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Kids Count in Michigan Data Book 2010

The Education Connection



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EXECUTIVE SUMMARY

CHILD WELL-BEING IN MICHIGAN

As the state struggles to reinvent its economic base, all agree that key to its success is the expansion of the pool of educated, competent, and skilled residents. While much attention has been directed to the role of the education system, many other systems, such as the social safety net, the health system, the child welfare system, the economic system and overall family supports have important roles to play in the nurture and protection of the next generation.

Child poverty (\$21,800 for a family of four) encompassed more and more children in Michigan between 2000 and 2009 and by 2009 engulfed over a quarter (27%) of young children in the state and one-fifth of all children. Economic insecurity persists well above the poverty threshold; most researchers have agreed that families with income less than double the poverty level (\$43,500 for a family of four) still struggle to meet basic needs. Children living in economically insecure families have lower achievement levels and higher dropout rates than children in higher-income families. Many of the state's lifeline programs that help families weather economic downturns have been cut back or eliminated over the past 15 years.

In recent years children in Michigan were less likely to die in infancy or childhood, but many children, particularly in low-income families, face chronic challenges related to their oral health, mental health, and physical health, including obesity, asthma, and lead poisoning. These conditions can compromise children's capacity to learn by distracting their attention in school, provoking behavior problems, or causing regular absence from school. Succeeding in school requires being present. Access to care for the almost 1 million Michigan children who rely on Medicaid has eroded due to the ongoing cuts in provider rates in state appropriations.

Birth and death rates for Michigan teens improved between 2000 and 2008, and dropout rates declined.

Graduation rates, however, did not improve. Poor academic performance is strongly linked to risky behaviors, according to analysis from the 2009 Michigan Youth Risk Behavior Survey. For example, the percentage of Michigan high school students who reported earning mostly D's/F's in their classes were almost three times more likely to report never or rarely wearing a seatbelt when passengers in a car compared with their peers earning A's/B's: 16 percent versus 6 percent.¹ Students struggling academically are also more likely to have problems with substance abuse, depression, and suicide attempts.

The rate of children who spend time in the foster care system declined despite increases in the rate of confirmed victims. Researchers have found that children placed in foster care were more likely to sustain a second trauma when their school, as well as their home, is changed. Foster children are often academically challenged even before entering foster care. A recent study showed that only half of foster youth completed high school compared with 70 percent of their peers. By age 21 only 77 percent had earned a diploma or General Equivalency Degree (GED).²

¹ These data are based on self-reporting; the question was asked "During the past 12 months, how would you describe your grades in school?" The options included: Mostly A's, Mostly B's, etc.

² Ibid.



A critical strategy to improving academic achievement is to ensure that children have their developmental needs met from birth through early elementary education so they can master reading skills by the end of the third grade. Fourth graders need to read proficiently in order to learn. Fewer than one of every three fourth graders in Michigan demonstrated proficiency in reading on the National Assessment of Educational Progress (NAEP).



INTRODUCTION

As the state struggles to reinvent its economic base, all agree that key to its success is to expand the pool of educated, competent, and skilled residents. While much energy has been focused on improving the education system, it is clear that many other systems are involved in the well-being of children and their capacity to achieve academically. The social safety net, the health system, the child welfare system, the economic system and overall family supports all have important roles to play in the nurture and protection of the next generation. Families live in communities sustained by the strength of multiple systems and the resources available in the community.

It is clear that overall these systems in Michigan are not responding to the needs of children and their families.

Michigan has lost ground on child well-being when compared with other states—slipping to an overall ranking of 30th among the 50 states, according to the latest national KIDS COUNT Data Book. This decline is driven largely by the erosion in economic security for children and families, not surprising given the persistently high unemployment and economic instability in the state since 2000.

Over the same period state leaders have trimmed billions from the state budget, largely by reducing or eliminating programs that serve poor and low-income children and their families. Programs to preserve families, prevent child abuse or neglect, provide income supports to desperately poor households, offer teen parents counseling, and/or subsidize child care so low-wage parents can work are all among the many family support programs that have sustained substantial cuts or been eliminated entirely.

This year's book presents information about the important linkages between education and other areas of child well-being. Efforts to improve the educational performance of children must align with other key systems to improve all aspects of child well-being.

Each year the Kids Count project at the Michigan League for Human Services publishes a state data book to review key indicators of child well-being in the state, its 83 counties, and the city of Detroit. Project partners at Michigan's Children help disseminate the information to state and local policymakers in order to improve programs and policies that affect children and their families.

At this juncture in the state's history a new governor takes the helm, and the 2011–12 legislative session begins with many members serving for the first time. Their challenge will be to shape policy and programs to improve the well-being of the next generation so Michigan will have the workforce to fill the jobs of the future. An active and engaged citizenry, parents, community members, and advocates must also play their roles to ensure the well-being of the next generation.





Photo Courtesy of David L. Smith

ECONOMIC SECURITY

Parents who subsist on income below the federal poverty level (\$21,800 for a family of four in 2009) cannot consistently meet the basic needs of shelter, food and clothing for their children. This subsistence below poverty compromises multiple aspects of child well-being, including mental and physical health, social behavior, and academic achievement.

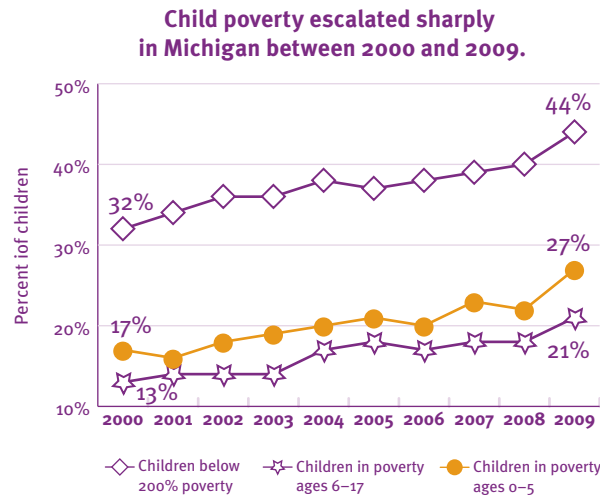
Child poverty encompassed more and more children in Michigan between 2000 and 2009 and by 2009 engulfed over a quarter (27%) of young children in the state and one-fifth of all children. It is important to note that economic insecurity persists well above the poverty threshold defined by the Census Bureau; most researchers have determined that families with income less than double the poverty level (\$43,500 for a family of four) still struggle to meet basic needs.

Self-sufficiency studies for various regions of the state have estimated a household income of roughly 200 percent or more is required to meet the average expenses for most essential goods and services, such as shelter, utilities, and transportation.¹ By 2009 almost one of every two children (44%) in Michigan lived in a family with income below double the poverty level.

Michigan children who live in families with income below double the poverty level (\$43,500 for a family of four) are more than twice as likely as their higher-income counterparts to repeat a grade (13% vs. 5%), and are substantially more likely to be disengaged from school (18% vs. 11%).² (Engagement in school is gauged by such activities as caring about doing well in school and doing homework.) Almost one of every five school-aged children in families with income below 200 percent of poverty in Michigan was perceived by their parent as not being engaged in school.

¹ *Economic Self-Sufficiency in Michigan: A Benchmark for Ensuring Family Well-Being*. Lansing, MI. Michigan League for Human Services. May 2007.

² National Survey of Child Health 2007. Tabulation by Child Trends.

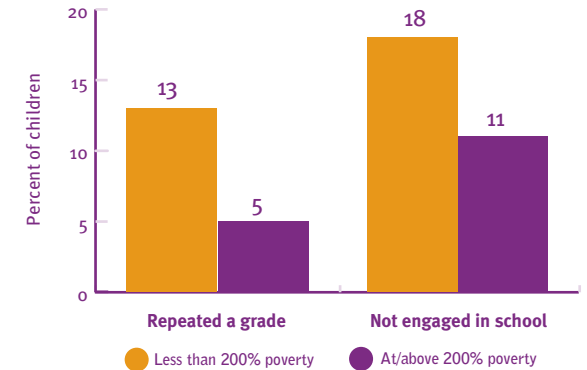


Source: American Community Survey, Kids Count Data Center

These data are borne out in the achievement gap between Michigan's low-income and higher-income students on the National Assessment of Educational Progress (NAEP). In 2009, Michigan eighth graders in families with incomes below 185 percent of poverty (\$40,200 for a family of four) had an average score that was 24 points below that of higher-income students on the reading test. Even more of a concern, the performance gap widened considerably between 2002 and 2009; in 2002 the gap was 13 percentage points.³

³ Michigan Grade 8 Public Schools. State Snapshot Report. The Nation's Report Card Reading 2009. National Center for Education Statistics. Institute of Education Sciences. [http://nces.ed.gov/nationsreportcard/pdf/stt2009/2010460M18.pdf]

Low-income children in Michigan are at substantially higher risk of being held in grade and not being engaged in school.



