

YOUTH STATUS REPORT: DETROIT, MICHIGAN



COVENANT HOUSE INSTITUTE
MARCH 2009

Youth Status Report

This report is part of an ongoing series providing data tables and comparative analysis of key indicators of youth well-being at the national, state, and where available, city or county levels. Each report targets a city where Covenant House has a program site. The Covenant House Institute produced this report in an effort to inform advocacy and service delivery efforts, specifically with regard to the following: program development, advocacy and fundraising initiatives, legislative recommendations, and raising awareness among local, state, and federal officials.



Since 1972, **Covenant House** has been providing residential and comprehensive support services to homeless, runaway, and at-risk youth. Throughout its diverse network of 21 program sites in Canada, Latin America, and United States, Covenant House assists over 70,000 youth each year.

Covenant House Institute is the advocacy, research, and leadership development arm of Covenant House. The Institute's purpose is to advance advocacy, research, and leadership development in the social service sector working with homeless, runaway, and at-risk youth. To learn more about the Covenant House Institute, visit <http://www.covenanthouse.org>.

We are grateful for the support of Kevin M. Ryan, President and CEO of Covenant House, James M. White, Covenant House Chief Operating Officer, and Bruce J. Henry, Executive Director of Covenant House Institute. We also thank Elisabeth Lean, Advocacy Consultant for Covenant House Institute, for her work on this report.

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INTRODUCTION

At the heart of Covenant House's mission is the commitment to serve and assist all homeless, runaway, and at-risk youth. In order to provide the highest quality services and advocacy for this population, Covenant House must draw upon the most current information available regarding youth well being on national, state, and local levels. Such indicators of well being include levels of poverty, educational attainment, employment, placement in foster care and juvenile justice systems, pregnancy, alcohol and substance use, and mental and physical health. Research conducted over the past decade has revealed strong associations between these indicators and youth homelessness.¹

The Covenant House Institute produced this report to inform service delivery and advocacy efforts, specifically with regard to program development, fundraising initiatives, legislative recommendations, and raising awareness among local, state, and federal officials. The findings in this report can play a pivotal role in determining priorities and developing strategies.

This report focuses on the status of youth in Detroit.² It provides a comparative analysis of 24 indicators of well-being on the national, state, and, where available, city or county levels. While our analysis indicated many areas of need, we have highlighted the following key issues of particular concern:

Key Issues for Michigan:

- High percentage of 18-24 year olds in poverty (22%)
- High rate of unemployment among 20-24 year olds (15%)
- High percentage of monthly cigarette use among 18-25 year olds (45%)
- High percentage of monthly alcohol use among 18-25 year olds (69%)
- High percentage of monthly binge alcohol use among 18-25 year olds (48%)

Key Issues for Detroit:

- High percentage of 18-24 year olds in poverty (37%)
- High percentage of 18-24 year olds without a H.S. diploma or GED (30%)
- High percentage of 16-19 year olds who do not have a H.S. diploma or GED and are not enrolled in school (9%: this is nearly twice the state average)
- High percentage of 16-19 year olds who are not enrolled in school and are not working (14%)
- High rate of unemployment among 20-24 year olds (33%)
- High birth rates in Wayne County: ages 18-19 (97/1,000) and 20-24 (122/1,000)

¹ Toro, P. A., Dworsky, A., & Fowler, P. J. (2007). Homeless Youth in the United States: Recent Research Findings and Intervention Approaches. *National Symposium on Homelessness Research*, 6-1-6-33.

² Data has been gathered, computed, and extrapolated from various sources. Please note, due to variations in collection times, the data sets differ in years among the indicators. However, data in this report has been provided for the 4-5 most current years in which it is available. National data is used as a baseline from which to make comparisons, where appropriate, between the national and state data sets.

TABLES AND COMPARATIVE ANALYSIS

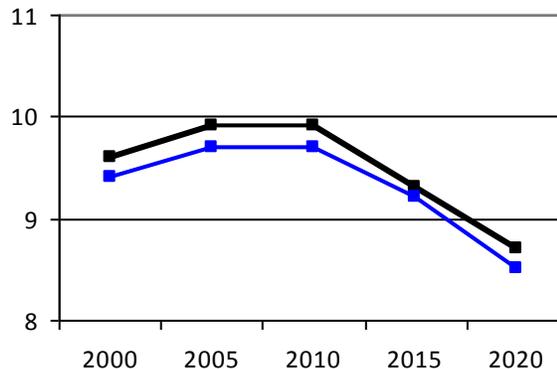
POPULATION

TABLE 1A: Population of 18-24 year olds

Year	United States	Michigan
2000	27,140,000	932,100
2005	29,160,000	985,500
2010	30,480,000	1,013,000
2015	30,000,000	975,000
2020	29,340,000	913,200

(Total number based on projections)

TABLE 1B: Population of 18-24 year olds



(Percent of total population)

As shown in Table 1A, between 2000 and 2020, the population of 18-24 year olds is expected to peak in 2010 at 30.5 million and then decline to 29.3 million by 2020. While Michigan will likely adhere to the same projections, the state will experience a greater decline in its population of 18-24 year olds compared to the national figures. As shown in Table 1B, by 2020, 18-24 year olds will represent less than 1 in 10 individuals both nationally and in Michigan. If these projections are accurate, the decline in the number of 18-24 year olds could have a significant impact on the economy as well as funding for programs designed to assist the needs of this population.

