




# MINNESOTA KIDS COUNT 2015:

## *Developing Opportunities for All Minnesota Children*

DEAR LORD  
BE GOOD TO ME  
THE SEA IS SO  
WIDE AND  
MY BOAT IS  
SO SMALL



Children's Defense Fund  
MINNESOTA



*Produced by Children's Defense Fund—Minnesota*

# Minnesota KIDS COUNT is a Project of Children's Defense Fund–Minnesota

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective voice for all the children of America who cannot vote, lobby or speak for themselves. We pay particular attention to the needs of poor children, children of color and those with disabilities. CDF educates the nation about the needs of children and encourages preventative investments before they get sick or into trouble, drop out of school or suffer family breakdown.

CDF began in 1973, arriving in Minnesota in 1985, and is a private, nonprofit organization supported by foundation and corporate grants and individual donations.

## What is KIDS COUNT?

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the U.S. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state and national discussions concerning ways to secure better futures for all children.

As the Minnesota KIDS COUNT grantee, Children's Defense Fund-Minnesota (CDF-MN) releases periodic reports and an annual data book regarding the well-being of children and families in Minnesota. Please visit our website at [www.cdf-mn.org/research-library](http://www.cdf-mn.org/research-library) to locate the electronic copy of this data book.

We thank the Annie E. Casey Foundation for its support but acknowledge that the findings and conclusions presented in this book are those of CDF-MN alone and do not necessarily represent the opinions of the Foundation. Any or all portions of this data book may be reproduced without prior permission, provided the source is cited. Questions about the contents of this book may be directed to Stephanie Hogenson at [shogenson@childrensdefense.org](mailto:shogenson@childrensdefense.org) or 651-855-1175.

## CDF-MN Staff

**Peggy Flanagan**, Executive Director  
**Jessica Anderson**, Legislative Affairs and Communications Director  
**Emma Brainerd**, Youth Program Assistant  
**Elaine Cunningham**, Outreach Director  
**Kristen Fabin**, AmeriCorps Promise Fellow  
**Nicole Hernandez**, Youth Development Director  
**Stephanie Hogenson**, Research and Policy Director  
**Alisha Porter**, Finance and Operations Manager  
**Kristen Madhuizen Wolfe**, Development Director  
**Nation Wright**, 21st Century Program Coordinator  
**Daniel Yang**, Senior Organizer

## Acknowledgements

CDF-MN thanks the following individuals for their help in providing data and assistance.

**Kara Arzamendia**, Minnesota Department of Education  
**Angie Bowman**, Child Care Aware of Minnesota  
**Megan Cox**, Minnesota Department of Education  
**Joni Geppert**, Minnesota Department of Health  
**Sophia Lenarz-Coy**, Hunger Solutions Minnesota  
**Judy Palermo**, Minnesota Department of Health  
**Melanie Peterson-Hickey**, Minnesota Department of Health  
**Maira Rosas-Lee**, Minnesota Department of Education  
**Amy Gehring**, Minnesota Department of Human Services  
**Ray Kurth-Nelson**, Minnesota Department of Human Services

## Advisory Committee

CDF-MN thanks the following individuals for providing their expertise and suggestions for the 2015 Minnesota KIDS COUNT Data Book.

**Megan Dayton**, Minnesota State Demographic Center  
**Andi Egbert**, Minnesota State Demographic Center  
**Barb Fabre**, White Earth Child Care Program  
**Dianne Haulcy**, Think Small  
**Nicole Hernandez**, Children's Defense Fund-Minnesota  
**Kamayla Howard**, Greater Minneapolis Crisis Nursery  
**Meghann Levitt**, Carlton County Public Health and Human Services  
**Patina Park**, Minnesota Indian Women's Resource Center  
**Melanie Peterson-Hickey**, Minnesota Department of Health  
**Steve Piekarski**, The Arc Greater Twin Cities  
**Ann Rogers**, UCare  
**Maira Rosas-Lee**, Minnesota Department of Education  
**Maureen Seiwert**, Minneapolis Public Schools  
**Nankya Senungi**, College Possible  
**Phyllis Sloan**, La Creche Early Childhood Center  
**Bharti Wahi**, Greater Twin Cities United Way

*Layout and Design by Heewon Lee, Triangle Park Creative, Minneapolis*

*Printed by Concord Printing, St. Paul*

*Cover photo taken at CDF-MN Freedom Schools 2015 National Day of Social Action in Minneapolis*



# Table of Contents

Letter from CDF-MN .....	page 2
About the Data Book .....	page 3
Surrounding Environment and Child Outcomes .....	page 4
Demographics .....	pages 4–9

## Developmental Stages

Prenatal to Birth .....	pages 10–11
Early Childhood .....	pages 12–13
School Age .....	pages 14–15
Adolescence .....	pages 16–17
Young Adult .....	pages 18–19

## Data

State-Level Data Tables .....	pages 20–24
Technical Notes.....	pages 25–26
Endnotes .....	page 27

## Sparking Conversations, Ideas and Change: The KIDS COUNT Data Center

The KIDS COUNT Data Center provides one comprehensive website of national, state, county and city information to help community members stay up-to-date on key trends in child well-being. The website contains hundreds of indicators and allows users to:

- Create custom reports for a specific county or state;
- Compare and rank data for different states and counties; and



- Design graphics like maps and trend lines to use in presentations and publications, including websites or blogs.

The KIDS COUNT Data Center provides state- and county-level data for all 87 counties in Minnesota. These data are collected by KIDS COUNT grantees (including CDF-MN) for use in their data books and other publications. All county-level data that were previously published in the Minnesota KIDS COUNT Data Book are available through the interactive KIDS COUNT Data Center website—[datacenter.kidscount.org](http://datacenter.kidscount.org).

# Letter from CDF-MN

This year Minnesota ranked number one in child well-being in the *2015 National KIDS COUNT Data Book* released in July by the Annie E. Casey Foundation. It's evident that recent state and local investments that support children and families, especially policies and programs that support family economic success and access to health coverage and care, are paying off in improved outcomes for many Minnesota children. Minnesota often ranks high on these types of quality of life lists, and Minnesotans love to boast about what a great state we are. However, our pride should not allow us to overlook the finer points of what Minnesota's data tells us. For some children in our state, particularly those in families with lower incomes and children of color and American Indians, societal barriers, such as structural racism, under-resourced neighborhoods and schools, and lack of economic mobility, result in chronic inequities that are often some of the worst in the country. We cannot be content with a high ranking that masks chronic disparities particularly in economic and education outcomes for children of color in our state. While it's morally imperative to address these disparities, our changing demographics demonstrate an economic imperative as well. The success of our future workforce and economy depend on the success of all Minnesota children—an increasingly diverse population. The number of children in Minnesota has remained stagnant over the past few years but the faces of those children are changing—30 percent of our children under age five are now children of color.<sup>1</sup> For all Minnesota children to be successful, we need to rethink how our systems that serve children and families address institutional and systemic racism and inequities. Minnesota's future will be brighter if we increase opportunities for children that are culturally relevant and support family success at the point before children get sick, drop out of school, get into trouble or suffer family breakdown.

That's why in this year's Minnesota KIDS COUNT Data Book we focused on indicators of success in each stage of a child's development that are disaggregated by race and ethnicity. The data help us understand where interventions and investments are needed to improve outcomes for specific populations. Some of the data disaggregated by race and ethnicity in this data book demonstrate the steeper ladder to success Minnesota children of color have to climb and illustrate a story of broken promises, unequal access to opportunities and a threat to the future prosperity of Minnesota. But the numbers don't tell the whole story. Many Minnesota children and families are defying statistics by accessing available opportunities that empower their strengths and improve their chances of success throughout their development. Many of these types of opportunities are highlighted in the data book and could be replicated to reach more children. By expanding these opportunities to more Minnesota children and implementing culturally relevant programming and two-generation strategies, more children can have the tools to continue to make Minnesota a prosperous, healthy state for years to come. Minnesota knows what creates success for most Minnesota children at each developmental stage. We now need to focus on increasing access to opportunities for the rest of Minnesota children, particularly children of color and American Indian children.

—Children's Defense Fund-Minnesota, November 2015

# About the Data Book



TAKEN AT CDF-MN FREEDOM SCHOOL AT THE AMERICAN INDIAN CENTER

Like other Minnesota KIDS COUNT Data Books, the purpose of this data book is to provide data on child well-being to inform conversations and policy decisions around issues affecting children and families. This data book focuses on providing access to opportunities to ensure all children, particularly children of color and American Indian children, have the tools to become successful adults and contribute positively to the prosperity of our state.

