

2-2003

## Emerging Trends Healthy Youth, 2003

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# Emerging Trends Healthy Youth

February 2003

Grand Rapids Community Foundation

**Community Research Institute<sup>®</sup>**

*Supporting Community Improvement Through Research and Data Sharing*



DOROTHY A. JOHNSON CENTER FOR PHILANTHROPY AND NONPROFIT LEADERSHIP

# About CRI

The Community Research Institute (CRI) at Grand Valley State University, a partnership between the Dorothy A. Johnson Center for Philanthropy and Nonprofit Leadership and the Grand Rapids Community Foundation, serves the Greater Grand Rapids nonprofit and philanthropic community. CRI's mission is to assist nonprofit organizations with acquisition of information and technical skills that will help them to understand the evolving needs of the community, plan programs, solve problems, and measure outcomes.

CRI engages in applied research and Geographic Information Systems (GIS) projects and is a clearinghouse for community data. The CRI web site provides a comprehensive overview of community indicators at [www.cridata.org](http://www.cridata.org). Questions may be directed to Korrie Ottenwess at 331-7585 or [ottenwko@gvsu.edu](mailto:ottenwko@gvsu.edu), or to Gustavo Rotondaro at 331-7591 or [rotondag@gvsu.edu](mailto:rotondag@gvsu.edu).

## Introduction to the Emerging Trends Initiative

Staff at the Community Research Institute (CRI) have developed a process for systematically scanning the Greater Grand Rapids Area for emerging trends and relevant data to inform the work of the Grand Rapids Community Foundation and the larger nonprofit and philanthropic community. More specifically, this project intends to track data for each of the Foundation's Leadership Agenda areas including:

- Public Education
- Healthy Youth/Healthy Seniors
- Civic Engagement
- Community & Economic Development
- Child Welfare

This "working document" is a progress report on the Emerging Trends Initiative in the area of Civic Engagement. Included is a glimpse into the data collected within the areas of diversity, connectivity, politics and government, and philanthropy. As a next step, a group of local experts in issues relating to civic engagement from both the public and nonprofit sectors were involved in the initiative as Community Interpretive Partners (CIP). These CIPs were asked to provide feedback to refine the data collection system and provide insight to emerging trends. At the completion of this project a full range of civic engagement data will be available on the Community Research Institute's website at [www.cridata.org](http://www.cridata.org). In addition, insight provided by the Community Interpretive Partners and goals for future data collection will be available.

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# Introduction

## Healthy Youth Initiative

The Emerging Trends Initiative, designed by the Community Research Institute (CRI) at Grand Valley State University, is a process for systematically scanning the Greater Grand Rapids Area for emerging trends and relevant data to inform the work of the community. The second in a series of five topics, the Healthy Youth Initiative, began in January of 2003. The CRI's goal for the Healthy Youth section of the Emerging Trends Initiative is to provide reliable data that can inform the efforts of the local community as it works to improve the health of our community's young people.

The Community Research Institute has collected health and safety data on youth living in Allegan, Kent, Muskegon, and Ottawa Counties in the areas of physical health, mental health, social health, and safety. A group of local experts in issues relating to youth health and safety from the public and nonprofit sectors will be involved in the initiative as Community Interpretive Partners (CIP), providing feedback to refine the data collection system and insight to emerging trends in health and safety.

This "working document" is a progress report on the Emerging Trends Initiative in the area of Healthy Youth. Included is a preliminary glimpse into the data trends collected. At the completion of this project a full range of youth health data collected from the four county area will be available on the Community Research Institute's website at [www.cridata.org](http://www.cridata.org). In addition, insight provided by the Community Interpretive Partners and goals for future data collection will also be available. Methodology for collection of the data is available on page 5.

## Use of Healthy Youth Data

The Community Research Institute's goal for the Emerging Trends Initiative is to provide reliable data that can inform the efforts of the local community as it works to improve the health and safety of youth. Jonathan Fielding, Director of Public Health in Los Angeles County, points out that health data can be used to:

- Monitor health trends over time
- Identify emerging health problems
- Characterize health disparities across sub-populations and communities

- Establish community health priorities
- Plan for community health programs
- Evaluate progress in meeting public health goals
- Disseminate health-related information
- Engage communities and policymakers on specific health issues
- Support grant applications and other funding opportunities<sup>1</sup>

Collecting reliable health and safety data is the first step in helping the community to explore healthy youth issues in greater detail.

## Data Sources

Extensive internet searches and literature reviews revealed the primary source of youth health data was the Michigan Department of Community Health. The Department of Community Health is responsible for the collection of information on a range of health related issues with the purpose of monitoring the general health and well-being of Michigan's citizens.

Additional health and safety data was found at the following sources:

- Michigan Family Independence Agency
- Kent County Health Department
- Kids Count (The Annie E. Casey Foundation)
- U.S. Department of Education, Office of Special Education and Rehabilitative Services
- U.S. Census Bureau
- Michigan State Police
- National Center for Statistics & Analysis, National Highway Traffic Safety Administration
- Federal Interagency Forum on Child and Family Statistics

The majority of data reported by these sources is available on the internet.

## Data Aggregation

The Community Research Institute collected youth health and safety trend data primarily from 1997-2001 for each county, in the four-county Grand Rapids MSA, including Allegan, Kent, Muskegon, and Ottawa Counties. In certain cases 1996 and 2002 data

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<sup>1</sup> Los Angeles Department of Health Services. <http://www.lapublichealth.org/ha/>

was also collected. In addition, some state and national statistics were gathered. When possible, data was gathered for all individuals age 21 and under.

At the completion of this project, a full range of youth health and safety data collected for the four county area will be available on the Community Research Institute's website at [www.cridata.org](http://www.cridata.org).

## Data Variables

The health and safety of our children and youth is critical to the present and future stability of our local communities. It is the job of parents and adults to protect and provide for the well-being of this precious population. Twenty-five data variables are explored in this report in the areas of health, childcare, safety, and demographics.

## Additional Areas of Interest

The Community Research Institute is interested in gathering input from Community Interpretive Partners regarding other areas of interest. In addition, the CRI is exploring data sources for the following variables:

- Infant Mortality
- Substance Abuse
- Teen Pregnancy
- AIDS
- WIC
- Mental Illness
- School Safety
- Overweight/Fitness
- Dental
- Vision
- Stress
- Self Esteem

Plans are to include the data on the CRI website as it is found available.

# Physical Health

## Introduction to Physical Health Data

The physical health of children and youth a key component of their well-being and development. Healthy youth are free from illness and chronic medical conditions. They are also physically active and have a healthy body mass index.

According to the Center for Disease Control, about 83% of parents within the United States reported that their children (ages 0 – 17) were in good or excellent health in 2001. This number has been rising steadily since it was first collected in 1984. At that time only 78% of parents that their children were in good or excellent health.

There is a great deal of local data available regarding the physical health of our children. In the following pages you will see data about West Michigan youth in the following categories: disabilities, preventable hospitalizations, asthma, sexually transmitted diseases, immunization, and lead poisoning.



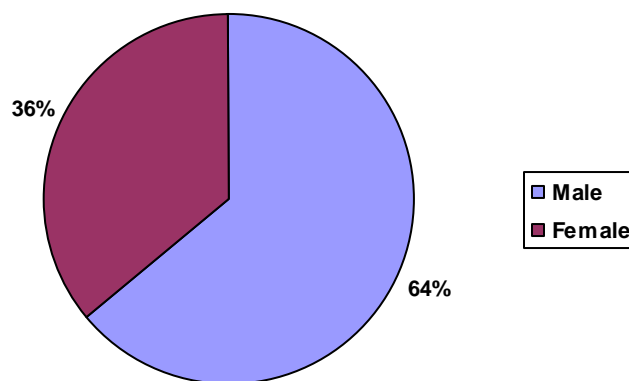
# Physical Health

## Variable 1 – Disabilities

### National Snapshot

The U.S. Census Bureau defines disability as long lasting conditions that can be grouped into four categories: self-care disabilities, sensory disabilities, physical disabilities, and mental disabilities. Both youth and adults are affected by disabilities. The U.S. Census Bureau reports that 5.8% of youth 5-15 years old in the United States have a disability.

**Gender Distribution of Population 5 to 15 Years  
with a Disability, United States, 2000**



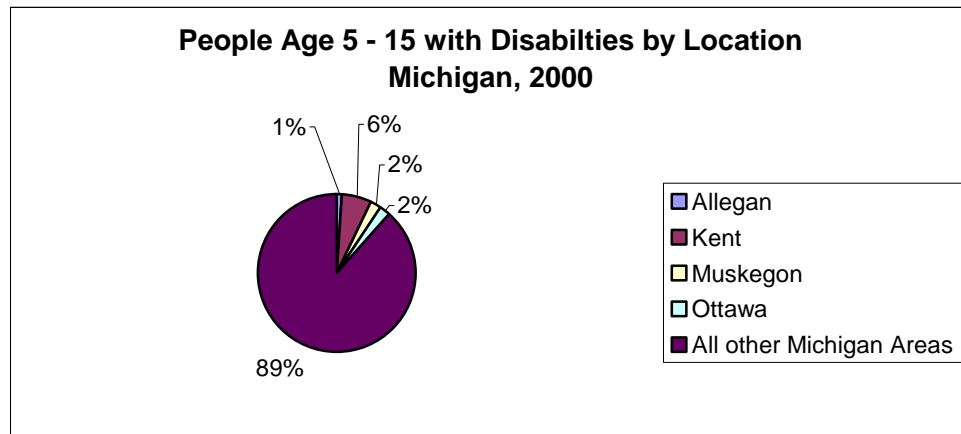
Source: U.S. Census Bureau

In the U.S. Census, all citizens are asked if they have a physical, mental, or emotional condition lasting 6 months or more that makes it difficult to perform certain activities. Of the people who answer yes, disabilities are broken down into the following categories:

- Sensory Disability - blindness, deafness, or a severe vision or hearing impairment
- Physical Disability - a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying
- Mental Disability - learning, remembering, or concentrating
- Self-Care Disability - dressing, bathing, or getting around inside the home

## **Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties**

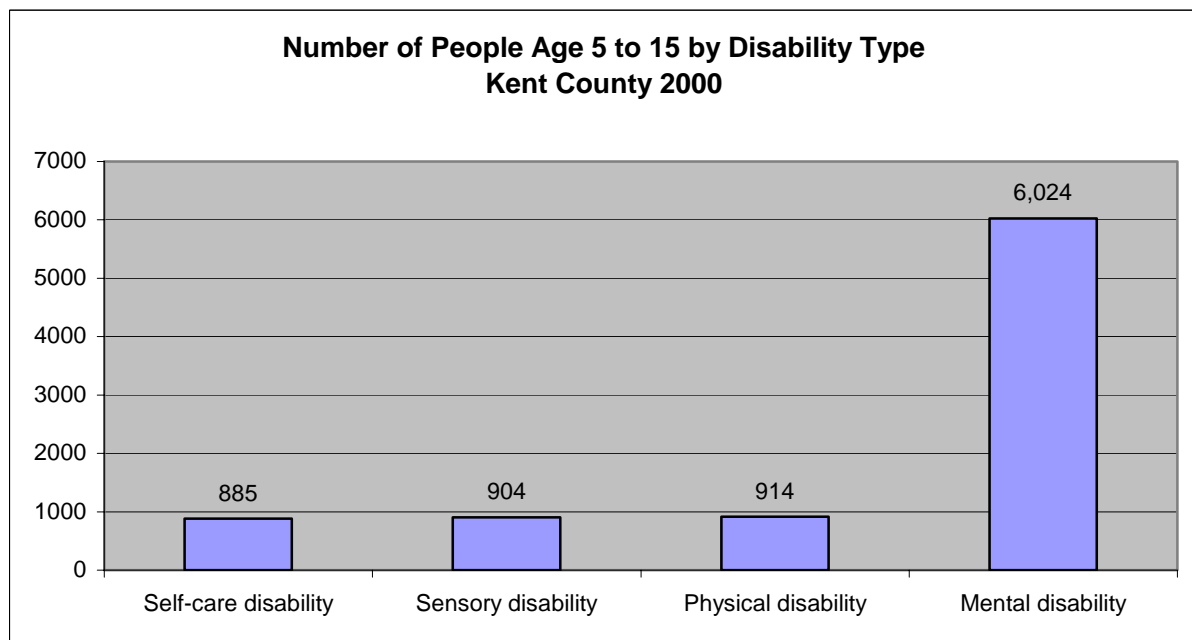
In 2000, 12% of Michigan's disabled population between the ages of 5 and 15 lived in Grand Rapids MSA. Of this population, 87% had a mental disability, 14% had a sensory disability, 13% had a physical disability, and 12% had a self-care disability.



Source: U.S. Census Bureau

## **Kent County**

The disabled population between the ages of 5 and 15 in Kent County largely mirrors Grand Rapids MSA's disabled population. Of the 6,927 disabled people between the ages of 5 - 15 living in Kent County, 87% have a mental disability and 13% have a sensory, physical, and/or self-care disability.



Source: U.S. Census Bureau

# Physical Health

## Variable 2 – Preventable Hospitalizations

Preventable Hospitalizations are “hospitalizations for conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition.”<sup>2</sup>

### Michigan

The top ten leading causes of preventable hospitalizations for patients under 18 years of age for Michigan residents in 2001 included:

#### Leading Preventable Hospitalization Conditions for Patients Under 18 Years of Age Michigan, 2001

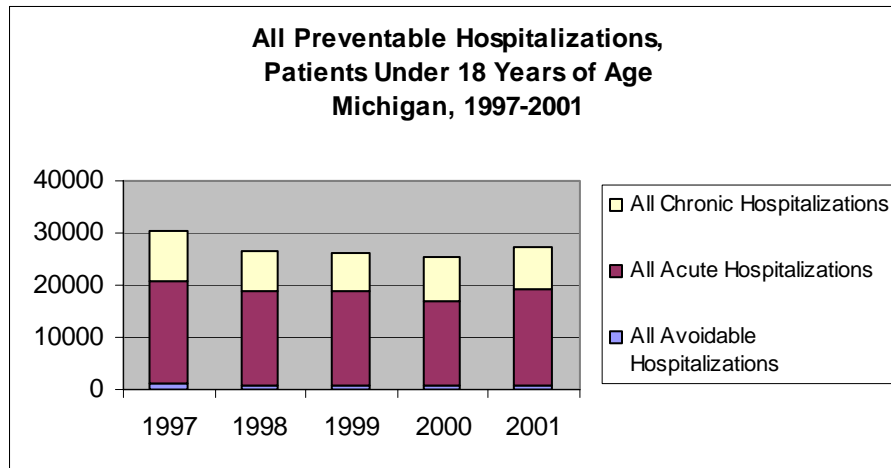
	<i>Number of Preventable Hospitalizations</i>	<i>Percent</i>
ALL PREVENTABLE HOSPITALIZATIONS	27,464	100.0
Asthma	6,039	22.0
Bacterial Pneumonia	4,978	18.1
Dehydration	2,656	9.7
Kidney/Urinary Infections	1,683	6.1
Convulsions	1,409	5.1
Gastroenteritis	1,229	4.5
Diabetes	1,152	4.2
Severe Ear, Nose, & Throat Infections	1,040	3.8
Cellulitis	975	3.6
Grand Mal & Other Epileptic Conditions	721	2.6
All Other Preventable Hospitalization Conditions	5,582	20.3

Source: Michigan Department of Community Health, Division for Vital Records and Health Statistics,  
*Michigan Resident Inpatient Files*

The majority (68%) of preventable hospitalizations for youth under 18 years of age in the state of Michigan in 2001 were acute conditions such as bacterial pneumonia or dehydration. Chronic conditions, such as asthma or diabetes, comprised 29% of cases

<sup>2</sup> Michigan Department of Community Health,  
<http://www.mdch.state.mi.us/PHA/OSR/chi/hosp/frame.html>

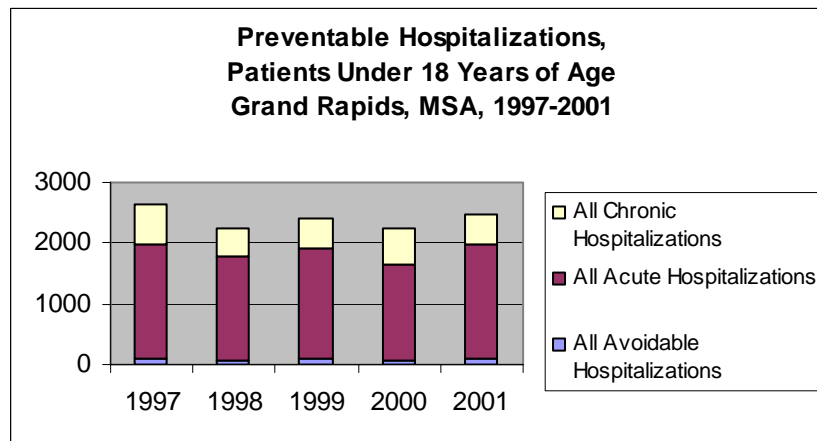
and avoidable hospitalizations, such as anemia or dental problems comprised 3%. Overall, preventable hospitalizations decreased by 10% for patients under 18 years of age in Michigan from 1997-2001.



