

Promoting Early Literacy in Michigan

For the past several years, policymakers at the state and federal level have focused on improving student achievement as measured by standardized testing, and third grade is considered a pivotal age for mastery of reading skills. After the third grade, children will need reading skills to learn other subjects such as math and science, and to evaluate written text. Almost half of the material in the fourth grade curriculum requires grade-level reading skills.¹ Three of every four students who do not read at grade level in the fourth grade will continue to struggle in high school, and thus be at high risk of not graduating high school.

Early identification and intervention are key to improving literacy among youngsters: Schools alone cannot solve the problem. Michigan has a variety of programs that provide the foundation to literacy and academic achievement, but policymakers have not appropriated funding to address the level of need nor supported policies to improve economic insecurity, which has a well-documented negative impact on child health and academic achievement.

A critical part of Michigan's agenda to improve early literacy must address the role of widespread child poverty and the benefits of early intervention. Efforts must begin long before children reach the third grade or even kindergarten.

School readiness is a key strategy endorsed by the Campaign for Grade-Level Reading, a national collaboration of foundations, non-profits, states and communities focused on promoting strategies to improve third-grade reading.²



The quality and nature of experiences in early childhood lay the groundwork for early literacy development and may also set the stage for potential problems.

Jane Waldfogel. *The Role of Out-of-School Factors in the Literacy Problem.*

In 2012, a majority of the states had passed laws targeting improvement in literacy for early elementary students. Most of these states take a comprehensive approach with early identification, interventions and strategies in place to improve literacy, some beginning at birth.

Alternate methods to document proficiency in the third grade vary by state. Since many states have only recently implemented these procedures, it is too early to assess the results. For example, despite significant gains for Tennessee students, higher-income students benefited more. Furthermore, the impact on children, families, teachers and districts of emergency takeovers by the state and closing of neighborhood schools has not been assessed.

THE MICHIGAN PICTURE

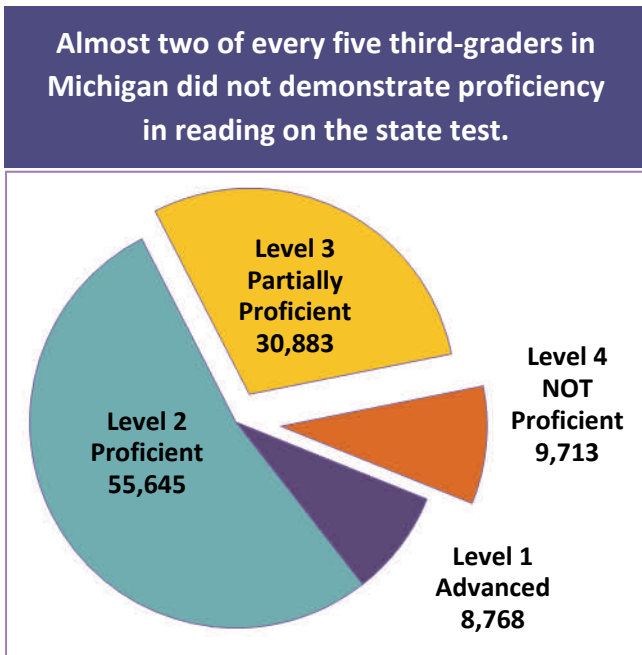
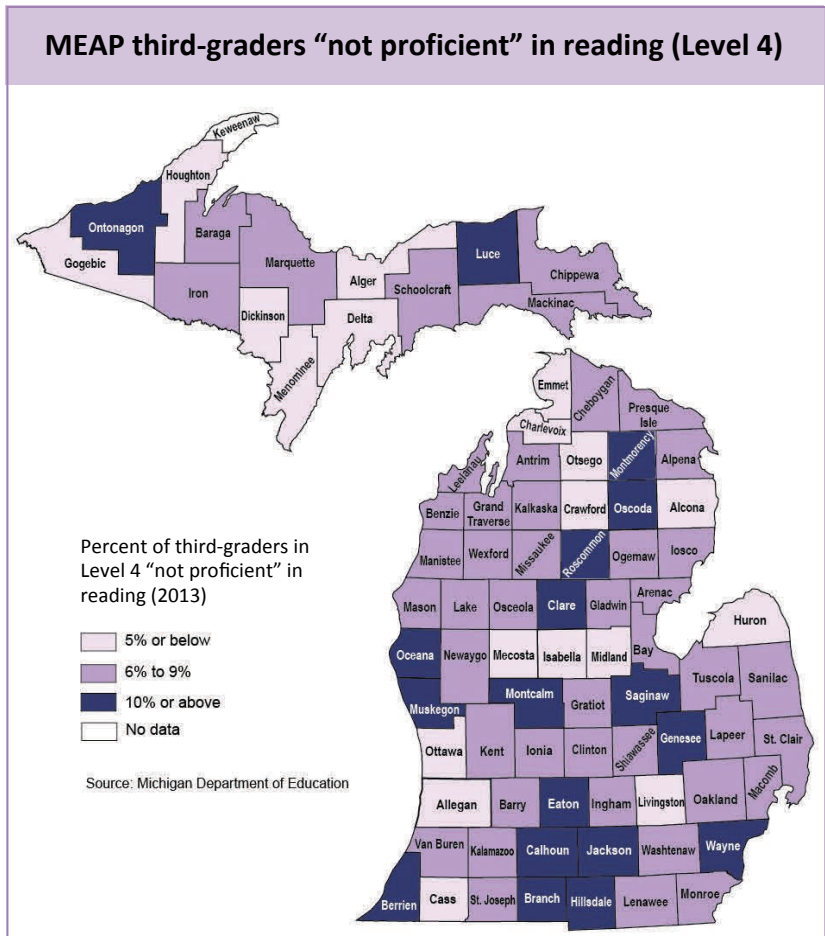
Roughly 40% or 40,000 of the state's third-graders demonstrated reading skills that were rated below proficiency (Level 2), as defined in the 2013 MEAP; 10,000 of those showed minimal skills, rated as "not proficient" (Level 4).³

