



ADOLESCENCE

“Research shows that the lives of adolescents are clearly influenced by the communities in which they live, particularly in terms of their participation in high-risk behaviors, such as drug use and sexual activities, their access to medical and mental health services, and the quality of their connections both within and outside their neighborhoods.”

Boardman & Saint Onge, 2005; Wilkenfeld et al., 2008—
cited in *KIDS COUNT Indicator Brief: Reducing the Teen Death Rate*



Adolescence is a critical juncture in the life cycle.

As youth transition from childhood to adulthood, they experience major changes in all aspects of their being—physical, social and emotional. It is a time when the supports in the family, neighborhood, and community are vital to ensuring a safe passage. While teenagers need to explore their growing independence and experiment with choices, they need to be protected from decisions that can have profound negative consequences. Access to resources that expand opportunities are particularly important for a successful transition to adulthood. Youth are particularly susceptible to the influence of peers, their own internal turmoil, and the effort to establish an identity.

Overall, key indicators of adolescent well-being show that improvements have occurred in Michigan for this age group over the past decade, but the rates and numbers still show substantial numbers of youth affected and dramatic disparities by race/ethnicity and family income.

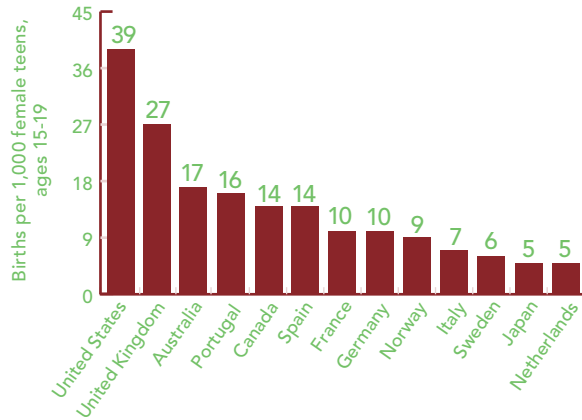
BIRTHS TO TEENS AGES 15-19

Fewer Michigan teens are having babies. Michigan’s teen birth rate declined by 21 percent between 2000 and 2009—from 42 to 33 births per 1,000 teen females. In 2009 roughly 2,500 fewer Michigan teenagers gave birth than during a comparable period early in the decade. Nonetheless, the numbers affected are still relatively high—over 12,000 Michigan teenage girls became mothers, many of them before completing high school or postsecondary training or education. National analysis shows that most (82%) teen pregnancies are unintended; most teenagers realize that they are not prepared economically or emotionally to take on the responsibilities of parenthood. The challenge is to ensure that more teens have the necessary resources, skills and knowledge to prevent pregnancy.

While Michigan had one of the lowest teen birth rates in the nation in 2008—ranking 13th (the state’s best ranking on the 10 core KIDS COUNT indicators) among the 50 states, the national average is almost half again as high as that of the United Kingdom (UK) that has the next highest rate among 13 industrialized nations and eight times the rate of Japan. This substantially higher U.S. teen birth rate compared with those of other industrialized nations has significant implications as the state and the nation seek to promote and expand a more highly educated workforce. Young women who begin childbearing as teens often face significant barriers to completing the postsecondary education or training necessary to compete successfully in a global labor market.



U.S. teen birth rate in 2009 remained highest among industrialized nations.



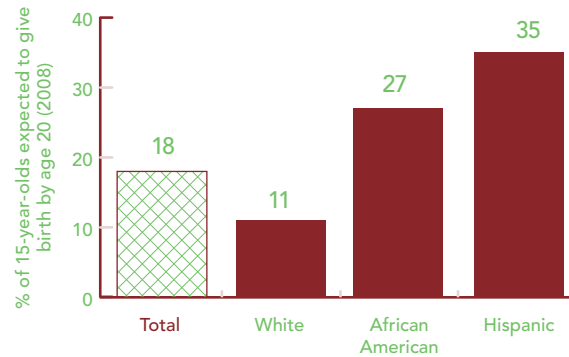
Source: Child Trends: U.S. Vital Statistics, UN Statistics Division Demographic Yearbook 2009

Teenagers in communities of color face substantially higher risk of becoming parents during their teenage years than their white peers. Based on national teen birth rates in 2008, over one-fourth of Hispanic and one-third of African American 15 year-olds will give birth before age 20 compared with one-tenth of white 15 year-olds.¹¹

Compared with national averages, African American teens in Michigan have slightly higher birth rates, and Hispanics and whites, somewhat lower so the disparity between African American and white teens in the state is even more pronounced, as is the impact of teenage childbearing in the African American community. Public policies that support comprehensive teen pregnancy prevention programs and enhanced educational opportunities in communities of color would help lessen these disparate outcomes by race/ethnicity.

