Executive Summary

Kids Count 2009—Place Matters

The places where children grow up matter. They can help or hinder the capacity of families to nurture their children. This year’s focus on county groupings reflects the importance of place for children and their families. More than four of every five of the state’s children live in the 29 urban counties with populations over 65,000 (85%). The 35 midsized counties with populations between 20,000 and 65,000 hold another 13 percent of Michigan’s young people, and 2 percent live in those 19 rural counties with less than 20,000 in population.

Risks and opportunities for children vary dramatically by geography in Michigan, with race and income status usually the determinant of the place where families live. Low-income children too often live in areas that compound the deprivations of a family’s economic insecurity because community resources are also limited or nonexistent.

The Well-Being of Children in Michigan

As the state’s economy worsened, more children were at risk: one of every five children in the state lived in a family with income below the federal poverty level in 2007.1

• In some Michigan counties one of every three children lived in a family with income below the poverty level. The state’s rural counties had the highest poverty rates when compared with the midsized and urban county groups.

• The rate of participation in the School Lunch Program at free or reduced prices rose by 14 percent between 2006 and 2008. Roughly two of every five Michigan K–12 public school students lived in families with income below 185 percent of the federal poverty level.2

• Poverty disproportionately affects children in minority communities and those in single-parent families. Poverty rates for Native American, Hispanic, and African-American children are double and triple those of their white counterparts.

The health status of children in Michigan reflected some improvement between 2000 and 2007, but child health outcomes vary dramatically by family income.3

• The child death rate declined substantially (18%)—from 23 deaths per 100,000 children ages 1–14 to 19 deaths. Children in the rural or midsized county groups had higher death rates than those in the urban county group.

• The percentage of mothers receiving adequate prenatal care and the infant mortality rate both showed some improvement.

• The incidence of low-birthweight infants was slightly higher in 2007 than in 2000.

• The health status of children in Michigan varied substantially by the income level of the family, as did the prevalence of asthma, obesity, and lead poisoning.

1 Children living in a single-parent family of three with income below roughly $17,000 annually or $21,000 for a family of four were defined as poor in 2007.

2 Roughly $40,000 for a two-parent family of four.

Executive Summary

The purpose of this report is to encourage a broader discussion of the status of children in Michigan and the public policy choices and program options to improve their well-being in the state and its communities.

The well-being of teens in Michigan improved on two key measures.

- Births to Michigan teens dropped by 20 percent over the trend period. Declines were most dramatic among high school-aged teens, who are at particular risk of not getting their diploma or having another child before the age of 20.

- The death rates for teens ages 15–19 declined by 11 percent—largely due to decreases in those caused by motor vehicle accidents. Teens in rural counties suffered from much higher death rates than their counterparts in urban and midsized counties.

- Too many young people are dropping out of Michigan high schools. In 2008 over 20,000 teens who should have graduated left high school without a diploma—14 percent of the students who began high school four years earlier. Another 13,500 did not finish but stayed in school.

- Lack of data on the number, charges, and characteristics of youth in the juvenile justice system raises troubling issues about policy considerations.

More allegations of child abuse and neglect were investigated and confirmed in 2008 than in 2000.

- In 2008 roughly 8 percent of children in Michigan lived in families who were investigated for suspected child abuse and neglect—almost 10,000 more children than in 2000.

- More than one of every 100 children in Michigan was confirmed as a victim of abuse or neglect in 2008—a disturbing 29,300 children. Abuse or neglect not only causes immediate or threatened harm to the child but often has lifelong negative effects on the physical and emotional well-being of an individual.

- Almost 15,000 children lived in out-of-home care due to abuse or neglect in 2008.

- Midsized and rural counties had much higher rates of children in investigated families and confirmed as victims than their counterparts in the urban counties.

Much larger percentages of Michigan 4th and 8th graders in 2008 demonstrated proficiency on the math MEAP than those in 2003, but these trends were not mirrored in the NAEP results for Michigan.

- Michigan saw a dramatic improvement in the performance of 4th graders on the MEAP math test. In 2003 over one-third of Michigan 4th graders performed below a proficient level on the MEAP math test compared with only 12 percent in 2008.

- One of four Michigan 8th graders performed below a proficient level in 2008, a dramatic improvement from 2003 when almost one of every two failed to demonstrate proficiency.

- Little variation occurred among the county groups on MEAP math test results for 4th and 8th graders.

- NAEP results show little or no improvement in math skills for Michigan 4th and 8th graders between 2003 and 2009.

4 The dropout/graduation statistics for the class of 2008 reflect the second year that such information is available from the single record student database. Previous data did not use the same methodology.

5 The National Assessment of Educational Progress (NAEP), also known as the “national report card,” does not provide scores for individual students or schools, but it does present a common yardstick to review the progress of states and the nation on student achievement based on representative samples of students at various grade levels.
Introduction

This year’s Kids Count report reflects several changes in format and content. The state and county profiles have been reduced to a single page focusing on trends in the key indicators; the background page is now available only as a PDF on the League website (www.milhs.org). All of the indicators are also in an interactive data base at the DATA CENTER at the KIDS COUNT website (www.kidscount.org) where data users can review trends over many years, compare specific counties, produce ranking tables or map indicators by county.

Every year the Kids Count in Michigan project compiles and disseminates information about the well-being of children in order to inform public policy and program planning. To this end, the 2009 report focuses on county groupings to lend substance to its current review of the impact of “place” on child well-being. The theme of the report is about the importance of place for the well-being of children. The places where families live can enhance or inhibit opportunities for children.

Provided in the report are several Michigan-specific indicators from the latest National Survey of Children’s Health (2007). Several measures are reviewed by family income level, a key measure to determine the extent of equal opportunity for child well-being. All children in the state—in all places, at all income levels—are expected to take the required courses and achieve the standards for educational performance. Without equal access to the basic resources necessary for healthy growth and development, all children will not be able to meet this goal.

As in previous years the report presents county data, but this year it also reviews the key indicators by three county groups defined by population size: Urban, Midsized, and Rural. Since the state average is influenced so heavily by the 29 urban counties that encompass 85 percent of the state population, this approach allows the state’s 54 rural and midsized counties to review their group status on the measures. (Michigan counties with total population over 65,000 are considered urban.) For many Michigan counties with small populations, rates on some key trend indicators such as child deaths cannot be calculated so the group average provides some information on these measures.

The midsized counties comprise Michigan’s largest county group—35 counties with population between 20,000 and 65,000; the smallest group (19) are the rural counties—those with less than 20,000 residents. Only 13 percent of Michigan’s population lives in its midsized counties and 2 percent in rural counties.

This focus on county groupings reflects the importance of place for children and their families. Risks and opportunities for children vary dramatically by geography in Michigan. Race and income often determine the place where families live.

Low-income children too often live in neighborhoods that compound the deprivations of a family’s economic insecurity. Michigan’s children in low-income families—those with earnings below 200 percent of the federal poverty level ($34,700 for a family of three in 2008)—are three times more likely than their peers in more affluent families to live in a neighborhood with poorly kept or dilapidated housing and little social support. One of every five parents in low-income families feels his/her child is never or only sometimes safe in the neighborhood compared with one in 14 parents in higher-income families.

“Where you live usually determines the school your children attend, your degree of neighborhood safety, your access to public transportation or highways, the availability and quality of finance and credit, your employment opportunities, and your social network.”

—John A. Powell
“Race, Place, and Opportunity”
The American Prospect. September 22, 2008

“Factors such as poor schools, crime, a low fiscal base, a weak job market, and an inadequate social network tend to reinforce each other. A family living in this environment must overcome cumulative factors that expose its members to mutually reinforcing constraints. The interaction of different conditions in the environment cannot be explained by just focusing on individuals. Looking at systems, we can understand that causation is multiple, mutual, cumulative, and reciprocal, and the relationships among different factors are just as important as the factors themselves.”

—John A. Powell
“Race, Place, and Opportunity”
The American Prospect. September 22, 2008
Neighborhoods compound disadvantage for many low-income families in Michigan.

