical assistance, including answering questions and providing guidance on data and data sources to help inform your positions and generate new ideas.

Tips to influence state priorities

The Michigan state budget is the way we set our priorities. It's also a plan to use our resources in ways we believe make a better future possible.



Your input is needed in this process because there is much at stake: equitable school funding to support student achievement, affordable housing in opportunity-rich communities, expanded health insurance coverage, access to behavioral health services, a stronger safety net that reaches families and children in need, reduced hardship and increased well-being.

Here are five tips for using the Data Book and your own expertise to influence the state budget. These tips also apply to policy change and general advocacy efforts.

1

Build a relationship with your elected representatives.

Building an ongoing relationship makes your advocacy most impactful; a last-minute letter or phone call can be too little, too late. Let your representatives know what matters most to you as a constituent. You can educate them on the issues or ask them to vote a certain way on the final state budget or other policy.

2

Have good sources and timely information about the issues you care about.

Some decisions—like debates and votes on the state budget—can move quickly. The League provides timely information at www.mlpp.org. You can also use data from this Data Book, Kids Count and other sources to stay informed and make the case for why a particular issue is important.

3

Use your expertise.

You are an expert in describing what your community, family and children need. Pair the numbers and issue-specific information with stories to personalize the issue and help the Legislature and others understand why it's important to act. Working with local organizations and coalitions can help show a more unified position on your top issues.

4

Take advantage of opportunities for public testimony.

Legislative committees generally take public testimony before voting on the state budget or other policy, and they want to hear from you. This is a great place to voice what's important to you, including any specific parts of the budget you support or oppose.

5

Don't forget the governor.

Michigan's governor has the power to veto portions of the budget passed by the Legislature and negotiates with legislative leaders throughout the process. Letting the governor know what you value is another way to advocate for the issues you care about.

Michigan's State Budget Cycle

Know when to weigh in year-round

What can you do?

- Find out who is on the subcommittees and when testimony is scheduled (check www.legislature.mi.gov for updates).
- This is the best time for public input, so provide testimony or communicate with subcommittee members and your own legislators.

February 2021

Governor releases her proposed budget.

What can you do?

- Meet with/contact your state legislators.
- Sign up for budget email alerts from the League (www.mlpp.org).
- Talk with and build partnerships with others in your community interested in your issues.



February 2021 – April 2021

Appropriations subcommittees in the House and Senate meet to craft their own versions of the annual state spending plan.



April 2021 – May 2021

The subcommittee budgets move through both the House and the Senate with possible amendments at both the committee level and on the floor during final debate.



What can you do?

- Continue to contact your legislators about your issues and concerns, as well as portions of the budgets that you support or oppose.

October 2021 – February 2022

It begins again! The governor and state departments begin to prepare the 2022-23 budget.



What can you do?

- Keep building relationships with your state legislators.

June 2021 - October 1, 2021

The Legislature must present their final budget bills to the governor by July 1. She can veto specific items and the final budget must be signed by October 1.

What can you do?

- Contact the governor about items of concern to you.



Late May 2021 - Early June 2021

Joint House/Senate conference committees meet to iron out differences between the budgets passed by the House and Senate. Conference committee changes are sent to all legislators for final approval, but amendments are not allowed at that point.



What can you do?

- Find out who is on the conference committees and communicate with them (check www.legislature.mi.gov for updates).

Data in Action

Strategies for improving overall child well-being

One of the best ways to help children reach their potential is to invest in their families and the communities that they are growing up in. These policy recommendations are informed by data and identified as winning strategies for improving well-being in the areas of family and community, economic security, education, and health and safety.

Family and Community

Provide comprehensive health education

The number of births to teens aged 15-19 are less than half of what they were a decade ago. While Michigan does not have a standard sexual education curriculum or require it to be taught in schools, the teens in our focus groups emphasized the importance of a curriculum that is inclusive of all gender identities and sexual orientations.

RECOMMENDATION: A comprehensive health education can have positive impacts on long-term health outcomes. All youth should have access to a comprehensive and inclusive sexual health education.

Address the digital divide

Both rural and urban communities alike have low rates of access to high-speed internet, and at least 10% of all Michigan households didn't have home internet access in 2019. Lower-income earners are even less likely to have high-speed internet and are more reliant on using smartphones to access the internet for tasks that are designed for larger screens, like homework.

WIN & RECOMMENDATION: Gov. Gretchen Whitmer announced an initiative to increase high-speed internet in fall 2020, and federal COVID recovery plans include new investments for state broadband infrastructure. All efforts to expand connectivity should include a focus on affordability, encourage community-owned options and include investments in existing resources like public libraries.

Invest in child neglect and abuse prevention

In 2020, 205,631 minors were in families where allegations of child neglect or abuse occurred. After an investigation, 14% of those claims (27,894) were found to be substantiated. In 2020, 10,023 youth were in out-of-home care.

WIN: The federal Family First Prevention Services Act, passed in 2018, increased resources available for foster care prevention services and to keep more kids with their family while reducing funding for group placements that are clinically unnecessary.

Support youth transitioning out of foster care

Over 10,000 youth were in foster care in 2020, and several thousand exit the system every year. In Michigan, only 5% of youth transitioning out of foster care receive employment assistance, and 1% receive education support.

RECOMMENDATION: Ensure adequate support for programs that assist foster youth exiting the system with education, housing and work.

Reduce financial hardship for justice-involved youth

Michigan's juvenile justice system is decentralized, so experiences for justice-involved youth—like access to support services and assessment of fines and fees—can vary greatly by geographic location. This impacts recidivism, financial security and hardship for youth and young adults.

WIN & RECOMMENDATION: There were a number of criminal justice reforms in 2020, including making it easier to keep juvenile records confidential and to get a juvenile record expunged. To combat the criminalization of poverty, the nonpayment of fines and fees can no longer lead to driver's license suspensions. For similar reasons, juvenile and family court systems should work toward eliminating fines and fees levied on justice-involved youth.

Economic Security

Address income and tax inequality

Michigan is 15th in the nation for income inequality: its top 1% of earners make more than 21 times as much as the bottom 99% of workers. Even still, the bottom 20% of income earners pay nearly double the rate in total state and local taxes than its top 1% of earners (10.4% and 6.2% of income, respectively). Across the state, nearly 40% of Michigan households are struggling to make ends meet.

RECOMMENDATION: Improve job opportunities, working conditions and tax implications by restoring Michigan's Earned Income Tax Credit to 20% of the federal credit, expanding the Homestead Property Tax Credit and implementing a graduated income tax to help Michigan workers keep more of their hard-earned wages.

Meet affordable housing needs

Nearly a quarter (24%) of Michigan's children are in families that pay a disproportionately high amount of their income on housing expenses (30% or more). Even more, the number of kids living in high-poverty areas has increased by 78,000 since 2000. Areas of concentrated poverty impact families' access to healthy food, quality medical care, education, jobs and physical environments free from environmental hazards.

RECOMMENDATION: Michigan's existing Housing and Community Development Fund hasn't received state funding since 2012, and doesn't have resources to meet the state's affordable housing needs. The state should identify a dedicated revenue stream to ensure enough stable funding is available to increase access to safe, affordable housing in opportunity-rich communities for families with low incomes.

Support families in deep poverty

In 2019, 162,000 (8%) of Michigan children lived in deep poverty (50% of the federal poverty level). The Family Independence Program (FIP), or cash assistance, was designed for these families, though eligibility levels are even below this threshold. In 2011, Michigan created a lifetime cap on how long it will provide FIP benefits by eliminating hardship exemptions and "clockstoppers" for those limits. The number of children receiving FIP declined by 83% (over 127,500 cases) from 2010 to 2020.

RECOMMENDATION: Reinstate "clockstoppers" so that months in which a family is meeting program work requirements do not count towards the 48-month lifetime limit, and make use of the federal hardship exemption for families that cannot meet them. In this way, Michigan can reduce extreme poverty for children, especially those in communities with limited job opportunities.



Education

Expand access to early learning

The average annual cost for one infant in a child care center in Michigan is 19% of a median family's income and 54% of a minimum wage worker's income. Because of low initial eligibility thresholds, low provider payments and supply, the number of children ages 0-12 receiving child care subsidies fell from 56,375 (3.4% of kids ages 0-12) in 2010 to 25,246 (1.7% of kids aged 0-12) in 2020.

WIN & RECOMMENDATION: The 2021 state budget increased the initial income eligibility threshold for child care subsidies from 130% to 150% of poverty. Still, pre-COVID, the national median for initial eligibility was 188% of poverty. Michigan's eligibility threshold should be raised to a minimum of 185%, with incremental increases to 250% of poverty. Payments to providers should be increased to reflect the actual cost of care, increasing quality, availability and access for families.



Fund schools based on what students need

Michigan is one of just 16 states that provides *less* funding to its highest-poverty districts than to its lowest-poverty districts. When schools are not equitably funded, learning environments and student outcomes suffer. The majority of third-graders and eighth-graders are partially or not proficient in reading and math, respectively. The majority of high schoolers graduate on time. However, there are disparities in educational achievement based on race, disability, language and socioeconomic status.

RECOMMENDATION: Schools need adequate resources to create successful learning conditions for students, particularly those with disabilities or language barriers and those who are impacted by poverty. Michigan should adopt a weighted school funding formula to fund schools based on community and student need.

Fund K-12 schools as intended

Though Michigan has steadily increased per-pupil funding, when adjusted for inflation, per-pupil funding actually fell by 9% between 2008-2019. Even more, from 2010-2019, Michigan shifted a total of \$4.5 billion intended for K-12 public schools to universities and community colleges to help balance the state budget.

RECOMMENDATION: Use the money in the state's School Aid Fund solely for K-12 education, as had been done prior to 2009.

Keep students in school

Michigan had the third-highest rate of fourth-grade chronic absenteeism in the country in 2019, an increase of nearly 47% since 2015. Students who are economically disadvantaged and/or homeless are most likely to be chronically absent. Michigan is also one of five states with the highest out-of-school suspension rates.

RECOMMENDATION: Address absenteeism by tackling economic and housing insecurity. In the meantime, ensure attendance programs meet the needs of all students, adopt real-time attendance tracking tools to identify students at risk of chronic absenteeism early on, and put the appropriate support services in place. Address Michigan's high suspension rates and racial disparities in discipline policies and practices.

Health and Safety

Ensure no kid goes hungry

Child food insecurity rates range, by county, from a low of 6.7% to a high of 26.8%; in other words, a child may be four times more likely to be food insecure depending on where they live. The state average is 15%, and Michigan's rural and northern counties have the highest rates of food insecurity.

WIN & RECOMMENDATION: The 10 Cents a Meal program helps schools purchase healthy foods (and support local farmers). Additional funding was secured in 2020 to expand program availability from 43 counties to every county in Michigan. The state should continue to increase funding so kids in every school district and child care center can fully benefit from the program.

WIN & RECOMMENDATION: The lifetime ban on food assistance for residents with certain drug convictions was eliminated in 2020. However, state policy still requires families to cooperate with child support collection if the other parent is not living in the home (or show good cause for not doing so). Michigan should join the vast majority of states and eliminate this requirement for food assistance.

Expand healthcare to reach more kids

Access to health insurance supports better outcomes for children and adults. Health insurance coverage for young people ages 0-18 was at 97% in 2019, one of the highest rates in the nation. Still, 78,000 young people are without health insurance, including children who are lawful permanent residents ("green card" holders).

RECOMMENDATION: Children and pregnant women who are lawful permanent residents ("green card" holders) cannot access public health insurance during a five-year waiting period after arriving in the United States. The state should waive this optional Medicaid/Children's Health Insurance Program (CHIP) waiting period to expand children's healthcare coverage and support healthy birth outcomes.

Invest in public health insurance options

Children's health insurance coverage is often related to parental coverage. Before COVID-19, 38% of kids were insured by a public health plan. By the end of 2020, 66% of households with children reported lost employment income since the start of the pandemic. As expected, Medicaid and the Healthy Michigan Plan saw an increase in enrollees.

WIN & RECOMMENDATION: To accommodate the growing number of people covered by public insurance, Michigan must continue to invest the necessary state dollars to qualify for federal support and prevent Michigan from scaling back insurance eligibility or benefits.

Support maternal and infant health

The health of newborn babies and mothers is a sign of population health. While Michigan counties experience a range of birth outcomes, the state lags behind the U.S. in many areas.

