

IV. RISK AND PROTECTIVE FACTORS

The Research Team and MDCH's "Social Indicators" report identified specific community demographic risk factors, including economic deprivation, school dropout rates, and the percentage of males ages 18 to 34. These risk factors and identified protective factors/community assets are presented here. Some of the programs identified in the above section could also fall under this protective factors section of the report.

Household Income and Community Economic Status

Monroe County Median household income in Monroe County is \$53,850. Household income is lowest in Luna Pier (\$40,900) and highest in Exeter Township (\$63,806.) Monroe County has a relatively low percentage of its population living below the poverty level (7%); poverty is highest in Luna Pier City (14%) and Monroe City (13%). Poverty among the elderly in Monroe County (13%) is less than for other age groups. The overall unemployment rate in Monroe County is 23 per 1,000 available persons for the workforce (ages 16 on up) with Luna Pier City having the highest rate of 44 per 1,000. Sixty-three percent of county residents have a high school diploma or GED.ⁱ High school dropout rates are highest for the Monroe Public Schools (5.1), which also has the highest percentage of enrolled students meeting federal criteria for the free and reduced lunch program (32.1%).ⁱⁱ

Despite its relative affluence Monroe County has experienced a larger percentage increase in the number of public assistance recipients between 2001 and 2004 (35%) than the State of Michigan (26%). Likewise the number of persons using Medicaid increased more in Monroe County (26%) than statewide (17%). The largest increase in Medicaid enrollments were for families with dependent children up 32% between 2001 and 2004.ⁱⁱⁱ See Tables in [Appendix O](#) for details.

Wayne County Median household income in Wayne County is lower than Monroe at \$40,776. While there is roughly a \$23,000 difference between the highest income and lowest income community in Monroe County, in Wayne there is a difference of about \$97,000. Household income is lowest in Highland Park (\$17,737) followed by River Rouge (\$29,214) and highest in Grosse Pointe Township (\$114,863). The overall percentage of the community living in poverty in Wayne County is 16%. Poverty is highest in Highland Park (38%) and Hamtramck (27%). Poverty among persons over age 65 is lower (8%) than other age groups. Forty percent of children 17 years of age or less live in poverty. Overall unemployment in Wayne County is 51 per 1,000 available workers. Unemployment is highest in Highland Park at 91 per 1,000, followed by Detroit 78 per 1,000 and River Rouge at 76 per 1,000. Fifty-nine percent of County residents have at least a high school diploma or GED. Not surprisingly communities that have more residents with a Bachelors or Masters degree have lower rates of unemployment and higher median incomes. For example, River Rouge where only 77 persons have a Masters degree and 80% of the population has just a GED or high school diploma.^{iv} Inkster (88.5%), Highland Park (80.3%) and River Rouge (79.1%) have the highest percentage of students enrolled in the free and reduced lunch program. These three school districts also are amongst those with the highest dropout rates: Highland Park 46.8, Ecorse 27.1, and Inkster 12.7. Dropout rates for River Rouge were not available.^v

In Wayne County the number of persons receiving public assistance rose 20% between 2001 and 2004. The DHS Taylor office saw an increase of 84%, while Lincoln Park saw an increase of 131%. The increase in Taylor and the 51% decrease in Highland Park in part reflect the closing of the Highland Park and Romulus offices by DHS. The number of Medicaid recipients rose 9% in Wayne County with the largest increase occurring in the blind eligibility category (72%).^{vi} See Tables in [Appendix O](#).

Community Demographics

Data were collected and analyzed for several community risk factors relative to population dynamics: the percentage of female headed households, the percentage of renter households, and the percentage of males ages 18 to 34 in the community. A known community risk factor related to poverty is the number of female headed households in the community. The percentage of renter households in a community reflects community stability and residents sense of attachment to the community. MDCH's factor analysis also identified the percentage of males ages 18 to 34 as a community risk factor.^{vii}

SEMCA staff was also interested in the incidence of HIV/AIDS and Hepatitis C. Monroe County estimates of Hepatitis C are 2,627 and the incidence of HIV/AIDS is 60 or 41.1 per 100,000 residents. Wayne County estimates of Hepatitis C are 37,101 and estimates of HIV/AIDS exclusive of Detroit are 1,550 or 139.7 per 100,000.^{viii} Data on known youth risk factors such as births to teenagers, sexually transmitted diseases and child mortality were also analyzed.

