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Ex-Officio:
Alicia Guevara Warren, Kids Count Project Director, Michigan League for Public Policy
Kids Count in Michigan is part of a broad national effort to measure the well-being of children at the state and local levels and use that information to shape efforts to improve the lives of children.

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

Acknowledgements

The 2016 Kids Count in Michigan Data Book was written and developed by Alicia Guevara Warren of the Michigan League for Public Policy with the assistance of League and project staff. Many thanks to Paul Diefenbach, who collected and compiled the data, and Tillie Kucharek, who designed and developed the county profiles and maps. Also appreciated are the staff, Jan Hudson, Rachel Richards, Alex Rossman, and Pat Sorenson, for reviewing, fact checking, and editing the data book.

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

Generous Supporters of the 2016 Kids Count in Michigan Data Book

Annie E. Casey Foundation
Skillman Foundation
Steelcase Foundation
Frey Foundation
Michigan Education Association
American Federation of Teachers Michigan
Blue Cross Blue Shield of Michigan Foundation
United Way for Southeastern Michigan
Battle Creek Community Foundation
Fetzer Institute
Kalamazoo Community Foundation

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MAXIMUS
Michigan Department of Health and Human Services
Michigan Department of Education
Office of the State Demographer

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Printed copies of this report are available from the League as long as supplies last. Please request by phone (517/487-5436) or e-mail: pkillips@mlpp.org.
INTRODUCTION

Do kids count in Michigan? Irreversible damage due to lead poisoning from the Flint water crisis. Detroit Public Schools on the verge of bankruptcy with students in unsafe learning conditions. Two major examples of the investment—or lack thereof—to protect our children and provide a basic need, like water, and access to a safe and quality education. Yet, the state continues to underfund most government services and programs. Revenue limits—funds that could be raised to ramp up investments in the state’s children and families—continue to fall well below the constitutional limitations.

However, some victories for children have been won in the last year. In the current state budget, investments were made to improve third-grade reading with the recognition that learning begins prenatally, increase funds targeted for our most at-risk students—the first time in more than a decade—and expand Healthy Kids Dental into the remaining three counties without this level of access.

Unfortunately, many policy decisions continue to weaken safety net programs and erode economic opportunity for all, making it harder for all children to get ahead. The child poverty rate in the state, while coming down slightly, continues to be unacceptably high at nearly 23%. Many parents are struggling to make ends meet, often having to combine temporary or part-time work to survive. Families are not able to get ahead. About one-quarter of Michiganders are also considered asset poor without sufficient savings to survive an economic emergency. Without addressing poverty and ensuring parents have access to economic opportunities, child outcomes in health, education and welfare will not improve.

The 2016 Kids Count in Michigan Data Book examining the state, its counties and Detroit shows that only three counties experienced a decline in child poverty over the trend period comparing 2006 to 2014. About half of counties had improvements in the health of the state’s youngest residents. The teen birth rate continues to improve across most counties. But only a small number of counties saw improvement in the rates of children put in harm’s way due to abuse or neglect. And the state’s new educational assessment test, the M-STEP, revealed that about half of third-graders and less than half of eleventh-graders were proficient in reading and writing.

Disparities in child well-being continue to exist based on race and place. The top and bottom three counties for overall child well-being from last year are nearly the same as in 2016. This year’s best counties are Livingston (1st), Ottawa (2nd) and Clinton (3rd). The worst counties are Lake (82nd), Clare (81st) and Muskegon (80th).

Looking forward, there are actions based on the data that can be taken to improve outcomes for kids in our state. Research shows that helping parents is one of the best ways to help their children. Taking a two-generation approach to addressing economic security, health, education, and families and communities is a strong strategy to improve the well-being of children in Michigan. Included in this report are recommended policies and practices that will increase the quality of life for all children and families in Michigan.

Individual profiles for counties, regions and Detroit are available under Kids Count at www.mlpp.org

The KIDS COUNT Data Center

There are many additional indicators available by state, county, city and Congressional District on the KIDS COUNT Data Center: www.datacenter.kidscount.org. Users can compare counties, create customized local data profiles, and generate maps, charts and graphs that can be inserted in reports, embedded on websites or shared through email and social media.
Using the Data Book

For 25 years, the annual Kids Count in Michigan Data Book has reviewed various background and trend data to evaluate the well-being of children in the state. The base period for the 2016 book is 2006 compared to 2014, 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 each of the 16 measures.

New this year is additional background with a breakdown of the child population by age, level of mother’s education, high poverty neighborhoods, and utilization of Early On services and the Women, Infants, and Children (WIC) program. Not available this year was data on birth defects. An additional education indicator was added to measure the trend of 3- and 4-year-olds in preschool.

Also important to note is that after 40 years, the state replaced the Michigan Educational Assessment Program (MEAP) with a new standardized test called the Michigan Student Test of Educational Progress (M-STEP). Not only are the testing standards more rigorous, but the test is now delivered in the spring rather than the fall. Additionally, the Michigan Merit Exam (MME) for high schoolers underwent a number of changes and has been incorporated into the M-STEP. Due to these changes, MEAP and MME data is not comparable to the new M-STEP data.

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 significant. Also, keep in mind that some data are based on different time frames (e.g., school years, fiscal years and three-year averages).
### Population

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>2006</th>
<th>2013</th>
<th>% CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>10,102,322</td>
<td>9,895,622</td>
<td>-2.0%</td>
</tr>
<tr>
<td>Child population 0–17</td>
<td>2,478,106</td>
<td>2,245,201</td>
<td>-9.4%</td>
</tr>
<tr>
<td>• Ages 0–5</td>
<td>770,378</td>
<td>692,723</td>
<td>-10.1%</td>
</tr>
<tr>
<td>• Ages 6–12</td>
<td>952,048</td>
<td>878,545</td>
<td>-7.7%</td>
</tr>
<tr>
<td>• Ages 13–17</td>
<td>755,680</td>
<td>673,933</td>
<td>-10.8%</td>
</tr>
</tbody>
</table>

### Child population by race

| Hispanic 0–17                | 148,403       | 176,504       | 18.9%    |
| Non-Hispanic 0–17            | 1,792,267     | 1,570,968     | -12.3%   |
| • White                      | 453,605       | 403,262       | -11.1%   |
| • African-American           | 18,126        | 18,586        | 2.5%     |
| • Other                      | 65,705        | 75,881        | 15.5%    |

### Economic Climate

- **Unemployment**: 7.3%
- **Median household income (2013)**: $48,200
- **Average cost of full-time child care-month (2015)**: $544
- **Percent of full-time minimum wage (2015)**: 38.5%
- **Percent of young children ages 0/5 in Michigan families where all parents work**: 66.9%

### Family Support Programs

<table>
<thead>
<tr>
<th>FAMILY SUPPORT PROGRAMS</th>
<th>NUMBER</th>
<th>MI RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children receiving...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Subsidized child care, ages 0–12(^1)</td>
<td>30,374</td>
<td>1.9%</td>
</tr>
<tr>
<td>• FIP cash assistance(^1,3)</td>
<td>56,242</td>
<td>2.4%</td>
</tr>
<tr>
<td>• Food Assistance Program(^1,4)</td>
<td>621,531</td>
<td>26.0%</td>
</tr>
<tr>
<td>• Women, Infants, and Children (WIC)</td>
<td>298,014</td>
<td>52.0%</td>
</tr>
</tbody>
</table>

| Children with support owed               |        |         |
| • Receiving none (% of those owed)       | 142,977| 27.5%   |
| • Receiving less than 70% of amount      | 326,729| 62.8%   |
| • Average amount received (month)        | —      | $215    |

### Access to Healthcare

<table>
<thead>
<tr>
<th>ACCESS TO HEALTHCARE</th>
<th>NUMBER</th>
<th>MI RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with health insurance</td>
<td>2,222,794</td>
<td>95.7%</td>
</tr>
<tr>
<td>Children, ages 0–18, insured by...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medicaid(^1)</td>
<td>937,489</td>
<td>39.2%</td>
</tr>
<tr>
<td>• MIChild</td>
<td>35,728</td>
<td>1.5%</td>
</tr>
<tr>
<td>Fully immunized toddlers, ages 19–35 months (for the series 4:3:1:3:3:1:4)(^1)</td>
<td>123,277</td>
<td>73.8%</td>
</tr>
<tr>
<td>Lead poisoning in children, ages 1–2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tested</td>
<td>87,917</td>
<td>37.6%</td>
</tr>
<tr>
<td>• Poisoned (% of tested)</td>
<td>1,553</td>
<td>1.7%</td>
</tr>
<tr>
<td>Children, ages 1–14, hospitalized for asthma (rate per 10,000)(^2)</td>
<td>2,439</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

### Family & Community

<table>
<thead>
<tr>
<th>FAMILY &amp; COMMUNITY</th>
<th>NUMBER</th>
<th>MI RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births to moms without high school diploma or GED</td>
<td>15,683</td>
<td>13.8%</td>
</tr>
<tr>
<td>High-poverty neighborhoods</td>
<td>387,024</td>
<td>17.1%</td>
</tr>
</tbody>
</table>

### Economic Climate

- **Unemployment**: 7.3%
- **Median household income (2013)**: $48,200
- **Average cost of full-time child care-month (2015)**: $544
- **Percent of full-time minimum wage (2015)**: 38.5%
- **Percent of young children ages 0/5 in Michigan families where all parents work**: 66.9%

1. As of December 2014.
2. Annual rate and number are based on the three-year period 2011–2013 and only for counties with a total number over 20.
3. Family Independence Program.
4. State name for the federal Supplemental Nutrition Assistance Program, formerly called “food stamps.” Note: Percentages reflect percent of population unless otherwise noted.

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

N/A not available.