The percentage of third-graders at Level 4 in each county ranges from a low of 3% in Dickinson and Charlevoix to 19% in Oscoda. In some of the most populous counties, such as Wayne, Saginaw and Genesee, 9-10% of third-graders performed at the lowest level. The cost of earlier intervention strategies pales in comparison with the cost of high school dropouts in the current economy.

As Michigan looks to align its standards with the Common Core—English and math standards developed by the Council of Chief State Officers and the National Governors Center for Best Practice—the test results would more likely reflect Michigan student performance on the national test where almost seven of every 10 fourth-graders (69%) in the state did not demonstrate grade-level skills. The NAEP 2013 Grade 4 reading test results dropped the state to a ranking of 37th among the 50 states, according to the 2014 national KIDS COUNT report.⁴

Family income makes a difference in academic achievement.

Similar to the nation, in Michigan the difference in reading proficiency between children from low- and higher-income families is dramatic.⁵ Roughly 80% of fourth-

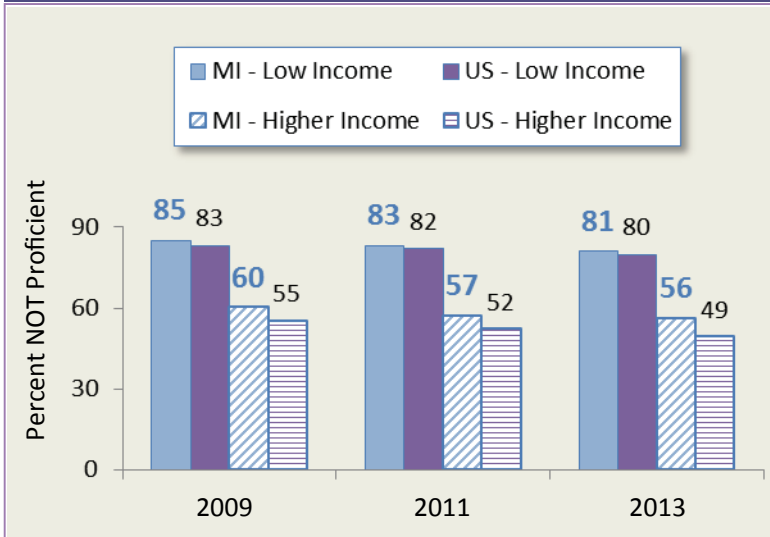


Source: Michigan Department of Education, 2013 Grade 3 Reading MEAP

graders from Michigan’s low-income families did not demonstrate proficiency on the 2013 NAEP compared with just over half (56%) of those in higher-income families. The gap widened between 2009 and 2013 as children from higher-income families exceeded the gains of those from low-income families. In Michigan schools, the higher the concentration of children from low-income families, the larger the percentage of children not demonstrating proficient reading skills.

The number of children in Michigan who live in low-income families has escalated dramatically since the economic downturn and sluggish recovery. Between 2006 and 2013 Michigan experienced a 34% increase in the percentage of students eligible for free or reduced price meals in the School Lunch Program: Almost half of all public K-12 students were eligible in 2013 compared with just over one of every three in 2006. All the growth in eligibility occurred among students qualifying with family incomes below 130% of the poverty level—roughly nine of every 10 students eligible for the program.

Reading proficiency differs dramatically by income among fourth-graders in the state and the nation.



Source: Kids Count Data Center - Grade 4 Reading NAEP Proficiency by Family Income

Proficiency rates for students closely track family income as reflected in eligibility for free or reduced price school meals. In Michigan’s 15 largest counties the percentages of third-graders scoring proficient on the MEAP reflected the percentage of low-income students: The lower the percentage of students eligible, the higher the percentage proficient. The relationship held for both traditional and

charter schools, also known as public school academies. Michigan also has the largest concentration of children in high-poverty neighborhoods in the country (15%)—thereby compounding the negative impact of family economic insecurity.

The impact of the state’s economic decline on families has been aggravated by state cuts in programs designed to blunt the impact of business cycle downturns on families and children. Either the eligibility standards or the benefit amount for several programs, including unemployment insurance, the state Earned Income Tax Credit, cash assistance (FIP), child care subsidies and food stamps (SNAP), have all been reduced in the last few years, at the same time as job growth lagged and wages stagnated or fell in the sluggish recovery.

Mass incarceration exacts a profound toll on African American children and communities.