Monroe County: Community Risk Factors There are five communities in Monroe County with female headed household rates of 30% or higher and four communities with rates over 40%. Exeter Township has the highest rate at 62%, followed by Milan Township 48%, Petersburg 45% Monroe City 44%, and Monroe Township 38%. Three of these communities also have some of the highest rates of renter households: Monroe City 38.1%, Monroe Township 20.2% and Petersburg 26.2%. Milan has the highest rate of renter households at 39.2%. Rounding out the top five are Luna Peir 28.6% and Dundee Township 24.5%.^{ix} Data on these risk factors are distributed in Tables and GIS maps in [Appendix O](#).

Monroe County: Youth Risk Factors Monroe County's live birth rate county wide in 2003 was 15.8 per 1,000 teenagers ages 10 to 19 in the county. The highest rate in the community is Monroe City at 51.6%. Monroe County rates of sexually transmitted diseases (STDs) increased between 1994 and 2003, while the rates of STDs statewide decreased during the same time period, with the exception of Chlamydia. Chlamydia rates are rising in Monroe County and statewide. The percentage increase in STDs among males in Monroe County rose more than the rates for females. Except for Primary & Secondary Syphilis where rates for both genders rose 100%.^x Between 1998 and 2001 the child mortality rate for Monroe County children birth through age 18 increased 32%.^{xi} See Tables in [Appendix O](#).

Wayne County: Community Risk Factors There are 10 communities in Wayne County with female headed household rates that exceed 40% Flatrock has the highest rate of 60%, followed by River Rouge 57%, and Highland Park and Inkster at 56%. Taylor and

Ecorse also exceed 50%, 54% and 52% respectively. Three of these communities also have some of the highest percentage of housing that is occupied by renters Ecorse 38.2%, Highland Park 61.4%, and River Rouge 42.1%. Hamtramck 50.1%, Van Buren Townships rates at 39.4% are also high as is Northville 38.6%. Van Buren also has the highest percentage of males' ages 18 to 34 in its population (15.5%), second is Hamtramck at 15.2%. Third is Westland at 13.3% and fourth is Plymouth 12.9%. Lincoln Park rounds out the top five with 12.8% of its population between the ages of 18 and 34.^{xiii} See Tables in [Appendix O](#).

Wayne County: Youth Risk Factors Wayne County's total live birth rate is 13.2 per 1,000 females ages 10 to 19 in Wayne County. Ecorse is the only out-Wayne County community whose live birth rates for teen's ages 10 to 19 exceeds forty percent (41.2%). Highland Park follows at 38.4% trailed by Melvindale (28.15%), Romulus 27.8%, and Wayne City at 24.8%. Chlamydia rates and Primary & Secondary Syphilis increased 74% and 76% respectively among males in Wayne County. Rates of STDs among females declined except for Chlamydia which rose 23% between 1994 and 2003.^{xiii} Child mortality in Wayne County between 1998 and 2001 declined 19%.^{xiv} See Tables in [Appendix O](#).

Community Risk and Protective Factors

Key Informants Key informants were asked how they perceived the roles of two community institutions in prevention: 1) law enforcement, and 2) the schools. Education especially in the form of the DARE program was seen as the primary role these two institutions play. Law enforcements' role of enforcement and control was noted by nearly one-quarter of informants. Persons within and outside of the law enforcement community felt law enforcement could do more, especially among Wayne informants. One-third of [Wayne County](#) informants also felt schools could do more, whereas [Monroe County](#) informants were content with the schools' role. See Tables in [Appendix P](#).

