



2017 Kids Count in Michigan Data Book

A Michigan Where All Kids Thrive



2017

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

The project is housed at the Michigan League for Public Policy, a research and advocacy organization whose mission is to ensure economic security and well-being for all people in Michigan through policy change.



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- Early Childhood Investment Corporation
- MAXIMUS
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Printed copies of this report are available from the League while supplies last. Please make requests by phone (517-487-5436) or email: pkillips@mlpp.org.

2017 Kids Count in Michigan Data Book

A Michigan Where All Kids Thrive

Introduction

Looking back over the past year, what is it really like to be a kid in Michigan in 2017? A year following a controversial presidential election that many children watched intently. A time when parents and teachers must be prepared to discuss gender, racial and ethnic divides and promote inclusion. Post-Great Recession, there are still many children whose families are struggling to make ends meet and who are exposed to adverse childhood experiences (ACEs) due to living in communities with high rates of poverty and low access to support services and job opportunities. Our children are also faced with extreme challenges with an ever-changing educational system that is attempting to prepare them for a global economy. Michigan parents face parallel difficulties as they try their hardest to provide for their children, often amidst their own barriers, such as financial hardship, low levels of education, depression or substance abuse.

The data shows us that in Michigan significant disparities in child well-being exist by race, place and income. For Michigan to progress and become a place where people want to work and raise families, resources and strategies must be targeted to ensure that all children are able to thrive and reach their full potential regardless of race, ethnicity, family income or where they live. Rather than striving for only equality, policies must also work toward equity. In other words, to ensure the well-being of all children, rather than creating policies that give every child the same resources, lawmakers should instead provide every child with what they need. To reach shared goals of improving outcomes for children, institutions and systems should be reformed through targeted approaches that meet the needs and circumstances of all kids.

In the 2015-2016 legislative session, there were some important victories for kids that recognize the need for equity. Healthy Kids Dental was finally expanded to serve all eligible children in the three remaining counties that did not have full coverage—Kent, Oakland and Wayne. Funding for the At-Risk program to target resources for students who need the most support—helping to improve third-grade reading and graduation rates for everyone—was increased for the first time in a decade in the 2016 state budget. The program, however, remains well underfunded. Policymakers also pushed through reforms to Michigan's harsh zero-tolerance school suspension and expulsion laws, which disproportionately impact students of color and those with low incomes.

This is just a start though. A review of the data demonstrates that there is still a great deal of work ahead to truly improve the lives of kids and their families.

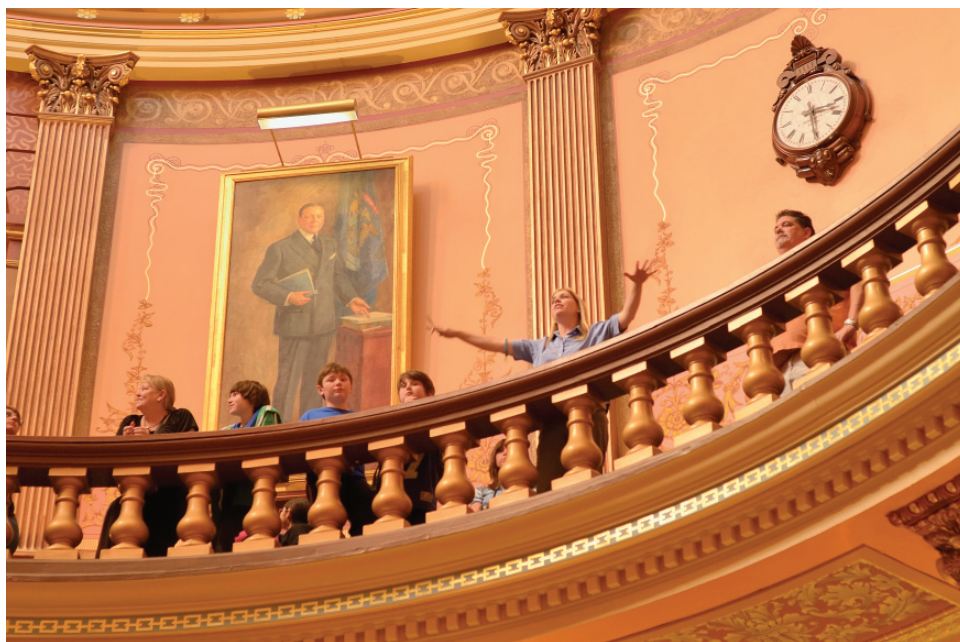


Individual profiles for counties, regions and Detroit are available under Kids Count at www.mlpp.org.

DATA IN ACTION

STRATEGIES FOR IMPROVING OVERALL CHILD WELL-BEING

To improve outcomes for all kids in Michigan, both a two-generation and racial equity lens are critical in the development of policy solutions. One of the best ways to help children reach their potential is to invest in their families and the communities that they are growing up in. Additionally, existing racial and ethnic disparities among a growing population of children of color must be addressed. Structures and institutions creating gaps in child well-being by race, ethnicity, place and income need to be reformed in ways that meet the needs of all children and support each and every child to reach his or her potential.



Data Collection

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> Data collection by race and ethnicity is inconsistent with federal standards in several state systems. About 10% of children in Michigan are impacted by parental incarceration. 	To make informed policy decisions and increase transparency, robust data must be collected and publicly disseminated, including data by race and ethnicity and on families impacted by incarceration.

Economic Security

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> The cost of child care consumes 38.3% of 2016 minimum wage earnings. The state eligibility level for child care assistance is among the lowest in the nation. Less than 2% of children, ages 0–12, receive child care subsidies. 	Ensure access to affordable, quality child care by expanding income eligibility levels for subsidies and reforming the current system to improve the reimbursement structure and increase provider rates.
<ul style="list-style-type: none"> Working a full-time, minimum wage job leaves a parent with a family of three \$1,657 below poverty each year. 	Provide workforce development opportunities that improve both education and job skills by supporting investments in adult education and assistance to attain postsecondary training and credentialing.
<ul style="list-style-type: none"> More than 22% of children live in poverty, 47% of African-American and 30% of Latino kids. Nearly 28% of children in rural counties live in poverty, 24% in midsize counties and 22% in urban counties. 	Strengthen policies that support work, such as the Earned Income Tax Credit (EITC), a proven poverty reduction tool that helps workers with low wages keep more of what they earn and has been shown to benefit children in education and health. Additionally, create and maintain good jobs in disadvantaged and forgotten rural and urban communities.

Health & Safety

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> Nearly 20% of mothers report smoking during pregnancy, with higher rates in rural communities. 	<p>Increase funding for evidence-based maternal smoking prevention and cessation programs and services.</p>
<ul style="list-style-type: none"> Infant mortality rates are higher for babies of color: 13.2 per 1,000 for African-Americans; 11.6 per 1,000 for American Indians; 9.4 per 1,000 for Hispanics; and 6.1 per 1,000 for Middle Easterners. The infant mortality rate is highest in rural counties (7.8 per 1,000) compared to other county types. 	<p>Continue the implementation of the state's Infant Mortality Reduction Plan with a focus on the social determinants of health and eliminating the racial and ethnicity gap.</p>
<ul style="list-style-type: none"> Over 46% of students were eligible for free or reduced-price lunch, 30% of young children were eligible for food assistance and 50% of young children received assistance through the Women, Infants, and Children (WIC) program. 	<p>Support and promote programs that increase access to fresh foods and reduce food insecurity.</p>
<ul style="list-style-type: none"> About 650,000 people have healthcare through the Healthy Michigan Plan, including future parents who will be healthier before becoming parents. 	<p>Maintain Medicaid expansion through the Healthy Michigan Plan.</p>
<ul style="list-style-type: none"> 31% of mothers did not receive adequate prenatal care throughout their pregnancy. 	<p>Expand home visitation and other programs to educate more women about the need for prenatal care, connect women to providers and remove barriers, such as transportation, to help them get to their appointments.</p>

Family & Community

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> Nearly 17% of children live in high-poverty neighborhoods, 55% of African-American children and 29% of Latino children. 	<p>Invest in communities to improve quality of life and the creation of vibrant, safe neighborhoods. Expand job and training opportunities with targeted policies.</p>
<ul style="list-style-type: none"> Rate of confirmed victims of child abuse and neglect rose by 30% from 2009; over 80% of incidents were due to neglect. 	<p>Promote comprehensive strategies to prevent child abuse and neglect, including positive parenting education, such as home visitation programs.</p>
<ul style="list-style-type: none"> Michigan is one of seven states to still automatically treat 17-year-old children as adults in the criminal justice system. 	<p>"Raise the Age" of juvenile jurisdiction from 17 to 18 years old.</p>

Education

KEY FINDINGS:	RECOMMENDATIONS:
<ul style="list-style-type: none"> Students of color and those with low incomes and other risk factors have lower rates of proficiency on state assessments. On third-grade English Language Arts (ELA), nearly 61% of American Indian/Alaska Native students, 66.5% of Latino students and 80% of African-American students were not proficient. High school dropout rates for students facing homelessness are about 20% and nearly 21% for migrant students. 	<p>Adequately fund public schools targeting resources in high-need areas and fully funding the At-Risk program.</p>
<ul style="list-style-type: none"> 54% of 3- and 4-year-olds are not in preschool. 54% of third-graders were not considered proficient in ELA. 	<p>Provide sufficient funding for early interventions to improve third-grade reading using a birth-to-eight framework.</p>



MICHIGAN

2017 TRENDS IN CHILD WELL-BEING

(All Data Are For 2015 Unless Otherwise Noted)

POPULATION		2008	2014	% change	Child population by race	2008	2014	% change
	Total population	10,002,486	9,909,847	-0.9%	Hispanic 0–17	152,950	177,599	16.1%
	Child population 0–17	2,390,198	2,223,790	-7.0%	Non-Hispanic 0–17			
	• Ages 0–5	750,944	686,845	-8.5%	• White	1,718,955	1,550,227	-9.8%
	• Ages 6–12	914,193	867,317	-5.1%	• African-American/Black	433,882	399,603	-7.9%
	• Ages 13–17	755,680	669,628	-11.4%	• American Indian	17,344	18,355	5.8%
					• Other	67,067	78,006	16.3%

	BASE YEAR		CURRENT YEAR		
	NUMBER	RATE	NUMBER	RATE	RATE CHANGE
ECONOMIC SECURITY	<u>2008</u>		<u>2015</u>		
Children in poverty, ages 0–17	455,357	19.3%	481,421	22.2%	15.0%
Young children, ages 0–5, in the Food Assistance Program ²	223,794	29.4%	206,539	30.1%	2.3%
Students receiving free/reduced-price school lunches ³	<u>2006–07 (SY)</u>		<u>2014–15 (SY)</u>		
	622,473	37.5%	687,937	46.1%	23.0%
HEALTH	<u>2006–08 (avg.)</u>		<u>2012–14 (avg.)</u>		
Less than adequate prenatal care	35,922	29.6%	35,498	31.2%	5.4%
Low-birthweight babies	10,536	8.5%	9,508	8.4%	-1.0%
Infant mortality (per 1,000)	944	7.6	785	6.9	-8.8%
Child/Teen deaths, ages 1–19 (per 100,000)	736	28.3	622	25.8	-8.9%
FAMILY AND COMMUNITY (per 1,000)	<u>2006–08 (avg.)</u>		<u>2012–14 (avg.)</u>		
Births to teens, ages 15–19	12,281	33.7	7,910	23.7	-29.7%
<u>Child abuse/neglect</u>	<u>2009</u>		<u>2015</u>		
Children in investigated families	176,021	73.6	247,745	111.4	51.3%
Confirmed victims	30,799	12.9	37,370	16.8	30.4%
Children in out-of-home care	12,691	5.3	10,668	4.8	-9.7%
EDUCATION	<u>2005–09 (avg.)</u>		<u>2011–15 (avg.)</u>		
Three- and four-year-olds in preschool	122,265	46.9%	113,254	47.4%	1.2%
	<u>2008</u>		<u>2015</u>		
Students not graduating on time	35,555	24.5%	24,771	20.2%	-17.5%
<u>Not proficient (M-STEP)</u>	<u>2014–15 (SY)</u>		<u>2015–16 (SY)</u>		
Third-graders (English Language Arts)	53,535	49.9%	58,311	54.0%	8.2%
Eighth-graders (Math)	75,854	67.8%	73,364	67.3%	-0.7%

¹ A ranking of 1 means a county has the “best” rate compared with other counties in the state. Unless noted, the ranking is based on 82–83 counties.

² Supplemental Nutrition Assistance Program.

³ Family income is below 185 percent of poverty level.

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

SY - School Year.

M-STEP - Michigan Student Test of Educational Progress was first administered in 2015.

