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All photographs in this report were acquired independently and do not necessarily reflect a relationship to the discussion or indicator with which they appear.

DATA WERE PROVIDED BY THE FOLLOWING SOURCES:

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Between 2005 and 2010 economic security deteriorated markedly for children of all ages in Michigan. By 2011, reports were mixed on child health, educational attainment and the family and community environments in which the state’s children are growing. Family income, place, and racial and ethnic background continued to matter; outcomes are much worse for children in fragile low-income families, those among minority groups and residents of economically insecure counties. Many places lack the community services to address the physical and mental health needs of children and their families. Economic deprivation and chronic health problems diminish educational opportunities for large numbers of low-income students and those in communities of color.

For the first time the data book includes overall rankings on child well-being for the counties based on their rankings on 13 of the 15 individual measures. The results show how profoundly economic insecurity affects educational outcomes in many places. If Michigan is to prosper, more children must have the opportunity to succeed academically.

Each section highlights not only the data findings but ways in which we can address the trends to improve outcomes for children and youth. Public policies at the federal, state and local levels shape the social and economic environment for children and the opportunities available to them.

More children lived in poor or low-income families. By 2011 over half a million children in the state lived in families with income below the poverty level ($18,000 for a single-parent family of three and $23,000 for a two-parent family of four). Between 2005 and 2010 the child poverty rate escalated from 18 percent to 23 percent. Relatively high unemployment and eroding wages weakened financial security in Michigan families. Yet the state has responded by shortening the period for unemployment benefits, drastically cutting the state Earned Income Tax Credit, restricting access to the major federal nutrition assistance program for families by implementing state-based asset limits for participation and imposing lifetime limits on cash assistance for previously exempt single-parent families with children.

Economic insecurity afflicts substantial numbers of children in all age groups in Michigan.
Fewer babies, children and youth died. Between 2005 and 2010 mortality rates for infants dropped by 8 percent, and for children/youth ages 1–19 by 11 percent. Although children are less likely to die, too many suffer from chronic health problems due to the lead in their housing or pollution in the air. Dramatic disparities in health and mortality persist by race/ethnicity and family income. As parents lost jobs and health benefits, Michigan responded positively by expanding access to health care for children through the Medicaid and MIChild programs. The state has one of the smallest percentages of uninsured children in the nation although provider rates still limit access, particularly for specialty care.

More children experienced neglect or abuse. Over 33,000 children in the state were confirmed as victims of maltreatment in 2011 compared with 28,000 in 2005. Most of the increase in cases occurred in the low-risk category where families are referred to community services. Over 80 percent of cases involved neglect—often a byproduct of the family’s poverty. While more children were reported and confirmed as victims, the number of children in the foster care system dropped by almost one-third. The teen birth rate in the state continued to decline: in 2008–10, the average rate was 32 births per 1,000 female teens compared with 34 per 1,000 in 2003-05. Even so, over 11,000 teens in the state have a baby each year.

Trends in education were mixed. While fewer fourth-graders were unable to demonstrate proficiency on the MEAP reading—dropping from 40 percent to 32 percent of test-takers, the percentage of eighth-graders failing to show math proficiency increased slightly—from 68 percent to 71 percent. The new scoring system used by the MEAP, which was implemented for the 2011 tests, brought the state test outcomes for Michigan students closer to those on the national test. While the eighth-grade math results align with the national, fourth-grade reading results showed roughly twice the percentage of Michigan fourth-graders not proficient by national standards (69% vs. 32% MEAP). Roughly half (47%) of Michigan 11th-graders did not meet the proficiency level for reading on the Michigan Merit Exam (MME) in 2011—about the same as in 2008 (48%). Roughly a quarter of the class of 2011, similar to that of 2007, did not graduate within four years. If there is a cloud threatening Michigan’s future, it may be reading proficiency and on-time graduation.

Relatively large numbers of children suffer from bad outcomes in Michigan.

What can we do to improve child well-being?

- Restore unemployment insurance benefits and index them for inflation.
- Restore the state Earned Income Tax Credit for low-income working families.
- Raise the minimum wage to a level that allows families to meet basic needs.
- Raise the eligibility and adjust the sliding scale for the child care subsidy.
- Advocate for policies that improve the health and well-being of children in low-income families and communities of color.
- Address the causes of high teen homicide rates in African American communities.
- Support the successful implementation of the Affordable Care Act.
- Maintain support for evidence-based programs to prevent teen pregnancy.
- Invest in prevention (of child abuse or neglect) to increase support to all families.
- Increase investments in early childhood care and education.
- Reduce class size in the early grades.
- Provide hiring and retention incentives to recruit and retain teachers in schools with large numbers of low-performing students.
- Evaluate the impact of open school choice, magnet and charter schools on the students they serve as well as on surrounding schools.
Children are the most important resource in any society. For that reason, Kids Count projects at the national and state levels track the status of children on a consistent basis to monitor their well-being. In the latest national KIDS COUNT data book Michigan ranked 32nd among the 50 states (No. 1 is the best rank) in overall child well-being, based on an index of 16 indicators across four areas of child well-being.

Similar to the 2012 national report, this state report provides an overview across four areas of child being:

- economic security,
- health,
- family and community, and
- education.

Unfortunately due to a lack of information, only four of the national indicators—teen births, low-birthweight babies, child/youth deaths and high school students not graduating on time—can be replicated at the county level. Our goal is to include as many consistent measures as possible that can be tracked across all counties. The mortality rates for infants and children/teens and the rate of children in out-of-home care are the only three measures that do not include at least 82 counties.

For the first time the state data book also includes an overall ranking for the counties, based on 13 of the 15 indicators. (Infant and child/teen death rates were not included as more than 25 counties did not have a rate.)

Socio-economic well-being matters. Counties with high rates of poverty generate the family and community instability that drives negative outcomes. The most affluent counties of Livingston, Ottawa and Clinton also had low rates of less than adequate prenatal care, child maltreatment, teen births and students not graduating on time. Their counterparts in the economically fragile counties of Lake and Roscommon had some of the worst outcomes for children, particularly on measures of educational proficiency.

The range of rates between the best and worst counties reflects how much place matters. For example, a child in Roscommon County was eight times more likely to be confirmed as a victim of child maltreatment as one in Ottawa County, and high school freshmen in Clinton County were almost six times more likely to graduate at the end of four years of high school as their peers in Lake County.

The precipitous decline in economic security, which has affected every county in the state, continues to challenge families and communities, often ill equipped to protect children from its impact. Federal and state policymakers have a critical role to play in ensuring a strong safety net for children and families caught in a sluggish economy.

Unfortunately, no data are available on the connections among reliable public and private transportation and effective education, training and family-supporting jobs. This lack leaves a large gap in our understanding of the issues affecting child well-being in the state.

While this book focuses on the trends on a set of indicators over a specific period, the KIDS COUNT Data Center [http://datacenter.kidscount.org] provides annual data for many indicators for counties, 69 cities (and townships), as well as for Congressional districts over 10 or 20 years. The interactive data base allows users to compare trends in nearby or comparable counties, review maps and examine rankings on specific indicators.