The Surrounding Environment and Child Outcomes text and data throughout the Demographics Section provide insight to how different child populations experience environmental factors that affect their access to opportunity and successful outcomes. The Demographics Section of the data book provides a brief overview of populations highlighted in the data by the race and ethnic categories for which data is most accessible.

Each of the following sections of the data book highlights a child's developmental stage from prenatal to young adulthood. After a brief introduction to the developmental stage, there are a few key indicators disaggregated by race

and ethnicity. These indicators were chosen because of the evidence-based findings that they often predict success at that developmental stage and later on in a child's life. Along the bottom of the page is the "Opportunity Timeline." This timeline highlights key interventions, programs or policies that can increase the likelihood of improved outcomes at that developmental stage and later on in a child's life. Access to many or all of these opportunities, throughout a child's development, provides a boost as children climb the ladder to success often made steeper by environmental factors such as family income, parental education and living in areas of concentrated poverty. It's also these opportunities that prevent more costly remedial interventions later on in a child's life such as special education, involvement with the justice system and poor health outcomes.

The Developing Opportunities program spotlight in each section features a program that is effectively serving children at that developmental stage. Many of the programs highlighted serve mostly children of color or

target children from specific backgrounds with culturally relevant programming. These are just a few of the many opportunities across the state that are addressing disparities and improving outcomes for children.

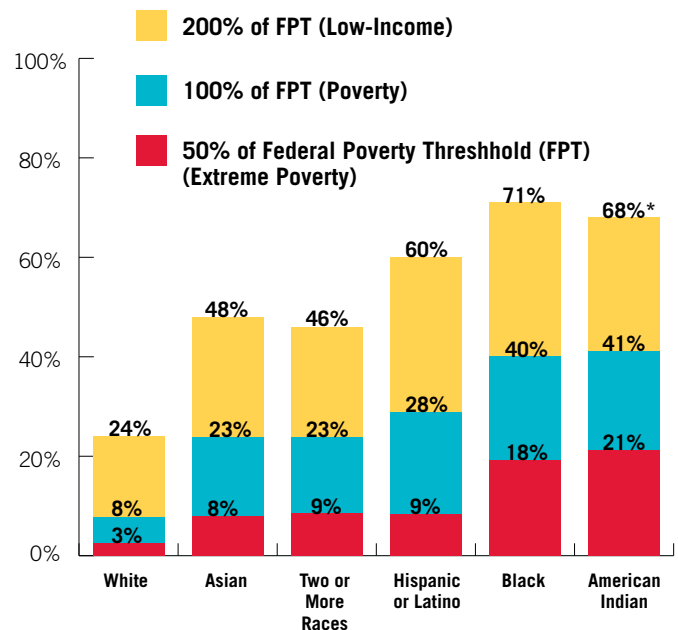
At the end of the data book are the state-level data tables that are published in every KIDS COUNT Data Book. This data, as well as most of the data that is included in the data book, and more can be found online in the KIDS COUNT Data Center at [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org).

Children's Defense Fund-Minnesota is committed to providing data, best practices and policy recommendations with a focus on increasing access to opportunities for children of color and American Indian children, and this data book is a part of that commitment.

## Surrounding Environment & Child Outcomes

Access to opportunity is a value that built this country and made Minnesota great, but it is not equally realized. Children who grow up in economically secure families in neighborhoods rich with resources have increased access to opportunities that improve their chances to be healthy, excel academically and move up the income ladder as adults. When these same opportunities are made available to children who often lack access, like those who are low-income or live in certain zip codes, they often experience the same positive outcomes in adulthood. Historically, however, policies influenced by structural racism like discrimination in the homeownership process, unequal access to benefits of the GI Bill and inequitable transportation policies have segregated people of color into under-resourced neighborhoods with fewer high paying jobs, lack of accessible public transportation and poorer performing schools. Additionally, policies continue to be created without consulting populations of color and American Indians about their needs or the potential effects on their communities. These policies and continued structural and institutional racism still affect children's access to opportunity and, in turn, their outcomes and the future of the state. Analyzing data on child outcomes by race and ethnicity is the first step to identifying ways to shift policy to create a more equitable

**FIGURE 1: LEVELS OF CHILD POVERTY BY RACE AND ETHNICITY, 2013**



*U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by the Population Reference Bureau. See KIDS COUNT Data Center online. \*The one-year 2013 American Community Survey estimates for low-income American Indian children was suppressed because the confidence interval around the percentage is greater than or equal to 10 percentage points. Instead of the one-year 2013 ACS data, the number of American Indian Children below 200% of poverty is the 3-year average for 2011–13.*

society where all children thrive. Throughout the following Demographics Section are data on overall health, economic and environmental well-being by race and ethnicity. These figures show the various disparities in children's surrounding environments that affect their overall well-being and access to opportunity.

## Demographics<sup>2</sup>

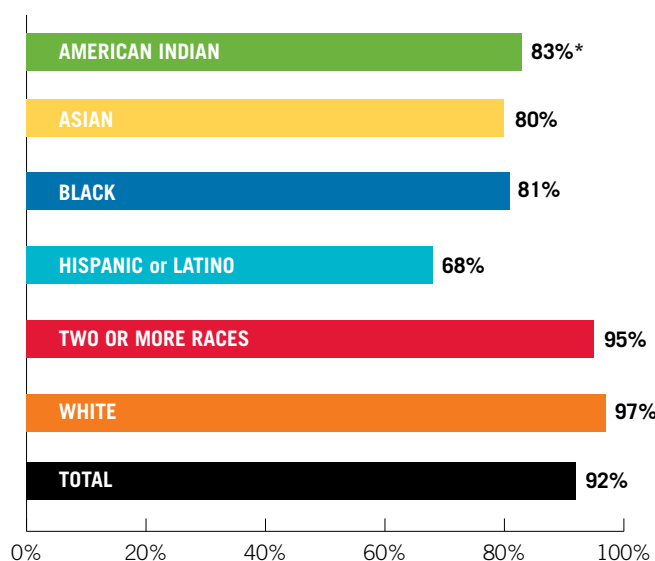
The Minnesota State Demographic Center estimates that by 2035 people of color and American Indians will make up 25 percent of Minnesota's population<sup>3</sup> compared to 18 percent in 2013 and 12 percent at the turn of the century.<sup>4</sup> Sixty percent of the state's total projected population growth from 2013 to 2035 will be in populations of color. The future of the state hinges on the success of these children. With an increasingly diverse population, the focus must be on eliminating gaps in economic opportunity, academic success and health outcomes for diverse populations.

To identify the needs and strengths among various populations, most of the data in this data book are disaggregated by race and ethnicity in five categories: American Indian, Black or African American, Hispanic or Latino, Asian, and White. These are the categories as defined by the U.S. Census Bureau and are used frequently by other sources of data. Unfortunately, data are not often collected or made accessible that are more stratified by race and ethnicity and better identify individuals and communities, particularly for recent immigrant populations that come from a variety of countries and circumstances. Collecting, analyzing and publishing more stratified data would help identify unique trends for specific populations and help to understand the strengths and needs of diverse communities across the state.

## American Indian

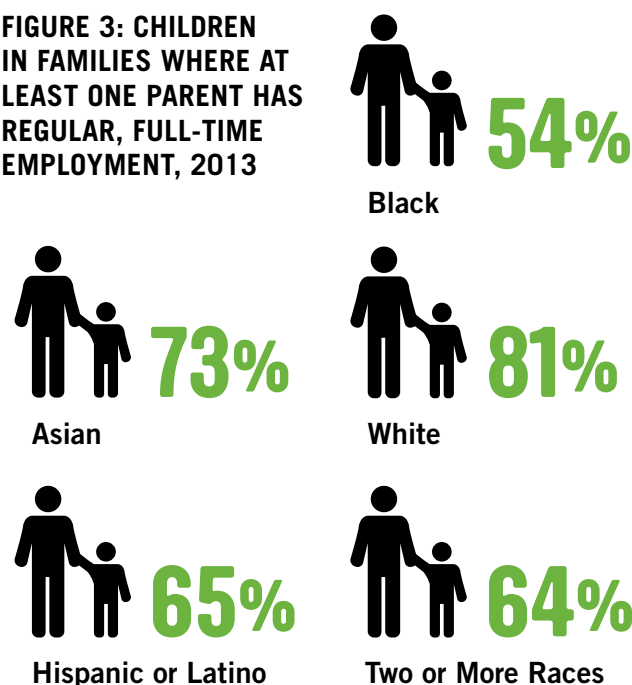
For hundreds of years, the Dakota people lived in the area that became the southern and western part of Minnesota. The Ojibwe moved into northern Minnesota in the late 1600s and early 1700s. By the mid-1860s, most of their traditional lands had been taken by White settlers and the federal government.