POVERTY

TABLE 2A: Percent of 18-24 year olds in poverty

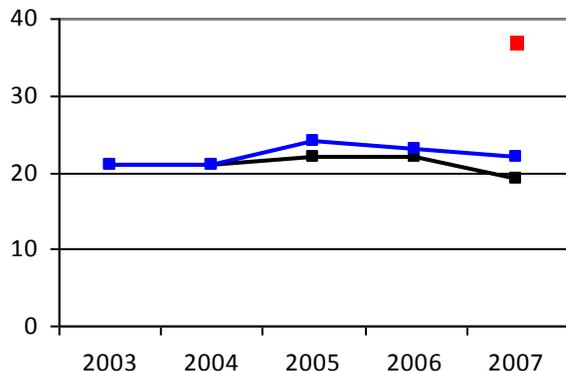
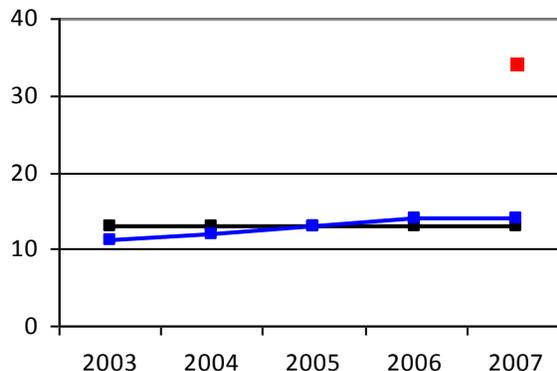


TABLE 2B: Percent of all individuals in poverty



From 2003-2007, the national percentage of 18-24 year olds in poverty peaked in 2005 and then declined to 19% in 2007 (see Table 2A). Michigan has adhered to a similar trend (peak year and decline); however, its percentage is currently 3 points higher than the national average. At 22%, Michigan has the second highest percentage of 18-24 year olds living in poverty in comparison to all jurisdictions in which Covenant House is located. In comparison, Detroit's percentage is the highest among Covenant House cities at 37%. This is 68% higher than the state average. As shown in Table 2B, the percentage of all individuals experiencing poverty remained stable from 2003-2007. With regard to Michigan, its percentage increased by 3 points and is 1 point greater than the national average. Conversely, Detroit's overall poverty rate is 143% greater than that of the state at 34%. As a result of the continued economic downturn and loss of jobs, especially in Michigan, one can anticipate a steady rise in the percentages of individuals experiencing poverty.

EDUCATION

TABLE 3A: Percent of 18-24 year olds without H.S. diploma or GED

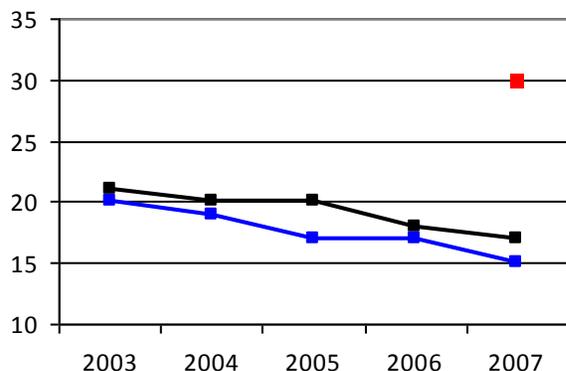
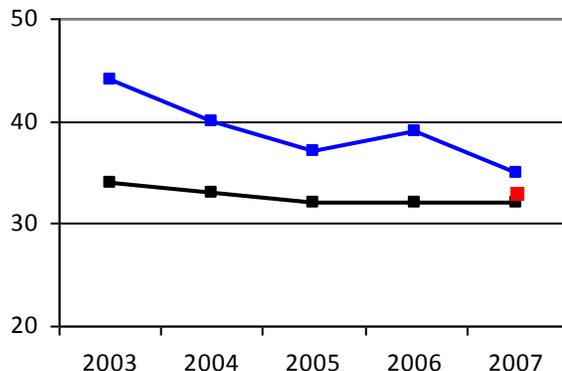


TABLE 3B: 18-24 year olds without H.S. diploma or GED



(Percent of 18-44 year olds without H.S. diploma or GED)

From 2003-2007, the percentage of 18-24 year olds who dropped out of high school declined by 19% on the national level and 25% in Michigan (see Table 3A). At 15%, Michigan’s percentage is 2 points less than the national average whereas that of Detroit’s is significantly higher at 30%. This is the highest percentage of 18-24 year old high school dropouts among Covenant House cities. As shown in Table 3B, nationally, 18-24 year olds account for 32% of all individuals between 18-44 years of age who have dropped out of high school. Comparatively, Michigan and Detroit’s percentages are slightly higher than the national average. The lack of a high school degree significantly affects employability, earning potential, etc. With an increasing demand for an information-based work force, individuals without at least a high school diploma are unable to compete with today’s highly-skilled labor pool.

