| POPULATION | 2010 | 2018 | \% change | POPULATION BY RACE (2018) |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Total population | 280,895 | 292,735 4.2\% |  | Child population by race |  | Young adult population by race |  |
| Child population | 58,599 | 58,406 | -0.3\% | Hispanic 0-17 | 6,625 | Hispanic 18-24 | 4,295 |
| - Ages 0-5 | 19,374 | 19,886 | 2.6\% | Non-Hispanic 0-17 |  | Non-Hispanic 18-24 |  |
| - Ages 6-12 | 22,509 | 22,205 | -1.4\% | - African American/Black | 11,566 | - African American/Black | 6,932 |
| - Ages 13-17 | 16,716 | 16,315 | -2.4\% | - American Indian | 348 | - American Indian | 279 |
| Young adult popu | ation |  |  | - Asian/Pacific Islander | 4,359 | - Asian/Pacific Islander | 6,256 |
| - Ages 18-24 | 54,895 | 55,745 | 1.5\% | - White | 35,508 | - White | 37,983 |



## ADDITIONAL DATA

Children receiving Early On services by ISD, ages 0-2
Students in Special Education
Students who are homeless by ISD, K-12

Students who drop out
Teens not in school or working, ages 16-19

d
\%
LET'S KEEP KIDS MOVING FORWARD

|  | KEY TRENDS OVER TIME | BASE YEAR (2010) |  | MOST RECENT YEAR |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | NUMBER | RATE | NUMBER | RATE | RATE CHANGE | MI RATE | TREND |
|  | Less than adequate prenatal care | 841 | 25.3\% | 960 | 30.4\% | 20.2\% | 32.1\% | O |
| , | Infant mortality ${ }^{\wedge}$ | 20 | 5.9 | 19 | 5.9 | -0.1\% | 6.7 |  |
| III | Child deaths, ages 1-14* | 7 | 14.6 | 8 | 18.7 | 28.1\% | 18.8 |  |
|  | Teen deaths, ages 15-19* | 9 | 32.9 | 10 | 36.9 | 12.2\% | 49.8 |  |
| - | Young adult deaths, ages 18-24* | 19 | 33.7 | 21 | 37.7 | 12.0\% | 88.0 |  |
| 플 | ADDITIONAL DATA |  |  | NUMBER |  | TE MIRATE |  |  |
| 1 | Children with health insurance, ages 0-18 |  |  | 57,912 |  | \% 97.1\% |  |  |
| II | Insured by Medicaid, ages 0-18 |  |  | 26,381 |  | 5\% 42.6\% |  |  |
| - | Low-birthweight babies |  |  | 277 |  | \% 8.6\% |  |  |
|  | Fully immunized toddlers, ages 19-35 months |  |  | 3,779 |  | 74.1\% |  |  |
|  | Children tested for lead, ages 1-2 |  |  | 2,658 | 40. | 3\% 39.4\% |  |  |
|  | Children hospitalized for asthma, ages 1-14 |  |  | 32 |  | 5.510 .0 |  |  |
|  | Children with food insecurity, ages 0-17 |  |  | 9,200 |  | \% 15.9\% |  |  |
|  | Mental health providers (ratio of population to provider) |  |  | 1,048 |  | 7:1 404:1 |  |  |



An equitable, two-generational approach will help Michigan's kids keep moving forward.
A child's well-being should not be determined by their race, place or income, but data shows that this is the reality. That's why our racial equity lens considers how policy decisions help or hinder outcomes. We also consider access to opportunity for the adults in kids' lives when working to improve well-being.

${ }^{\wedge}$ Rate per 1000 tRate per 10,000 *Rate per 100,000 *Data suppressed
For all data definitions and sources, see the Definitions, Notes and Sources page.
More data (including nearly 100 indicators, trends, graphs, rates and more) are on the Kids Count Online Data Center.
Celebrate the wins and identify policy recommendations to improve children's well-being here.