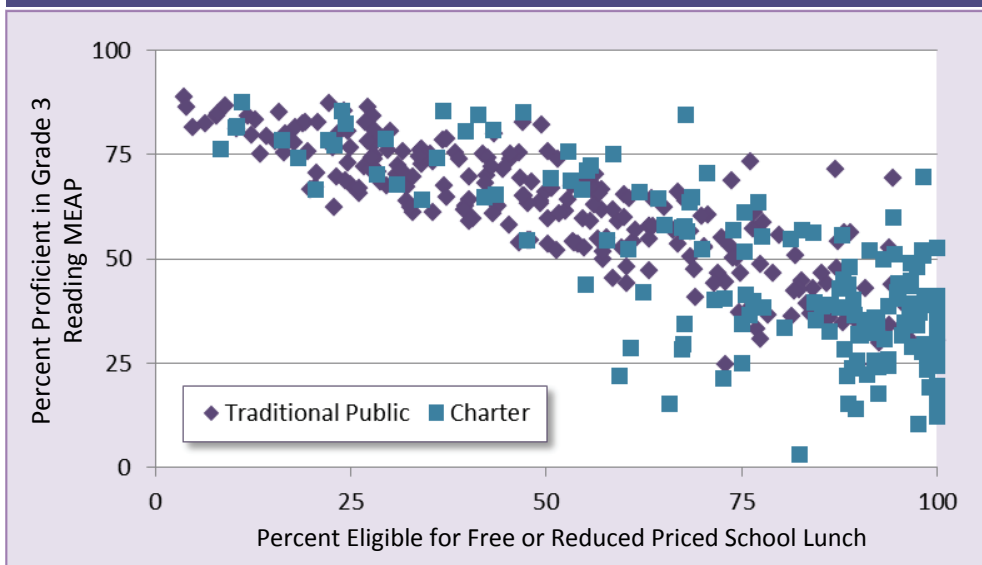
While social support programs have waned in Michigan, the number of prisoners in the corrections system remains at record highs. Almost 50,000 children in Michigan have a parent in state prison, excluding jail and federal prison, and almost half of all prisoners lived with

their children prior to their arrest.

A recent study found that the absence of a parent due to incarceration can have a worse impact than parental absence due to divorce or death.⁶ Having a parent in prison or jail was “linked to a greater incidence of attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD), behavioral or conduct problems, learning disabilities, speech or other language problems and developmental delays.”⁷

The prison population, disproportionately minority males, has resulted in

Districts with small percentages of low-income students are more likely to have large percentages of students proficient in reading. (2013-14 data from Michigan's largest 15 counties)



Note: According to the Prison and Family Justice Project at the University of Michigan Law School. Source: Michigan Department of Education

worsening unemployment and decreasing family stability in communities of color. The prison experience itself can compromise physical and mental health and, once saddled with a prison record, ex-offenders struggle to find employment. The cost of parental incarceration also falls on their families and children. African American children are three times more likely to have a parent incarcerated as the national average: In the U.S. one of every nine African American children has an incarcerated parent compared with one of every 28 children of all race/ethnicity in the U.S.⁸

School readiness begins at birth.

Physical and emotional health from birth forms the bedrock for academic achievement. Babies who weigh less than five and one-half pounds at birth or spend less than 37 weeks in utero are much more likely to experience developmental delay, chronic disease or even death. In 2012, roughly 17,000 Michigan babies were born either too soon or too small or both. These fragile infants can often spend extra weeks or even months in intensive care and then need special services in early childhood and later years.

A healthy pregnancy improves the likelihood of a healthy birth.

The roughly 29% of mothers who do not receive adequate prenatal care, defined as beginning in the critical first three months of pregnancy and continuing regularly

throughout the pregnancy, are at higher risk of an unhealthy birth than those who have timely regular care. Increased access to health insurance and medical care through the Healthy Michigan Plan, the state expansion of Medicaid under the Affordable Care Act, will increase the likelihood that more women will be in better physical health overall should they become pregnant. Uninsured women are more likely to delay prenatal care because of cost concerns or lack of a medical home and suffer from untreated chronic health conditions, which can compromise a healthy birth.

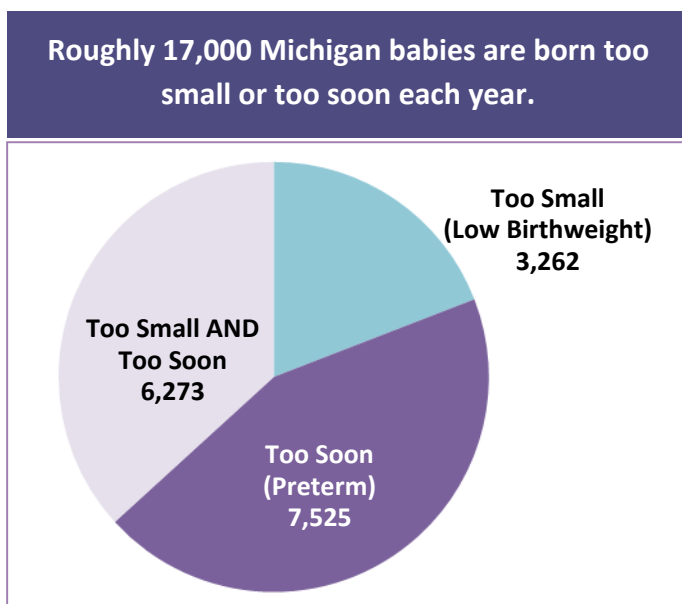
Expanded access to health insurance through the Healthy Michigan Plan benefits low-income parents and also other adults likely to be involved in children’s lives, such as caretaker relatives, childless adults and 19- and 20-year-olds.⁹ Improvements in the well-being of the significant adults in children’s lives will benefit those children, particularly in the early years.