This data book and the data center reflect the ongoing effort of the Kids Count in Michigan project at the Michigan League for Public Policy to keep citizens and policymakers at the national, state and local levels informed about the status and trends in the well-being of the state’s children throughout its 83 counties. We all have a stake in their well-being as the future citizens, workers, leaders and parents.
Overview of Michigan Counties by Indicator

<table>
<thead>
<tr>
<th>Category</th>
<th>Best County</th>
<th>BEST (Lowest) Rate</th>
<th>WORST (Highest) Rate</th>
<th>Worst County</th>
<th># of counties ranked</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Economic Security</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child poverty, ages 0–17 (2005 vs. 2010)</td>
<td>Livingston</td>
<td>8.4%</td>
<td>45.1%</td>
<td>Lake</td>
<td>83</td>
</tr>
<tr>
<td>Young children eligible for FAP*</td>
<td>Livingston</td>
<td>14.7%</td>
<td>59.0%</td>
<td>Roscommon</td>
<td>83</td>
</tr>
<tr>
<td>Free Reduced Price Lunch (2006 vs. 2011)</td>
<td>Livingston</td>
<td>23.2%</td>
<td>92.7%</td>
<td>Lake</td>
<td>82</td>
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<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than adequate prenatal care</td>
<td>Clinton</td>
<td>18.6%</td>
<td>51.4%</td>
<td>Gratiot</td>
<td>83</td>
</tr>
<tr>
<td>Low-birthweight babies</td>
<td>Leelanau</td>
<td>4.3%</td>
<td>10.7%</td>
<td>Wayne</td>
<td>81</td>
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<tr>
<td>Infant mortality (per 1,000)</td>
<td>Ionia</td>
<td>3.0%</td>
<td>11.6%</td>
<td>Iosco</td>
<td>49</td>
</tr>
<tr>
<td>Child/teen death, ages 1–19 (per 100,000)</td>
<td>Grand Traverse</td>
<td>11.7%</td>
<td>79.2%</td>
<td>Presque Isle</td>
<td>56</td>
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<tr>
<td><strong>Family and Community</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in investigated families (per 1,000)</td>
<td>Ottawa</td>
<td>31.9%</td>
<td>156.0%</td>
<td>Cheboygan</td>
<td>82</td>
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<tr>
<td>Confirmed victims of child abuse/neglect (per 1,000)</td>
<td>Ottawa</td>
<td>5.4%</td>
<td>41.5%</td>
<td>Roscommon</td>
<td>82</td>
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<tr>
<td>Children in out-of-home care (per 1,000)</td>
<td>Oceana</td>
<td>1.1%</td>
<td>12.5%</td>
<td>Crawford</td>
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</tr>
<tr>
<td>Births to Teens, ages 15–19 (per 1,000)</td>
<td>Livingston</td>
<td>12.6%</td>
<td>55.6%</td>
<td>Luce</td>
<td>82</td>
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<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fourth-grade reading — NOT proficient</td>
<td>Alcona</td>
<td>17.3%</td>
<td>53.5%</td>
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<td>82</td>
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<tr>
<td>Eighth-grade math — NOT proficient</td>
<td>Otsego</td>
<td>50.3%</td>
<td>92.3%</td>
<td>Montmorency</td>
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<tr>
<td>Not meeting expectations on MI Merit Exam-reading</td>
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<td>32.9%</td>
<td>70.6%</td>
<td>Lake</td>
<td>82</td>
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<tr>
<td>Students not graduating on time</td>
<td>Clinton</td>
<td>8.3%</td>
<td>47.1%</td>
<td>Lake</td>
<td>82</td>
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</tbody>
</table>

* FAP — Food Assistance Program, also known as SNAP or “food stamps”
## Overall Rankings and by Indicator for Michigan Counties

<table>
<thead>
<tr>
<th>Counties Ranked</th>
<th>Overall County Rankings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ontario</td>
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<tr>
<td>2</td>
<td>Livingston</td>
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<tr>
<td>3</td>
<td>Clinton</td>
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<td>Midland</td>
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<td>Washtenaw</td>
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<tr>
<td>7</td>
<td>Houghton</td>
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<td>8</td>
<td>Grand Traverse</td>
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<tr>
<td>9</td>
<td>Emmet</td>
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<td>10</td>
<td>Dickinson</td>
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<td>Allegan</td>
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<td>Marquette</td>
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<td>Leelanau</td>
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<td>Huron</td>
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<td>Monroe</td>
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<td>Presque Isle</td>
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<td>Alger</td>
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<td>Benzie</td>
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<td>Manistee</td>
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<td>Eaton</td>
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<td>Otsego</td>
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<td>Presque Isle</td>
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<td>Shiawassee</td>
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<td>Saint Clair</td>
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<td>39</td>
<td>Bay</td>
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<td>Tuscola</td>
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<td>Ingham</td>
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<th>Counties Ranked</th>
<th>Overall County Rankings</th>
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<td>Antrim</td>
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<td>Baraga</td>
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<td>Gladwin</td>
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<td>Newaygo</td>
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<td>56</td>
<td>Cagmaw</td>
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<td>57</td>
<td>Saint Joseph</td>
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<td>58</td>
<td>Montcalm</td>
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<td>59</td>
<td>Jackson</td>
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<td>Meccaosta</td>
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<td>Crawford</td>
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<td>70</td>
<td>Branch</td>
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<td>Luce</td>
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<td>Gosebic</td>
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<td>Wayee</td>
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<td>74</td>
<td>Kolkaaka</td>
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<td>75</td>
<td>Muskegon</td>
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<tr>
<td>76</td>
<td>Muskegon</td>
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<td>77</td>
<td>Clare</td>
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<td>78</td>
<td>Roscommon</td>
</tr>
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<td>79</td>
<td>Lake</td>
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</tbody>
</table>

**Overall rank** is based on range of average rank for rates of 13 of the current trend indicators (2008–2011). Rankings for Infant and Child/Teen Death Rates were excluded because more than 25 counties lacked rates.

**Keewenaw County** is excluded as it lacked rankings for more than one of the 13 indicators.
Children raised in financially unstable families experience much higher risks of poor health, teen parenthood and academic failure than their more affluent peers. The percentage of students eligible for the School Lunch Program for free or reduced prices may be the best measure of economic insecurity in childhood since it also includes children in families only marginally above the poverty level. The poverty measure established in the 1960s, while updated for inflation and adjusted for family size, now falls well below half the nation’s median income, the international norm which reflects economic disadvantage. The federal poverty level does not take into account basic expenses for an adequate lifestyle in modern America, nor does the minimum wage ($7.40), which no longer lifts even a family of two over the poverty level.

Poverty researchers estimate that families need income at least double the poverty level ($36,250 for a single-parent family of three and $45,600 for a two-parent family of four) to meet basic needs. Even at this level of income families do not have enough income for savings or family emergencies. Economically secure families can afford adequate and stable housing, find and hold jobs, get involved in their communities, obtain standard health care, access other necessary goods and services and provide the supports for their children to be successful students. With income at 200 percent of the federal poverty level a family with two young children would spend almost half their income on the average annual cost of full-time, center-based child care.

In this post-recessionary time many families are still struggling to make ends meet with income well below the necessary level. A Michigan parent with income from a full-time job at minimum wage ($7.40 an hour) would have to work 77 hours to afford Fair Market Rent for a two-bedroom residence or budget roughly half their monthly income. Almost two of every five children in the state live in a household with a high housing burden—paying more than 30 percent of their income on shelter. With shelter consuming such a large portion of income, families have little remaining to pay for other necessities.

### Income Insecurity Levels

<table>
<thead>
<tr>
<th></th>
<th>Single Parent/ Two Children*</th>
<th>Two Parents/ Two Children*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual Income</td>
<td>Monthly Income</td>
</tr>
<tr>
<td>Extreme Poverty (50% FPL)**</td>
<td>$9,062</td>
<td>$755</td>
</tr>
<tr>
<td>Federal Poverty Level (100%)</td>
<td>$18,123</td>
<td>$1,510</td>
</tr>
<tr>
<td>130% FPL</td>
<td>$23,560</td>
<td>$1,963</td>
</tr>
<tr>
<td>185% FPL</td>
<td>$33,528</td>
<td>$2,794</td>
</tr>
<tr>
<td>200% FPL</td>
<td>$36,246</td>
<td>$3,021</td>
</tr>
<tr>
<td>Full-time minimum wage income**</td>
<td>$15,392</td>
<td>$1,283</td>
</tr>
<tr>
<td>How far below poverty level is gross full-time minimum wage income?</td>
<td>$2,731</td>
<td>$228</td>
</tr>
</tbody>
</table>

Note: In 1979 a full-time minimum wage job would lift a family of 4 above poverty.