Another change in this year’s report is the elimination of two key trend indicators: “Children in out-of-home care for delinquency” and the “Total children in out-of-home care.” The data from the Department of Human Services (DHS) reflect only a small fraction of the youth in care. In large measure, this issue also reflects place—while across Michigan most delinquent youth are put in court-supervised environments, there is a range of approaches; for example, in Oakland County 80 percent of delinquent youth in out-of-home care are court-supervised rather than under DHS supervision. Currently the state has no system for compiling such data from all counties, particularly the urban counties where 85 percent of the youth live.
## Introduction

This lack of data for delinquent youth also distorts the overall count of children in out-of-home care from DHS since only the number of youth in DHS care for delinquency is included in this total. This information gap about some of the state’s most vulnerable youth is particularly troubling when major changes are being made in juvenile justice policy.

The discussions of each domain of child well-being are based on the latest data trends. They provide an overview as well as more detailed analysis of different aspects of some of the issues, such as the impact of place or poverty. The purpose of the report is to encourage a broader discussion of the status of children and the public policy choices and program options to improve their well-being in Michigan and its communities.

### Michigan County Groups

<table>
<thead>
<tr>
<th>Urban Counties—29 (Population over 65,000)</th>
<th>Midsized Counties—35 (Population 20,000–65,000)</th>
<th>Rural Counties—19 (Population under 20,000)</th>
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Photos in top row courtesy of (left to right) William Rubenstein; Photovoice Project photographer Erica (2)

Photos in middle row courtesy of (left to right) David L. Smith; Photovoice Project photographers Danielle and Charles; David L. Smith

Photos in bottom row courtesy of (left to right) Janice Moss; David L. Smith
Economic Security

Since the 1960s economic security in America has been assessed by the relationship of family earnings to the Federal Poverty Line, as defined by the U.S. Census Bureau. Children who grow up in economically insecure households fare worse on almost every indicator of child well-being than their economically secure counterparts. Economic security is more than financial resources—it also encompasses access to jobs with livable wages, adequate housing in safe neighborhoods, educational opportunity in good schools, quality child care and health services, and family services in supportive communities.

Economically insecure children do not have an equal chance to realize their potential, which often culminates in diminished well-being in their adulthood. Child poverty also costs society with its long-term impact on the social and economic well-being of the state as a whole. Recent estimates suggest that the U.S. loses $500 billion annually due to costs associated with child poverty.6

Over the past several years it has become increasingly apparent that the Federal Poverty Level standard currently in use does not reflect an income adequate to support basic needs and a reasonable standard of living in modern America. Fifty years ago a television, a computer with Internet access and an automobile were not required to support a decent standard of living. Researchers now suggest that an income of roughly double the poverty level more accurately reflects the income required to meet basic needs. Thus, the number and percent of K–12 public school students eligible for free or reduced price school lunches provide a better barometer of economically vulnerable children in local communities. These data are also readily available for more recent years, by school district and building.

Two of every five Michigan K–12 public school students qualified for a free or reduced price school lunch.

In the 2008–09 school year, roughly 674,000 of the state’s public school students in the K–12 system were eligible for School Lunch Program meals at free or reduced prices. Students who live in families with gross income below 130 percent of the federal poverty level (roughly $28,400 for a two-parent family of four) qualify for a free lunch, while those in families with income between 130 and 185 percent of the poverty level (roughly $40,000 for a two-parent family of four) can purchase lunch at a reduced price. Between 2006 and 2008 the percentage of eligible students increased by 14 percent—from 36 percent to 41 percent of all students, or almost half.7

Among Michigan counties the percentage of students eligible for free or reduced price lunch ranged from 17 percent in Livingston to 89 percent in Lake. Iron County was the only county in the state where participation dropped between 2006 and 2008. School children in Michigan’s midsized and rural counties qualified for the School Lunch Program at much higher rates for free or reduced prices. In fact, the majority of school children in the rural counties did so compared with 40 percent in the urban county group.

Children in rural Michigan counties suffer from much higher poverty rates than those in urban and midsized counties.

In Michigan one of every five children was poor in 2007.

Roughly half a million children in Michigan lived in families with income below the poverty level in 2007. These children were defined as poor if they were living in a single-parent family of three with income below roughly $17,000 annually or $21,000 for a family of four in 2007.8 Poverty thresholds are adjusted each year by the Consumer Price Index.

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7 2006 is the first year this measure was calculated with the current methodology based on the single record student data.

8 The federal poverty level is adjusted for family size and also annually for inflation.
Only three Michigan counties had low child poverty rates in the single digits—Livingston (6%), Clinton (8%), and Ottawa (8%). The rural counties of Clare, Roscommon, and Lake suffered from the highest child poverty rates; in these counties one of every three children lived in families with incomes below the poverty level. Wayne County with the largest child population in the state had the fourth highest child poverty rate—31 percent.

Between 2005 and 2007 the state child poverty rate climbed by 6 percent and most counties experienced worsening rates.⁹ In Oakland County, with the second largest child population in the state, the poverty rate among the county’s children increased by almost one-third—up from 9 percent to 11 percent of children.

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⁹ Due to adjustments in the model for the Small Area Income and Poverty Estimates, years previous to 2005 cannot be compared with later years.
Poverty threatens many aspects of child well-being.

Children who live in families with income below the poverty level suffer from elevated risk of health and behavioral problems. They are also more likely to attend schools lacking the resources of those in more affluent communities and experience chronic stress that affects cognitive abilities. Poor children are more likely to live in disadvantaged neighborhoods that provide little opportunity for recreation and cultural enrichment, lack access to quality child care, and are often exposed to environmental toxins. Children who experience poverty face heightened risk of dropping out of high school and becoming a parent compared with children who never experienced poverty.

Family structure and race are two key factors in the risk of poverty.

Families with only one wage earner, particularly if that wage earner is a woman, are more likely to be poor. Almost two of three poor children in Michigan lived in a single-mother family and, while children of color represent roughly half of all poor children they comprise only a quarter of the total child population.

Children in Poverty

By Age

Over one-third of Michigan’s poor children are under the age of six. (n=468,400 children)

By Family Structure

Almost two of every three poor children in Michigan live in a family headed by a single mother.

By Race

Half of poor children in Michigan are minority.

While the overall poverty rate for children in Michigan averaged 19 percent in 2007, the rate for young children was four percentage points higher. Among young Hispanic and Native American children the poverty rates are even more pronounced. Overall minority children except for Asian children suffer from significantly higher poverty rates than their white counterparts. Roughly 184,000 African-American children or almost 40 percent of all such youngsters live in families with income below the poverty level. In contrast, among white or Asian children only 12 percent live in such disadvantaged families.

Poverty afflicts much larger shares of children in most minority communities in Michigan.

On average, children who live in Michigan’s rural counties suffer much higher levels of economic deprivation than their peers in the urban and midsized county groups although there is dramatic variation within those groups. Since the standard of living is lower in rural areas, the impact of poverty may not be as profound as the disparities found in urban settings. However, while families in rural areas may have lower housing costs than those living in other areas of the state, the burden of transportation and utility costs can be significantly greater. The isolation of the families—seriously impacted by transportation issues—also affects the impact of place on their children.
The poverty measure no longer reflects a reasonable standard of living.

The current poverty measurement is based almost exclusively on the 1950s cost of food and pretax income. Since then the costs of other basic needs such as housing, child care, medical care, food and transportation have escalated dramatically. Despite annual updates for inflation, the poverty line still fails to reflect the amount of income required to have a minimally decent standard of living for a family in Michigan. Yet such economic insecurity continues to be defined by the relationship of family income to the federal poverty level designed almost half a century ago.

Other industrialized countries measure economic insecurity relative to average household income—families trying to live at less than 50 percent of the average income are considered poor. Using that measure and comparing the U.S. poverty “counts” to the average poverty rates among other industrialized countries, the United States has double the rate of child poverty—21.6 percent compared with 12.4 percent. Furthermore U.S. poverty level income is now only 29 percent of median household income—in the 1960s it represented nearly 50 percent.

The U.S. poverty measure also has several other drawbacks. It adjusts only for family size and inflation: it does not vary by geography, cost of living or its relationship to the average household income in local communities which drives local prices for goods and services. Furthermore the measure does not accurately estimate financial resources in two other respects. It considers only pretax income, which does not take into account payroll, income, and other taxes, nor does it reflect the value of the cash and non-cash transfer programs such as the Earned Income Tax Credit, Food Assistance Program (food stamps), child care assistance, and housing vouchers, which can add to the family resources to meet basic needs.