All eight strategies outlined in the state’s Infant Mortality Reduction Plan focus on improving the likelihood of a healthy birth and infancy.¹⁰ The strategies include promoting safe sleep practices for infants, expanding home visits to high-risk women and reducing unintended pregnancies. However, in the last two budgets policy-makers have allocated only one-tenth of the funding required to fully implement the plan.

Parents matter.

The early years are a critical developmental stage when the brain undergoes its most dramatic growth and the capacity that supports future literacy is developed. The quality of the interaction between children and their parents and other caregivers in the early days and months affects the emotional and social well-being of the child as well as his/her cognitive development.¹¹ Providing supports and training on fostering communication and nurturing behavior with infants, especially for parents and caregivers in low-income communities where resources are limited, can make a critical difference for healthy development, physically and emotionally. Children who arrive at kindergarten without social emotional skills are less likely to be able to focus on reading and math.

The resources available in the neighborhood and community to support families with children play a critical role for parents. Parents who are stressed by financial worries, health problems and mental illness can unwittingly trigger a chronic and severe response in their



Source: Division for Vital Records and Health Statistics, Michigan Department of Community Health 2012 data

children that compromises development. Researchers have now documented the lifelong consequences of so-called “toxic stress” that causes a chemical response in the developing brain resulting in a negative impact on behavior and the ability to learn.

Early interventions, such as evidenced-based home visiting programs, can improve maternal and infant interactions, provide access to supportive programs and expand overall well-being, high school graduation and employment. Research on early brain development has demonstrated how vital nurturing relationships are to the social-emotional health of young children. Sustained support for parents of young children to foster maternal and infant bonding provides a foundation for positive interaction and eventual academic success.



Michigan has been able to expand its home visiting programs dramatically through its successful applications for federal funds totaling \$34 million authorized in the Affordable Care Act. State funding, on the other hand, has actually fallen; the Executive Budget recommendations between Fiscal Years 2006 and 2015 reduced state funding for public health. The governor's recommendation to invest \$5 million in home visiting for Fiscal Year 2016 would be funneled through the School Aid budget to Intermediate School Districts.

While parents want to prepare their children for success in school, they may not have the latest tools or knowledge. In some Michigan districts one-third of births are to mothers who do not have a high school diploma. Minnesota, one of the top 10 states for reading proficiency among fourth-graders, offers a weekly class, [Early Childhood Family Education](#), for children ages 0-4 and their parents in every school district in the state.¹² Education professionals model activities and interaction for parents and children, and parents have their own group session on issues with which they are struggling. The program is offered to all parents with a sliding fee based on income. Participants from all income levels have participated over its 40-year history.

Lead poisoning continues to threaten children in Michigan.

Roughly 3,600 of the state's toddlers ages 1-2 who were tested in 2013 had lead exposure (5 or more micrograms of lead per deciliter of blood) that would require case management.¹³ Toddlers are particularly vulnerable to lead poisoning due to their developing nervous system and their hand-to-mouth behavior. Lead dust generated by friction in windows and doors with multiple layers of paint poses a serious risk.

Decades of research have established the negative impact of early lead exposure on cognitive development. One research study found the amount of lead in students' teeth was linked to lower IQ and academic performance.¹⁴ Eleven years later, a follow-up found those students with the highest levels of lead as youngsters were seven times less likely to graduate from high school. Recent MRI studies have shown that higher blood lead levels in early childhood correlates with brain damage, especially in the prefrontal cortex that regulates decision-making and impulse control, among young adults.

While the removal of lead from gasoline and paint has helped protect many children from the impact of lead, the presence of lead-based paint in the state's older homes in rural and urban areas continues to threaten child health and well-being. In recent years Michigan's childhood lead poisoning prevention program has limped along with support from federal block grants to continue surveillance, provide education about lead risk to professionals working with young children and their families, support some direct prevention activities and sustain limited case management in the most affected areas. The Department of Community Health has been able to maintain crucial services, but there is a critical need for case management and housing alternatives for families in lead-compromised housing.

In the 2014 budget just over \$1 million was allocated to remediate lead in housing, and in 2015 the funding was bumped to \$1.75 million. This expansion in funding supports remediation and provides more children with safe housing. With such clear evidence of lead's detrimental impact on children's capacity to learn, policymakers should continue to support investments to eradicate the risk to children from such exposure.

Access to quality child care for infants and young children is a challenge.

Low-income women are less likely to have access to paid sick or vacation time or maternity leave so access to reliable child care is critical as they must often return or even find work to support the family. (A pregnancy or a birth can cost them their jobs.)¹⁵ The risk of job loss increases with birth complications for the mother or infant.

Michigan's already low child care subsidy hourly rate does not pay extra for children with special needs, and the standard rates for the age groups have fallen far below the recommended rate standard. For example, in 2012 the state subsidy for a 4-year-old in center care was \$433 a month—less than half the market rate that year.¹⁶ In July 2014 the subsidy rate was raised for providers with 3-5 stars but, as of August, 82% of the almost 10,000 child care providers/programs had achieved only basic licensing requirements in the quality rating system. Roughly two of five children in subsidized care rely on unlicensed relative or neighbor care.