WIN: In 2020, the Michigan Legislature voted to fund the Healthy Moms Healthy Babies initiative to improve healthcare and health outcomes.

Expand health services in school settings

Michigan statute does not have specific language that allows minors to consent to many basic medical services. This poses unique barriers for unaccompanied youth, foster care youth, homeless youth and the effectiveness of school- and community-based health centers. Access to health services is important, made clear by a year that threatened the physical and mental health of people of all ages.

RECOMMENDATION: Address barriers young people may face in accessing school-based health services, including clear guidelines and the ability to consent to basic health services. To promote and ensure access to mental health supports, the student-to-school-counselor ratio in school settings should be at levels recommended by mental health professionals.

STATEWIDE DATA PROFILE

POPULATION	2010	2019	% change	POPULATION BY RACE (2019)			
Total population	9,883,640	9,986,857	1.0%	Child population by race			
Child population	2,344,068	2,143,933	-8.5%	Hispanic 0-17	182,284	Young adult population by race	
• Ages 0-5	720,314	683,798	-5.1%	Non-Hispanic 0-17		Hispanic 18-24	69,220
• Ages 6-12	915,888	831,314	-9.2%	• African American/Black	386,454	Non-Hispanic 18-24	
• Ages 13-17	707,866	628,821	-11.2%	• American Indian	17,394	• African American/Black	156,345
Young adult population				• Asian/Pacific Islander	81,168	• American Indian	8,022
• Ages 18-24	976,358	945,523	-3.2%	• White	1,476,633	• Asian/Pacific Islander	45,612
						• White	666,324

KEY TRENDS OVER TIME	BASE YEAR (2010)		MOST RECENT YEAR (2019)			
	NUMBER	RATE	NUMBER	RATE	RATE CHANGE	TREND
	Children in poverty, ages 0-17	537,003	23.4%	367,411	17.5%	-25.2%
Young adults in poverty, ages 18-24	235,962	26.7%	217,457	24.5%	-8.3%	●
Households in Poverty & ALICE	1,569,992	41.2%	1,508,284	38.1%	-7.6%	●

ECONOMIC SECURITY	ADDITIONAL DATA (2020 UNLESS NOTED)		NUMBER	RATE	
Children receiving...					
• Free and reduced price lunch, K-12			710,473	50.5%	<p>KIDS COUNT provides child advocates, agencies, public officials and legislators with the best available data, nonpartisan policy recommendations and tools to advance policies that benefit children.</p> <p>Our data-based profiles help decision-makers understand the educational, social, economic and physical well-being of children across the state.</p>
• Subsidized child care, ages 0-12			25,246	1.7%	
• Cash assistance (FIP), ages 0-18			26,657	1.2%	
• Food assistance (FAP), ages 0-18			491,075	21.6%	
• Women, Infants and Children (WIC), ages 0-4 (2019)			253,535	44.3%	
• Supplemental Security Income, ages 0-18 [^]			37,102	16.3	
• Any amount of child support owed			397,443	83.6%	
Median household income (2019)			\$59,522	N/A	
Average cost of full-time child care/month			\$632	N/A	
• Percent of full-time minimum wage			N/A	37.9%	
Families receiving the Earned Income Tax Credit (EITC) (2019)			738,380	15.1%	
Families with high-cost housing (2019)			1,052,604	26.7%	

EDUCATION	KEY TRENDS OVER TIME		BASE YEAR (2010)		MOST RECENT YEAR (2019)			
			NUMBER	RATE	NUMBER	RATE	RATE CHANGE	TREND
	3- and 4-year-olds in preschool			118,875	47.1%	111,486	47.5%	0.8%
3rd graders proficient in English Language Arts, M-STEP (Base: 2015)			53,643	50.1%	45,457	45.1%	-9.9%	●
8th graders proficient in Math, M-STEP (Base: 2015; Recent: 2018)			35,959	32.2%	36,118	32.7%	1.7%	●
Students graduating on time (2020)			104,818	76.0%	97,070	82.1%	8.0%	●
ADDITIONAL DATA (2020 UNLESS NOTED)		NUMBER	RATE					
Children receiving <i>Early On</i> services by ISD, ages 0-2			9,646	2.9%				
Students in Special Education			210,467	14.5%				
Students who are homeless by ISD, K-12			31,710	2.1%				
8th graders proficient in Math, PSAT (2019)			44,565	41.4%				
Students who drop out			9,186	7.8%				
Teens not in school or working, ages 16-19 (2019)			36,087	6.8%				

HEALTH & SAFETY

KEY TRENDS OVER TIME	BASE YEAR (2010)		MOST RECENT YEAR (2019)			
	NUMBER	RATE	NUMBER	RATE	RATE CHANGE	TREND
Less than adequate prenatal care	34,838	29.6%	35,408	32.2%	9.0%	●
Infant mortality [^]	864	7.3	726	6.6	-9.9%	●
Child deaths, ages 1-14 [*]	306	17.0	308	18.5	8.8%	●
Teen deaths, ages 15-19 [*]	398	54.0	301	46.1	-14.6%	●
Young adult deaths, ages 18-24 [*]	824	84.7	788	82.1	-3.0%	●

ADDITIONAL DATA (2020 UNLESS NOTED)

	NUMBER	RATE
Children with health insurance, ages 0-18 (2018)	2,162,351	96.7%
Insured by Medicaid, ages 0-18	1,054,641	46.3%
Low-birthweight babies (2019)	9,551	8.7%
Fully immunized toddlers, ages 19-35 months	119,786	70.7%
Children tested for lead, ages 1-2 (2019)	91,906	40.9%
Children hospitalized for asthma, ages 0-14 [!] (2018)	2,205	10.3
Children with food insecurity, ages 0-17 (2018)	318,206	14.7%
Mental health providers (ratio of population to provider) (2019)	26,794	373:1

FAMILY & COMMUNITY

KEY TRENDS OVER TIME	BASE YEAR (2010)		MOST RECENT YEAR			
	NUMBER	RATE	NUMBER	RATE	RATE CHANGE	TREND
Births to teens, ages 15–19 [^] (2019)	11,523	32.0	5,036	15.7	-50.8%	●
Child abuse/neglect, ages 0–17 (2020)						
• Children in investigated families [^]	164,648	70.1	205,631	95.9	36.8%	●
• Confirmed victims [^]	32,504	13.8	27,894	13.0	-6.0%	●
• Children in out-of-home care [^]	12,004	5.1	10,023	4.7	-8.5%	●

ADDITIONAL DATA (2019)

	NUMBER	RATE
Living in high-poverty areas, ages 0–17	289,904	13.6%
Household structure, ages 0–17		
• Family with married parents	1,412,972	66.5%
• Family with single parent	712,938	33.5%
Poverty by household structure, ages 0–17		
• Family with married parents	125,569	8.9%
• Family with single parent	289,760	40.6%
English not spoken at home, ages 5–17	170,556	10.6%
Children in homes with internet at home, ages 0–17	1,952,456	89.9%

An equitable, two-generation approach will help create a better future for Michigan's kids.

A child's well-being should not be determined by their race, place or income, but data shows that this is the reality. That's why our racial equity lens considers how policy decisions help or hinder outcomes. We also consider access to opportunity for the adults in kids' lives when working to improve well-being.

[^]Rate per 1,000 [!]Rate per 10,000 ^{*}Rate per 100,000

For all data definitions and sources, see the Data Definitions and Notes page.

More data (including nearly 100 indicators, trends, graphs, rates and more) are on the Kids Count Data Center.

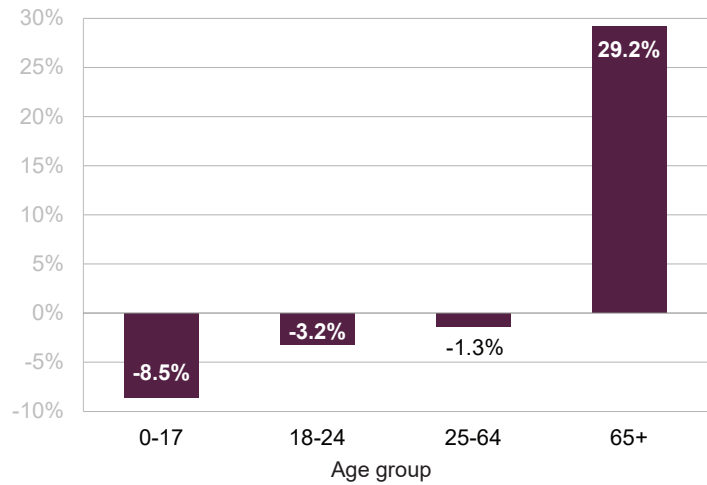
KEY ● = IMPROVING ● = LITTLE CHANGE ● = WORSENING

Population and demographic overview

Michigan is growing older: Seniors only age group that grew from 2010-2019

While Michigan's total population increased by just 1% in the last decade, patterns of growth and decline vary by age group. The number of children ages 0-17 steadily declined by nearly 9% (200,135) from 2010-2019.

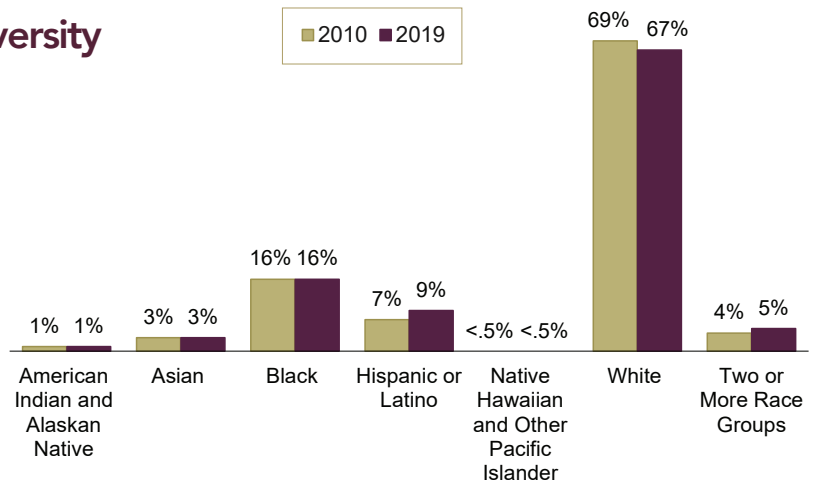
The number of working-age adults (ages 25-64) declined by about 68,600, but remained the largest share (65%) of Michigan adults. Comparatively, seniors (age 65 and up) were the only age group that grew in size during that same period.



Source: National KIDS COUNT and National Center for Health Statistics

Small changes in children's racial diversity in last decade

Michigan's children are nearly equally male (51%) and female (49%).¹ There have been small changes in the racial and ethnic makeup of the state's youth over the last decade. Currently, the majority of minors are White (67%), Black (16%) and Hispanic or Latinx (9%).² One-third of Michigan children are considered children of color.

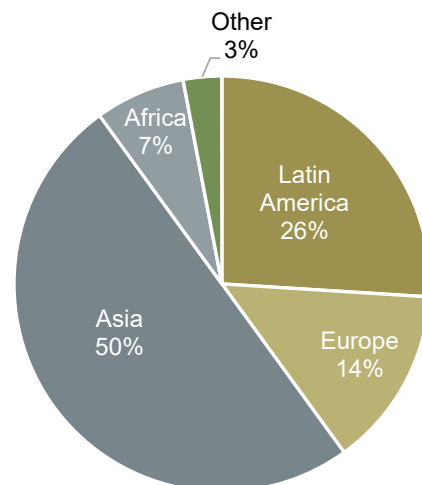


Source: National KIDS COUNT

Children in Michigan's immigrant families have origins all over the world

The vast majority (98%) of Michigan children are born in the U.S., its territories or are born abroad of American parents. Nearly 300,000 minors (14%) live in immigrant families, meaning the child is foreign born or resides with at least one foreign-born parent.

Of children living in immigrant families, 28% (83,000) have resident parents who are not U.S. citizens. Parents of immigrant children come from many regions of the world.



Source: National KIDS COUNT



It's in our power to create a Michigan where families and businesses thrive—where everyone's needs are met, high-quality learning is available and affordable at any age, people experience physical and mental wellness, and families and communities are together and stronger than ever.

Family and Community

Feeling connected and supported by a community is essential to children and young adults' well-being and success in all aspects of life, including health, academic achievement and future economic security.

When communities have caring adults and strong institutions like good schools and quality support services, families and children are more likely to thrive.



