## FLINT

A BETTER FUTURE IS POSSIBLE

| POPULATION | 2010 | 2020 | \% Change |
| :--- | ---: | ---: | ---: |
| Total population | 102,259 | 81,252 | $-20.5 \%$ |
| Child population | 27,914 | 20,137 | $-27.9 \%$ |
| - Ages 0-5 | 8,177 | 6,668 | $-18.5 \%$ |
| - Ages 6-12 | 10,418 | 8,026 | $-23.0 \%$ |
| - Ages 13-17 | 7,723 | 5,444 | $-29.5 \%$ |
| Young adult population |  |  |  |
| - Ages 18-24 | 11,571 | 7,757 | $-33.0 \%$ |





|  | KEY TRENDS OVER TIME | BASE YE | (2010) |  | T RECEN | NT YEAR (20 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Number | Rate | Number | Rate | Rate Change | MI Rate | Trend |
|  | Less than adequate prenatal care | 755 | 41.9\% | 654 | 49.6\% | 18.5\% | 32.2\% | $\bigcirc$ |
|  | Infant mortality ${ }^{\wedge}$ | 23 | 12.6 | 17 | 12.9 | 2.6\% | 6.6 | - |
|  | Child deaths, ages 1-14* | 5 | 25.0 | 8 | 45.7 | 82.8\% | 18.5 | - |
| 2 | Teen deaths, ages 15-19* | 10 | 109.0 | 9 | 153.1 | 40.5\% | 48.1 | - |
| II | Young adult deaths, ages 18-24* | 24 | 209.1 | 18 | 193.8 | -7.3\% | 83.8 | $\bigcirc$ |
| か | ADDITIONAL DATA <br> (Most recent year is listed in parentheses) |  |  | Number | Rate |  | MI Rate |  |
| F | Children with health insurance, ages 0-18 (2019) |  |  | 25,059 | 100.0\% |  | 96.6\% |  |
| ¢ | Insured by Medicaid, ages 0-18 (2021) |  |  | 15,227 | 71.9\% |  | 48.7\% |  |
| II | Low-birthweight babies (2020) |  |  | 201 | 15.2\% |  | 8.7\% |  |
|  | Fully immunized toddlers, ages 19-35 months (2021) |  |  | N/A | N/A |  | 69.4\% |  |
|  | Children tested for lead, ages 1-2 (2020) |  |  | 1,241 | 57.6\% |  | 29.8\% |  |
|  | Children hospitalized for asthma, ages 0-14 ${ }^{\text {( }}$ (2019) |  |  | 138 | 39.4 |  | 10.6 |  |
|  | Children with food insecurity, ages 0-17 (2019) |  |  | N/A | N/A |  | 14.2\% |  |
|  | Mental health providers (ratio of population to provid | der) (2020) |  | N/A | N/A |  | 355:1 |  |


|  | KEY TRENDS OVER TIME | BASE YEAR | (2010) |  | MOST RE | CENT YEAR |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | (Most recent year is listed in parentheses) | Number | Rate | Number | Rate | Rate Change | MI Rate | Trend |
|  | Birth to teens, ages 15-19 ${ }^{\wedge}$ (2020) | 362 | 76.8 | 118 | 41.8 | -45.6\% | 14.8 | - |
|  | Child abuse/neglect, ages 0-17 (2021) |  |  |  |  |  |  |  |
|  | - Children in investigated families^ | 9,344 | 346.3 | 5,823 | 289.2 | -16.5\% | 86.2 | - |
|  | - Confirmed victims ${ }^{\wedge}$ | 1,613 | 59.8 | 876 | 43.5 | -27.2\% | 12.1 | - |
| 2 | - Children in out-of-home care^ | 504 | 18.7 | 221 | 11.0 | -41.1\% | 4.3 | - |
|  | ADDITIONAL DATA (2020) |  |  | Number | Rate |  | MI Rate |  |
| $\bigcirc$ | Children living in high-poverty areas, ages 0-17 |  |  | 17,858 | 76.6\% |  | 12.5\% |  |
| $\infty$ | Children by household structure, ages 0-17 |  |  |  |  |  |  |  |
| $\geqslant$ | - Family with married parents |  |  | 6,515 | 28.1\% |  | 66.5\% |  |
| E | - Family with single parent |  |  | 16,636 | 71.9\% |  | 33.5\% |  |
| < | Children in poverty by household structure, ages |  |  |  |  |  |  |  |
|  | - Family with married parents |  |  | 1,474 | 22.6\% |  | 8.4\% |  |
|  | - Family with single parent |  |  | 10,765 | 64.7\% |  | 38.2\% |  |
|  | English not spoken at home, ages 5-17 |  |  | 429 | 2.6\% |  | 10.4\% |  |
|  | Children with internet at home, ages 0-17 |  |  | 17,017 | 72.9\% |  | 92.5\% |  |

Kids Count provides child advocates, agencies, public officials and legislators with the best available data, nonpartisan policy recommendations and tools to advance policies that benefit children. Our data-based profiles help decision-makers understand the educational, social, economic and physical well-being of children across the state.

An equitable, two-generation 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.