In fact, participation in Michigan's child care subsidy program has plummeted despite the high level of need among Michigan's low-income families. The state has one of the lowest eligibility levels in the country: Only families with income barely over poverty level (120%)—\$1,990 a month for a family of three—qualify for the subsidy. In most states families with income above 150% or near double the poverty level remain eligible for a subsidy. Child care for only one preschool child represents a significant expense in a low-income family: The average monthly cost of full-time child care (\$532) in Michigan for one preschool child would consume almost half of a full-time minimum wage income.¹⁷

Despite this level of need, few families can access the program. The average monthly caseload dropped from 65,000 families to 22,000 between FY 2005 and FY 2014.¹⁸ Spending for the program dropped over 70% in the same period. Yet one of every eight parents in Michigan's low-income families with young children reported that lack of access to child care had meant someone in the family had



to quit a job, not take a job or greatly change a job, according to the National Survey of Child Health (2011-12). High turnover in low-wage employment and Michigan's pay-by-the-hour subsidy policy compromises both quality and stability in child care.

Opportunities to attend high-quality preschool need to continue to expand in Michigan.

While Michigan dramatically expanded its Great Start Readiness program for 4-year-olds in 2013 and 2014, research shows that starting preschool at age 3 yields cumulative effects, particularly in literacy skills.¹⁹ In one study children completing the second year of preschool demonstrated more mastery of decoding and letter recognition than those who attended only one year. Similarly, the 2010 Head Start Impact Study found significant differences in outcomes for children who started the program as 3- or 4-year-olds. The findings suggest that the number of years of participation in Head Start matters and that starting Head Start earlier is associated with stronger and lasting outcomes. "The 3-year-old cohort demonstrated more numerous and sustained outcomes in areas such as cognition, social-emotional development, health factors, and supportive parenting practices."²⁰

A preschool setting for 3-year-olds, especially those at highest risk, also provides an opportunity to build social-emotional competence at a younger age, as well as influencing parents earlier through modeling positive interactions and connecting them with resources to improve their own physical, emotional and financial well-being. Such comprehensive programs provide support to families at a critical point for both parents and children. These relationships are more difficult to alter once family dynamics become entrenched and children reach the K-12 system with its more formal settings, larger classes and institutional demands.

Smaller classes in the early grades are a key strategy to improve reading skills.

While Michigan's Great Start to Readiness Program for 4-year-olds mandates one adult to every eight children,

Implementing a quality preschool program requires a focus on professional development, adequate compensation, coaching, mentoring and modeling.²¹

Hirokazu Yoshikawa et al. *Investing in Our Future: The Evidence Base on Preschool Education.*

some kindergarten classes in Michigan number 30 to 40 with one teacher, according to anecdotal evidence. Unfortunately, such large classes seem to occur more in schools and districts with large concentrations of low-income children. National standards recommend one teacher per 18 students in kindergarten.²²

Smaller class sizes in the early grades ease the transition into the K-12 system. Studies have found that smaller classes result in teachers spending less time on discipline and more time on instruction. Furthermore, students are more likely to participate and have more positive relationships with their classmates.²³ Even more critical, researchers found that disadvantaged students benefit the most from smaller class size.

Early intervention programs for children and their families can make a critical difference.

A growing body of research shows that early relationships are not only critical to social/emotional development but are closely linked to brain development and physical health—the building blocks of school readiness. Early screenings with standardized tools can identify social and emotional problems in young children so services can be provided as early as possible. Easy and fair reimbursement policies for primary care doctors will encourage screenings.

Emotional health should be viewed as essential as physical health and be part of all programs for young children and their families. Providing proven services that support social and emotional well-being to families, caregivers and preschool providers can ensure the mental health needs of young children in all settings are identified and addressed.



Babies need loving relationships with adults in order to develop social-emotional skills.

Social-emotional skills fostered by stable loving relationships beginning in infancy with caregivers provide a foundation for a child's ability to make friends, follow directions, control emotions, solve problems and focus on tasks.²⁴ Michigan has been a leader in promoting infant mental health. Currently, more than 1,550 children and their families receive Infant Mental Health Home Visiting services annually (funded through the Community Mental Health system/Medicaid). IMH Home Visiting programs offer weekly home visiting by IMH-Endorsed®, Master-level therapists to Medicaid-eligible families who are at high risk for abuse, neglect or poor parenting. The program serves pregnant women and families with babies from birth through 47 months, including families with children in foster care. The emphasis is on the reduction of risk and enhancement of strengths to better assure that children are ready to learn. Thousands more receive IMH-informed services through programs such as some Early Head Start and Early On programs.²⁵

For Medicaid-eligible children, primary healthcare providers are directed to administer a psychosocial/behavioral assessment and developmental screening at each scheduled well-child visit. Practitioners are advised to use a validated and standardized screening instrument, as recommended by the American Academy of Pediatrics.

Michigan's early intervention services are limited.