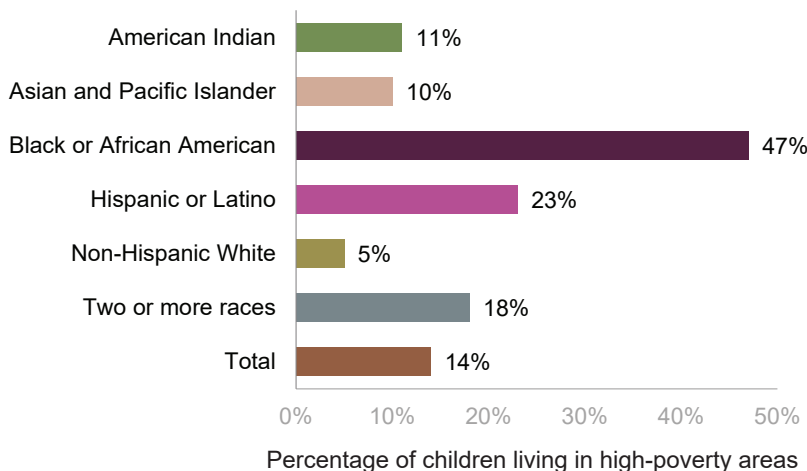
Concentrated poverty pushes quality resources farther from reach

High-poverty areas—U.S. Census blocks where 30% or more of households are at or below the federal poverty line—experience a lack of revenue and investment that creates lower-resourced institutions. This impacts families' access to healthy food, quality medical care, education, jobs, and physical environments free from environmental hazards.

A history of racial and economic geographic segregation, including the legacy of “white flight” in the 1950s and 60s, impacts the racial and economic makeup of Michigan neighborhoods today. During white flight, white families left cities that were becoming more racially diverse for suburban areas. This large-scale movement shrank the tax base and decreased revenue for city services in the midst of legal discrimination on the basis of race in all sectors, including—and especially in—housing and employment. Institutional racism and de facto segregation continue today.

In Michigan, 14% of children live in high-poverty areas, and county averages range from 0%-40%. The number of kids living in concentrated poverty has increased by 78,000 since 2000, a rate increase of 36%. Not all families who live in areas of concentrated poverty are poor.¹

Children living in high-poverty areas are impacted by history of racial and economic geographic segregation



Source: National KIDS COUNT, 2014-18

Nearly half (47%) of the state's African American children live in neighborhoods with concentrated poverty. Even more, of the country's 50 largest cities, Detroit has the highest rate of children living in areas of concentrated poverty at 72%. The 2019 federal poverty level was \$25,750 per year for a family of four.²

Kids not similarly positioned to learn at home

As the COVID-19 pandemic led most school districts to include or completely pivot to remote learning, many family and community factors impacted children's ability to learn from home.

10% of Michigan households lacked home internet access in 2019.

Even before the pandemic, access to high-speed internet posed a challenge for students to fully participate in school (and for adults to fully participate in the job market). At least 10% of Michigan households didn't have home internet access in 2019. Earners with lower incomes were even less likely to have high-speed internet and were more reliant on using smartphones to access the internet for tasks that are designed for larger screens, like homework.³

Even with internet access, families' ability to support learning at home varied. For example, for the last decade, 10%-11% of children did not live with an adult who speaks English at home.

Neglect and abuse threaten healthy connections

Michigan's children are more likely to be victims of neglect than abuse, and younger children (ages 0-5) are more likely to be victims. A threat to healthy development, the root causes of neglect and abuse are complex, but challenges like substance use, mental health problems and chronic or toxic stress are risk factors.⁴

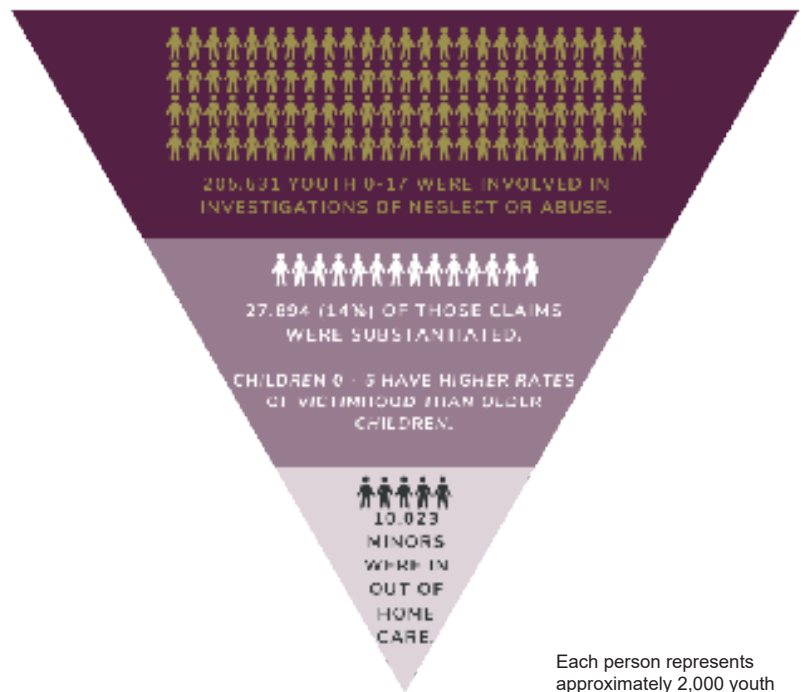
In 2020, 205,631 minors were in families where an investigation of alleged child neglect or abuse occurred. This is the first decrease in investigation numbers since 2013. Of those investigations, 14% (27,894) were confirmed as neglect or abuse—a third consecutive year of decreased substantiations.

When neglect or abuse is substantiated, children may be placed in care outside of their home: in a foster home, with relatives, in group homes or in residential care. How long youth stay in care depends on their family situation and what options are available in their communities.

Because stability and building bonds with adults is so important, staying in the home is preferred when appropriate, followed by out-of-home care with relatives. Group and residential care, especially over an extended period of time, can pose serious threats to healthy development.⁴ In 2020, about 10,000 minors were in out-of-home care due to neglect or abuse.

Though foster care is meant to be temporary, nearly 35% of kids in foster care in 2020 had been there for two or more years.⁵ Many youth remain in care for more than three years.⁶ The majority of youth who exit foster care in Michigan are reunited with a parent or caregiver, followed by adoption and emancipation.

An overview of abuse and neglect investigations



Source: "Michigan Department of Health and Human Services, Children's Protective Services, 2020

What can adults do to make you feel supported and cared about?

Get involved in our discussions and give us suggestions that we can accept.

Amelia, 15, Wayne County

Check on me.

Tyler, 14, Ingham County

Play football with me. Talk with me and so on.

Christopher, 12, Genesee County

Something I think adults can do to make kids feel more supported is just simply check in every day with them.

Ask if they're ok, or if they need anything. And let them know their hard work isn't being overlooked.

Ariel, 15, Wayne County

Adults could give us more time to do things since a lot of kids have a lot on their plate, and try to be more understanding towards our feelings.

MiracleRay, 16, Wayne County

Foster care youth and young adults in our focus groups talked about the importance of programs like the Michigan Youth Opportunities Initiative to help them transition into adulthood. They shared that foster homes should double as resource centers and that schools could be more understanding of their unique and challenging experiences like having court appointments during the school day, experiencing frequent moves, and dealing with the mental and emotional weight of their experiences.

Adverse experiences and environments harm well-being

Adverse childhood experiences (ACEs)—which include abuse, neglect and household challenges like substance abuse and mental illness—are potentially traumatic experiences that can impact a child's ability to thrive. ACEs can have negative impacts on mental and physical health well into adulthood. Adverse community environments (also known as ACEs)—which include poverty, a lack of economic mobility and opportunity, discrimination, and community violence—are also a threat to well-being.

Together, adverse childhood experiences and adverse community environments are known as the “pair of ACEs.” Chronic stress at the individual and community level can have real, long-term impacts on behavior, health and well-being.⁷

ACE scores can provide insight into the extent of potentially traumatic experiences Michiganders are grappling with and the long-term risks they may face. ACE scores do not, however, provide insight into the adverse experience itself nor account for positive experiences that may protect them from the effects of trauma and toxic stress. Nearly a quarter (22%) of Michigan children have experienced two or more adverse childhood experiences, higher than the U.S. average of 19%.

Michigan leads states in holding minors for non-criminal offenses

In 2017, 1,260 youth and young adults under age 21 were detained, incarcerated or placed in residential facilities. The use of detention can be a threat to important family and community connections. While many states are moving away from incarcerating young people for non-criminal offenses, Michigan is fourth in the nation for the rate of minors held for technical violations and it holds more young people for status offenses than 46 other states.⁸

Michigan's juvenile justice system is decentralized, and each county has its own policies and data practices. The lack of statewide coordination and oversight makes it so the state is unable to easily know, for example, how many juveniles are in custody at any given time. For these same reasons, experiences for justice-involved youth, like access to support services and assessment of fines and fees,⁹ can vary greatly by geographic location and impact recidivism, financial security and hardship for youth and young adults.

75% of Michigan kids live in two-adult households.

Most children live in households headed by two adults

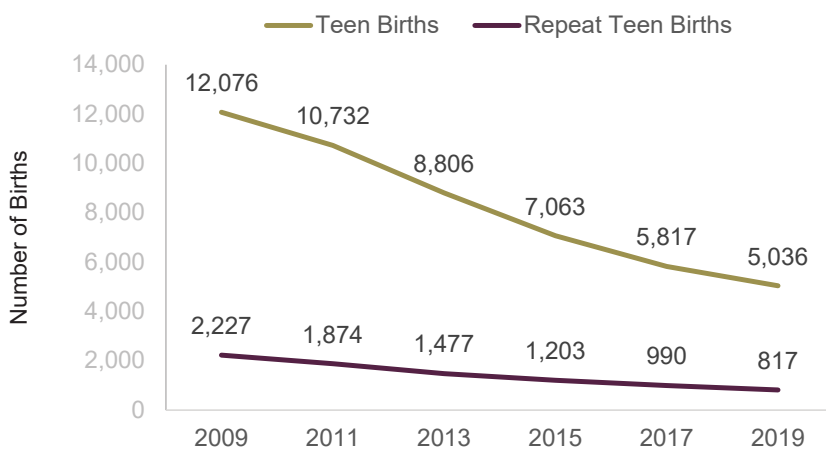
Despite a slow, steady decline in the last decade, 66% of children under 18 still live with two adults who are married. Another 9% of minors live with cohabitating domestic partners. Households headed by two adults are significantly less likely to live in poverty and are better positioned to dedicate significant financial and other resources to their children.

Teen pregnancy remains down

Efforts to reduce teen pregnancy rates over the years appear to have been effective. The number of births to teens aged 15-19 are less than half of what they were a decade ago. The number of repeat births to teens is also down significantly.

Comprehensive sex education, reproductive health and family planning all have implications for long-term health outcomes. Teens in our 2020 focus groups emphasized the importance of a sexual education curriculum that is inclusive of all gender identities and sexual orientations. Michigan does not have a standard sexual education curriculum, require it to be taught in schools nor allow access to contraceptives on school grounds.

Births to teens age 15-19 continue to trend downward



The number of births to teens age 15-19 is **less than half** what it was a decade ago.

*Data are three year averages.
Source: Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics

Building resilience through strong families and communities

Supportive adults, healthy households, and safe schools and communities create positive experiences that combat the effects of adverse experiences young people face. Unfortunately, data on these experiences is very limited. However, Michigan middle and high schools participate in a volunteer survey that includes data on protective factors at the county level. These data, while limited, can be used along with personal stories from young people to create a picture of how youth feel about their family, schools and communities as safe and supportive places.

Economic Security

Children’s brains and bodies experience ongoing development from before birth through adulthood.

Economic security is an essential component of development as it ensures necessary resources like nutritious food, safety, nurturing relationships and enrichment are readily available.



Think ahead to life in 10 years. What does it look like for you to be thriving and living the life of your dreams?

A place to live in a good neighborhood, a job that pays well, and holidays to travel. It's just bliss.

Chase, 18, Ingham County

I wish I could save enough money to travel around the world and become a writer.

Anabelle, 18, Kent County

A million and a half Michigan households can't afford the basics

Federal poverty thresholds have been the standard used to determine who is in poverty since 1965. However, this measurement has its shortcomings. For example, it is not based on the cost of household necessities and is not adjusted to reflect cost-of-living differences throughout the U.S. or state. Poverty guidelines are a simplified version of the poverty thresholds. They are for administrative purposes such as determining eligibility for government assistance programs.