TABLE 3C: Percent of 16-19 year olds without H.S. diploma or GED

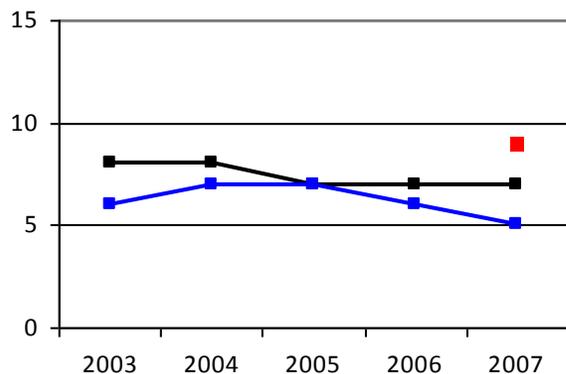
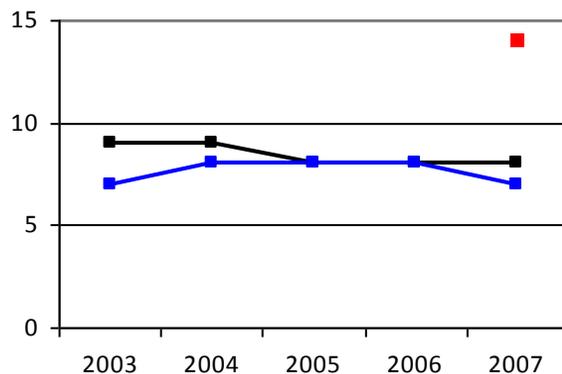


TABLE 3D: Percent of 16-19 year olds not working, not attending school



From 2003-2007, the percentage of 16-19 year old high school dropouts declined by 13% on the national level and by 17% in Michigan (see Table 3C). At 5%, Michigan’s percentage is 2 points less than the national average whereas that of Detroit’s is almost twice the state’s rate at 9%. As shown in Table 3D, the national percentage of 16-19 year olds not working and not attending school declined during the same period while Michigan experienced a 1 point increase from 2003-2004 before dropping to its 2003 rate of 7% in 2007. Once again, Michigan’s percentage is 2 points less than the national average whereas that of Detroit’s is double that of the state’s rate at 14%.

EMPLOYMENT

TABLE 4A: Unemployment rates among 20-24 year olds

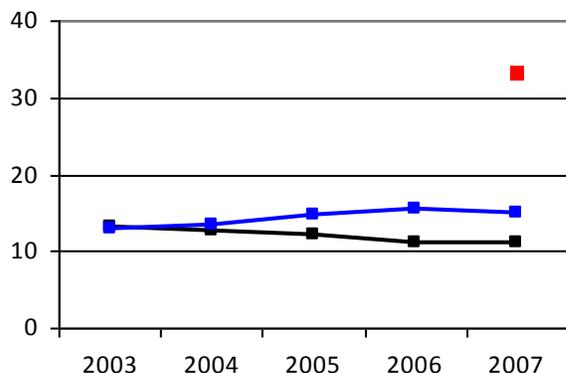
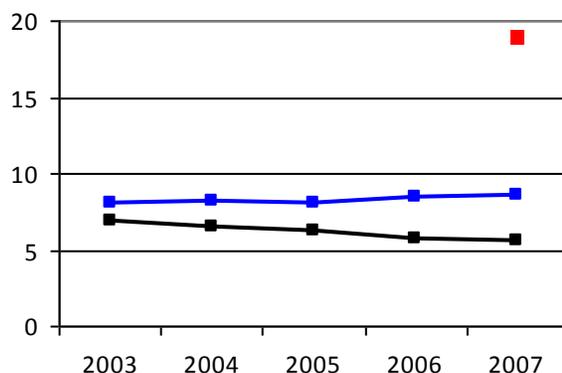


TABLE 4B: Unemployment rates among 20-64 year olds



Unemployment disproportionately affects 20-24 year olds with the national rate hovering around twice the unemployment rate for 20-64 year olds. As shown in Tables 4A and 4B, from 2003-2007, the national unemployment rates among 20-24 year olds and the full working adult population declined whereas Michigan's rates increased overall. Among states in which Covenant House is located, Michigan has the second highest unemployment rate among youth and the highest unemployment rate for all subsections of the working population. However, more significant are the rates of unemployment affecting Detroit's 20-24 year olds and 20-64 year olds. Once again, these rates are higher than those found in other Covenant House cities with nearly 1 in 3 youth and working adults experiencing unemployment. Given the mass layoffs in Detroit's auto industry, it is anticipated the percentage of unemployed youth and older working adults will continue to increase throughout 2009.

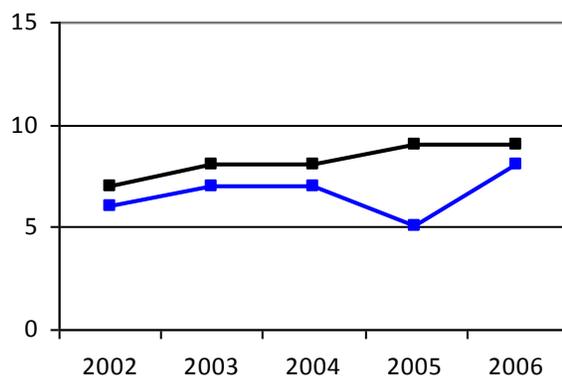
FOSTER CARE AND INSTITUTIONAL PLACEMENT

TABLE 5A: Individuals emancipating from care

Year	United States	Michigan
2002	19,604	607
2003	21,910	664
2004	22,718	667
2005	23,704	514
2006	24,871	718