See Data Notes and Sources for details.
## Michigan Trends in Child Well-Being

### Economic Security

<table>
<thead>
<tr>
<th></th>
<th>BASE YEAR</th>
<th>CURRENT YEAR</th>
<th>PERCENT CHANGE IN RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in poverty, ages 0–17</td>
<td>444,913</td>
<td>492,257</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>18.3%</td>
<td>22.6%</td>
<td></td>
</tr>
<tr>
<td>Children, ages 0–5, eligible for SNAP(^1)</td>
<td>194,116</td>
<td>221,322</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>24.8%</td>
<td>31.9%</td>
<td></td>
</tr>
<tr>
<td>Students eligible for free/reduced price school lunches(^2)</td>
<td>612,022</td>
<td>702,737</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>36.2%</td>
<td>46.7%</td>
<td></td>
</tr>
</tbody>
</table>

### Health & Safety

<table>
<thead>
<tr>
<th></th>
<th>BASE YEAR</th>
<th>CURRENT YEAR</th>
<th>PERCENT CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than adequate prenatal care</td>
<td>N/A</td>
<td>33,923</td>
<td>29.9%</td>
</tr>
<tr>
<td>Low-birthweight babies(^*)</td>
<td>10,751</td>
<td>9,503</td>
<td>8.4%</td>
</tr>
<tr>
<td>Infant mortality (per 1,000)</td>
<td>979</td>
<td>777</td>
<td>6.8%</td>
</tr>
<tr>
<td>Child/Teen deaths, ages 1–19 (per 100,000)</td>
<td>815</td>
<td>653</td>
<td>26.7%</td>
</tr>
</tbody>
</table>

### Family & Community (PER 1,000)

<table>
<thead>
<tr>
<th></th>
<th>BASE YEAR</th>
<th>CURRENT YEAR</th>
<th>PERCENT CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births to teens, ages 15–19</td>
<td>12,117</td>
<td>8,806</td>
<td>25.9%</td>
</tr>
<tr>
<td></td>
<td>33.4</td>
<td>25.9</td>
<td></td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>157,945</td>
<td>213,782</td>
<td>52</td>
</tr>
<tr>
<td>Children in investigated families</td>
<td>11,4</td>
<td>14.7</td>
<td></td>
</tr>
<tr>
<td>Confirmed victims</td>
<td>28,842</td>
<td>33,020</td>
<td></td>
</tr>
<tr>
<td>Children in out-of-home care</td>
<td>16,660</td>
<td>10,264</td>
<td></td>
</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th></th>
<th>BASE YEAR</th>
<th>CURRENT YEAR</th>
<th>PERCENT CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three- and four-year-olds in preschool</td>
<td>153,976</td>
<td>146,526</td>
<td></td>
</tr>
<tr>
<td></td>
<td>46.9%</td>
<td>47.5%</td>
<td></td>
</tr>
<tr>
<td>Students not graduating on time</td>
<td>34,453</td>
<td>26,615</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24.5%</td>
<td>21.4%</td>
<td></td>
</tr>
<tr>
<td>Not proficient (M-STEP)</td>
<td>53,535</td>
<td>75,854</td>
<td></td>
</tr>
<tr>
<td>Third-graders (English Language Arts)</td>
<td>49.9%</td>
<td>67.8%</td>
<td></td>
</tr>
<tr>
<td>Eighth-graders (Math)</td>
<td>75,854</td>
<td>50.7%</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Supplemental Nutrition Assistance Program.

\(^2\) Family income is below 185% poverty level.

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

\(^**\) Percent change in rate for low-birthweight babies did not change for Michigan.

SY—School Year.

M-STEP—Michigan Student Test of Educational Progress.

N/A not available.

Missing bars indicate no change or a rate could not be calculated, a “0” reflects no change. Percentage change is calculated with unrounded rates.
DATA IN ACTION
STRATEGIES FOR IMPROVING OVERALL CHILD WELL-BEING

ECONOMIC SECURITY:

» Ensure access to affordable, quality child care;
» Provide workforce development opportunities, including adult education and postsecondary training and credentialing;
» Improve workplace quality by providing earned paid sick leave for all workers;
» Strengthen policies that support work, such as the Earned Income Tax Credit; and
» Promote tools and policies that support asset building to achieve long-term financial security.

HEALTH & SAFETY:

» Ensure access to quality healthcare, including mental health services;
» Improve oral healthcare by increasing access for adults on Medicaid and completing expansion of Healthy Kids Dental; and
» Create and maintain clean and safe environments through sufficient funding for local communities.

FAMILY & COMMUNITY:

» Invest in communities to improve quality of life and the creation of vibrant, safe neighborhoods;
» Expand home visitation in areas of high need to strengthen families;
» Promote comprehensive strategies to prevent child abuse and neglect;
» Maintain and expand services to prevent teen and unplanned pregnancy; and
» Improve data collection and coordination on justice involved youth.

EDUCATION:

» Adequately fund public schools targeting resources in high-need areas;
» Increase access to early developmental screenings and services, such as Early On;
» Provide early interventions to improve third-grade reading;
» Engage parents early in their children’s education; and
» Invest in youth development and career-technical education.
OVERALL CHILD WELL-BEING RANKED

Counties Ranked
- 1-20
- 21-40
- 41-60
- 61-82
- No data

7. Marquette 17. Mackinac 27. Isabella 37. Otsego 47. Gogebic
17. Mackinac 27. Isabella 37. Otsego 47. Gogebic 57. Ogemaw
23. Ionia 33. Sanilac 43. Saginaw 53. Van Buren 63. Luce
24. Menominee 34. Shiawassee 44. Kalamazoo 54. Cheboygan 64. Crawford
27. Isabella 37. Otsego 47. Gogebic 57. Ogemaw 67. Hillsdale
42. Schoolcraft 52. Branch 62. Arenac 72. Westphal 82. Lake
### 2014: Child poverty, ages 0–17

<table>
<thead>
<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livingston</td>
<td>8.1%</td>
<td>Lake</td>
<td>44.4%</td>
</tr>
<tr>
<td>Ottawa</td>
<td>9.7%</td>
<td>Clare</td>
<td>38.8%</td>
</tr>
<tr>
<td>Clinton</td>
<td>11.0%</td>
<td>Ogemaw</td>
<td>35.8%</td>
</tr>
<tr>
<td>Oakland</td>
<td>12.4%</td>
<td>Wayne</td>
<td>35.2%</td>
</tr>
<tr>
<td>Grand Traverse</td>
<td>13.5%</td>
<td>Roscommon</td>
<td>34.4%</td>
</tr>
</tbody>
</table>

| # Counties Ranked: 83 | # Counties Changed: 83 | # Counties Improved: 3 |

### 2014: Young children eligible for food aid (SNAP)

<table>
<thead>
<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livingston</td>
<td>11.5%</td>
<td>Lake</td>
<td>56.2%</td>
</tr>
<tr>
<td>Ottawa</td>
<td>12.8%</td>
<td>Wayne</td>
<td>49.7%</td>
</tr>
<tr>
<td>Clinton</td>
<td>16.2%</td>
<td>Roscommon</td>
<td>48.5%</td>
</tr>
<tr>
<td>Oakland</td>
<td>16.6%</td>
<td>Genesee</td>
<td>44.9%</td>
</tr>
<tr>
<td>Leelanau</td>
<td>17.6%</td>
<td>Saginaw</td>
<td>43.7%</td>
</tr>
</tbody>
</table>

| # Counties Ranked: 83 | # Counties Changed: 83 | # Counties Improved: 17 |

### 2014: Students eligible for free/reduced price lunch

<table>
<thead>
<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livingston</td>
<td>21.1%</td>
<td>Lake</td>
<td>92.3%</td>
</tr>
<tr>
<td>Clinton</td>
<td>27.2%</td>
<td>Oceana</td>
<td>72.2%</td>
</tr>
<tr>
<td>Washtenaw</td>
<td>29.2%</td>
<td>Roscommon</td>
<td>66.5%</td>
</tr>
<tr>
<td>Oakland</td>
<td>31.7%</td>
<td>Iosco</td>
<td>65.2%</td>
</tr>
<tr>
<td>Ottawa</td>
<td>34.0%</td>
<td>Cheboygan</td>
<td>64.4%</td>
</tr>
</tbody>
</table>

| # Counties Ranked: 82 | # Counties Changed: 82 | # Counties Improved: 0 |

"The economic benefits of investing in children have been extensively documented...Investing fully in children today will ensure the well-being and productivity of future generations for decades to come. By contrast, the physical, emotional and intellectual impairment that poverty inflicts on children can mean a lifetime of suffering and want—and a legacy of poverty for the next generation..." — Carol Bellamy
Child well-being requires a solid foundation. Building strong families through two-generation approaches—where parents have access to quality, affordable child care, workforce development opportunities, quality workplaces, work supports and tools for long-term financial security—are some of the most proven ways to reduce poverty and improve child well-being. Racial and ethnic disparities must be addressed and efforts should also be targeted in communities of color.

• **Child Care:** Having access to affordable and quality child care improves a parent’s work attendance and employee turnover, which in turn increases a company’s production and bottom line. High-quality child care also provides an early learning experience to help ensure that kids are better prepared for school.

Improvements to Michigan’s child care subsidy program, which assists low-income families with the high cost of child care, include: increasing eligibility for families from 121% of the federal poverty level to 150%; increasing child care payment rates to the 75th percentile of market rate; increasing the reimbursable hourly cap; and providing payments on a daily or weekly basis rather than hourly.

• **Workforce Development:** Today’s jobs, especially those that offer family-supporting wages and benefits, require employees to have some level of postsecondary education. Yet Michigan has underfunded its adult education system for decades and has not implemented reforms to make classes and training more accessible to parents. Improving high school diploma/GED completion is a first step towards economic security; however, many good paying jobs require postsecondary degrees or credentials.

Improvements to Michigan’s adult education system include: increasing state funding for adult education; providing classes and training in nontraditional settings and offering child care; and allowing Family Independence Program (FIP) recipients to have...
their federal work requirements met through participation in adult education to ensure long-term economic security.

- **Workplace Quality**: Earned paid sick leave is extremely beneficial to families for multiple reasons. It allows new mothers to bond with and nurse their infants while having the time to recover from the birthing experience—all of which are important for the physical and socio-emotional health of baby and mom. Earned sick leave also allows parents to care for their children when they are sick. But 47% of private sector workers do not currently get earned sick leave, including 70% of those in the lowest paying jobs.²

It can be costly to businesses when workers are sick as they are less productive and, in some cases, could risk getting customers ill as well. Research on earned paid sick leave shows that employers actually benefit from increased employee retention and reduced costs of hiring and training new employees.

Michigan’s work environments can be improved with the passage of legislation or approval of the citizen-led ballot initiative³ to give earned paid sick leave to all workers.

- **Work Supports**: According to the supplemental poverty measure, an alternative method that takes into account the effect of safety net and tax policies on poverty, these programs positively impact child poverty. In fact, through state and federal public assistance programs and the federal Earned Income Tax Credit (EITC) and Child Tax Credit (CTC), children are lifted out of poverty, cutting Michigan’s child poverty rate to 15%.⁴ Tax policies and safety net programs matter to bridge the gaps to help working families make ends meet. The EITC, which lifts the most children out of poverty compared with other programs, promotes work while allowing families to keep more of what they earn. Public assistance programs help ensure that children don’t go hungry and help blunt the effects of deep poverty on families experiencing temporary financial hardship.