Source: Michigan Department of Community Health, Division for Vital Records and Health Statistics,  
*Michigan Resident Inpatient Files*

### **Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties**

The majority (75%) of preventable hospitalizations for youth under 18 years of age in the four county region of Grand Rapids, MSA in 2001 were acute conditions. Chronic conditions comprised 20% of cases and avoidable hospitalizations comprised 4%. Overall, preventable hospitalizations decreased by 6% for patients under 18 years of age in Grand Rapids, MSA from 1997-2001.



Source: Michigan Department of Community Health, Division for Vital Records and Health Statistics,  
*Michigan Resident Inpatient Files*

### **Kent County**

Preventable hospitalizations for youth under 18 years of age in Kent County decreased by 12% from 1997-2001. The majority (75%) of all preventable hospitalizations for youth in 2001 were acute conditions. 21% of cases were chronic conditions and the remainder (4%) was avoidable hospitalizations.

The two leading causes of preventable hospitalizations for youth under 18 years of age in Kent County in 2001 were bacterial pneumonia and asthma.

**Leading Preventable Hospitalization Conditions for Patients Under 18 Years of Age  
Kent County, 2001**

	<i>Number of Preventable Hospitalizations</i>	<i>Percent</i>
ALL PREVENTABLE HOSPITALIZATIONS	1,379	100.0
Bacterial Pneumonia	223	16.2
Asthma	208	15.1
Dehydration	196	14.2
Kidney/Urinary Infections	108	7.8
Convulsions	90	6.5
Severe Ear, Nose, & Throat Infections	63	4.6
Cellulitis	52	3.8
Diabetes	40	2.9
Grand Mal & Other Epileptic Conditions	34	2.5
Failure to Thrive, Age > 1 Year	27	2.0
All Other Preventable Hospitalization Conditions	338	24.5

Source: Michigan Department of Community Health, Division for Vital Records and Health Statistics,  
*Michigan Resident Inpatient Files*

# Physical Health

## Variable 3 – Asthma

The Center for Disease Control defines asthma as “a chronic lung disease characterized by temporary obstruction of airflow that leads to breathing difficulty, coughing, inflammation of the airways, and an increased sensitivity to a variety of triggers that can cause breathing difficulty”.<sup>3</sup>

### National Snapshot

Within the United States, asthma has dramatically increased within the last twenty years. For example, “between 1980 and 1994, the prevalence of asthma increased 75% overall and 74% among children 5 to 14 years of age”. In 2002, according to the National Center for Environmental Health, this disease affected approximately 5 million youth aged 18 years or younger. In addition, research findings indicate, “children living in inner cities experience disproportionately higher morbidity and mortality due to asthma”.<sup>4</sup>

Asthma is insidious in that it causes school absenteeism with an estimated 14 million days lost annually. Likewise, it sits as the third-ranking cause of hospitalization for youth fifteen years or younger. Between 1979 and 1994, hospitalization rates were highest for those from birth to 4 years of age and lowest among persons 15-34.<sup>5</sup>

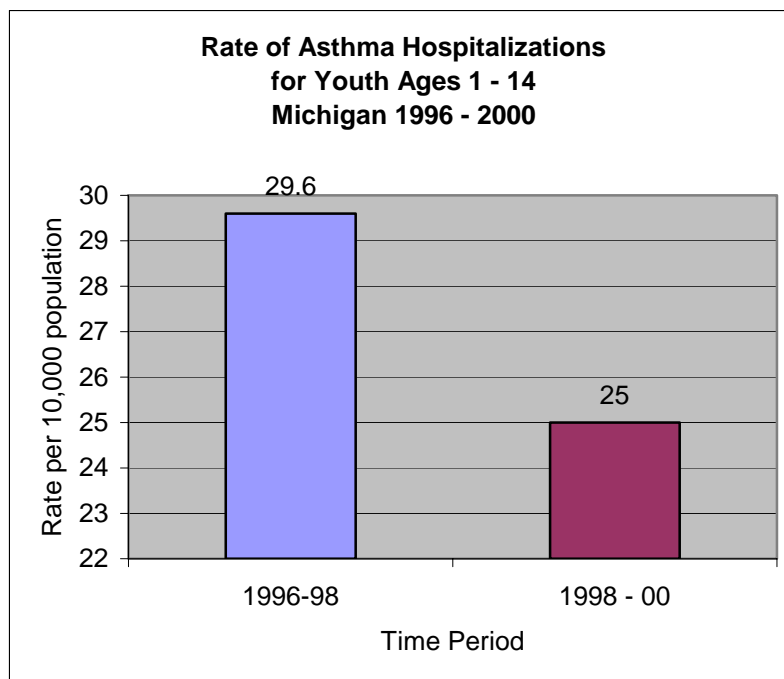
### Michigan

The number of hospitalizations in Michigan for youth age 1 to 14 years, with the primary diagnosis of asthma, decreased from 17,211 between 1996 – 1998 to 14,857 between 1998 – 2000. Likewise, the rate of incidence for asthma declined from 29.6 per 10,000 population to 25.0; representing a decrease in rate by 4.6 between the two time periods.

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<sup>3</sup> CDC Media Relations: Asthma Rates in U.S. Increase, Released 4/24/98 by the CDC Office of Communications, Division of Media Relations.

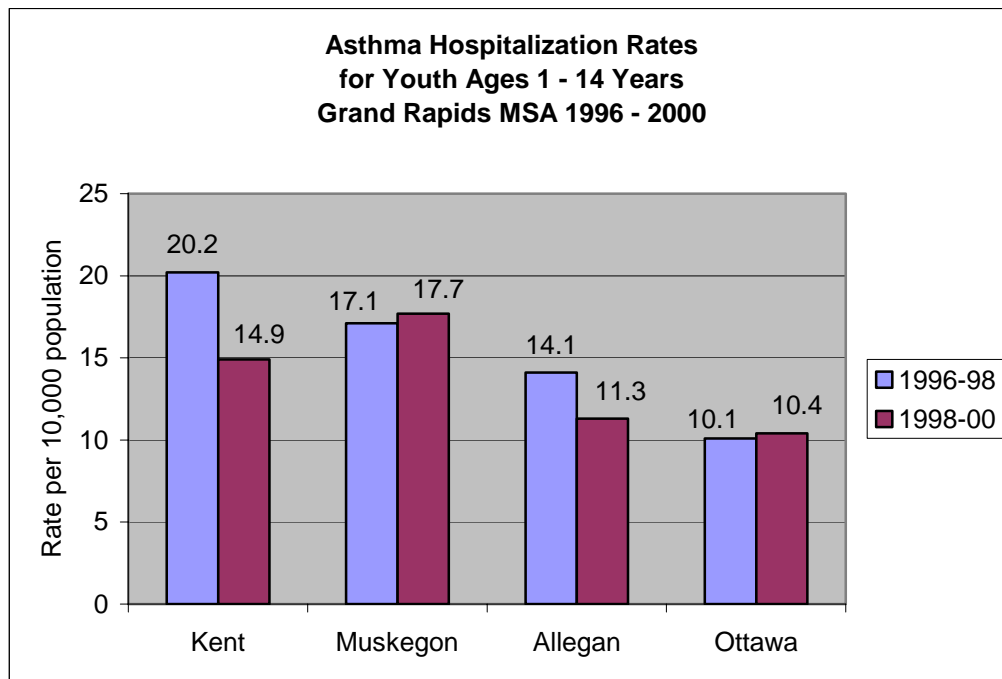
<sup>4</sup> The National Center for Environmental Health. Pollution and Respiratory Health Branch. Centers for Disease Control and Prevention. November 30, 2002. [www.cdc.gov/nceh/airpollution/asthma/children](http://www.cdc.gov/nceh/airpollution/asthma/children).



Source: Bureau of Epidemiology, Michigan Department of Community Health

### **Kent County**

In Kent County, the number of hospitalizations for youth age 1 to 14 years with the primary diagnosis of asthma decreased from 730 between 1996 – 1998 to 540 between 1998 – 2000. This represented a decrease in rate per 10,000 by 5.3 between the two time periods. In comparison to nearby counties, Kent demonstrated the highest rate per 10,000 during the period between 1996-1998, while Muskegon ranked highest from 1998 – 2000.



Source: Bureau of Epidemiology, Michigan Department of Community Health



# Physical Health

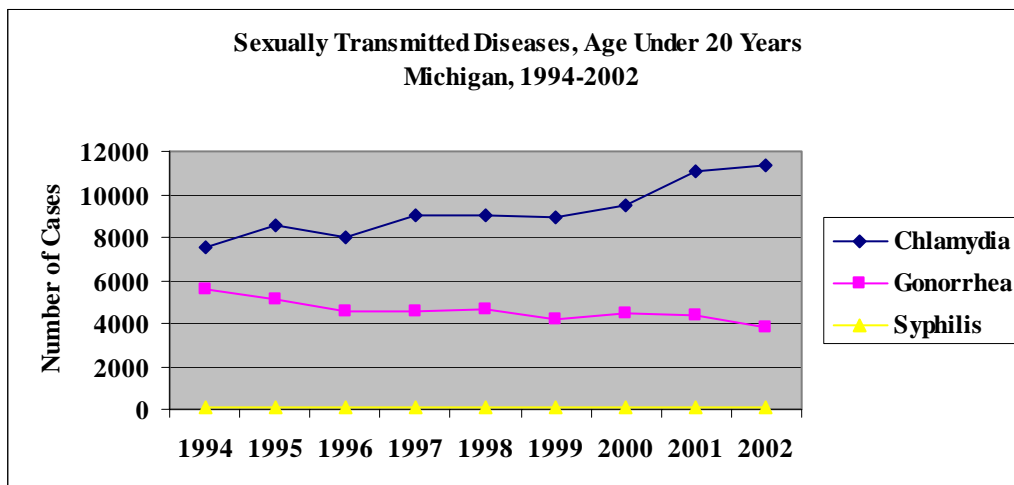
## Variable 4 – Sexually Transmitted Disease (STDs)

### Michigan

The Michigan Department of Community Health reports data on three types of sexually transmitted diseases (STDs): chlamydia, gonorrhea, and syphilis.

In Michigan during 2002, 95% of youth under 20 with chlamydia, gonorrhea, or syphilis were age 15-19 years old. Females reported 83% of STD cases among youth under 20.

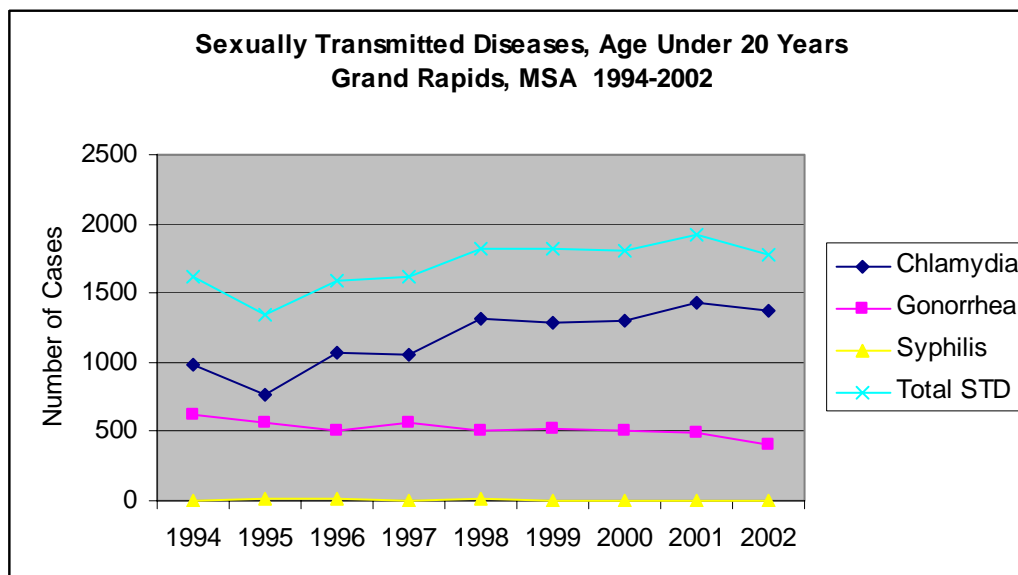
Across reporting age groups, chlamydia, the most prevalently reported STD, has experienced the greatest increase in reported cases, increasing 82% from 1994-2002. For youth under the age of 20, reported cases of chlamydia have increased by 50% in Michigan over the same time period.



Source: Michigan Sexually Transmitted Diseases Database, Sexually Transmitted Disease Section, Division of HIV/AIDS-STD, Michigan Department of Community Health; Data prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health.

### Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties

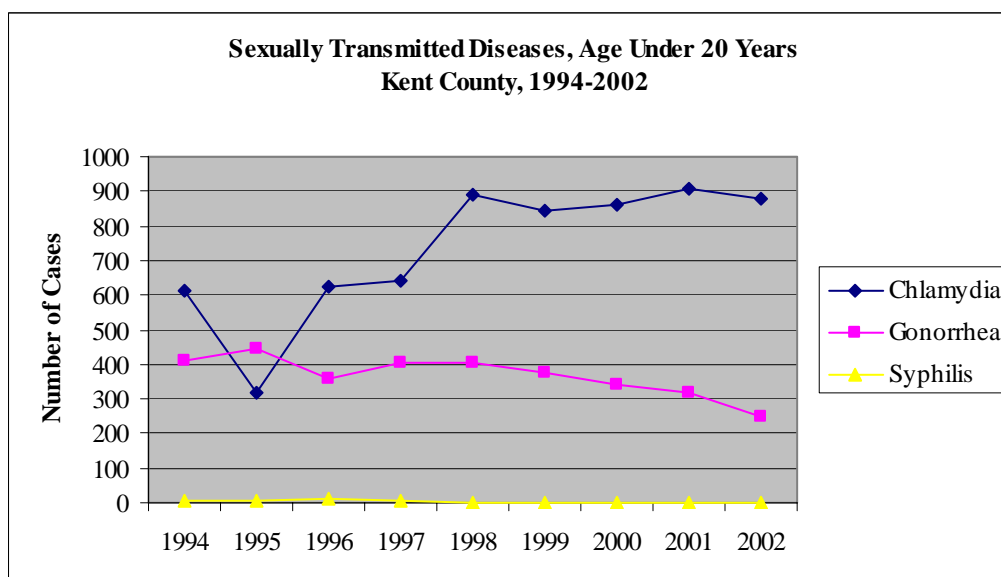
Total reported cases of chlamydia, gonorrhea, and syphilis were at a five year low in 2002 in the four counties of Grand Rapids, MSA for youth under 20 years of age. Grand Rapids, MSA experienced a 10% increase in total chlamydia, gonorrhea, and syphilis cases between 1994-2002.



Source: Michigan Sexually Transmitted Diseases Database, Sexually Transmitted Disease Section, Division of HIV/AIDS-STD, Michigan Department of Community Health; Data prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health.

## Kent County

Kent County was listed in the top five counties in Michigan with the highest number of reported cases of chlamydia, gonorrhea, and syphilis in 2002 for all reporting age groups. For youth under 20, Kent County had 1,130 reported cases of chlamydia, gonorrhea, and syphilis in 2002. Females reported 82% of these cases. For cases reported by youth under 20, 97% were of age 15-19 years.



Source: Michigan Sexually Transmitted Diseases Database, Sexually Transmitted Disease Section, Division of HIV/AIDS-STD, Michigan Department of Community Health; Data prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health.