(Total number)

TABLE 5B: Individuals emancipating from care



(Percent of all discharges)

From 2002-2006, the number of individuals emancipating from out-of-home care increased by 27% (see Table 5A). Overall, Michigan has experienced an 18% increase; however, in between 2004 and 2005, the number of emancipates declined by 23% before rising by 40% the following year. As shown in Table 5B, the percentage of individuals discharged from care due to emancipation has continued a slow, steady increase since 2002. Conversely, Michigan's percentages have varied by a couple points among the years presented. At 8%, it is 1 point below the national average. Caution must be used when interpreting this data as factors contributing to these fluctuations have not been specified (e.g., decrease in older youth in care).

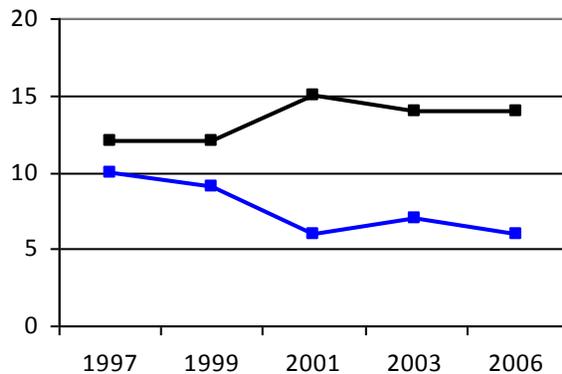
JUVENILE RESIDENTIAL PLACEMENT FACILITIES

TABLE 6A: Juveniles 18+ in residential placement

Year	United States	Michigan
1997	12,649	372
1999	13,407	342
2001	16,069	213
2003	13,841	195
2006	13,115	165

(Total number)

TABLE 6B: Juveniles 18+ in residential placement

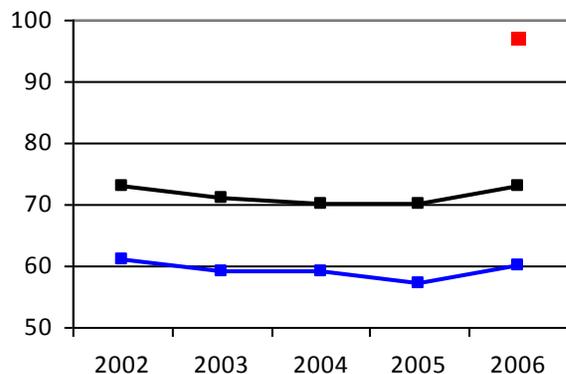


(Percent of all juveniles in placement)

While the overall number of individuals 18 years of age and older in juvenile residential placement peaked in 2001 at 16,000 and has since declined by 18%, the number of youth in these settings in Michigan has been reduced by 56% since 1997 (see Table 6A). As shown in Table 6B, despite the national decrease in youth in residential facilities, their overall representation in these settings has increased since 1997 such that 1 in 7 individuals is 18 years of age or older. Conversely, Michigan's percentage has declined from 10% in 1997 to 6% in 2006. Without additional information, it cannot be assumed that this reduction is attributable to an increase in trying these individuals as adults.

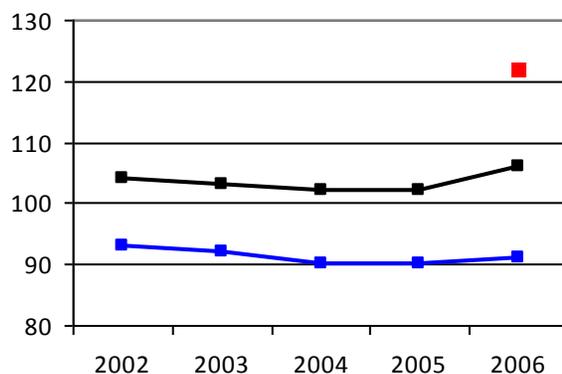
BIRTH RATES

TABLE 7A: Birth rate among 18-19 year old females



(Per 1,000 18-19 year old females)

TABLE 7B: Birth rate among 20-24 year old females



(Per 1,000 20-24 year old females)

From 2002-2005, the birth rates among 18-19 year olds and 20-24 year olds steadily declined on the national level as well as in Michigan (see Tables 7A and 7B). However, each locale experienced an increase in both rates in 2006. In comparison to the national rates, Michigan's are respectively 18% (among 18-19 year olds) and 14% (among 20-24 years) lower. Conversely, Wayne County's rates are well above the state and national averages. Among 18-19 year olds, Wayne County reports a birth rate that is 62% higher than the state's at 97/1,000. With regard to 20-24 year olds, the county's birth rate is 34% greater at 122/1,000. Both rates are among the highest with regard to counties in which Covenant House is located. Caution must be used in interpreting these results as these rates are reflective not of the city of Detroit but the county in which it is located.