**FIGURE 2: CHILDREN IN FAMILIES WHERE HEAD OF HOUSEHOLD HAS AT LEAST A HIGH SCHOOL DIPLOMA, 2013**



Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2013 American Community Survey. \*Data was suppressed due to low confidence interval for American Indians in 2013. The data here is for 2012.

**FIGURE 3: CHILDREN IN FAMILIES WHERE AT LEAST ONE PARENT HAS REGULAR, FULL-TIME EMPLOYMENT, 2013**



Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2013 American Community Survey.

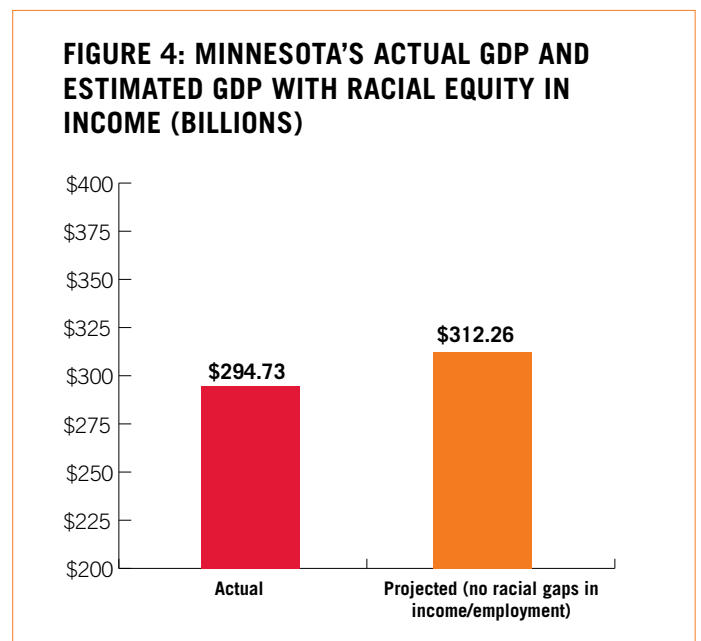
In Minnesota, there are seven Anishinaabe (Chippewa, Ojibwe) reservations and four Dakota (Sioux) communities. The seven Anishinaabe reservations are Grand Portage, Bois Forte, Red Lake, White Earth, Leech Lake, Fond du Lac and Mille Lacs. All seven Anishinaabe reservations in Minnesota were originally established by treaty and are considered separate and distinct nations by the United States government. The four Dakota communities are Shakopee Mdewakanton, Prairie Island, Lower Sioux and Upper Sioux. These communities represent small segments of the original reservation that were restored to the Dakota by Acts of Congress or Proclamations of the Secretary of Interior. In 2013, the American Community Survey estimated 17,975 American Indian children lived in Minnesota, which was about one percent of the total child population. The majority of these children live across northern Minnesota. According to the Minnesota State Demographic Center, the American Indian population is projected to grow more slowly than other communities of color in Minnesota. By 2035 the total American Indian population is estimated to grow about 11 percent from the 2013 population (57,600 to 63,700). The American



Indian population across the state encompasses many tribes and nations. About 28 percent of the American Indian child population lives in the 7-County Metro Area and the rest are in Greater Minnesota. Mahnomon County, which is made up entirely of White Earth Reservation, and Beltrami County, which includes parts of Red Lake and Leech Lake Reservations, have the highest percentages of American Indian children with 57 percent and 33 percent of the total child population in those counties respectively. These two counties also have some of the highest rates of child poverty in the state. Other counties with high percentages of American Indian children (at least 10 percent of the total child population) are Cass, Cook, Clearwater, Becker and Mille Lacs. Minneapolis, St. Paul, Duluth and Moorhead also have high percentages of American Indian children.

## Black or African American

In the 1990s and into the 2000s, the Black population in Minnesota increased due in part to immigrants arriving from Africa. Unfortunately, most of the data do not differentiate between those who have lived in Minnesota for generations and more recent immigrants and refugees from Somalia, Ethiopia and other African countries. In 2013, the American Community Survey estimated 103,532 Black children lived in Minnesota, which was about eight percent of the total child population. In the past decade the



Bureau of Economic Analysis; IPUMS PolicyLink/PERE National Equity Atlas, [www.nationalequityatlas.org](http://www.nationalequityatlas.org).

number of Black children grew by 35 percent. The majority of Black children live in the Twin Cities metro area with some in small communities in Greater Minnesota.

According to the Minnesota State Demographic Center, the total Black population is expected to increase greatly in upcoming years. By 2035, the total number of Black people is estimated to grow to approximately 454,400, a gain of more than 50 percent compared to 2013. All regions across Minnesota will experience increases in the



**FIGURE 5: MEDIAN FAMILY INCOME AMONG HOUSEHOLDS WITH CHILDREN AND STATE RANK, 2013**

Race/Ethnicity	Median Income	State Rank (Highest to lowest)*
American Indian	\$36,400	14
Asian	\$67,400	31
Black	\$30,600	22
Hispanic/Latino	\$38,900	13
White	\$84,200	12
Two or More Races	\$42,600	25

*\*Due to sample size not all states are ranked in each racial category.  
Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2013 American Community Survey.*



Black population, with the highest percentage remaining concentrated in the Twin Cities metro area. About 87 percent of the Black child population lives in the 7-County Metro Area with nearly half living in Hennepin County. Other counties with more than five percent of Black children in order of highest percentage of total children are Ramsey, Dakota, Olmsted, Anoka, Stearns and Blue Earth.

## Hispanic or Latino

It's important to note that Hispanic is a culture of origin from Spain or another Spanish-speaking country, and Latino/a refers to a person from Latin America. These identifiers are not races, so people who identify as Hispanic or Latino for data purposes can be of any race. The U.S. Census Bureau defines Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Future references will refer to Hispanics or Latinos as Hispanics for brevity.

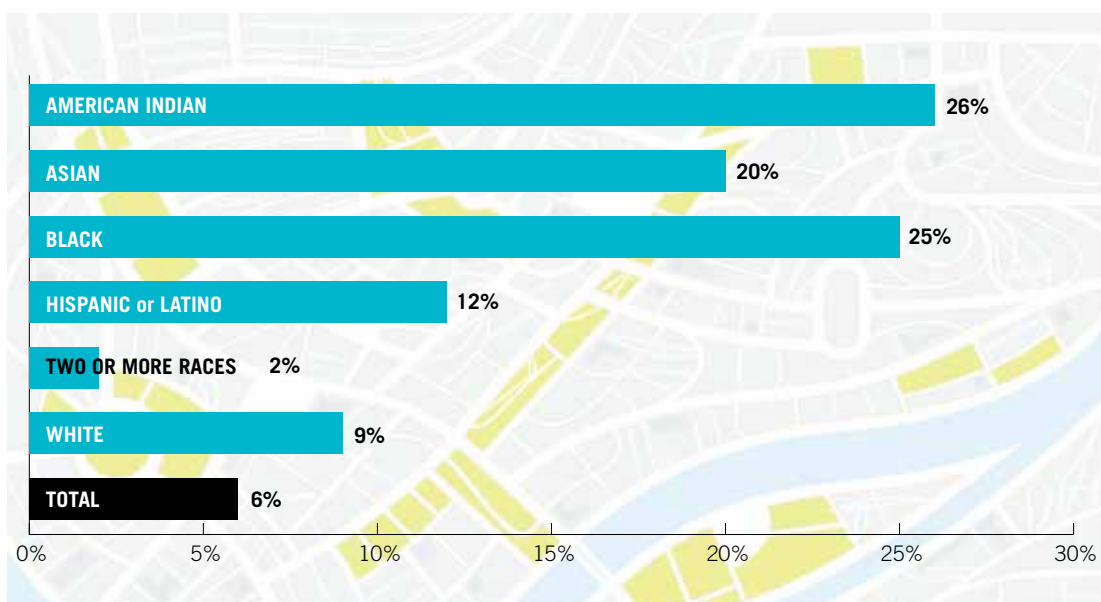
Hispanics have been living in Minnesota as early as the 1860s. People born in Mexico make up the largest

population of Minnesota's foreign-born residents.<sup>5</sup> Many others have moved here from South and Central America or Spain. Many Hispanics can trace their roots to indigenous peoples. The most well-known indigenous cultures include the Aztecs, Incas and Mayans, but there are many others as well. Unfortunately, most of the data do not differentiate by country of origin due to small sample sizes.