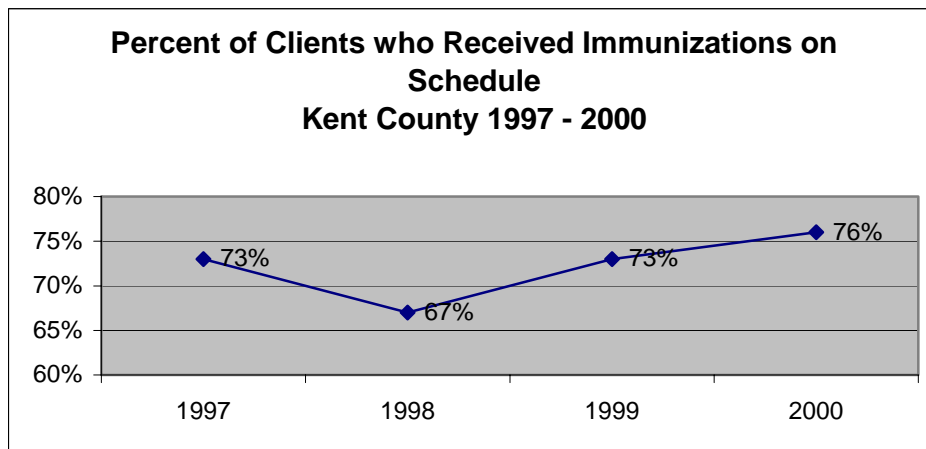
# Physical Health

## Variable 5 – Immunization

In general, within the first year of life, a newborn infant experiences a ‘maternal’ immunity to many diseases because of the antibodies transmitted by the infant’s mother. However, this ‘natural’ protection only lasts approximately one year from birth. In addition, “most young children do not have maternal immunity from diphtheria, whooping cough, polio, tetanus, hepatitis B, or Haemophilus influenza type b”<sup>5</sup>. To prevent infestation of these and other diseases, children are encouraged to receive a schedule of vaccinations that are most beneficial when given at specific ages. For example, the DtaP (Diphtheria, Tetanus, Pertussis) vaccine works best when given at 2, 4 and 6 months of age; with another injection between 15 to 18 months of age. Therefore, immunizing not only protects the health of individual children but also assists in safeguarding communities.

### Kent County

In 2000, according to the Michigan Department of Community Health, 76% of Kent County’s population received their immunizations on schedule.



Source: Michigan Department of Community Health

According to the Kent County Health Department, 98.5% of children entering school in 2000 had up-to-date immunizations. This was an increase from 97% in 1990.

<sup>5</sup> Department of Health & Human Services. Center for Disease Control. The National Immunization Program. [www.keepkidshealthy.com](http://www.keepkidshealthy.com).

# Physical Health

## Variable 6 – Lead Poisoning

Childhood lead poisoning is considered the most preventable environmental disease which affects young children. Despite this, in 1999-2000 the National Center for Environmental Health noted that approximately 434,000 U.S. children aged 1-5 years had blood lead levels greater than the CDC recommended level of 10 micrograms of lead per deciliter of blood. Nationally, health objectives set to be achieved by 2010 address the elimination of childhood lead poisoning in the United States.

Within the United States, the primary sources of lead exposure among children are:

- Lead-based paint. Approximately 80% of all homes built before 1978 contain lead-based paint.
- Lead-contaminated dust and soil found in and around deteriorating buildings.

Other exposures to lead include: making stained-glass windows; recycling or making automobile batteries; drinking water from lead pipes; brass fixtures and valves; emissions of leaded gasoline; home health remedies like arzacón and greta, which are used for upset stomach or indigestion and pay-lou-ah, which is used for rash or fever.

Lead poisoning can cause learning disabilities, behavioral problems, and at very high levels, seizures, coma and even death. Children between 12 and 36 months of age are at greater risk than others due to their hand to mouth activity.<sup>6</sup>

In 2002, Michigan tested 92,767 children under six years of age representing 11.4% of its population with 4.4% testing positive for elevated blood levels.

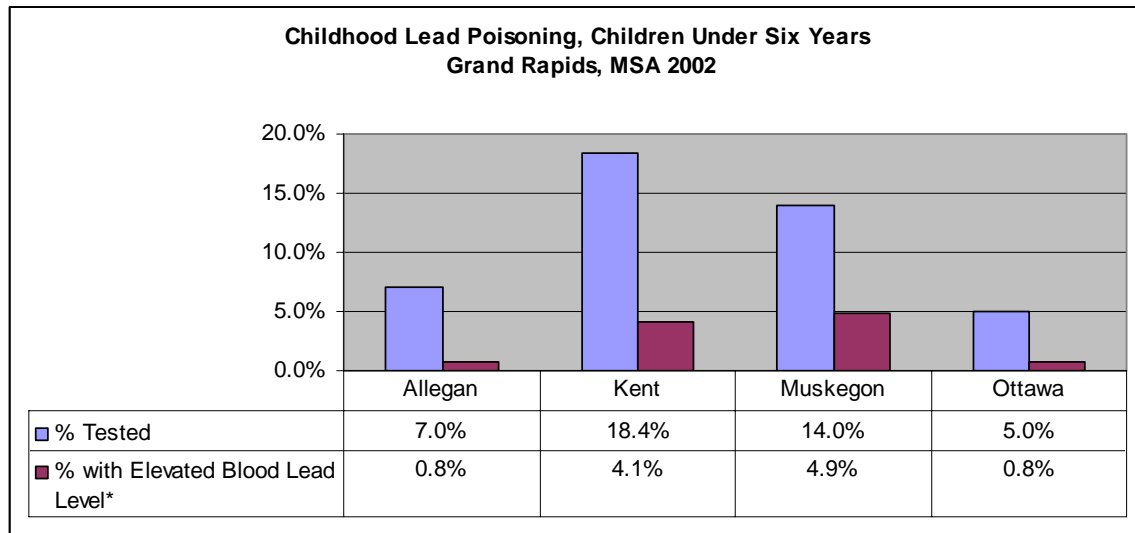
### **Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties**

In 2002, the Michigan Department of Community Health (MDCH) reported 507 cases of children under the age of six years within the four counties of Grand Rapids, MSA with blood lead levels above 10 micrograms per deciliter; representing 3.8% of the tested population group. The number of children tested represented 13.6% of children under the age of six years. Kent County's elevated blood level percentage of 4.1% compared to 4.9% in Muskegon County, and 0.8% in both Allegan and Ottawa Counties. However, within the same year for the same population group, Kent County tested a higher percentage of children under the age of six years than Allegan, Ottawa, or Muskegon

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<sup>6</sup> Childhood Lead Poisoning Prevention Branch National Center for Environmental Health Centers for Disease Control and Prevention. <http://www.cdc.gov/nceh/lead/lead.htm>

counties. These numbers reflected blood test results reported by laboratories to the MDCH. Additional testing on children may have been conducted but not reported.



\*Elevated Blood Lead Level = blood lead levels above 10 micrograms per deciliter

Source: Childhood Lead Poisoning Data Facts – All Michigan Counties. Michigan Department of Community Health. [http://www.michigan.gov/documents/co2002\\_0to5\\_69135\\_7.pdf](http://www.michigan.gov/documents/co2002_0to5_69135_7.pdf)

# Health Assistance

## Introduction

Healthy youth are provided with adequate food, clothing, shelter, and access to health services.

At the national level, the rate of children living in families with incomes below the poverty threshold has decreased substantially since 1993 when it reached a high of 22%. In 2000, 16 percent of children lived in families with incomes below the poverty threshold. This percentage, also observed in 1999, represents the lowest poverty rate among children since 1979.<sup>7</sup>

Children living in poverty tend to be in poorer health than children living in higher-income families. Nevertheless, this gap narrowed between 1984 and 2000. In 1984, 62% of children living in poverty and 83% of children living at or above poverty were reported to be in very good or excellent health. By 2000, 70% of children living in poverty and 85% of children living at or above poverty were in very good or excellent health.<sup>8</sup>

Some of the ways children living in poverty receive assistance is through government programs such as Food Stamps and FIP. Health Insurance is also a contributing factor to health improvement for people living in poverty.

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<sup>7</sup> Federal Interagency Forum on Child and Family Statistics. *Americas Children: Key National Indicators of Well Being 2002*. [http://www.nichd.nih.gov/publications/pubs/childstats/report2002\\_1.pdf](http://www.nichd.nih.gov/publications/pubs/childstats/report2002_1.pdf)

<sup>8</sup> Childstats.gov. *America's Children 2002 Highlights*. <http://www.childstats.gov/ac2002/highlight.asp>

# Health Assistance

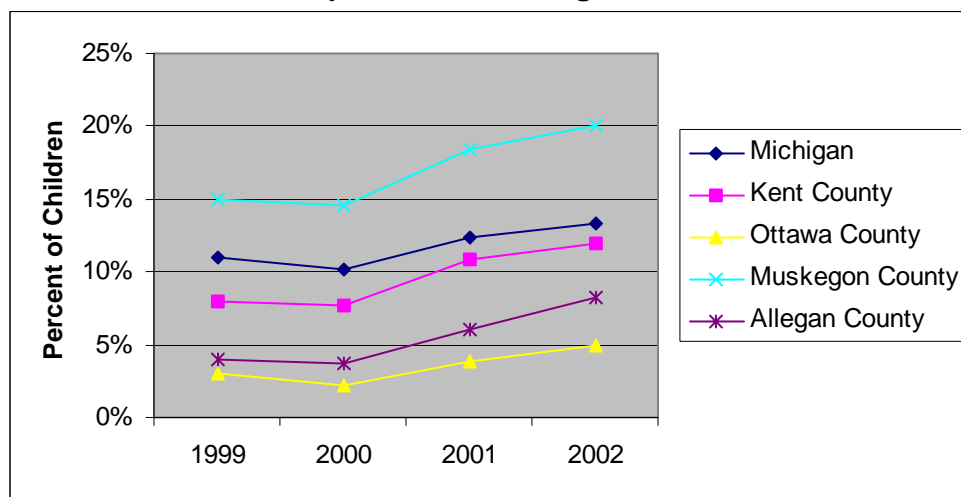
## Variable 7 – Food Stamps

According to the USDA, the food stamp program serves as the first line of defense against hunger as it helps low-income families to buy nutritious food. Families with incomes below 130% of the poverty level qualify for Food Stamps.

### **Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties**

The monthly number of children receiving food stamps includes those in families receiving other forms of public assistance as well as those receiving no income assistance. Of the counties in Grand Rapids MSA, Muskegon County had the highest rate of children between the ages of 0 – 17 receiving food assistance (20.1%) in 2002. Between 1999 and 2001 the rate of children receiving assistance in Grand Rapids MSA increased an average of 2.3%.

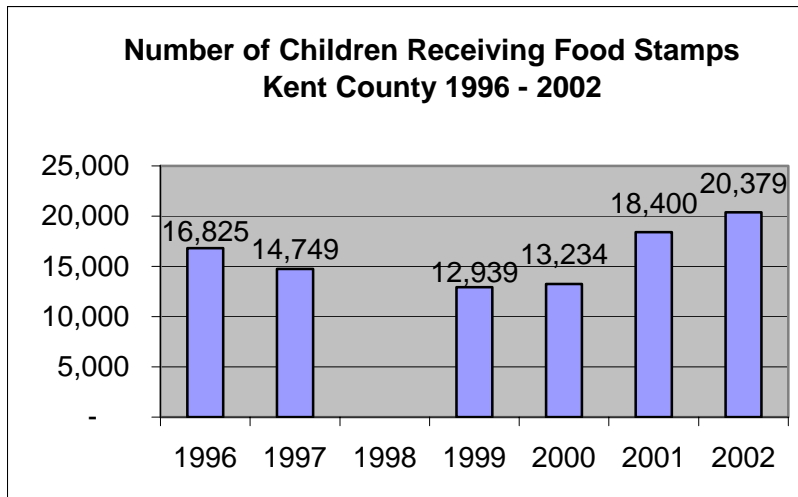
**Rate of Children (Age 0 - 17) Receiving Food Stamps  
Grand Rapids MSA & Michigan 1999 - 2002**



Source: Kids Count

### **Kent County**

Between 1999 and 2001 the number of children receiving food assistance in Kent County increased from 8.0% to 10.8%. The percentage continued to rise in 2002 to 11.9%.



Source: Kids Count



# Health Assistance

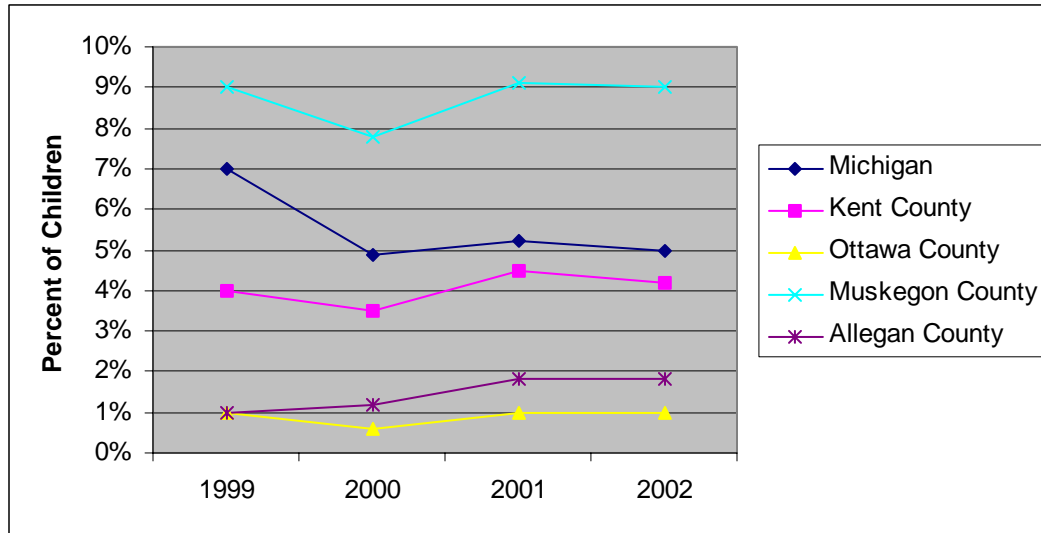
## Variable 8 – FIP

Michigan's Family Independence Program (FIP) helps combat poverty by providing cash assistance to families with children and pregnant women to help them pay for living expenses such as rent, heat, utilities, clothing, food and personal care items.

To qualify for FIP, children must be under age 18, or age 18 or 19 and attending high school full-time and expected to graduate before age 20. They must also be a Michigan resident, a U.S. citizen or an acceptable alien, and have assets less than \$3,000.