Michigan can improve its tax policies and safety net programs by: restoring the state EITC from the current 6% to 20% of the federal EITC; eliminating asset limits on food assistance, which act as a barrier to enrollment, forcing families to deplete savings that provide long-term financial security in order to gain temporary assistance while overburdening caseworkers with unnecessary paperwork; and discontinuing punitive and ineffective policies that prevent families from accessing temporary assistance, such as truancy policies and drug testing.

- **Long-term Financial Security**: With so many parents patching together various types of part-time and seasonal jobs that may come with inconsistent schedules, families are likely to experience times of income volatility. Without sufficient savings and assets to fall back on, these families often live one paycheck away from complete financial distress, which has clear negative impacts on children.

Financial security can be improved for Michigan families by: encouraging the use and development of Individual Development Accounts (IDAs) and college savings plans (529s) with targeted services for low- and moderate-income families.

### Percent of Children, ages 0–17

**While Beginning to Improve, Child Poverty in Michigan Remains Stubbornly High**

<table>
<thead>
<tr>
<th>Year</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
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<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau and Small Area Income and Poverty Estimates (SAIPE)
In 2014, nearly half a million children under 17 in Michigan lived in poverty

Only three counties in Michigan experienced a decrease over the trend period of 2006 compared to 2014 in its poverty rate for children under 17 years old: Baraga (-1.8%); Calhoun (-4.9%); and Saginaw (-2.3%). The vast majority of the counties experienced a rate increase over the trend period, which varied significantly, ranging from a low of 2.2% in Houghton County to a high of 74.3% in Macomb County. Livingston County, which had the lowest child poverty rate, experienced an increase of 42.1% over the trend period while the county with the highest rate, Lake County, experienced a smaller increase of 16.8%.

Children living in poverty are more likely to go hungry resulting in poor nutrition, physical health and readiness to learn in school. From before the recession, the percent of Michigan’s students eligible for free or reduced lunch also increased by 30%. The counties with the top five highest rate increases were: Isabella (114.2%); Eaton (80.2%); Macomb (74.7%); Allegan (73.5%); and Livingston (67.8%). Still more than 1 in 5 students were eligible for free or reduced lunch in the county with the lowest rate (Livingston County), which incidentally also experienced one of the highest increases.

16% of children in Michigan lived in households that were food insecure at some point during the year

Similar to free and reduced lunch, the percent of young children under age 6 who received food assistance through the federal Supplemental Nutrition Assistance Program (SNAP) increased by 29%. In 2014, nearly 1 in every 3 young children received SNAP while 26%
of all children, ages 0–18 years, received food assistance. However, some regions and counties experienced decreases in the percent of young children receiving food assistance. Of these 17 counties with declining numbers, more than half have higher percentages of children living in poverty than are participating in SNAP. With Michigan’s implementation of asset tests as a part of determining eligibility for food assistance, it could be that there remains a need, but the barriers are too much. States have reported ending their use of asset tests because of the administrative burden placed on both the state and families—reporting assets requires much more complicated paperwork and could deter families from seeking assistance or prevent them from completing their applications while also overburdening caseworkers.

On average, monthly child care consumed almost 40% of 2015 minimum wage earnings in Michigan

The state child care subsidy program is available to assist low-income working parents, families receiving public assistance, foster parents, or those families with an open protective or preventive services case. The vast majority of children eligible for subsidized care live in working families while about a quarter live in a family receiving assistance. In 2014, less than 2% of children in the state, ages 0–12 years, received subsidized care. However, approximately 3 of every 4 eligible children received a subsidy payment for child care, which averaged $271 per month. Important improvements were made in the current fiscal year to improve continuity of care for children, including the ability for a child to remain eligible for up to one year regardless of growth in family income. Eligibility will also continue for a child until their family income reaches 250% of the federal poverty level, and provider rate increases were approved based on quality.⁶

The vast majority of children eligible for subsidized care live in working families while about a quarter live in a family receiving assistance.
### Health & Safety

#### 2011–2013: Less than adequate prenatal care

<table>
<thead>
<tr>
<th></th>
<th>Michigan: 29.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 Best Counties</strong></td>
<td><strong>Rate</strong></td>
</tr>
<tr>
<td>Huron</td>
<td>16.0%</td>
</tr>
<tr>
<td>Crawford</td>
<td>19.0%</td>
</tr>
<tr>
<td>Midland</td>
<td>19.9%</td>
</tr>
<tr>
<td>Oakland</td>
<td>20.3%</td>
</tr>
<tr>
<td>Bay</td>
<td>21.0%</td>
</tr>
</tbody>
</table>

**# Counties**
- Ranked: 83
- Changed: N/A
- Improved: N/A

#### 2011–2013: Low-birthweight babies

<table>
<thead>
<tr>
<th></th>
<th>Michigan: 8.4%</th>
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</thead>
<tbody>
<tr>
<td><strong>5 Best Counties</strong></td>
<td><strong>Rate</strong></td>
</tr>
<tr>
<td>Gogebic</td>
<td>3.5%</td>
</tr>
<tr>
<td>Houghton</td>
<td>4.3%</td>
</tr>
<tr>
<td>Gladwin</td>
<td>5.1%</td>
</tr>
<tr>
<td>Alcona</td>
<td>5.3%</td>
</tr>
<tr>
<td>Cheboygan</td>
<td>5.4%</td>
</tr>
<tr>
<td>Mackinac</td>
<td>5.4%</td>
</tr>
<tr>
<td>Ogemaw</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

**# Counties**
- Ranked: 81
- Changed: 80
- Improved: 38

#### 2011–2013: Infant mortality

<table>
<thead>
<tr>
<th></th>
<th>Michigan: 6.8 per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 Best Counties</strong></td>
<td><strong>Rate</strong></td>
</tr>
<tr>
<td>Lapeer</td>
<td>2.4</td>
</tr>
<tr>
<td>Clinton</td>
<td>2.5</td>
</tr>
<tr>
<td>Shiawassee</td>
<td>3.2</td>
</tr>
<tr>
<td>Ionia</td>
<td>4.1</td>
</tr>
<tr>
<td>Marquette</td>
<td>4.1</td>
</tr>
</tbody>
</table>

**# Counties**
- Ranked: 48
- Changed: 45
- Improved: 27

#### 2011–2013: Child/teen deaths

<table>
<thead>
<tr>
<th></th>
<th>Michigan: 26.7 per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 Best Counties</strong></td>
<td><strong>Rate</strong></td>
</tr>
<tr>
<td>St. Joseph</td>
<td>12.4</td>
</tr>
<tr>
<td>Ionia</td>
<td>14.4</td>
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<tr>
<td>Calhoun</td>
<td>18.5</td>
</tr>
<tr>
<td>Macomb</td>
<td>19.2</td>
</tr>
<tr>
<td>Washtenaw</td>
<td>19.2</td>
</tr>
</tbody>
</table>

**# Counties**
- Ranked: 52
- Changed: 52
- Improved: 32
Children need to be healthy and safe if they are to reach their full potential. Ensuring that children start off on the right path with a healthy birth, early detection of developmental disabilities, access to healthcare, and safe, clean communities to live in are all necessary to enable children to thrive.

Social determinants, including social, economic and physical environments, have a tremendous impact on health outcomes. Women with low incomes are more likely to experience inadequate nutrition and chronic health conditions, which lead to a higher probability of delivering low-birthweight babies—the leading cause of infant mortality—and can lead to other health and developmental problems. Persistent health disparities based on income and race and ethnicity continue to exist because of structural barriers that have reduced opportunity for good health and well-being.

Events and circumstances a person experiences throughout his/her life from the very beginning have significant impacts on his/her long-term physical and mental well-being. To thrive, children and babies need healthy moms and dads. Healthy kids are better learners and become better positioned to meet their full potential. Strategies to improve the health and safety of children must encompass a holistic approach to well-being and be targeted in the state’s most at-risk communities.

- **Quality healthcare:** A woman’s health prior to conception, during pregnancy and after the birth is extremely important to both her and her child’s well-being. To thrive, children and babies need healthy moms and dads. Healthy kids are better learners and become better positioned to meet their full potential. Strategies to improve the health and safety of children must encompass a holistic approach to well-being and be targeted in the state’s most at-risk communities.

  Events and circumstances a person experiences throughout his/her life from the very beginning have significant impacts on his/her long-term physical and mental well-being. To thrive, children and babies need healthy moms and dads. Healthy kids are better learners and become better positioned to meet their full potential. Strategies to improve the health and safety of children must encompass a holistic approach to well-being and be targeted in the state’s most at-risk communities.

  • **Quality healthcare:** A woman’s health prior to conception, during pregnancy and after the birth is extremely important to both her and her child’s well-being. With the expansion of Medicaid to uninsured individuals with incomes up to 133% of the federal poverty level, an increasing number of people are likely to become insured and gain adequate and timely care, particularly women prior to their pregnancies, which will lead to healthier births. However, other barriers, such as awareness and transportation, continue to exist.

  Additionally, access to behavioral health services is equally important. Approximately one-third of women in their childbearing and child-rearing years experience depressive symptoms. Maternal depression can affect parenting, which can be even more stressful for those living in poverty, lacking necessary support and resources.

  To improve access to quality healthcare for women, especially mothers or those expecting, Michigan can continue to support enrollment in Medicaid and the Healthy Michigan Plan; promote

**Data in Action: Improving Health & Safety**

Nearly 30% of births were to mothers who received less than adequate prenatal care; 8.4% of babies are born too small; almost 2% of children tested for lead poisoning have confirmed EBLs of 5+; and more than 26 of every 100,000 children died unnecessarily...

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**OVER 5,400 BIRTHS WERE TO MOMS RECEIVING LATE OR NO PRENATAL CARE**

<table>
<thead>
<tr>
<th>Percent of live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Races</td>
</tr>
<tr>
<td>4.8</td>
</tr>
</tbody>
</table>

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

**NO PROGRESS IN RATE OF LOW-BIRTHWEIGHT BABIES, DISPARITIES PERSIST**

<table>
<thead>
<tr>
<th>Percent of live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Races</td>
</tr>
<tr>
<td>8.4</td>
</tr>
</tbody>
</table>

Source: Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics
healthy behaviors and opportunities to increase adequate nutrition; explore solutions to transportation barriers that exist in many rural communities; and encourage behavioral health screenings of all women while also providing adequate funding for community mental health services for families and their children.