In 2013, the American Community Survey estimated 107,848 Hispanic children lived in Minnesota, which was about eight percent of the total child population. The majority of these children live in the Twin Cities metro area; however, there are some growing populations in southern and northwestern Minnesota. According to the Minnesota State Demographic Center, the total Hispanic population is projected to grow rapidly to 551,600 in 2035, which is double the 2013 total population. All regions across Minnesota will experience increases in the Hispanic population, but about two-thirds of the total Hispanic population will live in the 7-County Metro Area by 2035. More than 35 percent of the Hispanic child population in Minnesota live in Greater Minnesota, including a high percentage in Watonwan and Nobles Counties with

**FIGURE 6: CHILDREN LIVING IN AREAS OF CONCENTRATED POVERTY BY RACE AND ETHNICITY, 2009–13**

*In recent years Minnesota and the nation have seen a significant increase in children living in areas of concentrated poverty, defined as areas where 30% or more of the population is in poverty. Children living in these areas have poorer social, health and academic outcomes, regardless of their own family's poverty status.*



Population Reference Bureau analysis of data from the U.S. Census Bureau, 2009-2013 American Community Survey 5-year data.



PHOTO PROVIDED BY MINNESOTA READING CORPS

Hispanic children making up more than one-third of the total child population in those counties. Other counties with Hispanic children accounting for 10 percent or more of the child population from highest to lowest percentage are Kandiyohi, Mower, Freeborn, Renville, Rice, Sibley, Faribault, Ramsey, Hennepin, Steele, Cottonwood, Chippewa, Lyon, Le Sueur, Dakota, Polk and Todd. Data from the Minnesota Department of Education indicate approximately 44,300 children enrolled in the 2014–15 school year spoke Spanish as their primary language at home. Outside of English, Spanish is the most common language spoken at home in Minnesota.

## Asian

From the decennial census we can glean some information on the ethnicities of Asians living in Minnesota. For example, there have been only small groups of Chinese, Filipino, Japanese and Korean to settle in Minnesota over the past 60 years. However, immigration from Southeast

Asia has grown significantly since the 1970s with refugees from Vietnam, Burma, Cambodia, Laos and Thailand. This unique Asian population, which includes many who come from underdeveloped countries with little to no access to education, has contributed to Minnesota having some of the highest rates of Asian child poverty in the country. Unfortunately, most of the data are not differentiated by country of origin or unique ethnic identity among Asian populations.

In 2013, the American Community Survey estimated 72,684 Asian or Pacific Islander children lived in Minnesota, which was about six percent of the total child population. The majority of these children lived in the Twin Cities metro area; however, there are some growing populations in southern Minnesota. According to the Minnesota State Demographic Center, the Asian population is projected to grow to 391,400 in 2035, a gain of 60 percent compared to the 2013 population. Approximately 82 percent will live in the Twin Cities in 2035. Currently, nearly 89 percent of the Asian child population lives in the 7-County Metro Area with the highest concentration by far in Ramsey County. Other counties with percentages of Asian children greater than five percent in order of highest to lowest are Hennepin, Redwood, Washington, Olmsted, Nobles, Dakota and Anoka.

## White

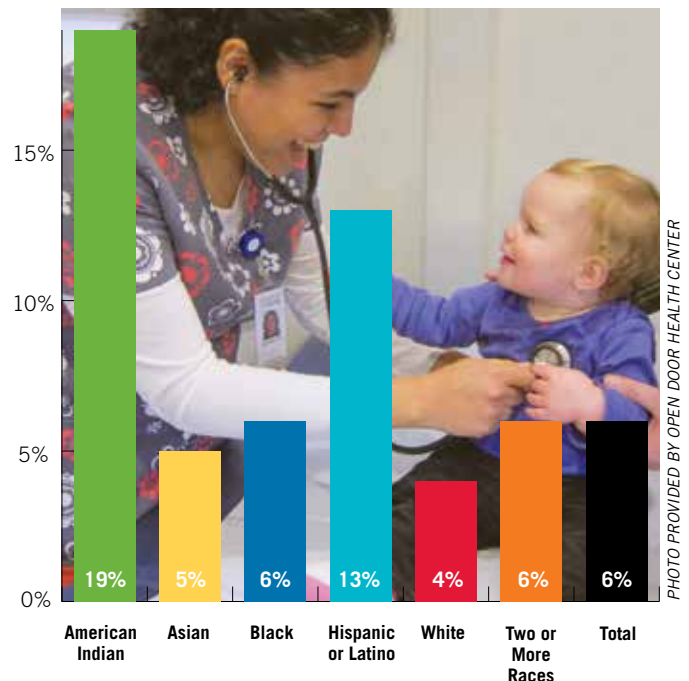
While the number of children of color in Minnesota is growing rapidly, nearly three-quarters (72%) of the state's child population remains White. The high number of White children has significant influence on the statewide indicators in child outcomes and often masks the disparities in outcomes. That's why it's important to disaggregate data by race and ethnicity, which often shows that while Minnesota has top-ranking outcomes for its overall child population it has some of the worst outcomes for children of color and American Indian children in the country.

Although the White child population in Minnesota has lower rates of indicators that negatively affect child

outcomes like poverty, lack of access to health insurance and missing academic milestones, it's important to note that the majority of the children affected by these issues in Minnesota are White. Additionally, the majority of the children eligible for and served by many of the public and private programs that improve child outcomes are White. Oftentimes, White children have increased access to these opportunities because they have advantages to accessing services such as speaking English, outreach efforts that are targeted toward them, and culturally relevant programs that are often created and administered by White people. Moreover, White children do not experience significant barriers caused by racism, generational discrimination and stereotypes that children of color experience.

According to the Minnesota State Demographic Center, the White population is expected to grow to 4,835,900 by 2035, a growth of nine percent compared to the 2013 population. The growth is significantly lower than the growth of populations of color because there are fewer White immigrants coming to Minnesota and the White population has a lower fertility rate.<sup>6</sup>

**FIGURE 7: CHILDREN WITHOUT HEALTH INSURANCE BY RACE AND ETHNICITY, 2013**



Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2013 American Community Survey.

**FIGURE 8: WORK SUPPORT PROGRAM PARTICIPATION OF CHILDREN BY RACE AND ETHNICITY BY PROGRAM (# ENROLLED / % OF TOTAL ENROLLED)**

	Medical Assistance <sup>7</sup>	Supplemental Nutrition Assistance Program (SNAP) <sup>8</sup>	The Special Supplemental Nutrition Program for Women, Infants & Children (WIC) <sup>9</sup>	Basic Sliding Fee Child Care Assistance Program (BSF CCAP) <sup>10</sup>
American Indian	13,646 / 3.6%	9,029 / 3.4%	2,786 / 3.4%	251 / 1.7%
Asian/Pacific Islander	27,662 / 7.2%	20,659 / 7.7%	7,599 / 9.2%	369 / 2.5%
Black	82,065 / 21.6%	69,417 / 25.8%	17,740 / 21.4%	4,184 / 28.3%
Hispanic/Latino	49,816 / 13.1%	32,902 / 12.2%	15,152 / 18.3%	1,005 / 6.8%
White	167,665 / 44.2%	114,444 / 42.55%	33,315 / 40.1%	7,333 / 49.6%
Multiple Races	18,078 / 4.8%	14,299 / 5.3%	6,411 / 7.7%	1,109 / 7.5%

Note: It is optional for applicants to indicate their race/ethnicity when applying for these programs, so not all participants are reflected in the race and ethnicity number and percents. For more information about these programs, please visit [mn.bridgetobenefits.org](http://mn.bridgetobenefits.org).



# Prenatal to Birth

## A CHILD'S FUTURE IS BEING INFLUENCED

even before the child is a twinkle in the parents' eyes. The health, education and economic statuses of parents before pregnancy are linked to birth outcomes and influence development throughout childhood and into adulthood. During pregnancy, a mother's access to early and consistent prenatal care and adequate nutrition as well as health and economic status determine risk factors for birth and infant outcomes.<sup>11</sup> Supporting all parents with access to prenatal education, health care and nutritious foods improve the chances that their babies will be born full term and at a healthy birth weight and enter the world with a strong start.

### Minnesota Baby Facts



Minnesota Department of Health, Center for Health Statistics. Personal contact with Joni Geppert.