The Asset Limited, Income Constrained, Employed (ALICE) measure provides a more accurate view of economic security. ALICE represents working households that are above the federal poverty level, but whose earnings are not enough to afford a “survival budget” based on the bare-minimum cost of household necessities. A family of four needs an annual salary of over \$64,100 to afford the basics—an income significantly higher than the federal poverty level of \$25,750 for a family of four.¹

When considering families living under the poverty line and those who are ALICE, nearly 40% of Michigan households are struggling to make ends meet. The percentage varies by county: it can be as high as 57% (Lake County) and as low as 24% (Livingston County). The overall number of families considered in poverty and ALICE is moving in a positive direction: 164,322 fewer families are in this category in 2019 compared to 2017. Still, over 1.5 million households throughout the state are in poverty or considered ALICE.

Rising costs and income inequality threaten economic security

Low-wage jobs dominate the state's employment landscape: the majority (58%) of Michigan jobs pay less than \$20 per hour.¹ To make ends meet, a family of four is estimated to need to earn \$32.06 per hour.¹ It's important to note that the cost of household necessities increased in the last decade at an average annual rate of 3.4%, but the official national inflation rate was just 1.8%.¹

Michigan is 15th in the nation for income inequality. Recent data show its top 1% of earners make more than 21 times as much as the bottom 99% of workers, an exact ratio of 21.4-to-1. Leelanau (32.4) and Charlevoix (32.2) counties have the most unequal income ratios, while Ontonagon (8.9) and Baraga (8.3) counties have the lowest.² Even more, incomes rose for the top 1% and declined for the bottom 99% in Michigan between 1979 and 2013.³ Still, the bottom 20% of income earners pay nearly double the rate in total state and local taxes than its top 1% of earners (10.4% and 6.2%, respectively).⁴

I just want to be happy I guess, and I want my friends to be alright.

I'd like to have time to do the creative things that I'm interested in and I'd like to have a decent job so I can afford a nice apartment and a cat.

Elliot, 15, Washtenaw County

I will be a graduate of Howard University, with a thriving business in cosmetics while auditioning and working in my career in theater and later film/television.

I'll use my platform to be an example of black excellence. Traveling, being happy, while giving back to black communities and other communities of color.

Na'Kyah, 15, Wayne County

Top 10 unequal Michigan metropolitan areas

Metropolitan area	Ratio of top 1% income to bottom 99% income
Grand Rapids-Wyoming	25.9
Kalamazoo-Portage	24.7
Traverse City	22.6
Detroit-Warren-Dearborn	22.0
Niles-Benton Harbor	21.8
Midland	21.2
Ann Arbor	21.0
Alma	19.7
Lansing-East Lansing	18.3
Holland	18.0

Source: Economic Policy Institute, 2015

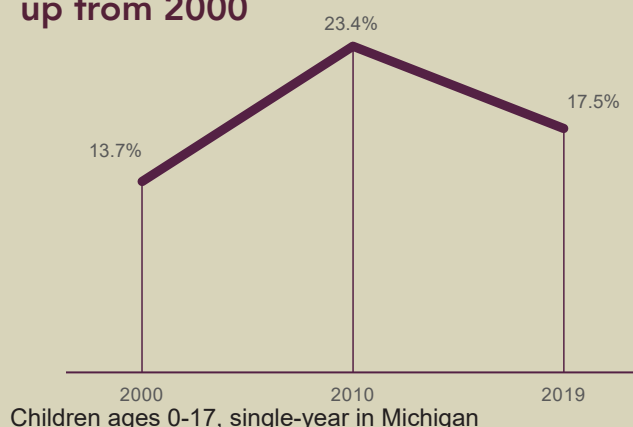
What does this mean?

For example, in the Grand Rapids-Wyoming metro area, the top 1% of earners make **25.9 times more** than the bottom 99% of earners.

In this area, the average income of the top 1% is **\$1,219,262**. The average income of the bottom 99% is **\$47,150**.

Poverty in Michigan

Childhood poverty down from 2010, still up from 2000



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

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

Percentage	Annual Income
50%	\$12,875 a year
100%	\$25,750 a year
150%	\$38,625 a year
200%	\$51,500 a year

Source: U.S. Department of Health & Human Services, 2019

Children most likely to live in poverty during critical years of brain development

The lack of resources associated with financial insecurity impacts most facets of a child's life and can lead to poor health and other disruptions that can limit achievement in school and at work.

Poverty is most harmful when it's extreme, sustained over time and/or happens during the earliest years of life. The rate of children living in households that are in poverty, in extreme poverty (50% of the federal poverty level, or FPL) and with low income (200% FPL) has declined in the last decade—but is up compared to two decades ago. Today, nearly 1 in 5 kids in Michigan live in poverty and about 1 in 10 kids are considered to be in extreme poverty.

Children are most likely to experience poverty during the most critical and rapid years of brain and body development (ages 0-5). However, even as young adults transition into adulthood, poverty can make it more challenging to progress successfully at home, in school or at work.

Housing unaffordable for nearly a quarter of Michigan households with kids

The cost of basic necessities is a key factor of economic security, and housing is typically one of the largest expenses that families face.

Nearly a quarter (24%) of Michigan's children are in families that pay a disproportionately high amount (considered 30% or more) of their income on housing expenses. Some groups are more likely to carry this burden: children in low-income (53%), African American (40%), Hispanic or Latinx (31%), two or more races (29%), and immigrant family households (28%).

Unaffordable housing costs take money away from other essentials and can lead to overcrowded living conditions, exploitation by landlords, frequent moves and residence in lower-quality housing with environmental hazards such as lead and energy inefficiency. This further stresses budgets and impacts family health and safety.

Housing during COVID-19

Last fall, as many as 20% of Michigan parents reported concerns with being able to pay their rent or mortgage on time because of COVID-19.

That rate decreased to 16% by March 2021.

Policy decisions affect participation in vital social programs

When families find it hard to make ends meet, public social programs help them. There are a few major “safety net” programs—those that help families who have difficulty affording necessities by “catching” them before they “fall”—that include food assistance, cash assistance and child care subsidies. Policy decisions set program eligibility requirements that impact participation and reach. In this way, safety net program participation rates may not be a true reflection of need, and low rates may serve as a warning sign that kids who need help aren’t receiving it.

Nutrition and health assistance have long-term benefits

Women, Infants, and Children (WIC) is a federal health and nutrition program for low- and moderate-income pregnant, breastfeeding and postpartum women and their children. Eligibility is based on income, assets and nutrition, and/or health risks. In Michigan, WIC served 44.3% of children ages 0-4 in 2019, the lowest participation rate in a decade. It’s estimated that for every dollar invested in this program, three dollars are saved in subsequent healthcare costs.⁵



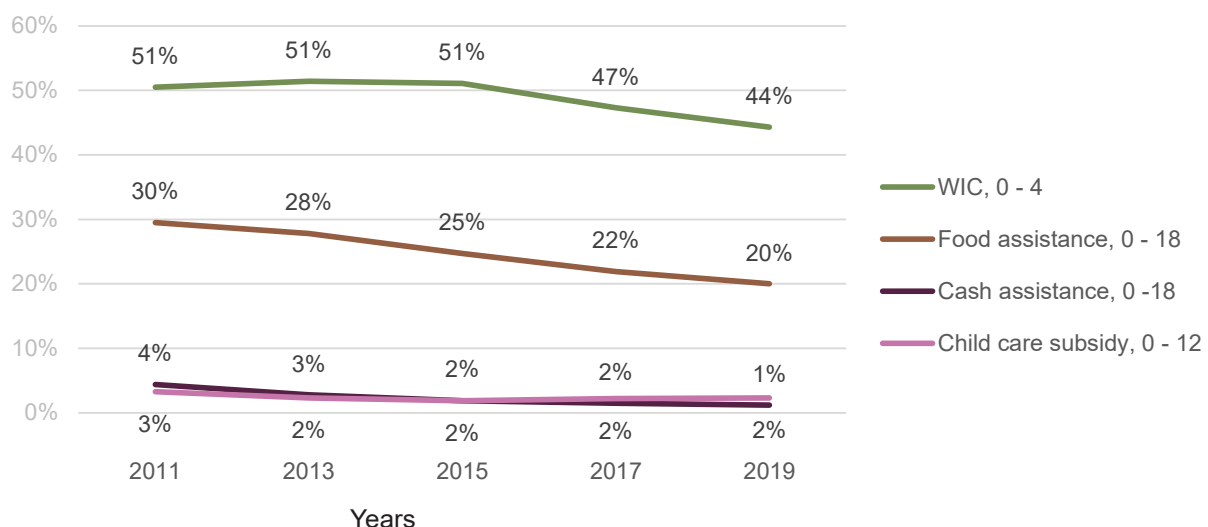
The federal Food Assistance Program (FAP), also known as the Supplemental Nutrition Assistance Program (SNAP), helps individuals and families with low incomes buy groceries. Eligibility is based on income and assets, and includes work and child support compliance requirements. The rate of children 18 and under receiving FAP benefits decreased in the last decade, from 30% in 2010 to 22% in 2020.

For the last four years, half of Michigan’s K-12 students received a free or reduced-price meal through the federal School Lunch Program. In 2020, 710,473 students benefited from access to school meals.

Cash assistance helps families with dependent children

The Family Independence Program (FIP) provides cash assistance to families with dependent children to pay for living expenses such as rent, heat, clothing and personal care items. To qualify, there are income and asset limits, work program participation and child support compliance requirements. In 2011, Michigan reduced the lifetime cap on how long it will provide benefits and eliminated hardship exemptions to those lifetime limits, significantly impacting program participation. The number of children receiving FIP declined by 83% (over 127,500 cases) from 2010 to 2020.

Participation down in social programs that help families



Source: Michigan Department of Health and Human Services

Child care subsidies help with early learning costs

Despite its importance in the learning continuum, child care is not treated as a public good so parents pay directly for care. Child care is considered affordable when it costs no more than 7% of a family's income.⁶

The average annual cost of infant care in a child care center in Michigan is \$10,861 (\$905 per month), accounting for 19% of a median family's income and 54% of a minimum wage worker's income. In this way, child care rivals the cost of in-state college tuition and is more than average rent prices. Care for older children is also high: child care for a 4-year-old, for example, costs \$8,890 annually (\$741 per month). Families with more than one child in care face even greater expenses.⁶

The Child Development and Care Program helps families pay for care through subsidies. Eligibility requirements include income limits and child support compliance. Because of low initial eligibility thresholds, low provider payments and supply, the number of children ages 0-12 receiving subsidies fell from 56,375 (3.4% of kids ages 0-12) in 2010 to 25,246 (1.7% of kids aged 0-12) in 2020.

When I feel like I'm in a place where I can thrive, I grow. I flourish. I have stability.

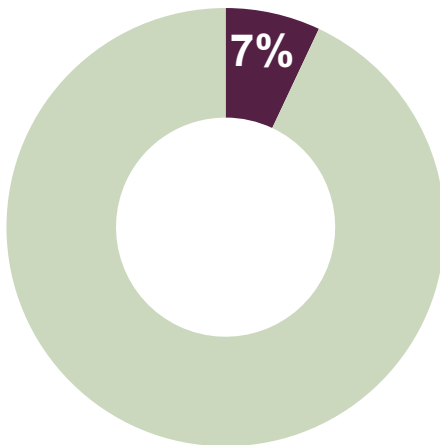
Ruby, 18

I'm not worried about my life. I believe in myself.

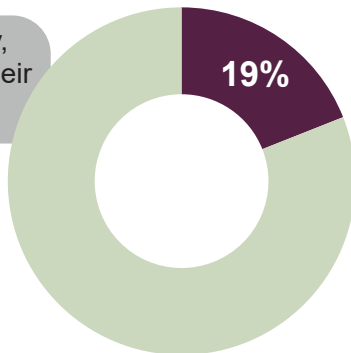
Justin, 14, Genesee County

Cost of child care is out of reach for many

Child care should cost no more than 7% of a family's income



But for a median family, infant care is 19% of their income



54%

And for a minimum wage worker, infant care costs are 54% of their income

Source: Economic Policy Institute, accessed January 2021

Education

Establishing the conditions that promote educational achievement is critical, beginning with high-quality early learning experiences and continuing through the early elementary years into the teen years and to adulthood.