The first three years of a child's life provide a critical period of opportunity to address and minimize delays in development. Early interventions can decrease future needs for special education and other more intensive services. Such interventions address individual cognitive, physical and social-emotional development, as well as language and speech to strengthen the foundation of learning skills. Developmental screenings are an important mechanism for identifying children with delays. Unfortunately only one of every four parents of young children ages 10 months to 5 years in Michigan reported their child had received a developmental screening during a healthcare visit in the past year.²⁶

“The emotional well-being of young children is directly tied to the emotional functioning of their caregivers and the families in which they live.”

*National Scientific Council on the Developing Child.
(2008). Mental Health Problems in Early Childhood Can
Impair Learning and Behavior for Life*

Michigan’s Early On program is funded with federal dollars through IDEA Part C.²⁷ The Michigan Department of Education distributes roughly \$8 million through formula grants based on child population to the state’s 57 Intermediate School Districts to identify and provide services to eligible children and their families.

In 2013, less than 3% of children ages 0-2 were identified with a disability or developmental delay and received some kind of early intervention service, which could have consisted of a single visit during the year. A 2006 estimate, based on a variety of risk factors, suggested that almost 8% of the state’s infants and toddlers might benefit from early intervention.

Unfortunately federal funding does not cover the services necessary to meet the needs of the children and their families who participate in the program, according to a recent state audit.²⁸ Each state sets its own standard for services eligible through Part C, and Michigan has one of the lowest eligibility thresholds in the nation, despite instituting more restrictions effective July 2010 and not investing any state dollars into the program.²⁹ The audit revealed that many Intermediate School Districts limited services to Part C-only eligible children and did not ensure qualified professionals were providing the services.³⁰ Furthermore, significant differences occur in access and quality of services across districts, which raises issues with equal access, and the state department was not monitoring ISD compliance with federal regulations.

A majority (60%) of Early On-eligible children do not meet the more stringent standards to qualify for services through state-funded Michigan Mandatory Special Education. Children and their families eligible for Special

Education services received comprehensive services provided by qualified personnel, according to the audit. Michigan is the only state in the nation that has two different programs with different eligibility standards for services to this age group. To add to the confusion, Early On services are coordinated through the Office of Great Start, while special education services are coordinated through the Office of Special Education.

The lack of services for Part C-eligible children is not a new problem. Comments summarized from public meetings in nine locations throughout the state 14 years ago as part of a report to the U.S. Department of Education noted that available Part C services were “being maxed out with the dollars that are available now.”³¹ The report cited a need for:

- training for all stakeholders, including parents, teachers, administrators, and especially general practice physicians;
- consistent information about available services;
- system-wide accountability and oversight; and
- more effective support system for parents of children with disabilities.

These same themes were echoed in the recent audit report. In response to the audit, MDE’s Office of Special Education and Office of Great Start designed a special project that included on-site child file reviews in five ISDs. The results of that investigation are to be shared with MDE’s deputy superintendents.

The steep rise in the numbers of children ages 3-5 eligible for Special Education compared with the youngest children suggests that children might have been in need of services at a younger age but were not identified. The number escalates fivefold between the two age groups—ages 0-2 and 3-5. However, identification is especially difficult during the earliest years as lags in development become more evident as children age, and sometimes families are reluctant to admit their children need special education or have a problem.

Children struggle to learn to read for a variety of reasons, including hereditary conditions such as dyslexia. Dyslexia, which affects 5-17% of school-age children, often causes difficulty in decoding words, slows reading speed and interferes with comprehension of written text.³² It has no known cause and does not reflect



Learning starts in infancy, long before formal education begins, and continues throughout life. Early learning begets later learning and early success breeds later success, just as early failure breeds later failure.

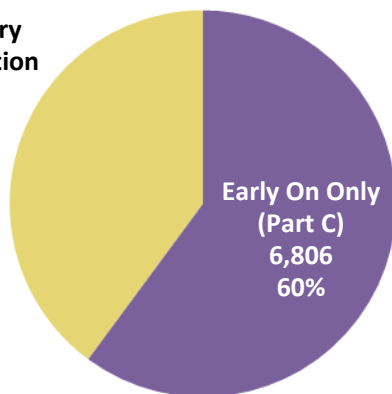
James Heckman *Invest in the Very Young*

a lack of intelligence or motivation. It does not qualify as a disability or a Special Education category, but standard reading instruction techniques do not work for children affected by dyslexia.

Children whose dyslexia is not addressed can face academic problems as standardized testing with timed sequences become more and more prevalent as a way of assessing student achievement. Furthermore, schools generally do not address the special needs of children with dyslexia, and techniques for teaching reading to children with dyslexia are not part of the curriculum at most universities.

Most infants and toddlers, ages 0-2, eligible for early intervention qualify only for very limited *Early On* services.