Stakeholder Survey The mailed stakeholder survey also asked about the role or law enforcement agencies and schools in prevention. Half of respondents perceive the primary role of law enforcement as education particularly through the DARE program. Enforcement and control was mentioned by 25% of all respondents, and 44% of law enforcement respondents. One-quarter of providers felt that the role of law enforcement was minimal and that more could be done by law enforcement as did 11% of law enforcement respondents and 4.3% of school system respondents. Prevention education (45.1%) was identified as the major prevention role of schools. Roughly 18% of providers and law enforcement respondents felt the schools prevention role was minimal and that they could do more. See Tables in [Appendix P](#).

Telephone Poll Respondents Over half of telephone poll participants report there is a prevention coalition in their community (57.3%). Despite this awareness, less than half of those polled were interested in joining these coalitions. More Wayne stakeholder survey respondents were interested in joining coalitions (43.2%), than Monroe 33%. Only two (40%) of prevention providers returning mailed stakeholder surveys belong to a local prevention coalition.

Access and Marketing [Chart 1](#) depicts the percentage of citizens participating in the telephone survey who answered "agree" or "strongly agree" to the questions about access and marketing of alcohol and tobacco in their communities. Nearly half (49%) of Wayne

County participants agree that there are too many stores in their communities selling alcohol and tobacco, and 35% of Monroe respondents agree with this statement. One-third of Wayne respondents also feel there are too many billboards in their community promoting alcohol and tobacco, while 19% of Monroe respondents agreed with this statement. Both counties have retailers with multiple violations for selling to minors.

Smoking and Birth Trends Between 1990 and 2002 the percent change in out-Wayne County births declined for Caucasians, but increased for Asian's 216.9%, Arabs 121.9%, Hispanics 52.7%, African-American 4.9% and Native Americans 2.4%. These birth cohort trends will impact the need for culturally competent services in the future. Smoking while pregnant declined among out-Wayne County mothers during the 1990s among all groups except Native Americans. Rates of smoking while pregnant for some out-Wayne County groups are higher than in Detroit or Statewide. These out-Wayne County groups with higher rates on average between 2000 and 2002 are: Arabs 4.1% and Hispanics 7.3%.^{xv}

ⁱ 2000 U.S. Census Bureau, American Fact Finder. Calculations by Eastern Michigan University

ⁱⁱ Michigan Department of Education, Center for School Performance and Information
<http://www.michigan.gov/mde> retrieved January 2005

ⁱⁱⁱ Michigan Department of Human Services Performance Reports 2001/2002, 2002/2003, and 2003/2004. No data available for Highland Park in 2003/2004

^{iv} Op cite. 2000 U.S. Census Bureau.

^v Op cite. Michigan Department of Education.

^{vi} Op cite. Michigan Department of Human Services.

^{vii} Op cite. Calkins, et al

^{viii} Data on the distribution of HIV/AIDS from Michigan Department of Community Health Vital Statistics and Records Office. Retrieved from http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2976-13105--,00.html and http://www.michigan.gov/documents/JULY_2005_131630_7.pdf January 2005

Data on Hepatitis C prevalence from Michigan Department of Community Health Vital Statistics and Records Office Retrieved from http://www.michigan.gov/documents/EstimatedHCVPrevalencebyCounty_82541_7.pdf January 2005

^{ix} Op cite, 2000 U.S. Census Bureau

^x Michigan Department of Community Health, Vital Statistics Retrieved from <http://www.michigan.gov/mdch/0,1607,7-132-2944--,00.html> November 2004.

^{xi} Michigan Child Death State Advisory Team (2004). *Child Deaths in Michigan*. Lansing, MI: Michigan Department of Human Services.

^{xii} Op cite. 2000 US Census Bureau

^{xiii} Op cite. MDCH vital statistics

^{xiv} Op cite. Michigan Child Death State Advisory Team.

^{xv} Michigan Department of Community Health, Vital Records and Health Data Development Section as cited in "Race/Ethnicity Counts in the Right Start 2004." Lansing, MI: Michigan League for Human Services.