Source: Tabulation of National Survey of Child Health 2007. Calculations by Child Trends.

As more Michigan children suffer from poverty and for longer periods, the risk to their eventual educational attainment is threatened. A recent national longitudinal study showed that the likelihood of completing high school is linked not only to the experience of poverty during childhood but also to the length of time spent in poverty.⁴

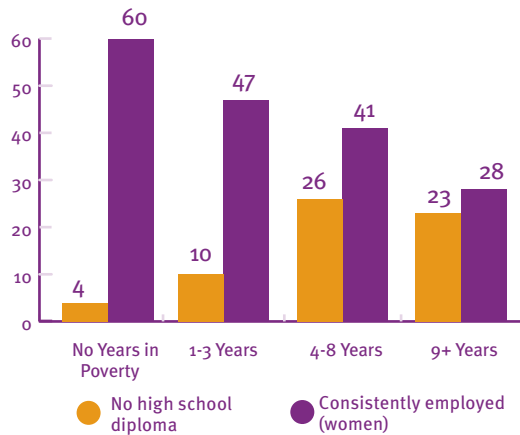
The study found that adults who had spent one to three years in poverty during childhood were more than twice as likely not to complete high school compared with adults who had not experienced poverty at all as children: 10 percent versus 4 percent. More troubling, roughly one in four adults who experienced more than three years in poverty as children failed to receive a diploma.

The number of years in poverty not only affects the likelihood of graduation from high school but the consistency of employment, particularly for women. Roughly one of

⁴ Caroline Ratcliffe and Signe-Mary McKernan. *Childhood Poverty Persistence: Facts and Consequences*. Washington D.C.: The Urban Institute. Brief 14. June 2010. (Based on analysis of the Panel of Income Dynamics data from 1968 through 2005).

ECONOMIC SECURITY

Years spent in poverty during childhood affect education and employment for young adults ages 25-30.



Source: Tabulation of Panel Study of Income Dynamics by Caroline Ratcliffe and Signe-Mary McKernan. *Childhood Poverty Persistence: Facts and Consequences*. Washington DC: The Urban Institute, June 2010

every four adult women who had spent at least half (9+) their childhood years in poverty was consistently employed compared with three of every five women who had not experienced poverty as children.

The study also highlighted dramatic racial differences in the persistence of poverty during childhood. African American children were almost five times more likely than white children to spend over three years of their childhood in poverty: 61 percent versus 13 percent.⁵ Significantly, almost two of every five African American adults had spent at least half their growing-up years in poverty. Only one in four African American adults had been entirely free from poverty in childhood compared with most white children (70%)—a dramatic difference in circumstances with profound implications for long-term outcomes across all areas of well-being. The relatively high dropout rates for low-

⁵ Ibid.



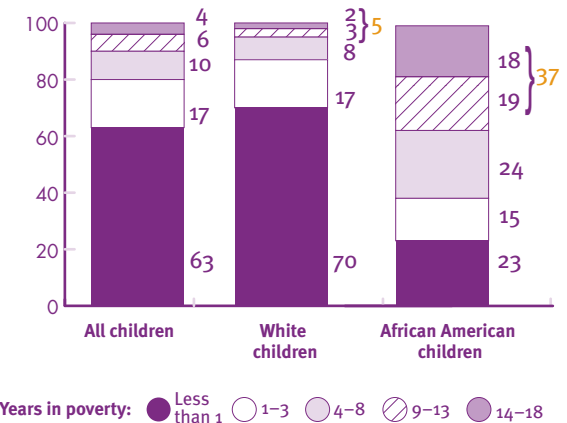
Photo courtesy of David L. Smith

income and minority youth compared with their higher-income or white non-Hispanic peers are well documented.

Poverty and the income instability that leads to food insecurity can jeopardize children's ability to learn. Food insecurity is defined as the lack of access to adequate food for active, healthy living. Food insecurity in the U.S. has increased since the beginning of the decade and in 2008 affected over one-quarter of children living in families with income below the poverty level.⁶

⁶ Vanessa R. Wright et al. *Who Are America's Poor Children? Examining Food Insecurity Among Children in the United States*. New York, New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University. August 2010.

African American children are seven times more likely to spend half or more of childhood in poverty compared with white children.



Source: *Childhood Poverty Persistence: Facts and Consequences*, The Urban Institute, June 2010.

Food insecurity affects children physically as well emotionally. Iron deficiency anemia is more prevalent among food-insecure children than their counterparts.⁷ Children without adequate iron suffer from fatigue and memory loss, which compromise their ability to function in school. In food-insecure households the cognitive development of young children may be affected by parental depression and parenting behaviors. School-aged children who are food-insecure are more likely to exhibit aggressive and destructive behaviors, as well as withdrawn and distressed behaviors than their counterparts.

⁷ Ibid for the information in this paragraph.

ECONOMIC SECURITY

Facts about Economic Security

ON ALL MEASURES ECONOMIC SECURITY HAS ERODED FOR CHILDREN IN MICHIGAN.

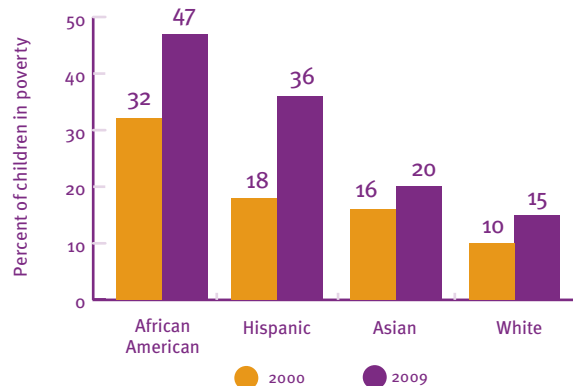
CHILD POVERTY: The child poverty rate in the state climbed from 14 percent in 2000 to 23 percent by 2009—an increase of over one-half.

- Roughly one of every five children ages 0–17 in Michigan lived in poverty in 2009, according to the American Community Survey.
- Rates were much worse for most minority groups: Almost one of every two African American children was mired in poverty and more than one of every three Hispanic children, compared with one in seven white non-Hispanic children.
- Between 2000 and 2009 the poverty rate among white non-Hispanic children escalated by 50 percent and among Hispanic children it doubled.
- Between 2005 and 2008 almost all Michigan counties experienced a worsening of poverty among children—only Midland saw a double digit decline (13%) in its child poverty rate. (County child poverty rates from the Small Area Income Estimates cannot be compared to years prior to 2005.)
- In Michigan the highest child poverty rates occurred in the rural counties, particularly in the central and northeastern Lower Peninsula.

LOW INCOME FAMILIES: More Michigan children live in low-income families.

- Almost one of every two public school students (46%) in Michigan’s K–12 system qualified for a free or reduced-price meal in the School Lunch Program. Students in families with income below 185 percent

Child poverty escalated dramatically for all racial/ethnic groups in Michigan between 2000 and 2009, but rates are particularly dire for African American and Hispanic children.



Source: Supplemental Survey 2000 and American Community Survey 2009.

of poverty (\$40,200 for a family of four) qualify for free or reduced prices.

- Participation in the School Lunch Program at free and reduced prices rose by 26 percent in Michigan over the three-year period from 2006 through 2009.

FAMILY SUPPORT PROGRAMS: Many families need to seek assistance from public programs that provide for basic needs during economic downturns.

FOOD ASSISTANCE: The percentage of children who depended on the Food Assistance Program almost tripled between 2000 and 2009—rising from 10 percent to 28 percent of all children ages 0–17.

- Children in families participating in this program, formerly known as “food stamps,” are significantly better nourished than poor children not in the program. However, the benefit levels do not differ by family composition, and are oriented to the food needs of a 9-year-old child or an elderly woman.
- Even at that, the benefit was not designed to cover the entire monthly budget for a “thrifty food” plan so many families run short of groceries before the end of the month.
- While local food banks are scrambling to respond to the tremendous need, there is increased concern about the long-term impact on children and youth whose nutritional needs are not met during their critical developmental phases.