N/A - not available.

FAMILY SUPPORT PROGRAMS	NUMBER	RATE	ECONOMIC CLIMATE	MICHIGAN
Children receiving...			Unemployment	5.4%
• Subsidized child care, ages 0–12 ¹	30,258	1.9%	Median household income	\$51,063
• FIP cash assistance ^{1,3}	45,746	1.9%	Average cost of full-time child care/ month (2016)	\$563
• Food Assistance Program ^{1,4}	583,158	24.7%	• Percent of full-time minimum wage (2016)	38.3%
• Women, Infants, and Children (WIC)	291,179	51.1%	Percent of young children ages 0–5 in Michigan families (2011–15 avg.) where all parents work	66.3%
Children with support owed	518,690	20.8%		
• Receiving none (% of those owed)	127,217	24.5%		
• Receiving less than 70% of amount	304,661	58.7%		
• Average amount received (month)	\$217	\$217		

FAMILY AND COMMUNITY	NUMBER	RATE
Births to moms without high school diploma or GED (2012–14)	14,902	13.1%
High-poverty neighborhoods, ages 0–17 (2011–15)	371,659	16.8%
Household structure		
• Two-parent family	1,450,711	66.1%
• One-parent family	745,214	33.9%
Poverty by household structure, ages 0–17 (2011–15)		
• Two-parent family	158,213	10.9%
• One-parent family	349,780	46.9%
English not spoken at home, ages 5–17 (2011–15)	170,263	10.2%

ACCESS TO HEALTHCARE	NUMBER	RATE
Children with health insurance (2014)	2,210,261	96.0%
Children, ages 0–18, insured by...		
• Medicaid ¹	930,141	39.4%
• MICHild	38,629	1.6%
Fully immunized toddlers, ages 19–35 months (for the series 4:3:1:3:3:1:4) ¹	124,645	74.2%
Lead poisoning in children, ages 1–2		
• Tested	86,470	37.9%
• Poisoned (% of tested) (EBL confirmed by venous)	1,439	1.7%
Children, ages 1–14, hospitalized for asthma (rate per 10,000) ² (2012–14)	2,584	15.2
Children with special needs		
• Students in Special Education ¹	205,468	13.8%
• Children receiving Supplemental Security Income (rate per 1,000) ¹	46,829	21.1
• Children, ages 0–2, receiving Early On services (ISD totals)	8,901	2.6%

¹ As of December 2015.

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.

ABOUT THE KIDS COUNT INDICATORS

Economic Security

Children in Poverty (Ages 0-17)

-U.S. Census Bureau, SAIPE-

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

Young Children Eligible for SNAP (Ages 0-5)

-MI Dept. of Health & Human Services-

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

Students Eligible for Free/Reduced-Price Lunches

-Center for Education Performance Information-

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

Health and Safety

Less than Adequate Prenatal Care

-MI Dept. of Health & Human Services-

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

Low-Birthweight Babies

-MI Dept. of Health & Human Services-

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

Infant Mortality

-MI Dept. of Health & Human Services-

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

Child/Teen Deaths (Ages 1-19)

-MI Dept. of Health & Human Services-

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

Family and Community

Births to Teens (Ages 15-19)

-MI Dept. of Health & Human Services-

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

Children in Families Investigated for Abuse/Neglect

-MI Dept. of Health & Human Services-

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

Children Confirmed as Victims of Abuse/Neglect

-MI Dept. of Health & Human Services-

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

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

-MI Dept. of Health & Human Services-

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

Education

3- and 4-Year-Olds in Preschool

-U.S. Census Bureau, SAIPE-

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

Students NOT Graduating from High School On Time

-MI Dept. of Education-

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

Third-Graders NOT Proficient in English Language Arts

-MI Dept. of Education-

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

Eighth-Graders NOT Proficient in Math

-MI Dept. of Education-

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

Using the Data Book

Since 1992, the Michigan League for Public Policy has produced the annual Kids Count in Michigan Data Book. The book reviews background and trend data to evaluate the well-being of children throughout communities in Michigan while identifying policy strategies that could be implemented to improve outcomes. The base period for the 2017 book is 2008 compared to 2015, unless otherwise noted. The report analyzes 15 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 15 measures.

This year additional background data has been added: household structure, poverty by household structure and children living in households where English is not spoken.

Changes continue to occur with standardized student assessment testing. In 2016, the Michigan Student Test of Educational Progress (M-STEP) English Language Arts (ELA) test

was not administered to 11th-grade students. Instead, the Michigan Merit Examination (MME) consisted of the College Board SAT, ACT WorkKeys job skills assessment in reading, mathematics and locating information, along with the M-STEP science and social studies tests. Therefore, 11th-grade ELA scores were not available in a “proficient” versus “not proficient” standard and were not included in this year’s report. Additionally, the data on “college readiness” levels was not complete for all communities and could not be used to replace the loss of the 11th-grade ELA trend indicator.

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

The screenshot displays the Kids Count Data Center website. At the top, the logo "KIDS COUNT DATA CENTER" is on the left, and the URL "datacenter.kidscount.org" is in an orange box on the right. A central banner features a large "2" in a circle and the word "VISUALIZE" in large orange letters. Above this banner is a circular graphic containing a bar chart, a pie chart, and a line graph. To the right of the banner, text reads: "Hundreds of child well-being indicators at your fingertips to encourage policies and support smart decisions for children and families." Below the banner, there are four sections: "Create custom profiles" (showing a table), "Create maps" (showing a map of Michigan), "Create line graphs" (showing a line graph), and "Create bar charts" (showing a bar chart). On the left side, a purple box labeled "1 SEARCH" contains the text: "Enter any location, topic or keyword into the powerful search engine to find the statistics most relevant to your community." On the right side, a blue box labeled "3 SHARE" contains the text: "Post data visualizations on Facebook, add custom graphics to Tumblr and tweet about how the well-being of your state's children compares with the region and nation." The "SHARE" box also includes icons for Facebook, Twitter, and Pinterest.

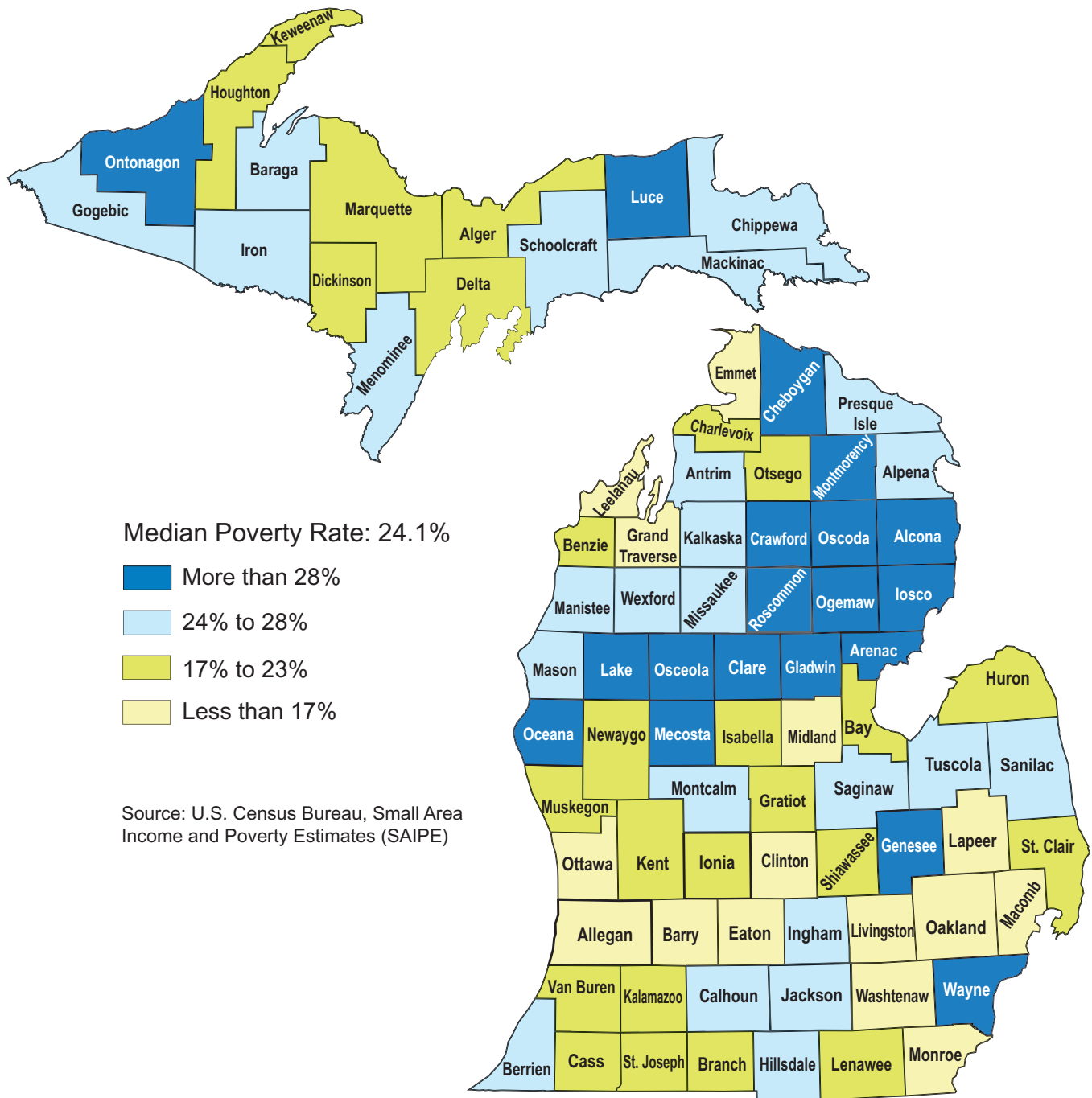
Economic Security



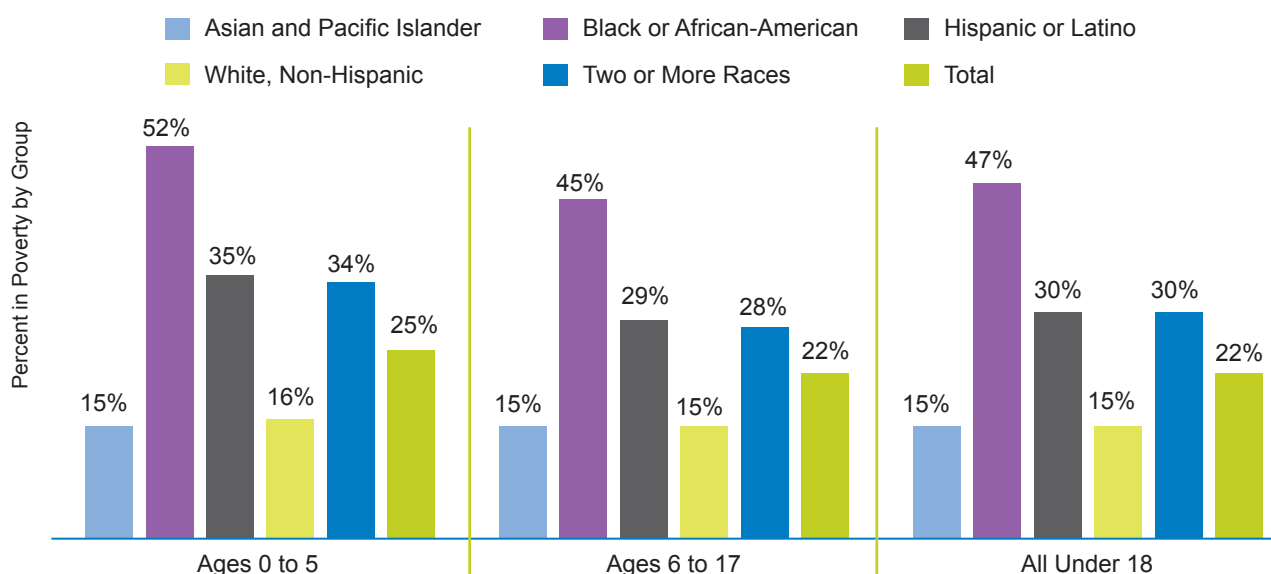
In 2015, over 480,000 children in Michigan were living in poverty—a higher number than in 2008, the last full year of the Great Recession, and representing well over 1 in 5 kids (22.2%). That is, however, close to 68,000 fewer children in child poverty from the recent peak in 2012 when nearly 550,000 children lived in poverty. Progress is being made, but there are still too many families struggling and too many children growing up without the resources and support they need, and it is not improving fast enough.