- **Oral healthcare:** Tooth decay remains the No. 1 chronic disease in children. Toothaches and other dental issues can cause children to do poorly in school or even miss days. Additionally, it is also critical during pregnancy as poor oral health has been linked to an increased risk of preterm birth and low-birthweight babies.

Michigan can complete the expansion of Healthy Kids Dental to the more than 130,000 low-income kids in Kent, Oakland and Wayne counties between the ages of 13–20 who remain without this enhanced coverage⁴, and increase access for the adult Medicaid population to receive dental care.

- **Clean and safe environments:** The type of community that a person lives in has clear effects on his/her overall health and well-being. Those who live in communities that not only provide the basics—safe drinking water and clean air—but also are rich with resources such as parks, community centers, and grocery stores with fresh produce and have lower crime rates will experience better health outcomes. The effects of stressful environments, such as unsafe or polluted neighborhoods, have been documented to cause health-related conditions like asthma. Plus, many families with low incomes are constrained by their incomes and wind up in unsafe housing where lead poisoning poses a threat to children’s brain development.

To improve environmental health, Michigan can increase funding for the Childhood Lead Poisoning Prevention Program. The state has consistently underfunded childhood lead prevention relying on various federal resources. Additionally, many local communities are experiencing financial crisis—or are on the brink of falling into crisis—which has led to reduced or lower-quality services and programs affecting safety and law enforcement, clean water, and parks and recreation. After many years of decreases in revenue sharing, the state must adequately fund local governments to help improve the health and well-being of children and families.

In 2015, it was revealed that the residents, and most importantly children, of Flint had experienced the unthinkable. Children in the city were exposed to lead because of the failure of government to provide access to a basic need: clean water. The effects of lead poisoning are irreversible and can cause long-term health and behavioral issues with clear consequences on educational outcomes and other well-being factors. While this is clearly a major public health crisis in Flint that the state must address now and for decades to come, it also provides an opportunity to elevate awareness of lead poisoning that exists in many other areas of the state as well. Of the 1–2-year-olds screened and tested in Michigan, on average 1.7% had confirmed elevated blood levels of more than 5ug/dL.⁵ In Wayne County (4.7%), the rate is more than double the state average while the next two worst counties, Calhoun (3.2%) and Muskegon (3.2%), have rates nearly double the state average.

Asthma is another condition experienced by many children in the state that has implications for health and learning. More than 8% of children in Michigan under 18 years old are affected by asthma. In addition to the known environmental factors that can increase the condition, recent research has connected stressful situations, such as poverty and exposure to violence, to the onset of asthma.⁶ With approximately 2 of every 3 children in Detroit coping with an adverse childhood experience, the city leads the nation in toxic stressors and asthma rates for children up to 11 years old. It is third in the country for the share of children under the age of 18 with asthma.⁷ With the appropriate resources and care, asthma can be managed. Changes in insurance providers, the cost of medications and access

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**Significant Disparities Exist in Infant Death Rates with Troubling Trends**

<table>
<thead>
<tr>
<th>Year</th>
<th>Black, Non-Hispanic</th>
<th>American Indian, Non-Hispanic</th>
<th>Hispanic</th>
<th>White, Non-Hispanic</th>
<th>Asian/Pacific Islander, Non-Hispanic</th>
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</thead>
<tbody>
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<td>2008</td>
<td>15.1</td>
<td>9.7</td>
<td>7.6</td>
<td>5.5</td>
<td>4.1</td>
</tr>
<tr>
<td>2009</td>
<td>10.0</td>
<td>9.5</td>
<td>7.6</td>
<td>5.5</td>
<td>3.9</td>
</tr>
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<td>2010</td>
<td>9.5</td>
<td>9.7</td>
<td>6.8</td>
<td>5.0</td>
<td>3.9</td>
</tr>
<tr>
<td>2011</td>
<td>8.5</td>
<td>8.5</td>
<td>6.8</td>
<td>5.0</td>
<td>3.9</td>
</tr>
<tr>
<td>2012</td>
<td>7.6</td>
<td>8.5</td>
<td>6.8</td>
<td>5.0</td>
<td>3.9</td>
</tr>
<tr>
<td>2013</td>
<td>6.8</td>
<td>8.5</td>
<td>6.8</td>
<td>5.0</td>
<td>3.9</td>
</tr>
</tbody>
</table>

Source: Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics
In 2011–2013, more than 9,500 babies in Michigan were born too small

Prenatal care is important for both mom and baby. It can reduce the risk of a baby being born too small, identify health concerns, provide information on healthy behaviors, and prevent negative health outcomes. Still, in 2011–2013, nearly 5% of births were to mothers who received late or no prenatal care. In addition, nearly 30% of births were to mothers who received less than adequate prenatal care.

Over the three year period, urban counties fared somewhat better than mid size and rural counties in the percent of births to mothers receiving less than adequate prenatal care; however, it was still close to 30%. Mid size and rural counties experienced higher rates of around 32% of births while the city of Detroit experienced a rate of 40%.

Systemic barriers to care lead to racial disparities in low-birthweight babies, the leading cause of infant mortalities, and can be the cause of developmental delays for children. Statewide, the share of infants...
born too small has remained constant at 8.4% with much higher rates for African-American babies (13.8%) compared with White (7.0%) and Hispanic babies (7.3%). Some regions of the state, however, demonstrated notable improvements over the trend period, such as Gogebic-Ontonagon counties (56%) while Dickinson-Iron counties experienced an increase in low-birthweight babies by 10%. The city of Detroit experienced a 4.6% reduction, although the rest of Wayne County saw an increase of 4.3%. The southeastern Michigan region had an overall slight decrease of 1%.

Michigan’s infant mortality rate remains unacceptably high and is above the national average. However, there was a 10% decline over the trend period with more than half of the counties with data experiencing at least the same level of decline, if not more. Of concern is that 18 of the 45 counties with sufficient data had an increase in the rate of infant deaths from 2004–2006 to 2011–2013, including Cheboygan-Otsego-Presque Isle counties with both the number and rate nearly doubling. Urban counties generally experienced higher infant mortality rates than the state average (7 per 1,000 births) than rural counties (6.2 per 1,000 births). In particular, Detroit’s 2011–2013 rate was 7 per 1,000 births following a 10% decline from the previous 2004–2006 base period.

While some progress has been made to close the racial gap in infant death rates, significant disparities continue to persist. In 2005, there were three times as many infant deaths for Black, non-Hispanics than for White, non-Hispanics. That ratio fell to 2.3 in 2013. Additionally, the American Indian, non-Hispanic infant mortality rate is the second highest and shows a slight increase from 2008 to 2013. Also troubling is that after making some progress from 2008 to 2011, the infant mortality rate for Hispanics is on the rise.

UNINTENTIONAL INJURIES LEADING CAUSE OF DEATH FOR ALL CHILDREN, SUICIDE AND HOMICIDE SECOND AND THIRD FOR YOUNG PEOPLE

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

1–4 Years

5–14 Years

15–24 Years
Steady progress with fewer child deaths, state rate down by over 12% from 2004–2006

Keeping children safe from harm and from early death is essential to long-term child well-being. Unintentional injuries—those that can be prevented with proper safety precautions—are the leading cause of death for children in Michigan.¹³ For young people, suicide and homicide rank as the second and third leading causes of death. Over the trend period, the state experienced a decline of 12.4% in the child death rate. Most counties also had declines, including St. Joseph and Wexford counties, which showed the most improvement. Clinton and Jackson counties had the highest increases in their child death rate.

African-American youth are disproportionately more likely to die from homicide compared with their White and Hispanic peers. White teens are at higher risk of death by suicide and accident. Firearms are involved in the majority of homicides and suicides. Several policies have been put into place to prevent accidents, such as graduated driver’s licenses, but not as much has been done to address youth safety, particularly the disparate number of African-American homicides. Schools and neighborhoods must be safe and access to guns must not be easy.

For young people, suicide and homicide rank as the second and third leading causes of death.
2011–2013: Teen births
Michigan: 25.9 per 1,000

<table>
<thead>
<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washtenaw</td>
<td>9.1</td>
<td>Lake</td>
<td>46.2</td>
</tr>
<tr>
<td>Livingston</td>
<td>9.2</td>
<td>Wexford</td>
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</tr>
<tr>
<td>Houghton</td>
<td>11.3</td>
<td>St. Joseph</td>
<td>42.3</td>
</tr>
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<td>Isabella</td>
<td>11.4</td>
<td>Clare</td>
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<td>Marquette</td>
<td>12.5</td>
<td>Calhoun</td>
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# Counties
Ranked: 81
Changed: 79
Improved: 72

2014: Children in investigated families
Michigan: 95.2 per 1,000

<table>
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<th>5 Best Counties</th>
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<th>Rate</th>
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<td>Luce</td>
<td>241.1</td>
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<tr>
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<td>49.3</td>
<td>Roscommon</td>
<td>216.6</td>
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<td>Clinton</td>
<td>54.3</td>
<td>Iosco</td>
<td>180.7</td>
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<td>Ottawa</td>
<td>55.0</td>
<td>Crawford</td>
<td>179.1</td>
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# Counties
Ranked: 83
Changed: 81
Improved: 1

2014: Confirmed victims of abuse/neglect
Michigan: 14.7 per 1,000

<table>
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<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Oakland</td>
<td>5.9</td>
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<td>7.8</td>
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<td>Livingston</td>
<td>8.6</td>
<td>Alger</td>
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</table>

# Counties
Ranked: 82
Changed: 79
Improved: 12

2014: Children in out-of-home care
Michigan: 4.6 per 1,000

<table>
<thead>
<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Houghton</td>
<td>1.6</td>
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<tr>
<td>Missaukee</td>
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<td>2.0</td>
<td>Crawford</td>
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<td>Arenac</td>
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<td>2.2</td>
<td>Alcona</td>
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</tr>
<tr>
<td>Ionia</td>
<td>2.2</td>
<td></td>
<td></td>
</tr>
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</table>

# Counties
Ranked: 79
Changed: 78
Improved: 34
Families and communities are critical to a strong foundation for child well-being. At the center of a child’s world are the people they interact with every day and the places in which they live. When homes or neighborhoods are not well positioned to protect children from toxic stress or adverse childhood experiences, children are faced with barriers to meet their full potential. The trauma caused by living in poverty, being abused or neglected, living with a parent with a substance abuse disorder, or having an incarcerated parent has real consequences for a child’s long-term outcomes.