SUBSTANCE USE

TABLE 8A: Percent of 18-25 year olds who report monthly cigarette use

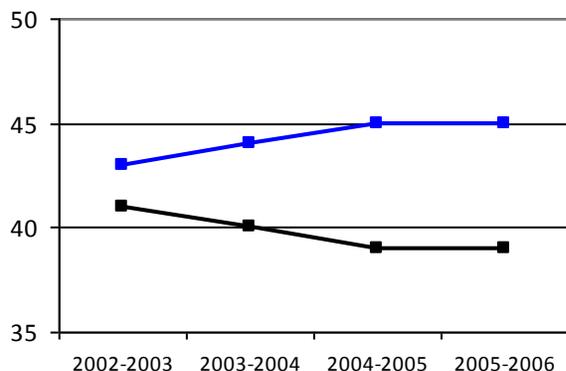


TABLE 8B: Percent of 18-25 year olds who report monthly marijuana use

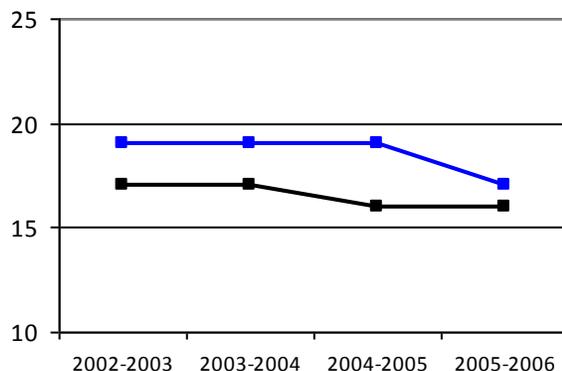
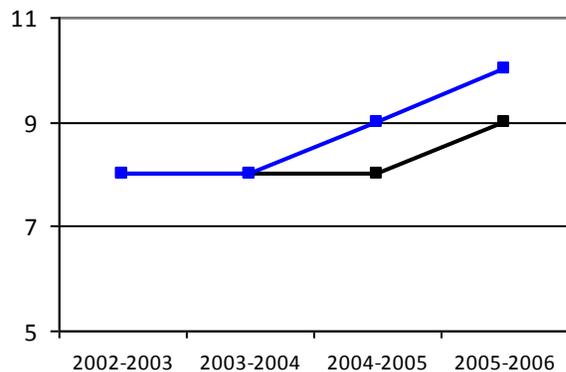


TABLE 8C: Percent of 18-25 year olds who report monthly illicit drug use (not marijuana)



Since 2002-2003, cigarette use among 18-25 year olds has declined by 5% whereas Michigan’s percentage increased by 5% (see Table 8A). At 45%, Michigan has the highest percentage of 18-25 year old smokers among Covenant House states, and along with DC, it is the only Covenant House jurisdiction to experience a rise in cigarette use. While the overall percentage of youth who report having used marijuana in the past month declined nationally and in Michigan (see Table 8B), the state average is 1 point higher than the national rate. As shown in Table 8C, the percentage of 18-25 year olds who have used any illicit drug (other than marijuana) in the past month has increased nationally and in Michigan. At 10%, the state’s rate is 2 points above the national rate, and along with Florida and Louisiana, its rate is the highest among Covenant House states.

ALCOHOL USE

TABLE 9A: Percent of 18-25 year olds who report monthly alcohol use

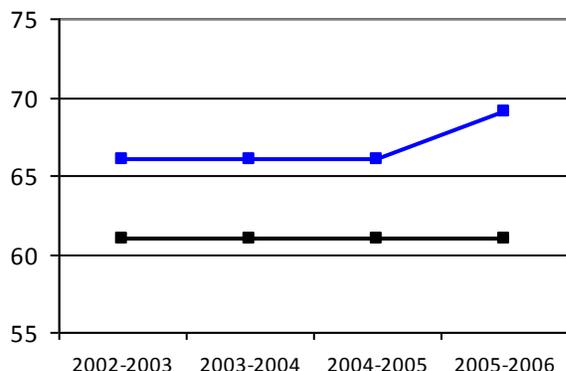
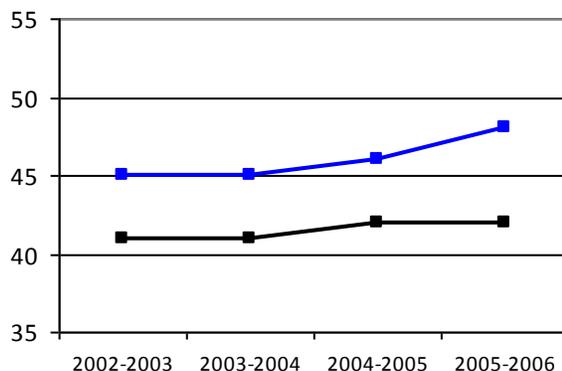


TABLE 9B: Percent of 18-25 year olds who report monthly binge alcohol use



Since 2002-2003, alcohol use among 18-25 year olds has remained stable at 61% whereas Michigan's percentage increased by 5% (see Table 9A). At 69%, Michigan's percentage is 8 points higher than the national rate. As shown in Table 9B, binge alcohol use among 18-25 year olds increased by 2% nationally and 7% in Michigan. At 48%, the state's rate is 6 points above the national average. In comparison to all jurisdictions in which Covenant House is located, Michigan has the second highest percentages in both categories. However, additional demographic information is needed in order to determine the makeup of this population (e.g. how much of this drinking is occurring among college/university students as well as those who are under age 21).