Due to institutional barriers and the consequences of certain policy decisions over time, including housing, education, voting, child welfare, civil rights and labor laws, a disproportionate rate of children of color in Michigan live in poverty. In 2015, almost half of African-American children lived in poverty (47%) with an even higher rate of young African-American children, ages 0-5, living in poverty (52%). About 30% of Latino children and children identifying with two or more races lived in poverty in 2015. The overall child poverty rate has increased by about 16% since 2008, but for Asian and Pacific Islander children, the rate increased by 25%—the largest of any group. The only group experiencing a rate decline were Latino children, which still had an increase in the overall total number of children in poverty.

2015 Children in Poverty, Ages 0–17



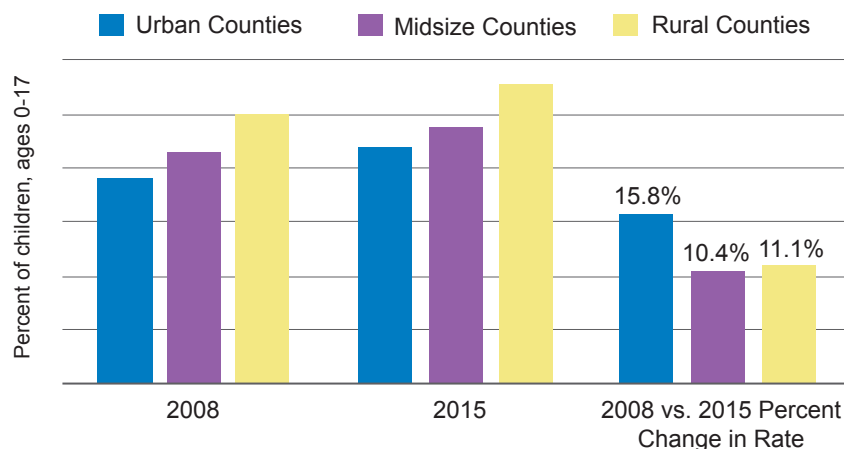
In 2015, poverty rates remain higher for young children and kids of color.



Source: Data provided by National Kids Count Data Center

Poverty also touches every corner of the state. In 2015, nearly 28% of children living in rural counties were in poverty compared to almost 24% in midsize and 22% in urban counties. The child poverty rate is higher in rural parts of the state; however, it increased at a higher rate from 2008 to 2015 in urban counties. No matter the type of place, living in poverty has significant consequences on child development, increasing toxic stress and impacting the well-being of families. There are differences between urban and rural poverty. The latter is often exacerbated by isolation, lack of available services and barriers to receive services, such as transportation.¹ Children in urban areas who are living in poverty tend to experience concentrated poverty, where significant underinvestment in communities exists, crime rates are higher and public transportation systems are inadequate.

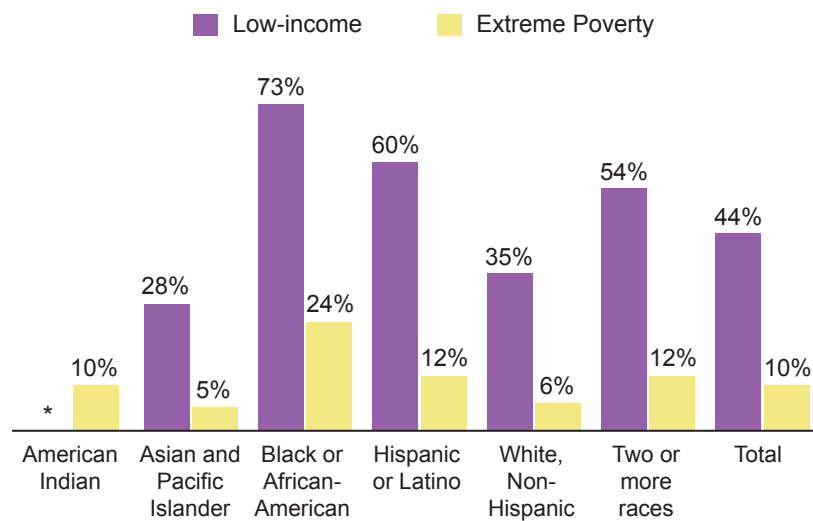
Poverty is highest in rural communities, but increased at a faster rate in urban areas.



Source: SAIPE

Another significant number of kids are living in families with low incomes—above poverty—but may have difficulty meeting financial obligations, live paycheck to paycheck and/or are one emergency away from slipping into poverty. In 2015, over 950,000 children, or 44%, lived in families below twice the poverty level (less than \$4,006 per month for a family of four), including close to a quarter million children living in extreme poverty (\$1,001.50 per month for a family of four). Families experiencing financial distress can impact a child's development, including how well he/she is able to do in school.² It also makes parenting more difficult and can have consequences on the health of both children and their parents.

Significant number of families continue to struggle to make ends meet, one emergency away from financial crisis.



Source: Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2005 through 2015 American Community Survey.

Accordingly, the 2015 rates of students eligible for free or reduced-price lunches increased by 23% from 2008. More than 46% of students in Michigan in 2015 were eligible for the program and 30% of young children (ages 0-5) were eligible for food assistance. While high rates of eligibility indicate the level of economic insecurity that families are experiencing, access to these types of nutrition programs are essential to the well-being of children. Additionally, these federal programs—eligibility guidelines set at the federal level—are not structured as block grants and have been able to respond to the actual need of kids to help reduce hunger, increase learning and improve overall health.

Other family support programs, like those funded by the federal Temporary Assistance for Needy Families (TANF) block grant, have not kept up with the needs of families. The previous program, Aid to Families with Dependent Children (AFDC), was converted from an entitlement funding structure to the TANF block grant, resulting in the loss of purchasing power over time and leading to fewer families in need from being served.³ For example, as the rate of children living in extreme poverty increased by 11% from 2008 to 2015, the percent of children receiving cash assistance dropped by 64%.⁴

Similarly, child care subsidies are also funded through a block grant. Child care consumes nearly 40% of minimum wage earnings, more than 2 in 3 young children live in families where both parents work and 1 in 4 young children live in poverty. Despite these factors, only 4% of young children are eligible for a child care subsidy. Almost 31% of children up to age 12 who are eligible for help do not receive any assistance with child care. Michigan continues to have one of the lowest eligibility levels in the country for child care subsidies resulting in only 1.9% of children, ages 0 to 12, whose family qualifies. Block grants are limited in the amount of funds given to states and allow states to set low levels of income eligibility and implement policies that can result in fewer families accessing the programs, leaving out those who still need support.

Health & Safety

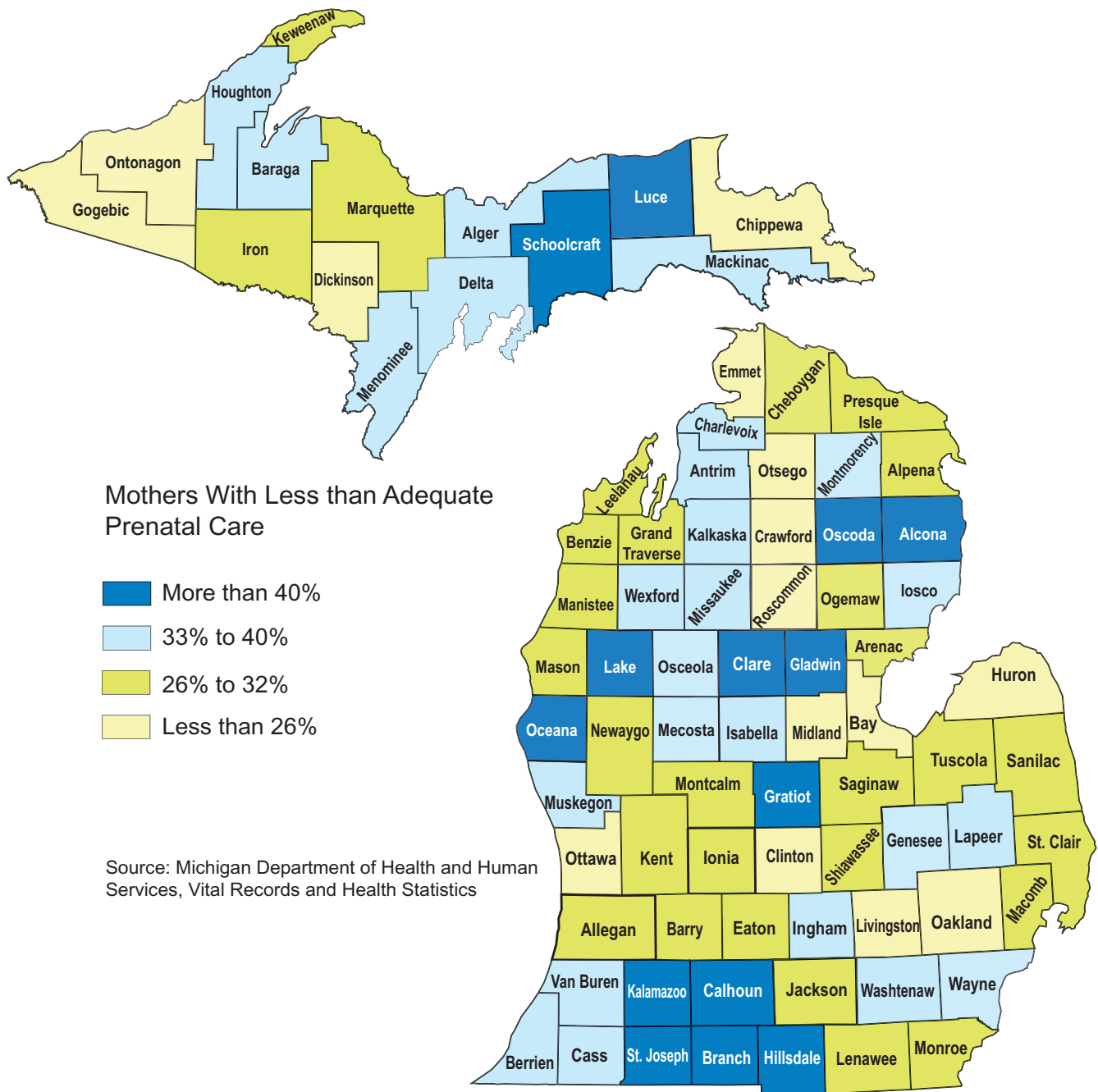


There are many factors that can influence the health and safety of children. These range from the health of their parents, adequate housing, financial security, neighborhood stability and availability of resources and school conditions to access to a primary care physician and insurance coverage. The environment and institutions children and their parents interact with can have positive or negative impacts on health and developmental outcomes.

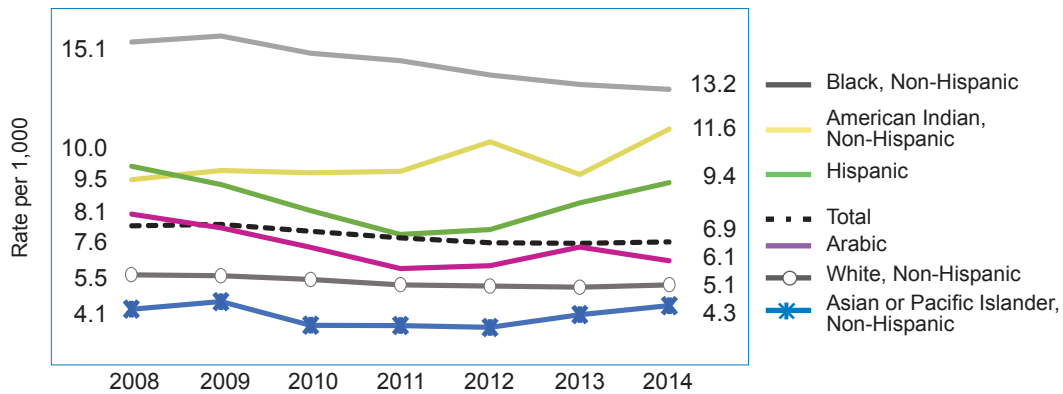
A newborn baby's life is directly connected to his or her mother's health and well-being both pre-pregnancy, during pregnancy and after the birth. Expanded access to healthcare prior to pregnancy through provisions of the Affordable Care Act, including Medicaid expansion, has been significant for women. Yet, in 2014, more than 31% of mothers in Michigan did not receive adequate prenatal care throughout their pregnancy representing more than a 5% rate increase. Adequate prenatal care can improve pregnancy and birth outcomes while also reducing maternal depression and infant injuries.⁵ Additionally, in 2014, still more than 5% of births were to mothers who received late or no prenatal care and this varies by both race and ethnicity and level of education.

While preterm births are on the rise in the state, there was a slight reduction in 2014 in the rate of babies born with low birthweights, dropping by 1% from 2008. More than 8% of births were to babies born too small, which is associated with preterm births, poor prenatal care, smoking during pregnancy and a number of other pregnancy and birth-related complications, which can also impact both short- and long-term health and developmental outcomes for kids.

