



EXECUTIVE SUMMARY

This year's book takes as its theme—Health Matters. While most health status discussions focus on access to medical care, the social and economic context of children's lives has a far greater impact on their overall health. The emotional and physical dimensions of their family lives, the material and human resources in their neighborhoods, the support and institutional capacities in their communities—these components characterized as the social and economic determinants of health. Public policy plays a key role in shaping the social and economic environment in which children and families live.



ECONOMIC SECURITY

Children in economically insecure households are more likely to experience hunger and emotional distress than their more affluent counterparts. Between 2000 and 2010 the percentage of children living in families with income below the poverty level (\$17,600 for a single-parent family of three, and \$22,100 for a two-parent family of four) escalated from 14 percent to 23 percent—almost one of every four children. Even more disturbing, roughly one of every 10 children in the state lived in extreme poverty (\$8,800 for a single-parent family of three, and \$11,100 for a two-parent family of four). This percentage doubled over the decade—rising from 5 percent to 11 percent.

CHILD HEALTH

While mortality rates for children in the state declined dramatically over the decade, infant mortality and the percentage of babies born at low birthweight (less than five and one-half pounds) showed little or no improvement. Michigan's efforts to improve child health through expanding access to health care by enrolling children in public health programs such as Medicaid and MICHild have helped maintain access to care. By 2010 roughly two of every five children in the state depended on Medicaid.

Asthma

Several chronic health conditions disproportionately afflict low-income children. Asthma, the most common chronic disease among children, causes the airways of the lungs to swell and narrow, which leads to wheezing, shortness of breath, chest tightness and coughing. A number of “triggers,” such as outdoor air pollution from industry or traffic or indoor air pollution from tobacco smoke, pets, mold

or mildew, can result in an asthma attack. Roughly 3,800 hospitalizations of children ages 1-14 with asthma as the primary diagnosis occurred each year in Michigan in 2007-09.

Oral Health

Too many children suffer from dental decay and pain that cause difficulty chewing, concentrating, sleeping, and speaking. Roughly one in 14 third-graders in Michigan have immediate dental care needs as evidenced by pain, infection or swelling, and more than one in four have untreated dental disease.¹ Most at risk were children without dental insurance, in low-income families and those without a dental visit in the past year.

¹ Dr. Michael Mantz. Count Your Smiles, 2009-2010. Lansing, MI: Michigan Department of Community Health. September 2011.

Lead Poisoning

Roughly 750 of the 89,100 Michigan children under the age of 3 who were tested for lead levels were determined to have lead poisoning. While currently children with 10 or more micrograms per deciliter of blood are considered lead poisoned, research studies show a negative impact on children with lead levels as low as 5. Lead has a particularly devastating impact on young children when it can compromise the developing central nervous system. Without early intervention children can suffer long-term effects on cognitive capacity and behavior. By the time symptoms are apparent, irreversible damage has often occurred.

Obesity

Too much body fat heightens the risk for health problems such as heart disease, high cholesterol, high blood pressure, diabetes, sleep apnea, and cancer. Children in communities of color, which are disproportionately poor, have overweight/obesity rates substantially higher than white children in the state, similar to national statistics. Roughly one of every four white children and two of every five African American children in Michigan suffer from overweight; these rates reflect a significant number of children with serious threat to their mental and physical health now and in their future. Michigan can undertake a number of initiatives to address this challenge, but it can ill afford to stand by while increasing numbers of children suffer from severe and chronic health problems that interfere with learning and earning.

ADOLESCENCE

All three key indicators of adolescent well-being reflected improvement over the decade, but the rates and numbers still show substantial numbers of youth adversely affected and dramatic disparities by race/ethnicity and family income. In 2009 over 12,000 Michigan teenage girls became mothers—many of them before completing high school or postsecondary training or education. While dipping by 13 percent over the trend period, the death rate for Michigan teens ages 15-19 (56 deaths per 100,000) remained triple that of children ages 1-14 (17 per 100,000). The 2010 dropout rate meant that roughly 15,300 of the graduating class in 2010 left school without a diploma while an additional 16,700 stayed in school to continue their studies beyond the traditional four years. Dropout rates in 2010 declined for almost all Michigan subgroups, especially economically disadvantaged students who qualify for free or reduced prices in the School Lunch Program.

CHILD SAFETY

The rate of children confirmed as victims of abuse or neglect rose by 34 percent over the decade: in 2010, a total of 32,500 children in the state were confirmed as victims. More than four of every five suffered from neglect. The increase was mostly among cases considered low risk for further harm to the child. In contrast, the rate of children living in families investigated for abuse or neglect increased only slightly (6%) while the rate of children in out-of-home care dropped by a substantial 23 percent. In fiscal year 2010 seven of every 100 children in the state lived in families investigated for alleged child abuse or neglect—a total of roughly 165,000 children. Roughly 5,200 fewer children lived in out-of-home care in 2010 compared with 2000.

EDUCATION

The percentage of Michigan fourth-graders who did not perform at a proficient level on the math MEAP fell by 76 percent over seven years—from over one-third of test takers in 2003 to 9 percent in 2010. Similarly the percentage of eighth-graders not demonstrating proficiency in math declined by more than half—from 48 percent of test takers to 22 percent. Nevertheless, half of Michigan 11th-graders did not meet the proficiency level for math on the Michigan Merit Exam (MME) in 2010, slightly less than in 2008 (54%). As Michigan works to bring its state standards in line with the more rigorous national ones, more students in the state will have difficulty demonstrating proficiency. In the area of education, the glaring achievement gaps provide Michigan its most critical challenge: Relatively large percentages of the state's disadvantaged children have not been able to demonstrate proficiency in reading and math. The state needs a coordinated strategy to address the scope of this disparity. For too many low-income students and those in communities of color, multiple barriers such as under-resourced schools, unstable and unhealthy housing, lack of reliable transportation, and hunger, exist. Community services to address the full scope of the family needs including physical and mental health must be in place to improve the social and economic circumstances in which children live.

