

Kids Count Update: The Health & Well-Being of Michigan's Children

Spring 2022 Michigan Health Policy Forum

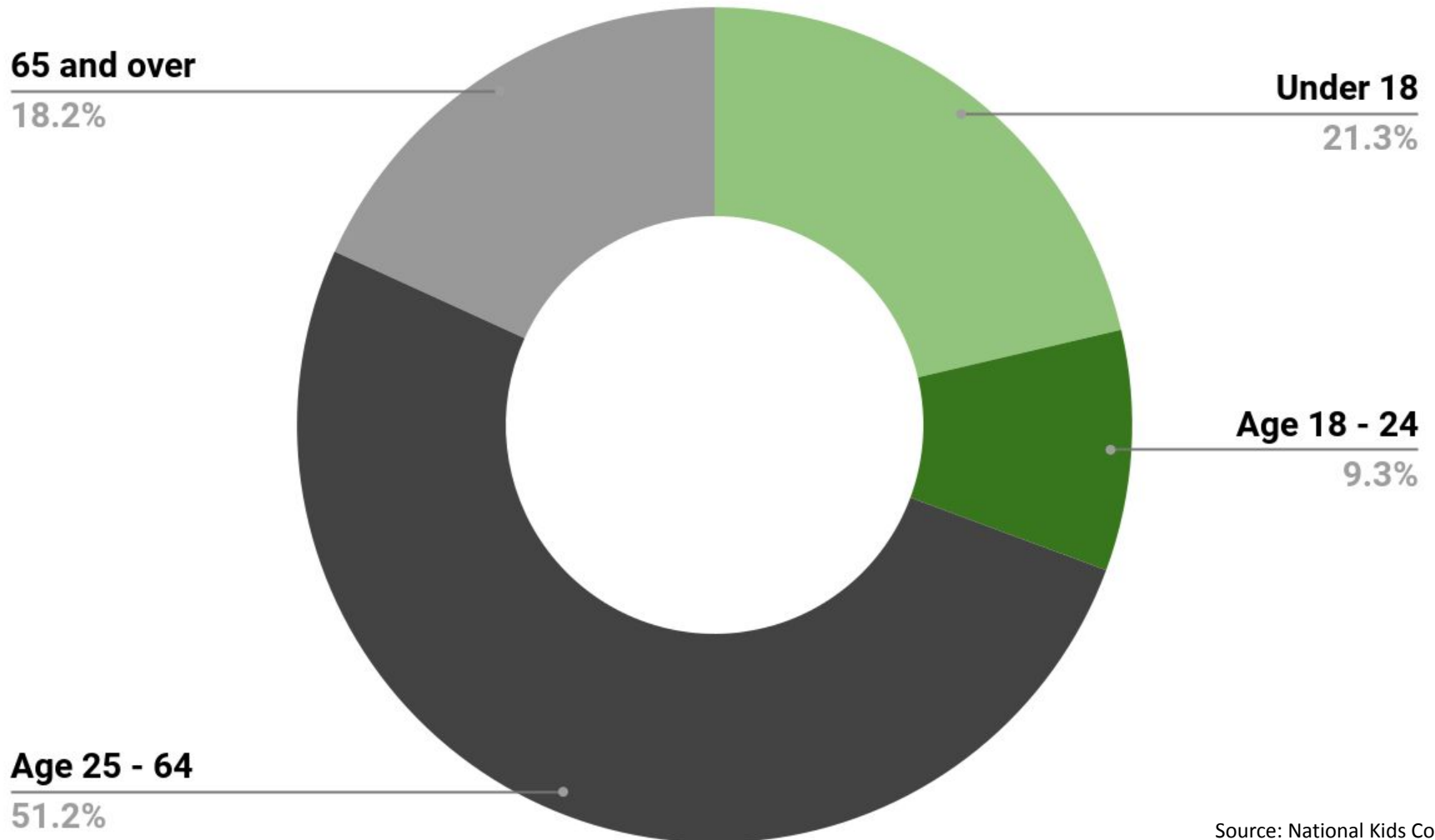
**By Monique Stanton, President & CEO
Michigan League for Public Policy**



Who are Michigan's Children?

