

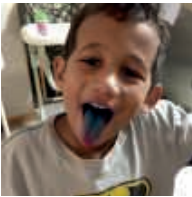
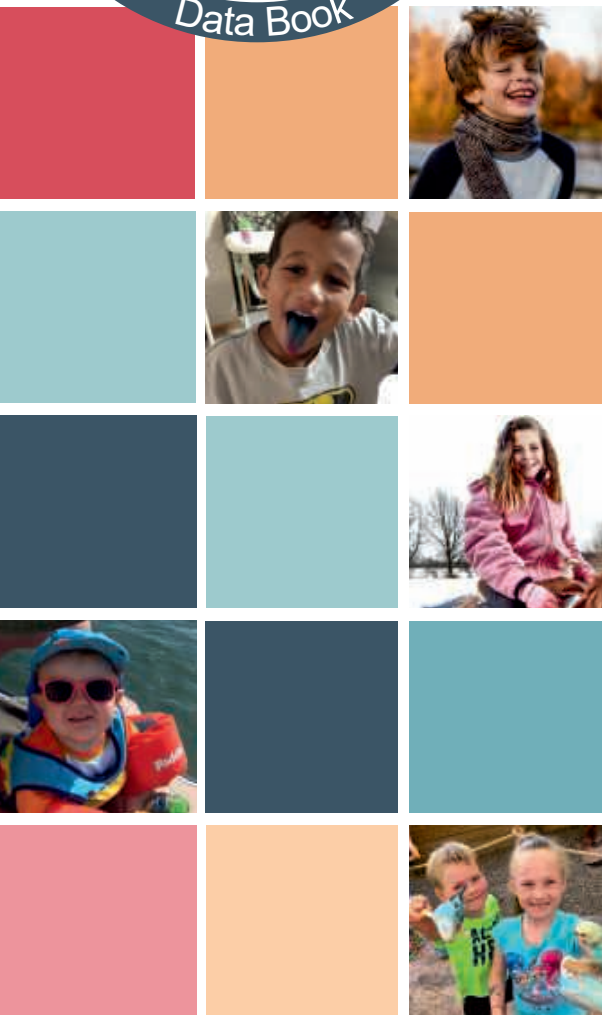


2018

KIDS COUNT IN MICHIGAN

Data Book

A Michigan Where All Kids Thrive



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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.



www.mlpp.org

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Many thanks to the families who submitted pictures of their kids and families to be featured in this year's data book!

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- Early Childhood Investment Corporation
- Michigan Department of Health and Human Services
- Michigan Department of Education
- Office of the State Demographer

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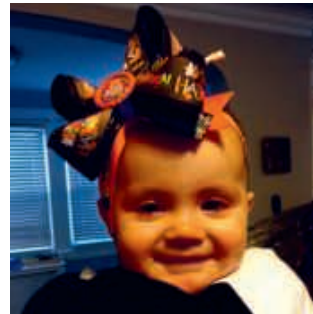
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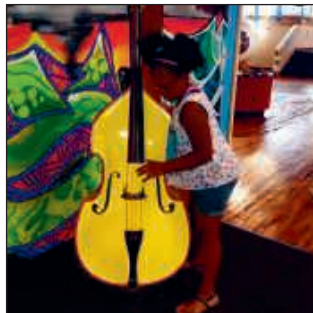


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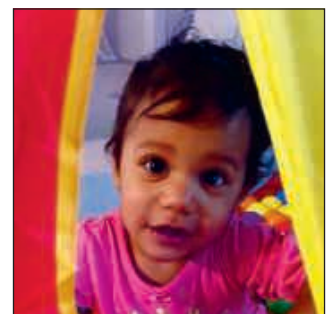
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Introduction

In 2016, more than 1 in 5 children in Michigan still lived in poverty. That is an improvement from 23% in 2010 when our state was beginning to recover from the Great Recession. However, that means that 444,100 children lived in poverty. And while unemployment levels are down to their lowest in decades and median income has slowly risen, jobs in Michigan have been disproportionately low wage¹ and when adjusted for inflation, income levels are still below pre-recession levels.² Even when families are working—two-thirds of young children have both parents in the workforce—it is a struggle to make ends meet. Families need access to jobs that provide family-supporting wages and benefits.

Levels of children living in high-poverty neighborhoods have also remained steady at 17%, with ranges up to over 43% in Schoolcraft and Wayne counties. Children of color are much more likely to live in poverty and in concentrated poverty: 55% of African-American and 29% of Latinx children live in high-poverty neighborhoods where the poverty rate is 30% or higher. Neighborhoods with high levels of poverty are less likely to offer opportunities that improve outcomes—schools without adequate resources, fewer jobs for parents and higher rates of crime and violence are generally found instead.³ The chronic stress that can occur when living in poverty and high-poverty neighborhoods can also negatively impact child development and overall health and well-being.⁴

Poverty remains one of the best predictors of outcomes for kids. It is connected to homelessness, which results in instability and trauma for children. It appears in the child welfare system, where there is a greater risk of neglect causing adverse effects for kids. Educational outcomes vary greatly based on income and the availability, or lack of, resources to support learning. Children's health is affected by poverty whether through environmental issues, such as high levels of lead in older housing, or hunger and poor nutrition.

The racial and ethnic disparities that exist in poverty and other indicators of well-being for children in Michigan are unacceptable. The *2017 Race for Results* report by the national KIDS COUNT project revealed that African-American kids in Michigan fare worse than their peers in any other state and no state is doing particularly well in outcomes for Latinx children.⁵ Systems and institutions have historically worked against people of color, which has led to deep differences in opportunity. As a state and a country, we need to develop policies using a racial equity lens and that includes prioritizing the collection and availability of data disaggregated by race and ethnicity.

Recent reforms to the state's zero-tolerance school discipline law, which disproportionately impacts kids of color, are an example of how policy can begin to tackle disparities in the school-to-prison pipeline. Another opportunity for lawmakers to make a significant impact would be to raise the age of juvenile jurisdiction from 17 to 18 years old. Youth of color are overrepresented in the number of 17-year-olds entering the state's adult criminal justice system, strapping them with an adult criminal record and denying them of future economic and educational opportunities.

The *2018 Kids Count in Michigan Data Book* continues to demonstrate that race and income are critical factors to be addressed if we are to create a Michigan where all children have opportunities to reach their potential. While there have been some significant wins and investments in programs for children, such as increased funding for the At-Risk School Aid program and improvements in the state's child care subsidy program, these come after more than a decade of disinvestments and the erosion of safety net programs meant to assist families experiencing poverty and financial difficulties. The research is clear: money matters for child well-being. Increasing financial resources to families through policies like the state's Earned Income Tax Credit (EITC) and cash assistance programs improves outcomes, including education attainment.⁶ There is much more work ahead.

About the Kids Count Indicators

Economic Security

Children in Poverty (Ages 0-17)

-U.S. Census Bureau, SAIPE-

Children growing up in poverty (\$24,339 for a family of four) are much more likely than their peers to experience stress and deprivation that hinders development and readiness for school, health and other developmental outcomes.

Young Children Eligible for SNAP (Ages 0-5)

-MI Dept. of Health & Human Services-

The Michigan Food Assistance Program (FAP), known as SNAP nationally, provides financial assistance to families with low incomes to buy groceries, striving to reduce food insecurity.

Students Eligible for Free/Reduced-Price Lunches

-Center for Education Performance Information-

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

Health and Safety

Less Than Adequate Prenatal Care

-MI Dept. of Health & Human Services-

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

Low-Birthweight Babies

-MI Dept. of Health & Human Services-

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

Infant Mortality

-MI Dept. of Health & Human Services-

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

Child/Teen Deaths (Ages 1-19)

-MI Dept. of Health & Human Services-

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

Family and Community

Births to Teens (Ages 15-19)

-MI Dept. of Health & Human Services-

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

Children in Families Investigated for Abuse/Neglect

-MI Dept. of Health & Human Services-

Each reported case of abuse or neglect is investigated and categorized based on the evidence collected and the safety risk for recurrence of abuse or neglect.

Children Confirmed As Victims of Abuse/Neglect

-MI Dept. of Health & Human Services-

Experiencing abuse or neglect as a child is one adverse childhood experience (ACE) that hinders healthy development and outcomes into adulthood.

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

-MI Dept. of Health & Human Services-

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

Education

3- and 4-Year-Olds in Preschool

-U.S. Census Bureau, SAIPE-

Children who participate in high-quality preschool programs are more likely to be socially and cognitively ready for kindergarten.

Students NOT Graduating From High School On Time

-MI Dept. of Education-

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

Students NOT College Ready

-MI Dept. of Education-

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

Third-Graders NOT Proficient in English Language Arts

-MI Dept. of Education-

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

Eighth-Graders NOT Proficient in Math

-MI Dept. of Education-

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

Using the Data Book

Since 1992, the Michigan League for Public Policy has produced the annual *Kids Count in Michigan Data Book*. The book reviews background and trend data to evaluate the well-being of children throughout communities in Michigan while identifying policy strategies that could be implemented to improve outcomes. The base period for the 2018 book is 2010 compared to 2016, unless otherwise noted. The report analyzes 16 key indicators across four domains: 1) economic security, 2) health and safety, 3) family and community, and 4) education. The overall child well-being rank is based on a county's rank in 14 of the 16 measures; infant mortality and child and teen deaths are excluded as many counties do not have sufficient data on these two indicators. With several changes to the data this year, rankings from previous years cannot be compared.

New to the 2018 data book is the trend indicator on college readiness. Beginning with the 2016-2017 school year, the SAT with essay was administered to 11th-grade students during the Michigan Merit Examination (MME) in the spring. The college readiness data are based on total scores in all subjects, including evidence-based reading and writing and mathematics.

There are also several data limitations to note in this year's report:

- **Children hospitalized for asthma:** In 2015, there were changes in the coding making previous and future years incomparable. With this change, the data is only available in a single year, which means that almost all counties do not have data available since this data is generally reported in three-year averages.
- **Childhood lead testing and poisoning:** Reliable local data from the Michigan Department of Health and Human Services was unavailable beyond 2015.
- **Virtual schools:** Due to the methodology and available data, virtual schools are included in county data according to the location of the virtual school authorizer.

Additionally, prior years have combined data for Missaukee and Wexford counties and Grand Traverse and Leelanau counties for children living in families investigated for child abuse or neglect and children confirmed as victims of abuse or neglect. The 2018 data book reports separate numbers for each of these counties, including the base year and most recent year of data.

With the help of the Michigan Department of Health and Human Services (MDHHS) Children's Services Administration,

children confirmed as victims of abuse or neglect and children placed in out-of-home care due to abuse or neglect data are now reliably available by race and ethnicity. The data provides a detailed breakdown of race and ethnicity, which are then categorized and calculated by the League. All children with a race code that includes Hispanic are categorized as "Hispanic," while children with multiple race codes are categorized as "Multiracial." Children with single race codes are categorized accordingly. The MDHHS also includes race codes "Unable to Determine" and "No Match Found," which the League categorizes as "Unable to Determine." Due to these changes, data from prior years cannot be compared.

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

The image shows a promotional graphic for the Kids Count Data Center. At the top left, it says "KIDS COUNT DATA CENTER" and "datacenter.kidscount.org". Below this is a central graphic with the word "VISUALIZE" in large letters. To the left of "VISUALIZE" is a "SEARCH" button with a magnifying glass icon and a location pin. To the right is a "SHARE" button with social media icons. Below "VISUALIZE" are four smaller icons: "Create custom profiles", "Create maps", "Create line graphs", and "Create bar charts". A text box on the right says: "Hundreds of child well-being indicators at your fingertips to encourage policies and support smart decisions for children and families." Another text box at the bottom right says: "Post data visualizations on Facebook, add custom graphics to Tumblr and tweet about how the well-being of your state's children compares with the region and nation."