¹¹ Jennifer Manlove, David Murphey, Recent Trends in Teen Birth Rates and Related Data. Presentation to KIDS COUNT State Grantees. (October 19, 2011)

Almost one of every five 15-year-olds in the U.S. will become a parent by age 20, but risk varies considerably by race/ethnicity.



Source: Child Trends based on 2010 U.S. Vital Statistics

Almost all Michigan counties mirrored the state trend of a decline in the teen birth rate; only six counties—Oceana, Barry, Crawford, Clare, Iron and Luce—showed no improvement. In Michigan counties, the teen birth rate ranged from 12 births per 1,000 female teens in Livingston County to 61 in Luce County.



TEEN DEATHS AGES 15-19

The transition period of adolescence is a risky passage. The death rate for Michigan teens ages 15-19 is triple that of children ages 1-14—56 deaths per 100,000 teens compared with 17 per 100,000 for children. These teen deaths are often preceded by behaviors that jeopardize their safety.

Between 2001 and 2007 the incidence of several risky behaviors that heighten the risk of fatality among Michigan high school students showed substantial declines, particularly those behaviors that compromise safety in automobiles or increase the likelihood of suicide. On the other hand, those behaviors that reflect fear or threat of violence, such as carrying a weapon or dating violence, affected the same percentage of students or an even larger share of students in 2007 than in 2001. These patterns are also reflected in the causes of deaths among Michigan teens.

Michigan high school students reduced many risky behaviors between 2001 and 2007.



Source: Michigan Department of Education, Youth Risk Behavior Surveys

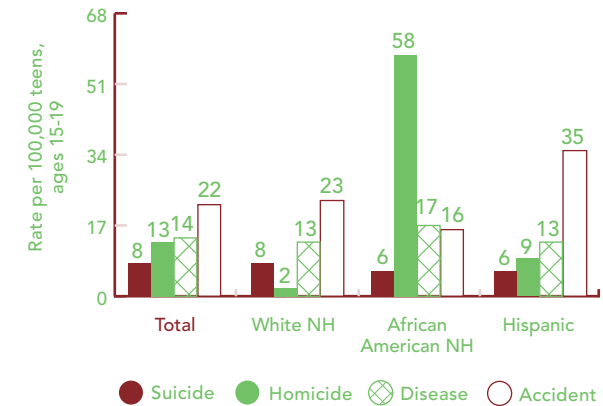
ADOLESCENCE

Fewer teens are dying in Michigan. Over the decade the rate of teen deaths in the state dropped by 13 percent— from 64 to 56 deaths per 100,000 teens ages 15-19. Of note is that this rate understates the risk to males who represent three of every four deaths in this age group.

In 2009, 412 Michigan teens lost their lives from all causes. Accidents, primarily auto accidents, caused most of the deaths among these youth. First-year drivers are particularly vulnerable, and per mile driven, teenage male drivers are four times more likely to be involved in a crash as older drivers, according to the Centers for Disease Control and Prevention.¹² Studies have also shown that youth in rural counties are at higher risk due to two-lane roads often with limited visibility and gravel surfaces.

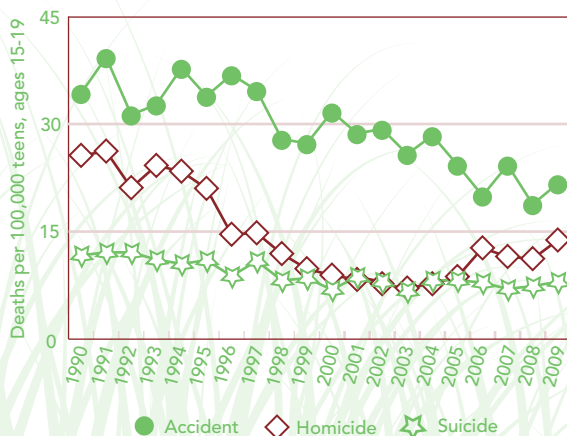


Causes of teen deaths differ dramatically by race/ethnicity in Michigan.



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

Homicide rates for Michigan youth have escalated in recent years.



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

While the overall rate of deaths declined over the last 15 years, data from recent years show an uptick in the death rate, particularly from accidents and homicide. Homicide deaths among youth have returned to rates as high as those at the end of the last decade: between 2003 and 2009 the rate doubled—from seven homicide deaths per 100,000 youth to 14 deaths per 100,000. In contrast, the suicide rate among youth has risen by only 1 percentage point from the decade low in 2003—from 7 deaths per 100,000 to 8 deaths per 100,000 youth.