MENTAL HEALTH

TABLE 10A: Percent of 18-24 year olds who report frequent mental health distress

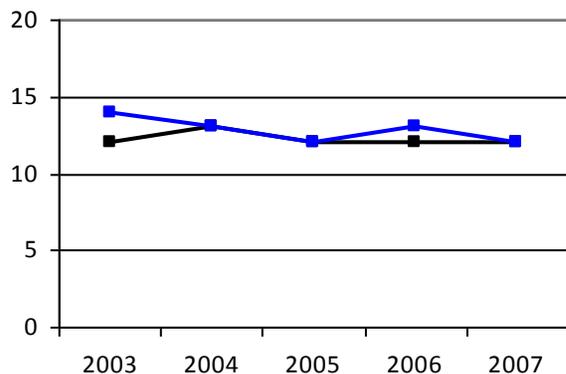
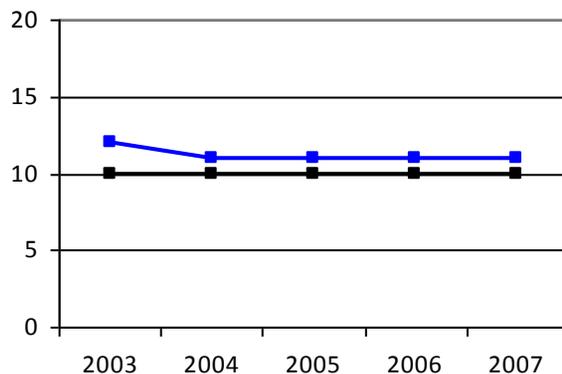


TABLE 10B: Percent of individuals 18+ who report frequent mental health distress



From 2003-2007, the percentages of 18-24 year olds and individuals 18 years of age and older reporting frequent mental health distress have remained relatively stable (see Tables 10A and 10B). With regard to mental health distress among 18-24 year olds, Michigan's rate has experienced 1 point fluctuations throughout the years presented. At 12%, it is equal to the national average. Mental health distress among the state's 18+ population declined by 1 point from 2003-2004 and is currently 1 point above the national rate at 11%. Caution must be exercised in interpreting these results as the data was culled from self reports.

HEALTH

TABLE 11A: Percent of 18-24 year olds without health care coverage

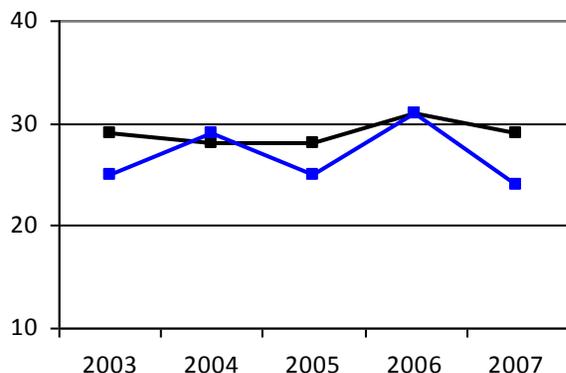
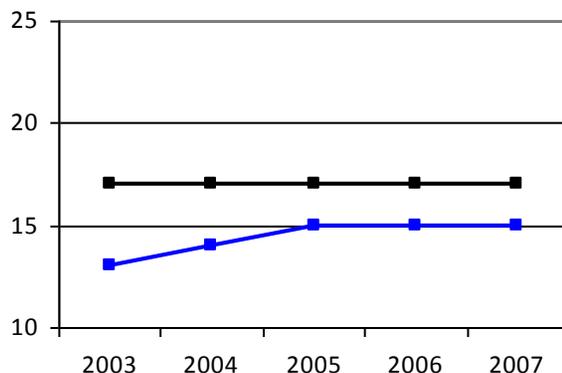


TABLE 11B: Percent of 18-64 year olds without health care coverage



From 2003-2007, the percentages of 18-24 and 18-64 year olds without health care coverage have remained relatively stable (see Tables 11A and 11B). However, 18-24 year olds who lack health coverage represent the largest percentage of individuals within their age group without health insurance. While Michigan’s percentage of youth without health coverage has fluctuated between 4-7 points throughout the years presented, at 24%, it is 5 points below the national average. Yet, 1 in 4 of the state’s 18-24 year olds lacks health insurance compared with 1 in 6.5 individuals between ages 18-64. Without coverage, youth have limited to no access to health care, including mental health care. Thus, they are rendered susceptible to preventable ailments, undiagnosed conditions, and overall poor health.