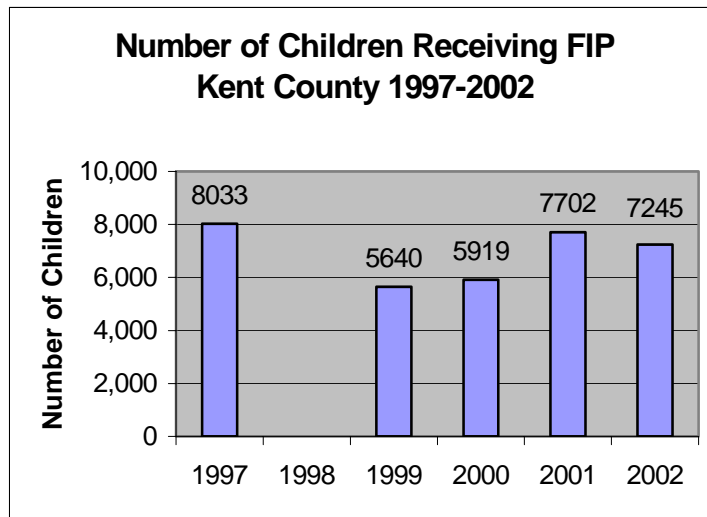
### Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties

**Rate of Children (Age 0 - 17) Receiving FIP Assistance  
Grand Rapids MSA & Michigan 1999 - 2002**



Source: Kids Count

## Kent County



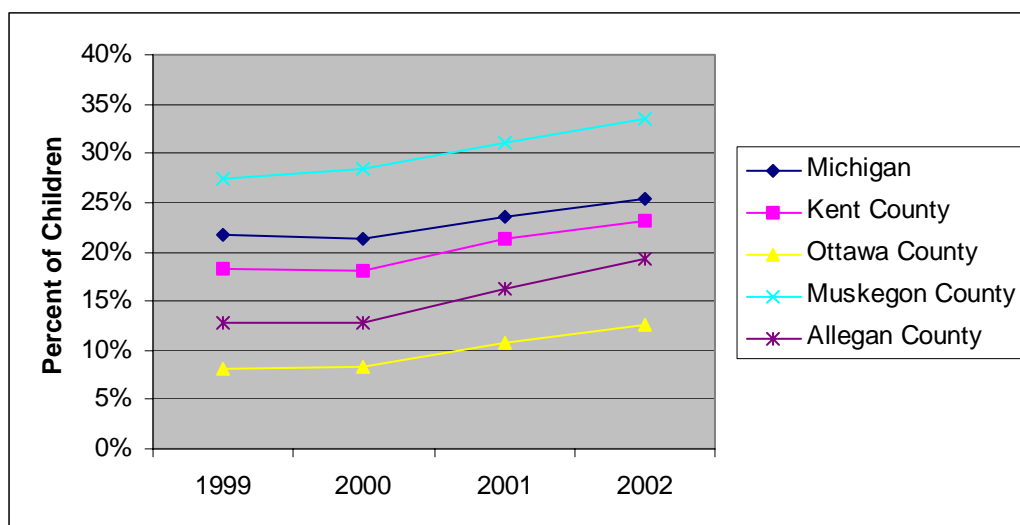
Source: Kids Count

# Health Assistance

## Variable 9 – Population Insured by Medicaid

In 2002, there were 39,525 children (aged 0 – 18 years) insured by Medicaid in Kent County. This number equaled more than 23.1% of children between the ages of 0 – 18 in Kent County. The number of insured children was up 56.5% from the 25,259 children enrolled in Medicaid in 1997.

**Children (Ages 0 - 18) Insured by Medicaid  
Grand Rapids MSA & Michigan 1999 - 2002**



Source: Kids Count

# Child Care

## Introduction to Child Care Data

An indicator of a healthy youth is that they have adequate, affordable and safe childcare available while their parents are at work and at school.

Childcare plays a critical role in child development and child preparation for school success. According to the Federal Interagency Forum on Child and Family Statistics, 61% of children in the United States who are not yet in kindergarten received some form of regular childcare from persons other than their parents in 2001.<sup>9</sup>

In the state of Michigan, in 1999, half of the children in child care were in their own or someone else's home and about half were in a child-care center such as Head Start, preschool, nursery school, school readiness or other enrichment program.<sup>10</sup> (Public Sector Consultants)

In addition to preparing children for success in school and promoting healthy development, childcare also allows parents to work. At the national level, the percentage of children who had at least one parent working full-time year-round has steadily increased from 70 percent in 1980 to 80 percent in 2000.<sup>8</sup>

In 1999, 27% of Michigan's children, under age 6, were in paid childcare while their parents worked. This percent is slightly higher than the national average of 26%.<sup>11</sup>

In 2002, the National Childcare Information Center reported that there were 19,556 licensed and regulated childcare centers and family child care providers in the State of Michigan.<sup>12</sup>

Number of Licensed/Regulated Child Care Providers – Michigan 2001-2002		
	2001	2002
Licensed/Regulated Child Care Centers	4,862	4,835
Family Child Care Providers – Small	11,978	11,326
Family Child Care Providers – Group	3,336	3,395
<b>Total Number of Licensed/Regulated Child Care Centers</b>	<b>20,176</b>	<b>19,556</b>

Source: National Childcare Information Center

<sup>9</sup> Federal Interagency Forum on Child and Family Statistics. *Americas Children: Key National Indicators of Well Being 2002*. [http://www.nichd.nih.gov/publications/pubs/childstats/report2002\\_1.pdf](http://www.nichd.nih.gov/publications/pubs/childstats/report2002_1.pdf)

<sup>10</sup> Public Sector Consultants. *Michigan in Brief: 2002–03*. <http://www.michiganinbrief.org/edition07/contents.html>

<sup>11</sup> Kids Count. 2002 Databook.

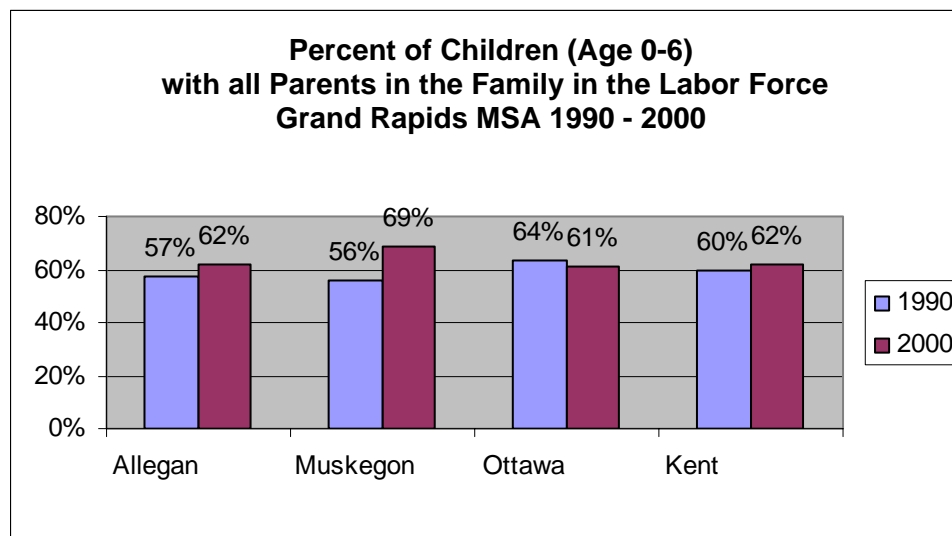
<sup>12</sup> National Child Care Information Center. <http://www.nccic.org/>

# Child Care

## Variable 10 - Parents in the Work Force

### Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties

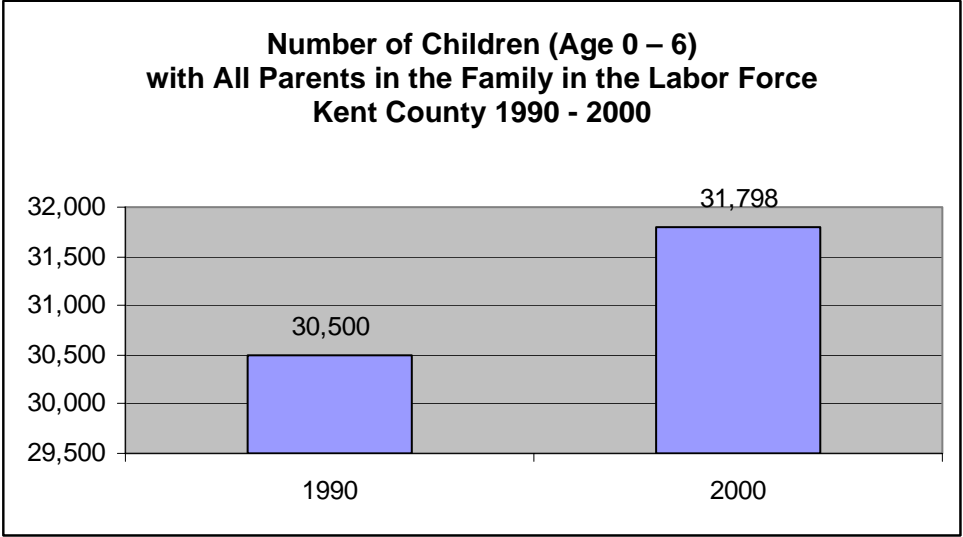
Between 1990 and 2000, 3 of the 4 counties in Grand Rapids MSA experienced an increase in the percent of families with both parents in the labor force.



Source: Kids Count

### Kent County

In Kent County in 2000, 4.3% more families had both parents in the labor force than in 1990.



Source: Kids Count

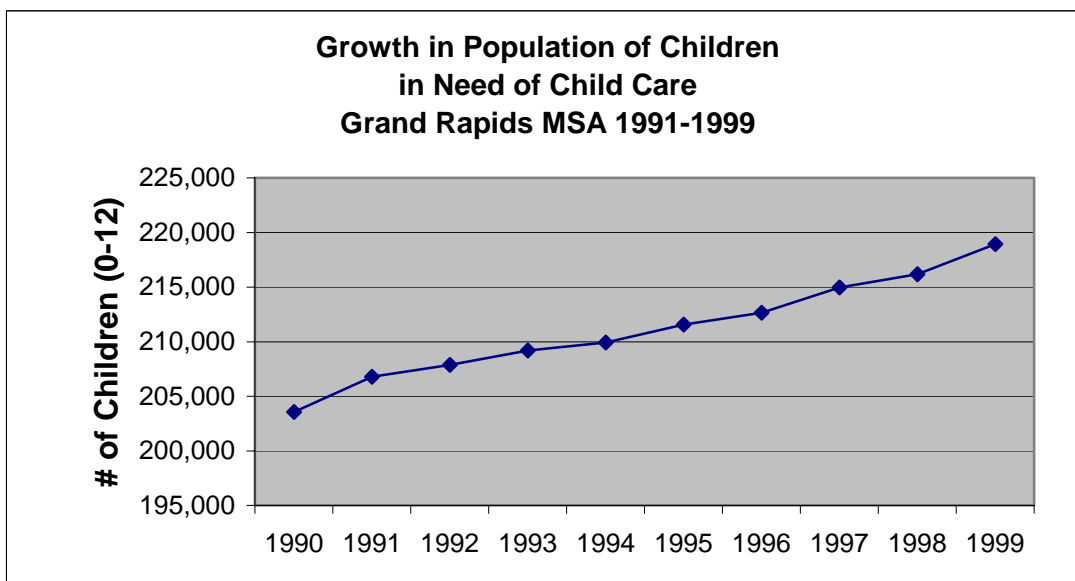
# Child Care

## Variable 11 - Population Needing Childcare

The population needing childcare is defined as all children under age 13. In 2002, the population needing childcare in Michigan was 1,831,344 children.

### **Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties**

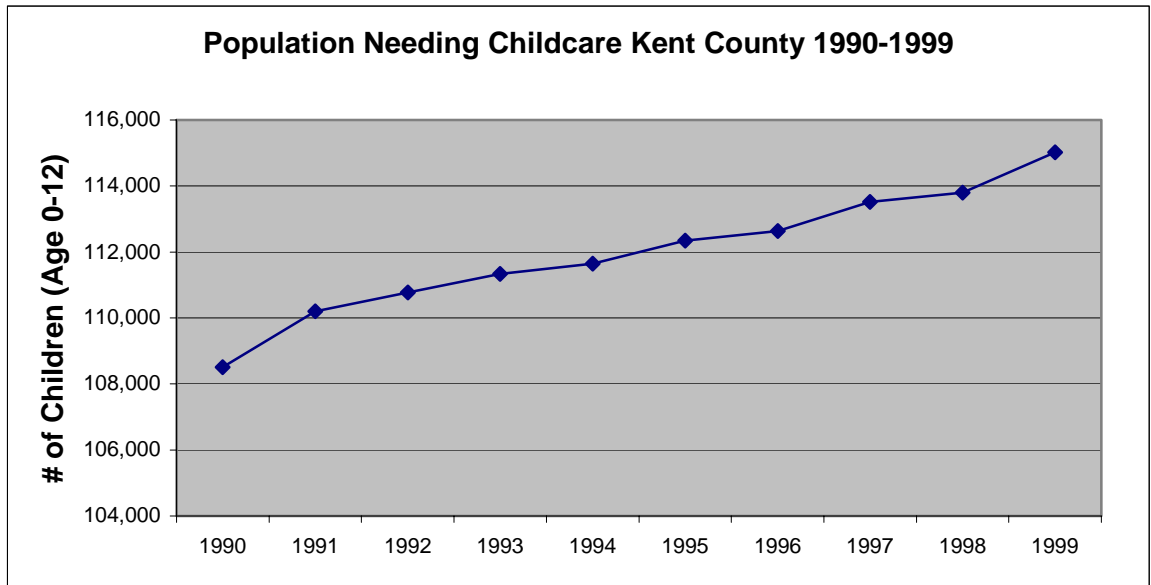
Between July of 1990 and July of 1999 the population of children in need of childcare in Grand Rapids MSA rose 7.6%, from 203,565 to 218,941.



Source: State of Michigan

## **Kent County**

In Kent County, the population needing childcare rose from 108,509 in July of 1990 to 115,024 in July of 1999. This was a 6% increase.





# Child Care

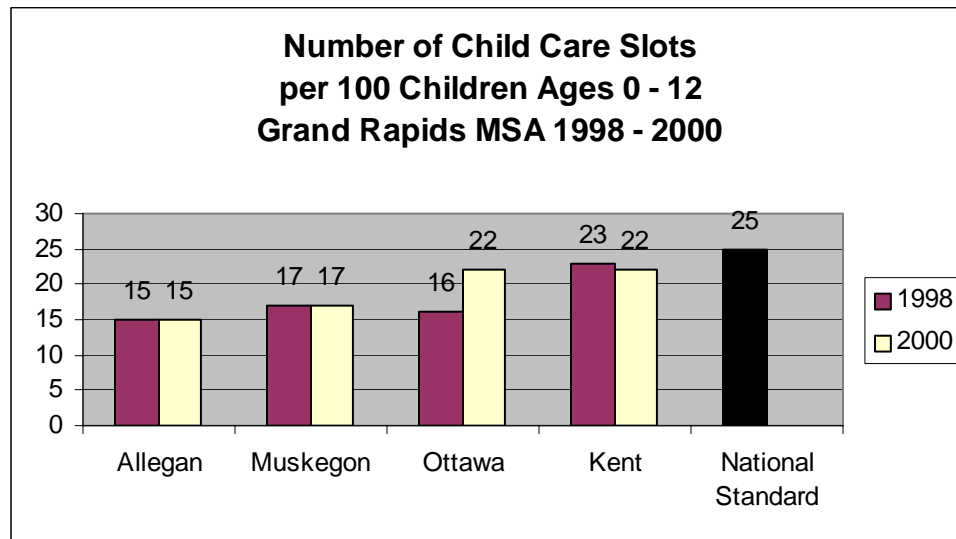
## Variable 12 - Child Care Slots

A childcare slot accommodates one child in a licensed childcare center, a group family day care home or a registered family day care home. It should be noted that not all slots provide full-day care.

National standards suggest a minimum of 25 regulated slots per 100 children to ensure basic access. A report written by the Michigan 4C Association, a statewide childcare resource and referral agency, finds a critical shortage in the supply of licensed, non-relative care. The report concludes that statewide there are only enough childcare slots to serve 80 percent of the children needing licensed, non-relative care.

### Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties

The average number of slots available per 100 children in Grand Rapids MSA falls below the national standard.



Source: Kids Count

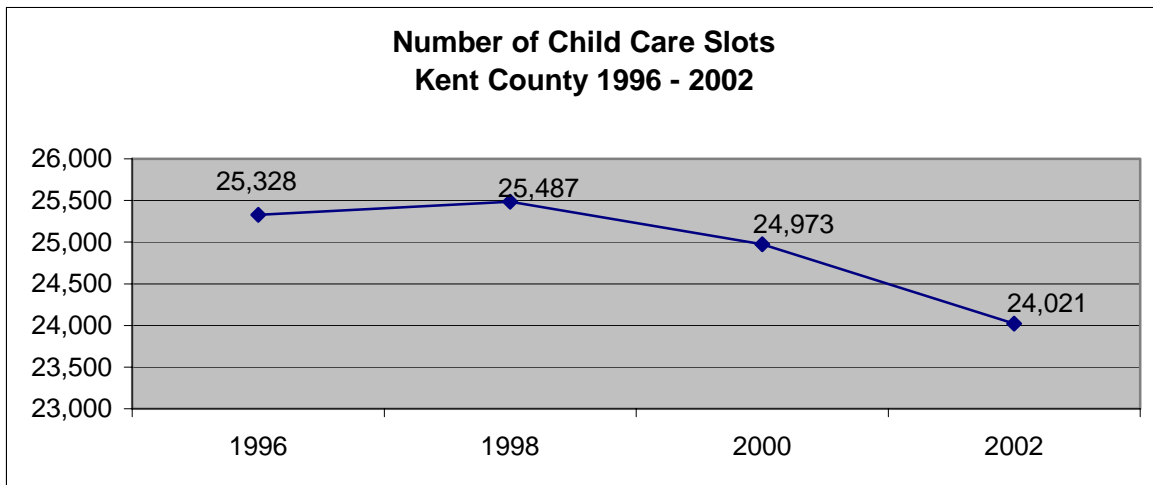
**Change in Number of Child Care Slots  
vs  
Change in Population of Children Needing Child Care**

	Change in Number of Child Care Slots 1996 – 2000		Change in Population of Children in Need of Child Care 1996 - 2000	
	<b>1996</b>	<b>2000</b>	<b>1996</b>	<b>2000</b>
Allegan	2,892	3,180	21,163	21,605
Kent	25,328	24,973	112,639	117,784
Muskegon	5,384	5,690	33,217	33,349
Ottawa	11,009	10,376	45,622	49,261
Michigan	336,597	351,183	1,818,157	1,854,295

Source: Kids Count

### **Kent County**

In 2000 the number of childcare slots in Kent County was 13.6% below the national recommended amount for basic access. Since then, the number of childcare slots in Kent County has risen 4.6% to 24,021 slots in 2002. Although the number of slots has risen, the number is still less than it was in the late 1990's.