Note: These amounts are based on gross income, not actual net earnings.
* children under age 18
** FPL - Federal Poverty Level for 2011

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3. The estimated portion of income that a household can devote to housing costs before the household is said to be “burdened” has evolved from the United States National Housing Act of 1937. In 1981 the amount was set at 30 percent that a family could spend and still have enough left over for other nondiscretionary spending.
Economic insecurity intensified for children and their families in the last half of the decade among all age groups and throughout Michigan counties.

- Child poverty rose by 28 percent in the state between 2005 and 2010.
- By 2010 almost one of every four children (23%) lived in a family with income below the poverty line ($18,000 for a single-parent family of three and $23,000 for a two-parent family of four).
- Every county but one sustained increases in child poverty; Ottawa County experienced almost double the level of child poverty in 2010 compared with 2005.
- Children in Lake County were over five times more likely to live in a household with income below the poverty level than those in Livingston County (45% vs. 8%).

Young children ages 0–5 have been particularly affected by decreased economic security: The percentage of Michigan’s young children eligible for the Food Assistance Program (FAP) rose by 55 percent between 2005 and 2011. Individuals are eligible for FAP benefits in households with income below 130 percent of the poverty level ($23,560 for a single-parent family of three and $29,654 for a two-parent family of four). Research has demonstrated that the impact of economic insecurity for young children has much more profound effects than on older children.

- Almost two of every five young children (37%) in the state were eligible for food assistance. In the northern counties of Roscommon, Lake and Iosco almost three of every five young children relied on FAP to cover part of their food costs.

While the program helps families access nutritious food, it is a concern that so many children live in households with income low enough to be eligible. All but six Michigan counties had at least one quarter of their young children eligible for food assistance, and participation more than doubled over the trend period in Michigan’s most affluent counties—Livingston and Oakland. High unemployment and low wages have placed a substantial share of the state’s families in financially compromised circumstances.

- Roughly half of Michigan K-12 public school students qualified for free or reduced priced school lunches in 2011. The percentage of eligible students rose by one-third between 2006 and 2011. Due to concern about rising childhood obesity levels, the Healthy Hunger Free Kids Act of 2010 strengthened nutrition standards for the National School Lunch and Breakfast Program for the first time in 15 years. As of fall 2011, more fruits, vegetables and whole grains, as well as right-sized portions, low-fat milk, and water are offered to students in the program.

Children benefited from eligibility in food programs as poverty increased.

- The average FAP benefit in Michigan in 2011 was $136 per month—roughly $1.50 per meal for each household member.
- The share of young children eligible for FAP ranged from 15 percent in Livingston County to 59 percent in Roscommon County.

Sources:
- Center for Educational Performance Information, Department of Human Services, American Community Survey
- United States Department of Agriculture's Food and Nutrition Service administers 15 nutrition assistance programs including the National School Lunch and School Breakfast programs, the Summer Food Service Program, and Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Together these programs make up the federal nutrition safety net.

4 The state Food Assistance Program (FAP) is almost entirely funded through the federal budget for the Supplementary Nutrition Assistance Program (SNAP).


6 Students in households with income below 130 percent of the poverty level are eligible for a free lunch, and those in households with income between 130 percent and 185 percent ($33,500 for a single-parent family of three and $42,200 for a two-parent family of four) qualify for a meal at reduced price.

7 United States Department of Agriculture’s Food and Nutrition Service
Young Children Ages 0–5
Eligible for Food Assistance Program* (2011)
Michigan - 37.4%

*Also known as SNAP
(Supplemental Nutrition Assistance Program).

Source: Michigan Department of Human Services
Most public policies and funding that undergird safety net programs such as FAP (SNAP), the School Lunch Program and child care subsidies are primarily supported by the federal government.\(^1\) State legislators and program administrators also play a significant role in regulating and funding state contributions, and enlisting partners to promote effective programs and encourage participation.

When funding is provided to the states as a capped block grant, substantially reduced participation and eligibility often results. For example, participation in the cash assistance program previously called Aid to Families with Dependent Children, which expanded based on family needs in the state, now is funded by a block grant as Temporary Assistance for Needy Families. The program barely expanded during the recession in Michigan due to restrictions in eligibility and benefits; in the early 1990s with similar levels of unemployment to the current rate four times the number of families with children qualified.\(^2\) Based on such practice, proposals at the federal level to provide more block grants to the states would clearly weaken the vital safety net for children and families affected by economic downturns.

Key policies to improve economic security for families and children include the following:

- **Restore unemployment insurance (UI) benefits and index for inflation.** Michigan is one of only three states in the nation with the maximum period of UI benefits capped at 20 weeks.\(^3\) The current benefit has remained unchanged since 2002. Maximum weekly unemployment benefits adjusted for inflation would be $91 higher in Michigan—$453 instead of $362.\(^4\)

- **Restore the state Earned Income Tax Credit (EITC) for low-income working families.** The Michigan Legislature substantially reduced the state credit from 20 to 6 percent of the federal EITC after December 2011. The federal EITC implemented in the mid-1970s has proven to be one of the most effective strategies to reduce poverty: Roughly half of those lifted out of poverty by the national credit are children.\(^5\) Michigan is one of 23 states that have a state EITC, linked to federal eligibility, to help low-wage workers. Such supports are critical as in this economic environment where many low-wage workers cope with reduced wages and hours and increased housing and transportation costs. In 2010, an estimated 1 million children in Michigan benefited from the state EITC.\(^6\) The average taxpayer claiming the state EITC reported roughly $17,000 in federally adjusted gross income.

- **Raise the minimum wage to a level that allows families to meet their basic needs.** Full-time work at the current Michigan minimum wage ($7.40 an hour) leaves a two-parent family of four roughly $7,400 below poverty level income. Current proposals to raise the federal minimum wage to $9.80 an hour in stages by 2014 would directly affect roughly 684,000 Michiganians. About 370,000 children would benefit directly from having at least one parent with increased income.\(^7\)

- **Raise the eligibility and adjust the sliding scale for the child care subsidy.** Michigan is one of six states, including Alabama and Missouri, where only families with income less than 130 percent of the poverty level qualify for the child care.\(^8\) Parents with income marginally above this poverty level would not be able to absorb the full cost of child care, which averages $526 a month in Michigan. While one of the goals of the federal funds distributed to states is to allow parents to choose the care that best suits their family needs, the low subsidy rates do not provide access to the licensed market. The subsidies have not been adjusted for inflation in Michigan in over two decades: Michigan’s subsidy for a 4-year-old in full-time center care in 2011 ($433) was less than half the market rate—$974 a month for one child.\(^9\)

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1. “Safety net” programs provide cash or subsidies for health care, food, housing or child care to individuals or families whose eligibility is based on some level of income related to the poverty level.
Child health begins with a healthy birth and a healthy mother who is physically, emotionally and financially ready to be a parent. While low-income parents in Michigan often lack insurance, children in households with income under 200 percent of the poverty level are eligible for public health coverage. Michigan, to its credit, has one of the lowest rates of uninsured children in the country—4 percent compared with a national average of 8 percent.

High levels of unemployment have resulted in many families losing their health benefits, and many of the employed have seen their benefit levels erode with less access to dependent coverage. Currently almost a million children in the state are covered by Medicaid, and an additional 36,000 by MIChild.