DENTAL

TABLE 12A: Percent of 18-24 year olds who have not seen a dentist in the past year

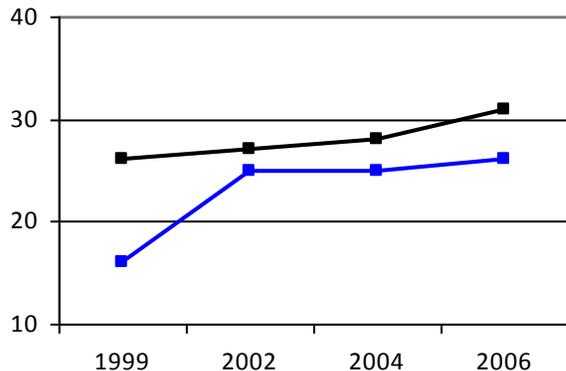
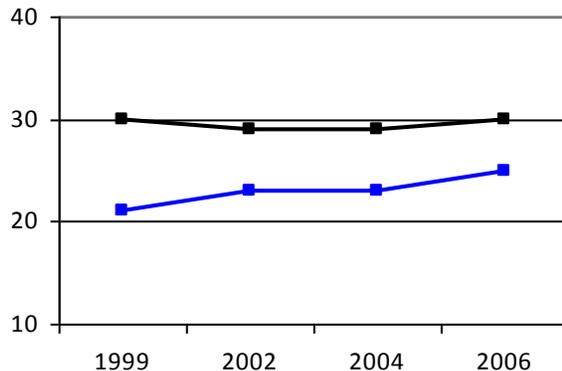


TABLE 12B: Percent of individuals 18+ who have not seen a dentist in the past year



Poor dental health can lead to a variety of health problems, including heart disease and death. From 1999-2006, the percentage of 18-24 year olds who have not see a dentist in the past year has increased 19% nationally and by 63% in Michigan (see Table 12A). Despite this rise, the state’s rate is 5 points below the national average. While the percentage of all individuals 18 years of age and older who have not had annual dental care remained relatively stable from 1999-2006, Michigan’s rate increased by 19% (see Table 12B). Similarly, this rate is also lower than the national average. However, it remains that 1 in 4 of the state’s 18-24 year olds and those 18+ have not seen a dentist in the past year.

CAUSES OF DEATH

TABLE 13A: Deaths due to homicide among 18-24 year olds

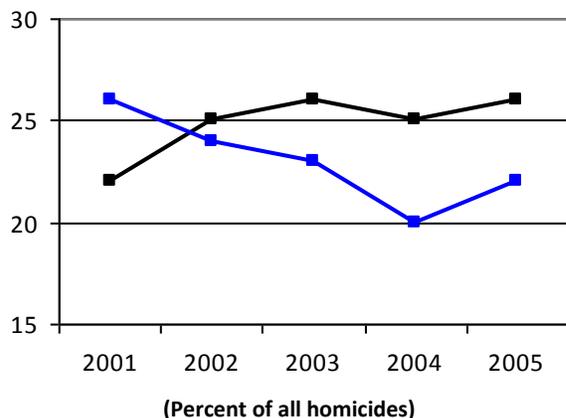


TABLE 13B: Deaths due to suicide among 18-24 year olds

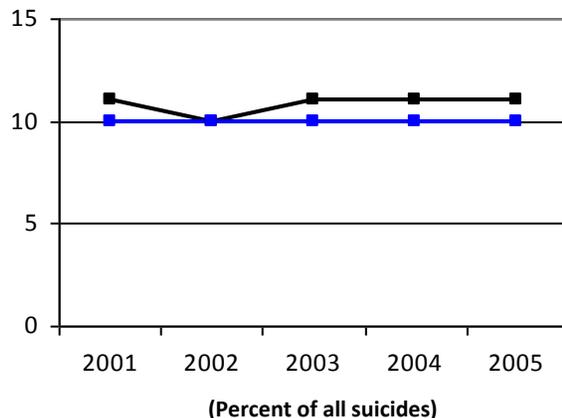
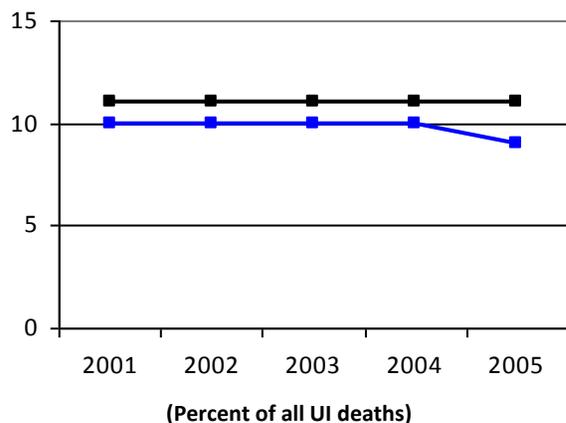


TABLE 13C: Deaths due to unintentional injury among 18-24 year olds



The three leading causes of death for 18-24 year olds are unintentional injury (vehicular accidents, suffocation, drowning, falls, fires/burns, poisoning, etc.), homicide, and suicide. From 2001-2005, the percentage of 18-24 year olds who account for all homicide victims increased by 18% nationally but declined by 15% in Michigan (see Table 13A). At 22%, it is 4 points below the national average. As shown in Table 13B, the percentage of 18-24 year olds who account for all suicide victims has remained relatively stable on the national level and in Michigan. At 10%, the state's percentage is 1 point lower than the national rate. Similar to suicide rates, the percentage of youth victims of unintentional injury has hovered at 11% (see Table 13C). From 2001-2004, the percentage of Michigan's 18-24 years olds accounting for all deaths due to unintentional injury held steady at 10% before dropping to 9% in 2005.

