

Macomb County Community Needs Assessment

Macomb Community Action

December 2020



Macomb
Community
Action



**PUBLIC SECTOR
CONSULTANTS**

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Executive Summary

To continue providing high-quality, impactful, and relevant services to children, families, and older adults in Macomb County and to meet funding requirements, Macomb Community Action (MCA) contracted with Public Sector Consultants (PSC) to write its community needs assessment. PSC organized data from MCA that included findings from focus groups as well as community and provider surveys. PSC also conducted additional research to ensure a comprehensive, countywide community needs assessment. Key findings from this assessment are presented in the following sections.

Macomb County Overview and Demographics

- Macomb County features diverse populations, rising incomes, economic and educational opportunities, and a variety of recreational choices.
- Macomb County has about 868,700 residents, 62 percent of which are 18 to 64 years of age; 82.5 percent are white, including those who identify as Middle Eastern or Chaldean; and 70 percent of children are in married households.
- Most residents (90 percent) have a minimum of a high-school diploma, while 24 percent have a bachelor's degree or higher.
- The unemployment rate is 4.3 percent, and only 5.4 percent of residents are uninsured.

Identified Needs and Barriers

- Community members identified affordable housing and access to healthy food as their primary needs. Meals on Wheels customers similarly identified access to healthy food as the greatest need in the county.
- Community respondents noted income and finances almost three times more often than any other barrier, which includes lack of employment opportunities, inability to earn a living wage, and difficulty obtaining financial assistance to provide for their families. Additionally, many indicated that a lack of affordable child care was an obstacle to residents' self-sufficiency.
- For residents with low incomes, Macomb service providers identified this population's greatest needs as access to transportation, healthy food, and affordable housing, including rent assistance and housing stability.

Recommendations

- Community members suggested a need for stronger communication about available resources, suggesting those resources focus on diversity, equity, and inclusion.
- Additional recommendations included helping people access affordable housing and providing valuable education and job skills training to community members. Access to better-paying jobs, financial assistance, affordable child care, healthcare, transportation, and food were also suggested.
- Macomb service providers highlighted access to information about resources as a key approach to improve quality of life, as well as improving access to affordable transportation, affordable housing, and access to healthcare.

Introduction

Macomb Community Action, part of Macomb County government, is a community action agency that receives Community Services Block Grant funding and is required to complete a community needs assessment every three years. These assessments identify the community's biggest needs as well as the strengths and community resources available to meet the needs of its most vulnerable populations—older adults, youth, and families with low incomes. They also provide a framework for developing services that address those needs and support the building of a stronger community for underserved populations.

Macomb County hired Public Sector Consultants, a Lansing-based nonpartisan policy research firm, to organize data collected by MCA and synthesize this information in a report that meets Community Action Partnership Organizational Standards. In addition to reviewing U.S. Census data and other MCA demographic data, PSC categorized and summarized community and service provider input from surveys and focus groups conducted by MCA.

The following report includes an overview of MCA and Macomb County, demographic data, and community and provider input on the county's biggest needs.

Macomb Community Action

MCA was developed as a community action agency in response to the federal Economic Opportunity Act of 1964, which established a variety of social programs to aid in the areas of education, health, employment, and general welfare for impoverished Americans.

Vision

All customers achieve their fullest potential and maintain personal stability and security.

Mission

Persistent action to diminish poverty and promote independence.

Values and Beliefs

MCA holds and carries the following values and beliefs throughout its services and interactions with clients and the broader community:

- **People:** We will treat all persons with dignity and respect.
- **Diversity and inclusion:** We embrace diversity and ensure inclusion to strengthen and enrich our community.
- **Person-centered services:** We encourage maximum feasible participation.
- **Accessibility, equity, and parity:** Barriers to independence exist in our community. Persistent action is required to ensure all persons have opportunities to work toward reaching their fullest potential.
- **Advocacy:** To meet our mission, we encourage collaboration, we inform policy, we impact change.

Services

MCA offers a wide range of programs and services, including children and family, older adult, and community services, to address the diverse needs of residents.

Children and Family Services

- Early Head Start
- Head Start
- Macomb Food Program

Community Services

- Community Action Centers
- Community Development
- Housing Services
- Transportation
- Weatherization

Older Adult Services

- Adult Day Center
- Advocacy Program
- Handy Helpers
- Loan Closet
- Nutrition services
- Volunteering

Advisory Board

The Macomb Community Action Advisory Board (MCAAB) advises MCA. MCAAB members are representatives from the public, consumer, and private sectors.

Representatives from the Public Sector

- Joan Flynn, City of Warren
- Mark Hackel, Macomb County executive, Ex-officio
- Honorable William Hackel III, 42nd District Court—Division II, New Baltimore
- Tom Kalkofen, Community member
- Matthew Micinski, Community member
- Elizabeth Vogel, deputy supervisor, Clinton Township

Representatives from the Consumer Sector

- Denise Amenta, MCAAB chair and community member
- Monica Bihar-Natzke, MCAAB first vice chair and community member
- Michael Bruci, second vice chair and community Member
- Robert Combs, Macomb Food Program Pantry Network
- Carlee Wilson, Head Start policy council chair

Representatives from the Private Sector

- John H. Bierbusse, Macomb St. Clair Workforce Development Board
- Carmen Bordea, Arab American and Chaldean Council
- Tanya Blatz, U.S. Army Garrison, Detroit Arsenal
- Sara Gold, United Way for Southeastern Michigan
- Krista Willette, Macomb County Health Department

Macomb County

Macomb County is a diverse, growing region characterized by dynamic areas, natural features, recreational opportunities, and agricultural lands. It strives for continued innovation in education, healthcare, and infrastructure, and features a wealth of assets that make it a desirable place to live, work, and play. A list of services available throughout the community is available in Appendix A.

Geographic Location

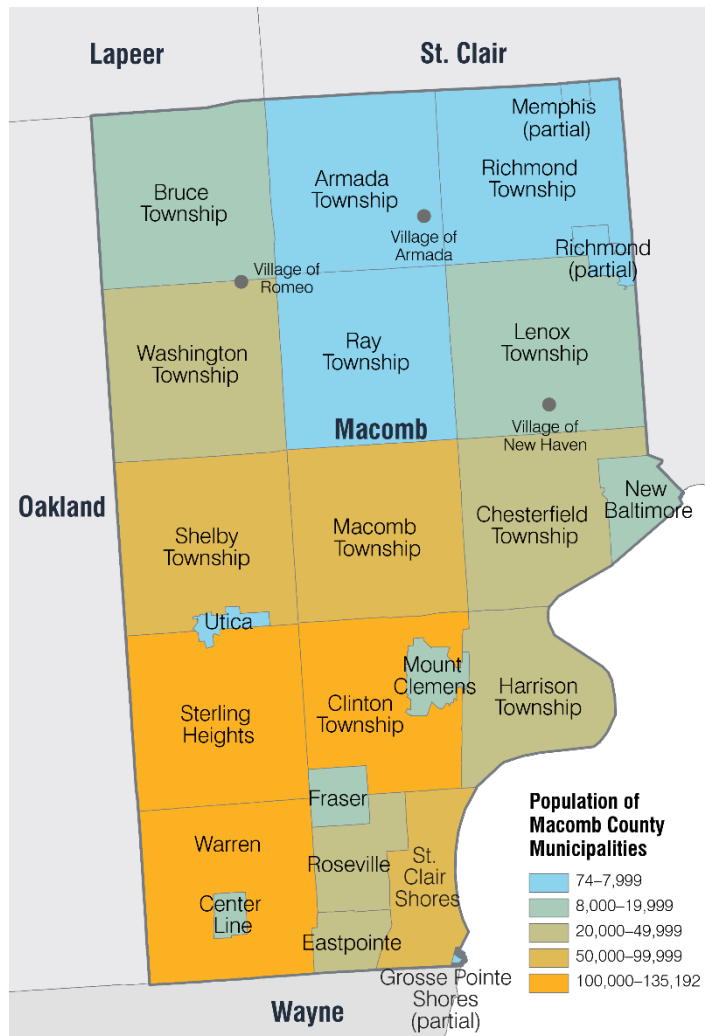
Situated in Southeast Michigan, Macomb County encompasses 483 square miles located just north of Detroit. Adjacent counties include Wayne (to the south), Oakland (to the west), Lapeer (to the northwest) and St. Clair (to the northeast). It also borders the 430-square-mile Lake St. Clair, which links with Lakes Huron and Erie and has two nearby international border crossings with Canada. Macomb County is located within 500 miles of 163 million people, equivalent to one-half of the U.S. population. While Macomb is Michigan's third-most populous county, it is the ninth smallest in physical area (MCA 2017).

Population Size and Municipalities

Macomb County's 27 cities, villages, and townships have an estimated population of 868,700—the result of an almost 70-year population growth trend. On average, 12 people move to the county each day. Sterling Heights, Warren, and Clinton Charter Township make up the three largest populated areas, each with more than 100,000 residents (Exhibit 1) (Macomb County Finance Department 2020).

EXHIBIT 1. Population of Macomb County Municipalities, 2018

Municipality	Population
Armada Township	5,550
Village of Armada	1,796
Bruce Township	9,160
Center Line	8,303
Chesterfield Township	45,223
Clinton Township	100,297
Eastpointe	32,576
Fraser	14,638
Harrison Township	24,999
Lenox Township	10,743
Macomb Township	88,208
Memphis (partial)	722
Mount Clemens	16,358
New Baltimore	12,365
Village of New Haven	4,751
Ray Township	3,989
Richmond (partial)	5,874
Richmond Township	3,760
Village of Romeo	3,916
Roseville	47,603
St. Clair Shores	59,781
Shelby Township	78,533
Sterling Heights	132,470
Utica	4,945
Warren	135,192
Washington Township	27,391



Note: The population of the Village of Armada is included within Armada Township. The population of the Village of New Haven is included within Lenox. The population of the Village of Romeo is included within Bruce and Washington Townships.
 Source: U.S. Census Bureau n.d.a; U.S. Census Bureau n.d.b.

Quality of Life

From its densely populated southern cities to its rural northern villages, Macomb County possesses a wealth of assets. In 2017, its median household income was \$60,475, which outpaces both state and national averages.

The majority of household income growth is expected in the top income brackets:

- \$100,000–\$149,999, with a projected 20 percent growth rate
- \$150,000–\$199,999, with a projected 19 percent growth rate
- \$200,000 and up, with a projected 31 percent growth rate

Additional growth will also occur in households with low incomes, with a significant number of residents transitioning into income brackets at \$50,000 and above. These figures collectively demonstrate career advancements and wage growth occurring across Macomb County's neighborhoods (MCA 2017).

Infrastructure

Just as fiscal responsibility plays an important role in the functioning and success of Macomb County, adequate infrastructure does as well. In a county that houses some of the most-traveled roads in the state, sturdy and safe roadways are essential to moving people, products, and services efficiently. M-59 spans the northern part of metropolitan Detroit, operating on an east-west state trunk line and running between Howell at I-96 and I-94 on the Chesterfield-Harrison township line near Selfridge Air National Guard Base. M-59 bridges the eastside of downtown Pontiac (near Opdyke Road) to east of the Mound Road/Merrill Road exit in Utica and has served the community well, earning its value as a major roadway for more than 100 years (MCA 2017).

In 2017, investing in infrastructure became a crucial priority for Macomb County, when aging underground infrastructure unexpectedly ruptured. The resulting football field-sized sinkhole transformed into a yearlong, multimillion-dollar crisis for businesses and residents along 15 Mile Road (near Hayes Road). As Macomb County reevaluated its systems, construction crews spent months building a new 4,000-foot pipe that now successfully and efficiently carries the wastewater of nearly 500,000 Macomb County residents and businesses (MCA 2017).

Recreational Opportunities

Macomb County shares in the Great Lakes State's abundant natural attractions, featuring more than 17,000 acres of parks and recreational spaces as well as more than 155 miles of nonmotorized trails. Premier parks and recreation destinations include Stony Creek Metropark, Lake St. Clair Metropark, Wolcott Mill Metropark, and Freedom Hill County Park and Amphitheater. Aquatic activities, like fishing, boating, and kayaking, are plentiful on the Clinton River and Lake St. Clair. Diverse entertainment options can be found at Macomb County's lush golf courses, popular retail destinations, restaurants, breweries, and unique local festivals.

Lake St. Clair's 32-mile shoreline and the 31-mile long Clinton River are defining features of the county's appealing natural landscape. The many nonmotorized pedestrian and cyclist routes following the shorelines connect the county through scenic corridors, bisecting farm fields as well as main streets. The 23.5-mile Macomb Orchard Trail, built upon an abandoned railroad, features smooth pavement and beautiful scenery. The trail connects the communities of Shelby Township, Romeo, Armada, and Richmond, and its southern end connects back to the Clinton River Trail at Dequindre Road (MCA 2017).

Economic Development Opportunities

Macomb County is an expanding epicenter of growth and economic vitality, with more than 24,000 businesses fueling its economic resurgence. The Macomb County Department of Planning and Economic Development fosters a supportive environment for businesses and residents alike. It hosts activities and funds programs concentrated on stimulating the local economy through business retention, expansion, and attraction, all while improving residents' quality of life.

In 2010, the county's manufacturing sector recovered after a decade of steady decline, setting the industry on a path of continued growth in support of advanced manufacturing, logistics, automotive, and defense. Retail is a continually growing sector in Macomb County's economic landscape, with more than 2,400 retail establishments capitalizing on the county's increasingly diverse population (MCA 2017).

Employment

Macomb County's overall employment of 436,000 surpasses its 2000 record high of 418,000. More impressively, unemployment has decreased from its 2016 rate of 5.8 percent to 4.3 percent in 2019. Its investments in aerospace, information technology, defense, and homeland security have directly impacted employment growth across the region (MCA 2017).

After a decline between 2014 and 2015, the automotive industry has grown steadily. It employs more than 35,400 people across 461 establishments, which make up all aspects of the automotive supply, manufacturing, and assembly chain. General Motors, Ford Motor Company, and Fiat Chrysler Automobiles—three of the top U.S. auto manufacturers—have plants located in the county (MCA 2017).

Education

Job growth and economic development are evidence of Macomb County's emphasis on quality education. It has 231 public schools in 21 districts, which provide elementary, middle-, and high-school education to 126,600 students. By focusing on early childhood education, special education, and academics, the county maintains a graduation rate higher than the state of Michigan at 85 percent (MCA 2017).

K–12 and Beyond Programs

Macomb County schools have developed robust programs and services for students with cognitive and physical impairments, including facilities for those with autism and those with moderate-to-severe cognitive impairments from the ages of three to 26. Its special education programs serve special needs students from the ages of 18 to 26. Programs for kindergarten through sixth grade offer academic and behavioral skills for those with severe emotional and social skill deficits. Neil E. Reid High School students participate in courses aligned with the Michigan Merit Curriculum (MMC); in addition to core MMC requirements, students maintain an Educational Development Plan as part of the transition planning process.

For those preparing for life as global residents, the International Baccalaureate Diploma Programme is available at tuition-free international academies located in the county. More than 30 tuition-free public academics and private schools round out a variety of educational options for children and young adults (MCA 2017).

College and University Programs

Macomb Community College and Baker College collectively serve 26,539 students, with a student-to-teacher ratio of 47 to one. The average college acceptance rate is 71 percent, with a 25 percent minority enrollment rate—the majority of which are African-American students. In comparison to other counties, Macomb has a relatively high number of students who obtain an associate degree in specific applications computer programming (SACP). In 2015, close to five times more Macomb County students graduated with an SACP degree than those in the U.S. The most popular major is general studies, followed by liberal

arts and general business. Continuing past trends, the share of county residents who earned associate degrees was higher than both state and national levels.

Macomb County also collaborates with universities across the state. Michigan State University Extension (MSUE) provides on-campus faculty to support community programming focused on agriculture, natural resources, children, youth, families, and economic development. MSUE is partnering with Macomb County's Department of Planning and Economic Development to sponsor the seven-week Michigan Planner course, which focuses on the fundamentals of planning and zoning. MSUE offers additional learning experiences related to technology, food, nutrition, and gardening (MCA 2017).

Diversity and Inclusion

Macomb County is racially and ethnically diverse. The tri-county southeastern Michigan area has the world's densest Arab population outside of the Middle East, including a significant Chaldean population from Iraq.¹ Further, 14 percent of residents are native speakers of a non-English language, which is a higher proportion of non-English speakers than the state as a whole (10 percent), but less than the U.S. (22 percent). While the majority of residents speak English exclusively, the most common non-English languages in Macomb County are Indo-European (U.S. Census Bureau n.d.c).

Macomb County is committed to welcoming all people and celebrating a diverse array of cultures. In 2015, 96 percent of residents were U.S. citizens, higher than the national average of 93 percent. As the population and cultural diversity continue to develop, initiatives like OneMacomb—which fosters a community climate that embraces all people and recognizes their unique contributions—are increasingly important. Through collaborative, community-based activities, the county is dedicated to promoting inclusivity and celebrating multiculturalism (MCA 2017).

Healthcare

Welcoming greater numbers of Macomb County residents also requires prioritizing the development of quality healthcare facilities that can meet the diverse healthcare needs of a growing population. The county is home to four federally qualified health centers (FQHCs), community-based healthcare providers that provide primary care services in underserved areas. The county's four top-rated hospitals are experiencing accelerated growth and offer a fully integrated continuum of general and specialty care, including cardiac care, cancer treatment, and orthopedic surgery (MCA 2017).

Macomb County Demographics

Population

In 2017, Macomb County's total population was 864,019, a nearly 10 percent increase from 2000 (Exhibits 2 and 3). The county's population percentage increase was greater than Michigan's, where the population decreased slightly between 2000 and 2017. The percentage of population increase in the U.S. was higher than Macomb County, at 14.1 percent.

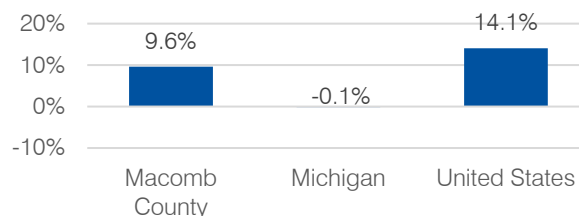
¹ U.S. Census Bureau data understates the county's diversity because Middle Eastern immigrants are classified as white.

EXHIBIT 2. Total Population, 2000 and 2017

Report Area	2000 Population	2017 Population
Macomb County	788,149	864,019
Michigan	9,938,444	9,925,568
United States	281,421,906	321,004,407

Source: Community Action Partnership 2019.

EXHIBIT 3. Percentage Change in Population Between 2000 and 2017

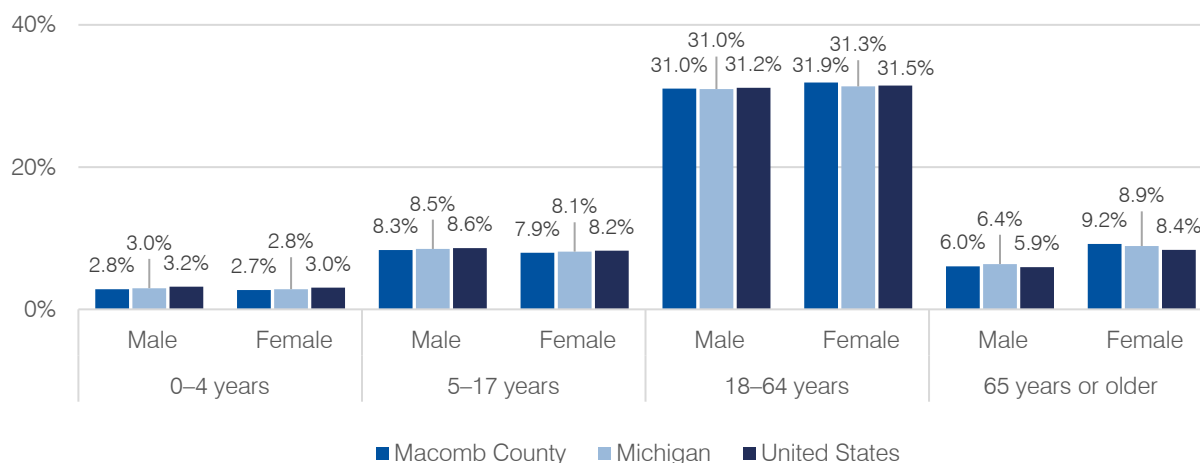


Source: Community Action Partnership 2019.

Age and Gender

Macomb County’s population by age and gender is very similar to Michigan and the U.S., with around 62 percent between ages 18 and 64 and around 15 percent 65 or older (Exhibit 4).

EXHIBIT 4. Percentage of Population, by Age and Gender

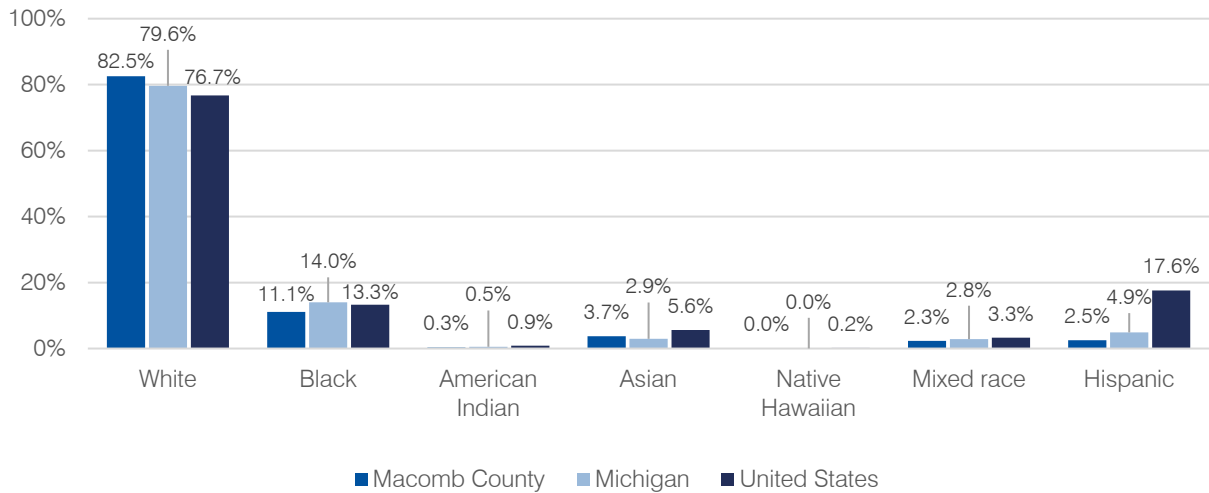


Source: Community Action Partnership 2019.