Children with health insurance are much more likely to get access to care, which is particularly important for children with chronic conditions. Overweight and obesity now threaten the health of almost one-third of Michigan’s teenagers ages 10–17, based on their body mass index—a ratio of height and weight. Excessive weight leads to a multitude of physical problems, including cardiovascular disease, type-2 diabetes, sleep apnea, high cholesterol and asthma. It has also been linked to the premature onset of puberty and victimization by bullies.

In Michigan and the U.S. boys are more likely to be overweight or obese than girls ages 10-17.

Asthma, the most common chronic disease among children, affects almost one of every 10 children in the state. It causes the airways of the lungs to swell and narrow, which results in such symptoms as coughing, wheezing, shortness of breath and tightness in the chest. Some known triggers for the disease include air pollution from industry, traffic, tobacco smoke, pets, mold or mildew. There is no cure for asthma, but symptoms can be prevented and controlled with proper care. Almost 3,500 children in Michigan were hospitalized with asthma as the primary cause each year from 2008–10, at a rate of 21 per 10,000 down from 25 per 10,000 in 2003-05.

The rate of visits to the emergency room among high-risk Medicaid-enrolled children was 11 times higher (243 per 10,000) than the overall hospitalization rate for all children. African-American children insured by Medicaid have the highest rates of asthma and of asthma-related emergency department visits compared with other children enrolled in Medicaid. These dramatic differences suggest these children are not able to get the necessary preventive care or to avoid the environmental triggers. Even more troubling, the prevalence of asthma and emergency room visits is increasing among such children.

Despite the data showing more children in Michigan struggling with chronic health conditions, such as overweight and asthma, mortality rates for infants and children have dropped although racial/ethnic disparities persist.

Maternal and infant health in Michigan showed little improvement in the last half of the decade.

- Almost 35,000 babies were born to Michigan women who had not received adequate prenatal care.
- Roughly 30 percent of all babies born in the state were to mothers who had received less than adequate prenatal care. Even in the best county, Clinton, almost one-fifth lacked adequate care, as did over half in the worst county—Gratiot.
- Access to timely prenatal care is particularly important as major developments occur in the fetus during the first months of pregnancy.
- The percentage of low-birthweight babies—those weighing less than five and one-half pounds at birth—essentially stabilized between 2005 and 2010 at 8.3 percent.

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8 Over half of births in the state are now covered by Medicaid, which is extended to uninsured women in households with income under 185% of the federal poverty level.

9 Uninsured children, ages 1-18, in families with income between 150 and 200 percent of the federal poverty level are eligible for MIChild.

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10 This indicator could not be compared with years prior to 2007 because of changes in the wording on the birth certificate.
African American infants are twice as likely to be born at low-birthweight as white babies (14% vs. 7%); this disparity leads to disproportionate risk of developmental delay, chronic disease and death.

Less than half of the counties experienced improvements in their rate of low-birthweight babies.

The highest rate (11%) in Wayne County was nearly triple the lowest rate in Leelanau County (4%).

Mortality rates for infants and children/youth dropped during the trend period.

- Mortality rates for infants and children/teens declined by 8–10 percent between 2005 and 2010. Still, roughly 860 infants in Michigan died before their first birthday, and 700 children and youth ages 1 through 19 lost their lives each year in the 2008-10 period.

- More than half the 42 counties where change in the infant mortality rate could be tracked over the trend period experienced a decline in the rate.

- Most of the counties where change could be tracked for the child/youth death rate also showed declining rates.

- Accidents, primarily associated with motor vehicles, are the primary cause of death for young people ages 15–19 in all racial/ethnic groups except African Americans whose major cause of death is homicide with a rate an astounding 24 times higher than that among white youth.

- The death rate just from homicides among African American teens almost matches the overall death rate from all causes for all youth ages 15–19. The overall death rate for older African American teens is roughly double the state average and the white non-Hispanic rate. In contrast, suicide rates are roughly the same across almost all groups.

- The death rate just from suicides among African American youth were roughly twice as likely to die during their late teens as most other groups.

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What can we do to improve child health?

The promotion of physical and emotional health for children in a financially stable environment is vital to their successful development and eventual capacity to be successful students and productive workers. The social/economic and racial disparities linked to risks in maternal and infant health must be addressed.

- Advocate for policies that improve the health and well-being of children in low-income communities and communities of color. Policymakers need to consider the impact of their decisions on communities of color where poverty rates are unacceptably high. Women living in households with income below the poverty level are much more likely to have babies born too soon or too small. All of these inequities play a role in the disproportionate risk of death for African American infants, children and youth.

- Address the causes of the high teen homicide rates in African American communities.

- Identify youth disconnected from education and a career ladder on a local level, and connect them to a high-quality network of programs and supports that help them surmount their individual challenges.

- Assist youth reach early and regular education milestones in addition to attaining long-term education goals, such as completing a high school degree, GED, and postsecondary credential or degree.

- Connect youth with the relevant work experiences that help them gain the credentials and connections which will facilitate their entry into family-supporting careers.

- Address the social and emotional needs of youth and help them develop leadership skills and strive to become engaged and productive members of their communities.
Support the successful implementation of the Affordable Care Act (ACA), which could have a profound impact on improving the health of low-income children and their families through the expansion of Medicaid and the implementation of the new health insurance marketplace. The economic downturn has resulted in more frequent job changes, which disrupts continuing health insurance coverage. Since many more Americans live with chronic health conditions such as hypertension or diabetes, a job change, which usually means a change in health insurance, has often meant major challenges in securing health insurance for those with a “pre-existing condition.” The ACA will help families achieve more stable consistent access to health care.

- In 2014 the ACA makes Medicaid available to uninsured adults in households with income under 133 percent of the poverty level. This extension of health insurance coverage will enable women with the highest risk of unhealthy births the opportunity to get access to care before and after pregnancy.

- Extended eligibility for Medicaid as well as changes in private coverage for family planning services (with no cost sharing—effective August 2012) could mean a significant cost savings for the state. The estimated annual state cost of unintended pregnancies, which are particularly prevalent among teens and unmarried women, totals over $48 million, assuming that none are complicated deliveries, according to calculations by the Michigan Council on Maternal and Child Health.

- Women can no longer be denied or charged more for a pre-existing condition such as having had a C-section nor can they be charged higher rates than men for comparable coverage. Women not eligible for Medicaid and without employer-provided health coverage can purchase quality coverage through the new health insurance marketplace. Premiums and cost-sharing subsidies will be available to those with incomes below 400 percent of the poverty level. Benefits will be comprehensive and include maternity coverage (now covered by only 13% of individual plans nationally).

- Children whose families do not qualify for Medicaid or have health coverage through employment will have more comprehensive benefits, including dental and vision, if their parents purchase coverage through the new health insurance marketplace.
Neighborhoods and communities provide the physical and social context for the lives of children and their families. The quality of those neighborhoods can support or threaten child well-being. Stressors like extensive poverty and high unemployment can isolate families and elevate the risk of child maltreatment, particularly neglect. Children in Michigan are much more likely to live in a high-poverty community than their national counterparts (14% versus 11%). Communities with limited resources compound the deprivations experienced by children in families with income below the poverty level.\(^{11}\)

The physical environment of high-poverty neighborhoods is often compromised by the blight and safety issues which limit community support and outdoor activity. Children living in dangerous neighborhoods have been found to be at higher risk for severe neglect and physical abuse than children from safer neighborhoods. Social supports and community resources play a vital role in strengthening families and providing children with opportunities to develop positive relationships and effective social skills.

To address these issues, professionals in several disciplines, including health, child care and child welfare, are integrating the “strengthening families” approach into their programs. Based on research conducted by the Center for the Study of Social Policy, this approach focuses on five “protective factors”: helping parents to be strong and flexible, develop positive social support networks, learn parenting skills, get the help they need for basic needs and promote positive communication with their children.