Source: Kids Count

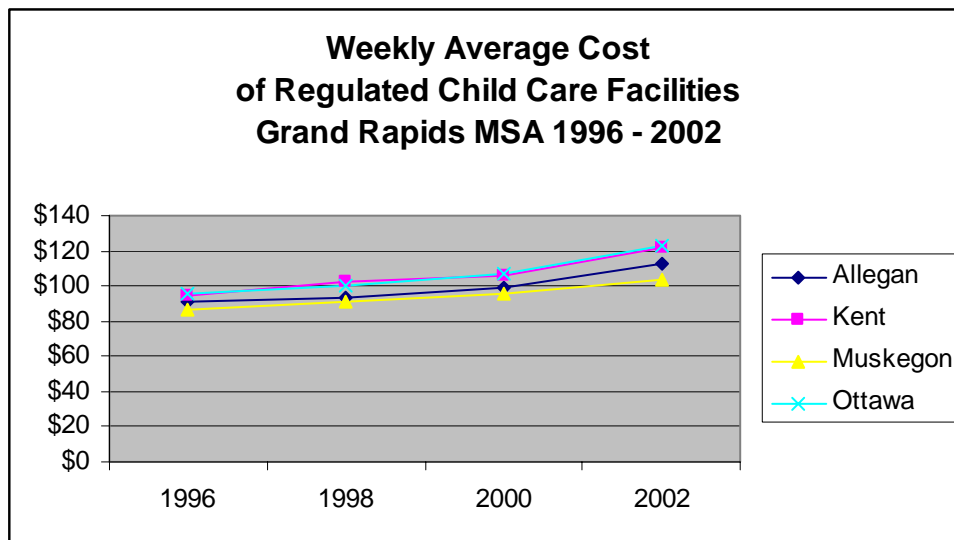
# Child Care

## Variable 13 – Costs of Care

Prices for childcare vary considerably depending on factors such as geographic area, type of provider and age of child.

### Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties

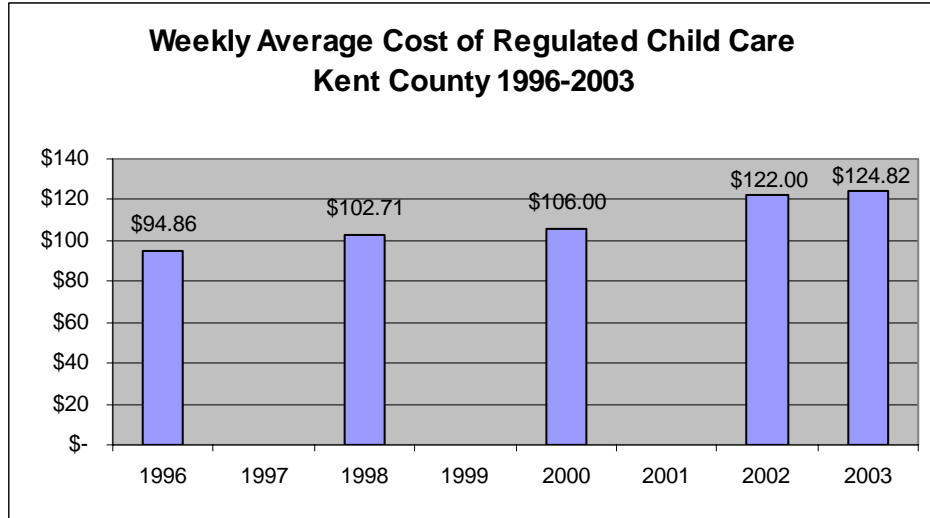
The average weekly price for childcare is on the rise in Grand Rapids MSA. In 1996, the average cost of regulated childcare per week in Grand Rapids MSA was \$92.07 per child. By 2002 this average had risen by 25.3% to \$115.50.



Source: Kids Count

## **Kent County**

Like Grand Rapids MSA, the average weekly cost of regulated childcare has risen in Kent County. Between 1996 and 2002 average costs rose \$27.17.



Source: Kids Count

# Child Care

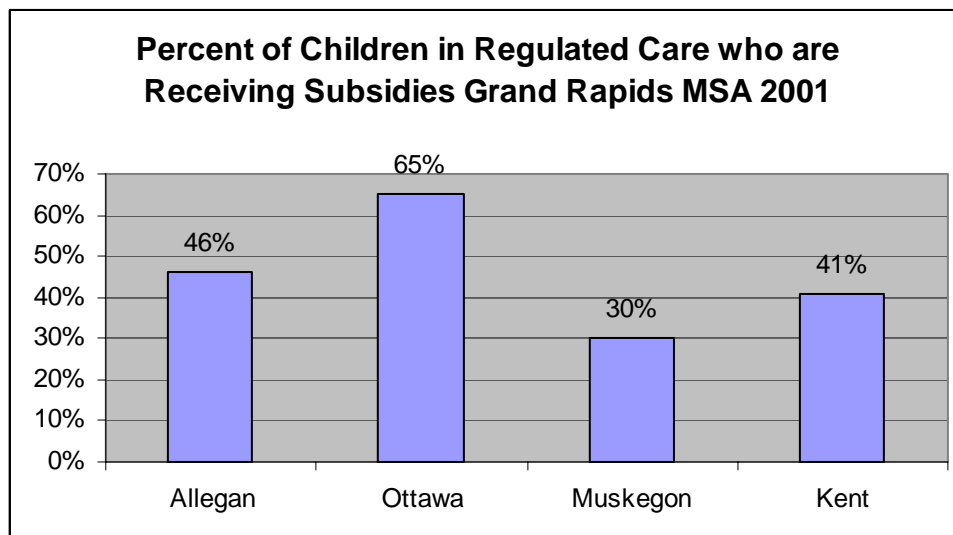
## Variable 14 – Assistance

The federal and state governments provide funding for childcare and before/after-school care. In Michigan, most direct payments for childcare come in the form of subsidies for low-income families. In Michigan during 2001, 125,305 children received childcare subsidies funded by the Michigan Family Independence Agency. (FIA) In addition, the federal government provides support for middle- and upper-income families through tax credits that reimburse families for child-care payments. (Public Sector Consultants)

Michigan's FIA Child Development and Care Program provides payment for child day care services to qualifying families when the parent, legal guardian or substitute parent is unavailable to provide child care because of employment, education and/or because of a health/social condition for which treatment is being received. To be eligible for FIA child care subsidies (95%-70% of the cost of child care), a family of three must have monthly household earnings at or below \$1,990. This number increases to \$2,367 for a family of 4 and \$2,746 for a family of 5. (FIA)

### Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties

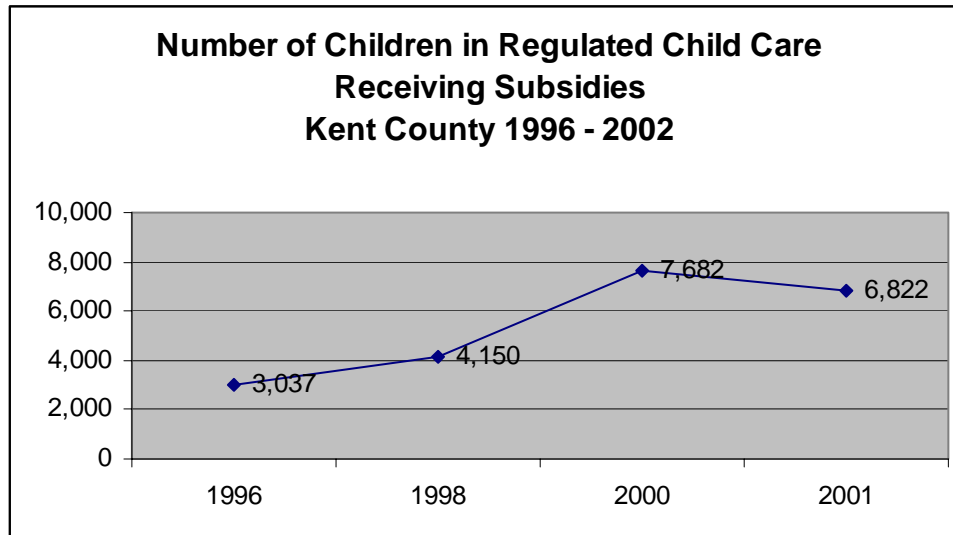
Across Grand Rapids MSA, an average of 45.6% of children in regulated care receive childcare subsidies. It should be noted that not all providers in Michigan accept children who receive subsidies.



Source: Kids Count

## **Kent County**

The number of children in regulated care receiving subsidies rose 124.6% in Kent County from 1996 to 2002. This is slightly higher than the MSA average of 114.5%.



Source: Kids Count

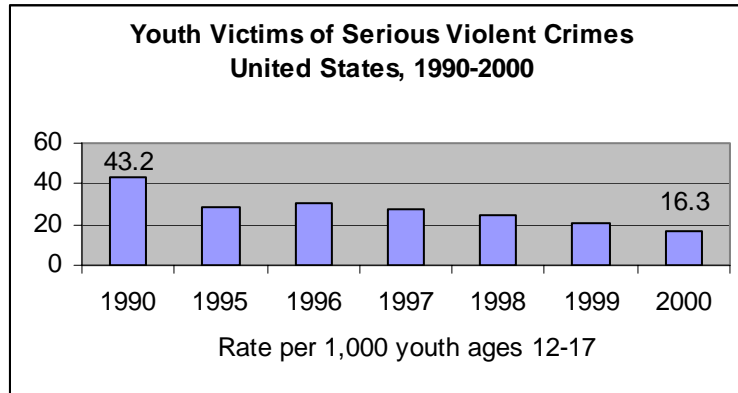
# Safety

## Introduction to Safety Data

Healthy youth are safe from being victims or perpetrators of violent crimes.

Youth safety and violence, both as victims and perpetrators of serious violent crimes, has an affect on the quality of life of young people in America. When youth are the victims of crime, they suffer physically, mentally, and developmentally. Being the victim also increases their chance of committing acts of violence themselves. The level of violence committed by youth can be seen as an indicator of how well youth are able to control their behavior. It also reflects on how well America supervises youth and directs their behavior towards acceptable norms.<sup>13</sup>

In 2000, American youth ages 12 to 17 years old were the victims of serious violent crimes twice as often as adults. These crimes included aggravated assault, rape, robbery, and homicide. Serious crime nationally against youth has been on the decline since its peak in 1993.

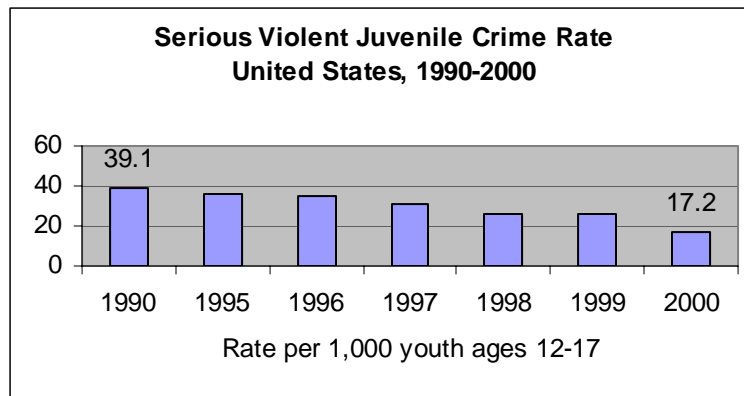


Source: Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well Being*, 2002

In 2000, over 400,000 serious violent crimes (aggravated assault, rape, homicide, and robbery) were committed by juveniles ages 12 to 17. The 2000 rate of 17 crimes per 1,000 juveniles was a 67% decrease from the 1993 peak rate.<sup>14</sup>

<sup>13</sup> Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well Being*, 2002. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office. <http://ncjrs.org/pdffiles1/ojdp/195645.pdf>

<sup>14</sup> U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.



Source: Federal Interagency Forum on Child and Family Statistics, America's Children: Key National Indicators of Well Being, 2002



# Safety

## Variable 15 - Total Juvenile Arrests

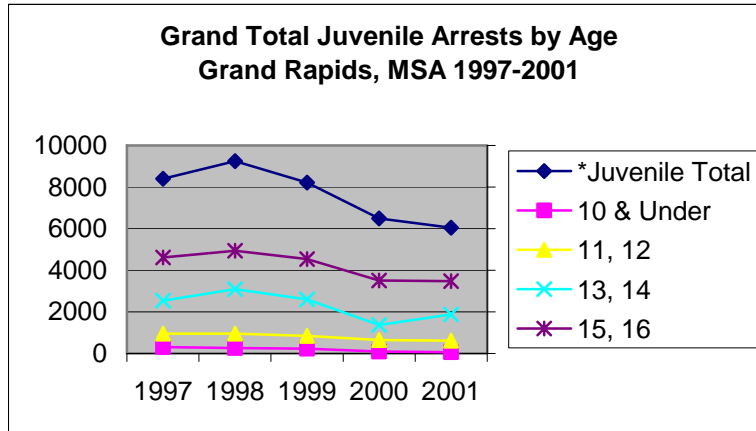
Crime arrests are defined as “those individuals seized, held, summoned, or cited by law enforcement agencies for involvement in an unlawful act.” In Michigan, “juvenile” is defined differently than under Federal law. Under federal law a juvenile includes all persons under 18, while Michigan law includes persons under 17. The numbers reported here follow Michigan law.<sup>15</sup>

### **Grand Rapids, MSA: Allegan, Kent, Muskegon, & Ottawa Counties**

Close to 20% of arrests made of juveniles under the age of 17 in Michigan in 2001 occurred in Allegan, Kent, Muskegon, and Ottawa Counties (Grand Rapids, MSA). Total juvenile arrests have experienced a 35% decrease in the four county region since 1998. As youth increase in age, they are more likely to be involved in criminal activity that leads to arrest.

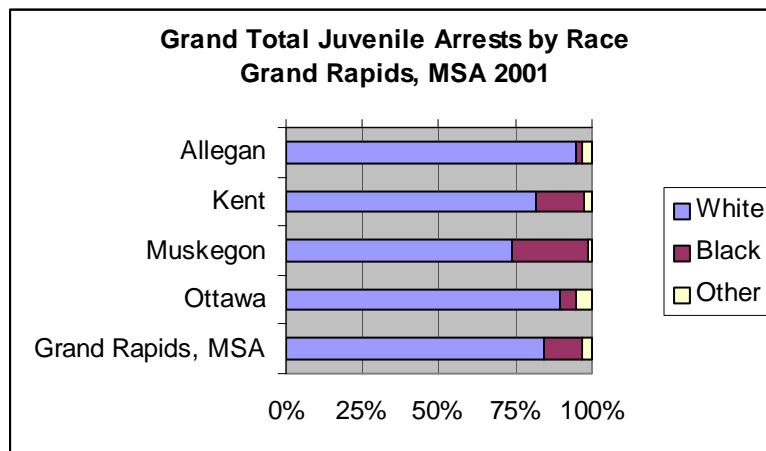
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<sup>15</sup> Michigan State Police, *2001 Uniform Crime Report*. [http://www.michigan.gov/msp/0,1607,7-123-1645\\_3501\\_4621-55108--,00.html](http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4621-55108--,00.html)



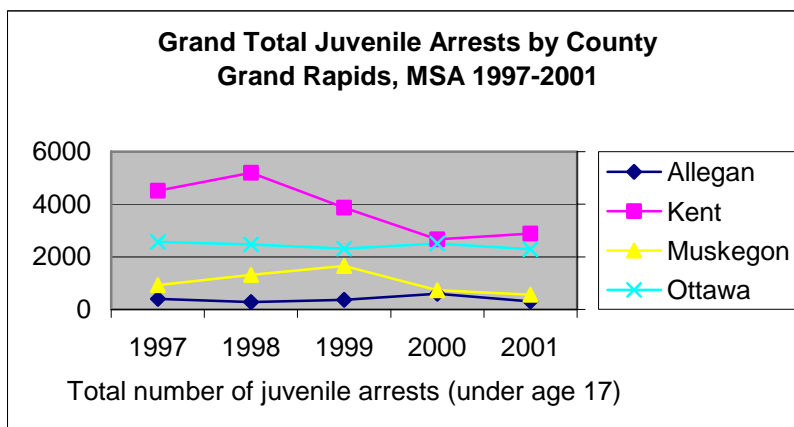
Source: Michigan State Police, Uniform Crime Reports

In 2001, 85% of juvenile arrests in the four county region were of white youth. By gender, 67% of arrested youth were male and 33% were female.