Income Insecurity Levels

	Single Parent/ Two Children*		Two Parents/ Two Children*	
	Annual Income	Monthly Income	Annual Income	Monthly Income
Extreme Poverty (50%FPL)**	\$8,643	\$720	\$10,878	\$907
Federal Poverty Level (100%)	\$17,285	\$1,440	\$21,756	\$1,813
130% FPL	\$22,471	\$1,873	\$28,283	\$2,357
185% FPL	\$31,977	\$2,665	\$40,249	\$3,354
200% FPL	\$34,570	\$2,881	\$43,512	\$3,626
Full-time minimum wage income**	\$15,392	\$1,283	\$15,392	\$1,283
Difference between FPL & minimum wage income	\$1,893	\$158	\$6,364	\$530

Note: These amounts are based on gross income, not actual net earnings.

* Children under age 18 FPL—Federal Poverty Level for 2009

** Currently \$7.40 an hour in Michigan.

In recent years children in Michigan were less likely to die in infancy or through the early teen years, but many children, particularly in low-income families, face challenges related to their oral health, mental health, and physical health, especially related to obesity, asthma, and lead poisoning. These conditions can compromise their capacity to learn by distracting their attention in school or causing regular absence from school. Succeeding in school requires being present. Chronic absenteeism leads to low academic achievement and increases the likelihood of dropping out.

Oral health is key to overall well-being and critical to speech development, ability to concentrate, and self-esteem. School children from low-income families are particularly disadvantaged in their access to oral health services; they had nearly 12 times as many days of absenteeism due to dental problems as children in higher-income families.⁹ Untreated dental problems can complicate eating, speaking, and learning. While children insured by Medicaid, now representing almost two of every five children in the state, are entitled to dental treatment, access to care is a serious problem. In the urban counties, the challenge is to find a dentist who will accept Medicaid payments of roughly 41 percent of the average retail fee.¹⁰ While in 61 of the state's (mostly rural) counties, the Healthy Kids Delta Dental coverage for publicly insured children will reimburse at 100 percent of the usual charges for dental services, a shortage of dental providers is a problem in these areas.

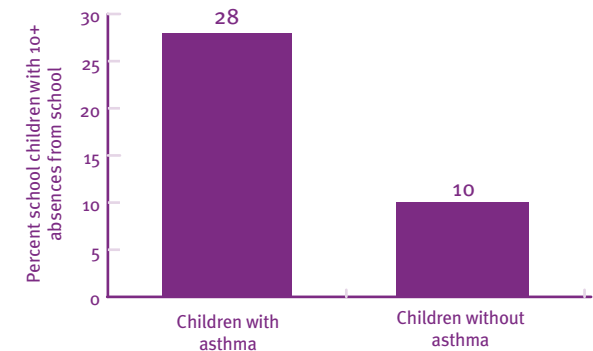
Lead also threatens children's health. Children exposed to lead, particularly during their early years when their central nervous systems are developing, can suffer reduced cognitive capacity and increased behavior problems that interfere with their ability to learn. Low-income children living in older housing are particularly vulnerable: They

sustain rates of lead poisoning 30 times higher than those of middle-income children in newer housing.¹¹

In 2009, roughly 800 Michigan infants and toddlers under the age of 2 tested for lead had elevated blood lead levels, that is, 10 or more micrograms per deciliter of blood, the current definition of lead poisoning. Recent research, however, suggests that blood lead at even half that level shows damaging effects. Without broad testing to detect lead poisoning as early as possible and the employment of effective interventions to eliminate the source of the contamination, the potential of thousands of the state's children to be successful learners will be compromised.

Asthma is one of the most common causes of chronic absenteeism from school. As the most prevalent chronic disease among children, it affects roughly one of every 10 school children ages 6 to 17 in Michigan. The disease causes inflammation and narrowing of the airways in the lungs and causes symptoms such as recurring bouts of wheezing, tightness in the chest, shortness of breath, and coughing. In each year over the three years from 2006 through 2008, roughly 4,000 children ages 1–14 in Michigan were hospitalized with asthma as the primary diagnosis. This works out to a rate of roughly 21 hospitalizations per 10,000 children whose symptoms had reached such an acute stage.

Michigan children suffering from asthma were almost three times more likely than those without asthma to be absent from school 10 or more days.



Source: National Survey of Children's Health (2007). Calculations by Child Trends.

The disease cannot be cured, but the symptoms can be managed by avoiding the stimuli that trigger attacks, taking medication, and obtaining frequent medical follow-up. Without adequate medical supervision, children may not be able to avoid the environmental triggers nor obtain the necessary medication to mitigate the symptoms. Children in areas with high levels of particle pollution from industry or traffic or in housing with mildew or mold are especially vulnerable. Michigan school children suffering from asthma were roughly three times more likely to miss at least 10 days of the school year than their peers who did not suffer from the disease.

An analysis of absenteeism in the Baltimore, Maryland, school district found that chronically absent students scored 15–20 points below their peers who attended school regularly—a larger achievement gap than those between low-income students and English language learners and their counterparts.¹² As Michigan moves toward more

⁹ *Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn*. National Maternal and Child Oral Health Resource Center.

¹⁰ University of Michigan C.S. Mott Children's Hospital. Access to Care. An Overview of Children's Health Issues in Michigan. 2010.

¹¹ Michigan Department of Community Health. *Michigan Critical Health Indicators: 2007*. April 2007.

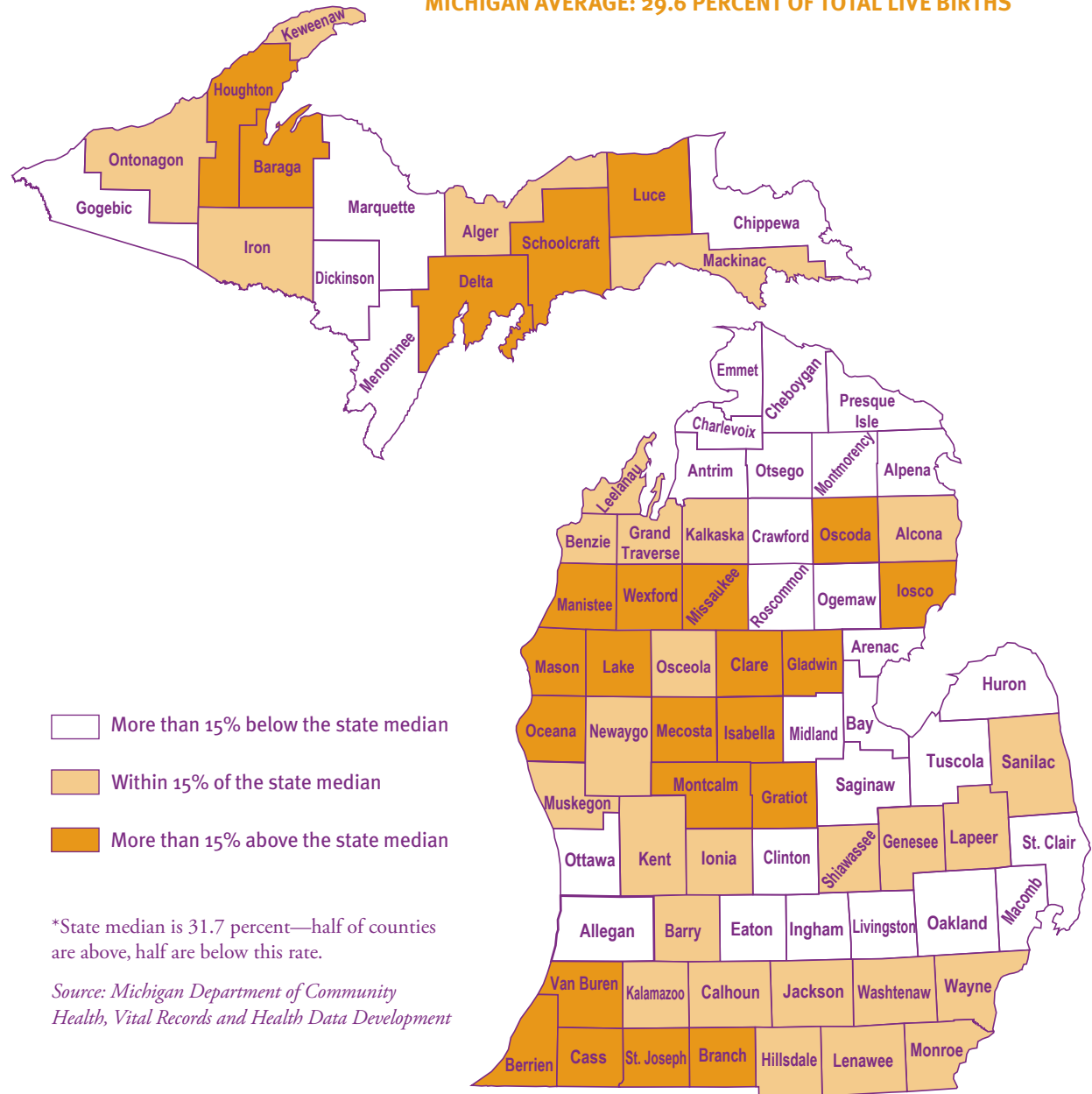
¹² Sarah D. Sparks. Districts begin looking Harder at Absenteeism. *Education Week*. Volume 30: No. 6. October 6, 2010.

stringent academic standards, students who miss school often will simply not be able to keep up with the demanding coursework.