New mothers are particularly vulnerable as are their children; early intervention has the greatest potential to make a dramatic impact. Through federal funding in the Affordable Care Act, Michigan has been able to expand research-based home visiting programs to new mothers in some of the highest risk communities in the state. The state and the local communities involved are working to coordinate and document the impact of these programs. Teen moms are often a target group for these efforts as most will struggle emotionally and financially to balance their roles as parents and students. Most of their pregnancies are unintended, and they lack the education and training to secure jobs with adequate wages to support themselves and their children.

The teen birth rate dropped only slightly (5%) between 2005 and 2010—from 34 births among every 1,000 teens to 32.

- While the state rate continues to remain below the national average (39 per 1,000), a substantial number of teens and babies are affected—roughly 11,500 teenage girls in the state become parents each year.
- Among 82 counties, most (53 counties) experienced an improvement in their teen birth rates.
- A teenager in Luce County was four times more likely to have a baby than one in Livingston County—56 births per 1,000 female teens versus 13 births per 1,000.

Most teen births in Michigan are to white teenagers.

\(^{11}\) High-poverty areas are defined as census tracts where the poverty rates for the total population are 30% or above.
Birth rates for high school girls ages 15–17 are roughly one-third those to teens, ages 18–19.

- The birth rate among white high school girls ages 15-17 dropped into the single digits (8 per 1,000 girls) while those for African American and Hispanic high school girls were almost four times as high—31 per 1,000 high school girls.\(^\text{12}\)

- After being the highest birth rate for high school girls most of the decade, the Hispanic rate dropped to match the African American rate in 2010.

Birth rates among Hispanic high school girls ages 15-17 dropped dramatically at the end of the last decade.

- The birth rates for older teens in almost all racial/ethnic groups fell between 2005 and 2010 with Hispanics experiencing the most dramatic decrease among the three largest racial/ethnic groups.

- By 2010 the highest birth rates for this age group occurred among African Americans.

Births per 1,000 teens

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>African American</th>
<th>White NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>25.607</td>
<td>9.487</td>
<td>3.879</td>
</tr>
<tr>
<td>2006</td>
<td>25.263</td>
<td>9.147</td>
<td>3.838</td>
</tr>
<tr>
<td>2007</td>
<td>24.993</td>
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<tr>
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<td>24.502</td>
<td>8.609</td>
<td>3.767</td>
</tr>
<tr>
<td>2010</td>
<td>24.267</td>
<td>8.519</td>
<td>3.757</td>
</tr>
</tbody>
</table>

Births to older teens ages 18-19 accounted for almost three of four teen births in 2010.

- Older teens ages 18-19 have birth rates roughly triple those of high school girls for all racial/ethnic groups.

More child abuse and neglect was reported and confirmed in Michigan in the last half of the decade, but fewer children were placed into foster care.

- Children in Michigan were 14% more likely to live in a family investigated for abuse or neglect in 2011 compared with 2005.

- Roughly 7% of children in Michigan lived in a family investigated for alleged abuse or neglect—a total of 171,200 children—almost 10,000 more than in 2005.

- Most Michigan counties (63) experienced rising rates of children in investigated families.

- The rate of children confirmed as victims of abuse or neglect in Michigan rose by over one-quarter (28%) between 2005 and 2011.

\(^{12}\) All racial groups, such as white and African American, include only those identified as non Hispanic.
Over 33,000 children were confirmed victims in 2011—a number equal to the entire child population in Calhoun County. Over 80% of cases involved neglect, often a by-product of poverty, which escalated dramatically throughout Michigan during this same period.

Most counties (67) experienced rising rates of confirmed victims. Children in Roscommon were eight times more likely to be confirmed victims of abuse or neglect than those in Ottawa (5 victims per 1,000 children vs. 42 victims per 1,000).

All growth in cases of confirmed child abuse/neglect between FY2005 and FY2011 occurred in lowest risk category.

THE CATEGORY SYSTEM IN MICHIGAN’S CHILD PROTECTIVE SERVICES

Based on the review of the evidence, a protective services worker must decide if the majority of the evidence indicates that abuse or neglect occurred, and assign one of three categories based on future risk to the child or children.

Confirmed Abuse or Neglect by 51% of the evidence

- **Category I** cases need or require a court petition to ensure family cooperation or to remove the perpetrator or the child(ren) from the home. Services must be provided by CPS (or foster care), in conjunction with community-based services.

- **Category II** indicates a high or intensive risk. Services must be provided by CPS, in conjunction with community-based services.

- **Category III** indicates a low or moderate risk. A referral to community-based services must be made by CPS. Once referred most of these cases are immediately closed.

Abuse or Neglect NOT confirmed

- **Category IV** represents the outcome of the vast majority of investigations—two of every three—due to insufficient evidence of abuse or neglect. Workers must assess the level of future risk to the child and “assist the child’s family in voluntarily participating in community-based services commensurate with risk level.”

- **Category V** includes those cases in which CPS is unable to locate the family, no evidence of child abuse or neglect is found or the court declines to issue an order requiring family cooperation during the investigation.

Note: When a case is placed in Category I or II, the perpetrator’s name is listed on the Child Abuse and Neglect Central Registry. Potential employers in child care, early childhood services, education and other fields routinely check the Central Registry to screen applicants.

Young children, especially infants, faced the greatest risk of abuse or neglect. Almost 5,000 babies were determined to be victims of maltreatment in 2011.

Prevention and family preservation services will be expanded for families with young children who are at high or intensive risk of abuse or neglect in a pilot project in three counties—Kalamazoo, Muskegon and Macomb—as a result of an approval by the U.S. Department of Health and Human Services to use federal Title IV-E funds to test innovative strategies to prevent occurrence or reoccurrence of abuse or neglect.
Infants are at the highest risk of abuse or neglect in Michigan

- The rate of children in out-of-home care—in the homes of foster parents or relatives—due to abuse or neglect dropped by almost one-third (31%) in Michigan over the trend period.
- Over half of the 78 counties with a rate in both years experienced a decline in their rate of children in out-of-home care.
- Dramatic differences occurred across counties. Children in Crawford County were 12 times more likely to be living in foster care for abuse or neglect than those in Oceana County (1 child per 1,000 vs. 12 children per 1,000).
- Roughly 11,000 children were in foster care at the end of Fiscal Year 2011 compared with almost 17,000 in 2005.

Source: Michigan Department of Human Services

Michigan - 31.9 Births per 1,000 Female Teens, Ages 15–19

- Below 20 births per 1,000 teens, ages 15–19
- From 20–40
- Above 40
- No data

Source: Michigan Department of Community Health, Vital Records and Health Data Development
Maintain support for evidence-based programs to prevent teen pregnancy. Michigan offers Talk Early & Talk Often® workshops year-round at no charge to parent groups in schools, communities and churches across the state. This nationally recognized program helps parents talk about abstinence and sexuality with their middle and high school youth. The Michigan Department of Community Health also coordinates several federally funded programs including the Teen Pregnancy Prevention Initiative, the Taking Pride in Prevention Program (TPIP), and the Michigan Abstinence Program. Unfortunately, proposed federal budget cuts could significantly limit these programs, which educate adolescents on both abstinence and contraception to prevent pregnancy and HIV/Sexually Transmitted Infections in mostly high-need communities.

Program cuts will result in substantial costs to taxpayers, local communities, the teenagers who become parents and their at-risk children. These children are more likely to grow up in poverty and in a single-parent family than their counterparts born to older parents. Costs to communities include lower academic achievement, unstable employment and higher incidence of child maltreatment. Support for comprehensive evidence-based programs to lower the number of births to teens should be a national and state priority.