Less than Adequate Prenatal Care, 2012–14



Mostly improving rate of infant deaths, but significant disparities and troubling trends exist.



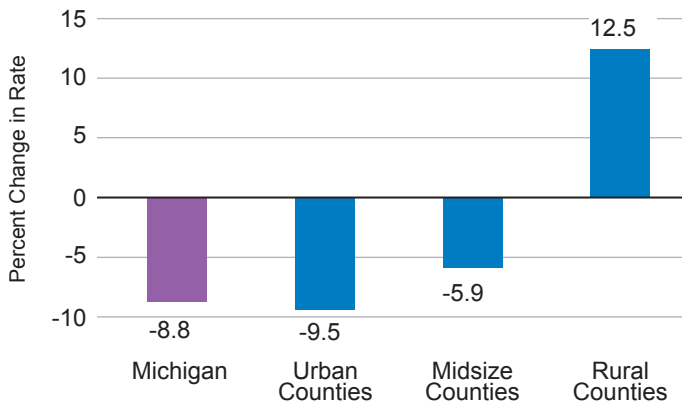
Source: Michigan Department of Health and Human Services, Vital Records and Health Statistics

Of particular concern, however, is that while the overall rate of infant deaths has declined for the state, significant disparities by race and place exist. In 2014, there were 6.9 infant deaths for every 1,000 babies born in Michigan. The 2014 infant mortality rate for Whites was 5.1 per 1,000, while African-Americans (13.2 per 1,000), American Indians (11.6 per 1,000), Latinos (9.4 per 1,000) and Middle Easterners (6.1 per 1,000) experienced higher rates. The rate of American Indian infant deaths has risen by about 22% since 2008. Additionally, Latinos and Middle Easterners experienced several years of increases in infant deaths from 2011 to 2013 before declining in 2014; however, preliminary data for 2015 shows the rates increasing from 2014.

In Michigan, the rate of infant mortalities has declined by 8.8% from 2008 to 2014. Larger improvements have been made in urban counties where the rate has decreased by 9.5%. The rate in midsize counties, while also improving, did so at a smaller percentage (-5.9%). As a group, rural counties experienced an increase in the rate of infant deaths (12.5%), which is a trend in the opposite direction of the rest of the state on average. In 2014, rural counties also had the highest infant mortality rate among the three types of counties (7.8 per 1,000), which was not the case in 2008.

Infant death rates are highest in rural county types and are increasing.

2006-08 vs. 2012-14

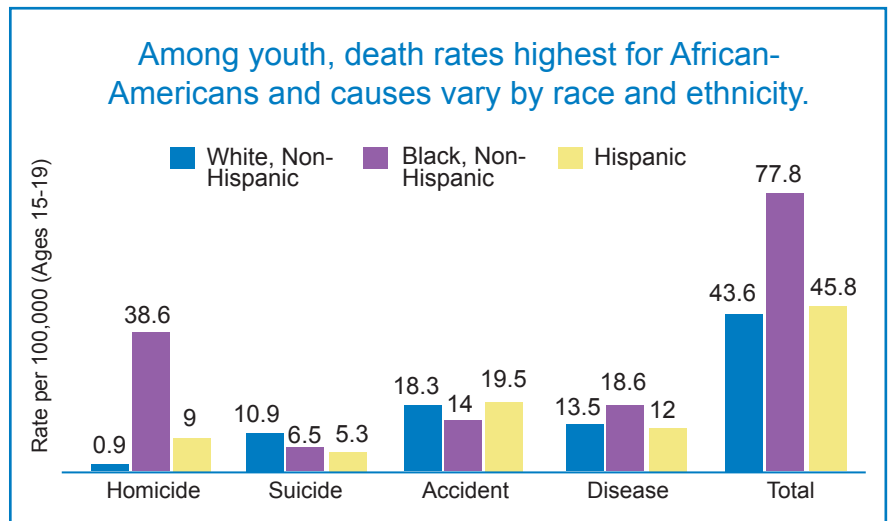


Source: Michigan Department of Health and Human Services, Vital Records and Health Statistics

The most common causes of infant deaths in 2014 in Michigan were related to preterm births or low birthweight in babies, congenital anomalies (i.e., birth defects) and accidents.⁶ Michigan's high rates of mothers smoking during pregnancy, approximately 1 in 5 births and higher in rural communities, may be a contributor to the rise in preterm births (12.2% of births).⁷ Birth defects may be related to genetics, but can also occur due to environmental risks, such as poverty, lack of access to healthcare or food insecurity. Higher rates of poverty in a community are also associated with more infant deaths.⁸

In 2014, there were fewer deaths of children between the age of 1 and 19 years than in 2008, about a 9% rate decrease. Yet, on average over 2012-2014, more than 620 children died. While the rate of child deaths is higher in rural counties (35.3 per 100,000), less progress has been made in urban and midsize counties to reduce rates.

Similarly, the total number of youth deaths (ages 15-19) has slowly declined since 2008 from 391 to 314 deaths in 2014. The rates of accidents and homicides have gone down significantly between 2008 and 2014. Accident rates for youth have been reduced by nearly 23% and youth homicide rates have improved by almost 26%. However, there has been a startling rate increase of almost 38% in youth suicides between 2008 and 2014. During this time period, suicide rates among both White and African-American youth increased, by nearly 40% for Whites and 12% for African-Americans. All other causes of death for White, African-American and Latino youth all declined over 2008 to 2014. However, causes of death vary by each group and overall rates are much higher for African-American youth.



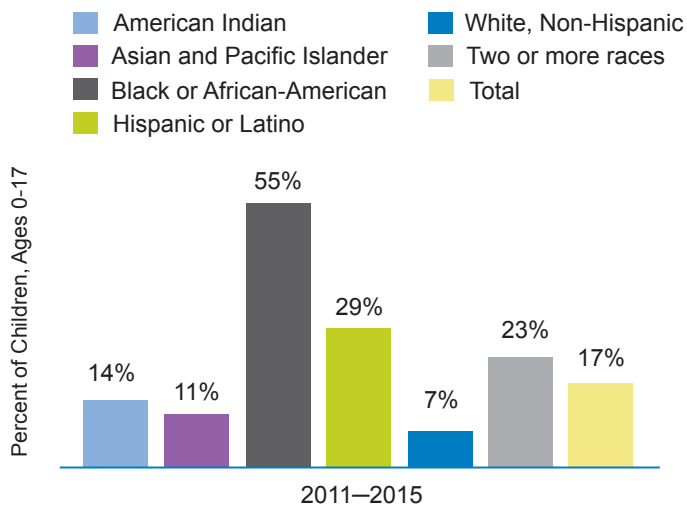
Source: Michigan Department of Health and Human Services, Vital Records and Health Statistics

Family & Community



The environment and surroundings that a child grows up in can have a significant impact on his or her development and well-being. Being a part of communities rich with resources, parks and activities where children can walk safely to school is critical. It is equally important for children that their needs are met at home by caregivers who are healthy and not under enormous stress. However, what we see in Michigan are too many families living in under-resourced communities and who are struggling on many fronts.

Children of color more likely to live in communities with fewer resources and opportunities.



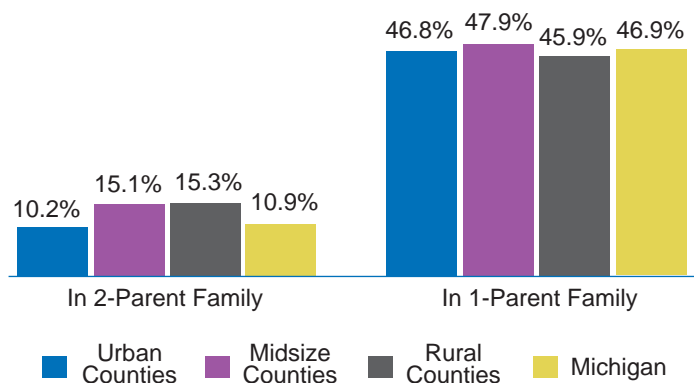
Source: Data provided by National Kids Count Data Center

More than 1 in 6 children in the state are living in concentrated poverty, a number that has steadily increased over the last decade. This means that children are living in areas—census tracts—where the poverty rate is 30% or higher, putting entire neighborhoods at risk. Neighborhoods with concentrated poverty tend to have higher rates of crime and violence, higher unemployment rates with fewer job opportunities, and poor health outcomes with increased toxic stress for children and their families. Of particular importance is that far more children of color are faced with this reality compared with White children. Nationally, Michigan has the highest rate of concentrated-poverty neighborhoods for African-American children, the fifth highest rate for Latino children and the second highest rate for children identifying with two or more races.⁹

Growing up in a household where caregivers are struggling to make ends meet can cause undue

harm and stress on a family, as children in families with low incomes do not have access to the same type of resources that children in wealthy families have. Even though the unemployment rate for parents in Michigan was about 4% in 2015, there are still more than 1 in 10 kids in two-parent families who lived in poverty. This number jumped to almost 47% of kids in one-parent households who lived in poverty, but this varies significantly between male- and female-headed single households, further demonstrating wage gaps for women. For kids in one-parent, male households, 29% lived in poverty versus 52% in one-parent, female households. Additionally, the poverty rate for children in two-parent households is higher in midsize and rural counties—over 15% compared to over 10% in urban counties. The rates are similar across county type in single-parent families.

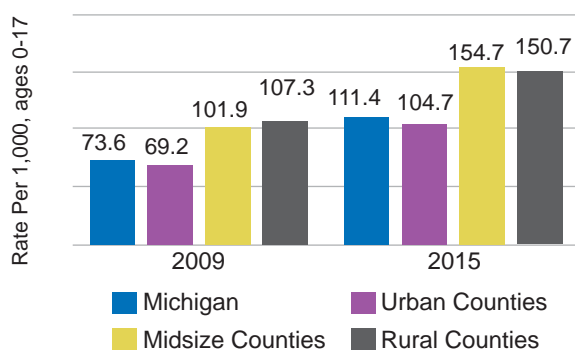
Regardless of place, all single-parent families struggle. Two-parent families in rural and midsize communities face additional difficulties.



Source: American Community Survey, 2011-2015

Affordable housing continues to be a significant concern throughout communities across the state. In some urban areas, like Detroit and Grand Rapids, gentrification is an issue as development occurs. Similarly, in rural areas, when housing is not accessible, families are pushed farther away into more remote areas increasing transportation barriers. In Michigan, while the rate has improved, about 28% of children live in families with high housing cost burdens. This means that more than 30% of household income is used to cover housing costs, a threshold making it more difficult to purchase food, clothing, medicines and other necessities.¹⁰ For families with low earnings, finding affordable housing is even more difficult. Approximately 56% of children in families with low incomes live in households with a high housing cost burden.

Rural and midsize counties have higher rates of investigations, rates increased highest in urban and midsize counties.