When the average annual costs for housing, food, child care, health costs, transportation, other necessities and taxes are included in the equation, the amount of annual income required reaches roughly double the U.S. poverty level. Even then, this estimated budget does not include education, inevitable emergencies and repairs, or any savings for retirement.

The Measuring Poverty Act of 2009 calls for modernization of the poverty measure.

For the past several years researchers and organizations have been urging the U.S. Congress to update the poverty measure. The Measuring Poverty Act of 2009 calls for the development of a new poverty measure that would reflect the current cost of a decent living standard threshold in the United States, as well as necessary variations for geography, family size and other factors, and a method of calculating the extent to which total family income is sufficient to meet the threshold. This new measure would present a more accurate picture of need and increase understanding of the effectiveness of government policies to address the critical issue of poverty in the nation.

Addressing child poverty requires a multi-faceted approach.

Strategies that attract jobs with adequate wages, improve the educational attainment of the workforce, provide access to employment and training programs, and address literacy and English language acquisition will all help parents achieve family self-sufficiency through employment. In the current economy decent-paying jobs require more training and skills than in earlier times. A parent working a full-time minimum wage job in Michigan cannot even afford the average cost of full-time child care—it would consume roughly 44 percent of the family’s gross income in 2008.

Expanding several key programs and changing policies could reduce the problems of health, hunger, education, housing, neglect and financial need endured by children in poor and low-income families. Poverty could be lowered by more than 25 percent through an increase in the state and federal minimum wage levels, earned income tax credits, child tax credits, and child care subsidies, according to the Center for American Progress report, From Poverty to Prosperity. Among its 12 key recommendations to reduce poverty by one-half, the report calls on Congress to restore the minimum wage to 50 percent of the average wage, about $10.16 an hour in 2008, and index it to inflation. Michigan implemented its last minimum wage increase to $7.40 in July of 2008. In 2009 a full-time minimum wage job in Michigan will not lift a family of three out of poverty.

To help low-income wage earners Michigan initiated a state Earned Income Tax Credit (EITC) at 10 percent of the federal EITC for the 2008 tax year. Over 702,000 Michigan households were able to claim the benefit, which supplements earnings and helps families build assets. Just under $144 million was pumped into struggling families and local economies across the state. The average credit for a single parent with two children working full time at the minimum wage was approximately $478. The EITC is slated to rise to 20 percent of the federal EITC for tax year 2009 although there have been proposals to freeze or reduce the credit in order to help balance the FY 2010 state budget. Michigan is one of 23 states and the District of Columbia that offer a state EITC.

An important policy change would peg child care assistance to the labor market survey for low-income families with incomes under 200 percent of poverty. This change would facilitate parental employment and ensure better quality care of young children. In Michigan eligibility for the child care subsidy is restricted to families with income less than 130 percent of poverty. The payment levels were at 1996 levels until a recent across-the-board increase which amounted to roughly 6 cents an hour more for caregivers.
Child Health

The most effective way to protect child health is to ensure that children have their basic needs met during their critical developmental years, and that families and local communities have the necessary resources to provide support for the physical, emotional and mental health needs of their children and youth. Unfortunately as the earnings of more families with children slip below the poverty level, their capacity to ensure the healthy development of their children is diminished, resulting in the need for enhanced community services. Many research studies, supported by substantial data, point to the detrimental impact of economic insecurity on the health of children. Rather than strengthening community services, since the beginning of the decade state budget cuts have reduced support services for children and their families. Community health and educational programs that promote the healthiest choices available and strengthen families have been stretched to meet the ever-increasing needs.

Michigan continued to provide a high rate of health care coverage for children.

Michigan has made an effort to continue the high rate of health care coverage for children by providing public health benefits to otherwise uninsured children. The state has one of the lowest rates of uninsured children among the 50 states—6 percent compared to the national average of 11 percent, according to the latest reports. As access to private insurance has eroded with fewer employers providing dependent benefits and job losses eliminating income and coverage for entire families, more children are eligible for public health programs funded through Medicaid and MiChild. By 2008 one of every three children in the state was insured by Medicaid. In the rural counties participation is substantially higher—44 percent. In high poverty counties, such as Lake, Oceana and Wexford, more than half of children depend on Medicaid for their health care coverage. However, low Medicaid reimbursement rates barely cover and in some instances do not cover costs for health providers, a policy that seriously threatens access to care. As a result fewer and fewer physicians in Michigan are willing to provide care to children with Medicaid coverage. Between 1999 and 2005 physician participation in the Medicaid program dropped from 88 percent to 64 percent. Over that period reimbursement rates overall remained flat and were even reduced by 4 percent in 2005 despite escalating inflation in medical service costs. Dr. Richard Smith, president of the Michigan State Medical Society, quoted in “Committee looks at taxing Michigan doctors to help avert 12 percent Medicaid cuts.” Article by Jay Greene. Crain’s Detroit Business. September 22, 2009

In 2007 roughly two of every three Michigan parents thought their children were in excellent health, according to the National Survey of Children’s Health. The difference by income level of parents’ view of their children’s health status was striking. Only half of parents in the state’s low-income families (under 200% of the federal poverty level) described their children’s health as excellent compared with almost three of every four parents in higher-income families.

The health status of children varied dramatically by family income.

In 2003 Medicaid payments to health care providers averaged less than 75% of what Medicare would pay for the same services, according to The Future of Michigan Medicaid: Issues, Trends and Principles for Reform prepared by the Health Management Associates in May 2003.
Children in higher-income Michigan families are seen as much healthier than those in low-income families.

The latest data from the lead testing program in Michigan show that almost 1,000 children ages 1 and 2 were confirmed as poisoned by this dangerous substance in 2008 even though lead poisoning is totally preventable. Young children whose neurological systems are developing are in greatest danger. Testing children is a critical strategy to identify lead-poisoned children since often by the time the symptoms are severe enough to demand attention, irreparable damage has occurred. Michigan has focused on expanding the testing of the most at-risk children. In 2008 over one-third of the state’s 1- and 2-year-olds, mostly among preschoolers eligible for Medicaid, were tested.

Asthma is the most widespread chronic health condition among children.

This chronic inflammation of the airways causes wheezing, shortness of breath, a tightness or discomfort in the chest or dry cough. Genetic and environmental factors affect the likelihood of developing asthma. Risk factors include a family history of allergies, and exposure to tobacco smoke. Air pollution also plays a role, as well as cockroaches in the family’s living environment.

In 2008 roughly 15 percent of children ages 0–17 in Michigan had been diagnosed with asthma at some point in their lives, and almost one in 10 suffered from the condition at the time of the survey. The prevalence of asthma

14 Attention Deficit Hyperactivity Disorder (ADHD) took the place of the previous term Attention Deficit Disorder (ADD) as of 1994 (DSM-IV), although the past term is still often used. ADHD symptoms include inattentiveness, overactivity, impulsivity, or a combination. To be diagnosed as ADHD, they must be out of the normal range for the child’s age and development. Asperger’s Disorder is a milder variant of Autistic Disorder. Both Asperger’s Disorder and Autistic Disorder are subgroups of a larger diagnostic category called either Autistic Spectrum Disorders or Pervasive Developmental Disorders. In Asperger’s Disorder, affected individuals are characterized by social isolation and eccentric behavior in childhood.

15 This is the federal Supplemental Nutrition Assistance Program, formerly called “food stamps.” The benefits are entirely supported by federal funds.

among children increases with age: asthma among youth ages 15 to 17 is more than double the proportion among young children ages 0–4.

For most children the disease can be managed through a combination of medicines and avoidance of the environmental factors that trigger the symptoms. Hospitalizations for asthma are considered preventable; however, many children do not have access to the expensive medicines that manage the disease outside of hospitals. Recent data show that less than one-third of children with persistent asthma are getting prescriptions filled for inhaled corticosteroids—the preferred, first-line medication to control asthma symptoms according to the Michigan Asthma Surveillance System.\(^\text{17}\) Children who are not using the daily medications often resort to rescue medications to open the airways temporarily when experiencing acute symptoms. These drugs fail to address the underlying inflammation. Children hospitalized for asthma often experience serious episodes where they are terrorized by a struggle to breathe. Roughly 4,300 children in Michigan were hospitalized in 2007 with asthma as the primary diagnosis.