Race and Ethnicity

Macomb County’s population has a higher percentage of white residents (82.5 percent) than Michigan (79.6 percent) and the U.S. (76.7 percent) (Exhibit 5). The percentage of residents who are Black (11.1 percent) is lower than Michigan (14.0 percent) and the U.S. (13.3 percent). The Hispanic population in Macomb County is much smaller than the U.S., at 2.5 percent compared to 17.6 percent.

EXHIBIT 5. Percentage of Population, by Race and Ethnicity

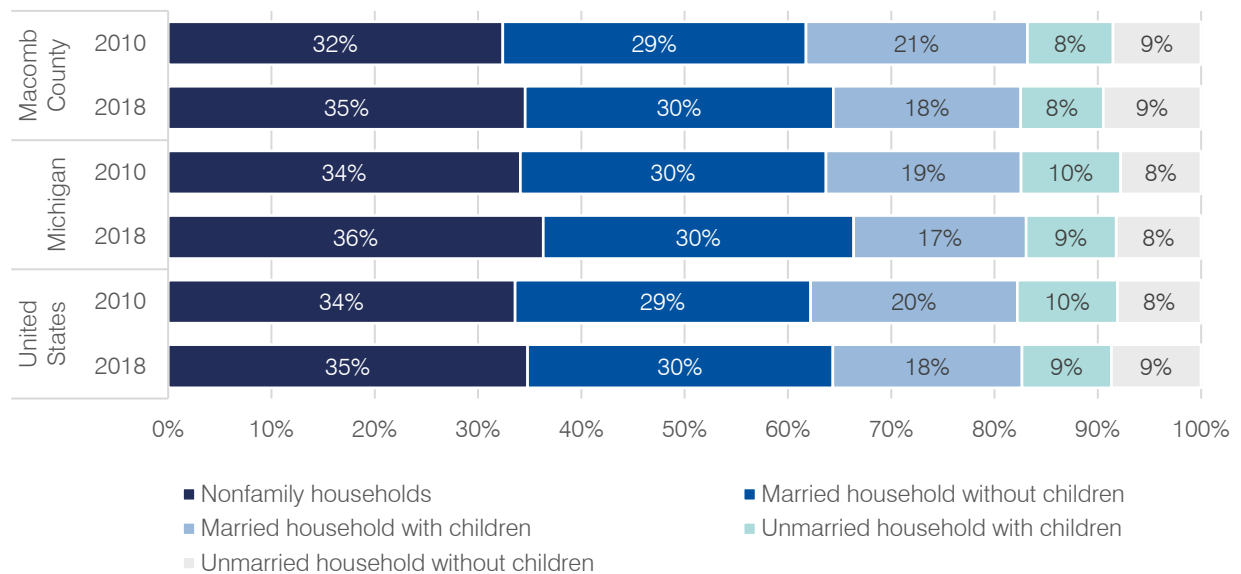


Source: Community Action Partnership 2019.

Families and Households with Children

The proportion of nonfamily households and married households without children grew slightly between 2010 and 2018 (Exhibit 6). However, the proportion of married households with children decreased by 3 percentage points. Both Michigan and the U.S. had similar proportions of households that similarly shifted during this time period.

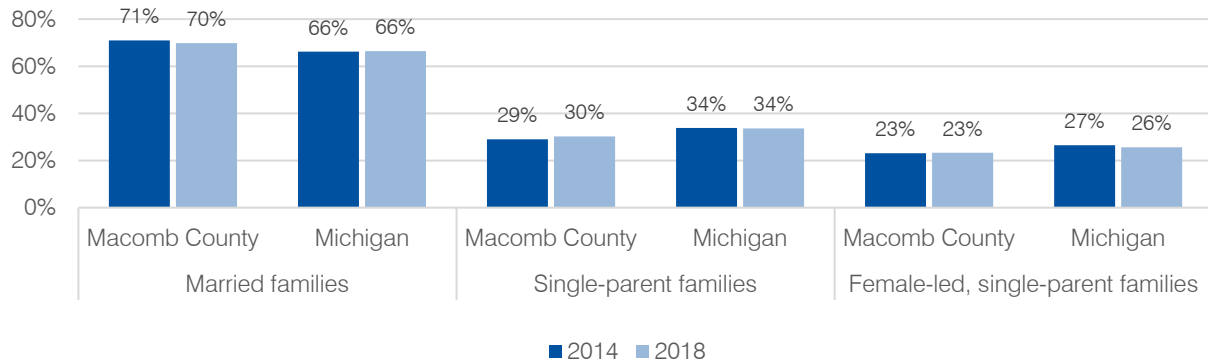
EXHIBIT 6. Types of Households, 2010 and 2018



Note: Percentages may not add up to 100 percent due to rounding.
Source: Community Action Partnership 2019.

In 2018, the majority of Macomb County households with children zero to 17 years of age are in married families (70 percent), a slight decrease from 2014 (71 percent), but a higher percentage than Michigan (66 percent) (Exhibit 7). Almost a quarter of households with children zero to 17 years of age are in female-led, single-parent households (23 percent).

EXHIBIT 7. Percentage of Households with Children Zero to 17 years of age, by Household Type and Year

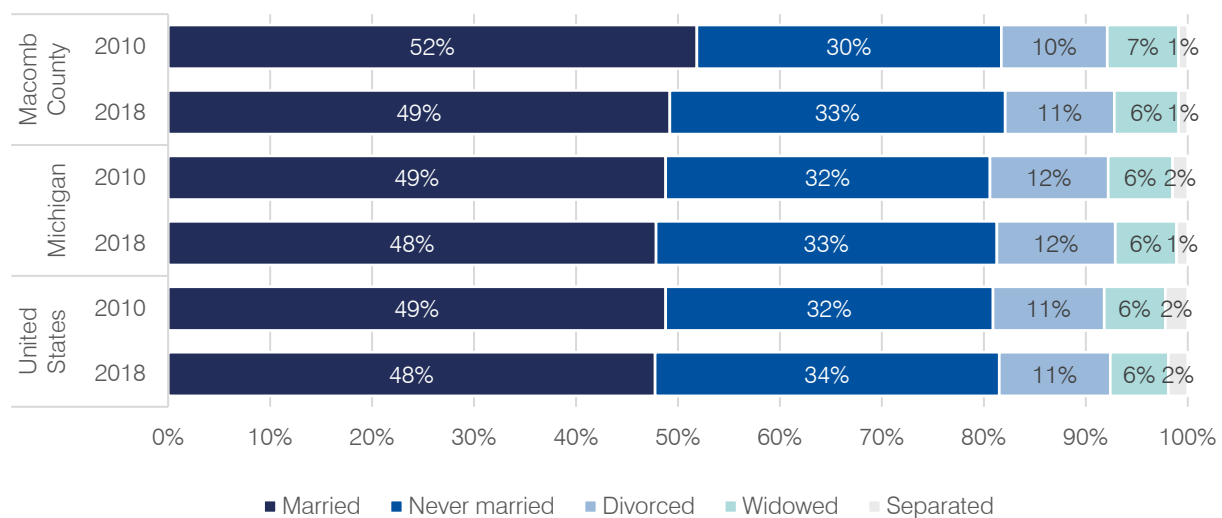


Source: Annie E. Casey Foundation Kids Count Data Center n.d.a; Annie E Casey Foundation Kids Count Data Center n.d.f.

Marital Status

Approximately half of Macomb County residents are married. There was a small decline in this measure between 2010 (52 percent) and 2018 (49 percent). One-third (33 percent) have never married, a slight increase from 30 percent in 2010 (Exhibit 8). Trends and overall proportions at the state and national levels mirror those in Macomb County.

EXHIBIT 8. Marital Status, 2010 and 2018

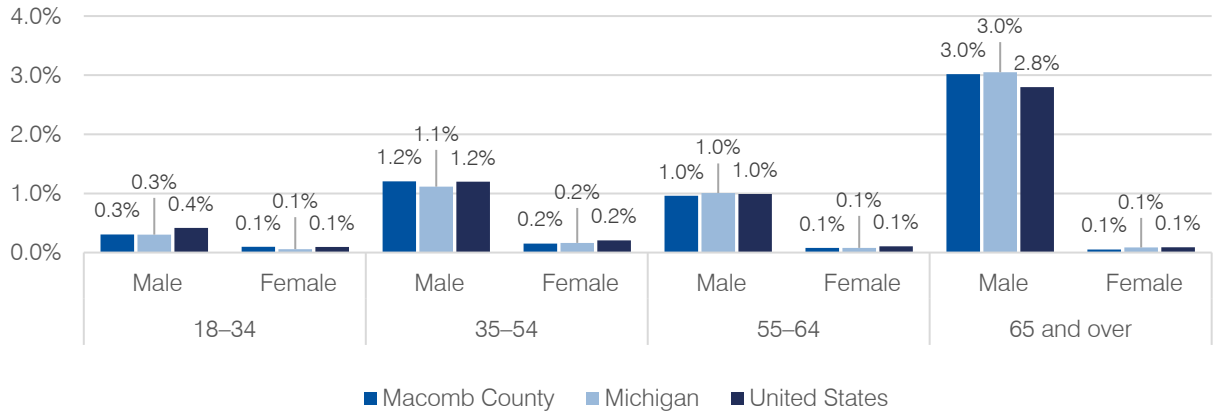


Note: Percentages may not add up to 100 percent due to rounding.
Source: Community Action Partnership 2019.

Veterans

The percentage of veterans in Macomb County under the age of 65 is much lower than the percentage over 65 (Exhibit 9). The overall percentage of veterans in Macomb County is similar to Michigan and the U.S.

EXHIBIT 9. Percentage of Veterans, by Age and Gender

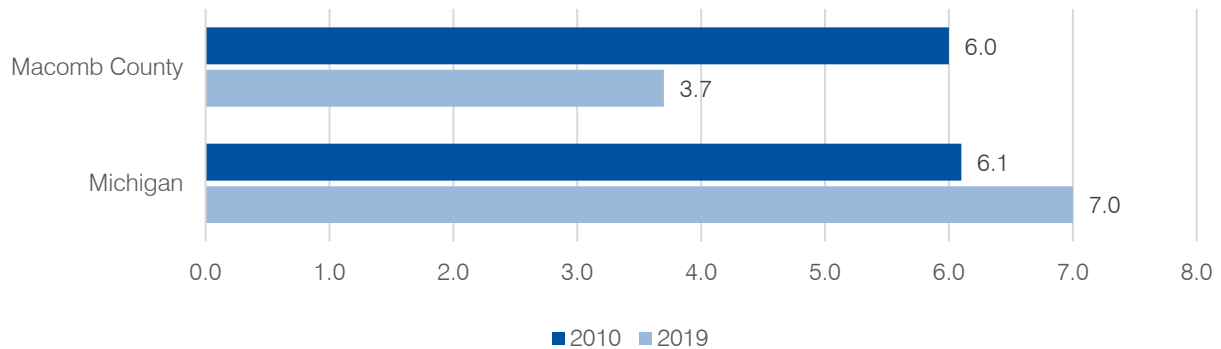


Source: Community Action Partnership 2019.

Foster Care

Children are removed from their families and placed in foster care following substantiated abuse or neglect, which can have an adverse effect on health, development, and outcomes that can extend into adulthood. The number of children ages zero to eight in foster care in Macomb County decreased between 2010 and 2019 from six per 1,000 children to 3.7 (Exhibit 10). The number of children in foster care in Michigan increased over this same time period.

EXHIBIT 10. Number of Children Zero to Eight Years Old in Foster Care per 1,000 Children, Change over Time



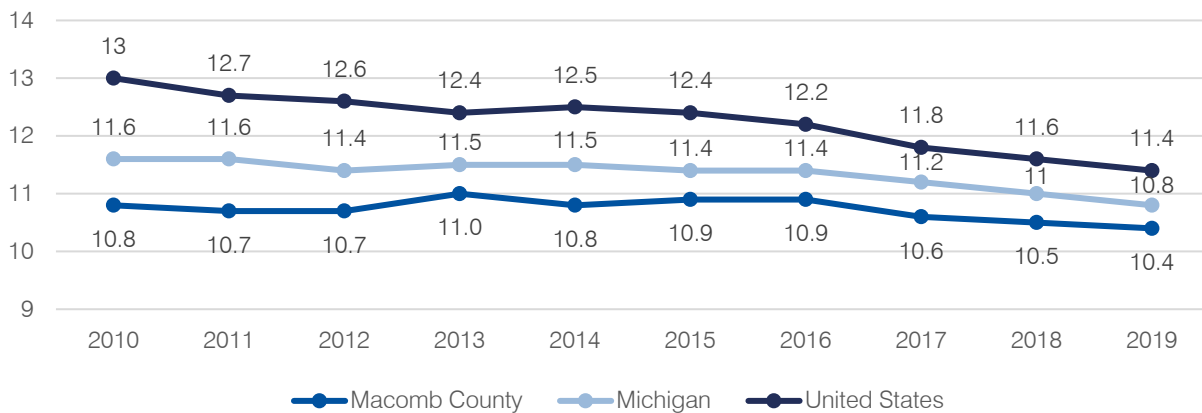
Note: Rates are per 1,000 children zero to eight years old.
Source: Annie E. Casey Foundation Kids Count Data Center n.d.e.

Birth Trends

Birth Rates

Between 2010 and 2019, birth rates in Macomb County decreased from 10.8 to 10.4 births per 1,000 individuals (Exhibit 11). While these rates were lower overall than in Michigan and the U.S., this downward trend was similar throughout the state and country. In Michigan, birth rates declined from 11.6 to 10.8 between 2010 and 2019; in the U.S., they declined from 13 to 11.4 during the same time period.

EXHIBIT 11. Birth Rates, 2010–2019

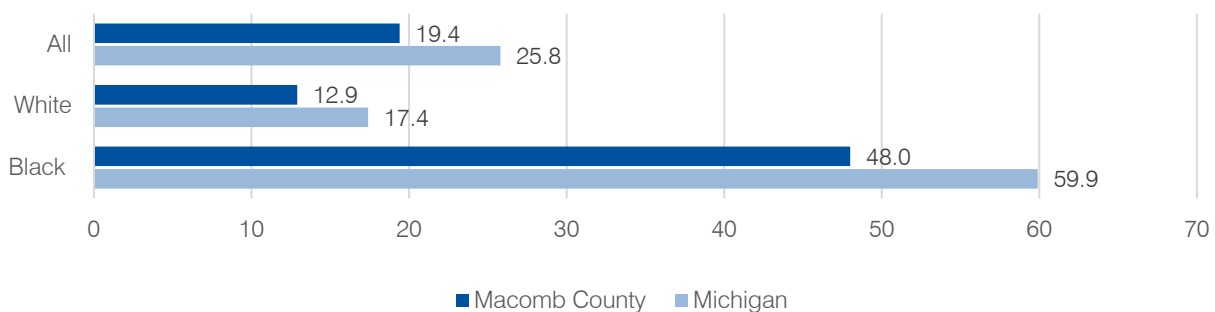


Note: Rates are live births per 1,000 individuals.
Source: MDHHS n.d.d.

Teen Pregnancy

In 2019, the rate of pregnancy among women between the ages of 15 and 19 was 19.4 pregnancies per 1,000 women (Exhibit 12). This rate was lower than the state of Michigan overall, with 25.8 teen pregnancies per 1,000 women. When compared by race, both Macomb County and Michigan have large differences in pregnancy rates between white and Black teens. In Macomb County, the rate of pregnancy among white teens was 12.9 pregnancies per 1,000 women in 2019, compared to 48 among Black teens.

EXHIBIT 12. Teen Pregnancy Rates in Macomb County and Michigan, 2019

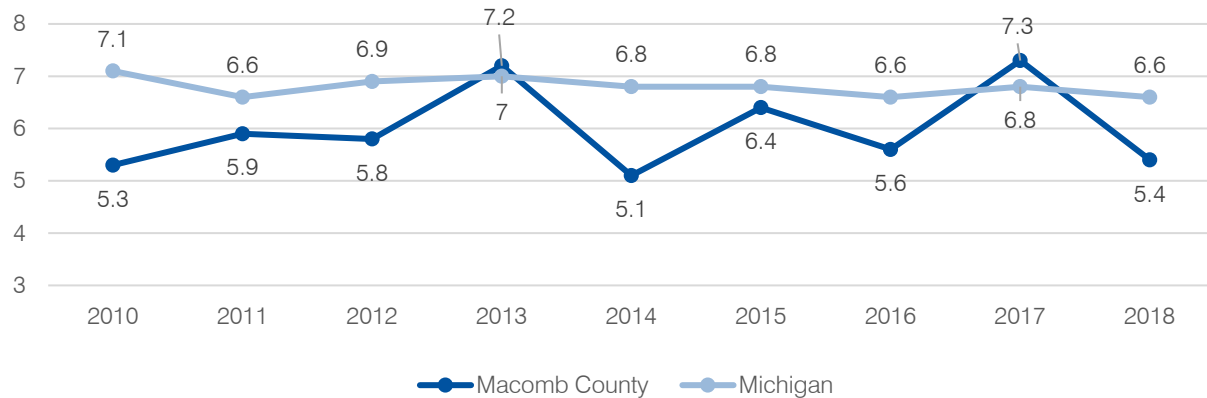


Note: Rates are per 1,000 females between the ages of 15 and 19.
Source: MDHHS n.d.e.

Infant Mortality Rates

Infant mortality rates in Macomb County have increased slightly over the past several years, from 5.3 deaths per 1,000 infants in 2010 to 5.4 deaths in 2018 (Exhibit 13). These rates are lower than the state's, which have decreased slightly from 7.1 deaths per 1,000 infants in 2010 to 6.6 in 2018.

EXHIBIT 13. Average Infant Mortality Rate in Macomb County and Michigan, 2010–2018



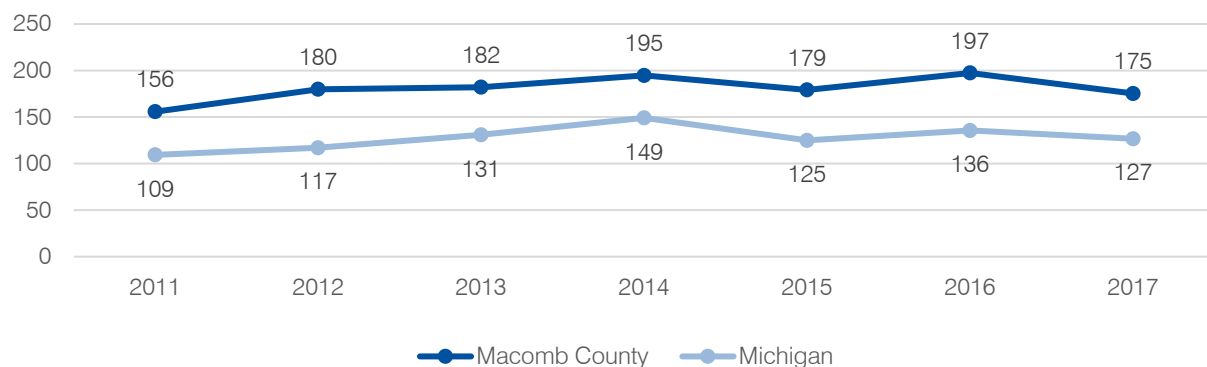
Note: Infant deaths include those less than one year of age. The infant death rate is the number of infant deaths divided by total number of live births, multiplied by 1,000.

Source: MDHHS n.d.b.

Birth Defects

Birth defects in Macomb County have increased from a rate of 156 per 1,000 live births in 2011 to 175 per 1,000 births in 2017 (Exhibit 14). These rates are higher than those in Michigan. However, Michigan has also seen an increase between 2000 and 2017, from 109 birth defects per 1,000 live births to 127.

EXHIBIT 14. Number of Birth Defects per 1,000 Live Births in Macomb County and Michigan, 2011–2017



Note: Birth defects include conditions identified within the first two years of life.

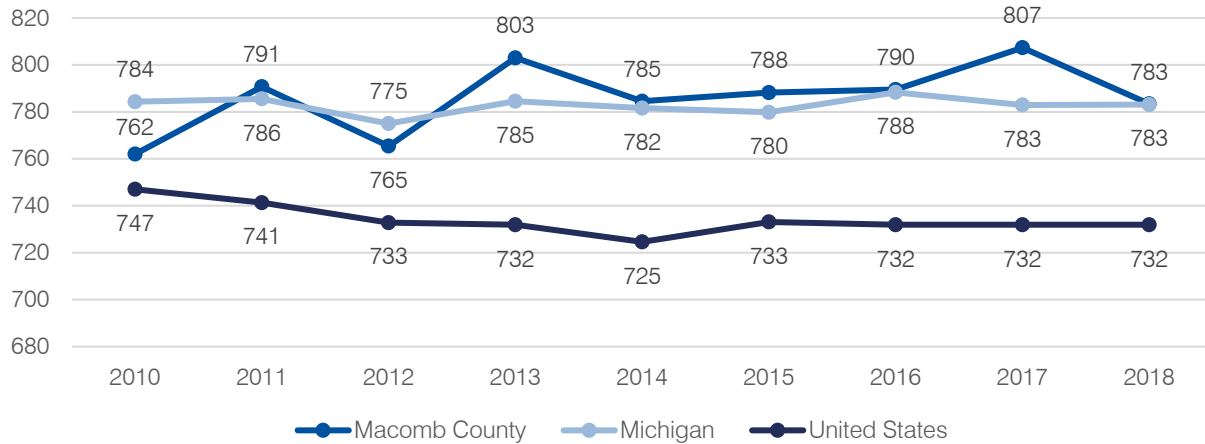
Source: MDHHS n.d.a; MDHHS n.d.c.

Deaths

Death Rates

The death rates in Macomb County and the state of Michigan were higher than those in the U.S. between 2010 and 2018. In Macomb County, death rates have increased from 762 per 100,000 people in 2010 to 783 in 2018 (Exhibit 15). In some years, death rates exceeded 800 per 100,000 people.