### The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC is a federal program that provides food vouchers, nutrition information and health care referrals to pregnant and breastfeeding women and children age 0–5. Babies born to mothers enrolled in WIC are more likely to be full term, of healthy weight and have lower infant mortality rates.<sup>12</sup> Children enrolled in WIC have better health outcomes, are less likely to experience a developmental delay and are more likely to be ready for school.<sup>13</sup> Forty-five percent of babies born in Minnesota in 2013 were enrolled in WIC.<sup>14</sup>

**\$1 spent on WIC = Up to \$3.13**  
in health care cost savings in first 60 days after infant's birth.<sup>15</sup>

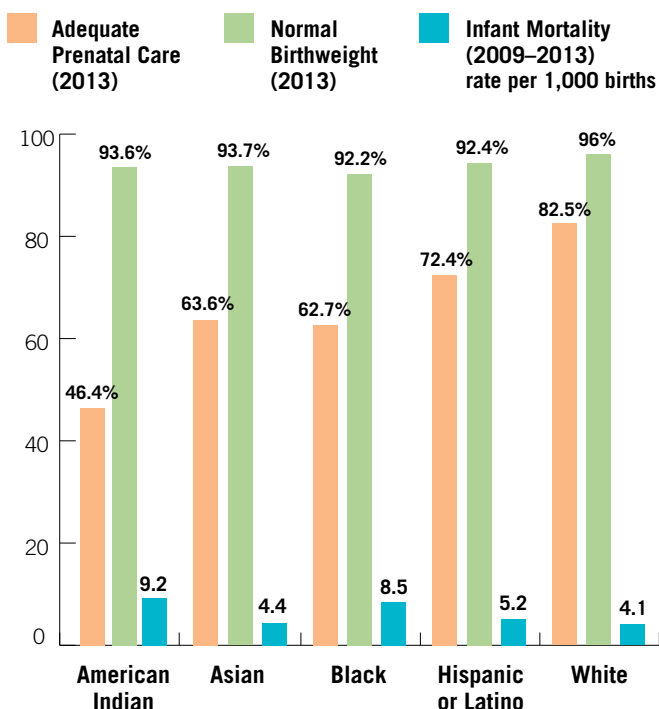


### Paid Family Leave

For the few who are able to access it through their employer, paid family leave allows working parents to care for their families without sacrificing economic security. Its benefits are broad in reach. For new parents, paid leave increases the time they take to be at home with their newborn, helping them to develop a strong bond with their baby and adjust to caring for the new child.<sup>16</sup> Longer leave following the birth of a child results in increased rates of breastfeeding, improved maternal physical and mental health, and improved health and access to health care for the baby.<sup>17</sup> For new fathers, longer leave is associated with increased involvement in the care of the child.<sup>18</sup> Additionally, parents who are able to take paid leave to care for children of all ages with special health care needs report better outcomes for their children.



## INFANT OUTCOMES BY RACE AND ETHNICITY



Minnesota Department of Health, Center for Health Statistics. Personal contact with Joni Geppert.

### The Minnesota Family Home Visiting Program (FHV)

The Minnesota Family Home Visiting Program (FHV) is a federally and state-funded program for low-income families. Visits in the families' homes often start prenatally and are conducted by nurses or trained home visitors to provide parental support and education, referrals to support services, and parental empowerment. FHV has demonstrated a decrease in child abuse and neglect and alcohol and tobacco use during pregnancy, as well as increased breastfeeding rates, and increases in family income.<sup>19</sup>

In Minnesota, by a child's fifth birthday, state and local government cost savings total **\$4,550** per family served by the Nurse-Family Partnership program.<sup>20</sup>



## DEVELOPING OPPORTUNITIES: CENTERINGPREGNANCY® PROGRAM AT HENNEPIN COUNTY MEDICAL CENTER'S WHITTIER CLINIC

Group prenatal care is an increasingly popular and effective model of prenatal care with a cohort of parents due in the same month. CenteringPregnancy® is a nationally recognized model of group prenatal care that promotes patient engagement, personal empowerment and community building. The model is proven to reduce preterm births and increase breastfeeding rates.<sup>21</sup>

There are eight sites in the metro area and two sites in Greater Minnesota that offer the CenteringPregnancy model of group prenatal care. HCMC's Whittier Clinic started offering CenteringPregnancy group prenatal care in 2008. Each group at the clinic is conducted in Spanish and English and includes a private health assessment with a doctor followed by group discussions on topics such as caring for a baby, breastfeeding, healthy pregnancy, comfort in labor and community resources. Prenatal educators at the clinic say the model empowers women to take charge of their health and share their experiences, while creating a community among participants that often lasts after the birth of their babies.



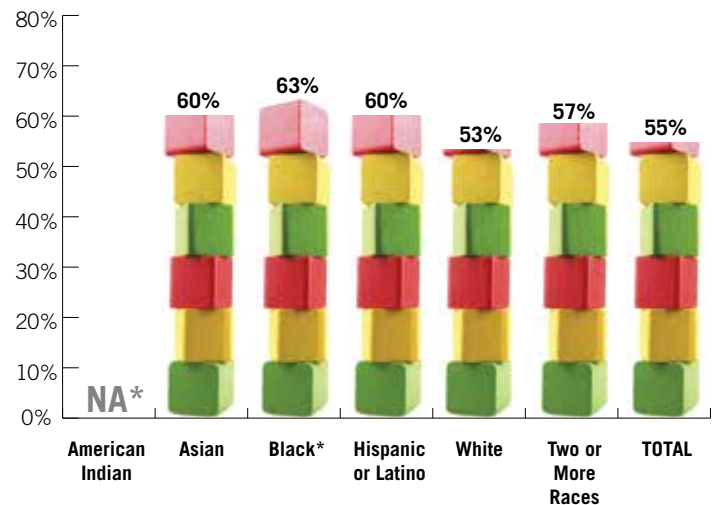
### Text4Baby

Text4baby is a national project of the nonprofit Zero to Three and Voxiva. The free text messaging service and cell phone application offered across the country provides health, safety, development and nutrition information to expecting parents and parents of infants up to one year old in English and Spanish. To sign up parents can text Baby (or Bebe for Spanish) to 511411.

# Early Childhood

**DURING THE FIRST YEARS** of a child's life his or her brain is going through its most rapid development with 700 new neural connections occurring every second.<sup>22</sup> Brains are built from the bottom up starting with simple skills that provide the foundation for more advanced skills later in life—that's why brain development in early childhood is fundamental to a child's later outcomes. Healthy brain development in early childhood is dependent on safe environments and stable and interactive relationships with parents and caregivers. Stable, caring and responsive relationships with caregivers is key not only to healthy brain development, but also to helping a child develop resiliency when exposed to toxic stress from experiencing adversities such as poverty, hunger, maternal depression, abuse and neglect. That's why early interventions and programs that support a young child's development and educate caregivers help ensure a child has a healthy foundation for future learning. Increased scientific and economic research has inspired public will and investment in early intervention programs with a focus on early education. This momentum around early childhood initiatives must be captured and focus on a child's earliest experiences because services offered early in life are more effective and cost efficient than those later in life.

## CHILDREN NOT ATTENDING PRESCHOOL BY RACE, 2011–2013



U.S. Census Bureau, 2011–13 American Community Survey. Note: Analysis by the Population Reference Bureau. See KIDS COUNT Data Center online.

\*The data for Black and American Indian children not attending preschool was suppressed for 2011–13 because the confidence interval around the percentage is greater than or equal to 10 percentage points. Data was not suppressed for Black children in 2010–12, so that data is provided. Data is suppressed for American Indian children in all recent years.

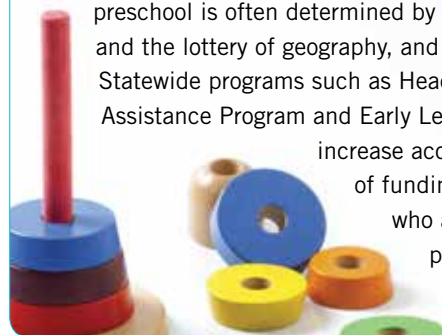
### Early Childhood Screening

Developmental screenings, often administered by doctors or school districts, are required for Minnesota children entering kindergarten and can increase the likelihood of identifying a development delay so intervention can be accessed as soon as possible. Ongoing assessment of a child's development from birth is essential to positive outcomes when intervention is necessary.

PHOTO PROVIDED BY MINNESOTA READING CORPS

### Access to High-Quality Early Education

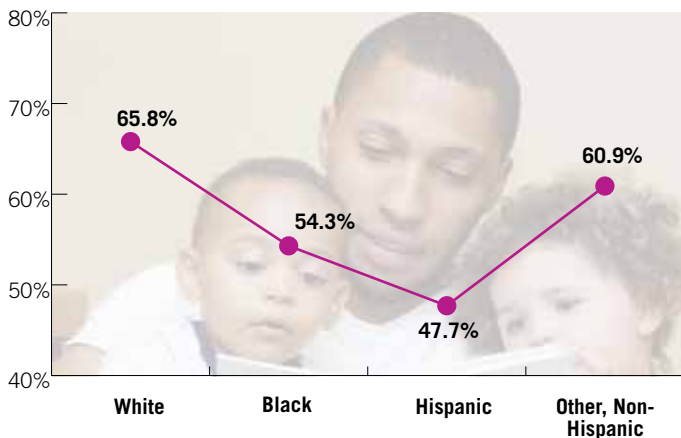
High-quality preschool programs for 3- and 4-year-olds, including those offered in school-based settings, center- and family-based child care environments, and Head Start, improve school readiness and facilitate a range of positive outcomes in school and in life. These programs are especially beneficial for low-income children and other vulnerable children, including those who are homeless, in foster care, don't speak English as their primary language or have disabilities. Unfortunately, children's access to preschool is often determined by their parents' incomes and the lottery of geography, and quality varies widely. Statewide programs such as Head Start, the Child Care Assistance Program and Early Learning Scholarships increase access, but due to lack of funding not all children who are eligible for these programs have access.