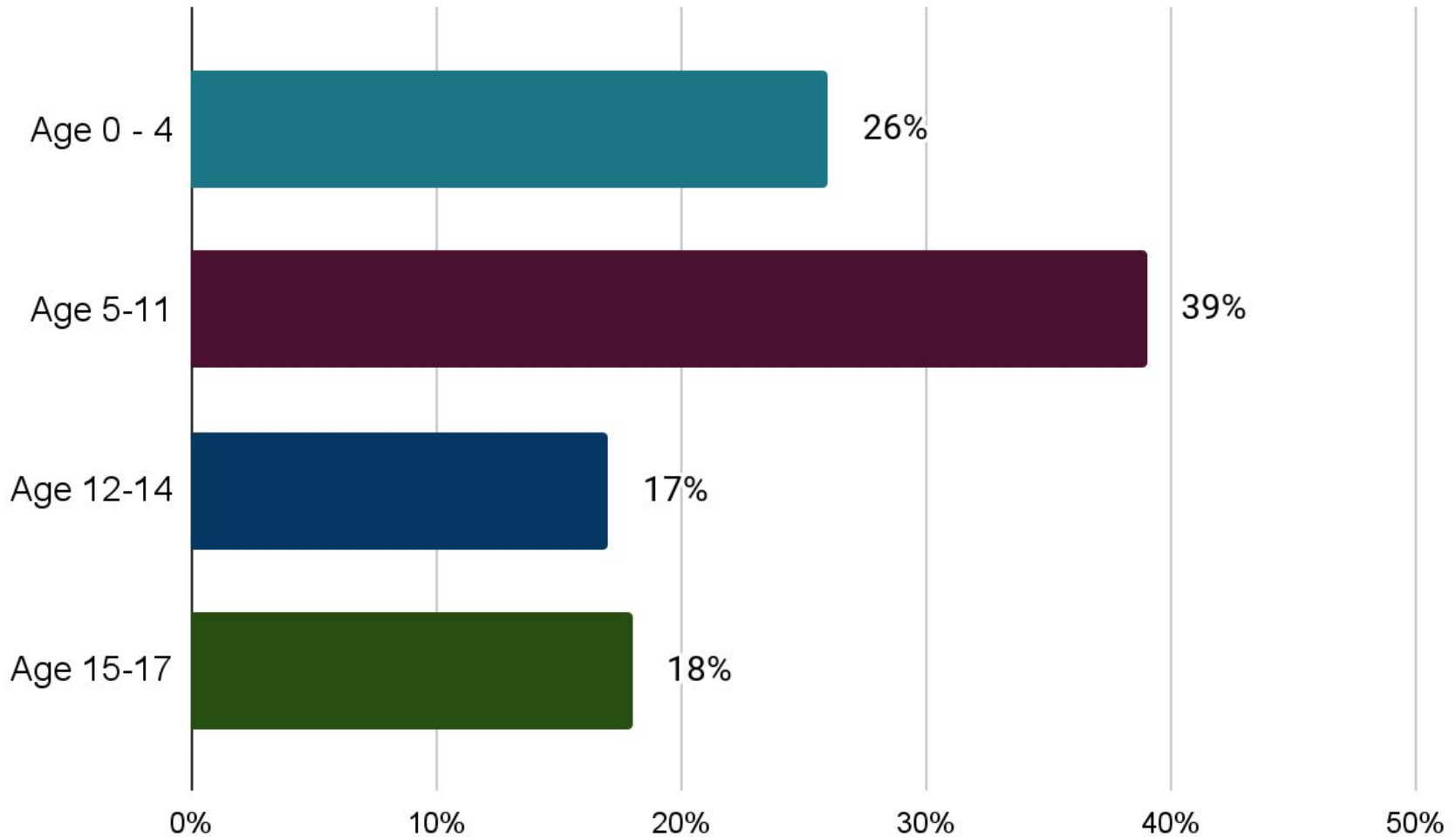


Nearly 1 in 3 people in Michigan are children or young adults

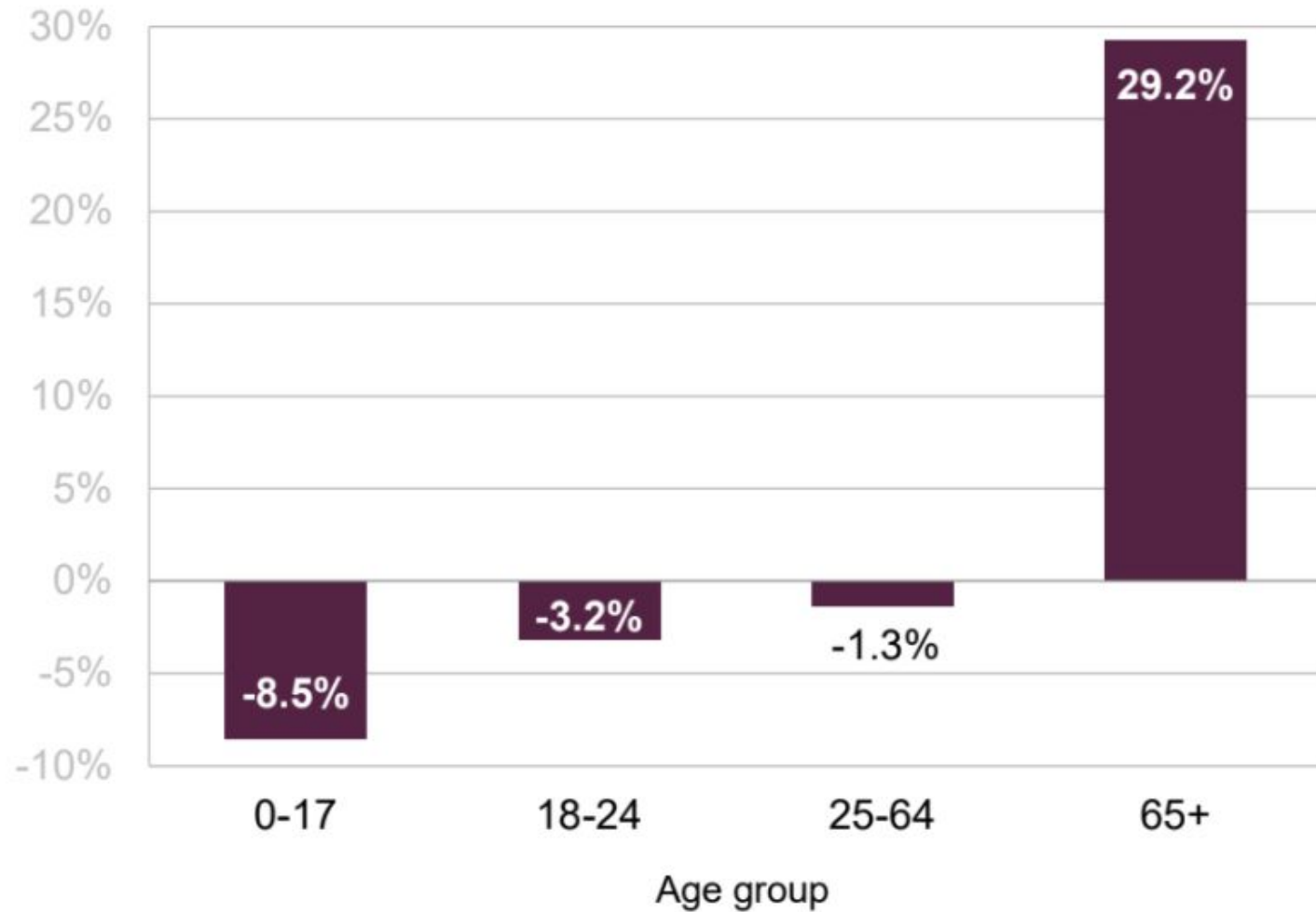


Source: National Kids Count

Nearly $\frac{2}{3}$ of children are age 11 or under

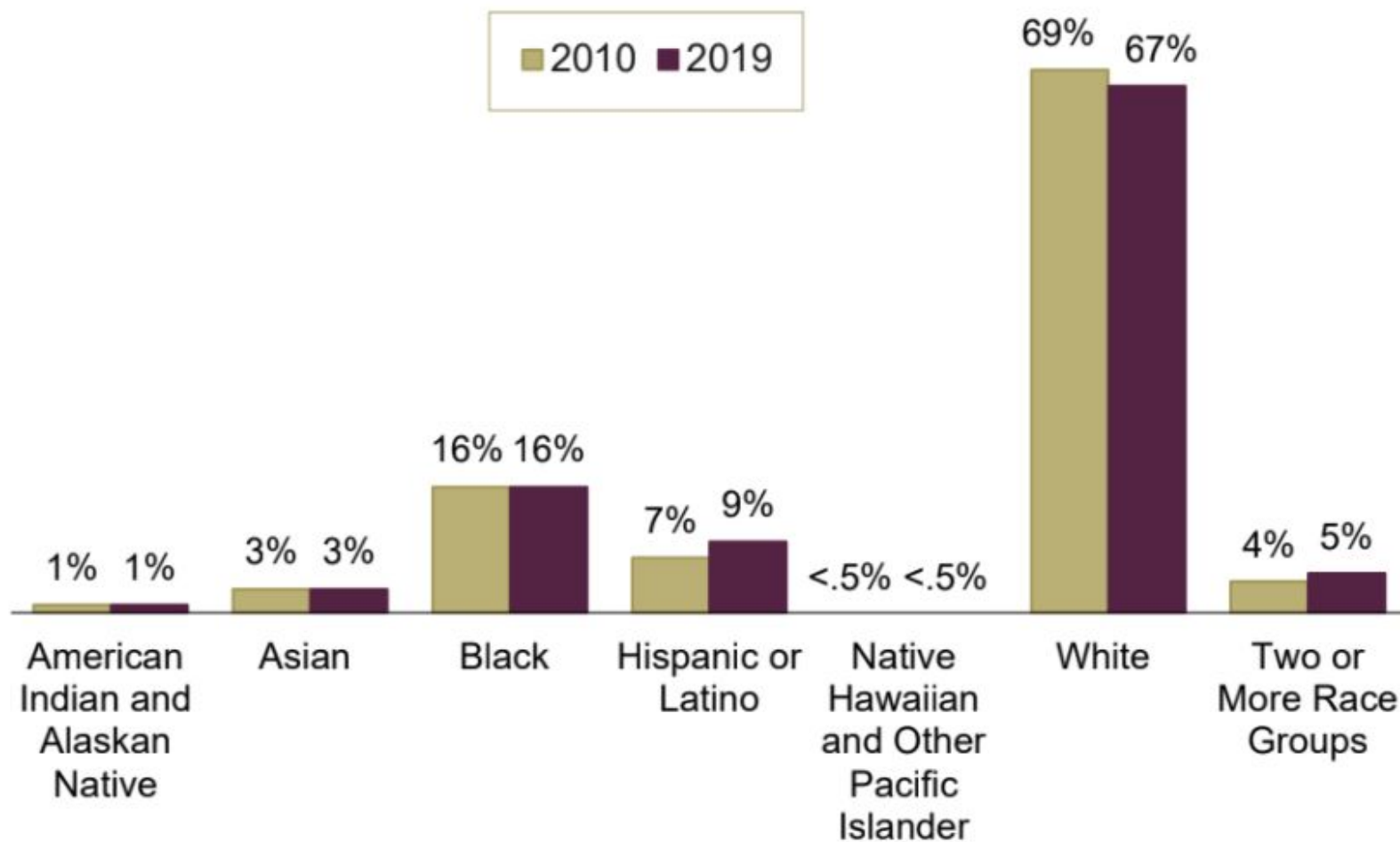


Adults over 65 make up the only age group that grew from 2010 to 2019 in Michigan



Source: National KIDS COUNT and National Center for Health Statistics

Over the last decade, racial diversity has changed slightly

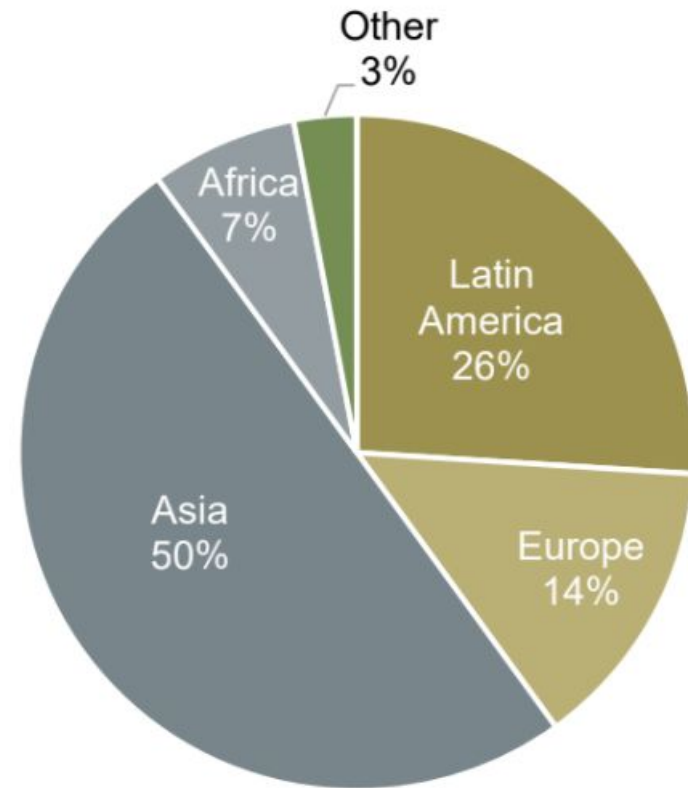


Source: National KIDS COUNT

Children from Immigrant Families

- Nearly 300,000 minors (14%) live in immigrant families
 - means the child is foreign born or resides with at least one foreign-born parent
- Of children living in immigrant families, 28% have resident parents who are not U.S. citizens.

Children in immigrant families have origins all over the world



Source: National KIDS COUNT, 2019

What impacts health?

20% - CLINICAL CARE

- Primary care doctor, health insurance

30% - HEALTH BEHAVIORS

- Exercise & nutrition

50% - SOCIAL, ECONOMIC and PHYSICAL ENVIRONMENT

- Housing, transportation, education, income
- “Social determinants of health”