Data into Action

Strategies for Improving Overall Child Well-Being

Michigan’s overall child well-being rank is 32nd in the country—and last in the Midwest region, according to the 2017 *KIDS COUNT Data Book*. Policy decisions have consequences and can create and maintain disparate outcomes for kids of color. Therefore, using a racial and ethnic equity lens in policymaking can help eliminate inequities. Research has also shown that using a two-generation approach—helping parents and their children simultaneously—improves well-being.

Economic Security

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> 31% of children in Michigan live in families without year-round, full-time employment. 	<p>Provide workforce development opportunities that improve both education and job skills by supporting investments in adult education and assistance to attain postsecondary training and credentialing.</p>
<ul style="list-style-type: none"> More than 1 in 5 children in Michigan live in poverty, 42% of African-American and 30% of Latinx children. 42% of children live in families with low incomes below 200% of the federal poverty level (\$4,056/month for a family of four). 	<p>Strengthen policies that support work, such as the Earned Income Tax Credit (EITC), a sensible tool that helps workers with low wages keep more of what they earn to make ends meet. The EITC has been shown to benefit children who are more likely to perform better and go further in school and work and earn more as adults.</p>
<ul style="list-style-type: none"> Child care costs consume 92% of income for married parents living in poverty with two children in center care. Young children under 6 are more likely to live in poverty (23%) compared with 6- to 17-year-olds (19%). 	<p>Ensure access to affordable, quality child care by expanding income eligibility levels for subsidies and reforming the current system to improve the reimbursement structure and increase provider rates.</p>

Health & Safety

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> Nearly 20% of mothers report smoking during pregnancy, with higher rates in rural communities. 	<p>Increase funding for evidence-based maternal smoking prevention and cessation programs and services.</p>
<ul style="list-style-type: none"> African-American babies are almost three times more likely to die before their first birthday compared to White babies. 	<p>Continue to fund the implementation of the state’s Infant Mortality Reduction Plan with a focus on the social determinants of health and eliminating the racial and ethnicity gap.</p>
<ul style="list-style-type: none"> More than 30% of births are to mothers who did not receive adequate prenatal care, even higher for women of color ranging up to 44% for African-American women, 40% for Latinas and 36% for American Indian and Middle Eastern women. The rate of babies born too small has stagnated at around 8.4% of births and almost 10% of babies are born too early. 	<p>Expand home visitation and other programs to educate more women about the importance of prenatal care, connect women to providers and remove barriers, such as transportation, to help them get to their appointments.</p>

Family & Community

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> Michigan is one of five states to still automatically treat 17-year-old children as adults in the criminal justice system. 682 educational hours are lost each year when 17-year-olds are sent to the adult criminal justice system. Nationally, youth exiting the adult justice system are 34% more likely to reoffend, reoffend sooner and escalate to more violent crimes than their counterparts in the juvenile justice system. 	<p>Raise the age of juvenile jurisdiction from 17 to 18 years old and fully fund its implementation.</p>
<ul style="list-style-type: none"> The rate of children confirmed as victims of abuse or neglect increased by 30% from 2010 to 2016. Children of color are overrepresented in the child welfare system; over a quarter of confirmed victims are African-American children, who only make up 18% of the 0-17 population in Michigan. Young children between ages 0-8 are at higher risk for living in families investigated for abuse or neglect, being confirmed as a victim and placed in out-of-home care. 	<p>Promote comprehensive strategies to prevent child abuse and neglect, including positive parenting education, such as home visitation programs.</p> <p>Address disparities in the child welfare system through appropriate data collection by race and ethnicity and cultural competency training for workers.</p>

Education

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> 52.7% of 3- and 4-year-olds are not in preschool, and the rate has remained flat over the trend period. 	<p>Establish a state-funded 3-year-old preschool program.</p>
<ul style="list-style-type: none"> 55.9% of all third-graders are not proficient in English Language Arts. About 7 in 10 students of color, compared to 48% of White students, are not proficient in the state's third-grade reading test. 	<p>Provide sufficient funding for early interventions to improve third-grade reading using a birth-to-8 framework, including maternal and child health programs, Early On, and affordable, high-quality child care and education.</p>
<ul style="list-style-type: none"> 65% of Michigan students are not career and college ready. Significant differences exist by race/ethnicity and family income, including 84% of economically disadvantaged students who do not meet the benchmarks, compared to 16% of those from families with higher incomes. 	<p>Adequately fund public schools, targeting resources in high-need areas and fully funding the At-Risk program, a state program that provides funds to schools to serve students who are at risk of failing academically or who are chronically absent.</p>

Data Collection

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> Data collection by race and ethnicity is inconsistent with federal standards in several state systems, especially in the adult justice system. In general, data collection statewide in juvenile justice is also inadequate. 	<p>To make informed policy decisions and increase transparency, robust data must be collected and publicly disseminated, including data by race and ethnicity.</p>
<ul style="list-style-type: none"> It is becoming increasingly difficult in some instances to access data regarding public programs and outcomes. 	<p>The state should increase access to and transparency of data, especially in relation to publicly funded programs and outcomes.</p>



MICHIGAN

2018 TRENDS IN CHILD WELL-BEING

(All Data Are for 2016 Unless Otherwise Noted)

POPULATION				Child population by race			
	2010	2015	% change	2010	2015	% change	
Total population	10,002,486	9,922,576	-0.8%	Hispanic 0–17	171,847	178,955	4.1%
Child population 0–17	2,344,068	2,207,304	-5.8%	Non-Hispanic 0–17			
• Ages 0–5	720,314	688,381	-4.4%	• White	1,655,424	1,533,328	-7.4%
• Ages 6–12	915,888	857,472	-6.4%	• African-American/Black	426,187	397,520	-6.7%
• Ages 13–17	707,866	661,451	-6.6%	• American Indian	19,932	18,053	-9.4%
				• Other	70,678	79,448	12.4%

	BASE YEAR		CURRENT YEAR		
	NUMBER	RATE	NUMBER	RATE	RATE CHANGE
ECONOMIC SECURITY	<u>2010</u>		<u>2016</u>		
Children in poverty, ages 0–17	537,003	23.4%	444,100	20.7%	-11.5%
Young children, ages 0–5, in the Food Assistance Program ¹	276,498	37.2%	192,782	28.0%	-24.8%
Students receiving free/reduced-price school lunches ²	<u>2009–10 (SY)</u>		<u>2016–17 (SY)</u>		
	735,401	45.8%	679,211	45.8%	0.0%
HEALTH	<u>2008–10 (avg.)</u>		<u>2013–15 (avg.)</u>		
Less than adequate prenatal care	34,838	29.6%	36,911	32.4%	9.5%
Low-birthweight babies	9,957	8.5%	9,533	8.4%	-0.9%
Infant mortality (per 1,000)	864	7.3	781	6.9	-6.5%
Child/Teen deaths, ages 1–19 (per 100,000)	704	27.7	604	25.3	-8.7%
FAMILY AND COMMUNITY (per 1,000)	<u>2008–10 (avg.)</u>		<u>2013–15 (avg.)</u>		
Births to teens, ages 15–19	11,523	31.9	7,063	21.4	-33.0%
<u>Child abuse/neglect</u>	<u>2010</u>		<u>2016</u>		
Children in investigated families	164,648	70.1	248,401	112.5	60.6%
Confirmed victims	32,504	13.8	39,552	17.9	29.5%
Children in out-of-home care	12,004	5.1	10,512	4.8	-6.8%
EDUCATION	<u>2006–10 (avg.)</u>		<u>2012–16 (avg.)</u>		
3- and 4-year-olds not in preschool	133,746	52.9%	124,771	52.7%	-0.4%
Students not graduating on time	<u>2010</u>		<u>2016</u>		
	33,185	24.0%	24,823	20.4%	-15.4%
Students not college ready	<u>2016</u>		<u>2017</u>		
	67,878	65.1%	68,944	65.1%	0.0%
<u>Not proficient (M-STEP)</u>	<u>2014–15 (SY)</u>		<u>2016–17 (SY)</u>		
Third-graders (English Language Arts)	53,535	49.9%	58,277	55.9%	12.0%
Eighth-graders (Math)	75,854	67.8%	72,657	66.5%	-1.9%

¹ Supplemental Nutrition Assistance Program.

² Family income is below 185% of poverty level.

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

N/A - not available. | SY - School Year. | M-STEP - Michigan Student Test of Educational Progress was first administered in 2015.

FAMILY SUPPORT PROGRAMS	NUMBER	MI RATE	ECONOMIC CLIMATE	MICHIGAN
Children receiving...			Unemployment	4.9%
• Subsidized child care, ages 0–12 ¹	31,322	2.0%	Median household income	\$52,436
• FIP cash assistance ^{1,2}	39,649	1.7%	Average cost of full-time child care/month (2017)	\$575
• Food Assistance Program ^{1,3}	547,117	23.3%	• Percent of full-time minimum wage (2017)	37.3%
• Women, Infants, and Children (WIC)	280,554	49.1%	Percent of young children ages 0–5 in Michigan families (2012–16 avg.) where all parents work	66.4%
Children with support owed	517,318	20.9%		
• Receiving none (% of those owed)	122,412	23.7%		
• Receiving less than 70% of amount	300,607	58.1%		
• Average amount received (month)	\$216	\$216		

FAMILY AND COMMUNITY	NUMBER	MI RATE
Births to moms without high school diploma or GED (2013–15)	14,262	12.5%
High-poverty neighborhoods, ages 0–17 (2012–16)	369,445	16.9%
Household structure, ages 0–17		
• Two-parent family	1,436,296	66.1%
• One-parent family	736,723	33.9%
Poverty by household structure, ages 0–17 (2012–16)		
• Two-parent family	151,815	10.6%
• One-parent family	335,485	45.5%
English not spoken at home, ages 5–17 (2012–16)	170,402	10.3%

ACCESS TO HEALTHCARE	NUMBER	MI RATE
Children with health insurance (2015)	2,208,934	96.8%
Children, ages 0–18, insured by...		
• Medicaid ¹	973,458	41.5%
• MIChild	45,968	2.0%
Fully immunized toddlers, ages 19–35 months (for the series 4:3:1:3:3:1:4) ¹	125,993	74.9%
Lead poisoning in children, ages 1–2 (2015)		
• Tested	86,470	37.9%
• Poisoned (% of tested) (EBL confirmed by venous)	1,439	1.7%
Children, ages 1–14, hospitalized for asthma (rate per 10,000) (2015)	2,560	14.3
Children with special needs		
• Students in Special Education ¹	206,317	13.9%
• Children receiving Supplemental Security Income (rate per 1,000) ¹	42,753	19.4
• Children, ages 0–2, receiving Early On services (ISD totals)	9,835	2.9%

¹ As of December 2016.

² Family Independence Program.