Data in Action: Strengthening Families and Communities

Over 17% of Michigan’s children live in concentrated poverty¹, 28% of children experience two or more adverse experiences, nearly 10% of children live in a home investigated for abuse and/or neglect, and 8,000 babies are born to teen moms…

With strong institutions and resources, communities can help build resilient families and neighborhoods, which are essential to child well-being. To prevent child abuse and neglect, proven services should be targeted to those most at risk to help expectant and new parents access tools and information and ensure that they are supported in their new roles. Safety, stability and nurturing at home and in communities are critical to child development. Additionally, teen and unintended pregnancies can put mothers and children at risk and pregnancy prevention should remain a priority.

• **Invest in communities:** While revenue sharing has increased over the last few fiscal years, the state is currently underfunding cities, villages and townships by 70%.² These funds help local communities provide police and fire services, street and sidewalk maintenance and repairs, and trails and parks. Creating safe and vibrant communities with plenty of opportunities for improved quality of life—reduced blight, public transportation and recreational activities—is important for families in so many ways. Safe routes to school improve school attendance and educational outcomes. Access to reliable public transportation is important for job opportunities and employment. In the case of the city of Flint, investment in crumbling infrastructure would provide basic safety for families and also attract people and businesses.

Michigan should continue to increase revenue sharing to fully fund local government, ensure access to safe and reliable public transportation, and support affordable housing and community development initiatives.

• **Expand home visitation programs:** Early childhood programs like home visitation offer many benefits, including increased school readiness and decreased juvenile justice encounters. Many of the evidence-based models target the prevention of child abuse and neglect and attainment of financial security. Young children are at the highest risk of abuse and neglect. Having a trained professional available to help parents of young children identify and prevent issues early can be crucial to strengthening parenting skills and improving short- and long-term outcomes for children. Home visitors assist at-risk mothers and families to create a safe, nurturing and stimulating environment to help their children grow and develop.

Michigan has a long history of supporting evidence-based and proven home visitation services. With the passage of PA 291 in 2012, the state is building its capacity to collect data on need and effectiveness and ensure needed community collaboration. As this work continues, the state should become well positioned to identify additional geographic areas of need to expand these

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**Children of Color Are Much More Likely to Live in High-Poverty Neighborhoods**

![Bar chart showing percentage of children of color living in high-poverty neighborhoods.](chart)

- American Indian: 18%
- Asian Pacific Islander: 12%
- Black or African American: 55%
- Hispanic or Latino: 30%
- White, Non-Hispanic: 7%
- Two or more races: 22%
- Total: 17%

Source: National Kids Count Data Center, 2009–2013
proven models to reduce child abuse and neglect, increase school readiness, and improve the health of moms and babies.

- **Promote comprehensive strategies to prevent child abuse and neglect**: While state funding for child abuse and neglect prevention has declined—or at best stagnated—and is an issue to be addressed, prevention encompasses much more. Children living in poverty or in households where a parent suffers from substance abuse or depression are at higher risk of becoming victims of abuse or neglect. As referenced in earlier recommendations, parents need to be connected to workforce development opportunities and income support programs. Additionally, with the resurgence of prescription pill and heroin addictions in the state, it has become increasingly critical to ensure access to mental health services, including treatment for substance abuse and depression. In fact, nearly 30% of children confirmed as victims of abuse or neglect were exposed to drug activities, with the majority of these children being exposed to substance abuse (61.7%) or testing positive for drugs as infants (28.6%).³

The creation of the state Department of Health and Human Services (DHHS) has presented an opportunity to view the prevention of child abuse and neglect more holistically. With children’s services, income assistance programs and public health under the same agency, there is potential for more integrated discussion about how to prevent child abuse and neglect.

- **Maintain and expand pregnancy prevention services**: Teen pregnancies are rarely planned. Plus, 45% of women of all ages giving birth report that their pregnancies were unintended.⁴ The social and economic consequences of teen and unintended childbearing are dire and long lasting. While significant progress has been made to reduce teen pregnancy, Michigan’s and the country’s teen birth rates remain among the highest of any industrialized country, providing evidence that policymakers must continue to focus on strategies that work. Women who plan their pregnancies are more likely to be financially secure, seek prenatal care earlier, and be in a stable relationship, all of which benefit mother and child well-being.

To help reduce the number of teen and unplanned pregnancies, Michigan policymakers should support funding for evidence-based, results-driven programming. This should include targeting resources specifically for youth in foster care and the juvenile justice system, who experience teen pregnancy at rates higher than average. Additionally, to prevent unintended pregnancies, women must have access to affordable contraception that includes a full range of methods. Finally, as mentioned previously, early

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*Source: American Community Survey, 5 Year Average, 2009–13

**PERCENT OF CHILDREN LIVING IN HIGH-POVERTY NEIGHBORHOODS VARIES ACROSS THE STATE**

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
<th>Percent</th>
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</tr>
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<td>2,856</td>
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<td>Berrien</td>
<td>6,664</td>
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<td>Calhoun</td>
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<td>Cheboygan</td>
<td>604</td>
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<td>Chippewa</td>
<td>1,705</td>
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<td>Clare</td>
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<td>Clinton</td>
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<td>Delta</td>
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<table>
<thead>
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<th>Percent</th>
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<td>Jackson</td>
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<td>16.5</td>
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<table>
<thead>
<tr>
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<td>Monroe</td>
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<td>Muskegon</td>
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<td>Oakland</td>
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<td>Ogemaw</td>
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<table>
<thead>
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<th>Number</th>
<th>Percent</th>
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<tr>
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<tr>
<td>Ottawa</td>
<td>1,273</td>
<td>1.9</td>
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<tr>
<td>Saginaw</td>
<td>12,421</td>
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<tr>
<td>St. Clair</td>
<td>5,007</td>
<td>13.6</td>
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<tr>
<td>St. Joseph</td>
<td>1,117</td>
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<tr>
<td>Van Buren</td>
<td>2,066</td>
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<tr>
<td>Washtenaw</td>
<td>4,862</td>
<td>6.9</td>
</tr>
<tr>
<td>Wayne</td>
<td>192,896</td>
<td>43.6</td>
</tr>
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</table>

*Source: American Community Survey, 5 Year Average, 2009–13*
childhood programs, such as home visitation, improve the health and outcomes of moms and babies and have been shown to also help with family planning.

Living in a high-poverty neighborhood, where crime rates are often very high, can have detrimental impacts on child well-being, even for those children whose families are better off financially. Limited access to resources and opportunities throughout one’s life can result in lower school achievement and economic security and increased contact with the justice system. Michigan ranks in the bottom 10 in the country for its high percentage of children living in concentrated poverty (17%). Significant disparities exist by race and ethnicity.

While 7% of White children live in high-poverty neighborhoods, more than half of African-American children, almost 1 of every 3 Hispanic children, nearly 1 of every 5 American Indian children, and 1 of every 8 Asian and Pacific Islander children experience it.

For the 38 counties with available data, 16 have concentrated poverty rates higher than the state average of 17%, including three counties with at least 30% or more of their children living in concentrated poverty. The vast majority of counties have more than 10% of children living in high-poverty neighborhoods, including Clare (42.4%); Genesee (30.1%); Oscoda (25.9%); Saginaw (27.7%); and Wayne (43.6%) counties. Five counties experienced rates less than 5%: Clinton (1.9%); Eaton (3.6%); Ionia (2.9%); Monroe (1.3%); and Ottawa (1.9%).

Over 90% of confirmed victims were neglected and 26% physically abused

Experiencing traumatic events, such as abuse or neglect, or enduring toxic stress like chronic poverty can have long-lasting effects on children through adulthood. Over the trend period, the rate of children in Michigan living in families investigated for child abuse and neglect increased by 52%. In 2014, more than 95 per 1,000 children, ages 0–17, lived in a family investigated for abuse or neglect. Children in Keweenaw County fared the best (18 per 1,000) while those in Lake County experienced the highest investigation rates in the state (259 per 1,000). Keweenaw County was the only county to experience a decline during the trend period. Alpena had the largest rate increase (191.6%).

Also rising over the trend period, by 29%, was the rate of children confirmed as victims of abuse or neglect. In 2014, nearly 15 of every 1,000 children, ages 0–17, were confirmed victims of abuse or neglect compared with just over 11 per 1,000 in 2006. Again, Lake County (68.6 per 1,000) experienced the highest rate of children confirmed as victims, which increased at one of the highest rates of all counties. Children in Oakland County were the least likely to be confirmed victims of abuse or neglect (5.9 per 1,000) and the county experienced one of the largest declines in its rate (18%). However, Baraga County had the greatest rate decrease (44%), which is partially due to small numbers of incidences.

Each reported case of abuse and/or neglect is investigated by a Children’s Protective Services (CPS) worker at the Department of Health and Human Services (DHHS) and is categorized based on the evidence collected and the safety risk for recurrence of abuse or neglect:

- Category I: These are the most serious cases of abuse or neglect against a child. In these situations, a preponderance of evidence is found and a court petition is filed to remove the child/children from the home. The department is required to provide services, either through CPS or foster care, and the family must participate in community-based services.
- Category II: There is a preponderance of evidence of abuse or neglect and based on the risk assessment, there exists a high or intensive risk of future abuse or neglect to the child. The family is required to receive services from DHHS and participate in community-based services.
- Category III: A preponderance of evidence of abuse or neglect is found and it is determined that there is a low to moderate risk of future abuse or neglect. The family is referred to community-based services.
- Category IV: In these cases, the investigation reveals that there is no preponderance of evidence of abuse or neglect. However, the department assists the family with voluntary participation in appropriate community-based services.

CHILDREN WITH DIAGNOSED DISABILITIES LESS LIKELY TO BE REUNIFIED

<table>
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<tr>
<th></th>
<th>All Exits</th>
<th>Children with Disabilities</th>
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<tr>
<td>Adoption</td>
<td>30.9%</td>
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<tr>
<td>Guardianship</td>
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<td>5.3%</td>
</tr>
<tr>
<td>Reunification</td>
<td>50.3%</td>
<td>36.9%</td>
</tr>
<tr>
<td>Other</td>
<td>12.5%</td>
<td>20.0%</td>
</tr>
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</table>

Source: Adoption and Foster Care Analysis and Reporting System (AFCARS), 2013

Kids Count in Michigan Data Book | 2016
**CHILD ABUSE AND NEGLECT REMAINS HIGH FOR 70% OF COUNTIES IN 2014**

More than 50% of children in foster care are reunited with their families.