CONCLUSIONS

Broad analysis of the indicators presented in this report reveal that youth in Detroit are vulnerable to experiencing poverty, low educational attainment, unemployment, early parenthood, and alcohol and substance abuse— all of which can contribute to youth becoming and remaining homeless. Yet, each risk factor cannot be viewed in isolation. To most effectively address the comprehensive needs of homeless and at-risk youth, a multifaceted approach must be undertaken that focuses on the following:

- **Interconnected relationship between education, employment, and poverty:** Educational attainment, employability, and poverty are all intricately intertwined. Analysis of data compiled by the National Center for Education Statistics³ clearly reveals that young adults (ages 25-34) who have less than a high school education earn significantly less per year than those who have a high school diploma or GED equivalent. As of 2006, the average annual income among full-time workers who had less than a high school education was \$22,000 compared to \$29,000 for workers who had a high school diploma or GED equivalent. African-American young adults with less than a high school education face much bleaker prospects with their annual income averaging \$18,000. This is significant as approximately 84% of Detroit's population is African-American; thus, the need to develop, invest, and expand educational programs and employment opportunities among African-American youth is crucial.
- **Challenges of early parenthood:** Poverty, low educational attainment, and unemployment, coupled with the absence of child care resources and poor coping strategies, hinder young parents' ability to provide and care for their children. As such, children of homeless young mothers are vulnerable to experience repeated episodes of homelessness, abuse and neglect, involvement in the child welfare and juvenile and criminal justice systems, and poor health outcomes. Ample supports should be made available in order to ensure young mothers and fathers have the opportunity to thrive as parents, providers, and contributing members of society.
- **Outcomes of sustained alcohol and substance abuse:** Youth who engage in prolonged abuse of alcohol and drugs are more likely to experience physical and mental health-related problems, school failure, delinquency, involvement in the juvenile justice system, early and unplanned pregnancies, and alcohol- and drug-related violence. Undoubtedly, youth need access to treatment services that are affordable and impart timely, high quality care. However, youth between ages 18-24 represent the largest percentage of individuals within their age bracket who do not have health insurance. Hence, legislation and programs that specifically increase at-risk youth's access to health care, including substance abuse treatment, is greatly needed.

³ Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., et. al. (2008). *The Condition of Education 2008* (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.

DATA SOURCES

Population (2000, 2005, 2010, 2015, 2020)

U.S. Census Bureau, Population Division. (2005). Table B1: The Total Population by Selected Age Groups. In *Interim State Population Projections, 2004-2030*. Washington, DC: Author.

Note: Percent of total population has been manually calculated.

Poverty (2003-2007)

U.S. Census Bureau. (2007). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2007 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2006). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2006 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2005). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2005 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2004). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2004 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2003). Table P114: Poverty Status in the Past 12 Months by Sex by Age. In *2003 American Community Survey*. Washington, DC: Author.

Note: All percents have been manually calculated.

Education (2003-2007)

U.S. Census Bureau. (2007). Tables B14005: Sex by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years and B15001: Sex by Educational Attainment for the Population Age 18 Years and Over. In *2007 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2006). Tables B14005: Sex by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years and B15001: Sex by Educational Attainment for the Population Age 18 Years and Over. In *2006 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2005). Tables B14005: Sex by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years and B15001: Sex by Educational Attainment for the Population Age 18 Years and Over. In *2005 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2004). Tables B14005: Sex by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years and B15001: Sex by Educational Attainment for the Population Age 18 Years and Over. In *2004 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2003). Tables PCT036: Armed Forces Status by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years Old and PCT033: Sex by Age by Educational Attainment for the Population Age 18 Years and Over. In *2003 American Community Survey*. Washington, DC: Author.

Note: All percents have been manually calculated.

Employment– Census (2003-2007)

U.S. Census Bureau. (2007). Table S2301: Employment Status. In *2007 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2006). Table S2301: Employment Status. In *2006 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2005). Table S2301: Employment Status. In *2005 American Community Survey*. Washington, DC: Author.

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Note: Percents for 2003 have been manually calculated.

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Note: Percent of all discharges has been manually calculated.

Juvenile Residential Placement Facilities (1997, 1999, 2001, 2003, 2006)

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Note: Percent of all juveniles in residential placement has been manually calculated.

Birth Rates (2002-2006)

Centers for Disease Control and Prevention, National Center for Health Statistics (CDC, NCHS). (n.d.). Tables: Demographic Characteristics of Mothers, 2002-2006. In VitalStats.

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Notes: All data has been manually calculated. While the CDC makes county birth rate data available, it does not provide population data outside of national and state information. However, the CDC obtains this data from the Census Bureau. In order to calculate Wayne County's birth rates among 18-19 and 20-24 year olds, population data was obtained from the American Community Survey.

Substance and Alcohol Use (2002/2003-2005/2006)

Hughes, A., Sathe, N., & Spagnola, K. (2008). *State Estimates of Substance Use from the 2005–2006 National Surveys on Drug Use and Health* (DHHS Publication No.SMA 08-4311, NSDUH Series H-33). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies (SAMHSA, OAS).

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Centers for Disease Control and Prevention. (n.d.). Behavioral Risk Factor Surveillance System Survey Data, 2003-2007.

Health (2003-2007)

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Dental (1999, 2002, 2004, 2006)

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Causes of Death (2001-2005)

Centers for Disease Control, National Center for Injury Prevention and Control. (n.d.). WISQARS Injury Mortality Reports, 2001-2005.

Note: All percents have been manually calculated.



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