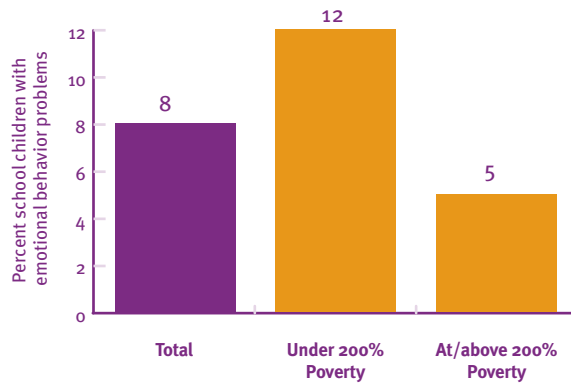
Children in economically insecure families with income below 200 percent of the poverty level (\$43,500 for a family of four) are more likely to exhibit behavior problems. In Michigan one of every eight children in low-income families was reported to have behavior problems compared with one of every 20 children in higher-income families. Behavior problems can often impede success at school and result in students being suspended or expelled from the classroom. Children from low-income families have much higher risk of suspension and expulsion than their more affluent counterparts.

Not only does a larger share of low-income children exhibit behavior problems, but they are also much less likely to be engaged in school. In fact, the majority of the state's low-income children with behavior problems were not engaged in school, compared with just over one-third of

LESS THAN ADEQUATE PRENATAL CARE, 2008 MICHIGAN AVERAGE: 29.6 PERCENT OF TOTAL LIVE BIRTHS



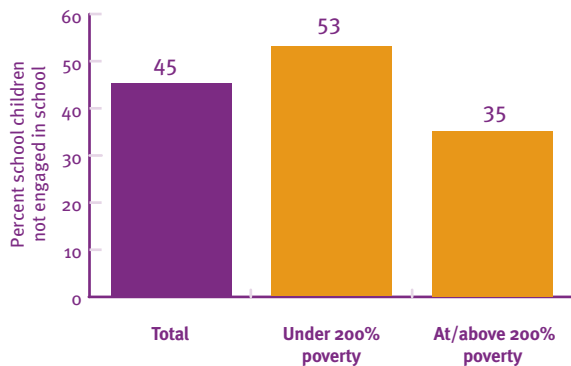
Low-income children in Michigan are more than twice as likely to have behavior problems as their more affluent peers.



Source: National Survey of Children's Health (2007).
Calculations by Child Trends.

CHILD HEALTH

Over half of low-income children with behavior problems were not engaged in school compared with one-third of their higher-income peers.



Source: National Survey of Children's Health (2007).
Calculations by Child Trends.

such children in higher-income families. In higher-income families children with behavior problems are probably more likely to get the supports they need at home, in the community or in school in order to maintain engagement in school.

All of these disparities are aggravated by the inequities in access to health care and preventive services. Such access is crucial to ensuring healthy development. With the increase in child poverty and parental unemployment in Michigan many more children participate in the Medicaid program: Almost 1 million children in the state now depend on Medicaid (37% of all children). Complicating their access to necessary services, however, is the erosion in provider rates paid by the state for Medicaid services. Since 2009, provider rates, which were already significantly below reimbursement rates from employer plans, were reduced by 8 percent.

Facts about Child Health

CHILD HEALTH INDICATORS REFLECT A MIXED PICTURE. MEASURES OF MATERNAL AND INFANT HEALTH RISK ARE RELATIVELY HIGH COMPARED WITH OTHER STATES AND WORSENING, WHILE CHILD DEATH RATES ARE RELATIVELY LOW AND IMPROVING.

PRENATAL CARE: Only seven of every 10 mothers of newborns in 2008 received adequate prenatal care. (2008 was the first full year of data from Michigan's revised birth certificate; data from previous years cannot be compared on this particular indicator.)

- Roughly 36,000 mothers of Michigan newborns did not receive adequate prenatal care in 2008.
- The four Michigan mid-sized and rural counties where one of every two babies had received less than adequate prenatal care were located in four different areas of the state.

LOW-BIRTHWEIGHT: In Michigan in 2008 one of every 12 newborns weighed less than five and half pounds—increasing the risk of developmental delays or chronic disease.

- The percentage of low-birthweight babies in Michigan was 7 percent higher in 2008 compared with 2000.
- Only 23 of 82 Michigan counties showed any improvement on this measure.
- The readiness gap begins at birth with higher rates of minority and low-income infants born too small, which puts them at higher risk for developmental delay, behavior problems or chronic disease such as cerebral palsy, blindness and mental retardation.

INFANT MORTALITY: A baby born in 39 other states is more likely to survive the first year of life than one born in Michigan.

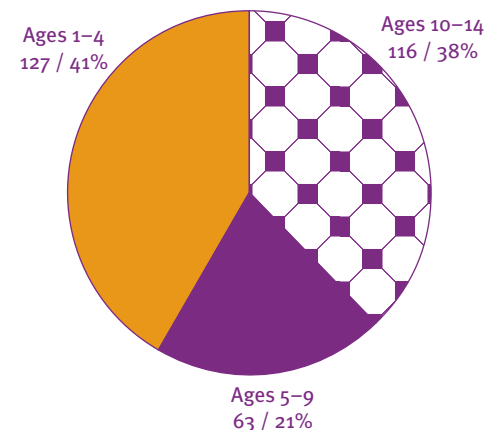
- In 2008 roughly 950 infants in Michigan did not survive until their first birthday.

- The infant mortality rate among African American infants continues to be roughly triple that of white infants.

CHILD DEATH RATE: The death rate among children, ages 1–14, improved dramatically between 2000 and 2008—dropping from 23 to 17 deaths per 100,000 in this age group.

- On average in 2006–08, 322 of the state's children died annually.
- The youngest children, ages 1–4, have the highest risk of death; children in this age group were more likely to die of disease than elementary or middle school aged children (64% versus 54% and 55% of deaths).

The largest number of child deaths in Michigan was among young children in 2008.



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



ADOLESCENCE

Adolescence can present many challenges as youth make the transition to adulthood. Many young people test limits and indulge in experimentation with risky behaviors during this period. The youth reflected in the Kids Count statistics include those who die during their teenage years, have a baby, or drop out of school, but the statistics do not reflect the many others who experience depression, serious injuries or pregnancies—all circumstances that affect their lives dramatically during these formative years.

The Youth Risk Behavior Survey (YRBS) provides insights into some of these issues among Michigan high school students. It is important, however, to remember that some of the most vulnerable young people—those who have dropped out of high school—are not included in these data.

Poor academic performance is strongly linked to risky behaviors, according to analysis from the 2009 Michigan YRBS.¹³ For example, the percentage of Michigan high school students who reported earning mostly D's/F's in their classes were almost three times more likely to report never or rarely wearing a seatbelt when passengers in a car compared with their peers earning A's/B's: 16 percent versus 6 percent.¹⁴ They were also more than twice as likely to have been in at least one physical fight in the previous 12 months and have had sexual intercourse before age 16 than their more academically successful peers. Over one-third of D/F students reported having carried a weapon in the past 30 days—35 percent vs. 13 percent for A/B students.