While the goal is always to return a child to his/her family, sometimes children are removed from their homes until safety issues are resolved. Although the rate of child abuse and neglect increased over the trend period, the state average for out-of-home care declined by 31%. However, these rates vary significantly by county. For example, Houghton County had the lowest out-of-home placement rate of 1.6 per 1,000 children, ages 0–17, and Luce County had the highest rate of 32.1 for every 1,000 children. The state average rate is 4.6 per 1,000. Additionally, less than half of counties experienced a decline in the rate of out-of-home placement (35 of 75 counties) ranging from -70% to +50%.
MAJOR DECLINES IN TEEN BIRTHS OCCURRED FOR ALL RACIAL/ETHNIC GROUPS OVER LAST TWO DECADES

(1.0) Such a concentration of social and economic disadvantage in counties and communities and among our largest racial/ethnic groups speaks to a pervasive need for a renewed commitment to comprehensive evidence-based prevention strategies that include economic opportunity.

Over the trend period, the rate of teen births in Michigan declined by nearly 23%, falling to nearly 26 per 1,000. Washtenaw County had the lowest teen birth rate (9.1 per 1,000) while Lake County had the highest (46.2 per 1,000). Kalkaska County experienced the largest decline of more than 47% over the trend period and Roscommon County had a significant increase of more than 31%. Larger percentages of teen births exist in counties, such as Lake and Roscommon, which are besieged by poverty. Such a concentration of social and economic disadvantage in counties and communities and among our largest racial/ethnic groups speaks to a pervasive need for a renewed commitment to comprehensive evidence-based prevention strategies that include economic opportunity.

When a child is placed into care outside of the home, the DHHS strives to move the child into permanency as quickly as possible whether it is reunification with his/her family or a new home through adoption. The majority of children do return home—again making access to services very important—but nearly a third are adopted and a smaller percentage are placed into guardianship (6%). However, children with diagnosed disabilities are less likely to be reunited with their families.

Percent of teen births has declined dramatically for all races and ethnicities

The 2013 teen birth rate in Michigan improved to 24 per 1,000 teens and remained lower than the national average (26 per 1,000). Similar to the decline in teen birth rates, the percentage of total Michigan babies born to young women under the age of 20 decreased substantially (40%) over the past two decades. The overall percentage dropped from 13% in 1992 to 7% in 2013. While the state’s three major racial/ethnic groups all experienced declines in teen births of roughly 40%, large differences persisted. Even with the decrease, in 2013, African-American teen births still comprised 17% of all births and Hispanic teen births were 14% of all births compared with 6% of all births for White teen births.

Percent of total births by race/ethnicity

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

MAJOR DECLINES IN TEEN BIRTHS OCCURRED FOR ALL RACIAL/ETHNIC GROUPS OVER LAST TWO DECADES

 Percent of total births by race/ethnicity

African-American
Hispanic
White

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

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IMPROVING DATA COLLECTION TO HELP JUSTICE INVOLVED YOUTH

With the 2012 U.S. Supreme Court decision asserting that essentially children are children and should be sentenced and treated as such—and in 2015 affirming that this should be applied retroactively, recent juvenile facility closures at the state level, and pending legislation that has the potential to truly reform the way that Michigan treats justice involved youth, data collection has become even more critical.

To ensure that the needs of youths are met through prevention, diversion and reentry services effectively and efficiently, the state’s juvenile justice system—and other related systems—need to be strengthened with policy decisions driven by good reliable data. This means that all courts and facilities are required and funded to report data, consistent definitions exist across localities, and racial and ethnic disparities are addressed.

What we know about justice involved youth…

The majority of youth in Michigan’s juvenile justice system are diverted or successfully served in the community. Approximately 74% of justice involved youth are diverted from placement and ordered by the court into a program such as probation or other in-home and community-based programs.

2014 judicial data shows:

- Nearly 22% of the delinquent cases were diverted while over 12% were placed on the consent calendar to be handled informally.
- Almost one-fifth of the delinquent cases were dismissed either by the party or court.
- In one-third of the juvenile cases disposed, a guilty plea or admission was entered. Another 1% resulted in a verdict by a jury or a judge.

Over the past 10 years, 20,291 youth under 18 were convicted as adults in Michigan.

- Michigan is one of only nine states that automatically considers 17-year-olds as adults, accounting for 95% of youth in the adult system. The majority of these youth (59%) were convicted of nonviolent offenses and 58% had no prior juvenile record.
- Youth who are 14 to 16 years old can be waived to adult court via traditional (judicial) waiver or automatic (prosecutorial) waiver. In 2014, through either traditional or prosecutorial waiver, 70 delinquency cases were sent to adult criminal court.
- Youth of any age can be “designated” (adult criminal proceedings in juvenile court). Of the designated cases, a guilty plea was entered for the vast majority (55) and a smaller number was dismissed by the court (20) or the party (3).

SIGNIFICANT DISPARITIES EXIST WITHIN THE JUVENILE JUSTICE SYSTEM AT NEARLY EVERY DECISION POINT

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<thead>
<tr>
<th>Category</th>
<th>Black or African-American</th>
<th>Hispanic or Latino</th>
<th>White</th>
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</thead>
<tbody>
<tr>
<td>Population (921,334 total)</td>
<td>18%</td>
<td>7%</td>
<td>78%</td>
</tr>
<tr>
<td>Arrests (13,265 total)</td>
<td>40%</td>
<td>3%</td>
<td>53%</td>
</tr>
<tr>
<td>Referrals (17,516 total)</td>
<td>35%</td>
<td>4%</td>
<td>49%</td>
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<tr>
<td>Detentions (1,666 total)</td>
<td>30%</td>
<td>3%</td>
<td>51%</td>
</tr>
<tr>
<td>Petitions (9,880 total)</td>
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<tr>
<td>Delinquent Findings (5,511 total)</td>
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<tr>
<td>Confinement (2,663 total)</td>
<td>19%</td>
<td>2%</td>
<td>61%</td>
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<tr>
<td>Waivers (33 total)</td>
<td>61%</td>
<td>6%</td>
<td>30%</td>
</tr>
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Percentages may not total exactly 100% due to rounding. Not all counties reporting.

Source: Michigan Committee on Juvenile Justice, 2012 Data
### 2013: 3- and 4-year-olds in preschool

<table>
<thead>
<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leelanau</td>
<td>63.0%</td>
<td>Ontonagon</td>
<td>20.3%</td>
</tr>
<tr>
<td>Washtenaw</td>
<td>59.9%</td>
<td>Montmorency</td>
<td>20.6%</td>
</tr>
<tr>
<td>Oakland</td>
<td>58.7%</td>
<td>Mackinac</td>
<td>27.2%</td>
</tr>
<tr>
<td>Roscommon</td>
<td>58.5%</td>
<td>Iron</td>
<td>28.3%</td>
</tr>
<tr>
<td>Huron</td>
<td>57.9%</td>
<td>Houghton</td>
<td>29.9%</td>
</tr>
</tbody>
</table>

# Counties
- Ranked: 82
- Changed: 78
- Improved: 47

### 2015: 3rd-graders not proficient in English Language Arts

<table>
<thead>
<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schoolcraft</td>
<td>21.6%</td>
<td>Oceana</td>
<td>67.1%</td>
</tr>
<tr>
<td>Barry</td>
<td>32.3%</td>
<td>Alcona</td>
<td>64.8%</td>
</tr>
<tr>
<td>Ottawa</td>
<td>32.6%</td>
<td>Cheboygan</td>
<td>62.9%</td>
</tr>
<tr>
<td>Charlevoix</td>
<td>34.7%</td>
<td>Baraga</td>
<td>62.2%</td>
</tr>
<tr>
<td>Houghton</td>
<td>36.1%</td>
<td>Lake</td>
<td>61.7%</td>
</tr>
</tbody>
</table>

# Counties
- Ranked: 82
- Changed: N/A
- Improved: N/A

### 2015: 8th-graders not proficient in Math

<table>
<thead>
<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>47.0%</td>
<td>Lake</td>
<td>86.2%</td>
</tr>
<tr>
<td>Washtenaw</td>
<td>51.5%</td>
<td>Manistee</td>
<td>84.8%</td>
</tr>
<tr>
<td>Emmet</td>
<td>53.3%</td>
<td>Alcona</td>
<td>83.0%</td>
</tr>
<tr>
<td>Mackinac</td>
<td>53.3%</td>
<td>Wexford</td>
<td>81.8%</td>
</tr>
<tr>
<td>Ottawa</td>
<td>54.6%</td>
<td>Schoolcraft</td>
<td>81.2%</td>
</tr>
</tbody>
</table>

# Counties
- Ranked: 82
- Changed: N/A
- Improved: N/A

### 2014: High school students not proficient in English Language Arts

<table>
<thead>
<tr>
<th>5 Best Counties</th>
<th>Rate</th>
<th>5 Worst Counties</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washtenaw</td>
<td>27.8%</td>
<td>Lake</td>
<td>72.7%</td>
</tr>
<tr>
<td>Midland</td>
<td>28.5%</td>
<td>Clare</td>
<td>55.2%</td>
</tr>
<tr>
<td>Clinton</td>
<td>30.8%</td>
<td>Osceola</td>
<td>54.3%</td>
</tr>
<tr>
<td>Ottawa</td>
<td>30.8%</td>
<td>Montmorency</td>
<td>54.2%</td>
</tr>
<tr>
<td>Emmet</td>
<td>31.8%</td>
<td>Ontonagon</td>
<td>54.0%</td>
</tr>
</tbody>
</table>

# Counties
- Ranked: 82
- Changed: N/A
- Improved: N/A
• Increase access to early developmental screenings & services: Identifying developmental delays early in a child’s life can significantly impact long-term outcomes. Children and their families benefit greatly from early intervention. For example, children have improved communication and cognitive skills while parents are better able to support their children’s growth over time.¹ Further, early intervention services help to ensure that children are better prepared for school. These services have also demonstrated a decrease in the cost of special education.

With a changing economy from “brawn to brain,” policymakers became focused on improving educational outcomes as one of the best ways to achieve economic security, improved health and other benefits. Following the Great Recession, the biggest economic downturn to affect Americans since the Great Depression, there continues to be concentrated attention on how to help students achieve at higher levels. What is clear, however, is that deep disparities continue to exist based on race, place and income. There is a strong connection between poverty and concentrated poverty with educational outcomes. These must be addressed simultaneously if students are to reach educational levels. What is clear, however, is that deep disparities continue to exist based on race, place and income. There is a strong connection between poverty and concentrated poverty with educational outcomes. These must be addressed simultaneously if students are to reach educational levels.

The Fiscal Year 2016 budget included investments to improve third-grade reading, which will need to be increased for schools to provide quality early and ongoing interventions to effectively help students. Also increased were funds to target support for at-risk students, but ongoing significant disparities point to the need to continue to augment these resources. Finally, due to declining enrollment, students are being negatively impacted under the current school funding formula and it should be reevaluated.