Perhaps no other health condition reflects the importance of place as much as asthma. In Michigan the incidence of child hospitalizations for asthma as the primary diagnosis occurred at a rate of 24 per 10,000 children ages 1–14 in the urban county grouping compared with 14 and 16 in the midsized and rural county groups. Specifically, the urban counties of Wayne, Saginaw, and Ingham had alarming rates—dramatically above even the urban county average.

African-American children identified in the Medicaid system had the highest rates of asthma, asthma-related visits to a hospital emergency department, and hospitalizations for the condition. Their rate of hospitalization for asthma is roughly four times that of white children, and this disparity has persisted at the same level for over a decade.\(^\text{18}\)

Among the cases reviewed by the state’s Asthma Mortality Review Project seven of ten children who died from asthma were enrolled in Medicaid, the insurer of the most vulnerable and at-risk children, from the lowest-income families.

Child hospitalization rates for asthma are substantially higher in Michigan’s urban counties.

![Graph showing hospitalization rates for asthma in Michigan's urban counties.](source: Michigan Department of Community Health)

Obesity has become a critical child health concern.

In a nationwide poll in spring 2009, adults in all the major race/ethnic groups (white, African-American and Hispanic) identified childhood obesity as the biggest health problem among children. The annual nationwide survey conducted by the C.S. Mott Children’s Hospital’s National Poll on Children’s Health asked adults to rate 23 different health concerns for children living in their communities.

Obesity means having too much fat stored in the body. The rough calculation to determine obesity uses a child’s height, weight, age, and gender to arrive at an indicator called the Body Mass Index (BMI). Overall roughly one of every eight Michigan youth ages 10–17 is considered obese—at or above the 95th percentile for their BMI. Almost one of every three children in the state is above a “healthy weight,” that is, they are either overweight or obese—above the 84th, age-related percentile according to the 2007 National Survey of Child Health.

Being overweight is even more prevalent among low-income children; almost two of every five Michigan children in low-income families under 200 percent of the poverty level weigh above a healthy level—substantially worse than the one in four among their higher-income counterparts. Overweight in childhood and adolescence increases the risk of overweight in adulthood, elevating the risk of heart disease, high blood pressure, diabetes, and breathing problems. Overweight children are also at higher risk for stress, sadness and low self-esteem. Weight problems result primarily from poor eating habits, lack of exercise, and a family history of obesity, but the household’s social and economic status, family access and orientation to healthy foods and physical environment also contribute to the problem.

Children in low-income families in Michigan are more likely to be overweight than those in higher income families.

![Bar graph showing obesity rates by income level.](source: National Survey of Child Health 2007, calculations by ChildTrends)

Much attention has been recently focused on the urban “food deserts”—those areas with few food vendors that sell quality or nutritious food such as fresh fruits and vegetables. These areas present limited food choices through “fringe food locations” such as dollar stores, party stores, gas stations, and convenience stores rather than a mainstream grocery store.\(^\text{19}\) Limited budgets in low-income families also mean the more filling, low-cost, high-calorie foods become


the default option. Marketing to children and youth, as well as an increased array of foods loaded with fat and sugar also play a role.

**Some indicators of child health in Michigan counties showed improvement.**

Four measures of child health are tracked to the county level in this report: two reflect maternal and infant health; and the other two show the mortality rates for infants and children. Over the trend period between 1998–2000 and 2005–07, referenced as 2000 and 2007 in this discussion, three of the four child health measures showed improvement, while the rate of low-birthweight babies increased slightly.

**Fewer mothers of newborns received less than adequate prenatal care.**

Roughly one of every four Michigan women who gave birth during 2007 received less than adequate prenatal care, defined by the Kessner Index as care beginning in the third trimester or not at all or not having enough regular visits during the pregnancy. The rate dropped by 9 percent over the trend period—from 25 percent of all births in 2000 to 23 percent in 2007. This decline meant that almost 5,000 more women in Michigan experienced early and regular access to care in 2007 than in 2000. Of concern is that almost 28,500 babies in Michigan in 2007 were born to mothers who had received less than adequate prenatal care.

The majority of Michigan counties (48 of the 83 counties) experienced a decline in the percentage of babies born to mothers who had received less than adequate prenatal care. The rate ranged from a low of 11 percent of babies born to mothers who had received less than adequate prenatal care in Montmorency County to a high of 37 percent in Schoolcraft and Berrien counties.

Among the county groupings, the midsized counties with populations between 20,000 and 65,000 reflected the
largest percentage of babies born to mothers with less than adequate prenatal care: 24 percent compared to 22 percent in the other two county groups. The urban counties showed the most dramatic decline (11%) over the trend period while the other two county groups experienced only slight decreases of 2 percent. While prenatal care can play a critical role in improving birth outcomes, it cannot make up for inadequate care or serious health problems prior to the pregnancy.

Infant mortality improved slightly.
The Michigan infant mortality rate dropped marginally (5%) between 2000 and 2007. In the 2000 period over 1,100 infants lost their lives before their first birthday each year compared with 980 in 2007. Infant mortality is a key indicator since it results from multiple factors, including family income, maternal health, and access to adequate medical care, as well as a functioning system of social and community supports.

The average infant mortality rate in the midsized counties (6 deaths per 1,000 births) was lower than those in the urban and rural county groups (8 deaths per 1,000). Over the trend period the rate for the midsized county group dropped by 10 percent compared with only 4 percent in the other groups.

Infant mortality rates differ dramatically by race in Michigan with African-American infants suffering almost triple the risk of dying before their first birthday compared with white infants: In 2007 16.5 deaths occurred among every 1,000 African-American infants compared with 5.8 among white infants.20

The child death rate reflected substantial improvement.
The large decline (18%) in Michigan’s child death rate meant that roughly 100 fewer children ages 1–14 lost their lives in 2007 than in 2000. Approximately 360 children died in 2007. The rate dropped from 23 deaths per 100,000 children to 19.

Among the 33 Michigan counties where a rate could be calculated for the reported trend period, a substantial majority (70%) experienced declines in their child death rate. The rate ranged from a low of 12 deaths per 100,000 in Muskegon County to 64 in Kalkaska County.

The child death rate was much higher in the rural and midsized county groups than in the urban group. The urban counties averaged 18 deaths per year per 100,000 children compared with 23 and 27 deaths per 100,000 in the midsized and rural counties. The urban and midsized counties experienced the most improvement over the trend period while the rate in the rural counties did not substantially change. (The average annual number of child deaths in the rural counties was 9 per 100,000 children in 2007)

Despite the overall improvement in Michigan’s child death rate, substantial disparities persist. The rate for African-American children was double that of white children—30 deaths per 100,000 African-American children ages 1–14 compared with 14 for whites. The rate for Hispanic children was 21 deaths per 100,000.


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During adolescence children make the transition to adulthood in a process not fully understood and in a time frame not quite defined. During this developmental stage Michigan youth gain rights and responsibilities—to drive a car, leave school, vote, join the armed forces, and to marry—all at varying ages. They can also be arrested, charged as an adult in criminal court, and put in prison for the rest of their lives.

Adolescence is also a stage in life when the capacity to weigh risks against benefits and curb impulsive behavior is still developing, according to neuroscientists. In fact, scientific research based on brain imaging technology suggests this stage of development may extend into the mid-20s. This lack of competency in decision making sometimes leads to damaging or even disastrous short- and long-term consequences for youth. In this section, trends for Michigan and its counties are reviewed on some of those results—births to teens, deaths among teens, and high school dropouts.

As in other periods of child development, place makes a difference in adolescent well-being: Dropout rates vary dramatically by school and district across the state, and the risk of a teen death from an auto accident is elevated on rural roads.

**The teen birth rate dropped by 20 percent in Michigan between 2000 and 2007.**

Over the trend period Michigan’s teen birth rate declined from an average annual 42 births among every 1,000 teen females ages 15–19 in 2000 to 34 births in 2007. Even with this improvement 12,200 infants were born to teenagers in Michigan in 2007. These young women face formidable challenges to completing their education and becoming competent parents during these formative years. Nine of 10 teen mothers in Michigan were not married at the time of the birth in 2007, and the majority (55%) had not completed their high school education. Most of these young women will struggle over many years as single parents.