Michigan's high school students with poor academic performance were also at much higher risk for depression, suicidal thoughts, and actual suicide attempts than their more academically successful peers. Almost one-half of students with poor academic performance reported suffering from

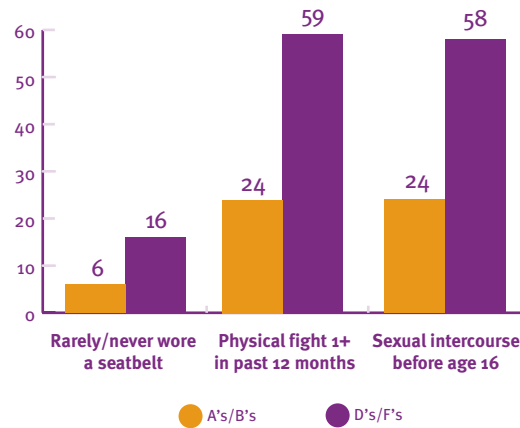
¹³ The data from the Michigan YRBS cited in this discussion are from the table: 2009 Michigan Youth Risk Behavior Survey: Detailed Results by Item produced by Kim Kovalchick at the Michigan Department of Education.

¹⁴ These data are based on self-reporting; the question was asked "During the past 12 months, how would you describe your grades in school?" The options included: Mostly A's, Mostly B's, etc.

depression—twice the percentage of the A/B students (47% vs. 22%), and almost one-third had considered attempting suicide—again well over twice as likely as their more academically successful peers (31% vs. 13%). Even more disturbing, almost one-quarter of the D/F students had actually tried to commit suicide in the past 12 months—more than triple the rate of the A/B students (23% vs. 7%).

Students struggling academically are also more likely to have problems with substance abuse. Students reporting grades of mostly D's/F's were almost five times more likely to have smoked cigarettes on 20 or more of the past 30 days

Michigan high school students receiving A's/B's were much less likely to report risky behaviors than those receiving mostly D's/F's.



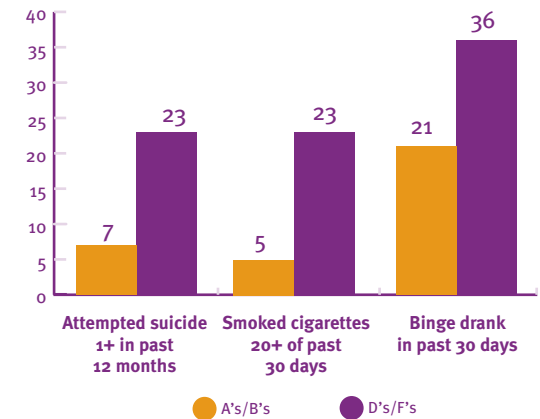
Source: Michigan Youth Risk Behavior Survey 2009



(23% vs. 5%), and almost twice as likely to report binge drinking—five or more drinks within a couple of hours—than their peers with mostly A's and B's (36% vs. 21%).

Young people who engage in these behaviors during their teenage years are at high risk for long-term health problems. Cigarette smoking continues to be the leading cause of preventable deaths in the United States, increasing the risk for disease in the heart and lungs, as well as multiple forms of cancers.

Relatively large percentages of Michigan high school students receiving D's/F's reported attempts of suicide and high levels of substance abuse.



Source: Michigan Youth Risk Behavior Survey 2009

ADOLESCENCE

Facts about Adolescence

THREE KEY INDICATORS OF ADOLESCENT RISK SHOWED IMPROVEMENT BETWEEN 2000 AND 2008, AND THE STATE COMPARED FAVORABLY WITH OTHER STATES ON THESE MEASURES, RANKING IN THE TOP 20.

TEEN BIRTHS: Between 1998–2000 and 2006–08 the state’s teen birth rate dropped by 20 percent—from 42 births per 1,000 teens to 34 births per 1,000.

- Michigan’s teen birth rate earned the state its best ranking (14th) among the 50 states. The state averaged a rate of 34 births per 1,000 female teens ages 15–19 over the three-year period 2006–08.
- Relatively large numbers of teens are affected by teen birth, however: each year roughly 12,300 teens gave birth in the three-year period 2006–2008.
- The majority of teens who gave birth in 2008 in the two major racial groups had not yet earned a high school diploma or a GED: 52 percent among white teen mothers versus 56 percent among African Americans.
- A geographic review showed almost all Michigan counties improving their teen birth rates over the trend period—only six did not.
- The highest teen birth rates—those more than 20 percent above the state median—were concentrated in the state’s central and western counties, as well as the southwestern border counties.
- The birth rate for non-Hispanic white teens in Michigan was lower than the national rate (24.5 births per 1,000 teens vs. 27.2 per 1,000) while those for African American (64.0) and Hispanic (77.7) teens

were not significantly different from the national averages, 64.2 and 81.8 respectively.¹⁵

TEEN DEATHS: The teen death rate in Michigan also improved over the trend period—dropping by 13 percent from 64 deaths per 100,000 teens ages 15–19 to 56 deaths.

- A total of 414 youth died each year in the years 2006–2008.
- Michigan’s 2007 teen death rate ranked 19th among the 50 states.
- The majority of counties with rates that could be calculated showed improvement over the trend period 2000–2008.

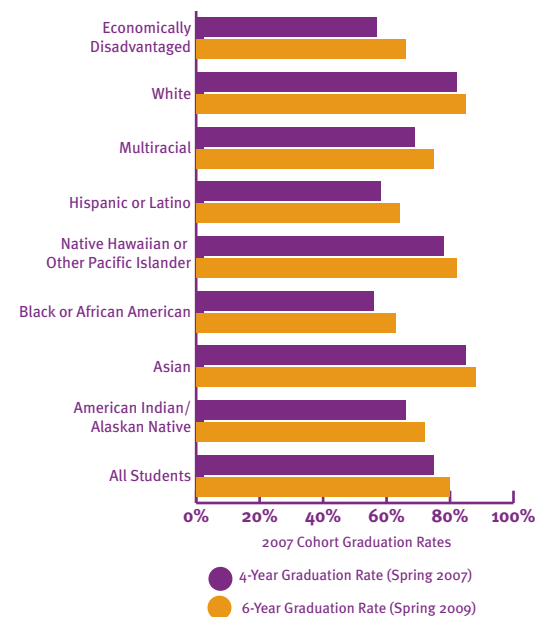
HIGH SCHOOL DROPOUT: The dropout rate was 25 percent lower for the class of 2009 than the class of 2007, the first year the cohort dropout rate was calculated.¹⁶ Despite this progress, the graduation rate did not improve over the same time period, indicating a need for programs serving young people who may need more time or different paths to graduate.

- The dropout rate fell from 15 percent in 2007 to 11 percent of the 2009 cohort who began ninth grade

¹⁵ T.J. Matthews et al. *State Disparities in Teenage Birth Rates in the United States*. NCHS Data Brief. No. 46. October 2010. Hyattsville, Maryland: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Health Statistics.

¹⁶ A cohort is comprised of the ninth graders enrolled in a given year who are expected to graduate in four years. Students who leave school without transferring to another school are considered dropouts; only students who graduate “on-time” at the end of the fourth year of high school are included in the graduation rate.

Additional years of high school make a difference in graduation rates for poor and minority students.



Source: Cohort Graduation and Dropout Reports, CEPI

four years earlier. The four-year graduation rate remained at 75 percent during that same time frame.

- Roughly 16,000 students from the class of 2009 left school without having received a diploma. More than 17,000 others did not graduate in four years, but were still on a diploma path.
- Dropout rates for most racial/ethnic groups declined between 2007 and 2009, while graduation rates remained stagnant.
- Graduation rates improved and dropout rates declined more significantly for minority and low-income students when their status was examined five and six years after entering as freshmen.



CHILD SAFETY

Children who have suffered from abuse or neglect often experience emotional as well as physical trauma that impedes their capacity to learn. Outcomes for child victims who have been removed from their parents or guardians and spent time in foster care are well-documented by research. These are the children whose safety has been jeopardized by the most severe abuse or neglect.

