Michigan’s Infant and Toddler Action Agenda

A Policy and Opportunity Profile for Michigan’s Infants and Toddlers and Their Families

Michigan has over 330,000 infants and toddlers. Current policies aren’t meeting their needs. Children’s growth and development are shaped by early life experiences. Good health, secure and stable families, and positive early learning environments foster children’s physical, intellectual, and social-emotional development. This profile provides demographic information about Michigan’s infants and toddlers and their families. It also explains the current policy landscape, including threats and opportunities at the state level, as well as proposed policy actions to improve wellbeing.

strong parents. Infants and toddlers need strong parents who are adequately supported and have effective parenting skills.

high-quality child care and early education. Families with infants and toddlers need high-quality, affordable early care and education programs that support child development and allow parents to work or attend school.

economically stable families. Infants’ and toddlers’ parents need good jobs in responsive workplaces and access to assistance when they’re unable to make ends meet.

healthy bodies, healthy minds, healthy parents. Infants and toddlers and their parents need affordable public health insurance, quality health care services that meet their physical and mental health needs, and nutritious foods.

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Infants and Toddlers and their Families in Michigan

There are 330,698 children under age 3 in the state.¹

1 in 6 working mothers in Michigan with an infant or toddler work in low-wage occupations.

88% of all infants & toddlers in Michigan have at least one working parent.

Nearly 1/2 of all parents with an infant or toddler in Michigan do not have a college degree.

113,312 babies were born in Michigan in 2015. 44% were covered by Medicaid.

Economic hardship is widespread among young children in Michigan.

< 100% FPL 100-200% FPL > 30 < 40% > 20 < 30% > 10 < 20% > 10%
Action Agenda for Infants and Toddlers in Michigan

- Keep parents covered by fighting attacks against Healthy Michigan
- Invest in prevention-focused initiatives to reduce abuse and neglect
- Support paid sick leave legislation as recently adopted
- Target adult education resources and support services to parents with infants and toddlers
- Leverage the historic increase in federal child care funding to improve the child care subsidy system
- Build from Michigan’s first-ever investment in early intervention to advocate for continued state funding
Michigan’s infants and toddlers need... ...healthy bodies, healthy minds, healthy parents

Health insurance. Michigan was one of the first states to expand Medicaid to low-income adults through its Healthy Michigan program. This has significantly improved Michigan parents’ insurance rate. When parents can access health insurance, they’re more stable financially. And their children are more likely to be insured and receive preventive care.

Medicaid expansion supports parents’ access to health care
Parents’ eligibility for Medicaid, before and after expansion

Source: Kaiser Family Foundation, Medicaid Expansion in Michigan.

A large share of infants and toddlers and their parents are covered by Medicaid Insurance coverage by type, 2016

Source: Haley et al., Health Insurance Coverage among Children Ages 3 and Younger and Their Parents in 2016.

Access to Medicaid is associated with:

- Greater access to health care
- Lower mortality rates
- Healthier births
- Better health, educational, and employment outcomes in adulthood

Preserve the integrity of Healthy Michigan by fighting back against legislative and administrative actions that would restrict low-income parents’ access to health insurance, including work requirements and other proposals that would limit eligibility or decrease affordability.
...strong parents

Child welfare. Michigan’s child welfare system has faced significant challenges for more than a decade. A series of settlements legally required the state to make significant changes to its child welfare and foster care system. But so far, Michigan hasn’t met requirements. Child abuse and neglect remain major problems—particularly for infants and toddlers, who comprise one-third of the state’s abuse and neglect victims.

Michigan must continue to reform its child welfare and foster care system. At the same time, the state has a chance to focus on preventing child abuse and neglect with recent federal legislation.

Use the Family First Prevention Services Act to increase funding for prevention-focused initiatives such as mental health services, substance abuse treatment, and home visiting.

Michigan has the highest rate of infant maltreatment in the country.

7,702 infants younger than 12 months old were abused or neglected in FY 16

That’s nearly 68 out of every 1,000 babies

Source: Children’s Bureau, Child Maltreatment 2016
...economically stable families

Paid sick leave. In Michigan, 45 percent of all workers (1.7 million) lack access to paid sick leave. Workers with low wages and people of color are more likely to work in jobs that don’t offer paid leave. Local governments in Michigan are currently prohibited from requiring businesses to provide certain benefits, including earned paid sick leave. As a result, paid sick leave must be passed at the state level.