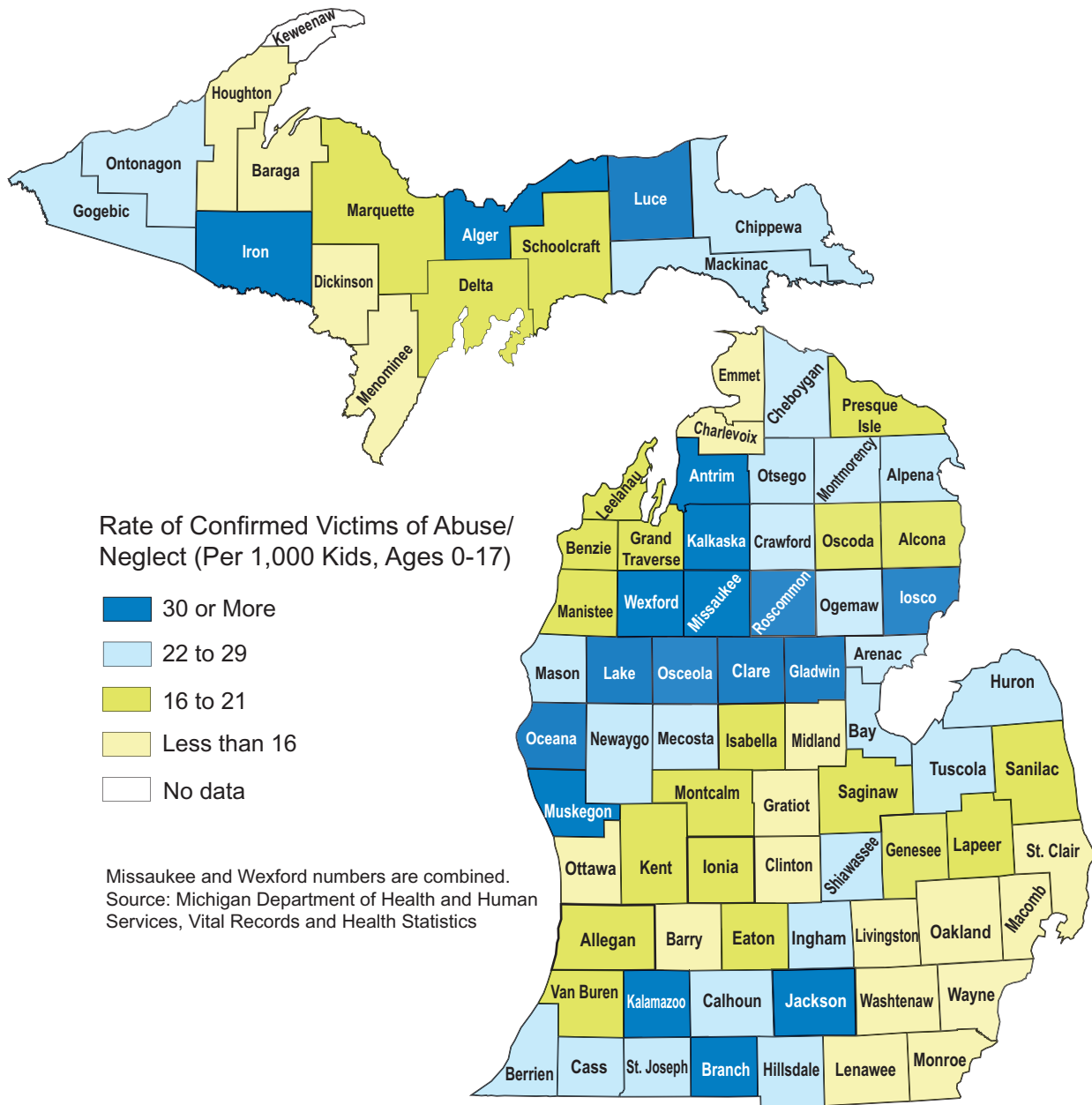
Source: Michigan Department of Health and Human Services

*Note: This data includes children who may or may not be alleged victims and it includes duplicated counts of children who may have had multiple contacts with the system.

While most families with low incomes are not more likely to abuse or neglect their children, living in poverty causes many hardships that can impact the ability of caregivers to provide basic needs. This is especially true as the state continues with policies that weaken the safety net for families, like asset limits to receive food assistance and tight eligibility levels for child care assistance.

In 2015, the vast majority of Michigan's children confirmed as victims in the child welfare system were due to neglect (81.1%), which occurs when there is a failure to provide adequate food, clothing, shelter or medical care or when the child's health or welfare is at risk.^{11,12} In 2015, there were nearly 248,000 counts of children living in families investigated for abuse or neglect while the count was just over 176,000 in 2009. This data may include duplicate counts of children—those who had contact with Child Protective Services (CPS) more than once in the fiscal year. Over the same time period and with an unduplicated count, the rate of children confirmed as victims of abuse or neglect rose by more than 30%, resulting in nearly 17 per 1,000 children abused or neglected.

Confirmed Victims of Abuse/Neglect, 2015



In 2015, the state continued to operate under a consent decree with court monitoring of the child welfare system stemming back to a lawsuit filed by Children's Rights in 2006, with the first settlement agreement made in 2008.¹³ Much reform has been made in the system, especially for children in foster care, although work still remains to ensure that all children's needs are met. However, efforts by the Michigan Department of Health and Human Services show significant improvement in keeping children in their homes. Compared to 2009, there were over 2,000 fewer children in Michigan placed in out-of-home care because of abuse or neglect, which is an almost 10% improvement in the rate. However, while rates across county type were similar in 2009, these rates varied dramatically in 2015 with significant increases in rural counties of children placed in out-of-home care. The rate of out-of-home care in Michigan averaged 4.8 per 1,000 children, ages 0-17, 4.4 per 1,000 in urban counties, 6.2 per 1,000 in midsize counties and 9.5 per 1,000 in rural counties.

It is important to note that children of color also tend to be overrepresented in the child welfare system at nearly every point. However, due to changes in data collection systems at the state level, reliable child welfare data by race and ethnicity is not available for 2014-2015.¹⁴

Education

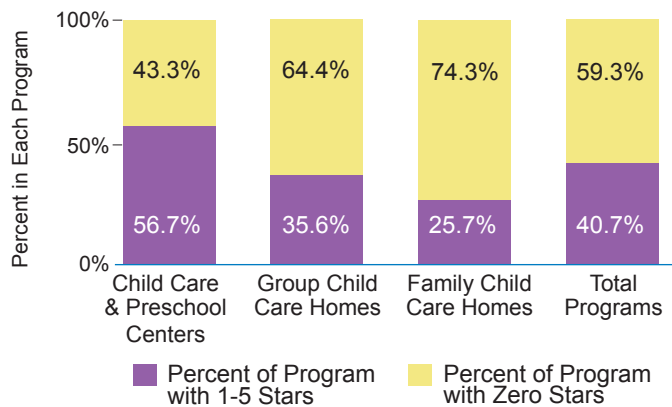


While education is seen as one of the keys to financial security and opportunity, Michigan has in fact slipped to the bottom 10 for education outcomes in the country in the national 2016 KIDS COUNT Data Book. The new annual Michigan Student Test of Educational Progress (M-STEP) assessment shows that more than half of the state's third-graders are not proficient in English Language Arts and scores are even worse for students of color, students from families with low incomes, students who are English Language Learners or who have disabilities.

In efforts to make the state a "Top 10 in 10 Years," the Michigan Department of Education has engaged stakeholders in developing strategies, like in the Every Student Succeeds Act (ESSA) plan. It is clear that the current system is not adequately preparing Michigan's students for postsecondary education, training or the workforce. However, the education system does not stand alone and students' outcomes are impacted by many other factors, such as poverty, health, and family and community well-being. Each of these policy areas has been neglected and/or underinvested in by the state for many years.

Learning begins with a healthy mom and a healthy birth. For example, babies born too early or too small are more likely to have developmental delays or disabilities. Access to services and care, like infant mental health or Early On, can help to reduce issues for children and families and improve educational outcomes. Additionally, quality early care and education is critical to kindergarten readiness. According to the Great Start to Quality data, nearly 35% of programs, including eligible child care and preschool centers, group child care homes and family child care homes, are between three- and five-star providers.¹⁵

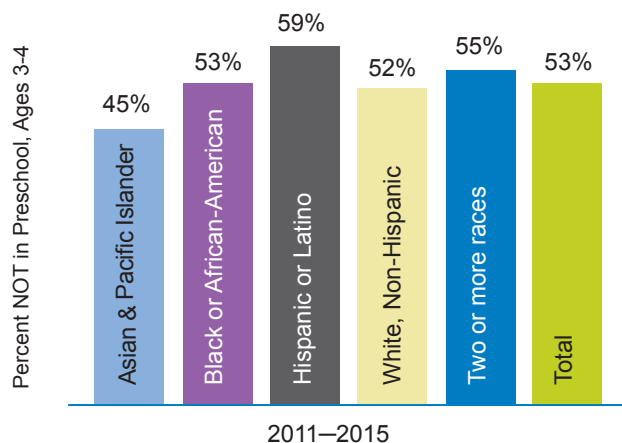
Nearly 41% of eligible programs and providers participate in Great Start to Quality, more child care and preschool centers participate.



Source: Great Start to Quality

In 2015, approximately 53% of all 3- and 4-year-olds in Michigan were not enrolled in some sort of preschool. Currently, Michigan does support preschool for 4-year-olds, but there is not a state-funded program available for 3-year-olds. While there has been slight improvement in rates for the state, rural counties are losing ground and urban counties have improved very slightly compared to midsize counties, where growth in the rates of young children in preschool are substantially improving. For young children in families with low incomes (below 200% of federal poverty, or \$48,072 per year for a family of four), the number increases to 58% not in school compared to 47% of young children not in school from families with higher incomes. Overall, the state is struggling to enroll 3- and 4-year-olds in preschool, but the barriers to enrollment appear to be higher for children of color, especially for Latinos.

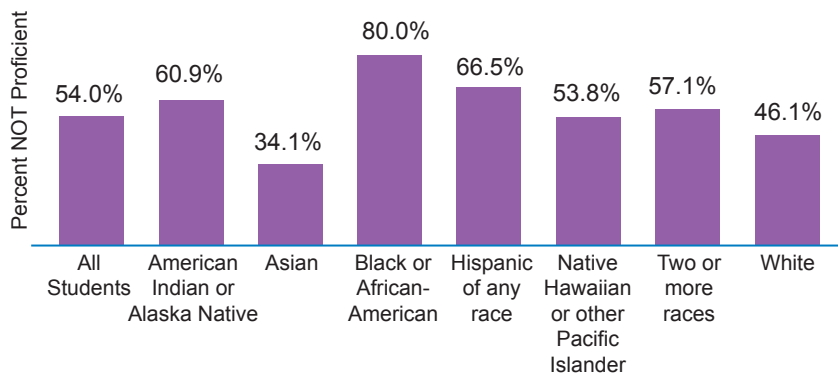
Too many children do not have access to preschool, barriers higher for Latino children.



*Sufficient data not available for American Indian children.
Source: Data provided by National Kids Count Data Center

In the second year of the M-STEP, proficiency in third-grade English Language Arts (ELA) declined from the first year of the test. Approximately 54% of third-graders, or over 58,000, were not considered proficient in ELA compared with just under 50% in 2015. State public schools performed better than charter schools (52% and 68.5% not proficient respectively). Rates of students not proficient were similar across county type: urban (53.9%), midsize (53.7%) and rural (53.2%); however, urban and midsize counties experienced higher rates of improvement, although both rates improved by less than 10%. Lower rates of proficiency for both students of color and those from families with low incomes continue to show the need for more targeted support to schools serving more students with high risk factors, such as full funding of the At-Risk program. Nearly 69% of students considered to be economically disadvantaged were not proficient in third-grade ELA and significant disparities existed by race and ethnicity.

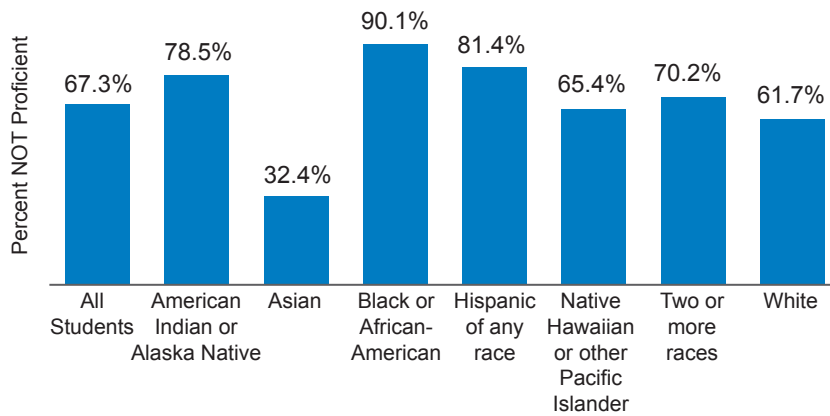
Inequities in schools and communities continue to result in disparities in third-grade reading proficiency.



Source: Michigan Department of Education

Like third-grade reading, eighth-grade math represents another important benchmark for students. In 2016, there were 67.3% of eighth-grade students who were not proficient in math, which is only a very slight improvement from 67.8% not proficient the previous year. With neither type of school performing well, charter schools had 78.4% of students in eighth grade who were not proficient in math compared with 65.8% of non-charter schools. By county type, urban schools had a lower rate of eighth-graders who were not proficient in math (66.3%) while midsize (71.0%) and rural (71.5%) schools had somewhat higher rates of students not proficient in eighth-grade math.

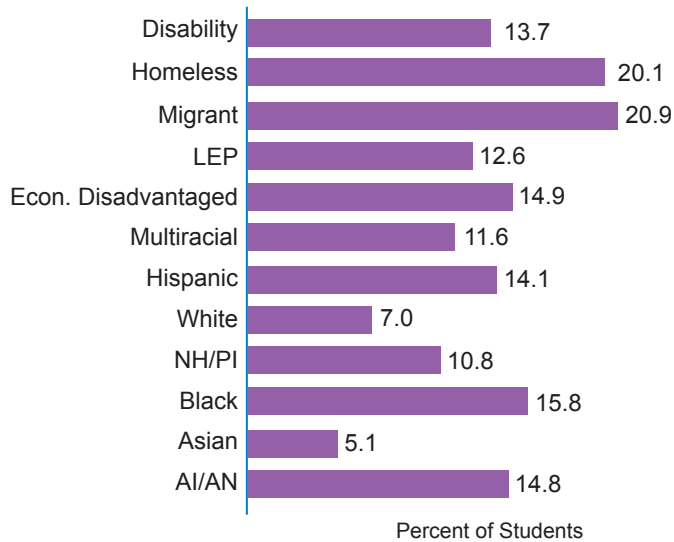
High rates of eighth-grade students not proficient in math, students of color face more barriers.