The teen birth rate among Michigan counties ranged from a low of 13 births per 1,000 teens ages 15–19 in Livingston to 58 births in Oceana. Almost all counties (77 of 82) are making progress on this measure in that they experienced a drop in their teen birth rates between 2000 and 2007. Of the 25 counties with the worst rates, which are those significantly above the state median, the majority are in the western and southwestern parts of the state.

**Teen birth rates vary dramatically by age group.**

Two of every three births to Michigan teens ages 15–19 are to an older teen—young people in the 18- to 19-year-old category. Births to these older Michigan teens declined by only 16 percent between 2000 and 2007—a drop from 71 to 60 births per 1,000 teens (or six of every 100). Among the most populous counties, Washtenaw and Ottawa experienced the most substantial declines in births among these older teens. Several counties, including Kalamazoo, Calhoun, Ingham and Genesee reflected only minimal decreases in the birth rates among this age group. The highest birth rates for older teens in the most populous counties occurred in Muskegon, Wayne and Berrien counties where roughly one of every ten 18- to 19-year-olds gave birth in 2007.

**Teen birth rates differ dramatically by age group in Michigan counties.**

<table>
<thead>
<tr>
<th>Ages 10–14</th>
<th>Ages 15–17</th>
<th>Ages 18–19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number births</td>
<td>Birth rate</td>
<td>Number births</td>
</tr>
<tr>
<td>Michigan</td>
<td>185</td>
<td>0.3</td>
</tr>
<tr>
<td>Berrien</td>
<td>3</td>
<td>0.8</td>
</tr>
<tr>
<td>Calhoun</td>
<td>3</td>
<td>0.6</td>
</tr>
<tr>
<td>Genesee</td>
<td>20</td>
<td>1.2</td>
</tr>
<tr>
<td>Ingham</td>
<td>4</td>
<td>0.5</td>
</tr>
<tr>
<td>Jackson</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>Kalamazoo</td>
<td>4</td>
<td>0.5</td>
</tr>
<tr>
<td>Kent</td>
<td>11</td>
<td>0.5</td>
</tr>
<tr>
<td>Macomb</td>
<td>3</td>
<td>0.1</td>
</tr>
<tr>
<td>Muskegon</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>Oakland</td>
<td>8</td>
<td>0.2</td>
</tr>
<tr>
<td>Ottawa</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>Saginaw</td>
<td>6</td>
<td>0.8</td>
</tr>
<tr>
<td>Washtenaw</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>Wayne</td>
<td>90</td>
<td>1.2</td>
</tr>
<tr>
<td>Other counties</td>
<td>22</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Note: The rate is based on the 2005–07 average for 1,000 female teens in this age group.

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

Teens giving birth during their high school years are at higher risk of the detrimental impact, and roughly 4,000 Michigan births were to teenagers ages 15–17 in 2007. The good news is that birth rates among these young women reflected the most substantial declines across the state as a whole as well as in its most populous counties. Michigan’s birth rate for teens ages 15–17 dropped by 28 percent in the trend period—from 24 births per 1,000 teens to 17 births. This decline meant that 1,000 fewer Michigan high school-aged teens gave birth in 2007 compared with 2000. Among the most populous counties, the West Michigan counties of Ottawa, Muskegon and Berrien reflected the most substantial declines (down by 37–41%) in births among this age group while Jackson showed the smallest decline (10%).

Births to Michigan girls ages 10–14 are not included in the teen birth calculation, but the data show the state birth rate to that age group has declined by over 25 percent in the trend period—to well below one of every 1,000 girls. In 2007, these births totaled roughly 200 compared with...
250 at the beginning of the decade. The ongoing decline means more Michigan girls will have an opportunity to finish school and gain the skills to enjoy a successful adulthood before becoming parents. Not so long ago (1992) births to girls under age 15 numbered over 400 with the rate slightly over one of every 1,000.

Among the most populous counties, Kent, Muskegon and Berrien, experienced the most substantial decrease between 2000 and 2007 in teen birth rates for the 10–14 age group. Unfortunately the highly populated southeastern counties such as Genesee and Wayne with some of the highest rates did not experience much decline in birth rates for girls in this age group over the trend period.

Teen birth rates among Michigan’s county groups reflect little variation.
Among Michigan’s county groups the teen birth rate ranged from 33 in the urban county group to 37 in the midsized county grouping. Between 2000 and 2007 the rural and urban county groups experienced substantial declines (25% and 21% respectively) in their teen birth rates. The midsized county group saw only a 16 percent decline. Reflective of the population distribution in their geographic areas, roughly 85 percent of teen births occurred in the urban counties; 13 percent in the midsized group, and 2 percent in the rural group.

Michigan’s midsized counties have had highest teen birth rates in recent years.

Births to Teens (2005–2007)
Michigan average: 33.5 births per 1,000 teens, ages 15–19

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

Over the trend period the death rate among Michigan’s teens ages 15–19 dropped by 11 percent. Roughly 57 of every 100,000 teens in this age group lost their lives in 2007 compared with 64 in 2000. Most of the 426 teen deaths in 2007 resulted from accidents (42%), primarily those involving a motor vehicle. In 2006 and 2007 teen death rates from homicide jumped back up to the level at the beginning of the decade—12 deaths per 100,000 teens.

The continuing decline in accidental deaths may reflect several factors: the implementation of the graduated licensing system for teen drivers; the steady increase in the percentage of teens who report wearing a seat belt as passengers; and teens’ decisions to refrain from driving if they have been drinking. In 2007 only one in 20 Michigan high school students reported that as passengers they rarely or never used a seat belt (6%), a rate cut in half since 1999 when 14 percent reported this behavior. Similarly, while not as dramatic a decline but moving in a positive direction, the percentage of Michigan high school students who reported driving after drinking decreased from 13 percent to 9 percent.

Among the 44 counties with a measured teen death rate the majority experienced a decline in their rates, which ranged from 21 deaths per 100,000 teens in Ingham to 329 per 100,000 in Alcona. Teen death rates among the three county groups varied considerably with much higher rates in the rural counties in 2007—82 deaths per 100,000 teens compared with 56 in the urban areas. The rural counties also experienced the most dramatic average annual increase in deaths between 2000 and 2007. Nationally as well as in Michigan the majority of traffic fatalities occur on rural roads making teenagers in those areas especially vulnerable when their lack of experience is coupled with the more risky environment.

Economic vibrancy in local communities depends on its residents’ engagement in lifelong learning beginning with a quality high school diploma.

It is well established that a high school diploma is the foundation on which adult and family success is built. For adults to thrive in today’s global economy, they must have graduated from high school ready for post-secondary education or training programs. Research is clear and compelling—successful completion of high school and further education or training provide a lifetime of employment options and earning potential for the individual as well as family supports, good health, community connections and civic engagement.

While high school graduation is at the heart of this discussion, it is a reflection of the success or failure that has been building since early childhood into the teenage years.

Dropping out is getting more expensive for individuals, families and communities.

In addition to the loss of earning potential, the lack of a high school diploma is also associated with lower marriage rates and higher rates of non-marital births, negative health outcomes for the affected individuals, and lowered opportunities for home ownership. According to calculations from Northeastern University, high school dropouts comprise the only educational group that pays less in taxes to federal, state and local governments than its members receive in assistance from those sources.

By 2006 one of every three high school dropouts in Michigan had earnings below 125 percent of poverty.

Too many young people are dropping out of Michigan high schools.

In 2008 roughly 20,600 Michigan young people who should have graduated had left high school without a diploma—they represented 14 percent of the students who had begun high school four years earlier. More than 13,500 others did not finish but were still on a path toward high school completion.

Michigan, like most other states, has adopted a cohort-based tracking system to determine the dropout rate among high school students. Through a unique identifier, public school students are tracked starting in the 9th grade to determine the outcome four years later—graduation, drop-out, or still enrolled. This new data system began with the graduating class of 2007, who would have begun high school in fall 2003. At this point, there are just two consecutive years of data available for comparison: the class of 2007 and the class of 2008 comprised of students who had begun high school in fall 2004.