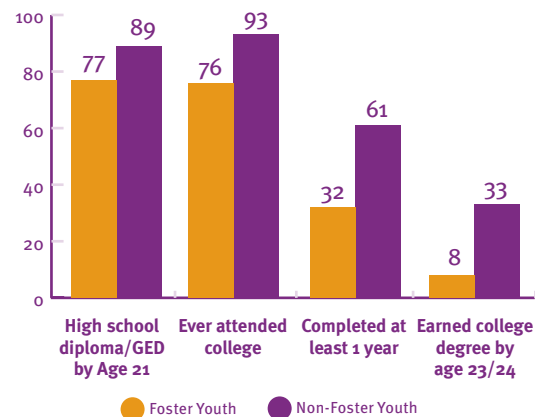
Children who spend time in the foster care system sustain a second trauma from abrupt separation from their parents, siblings, extended family, and often their community. Possibly most disruptive for school-aged children is the move to another school district due to limited placement options. Sometimes children in foster or relative care are able to remain in their schools, but often their schooling as well as their home life is changed. Such transitions can be particularly damaging when they occur during the school year. The Midwest Study of Foster Care Youth found that over half of 17- and 18-year-olds in the foster care system reported changing schools an alarming three times or more, and one-quarter had missed at least one month of school.¹⁷

Compounding the impact of these changes, foster children are often academically challenged before entering foster care. Roughly two of every three foster children were either old for their grade or in the bottom quartile in reading proficiency when they entered care, according to a Chapin Hall Study of foster children in the Chicago Public Schools.¹⁸ Children who are old for their grade are at much higher risk for eventually dropping out of school. Even more troubling, almost one of every four foster children was both old for their grade and in the bottom quartile.

The same study found that foster children in Chicago were concentrated in schools with the largest percentages of children not achieving national reading norms. They were twice as likely as their non-foster counterparts to be old for their grade—thus at higher risk for dropout before completing high school. Not surprising, these children are also at much higher risk for behavioral problems.

Given these circumstances, it is not surprising that only half of foster youth complete high school compared with 70 percent of their peers. By age 21 only 77 percent had earned a diploma or General Equivalency Degree (GED),

Youth in foster care have much lower levels of educational attainment than their peers who have not experienced foster care.



Source: Courtney, Dworsky, Lee & Rapp (2010)/Courtney, Dworsky, Cusick, Haulicek, Perez & Keller (2007) for diploma/GED



according to a recent study.¹⁹ These outcomes have lifelong employment and economic consequences that may be difficult, if not impossible, to overcome.

To address this problem, the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351) requires the child welfare agency to coordinate with the local school to stabilize the educational setting for foster children whenever possible and appropriate. If it is not in the child's best interest to remain in the same school, the child welfare and local education agency must ensure immediate enrollment in another school and make sure that all the child's educational records are provided. Children who move among multiple placements are particularly vulnerable to academic disruption, which leads to retention in grade with all of its attendant negative consequences.

¹⁷ From a presentation *Educational Outcomes of Youth in Foster Care* by Dr. Amy Dworsky, at a training on Educational Issues in Child Welfare sponsored by the State Court Administrative Office Child Welfare Services Division, Michigan Court Improvement Program. (August 17, 2010) East Lansing, Michigan.

¹⁸ Ibid.

¹⁹ Ibid.

Facts about Child Safety

COMPARED WITH 2000, CHILDREN IN 2009 WERE MORE LIKELY TO LIVE IN A FAMILY INVESTIGATED FOR CHILD ABUSE OR NEGLECT AND BE CONFIRMED AS A VICTIM, BUT LESS LIKELY TO BE REMOVED FROM THEIR HOMES.

CHILDREN IN FAMILIES INVESTIGATED FOR ABUSE OR NEGLECT: In 2009, roughly 176,000 children in Michigan lived in a family where an investigation was conducted to determine if child abuse or neglect had occurred.

- The rate of children in investigated families was 12 percent higher in Fiscal Year 2009 than in FY 2000: 74 children per 1,000 vs. 66 per 1,000.
- The rates of children in investigated families worsened in most (66) Michigan counties.

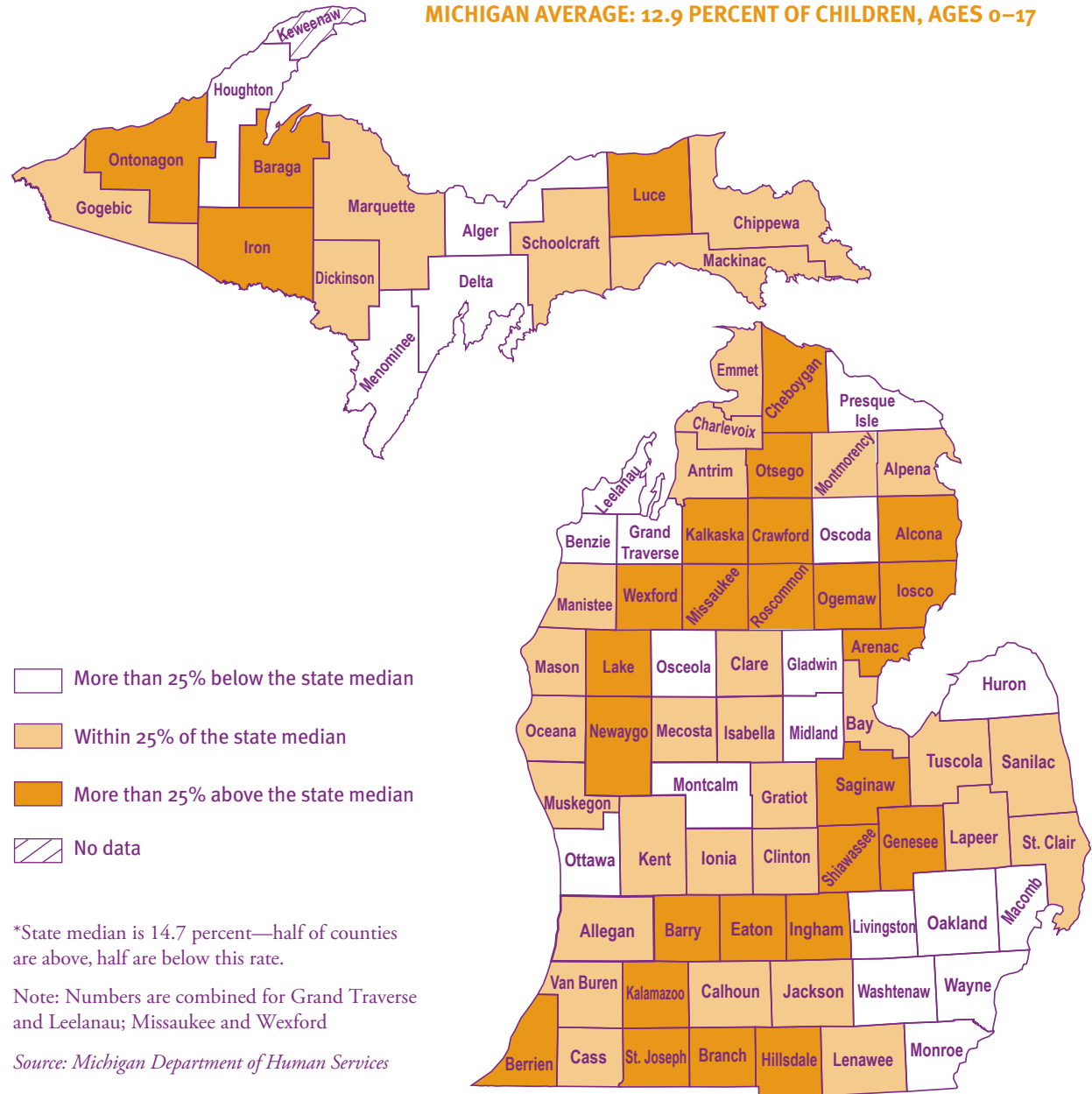
CONFIRMED VICTIMS OF ABUSE OR NEGLECT: The rate of confirmed victims rose 25 percent between FY 2000 and FY 2009—from 10 children per 1,000 children to 13 per 1,000.

- In 2009, roughly 30,800 children in Michigan were confirmed as victims of abuse or neglect.
- In only 12 of 81 counties did the rate decline between FY2000 and FY2009.

CHILDREN IN OUT-OF-HOME CARE FOR ABUSE OR NEGLECT: The rate of children in out-of-home care for abuse or neglect declined 20 percent over the trend period—from roughly 7 children per 1,000 to 5 per 1,000.

- The rate of children in out-of-home care for abuse or neglect decreased in only 31 of the 75 Michigan counties with rates in both years.
- In 2009, roughly 12,700 children were in out-of-home care at the end of the fiscal year.

CONFIRMED VICTIMS OF ABUSE, NEGLECT (2009)
MICHIGAN AVERAGE: 12.9 PERCENT OF CHILDREN, AGES 0–17



EDUCATION

A critical strategy to improving academic achievement is to ensure that children have their developmental needs met from birth through early elementary education so they can master reading skills by the end of the third grade. A recent KIDS COUNT report from the Annie E. Casey Foundation argues that reading proficiency by the end of the third grade should be a major focus of national and state efforts to support children.