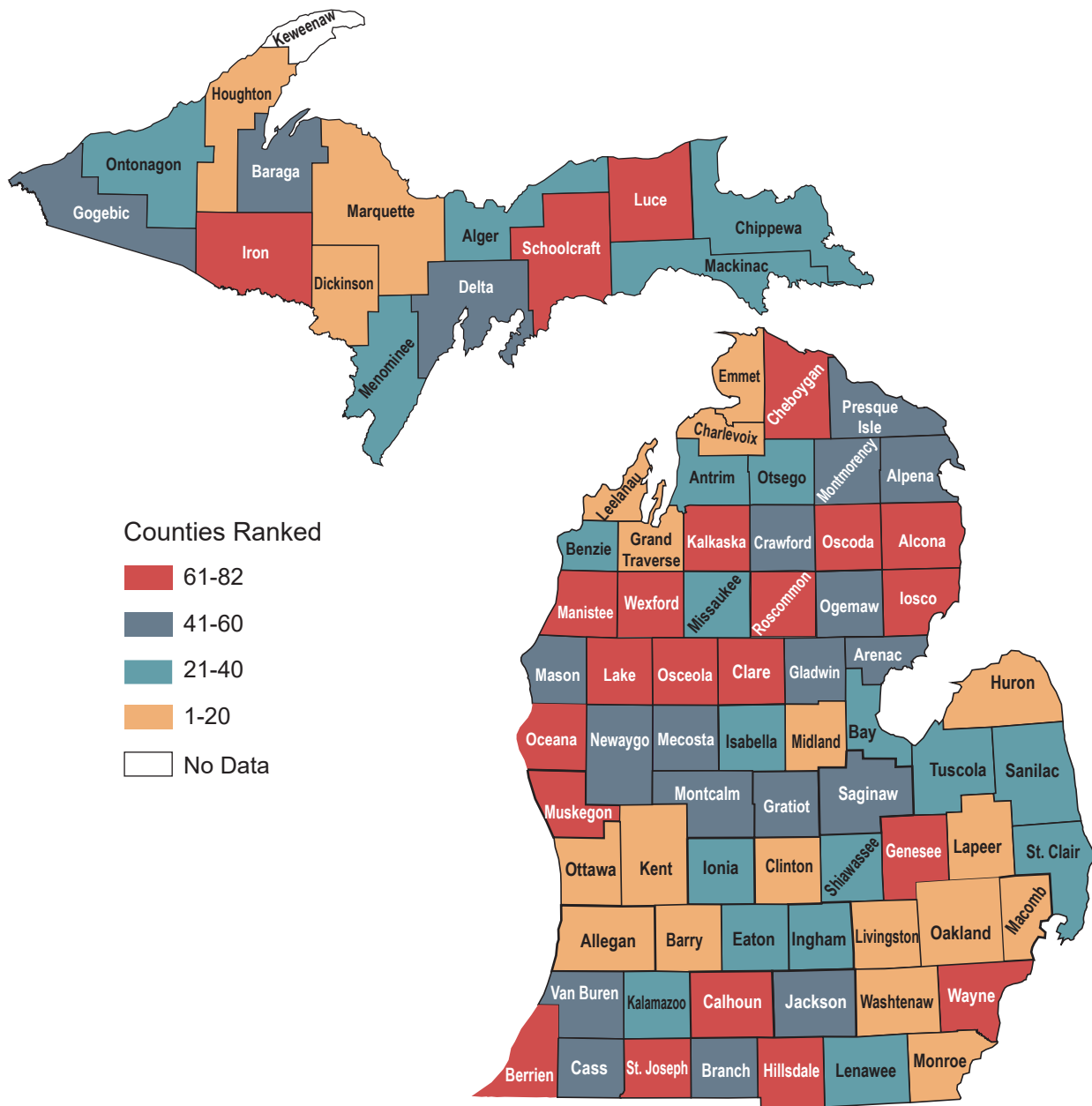
³ State name for the federal Supplemental Nutrition Assistance Program, formerly called “food stamps.” Note: Percentages reflect percent of population unless otherwise noted.

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

N/A - not available.

See Data Definitions and Notes for details.

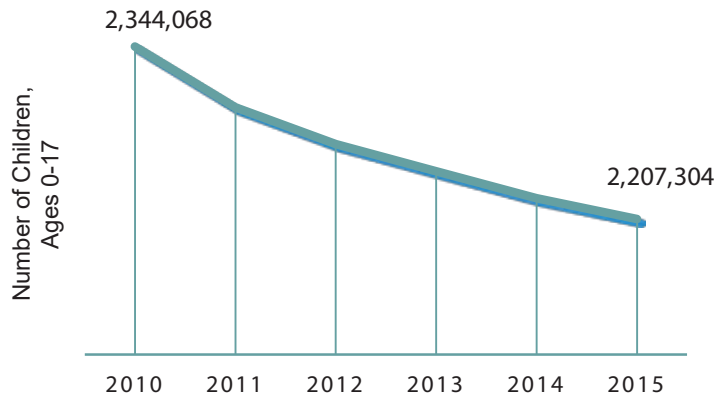
Overall Child Well-Being Ranked



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

Child Population

Child population in Michigan continues to decline.



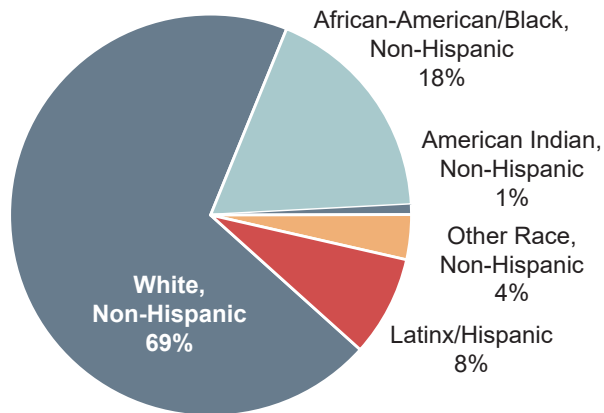
Source: U.S. Census Bureau, 2010-2015

More than
1 in 4
Michiganders
are kids
under 18.



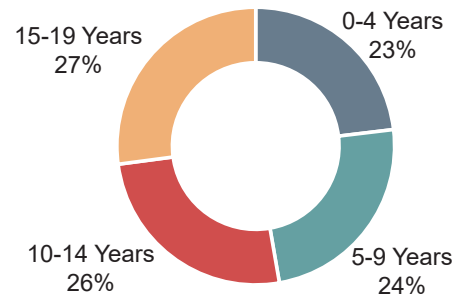
Source: U.S. Census Bureau, 2015

Almost 1 in 3 kids are children of color.



Source: U.S. Census Bureau, 2015; Ages 0-17 Years

Michigan child population is mostly distributed evenly across age groups; however, younger children make up a smaller share.



Source: U.S. Census Bureau, 2015; Ages 0-19 Years

Economic Security



It is without a doubt that family income has a direct impact on outcomes for kids. When families are challenged with constant worry about how to pay their bills—rent, utilities, child care, medical expenses and more—that can turn into toxic stress, which affects brain development, school readiness, mental health and other factors of child well-being.¹ Helping families achieve financial security improves health, families, communities, education and the state economy. When parents have better opportunities, they can do more for their children.



It is important to recognize that barriers to achieving economic security are compounded by race and ethnicity. In nearly every factor, whether it's rates of poverty, post-secondary education access and completion, median income or unemployment, families of color fare worse. Strategies must be targeted to address existing disparities.

The federal poverty level does not adequately capture all struggling families.

In 2016:

- ▶ **More than 2 in 5 (42%)** children lived in families at 200% of the federal poverty level, or **\$48,678** (two adults working a combined wage of \$23.40/hour) for a family of four
- ▶ **Almost one-third (32%)** of children lived in families at 150% of the federal poverty level, or **\$36,509** (two adults working a combined wage of \$17.55/hour) for a family of four
- ▶ **Around 1 in 10 (9%)** children lived in families at 50% of the federal poverty level, or **\$12,170** (two adults working a combined wage of \$5.85/hour) for a family of four



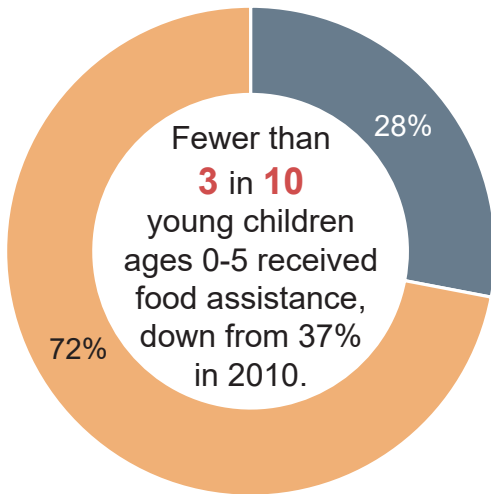
Note: Hourly wages based on 52 weeks of pay for 40 hours per week
Source: National KIDS COUNT project

County Summary & Rankings

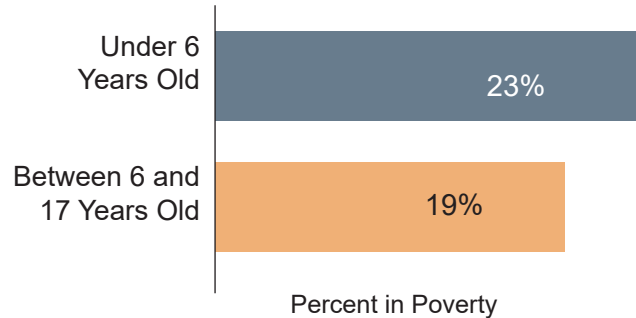
2016: Child poverty, ages 0-17				2016: Young children eligible for food aid (SNAP)			
Michigan: 20.7%				Michigan: 28%			
5 Best Counties	Rate	5 Worst Counties	Rate	5 Best Counties	Rate	5 Worst Counties	Rate
Livingston	6.4%	Lake	40.2%	Livingston	8.8%	Lake	55.9%
Ottawa	8.9%	Crawford	34.6%	Ottawa	9.8%	Wayne	45.6%
Clinton	9.9%	Clare	34.1%	Leelanau	12.9%	Roscommon	41.9%
Oakland	10.8%	Wayne	33.8%	Clinton	13.9%	Ogemaw	40.3%
Allegan	11.8%	Roscommon	32.9%	Oakland	14.2%	Gogebic	40.2%
Number of Counties:				Number of Counties:			
<u>2010 vs. 2016</u>				<u>2010 vs. 2016</u>			
Ranked	Changed	Improved		Ranked	Changed	Improved	
83	83	73		83	83	83	

2016-2017: Students eligible for free/ reduced-price lunch			
Michigan: 45.8%			
5 Best Counties	Rate	5 Worst Counties	Rate
Livingston	17.0%	Lake	91.8%
Washtenaw	27.7%	Oceana	71.4%
Clinton	27.8%	Iosco	67.4%
Oakland	30.3%	Alcona	67.3%
Midland	32.4%	Roscommon	65.9%
Ottawa	32.4%		
Number of Counties:			
<u>2010 vs. 2017</u>			
Ranked	Changed	Improved	
82	81	41	

Young children are more likely to live in poverty.



Source: Michigan Department of Health and Human Services, 2016

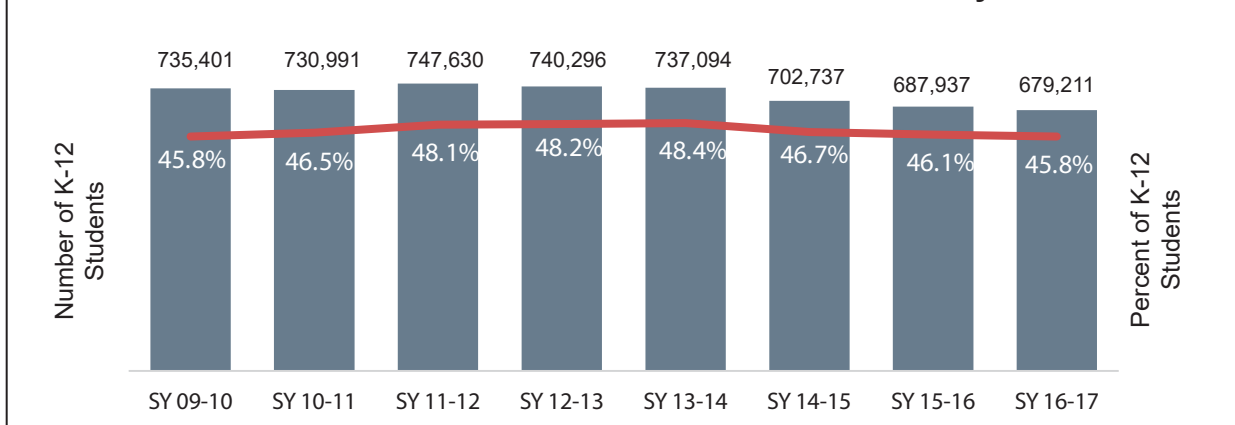


Source: National KIDS COUNT Project, 2016

What does this mean for kids in Michigan?