**Many connections between
health and place**

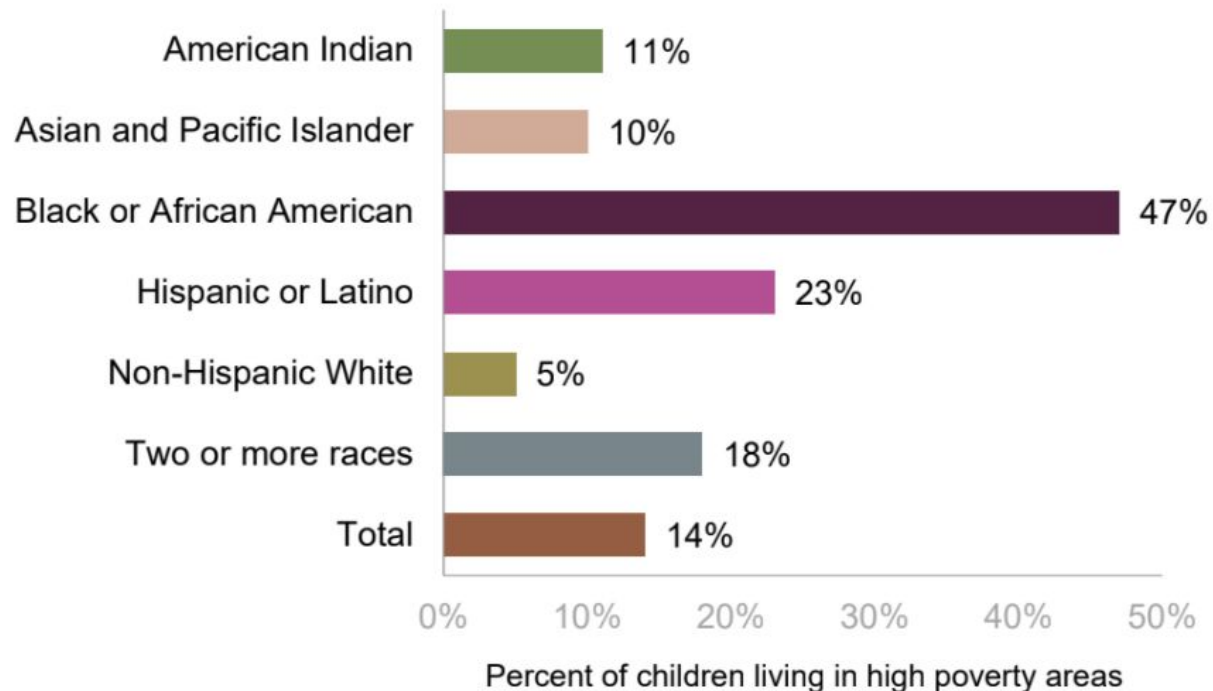
- Housing is considered unaffordable when more than 30% of income goes to housing costs.
- **Nearly a quarter (24%) of Michigan families with children are considered “high housing cost burdened”**
- Nationally, overall decrease from 2010 - 2019
 - Michigan follows this trend with even larger decrease (38%) compared to US 27%

**High housing
cost impacts
overall
stability and
financial
security**

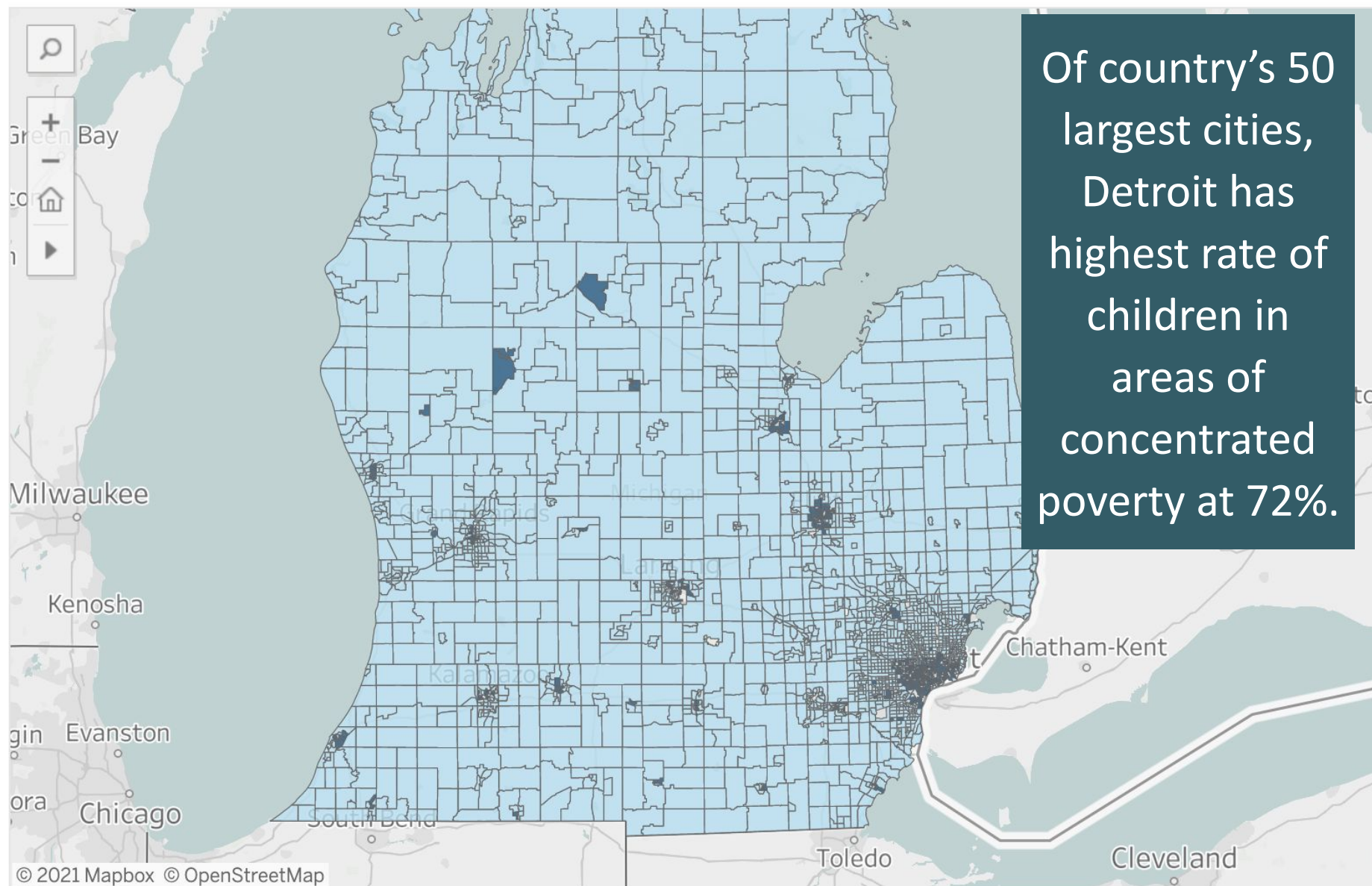
Concentrated poverty pushes resources further from reach

The number of kids living in concentrated poverty has increased since 2000. Today, 14% of MI children live in high-poverty areas. Though that [varies by neighborhood, or Census tract.](#)

Children living in high poverty areas impacted by history of racial and economic geographic segregation



Where to Invest Our Resources: Children Living in High-Poverty Areas in Michigan



With billions of dollars in federal relief coming into the state, there are unique opportunities to use these resources equitably to improve th

Children in high poverty areas, top 10 cities in US

| | |
|--------------|-----|
| Detroit | 72% |
| Cleveland | 60% |
| Milwaukee | 43% |
| Philadelphia | 42% |
| Memphis | 39% |
| Fresno | 39% |
| Miami | 37% |
| Atlanta | 33% |
| Tucson | 32% |
| Baltimore | 31% |