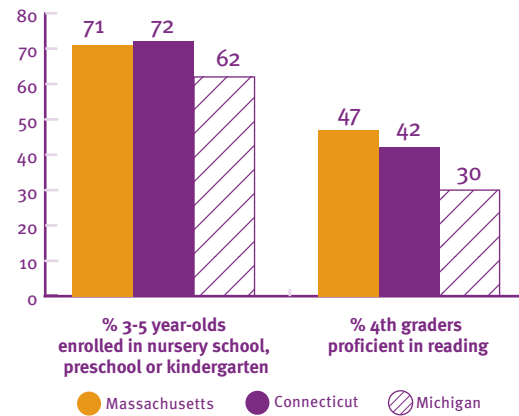
Reading proficiency by the end of the third grade is key to success in school. Children are learning to read until the fourth grade; after that they must be able to read in order to learn. Three-quarters of poor readers in the third grade will remain so into high school, according to Yale University researchers.²⁰ Students who are not proficient in reading also tend to have more behavioral problems than their peers and higher rates of grade retention, which puts them at risk for dropping out during high school.

Fewer than one of every three fourth graders in Michigan demonstrated proficiency in reading on the National Assessment of Educational Progress (NAEP). The states with the largest percentages of fourth graders proficient in reading also had the largest percentages of their 3- and 4-year-olds enrolled in a preschool program—72 and 71 percent in Connecticut and Massachusetts compared with 62 percent in Michigan. Michigan ranked 34th among the 50 states in reading proficiency among fourth graders; Massachusetts and Connecticut ranked 1st and 2nd.²¹ Massachusetts and Connecticut had also set their standards much closer to the NAEP proficiency standard than Michigan. Michigan's standard was the fourth-lowest in the nation for fourth grade reading, according to a study by the National Center of Education Statistics.

²⁰ *Early Warning! Why Reading by the End of Third Grade Matters*. A KIDS COUNT Special Report. Baltimore, Maryland: The Annie E. Casey Foundation. June 2010.

²¹ *Ibid.*

States with largest percentages of 4th graders who are proficient readers also had largest percentages of young children enrolled in preschool.



Source: Early Warning! Why Reading by the End of Third Grade Matters. A KIDS COUNT Special Report. Annie E. Casey Foundation. 2010.

A crucial recommendation to increase reading proficiency by the end of third grade is for states and communities to develop a coherent system of early care and education that aligns from birth through third grade. This focus would increase the number of children born healthy, treated for health conditions and developmental delays as early as possible, and provided services and interventions to foster developmental readiness—cognitively, socially, physically, and emotionally—to succeed academically at time of school entry. Michigan has made some progress in this area through the Early Childhood Investment



Corporation and its network of Great Start Collaboratives staffed through the 55 Intermediate School Districts.

The readiness gap begins at birth with higher rates of minority and low-income infants born too soon or too small, which puts them at risk for developmental delay, behavior problems or chronic disease such as cerebral palsy, blindness and mental retardation. This gap widens over the preschool years and becomes the achievement gap that persists through the K–12 years. Early interventions, family support programs, and access to high-quality early care and education programs can make an enormous difference in the capacity of children to learn.

Vital to this effort would be universal access to high-quality programs and resources for child care, early learning, preschool, after-school, and summer learning experiences. These, in turn, require a well-trained, competent, and qualified workforce with sufficient compensation and ongoing professional development.



Photo courtesy of David L. Smith

Facts about Education

WHILE LARGER PERCENTAGES OF MICHIGAN 4TH AND 8TH GRADERS DEMONSTRATED PROFICIENCY ON THE MEAP READING TESTS IN 2009 COMPARED WITH 2003, THE MICHIGAN STANDARDS ARE SOME OF THE LOWEST IN THE NATION.

The percentage of fourth graders who did not demonstrate proficiency on the Michigan Educational Assessment Program (MEAP) reading test dropped from 25 percent in 2003 to 16 percent in 2009.

- Almost all (79 of 82) Michigan counties saw improvement over this period in reading proficiency for fourth graders as measured by the MEAP.
- Roughly 18,000 of the 113,000 Michigan 4th graders who took the test scored below proficient.

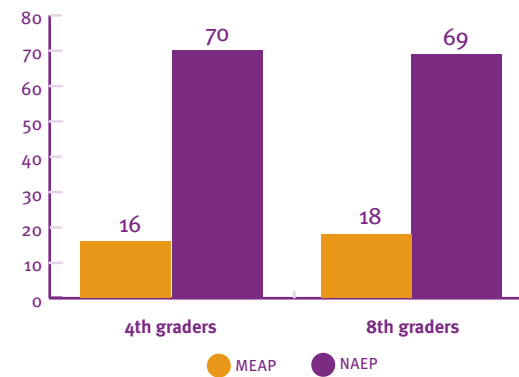
A much larger percentage—70 percent—of Michigan 4th graders were not considered proficient in reading by national standards.

- Michigan set its 2007 proficiency level for 4th grade reading at a level below what is considered “basic” in the NAEP.²²
- Michigan was one of 15 states that lowered its standards for 4th or 8th grade reading or math proficiency between 2005 and 2007.²³

The percentage of 7th graders who did not demonstrate proficiency in reading on the MEAP fell from 39 percent in 2003 to 18 percent in 2009.

- In 2009 roughly 21,000 of the 115,000 seventh graders taking the test did not demonstrate proficiency in reading by MEAP standards.
- The percentage of seventh graders not proficient by the MEAP reading standard dropped by over half—54 percent over the six year-year trend period.
- The percentage of eighth graders in Michigan who performed below the NAEP proficiency level was 69 percent in 2009. This percentage was not significantly different from that in 2002 (68%).

The shares of Michigan 4th and 8th graders not deemed proficient in reading are much larger by national than state standards.



Source: Center for Educational Performance Information (MEAP) - 2009, National Assessment of Educational Progress (NAEP) - 2009

²² Ibid.

²³ Sam Dillon. “Federal Researchers Find Lower Standards in Schools. *New York Times*. (October 30, 2009). http://www.nytimes.com/2009/10/30/education/30educ.html?_r=1

BACKGROUND INDICATORS

(in order of appearance on profiles)

Population

Estimated populations for 2008 of children ages 0–17 by race and ethnicity (white, African American, Hispanic, other) are calculated on the numbers of people living in an area as of July 1. 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*

ACCESS TO HEALTH CARE

Children Ages 0–18 insured during 2005–07

The estimates are a three-year average based on the Current Population Survey conducted by the U.S. Census Bureau. The estimate for each year includes children who were insured at any point during the year by public or private coverage programs.

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

Children Ages 0–18 insured by:

- **Medicaid:** The number reflects a point in time enrollment in Medicaid during a single month (December 2009). 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 2008.

Source: Michigan Department of Human Services. *Special Run for December 2009 (for Detroit); Michigan Department of Human Services, Assistance Payments Statistics, Table 70, December 2009 (for counties).*

DEFINITIONS

Population Estimates: Rates for non-census years are based on population estimates available from the Census Bureau; the 2008 estimates were the latest available when rates were calculated for this publication.

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 numbers for a single year; 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 cannot be considered statistically reliable for projecting trends or considering impact.

Percentage 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 for indicators in this report. Changes on the safety indicators which reflect activity by Child Protective Services may signal adjustments to state or local policies or staffing levels rather than changes in actual conditions for children. The calculation is based on unrounded rates so calculations using published rounded rates may not reflect the same change.

Rank is assigned to a county indicator based on the rounded rate of the most recent year or the annual average of a 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.

- **MiChild:** This program provides health insurance to children ages 0–18 in families with income between 150–200 percent of the federal poverty line through the federal Child Health Insurance Program (CHIP) with some restrictions. The number is the average of the monthly counts of children insured during 2009. The percentage is based on the estimated population of children ages 0–18 in 2008.

Source: MAXIMUS. *MiChild Monthly Executive Summaries*

Fully Immunized Toddlers, Ages 19–35 Months

The number reflects children ages 19–35 months who had completed the vaccination 4:3:1:3:3:1 Series Coverage as of December 2009, 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. The state immunization rate from the MCIR continues to reflect lower rates than the Michigan estimate from the National Immunization Survey (NIS): 60.9 percent (December 2009) compared to the NIS rate of 74.5 percent for children born between January 2005 and June 2007.