More than 1 in 5 kids in Michigan live in poverty while 2 in 5 live in a family struggling to make ends meet. Despite the state's economic recovery, parents are challenged with finding secure employment: 31% of kids live in families without year-round, full-time employment, and it's higher for African-American (54%) and Latinx (39%) children.² The lack of resources can lead to food insecurity, homelessness and neglect in child welfare, all of which have long-term effects on child and adult well-being. In neighborhoods with high levels of poverty, it becomes even more difficult for families to access needed support—regardless of whether a family itself lives in poverty. Government safety net programs and other policies that support work, like the federal and state Earned Income Tax Credit (EITC), are critical for families. The supplemental poverty measure shows the importance of these programs; child poverty is reduced to 15% when we account for many government programs.³ Unfortunately, many of these have been eliminated or severely reduced.

While the number of children receiving free or reduced-price lunch has declined, the share of students in need has remained relatively flat.



Source: MI School Data, SY 2009-SY 2016

Health & Safety



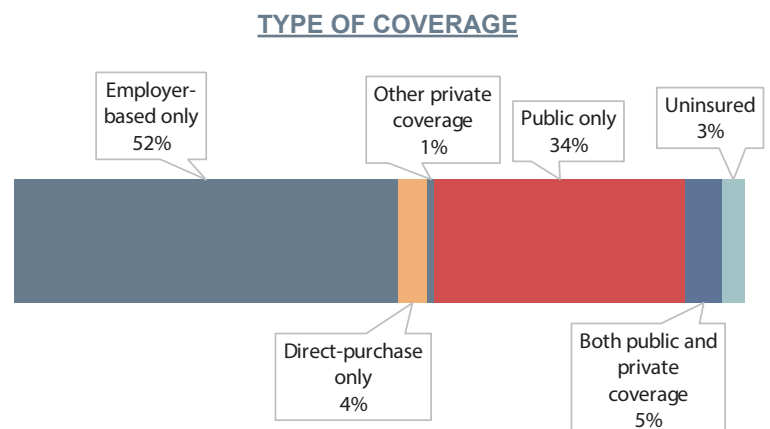
The health of a child begins long before he or she is born; a woman's preconception and prenatal care are critical to birth outcomes. In addition to access to health-care, factors such as poverty, nutrition, housing, mental health and others affect not only a woman's health, but that of her child. Even more important is the quality of care received. Maternal and child health are good indicators of the priorities of a state or country.



Health is inextricably connected to educational outcomes, stronger families and communities, and economic security. With the impact of institutional racism and sexism across their life span, women of color, particularly African-American women, experience poorer health outcomes than White women. Adding to this is an unequal healthcare system and lack of provider training in racial and ethnic equity.¹ These must be addressed to improve the health of all.



About 63,000 children, or 3%, are uninsured in Michigan. Facing additional barriers to access, Latinx children are more likely to be uninsured at 5%.



Source: National KIDS COUNT Data Center

County Summary & Rankings

2013-2015: Less than adequate prenatal care

Michigan: 32.4%

5 Best Counties	Rate	5 Worst Counties	Rate
Huron	17.9%	Oscoda	49.2%
Crawford	18.5%	Gratiot	47.4%
Oakland	20.3%	Menominee	46.8%
Roscommon	22.0%	Schoolcraft	45.9%
Clinton	22.4%	Gladwin	45.7%
		Branch	45.7%

Number of Counties:

Ranked	2010 vs. 2015	
	Changed	Improved
83	82	23

2013-2015: Low-birthweight babies

Michigan: 8.4%

5 Best Counties	Rate	5 Worst Counties	Rate
Houghton	4.1%	Oscoda	11.4%
Menominee	4.2%	Crawford	10.8%
Chippewa	4.7%	Wayne	10.5%
Ogemaw	4.7%	Genesee	10.3%
Gogebic	5.0%	Muskegon	10.2%

Number of Counties:

Ranked	2010 vs. 2015	
	Changed	Improved
81	79	50

2013-2015: Infant mortality

Michigan: 6.9 per 1,000

5 Best Counties	Rate	5 Worst Counties	Rate
Barry	3.2	Gladwin	11.2
Isabella	3.9	Wayne	9.4
Marquette	4.3	Otsego	9.3
Montcalm	4.7	Oceana	9.0
Shiawassee	4.7	Saginaw	8.7
Tuscola	4.7		

Number of Counties:

Ranked	2010 vs. 2015	
	Changed	Improved
45	42	24

2013-2015: Child/teen deaths

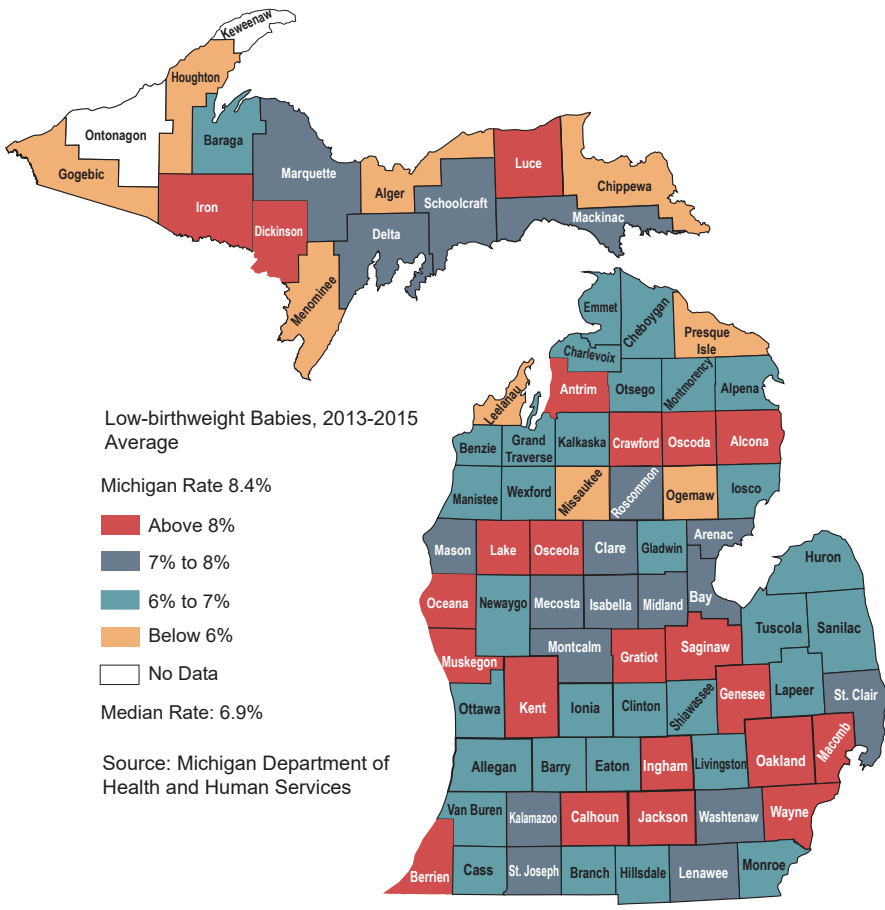
Michigan: 25.3 per 100,000

5 Best Counties	Rate	5 Worst Counties	Rate
Washtenaw	13.4	Menominee	54.5
Marquette	13.9	Iosco	51.8
Lapeer	15.9	Wexford	46.1
Oakland	15.9	Cass	45.1
Clinton	16.0	Manistee	43.0

Number of Counties:

Ranked	2010 vs. 2015	
	Changed	Improved
51	46	22

The share of babies born too small has remained mostly the same since 2010 without improvement.



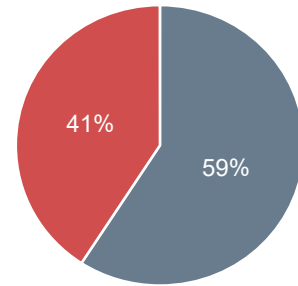
African-American babies are **2 X** more likely to be born too small compared to White, Latinx, Middle Eastern and American Indian babies.

Higher rates than the state average are seen for Asian and Pacific Islander babies:



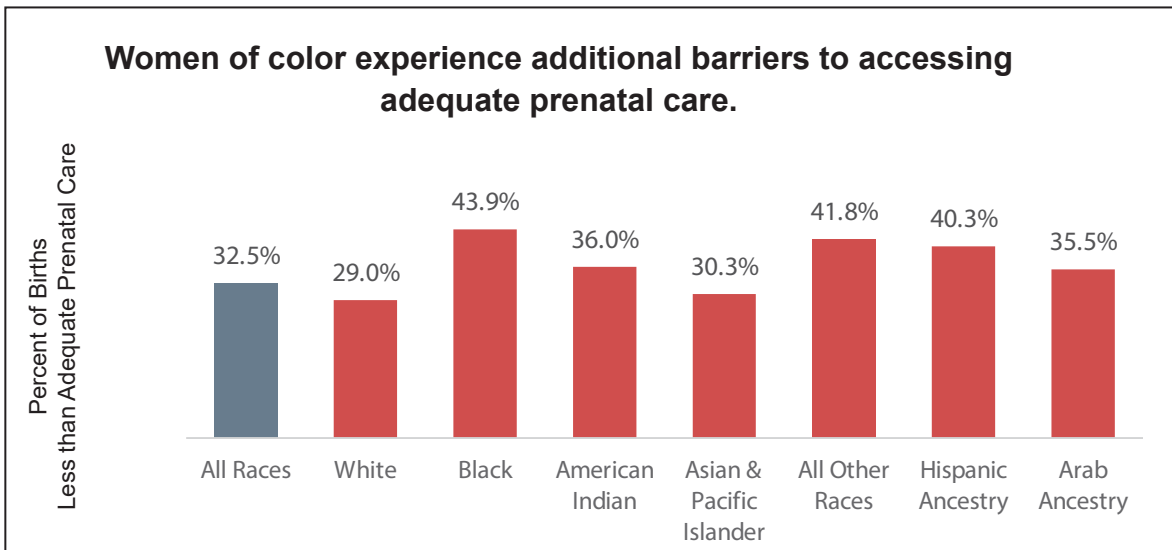
8.9% of births compared to **8.4%**.

More than 2 in 5 low birthweights are to mothers living in communities with concentrated poverty.

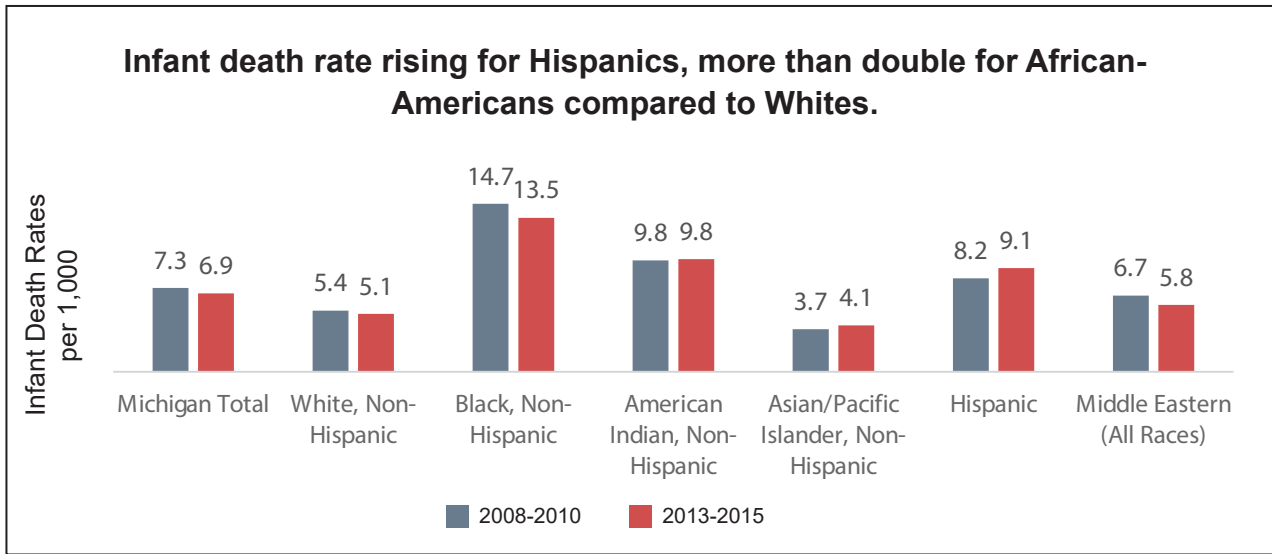


Source: Michigan Department of Health and Human Services, 2013-2015

Women of color experience additional barriers to accessing adequate prenatal care.