## DEVELOPING OPPORTUNITIES: MINNESOTA READING CORPS

### CHILDREN AGE 0–5 WHO HAD A FAMILY MEMBER SING OR TELL STORIES TO THEM EVERYDAY IN THE PAST WEEK, 2011–2012



*The Data Resource Center for Children and Adolescent Health, 2011–12. Retrieved from: [childhealthdata.org](http://childhealthdata.org). Note: Hispanic includes all children reporting Hispanic/Latino origin; Non-Hispanic children reporting a single race category of either White or Black are grouped respectively; Non-Hispanic children reporting more than one race category are grouped under "Other, non-Hispanic." Non-Hispanic children reporting Asian, Native American, Native Alaskan or Native Hawaiian are categorized as "Other, non-Hispanic" due to small sample sizes in most states.*

#### Part C Early Intervention Services

Part C Early Intervention Services, which are federally funded and coordinated and delivered through a child's school district, serve children through age 2 who have a developmental delay or who have a diagnosed physical or mental condition or disorder with a high probability of resulting in a delay. Part C services are provided at no cost to the family, typically are delivered in a child's home, and can include physical, speech and occupational therapy, and nutrition counseling. In 2013, 5,162 Minnesota children were served by Part C and have Individual Family Service Plans.<sup>23</sup>



**One-third of Minnesota children who received Part C Early Intervention Services did not need special education by second or third grade.<sup>24</sup>**

Combining literacy science and national service, Reading Corps is increasing literacy and academic success for preschool to third graders. Launched in 2003 by ServeMinnesota, the state's funds administrator for the national service program AmeriCorps, the program has expanded to 11 states and Washington D.C. and served more than 170,000 Minnesota students. Reading Corps tutors receive rigorous training and support from literacy coaches to provide individualized support for students struggling to read in elementary schools, Head Start or other preschool programs. Reading Corps tutors are in 800 sites across the state—one in 77 of the 87 Minnesota counties.

Preschool participants are more likely than their peers to meet kindergarten readiness standards and are three times less likely to need special education services. The program is estimated to save the state \$9 million dollars in special education spending annually. A proven-effective model that contributes to academic success particularly for children of color and those from lower income families, ServeMinnesota is continuing to expand across the state and nation.

#### Child Care Assistance Program (CCAP)

CCAP is a federally and state funded program that is a two-generation approach to economic stability because it reduces the cost of child care for low-income parents so they can work while their children are in stable, consistent care environments. The program serves families with children under age 13 or children with disabilities under age 15. Basic Sliding Fee (BSF) CCAP is not fully funded so more than 5,000 families are on a waitlist for the program.<sup>25</sup> In 2013, an average of 14,786 children participated in BSF CCAP, of which half were children of color or American Indian children.<sup>26</sup>



# School Age

**EDUCATION IS KEY** to children realizing the American Dream and experiencing economic mobility. In turn, the vitality of the state and national economy are dependent on students entering the workforce prepared to fill the roles of the growing retired population. People with higher educational attainment are more likely to have higher paying jobs, have better health, be engaged in their community and are less likely to go to jail.<sup>27</sup> Addressing the achievement gap is crucial to providing equitable access to education but also to safeguarding Minnesota's prosperous economy, which hinges on student success. Schools with concentrated populations of color and low-income children are often saddled with lower school funding, less access to experienced and skilled teachers, and located in under-resourced neighborhoods, all contributing to poorer outcomes.<sup>28</sup>

## Reading by Fourth Grade

After third grade, students are no longer learning to read they are reading to learn. Students who don't meet this milestone fall further behind and are less likely to graduate high school, which results in high costs to their life outcomes and cumulative costs to society.

**If U.S. students had met education achievement levels of higher performing nations between 1983 and 1998 American GDP could have been \$1.3 to \$2.3 trillion higher.<sup>29</sup>**



## FOURTH GRADERS PROFICIENT IN READING BY RACE

	2013	2014	2015
American Indian	29.9%	34.4%	37.5%
Asian	46.8%	46.2%	50.6%
Hispanic/Latino	31.1%	30.2%	35.9%
Black	29.9%	30.3%	34.4%
White	62.0%	64.1%	66.4%
Enrolled in School Meal Program	35.8%	35.4%	38.6%
<b>TOTAL</b>	<b>54.2%</b>	<b>55.2%</b>	<b>57.9%</b>

*Minnesota Report Card, Minnesota Department of Education. Note: Includes data on all reading accountability tests. New standards in reading were implemented in 2013, so comparison to prior years shouldn't be made.*

## EIGHTH GRADERS PROFICIENT IN MATH

	2011	2012	2013	2014	2015
American Indian	24.5%	32.2%	28.1%	26.1%	31.6%
Asian	51.7%	59.3%	58.2%	61.9%	62.4%
Hispanic/Latino	27.4%	35.3%	32.5%	34.9%	34.0%
Black	24.9%	31.4%	28.5%	30.0%	30.3%
White	59.0%	67.5%	64.4%	65.1%	65.4%
Enrolled in School Meal Program	32.8%	41.3%	37.0%	38.0%	37.5%
<b>TOTAL</b>	<b>52.6%</b>	<b>60.7%</b>	<b>57.3%</b>	<b>58.2%</b>	<b>58.0%</b>

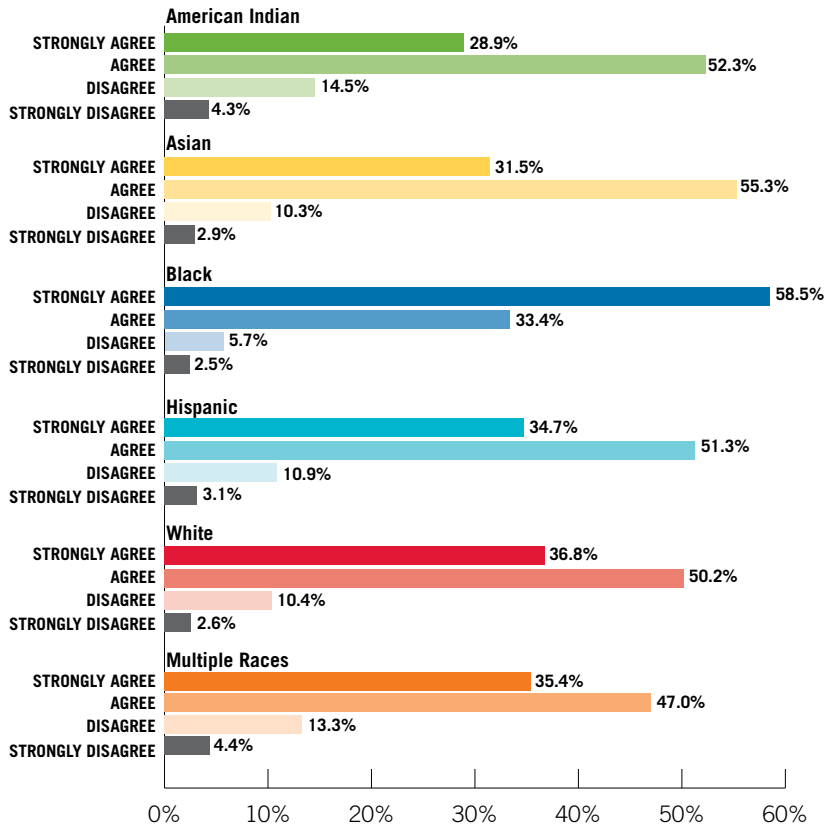
*Minnesota Report Card, Minnesota Department of Education.*

## Afterschool and Summer Enrichment Programs

Access to summer enrichment programs can curb summer learning loss and narrow the achievement gap. One study found that two-thirds of the achievement gap between students from low and higher income families in 9th graders can be explained by the differences in summer experiences.<sup>30</sup>

## DEVELOPING OPPORTUNITIES: CDF FREEDOM SCHOOLS®

### FIFTH GRADE STUDENTS WHO FEEL MOST TEACHERS AT THEIR SCHOOL ARE INTERESTED IN THEM AS INDIVIDUALS

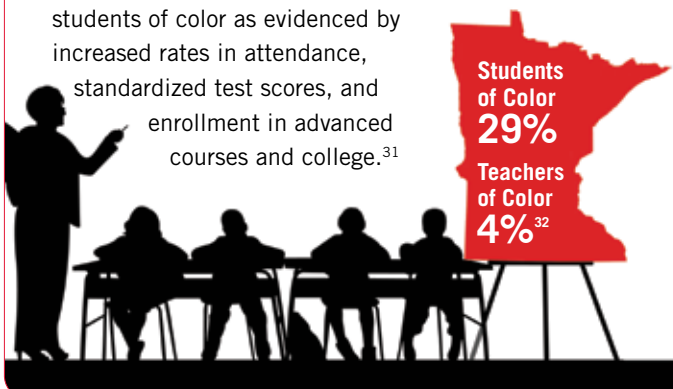


The CDF Freedom Schools® program provides summer and after-school enrichment to children in high-poverty areas. The program helps children fall in love with reading, increases self-esteem, generates more positive attitudes toward learning and connects families with resources. CDF-MN partners with congregations, schools and community organizations to serve more than 1,200 students, who are primarily of color, at 14 *CDF Freedom Schools* sites in the metro area.