EXHIBIT 15. Death Rates of Macomb County, Michigan, and the U.S., 2010–2018

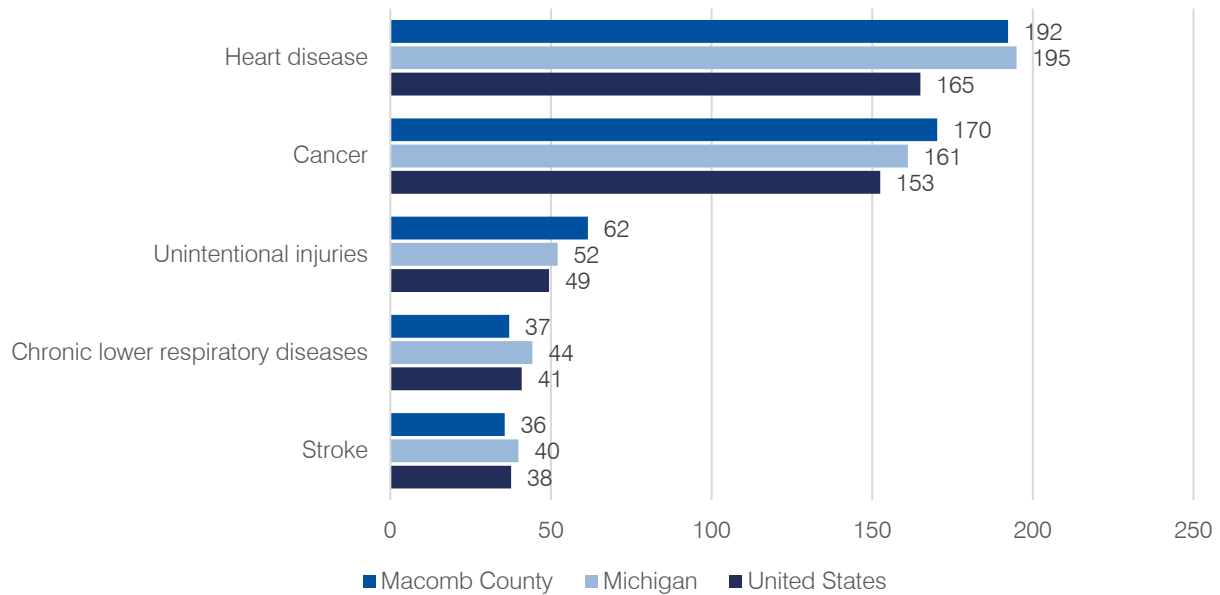


Note: Rates are per 100,000 and are adjusted for age.
Source: MDHHS 2018.

Causes of Death

The leading causes of death in Macomb County, Michigan, and the U.S. include heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, and stroke (Exhibit 16). Throughout the county, state, and country, heart disease and cancer have the highest death rates, ranging from 165 to 192 per 100,000 people to 153 to 170 per 100,000, respectively.

EXHIBIT 16. Leading Causes of Death in Macomb County and Michigan, 2018, and the U.S., 2017, per 100,000 People



Note: Rates are per 100,000 and are adjusted for age.
Source: MDHHS 2019.

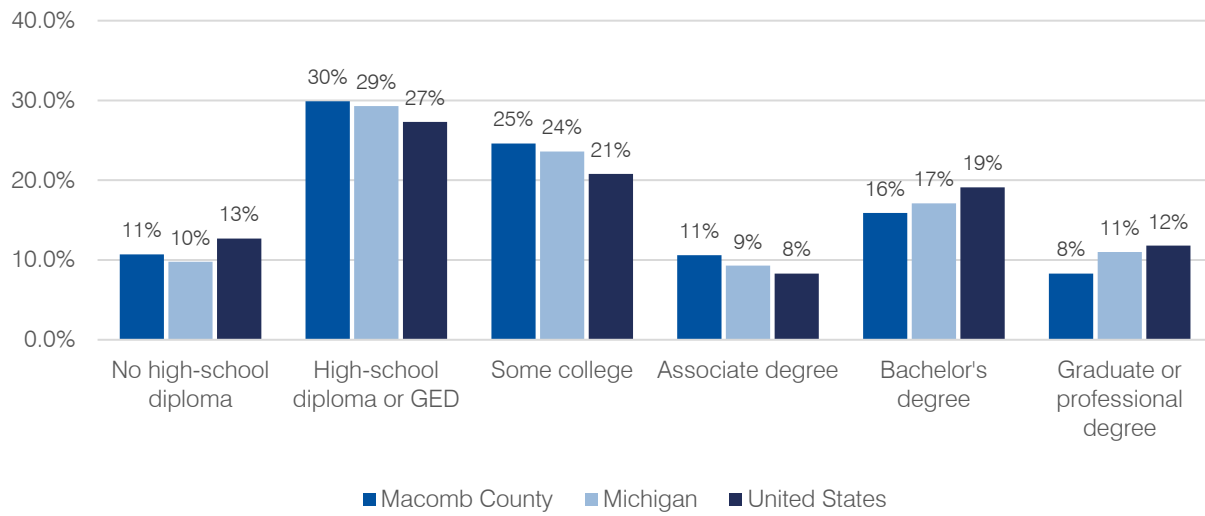
Education

There is a variety of data that can provide a picture of education in Macomb County, including educational attainment rates, literacy rates, high-school graduation and dropout rates, special education enrollment, and early childhood education enrollment. In addition, K–12 students eligible for free or reduced lunch and those who are without homes provide further insight into challenges faced by the county.

Educational Attainment Rates

Of Macomb County residents, 30 percent have a high-school diploma or equivalent; 11 percent do not (Exhibit 17). These percentages are similar to those in Michigan and the U.S. Over 35 percent of the Macomb County population has at least some college education or an associate degree, higher than the Michigan and U.S. populations. Just under one-quarter (24 percent) of Macomb County’s population has a bachelor’s degree or higher—a slightly lower percentage than Michigan (28 percent) and the U.S. (31 percent).

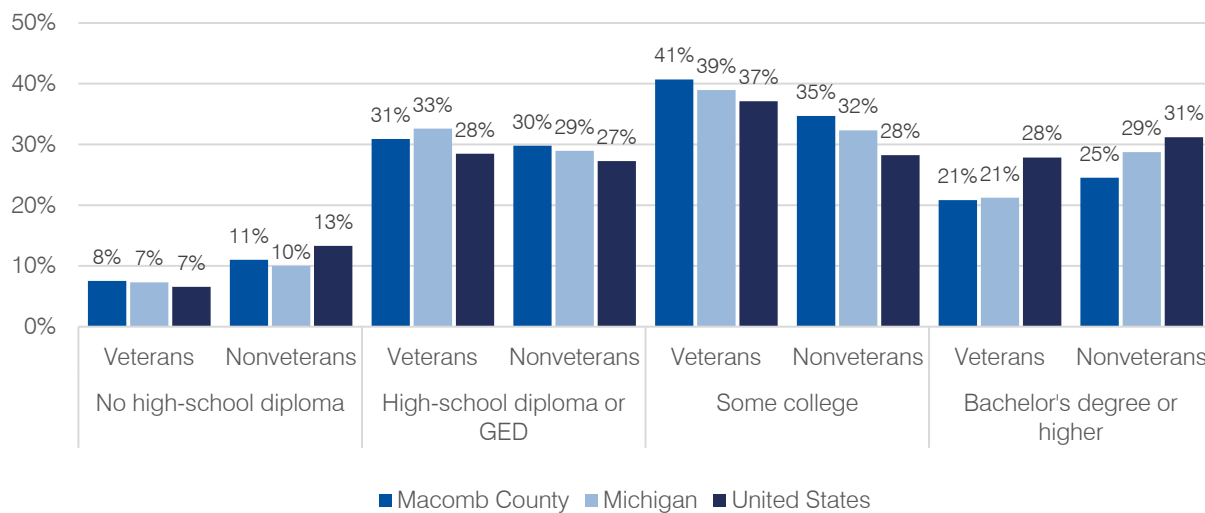
EXHIBIT 17. Educational Attainment Rates



Source: Community Action Partnership 2019.

Around 30 percent of both veterans and nonveterans in Macomb County have attained a high-school diploma or equivalent (Exhibit 18). A higher percentage of veterans (41 percent) than nonveterans (35 percent) have at least some college education; however, a smaller percentage of veterans (21 percent) than nonveterans (25 percent) hold a bachelor’s degree or higher.

EXHIBIT 18. Educational Attainment by Veteran Status

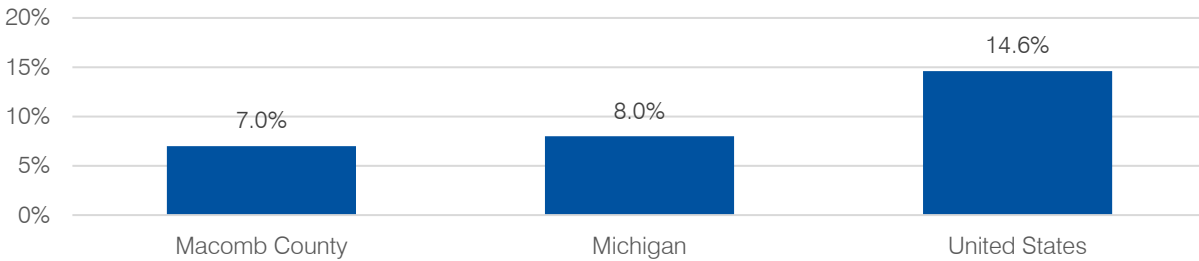


Source: Community Action Partnership 2019.

Literacy Rates

The percentage of adults over 16 in Macomb County who lack literacy skills is slightly lower than Michigan's—7 percent compared to 8 percent (Exhibit 19). The percentage of the adult U.S. population who lack literacy skills is more than twice as high at 14.6 percent.

EXHIBIT 19. Percent of over 16 Population Lacking Literacy Skills, 2003



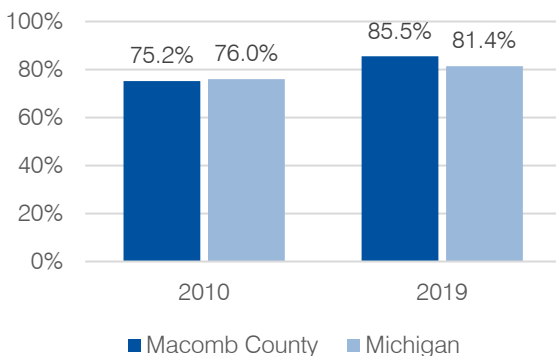
Source: Community Action Partnership 2019.

High-school Graduation and Dropout Rates

In 2010, just over three-quarters (75.2 percent) of high-school students in Macomb County graduated with their cohort in four years (Exhibit 20). That number increased to 85.5 percent in 2019. A slightly higher percentage of Macomb County high-school students graduated on time in 2019 than the state as a whole.

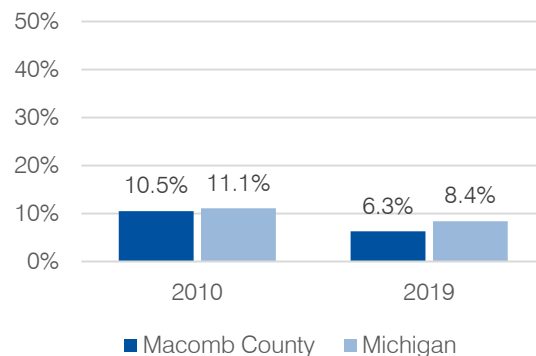
County- and state-level dropout rates improved between 2010 and 2019. In Macomb County, those rates decreased from 10.5 percent to 6.3 percent (Exhibit 21). The dropout rate in Macomb County in 2019 was slightly lower than the state.

EXHIBIT 20. Students Graduating High School on Time, Change over Time



Source: Annie E. Casey Foundation Kids Count Data Center n.d.k.

EXHIBIT 21. High-school Dropout Rate, Change over Time

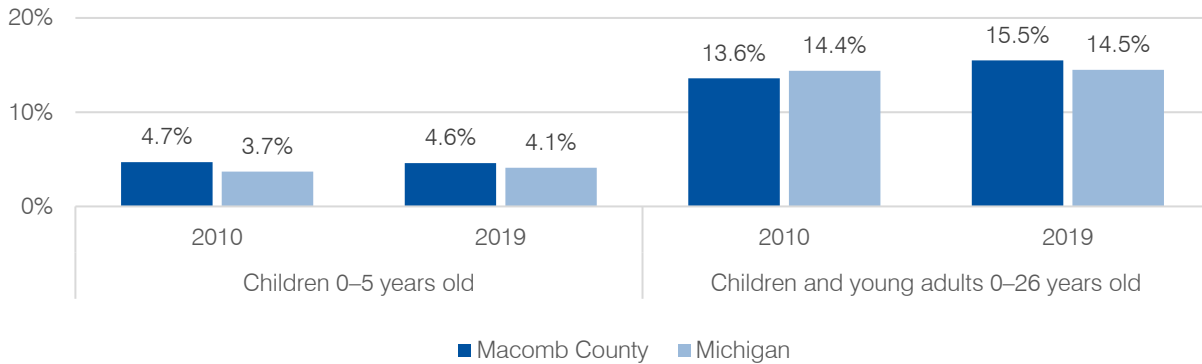


Source: Annie E. Casey Foundation Kids Count Data Center n.d.j.

Special Education Enrollment

In 2019, 4.6 percent of children age zero to five were enrolled in special education programs in Macomb County, which was consistent with 2010 enrollment figures (Exhibit 22). In 2019, 15.5 percent of the zero to age 26 population was enrolled in special education—a slight increase from 13.6 percent in 2010.

EXHIBIT 22. Special Education and Early Special Education Population, Change over Time



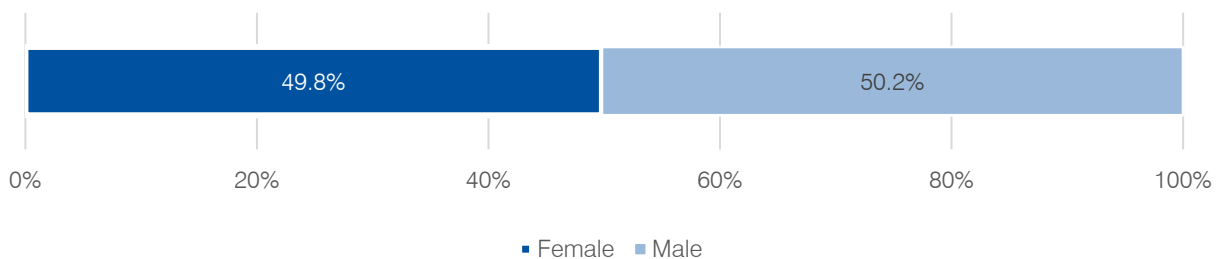
Source: Annie E. Casey Foundation Kids Count Data Center n.d.d; Annie E. Casey Foundation Kids Count Data Center n.d.l.

Early Childhood Education

Head Start Demographics and Enrollment

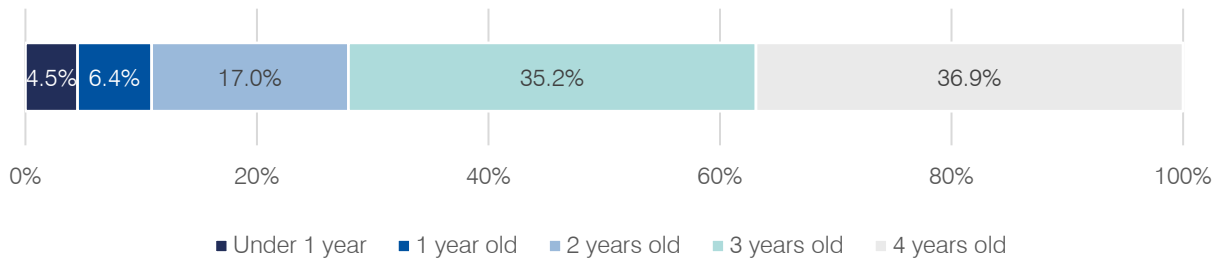
About half of Head Start enrollees are female (49.8 percent) (Exhibit 23). Most are three and four years of age. About a quarter of enrollees are two years or younger, and no enrollees are older than four (Exhibit 24). More than half are white (54.2 percent), and 30.1 percent are Black (Exhibit 25). Most enrollees’ primary language is English (69.7 percent), while more than a quarter speak Middle Eastern and South Asian languages, such as Arabic (Exhibit 26).

EXHIBIT 23. Percentage of Head Start Enrollees by Gender, 2018–2019 School Year



Source: MCA 2020.

EXHIBIT 24. Percentage of Head Start Enrollees by Age, 2018–2019 School Year



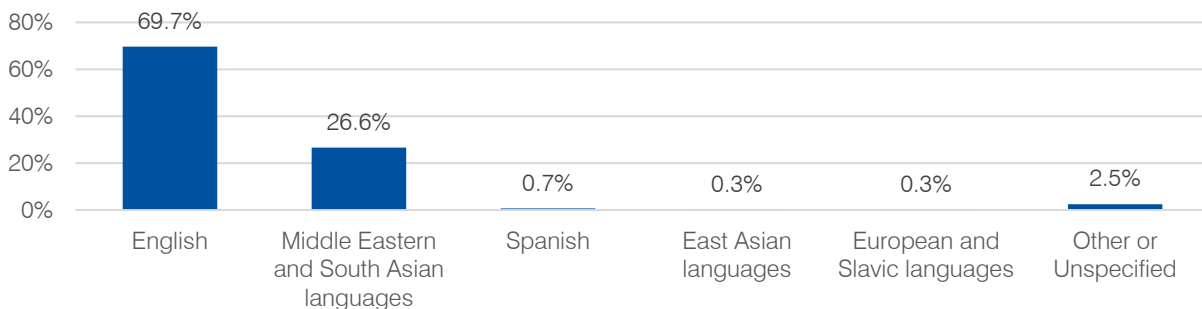
Note: N = 1,168.
Source: Office of Head Start n.d.

EXHIBIT 25. Race and Ethnicity of Head Start Population, 2018–2019 School Year

Race	Percentage of Enrollees	
	Hispanic or Latino Origin	Non-Hispanic or Non-Latino origin
American Indian or Alaska Native	0.0%	0.3%
Asian	0.0%	2.9%
Black or African American	0.4%	30.1%
Native Hawaiian or other Pacific Islander	0.0%	0.0%
White	2.2%	54.2%
Biracial/Multiracial	0.5%	9.3%
Unspecified	0.0%	0.1%

Note: N = 1,177.
Source: Office of Head Start n.d.

EXHIBIT 26. Primary Language Spoken in Enrollees' Homes, 2018–2019 School Year



Note: N = 1,177. No enrollees identified Native Central American, South American, or Mexican languages; Caribbean languages; Native North American/Alaska Native languages; Pacific Island languages; or African languages as a primary language spoken in the home.
Source: Office of Head Start n.d.

Exhibit 27 shows of the number of children enrolled in Head Start from 2014 to 2019 by Macomb County municipality. Warren had the most children (259) enrolled in 2018, followed by Sterling Heights with 243. New Baltimore, New Haven, Romeo, and Washington Township each had a few children enrolled in 2014, but zero in 2018.

EXHIBIT 27. Head Start Enrollment by Municipality, 2014–2019

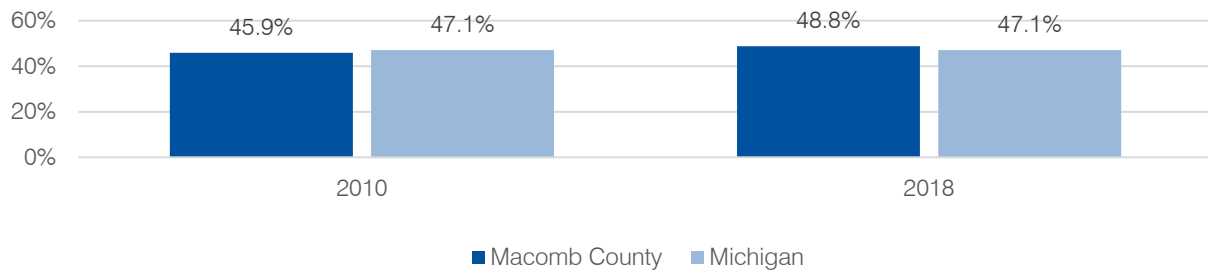
Municipality	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019
Armada	1	0	0	2	1
Center Line	9	15	18	29	18
Chesterfield	66	63	38	39	57
Clinton Township	154	134	144	118	136
East Pointe	83	85	40	86	79
Fraser	25	24	24	33	30
Harrison Township	15	18	28	14	16
Lenox	1	4	1	2	20
Macomb Township	36	50	26	61	39
Mt. Clemens	42	16	40	48	25
New Baltimore	19	16	9	18	0
New Haven	14	32	5	30	0
Ray Township	1	3	0	0	1
Richmond	11	12	0	10	11
Romeo	15	12	2	7	0
Roseville	99	105	89	117	110
Shelby Township	49	42	14	35	12
St. Clair Shores	32	31	38	50	39
Sterling Heights	248	200	118	153	243
Utica	15	2	109	137	12
Warren	251	233	139	239	259
Washington Township	14	11	0	6	0
Outside of Macomb County	-	-	-	-	21
Total	1,200	1,108	882	1,234	1,129

Source: MCA 2020.

Preschool

Just under half (48.8 percent) of Macomb County three- and four-year-olds were in preschool in 2018, a slight increase from 45.9 percent in 2010 (Exhibit 28). The percentage of Macomb County preschoolers in 2018 was only slightly higher than the state as a whole.

EXHIBIT 28. Three- and Four-year-old Population in Preschool

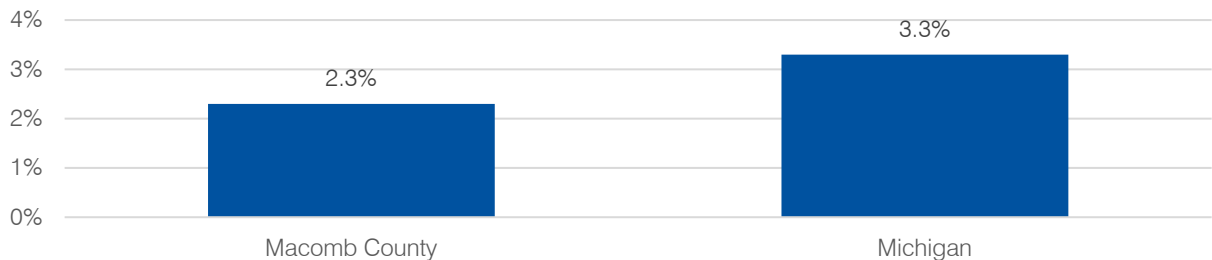


Source: Annie E. Casey Foundation Kids Count Data Center n.d.h.