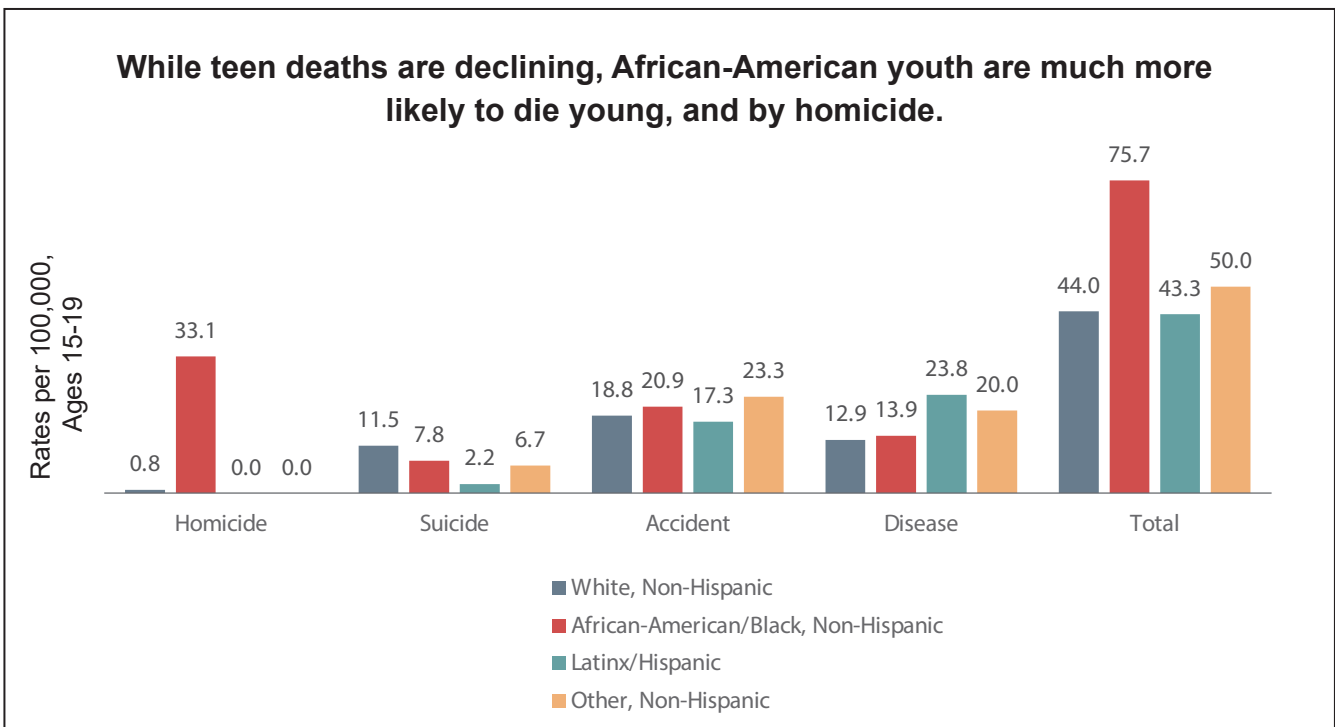
Source: Michigan Department of Health and Human Services, 2013-2015



Source: Michigan Department of Health and Human Services

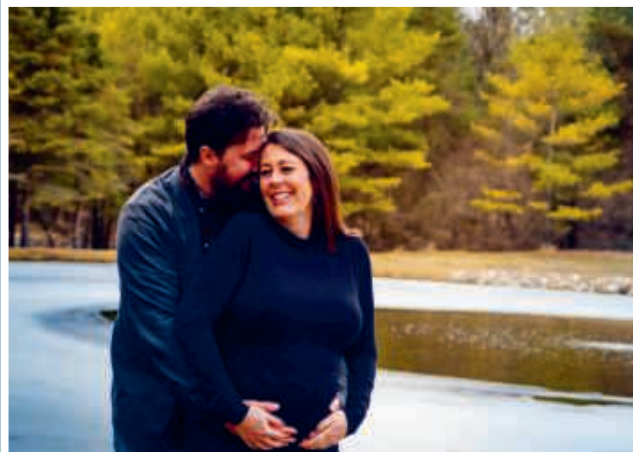
What does this mean for kids in Michigan?

Significant stress experienced by expecting mothers whether due to discrimination, inadequate housing, food insecurity, poverty, neighborhood safety or other factors can impact birth outcomes and child development.² The rate of babies born too small has remained relatively flat without improvements—or worsening—since 2010. Still about 1 in 10 babies are born too early. Additionally, unequal access to adequate prenatal care remains unacceptably high for all women in Michigan, particularly for women of color. Tackling existing health disparities, especially for African-American women and their babies, must be a priority for our state. When systems and policies take care of all women, then children and families do better. Healthy kids make better learners and this begins with a healthy mom and birth. This includes taking a comprehensive approach to addressing poverty, inadequate or unsafe housing, food insecurity and access to prenatal care. Finally, the rate of African-American youth deaths, particularly by homicide, is unacceptable. Policies must be targeted in ways to improve safety for youth.



Source: Michigan Department of Health and Human Services, 2015

Family & Community



Families and the environments in which they are situated have such a significant influence on child outcomes. The experiences of living in constant stress without access to the appropriate supports and resources can have lifelong consequences on health and other outcomes, and can affect brain architecture in young children.¹ Experiencing abuse, neglect or homelessness, or witnessing violence—or other particularly traumatic events—can reduce a child’s ability to respond, learn or problem-solve and interfere with emotional responses, along with causing health issues.²

In the child welfare system, including juvenile justice, children of color are disproportionately represented at every key point.³ Young children are also at higher risk for abuse or neglect and out-of-home care placement.

Creating trauma-informed communities and systems with strategies to eliminate disparities is critical for improved child and family outcomes.

MICHIGAN: One of Five States to Automatically Charge 17-Year-Old Kids as Adults in Criminal Justice System	
Almost all system-involved youth have experienced Adverse Childhood Experiences (ACEs) like abuse or witnessing violence	53%: Youth of color (17-year-olds) entering Michigan’s adult system 23%: Youth of color 17-year-old population in Michigan
20-30 hours per week: Education received by an average 17-year-old 8 hours per week: Education received by an incarcerated 17-year-old 5.5 months: Educational loss over one year due to incarceration	Community disinvestment influences youth development and behavior, and policies have disenfranchised communities of color and low income, leading to less opportunity and higher risk for justice involvement

Source: Human Impact Partners, *Raise the Age: Protecting Kids and Enhancing Public Safety in Michigan*, 2017

County Summary & Rankings

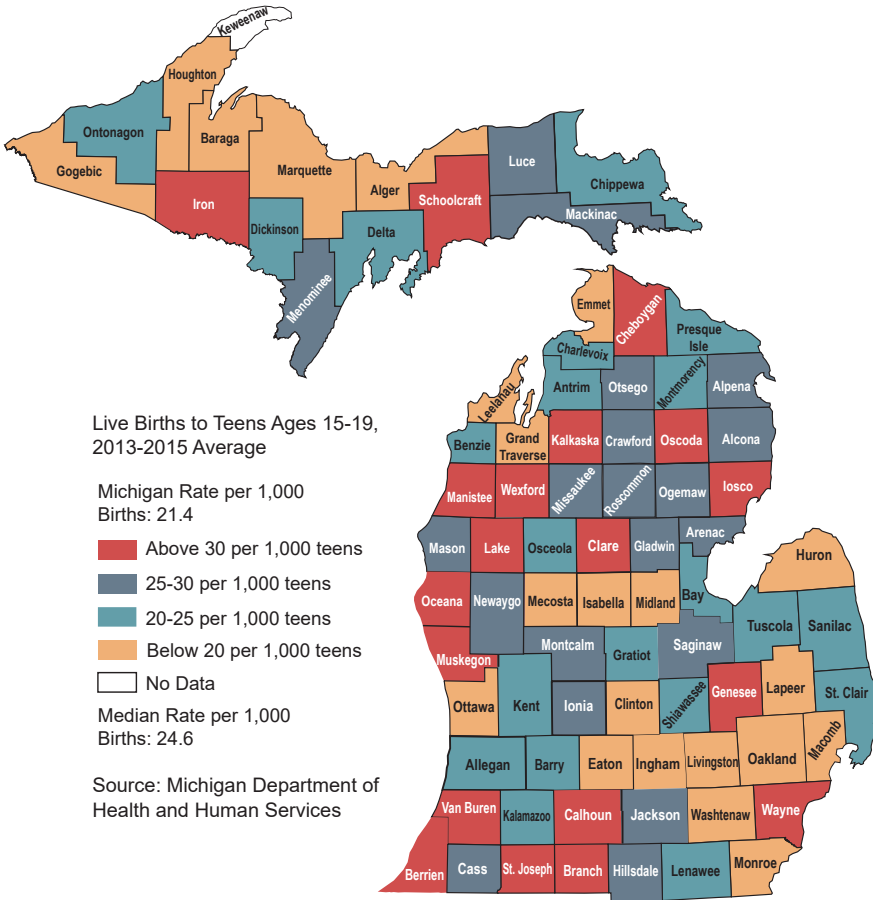
2013-2015: Teen births			
Michigan: 21.4 per 1,000			
5 Best Counties	Rate	5 Worst Counties	Rate
Washtenaw	6.6	St. Joseph	39.4
Livingston	7.7	Oceana	39.3
Houghton	8.6	Clare	39.2
Isabella	9.6	Oscoda	39.1
Clinton	10.3	Wexford	38.6
Number of Counties:			
2010 vs. 2015			
Ranked	Changed	Improved	
82	82	74	

2016: Children in investigated families			
Michigan: 112.5 per 1,000			
5 Best Counties	Rate	5 Worst Counties	Rate
Livingston	50.7	Roscommon	236.6
Leelanau	52.3	Lake	230.5
Oakland	54.4	Iosco	219.5
Clinton	64.0	Wexford	207.4
Macomb	65.2	Montcalm	206.6
Number of Counties:			
2010 vs. 2016			
Ranked	Changed	Improved	
83	83	1	

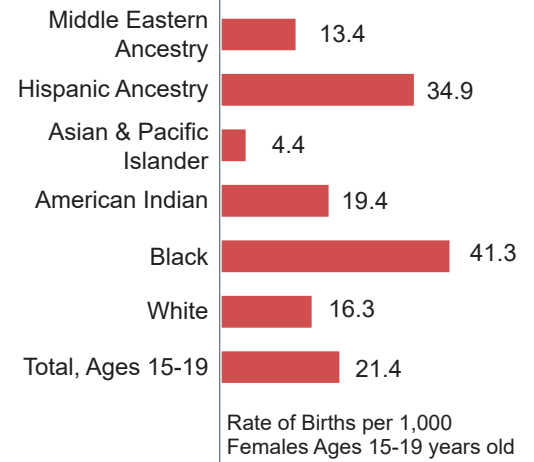
2016: Confirmed victims of abuse/neglect			
Michigan: 17.9 per 1,000			
5 Best Counties	Rate	5 Worst Counties	Rate
Macomb	8.0	Lake	47.4
Oakland	8.1	Wexford	46.3
Clinton	9.3	Gogebic	39.9
Ottawa	9.9	Antrim	38.9
Houghton	10.1	Cheboygan	37.2
Number of Counties:			
2010 vs. 2016			
Ranked	Changed	Improved	
82	80	17	

2016: Children in out-of-home care			
Michigan: 4.8 per 1,000			
5 Best Counties	Rate	5 Worst Counties	Rate
Charlevoix	1.5	Luce	21.3
Houghton	1.5	Gogebic	19.9
Gratiot	1.8	Crawford	14.7
Washtenaw	1.8	Cass	14.2
Ottawa	1.9	Arenac	13.3
Number of Counties:			
2010 vs. 2016			
Ranked	Changed	Improved	
80	76	32	

With many improvements across the state, more than half of counties have a higher teen birth rate than the state average.