Early learning experiences not reaching all young children

Child care settings are important learning centers and set the foundation for school achievement. However, availability, affordability and quality are challenges for many parents. Forty-four percent (44%) of Michiganders live in a child care desert, and spots for infants and toddlers are most scarce.¹

Child care costs rival that of in-state college tuition, and quality measures that help parents assess program options are not standard. Engagement in the state's early quality improvement system is voluntary, and over half (57%) of eligible child care providers do not participate.² Of participating providers, 91% have a quality rating of three, four or five stars out of five.²

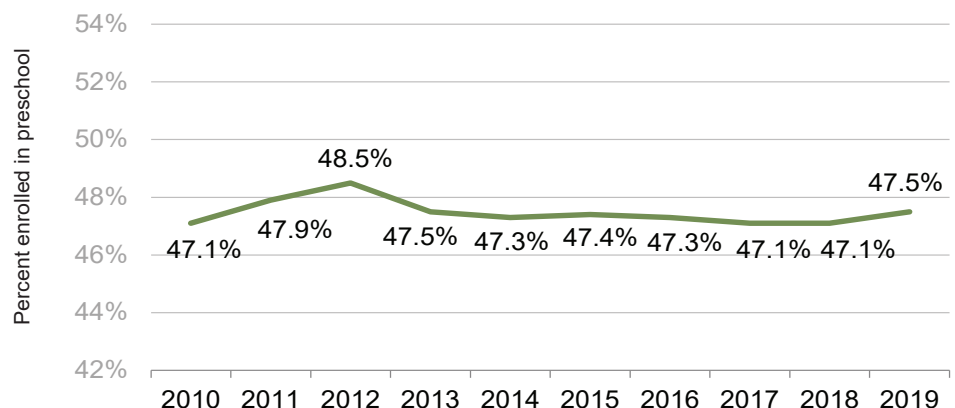
Though high-quality early learning programs help set the stage for future skill development, less than half of Michigan's 3- and 4-year-olds participated in a preschool program in the last decade. Children who do not live in low-income households are more likely to benefit from this experience: the rate of 3- and 4-year-olds who are not in school is 58% for those in low-income households (defined as 200% of the federal poverty level) and 48% for those in households above the low-income threshold.

Ultimately, we are not entirely sure how many young children participate in all early learning programs as there isn't reliable state and county data on how many children are in care. Michigan does not have a common assessment of kindergarten readiness for all students, so we also can't be sure how prepared our youngest learners are for school.³



Less than half of 3- and 4-year-olds enrolled in preschool

3- and 4-year-old preschool enrollment has been virtually flat over the last decade.



Source: American Community Survey 5-Year Estimates

Higher-need students and districts get fewer resources

Research shows that inequitable school funding negatively impacts student learning opportunities. Schools require ample instruction time, materials, student support and professional support for teachers to create quality learning conditions. Students who face additional challenges in school because they live in low-resourced households, are English-language learners or have a disability, for example, require additional resources to meet their learning needs.

However, Michigan doesn't require that schools that serve more vulnerable student populations receive more funding to meet their needs. In fact, Michigan is one of 16 states that provides less funding to its highest-poverty districts than to its lowest-poverty districts—an average difference of 5% less funding when adjusted for cost of living.⁴ Even more, from 2010-2019, Michigan shifted a total of \$4.5 billion intended for K-12 public schools to universities and community colleges to help balance the state budget.⁵

A lot of teachers don't care. You don't get that extra help. It doesn't make you want to go to school.

Cara, 17

Special education funding in Michigan is also considered inadequate. Because of budget shortfalls and federal requirements to provide special education services regardless of cost, many districts use funds intended for the general student population to provide these services. This results in less per-pupil funding for the general student body and inadequate funding for students with disabilities.⁴

While the vast majority of Michigan teachers have appropriate professional qualifications, students learning in high-poverty schools with

additional needs are more than two times more likely to have an inexperienced teacher than those in low-poverty schools.⁶ They are also more likely to have a teacher working outside their field.⁶ Teacher compensation in Michigan's highest-poverty districts is also, on average, \$10,000 less than teachers in its lowest-poverty districts.³

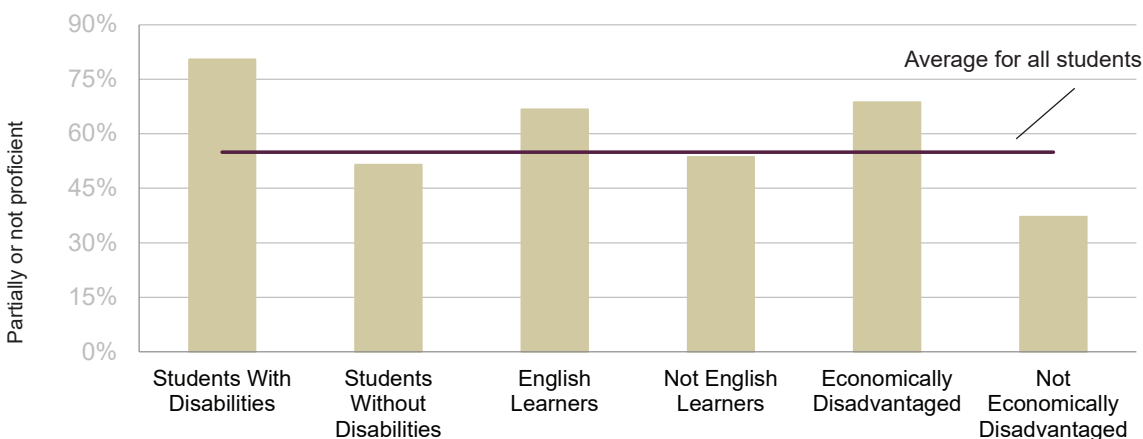
Most students not proficient in grade-level reading and/or math

Even before the COVID-19 pandemic, in 2019, just over half (55%) of Michigan's third-graders couldn't read at grade level (were partially or not proficient). Nationally, Michigan is one of only 18 states whose reading proficiency declined from 2003-2019.³ The majority (59%) of eighth-graders were also not proficient in grade-level mathematics.

Within the state, proficiency levels can range dramatically with counties, school districts and between student populations. When schools are not equitably funded and are positioned to better serve students who have more resources and less need, we experience disparate outcomes based on race, ability, language and socioeconomic status.

Academic testing was canceled for the 2019-2020 school year, but was not waived for the 2020-2021 school year.

Third-grade reading levels and ability, language and socioeconomic status



Source: Michigan's Center for Educational Performance and Information, 2018-19

Students in low-poverty schools have advantage when it comes to teachers



Source: Michigan's Center for Educational Performance and Information, 2020-21

In low-poverty schools, just 11.4% of teachers are inexperienced. In high-poverty schools, 24.5% of teachers are inexperienced.

Similarly, teachers in low-poverty schools are less likely to teach outside their field (3.6%), while 10.9% of teachers at high-poverty schools teach outside of their fields.

Time in school is affected by family economic security and school policies

Michigan had the third-highest rate of fourth-grade chronic absenteeism in the country at 28% in 2019, an increase of nearly 47% since 2015. Students who are economically disadvantaged and/or homeless are most likely to experience chronic absenteeism.⁷ For example, in the 2019-2020 school year, 29% of economically disadvantaged and 48% of homeless students were chronically absent compared to the 11% of non-economically disadvantaged and 20% of non-homeless students of all grades.⁸ These challenges touch all age groups and geographic locations in the state.⁷

Michigan is also one of five states with the highest out-of-school suspension rates. While nearly 112,000 students (7%) experienced an out-of-school suspension in 2015-2016, the suspension rate is incredibly higher (19%) for African American students—more than any other subgroup. This calls to question how implicit bias and “color blind” policies and practices may be harming students of color.³

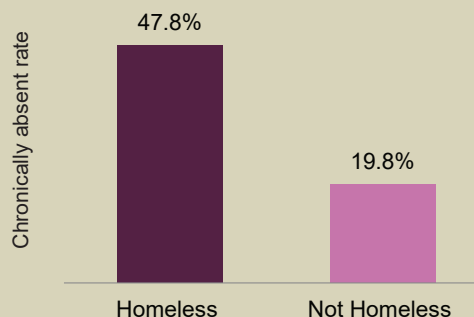
Teacher attendance is important to learning as well: 26% of Michigan teachers were absent more than 10 days during the 2015-2016 school year.³

Student Homelessness

Housing instability and homelessness threaten school attendance and student learning.

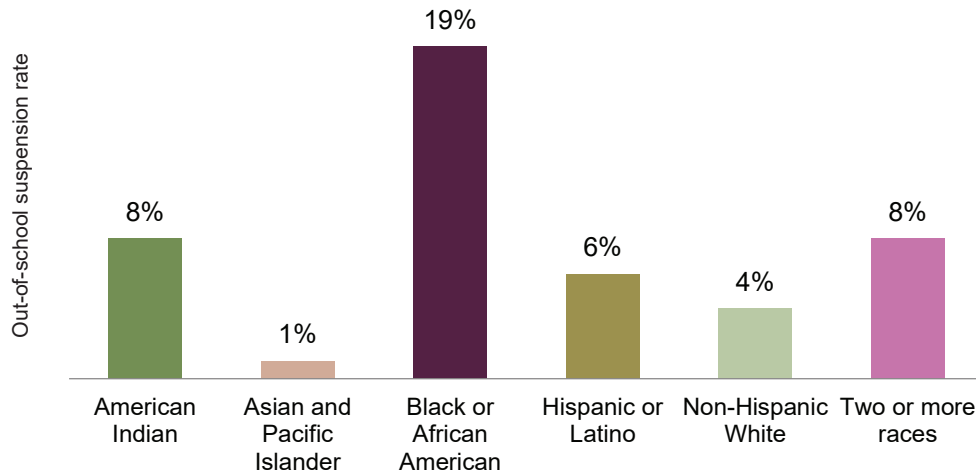
31,710 K-12 students experienced homelessness in the 2019-2020 school year. Over 4,500 were unaccompanied—not in the custody of a parent or guardian.

Students who are homeless are two times more likely to be chronically absent



Source: Michigan's Center for Educational Performance and Information, 2019-20

Michigan leads the nation in out-of-school suspensions and pushes African American students out the most



Source: National KIDS COUNT, 2015-16

High school graduation slowly trending up, though graduates aren't prepared for college

Even with the challenges of COVID-19, the four-year high school graduation rate was 82% in 2020. This is an improvement from 74% a decade prior, and without much change (81%) from 2019. Foster care students, those with disabilities and those who experience homelessness face the most barriers to graduating in four years.



My concern is, can I take what I learned in school and go and get a job with it or buy a house with it?

Because sometimes school doesn't teach the type of things that help you get what you need in life.

Ayme, 14, Wayne County

The number of young adults ages 18-24 who are enrolled in or have already completed college has stayed steady, ranging between 49%-51% since 2010. However, the SAT standardized test shows that only 34% of Michigan high school students have a total test score that meets or exceeds college readiness benchmarks.⁹

For the over 56,000 high school graduates enrolled in Michigan colleges in 2018-2019, 23% required remedial classes.¹⁰ Asian and Native Hawaiian/Pacific Islander students were most likely to be prepared to succeed as 13% and 16% required remedial courses, respectively, compared to 33% of Hispanic/Latinx and 44% of African American students. Remedial courses mean higher costs for students as they pay for additional, non-credit bearing courses.