Early On

Early On promotes the development of infants and toddlers with developmental delays or who are at risk of delays due to certain health conditions. Of those between zero and two years old residing in Macomb County, 2.3 percent were enrolled in Early On in 2018 (Exhibit 29).

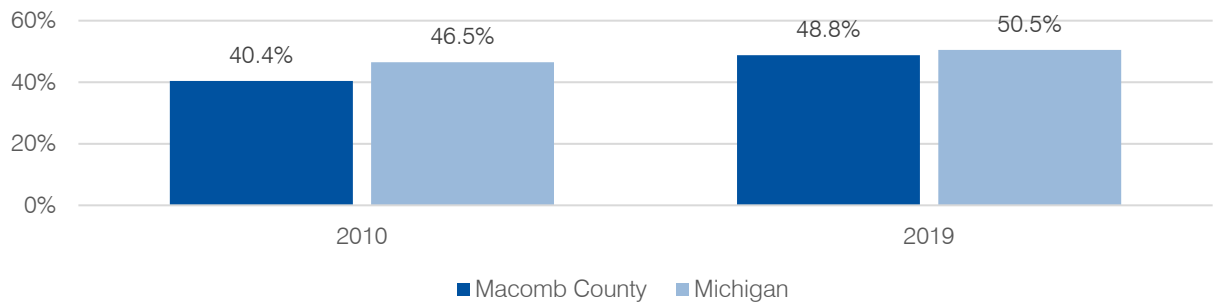
EXHIBIT 29. Early On Enrollment in 2018



Source: Annie E. Casey Foundation Kids Count Data Center n.d.i.

Free and Reduced-price Lunch

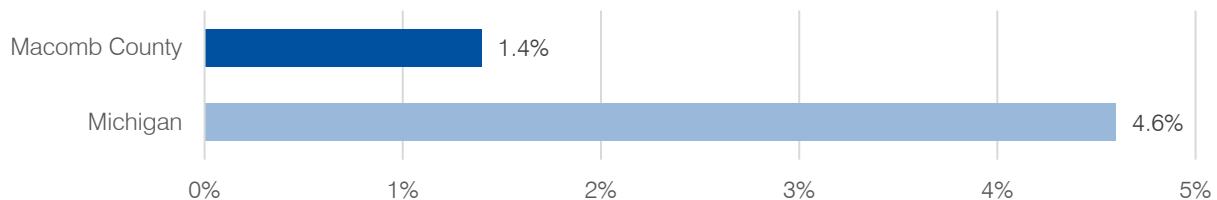
Students from families with incomes below 130 percent of the federal poverty level (FPL) are eligible for a fully subsidized lunch. Those from families with incomes between 130 and 185 percent of the FPL are eligible for reduced-price lunch. The percentage of students in Macomb County receiving free or reduced-price lunch increased from 40.4 percent in 2010 to 48.8 percent in 2019 (Exhibit 30). In both years, the percentage of Macomb County students receiving free or reduced-price lunch was slightly less than Michigan students overall.

EXHIBIT 30. Free and Reduced-priced Lunch Eligibility, Change Over Time

Source: Annie E. Casey Foundation Kids Count Data Center n.d.m.

Early Child Homelessness

Traumatic events, such as homelessness, can change the makeup of a young brain, affecting emotional and cognitive development and potentially leading to lifelong educational implications. In 2016, 1.4 percent of Macomb County children age zero to four experienced homelessness, compared to 4.6 percent of the Michigan zero-to-four population (Exhibit 31). Similarly, 1.4 percent of children enrolled in Head Start in Macomb County were homeless during the 2018–2019 school year.

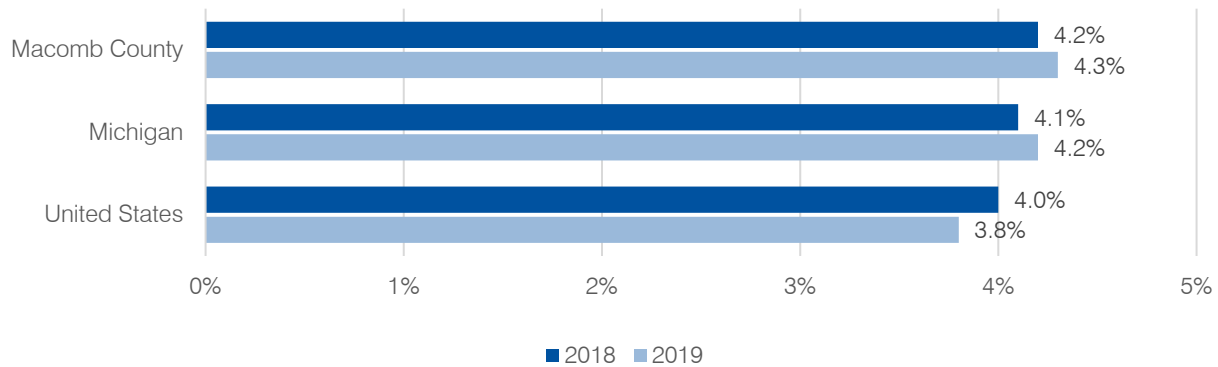
EXHIBIT 31. Children Ages Zero to Four Experiencing Homelessness, 2016

Source: Annie E. Casey Foundation Kids Count Data Center n.d.b.

Employment

In 2019, the unemployment rate in Macomb County was 0.1 percent higher than in 2018. It was also slightly higher than Michigan and the U.S. in both years (Exhibit 32).

EXHIBIT 32. Unemployment Rate and Change over Time



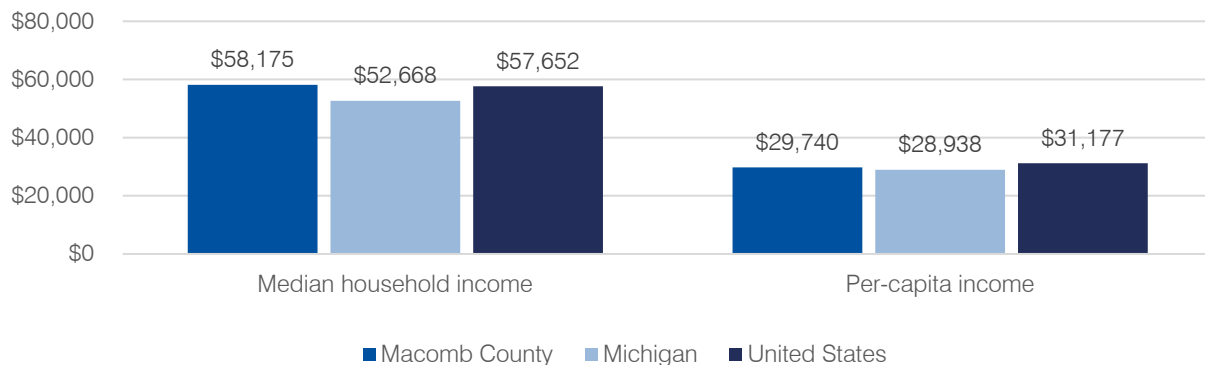
Source: Community Action Partnership 2019.

Income and Poverty

Income

In 2017, Macomb County’s median household income was \$58,175, and the per-capita income was \$29,740 (Exhibit 33). Median household income in Macomb County was somewhat higher than in Michigan and the U.S., and per-capita income in Macomb County was higher than Michigan, but lower than the U.S.

EXHIBIT 33. Median Household and Per-capita Median Income

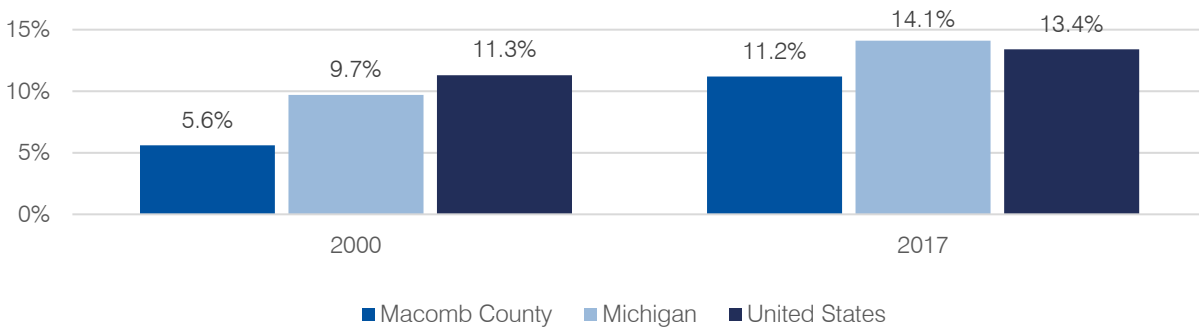


Source: Community Action Partnership 2019.

Poverty

The poverty rate in Macomb County was lower than in Michigan and the U.S. in both 2000 and 2017 (Exhibit 34). Its poverty rate, however, more than doubled between 2000 and 2017, from 5.6 percent in 2000 to 11.2 percent in 2017.

EXHIBIT 34. Total Poverty and Rate Change

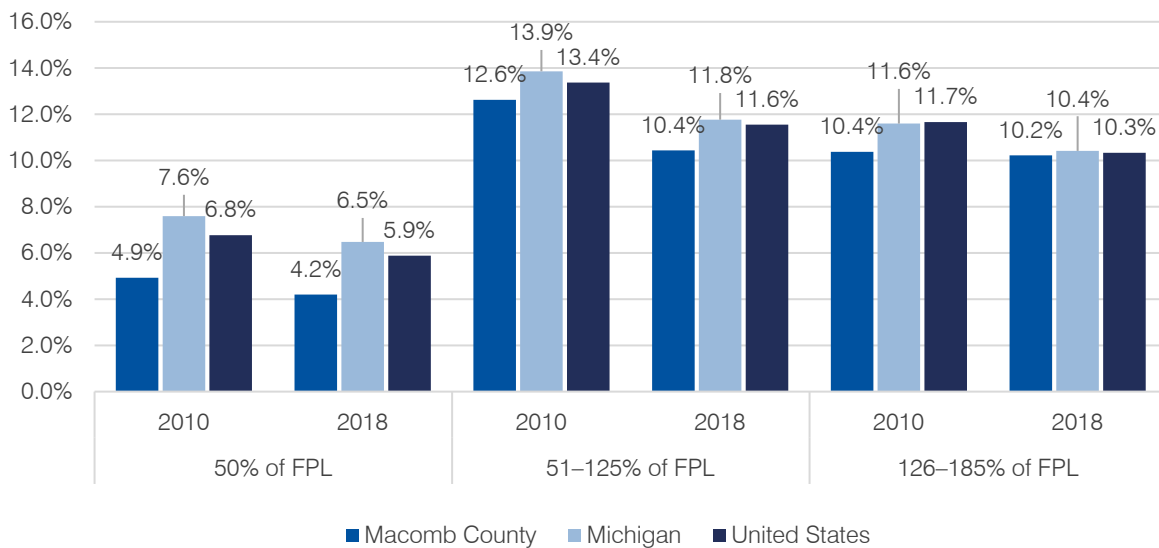


Source: Community Action Partnership 2019.

Federal Poverty Level

A similar proportion of individuals in Macomb County have incomes below certain ratios of the FPL, as compared to Michigan and the U.S. in 2010 and 2018 (Exhibit 35). Between 2010 and 2018, there were slight decreases in the proportion of individuals in Macomb County who live below 50 percent of the FPL (4.9 percent to 4.2 percent) and those with incomes between 51 and 125 percent of the FPL (12.6 percent to 10.4 percent).

EXHIBIT 35. Population with Income Below Ratios of the FPL in Macomb County, Michigan, and the U.S., 2010 and 2018



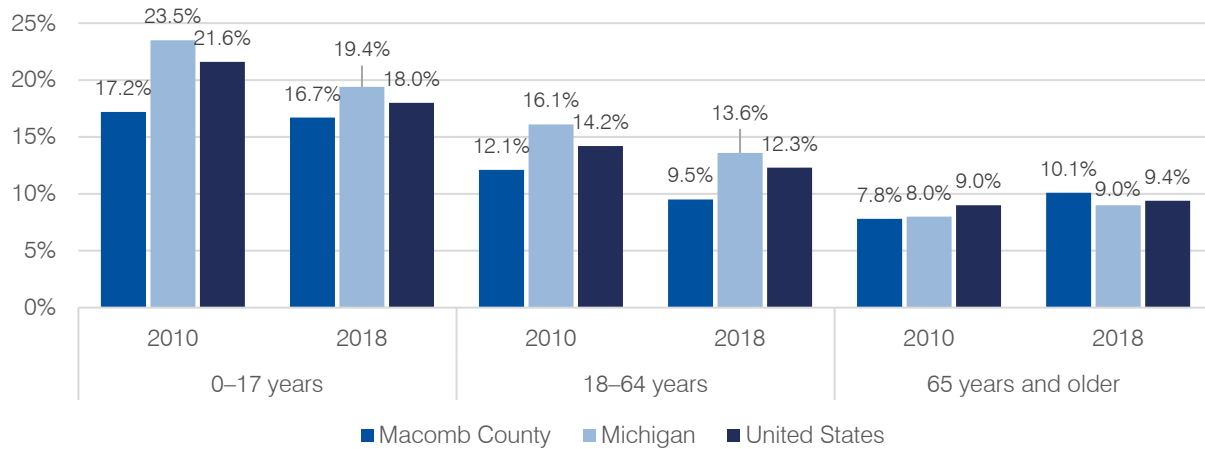
Source: Community Action Partnership 2019.

Individual Poverty by Age

Individual poverty rates in Macomb County in 2018 were lower than in Michigan and the U.S. for those ages zero to 64. The Macomb County rate was slightly higher for individual 65 years and older in that

same year (Exhibit 36). The individual poverty rate for those zero to 17 in Macomb County remained relatively consistent between 2010 and 2018; the poverty rate for 18- to 64-year-olds decreased from 12.1 percent to 9.5 percent; and the rate for those 65 years and older increased from 7.8 percent to 10.1 percent between 2010 and 2018.

EXHIBIT 36. Poverty Status, by Age and Change over Time

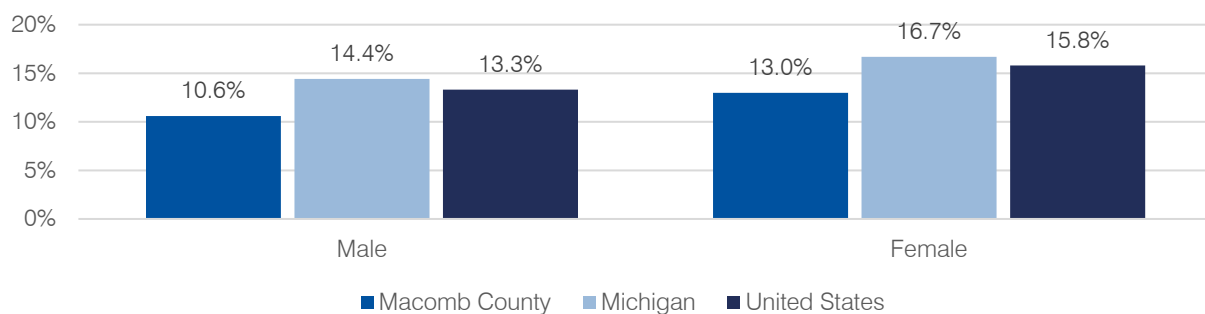


Source: Community Action Partnership 2019.

Poverty by Gender

In Macomb County, there is a larger percentage of females (13 percent) who live in poverty than males (10.6 percent) (Exhibit 37). These percentages are less than their counterparts in Michigan and the U.S.

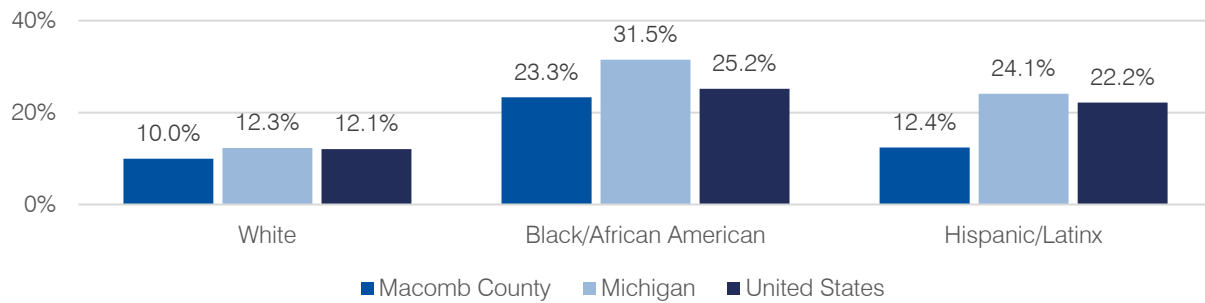
EXHIBIT 37. Percent of Population Living in Poverty by Gender



Source: Community Action Partnership 2019.

Poverty by Race and Ethnicity

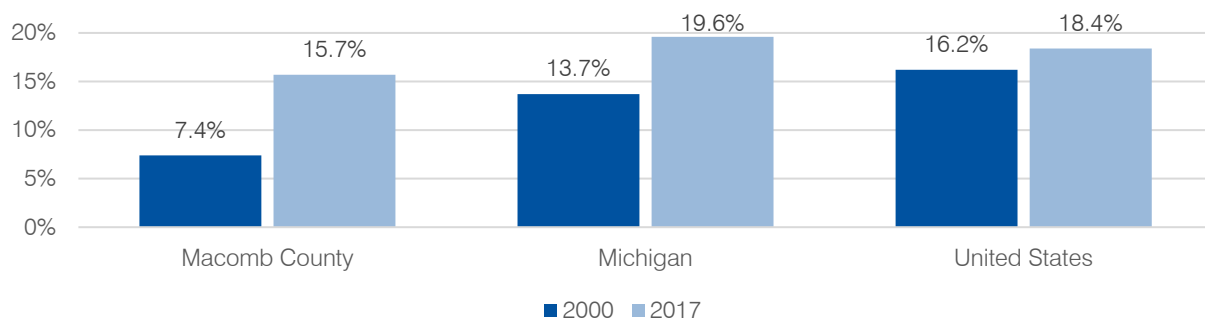
In Macomb County, as in Michigan and the U.S., a larger percentage of the Black population (23.3 percent) lives in poverty than those who are white (10 percent) (Exhibit 38). A lower percentage of the Hispanic/Latinx population in Macomb County lives in poverty than in Michigan and the U.S.

EXHIBIT 38. Poverty by Race and Ethnicity

Source: Community Action Partnership 2019.

Children in Poverty

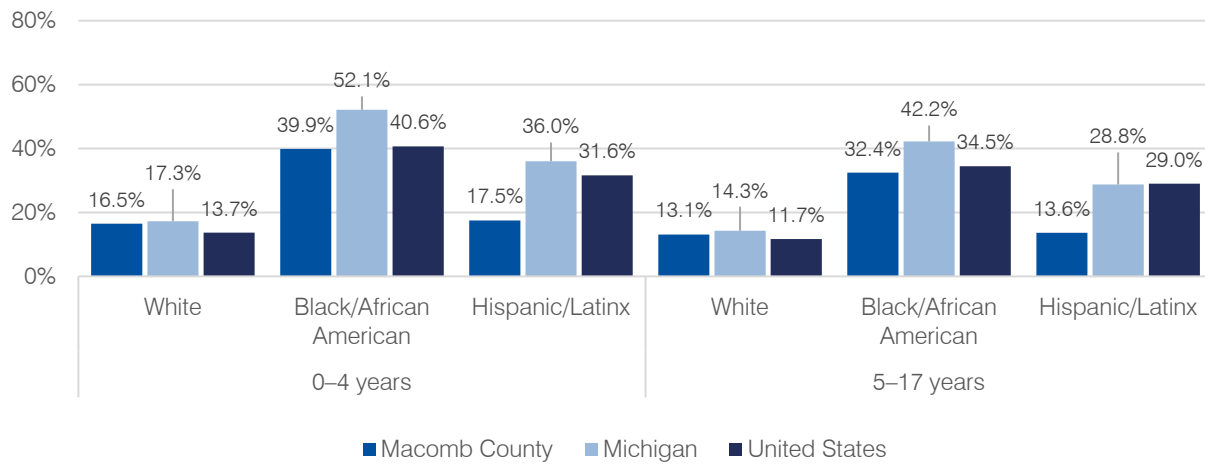
The percentage of Macomb County children ages zero to 17 living in poverty more than doubled from 7.4 percent in 2000 to 15.7 percent in 2017 (Exhibit 39). While a similar increase was not seen across Michigan or the U.S., Macomb County's percentage in 2017 remains lower than in Michigan and the U.S. (19.6 percent and 18.4 percent, respectively).

EXHIBIT 39. Change in Percentage of Children Living in Poverty

Source: Community Action Partnership 2019.

The percentage of Black children, zero to four years old, living in poverty in Macomb County (39.9 percent) is more than twice the percentage of those who are white (16.5 percent) in poverty (Exhibit 40). The percentage of Black five- to 17-year-olds living in poverty in Macomb County is 2.5 times greater than the percentage of those who are white and the same age. The percentage of Hispanic children living in poverty in Macomb County is similar to that of white children.