Although declining for all, teen birth rates vary by race/ethnicity.



Source: Michigan Department of Health and Human Services, 2013-2015

Young children at higher risk:

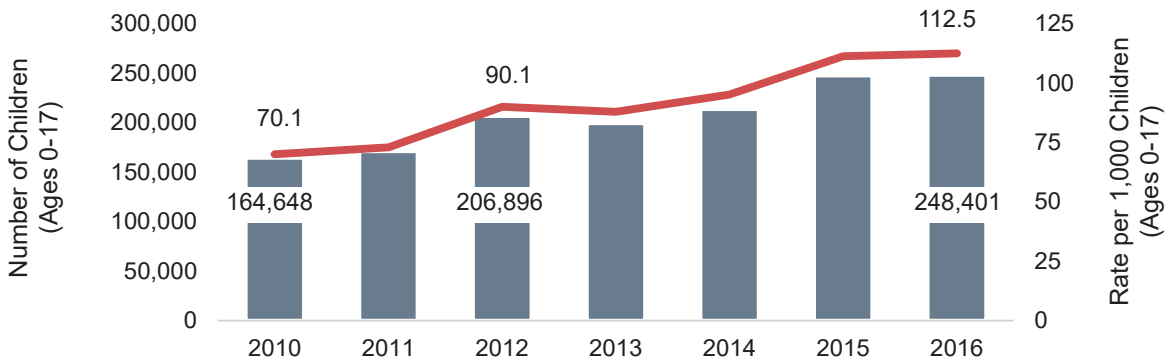
57% of children involved in investigations for suspected abuse or neglect were between 0-8 years old

2 in 3 victims of confirmed abuse or neglect were children ages 0-8

Kids ages 0-8 were **1.5 X** more likely than all kids 0-17 to be in out-of-home care due to abuse and neglect

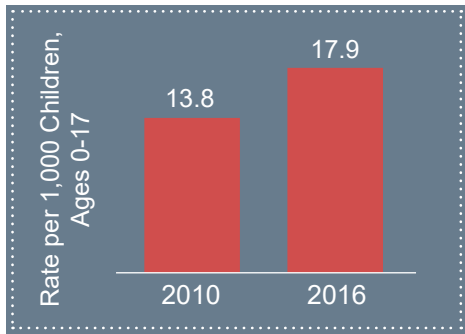
Source: Michigan Department of Health and Human Services, 2016

Children living in families investigated for abuse or neglect has increased since the implementation of Centralized Intake in 2012.



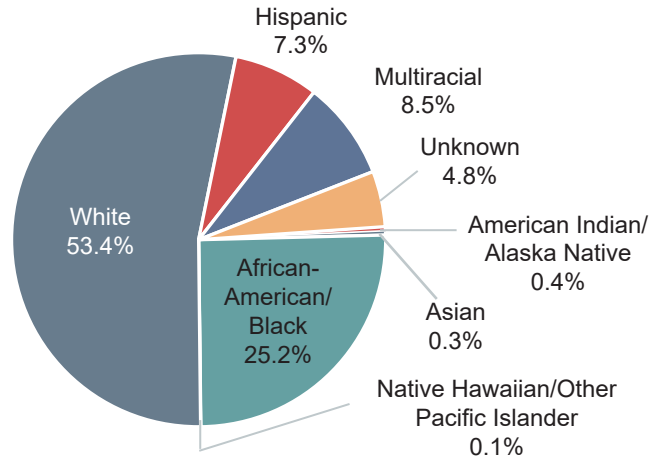
Source: Michigan Department of Health and Human Services, 2010-2016

Rate of children confirmed as victims of abuse/neglect increased 30% from 2010.



Source: Michigan Department of Health and Human Services, 2010 and 2016

Children of color are overrepresented in the share of confirmed victims of abuse or neglect.

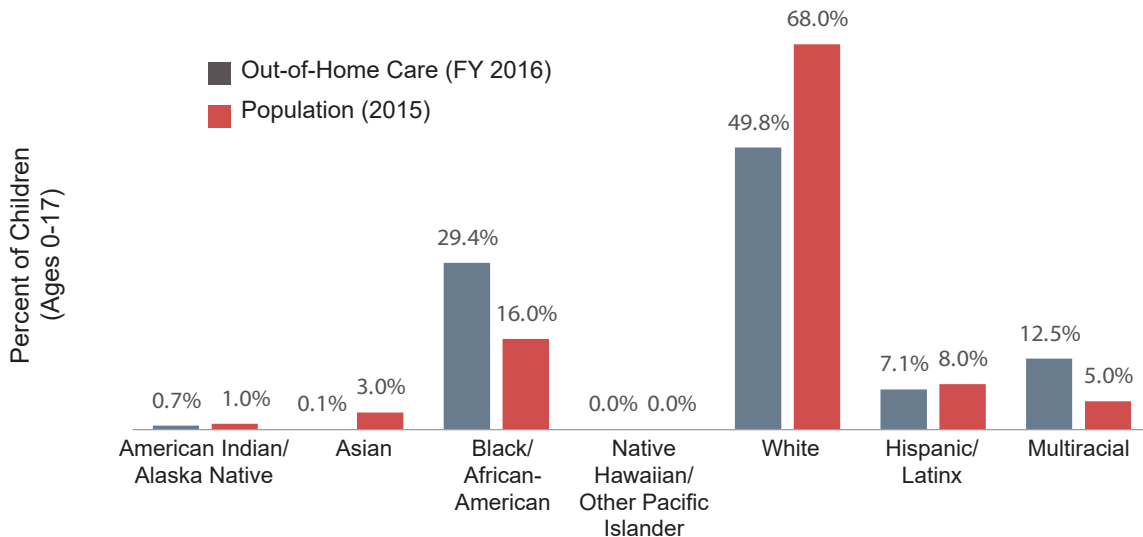


Source: Michigan Department of Health and Human Services, 2016

What does this mean for kids in Michigan?

In Michigan, 22% of children have had two or more adverse experiences impacting their development and outcomes.⁴ Youth who are incarcerated and in the adult corrections system are also experiencing trauma. Additionally, continued increases in the rates of children confirmed as victims of abuse and neglect point to the need for comprehensive system changes. Children and families have proven to be resilient; however, it is imperative that communities can provide resources and supports that are needed. This requires investments in families and communities, including early interventions as identified by child-serving practitioners and access to high-quality early care and education to help struggling families manage and overcome toxic stress. Poverty is also a factor that must be addressed. With high rates of concentrated poverty in Michigan, many children and families are exposed to greater risks of negative outcomes. Finally, Michigan must raise the age of juvenile jurisdiction from 17 to 18 years old. This will improve kids' health, economic and educational opportunities while also strengthening communities.

African-American and multiracial children are overrepresented in the share of children placed in out-of-home care due to abuse or neglect compared to the population numbers.



Source: Michigan Department of Health and Human Services and National KIDS COUNT Data Center

Education

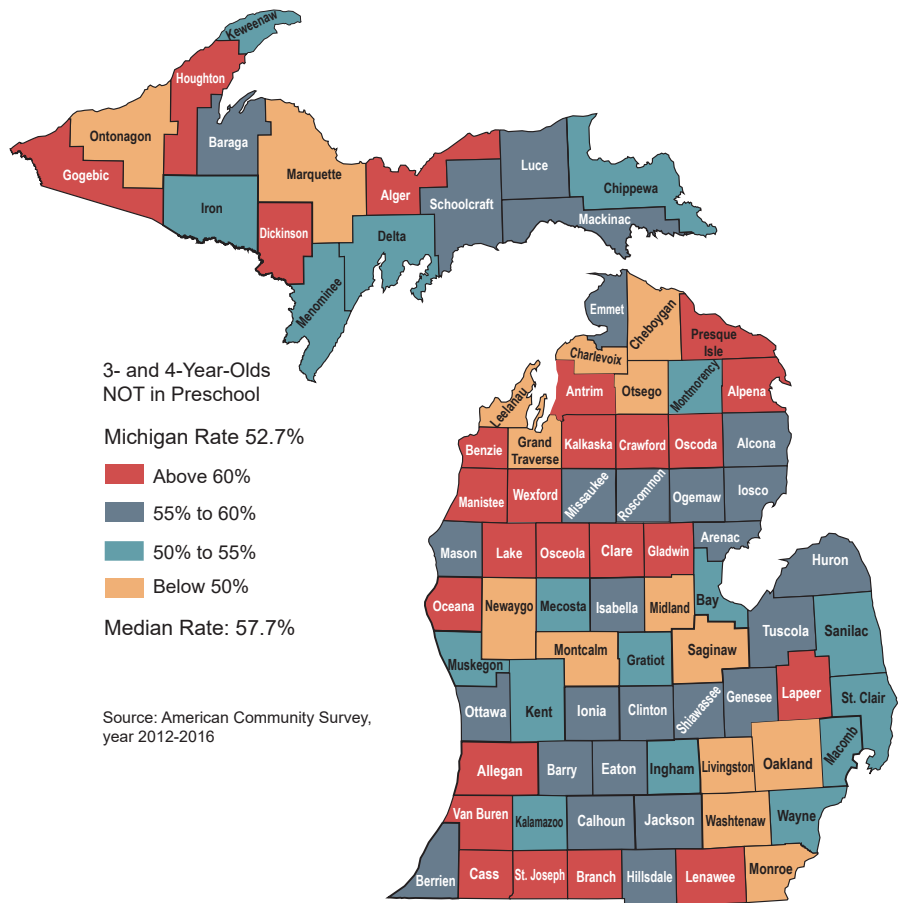


Education remains one of the most critical tools that children and people have to reaching financial security. Higher levels of education also tend to lead to better health outcomes. And the more educated workforce a state has, the stronger the economy and ability to create jobs and increase wages. All of these contribute to thriving communities.

While Michigan was once a national leader in education for its residents, the outcomes for the state's children rank it in the bottom 10 nationally.¹ More disturbing are the significant disparities that exist by race and ethnicity and income. These gaps must be addressed, and leaders should recognize the importance that health, families and communities have in shaping development from a young age and throughout a child's life.



While Michigan has a state-funded 4-year-old program, opportunities exist to expand access to preschool to 3-year-olds.