High housing costs = budget tradeoffs



Less Money for Other Essentials

Low-Quality Housing

Overcrowding

Exploitation by Landlords

Frequent Moves

Homelessness

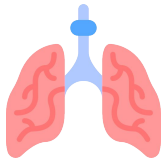
Burdens of substandard housing



High utility bills



Racial/ethnic disparities in energy burden



Asthma triggers



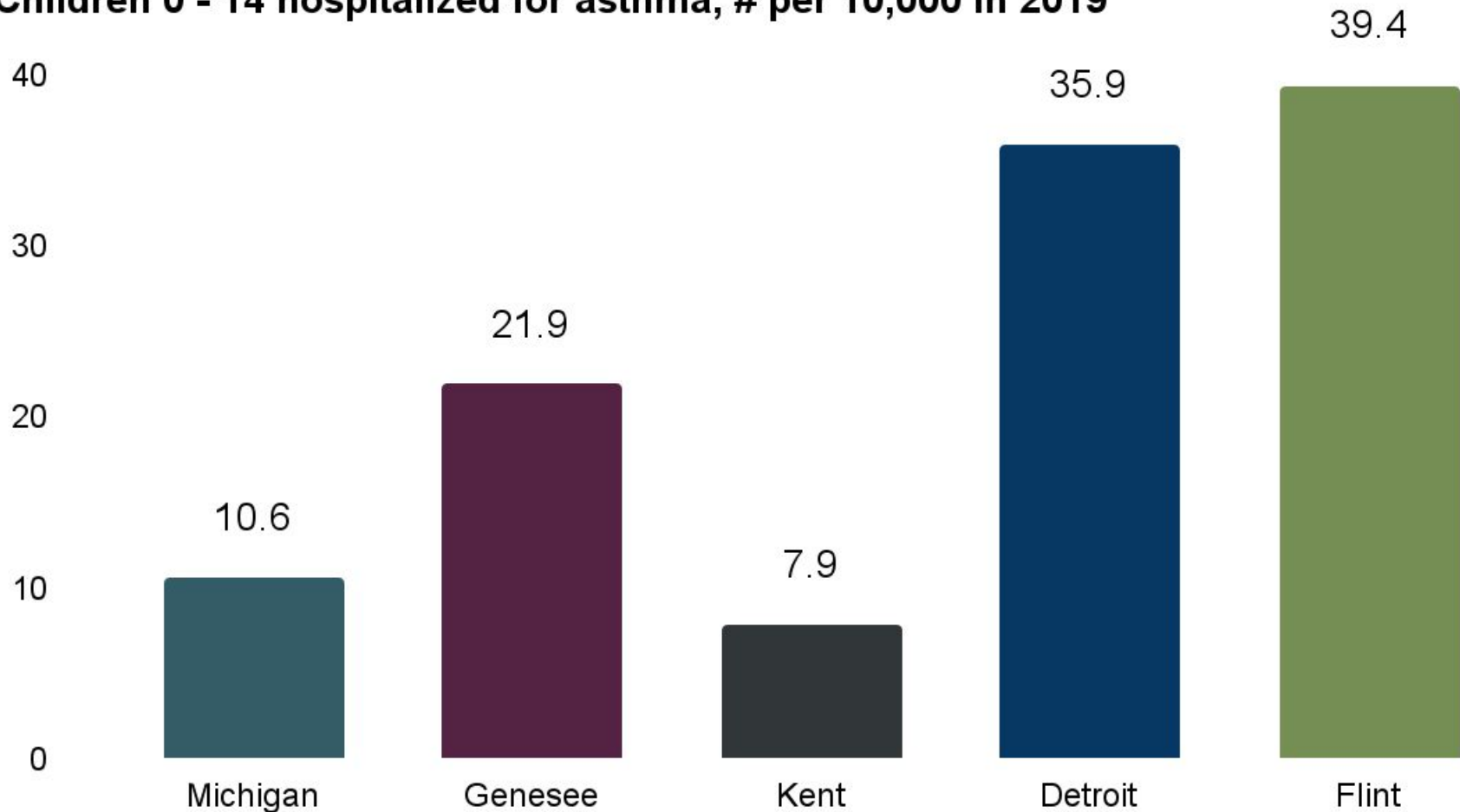
Food insecurity



Poor health for infants & young children

40% of asthma episodes triggered at home

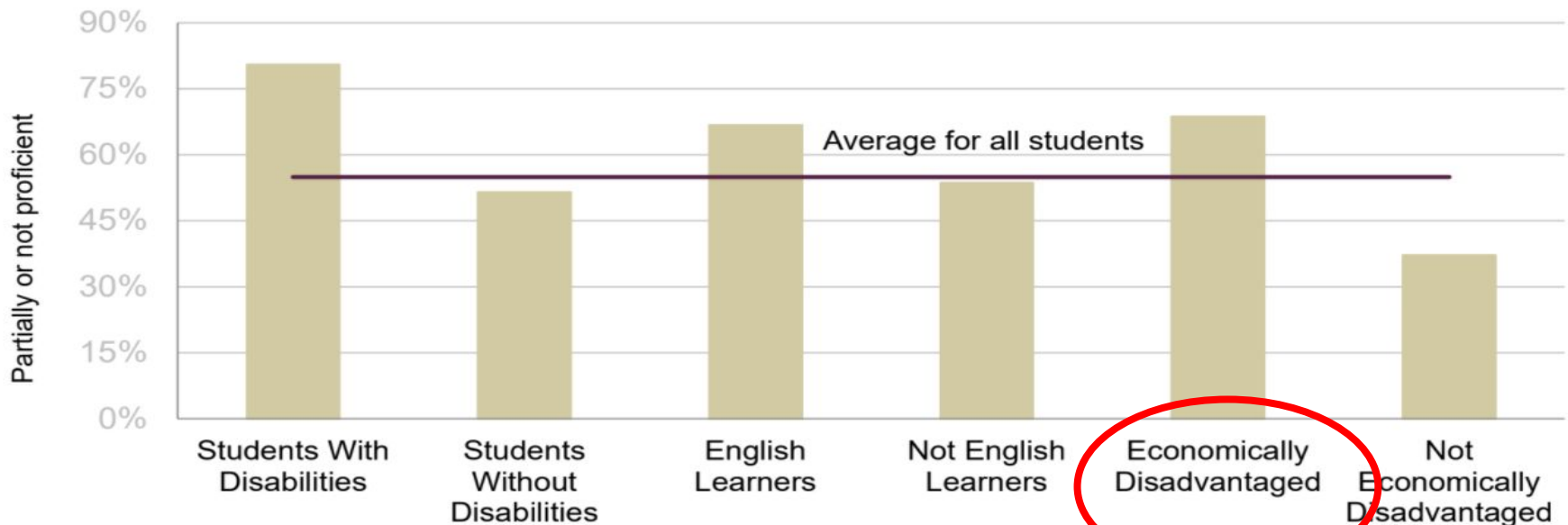
Children 0 - 14 hospitalized for asthma, # per 10,000 in 2019



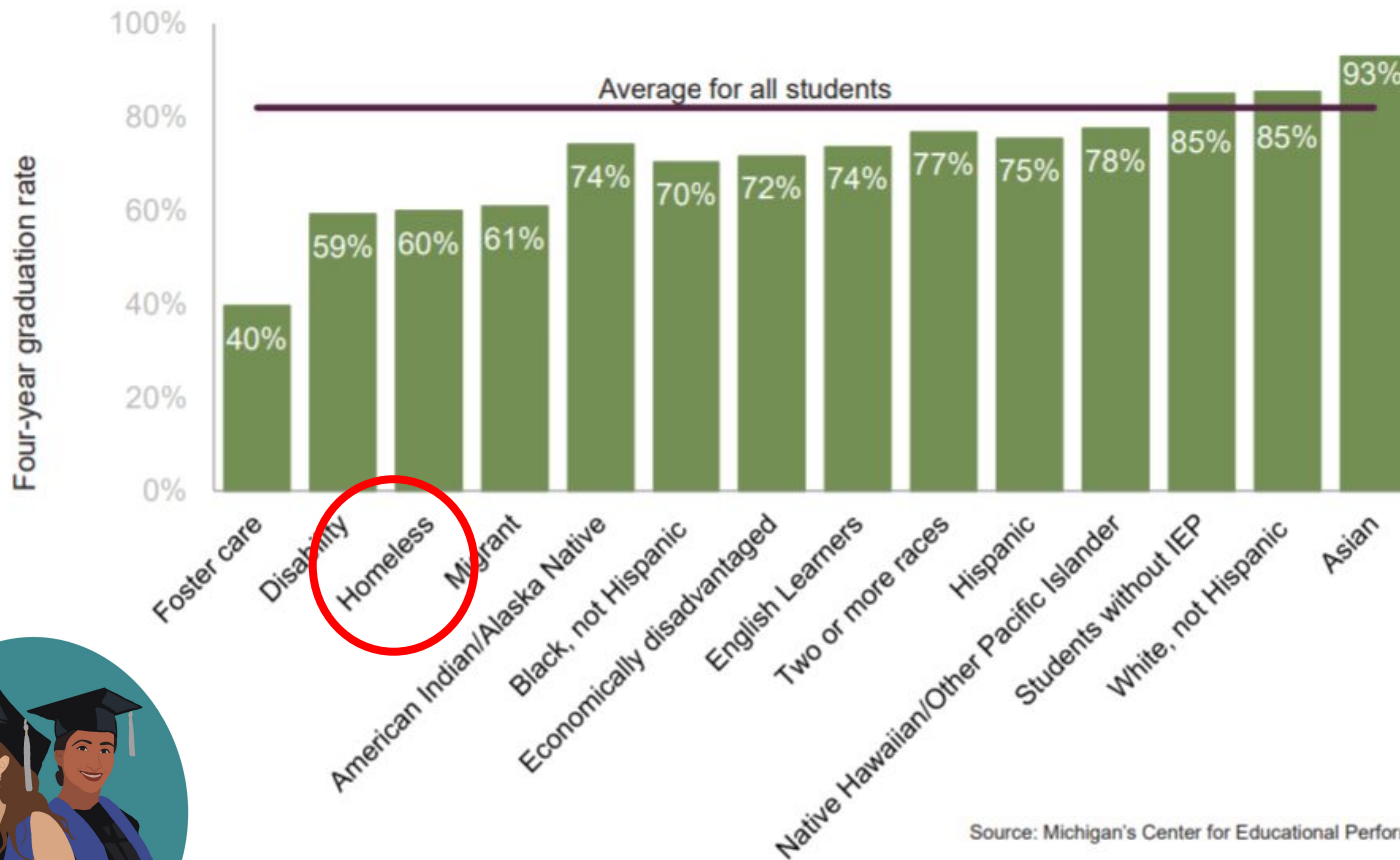
Housing instability threatens student outcomes

2,111 K-12 students experienced homelessness
at Kent ISD in 2019 (2%)

3rd-grade reading levels are tied to ability, language and socioeconomic status



Some students more likely to graduate on time



Behavioral and community factors impact nutrition



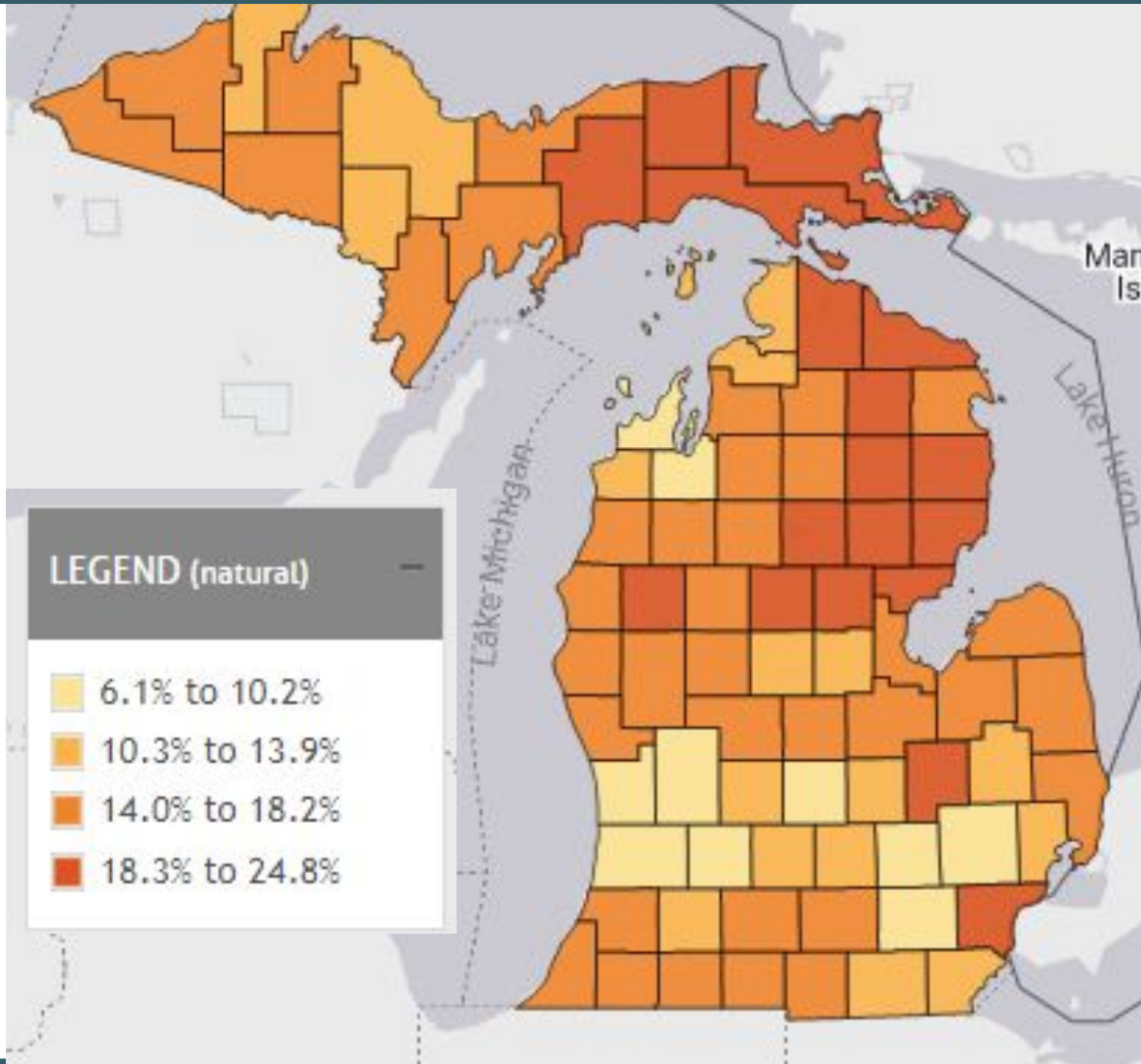
The Happy Meal, a triumph of marketing blamed for childhood obesity, is turning 40