Of further concern is that this escalation is concentrated within the African American community. While accidents were more likely to cause death among white and Hispanic youth, among African American teens homicide claimed more lives—representing almost 60 percent of all deaths. The rate of deaths by homicide among African American youth was roughly 30 times the white rate, and six times the Hispanic rate. Hispanic youth had significantly higher rates of death due to accidents than African American or white youth. These dramatic differences in causes of death for youth by race/ethnicity reflect vastly different life experiences of Michigan’s youth population.

Across the 35 Michigan counties where reliable trends could be calculated, the teen death rate dropped in 25 counties. The rate ranged from a low of 24 deaths per 100,000 teens in Ingham County to a high of 187 per 100,000 in Otsego County.



¹² Rima Shore and Barbara Shore. KIDS COUNT Indicator Brief: Reducing the Teen Death Rate. [http://www.aecf.org/-/media/Pubs/Initiatives/KIDS%20COUNT/K/KIDSCOUNTIndicatorBriefReducingtheTeenDeathRa/ReducingTeenDeaths.pdf]

HIGH SCHOOL DROPOUT

More Michigan teens are staying in school. Michigan’s high school dropout rate declined by over one-quarter between 2007 and 2010—from 15 percent of the class of 2007 to 11 percent of the class of 2010. The 2010 dropout rate means that roughly 15,300 of the graduating class in 2010 left school without a diploma. An additional 16,700 stayed in school to continue their studies beyond the traditional four years. Youth leaving school without a diploma in these years will have a more difficult time than previous generations completing that credential at a later time since adult high school completion programs have been drastically cut in Michigan.

Dropout rates in 2010 declined for all Michigan subgroups except Native Hawaiian/Pacific Islanders. The most dramatic improvement occurred for economically disadvantaged students who qualify for free or reduced prices in the School Lunch Program. These youth live in families with income below 185 percent of the federal poverty level (\$32,500 for a single-parent family of three, and \$40,900 for a two-parent family of four). Dropout rates among these disadvantaged groups were cut in half between 2007 and 2010—from 25 percent to 13 percent.

African American, Hispanic, and migrant youth continued to have the highest dropout rates—roughly 20 percent left school without a diploma, more than double the rate of white students and triple that of Asians who have the lowest dropout rate (6%). Youth without a high school diploma have much higher unemployment rates and much lower lifetime earnings, severely compromising their ability to support themselves. All subgroups except females, whites and Asians continued to have double-digit dropout rates in 2010.

High School Dropout Rates for Michigan Subgroups

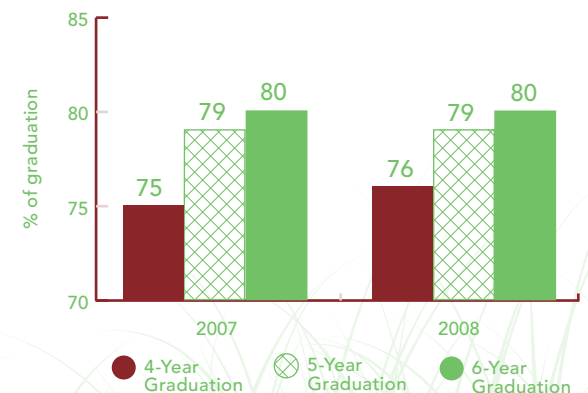
Subgroup	Dropout Percent 2007	Dropout Percent 2010	Percent Change 2007 to 2010
Male	17.6	13.0	-26.0
Female	12.4	9.0	-27.7
Native American/Alaskan	19.0	14.7	-22.8
Asian	9.8	6.3	-36.3
African American	28.3	20.2	-28.5
Native Hawaiian/Pacific Is.	12.8	14.5	13.0
White	10.8	7.9	-27.1
Hispanic	28.9	19.9	-31.2
Multiracial	17.0	11.9	-30.4
Economically Disadvantaged	24.8	12.8	-48.5
Limited English Proficient	20.1	13.5	-32.9
Migrant	31.1	21.6	-30.6
Students with Disabilities	19.4	14.7	-24.0