The program and culturally specific curricula is proven to curb summer learning loss and close opportunity gaps. Recent evaluation found that nearly 90 percent of participants maintained or gained in their instructional reading level. Eighty percent of parents said they would be more involved in their child's school. CDF-MN helped launch a Latino-focused program at Academia Cesar Chavez in St. Paul, an American Indian-focused program with Minneapolis Public Schools Office of Indian Education and Division of Indian Work, and a program in a juvenile justice setting in Minneapolis.

#### Teachers and Mentors Who Look Like Students

Teachers of color positively affect students of color as evidenced by increased rates in attendance, standardized test scores, and enrollment in advanced courses and college.<sup>31</sup>



#### Check & Connect

Check & Connect relies on building a relationship between students and trained Check & Connect mentors to improve attendance, engagement and family involvement among K-12 students. Started as a collaborative effort between researchers at the University of Minnesota Institute on Community Integration and school-based professionals in Minneapolis Public Schools, Check & Connect is now a national model with evidence-based success. Studies show that Check & Connect increases student attendance and engagement particularly for students in special education or who are at risk of dropping out.





# Adolescence

## DECISIONS MADE AND EXPERIENCES

encountered in adolescence direct children on their path into adulthood. Only 80 percent of a teenager's brain is fully developed in adolescence,<sup>33</sup> but teens must make competent choices that have lasting effects into adulthood such as selecting college preparation courses, using drugs and alcohol, and choosing friends. Notably, the prefrontal cortex—the part of the brain that is used for executive functioning skills such as self-control, planning and emotional regulation—is still developing and changing greatly in adolescence.<sup>34</sup> That's why a healthy environment and relationships with caring adults are critical at this later stage of development. Connection to caring adults during adolescence has long-term effects such as reduced risk of behavioral problems and depression, increased ability to stay on task and tackle challenges, and increased engagement in school, activities and community.<sup>35</sup> Stability, direction and encouragement from caring adults can guide adolescents toward decisions that will improve their outcomes in adulthood.

### Connection to a Mentor

Mentoring programs such as Big Brothers Big Sisters, Kinship and Bolder Options provide young people with connections to caring adults to build relationships and encourage positive activities. One study found that mentorship programs for children reduced depressive symptoms and increased social acceptance, school attendance, interest and grades.<sup>36</sup>



## FOUR-YEAR GRADUATION STATUS BY RACE & ETHNICITY, 2014

	Graduated	Continuing	Dropped Out	Unknown
American Indian	50.6%	20.7%	20.1%	8.6%
Asian	81.7%	11.4%	4.3%	2.7%
Black	60.4%	25.8%	8.7%	5.2%
Hispanic or Latino	63.2%	21.1%	10.9%	4.9%
White	86.3%	7.9%	3.6%	2.3%

Minnesota Report Card, Minnesota Department of Education.

## TEEN BIRTH RATE PER 1,000 BY RACE & ETHNICITY, 2009–14

	2009	2010	2011	2012	2013	2014
American Indian	97.33	67.07	71.59	60.38	48.29	40.9
Asian	40.6	31.38	29.56	27	24.14	19.46
Black	63.54	48.49	40.26	39.04	36.96	34.18
Hispanic	80.66	63.18	48.63	51.9	40.96	38.78
White	15.04	14.92	13.27	12.79	11.94	11.03

Minnesota Department of Health. Note: All race categories include Hispanic.

### Child and Teen Checkups

Child and Teen Checkups is Minnesota's name for the federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The program, for children age 0 to 20 enrolled in Medicaid, aims to increase access to scheduled periodic health and developmental screenings with the goal of diagnosing health problems before they become more serious and costly to treat.

**72%** of eligible children received at least one initial or periodic screening through the Child and Teen Checkups Program in 2014<sup>37</sup>

## DEVELOPING OPPORTUNITIES: RACE EQUITY COACHES AT ST. LOUIS PARK SCHOOLS

**YOUTH RESIDING IN JUVENILE DETENTION CENTERS BY RACE AND ETHNICITY, 2011**

	Number	Rate per 100,000
American Indian	102	1,141
Asian	27	85
Black	309	660
Hispanic or Latino	60	151
White	303	68
Other	24	NA
<b>Total</b>	<b>828</b>	<b>145</b>

*Sickmund, Melissa, Sladky, T.J., Kang, Wei, and Puzanchera, C. (2015) "Easy Access to the Census of Juveniles in Residential Placement." Online Author's analysis of OJJDP's Census of Juveniles in Residential Placement 1997, 1999, 2001, 2003, 2006, 2007, 2010, and 2011 [machine-readable data files].*

**5% of teens age 16 to 19 in Minnesota are not in school and not working.**

—Population Reference Bureau

With the goal to “interrupt historical patterns of inequity,” St. Louis Park School District is working to improve student success by incorporating race equity into teacher evaluation. Using existing funds from the state-funded Quality Compensation grant program, teachers decided in 2013 to focus their evaluation on equity for underserved students, particularly students of color and lower income students.

By observing classes, assessing teaching practices, providing resources and co-teaching lessons, equity coaches work to improve teacher instruction, reflection and interaction with students in order to create inclusive, culturally responsive classrooms that support success for a diverse student population. The equity coaches also build relationships with students, encourage students to relate experiences of inequity in the classroom, and help lead the student group Students Against Racism. The program aims to shift school culture with the long-term goal of racial equity, demonstrated through improved test scores and graduation rates. The program started with two former district teachers at St. Louis Park High School who worked with the nationally recognized Equity Collaborative to develop the program, which has expanded to six coaches in seven schools and the district's early education program.

### TXT4Life Helps With Suicide Prevention

In 2013, suicide was the second leading cause of death for adolescents age 15 to 24. TXT4Life uses texting as a means to reach youth experiencing a mental health crisis. This has led to more than 19,000 text counseling sessions since 2012. TXT4Life is a collaboration with local mental health centers, schools, reservations, counties and the Minnesota Department of Human Services. The crisis text service is now available 24/7 in 39 counties, eight reservations and two colleges in Minnesota. Text “Life” to 61222.



### Alcohol and Drug Use Reduction Among Minnesota Teens

Half the number of youth age 12 to 17 reported abusing illicit drugs or alcohol in 2012–2013 (21,000 or 5%) compared to 2005–2006 (42,000 or 9%).<sup>38</sup> Teen alcohol and drug abuse are associated with other risky behavior, poor academic performance, and other health and social implications that can last into adulthood.<sup>39</sup>



# Young Adult

**WITH A RECOVERING ECONOMY**, changing job market and increasing demand for higher education, young adults are struggling to enter and advance in the workforce. Unemployment rates for youth ages 16 to 24 have dropped to lows not seen in more than 50 years.<sup>40</sup> The number of disconnected youth, those not in school or working, has remained stagnant in Minnesota since 2010 despite increased graduation and lower unemployment rates overall. Research shows that young people who don't have an early work experience are more likely to experience later unemployment and lower career attainment. For each 16-year-old out of work, one study estimated the cost to taxpayers to be \$258,040.<sup>41</sup> Young men and young adults of color are more likely to be unemployed and disconnected and, therefore, should be targeted for the opportunities that improve the odds for successful transition to adulthood including programs to encourage college enrollment and success, job skills and training programs, and multiple, flexible pathways to career success.<sup>42</sup>

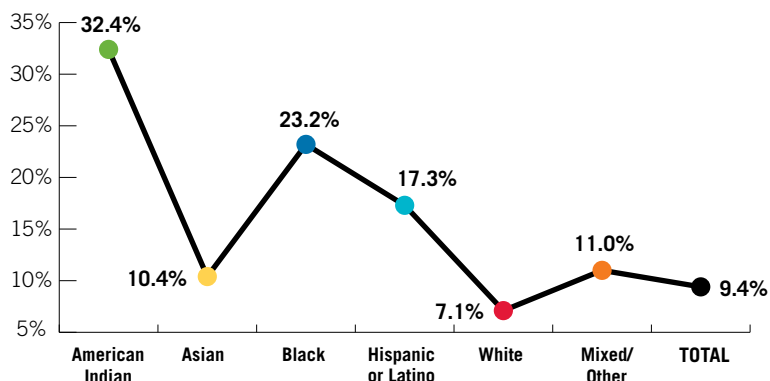
## Supporting College Enrollment and Success

Public and private programs such as College Possible and Upward Bound provide the encouragement, resources and plan to ensure college enrollment and success for low-income and diverse high school students.