By Emily Heil
November 6, 2019



A Happy Meal at a McDonald's in San Francisco in 2010. (AP Photo/Eric Risberg, File)

Over 305,000 kids are food insecure

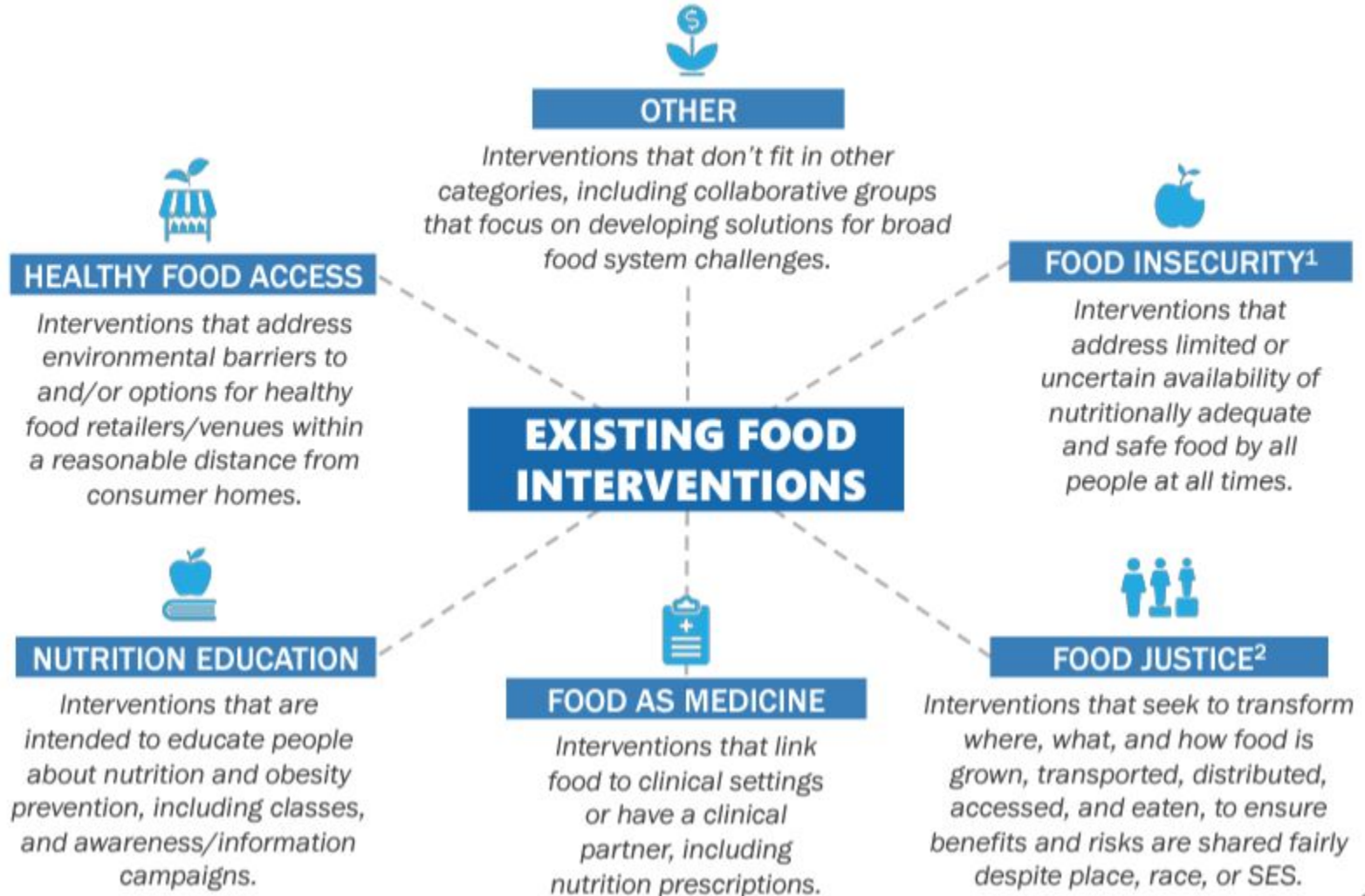


14.2% state average,
with variation by
community

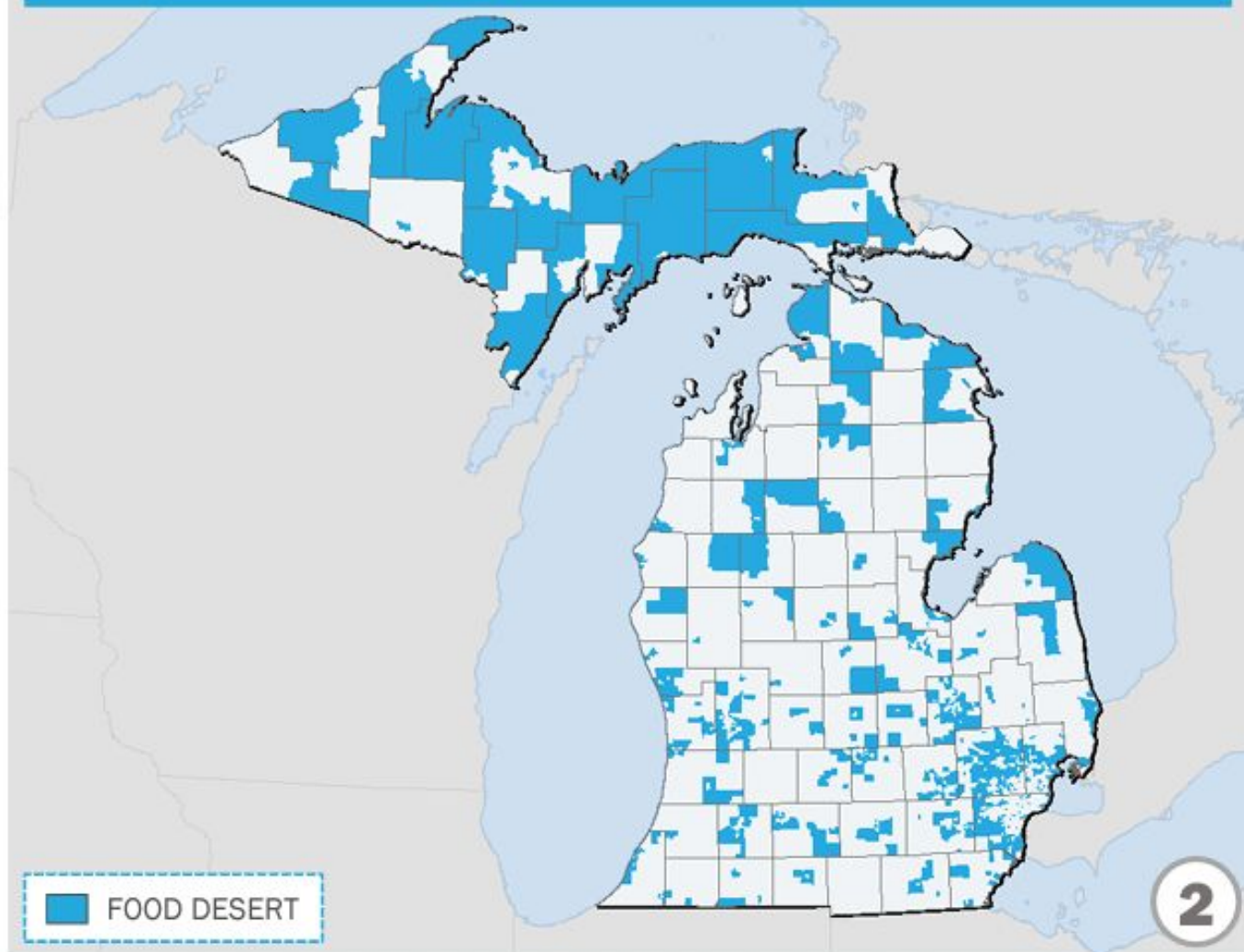
**Over 50% of kids
K-12 receive free
or reduced price
lunch**