County Summary & Rankings

2012-2016: 3- and 4-year-olds not in preschool

Michigan: 52.7%

5 Best Counties	Rate	5 Worst Counties	Rate
Oakland	41.2%	Houghton	76.7%
Leelanau	42.9%	Benzie	74.5%
Grand Traverse	43.2%	Alpena	69.5%
Otsego	43.2%	Cass	66.5%
Ontonagon	43.3%	Oscoda	66.5%

Number of Counties:

2010 vs. 2016

Ranked	Changed	Improved
83	81	43

2017: Eighth-graders not proficient in math

Michigan: 66.5%

5 Best Counties	Rate	5 Worst Counties	Rate
Ottawa	47.7%	Lake	100.0%
Washtenaw	49.7%	Ontonagon	90.3%
Emmet	52.3%	Kalkaska	87.3%
Crawford	53.8%	Alger	85.1%
Ogemaw	53.8%	Baraga	82.0%
		Gogebic	82.0%

Number of Counties:

2015 vs. 2017

Ranked	Changed	Improved
82	82	52

2017: Students not college or career ready

Michigan: 65.1%

5 Best Counties	Rate	5 Worst Counties	Rate
Washtenaw	43.3%	Lake	100.0%
Midland	47.9%	Schoolcraft	87.0%
Oakland	52.5%	Alcona	84.9%
Houghton	53.1%	Mackinac	84.6%
Clinton	54.0%	Ontonagon	80.8%

Number of Counties:

2016 vs. 2017

Ranked	Changed	Improved
82	80	32

2017: Third-graders not proficient in English Language Arts

Michigan: 55.9%

5 Best Counties	Rate	5 Worst Counties	Rate
Ottawa	37.1%	Lake	72.0%
Livingston	39.3%	Oceana	71.7%
Ontonagon	40.0%	Schoolcraft	68.6%
Houghton	41.0%	Manistee	68.5%
Dickinson	41.8%	Newaygo	67.4%

Number of Counties:

2015 vs. 2017

Ranked	Changed	Improved
82	82	11

2016: Students not graduating on time

Michigan: 20.4%

5 Best Counties	Rate	5 Worst Counties	Rate
Alcona	8.7%	Manistee	54.0%
Iron	9.5%	Lake	38.5%
Antrim	10.1%	Berrien	34.3%
Huron	10.1%	Roscommon	33.5%
Shiawassee	10.3%	Montmorency	33.3%

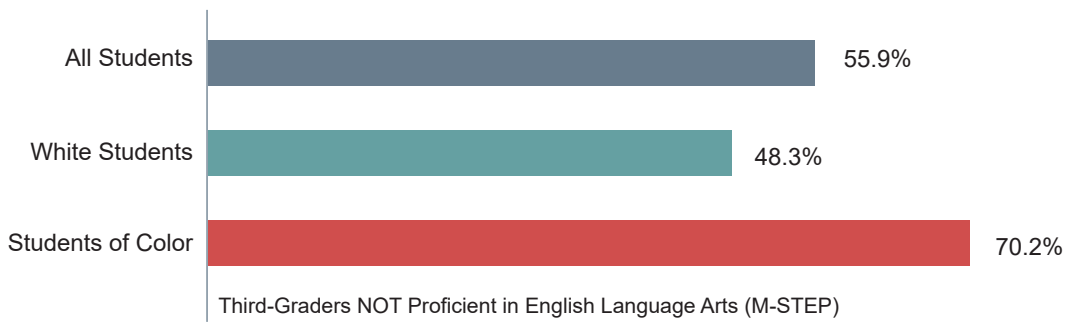
Number of Counties:

2010 vs. 2016

Ranked	Changed	Improved
80	80	52

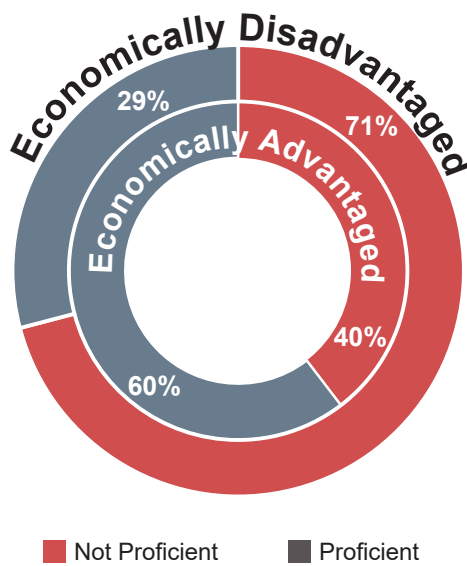
Note: Districts within Manistee and Berrien counties are authorizers for virtual schools, which are included in totals for the county.

Kids of color are more likely to attend underresourced schools compared to their White peers, resulting in disparate outcomes in third-grade reading.



Source: MI School Data, SY 2016-17

Third-grade reading differs significantly by family income: **71%** of students from families with low incomes are not proficient compared to **40%** of those in families with higher incomes.

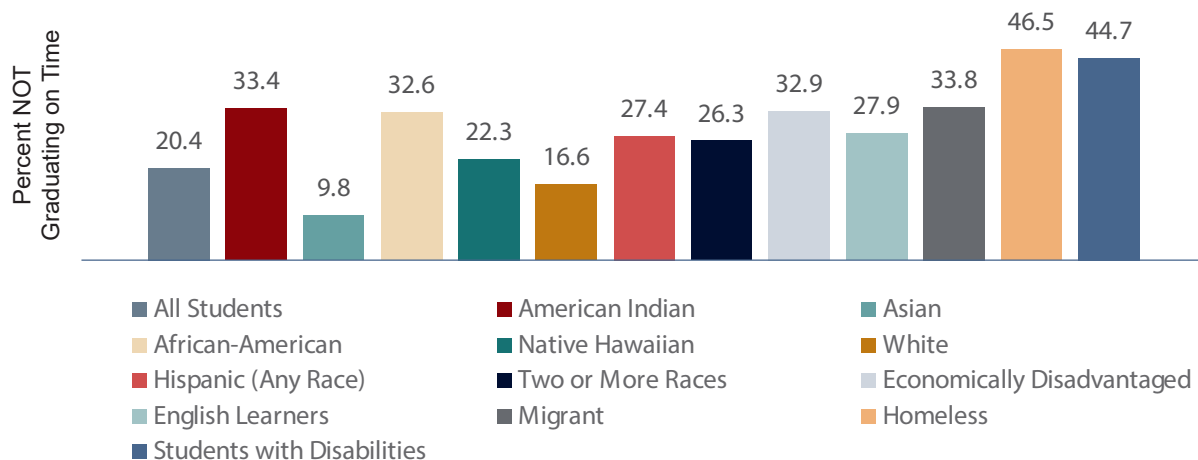


More than **2 in 3** eighth-graders were not proficient in math.



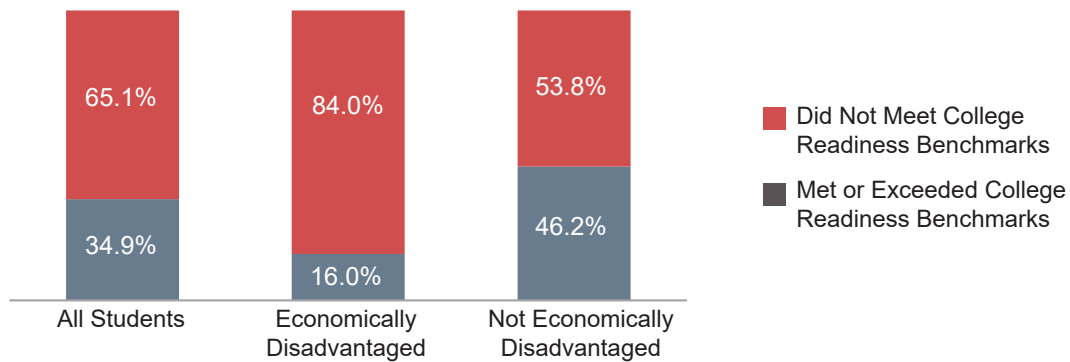
Source: MI School Data, SY 2016-17

Students experiencing homelessness and students with disabilities struggle the most to graduate on time.



Source: MI School Data, 2016

Students from families with low incomes are more likely to attend schools with fewer resources to prepare for postsecondary training and education.

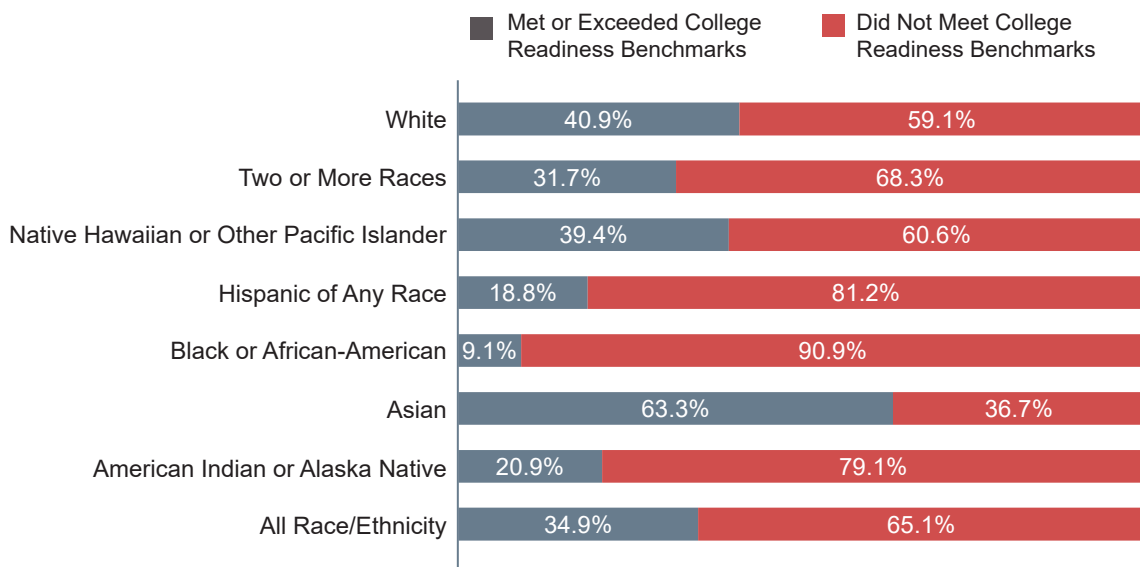


Source: MI School Data, SY 2016-17

What does this mean for kids in Michigan?

All Michigan students struggle to meet college readiness benchmarks. Nearly 2 in 3 students in Michigan are not ready for their next step in postsecondary education. These rates vary significantly for students based on income and race and ethnicity. Disparities in educational access and outcomes show up early in preschool attendance, third-grade reading and eighth-grade math proficiency rates. Improving the state’s national standing in education will require state investments and coordination addressing many factors that impact outcomes, such as prenatal care, support to families with young children under the age of 4 and changes to juvenile justice to reduce disparities. Business leaders must also be engaged to help develop the future workforce that our state needs to thrive both economically and in quality of life.

Students of color face additional barriers to reaching college readiness.



Source: MI School Data, SY 2016-17

Data Definitions and Notes

TREND INDICATORS

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

POPULATION

Estimated populations for 2010 and 2015 are for all people and of children ages 0-5, 6-12, 13-17 and 0-17. The 0-17 populations are broken down by race and ethnicity. The estimates use a model that incorporates information on natural changes such as births and deaths and net migration.

Source: U.S. Census Bureau, *State and County Population Estimates*; Detroit estimates from the Office of the State Demographer

ECONOMIC SECURITY

Children in Poverty

The number reflects children living in families whose income was below the poverty level in 2010 and 2016. The percentage is based on the total number of children ages 0-17 during that period.

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

Young Children in the Food Assistance Program

The number includes children in families eligible for the Food Assistance Program (FAP), also known as the federal Supplemental Nutrition Assistance Program (SNAP), in December 2010 and December 2016. Families qualify with incomes below 130 percent of the poverty level. The percent is based on the estimated populations of children ages 0-5 in 2009 and 2015.

Source: Michigan Department of Health and Human Services, *Assistance Payments Statistics, Table 68, December 2010 and December 2015 (for counties)*; special run for Detroit data

Students Eligible for Free or Reduced-Price School Lunches

K-12 students from families with incomes below 130 percent of the federal poverty level are eligible for a fully subsidized lunch while children from families with incomes between 130 and 185 percent are eligible for reduced-price meals. The percentage is based on total enrollment of K-12 public school students for school years 2009-10 and 2016-17, including public school academies.

Source: Center for Educational Performance Information

CHILD HEALTH

Less Than Adequate Prenatal Care

The number represents the mothers who received less than adequate prenatal care as defined by the Kessner Index, which measures the adequacy of prenatal care by the month it began, the number of prenatal visits and the length of the pregnancy. The base year is an annual average for the three-year period of 2008-10. The current number is an annual average for the three-year period of 2013-15. The percent is based on total resident live births based on the mother's county of residence. Data prior to 2008 are not comparable due to a change in the definition.