Invest in primary prevention to bring help and support to all families. Such an approach helps young children get off to a good start in life and lays the foundation for success in school, community and work. The cost of child maltreatment is high for individuals and communities, and prevention not only averts suffering and damage to children and their families, it also saves significant dollars at the local, state and federal level. A broad range of evidence-based community programs such as home visits from a network of knowledgeable resource persons, early childhood interventions, parent support groups, respite and crisis care, domestic violence shelters, substance abuse treatment facilities and family resource centers all play vital roles in helping to keep children safe and families strong.

Reduce poverty. (See economic security section.)
Despite increased pressure to improve educational outcomes for Michigan students, and federal, state and local initiatives to tackle low performance, the key education measures included in this report reflect little or no improvement. While much attention has been directed to the role of the educational system, the success or failures of many other systems, such as the economic system, the social safety net, the health system, the child welfare system, and overall family supports also affect the educational success of children in Michigan. The disconnect between the rise in education proficiency standards and the decline in initiatives that could improve educational achievement inside and outside the school walls, particularly for the students most at risk of school failure and the poorly resourced schools and communities that serve them, threatens the economic revival of the state.

Numerous studies have documented the negative impact of poverty on the physical and mental health of children as well as their school readiness and academic achievement. In general, the economic status of a community is the best predictor of educational success among its students. For example, the Michigan county with the highest child poverty rates over the past four decades—Lake County—also had the worst outcomes on three of the four education measures tracked in this report.

Solutions to promote educational progress have been focused on holding students, teachers and schools accountable for test results and demanding structural changes in schools with persistently low percentages of students reaching proficiency levels. These changes have occurred primarily in the school districts with high levels of poverty and concentrations of children of color. Currently roughly one-third of school-aged children in the city of Detroit attend charter schools; both Detroit and Highland Park school systems are under emergency managers; and the Muskegon Heights school district has been converted into a public academy system managed by a for-profit company.

Michigan has roughly 118,000 children attending charter schools. In the fall of 2012, three-quarters of the state’s 277 charter schools, also known as public school academies, were operated by for-profit companies compared with the national average of one-third. Charter expansion in the state will continue with legislation (PA277) that doubled the number of charter contracts that could be issued by state public universities from 150 to 300 by the end of 2012 and to 500 by the end of 2014, after which there is no limit. Unfortunately the expansion did not include a performance review to assess the quality of charter operators already in the state. An independent review found over half of them had outcomes below the state average for low-income students.

While state and federal policies promote expansion of charters, research suggests that the competition from their expansion has not improved outcomes for students in traditional schools nor do the charters reflect significantly better test results than those of traditional public schools with similar students.

With Michigan’s per pupil funding formula, the expansion of charter schools has created challenges for the infrastructure in the traditional public school districts that find themselves increasingly stretched financially with the outflow of students, the steady statewide decrease in birthrates and state cuts in the education budget. With the stripped down dollars for overhead, the Detroit traditional system has

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closed over half of its aging schools, with profound impact on neighborhoods, families and students. School “reform” in Detroit and other urban areas has concentrated choice and public education administration in the private sector, with charter schools that operate without publicly elected school boards or teachers who bargain collectively for working conditions such as class size.18

Detroit will be the first district to experience another significant change in Michigan schools with the implementation of a statewide school system known as the Education Achievement Authority (EAA). The EAA will oversee the lowest performing 5 percent of Michigan schools, which have not been achieving satisfactory results on a redesign plan or are operating under an “emergency manager.” Only Detroit schools were absorbed into this new district in the 2012-2013 school year, but the district is slated to extend statewide. An 11-member statewide school board, or authority, chaired by the Detroit Public Schools Emergency Manager, includes seven gubernatorial appointees and two each from the Detroit Public Schools and Eastern Michigan University. The authority is considered the new employer for the school buildings under its jurisdiction, requiring that new contracts be negotiated and current employees reapply for their positions.

State and national test results for Michigan students reflect little improvement despite substantial changes in school structures in some of the populous areas of the state. While some gains have been made in reading proficiency among fourth-graders on the Michigan Educational Assessment Program (MEAP), the other three measures in of educational success showed little or no progress between 2007 or 2008 (on-time graduation) and 2011.

In the 2011–12 the Michigan Department of Education instituted new “cut scores”—substantially increasing the number of correct answers that would be considered proficient.19 The new standards addressed concerns that MEAP outcomes were giving students and parents a false picture of college and career readiness.

With calculations based on the new cut scores, Michigan fourth-graders showed progress on the MEAP reading test between 2008 and 2011. The percentage of Michigan’s fourth-graders not demonstrating reading proficiency dropped by 19 percent—from 40 percent to 32 percent of test takers between 2008 and 2011.20 (The percentage of Michigan fourth-graders not proficient in reading in 2008 more than doubled with the new cut scores—from 17% to 40%.)

• MEAP reading outcomes for fourth-graders suggest Michigan’s standards still lag behind those at the national level. The National Assessment for Educational Progress (NAEP), which is administered to a sample of state students every two years, is designed to compare educational outcomes across the states. The percentage of Michigan fourth-graders with reading skills below proficiency level on the NAEP was more than double the state percentage (69% vs. 32%) on the MEAP. (State officials note that the state test has a more narrow focus than the national one.) Further, the state showed no improvement on the national test between 2005 and 2011.

• Of even more concern is the fact that reading proficiency among fourth-graders varied so dramatically by race/ethnicity and family income. Among Michigan fourth-graders nine of every 10 African Americans and almost eight of every 10 Hispanic or low-income

19 Prior to this change Michigan had one of the lowest standards in the nation for fourth-grade reading proficiency as compared with the national test.
20 2008 is the first year that the MEAP test results are provided with calculations based on the latest (2013) standard of proficiency, that is, the number of correct responses required to be considered proficient.
students could not demonstrate proficiency compared with slightly over half of white non-Hispanic students and slightly under half of higher-income students.

The percentage of Michigan fourth-graders not proficient in reading varied dramatically by race/ethnicity and income.

![Bar chart showing percentage of students not proficient in reading by race/ethnicity and income]

Source: National Center for Education Statistics: Reading Grade 4 Michigan

• These outcomes are particularly troubling as reading proficiency is a critical benchmark for fourth-graders as without that skill they will have severe difficulty comprehending written materials in the curriculum, according to the Children’s Reading Foundation. 21 Even more of a concern, most low-skilled readers will continue to struggle as they move through school: Roughly three of every four third-graders without the requisite literacy skills will still have reading difficulties as high school students. 22 As these students move through the grades, they are at higher risk of retention, behavioral problems and ultimately school dropout.

○ Almost all Michigan counties (71 of 82) saw smaller shares of their fourth-graders unable to read at a proficiency level.

○ Yet even in the best county (Alcona), roughly 17 percent of fourth-graders lacked reading proficiency while in the worse county (Lake) the majority (54%) of fourth-graders did not demonstrate proficiency in reading.

○ Only three of every 10 eighth-graders demonstrated proficiency on the math MEAP. The percentage not demonstrating proficiency rose slightly—from 68 to 71 percent of test takers—between 2008 and 2011.

○ Only 11 of the 82 counties experienced any decline in the share of eighth-graders lacking math proficiency in the trend period.

○ Even in the best county (Otsego) only half of eighth-graders could meet the proficiency standard in math, and in the worst county (Montmorency) a startling 93 percent could not meet the standard.

Michigan fourth-graders were more than twice as likely not to demonstrate reading proficiency on the national test as on the state test.

![Bar chart showing percentage of students not demonstrating proficiency in Grade 4 Reading and Grade 8 Math]

Sources: National Center for Education Statistics and Center for Educational Performance Information

• Almost half (47%) of Michigan’s high school students did not demonstrate reading proficiency in 2011 on the Michigan Merit Exam—essentially the same share as in 2008.