Source: Center for Education Performance Information

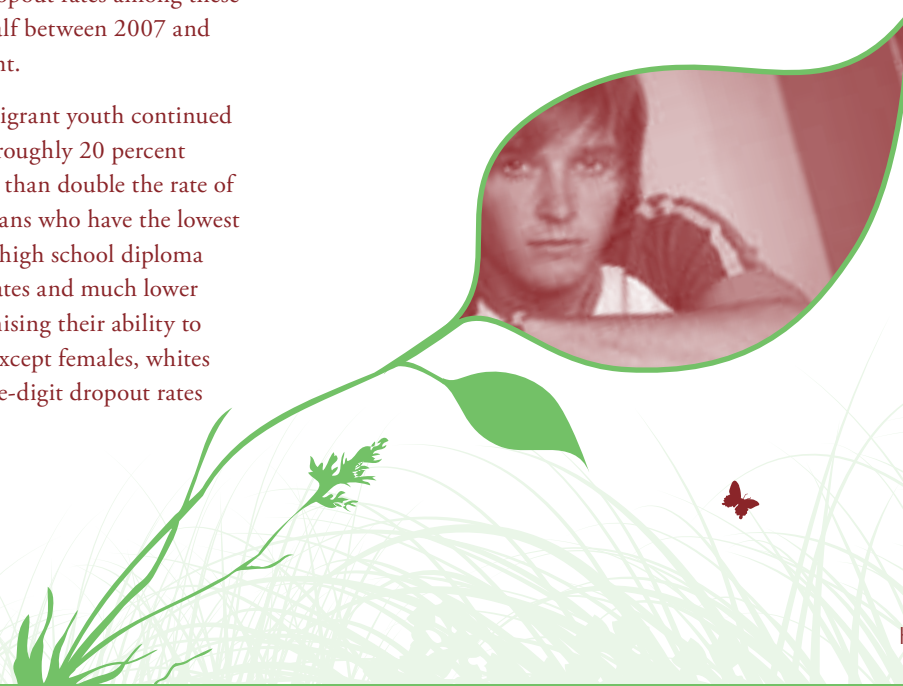
Most Michigan counties (72 of 80) reflected the state trend of a decline in the dropout rate. Only seven counties experienced an increase in their dropout rates. Leelanau County had the lowest dropout rate (3%) while Lake County had by far the highest rate (22%), followed by Oscoda County (16%).

Unfortunately the substantial decrease in dropout rates has not yielded an increase in the on-time graduation rates—in 2010 more students continued in high school than dropped out. Between 2007 and 2010 the on-time graduation rate remained essentially the same. However, as more students, particularly low-income and youth of color, remained in school, more were able to graduate. By 2009 graduation rates for low-income students in the class of 2007 jumped from 61 percent to 76 percent, and for African American students from 56 percent to 64 percent. On the other hand, the dropout rates for that class rose from 15 percent to 17 percent at the end of six years.

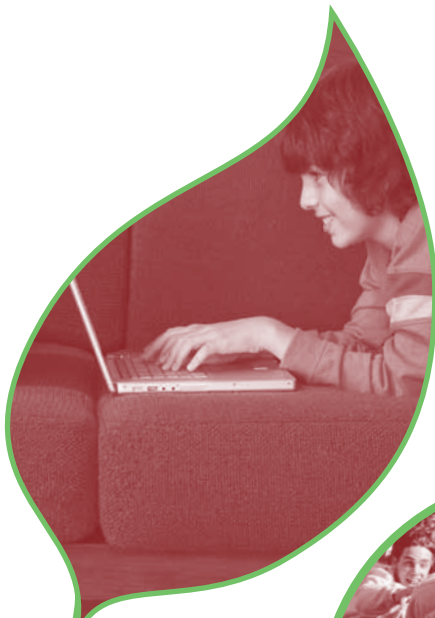
Extra years in high school enable more Michigan students to graduate.



Source: Center for Educational Performance Information



ADOLESCENCE



While Michigan is seeing improving trends on most indicators specific to this age group, adolescents are also affected by other indicators of health, economic security and child safety. For example, the prevalence of obesity in this generation is of critical concern, as is the erosion in the economic well-being of their families. Furthermore, employment opportunities for young people have been drastically reduced in both the private and public sector. Summer youth employment has been curtailed, and many older workers now compete for jobs previously held by young people. This lack of job experience will jeopardize successful transition to the world of work for some youth. Those who pursue postsecondary education—increasingly a requirement for a job with adequate earnings—may find that the cost of continuing education in debt burden may outweigh the earning potential as wages erode.

It is clear that the state must strengthen the systems that support children and families through the adolescent years. Comprehensive programs that help more youth, particularly those in communities of color, make successful transitions to adulthood will strengthen the state's economic competitiveness. The persistence of dramatic disparities in outcomes for Michigan's young people based on their race/ethnicity or the income level of their families demands attention. Policies that ensure high-quality educational opportunities from pre-K to college, promote community and family involvement, provide early identification and support for struggling students, and promote a safe and supportive school atmosphere will improve outcomes for more teens. As larger shares of children and youth come from disadvantaged families and communities, their futures will have a more extensive impact on the economic viability of the state.