EXHIBIT 40. Percentage of Children in Poverty, by Race and Ethnicity

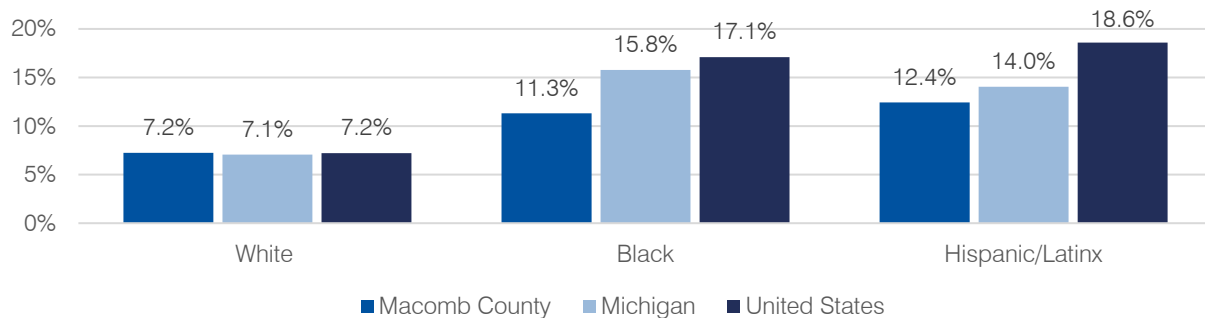


Source: Community Action Partnership 2019.

Older Adults in Poverty

The percentage of Black and Hispanic Macomb County adults age 65 or older living in poverty (11.3 percent and 12.4 percent, respectively) is higher than the percentage of older white adults living in poverty (7.2 percent) (Exhibit 41). Black older adults in Macomb County are less likely to live in poverty than their counterparts in Michigan (15.8 percent) and the U.S. (17.1 percent).

EXHIBIT 41. Older Adults in Poverty, by Race and Ethnicity

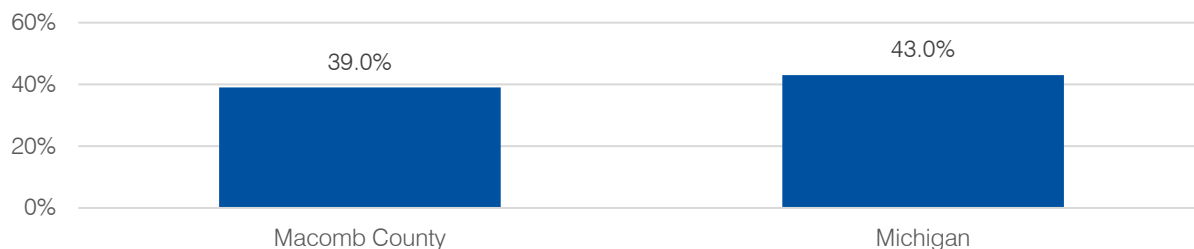


Source: Community Action Partnership 2019.

ALICE Population

The United Way’s Asset Limited Income Constrained, Employed (ALICE) population includes households with incomes above the FPL, but low enough to make it difficult to afford basic necessities. In 2017, approximately 40 percent of households in Macomb County and Michigan were below the ALICE threshold, meaning they cannot afford basic needs such as child care, food, housing, or transportation (Exhibit 42).

EXHIBIT 42. Population Below the ALICE Threshold, Macomb County and Michigan, 2017



Note: The ALICE threshold combines both those living in poverty with those who are classified as ALICE.
 Source: Michigan Association of United Ways 2019.

Living Wage

A living wage is the hourly rate an individual in a household must earn to support themselves and their family if they are working a full-time job. It is based on the cost of typical expenses, such as food, child care, healthcare, housing, transportation, and taxes. In Macomb County, a single adult without children must earn \$11.47 per hour to make a living wage, \$0.12 more than the state (Exhibit 43). However, a household with two children and two adults, with only one adult working, must make \$25.37 per hour to make a living wage, more than \$0.50 more than the state. Regardless of household type, including number of children and working adults, the minimum wage remains the same.

EXHIBIT 43. Living Wage Calculations for Various Types of Households in Macomb County

		One Adult		Two Adults (One Working)		Two Adults (Both Working)	
		No Children	One Child	One Child	Two Children	Two Children	Three Children
Macomb County	Living wage	\$11.47	\$24.32	\$22.86	\$25.37	\$16.23	\$19.44
	Poverty wage	\$6.00	\$8.13	\$10.25	\$12.38	\$6.19	\$7.25
	Minimum wage	\$9.45	\$9.45	\$9.45	\$9.45	\$9.45	\$9.45
Michigan	Living wage	\$11.35	\$23.77	\$22.32	\$24.83	\$15.96	\$19.13
	Poverty wage	\$6.00	\$8.13	\$10.25	\$12.38	\$6.19	\$7.25
	Minimum wage	\$9.45	\$9.45	\$9.45	\$9.45	\$9.45	\$9.45

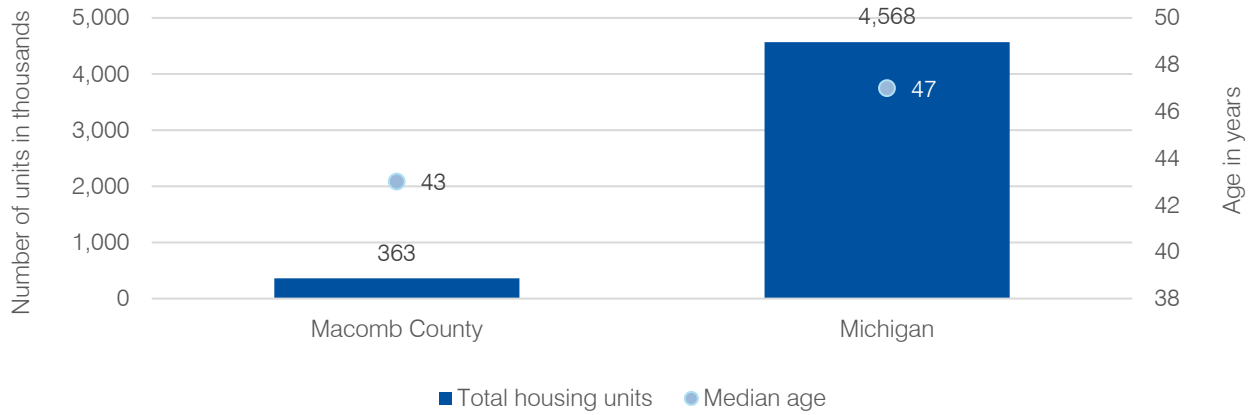
Source: Massachusetts Institute of Technology n.d.

Housing

Housing Units

In 2017, Macomb County had 362,764 housing units, about 8 percent of total housing units in the state (Exhibit 44). The median age of housing units in Macomb County was 43 years, compared to 47 years in Michigan.

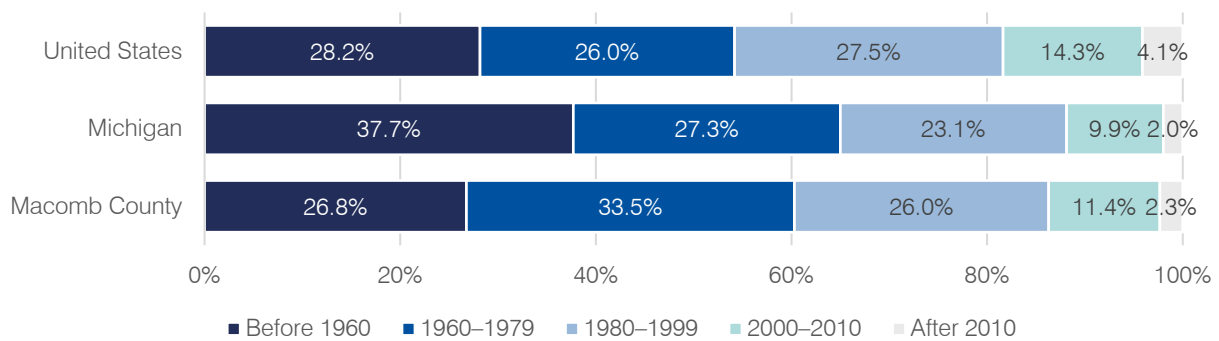
EXHIBIT 44. Number and Median Age of Housing Units, 2017



Source: Community Action Partnership 2019.

Just over 60 percent of owned and rented housing units in Macomb County were built before 1980, with another 26 percent built between 1980 and 1999 (Exhibit 45).

EXHIBIT 45. Percentage of Owned and Rented Housing Units, by Year Built

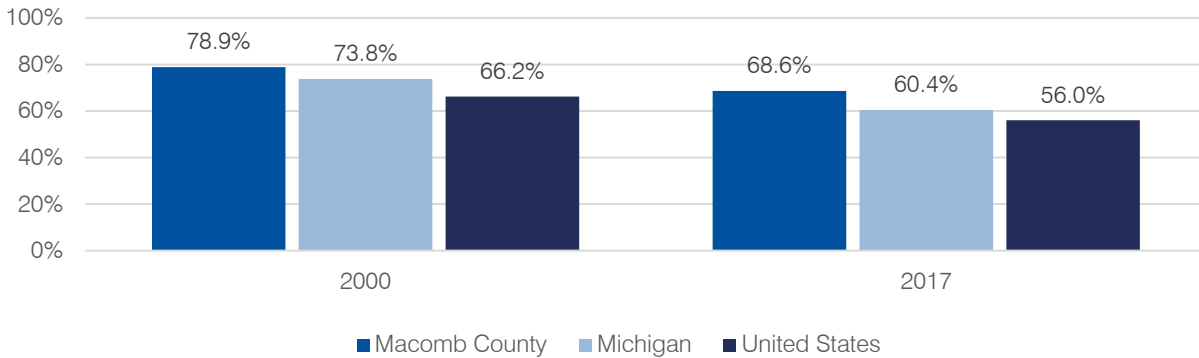


Source: Community Action Partnership 2019.

Owner-occupied Housing Frequency

The percentage of owner-occupied homes in Macomb County decreased from 78.9 percent to 68.6 percent between 2000 and 2017, consistent with both Michigan and the U.S. (Exhibit 46). Macomb County had a larger percentage of owner-occupied homes than Michigan and the U.S. in both of those years.

EXHIBIT 46. Percentage of Owner-occupied Homes and Change over Time

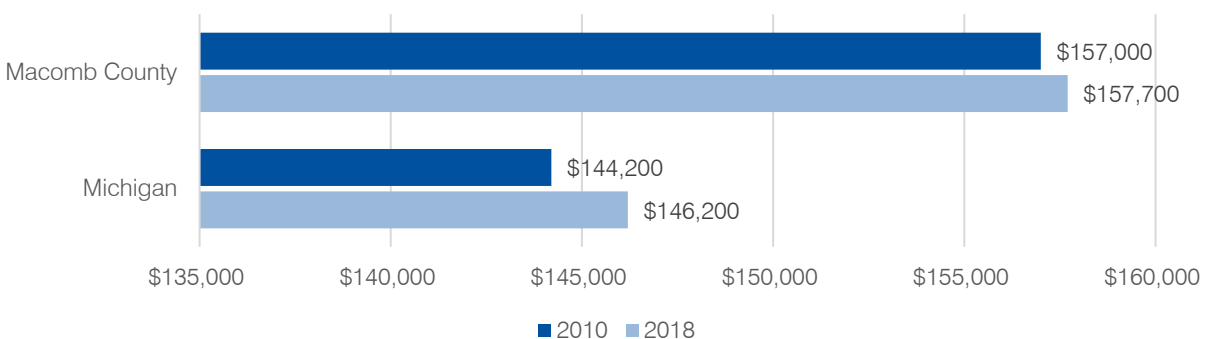


Source: Community Action Partnership 2019.

Property Values

In Macomb County, the median property value increased by \$700 between 2010 and 2019. Median property values in Macomb County remained higher than those in Michigan (Exhibit 47).

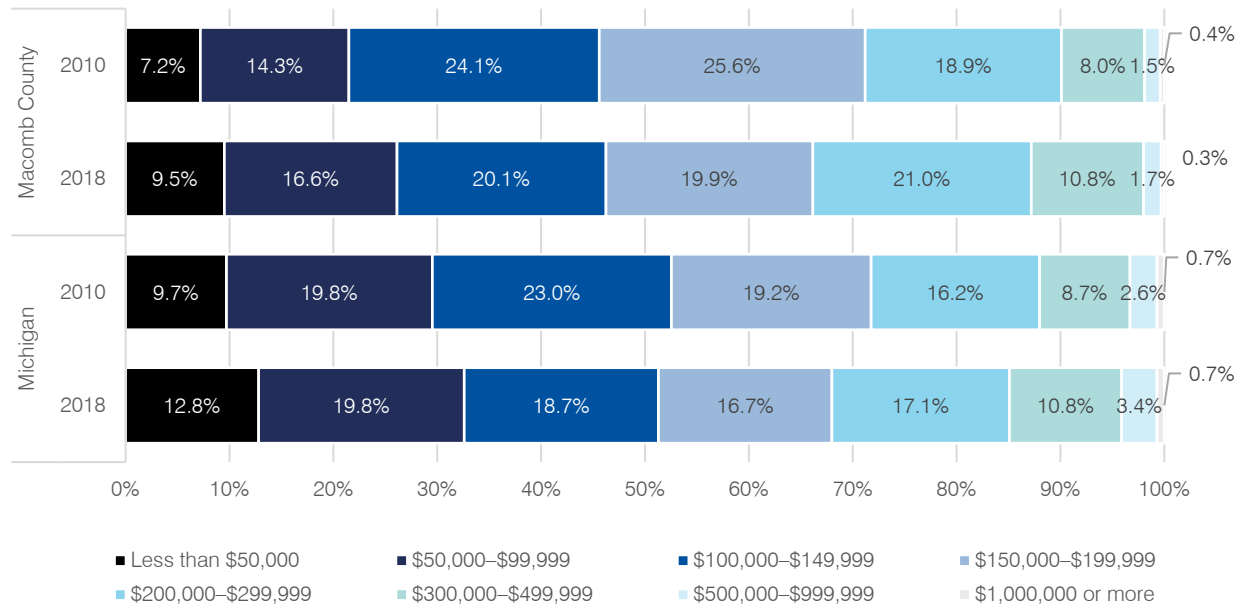
EXHIBIT 47. Median Property Value, Change over Time



Source: Community Action Partnership 2019.

In Macomb County, the percentage of properties with an estimated value of less than \$50,000 increased from 7.2 percent in 2010 to 9.5 percent in 2018 (Exhibit 48). Michigan followed a similar trend, increasing from 9.7 percent in 2010 to 12.8 percent in 2018. The largest percentage change in estimated property value in Macomb County from 2010 to 2018 was for property values between \$150,000 and \$199,999, which accounted for 25.6 percent of property in 2010 but only 19.9 percent in 2018.

EXHIBIT 48. Property Value Five-year Estimates, Change over Time

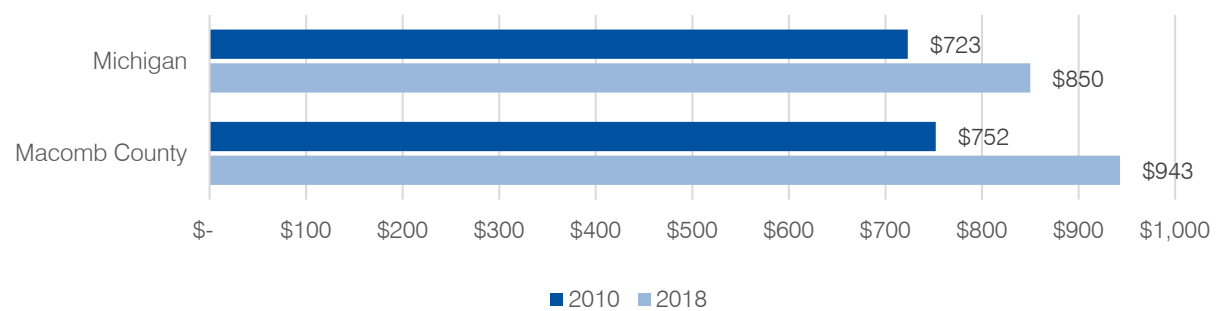


Source: Community Action Partnership 2019.

Housing Costs

Median rent payments in Macomb County increased from \$752 in 2010 to \$943 in 2018 (Exhibit 49). Median rent in 2018 in Macomb County is almost \$100 higher than in the state overall.

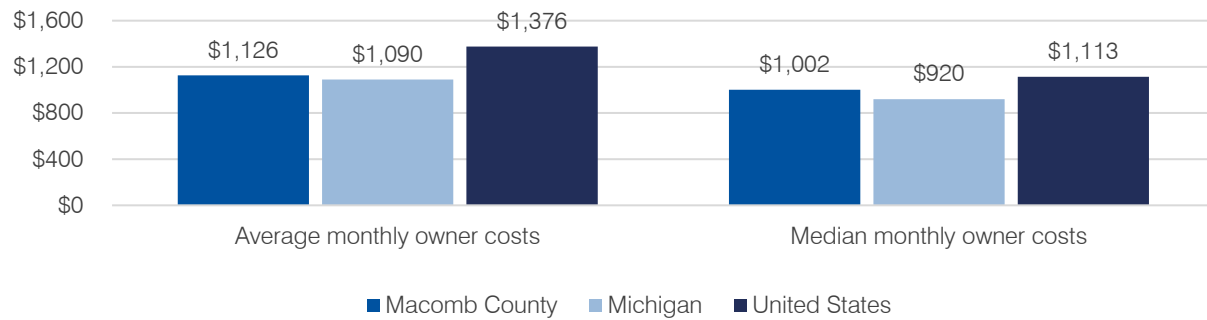
EXHIBIT 49. Median Rent, Change over Time



Source: Community Action Partnership 2019.

The average and median monthly cost for owner-occupied housing in Macomb County is slightly higher than in Michigan, but lower than in the U.S. (Exhibit 50).

EXHIBIT 50. Average and Median Owner-occupied Housing Costs

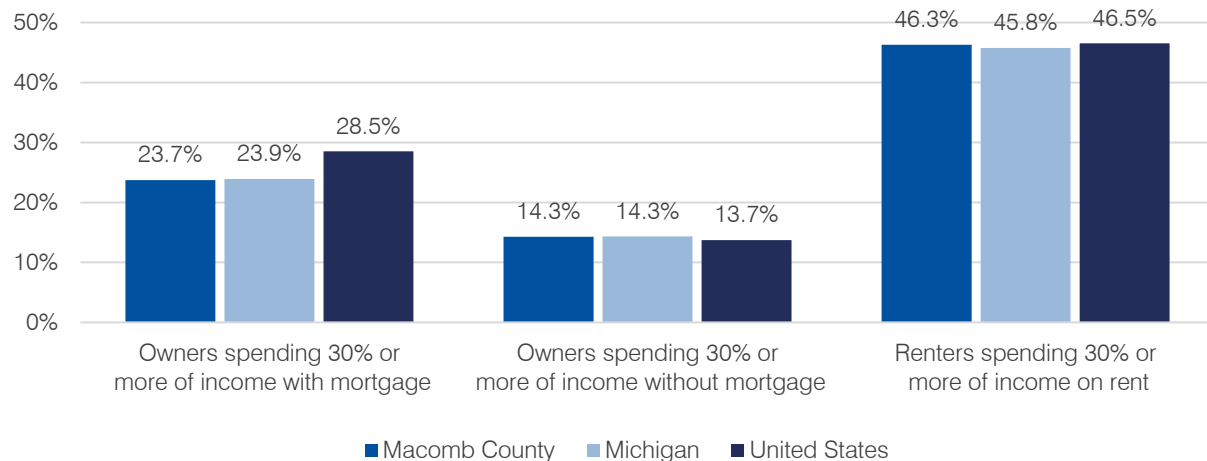


Source: Community Action Partnership 2019.

Housing Affordability

Housing cost burden is based on the percentage of homeowners and renters who spend more than 30 percent of their income on housing. In Macomb County, nearly twice as many renters as homeowners with a mortgage spend 30 percent or more of their income on housing (Exhibit 51). That difference is even higher when compared to homeowners without a mortgage, 46.3 percent compared to 14.3 percent. Housing cost burdens in Macomb County are similar to those in Michigan and the U.S.

EXHIBIT 51. Owner-occupied and Renter-occupied Housing Cost Burden

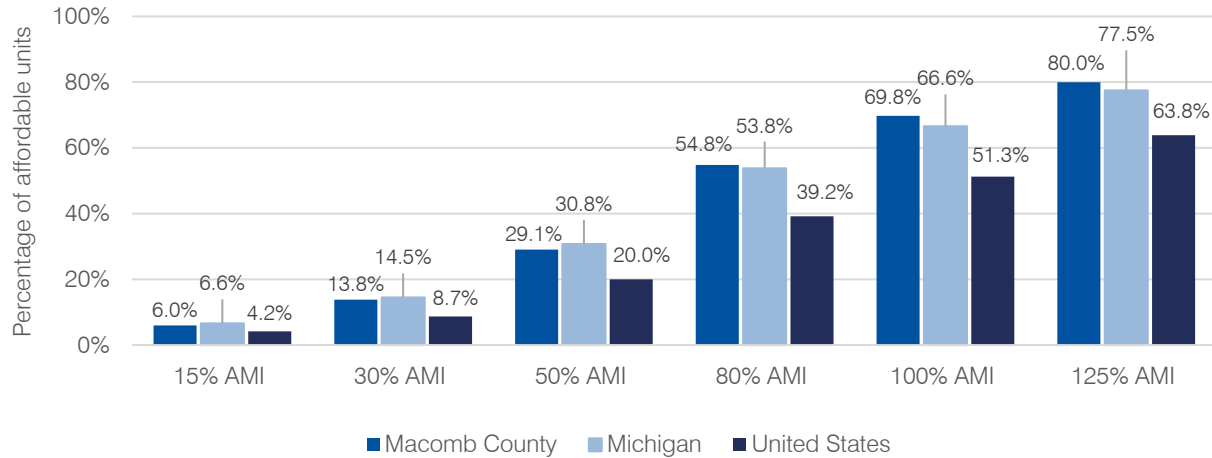


Source: Community Action Partnership 2019.