**MI Mandatory
Special Education
4,514
40%**



Source: Michigan *Early On* Part C Data Collection Profile Report June 2013, 2012-13 Special Education Data Portraits : Age Range Snapshot

ATTENDANCE MATTERS

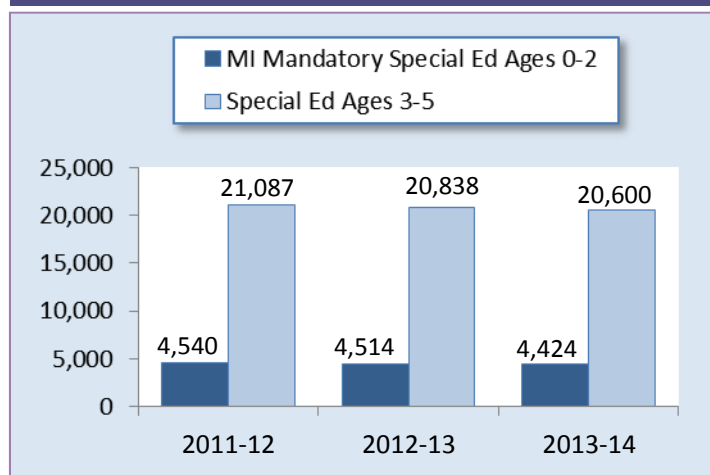
Another strategy to improve literacy among third-graders is to address chronic absenteeism early—even at pre-school. The youngest and oldest students in the K-12 system have the highest levels of chronic absenteeism. For children to learn they must be present—physically and emotionally—in the classroom on a regular basis. Researchers have documented that children who are chronically absent, defined as missing 10% of school days for any reason during the school year, have lower levels of achievement and increased likelihood of dropping out of school.³³ Early intervention is critical as children who are often absent tend to be so over multiple years so they fall further and further behind regular attendees.

Until recently few schools reviewed individual attendance. Generally schools would track average daily attendance, but a school can have 90% average daily attendance with 40% of its students chronically absent because different children are absent on different days.³⁴ In some Michigan districts school administrators are focused on addressing the causes of unexcused absences.

According to an analysis of 2011-12 attendance data in districts throughout the state, more than one-quarter of students in at least 10 Michigan school districts missed two full weeks of school with unexcused absences.³⁵ Similar to other states, which have varying definitions of chronic absenteeism, the analysis found rates highest in urban and rural areas where child poverty tends to be more prevalent.

By focusing on children in the early grades, barriers to regular attendance can be addressed early. An analysis of absenteeism among students grades 1-3 in 20 school districts within the Kent Intermediate School District, found that chronically absent children were twice as likely to fall below grade-level reading skills by grade three as regular attendees. Almost one-quarter of children who missed 10% or more of school (18 days) in grades 1-3 scored below the proficiency standard in Grade three reading compared with 12% of students with less than 10% absenteeism.³⁶ The study, which was done in collaboration with the Kent County Services Network, is designed to help leadership formulate a plan to address absenteeism.

Enrollment in Special Education jumps when children reach preschool and kindergarten.



Source: CEPI website

Children in early elementary grades are chronically absent for multiple reasons including, but not limited to, illness, transportation, parental physical or mental health and concerns about bullying or safety.

POVERTY MATTERS

Children in low-income families who have the most to gain by regular school attendance also have the greatest barriers, such as illness, transportation, hunger, toothaches, lead poisoning, asthma, housing mobility and homelessness. They also may be more susceptible to bullying or harassment as they change schools more frequently due to instability in parental employment or housing and live in neighborhoods where safe routes to school are an issue. With the decline of neighborhood-based schools, particularly in urban areas of the state, safe-routes-to-school initiatives become more critical as charter schools and schools of choice are not required to provide transportation for their students.

Children in low-income families also are at particularly high risk of lead poisoning due to nutritional deficits, particularly iron and calcium, and the higher likelihood of living in older rental housing units. Between 2005 and 2012 child poverty escalated by roughly one-third in the state, placing more children at risk. In 2013 roughly one of every three children, ages 0-8, lived in families that qualified for the Supplemental Nutrition Assistance Program (food stamps) with income just slightly above the poverty level.

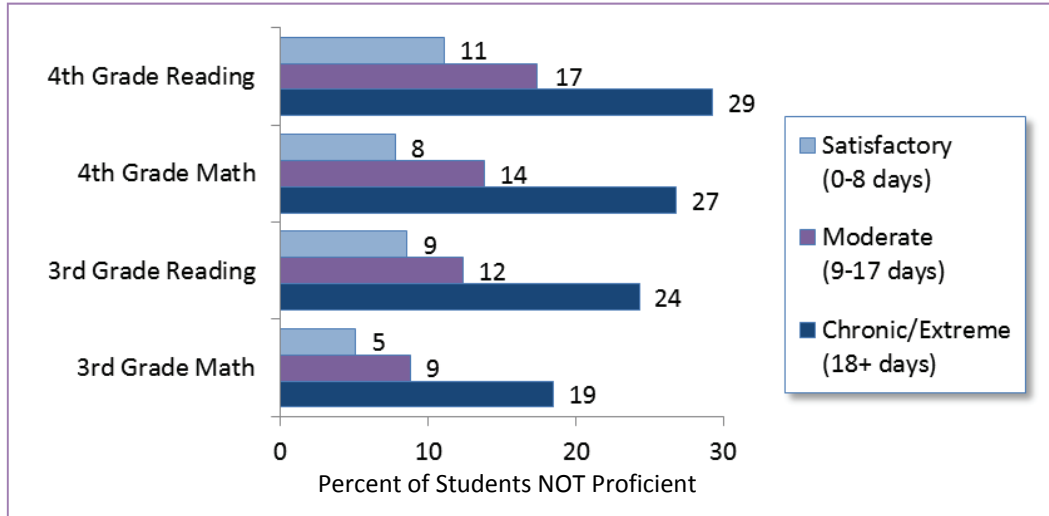
Policymakers usually treat standardized test results, chronic absenteeism and dropout rates as “school” problems that are not related to the strength of other systems such as health, human services, transportation and housing. To its credit, Michigan has supported more than 100 school-based or school-linked health centers, although mostly in middle and high schools.