The Michigan legislature recently passed the Earned Sick Time Act, which allows workers to accrue sick time to care for themselves or an ill family member, as well as access preventive health care services.

Lawmakers and advocates should support this legislation as adopted and block any effort to weaken it.

Affordable education and training. Michigan workers need affordable education and training to expand their skills, access better jobs, and support their families. Unfortunately, the state drastically cut adult education funding in 2004. As a result, student enrollment and completion plummeted, then flattened. Parents, in particular, have lower rates of program completion.

Recently, Michigan strongly invested in affordable education and training, including a multi-million-dollar workforce development initiative. These dollars should be targeted to students who most need support, including parents of infants and toddlers.

Paid sick leave allows parents to care for themselves and their babies without jeopardizing their families’ health and economic security.

1/3 of parents with young children say taking time off with a sick child could cause them to lose pay or their jobs.

Parents lose out on wages when they have to stay home without pay...

<table>
<thead>
<tr>
<th>Unpaid Sick Days</th>
<th>1 Month Worth of Utilities</th>
<th>Unpaid Sick Days</th>
<th>1 Month Worth of Groceries</th>
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Source: Elise Gould and Jessica Schieder, Work Sick or Lose Pay? 16

Spending and enrollment in adult education, 2002-2016

<table>
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<th>Year</th>
<th>Total Funding (in millions)</th>
<th>State Funding (in millions)</th>
<th>Students Enrolled (in thousands)</th>
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<td>2015-2016</td>
<td>$37.4</td>
<td>$23.8</td>
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</tbody>
</table>

Source: Peter Ruark, Increase Adult Education Funding to Prepare More Workers for Job Training and Skilled Work. 18

Expand access to adult education and training programs for parents with young children. Dedicate resources to connect parents of infants and toddlers to comprehensive supportive services, including nutrition and child care assistance.
...high-quality child care and early education opportunities

Child care assistance. More than half of Michigan’s infants and toddlers live in households where all parents work. That makes high-quality, affordable child care critical. However, state child care spending has been declining for years, preventing much-needed reforms. Michigan’s eligibility threshold is among the lowest in the county. It restricts child care assistance to families earning less than 130 percent of the federal poverty guideline ($27,014 for a family of three). Just 15 percent of eligible infants and toddlers received subsidies in 2016.

Infants’ and toddlers’ access to child care assistance is low and varies by race and ethnicity

State spending on child care has steadily declined over time

Early intervention services. Historically, Michigan hasn’t invested state dollars in its early intervention program through Part C of the Individuals with Disabilities Education Act. Instead, it’s heavily relied on federal Part C dollars. That’s forced counties and school districts to draw on other limited funding sources—if alternative sources are even available. As a result, many infants and toddlers receive insufficient services to support their development.

The state’s FY 2019 budget included a first-time investment for early intervention, totaling $5 million.

More resources are needed to fully fund Early On

Michigan can change course by leveraging the historic increase in federal child care funding. Michigan should invest in higher payment rates for providers, increase eligibility limits to ensure more families can access subsidies, and grow the supply of quality care for infants and toddlers.
References


10. In FY 2016, 37,293 children were victims of abuse and neglect in Michigan—12,677 were younger than age 3, including 7,702 infants under 12 months old. For more information, see Children’s Bureau, Child Maltreatment 2016, U.S. Department of Health and Human Services, https://www.acf.hhs.gov/sites/default/files/cb/cm2016.pdf.


References (cont’d)

20 CLASP analysis of 2012-2016 ACS 5-year data.


22 Based on state eligibility parameters in the most recent year for which data are available. CLASP analysis of 2016 and 2012-2016 American Community Survey data and administrative data from the Office of Child Care. For more information, contact the authors.


25 A 2013 audit of the Early On program concluded that infants and toddlers enrolled in the program were not necessarily receiving appropriate services in the least restrictive environment with enough frequency. Additionally, the audit identified that many school districts were discontinuing or significantly reducing services during summer months. For more information, see https://audgen.michigan.gov/finalpdfs/13_14/r313200012.pdf.