Area median income (AMI) is used to assess housing affordability and is the midpoint of a region's income distribution, with half making more than this threshold and the other half making less. In Macomb County, 6 percent of owner-occupied housing is affordable at 15 percent AMI and 13.8 percent is affordable at 30 percent AMI (Exhibit 52). These percentages for owner-occupied housing are higher than affordable renter-occupied housing. At 15 percent AMI, only 1.3 percent of renter-occupied housing is

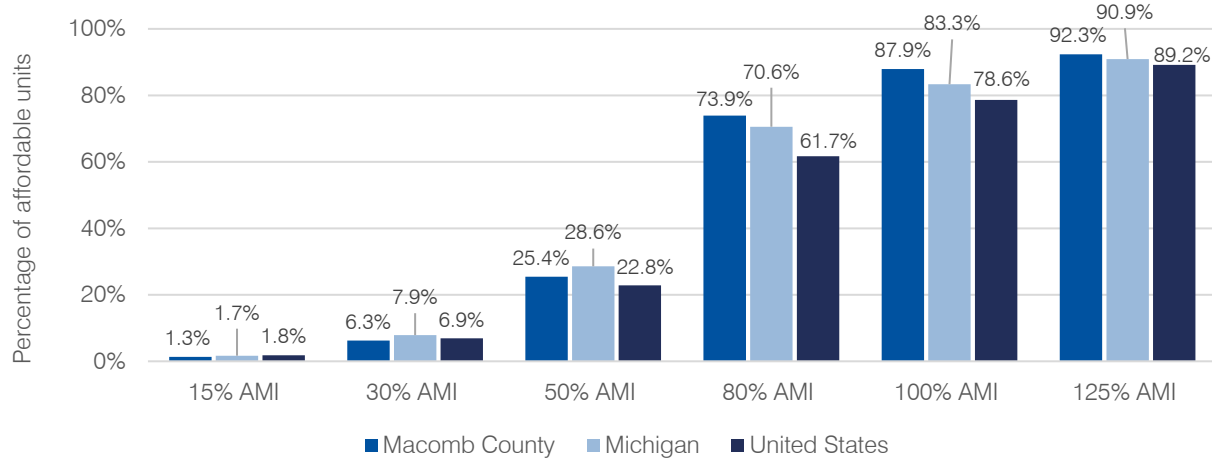
affordable; at 30 percent AMI, only 6.3 percent is affordable (Exhibit 53). These percentages are similar in Michigan and the U.S.

EXHIBIT 52. Percentage of Owner-occupied Affordable Housing Units, by AMI



Source: Community Action Partnership 2019.

EXHIBIT 53. Percentage of Renter-occupied Affordable Housing Units, by AMI

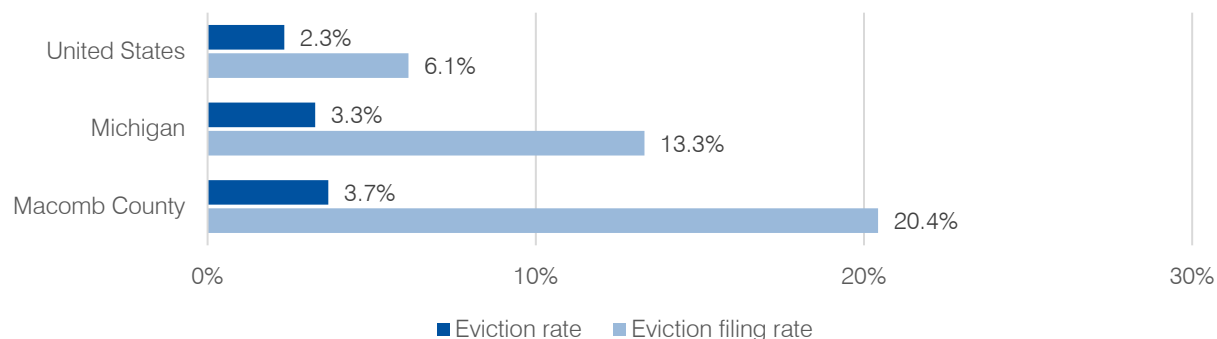


Source: Community Action Partnership 2019.

Eviction Filings

In 2016, renter-occupied household eviction filing rates in Macomb County were much higher than in Michigan and the U.S. at 20.4 percent, compared to 13.3 percent and 6.1 percent, respectively (Exhibit 54). However, the difference in eviction rates across Macomb County, Michigan, and the U.S. was relatively small, ranging from 2.3 percent in the U.S. to 3.7 percent in Macomb County.

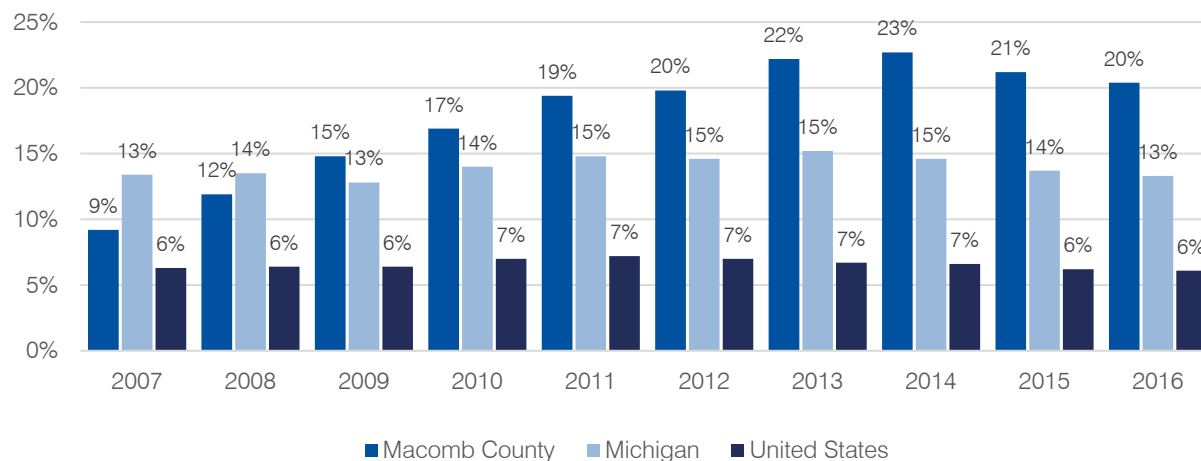
EXHIBIT 54. Renter-occupied Household Eviction Filing and Eviction Rates, 2016



Note: The eviction filing rate is the ratio of the number of evictions filed in an area per the number of renter-occupied homes in that area. The eviction rate is the subset of those homes that received an eviction judgment in which renters were ordered to leave.
Source: Eviction Lab n.d.

Eviction filings increased steadily in Macomb County between 2007 and 2014 from 9 percent to 23 percent. Rates decreased slightly in 2015 (21 percent) and 2016 (20 percent) (Exhibit 55). This trend is different from both Michigan and the U.S., where rates remained relatively consistent over time—in Michigan between 13 percent and 15 percent and in the U.S. between 6 percent and 7 percent.

EXHIBIT 55. Percentage of Renter-occupied Household Eviction Filings over Time

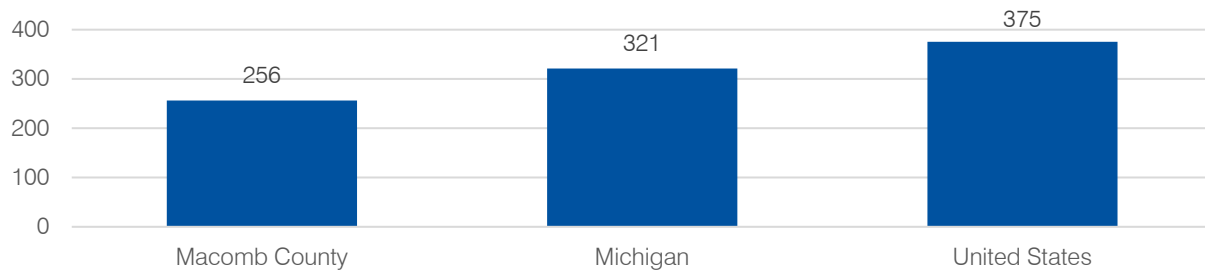


Note: The eviction filing rate is the ratio of the number of evictions filed in an area per the number of renter-occupied homes in that area.
Source: Eviction Lab n.d.

Housing Assistance Programs

The number of U.S. Department of Housing and Urban Development– (HUD-) assisted housing units available per 100,000 households in Macomb County (256) is lower than the number of units available in Michigan (321) and in the U.S. (375) (Exhibit 56).

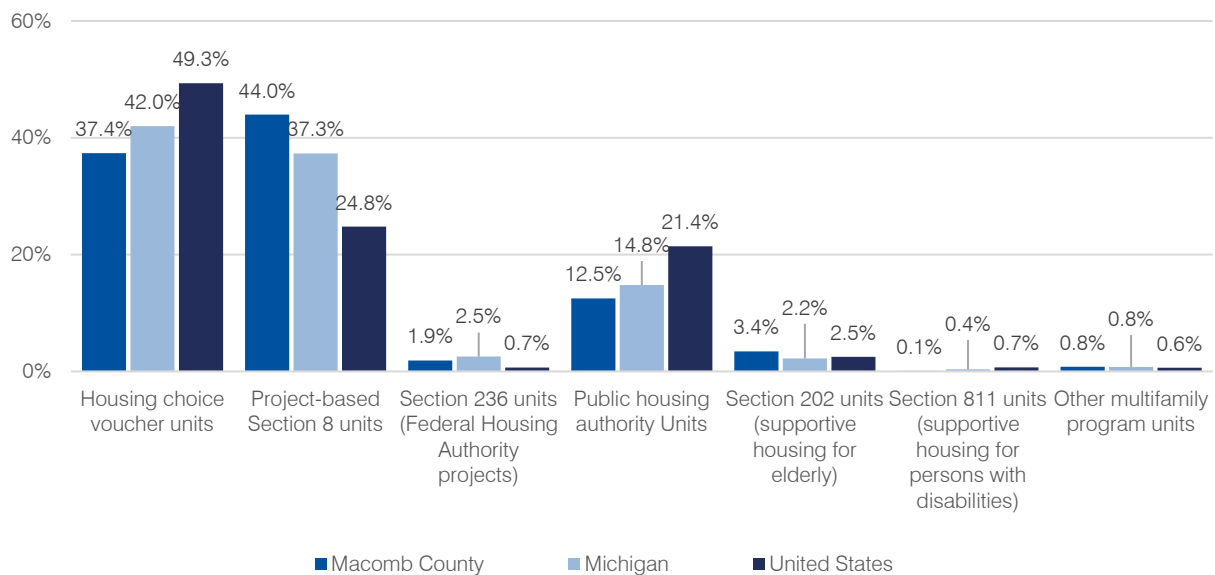
EXHIBIT 56. Number of Available HUD-assisted Housing Units per 100,000 Households



Source: Community Action Partnership 2019.

More than 80 percent of available HUD-assisted housing units are either housing choice voucher units or project-based Section 8 units in both Macomb County and Michigan (Exhibit 57). This percentage is slightly lower (74.1 percent) in the U.S. Most of the other available units are public housing authority units.

EXHIBIT 57. Percentage of HUD-assisted Housing Units Available, by Program Type

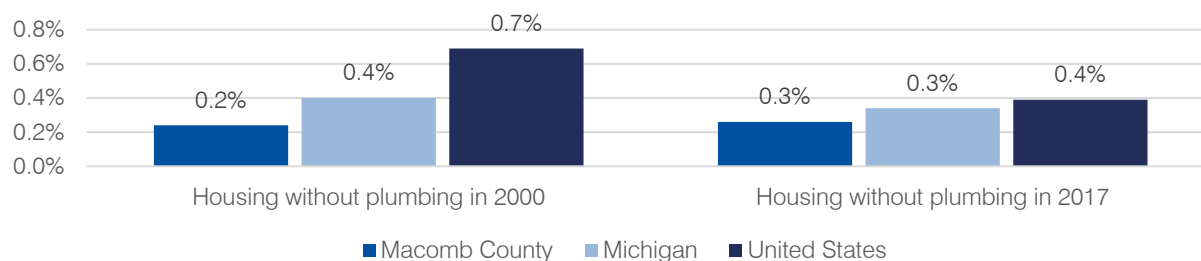


Source: Community Action Partnership 2019.

Substandard Housing

The percentage of occupied housing units without plumbing increased marginally between 2000 and 2017, from 0.2 percent to 0.3 percent (Exhibit 58). During that same time, the percentage of occupied housing without plumbing in the U.S. decreased from 0.7 percent to 0.3 percent.

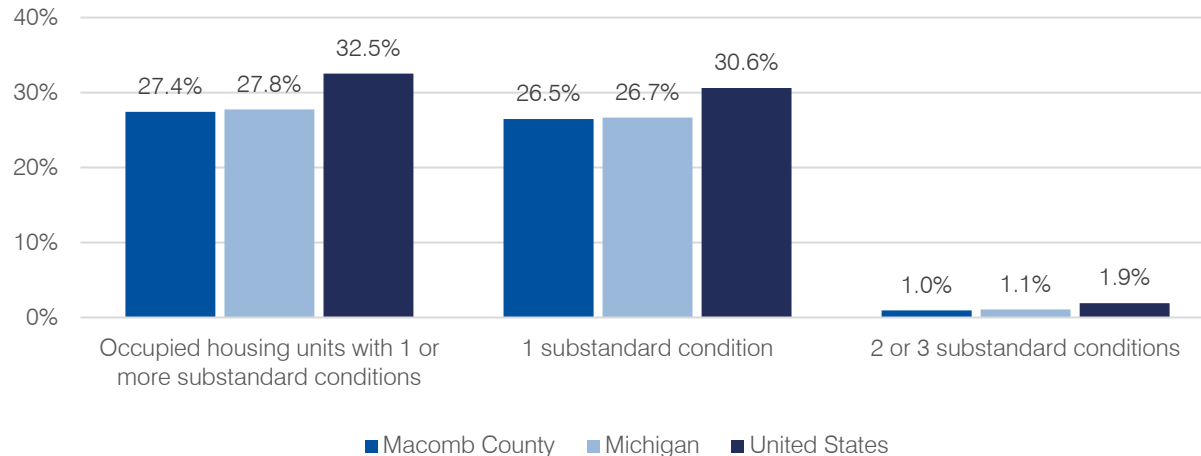
EXHIBIT 58. Housing Units Without Plumbing, Change over Time



Source: Community Action Partnership 2019.

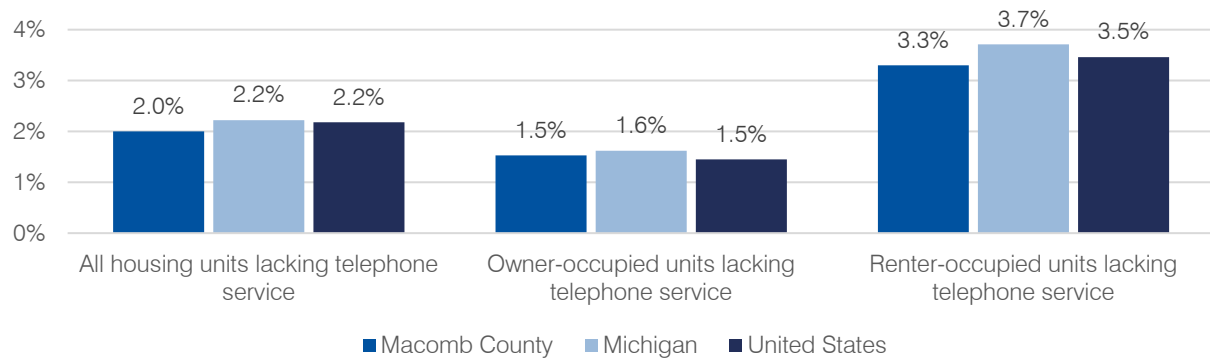
Substandard housing conditions include lack of complete plumbing facilities (i.e., hot and cold water, a flush toilet, and a bathtub or shower); lack of complete kitchen facilities (i.e., a sink with a faucet, a stove or range, and a refrigerator); 1.51 or more occupants per room; and selected monthly owner costs or gross rent costs of 30 percent or more of household income. Over one-quarter (27.5 percent) of occupied housing in Macomb County has a least one substandard housing condition, which is similar to Michigan but slightly less than in the U.S. (Exhibit 59). The vast majority of occupied housing units with substandard conditions have only one such condition, while those remaining have two or three.

EXHIBIT 59. Percentage of Housing with Substandard Conditions



Source: Community Action Partnership 2019.

Another measure of substandard housing is a lack of telephone service. A higher percentage of renter-occupied housing than owner-occupied housing in Macomb County does not have telephone service, 3.3 percent compared to 1.5 percent (Exhibit 60). The percentages in Macomb County are similar to those in Michigan and the U.S.

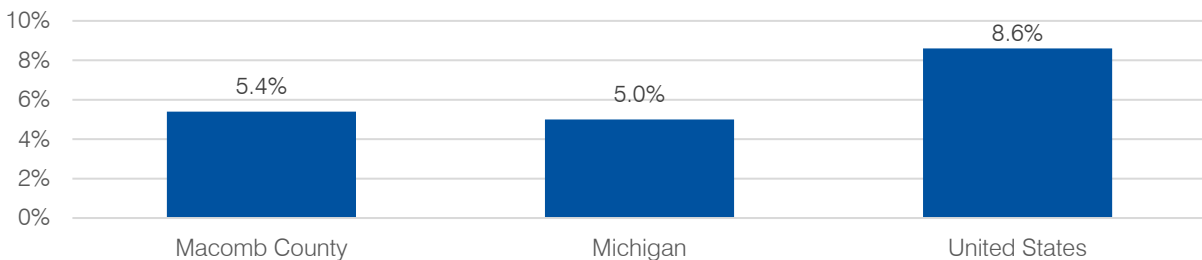
EXHIBIT 60. Percentage of Owner- and Renter-occupied Housing Units Without Telephone Service

Source: Community Action Partnership 2019.

Health

Uninsured

In 2017, 5.4 percent of Macomb County’s population was uninsured, which is slightly higher than Michigan (5 percent) and lower than in the U.S. (8.6 percent) (Exhibit 61).

EXHIBIT 61. Percentage of Uninsured Population, 2017

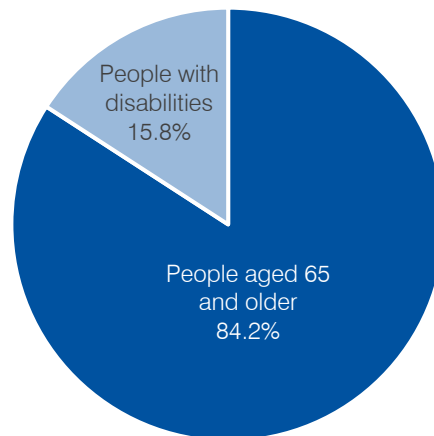
Source: Community Action Partnership 2019.

Medicare and Medicaid

Medicare Enrollees

Macomb County has 172,818 residents enrolled in Medicare—4.3 percent of Michigan’s Medicare population. Of Macomb County Medicare enrollees, 84.2 percent are 65 and older and 15.8 percent are people with disabilities (Exhibit 62).

EXHIBIT 62. Breakdown of Medicare Enrollees

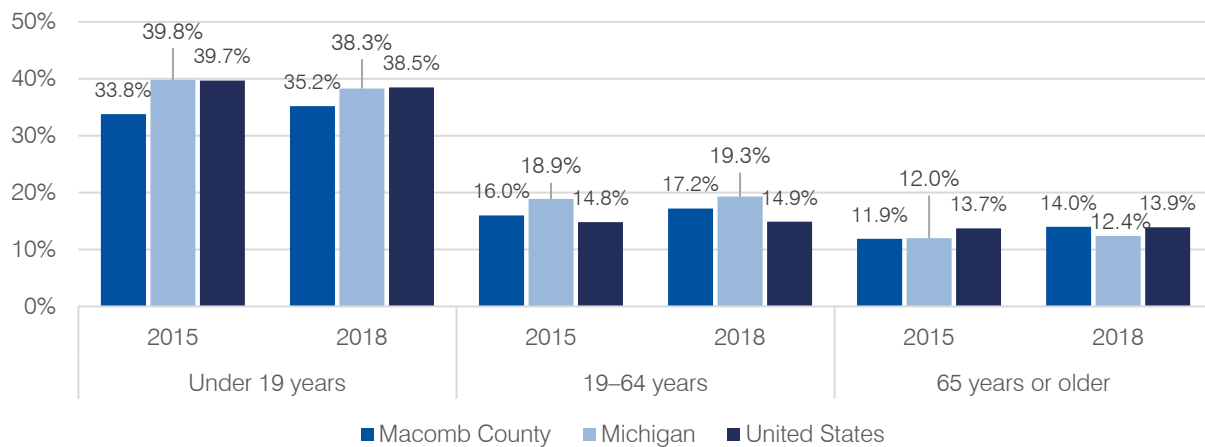


Source: Community Action Partnership 2019.

Medicaid Enrollees

The proportion of Macomb County Medicaid enrollees was largely constant across age groups between 2015 and 2018 as well as across the state and country (Exhibit 63). About a third of those under the age of 19 are covered by Medicaid in Macomb County, whereas 14 percent of people aged 65 and older are covered.

EXHIBIT 63. Medicaid Enrollees by Age, 2015 and 2018



Note: Includes Medicaid and other means-tested coverage an individual has either alone or in combination with additional coverage.
Source: Community Action Partnership 2019.

Medicaid and Medicare Providers

Macomb County has 142 institutional Medicare and Medicaid providers, including eight hospitals, 29 nursing facilities, and four FQHCs (Exhibit 64).

EXHIBIT 64. Number of Medicare and Medicaid Providers by Institution Type, December 2018

	Total Institutional Providers	Hospitals	Nursing Facilities	FQHCs	Rural Health Clinics	Community Mental Health Centers
Macomb County	142	8	29	4	0	0
Michigan	2,194	183	442	260	178	3
United States	74,192	7,120	15,581	8,789	4,386	144

Source: Community Action Partnership 2019.

FQHCs

FQHCs are community-based healthcare providers that receive Health Resources and Services Administration funding to provide primary care services in underserved areas. A board—that includes patients—governs these centers, which must provide care on a sliding fee scale based on a patient’s ability to pay. Macomb County has four FQHCs—one in New Haven, one in Mount Clemens, one in Clinton Township, and one in Center Line (Exhibit 65).