○ One-third of high school students in Grand Traverse County did not meet expectations on the Michigan Merit Exam compared with more than two-thirds in Lake County.

○ Just over half of Michigan counties experienced improvement in the percentages of their students not demonstrating proficiency, increasing positive performance levels over the trend period.

• Roughly one quarter of the freshman class of 2011 did not graduate on-time—within four years—essentially unchanged from the class of 2007.


22 Ibid.
Ninth-graders in Lake County were six times more likely not to graduate in four years than their peers in Clinton County—47 percent vs. 8 percent.

Only one quarter of the counties experienced any improvement on this on-time graduation measure.

Post-secondary education has become essential for obtaining a family sustaining wage, but lagging achievement for too many Michigan students blocks this avenue to opportunity. Children in low-income families and minority communities are at particular risk as the impact from poverty, particularly if it is pervasive and chronic, compromises social and cognitive development. Research further confirms the greater impact of poverty on young children, particularly in the first few years of life. Recommendations to improve the educational outcomes for disadvantaged children include the following:

- **Increase investments in early childhood care and education.** Disparities begin as early as nine months, persist and increase into the school years. Michigan has already taken several steps to strengthen and coordinate early childhood programs. For example, legislators have supported the state preschool program for 4-year-olds, the Great Start Readiness Program, the Early Childhood Investment Corporation and the local Great Start Collaboratives based in the Intermediate School Districts. Furthermore, Gov. Rick Snyder authorized the Office of Great Start within the Michigan Department of Education to consolidate programs in early childhood.

At the same time funding to support community programs for 0- to 3-year-olds has been cut, and eligibility and rates have been frozen for the child care subsidy program. Research supports that the most effective interventions occur in the earliest months and years when the architecture of the brain is under construction. The social emotional development fostered in the earliest years has a critical impact on cognitive ability and later school success.

- **Reduce class sizes in the early grades.** Providing disadvantaged students individual attention to ensure they master reading and have their needs addressed early in their education can make a critical difference in long-term success and eventual graduation. Targeting this intervention to schools with large numbers of low-income and minority students must be accompanied by adequate professional development and support for teaching staff.

- **Provide hiring and retention incentives for teachers in schools with large numbers of low-performing students.** It has been well-documented that stressed schools in high poverty areas face multiple challenges in their attempt to find and retain teachers. Michigan has one of the largest concentrations in the nation (14%) of children living in high-poverty areas—those with 30 percent or more of the total population with income below the poverty level. Families, schools and the community in such areas all struggle with the impact of dire conditions.

- **Evaluate the impact of open school choice, magnet and charter schools on the students they serve as well as the surrounding schools.** While Michigan legislators have embraced charter schools and “school choice” as a way of improving student achievement, multiple studies have found mixed results on their impact.

Less than 40% high school students not proficient in reading

From 40-50%

More than 50%

No data

* on the Michigan Merit Exam (MME)

Source: Center for Educational Performance Information
BACKGROUND INDICATORS
(In order of appearance on profiles)

POPULATION
Estimated populations for 2000 and 2010 of children ages 0-17, by race and ethnicity, and of all persons, along with the percent change. The calculation uses a model that incorporates information on natural changes such as births and deaths and net migration that has occurred in an area since the 2000 Census.
Source: U.S. Census Bureau, State and County Population Estimates

ECONOMIC ENVIRONMENT
Unemployment
The average annual unemployment numbers are calculated from the monthly unemployment numbers for 2011. The rates are based on the total number of persons considered to be in the “workforce” because they are employed or unemployed and looking and available for work. This rate has not been seasonally adjusted.

Median Household Income
The median represents the midpoint of household income amounts in 2010.

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 2012.

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

DEFINITIONS
Population Estimates: Rates for non-census years are based on population estimates available from the Census Bureau; the 2010 census 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 the annual average of a three-year period. 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.

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 2011. Eligibility for child care subsidies is based on participation in the Family Independence Program (cash assistance), a family preservation program or income below roughly 129 percent of the poverty level. The percentage is based on the estimated population of children ages 0–12 in 2010.
Source: Michigan Department of Human Services, Child Development and Care Program, Assistance Payments Statistics, December 2011, Table 69
• **FIP cash assistance:** The number reflects child recipients in the Family Independence Program (FIP) in a single month (December 2011). Families with assets of less than $3,000 and a gross monthly income below $810 qualify. FIP provides cash assistance (maximum $492 per month for a three-person family) to needy families with minor children. Children in families receiving EFIP—a monthly $10 allotment in the six months when families are no longer eligible for FIP—are not included in the count. The percentage is based on the estimated population of children ages 0–18 in 2010.

Source: Michigan Department of Human Services, Assistance Payments Statistics, Table 4, December 2011 (for counties); special run for Detroit data.

• **Food Assistance Program:** The number reflects child recipients ages 0–18 in the Food Assistance Program (FAP), also known as the Supplemental Nutritional Assistance Program (SNAP), in a single month (December 2011). This federal program provides electronic benefits for the purchase of food. The number of children includes those whose families qualify with incomes below 130 percent of the poverty level. The percentage is based on the estimated population of children ages 0–18 in 2010.

Source: Michigan Department of Human Services, Assistance Payments Statistics, Table 68, December 2011 (for counties); special run for Detroit data.

• **Receiving none:** The number reflects children who received none of the support payments that were owed during Fiscal Year 2011. The percent is based on the number of children with support owed for at least one month during Fiscal Year 2011.

Source: Michigan Child Support Enforcement System Special Run

• **Receiving less than 70% of court-ordered amount:** The number reflects all children who received less than 70 percent of total support amount owed for Fiscal Year 2011 (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 2011.

Source: Michigan Department of Community Health, special run for December 2011 (for Detroit data)

• **Children with Support Owed**

The number reflects children ages 0–9 who had a child support order and should have received child support for at least one month during Fiscal Year 2011. The percent is based on the estimated population of all children ages 0–19 in 2010. The county represents the location of the court rather than the child’s residence.

• **ACCESS TO HEALTH CARE**

**Children with Health Insurance**

The estimates are a three-year average (2007–09) based on the Current Population Survey conducted by the U.S. Census Bureau. The estimates for each year includes children ages 0–18 who were insured through a public or private coverage program at any point during the year.

Source: Small Area Health Insurance Estimates (SAHIE)

**Children Ages 0–18 Insured by:**

• **Medicaid:** The number reflects the enrollment in Medicaid as of a point in time (December 2011). All children covered by Medicaid are included in these totals; children qualify through several different programs such as the Family Independence Program and Supplemental Security Income. The percentage is based on the estimated population of children ages 0–18 in 2010.

Source: Michigan Department of Human Services, Assistance Payments Statistics, Table 70, December 2011 (for counties); Michigan Department of Community Health, special run for December 2011 (for Detroit data)

• **MIChild:** This program provides health insurance to children ages 0–18 in families with income between 150–200 percent of the federal poverty line, with some restrictions. The number is the average of the monthly counts of children insured during 2011. The percentage is based on the estimated population of children ages 0–18 in 2010.

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 Series Coverage as of December 2011, according to the Michigan Care Improvement Registry (MCIR). The series includes: four injections of DTaP (diphtheria, tetanus, and pertussis) vaccine; three of poliovirus vaccine; one measles-containing vaccine; three of influenza; three of Hepatitis B., and one varicella (chickenpox). All of these vaccinations are scheduled to be completed by the age of 19 months. 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 of children ages 1–2 who were tested for lead in 2011. The percent tested is based on the number of children ages 1–2 as of July 2010.
• **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). The percent is based on the number of children ages 1–2 who were tested.