Source: Michigan Department of Education

A potential bright spot in educational outcomes for kids in Michigan are the rates of students both graduating from high school on time and staying in school instead of dropping out. Comparing the graduating class of 2008 to 2015, there was an improvement of nearly 18% in the rate of on-time graduates. All county types experienced progress, especially urban counties where the rate of students not graduating on time declined by 22%. Rural counties had the best rate of students who did not graduate on time (16.7%), while urban (19%) and midsize (18.6%) counties had similar rates in 2015. Disparities, however, continue to persist with African-American students almost twice as likely not to graduate within four years and Latino students more than 1.5 times as likely not to graduate on time compared to their White peers.

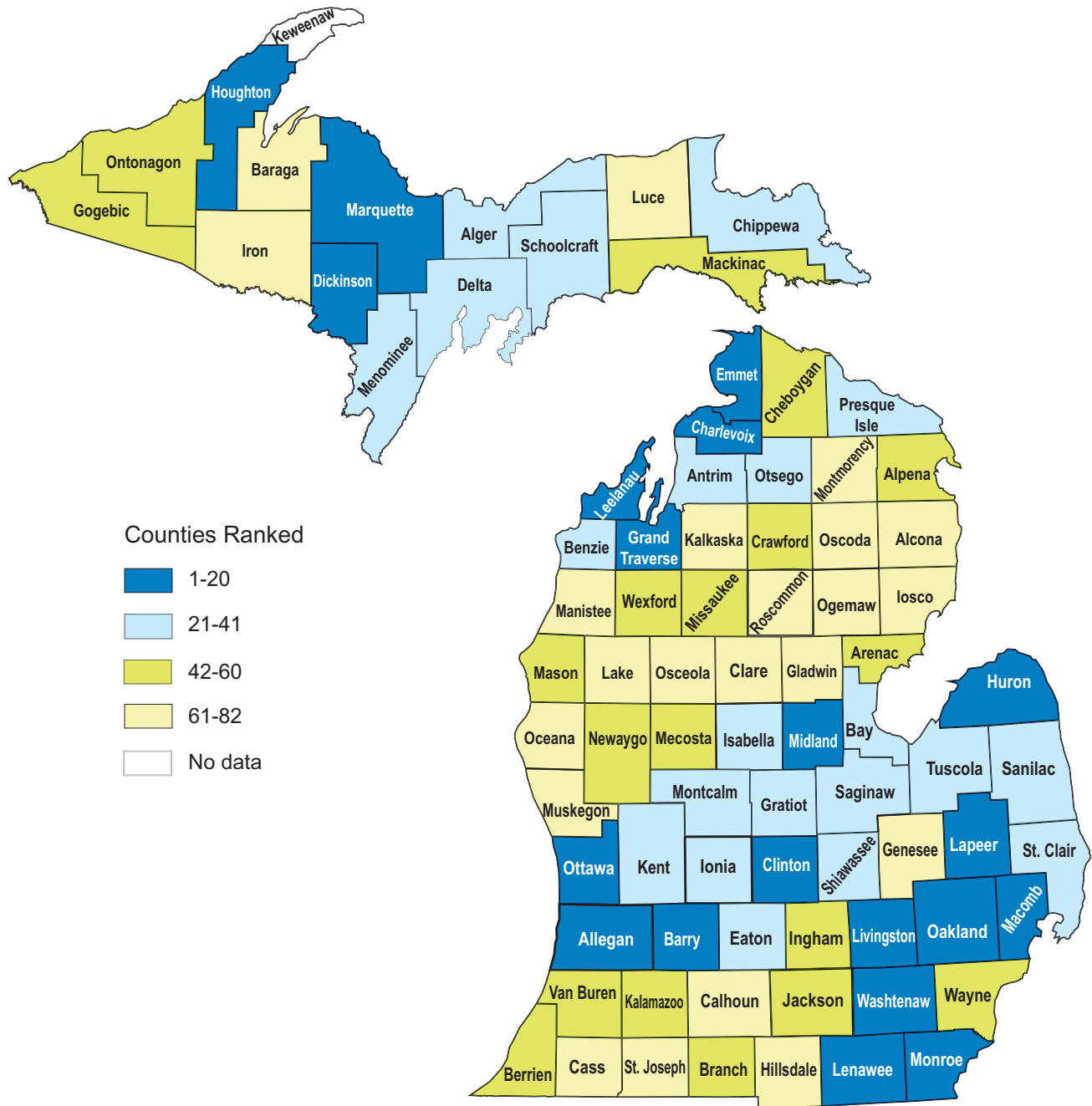
Students of color and students with “at-risk” factors face higher dropout rates without support.



Source: Michigan Department of Education

Michigan high school dropout rates have also improved significantly from 2008 to 2015. State-wide dropout rates decreased from 14.2% to 9.1%, representing progress of 36%. Both urban (40%) and rural (38%) counties shared similar declines in dropout rates, while the rate improved by 11% in midsize counties. Students of color, students from families with low incomes, English Language Learner students, migrant students, homeless students and students with disabilities have much higher dropout rates, further evidence that resources and support must be targeted to help those who need it most.

Overall Child Well-Being Ranked



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

COUNTY SUMMARIES

Of the 82 counties ranked for overall child well-being,¹⁶ the top three spots go to Ottawa (No. 1), Clinton (No. 2) and Oakland (No. 3) counties, with each of these counties moving up one rank from last year and Livingston County dropping from first in the 2016 rankings to fourth in the 2017 rankings. The bottom three counties in 2017 are Oceana (No. 80), Iosco (No. 81) and Lake (No. 82) counties. Oceana and Iosco counties worsened in the 2017 rankings compared to 2016 while Lake County remained last.

Economic security is slowly improving with 11 counties experiencing a decline in child poverty. Access to adequate prenatal care remains a concern in many counties as the lowest county rate of mothers receiving less than adequate care was 16.5% of births—nearly 1 in 6. The rate of teen births continues to decline with 71 out of 82 counties improving. Most counties continue to see high rates of students who are not proficient in third-grade English Language Arts or eighth-grade math, but many are experiencing improvements in students graduating on time from high school.

Economic Security

2015: Child poverty, ages 0–17

Michigan: 22.2%

5 Best Counties	Rate	5 Worst Counties	Rate
Livingston	7.8%	Lake	45.2%
Ottawa	9.2%	Roscommon	40.3%
Clinton	10.8%	Clare	38.8%
Oakland	11.7%	Wayne	37.0%
Grand Traverse	12.3%	Ogemaw	34.2%

NUMBER OF COUNTIES

Ranked	Changed	<u>2008 vs. 2015</u> Improved
83	81	11

2015: Young children eligible for food aid (SNAP)

Michigan: 30.1%

5 Best Counties	Rate	5 Worst Counties	Rate
Livingston	10.9%	Lake	57.1%
Ottawa	11.0%	Wayne	48.2%
Clinton	13.8%	Genesee	43.4%
Leelanau	14.0%	Roscommon	42.8%
Oakland	15.5%	Ogemaw	42.7%

NUMBER OF COUNTIES

Ranked	Changed	<u>2008 vs. 2015</u> Improved
83	78	63

2015: Students eligible for free/reduced-price lunch

Michigan: 46.1%

5 Best Counties	Rate	5 Worst Counties	Rate
Livingston	20.0%	Lake	93.4%
Clinton	27.7%	Oceana	70.6%
Washtenaw	27.9%	Roscommon	67.4%
Oakland	30.9%	Iosco	66.1%
Grand Traverse	31.9%	Oscoda	65.8%

NUMBER OF COUNTIES

Ranked	Changed	<u>2008 vs. 2015</u> Improved
82	82	3

Michigan's Child Population

In 2014, there were over 2.2 million children in Michigan—almost a 7% decline from 2008. The population in Michigan is slowly changing.

- There are fewer births every year and the child population is slowly diversifying.
- In 2014, the proportion of children self-identifying as Latino, American Indian or “other” all increased by between 14% to 25% while the percent of White children dropped by over 3% and by 1% for African-American children.
- All county types experienced overall declines in the child population ranging from about 5% in midsize counties to 10% in rural counties.
- Counties are also beginning to diversify and change in racial and ethnic makeup.
- All counties had decreases in the number of White children from about 7% in midsize counties to over 12% in rural counties.
- Midsize and rural counties experienced larger rate increases in the number of children in color from 2008 to 2014.

Health & Safety

2012–2014: Less than adequate prenatal care				2012–2014: Low-birthweight babies			
Michigan: 31.2%				Michigan: 8.4%			
5 Best Counties	Rate	5 Worst Counties	Rate	5 Best Counties	Rate	5 Worst Counties	Rate
Huron	16.5%	Gratiot	44.0%	Gogebic	4.3%	Wayne	10.5%
Crawford	17.4%	Gladwin	43.8%	Houghton	4.3%	Genesee	10.2%
Oakland	20.1%	Hillsdale	43.3%	Menominee	4.7%	Muskegon	10.0%
Roscommon	21.7%	St. Joseph	43.1%	Chippewa	5.0%	Lake	9.9%
Clinton	22.2%	Branch	42.4%	Tuscola	5.2%	Oceana	9.8%
NUMBER OF COUNTIES				NUMBER OF COUNTIES			
Ranked	Changed	2008 vs. 2014		Ranked	Changed	2008 vs. 2014	
Improved				Improved			
83	83	41		81	81	49	

2012–2014: Infant mortality				2012–2014: Child/teen deaths			
Michigan: 6.9 per 1,000				Michigan: 25.8 per 100,000			
5 Best Counties	Rate	5 Worst Counties	Rate	5 Best Counties	Rate	5 Worst Counties	Rate
Grand Traverse	3.5	Arenac	19.2	Isabella	13.1	Iosco	80.3
Clinton	3.8	Kalkaska	17.0	Clinton	14.0	Roscommon	59.6
Isabella	4.0	Oceana	13.4	Washtenaw	14.5	Menominee	53.5
Ionia	4.1	Otsego	12.6	Oakland	17.2	Huron	44.3
Shiawassee	4.2	Wexford	10.8	Hillsdale	17.7	Alpena	43.7
NUMBER OF COUNTIES				NUMBER OF COUNTIES			
Ranked	Changed	2008 vs. 2014		Ranked	Changed	2008 vs. 2014	
Improved				Improved			
47	44	25		51	46	28	

Family & Community

2012–2014: Teen births			
Michigan: 23.7 per 1,000			

5 Best Counties	Rate	5 Worst Counties	Rate
Washtenaw	7.8	Wexford	42.9
Livingston	8.6	St. Joseph	41.8
Houghton	9.0	Lake	41.4
Isabella	10.9	Clare	40.2
Marquette	11.4	Calhoun	39.9

NUMBER OF COUNTIES			
Ranked	Changed	<u>2008 vs. 2014</u>	
Improved			
82	82	71	

2015: Children in investigated families			
Michigan: 111.4 per 1,000			

5 Best Counties	Rate	5 Worst Counties	Rate
Livingston	54.6	Lake	278.8
Oakland	54.9	Luce	258.0
Ottawa	63.4	Roscommon	216.2
Macomb	64.4	Iosco	215.8
Clinton	65.7	Montcalm	211.8

NUMBER OF COUNTIES			
Ranked	Changed	<u>2008 vs. 2014</u>	
Improved			
82	82	4	

2015: Confirmed victims of abuse/neglect			
Michigan: 16.8 per 1,000			

5 Best Counties	Rate	5 Worst Counties	Rate
Oakland	6.9	Lake	64.3
Macomb	7.3	Antrim	38.5
Houghton	7.9	Luce	37.8
Ottawa	10.5	Clare	37.7
Washtenaw	10.7	Jackson	35.1

NUMBER OF COUNTIES			
Ranked	Changed	<u>2009 vs. 2015</u>	
Improved			
82	81	21	

2015: Children in out-of-home care			
Michigan: 4.8 per 1,000			

5 Best Counties	Rate	5 Worst Counties	Rate
Houghton	1.2	Luce	28.4
Clinton	1.8	Lake	22.0
Leelanau	1.8	Crawford	20.6
Marquette	2.2	Arenac	15.5
Washtenaw	2.3	Clare	13.4