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 2009. The percent tested is based on the number of children ages 1–2 as of July 2008.

- **Lead Poisoned (% of tested):** This number reflects children ages 1–2 whose test showed 10 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 and then confirmed by venous blood tests to be poisoned.

Source: Michigan Department of Community Health, Childhood Lead Poisoning Prevention Program, 2009

Children ages 1–14 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 2006–08, and the rate indicates the annual average incidents per 10,000 children ages 1–14 during 2006–08. Rates, calculated by the Bureau of Epidemiology at the Michigan Department of Community Health, use 2006 American Community Survey population estimates for the 2006–08 period. Rates are provided only for counties with a three-year total of more than 20 hospital discharges for children diagnosed with asthma, and numbers for those with more than 4 incidents.

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

CHILDREN WITH SPECIAL NEEDS

Infants Born with a Birth Defect

The numbers reflect the annual average of infants reported with a birth defect over the three-year period 2005–07. Only infants under 1 year of age who are identified with at least one of over 800 types of defects within their first year are counted. The percentage is based on the average numbers of live births during 2005–07. Location is based on the residence of the mother. A recent analysis of the Birth Defects Registry Database suggests that differences



in the reporting of ambulatory cases in clinics or physicians' offices after babies leave the hospital may explain much of the variation in county rates.

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

Students in Special Education (2009–10 school year)

The number includes all individuals ages 0 through 26 receiving special education services as of December 2009, 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 Price Lunch data file.

Source: Center for Educational Performance Information [<http://www.mich.gov/cep>]

Children Receiving Supplemental Security Income (rate per 1,000)

The number reflects child recipients of Supplemental Security Income (SSI) as of a single month (December 2009). SSI is a federal Social Security Administration program of cash and medical assistance for elderly and disabled persons, including children. Low-income children under age 18 are eligible if they have special health 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, receiving foster care or for whom there is an adoption assistance agreement (Title IV-E). The rate is per 1,000 children ages 0–17 in 2008.

Source: Michigan Department of Human Services, Special Run for December 2009

DATA NOTES, DEFINITIONS, AND SOURCES

ECONOMIC CONDITIONS

Unemployment

The average annual unemployment rate was calculated from the monthly unemployment numbers for 2009. This rate has not been seasonally adjusted.

Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics [<http://data.bls.gov/servlet/map.servlet.MapToolServlet?survey=la>]

Median Household Income (2008)

The median represents the midpoint of all household income amounts.

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

FAMILY SUPPORT PROGRAMS

Children Receiving:

- **Subsidized Child Care, ages 0–12:** This number reflects children, ages 0–12, in child care whose parents received a subsidy payment from the state in December 2009. Eligibility for child care subsidies is based on participation in the Family Independence Program (cash assistance), a family preservation program or income below roughly 139% of the poverty level. The percentage is based on the estimated population of children ages 0–12 in 2008.

Source: Michigan Department of Human Services, Child Development and Care Program, Assistance Payments Statistics, December 2009, Table 69

- **FIP Cash Assistance:** The number reflects child recipients in the Family Independence Program (FIP) in a single month (December 2009). FIP provides cash assistance (maximum \$492 per month for a three-person family) to needy families with minor children. Families with assets less than \$3,000 and a gross monthly income below \$810 can qualify for a prorated subsidy. The percentage is based on the estimated population of children ages 0–18 in 2008.

Source: Michigan Department of Human Services, Assistance Payments Statistics, Table 67, December 2009 (for counties); special run for Detroit data.

- **Food Assistance Program:** The number reflects child recipients ages 0–18 in the Food Assistance Program (FAP), formerly the Food Stamp Program, in a single month (December 2009). 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 2008.

Source: Michigan Department of Human Services, Assistance Payments Statistics, Table 68, December 2009 (for counties); special run for Detroit data.

Children with Support Owed

The number reflects children ages 0–19 who had a child support order and should have received child support for at least one month during Fiscal Year 2009. The percent is based on the estimated population of all children ages 0–19 in 2008. The county represents the location of the court rather than the child's residence.

- **Receiving none:** The number reflects children who received none of the support payments that were owed during Fiscal Year 2009. The percent is based on the total number of children with support owed for at least one month during Fiscal Year 2009.



Photo courtesy of David L. Smith

- **Receiving Less Than 70% of Amount:** The number reflects all children who received less than 70 percent of total support amount owed for Fiscal Year 2009 (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 2009.

Source: Michigan Child Support Enforcement System (MiCSES). Special Run

Maternal Education

The numbers reflect single year counts for 2008. The percentages are based on the total number of live births in 2008 in the mother's county of residence.

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

TREND INDICATORS

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

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 2008, and the percentages for school-aged child poverty are based on the number of related children ages 5–17 in 2005 and 2008. “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 (ages 0–17) updated annually for all Michigan counties. Poverty rates for young children ages 0–4 are provided only for the state and not for counties.

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

Note: In 2005 SAIPE modified its methodology so years prior to 2005 should not be compared with the following years.

Students Receiving Free/Reduced Priced School Lunches

Students from families with incomes below 185 percent of the poverty level are eligible for free or reduced prices 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 2009–10, including “charter” schools (public school academies).

Source: *Center for Educational Performance Information* [<http://www.mich.gov/cepi>]

NOTES: 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.’ The FRL count for 2009–10 reflects those enrolled by October 31, while prior years’ counts reflect those enrolled by September 30

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 for 2008 only, the first full year of data from Michigan’s revised birth certificate. The percent is calculated on total resident live births, based on the mother’s county of residence. Due to changes in the certificate, the 2008 data cannot be compared with those of previous years.

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 2006–08. The mother’s county of residence determines the location, and the percentage is calculated on total resident live births.

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 2006–08. The rate is the number of infant deaths per 1,000 births during the reference periods, and the location is based on 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 to 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 2006–08. The rate is the number of child deaths per 100,000 children ages 1–14 during the reference periods and the location of the child’s county of residence.

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



DATA NOTES, DEFINITIONS, AND SOURCES

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 2006–08. 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 2006–08. The rate is based on the number of deaths per 100,000 teens in this age group for those periods in the counties where they reside.

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. The cohort is the number of students entering ninth grade in 2003 (for the 2007 rate) or 2005 (for the 2009 rate); these counts are adjusted by transfers in and out of the state and students deemed to be exempt. Students who do not graduate after four years but continue attending high school are not counted as dropouts nor are they included in the graduation rate.

Source: Center for Educational Performance Information [http://www.mich.gov/cepi]

ABUSE/NEGLECT

Children in Investigated Families

These children reside in families where an investigation of abuse or neglect was conducted in fiscal years 2000 or 2009. 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 where they reside. Data are merged for two sets of counties: Missaukee/Wexford and Grand Traverse/Leelanau.

Source: Michigan Department of Human Services, Health and Welfare Data Center, Children's Protective Service Management Information, Report PS-31D, Victims by Category of Abuse/Neglect (Fiscal Years 2000 and 2009)

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 or 2009. 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 two sets of counties: Missaukee/Wexford and Grand Traverse/Leelanau.

Source: Michigan Department of Human Services, Health and Welfare Data Center, Children's Protective Service Management Information, Report PS-31D, Victims by Category of Abuse/Neglect (Fiscal Years 2000 and 2009)

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 relatives or guardians during fiscal years 2000 or 2009. 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 point in time from a single month (September) in the reference years.

Source: Michigan Department of Human Services, Children's Services Management Information System, Report CY-091, Part G, Legal Status by Living Arrangement and Sex (Report Period September 2000 and 2009).

EDUCATION (PERCENTAGE NOT MEETING READING STANDARDS)

Fourth Graders

The numbers reflect fourth graders whose performances on the Michigan Educational Assessment Program (MEAP) reading test did not meet the proficiency standard; they scored at Level 4 (Apprentice) or Level 3 (Basic) in 2003 or 2009. 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 fourth graders whose reading test scores were included in the report.

Source: Center for Educational Performance Information [http://www.mich.gov/cepi]

Seventh Graders

The numbers reflect seventh graders whose performances on the Michigan Educational Assessment Program (MEAP) reading test did not meet the proficiency standard; they scored at Level 4 (Apprentice) or Level 3 (Basic) in 2003 or 2009. 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 seventh graders whose reading test scores were included in the report.

Source: Center for Educational Performance Information [http://www.mich.gov/cepi]