The data suggest a large group composed of almost one of every 10 young people who began high school in 2004 are taking additional time to complete their secondary education. Michigan allows districts to receive school aid funding for youth through age 19, so resources are available for students to continue beyond the typical four years of high school. Just over 12,000 young people who began high school in 2003 had not graduated by 2007 but had not dropped out. The 2008 data show that over 40 percent of this group graduated after an additional year of high school. Another 30 percent or so still didn’t have enough credits for graduation, but remained on a path towards a diploma after that fifth year.

In 2008, over 13,500 Michigan high schoolers needed more than the traditional four years to earn a diploma.

Michigan’s dropout rate varies significantly by gender, race, ethnicity, and family economic status.

African-American, Latino, and American Indian young people and those from economically disadvantaged families are the least likely to graduate “on time” with their peers after four years of high school. More than one-quarter of all African-American and Latino students drop out at some point in their high school career. Fortunately a large percentage of students in their peer group are still connected to school, but in need of more time to finish.

Outcomes for Michigan High School Students (Class of 2008) by Subgroup

<table>
<thead>
<tr>
<th>Cohort 2004 (Class of 2008)</th>
<th>Graduated</th>
<th>Dropout</th>
<th>Off-Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Students</td>
<td>145,097</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>Male</td>
<td>74,163</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>Female</td>
<td>70,934</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>Native American</td>
<td>1,376</td>
<td>19%</td>
<td>12%</td>
</tr>
<tr>
<td>Asian</td>
<td>2,984</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>African-American</td>
<td>30,902</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>175</td>
<td>18%</td>
<td>8%</td>
</tr>
<tr>
<td>White</td>
<td>103,631</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>5,329</td>
<td>26%</td>
<td>12%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>700</td>
<td>17%</td>
<td>12%</td>
</tr>
<tr>
<td>Economically Disadvantaged</td>
<td>34,134</td>
<td>23%</td>
<td>16%</td>
</tr>
<tr>
<td>Limited English Proficiency</td>
<td>2,928</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td>Migrant Education</td>
<td>138</td>
<td>34%</td>
<td>17%</td>
</tr>
<tr>
<td>Students with Disabilities</td>
<td>16,636</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: Four-year Cohort Graduation and Dropout Reports, CEPI, 2009

Too many young people are dropping out of Michigan high schools.

In 2008 roughly 20,600 Michigan young people who should have graduated had left high school without a diploma—they represented 14 percent of the students who had begun high school four years earlier. More than 13,500 others did not finish but were still on a path toward high school completion.

Many young people fall behind because they are shoulder-dering responsibilities for the care of siblings, parents or other family members. Others need but are not provided adequate academic, health, or other support services. To help young people succeed, communities must provide necessary supports as well as a strong connection between traditional high schools and other settings that provide a continuing educational experience, including that provided through adult education, community college and workforce development systems.
Dropout rates vary dramatically among Michigan communities and school districts. Dropout rates vary by county from a low of 4 percent in Huron to a high of over 23 percent in Lake. At a school district level, the rates reflect an even broader range. For example, the eight school districts in Huron County have dropout rates from a low of less than 1 percent to a high of 17 percent.

On average, high school dropout rates were highest in Michigan’s urban counties in 2008—14 percent compared with 10 percent in the midsized counties and 11 percent in the rural county group. Of the 10 Michigan counties with the highest average rates (Alcona, Cass, Genesee, Ingham, Jackson, Lake, Manistee, Oscoda, Roscommon, Saginaw and Wayne), five are urban, two are midsized, and three are rural. The 10 counties with the lowest rates (Antrim, Cheboygan, Clinton, Dickinson, Delta, Gratiot, Gogebic, Huron, Leelanau and Livingston) were more predominantly midsized, with only one rural and two urban counties in the mix.

High school dropout rates were highest in Michigan’s urban counties in 2008.

Arrest data show that arrests for violent index crimes represented 6 percent of the juvenile arrests in 2008 and that boys are more involved in the system than girls: more than two of every three arrests involved boys. Arrest data vary dramatically from county to county based on the local protocols for counting a contact as an arrest; community policy and mores; and whether diversion programs are available.

Arrests for violent index crime represent the smallest share of all juvenile arrests.

Lack of data also persists at the trial court level in the juvenile justice process. Court data show a total of 51,630 juvenile delinquency petitions (charges) were filed in circuit courts. The largest number of these [18,000] resulted in a guilty plea or admission, but an additional 13,000 were diverted to an informal community-based program and 9,400 were dismissed, according to the 2008 Circuit Court Summary.27 (A cautionary note: these numbers do not reflect the number of youth involved since any one youth may have multiple petitions.)

The state makes no data available about the number of youth who are placed in out-of-home care for delinquency, other than those placed in facilities managed by the Department of Human Services (DHS). The capacity of DHS facilities has been drastically reduced over the past decade. Most youth who are placed in out-of-home care for delinquency are under the supervision of a court, which is not required to report the number of youth placed in out-of-home care to the state although the state provides partial funding for their care.

County-based analyses suggest significant disproportionate impact on minority youth at multiple junctures in the juvenile justice system, but absent any reporting requirements and a process for public dissemination of this information, the essential discussion about ways to improve this system and address the disparity cannot be held.


Child Abuse and Neglect

The maltreatment of children has immediate impact as well as lifelong consequences for the physical and emotional health of a child. Beyond the actual physical damage, up to and including death, which can result from maltreatment, its child victims also suffer other less obvious effects, such as emotional trauma and developmental delay. In later life adults who have been abused or neglected in childhood are more likely to be in poor physical health, experience depression or post-traumatic stress disorder, suffer substance abuse problems, and pursue criminal activity than adults who did not suffer from abuse or neglect as children.28

The best approach to addressing child abuse and neglect is to prevent its occurrence. This response involves an integrated strategy in which families are strengthened and communities are enabled to nurture children. An interconnected system of accessible services and supports is critical, especially for fragile, high-risk families mired in poverty, those headed by teenagers or parents troubled by substance abuse. Unfortunately Michigan has substantially reduced family support services since the beginning of the decade as a result of diminished state revenues flowing from the state’s economic downturn and priority tax policy decisions made by Michigan’s lawmakers. County collaborative bodies to coordinate human services have lost funding and programs to prevent child abuse and neglect have been under constant threat in recent budget negotiations.

Throughout this decade the Department of Human Services (DHS) has been called upon to meet the needs of a rapidly increasing number of families that qualify for assistance and at the same time protect the state’s vulnerable children through strengthening its Child Protective Services (CPS). In October 2008 the Department began to address the terms of the long-running child protection litigation settlement (“Settlement Agreement with Children’s Rights”), a class action suit brought by a national advocacy organization against the state on behalf of children involved in Michigan’s child welfare system. The settlement focuses on several goals to improve the lives of children enmeshed in the Michigan system, including the following specific objectives:

- Achieving permanent homes for children and youth who are state wards;
- Reuniting children and youth with their families in a more timely manner;
- Improving the infrastructure and staff practices in foster care placement and oversight;
- Enhancing investigative capacity to identify, address and reduce maltreatment in foster care and in the community; and
- Increasing supervision, services and support to children in kinship care.

Every six months the DHS must report on its progress towards these goals; the first report covering the period from October 2008 through March 2009 was released in October 2009. Overall, the report found the DHS was making progress in improving its capacity for providing children’s services by reducing caseloads, improving and expanding training, and beginning to address permanency for those children who have been in care the longest. The Department has not been so successful in its efforts to develop an implementation strategy for reform and communication among its central office, county offices and private agencies.

The rate of children in families investigated for abuse or neglect rose.

In Michigan reports of child abuse and neglect, which come primarily from relatives and persons required to report such as teachers, have risen since 2000. By 2008 CPS processed over 74,400 reports of abuse or neglect—over 5,000 more than in 2000. As conditions for families erode, children are at higher risk of maltreatment, particularly neglect, which involves a failure to meet the basic physical needs of children, or to protect and supervise their care appropriately.

While poverty is often allied with family distress and maltreatment of children, its associated burdens, such as single parenthood, unemployment, transportation options and social isolation, limited education, and geographic separation also play a role.29 Maltreatment and family distress, however, is in no way limited to poor communities, and there is great variation in its occurrence among those communities.