CREATING A FOOD INTERVENTION INVENTORY

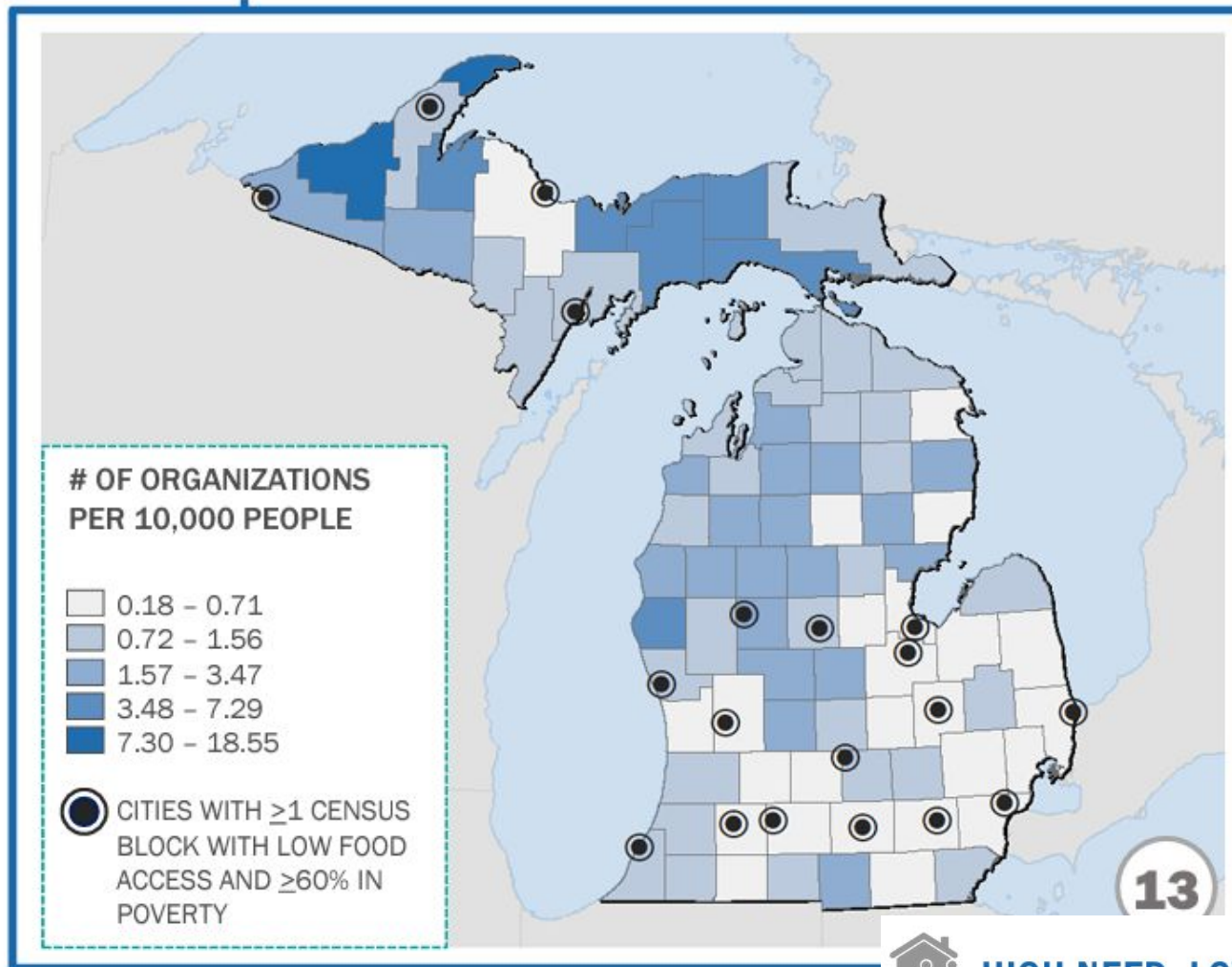
MPHI worked with the Health Fund's Nutrition & Healthy Lifestyles (NHL) Program team to develop working definitions of **SIX FOOD INTERVENTION CATEGORIES** that were used as a guiding framework to catalogue existing food interventions into one or more categories:



DISTANCE-DEFINED FOOD DESERTS:
1 MILE (URBAN)/10 MILES (RURAL)



AREAS OF NEED VS. EXISTING FOOD EFFORTS



HIGH NEED, LOW SERVICE CITIES

- Ann Arbor
- Battle Creek
- Bay City
- Detroit
- Grand Rapids
- Flint
- Jackson
- Kalamazoo
- Marquette
- Port Huron
- Saginaw

Michigan ranks near top in children's healthcare coverage



Top ranked in health coverage

Nationally, ranked 5th in health insurance coverage with 97% coverage in 2019

| In 2019, before COVID-19, 38% of kids insured by public health plan | | |
|---|------------------------------|-------------|
| Employer-sponsored health plan | Federal or state health plan | Uninsured |
| 54% (1,225,000) | 38% (855,000) | 3% (78,000) |

Source: National KIDS COUNT



Coverage disparities by race

Hispanic or Latinx children in Michigan are more likely to live in families considered poor or low income, uninsured at double the rate of children of other races.

| Race | Michigan, 2019 | |
|----------------------------|---------------------------------|-----------------------------------|
| | Children below 200% of poverty* | Children without health insurance |
| American Indian | S | S |
| | S | S |
| Asian and Pacific Islander | 17,000 | 2,000 |
| | 25% | 3% |
| Black or African American | 211,000 | 11,000 |
| | 64% | 3% |
| Hispanic or Latino | 102,000 | 13,000 |
| | 57% | 7% |
| Non-Hispanic White | 435,000 | 48,000 |
| | 31% | 3% |
| Two or more races | 65,000 | 4,000 |
| | 47% | 3% |
| Total | 822,000 | 78,000 |
| | 39% | 3% |

Source: Marshall-Shah, Simon. [Covering More of Michigan's Children: Making the Most of Existing Federal Flexibilities to Remove the Five-Year Waiting Period for Immigrant Children & Pregnant People](#). Michigan League for Public Policy, 2021

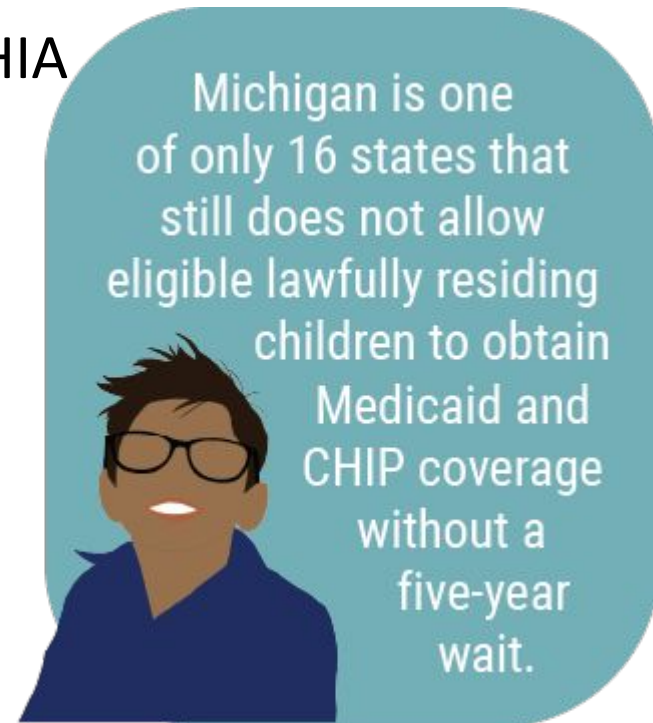
Reaching another 3,000 - 4,000

States have the option to choose if kids who have lived in the US for fewer than five years, but meet residency and income requirements, can access public health benefits

Immigrant Children's Health Improve Act, ICHIA

By waiving the optional waiting period, up to 4K would receive coverage

- Especially to Hispanic children
- More likely to be income eligible
- Large share of those foreign-born or in immigrant families



Screening for developmental delays



Michigan is 6th from bottom

Developmental screenings assess developmental delays and disabilities

- Academy of Pediatrics recommends **100%** of infants and toddlers receive developmental screening
 - At 9, 18 and 30 months of age

Nationwide survey shows Michigan falls behind other states

- **only 29% of children screened**

Address delays “Early On”

Screening, detection and referrals ensure kids receive timely interventions and services.

Early On is the state’s early intervention system.

- In fall 2021, 3.42% of 0 - 2 year olds enrolled
- Most common reasons for enrollment
 - communication delays
 - physical delays
 - eligibility under Michigan Administrative Rules for Special Education ([MARSE](#))

Don't worry. But don't wait.

Prevention & detection efforts key to new impairments



The threat of lead

Lead exposure is irreversible and prevention is paramount.

- Lead build up the body
- Interferes with functions of positive minerals in the body
 - iron, calcium and zinc
 - vital to the healthy development of bones, organs, brain and nervous system
- Impacts cognitive development