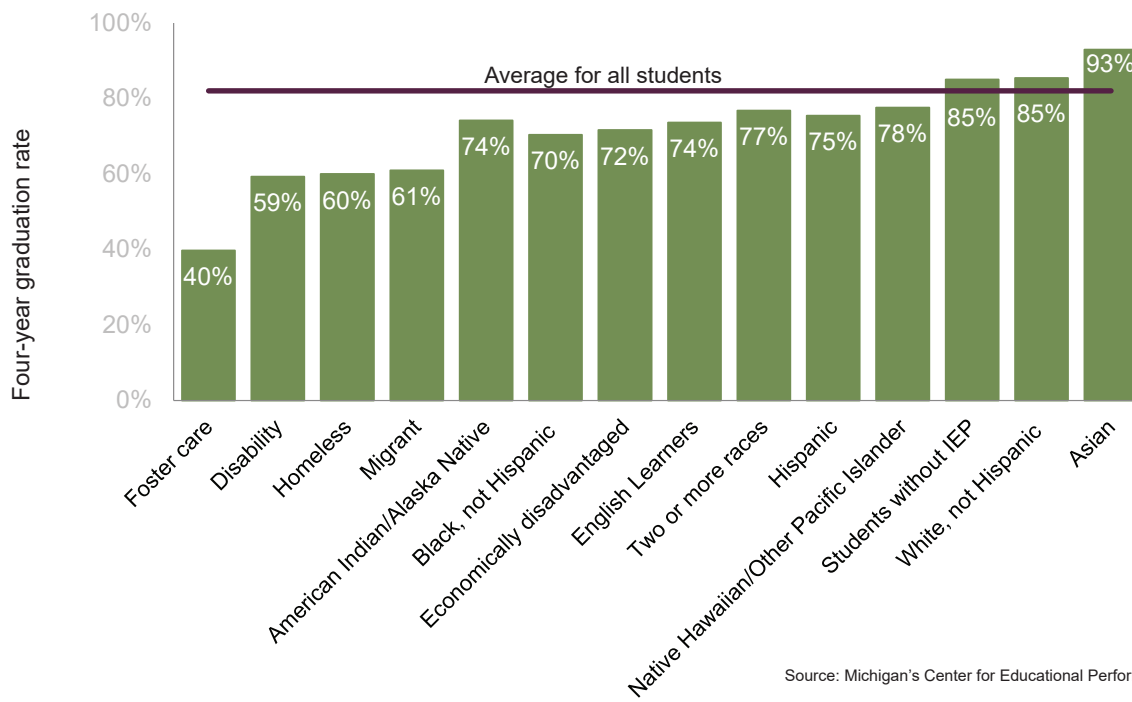
Successful transitions into adulthood typically include continued education or work, but over 36,000 (7%) 16- to 19-year-olds were not working or in school in 2019.

Some students are less likely to have to take remedial college courses, impacting education costs and the time it takes to complete a degree.

The number of young adults ages 18-24 who are not attending school, have no degree beyond a high school diploma or GED and are not working has decreased in the last decade from 18% in 2010 to 11% in 2019.

Overall, the share of Michigan adults (ages 25-64) with a college certificate or degree is 49.1%, less than the U.S. average of 51.9%.¹¹ Both the U.S. and Michigan experienced an over 10 percentage point increase in college attainment from 2008-2019.¹¹

Some students more likely to graduate on time



Schools need adequate resources to create successful learning conditions for students, particularly those with disabilities or language barriers and those who are impacted by poverty.

Michigan should adopt a weighted school funding formula to fund schools based on community and student need.

The impact of COVID-19 on education

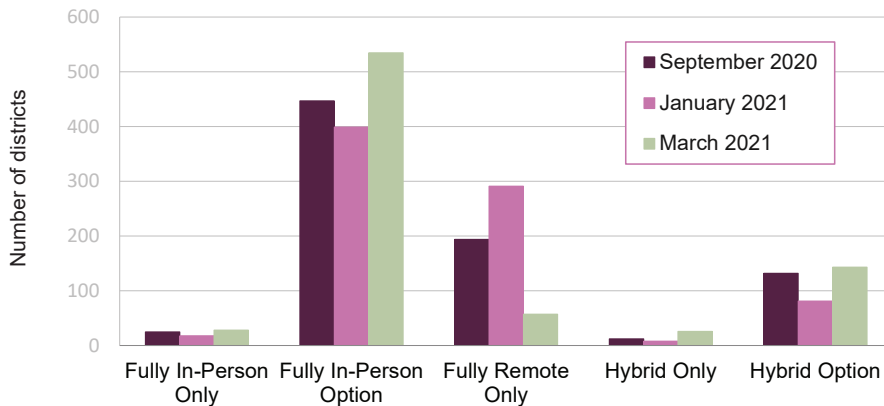
COVID caused child care closures

The pandemic impacted child care availability across the state. According to an Early Childhood Investment Corporation survey, over 840 licensed child care providers remain closed permanently or temporarily as of January 2021.¹² By April 5, when vaccinations became available to everyone age 16 and up in the state, less than 300 providers remained closed.¹³

COVID forced schools to consider other means of instruction

Michigan schools utilized a variety of in-person, remote and hybrid options for the 2020-2021 school year. Unfortunately, despite many districts' efforts, all students were not similarly situated for at-home learning.

Districts adjusted learning models in response to COVID-19



Source: Michigan's Center for Educational Performance and Information, 2020-21

Nationally, homes with school-aged children not equally equipped to support at-home learning

49%

said there was no adult available in the household to help children with schoolwork.

36%

were unable to provide kids with a quiet place to study.

32%

lacked adequate broadband internet and online learning tools.

Source: Annie E. Casey Foundation, 2020

What makes you excited to go to school?

What makes me excited when I go to school is that I can help people, and I know one day in the future I can help people with their rights.

Johnae, 13, Oakland County

Something that'll make me more excited about going to school is being motivated by my teachers.

If teachers let kids know that they're not alone and that they got this, more kids would be more motivated to come to class.

Ariel, 15, Wayne County

Seeing my friends and being able to learn with other people.

Kayleigh, 12, Wayne County

I get excited to talk to my teacher.

Jerra, 14, Wayne County

Study is the foundation for me to earn a high salary, and I can't waste it.

Amelia, 15, Wayne County

I really am not at all excited about school, but grades are important to me so I have good attendance.

I'd appreciate more freedom with picking electives and topics for projects so I can learn about things I am genuinely interested in.

Elliot, 15, Washtenaw County



Health and Safety

Children's health is fundamental to their overall development. Ensuring kids are born healthy is just the first step in setting a strong foundation for success: access to health services, having enough nutritious food and addressing environmental factors are essential for children and their parents.

Michigan leads in children's health insurance coverage

Access to affordable health services is critical to children's health. Health insurance coverage for young people ages 0-18 is typically a bright spot for Michigan. With a coverage rate of 97% in 2019, Michigan has one of the highest rates in the nation, ranking in the top five states nationwide in seven of the last 10 years. Still, there are 78,000 young people without health insurance, including children of lawful permanent residents ("green card" holders).

When young people have health insurance coverage, access to care may still pose a challenge. For example, Michigan statute does not have specific language that allows minors to consent to many basic medical services. There are cases in which minors can consent to some care, but it is often confusing for both young people and providers. This poses unique barriers for unaccompanied youth, foster care youth, homeless youth and the effectiveness of school- and community-based health centers.

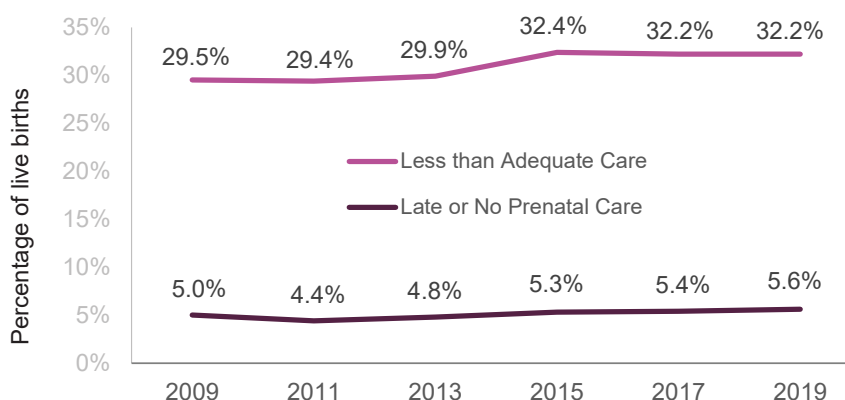
97% of Michigan children were covered by health insurance in 2019.

Newborn health, infant and child mortality point to underlying issues

The health of newborn babies is a sign of population health, pointing to environmental factors that impact a family's ability to meet their needs. Michigan counties experience a range of birth outcomes, and Michigan lags behind the U.S. in many areas. Access to adequate prenatal care is a key factor for healthy pregnancy and birth, though thousands of women lack access every year. Being born at a healthy birthweight decreases risk for physical and developmental delays.

High infant mortality rates persist in Michigan, with wide disparities between geographies and race. For example, babies in the county with the highest rate of infant mortality (Iosco) are four times less likely to survive past their first birthday than in the county with the lowest mortality rate (Livingston). Of all racial groups, White families disproportionately benefit from higher infant survival rates.

Lack of adequate prenatal care impacts thousands



*Data are three-year averages.

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



Child and teen death from causes such as accidents, illnesses, homicide and suicide also reveal underlying issues and inequities within communities. Racial disparities in outcomes point to environmental factors such as neighborhood safety, access to healthcare or exposure to environmental toxins. The state rate of child and teen deaths, 26 per 100,000 kids, hasn't changed much in the last decade.

Lack of food threatens children's health and safety

In addition to adequate medical care and mental health support, adequate food is another critical aspect of health. Nearly 15% (318,960) of Michigan children experienced food insecurity in 2018. County rates range from a low of 6.7% in Ottawa County along Lake Michigan to 26.8% in Montmorency County in the northwest quadrant of the lower peninsula. In other words, a child may be four times more likely to be food insecure depending on where they live.

What would make your community a safer, more welcoming place for kids and young people?

Something that would make it more welcoming would be adding more parks or places for kids and teens to have fun.

Ayme, 14, Wayne County

Less finger-pointing and violence and more events.

Angel, 13, Ingham County



The environment would be very good, the neighborhood would be very harmonious, there would be no discrimination, there would be children's play facilities, the surrounding traffic would be very convenient.

Ulakov, 18, Saginaw County

More youth programs in the neighborhood and more information availability. Not everyone has social media.

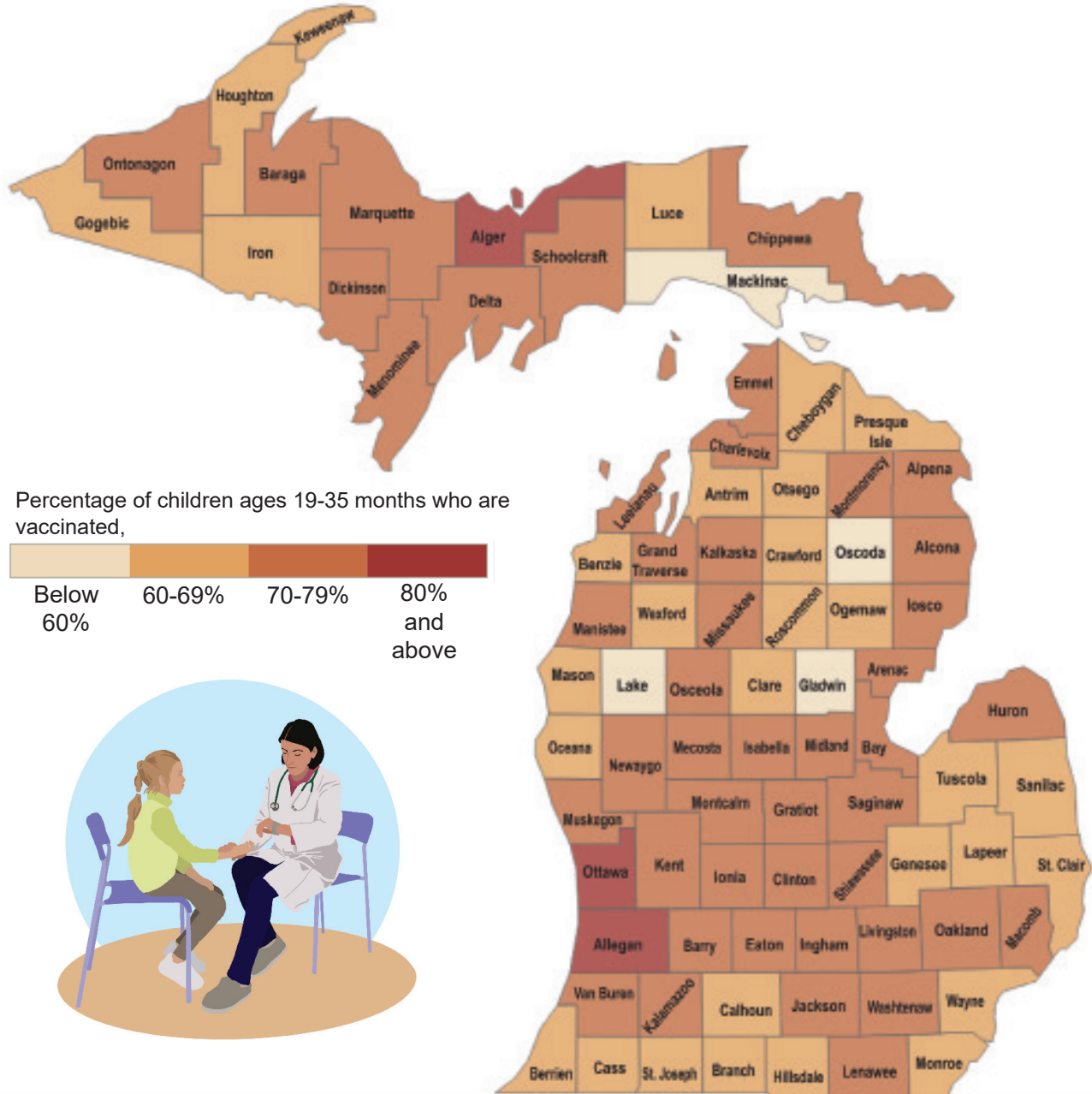
Liliana, 14, Wayne County

Vaccination rates down pre-COVID, further impacted by the pandemic

Michigan has seen a consistent decline in toddler immunization rates since a peak of 75% in 2017. In 2020, toddler vaccination rates reached a decade low of 70.7%. Lower vaccination rates leave children at risk for vaccine-preventable diseases and their complications. For example, in 2019, declining rates led to the greatest number of measles cases in the U.S. since 1992. In Michigan, children as young as eight months old were affected.¹

The exact vaccination rate required to reach herd immunity and protect a population varies by disease and is difficult to pinpoint. Typically, the higher the immunization rate, the better, as declines in rates are a threat to everyone, especially vulnerable populations such as the sick, elderly and young.