NUMBER OF COUNTIES			
Ranked	Changed	<u>2009 vs. 2015</u>	
Improved			
81	75	26	

Education

2015: 3- and 4-year-olds in preschool

Michigan: 47.4%

5 Best Counties	Rate	5 Worst Counties	Rate
Leelanau	60.9%	Benzie	22.8%
Oakland	59.7%	Cass	31.0%
Roscommon	59.2%	Manistee	31.2%
Cheboygan	58.1%	Oscoda	32.0%
Grand Traverse	58.1%	Houghton	32.6%

NUMBER OF COUNTIES

Ranked **83** Changed **82** Improved **52**
2009 vs. 2014

2016: 3rd graders not proficient in English Language Arts

Michigan: 54.0%

5 Best Counties	Rate	5 Worst Counties	Rate
Ottawa	36.4%	Baraga	78.4%
Charlevoix	38.3%	Manistee	68.7%
Crawford	38.4%	Alcona	68.4%
Clinton	39.3%	Roscommon	68.1%
Barry	40.0%	Wayne	65.9%

NUMBER OF COUNTIES

Ranked **82** Changed **N/A** Improved **N/A**

2016: 8th graders not proficient in Math

Michigan: 67.3%

5 Best Counties	Rate	5 Worst Counties	Rate
Emmet	47.3%	Montmorency	93.4%
Crawford	48.1%	Lake	89.1%
Washtenaw	49.7%	Ontonagon	85.7%
Ottawa	52.3%	Iron	85.1%
Charlevoix	52.5%	Kalkaska	84.6%

NUMBER OF COUNTIES

Ranked **82** Changed **N/A** Improved **N/A**

2015: Students not graduating on time

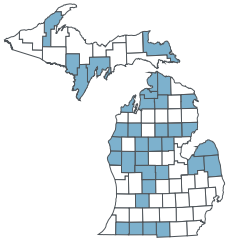
Michigan: 20.2%

5 Best Counties	Rate	5 Worst Counties	Rate
Emmet	8.6%	Manistee*	45.9%
Montcalm	9.3%	Kalkaska	36.9%
Clinton	9.5%	Leelanau	35.7%
Schoolcraft	9.8%	Roscommon	33.5%
Luce	10.0%	Lake	33.3%

NUMBER OF COUNTIES

Ranked **79** Changed **77** Improved **45**
2008 vs. 2015

*The Manistee ISD is an authorizer for a virtual school, which is included in totals for the county.



MIDSIZE COUNTY GROUPS

2017 TRENDS IN CHILD WELL-BEING

(All Data Are For 2015 Unless Otherwise Noted)

POPULATION	2008			2014			% change		
	2008	2014	% change	2008	2014	% change	2008	2014	% change
Total population	1,255,977	1,255,171	-0.1%						
Child population 0–17	278,863	264,939	-5.0%						
• Ages 0–5	86,677	78,773	-9.1%						
• Ages 6–12	105,581	104,310	-1.2%						
• Ages 13–17	86,605	81,856	-5.5%						
Child population by race									
Hispanic 0–17	13,833	16,288	17.7%						
Non-Hispanic 0–17									
• White	252,206	234,480	-7.0%						
• African-American/Black	6,227	6,474	4.0%						
• American Indian	5,056	5,626	11.3%						
• Other	1,541	2,071	34.4%						

	BASE YEAR		CURRENT YEAR				
	NUMBER	RATE	NUMBER	RATE	RATE CHANGE	MI RATE	RANK ¹
ECONOMIC SECURITY	<u>2008</u>		<u>2015</u>				
Children in poverty, ages 0–17	58,804	21.5%	60,655	23.8%	10.4%	22.2%	—
Young children, ages 0–5, in the Food Assistance Program ²	29,374	33.7%	22,577	28.7%	-15.0%	30.1%	—
Students receiving free/reduced-price school lunches ³	<u>2006–07 (SY)</u>		<u>2014–15 (SY)</u>				
	91,267	43.6%	94,266	52.0%	19.3%	46.1%	—
HEALTH	<u>2006–08 (avg.)</u>		<u>2012–14 (avg.)</u>				
Less than adequate prenatal care	4,772	34.2%	4,318	33.4%	-2.1%	31.2%	—
Low-birthweight babies	999	6.9%	865	6.7%	-3.5%	8.4%	—
Infant mortality (per 1,000)	90	6.2	76	5.9	-5.9%	6.9	—
Child/Teen deaths, ages 1–19 (per 100,000)	99	32.7	83	28.9	-11.5%	25.8	—
FAMILY AND COMMUNITY (per 1,000)	<u>2006–08 (avg.)</u>		<u>2012–14 (avg.)</u>				
Births to teens, ages 15–19	1,568	36.9	1,056	27.1	-26.5%	23.7	—
<u>Child abuse/neglect</u>	<u>2009</u>		<u>2015</u>				
Children in investigated families	28,325	101.9	40,940	154.7	51.9%	111.4	—
Confirmed victims	4,730	17.0	6,204	23.4	37.8%	16.8	—
Children in out-of-home care	1,276	4.6	1,647	6.2	35.9%	4.8	—
EDUCATION	<u>2005–09 (avg.)</u>		<u>2011–15 (avg.)</u>				
Three- and four-year-olds in preschool	12,302	39.9%	11,973	42.5%	6.4%	47.4%	—
Students not graduating on time	<u>2008</u>		<u>2015</u>				
	3,637	19.7%	2,746	18.6%	-5.7%	20.2%	—
<u>Not proficient (M-STEP)</u>	<u>2014–15 (SY)</u>		<u>2015–16 (SY)</u>				
Third-graders (English Language Arts)	6,124	49.1%	6,802	53.7%	9.4%	54.0%	—
Eighth-graders (Math)	9,813	71.2%	9,313	71.0%	-0.3%	67.3%	—

¹ A ranking of 1 means a county has the “best” rate compared with other counties in the state. Unless noted, the ranking is based on 82–83 counties.

² Supplemental Nutrition Assistance Program.

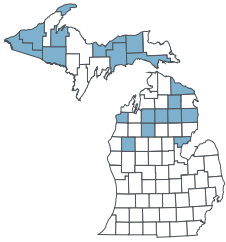
³ Family income is below 185 percent of poverty level.

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

SY - School Year.

M-STEP - Michigan Student Test of Educational Progress was first administered in 2015.

N/A - not available.



RURAL COUNTY GROUPS

2017 TRENDS IN CHILD WELL-BEING

(All Data Are For 2015 Unless Otherwise Noted)

POPULATION

	2008	2014	% change
Total population	213,074	210,753	-1.1%
Child population 0–17	41,556	37,449	-9.9%
• Ages 0–5	12,379	10,672	-13.8%
• Ages 6–12	15,775	14,777	-6.3%
• Ages 13–17	13,402	12,000	-10.5%

Child population by race	2008	2014	% change
Hispanic 0–17	1,002	1,304	30.1%
Non-Hispanic 0–17			
• White	37,640	33,067	-12.1%
• African-American/Black	918	968	5.4%
• American Indian	1,880	1,898	1.0%
• Other	116	212	82.8%

	BASE YEAR		CURRENT YEAR				
	NUMBER	RATE	NUMBER	RATE	RATE CHANGE	MI RATE	RANK ¹
ECONOMIC SECURITY	<u>2008</u>		<u>2015</u>				
Children in poverty, ages 0–17	10,226	25.1%	9,922	27.9%	11.1%	22.2%	—
Young children, ages 0–5, in the Food Assistance Program ²	4,267	34.6%	3,406	31.9%	-7.7%	30.1%	—
Students receiving free/reduced-price school lunches ³	<u>2006–07 (SY)</u>	<u>2006–07 (SY)</u>	<u>2014–15 (SY)</u>	<u>2014–15 (SY)</u>			
	13,510	49.1%	13,138	57.8%	17.7%	46.1%	—
HEALTH	<u>2006–08 (avg.)</u>		<u>2012–14 (avg.)</u>				
Less than adequate prenatal care	617	32.3%	568	32.5%	0.8%	31.2%	—
Low-birthweight babies	137	6.8%	125	7.2%	5.4%	8.4%	—
Infant mortality (per 1,000)	14	7.0	14	7.8	12.5%	6.9	—
Child/Teen deaths, ages 1–19 (per 100,000)	21	45.4	14	35.3	-22.3%	25.8	—
FAMILY AND COMMUNITY (per 1,000)	<u>2006–08 (avg.)</u>		<u>2012–14 (avg.)</u>				
Births to teens, ages 15–19	210	33.3	153	27.6	-16.9%	23.7	—
<u>Child abuse/neglect</u>	<u>2009</u>		<u>2015</u>				
Children in investigated families	4,092	107.3	5,118	150.7	40.5%	111.4	—
Confirmed victims	765	20.1	945	27.8	38.7%	16.8	—
Children in out-of-home care	212	5.1	356	9.5	86.3%	4.8	—
EDUCATION	<u>2005–09 (avg.)</u>		<u>2011–15 (avg.)</u>				
Three- and four-year-olds in preschool	1,844	42.9%	1,552	39.1%	-9.1%	47.4%	—
Students not graduating on time	<u>2008</u>	<u>2008</u>	<u>2015</u>	<u>2015</u>			
	440	17.5%	300	16.7%	-4.5%	20.2%	—
<u>Not proficient (M-STEP)</u>	<u>2014–15 (SY)</u>		<u>2015–16 (SY)</u>				
Third-graders (English Language Arts)	832	51.4%	879	53.2%	3.5%	54.0%	—
Eighth-graders (Math)	1,268	71.5%	1,144	71.5%	0.0%	67.3%	—

¹ A ranking of 1 means a county has the "best" rate compared with other counties in the state. Unless noted, the ranking is based on 82–83 counties.

² Supplemental Nutrition Assistance Program.

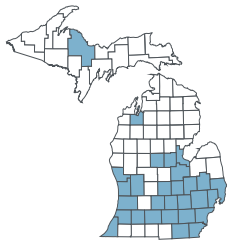
³ Family income is below 185 percent of poverty level.

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

SY - School Year.

M-STEP - Michigan Student Test of Educational Progress was first administered in 2015.

N/A - not available.



URBAN COUNTY GROUPS

2017 TRENDS IN CHILD WELL-BEING

(All Data Are For 2015 Unless Otherwise Noted)

POPULATION	2008			2014			% change		
	2008	2014	% change	2008	2014	% change	2008	2014	% change
Total population	8,500,676	8,443,923	-0.7%						
Child population 0–17	2,069,779	1,921,402	-7.2%						
• Ages 0–5	651,888	597,400	-8.4%						
• Ages 6–12	792,837	748,230	-5.6%						
• Ages 13–17	625,054	575,772	-7.9%						
Child population by race									
Hispanic 0–17	138,115	160,007	15.9%						
Non-Hispanic 0–17									
• White	1,429,109	1,282,680	-10.2%						
• African-American/Black	426,737	392,161	-8.1%						
• American Indian	10,408	10,831	4.1%						
• Other	65,410	75,723	15.8%						

	BASE YEAR		CURRENT YEAR				
	NUMBER	RATE	NUMBER	RATE	RATE CHANGE	MI RATE	RANK ¹
ECONOMIC SECURITY	<u>2008</u>		<u>2015</u>				
Children in poverty, ages 0–17	386,327	18.9%	410,846	21.9%	15.8%	22.2%	—
Young children, ages 0–5, in the Food Assistance Program ²	190,141	28.7%	180,395	30.2%	5.2%	30.1%	—
Students receiving free/reduced-price school lunches ³	<u>2006–07 (SY)</u>		<u>2014–15 (SY)</u>				
	518,825	36.3%	575,602	44.9%	23.7%	46.1%	—
HEALTH	<u>2006–08 (avg.)</u>		<u>2012–14 (avg.)</u>				
Less than adequate prenatal care	30,525	29.0%	30,611	30.9%	6.7%	31.2%	—
Low-birthweight babies	9,396	8.7%	8,518	8.6%	-0.9%	8.4%	—
Infant mortality (per 1,000)	840	7.8	695	7.0	-9.5%	6.9	—
Child/Teen deaths, ages 1–19 (per 100,000)	616	27.4	524	25.2	-8.1%	25.8	—
FAMILY AND COMMUNITY (per 1,000)	<u>2006–08 (avg.)</u>		<u>2012–14 (avg.)</u>				
Births to teens, ages 15–19	10,501	33.2	6,701	23.1	-30.5%	23.7	—
Child abuse/neglect	<u>2009</u>		<u>2015</u>				
Children in investigated families	143,604	69.2	201,644	104.7	51.3%	111.4	—
Confirmed victims	25,304	12.2	30,217	15.7	28.6%	16.8	—
Children in out-of-home care	11,203	5.4	8,547	4.4	-17.8%	4.8	—
EDUCATION	<u>2005–09 (avg.)</u>		<u>2011–15 (avg.)</u>				
Three- and four-year-olds in preschool	108,119	47.9%	99,729	48.2%	0.7%	47.4%	—
Students not graduating on time	<u>2008</u>		<u>2015</u>				
	29,978	24.5%	19,575	19.0%	-22.5%	20.2%	—
Not proficient (M-STEP)	<u>2014–15 (SY)</u>		<u>2015–16 (SY)</u>				
Third-graders (English Language Arts)	46,078	49.8%	50,144	53.9%	8.2%	54.0%	—
Eighth-graders (Math)	63,636	66.9%	61,700	66.3%	-0.9%	67.3%	—

¹ A ranking of 1 means a county has the “best” rate compared with other counties in the state. Unless noted, the ranking is based on 82–83 counties.