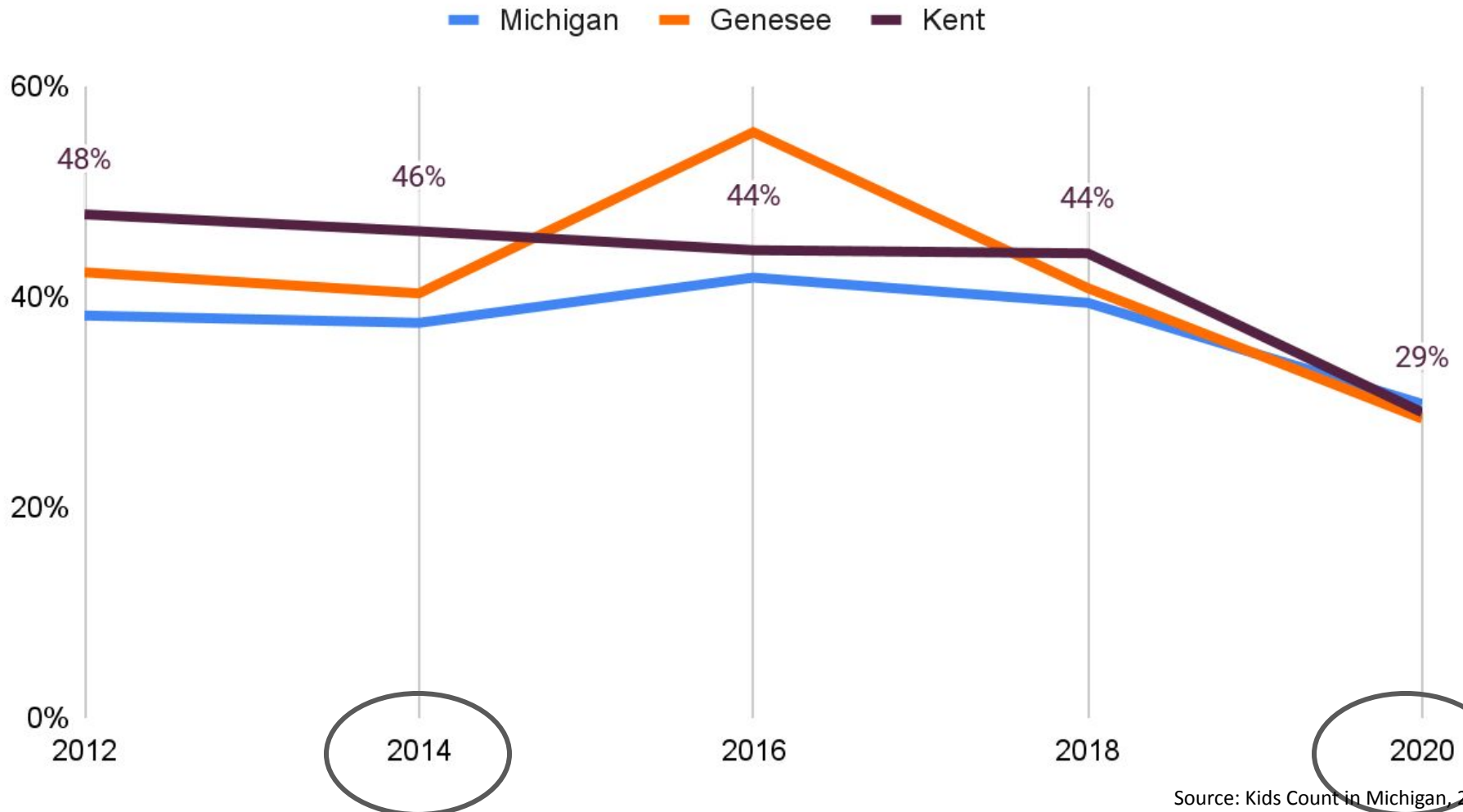
Toddlers especially vulnerable:

- rapid development
- hand-to-mouth behavior

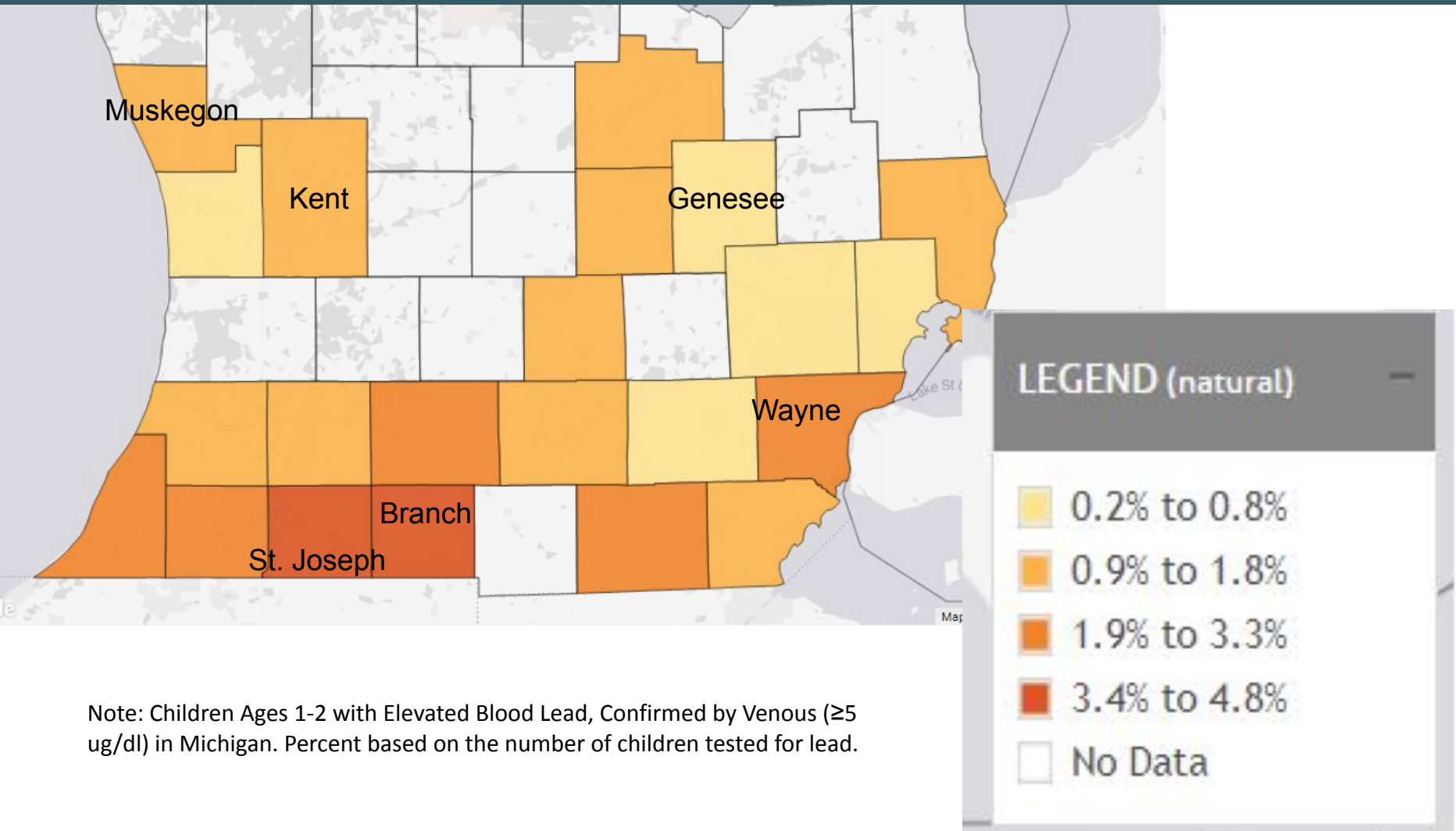


Testing down

Lead testing rose after Flint crisis; significantly down with pandemic (1 - 2 y/o)



Elevated lead levels among kids tested



Michigan Must Invest in Healthy Homes and Neighborhoods



- Michigan is the 13th-worst state for the generation of industrial toxins and health risks due to pollution
- PFAS have contaminated public drinking water supplies serving more than 1.5 million state residents



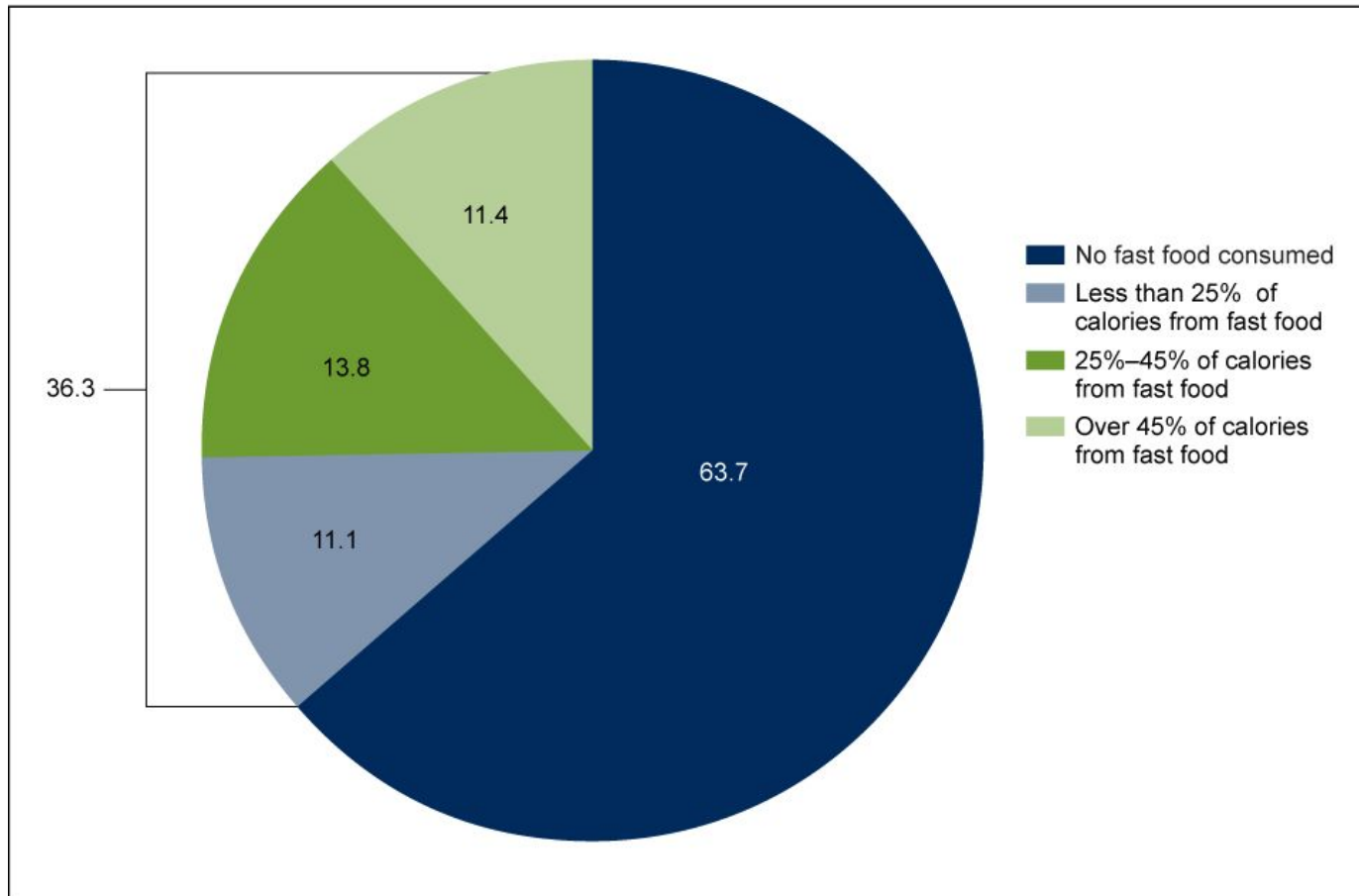
- More than 1,200 Michigan children ages 1-2 were confirmed to have elevated blood lead levels in 2019
- Michigan children born in 2012 will lose a collective \$171 million in lifetime earnings due to lead exposure