EXHIBIT 65. Macomb County FQHCs, December 2018

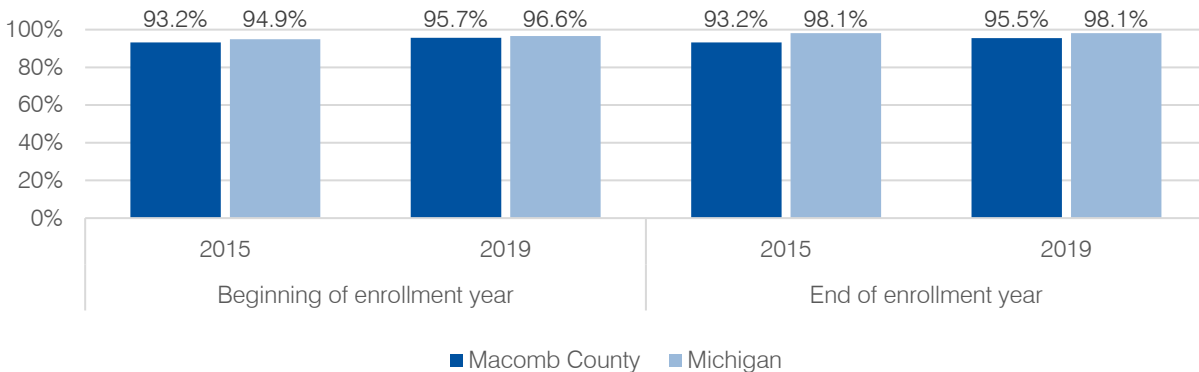
Center name	Address	City	Phone number
New Haven Medical Center	58144 Gratiot Avenue	New Haven	313-749-5197
MyCare Health Center	18 Market Street, Suite C	Mount Clemens	586-783-2222
MyCare Health Center	42627 Garfield Street, Suite 213	Clinton Township	586-783-2222
MyCare Health Center	6900 E. 10 Mile Road	Center Line	586-619-9986

Source: Community Action Partnership 2019.

Head Start Immunizations

The proportion of Head Start enrollees with up-to-date immunizations remained the same between the beginning and end of the enrollment year in Macomb County (Exhibit 66). However, the proportion of enrollees with immunizations increased from 93.2 percent in 2015 to 95.7 percent in 2019. Throughout the state, the proportion of Head Start enrollees with immunizations increased slightly between the beginning and end of the enrollment year and were slightly higher overall than in Macomb County.

EXHIBIT 66. Immunizations Among Head Start Enrollees at the Beginning and End of the Enrollment Year for Macomb County and Michigan, 2015 and 2019

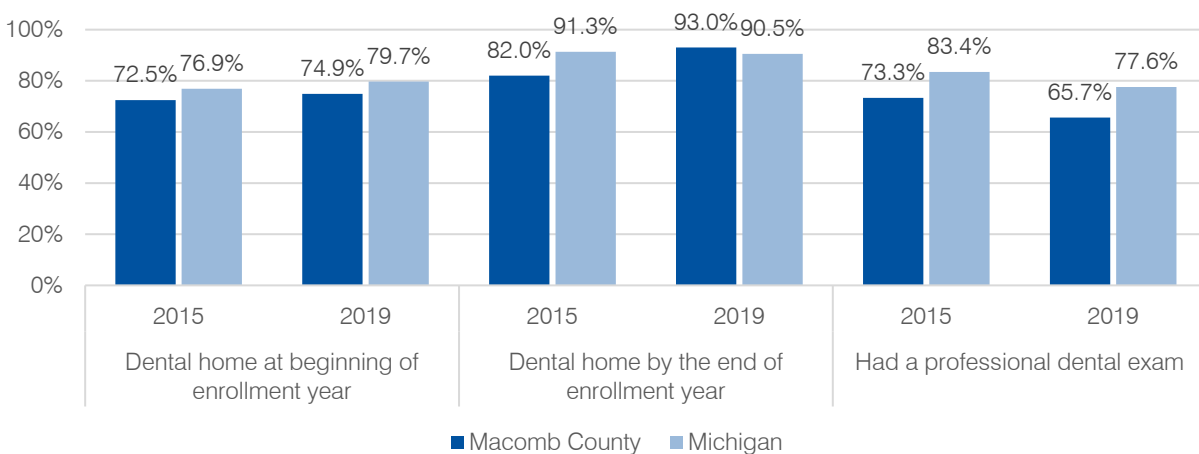


Note: Immunizations include up-to-date immunizations, all possible immunizations to date, or exempt enrollees.
 Source: Office of Head Start n.d.

Head Start Oral Health

In 2015 and 2019, most Head Start enrollees had a dental home at the beginning of the year, and the proportion of enrollees with a dental home increased by 10 percentage points or more by the end of the year (Exhibit 67). However, the proportion of Head Start enrollees who had a professional dental exam decreased by 7 percentage points between 2015 and 2019. Overall, the proportion of Head Start enrollees with a dental home was slightly lower in Macomb County than the state of Michigan at the start of the year in 2015 and 2019; however, the proportion of students with a dental home at the end of the 2019 enrollment year was slightly higher in Macomb County (93 percent) than the state overall (90.5 percent). Michigan had a higher proportion of students who had a professional dental exam in both years.

EXHIBIT 67. Oral Health Access Among Head Start Enrollees at the Beginning and End of the Enrollment Year for Macomb County and Michigan, 2015 and 2019

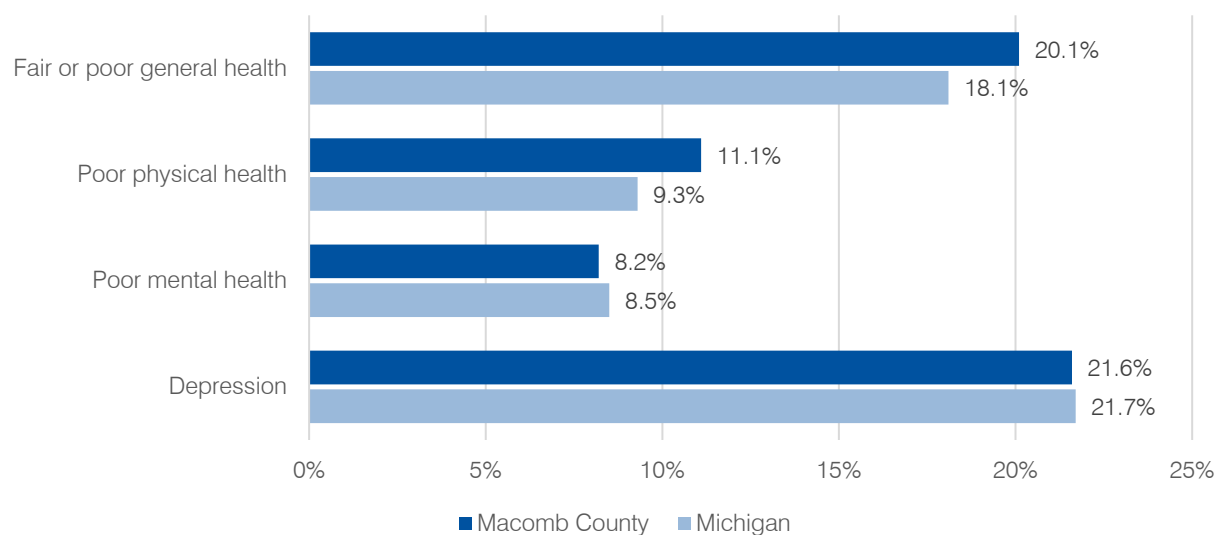


Source: Office of Head Start n.d.

General Health and Well-being

Macomb County residents reported similar levels of overall health compared to the state population. Between 2015 and 2017, 20.1 percent of Macomb County adults reported having fair or poor overall health, compared to 18.1 percent of Michigan residents (Exhibit 68). In Macomb County, 11.1 percent reported having poor physical health, which is defined as having a physical illness, injury, or other physical ailment for at least 14 out of 30 days. Additionally, 8.2 percent have poor mental health, which includes stress, depression, or other behavioral health conditions for 14 out of 30 days. Nearly one-quarter of Macomb County and Michigan residents reported receiving a depressive disorder diagnosis from a doctor.

EXHIBIT 68. Health Status of Adults in Macomb County and Michigan, 2015–2017

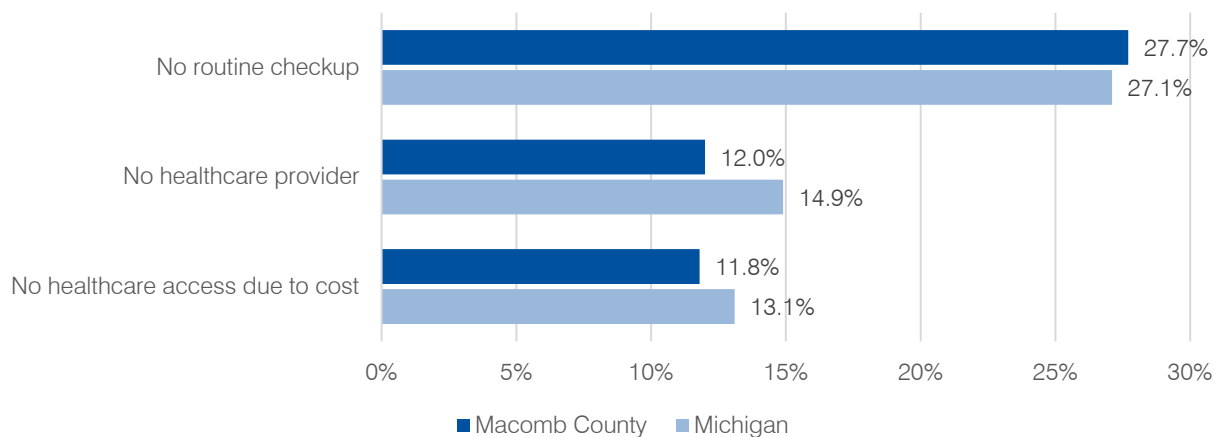


Note: Poor physical and mental health are defined as 14 or more days, out of the previous 30, on which an individual's physical or mental health was not good. Sample sizes vary based on questions, Macomb County N ranges between 2,039 and 2,061; Michigan N ranges between 31,394 and 31,792.

Source: Murad 2020; Murad and Daniel-Wayman 2019.

Between 2015 and 2017, 27.7 percent of Macomb County adults had not seen a doctor for a routine checkup in the past year (Exhibit 69). Additionally, 12 percent of adults in Macomb County do not have a healthcare provider and 11.8 percent have not visited a doctor in the past year due to cost. This is similar to the proportion of the state population that does not receive routine checkups (27.1 percent), have a healthcare provider (14.9 percent), or seek care due to cost (13.1 percent).

EXHIBIT 69. Healthcare Access Among Adults in Macomb County and Michigan, 2015–2017



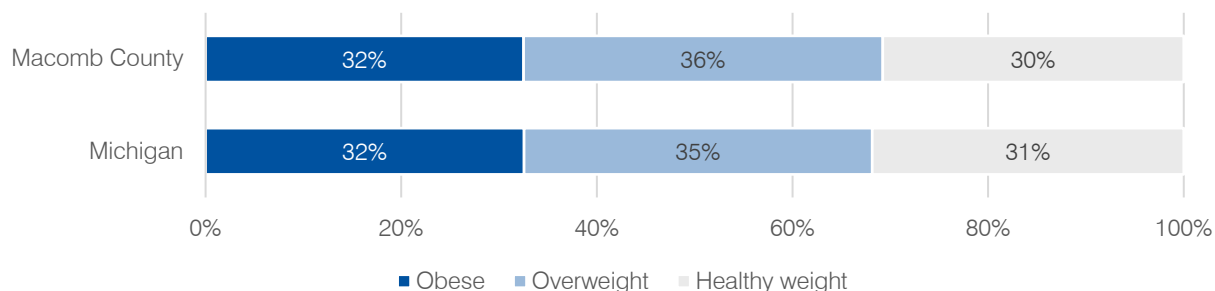
Note: Sample sizes vary based on questions, Macomb County N ranges between 2,044 and 2,059; Michigan N ranges between 31,503 and 31,777.

Source: Murad 2020; Murad and Daniel-Wayman 2019.

Weight

Macomb County residents have similar proportions of obese, overweight, and healthy-weight adults as the overall state population. Between 2015 and 2017, approximately one-third of Macomb County and Michigan adults were classified as healthy based on their body mass index (BMI), while the other two-thirds of the population were considered overweight or obese (Exhibit 70).

EXHIBIT 70. Weight of Adults in Macomb County and Michigan, 2015–2017

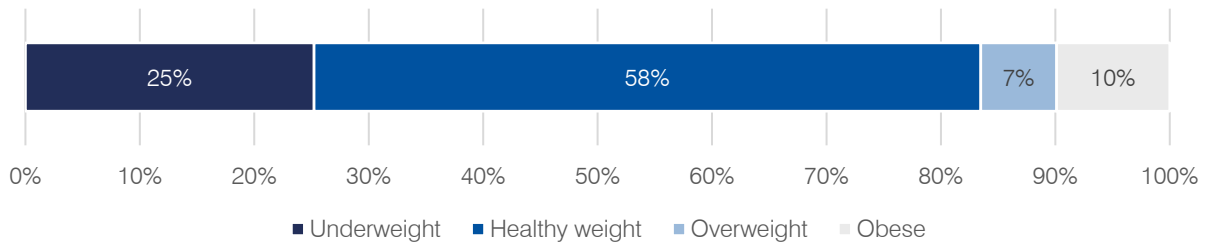


Note: Weight status is defined as adults whose BMI was greater than or equal to 30 (obese), between 25 but less than 30 (overweight), or greater than 18.5 but less than 25 (healthy). Weight and height are self-reported and pregnant women are excluded. Macomb County N = 1,923 and Michigan N = 29,588.

Source: Murad 2020; Murad and Daniel-Wayman 2019.

The majority of Head Start enrollees (58 percent) are at a healthy weight, one-quarter of them are underweight, and 10 percent are obese. (Exhibit 71).

EXHIBIT 71. Weight Status of Head Start Enrollees, 2018–2019 School Year



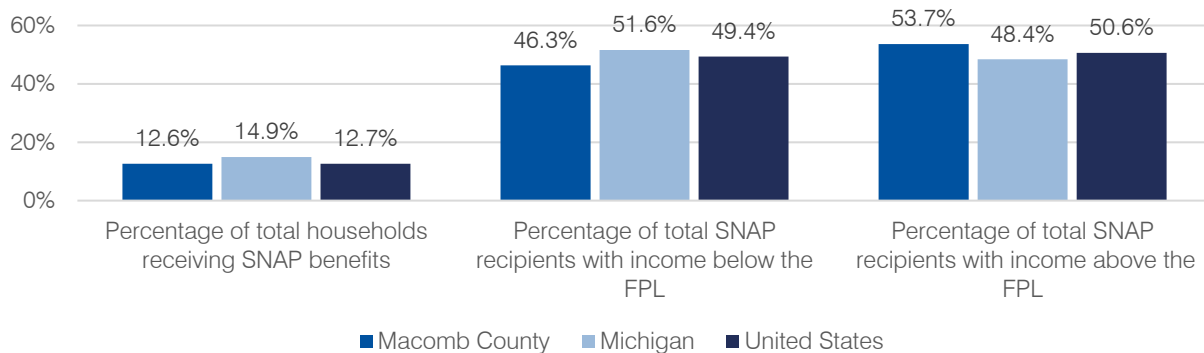
Source: Office of Head Start n.d.

Nutrition

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP) provides eligible families with nutrition benefits to supplement their food budgets and help them purchase healthy foods. Just over 12 percent of Macomb County households receive SNAP benefits, compared to almost 15 percent of Michigan households (Exhibit 72). About half of SNAP recipients in Macomb County, Michigan, and the U.S. have incomes above the FPL and about half have incomes below it.

EXHIBIT 72. Households Receiving SNAP Benefits

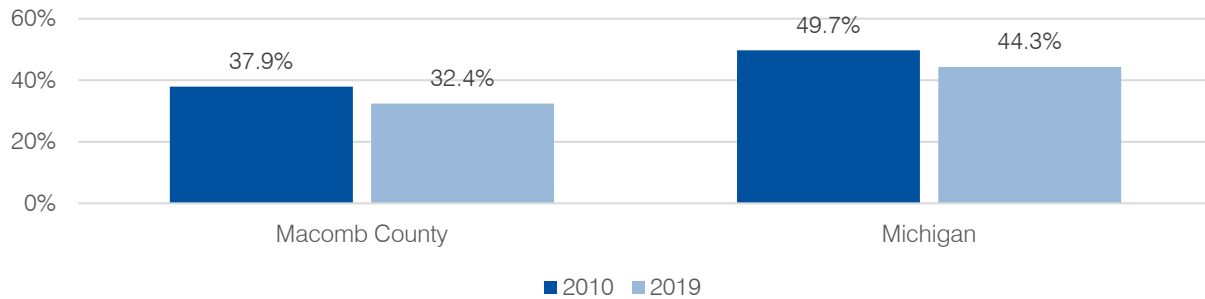


Source: Community Action Partnership 2019.

Women, Infants, and Children

Women, Infants, and Children (WIC) offers healthy food, breastfeeding support, and nutrition education to eligible mothers and other caregivers of children under the age of five. The percentage of all Macomb County children zero to four years of age receiving WIC benefits decreased from 37.9 percent in 2010 to 32.4 percent in 2019 (Exhibit 73). WIC participation rates are lower in Macomb County than in the state overall.

EXHIBIT 73. WIC Participation, Change over Time

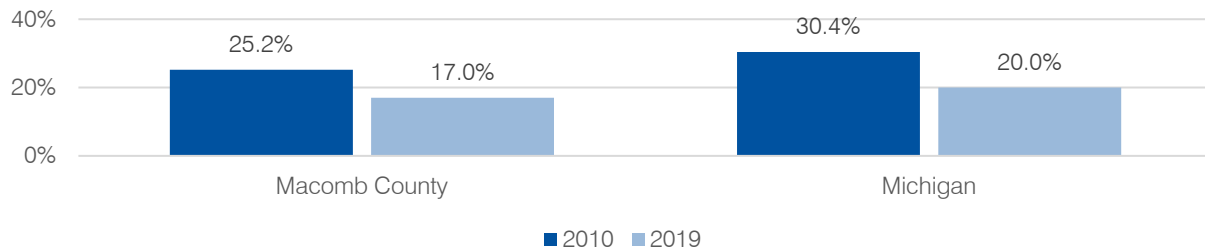


Note: The percentage is based on the population aged zero to four.
Source: Annie E. Casey Foundation Kids Count Data Center n.d.c.

Food Assistance Program

The Food Assistance Program offers temporary assistance to income-eligible individuals and families. In Macomb County, the percentage of children ages zero to 18 receiving program benefits decreased from 25.2 percent in 2010 to 17 percent in 2019 (Exhibit 74). In 2019, the percentage of those who are zero to 18 years old and receiving benefits in Michigan was slightly higher than in Macomb County at 20 percent.

EXHIBIT 74. Children Ages Zero to 18 Participating in the Food Assistance Program, Change over Time

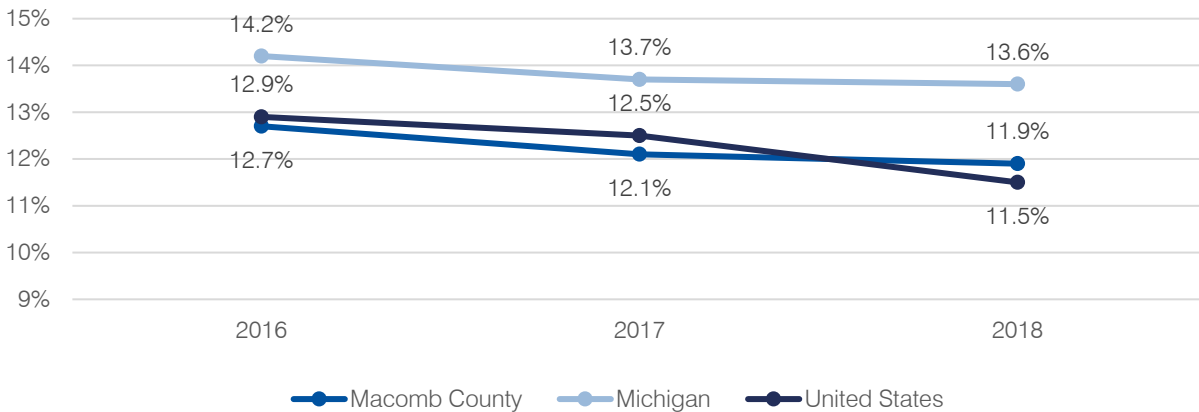


Source: Annie E. Casey Foundation Kids Count Data Center n.d.g.

Food Insecurity

Between 2016 and 2018, there was a slight decline in the percentage of those considered food insecure, meaning limited or no access to or uncertain availability of nutritional foods during the year. In Macomb County, there was a decline from 12.7 percent of the population being food insecure in 2016 to 11.9 percent in 2018 (Exhibit 75). Similar declines were seen in Michigan and the U.S. during the same period, though the proportion of food-insecure individuals in Michigan was 1.5 to 2.1 percentage points higher.

EXHIBIT 75. Food Insecurity in Macomb County, Michigan, and the U.S., 2016–2018

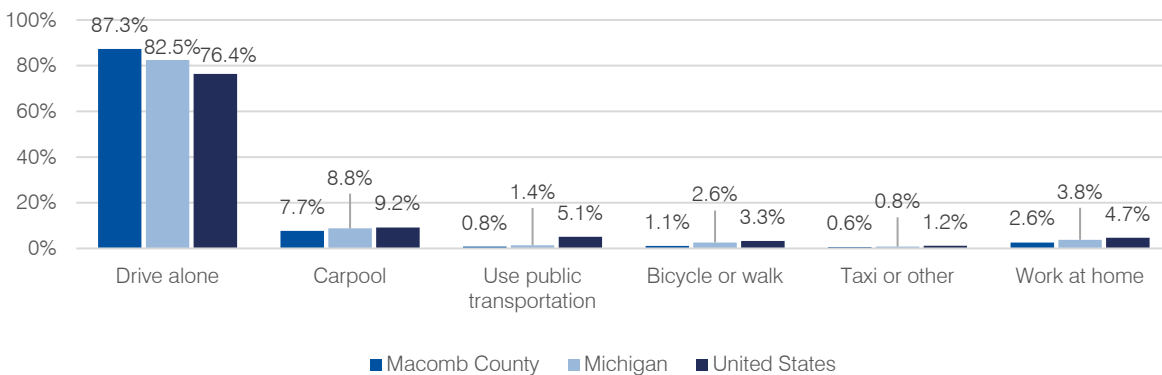


Source: Feeding America n.d.