Source: Michigan State Police, Uniform Crime Reports

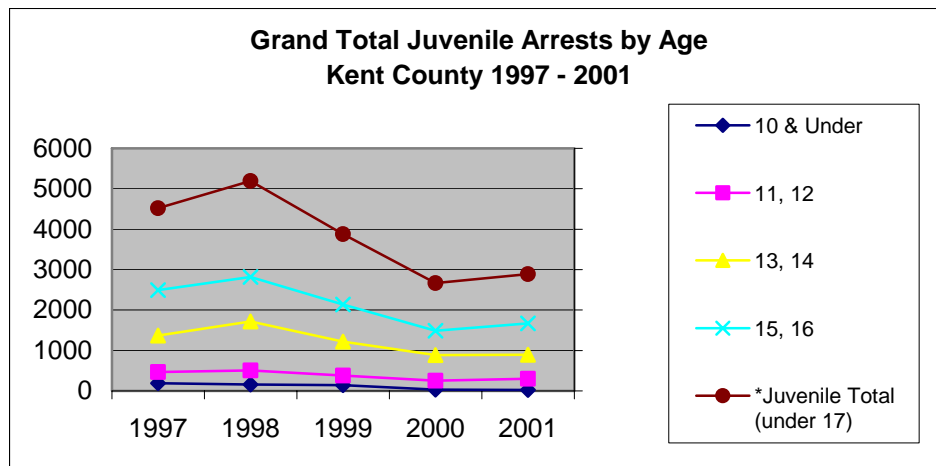
Kent County has experienced the most dramatic decrease in juvenile arrests of the four counties, decreasing by 36% between 1997 and 2001.



Source: Michigan State Police, Uniform Crime Reports

## **Kent County**

Kent County experienced 2,889 juvenile arrests in 2001. Total juvenile arrests in Kent County fell 36% from 1997 to 2001 with a peak of 5,195 arrests in 1998. On average, juvenile arrests decreased between 33-35% for 11-16 year olds in the county. The largest decrease in arrests occurred among youth 10 and under, falling 86% from 190 arrests in 1997 to 26 arrests in 2001.



Source: Michigan State Police, Uniform Crime Reports

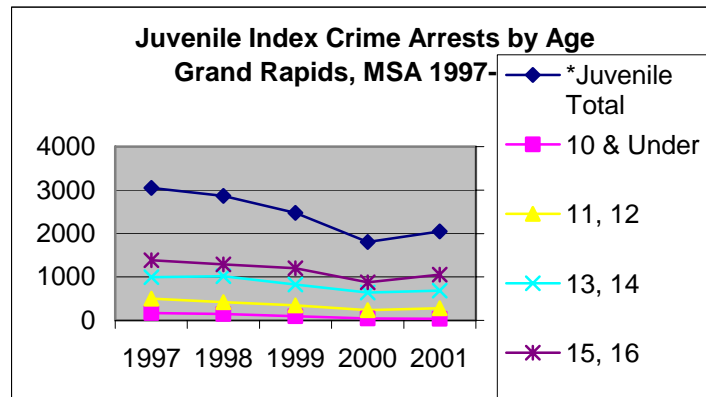
# Safety

## Variable 16 - Index Crime

Index crime includes eight offenses that “serve as a common indicator of the nation’s crime experience because of their seriousness and frequency of occurrence.”<sup>16</sup> These eight crimes include murder, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson.

### **Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties**

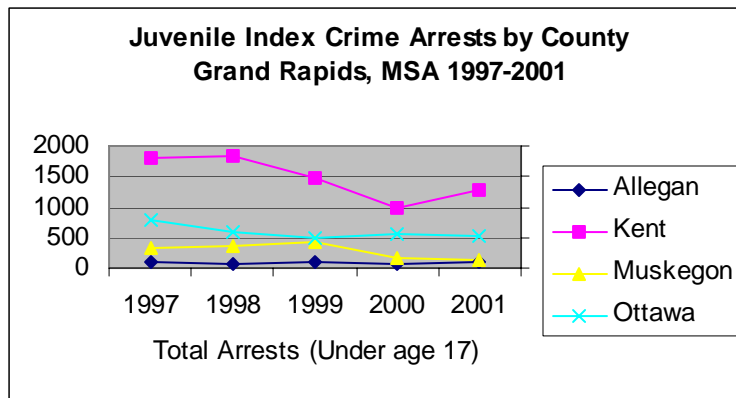
Total juvenile index crime arrests in the four county region of Grand Rapids, MSA accounted for 19% of juvenile arrests in the state in 2001. Arrests decreased by 33% in the Grand Rapids, MSA from 1997-2001 compared to 25% in the state.



Source: Michigan State Police, Uniform Crime Reports

Comparing the four counties, juvenile index crime arrests have historically been highest in Kent County, followed by Ottawa County. In 2001, 63% of index crime arrests in the MSA were in Kent County compared to 26% in Ottawa, 6% in Muskegon, and 5% in Allegan counties. While the general trend in each county has been a decrease in total juvenile index crime arrests since 1997, the numbers fluctuate from one year to the next.

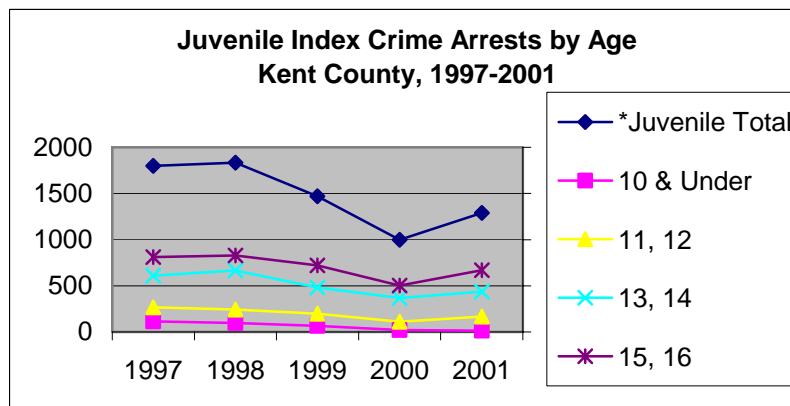
<sup>16</sup> Michigan State Police, 2001 Uniform Crime Report. [http://www.michigan.gov/msp/0,1607,7-123-1645\\_3501\\_4621-55108--,00.html](http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4621-55108--,00.html)



Source: Michigan State Police, Uniform Crime Reports

## Kent County

Kent County experienced 1,288 juvenile index crime arrests in 2001. Total juvenile index crime arrests in Kent County fell 28% from 1997 to 2001 with a peak of 1,835 arrests in 1998. Index crime arrests of Kent County juveniles have been decreasing at all ages over the past five years, most significantly for those 10 and under.



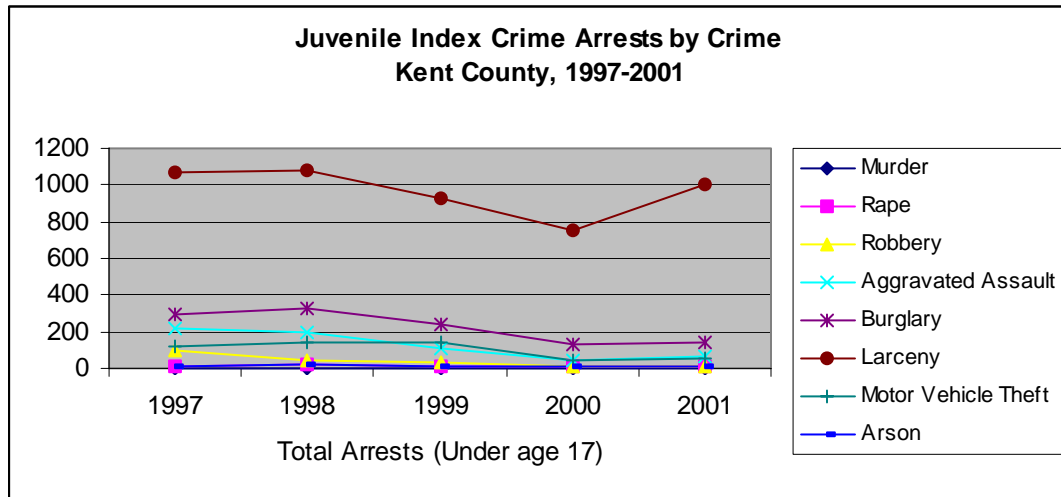
Source: Michigan State Police, Uniform Crime Reports

Percent Change in Juvenile Index Crime Arrests by Age Kent County	
	1997-2001
Juvenile Total	28% decrease
10 & Under	88% decrease
11-12	37% decrease
13-14	28% decrease
15-16	17% decrease

Source: Michigan State Police, Uniform Crime Reports

Over three quarters (78%) of all index crime arrests of juveniles in Kent County in 2001 were larceny arrests. Larceny, as defined by the Michigan State Police, is the unlawful

taking, carrying, leading, or riding away of property from the possession or constructive possession of another.<sup>17</sup>



Source: Michigan State Police, Uniform Crime Reports

Of the four index crimes juveniles are most often arrested for in Kent County (larceny, burglary, aggravated assault, and motor vehicle theft), the greatest decrease in juvenile arrests has been apparent in aggravated assault.

Percent Change in Juvenile Index Crime Arrests by Crime Kent County	
	1997-2001
Aggravated Assault	70% decrease
Motor Vehicle Theft	54% decrease
Burglary	52% decrease
Larceny	6% decrease

Source: Michigan State Police, Uniform Crime Reports

<sup>17</sup> Michigan State Police, 2001 Uniform Crime Report. [http://www.michigan.gov/msp/0,1607,7-123-1645\\_3501\\_4621-55108--,00.html](http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4621-55108--,00.html)

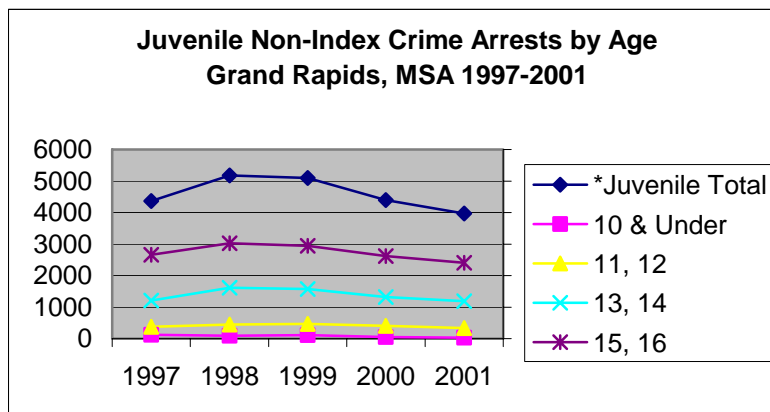
# Safety

## Variable 17 - Non-Index Crime

Non-index crimes are categorized by the Michigan State Police to include such offenses as non-aggravated assault, vandalism, prostitution, sex offenses, narcotic laws, offenses against family and children, driving under the influence, liquor laws, disorderly conduct, and all other crimes not listed here or in index crimes.

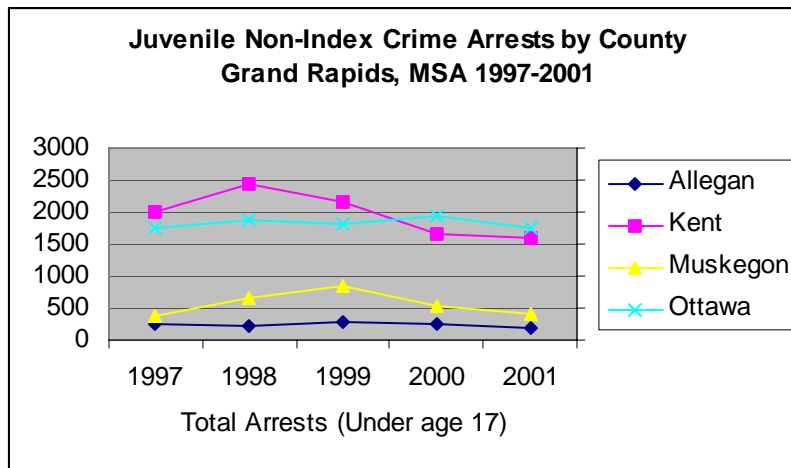
### Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties

Total juvenile non-index crime arrests in the four county region of Grand Rapids, MSA accounted for 20% of juvenile arrests in the state in 2001. Arrests decreased by 23% in the Grand Rapids, MSA from 1998-2001 compared to 9% in the state.



Source: Michigan State Police, Uniform Crime Reports

Comparing the four counties, as Kent County's juvenile non-index crime arrests have steadily decreased since 1998, Ottawa County's arrests have surpassed those of Kent County. In 2001, 44% of index crime arrests in the MSA were in Ottawa County compared to 40% in Kent, 11% in Muskegon, and 5% in Allegan County.



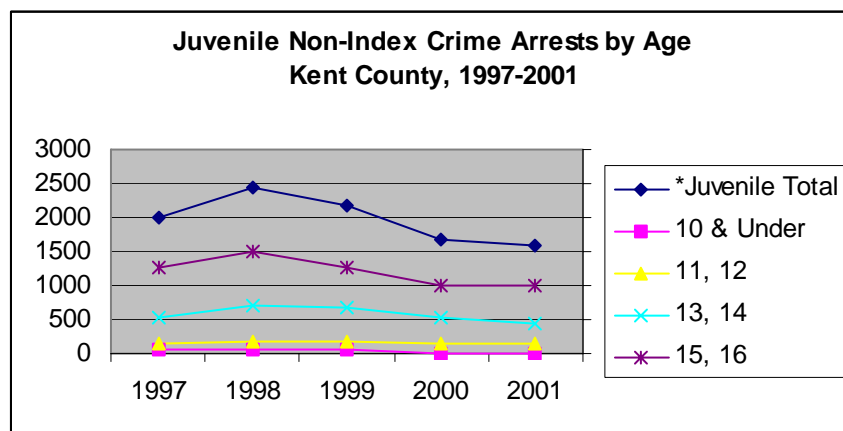
Source: Michigan State Police, Uniform Crime Reports

Percent of Total Juvenile Index and Non-Index Crime Arrests In Grand Rapids, MSA, 2001		
	<i>Index Crime Arrests</i>	<i>Non-Index Crime Arrests</i>
Allegan County	5%	5%
Kent County	63%	40%
Muskegon County	6%	11%
Ottawa County	26%	44%
<i>Grand Rapids, MSA</i>	<i>100%</i>	<i>100%</i>

Source: Michigan State Police, Uniform Crime Reports

## Kent County

Kent County experienced 1,601 juvenile non-index crime arrests in 2001. Total juvenile non-index crime arrests in Kent County fell 20% from 1997-2001 with a peak of 2,443 arrests in 1998. The largest decrease since 1997 has been among youth 10 years old and younger.