Sources: U.S. News & World Report; Michigan Department of Environment, Great Lakes and Energy; MLPP; Ecology Center

MICHIGAN LEAGUE FOR PUBLIC POLICY | WWW.MLPP.ORG

$\frac{1}{3}$ eat fast food on any given day

Figure 1. Percentage of children and adolescents aged 2–19 years who consumed fast food on a given day, by percentage of daily calories consumed: United States, 2015–2018



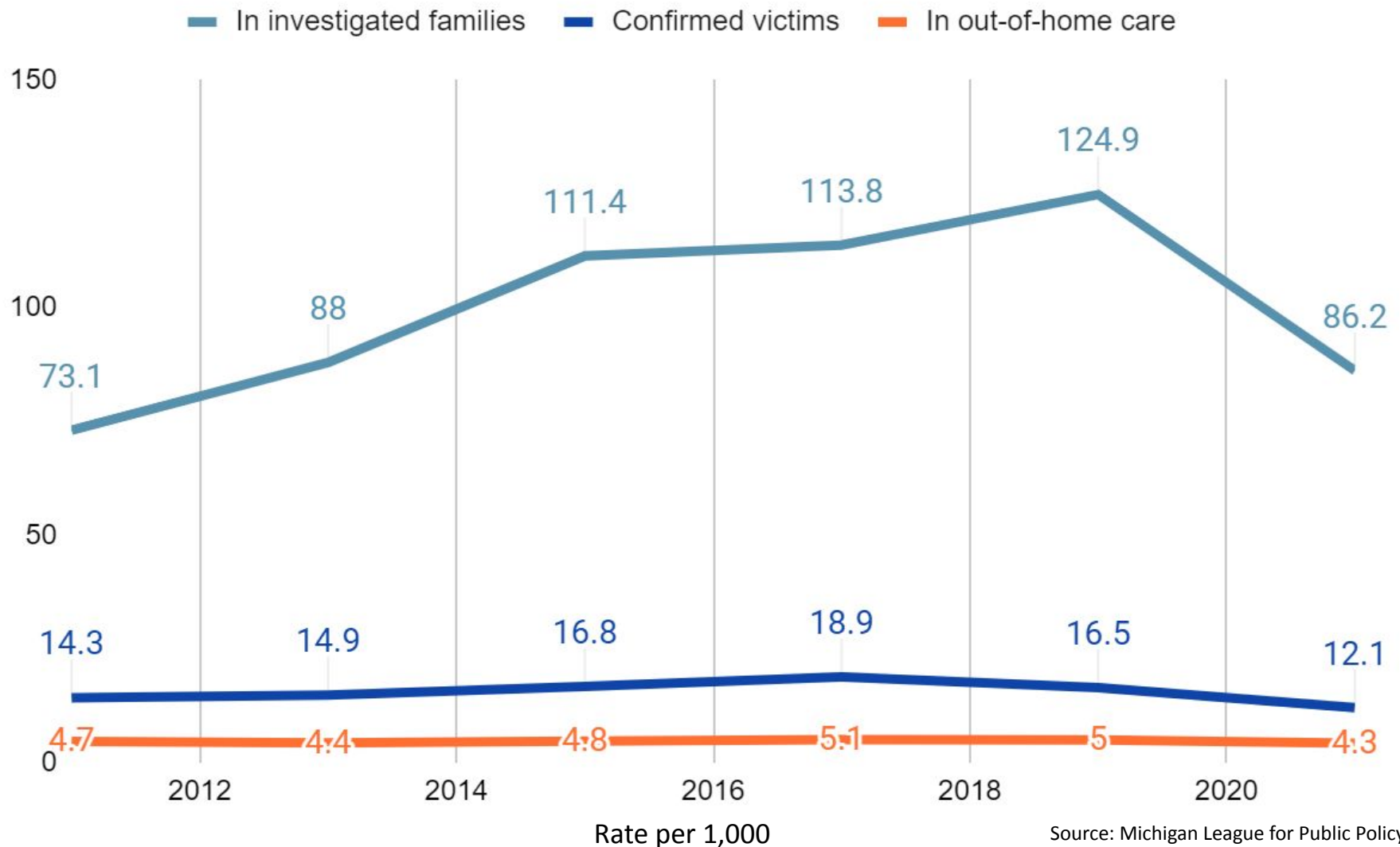
NOTE: Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db375-tables-508.pdf#1>.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey, 2015–2018.

**Neglect and abuse victims
down slightly, even as
investigations increased
dramatically**



Increases in investigations; small changes in confirmed victims

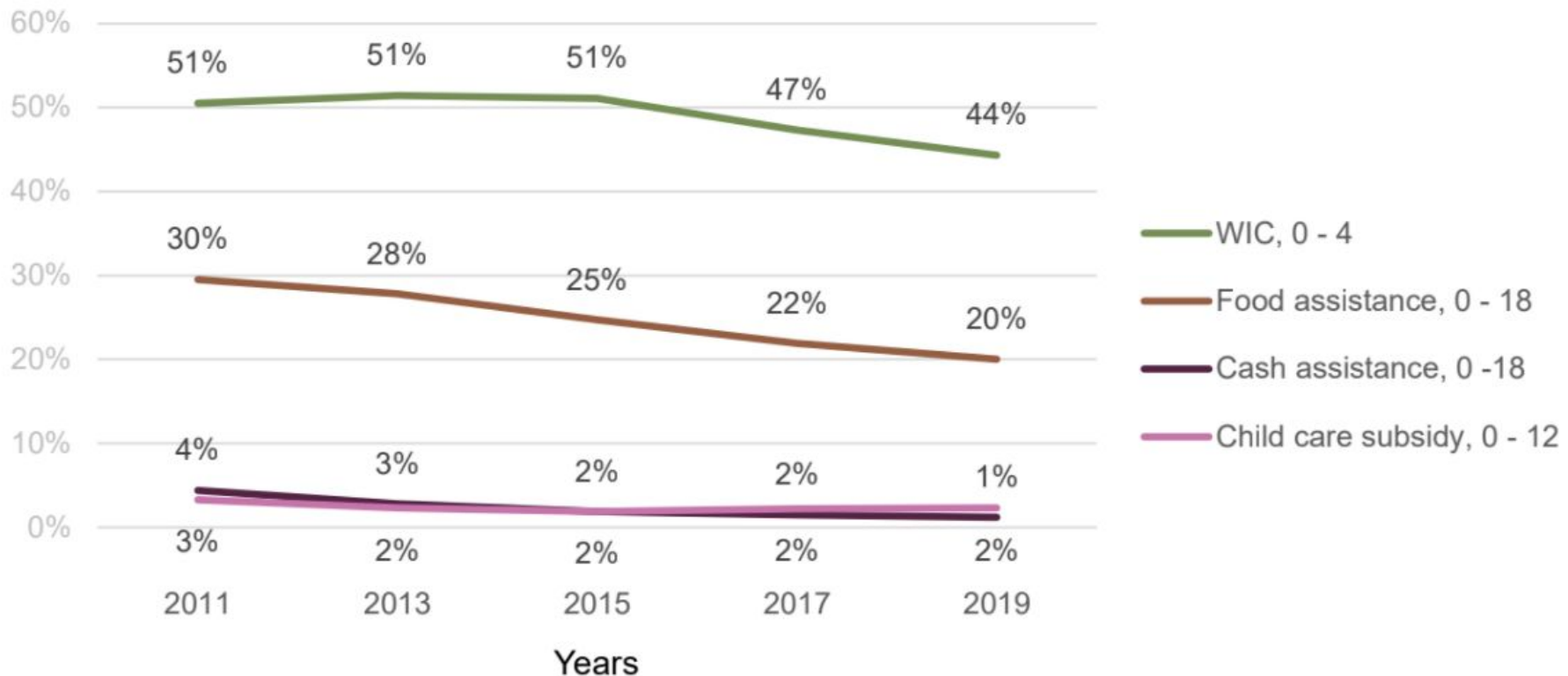




**Social programs
support families
and are a
protective factor**

Program usage decline may not reflect need

Participation down in social programs that help families make ends meet



Source: Michigan League for Public Policy

State Budget = Our Values





April - May

The subcommittee budgets move through both the House and the Senate with possible amendments at both the committee level and on the floor during final debate

What can you do?

- Continue to contact your legislators about your issues and concerns, as well as portions of the budgets that you support or oppose.

[Click for more information & budget basics](#)

Public Policy Wins

- Permanent Medicaid 12-months postpartum coverage
- Supplemental - investment in housing & broadband
- \$1.4 billion investment in childcare

What to Watch For?

- Waive optional 5-year waiting period for immigrant children to access public health coverage
- End of federal public health emergency & Medicaid re-enrollment
- Ensuring universal developmental screenings & expand Early On funding
- Continue supporting home visiting programs
- Investment in food infrastructure
- Stabilize child care industry by supporting providers and family access
- Provide comprehensive health education in schools
- Health services in school settings

Thank you!

Monique Stanton:
mstanton@mlpp.org