Vaccination rates continue to decrease



Source: Michigan Department of Health and Human Services, Division of Immunization, Michigan Care Improvement Registry, 2020

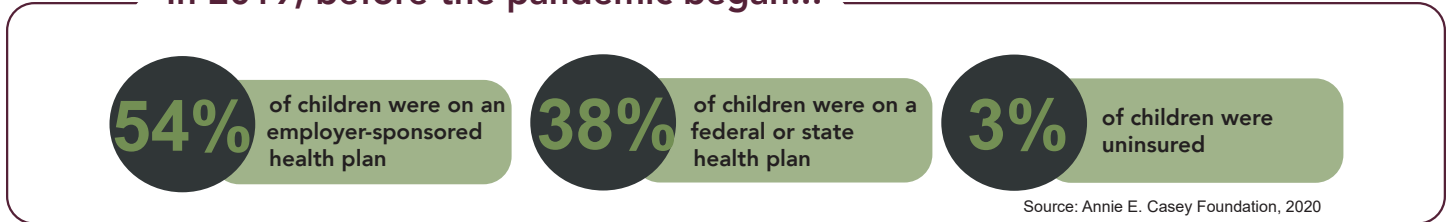
The impact of COVID-19 on Health and Safety

Importance of public healthcare underscored by massive job loss

Children’s health insurance coverage is often related to parental coverage. By the end of 2020, 66% of Michigan households with children reported lost employment income since the start of the pandemic.

With job loss, many also lost employer-sponsored health coverage and 8% of Michiganders raising children reported being uninsured in the final months of the year.

In 2019, before the pandemic began...



Interrupted medical care

Many families with children neglected medical care and postponed doctor visits because of the pandemic. By May 2020 (two months after the state of emergency was declared), vaccination rates had dropped for nearly all children under two compared to prior years. By December 2020, only 71% of toddlers were fully immunized—the lowest rate since 2010.

COVID-19 cases among children and young adults

The elderly and persons with underlying conditions were most at risk of contracting, becoming seriously ill and dying because of COVID-19. However, between March 1, 2020 and April 15, 2021, at least 258,039 young children, teens and young adults ages 0-29 contracted COVID-19. At least 73 young adults ages 20-29 died from COVID-19 in Michigan.²

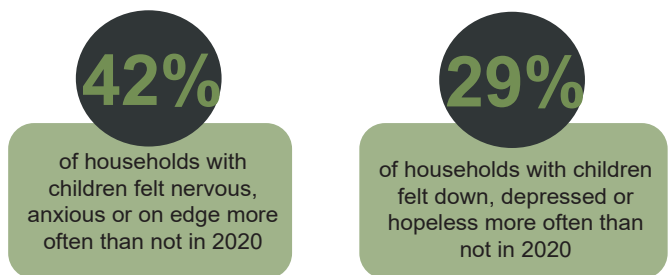
COVID-19’s disparate impact



Mental health challenges higher for households with children

Michiganders struggled with an unprecedented convergence of emergencies in 2020. Mental health challenges like anxiety and depression were high for families with children across the state.

By the end of 2020, Michigan households with children reported the highest rates of anxiety and depression of the year.



Population and Demographic Overview

Definition: The population by age and race.

Notes: The estimates use a model that incorporates information on natural changes such as births and deaths and net migration. Estimates are as of July 1 each year for the state of Michigan and all counties. Prior year's estimates are not updated. For the cities of Detroit and Flint, single-year data from the American Community Survey are used.

Sources: National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin.

U.S. Census Bureau, The American Community Survey, 1-Year Estimates, provided by the Office of the State Demographer.

Family and Community

Teen Births

Definition: The three-year average number of births to mothers ages 15-19 for 2008-10 and 2017-19. The rate is the number of births to mothers ages 15-19 per 1,000 females ages 15-19 (three-year average) during those periods.

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

Children in Investigated Families

Definition: Children living in families where an investigation of abuse or neglect was conducted during the fiscal years 2010 and 2020 (October 2019 to September 2020). Rates are calculated per 1,000 children ages 0-17 in their county of residence.

Notes: 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 fiscal year based on date of disposition hearing. Due to availability of population data at the time of release, rates are based on the population of the previous calendar year.

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

Definition: Children ages 0-17 confirmed to be victims of abuse or neglect following an investigation during the fiscal years 2010 and 2020 (October 2019 to September 2020). The rate is calculated per 1,000 children ages 0-17 in their county of residence.

Notes: Children may be counted twice if there was evidence of two separate cases of abuse found. The number reflects the total for the fiscal year based on date of complaint. Due to availability of population data at the time of release, rates are based on the population of the previous calendar year.

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

Children in Out-of-Home Care

Definition: 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 for 2010 and 2020. The rate is calculated per 1,000 children ages 0-17.

Notes: Location is based on the location of the court rather than the child's residence. The data are from a single month (September) in the reference years. Due to availability of population data at the time of release, rates are based on the population of the previous calendar year.

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

Children living in high-poverty areas

Definition: The five-year average number of children living in census tracts with poverty rates of 30% or higher in 2015-19. The percentage is based on the five-year average population of children ages 0-17.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1701.

Family with married parent

Definition: The five-year average number of children ages 0-17 in married-parent families for 2015-19. The percentage is based on the average population of children ages 0-17 for that period.

Notes: Children are determined to be in a married-parent household if the head of household is married. Children living with cohabiting adults who are not married, even if one of those adults is a parent, are considered to be in single-parent households.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B17006.

Family with single parent

Definition: The five-year average number of children ages 0-17 in single-parent families for 2015-19. The percentage is based on the average population of children ages 0-17 for that period.

Notes: Children are determined to be in a married-parent household if the head of household is married. Children living with cohabiting adults who are not married, even if one of those adults is a parent, are considered to be in single-parent households.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B17006.

Poverty by families with married parents

Definition: The five-year average number of children ages 0-17 in married-parent families living in households with incomes below 100% of the federal poverty level for 2015-19. The percentage is based on the average population of children ages 0-17 for that period.

Notes: Children are determined to be in a married-parent household if the head of household is married. Children living with cohabiting adults who are not married, even if one of those adults is a parent, are considered to be in single-parent households.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B17006.

Children in poverty: single-parent families

Definition: The five-year average number of children ages 0-17 in single-parent families living in households with incomes below 100% of the federal poverty level for 2015-19. The percentage is based on the average population of children ages 0-17 for that period.

Notes: Children are determined to be in a married-parent household if the head of household is married. Children living with cohabiting adults who are not married, even if one of those adults is a parent, are considered to be in single-parent households.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B17006.

English not spoken at home, ages 5-17

Definition: The five-year average of children ages 5-17 living in households where English is not the language spoken at home for 2015-19. The percentage is based on the five-year average population of children ages 5-17.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B16008.

Children with internet at home

Definition: The five-year average number of children ages 0-17 with internet at home for 2015-19. The percentage is based on the five-year average population of children ages 0-17.

Notes: Children are determined to have internet at home if they have any type of computer in the household and either a dial-up or broadband internet subscription.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B28005



Economic Security

Children in Poverty, Ages 0-17

Definition: The number of children living in families whose income in the past 12 months was below 100% of the federal poverty level in 2010 and 2019. 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. Detroit and Flint are from the American Community Survey, 1-Year Estimates, Table B17001.

Young Adults in Poverty, Ages 18-24

Definition: The five-year average number of 18- to 24-year-olds with income in the past 12 months below 100% of the federal poverty level in 2006-10 and 2015-19. The percentage is based on the total number of 18- to 24-year-olds during that period.

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, Table B17001.

Households in Poverty & ALICE

Definition: All people who are in households that are either below 100% of the federal poverty level or determined to be Asset Limited, Income Constrained, Employed (ALICE) in 2010 and 2019. The percentage is based on the total population during that period.

Notes: ALICE is a metric developed by United Way to estimate the number of households who earn above the federal poverty level but not enough to afford a bare-bones household budget. To learn more about methodology, visit:

<https://www.unitedforalice.org/home>.

Source: United for Alice, 2021.

Economic Security, continued

Free and reduced-price lunch, K-12

Definition: K-12 students (including ungraded special education) from families who are eligible to receive free or reduced-price lunch in school year 2020-21. The percentage is based on total enrollment of K-12 public school students for the school year.

Notes: According to Michigan's Center for Educational Performance and Information, "starting in Fall 2017, the eligibility (direct certification) of students for free or reduced-price lunch was expanded to include students who were eligible for Medicaid. This expansion resulted in a significant increase in the number of students eligible for free meals, and a decrease in the number of students eligible for reduced-priced meals. Overall, there was a significant increase in the number of students eligible for free or reduced-price meals compared to Fall 2016, thus increasing the number of economically disadvantaged students."

Source: Michigan's Center for Educational Performance and Information, Free and Reduced Lunch Counts.

Subsidized child care, ages 0-12

Definition: The number of children ages 0-12 in child care for whom subsidy payments were made from the state in December 2020. The percentage is based on the estimated population of children ages 0-12.

Notes: In 2020, most families qualified with earned income below 130% of the poverty level. Due to availability of population data at the time of release, the percentage is based on the population of the previous calendar year.

Source: Michigan Department of Health and Human Services, Child Development and Care Program, Assistance Payment Statistics, Table 69.

Cash assistance (FIP), ages 0-18

Definition: The number reflects child recipients ages 0-18 in the Family Independence Program (FIP) in December 2020. For Detroit, Flint and the Out-Wayne region, the most recent data available are for 2017. The percentage is based on the estimated population of children ages 0-18.

Notes: Families with minor children qualify by having very low income and assets less than \$15,000 as of Dec. 1, 2019. Children in families receiving extended FIP are not included. Due to availability of population data at the time of release, the percentage is based on the population of the previous calendar year.

Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 67; special run for Detroit and Flint data.

Food assistance (FAP), ages 0-18

Definition: The number reflects child recipients ages 0-18 in the Food Assistance Program (FAP), also known as the Supplemental Nutrition Assistance Program (SNAP), in December 2020. For Flint, the most recent data available are for 2017. For Detroit and the Out Wayne region, the most recent data available are for 2016. The percentage is based on the estimated population of children ages 0-18.

Notes: Families qualify with income below 130% of the poverty level. Due to availability of population data at the time of release, the percentage is based on the population of the previous calendar year.

Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 68; special run for Detroit and Flint data.

Women, Infants, and Children (WIC), ages 0-4

Definition: The number of children ages 0-4 who were enrolled in the Women, Infants, and Children (WIC) program during calendar year 2019. The percentage is based on the estimated population of children ages 0-4.

Notes: Due to availability of population data at the time of release, the percentage is based on the population of the previous calendar year.

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

Supplemental Security Income

Definition: The number of children ages 0-18 receiving Supplemental Security Income (SSI) as of December 2020. 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.

Notes: Due to availability of population data at the time of release, the percentage is based on the population of the previous calendar year.