• Adequately fund public schools targeting high-need areas: Although state funding increases have been made after significant cuts in 2011, Michigan continues to fare poorly in educational investments compared to other states. Without adequate support, schools cannot possibly provide safe and comfortable buildings, up-to-date textbooks or technology, or enriched or expanded learning opportunities, making it more difficult to deliver a high-quality education to students.

The quality of the interaction between children and their parents or other caregivers has a significant impact on socio-emotional health and cognitive development.² Parents and other caregivers should be supported to better understand their child’s development and needs and to promote early learning, which begins at home. Children are more likely to do better in school if their parents are actively engaged and involved.

Currently 2.6% of the eligible population is being served; however, it is estimated that almost 8% of children are eligible to receive Early On services. To increase screenings and services, Michigan can allocate state funds for Early On (Part C of the Individuals with Disabilities Education Act [IDEA]), which provides specialized early intervention services and supports to infants and toddlers with disabilities and developmental delays and their families. Michigan should join the majority of states that help bolster the reach of the program with the use of state funds.

• Engage parents early in their children’s education: The quality of the interaction between children and their parents or other caregivers has a significant impact on socio-emotional health and cognitive development.² Parents and other caregivers should be supported to better understand their child’s development and needs and to promote early learning, which begins at home. Children are more likely to do better in school if their parents are actively engaged and involved.

Some pre-k programs, like Head Start and the Great Start Readiness Program (GSRP), along with home visitation models, actively reach out and work with parents. That type of engagement should continue throughout a child’s education whether it is to develop a plan to intervene when a child is struggling with school...
Involving parents can also be dual-purpose in that it can help the child meet his/her educational goals, as well as connect the parent to any resource that the family might be in need of, like adult education, English language classes or public assistance.

- **Invest in youth development and career-technical education strategies:** Youth who are either not in school or working are more likely to experience short- and long-term financial insecurity. Many jobs in today’s economy, especially those that pay a livable wage, require some level of postsecondary training or education—and at the very least a high school diploma. With opportunities to participate in enhanced or summer learning programs, community-based partnerships in job training or postsecondary credentialing, multiple pathways to graduation, and appropriate disciplinary policies, students are more likely to be successful.

Students who become disconnected from school because they are struggling academically or were expelled often will not return to learn in a traditional setting. Alternative programs that allow youth to have flexibility and engage in job and postsecondary training and education need to be more available and accessible. Additionally, the disparate application of suspension and expulsion is well documented and often leads students down a path that doesn’t allow for graduation or economic security. But it does increase the chance of contact with the justice system, which can have lifetime consequences. These policies must be reevaluated at the state level through data collection and analysis. Enrichment programs, such as after-school or summer learning, can help to keep students engaged and learning and should be expanded and supported.

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**LATINO CHILDREN ARE LESS LIKELY TO BE ENROLLED IN PRESCHOOL**

Percent of 3–4-Year-Olds Not Enrolled in Preschool

- **Asian or Pacific Islander**
- **Black or African-American**
- **Hispanic or Latino**
- **White, Non-Hispanic**
- **Two or more races**
- **Total**


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**READING SCORES PEAK IN 3RD GRADE, STILL ONLY 50% PROFICIENT**

Percent Proficient

- **English Language Arts**
- **Mathematics**

Preschool enrollment in Michigan is on the rise, but disparities exist by race/ethnicity, place and income

Early learning experiences increase school readiness and have demonstrated long-term effects on education and economic outcomes. Over two five-year periods, 2005–2009 and 2009–2013, the percentage of young children enrolled in preschool increased by 1.3% with less than half of 3- to 4-year-olds in preschool (47.5%). Mid size counties experienced the largest rate growth in preschool attendance (7.1%) while urban counties had a small increase (1.1%). Rural counties lost ground with a 14.9% decrease in 3- and 4-year-olds attending preschool. Disparities also exist not solely by place, but by income and race. Children in lower income households are more likely not to be in preschool (60% versus 40%), and Latino children are also less likely to be in preschool.

Over the past several years, much focus has been on increasing preschool attendance as a way to improve third-grade reading. However, preschool alone cannot accomplish this, which appears to have been recognized by Governor Rick Snyder’s 2015 Third-Grade Reading Initiative that included funding for programs that reach families with young children even before preschool age. In addition to expanding early childhood education as an approach to improve school readiness, the state made changes to standardized testing to set the bar for students at a higher level. The more rigorous M-STEP test, replacing the 44-year-old MEAP test, was administered for the first time in the spring of 2015.³ Not only did the new test raise standards of proficiency and learning, but it was moved to test students at the end of the school year rather than the beginning and it was computerized. The results were not surprising.

Stark variations of proficiency on the M-STEP subject areas existed amongst Michigan counties. The top ranked county, Schoolcraft, had 21.6% of its third-graders not proficient in English Language Arts while Oceana County, the worst ranked, had 67.1% of its third-graders not reading proficiently. Although, urban, mid size and rural counties all experienced similar levels of proficiency on third-grade English Language Arts. The results from the city of Detroit were startling, however, with over 83% of third-grade students tested not proficient in English Language Arts. Outer-Wayne results were similar to the state average of 49.9% with 48.4% not proficient.

Proficiency also varied by income, race/ethnicity, English Language Learners and students with disabilities. More than 35% of students considered to be economically disadvantaged compared with nearly 67% of non-economically disadvantaged students were proficient in third-grade English Language Arts. Similarly, English Language Learners (ELL) in third grade were proficient at a rate of nearly 35% and more than half of non-ELL students were proficient. Only 23.3% of students with disabilities were proficient. Higher rates of proficiency existed for Asian students (69.7%), Native Hawaiian/other Pacific Islander (52.3%), and White students (58.2%). Other groups experienced rates below the state average: American Indian or Alaska Native (44.3%); Black or African-American (23.2%); Hispanic⁴ (37.2%); Two or more races (47.7%).

Less than one-third of eighth-graders were considered proficient in math

On the M-STEP, most counties had better results with their younger students. Even the highest ranked county, Crawford, had nearly
LESS THAN HALF OF 11TH-GRADERS PROFICIENT IN READING, LOW MATH AND SCIENCE SCORES

half of its eighth-graders not proficient in math (47%). Schoolcraft County, while appearing first for third-grade English Language Arts, fell in the bottom five for eighth-grade math. Ottawa County, on the other hand, made the top five for both third-grade English Language Arts and eighth-grade math results. Lake and Alcona counties fell on the bottom five for both measures. Urban counties had lower rates of students not proficient in eighth-grade math (66.9%) compared with mid size (71.2%) and rural counties (71.5%), which had similar rates. Again, students in Detroit fared worse than outer-Wayne County students (91.2% versus 68.5% not proficient). The Upper Peninsula also had a higher percentage of eighth-graders not proficient in math than the state average (70.5% versus 67.8%).

High school English Language Assessment and college prep tests reveal little progress

In the spring of 2015, the Michigan Merit Exam (MME) was delivered as a part of the M-STEP. Unlike previous versions of the MME, the new test combines reading and writing into one component. The English Language Assessment (ELA) test results, similar to other grades, show that only 49% of eleventh-graders were proficient in reading and writing and less than 30% were proficient in math and science. ACT scores showed slight improvement in English, reading and science, but overall scores mostly have stagnated over the past five years.

The high school dropout rate declined by over 36% from 2006–07 to 2013–14 school years

Of high school students graduating in 2014, 21.4% did not graduate on time within four years (78.6% on-time), which is an improvement of 12.8% over the trend period. The rate of on-time graduation is much lower by race/ethnicity and income. The on-time graduation rate for Asian (89.1%), Native Hawaiian/Pacific Islander (78.9%), and White (82.9%) students was higher than the state average. African-American (64.5%), American Indian (64.8%), Hispanic (68.8%), and economically disadvantaged (65.6%) students’ on-time graduation rates were lower.
Too Many Michigan Students Still Not Graduating High School on Time

With the implementation of a policy to allow students to take up to six years to graduate from high school, Michigan has seen an increase in high school graduates across various disadvantaged groups. For the graduating class of 2012, final graduation rates rose from 76.2% in four years to 80.7% in six years. The increased rate is especially helpful for students who are low-income, English Language Learners, homeless or students with disabilities.

The vast majority of counties made progress in the percent of students not graduating on time. Improvements ranged from a decrease of 60% in Oscoda County down to a smaller rate decline of 1.3% in Washtenaw County. Overall, urban counties experienced the most decline in students not graduating on time (-16.1%) while rural counties also made progress (-3.1%). Mid size counties had a small increase in the percent of students not graduating on time (4.3%).
Black and Latino youth are twice as likely to be disconnected from school or work than white youth.

Percent of Teens, ages 16–19

Students drop out of high school for many reasons, including when they struggle academically. Oftentimes, students do not learn their best in traditional settings, which can also lead to negative or disruptive behavior. Providing students with multiple pathways to high school graduation leads to young people pursuing work, becoming financially secure and contributing as citizens. Too many youth in Michigan are still disconnected and need more opportunities to succeed.

Providing students with multiple pathways to high school graduation leads to young people pursuing work, becoming financially secure and contributing as citizens.
ECONOMIC CLIMATE

Unemployment
The annual rate (not seasonally adjusted) is based on the average monthly number of persons considered to be in the “workforce” because they are employed or unemployed, but looking and available for work.

Median Household Income
The median represents the midpoint of household income amounts in 2013.

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 2015.

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

All Parents Work
The number is an average for 2009–2013 of children ages 0–5 whose parents are in the labor force; i.e. both parents work in a 2-parent family or the parent works in a 1-parent family. The percent is based on the average population ages 0–5 for 2009–13.
Source: American Community Survey Table B23008 [http://www.factfinder.census.gov]

POPULATION

Estimated populations for 2013 are for all people and of children ages 0–5, 6–12, 13–17 and 0–17. The 0–17 populations are listed 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

DATA NOTES

BACKGROUND INDICATORS
(in order of appearance on 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 2014. Most families qualify with earned income below 121% of the poverty level. The percentage is based on the estimated population of children ages 0–12 in 2013.
Source: Michigan Department of Health and Human Services, Child Development and Care Program, Assistance Payments Statistics, Table 69, December 2014

FIP cash assistance: The number reflects child recipients ages 0–18 in the Family Independence Program (FIP) in a single month (December 2014). 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 2013 population of children ages 0–18.
Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 4, December 2014 (for counties); special run for Detroit data

Food Assistance Program: The number reflects child recipients ages 0–18 in the FAP, also known as the Supplemental Nutrition Assistance Program, in a single month (December 2014), whose families qualify with incomes below 130% of the poverty level. The percentage is based on the estimated population of children ages 0–18 in 2013.
Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 68, December 2014 (for counties); special run for Detroit data

Children with Support Owed
The number reflects children ages 0–19 who had a child support order and should have received child support for at least one month during Fiscal Year 2014. The percent is based on the estimated population of all children ages 0–19 in 2013. 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 2014. The percent is based on the number of children with support owed for at least one month during Fiscal Year 2014.