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

Low-Birthweight Babies

The number, which includes those babies who weighed less than 2,500 grams (approximately 5 lb., 8 oz.) at birth, is an annual average for the three-year periods of 2008-10 and 2013-15. The percentage is based on total resident live births in the mother's county of residence. Data prior to 2008 are not comparable due to a change in the definition.

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

Infant Mortality

The number, which includes infants who died before their first birthday, is an annual average for the three-year periods of 2008-10 and 2013-15. The rate is the number of infant deaths per 1,000 births during the referenced periods based on the mother's county of residence.

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

Child and Teen Deaths

The number includes deaths from all causes for children ages 1-19. It is an annual average for the three-year periods of 2008-10 and 2013-15. The rate is the number of child deaths per 100,000 children ages 1-19 during those periods based on the child's county of residence.

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

FAMILY AND COMMUNITY

Births to Teens

The number of births to teens ages 15-19 is an annual average for the three-year periods of 2008-10 and 2013-15. The rate of teen births is based on the number of live births per 1,000 females, ages 15-19, for those periods by county of residence.

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

Children in Investigated Families

These children reside in families where an investigation of child abuse or neglect was conducted by Children's Protective Services in fiscal years 2010 and 2016. Families may be investigated more than once in a given year and their children would be counted each time. The number reflects the total for the year. Rates are calculated per 1,000 children ages 0-17 in their county of residence for 2009 and 2015. Data is no longer combined for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

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

Confirmed Victims of Abuse or Neglect

The number reflects a count of children ages 0-17 confirmed to be victims of abuse or neglect following an investigation in fiscal years 2010 and 2016. Children may be counted twice if there was evidence of two separate cases of abuse found. The rate is calculated per 1,000 children ages 0-17 in their county of residence for 2009 and 2015. Data is no longer combined for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

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

Children in Out-of-Home Care

The number represents child victims of abuse or neglect placed in active out-of-home placements, such as a foster or relative home, court-ordered fictive kin, residential or shelter care supervised by the Department of Health and Human Services, its agents or the courts. The county represents the location of the court rather than the child's residence. The data are from a single month (September) in the reference years. The rate is calculated per 1,000 children ages 0-17 for 2009 and 2015. Data is no longer combined for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

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

EDUCATION

Children Ages 3-4 in Preschool

The count represents the average number of children ages 3-4 who were not enrolled in preschool during 2012-16. The percent is based on the population for ages 3-4 during that period.

Source: American Community Survey, Table S1401

Students Not Graduating On Time

The count includes students who entered Grade 9 in 2006 or 2012 and did not graduate four years later as expected, or five years if enrolled in an Early Middle College program. The percent is based on the cohort of students entering Grade 9 in those years. Several county totals include virtual schools operated by Intermediate School Districts or school districts within the county, whose students may reside in other counties, impacting on-time graduation rates. The counties most affected are Manistee, Leelanau and Berrien.

Source: Michigan Department of Education

Third-Grade English Language Arts (M-STEP)

The number reflects third-graders whose performance on the 2017 M-STEP English Language Arts (ELA) test did not meet the standard of proficiency. The percentage is based on the number of third-graders whose ELA test scores were included in the report. M-STEP is a state standardized test for selected subjects in selected grades administered for the first time in 2015 to public school students. Several county totals include virtual schools operated by Intermediate School Districts or school districts within the county, whose students may reside in other counties, impacting rates. The counties most affected are Manistee, Leelanau and Berrien.

Source: Michigan Department of Education

Eighth-Grade Math (M-STEP)

The number reflects eighth-graders whose performance on the 2017 M-STEP math test did not meet the standard of proficiency. The percentage is based on the number of eighth-graders whose math test scores were included in the report. Several county totals include virtual schools operated by Intermediate School Districts or school districts within the county, whose students may reside in other counties, impacting rates. The counties most affected are Manistee, Leelanau and Berrien.

Source: Michigan Department of Education

College Readiness

The number reflects 11th-graders whose performance on the 2017 College Board SAT in the subjects of Evidence-Based Reading and Writing and Mathematics that did not meet the college readiness benchmarks in one or both of the subjects. The percentage is based on the number of 11th-graders whose SAT test scores were included in the report. The SAT College Readiness data are based on the SAT with essay administration completed during the Michigan Merit Examination in the spring of Grade 11. Prior to the 2015-16 school year the ACT College Readiness examination was used to measure the proficiency of high school students in English, mathematics, reading and science.

Source: Michigan Department of Education

BACKGROUND INDICATORS

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

FAMILY SUPPORT PROGRAMS

Children Receiving:

Subsidized child care: This number reflects children ages 0-12 in child care whose parents received a subsidy payment from the state in December 2016. Most families qualify with earned income below 121 percent of the poverty level. The percentage is based on the estimated population of children ages 0-12 in 2015.

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

Family Independence Program cash assistance: The number reflects child recipients age 0-18 in the Family Independence Program (FIP) in a single month (December 2016). Families with minor children qualify with assets less than \$3,000 and gross monthly income below \$814. Children in families receiving extended FIP are not included. The percentage is based on the estimated 2015 population of children ages 0-18.

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

Food Assistance Program: The number reflects child recipients ages 0-18 in the Food Assistance Program (FAP), also known as the Supplemental Nutrition Assistance Program, in a single month (December 2016), whose families qualify with incomes below 130 percent of the poverty level. The percentage is based on the estimated population of children ages 0-18 in 2015.

Source: Michigan Department of Health and Human Services, *Assistance Payments Statistics, Table 68, December 2016 (for counties); special run for Detroit data*

Women, Infants, and Children (WIC) program: The number reflects children ages 0-4 who were enrolled in the Women, Infants, and Children (WIC) program during calendar year 2016. The percentage is based on the estimated population of children ages 0-4 in 2015.

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

Children With Support Owed

The number reflects children ages 0-19 who had a child support order and should have received child support for at least one month during fiscal year 2016. The percent is based on the estimated population of all children ages 0-19 in 2015. The county represents the location of the court rather than the child's residence.

Receiving none: The number reflects children who received none of the support payments that were owed during fiscal year 2016. The percent is based on the number of children with support owed for at least one month during fiscal year 2016.

Receiving less than 70% of court-ordered amount: The number reflects children who received less than 70 percent of the total support amount owed for fiscal year 2016 (including those who received none). The percent is based on the number of children with support owed for at least one month during fiscal year 2016.

Average amount per child: The number reflects the average monthly amount (per child) of support received in fiscal year 2016 for children who received some child support.

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

ECONOMIC CLIMATE

Unemployment

The 2016 annual rate (not seasonally adjusted) is based on the average monthly number of persons considered to be in the "workforce" because they are employed or unemployed but are looking and available for work as of April 2017.

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

Median Household Income

The median represents the midpoint of household income amounts in 2016.

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

Average Cost of Full-Time Child Care

The number is the weighted average monthly cost for infants, toddlers, preschoolers and school-age children in day care centers, group homes and family homes in 2017.

Source: *Early Childhood Investment Corporation*

Percent of Full-Time Minimum Wage

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

All Parents Work

The number is an average for 2012-2016 of children ages 0-5 whose parents are in the labor force (i.e., either both parents work in a two-parent family or the parent works in a one-parent family). The percent is based on the average population ages 0-5 for 2012-16.

Source: *American Community Survey, Table B23008*

FAMILY & COMMUNITY

Births to Mothers With No High School Diploma or GED

The count is an average for 2013-15. The percent is based on average births for 2013-15.

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

Children 0-17 Living in High-Poverty Neighborhoods

The count is an average for 2012-16 of children living in census tracts with poverty rates of 30 percent or higher. The percent is based on the 2012-16 average population of children ages 0-17.

Source: American Community Survey, Table S1701

Family Structure for Children Ages 0-17:

Two-Parent Household: The number reflects the 2012-16 average of children ages 0-17 in two-parent households. The percent is based on the average population of children ages 0-17 for that period.

One-Parent Household: The number reflects the 2012-16 average of children ages 0-17 in one-parent households. The percent is based on the average population of children ages 0-17 for that period.

Source: American Community Survey Table B17006

Poverty Rate for Children Ages 0-17:

Two-Parent Household: The number reflects the 2012-16 average of children ages 0-17 in two-parent households whose income was below the poverty level. The percent is based on the average population of children ages 0-17 in two-parent households for that period.

One-Parent Household: The number reflects the 2012-16 average of children ages 0-17 in one-parent households whose income was below the poverty level. The percent is based on the average population of children ages 0-17 in one-parent households for that period.

Source: American Community Survey, Table B17006

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

The count is an average for 2012-16 of children living in households where English is not spoken. The percent is based on the 2012-16 average population of children ages 5-17.

Source: American Community Survey, Table B16008

ACCESS TO HEALTHCARE

Children With Health Insurance

The annual number and percentage estimates are based on a three-year average (2013-15) number of children ages 0-18 insured through a public or private program at any point during the year based on the Current Population Survey. Detroit data is from the American Community Survey.

Source: Small Area Health Insurance Estimates (SAHIE)

Children Ages 0-18 Insured by:

Medicaid: The number reflects the enrollment in Medicaid as of December 2016. The percentage is based on the estimated population of children ages 0-18 in 2015.

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

MIChild: This program provides health insurance to children ages 0-18 in families with income between 150 to 200 percent of the federal poverty level. The number reflects the enrollment in MIChild as of December 2016. The percentage is based on the estimated population of children ages 0-18 in 2015.

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

Fully Immunized Toddlers

The number reflects children ages 19-35 months who had completed the vaccination 4:3:1:3:3:1:4 Series Coverage as of December 2016, according to the Michigan Care Improvement Registry (MCIR). The percentage is based on the population of children ages 19-35 months who were born to mothers residing in Michigan at the time of the birth.

Source: Michigan Care Improvement Registry

Lead Poisoning in Children, Ages 1-2

Tested: The number reflects children ages 1-2 who were tested for lead in 2015. The percent is based on the number of children ages 1-2 as of July 2015. Years beyond 2015 were not available at time of publication.

Poisoned (% of tested): This number reflects children ages 1-2 whose test showed 5 or more micrograms of lead per deciliter of blood (mcg/dL), with the results confirmed by venous testing. The percent is based on the number of children ages 1-2 who were tested. Years beyond 2015 were not available at time of publication.

Source: Michigan Department of Health and Human Services, Childhood Lead Poisoning Prevention Program, 2015

Children Hospitalized for Asthma:

This number represents Michigan hospital discharges of children ages 1-14 with asthma recorded as the primary diagnosis. The number reflects the annual average and rate per 10,000 children ages 1-14 in 2015. Due to a change in hospital reporting after 2014, only 2015 is available for the state and should not be compared to prior years. Three-year averages will be available for the years 2016-2018 in 2020.

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

CHILDREN WITH SPECIAL NEEDS

Students in Special Education

The number includes all individuals ages 0 through 26 receiving special education services as of December 2016, except those in programs operated by state agencies. These students have been diagnosed with a mental or physical condition that qualified them for special education services. The percentage is based on the enrollments from the Free/Reduced Lunch data file.

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

Children Receiving Supplemental Security Income (SSI)

The number reflects child recipients of Supplemental Security Income (SSI) as of December 2016. SSI is a Social Security Administration program of cash and medical assistance for low-income elderly and individuals with disabilities, including children. The rate is per 1,000 children ages 0-17 in 2015.

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

Children Served by Early On

The number reflects children ages 0-2 who were enrolled in Early On in the fall of 2016. The percentage is based on the estimated population for ages 0-2 in 2015. These data are reported by Intermediate School District (ISD); 40 counties have county data, while 43 have their ISD total listed.

Source: Michigan Department of Education

DEFINITIONS

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

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

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

Rank is assigned to a county indicator based on the rounded rate of the most recent year reported or annual average. A rank of No. 1 is the "best" rate on the measure. Only counties with a rate in the most recent year are ranked on a given indicator. Ranks do not include infant mortality or child and teen deaths due to the lack of available data in many counties.

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