Source: Michigan Department of Health and Human Services.

Child support received

Definition: The number of children who received any amount of the support payments that were owed during the fiscal year 2020 (October 2019 to September 2020). The percentage is based on the number of children with support owed for at least one month during the fiscal year 2020.

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

Median Household Income

Definition: The median represents the midpoint of all household income amounts in a given year.

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

Average cost of full-time child care per month/Percent of full-time minimum wage

Definition: 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 September 2020. The percentage is based on \$9.65 an hour, the minimum wage as of January 1, 2020.

Notes: Data are self-reported by providers and not validated by any third party. Providers have the option to report and data are continually updated on a rolling basis. These data should be considered estimates as not all provider cost data are included. In 2020, fewer providers submitted cost data due to closures and opting-out of reporting. Some counties had no providers submit cost data and are indicated by an asterisk (*).

Source: Early Childhood Investment Corporation.

Families receiving the Earned Income Tax Credit (EITC)

Definition: The number of families benefiting from the Michigan Earned Income Tax Credit in 2019. The EITC is a tax credit that boosts after-tax incomes for working families who have low earnings. Families with children receive a larger credit. The percentage is based on the total number of tax filers.

Source: Michigan Department of Treasury.

Families with high housing-cost burden

Definition: The number of households spending 30% or more of their income on housing costs for the five-year average of 2015-19. The percentage is based on total households for that period.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B25106.

Education

3- and 4-year-olds in preschool

Definition: The number of children ages 3-4 who were enrolled in preschool for the five-year averages of 2006-10 and 2015-19. The percentage is based on the population for ages 3-4 during those periods.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1401.



Students graduating on time

Definition: The count of students who entered ninth grade in 2006 or 2016 and graduated four years later, or five years if enrolled in an Early Middle College program. The percentage is based on the cohort of students entering ninth grade in those years.

Notes: County totals are estimations based on district code. Some districts are excluded due to small numbers of 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 on-time graduation rates. Counties most affected include Berrien, Clinton, Leelanau, Manistee and Montcalm.

Source: Michigan's Center for Educational Performance and Information, Graduation and Dropout Report.

Third-graders proficient in English Language Arts, M-STEP

Definition: The number of third-graders whose performance on the M-STEP English Language Arts (ELA) test met the standard of proficiency in 2015 and 2019. The percentage is based on the number of third-graders whose ELA test scores were included in the report.

Notes: County totals are estimations based on district code. Some districts are excluded due to small numbers of 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 on-time graduation rates. Counties most affected include Berrien, Clinton, Leelanau, Manistee and Montcalm.

Source: Michigan's Center for Educational Performance and Information, Grade 3-8 Assessments Report.

Eighth-graders proficient in math, M-STEP

Definition: The number of eighth-graders whose performance on the M-STEP math test met the standard of proficiency in 2015 and 2018. The percentage is based on the number of eighth-graders whose math test scores were included in the report.

Notes: County totals are estimations based on district code. Some districts are excluded due to small numbers of 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 on-time graduation rates. Counties most affected include Berrien, Clinton, Leelanau, Manistee and Montcalm.

Source: Michigan's Center for Educational Performance and Information, Grade 3-8 Assessments Report.

Education, continued

Children ages 0-2 receiving Early On services, by Intermediate School District (ISD)

Definition: The number of children ages 0-2 who were enrolled in Early On in the fall of 2020. The percentage is based on the estimated three-year births for 2017-19. These data are reported by the Intermediate School District (ISD).

Source: Michigan Department of Education.

Students in special education

Definition: The number of individuals ages 0 through 26 receiving special education services as of December 2019, 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 total student enrollments from the Free/Reduced Lunch data file.

Source: Michigan Department of Education, Special Education Services and the Center for Educational Performance Information.

Students who are homeless, by Intermediate School District (ISD)

Definition: The number of K-12 students who were considered homeless in school year 2019-20. The percentage is based on the total number of K-12 students enrolled in the ISD.

Notes: These data are based on the McKinney-Vento definition of homelessness, which includes all children who “lack a fixed, regular, and adequate nighttime residence.” Wayne ISD was likely undercounted significantly due to data collection issues in the Detroit Public Schools Community District.

Source: Michigan’s Center for Educational Performance and Information.

Eighth-graders proficient in math, PSAT

Definition: The number of eighth-graders whose performance on the PSAT math test met the standard of proficiency in 2019. The percentage is based on the number of eighth-graders whose math test scores were included in the report.

Notes: In 2019, eighth-graders stopped using the M-STEP test and began taking the PSAT for mathematics. County totals are estimations based on district code. Some districts are excluded due to small numbers of 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 on-time graduation rates. Counties most affected include Berrien, Clinton, Leelanau, Manistee and Montcalm.

Source: Michigan’s Center for Educational Performance and Information, Grade 3-8 Assessments Report.

Students who drop out

Definition: The number of students in the four-year cohort entering high school in 2016 who have not graduated and either have left school permanently or whose whereabouts are unknown as of 2020. The percent is based on the cohort.

Notes: County totals are estimations based on district code. Some districts are excluded due to small numbers of 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 on-time graduation rates. Counties most affected include Berrien, Clinton, Leelanau, Manistee and Montcalm.

Source: Michigan’s Center for Educational Performance and Information, Graduation and Dropout Report.

Teens not in school or working, ages 16-19

Definition: Teens ages 16-19 who are not enrolled in school and are either unemployed or not in the labor force for the five-year average of 2015-19.

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B14005.

Health and Safety

Less than adequate prenatal care

Definition: The three-year average number of births for 2008-10 and 2017-19 to mothers who received less than adequate prenatal care as defined by the Kessner Index. The Kessner Index measures the adequacy of prenatal care by the month it began, the number of prenatal visits and the length of the pregnancy. The percentage is based on total three-year average resident live births based on the mother’s county of residence.

Notes: Data are collected from medical record by birth providers. Visits to alternative prenatal care providers such as midwives and doulas are reflected as long as they were documented in the medical record.

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

Infant mortality

Definition: The three-year average number of infants who died before their first birthday for 2008-10 and 2017-19. The rate is the number of infant deaths per 1,000 live births (three-year average) 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 deaths, ages 1-14

Definition: The number of deaths from all causes for children ages 1-14. It is an annual average for the three-year periods of 2008-10 and 2017-19. The rate is the number of child deaths per 100,000 children ages 1-14 (three-year average) 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.

Teen deaths, ages 15-19

Definition: The number of deaths from all causes for children ages 15-19. It is an annual average for the three-year periods of 2008-10 and 2017-19. The rate is the number of child deaths per 100,000 children ages 15-19 (three-year average) 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.

Young adult deaths, ages 18-24

Definition: The number of deaths from all causes for young adults ages 18-24. It is an annual average for the three-year periods of 2008-10 and 2017-19. The rate is the number of child deaths per 100,000 children ages 18-24 (three-year average) 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.

Children with health insurance

Definition: The annual number and percentage estimates of children ages 0-18 insured through a public or private program in 2018. Detroit and Flint data are from the American Community Survey (single-year).

Source: County, state and regional data from the U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE); Detroit and Flint data are from the American Community Survey (single-year).

Children insured by Medicaid

Definition: The number of children ages 0-18 enrolled in Medicaid as of December 2020. The percentage is based on the estimated population of children ages 0-18.

Notes: Due to availability of data at the time of release, percentage is based on the population of the previous calendar year.

Source: Michigan Department of Health and Human Services.

Low-birthweight babies

Definition: Low birthweight includes those babies who weighed less than 2,500 grams (approximately 5 lb., 8 oz.) at birth. The number is an annual average for the three-year period of 2017-19. The percentage is based on the total three-year average resident live births in the mother's county of residence.

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

Fully immunized toddlers, ages 19-35 months

Definition: The number of children ages 19-35 months who had completed the recommended childhood vaccination series schedule as of December 2020, 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.

Notes: Schedule 4313314 includes: four or more doses of diphtheria, tetanus and pertussis (DTaP/DTP/DT) vaccine, three or more doses of polio vaccine, one or more dose of measles, mumps and rubella (MMR) vaccine, three or more doses of haemophilus influenza type B (Hib) vaccine, three or more doses of hepatitis B vaccine, one or more dose of varicella vaccine, and four or more doses of pneumococcal conjugate vaccine (PCV).

Source: Michigan Department of Health and Human Services, Division of Immunization, Michigan Care Improvement Registry.

Tested for lead, ages 1-2

Definition: The number of children ages 1-2 who were tested for lead in 2019. The percentage is based on the number of children ages 1-2.

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

Children, ages 0-14, hospitalized for asthma

Definition: The three-year average number of Michigan hospital discharges of children ages 0-14 with asthma recorded as the primary diagnosis in 2016-18. The rate is per 10,000 children ages 1-14.

Notes: According to the data source, "hospitalization rates calculated with a small number of events or population size are statistically unstable. They exhibit wide confidence intervals indicative of great variability. Data suppression rules are enforced so that the data presented are reliable. For demographic or geographic subgroups where there is less than or equal to 20 hospitalizations or less than 5000 population, asthma hospitalization rates are not presented. In addition, to protect the identity of persons who have been hospitalized, counts < 5 are not presented."

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



Health and Safety, continued

Children with food insecurity

Definition: The number and percentage of children ages 0-17 determined to be food insecure, or living in households that experienced food insecurity at some point during 2018. Food insecurity refers to the United States Department of Agriculture's measurement of a lack of access, at times, to enough food for an active, healthy life for all members of a given household, and limited or uncertain availability of nutritionally adequate foods.

Notes: County estimates were aggregated to get regional estimates, and 2018 populations for 0-17 were used to generate regional percentages. Kids Count in Michigan produced unrounded counts of children with food insecurity for each location to better estimate regional totals. These unrounded counts were used in all data profiles, including the statewide profile on page 13. In the printed book on page 33, a rounded count provided by the data source was used. For both methods, the percent of children facing food insecurity statewide is 14.7%. According to the data source: "Please take caution as you compare county rates year-by-year. For each iteration of the study, there are very few statistically significant changes. Methodology has changed twice since the study's inception. Most recently, beginning in 2020, the food insecurity model was enhanced through the inclusion of a disability rate variable and refining our poverty measure to reflect non-undergraduate student poverty. The details surrounding this change are discussed in a technical brief (pg. 4-5). Additionally, in 2013, homeownership was introduced as an independent variable to serve as a proxy for household assets. Because of these methodology changes, the estimates from Map the Meal Gap 2020 are not directly comparable to estimates from previous years. Additionally, studies prior to 2013 are not directly comparable to more recent publications."

Source: Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.

Mental health providers (per population)

Definition: The number of mental health providers in 2019 and the ratio of the population to mental health providers.

Notes: The ratio represents the number of individuals served by one mental health provider in the county or region if the population were equally distributed across providers. For example, if a county has a population of 50,000 and has 20 mental health providers, their ratio would be: 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one mental

Please note that trends over time are not tested for statistical significance.

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.

Rate Changes: 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. Trend changes are indicated by the color-coded dots to be improving, worsening, or no change. An indicator is determined to have no change if the percentage change is +/-1% from zero. Change is not calculated if a rate is suppressed for one or both years. 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.

Endnotes by Section

Child Population

1. The data source only recognizes male and female genders.
2. These data are from a data source with expanded racial groups. Data are available for fewer racial groups for the state, region, county and city data profiles, so percentages are slightly different.

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If you had a million dollars, what would you do with it to make the future better for young people?

I would give half to the homeless and the rest to make more places like the YMCA.

Kayleigh, 12, Wayne County

I would like to make a camp to tell people how important it is to stay in school and to focus. For people who want to take school seriously, I'd give them scholarships.

Jeremiah, 14, Ingham County

I would invest it into a school system where they could use it to have better education.

Jerra, 17, Wayne County

I would put it toward after school activities because some kids don't want to go home but at the same time the school can't afford after school activities.

Johnae, 13, Oakland County

Creating spaces and making sure people get love are very important, so make as many of those as possible.

Nate, 15, Livingston County

I would bring back recreational centers. So youth can be off the street and diversing their skill set. Paying teachers to teach and inspire them to be more.

Na'Kyah, 15, Wayne County

If I had 1 million dollars for youth I would make some type of establishment for kids and youth to come to in Lansing for them to enjoy, where they can learn and have fun and maybe even get help with school and their homework because that can be very stressful on youth.

J'Kyla, 14, Ingham County

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