In 2008 a child in Michigan was more likely to live in a family investigated by a CPS worker for abuse or neglect than in 2000. The 2008 rate of 75 children in investigated families of every 1,000 children ages 0–17 (or 8% of children) represented a 13 percent increase from the 2000 rate of 66 children. Roughly 182,300 children in Michigan lived in a family that was investigated for child abuse or neglect in 2008. The rate rose in most (62) of Michigan’s 83 counties and even doubled in several counties such as Livingston, Barry, Eaton, Benzie, Alger, Arenac and Oscego between 2000 and 2008. Among Michigan counties the rate of children living in families investigated for abuse or neglect ranged from 21 of every 1,000 children in Keweenaw to 151 in Hillsdale.


Child Abuse and Neglect

The urban county group had by far the lowest rate of children living in families investigated for abuse or neglect—71 of every 1,000 children compared with 98 and 97 for the midsized and rural counties, respectively.

Investigation and confirmation rates for abuse/neglect are higher outside urban counties but removal rates vary little among county groups.

The rate of confirmed victims of abuse or neglect rose in almost all Michigan counties. Roughly 29,300 children were confirmed as victims of abuse or neglect in 2008 in Michigan. The rate was 16 percent higher than in 2000—12 confirmed victims among every 1,000 children ages 0–17 compared with 10 in 2000.

The vast majority (67) of Michigan counties experienced rising rates of confirmed victims over the trend period with rates in some counties doubling and tripling. Among Michigan counties the rate of confirmed victims ranged from 3 of every 1,000 children ages 0–17 in Huron to 37 in Branch.

Confirmed Victims of Child Abuse or Neglect (2008)

More than 30% Below the State Median
Within 30% of the State Median
More than 30% Above the State Median
No Data

Note: Numbers are combined for: Grand Traverse and Leelanau; Missaukee and Wexford

Source: Michigan Department of Human Services
Similar to the pattern with children in investigated families, the rate of confirmed victims was much lower in the urban county group compared with the experience in the midsized and rural county groups—11 confirmed victims of every 1,000 children in the urban group compared with 15 and 18 in the midsized and rural groups, respectively.

Young children, particularly infants, are at the highest risk of abuse or neglect. Roughly 4,500 infants in Michigan were confirmed as victims compared with 2,100 one-year-olds and 1,700 five-year-olds. Their total dependence on their caregivers makes them vulnerable at this stage of their lives. Young parents or those troubled by mental illness or substance abuse problems can face formidable challenges when trying to cope with the needs of a newborn infant.

Parents mired in poverty and trying to fulfill their responsibilities to marginal employment, along with their children, can easily succumb to depression or despair, conditions with severely detrimental effects on their families. The lack of access in their communities to mental health services or substance abuse treatments functions to enable family abuse or neglect with its dire consequences.

While national data suggest that at least one in every five confirmed cases of maltreatment of children is linked to abuse of alcohol or other drugs, other present conditions such as depression of the parent, social isolation, homelessness or domestic violence may be more directly related to the family’s maltreatment problem.30

Roughly 14,500 Michigan children lived in out-of-home care due to abuse or neglect. Confirmed child victims who are deemed by the Child Protective Services worker investigating the allegation to be at risk for further harm are removed from their homes. These children are usually placed in foster homes or relative homes supervised by the Department of Human Services or private agencies.

The rate of children in out-of-home care for abuse or neglect has declined in recent years. In 2008 roughly 14,500 child victims in Michigan were living in out-of-home care due to abuse or neglect compared with 17,300 in 2000. The rate dropped by 11 percent over the trend period—from 7 of every 1,000 children to 6.

Among Michigan counties the rate of placement in out-of-home care ranged from 1 of every 1,000 children in Houghton to 15 in Crawford. Most (58) of the 78 counties with a rate in both years experienced an increase in rates, despite an overall decline in the state.

The likelihood of out-of-home placement for confirmed victims varied little among the county groups—surprising after the much higher rates for both investigation and confirmation in the mid-sized and rural county groups.

More Michigan child victims of abuse or neglect are placed with relatives, but low stipends and limited licensing become issues.

Over the last decade out-of-home placements with relatives have become much more prevalent—with a rate increase of almost 40 percent in the decade between 2000 and 2007—average annual numbers rising from roughly 5,100 to 7,100 in that period. The Family-to-Family Initiative, which focuses on increasing family and community involvement in the placement of children, has been extended throughout Michigan’s child welfare system. Out-of-home placements with relatives are not only much less expensive for the state, they are deemed much less disruptive for the child. Children placed with relatives know their new caretaker and remain within the familiar family network. According to research studies children in kinship care are less likely to run away, more likely to remain with siblings and have visitation with birth parents.31

Of continuing concern, however, is the lack of adequate resources to assist many of these relative caregivers. Most are unable or unwilling to become adoptive parents or licensed foster care providers. They are often economically insecure themselves and as a practical barrier, their homes cannot meet licensing requirements. To address this barrier, the department is seeking a waiver from “non-safety” licensing rules and has set aside $300,000 to assist relatives to address physical improvements.

Placements of confirmed child victims of abuse/neglect with relatives increased dramatically over the past decade.

Unlicensed relative caregivers receive roughly one-quarter ($158) of the state reimbursement amounts that a licensed caregiver receives for the children in their care. To address this problem the Department of Human Services has sought to leverage federal funds that will only support licensed providers by assisting more relatives to become licensed. This approach is meeting very limited success. At the end of the first report period (the six months from October 2008 to March 2009) of the Settlement Agreement only 418 more children lived in a licensed relative home.32 The majority of children removed due to abuse or neglect, however, continued to be placed with kin providers in the first half of the 2009 fiscal year.

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Placing legal orphans in permanent setting presents a challenge.

Another problem is the over 4,000 state children who have become so-called “legal orphans” or state wards because parental rights have been terminated. Although the settlement requires that half of them be in a permanent setting by the end of 2009, most of these children continued in foster placements during the first six months of the year.33 The department was able to place only 736 of these children, and 251 youth aged out of the foster care system without a placement or guardianship, according to the first progress report. In order to meet the terms of the court Agreement, the state needed to place another 1,394 children by September 2009, the end of the third quarter.


32 In October 2008 the Department began to address the terms of the long-running child protection litigation settlement (“Settlement Agreement with Children’s Rights”), a class action suit brought by a national advocacy organization against the state on behalf of children involved in Michigan’s child welfare system.

As the state struggles to adapt to an economy in transition, no issue draws more interest and concern than the education of the next generation. The need to improve educational outcomes for a larger number of children so they can compete successfully in the global marketplace is universally acknowledged. All parents and communities want their children to be successful learners and “productive” adults. Unfortunately the opportunities to grow into such a place in the society vary widely by income level and race/ethnicity.

Currently the indicators used to assess educational outcomes for children in Michigan and its counties are the test results on the Michigan Educational Assessment Program (MEAP). These tests are administered annually in the fall to public school students in grades 3 through 8. The following discussion focuses on the math test results for 4th and 8th graders.

These grades often represent key transition points—the final years of elementary school and middle school. Of major concern are 8th graders who have not mastered grade-level concepts and as a consequence will face major challenges in continuing math coursework in high school.34 (One of the major issues these students will confront is successfully completing the four years of math included in Michigan’s dramatically expanded high school course requirements.)

To place the state and county MEAP test results in context, state-level results from The National Assessment of Educational Progress (NAEP) are also presented. NAEP, also known as the “national report card,” does not provide scores for individual students or schools, but it does present a common yardstick to review the progress of states and the nation on student achievement. NAEP results are based on representative samples of students at various grade levels. Currently the No Child Left Behind requirements for progress in school districts and states are based on state-developed tests, and each state determines what level of performance on a given test is considered proficient.

**Michigan saw a dramatic improvement in the performance of 4th graders on the MEAP math test.**

In 2003 over one-third of Michigan 4th graders performed below a proficient level on the MEAP math test. By 2008 only 12 percent were performing at this low level of proficiency. Even more surprising was the increased percentage of children demonstrating advanced math skills: a doubling over the five-year period, from 23 to 44 percent.