In addition, under the Pathways to Potential program, the Department of Human Services places workers, called “coaches,” in schools. This outreach began in 2012 as part of a truancy prevention effort in response to high crime rates in four urban areas: Detroit, Saginaw, Flint and Pontiac. As of fall 2014, 160 schools throughout the state host the program. While DHS workers help connect families to services to facilitate school attendance, lack of cooperation by families on cash assistance or continued truancy by their children can result in the termination of the benefits that cover basic needs for the whole family. This approach further deprives all of the children in the family.

Due to such policy changes, many more families now face increased risk of homelessness and hunger. Policies that have imposed lifetime limits on cash assistance for low-wage workers with children fail to recognize the instability of employment in the low-wage sector. Parents who cycle in and out of low-wage part-time jobs to support their families in a period of sustained relatively high unemployment rarely qualify for unemployment benefits so the cash assistance program is the only option. Large numbers of families who subsist on incomes below poverty level do not qualify for the program because of the low eligibility level: Only families with incomes below roughly half the poverty level (\$814 monthly) qualify for assistance. The maximum cash assistance grant (\$492 a month for a family of three) does not cover the average Fair Market Rent for a family in any Michigan county.

While policymakers have restricted access to programs that address economic insecurity, more initiatives have targeted child health. One of the most successful efforts in the state to address the health needs of low-income children has been the systematic expansion of the Healthy Kids Dental program, a public-private partnership between the Department of Community Health and Delta Dental of Michigan. Now in 80 of the 83 counties, the program features higher payment rates and simplified administration to increase access to dental care for Medicaid-eligible children. The last three counties without

**The more days absent from school, the more likely early elementary students were to score below proficient on the MEAP.
(2013-14 data from Michigan's largest 15 counties)**



Source: Community Research Institute. Grand Valley University, Grand Rapids, MI, 2011. (Attendance data from 2006-09).

HKD are among the most populous and most diverse so it is critical to expand the program to provide equitable access to care. With tooth decay the number one chronic disease among children, HKD is an important investment for the state. Children afflicted by tooth decay and toothaches are more likely to miss school and struggle to concentrate even when present. Poor oral health in childhood also compromises permanent teeth and affects overall health into adulthood.

RECOMMENDATIONS TO IMPROVE LITERACY AMONG EARLY ELEMENTARY CHILDREN IN MICHIGAN

The most rapid and critical development occurs in the first three years of life. Programs that foster maternal and infant mental and physical health in those early years are key strategies to improve physical, cognitive and social-emotional development. Healthy development in the early years provides the foundation for literacy in the early grades.

1. Strengthen and expand existing systems for young children and their families.

- **Infant Mortality Reduction (\$2 million/\$11 million needed):** Roughly 17,000 infants are born too small or too soon each year putting them at risk for developmental delay, chronic disease

and even death. Funding the priorities in the Infant Mortality Reduction Plan would increase healthy births. In FY 2015 roughly \$2 million was allocated.

- **Childhood lead poisoning prevention (\$1.25 million/\$11 million needed):** Even trace amounts of this substance can stunt cognitive development and affect behavior with lifelong impact. Roughly 4,000 young children ages 0-2 who were tested in 2013 had lead in their systems.
- **Early On (\$0/\$100 million needed):** Early intervention for children with developmental delay or disability can make a critical difference to these children, their families and their communities. Full funding for the program to meet current levels of need would cost an estimated \$100 million; currently the state relies only on federal funding of roughly \$8 million to provide program services. Addressing conditions that could interfere with school readiness improves opportunities for early literacy.
- **Child care subsidy (\$136 million/\$500 million needed):** Michigan has one of the lowest eligibility levels and reimbursement rates in the country. A good job is the best route out of

poverty, but parents who cannot access affordable and reliable child care have difficulties finding and keeping a job. Lack of stability in child care also compromises quality.

- **Preschool for 3-year-olds (flexibility with existing funds):** Michigan has made great strides in expanding access to preschool for 4-year olds, but public preschool programs for 3-year-olds in the state are very limited. Research studies document that children who have attended two years of preschool have higher scores for literacy skills than those attending only one year. Allowing ISDs to use GSRP funds to expand access for 3-year-olds and evaluate the outcomes would better tailor funding to community needs and could result in even greater gains in social-emotional development and literacy skills.
- **Healthy Kids Dental (\$22 million needed):** Medicaid-eligible children in only three counties in Michigan do not have access to Healthy Kids Dental. These also are the counties with the largest populations of children of color.

Toothaches and decay interfere with regular attendance and learning. The \$22.5 million investment by the state would bring nearly \$44 million in federal funds.

2. Address the connection between poverty and academic achievement.

- **Restore the State Earned Income Tax Credit (\$252 million needed):** This credit rewards work and lifts families above poverty. Currently at 6% from a high of 20% of the federal credit, the additional income can make a crucial difference to child well-being.
- **Reform the criminal justice system and enact policies that reduce disproportionate incarceration of African American males.** The impact of the justice system on communities of color is particularly staggering. Mass incarceration is a key driver of poverty. A criminal record can result in lifelong barriers to employment and education.

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