Transportation

Most workers in Macomb County, Michigan, and the U.S. drive to work alone. In Macomb County, 87.3 percent drive alone compared to 82.5 percent of Michigan workers and 76.4 percent of U.S. workers (Exhibit 76). Less than 1 percent of Macomb County workers use public transportation, compared to 5.1 percent of U.S. workers.

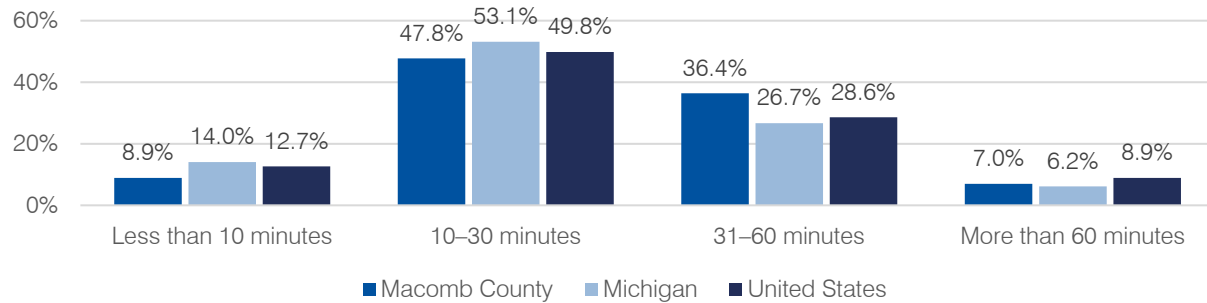
EXHIBIT 76. Commuter Travel Patterns, 16 Years and Older



Source: Community Action Partnership 2019.

Nearly half of Macomb County workers (47.8 percent) travel between ten to 30 minutes to get to work (Exhibit 77). This compares to 53.1 percent of Michigan workers and 49.8 percent of U.S. workers.

EXHIBIT 77. Commute Times in Macomb County, Michigan, and the U.S., 2017



Source: Community Action Partnership 2019.

Community Input

MCA conducted an online survey of its clients during summer 2020, which received 116 responses. In addition to the survey, MCA held a focus group on May 14, 2020, with seven participants from the Head Start Policy Council.

Survey and Focus Group Questions

Survey and focus group questions fell into two overarching categories: general community needs and community needs due to the novel coronavirus (COVID-19) pandemic.

General Community Needs Questions

- In general, what do you see as some of the biggest needs in Macomb County?
- What could local government, nonprofits, and community partners be doing to help people in Macomb County?
- What do you feel are some of the biggest barriers that people face in trying to provide for themselves and their families?
- What do you think are some of the most important things/factors that would improve the quality of life in your community?

Questions Related to COVID-19

- Have you been able to access services when you have needed them? Have you been able to access needed services during the crisis? If no, what types of services?
- Have you been able to access supplies when you have needed them?
- How has the COVID-19 pandemic affected you and your family?
- What have been your biggest needs/some of the needs you have experienced during the crisis?

Additionally, the MCA Office of Senior Services distributed a paper survey through Meals on Wheels drivers and gathered information from 174 customers who prioritized community needs from most urgent to nonurgent. Meals on Wheels survey results are provided in Exhibit 78.

Identified Needs

Community members identified several needs in the county; however, the top priorities, according to 20 respondents, were affordable housing and food. Others also noted a need for assistance with rent and mortgage payments, with two specifying the need for senior housing. Other community members also mentioned housing needed to be in areas suitable for families. One said:

“[We need] affordable housing that is suitable for families, and landlords being background checked and going through as much scrutiny as they put their renters through. [Make] sure they take care of their properties, meaning not allowing the landlords to own so many properties and not maintain the living space that they are renting to people. Many owners treat their tenants with little respect.”

Additional needs included education and job training; healthcare, including mental health services; child care and preschool options; financial assistance; better-paying jobs; transportation assistance; utility assistance; and support for older adults and those with disabilities.

In addition to these tangible needs, community members said there should be stronger communication about available resources, noting these resources should also focus on diversity, equity, and inclusion:

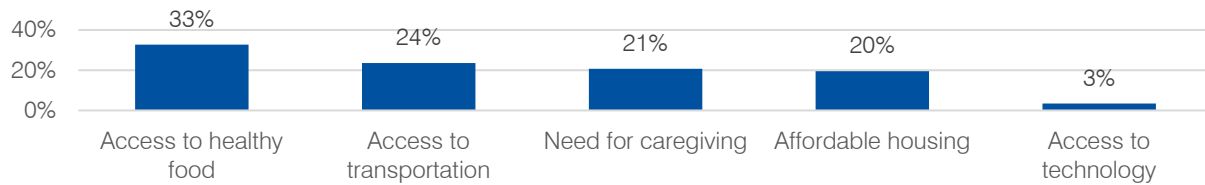
“There needs to be more and better access to mental health services, professional development training, inclusion of part-time employees, diversity of thought, cultural competence and humility, discussion of realistic solutions to racial disparities in education, living situation, and employment.”

A few said they would like to see more activities offered for children and more places to do those activities:

“It would be good to have more things and places for the kids to play and do physically. Everyone is always focused on Detroit and Wayne County and making that beautiful. We have areas in Macomb County that could use some help as well. Parks that could be sprayed down for bug control and cleaned. Areas that could be built up and made into something special.”

MCA Office of Senior Services’ Meals on Wheels Survey

Meals on Wheels customers who responded to the MCA Office of Senior Services’ survey identified access to healthy food as the biggest need in Macomb County, followed by access to transportation, caregiving, and affordable housing (Exhibit 78). Just 3 percent said access to technology was the greatest need.

EXHIBIT 78. Greatest Needs Identified by Meals on Wheels Survey Participants

Note: N = 174.

Identified Barriers

According to survey respondents, the primary barrier Macomb County residents face when trying to provide for themselves and their families is the inability to earn a living wage or obtain financial assistance. They also noted income and finances almost three times more often than any other barrier. This was followed by a lack of employment opportunities. One respondent stated:

“A big challenge is not having jobs that pay a suitable wage for people to afford even the basic needs of their families. Many people are single parents with children and cannot afford housing, food, or have transportation for their families. Oftentimes, many low-income families are left to take whatever they can get because they cannot afford to live in the homes that are being rented. The owners of the homes are not very kind in dealing with people of low-income status. The owners create such unfair rental agreements, and the tenants are forced to sign leases that are full of overindulged late fees and costs that make it unaffordable for people to live peacefully.”

Additionally, respondents highlighted a lack of affordable child care as a barrier to self-sufficiency:

“Families are often forced to choose between working and child care, which results in a lack of upward mobility. Low wages make child care unaffordable for a majority of families.”

—
“It is almost impossible for a single parent to work full time and have affordable child care.”

Other barriers included lack of transportation, food access, affordable housing, quality education, and healthcare. Additionally, community members said politics and delays in state processes can contribute to these issues as well as a lack of knowledge regarding available resources.

Recommendations for Improved Quality of Life

Survey respondents noted a sense of community as one approach to improving Macomb County residents' quality of life. Some said they wanted a community where everyone helps each other, while others described a desire for free community events for families. Additional recommendations included helping people access affordable housing; providing quality education and job skills training; offering affordable child care, healthcare, transportation, and food; providing better-paying jobs and financial assistance; improving safety; and ending racism in Macomb County.

Recommendations for Service Provision

Survey respondents said local government, nonprofits, and community partners could address these needs and barriers. They, again, mentioned assistance with finances, affordable housing, utilities, and home repair and maintenance, as well as access to food, better-paying jobs, child care, education and training, healthcare, and transportation. One respondent highlighted several ways the community could better serve its residents:

“Pay people respectable wages. Offer child care programs for people above the poverty line, better transportation programs. Offer nutritious, fresh food. Many people lose benefits the second they are above the poverty line, which discourages people from working because they will likely struggle more financially if they take a new job. I think there should be more support for families who are working at bettering their lives rather than ripping all support away before they can afford essential things, like healthcare and child care.”

Several community members spoke about the need for better communication about available resources:

“We hear from the mayor of Detroit and the governor all of the time, but never anything from the county. Let people know what is going on.”

—

“Have open and honest discussions [and] collaborate with citizens to come up with realistic solutions to some of the issues.”

—

“Provide community service listings and make them readily available and easily accessible, especially for those that are not able to get out in the community.”

Community members also mentioned generally providing more resources and support:

“Continue being supportive of those in need of assistance because I am greatly appreciative of the help I have received.”

Impact of COVID-19

The COVID-19 pandemic has affected people significantly, including income and job losses, increased social isolation, and limited access to supplies and services.

Income and Employment

Survey respondents most often mentioned employment and income loss as well as increased financial strain as the primary impact of COVID-19:

—

“It affected my house entirely. Me and my husband are off work. My daughter is also off work. We are behind two months in rent, and our water bill is high as well. We are trying our best to keep up. We have a car payment and insurance that needs to be paid.”

—

“It has crippled us financially. It was hard to find employment, and then we had a hard time receiving my unemployment due to fraud.”

—

“My job deals with mass crowds, and they shut the doors [on] March 18. I've been out of work since and still haven't received my unemployment, and my stimulus check was taken due to an error on their part that I can't get corrected any time soon. COVID-19 has drastically crippled me and my kids.”

Emotional and Mental Wellness

Other areas noted were isolation and limited social interactions, alongside the emotional impact of COVID-19, including depression, anxiety, fear, and stress:

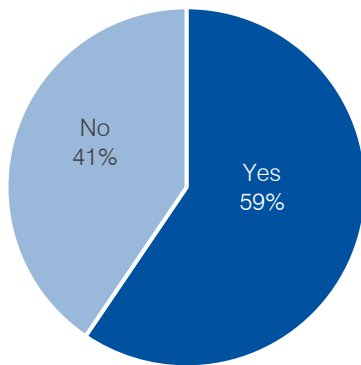
“Economic hardship from lost income [and] isolation from friends and family is causing anxiety/depression. I worry about health and having to leave the house to get essentials and for those with health issues but without access to healthcare.”

Access to Supplies and Services

Many community members reported challenges with accessing supplies and services due to the COVID-19 pandemic, including cleaning, healthcare, personal hygiene, paper, and baby products as well as food. A few respondents experienced difficulty accessing services, including dental and medical appointments housing and property services, employment and income support, as well as transportation, delivery, education, and technology services.

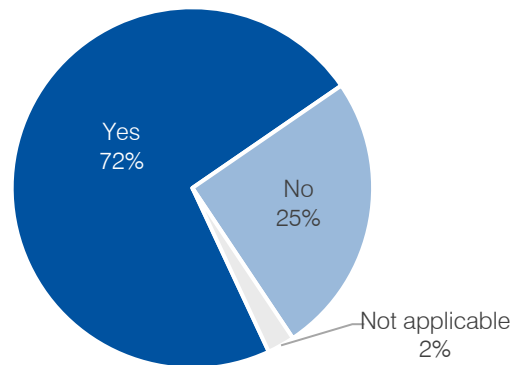
Nearly 60 percent of survey respondents said they had the supplies they needed during the pandemic, and 72 percent said they were able to get the services they needed (Exhibits 79 and 80).

EXHIBIT 79. Able to Access Supplies During Crisis



Note: N = 116.

EXHIBIT 80. Able to Access Services During Crisis



Note: N = 123.

Other Areas Impacted

Other community members discussed the pandemic’s effect on their employment, child care needs, and children’s education. Many noted they juggled with adjusting their work schedules, accommodating remote learning options for their children, and struggling with finding child care options. A few others mentioned general health issues, COVID-19 challenges, as well as loss of family members due to the virus.

Greatest Needs During the Crisis

Similar to the largest impact of COVID-19, more than 60 respondents identified their greatest need as financial assistance, with many experiencing struggles to pay bills:

“It wasn’t the supplies that I needed; it was financial assistance. Although the program assisted me with one month, I had to strongly encourage friends and family to help with the following month, which actually ended up being the previous month because MCA was not able to assist me until months later, but I still appreciate it.”

Nearly 30 respondents identified food as the second-greatest need. This was followed household supplies, healthcare, mental health and emotional needs, socialization, child care, and housing. Only one respondent identified technology.

Provider Input

In July 2020, MCA conducted a survey of several Macomb County service providers and held a focus group with community partners. In total, 11 MCA community partners, eight MCA Advisory Board members, and 30 Macomb Food Program representatives completed the survey.

Survey and Focus Group Questions

Survey and focus group questions were grouped into two categories: general community needs and community needs due to the COVID-19 pandemic.

General Community Needs Questions

- In general (under normal circumstances), what do you feel are some of the greatest needs experienced by lower-income people in our communities?
- What are some things that you feel could be improved upon to make a better quality of life for lower-income people in our communities/Macomb County?

Questions Related to COVID-19

Providers were asked to answer the following questions:

- Has your organization's ability to provide services been hampered during the crisis? If yes, how so?
- How has the COVID-19 pandemic affected the clients that you/your organization works with?
- What have been some of the needs that have been expressed to your organization because of/during the crisis?

Identified Needs

Service providers and MCA partners identified affordable housing—including assistance with rent and housing stability—transportation, and food as the primary needs for Macomb County residents with low incomes. Several providers also noted utility assistance, healthcare, education and training, socialization and emotional support, and job assistance. At least one provider mentioned communication and information access, technology needs, child care, funding, and legal services as needs. Half of respondents identified assistance with utility bills as the second greatest need. Other needs included transportation, food, clothing, and household products.

—

“There is a lack of affordable transportation, especially when an individual requires transportation with a lift. A lack of computer access. Or, if an individual has a computer, an inability to afford the monthly Wi-Fi fee. And a lack of affordable daycare.”

—

“There is a need for basic necessities: transportation, socialization, various activities to include exercise, mind stretching, short field trips to enhance their daily life, and activities that give them purpose in the community, such as mask making and giving back to schools and churches in our area.”

—

“Without a doubt, the most significant issue is transportation. I would follow that closely by access to healthy meals and the ability to have daily interaction with others, whether they are family members or friends. They need interaction with other people.”

—

“People need to have a place to go after we close. Some of our members are homeless and sleep on the streets because the shelters are usually full.”

Lower-income people could benefit from a reimagined communication process that would inform them of the many outreach services available in the community.”

Recommendations for Improved Quality of Life

While partner and provider recommendations to improve the quality of life for Macomb County residents with low incomes were similar to identified needs, they prioritized them differently. For example, only four providers identified communication and access to information about resources as a need, but 12 specified this as a way to improve community members’ quality of life (Exhibit 81).

EXHIBIT 81. Needs Compared to Quality-of-life Recommendations

Response Category	Number of Providers Who Identified Need	Number of Providers Who Recommended for Improved Quality of Life
Transportation	22	13
Food	21	5
Housing	21	11
Utilities	9	0
Healthcare	9	11
Education, training, and workforce development	8	10
Employment and income	8	5
Socialization and emotional support	7	3
Communication and access to information about available resources/help accessing resources	4	12
Child care	3	1
Technology resources	3	3
Funding	1	0
Legal issues	1	0
Service coordination and partnering	0	4
Government assistance	0	4
Access to household and personal hygiene items	0	3

Source: PSC’s analysis of MCA Provider Survey.

Providers’ recommendations to improve housing included offering home repair assistance. Of the 11 providers who recommended increasing access to healthcare to improve quality of life, four highlighted improved mental healthcare, while two noted providing in-home care. Other recommendations to improve quality of life included increased service coordination, expanded government services, and greater access to household and personal hygiene items.

“We should have service centers with city and government agencies in the same building, like the neighborhood city hall in Detroit. It is a neighborhood service that assists with navigating through red tape and helps in completing forms for services. Some low-income clients are well educated in the technology world and need computer/Internet services to complete forms.”

A few providers recommended respecting others as a way to improve residents’ quality of life, and one mentioned the need for more diversity, equity, and inclusion in service provision.

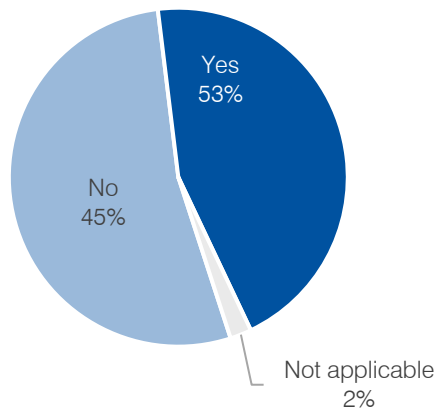
“Low-income residents need housing (including low-income housing) opportunities; education/training/GED/literacy programs; access to virtual connectivity; transportation; and antiracism/diversity/antibias programs to ameliorate inclusion in the community.”

Impact of COVID-19

Impact on Service Provision and Delivery

Providers described the impact of COVID-19 on service provision and client needs. More than half (53 percent) reported the COVID-19 crisis hampered their ability to provide services (Exhibit 82).

EXHIBIT 82. Whether COVID-19 Has Hampered Ability to Provide Services



Note: N = 49.

Many providers said they had to alter their services, service delivery, and work processes because of COVID-19. For some, this has led to loss of service provision. Others said they have been unable to get needed resources out into the community:

“Staff had limited onsite hours while the stay-at-home order was in effect. We would often bring in presenters for health and wellness programs, which—at this time—we are not doing . . . We are not trying to encourage interactions because, just on daily observations, many do not practice social distancing and such for various reasons. Even now being back on regular hours, we are encouraged to have reduced face-to-face interactions, which makes it difficult when dealing with some topics or individuals in general. Many individuals have hearing impairments, and—even just with the face masks—we have noticed heightened issues with interactions because they are unable to lip read for conversations.”

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“Due to the fact that our facility had to shut down for the past five months, we were unable to provide meals to our local residents that depend on it. Again, the socialization piece and our seniors’ feelings (and reality) of isolation is a concern. I have concerns of how we can rebound from this and build a thriving program for our seniors.”

Impact on Clients

Several providers noted many clients have not accessed services or resources due to COVID-19, possibly due to the community not being aware of their availability. Some providers were closed and not providing services at all, while some said COVID-19 impeded their ability to find or engage volunteers. One suggested this decrease in request for services may be due to other programs helping individuals through the crisis:

“We are not getting clients coming in for rent and utility assistance as we normally do, which may be due to restrictions on evictions and shutoffs. We are also getting fewer people coming to the food pantry since many are going to the many temporary drop sites.”

Another said this was likely due to people staying home:

“Some of our regular shoppers have stopped going because of COVID-19 and are staying at home. We are not seeing as many doctor’s appointments, as seniors are only going out for essential appointments. We are seeing that a lot of seniors are starting to get lonely and really rely on the van service to get out of the house.”

Several providers highlighted clients’ struggles to access resources, noting more resources were used or needed because of COVID-19. However, the urgency of these needs has lessened since the onset of the pandemic.

“Our pantry clients doubled and tripled during March and April 2020, but now we have come back to our usual numbers.”

We saw a rise in number of families the first two months, but it has leveled off now. We still are seeing a few more families per distribution than our usual averages.”

Providers noted several adverse impacts on clients, including loss of employment, mental health struggles, and feelings of isolation:

“Many clients served by the organization I work for lost employment, and others have been ill or lost family members. A large number of clients were not eligible for unemployment and are in need of assistance, such as food, personal hygiene items, cleaning supplies and more. Another major issue is related to behavioral health. We saw a lot of stress, anxiety, and depression due to quarantine and loss of income.”

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“We work with seniors, and the COVID-19 pandemic has affected them in many ways. There has been a decrease in interaction, so many are more socially isolated. Many have struggled with various medical appointments because they are not technologically savvy, so many have had difficulties with telehealth options or getting in to see their doctor. Many transportation resources were affected, which limited some with options for getting to and from appointments or the store.”

Some providers, however, have been able to successfully offer services:

“We are a very giving congregation; therefore, donations from our members helped us provide fresh produce, milk, bread, and more to our clients—in addition to the food we received from the food bank.”

Greatest Needs Identified

Providers identified food, household, and cleaning supplies as clients’ biggest needs. Many providers highlighted that clients are experiencing several needs as a result of COVID-19:

“Transportation, healthcare, and personal care (decreases in the amount of individuals willing to work in-home care has led to some individuals not having access to the personal care they need), understanding technology and having access to technology.”

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“Affordable transportation, computer access and how to order food, such as through Shipt, when you do not have a credit card and you participate in SNAP.”

Additionally, a few providers said their clients expressed fear and uncertainty:

“Our families are concerned about how to stay healthy and this includes having the proper personal protective equipment. They are concerned about how to stay on top of paying their bills and daily needs, such as food, etc. They are also concerned about their children not falling behind academically.”

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Appendix A: Macomb County Resources

The Macomb County Youth Council developed the Right Connection resource directory, which is used by service personnel use to assist families in locating free, low-cost human services in Macomb County. The list of service by topic area is available at <http://connection.misd.net/> and below as a reference:

- Adoption information, including parent/child counseling and legal resources
- Autism spectrum disorder, including medical information and counseling resources
- Child abuse help resources
- Child care, including information on funding and available facilities
- Clothing, diaper, and personal care item resources
- Dementia resources, including those related to medical and other available services
- Dental care, including funding and facilities information
- Domestic violence help resources
- Employment and training services
- Fetal alcohol spectrum disorder, including medical information and counseling resources
- Financial and emergency assistance availability
- Food, including facility location, hours, and services
- Furniture and household items resources
- Gambling addiction resources
- Health services, including resources available for vulnerable populations
- Homeless services, including food, health, employment, and other resources
- Housing services, including available resources for vulnerable populations
- Immigrant and refugee services, including housing, education, and legal resources
- Legal issues resources
- Literacy services
- Mental health services
- Older adult services, including food, medical, and facilities resources
- Parenting courses and counseling services
- Recreation/leisure activity programs
- Runaway services, including information on facilities and legal information
- Sexual assault help resources
- Special needs resources, including resources for youth and adult medical information and counseling
- Substance abuse services
- Suicide prevention resources
- Support groups and networks for a variety of vulnerable populations
- Teen pregnancy help services
- Transportation service programs
- Utility assistance, including payment and accessibility help
- Veteran services, including health, housing, education, employment, counseling, and other resources
- Vision and hearing services



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