² Supplemental Nutrition Assistance Program.

³ Family income is below 185 percent of poverty level.

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

SY - School Year.

M-STEP - Michigan Student Test of Educational Progress was first administered in 2015.

N/A - not available.

BACKGROUND INDICATORS

(in order of appearance on profiles)

FAMILY SUPPORT PROGRAMS

Children Receiving:

Subsidized Child Care: The number reflects children ages 0-12 in child care whose parents received a subsidy payment from the state in December 2015. 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 2014.

Source: Michigan Department of Health and Human Services, Child Development and Care Program, Assistance Payments Statistics, Table 69, December 2015

Family Independence Program (FIP) Cash Assistance: The number reflects child recipients ages 0-18 in the Family Independence Program in a single month (December 2015). Families with minor children qualify with assets less than \$3,000 and gross monthly incomes below \$814. Children in families receiving extended FIP are not included. The percentage is based on the estimated 2014 population of children ages 0-18.

Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 4, December 2015 (for counties); special run for Detroit data

Food Assistance Program (FAP): The number reflects child recipients ages 0-18 in the Food Assistance Program, also known as the Supplemental Nutritional Assistance Program (SNAP), in a single month (December 2015), 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 2014.

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

Women, Infants, and Children (WIC) Program: The number reflects children ages 0-4 who were enrolled in the Women, Infants, and Children program during calendar year 2015. The percentage is based on the estimated population of children ages 0-4 in 2014.

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

Children With Support Owed

The number reflects children ages 0-19 who had a child support order and should have received child support for at least one month during fiscal year 2015. The percent is based on the estimated population of all children ages 0-19 in 2014. 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 2015. The percent is based on the number of children with support owed for at least one month during fiscal year 2015.

Receiving Less Than 70% of Court-Ordered Amount: The number reflects children who received less than 70% of the total support amount owed for fiscal year 2015, 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 2015.

Average Amount Per Child: The number reflects the average monthly amount (per child) of support received in fiscal year 2015 for children who received some child support.

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

ECONOMIC CLIMATE

Unemployment

The 2015 annual rate (not seasonally adjusted) is based on the average monthly number of persons considered to be in the "workforce" because they are employed or unemployed but are looking and available for work.

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

Median Household Income

The median represents the midpoint of household income amounts in 2015.

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

Average Cost of Full-Time Child Care

The number is the weighted average monthly cost for infants, toddlers, preschoolers and school-age children in day care centers, group homes and family homes in 2016.

Source: Early Childhood Investment Corporation

Percent of Full-Time Minimum Wage

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

All Parents Work

The number is an average for 2011-2015 of children ages 0-5 whose parents are in the labor force (i.e., either both parents work in a two-parent family or the parent works in a one-parent family). The percent is based on the average population ages 0-5 for 2011-15.

Source: American Community Survey, Table B23008

FAMILY & COMMUNITY

Births to Mothers With No High School Diploma or GED

The count is an average for 2012-14. The percent is based on average births for 2012-14.

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

Children Ages 0-17 Living in High-Poverty Neighborhoods

The count is an average for 2011-15 of children living in census tracts with poverty rates of 30% or higher. The percent is based on the 2011-15 average population of children ages 0-17.

Source: American Community Survey, Table S1701

Family Structure for Children Ages 0-17:

Two-Parent Household: The number reflects the 2011-15 average of children ages 0-17 in two-parent households. The percent is based on the average population of children ages 0-17 for that period.

One-Parent Household: The number reflects the 2011-15 average of children ages 0-17 in one-parent households. The percent is based on the average population of children ages 0-17 for that period.

Source: American Community Survey Table B17006

Poverty Rate for Children Ages 0-17:

Two-Parent Household: The number reflects the 2011-15 average of children ages 0-17 in two-parent households whose income was below the poverty level. The percent is based on the average population of children ages 0-17 in two-parent households for that period.

One-Parent Household: The number reflects the 2011-15 average of children ages 0-17 in one-parent households whose income was below the poverty level. The percent is based on the average population of children ages 0-17 in one-parent households for that period.

Source: American Community Survey, Table B17006

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

The count is an average for 2011-15 of children living in households where English is not spoken. The percent is based on the 2011-15 average population of children ages 5-17.

Source: American Community Survey, Table B16008

ACCESS TO HEALTHCARE

Children With Health Insurance

The annual number and percentage estimates are based on a three-year average (2012-14) number of children ages 0-18 insured through a public or private program at any point during the year based on the Current Population Survey. Detroit data is from the American Community Survey.

Source: Small Area Health Insurance Estimates (SAHIE)

Children Ages 0-18 Insured by:

Medicaid: The number reflects the enrollment in Medicaid as of December 2015. The percentage is based on the estimated population of children ages 0-18 in 2014.

Source: Michigan Department of Health and Human Services, special run for December 2015

MICHild: The program provides health insurance to children ages 0-18 in families with incomes between 150-200% of the federal poverty level. The number is the average monthly count during 2015. The percentage is based on the estimated population of children ages 0-18 in 2014.

Source: MAXIMUS, MICHild Monthly Executive Summaries

Fully Immunized Toddlers

The number reflects children ages 19-35 months who had completed the vaccination 4:3:1:3:3:1:4 Series Coverage as of December 2015, according to the Michigan Care Improvement Registry (MCIR). The percentage is based on the population of children ages 19-35 months who were born to mothers residing in Michigan at the time of the birth.

Source: Michigan Care Improvement Registry

Lead Poisoning in Children, Ages 1-2

Tested: The number reflects children ages 1-2 who were tested for lead in 2015. The percent is based on the number of children ages 1-2 as of July 2014.

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

Source: Michigan Department of Health and Human Services, Childhood Lead Poisoning Prevention Program, 2014

Children Hospitalized for Asthma:

The 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 (2012-14). 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

CHILDREN WITH SPECIAL NEEDS

Students in Special Education

The number includes all individuals ages 0-26 receiving special education services as of December 2015, except those in programs operated by state agencies. These students have been diagnosed with a mental or physical condition that qualified them for special education services. The percentage is based on the enrollments from the Free/Reduced Lunch data file.

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

Children Receiving Supplemental Security Income (SSI)

The number reflects child recipients of Supplemental Security Income (SSI) as of December 2015. SSI is a Social Security Administration program of cash and medical assistance for seniors with low incomes and individuals with disabilities, including children. The rate is per 1,000 children ages 0-17 in 2014.

Source: Michigan Department of Health and Human Services, special run for December 2015

Children Served by Early On

The number reflects children ages 0-2 who were enrolled in Early On in the fall of 2015. The percentage is based on the estimated population for ages 0-2 in 2014. 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

TREND INDICATORS

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

POPULATION

Estimated populations for 2008 and 2014 are for all people and of children ages 0-5, 6-12, 13-17 and 0-17. The 0-17 populations are broken down by race and ethnicity. The estimates use a model that incorporates information on natural changes, such as births and deaths and net migration.

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

ECONOMIC SECURITY

Children in Poverty

The number reflects children living in families whose income was below the poverty level in 2008 and 2015. The percentage is based on the total number of children ages 0-17 during that period.

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

Young Children in the Food Assistance Program (FAP)

The number includes children in families eligible for the Food Assistance Program, also known as the federal Supplemental Nutrition Assistance Program (SNAP), in December 2008 and December 2015. Families qualify with incomes below 130% of the poverty level. The percent is based on the estimated populations of children ages 0-5 in 2007 and 2014.

Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 68, December 2008 and December 2015 (for counties); special run for Detroit data

Students Eligible for Free or Reduced-Price School Lunches

K-12 students from families with incomes below 130% 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 2007-08 and 2015-16, including public school academies.

Source: Center for Educational Performance Information

CHILD HEALTH

Less Than Adequate Prenatal Care

The number represents the mothers who received less than adequate prenatal care as defined by the Kessner Index, which measures the adequacy of prenatal care by the month it began, the number of prenatal visits and the length of the pregnancy. The base period is a single year (2008); data prior to 2008 are not comparable due to a change in the definition. The current number is an annual average for the three-year period of 2012-14. 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 2006-08 and 2012-14. 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

Infant Mortality

The number, which includes infants who died before their first birthday, is an annual average for the three-year periods of 2006-08 and 2012-14. The rate is the number of infant deaths per 1,000 births during the referenced periods based on the mother's county of residence

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

Child and Teen Deaths

The number includes deaths from all causes for children ages 1-19. It is an annual average for the three-year periods of 2006-08 and 2012-14. The rate is the number of child deaths per 100,000 children ages 1-19 during those periods based on the child's county of residence.

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

FAMILY AND COMMUNITY

Births to Teens

The number of births to teens ages 15-19 is an annual average for the three-year periods of 2006-08 and 2012-14. 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 2009 and 2015. Families may be investigated more than once in a given year and their children would be counted each time. The number reflects the total for the year. Rates are calculated per 1,000 children ages 0-17 in their county of residence for 2007 and 2014. Data are merged for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

Source: Michigan Department of Health and Human Services, Health and Welfare Data Center, Children's Protective Service Management Special Report (Fiscal Years 2009 and 2015)

Confirmed Victims of Abuse or Neglect

The number reflects a count of children ages 0-17 confirmed to be victims of abuse or neglect following an investigation in fiscal years 2009 and 2015. Children may be counted twice if there was evidence of two separate cases of abuse found. The rate is calculated per 1,000 children ages 0-17 in their county of residence for 2007 and 2014. Data are merged for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

Source: Michigan Department of Health and Human Services, Health and Welfare Data Center, Children's Protective Service Special Report (Fiscal Years 2009 and 2015)

Children in Out-of-Home Care

The number represents child victims of abuse or neglect placed in active out-of-home placements, such as a foster or relative home, court-ordered fictive kin, residential or shelter care supervised by the Department of Health and Human Services, its agents or the courts during fiscal years 2009 and 2015. 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 for 2007 and 2014. 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 2009 and 2015)

EDUCATION

Children Ages 3-4 in Preschool

The count represents the average number of children ages 3-4 who were enrolled in preschool during 2011-15. The percent is based on the population for ages 3-4 during that period.

Source: American Community Survey, Table B14003

Students Not Graduating On Time

The count includes students who entered Grade 9 in 2004 or 2011 and did not graduate four years later. The percent is based on the cohort of students entering Grade 9 in those years. Several county totals include virtual schools operated by Intermediate School Districts within the county whose students may reside in other counties impacting on-time graduation rates. The counties most affected are Manistee, Leelanau and Berrien.

Source: Michigan Department of Education

Third-Grade English Language Arts (M-STEP)

The number reflects third-graders whose performance on the 2016 M-STEP English Language Arts (ELA) test did not meet the standard of proficiency. The percentage is based on the number of third-graders whose ELA test scores were included in the report. M-STEP is a state standardized test for selected subjects in selected grades administered for the first time in 2015 to public school students.

Source: Michigan Department of Education

Eighth-Grade Math (M-STEP)

The number reflects eighth-graders whose performance on the 2016 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

DEFINITIONS

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

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

Percentage Change: Change is calculated by dividing the difference between the recent and base-year rates by the base-year rate (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: A rank is assigned to a county indicator based on the rounded rate of the most recent year reported or annual average. A rank of No. 1 is the “best” rate on the measure. Only counties with a rate in the most recent year are ranked on a given indicator.

ENDNOTES

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3. Center on Budget and Policy Priorities, “Lessons from TANF: Block-Granting a Safety-Net Program Has Significantly Reduced Its Effectiveness,” accessed March 13, 2017: <http://www.cbpp.org/research/family-income-support/lessons-from-tanf-block-granting-a-safety-net-program-has>.
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11. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, “Child Maltreatment 2015,” Table 3-10, Page 46, accessed March 3, 2017: <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.
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15. Great Start to Quality, “Participation Data,” February 1, 2017, accessed March 3, 2017: http://www.michigan.gov/documents/dhs/Child_Family_Services_Plan_CFSP_2014_473641_7.pdf.
16. There is not sufficient data on all indicators for Keweenaw County to be ranked.



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