

THE CONDITIONS IN WHICH CHILDREN LIVE CAN COMPROMISE OR CREATE HEALTH—SUCH SOCIOECONOMIC CONDITIONS ARE SHAPED BY PUBLIC POLICY DECISIONS.

MESSAGE BOX

- **Problem:** Child poverty and abuse/neglect increased substantially in Michigan between 2000 and 2010—putting the physical and mental health of children at risk. Many more children are living in desperate economic conditions. The percentage of children in extreme poverty (in families with income below \$11,000 for a family of 4) doubled over the decade—from 5% to 11%.
- **Solution:** Programs must be strengthened to help families weather economic downturns. While jobs may solve the problem of poverty in some families, reduced hours and low-wages keep income for many families below poverty. Furthermore, jobs have disappeared throughout Michigan--high unemployment rates have persisted in Michigan counties throughout the decade—quadrupling in some of our most affluent counties.
- **Action:** Programs such as the Earned Income Tax Credit, unemployment, cash assistance, food assistance and child care subsidies play a vital role in helping families meet basic needs during economic downturns. Recent changes to these programs limit rather than expand access to those hardest hit by economic collapse.
- **Vision:** All children in Michigan should live in conditions that promote their physical and mental health.

OVERVIEW OF STATE TRENDS

Most key indicators reflected improvement over the trend period 2000-2009-10, particularly for teens and in education.

- **BETTER OUTCOMES FOR TEENS:**
 - High school dropouts declined by 27% between 2007 and 2010—now at 11% (15,300 teens). Almost as many stay in school for a fifth or sixth year of high school—helping more young people of color and in low-income families obtain a diploma.
 - The teen birth rate has declined 21 percent between 2000 and 2009—from 42 births to 1,000 teens to 33. Still a long way to go to reach the 14 per 1,000 that prevails in Canada.
 - Teen death rate dropped by 13%--from 64 to 56 deaths per 100,000 teens.
- **PROGRESS IN EDUCATION:**
 - Real picture of progress but “False picture of student readiness” –the proficiency level is artificially low – MI MEAP standards 4th lowest in the nation.
 - State school board changes to the cut scores in 2011 would have meant that 60% of 4th graders in 2010 rather than 9% would have been deemed not proficient.
- Minimal improvement in infant mortality. The issue continues to be the dramatic disparity – African American infants are three times more likely to die before their first birthday.

Economic conditions worsened, and more children were harmed.

- **CHILD POVERTY IS WORSE.** Child poverty increased in Michigan by 67 percent between 2000 and 2010 --- from 13.9 to 22.5 % (ACS) (Poverty rates by county (SAIPE) cannot be compared prior to 2005 due to changes in the model used to estimate child poverty to the county level.)
- **DISPARITIES ARE LARGE.** Large disparities by race, geography, and age.
 - Disadvantages in educational opportunities and employment result in almost half (48%) of children in the African American community living in families with income below the poverty level—triple the white rate (16%).
 - Children in rural areas are also disproportionately affected by poverty. Almost all the counties with the highest child poverty rates are in northern MI.
- **MOST DRAMATIC INCREASE** occurred in extreme poverty – children in families with income below half the poverty level --\$11,000 for a family of four—less than one thousand dollars a month
- **HIGHER RATES OF CONFIRMED VICTIMS OF NEGLECT** - the rate of confirmed victims of neglect and abuse rose by one-third from 10 per 1,000 to 14 – a total of roughly 32,500 children affected..

Cutbacks in eligibility and benefits in key programs will compromise child health.

- **Adjust eligibility:** MANY POOR FAMILIES CANNOT QUALIFY FOR ASSISTANCE– The eligibility for the Cash assistance grant is slightly above extreme

poverty--60 percent of the poverty level— families with earnings above \$814 per month do not qualify.

- **Maintain SUCCESSFUL PROGRAMS:** The Earned Income Tax Credit at the state and federal levels is one of the most successful programs to help working families rise above poverty—last year’s legislature reduced it from 20% to 6% of the federal benefit.

Recommended responses to the findings

- State—
 - maintain and strengthen family support—programs that provide lifelines until families can get on their feet again –health insurance, pre-k services, cash assistance, child care subsidies, emergency services, housing assistance **The United States maintains a thinner safety net than other rich countries, leaving more children vulnerable to debilitating hardships.**
 - Current surplus in the state budget would allow policy makers to direct increased funding to these priorities.
- Communities – coordinate and increase access to services and support for families with children –Great Start Collabs are looking at ways to support families with young children
- Individuals –
 - support local efforts to provide services to families – food pantries, clothing drives
 - promote family-friendly neighborhoods

Immunization data – Michigan’s immunization rate (70%) from the MICR (MI Care Improvement Registry) in December 2010 is slightly lower than the state rate estimate from The National Immunization Survey (73.9%).