Source: Michigan State Police, Uniform Crime Reports

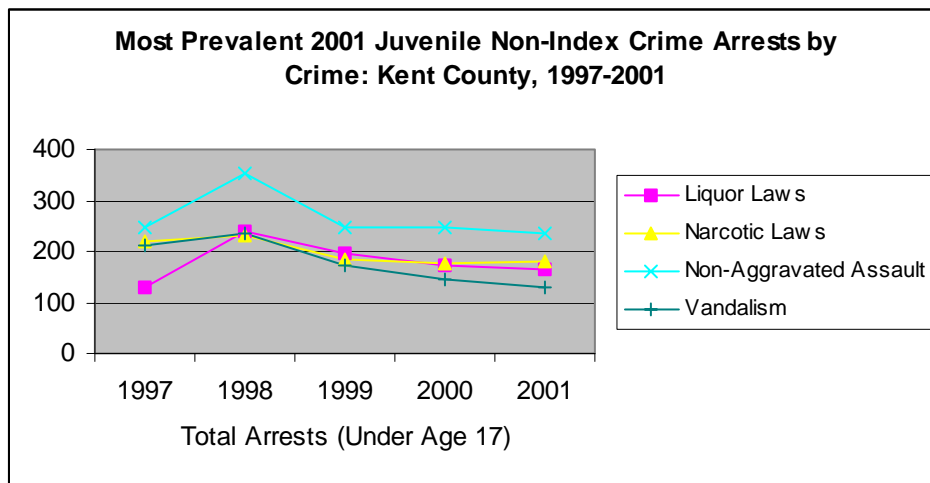


**Percent Change in Juvenile Non-Index Crime Arrests by Age  
Kent County**

	<i>1997-2001</i>	<i>1998-2001</i>
Juvenile Total	20% decrease	34% decrease
10 & Under	82% decrease	73% decrease
11-12	12% decrease	30% decrease
13-14	13% decrease	35% decrease
15-16	21% decrease	33% decrease

Source: Michigan State Police, Uniform Crime Reports

In 2001, the most prevalent non-index crime arrests among youth under 17 years were for liquor law, narcotic law, non-aggravated assault and vandalism offenses. Most juvenile non-index crime offenses experienced a peak in arrests during 1998.



Source: Michigan State Police, Uniform Crime Reports

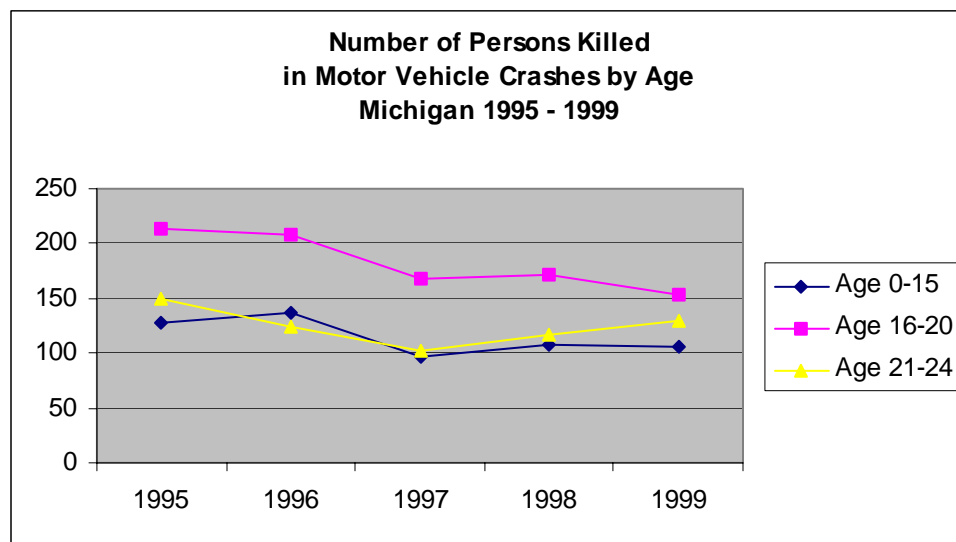
# Safety

## Variable 18 - Motor Vehicle Crashes

### Michigan

The National Highway Traffic Safety Administration tracks crash data records for seventeen states in the United States. Their State Data System is used “to identify traffic safety problems, help develop and implement vehicle and driver countermeasures, evaluate motor vehicle standards, and to study crash avoidance issues, crashworthiness issues, and regulations.”<sup>18</sup>

In Michigan in 1999, 105 youth under the age of 16 were killed in motor vehicle crashes. An additional 11,630 youth between the ages of 0-15 were injured. For youth aged 16-20, the number increased to 153 deaths and 20,971 injuries.



Source: National Center for Statistics & Analysis, National Highway Traffic Safety Administration, United States Department of Transportation, Crash Data Report: 1990-1999

Injuries to youth under the age of 16 in motor vehicle crashes decreased by 20% from 1995-1999 while those killed decreased by 17%.

<sup>18</sup> *Crash Data Report: 1990-1999* (July 2002, p.3) National Center for Statistics & Analysis, National Highway Traffic Safety Administration, United States Department of Transportation [http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/Rpts/2002/809\\_301/809\\_301.pdf](http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/Rpts/2002/809_301/809_301.pdf)

**Percent Change in Persons Killed or Injured in Motor Vehicle Crashes by Age  
Michigan, 1995-1999**

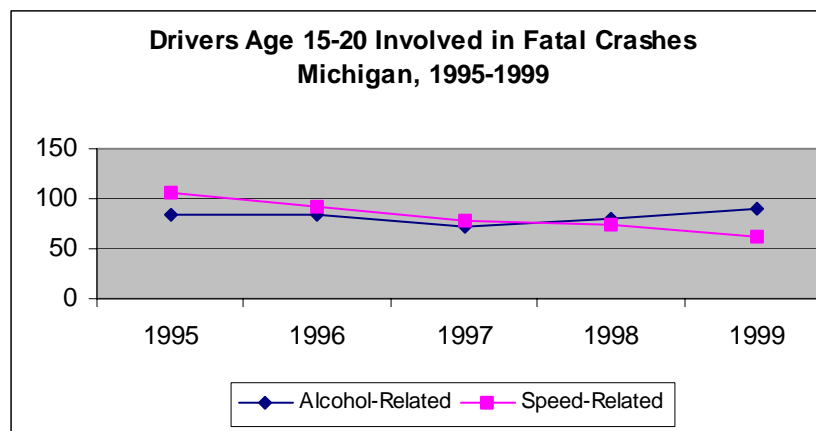
	<i>Injured</i>	<i>Killed</i>
Age 0-15	20% decrease	17% decrease
Age 16-20	14% decrease	29% decrease
Age 21-24	21% decrease	13% decrease

Source: National Center for Statistics & Analysis, National Highway Traffic Safety Administration, United States Department of Transportation, Crash Data Report: 1990-1999

Ninety-eight drivers between the ages of 16-20 were killed in motor vehicle crashes in Michigan in 1999, a decrease of 20% since 1995. An additional 14,051 drivers aged 16-20 were injured in 1999, a decrease of 14% since 1995.

Drivers between the ages of 15-20 years were involved in 62 speed-related fatal crashes and 90 alcohol-related fatal crashes in Michigan in 1999. Speed-related and alcohol-related crashes comprised over half (56%) of all fatal crashes involving drivers aged 15-20. Almost 70% of drivers aged 15-20 involved in fatal crashes in Michigan in 1999 were male.

While fatal speed-related crashes for drivers aged 15-20 decreased by 42% from 1995-1999, fatal alcohol-related crashes increased 6% for drivers aged 15-20 over the same time period.



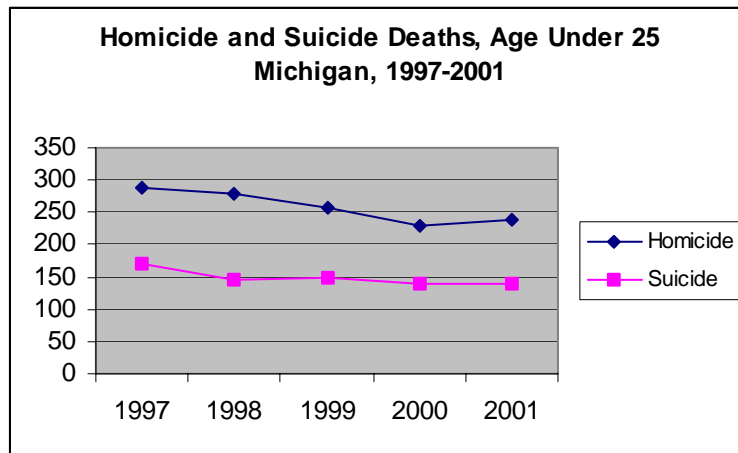
Source: National Center for Statistics & Analysis, National Highway Traffic Safety Administration, United States Department of Transportation, Crash Data Report: 1990-1999

# Safety

## Variable 19 - Homicide and Suicide Deaths

### Michigan

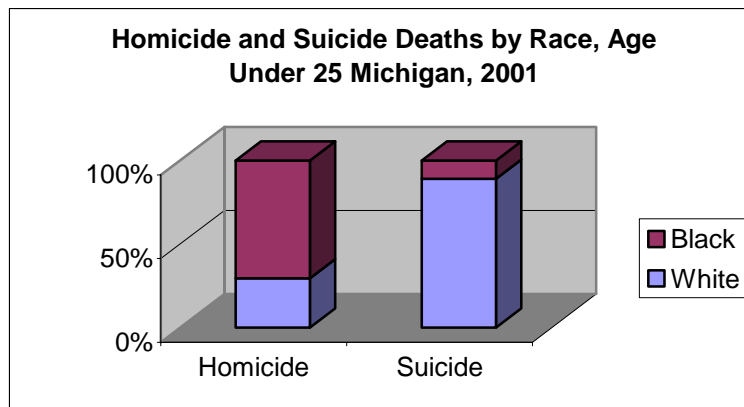
The Michigan Department of Community Health<sup>19</sup> reported 237 deaths due to homicide of persons under the age of 25 in 2001 in the state. During the same year, 140 persons under the age of 25 died of suicide. For both homicide and suicide deaths, 84% of victims were male.



Source: Michigan Department of Community Health, 1989 - 2001 Michigan Resident Death Files, Vital Records & Health Data Development Section

In 2001, 69% of homicide deaths of persons under the age of 25 were of black individuals compared to suicide deaths for the same population of which 86% were white.

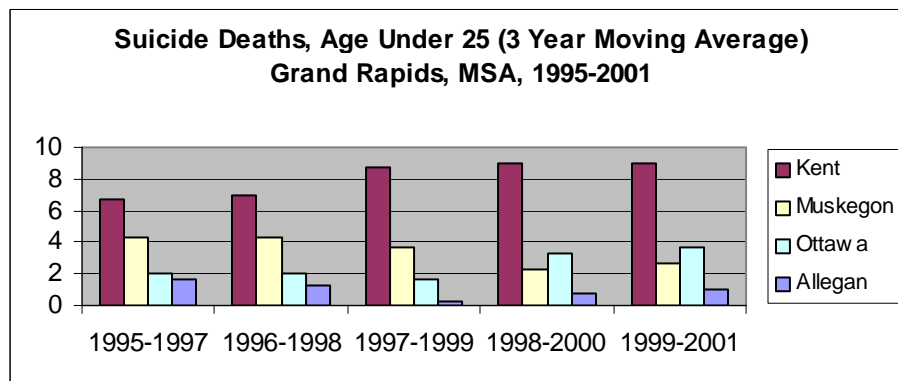
<sup>19</sup> 1989 - 2001 Michigan Resident Death Files, Vital Records & Health Data Development Section, Michigan Department of Community Health



Source: Michigan Department of Community Health, 1989 - 2001 Michigan Resident Death Files, Vital Records & Health Data Development Section

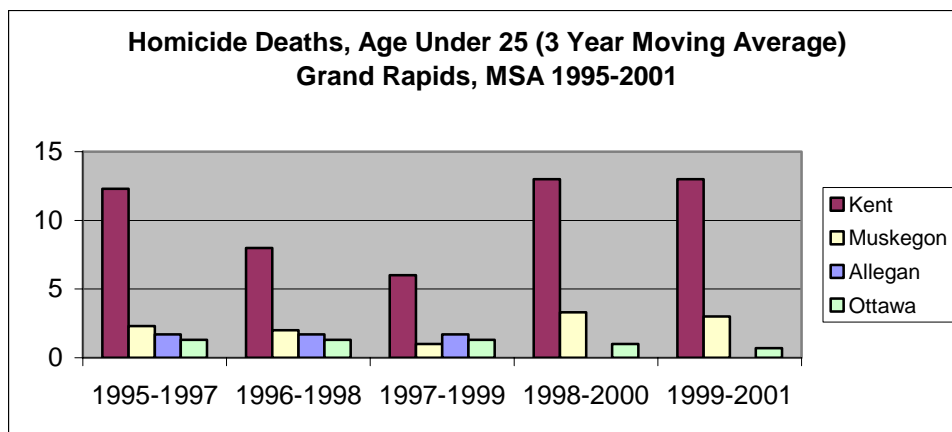
### **Grand Rapids, MSA: Allegan, Kent, Muskegon, and Ottawa Counties**

The three-year moving average of suicide deaths for person under the age of 25 in the four county region shows the highest number of deaths in Kent County. Suicide deaths have been increasing for this population in Kent and Ottawa Counties since 1995, while decreasing in Muskegon and Allegan counties.



Source: Michigan Department of Community Health, 1989 - 2001 Michigan Resident Death Files, Vital Records & Health Data Development Section

Among the four counties, homicide deaths have also been highest in Kent County since 1995, with rates fluctuating from year to year within each county.

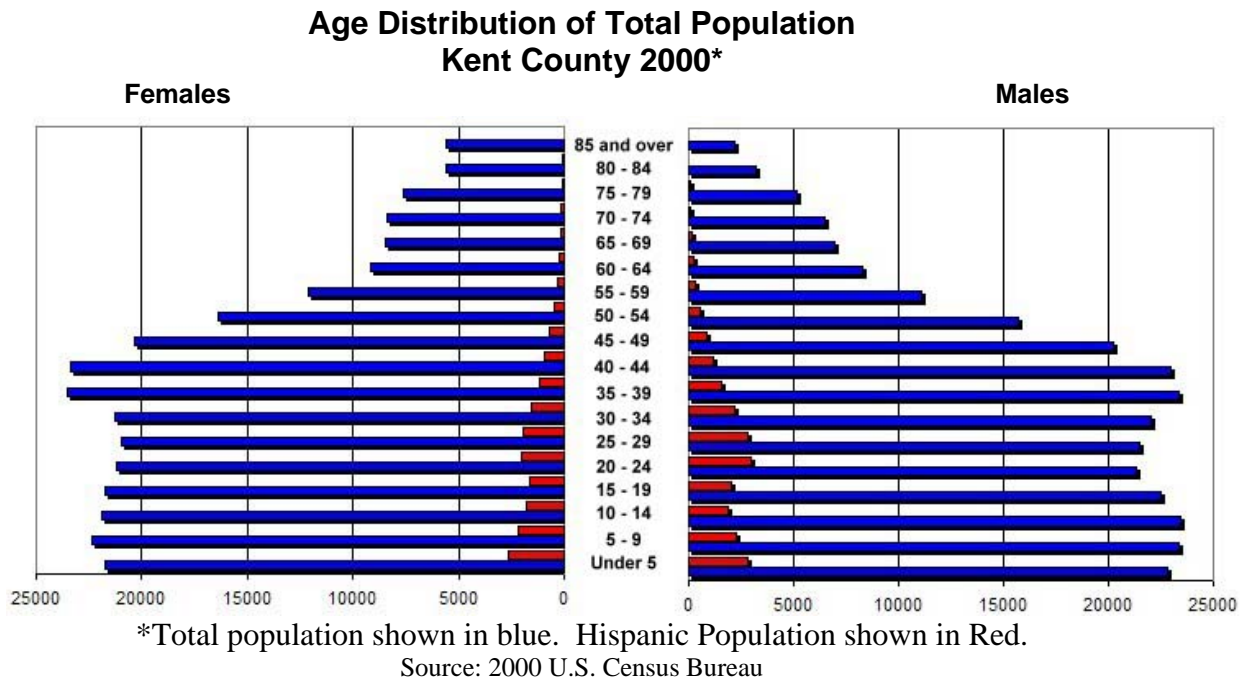


Source: Michigan Department of Community Health, 1989 - 2001 Michigan Resident Death Files, Vital Records & Health Data Development Section