**Larger shares of Michigan 4th graders in 2008 demonstrated proficiency on math MEAP than 4th graders in 2003.**

Every Michigan county demonstrated improvement in the performance of their 4th graders on the MEAP over the five-year trend period. Among the counties percentages of 4th graders not demonstrating proficiency in 2008 ranged from 2 percent in Baraga to 29 percent in Lake.

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34 Test results for high school students are no longer available through the MEAP since the shift to the ACT test for state high school students.
Little variation occurred among the county groups in the percentage of 4th graders or 8th graders not demonstrating math proficiency on the MEAP in 2008. The variation for both grades was only one or two percentage points. These test results suggest that schools throughout the state have aligned their curriculum and teaching with Michigan’s stated grade-level math outcomes.

County groups in Michigan showed little difference in math MEAP results in 2008.


One of every four 8th grade students performed below a proficient level in 2008, a dramatic improvement from 2003 when almost one of every two failed to meet the proficiency level. Even more encouraging was the steep decline in the percentage of those performing below proficiency—a drop from 25 percent to 7 percent. Most impressive was the fact that the largest percentage (43%) of 8th graders taking the test performed at an advanced level.

Among Michigan counties, all but one (Ontonagon) showed declines in the percentage of 8th graders failing to reach the proficiency level on the math MEAP.

Michigan 8th graders in 2008 show dramatic gains on MEAP math test compared with 2003 results.

NAEP results show little or no improvement in math skills for Michigan 4th and 8th graders between 2003 and 2009.

The NAEP shows stagnation in the percentages demonstrating math proficiency among Michigan’s 4th graders: roughly one-third of 4th graders had test results that showed proficiency. The largest group (41–43%) of Michigan 4th graders demonstrated only basic skills on the NAEP.

Similarly roughly one-third of Michigan 8th graders demonstrated proficiency, but a much larger percentage of 8th graders compared with 4th graders had skills below the basic level—32 percent compared with 22 percent of 4th graders.
These dramatic differences in math proficiency test results for Michigan 4th and 8th graders as reflected in the MEAP and NAEP raise troubling questions about the efficacy of the high stakes system imposed by the 2002 federal No Child Left Behind law. This discrepancy between state and national test results is not unique to Michigan or to the math tests. In fact, not a single state set its reading proficiency measures as high as the national test level in 2004–05, according to an analysis of state tests in 2007 by the United States Department of Education.35

These discrepancies are fueling a push led by the National Governors Association and the Council of Chief State Officers toward establishing common standards across states. Almost all states have signed onto the effort, known as Common Core.

Others voice concerns that imposing national standards will fail to improve outcomes for American students because they will be “driven by data derived from simplistic tests keyed to simplistic standards keyed to a simplistic, dysfunctional, obsolete, 19th century curriculum.”36 While the complexities of modern life demand specialized knowledge, there is also a need to understand the relationships between bodies of information and opportunities to apply them in the “real world.”

Another tension is the focus on treating high school as universal college preparation when a significant proportion of high school graduates may not be able to continue their post-secondary schooling or fail to complete it. As the cost of higher education has been shifted to students and their families, some may not be able or willing to incur the debt load, especially those preparing for relatively low-paid professions.


Economic Security
Children in Poverty, Ages 0–17 and Ages 5–17: The percentages for child poverty are based on the total number of children ages 0–17 in poverty in the years 2005 and 2007, and the percentages for school-aged child poverty are based on the number of related children ages 5–17 in 2005 and 2007. “Related” children include only those related to the head of the family by birth, marriage or adoption.

These estimates are from the Small Area Income and Poverty Estimates (SAIPE), which are the only current source of child poverty data updated annually for all Michigan counties. (The SAIPE prior to 2005 cannot be compared to the years following 2004 due to modifications in the methodology.) Poverty rates for young children ages 0–4 are provided for the state, but county rates for this age group cannot be derived from the SAIPE.


Students Receiving Free/Reduced Priced School Lunches: 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 2008–09, including “charter” schools (public school academies). In 2006–07 the count switched to “number eligible,” based on the single record student data (SRSD). The 2006–07 estimates should not be compared with prior years’ data, which were school-level data reflecting the “number of applications.” (http://www.mich.gov/cepi).


Definitions
Population Estimates: Rates for non-census years are based on population estimates available from the Census Bureau; the 2007 estimates were the latest available when rates were calculated for this publication.

Rate Calculations: 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. These rates are less likely to be distorted than those based on numbers for a single year; this method also allows rates to be calculated for many counties with small populations. Caution should be used in using rates based on small numbers of events and small populations as they can vary dramatically and not be statistically reliable for projecting trends or considering impact.

Percentage Change: This calculation involves dividing the difference between the recent and base year rates by the base year rate (Recent rate-base rate/base rate). Rising rates in these risk indicators reflect worsening conditions for children. Changes on some indicators such as victims of abuse or neglect may reflect changes in state or local policies or staffing levels. The calculation is based on unrounded rates so calculations using published rounded rates may not reflect the same change.

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

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 adequate 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. The number is an annual average for the three-year periods of 1998–2000 and 2005–07. 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 1998–2000 and 2005–07. The percentage 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 (per 1,000): The number, which includes infants who died before their first birthday, is an annual average for the three-year periods of 1998–2000 and 2005–07. 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, some amount of error is introduced into the rate.

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

Child Deaths, Ages 1–14 (per 100,000): The number of child deaths includes deaths from all causes. It is an annual average for the three-year periods of 1998–2000 and 2005–07. The rate is the number of child deaths per 100,000 children ages 1–14 during the reference periods in the child’s county of residence.

Source: Michigan Department of Community Health, Vital Records and Health Data Development Section
Adolescence
Births to Teens, Ages 15–19 (per 1,000): The total number of births to teens between ages 15–19 is an annual average for the three-year periods of 1998–2000 and 2005–07. 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

Teen Deaths (per 100,000): The number, which includes deaths from all causes to teens ages 15–19, is an annual average for the three-year periods of 1998–2000 and 2005–07. The rate is based on the number of deaths per 100,000 teens in this age group for those periods in their counties of residence.
Source: Michigan Department of Community Health, Vital Records and Health Data Development Section

High School Dropouts: The number represents students who have dropped out of school or whose whereabouts are unknown. The rate is based on the adjusted cohort number, which is the number of students entering 9th grade in a given school year. For example, 9th graders in the 2003–04 school year were expected to graduate in 2007. These counts are adjusted by transfers in and out of the state and students deemed to be exempt. These data do not reflect outcomes for youth who continued into a fifth year of high school. The 2008 data are omitted for Hillsdale, Manistee and Tuscola counties due to data anomalies that compromised the county averages.
Source: Center for Educational Performance and Information (http://www.mich.gov/cepi)

Child Safety (Abuse/Neglect)
Children in Investigated Families: These children reside in families where an investigation of abuse or neglect was conducted in fiscal years 2000 and 2008. 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 counties of residence. Data are merged for three sets of counties: Missaukee/Wexford, Grand Traverse/Leelanau and Mecosta/Osceola.

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 2000 and 2008. In general, child abuse or neglect involves any recent act or failure to act by a parent or caretaker that results in death, serious physical or emotional harm or that presents an imminent risk of such harm. (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 counties of residence. Data are merged for three sets of counties: Missaukee/Wexford, Grand Traverse/Leelanau and Mecosta/Osceola.

Children in Out-of-Home Care: The number represents child victims of abuse or neglect who are placed 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 2000 and 2008. 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 reflect a point in time from a single month (September) in the reference years.

Education
(percentage not meeting mathematics standards)
4th Graders: The numbers reflect 4th graders whose performances on the Michigan Educational Assessment Program (MEAP) math test did not meet the standard; they scored at Level 4 (Apprentice) or Level 3 (Basic) in 2003 and 2008. 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 percentages are based on the numbers of 4th graders whose reading test scores were included in the report.
Source: Center for Educational Performance and Information (http://www.mich.gov/cepi)

8th Graders: The numbers reflect 8th graders whose performances on the Michigan Educational Assessment Program (MEAP) math test did not meet the standard; they scored at Level 4 (Apprentice) or Level 3 (Basic) in 2003 and 2008. 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 percentages are based on the numbers of 7th graders whose reading test scores were included in the report.
Source: Center for Educational Performance and Information (http://www.mich.gov/cepi)