Receiving less than 70% of court-ordered amount: The number reflects children who received less than 70% of total support amount owed for Fiscal Year 2014 (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 2014.

Average amount per child: The number reflects the average monthly amount (per child) of support received in Fiscal Year 2014, for children who received some child support.
Source: Michigan Department of Health and Human Services, Child Support Enforcement System Special Run
**FAMILY & COMMUNITY**

**Births to Mothers with No High School Diploma or GED**
The count is an average for 2011–13. The percent is based on average births for 2011–13.

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

**Children Living in High-Poverty Neighborhoods**
The count is an average for 2009–13 of children living in census tracts with poverty rates of 30% or higher. The percent is based on the 2009–13 average population of ages 0–17.

*Source: American Community Survey (http://www.factfinder.census.gov) Table S1701*

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**ACCESS TO HEALTHCARE**

**Children with Health Insurance**
The annual number and percentage estimates are based on a three-year average (2011–13) number of children ages 0–18 insured through a public or private program at any point during the year based on the Current Population Survey.

*Source: Small Area Health Insurance Estimates (SAHIE)*

**Children Ages 0–18 Insured by:**
- **Medicaid:** The number reflects the enrollment in Medicaid as of December 2014. The percentage is based on the estimated population of children ages 0–18 in 2013.
  *Source: Michigan Department of Health and Human Services, special run for December 2014*

  **MICchild:** This program provides health insurance to children ages 0–18 in families with income between 150–200% of the federal poverty line. The number is the average monthly count during 2014. The percentage is based on the estimated population of children ages 0–18 in 2013.
  *Source: MAXIMUS, MICchild Monthly Executive Summaries*

**Fully Immunized Toddlers**
The number reflects children ages 19–35 months who had completed the vaccination 4:3:1:3:3:1:4 Series Coverage as of December 2014, according to the Michigan Care Improvement Registry (MCIR). The percentage is based on the population of children ages 19–35 months who were born to mothers residing in Michigan at the time of the birth.

*Source: Michigan Care Improvement Registry (http://mcir.org)*

**Lead Poisoning in Children, Ages 1–2**
- **Tested:** The number reflects children ages 1–2 who were tested for lead in 2014. The percent is based on the number of children ages 1–2 as of July 2013.

  **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.

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

**Children Hospitalized for Asthma**
This number represents Michigan hospital discharges of children ages 1–14 with asthma recorded as the primary diagnosis. The number reflects the annual average and rate per 10,000 children ages 1–14 over three-years (2011–13). Rates are provided only for counties with a three-year total of more than 20 discharges; the numbers are provided for counties with more than four such discharges.

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

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**CHILDREN WITH SPECIAL NEEDS**

**Students in Special Education**
The number includes all individuals ages 0–26 receiving special education services as of December 2014, except those in programs operated by state agencies. These students have been diagnosed with a mental or physical condition that qualified them for special education services. The percentage is based on the enrollments from the Free/Reduced Lunch data file.

*Source: Michigan Department of Education, Special Education Services, and the Center for Educational Performance Information (http://www.mich.gov/cepi)*

**Children Receiving Supplemental Security Income (SSI)**
The number reflects child recipients of SSI as of December 2014. SSI is a Social Security Administration program of cash and medical assistance for low-income elderly and disabled persons, including children. The rate is per 1,000 children ages 0–17 in 2013.

*Source: Michigan Department of Health and Human Services, Special Run for December 2014*

**Children Served by Early On**
The number reflects children ages 0–2 who were enrolled in Early On in the fall of 2014. The percentage is based on the estimated population for ages 0–2 in 2013. 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*

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**TREND INDICATORS**

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

**ECONOMIC SECURITY**

**Children in Poverty**
The number reflects children living in families whose income was below the poverty level in 2006 and 2013. The percentage is based on the total number of children ages 0–17 in those years.

*Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (http://www.census.gov/hhes/www/saipe.html)*

**Young Children in the Food Assistance Program**
The number includes children in families eligible for the FAP, also known as the federal Supplemental Nutrition Assistance Program (SNAP), in December 2006 and December 2014. Families qualify with incomes below 130% of the poverty level. The percent is based on the estimated populations of children ages 0–5 in 2005 and 2013.

*Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 68, December 2006 and December 2014 (for counties), special run for Detroit data*

**Students Eligible for Free/Reduced Price School Lunches**
K–12 students from families with incomes below 130% of the federal poverty level are eligible for a fully subsidized lunch while children from families with incomes between 130% and 185% are eligible for reduced price meals. The percentage is based on total enrollment of K–12 public school students for school years 2006–07 and 2014–15, including public school academies.

*Source: Center for Educational Performance Information (http://www.mich.gov/cepi)*
CHILD HEALTH

Less than Adequate Prenatal Care
The number represents the mothers who received less than adequate prenatal care as defined by the Kessner Index, which measures the adequacy of prenatal care by the month it began, the number of prenatal visits, and the length of the pregnancy. Data from years prior to 2008 are not comparable. The number is an annual average for the three-year period of 2011–13. The percent is based on total resident live births, based on the mother’s county of residence.
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 2004–06 and 2011–13. The percentage is based on total 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

Infant Mortality
The number, which includes infants who died before their first birthday, is an annual average for the three-year periods of 2004–06 and 2011–13. The rate is the number of infant deaths per 1,000 births during the reference periods in the mother’s county of residence.
Source: Michigan Department of Health and Human Services, Vital Records and Health Data Development Section

Child/Teen Deaths
The number includes deaths from all causes for ages 1–19. It is an annual average for the three-year periods of 2004–06 and 2011–13. The rate is the number of child deaths per 100,000 children ages 1–19, during those periods in the child’s county of residence.
Source: Michigan Department of 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 2004–06 and 2011–13. The rate of teen births is based on the number of live births per 1,000 females, ages 15–19 for those periods by county of residence.
Source: Michigan Department of Health and Human Services, Vital Records and Health Data Development Section

Children in Investigated Families
These children reside in families where an investigation of abuse or neglect was conducted in fiscal years 2006 and 2014. Families may be investigated more than once in a given year, and their children would be counted each time. The number reflects the total for the year. Rates are calculated per 1,000 children ages 0–17 in their county of residence. Data are merged for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.
Source: Michigan Department of Health and Human Services, Children’s Protective Service Management Special Report (Fiscal Years 2006 and 2014)

Confirmed Victims of Abuse or Neglect
The number reflects an unduplicated count of children confirmed to be victims of abuse or neglect following an investigation in fiscal years 2006 and 2014. The rate is calculated per 1,000 children ages 0–17 in their county of residence. Data are merged for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.
Source: Michigan Department of Health and Human Services, Children’s Protective Service Special Report (Fiscal Years 2006 and 2014)

Children in Out-of-Home Care
The number represents child victims of abuse or neglect placed in a foster or relative home supervised by the Department of Health and Human Services, its agents or the courts during fiscal years 2006 and 2014. The county represents the location of the court rather than the child’s residence. The rate is calculated per 1,000 children ages 0–17. The data are from a single month (September) in the reference years.
Source: Michigan Department of Health and Human Services, Children’s Services Management Information System, Special Report (September 2006 and 2014)

EDUCATION

Children Ages 3–4 in Preschool
The count represents the average number of children ages 3–4 who were enrolled in preschool during 2009–13. The percent is based on the population for ages 3–4 during that period.
Source: American Community Survey [http://www.factfinder.census.gov] Table S1401

Students Not Graduating On Time
The count includes students who entered Grade 9 in 2003 or 2010 and did not graduate four years later. The percent is based on the cohort of students entering Grade 9 in those years. It should be noted that some inconsistent data have been encountered each year.
Source: Michigan Department of Education [http://www.mich.gov/meap]

Third-Grade Reading (M-STEP)
The number reflects third-graders whose performance on the new 2015 M-STEP reading test did not meet the standard of proficiency. The percentage is based on the number of third-graders whose reading 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.
Source: Michigan Department of Education [http://www.mich.gov/meap]

Eighth-Grade Math (M-STEP)
The number reflects eighth-graders whose performance on the new 2015 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.
Source: Michigan Department of Education [http://www.mich.gov/meap]

Eleventh-Grade Reading (M-STEP)
The number reflects eleventh-graders whose performance on the new 2015 M-STEP reading test did not meet the standard of proficiency. The percentage is based on the number of eleventh-graders whose reading test scores were included in the report.
Source: Michigan Department of Education [http://www.mich.gov/meap]
Population Estimates: Rates for non-census years are based on population estimates from the Census Bureau; the 2012 estimates were the latest available when rates were calculated for this publication.

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

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

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

ENDNOTES

Introduction

Economic Security
1. Defined as the share of all children under age 18 living in families where no parent has regular, full-time employment.
3. The Time to Care Coalition has launched an earned paid sick leave ballot campaign for the November 2016 election. For more information, visit www.mitimetocare.org.
5. Kids Count Data Center. “Children Living in Households that were Food Insecure at Some Point During the Year.” Population Reference Bureau, analysis of data from the U.S. Census Bureau, Current Population Survey, Food Security Supplement. 2013.

Health & Safety

5. According to the Centers for Disease Control and Prevention, a reference level of 5 micrograms per deciliter is used to identify children with blood lead levels that are much higher than most children’s levels.
7. Ibid.
8. Data combined in these counties.
9. Data combined in these counties.
10. Data combined in these counties.
12. Ibid.

Family & Community
1. Children living in high poverty, or concentrated poverty, areas is the percentage of children under age 18 who live in Census Tracts where the poverty rates of the total population are 30% or more.
7. Data combined in these counties.
9. Mothers identified as Hispanic are not included in any racial group.

Education
3. M-STEP test results cannot be compared with prior year MEAP test results.
4. Hispanic includes all races.
5. Students of color include American Indian or Alaska Native, Black or African-American, Asian, Hispanic of any race, Native Hawaiian or other Pacific Islander, Two or more races. The number represents an average of all races/ethnicities.
6. Dropout rate is based on a cohort.
7. Students beginning 9th grade in 2008–09.