# Demographics

## Variable 20 – Age Distribution

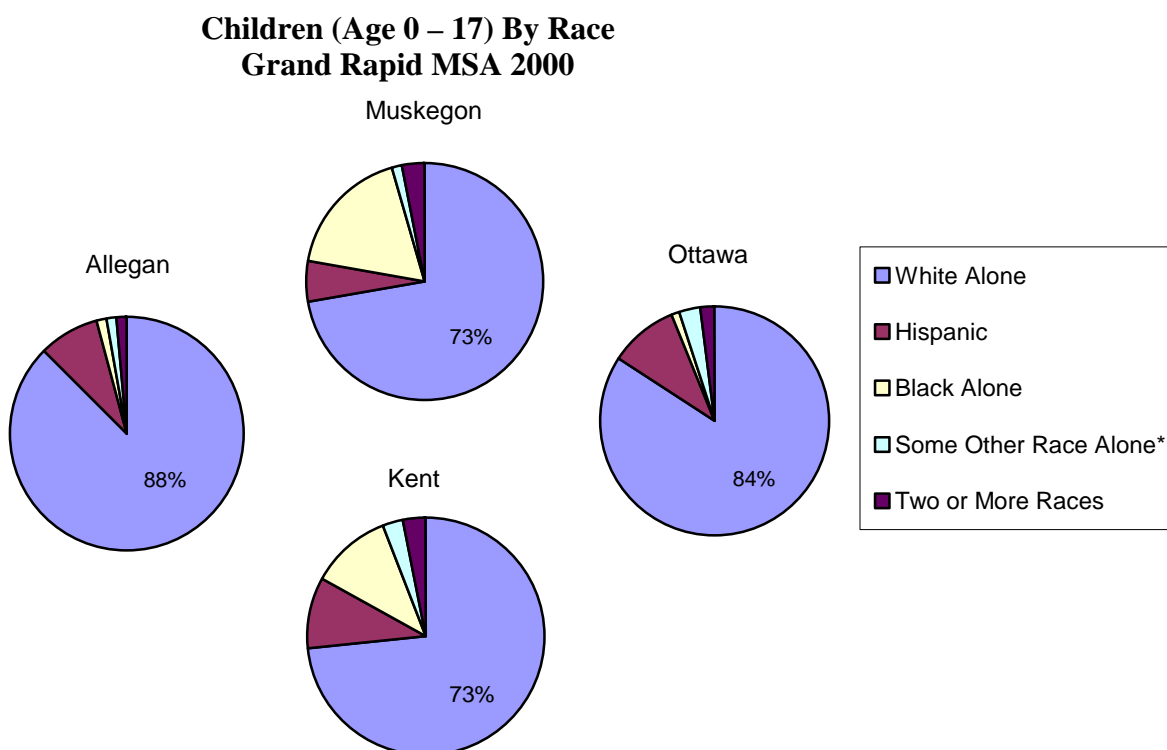
In 2000, 162,259 people under the age of 18 lived in Kent County. These young people made up 25.3% of Kent County's population.



See CRI's website ([www.cridata.org](http://www.cridata.org)) to view this data for the City of Grand Rapids and each of the 37 neighborhoods within Grand Rapids. Starting in April of 2004, data will also be available for the City of Muskegon and each of the 15 neighborhoods within that city.

# Demographics

## Variable 21 – Race



\* Includes the US Census categories: Alaskan Natives, Native American/Pacific Islanders, Asian, and some other race

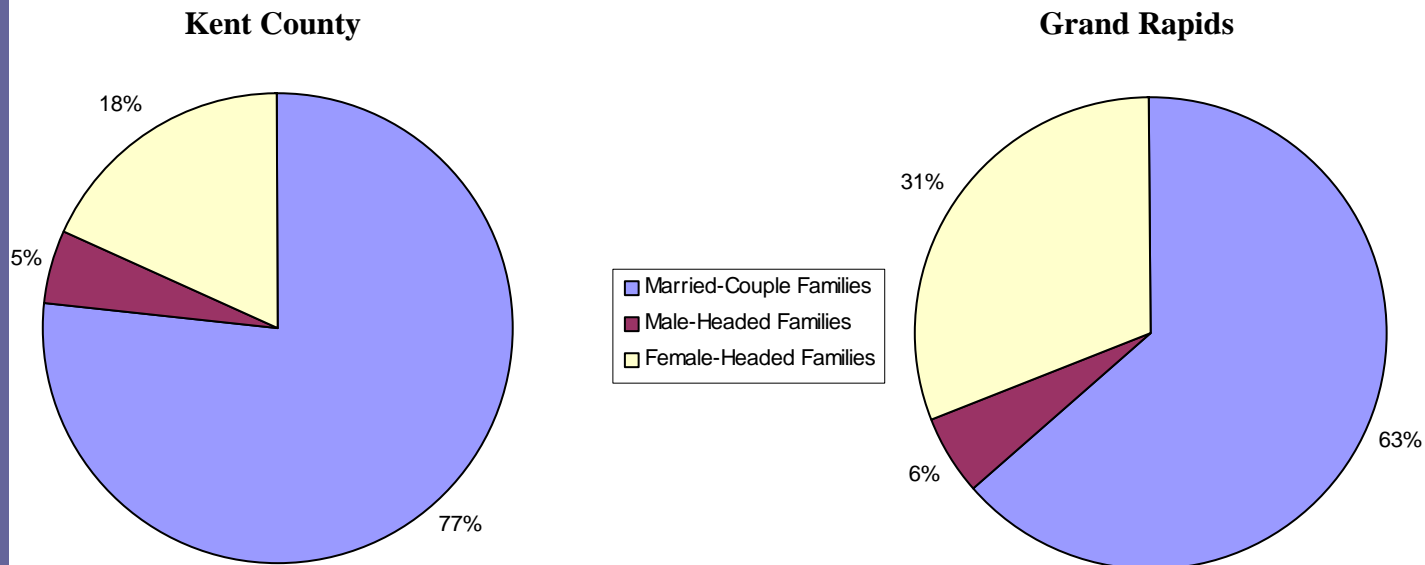
See CRI's website ([www.cridata.org](http://www.cridata.org)) to view this data for the City of Grand Rapids and each of the 37 neighborhoods within Grand Rapids. Starting in April of 2004, data will also be available for the City of Muskegon and each of the 15 neighborhoods within that city.



# Demographics

## Variable 22 – Family Type

Children (Age 0 - 17) in Families\* by Family Type  
Kent County & Grand Rapids 2000



**\* Table includes only those children living with their own families. Children living in institutions, foster homes or independently are not included.**

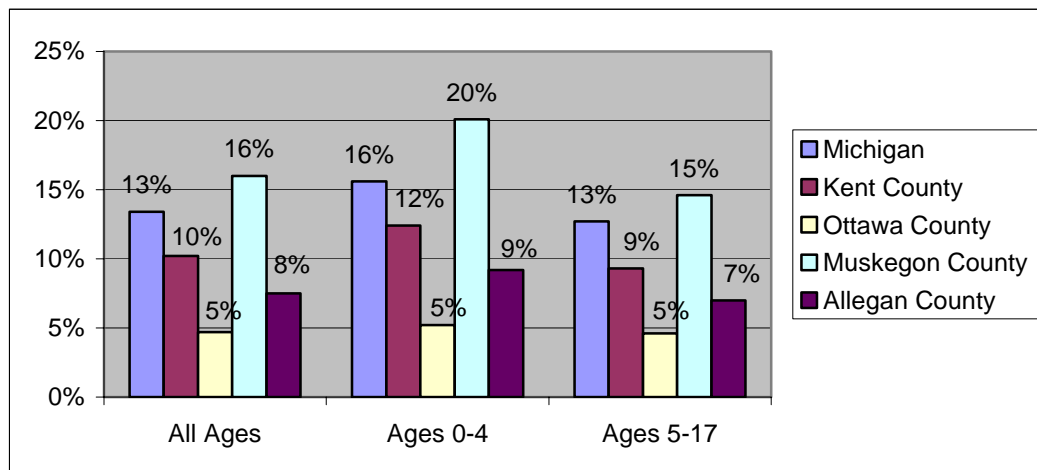
Source: U.S. Census Bureau, Census 2000 Summary File 1 (SF 1) 100-Percent Data

See CRI's website ([www.cridata.org](http://www.cridata.org)) to view this data the City of Grand Rapids and each of the 37 neighborhoods within Grand Rapids. Starting in April of 2004, data will also be available for the City of Muskegon and each of the 15 neighborhoods within that city.

# Demographics

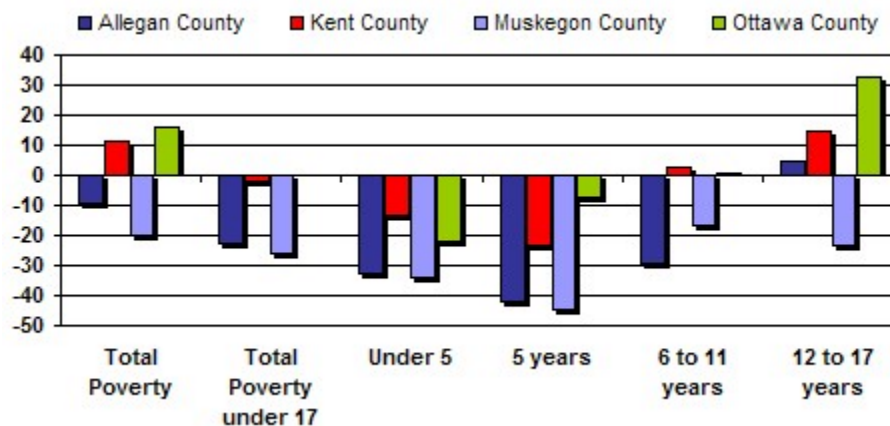
## Variable 23 – Child Poverty

**Rate of Child Poverty (Ages 0 - 17)  
Grand Rapids MSA & Michigan 2000**



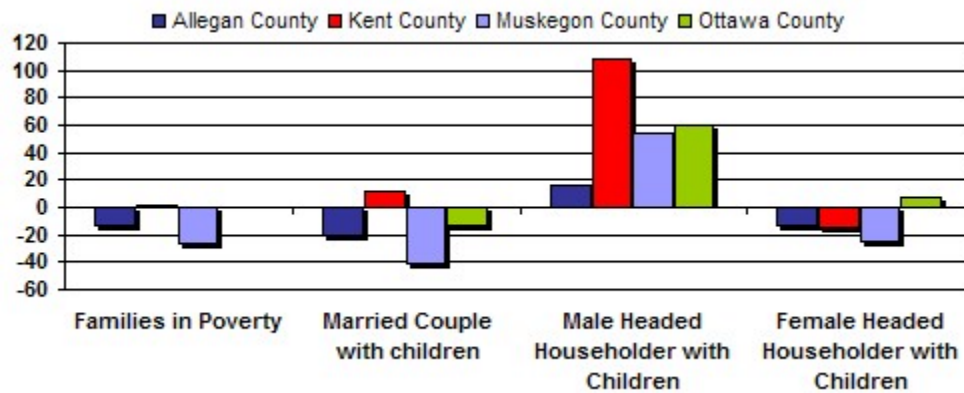
Source: 1990/2000 U.S. Census Bureau (SF3 sample data)

**Percent Change in Poverty Status for Children Under Age 18  
Grand Rapids MSA 1990 – 2000**



Source: 1990/2000 U.S. Census Bureau (SF3 sample data)

## Percent Change in Poverty Status of Families with Children Under Age 18 Grand Rapids MSA 1990 – 2000



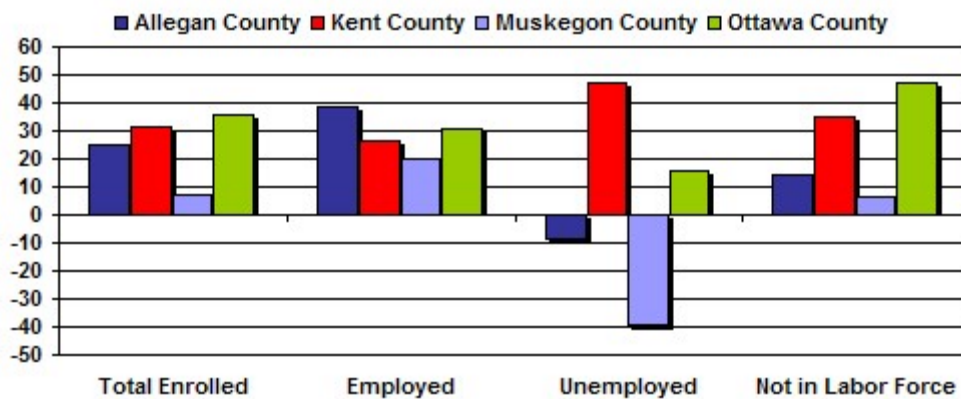
Source: 1990/2000 U.S. Census Bureau (SF3 sample data)

See CRI's website ([www.cridata.org](http://www.cridata.org)) to view similar data the City of Grand Rapids and each of the 37 neighborhoods within Grand Rapids. Starting in April of 2004, data will also be available for the City of Muskegon and each of the 15 neighborhoods within that city.

# Demographics

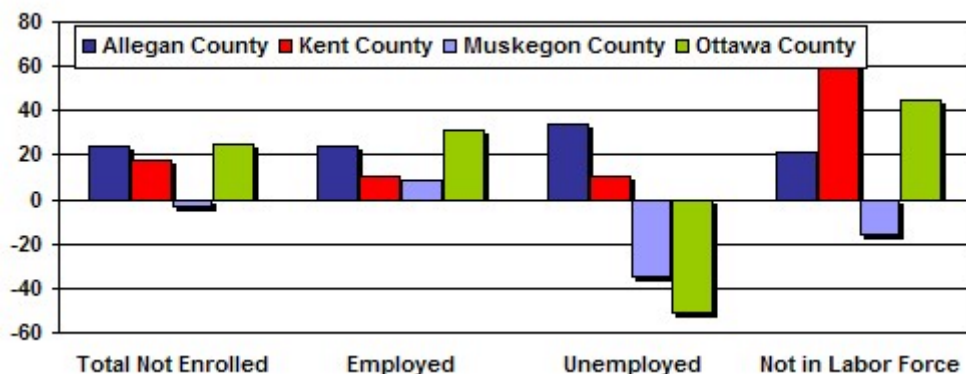
## Variable 24 – Employment Status

**Percent Change in Employment Status of 16 to 19 Year Old Civilians  
Who are Enrolled in School  
Grand Rapids MSA 1990 - 2000**



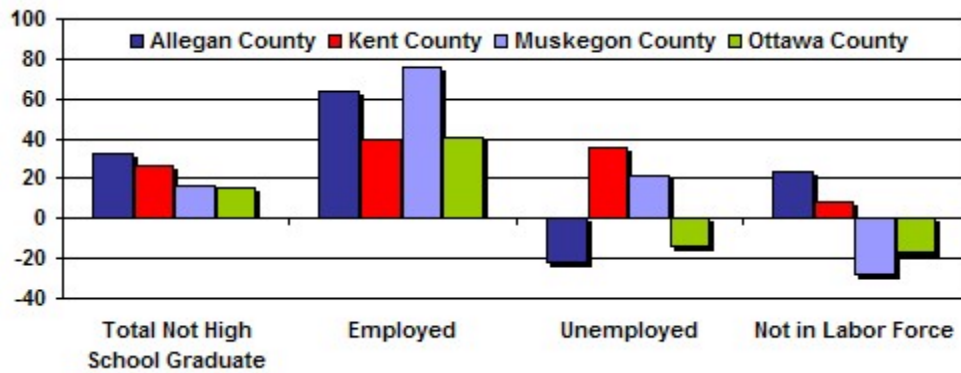
Source: 1990/2000 U.S. Census Bureau (SF3 sample data)

**Percent Change in Employment Status of 16 to 19 Year Old Civilians  
Who are Not Enrolled in School and are High School Graduates  
Grand Rapids MSA 1990 - 2000**



Source: 1990/2000 U.S. Census Bureau (SF3 sample data)

**Percent Change in Employment Status of 16 to 19 Year Old Civilians  
Who are Not Enrolled in School and are Not High School Graduates  
Grand Rapids MSA 1990 - 2000**



Source: 1990/2000 U.S. Census Bureau (SF3 sample data)