Source: Michigan Department of Community Health, Childhood Lead Poisoning Prevention Program, 2011

Children Hospitalized for Asthma (Rate per 10,000):
This number represents Michigan hospital discharges of children ages 1–14 with asthma recorded as the primary diagnosis. Data are reported by the county residence of the patient. The number reflects the three-year average for 2008–10, and the rate indicates the annual average incidents per 10,000 children ages 1–14 during 2008–10. Rates are calculated by the Bureau of Epidemiology at the Michigan Department of Community Health, using 2008 Michigan population estimates for the 2008–10 period. Rates are provided only for counties with a three-year total of more than 20 hospital discharges for children with a primary diagnosis of asthma, and numbers for counties with more than 4 such discharges.

Source: Michigan Department of Community Health, Division of Epidemiology Services

CHILDREN WITH SPECIAL NEEDS
Babies with a Birth Defect
The numbers reflect the annual average of infants reported with a birth defect over the three-year period 2008–2010. Only infants who are identified with at least one of over 800 types of defects within their first year of life are counted. The percentage is based on the average numbers of live births during 2008–2010. Location is based on the residence of the mother. Differences in the reporting of ambulatory cases in clinics or physicians’ offices after babies leave the hospital may explain some of the variation in county rates. Birth defect data are continually revised, resulting in a possible variance from prior year reports. Current reports no longer include cases of patent ductus arteriosis in newborns weighing less than 2,500 grams.

Source: Michigan Department of Community Health, Michigan Birth Defects Registry

Students in Special Education
The number includes all individuals ages 0 through 26 receiving special education services as of December 2011, except those in programs operated by the Michigan Departments of Corrections, Community Health, and Human Services. 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
The number reflects child recipients of Supplemental Security Income (SSI) as of a single month (December 2011). SSI is a federal Social Security Administration program of cash and medical assistance for low-income elderly and disabled persons, including children. Low-income children under age 18 are eligible if they have special medical care needs as defined by SSI criteria; require institutional care but can be cared for at home for less cost; are “Department Wards,” that is, receive foster care; or are children for whom there is an adoption assistance agreement (Title IV-E). The rate is per 1,000 children ages 0–17 in 2010.

Source: Michigan Department of Community Health, Special Run for December 2011
TREND INDICATORS
(in order of their appearance on state/county profiles)

ECONOMIC SECURITY

Children in poverty
The number reflects related children living in families whose income is below the poverty level in 2005 and 2010. The percentage is based on the total number of children ages 0–17 in those years. “Related” children include only those related to the head of the family by birth, marriage or adoption. These estimates are the only annual child poverty data available for all Michigan counties.

Young Children in the Food Assistance Program
The number includes children in families eligible for the Food Assistance Program (FAP), also known as the federal Supplemental Nutrition Assistance Program (SNAP), in December 2005 and December 2011. Families qualify with incomes below 130 percent of the poverty level. The percent is based on the estimated population of children ages 0–5 in 2005 and 2010. The current electronic benefit for the purchase of food used to be known as “food stamps.”
Source: Michigan Department of Human Services, Assistance Payments Statistics, Table 68, December 2005 and December 2011 (for counties); special run for Detroit data

Students Eligible for Free/Reduced Price School Lunches
K–12 students from families with incomes below 185 percent of the poverty level are eligible for free school lunches or offered to them at a reduced price in the federal School Lunch Program. Students from families reporting income below 130 percent of poverty are eligible for a fully subsidized or “free” meal while children from families with incomes between 130 and 185 percent of the federal poverty line are eligible for reduced price meals. The percentages are based on total enrollments of K–12 public school students for school years 2006–07 and 2011–12, including “charter” schools (public school academies). Beginning with the 2009–10 school year, the counts reflect those enrolled by October 31, not September 30 as in prior years.
Source: Center for Educational Performance Information [http://www.michigan.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. Included in the measure are some cases where data are unknown or missing. Due to a change in the birth certificate in 2008, data from previous years are not comparable. The number is an annual average for the three-year period of 2008–10. The percent is calculated on total resident live births, based on the mother’s county of residence.
Source: Michigan Department of Community Health, 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 2003–05 and 2008–10. The percent is calculated on total resident live births in the mother’s county of residence.
Source: Michigan Department of Community Health, 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 2003–05 and 2008–10. The rate is the number of infant deaths per 1,000 births during the reference periods in the mother’s county of residence. Since an infant death may occur in the calendar year following the birth year, error may be reflected in the reported rates.
Source: Michigan Department of Community Health, Vital Records and Health Data Development Section

FAMILY AND COMMUNITY

Child/Teen Deaths
The number of child and teen deaths includes deaths from all causes. It is an annual average for the three-year periods of 2003–05 and 2008–10. The rate is the number of child deaths per 100,000 children ages 1–19 during the reference periods in the child’s county of residence.
Source: Michigan Department of Community Health, Vital Records and Health Data Development Section

Births to Teens
The total number of births to teens ages 15–19 is an annual average for the three-year periods of 2003–05 and 2008–10. 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 Community Health, 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 2005 and 2011. 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.
Confirmed Victims of Abuse or Neglect
These numbers reflect an unduplicated count of children confirmed to be victims of abuse or neglect following an investigation in fiscal years 2005 and 2011. The operational definitions for child abuse and neglect are found in the Services Manual of the Department of Human Services. 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.

Children in Out-of-Home Care
The number represents child victims of abuse or neglect who are in out-of-home placement supervised by the Department of Human Services, its agents or the courts, including children placed with a relative or guardian during fiscal years 2005 and 2011. 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.

EDUCATION

Fourth-grade (MEAP Reading)
The numbers reflect fourth-graders whose performances on the Michigan Educational Assessment Program (MEAP) reading test did not meet the standard of proficiency: they scored at Level 4 (Apprentice) or Level 3 (Basic) in 2008 and 2011. These performance levels are defined by a panel of educators and other stakeholders who use detailed descriptions of what students should know and be able to do at each level. The Michigan Board of Education approves the final cut scores and performance ranges. The data are based on the new cut scores implemented in 2011. The percentages are based on the numbers of fourth-graders whose reading test scores were included in the report.
Source: Michigan Department of Education [http://www.mich.gov/meap]

Eighth-grade (MEAP Math)
The numbers reflect eighth-graders whose performances on the Michigan Educational Assessment Program (MEAP) math test did not meet the standard of proficiency: they scored at Level 4 (Apprentice) or Level 3 (Basic) in 2008 and 2011. These performance levels are defined by a panel of educators and other stakeholders who use detailed descriptions of what students should know and be able to do at each level. The Michigan Board of Education approves the final cut scores and performance ranges. The data are based on the new cut scores implemented in 2011; 2008 test results were recalculated on the new cut scores. The percentages are based on the numbers of eighth-graders whose math test scores were included in the report.
Source: Michigan Department of Education [http://www.mich.gov/meap]

High School Students (MME Reading)
The numbers reflect 11th-graders whose performances on the Michigan Merit Exam (MME) reading test did not meet the standard of proficiency: they scored at Level 4 (Not Proficient) or Level 3 (Partially Proficient) in 2008 and 2011. These performance levels were recommended by a panel of educators and other stakeholders who used detailed descriptions of what students should know and be able to do at each level, along with student performance data, to reach their conclusions. The Michigan State Board of Education approved the final cut scores and performance ranges. The data are based on the new cut scores implemented in 2011. The MME, which includes the ACT college entrance exam, has been used since 2007 to assess Michigan high school students in five subject areas: reading, writing, mathematics, social studies and science. The percentages are based on the numbers of 11th-graders whose reading test scores were included in the report.
Source: Center for Educational Performance Information [http://www.mich.gov/cepi]

Students Not Graduating on Time
The counts include students who entered Grade 9 in 2003 and 2007 and did not graduate four years later. The percent is based on the cohort of students entering Grade 9 in those years.
Source: Center for Educational Performance Information [http://www.mich.gov/cepi]