**Higher income young adults are 5x as likely as lower income peers to have a college degree by 25.**<sup>43</sup>

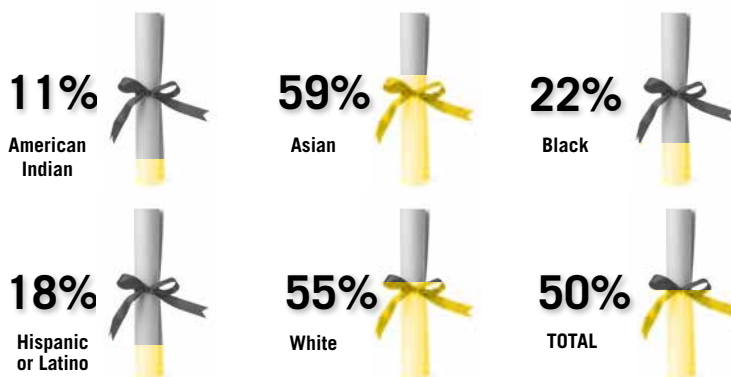


## YOUNG ADULTS AGES 16 TO 24 NOT IN SCHOOL OR NOT WORKING, 2008–2012



*Integrated Public Use Microdata Series, 2008–2012. Data Analyzed and Published by PolicyLink, National Equity Atlas. Available online at <http://nationalequityatlas.org/>.*

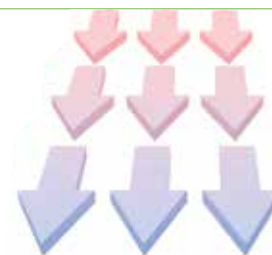
## YOUNG ADULTS AGES 25 TO 29 WHO HAVE COMPLETED AN ASSOCIATE'S DEGREE OR HIGHER, BY RACE AND ETHNICITY



*Statewide Longitudinal Education Data System (SLEDs), Minnesota Department of Education.*

## Access to Health Coverage and Care

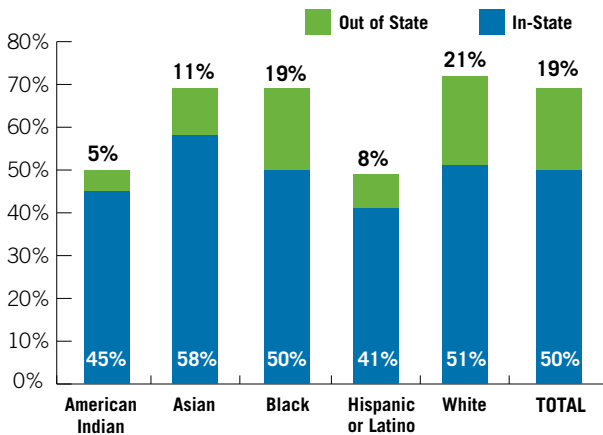
Affordability and access to health coverage and care increased for young adults under provisions of the Affordable Care Act implemented in 2010. A recent University of Minnesota study found that the likelihood of young adults spending more than \$1,500 on out-of-pocket health care costs fell by 57 percent since the law was implemented.<sup>44</sup>



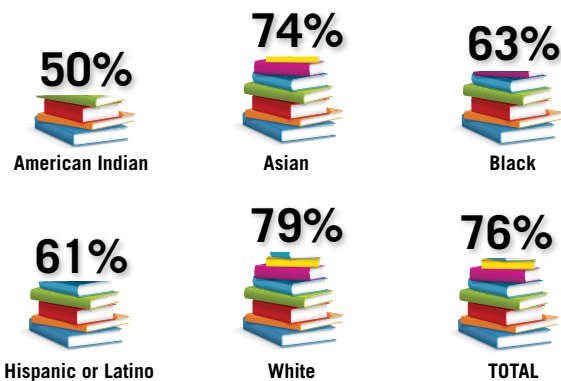
**Uninsured rates for Minnesotans ages 18–25 fell by 8 percentage points since implementation of the Affordable Care Act.**<sup>45</sup>

## DEVELOPING OPPORTUNITIES: COOKIE CART

### PERCENT OF 2013 HIGH SCHOOL GRADUATES ENROLLING IN COLLEGE IN THE FALL\*



### PERCENT OF 2013 HIGH SCHOOL GRADUATES PERSISTING OR GRADUATING AS OF SECOND ACADEMIC YEAR\*



\*Statewide Longitudinal Education Data System (SLEDs), Minnesota Department of Education.

#### Work Experience and Training

Programs across the state like STEP-UP in Minneapolis, Genesys Works in St. Paul and Job Preparedness Initiative in Steele County, provide job experience, training and support by leveraging partnerships with employers to provide experience and stepping stones to careers for young adults.

PHOTO PROVIDED BY COOKIE CART

With ingredients like paid work experience and training, leadership development and financial education, Cookie Cart is, as its tagline says, “baking bright futures.” The nonprofit bakery provides paid work experience and training to youth ages 15 to 18 who often live in areas of concentrated poverty, while preparing them for future career success through life and leadership skills training.

Cookie Cart aims to affect youth through connectedness to new communities, goal orientation, interpersonal skills, critical thinking and employment readiness. An evaluation of the program’s impact in these areas found that nearly all youth participants surveyed felt they gained the ability to present themselves as experienced employees and more than 80 percent expressed an increased ability to set goals and work toward them, make good decisions, and use peaceful means to resolve conflict.

Cookie Cart was a vision of Sister Jean Thuerauf who invited youth from her neighborhood into her home for help with schoolwork and to bake cookies. In 1988 her informal program became a nonprofit bakery and storefront in North Minneapolis. In 2015 the program will serve 200 students with 30,000 hours of hands-on work and classroom experience, and in 2016 the program will expand to St. Paul.

#### Increasing Services for Homeless Youth

In the most recent Wilder Homelessness Survey in 2012 there were 1,151 youth on their own in Minnesota, including 146 ages 17 and younger and 1,005 age 18 through 21. Recent investments in the Homeless Youth Act made by the state legislature support prevention, outreach, drop-in, shelter and supportive services for homeless youth.

**25%** of homeless adults in Minnesota reported that their first time experiencing homelessness was as a child.<sup>46</sup>



# State-Level Data Tables

State-level data historically collected in the Minnesota KIDS COUNT Data Book can be found on the following pages. The data are broken out into eight categories so that readers can easily find the information:

- Demographics
- Family and Caregivers
- Economic Security
- Early Childhood
- K–12 Education
- Healthy Development
- Food and Nutrition
- Safe Homes and Communities

Indicators available at the county level are highlighted with a **CT** in the left hand column. Please visit the KIDS COUNT Data Center ([datacenter.kidscount.org](http://datacenter.kidscount.org)) to find the most recent county-level information along with other state-level data.



PHOTO PROVIDED BY MINNESOTA READING CORPS

DEMOGRAPHICS		Number	Percent/Rate	Year(s)
<b>CT</b>	Child population, As % of total population	1,279,597	24%	2013
	Children 0-4, As % of children	347,965	27%	2013
	Children 5-11, As % of children	504,550	39%	2013
	Children 12-14, As % of children	214,011	17%	2013
	Children 15-17, As % of children	213,071	17%	2013
<b>CT</b>	Children by Race/Ethnicity			
	White, non-Hispanic, As % of children	916,588	72%	2013
	Black, non-Hispanic, As % of children	103,532	8%	2013
	American Indian, non-Hispanic, As % of children	17,975	1%	2013
	Asian, non-Hispanic, As % of children	72,684	6%	2013
	Two or more races, non-Hispanic, As % of children	60,370	5%	2013
	Hispanic or Latino, As % of children	107,848	8%	2013

**CT**= Data also available by county on KIDS COUNT Data Center website: <http://datacenter.kidscount.org>

FAMILY AND CAREGIVERS		Number	Percent/ Rate	Year(s)
	Households raising children, As % of all households	652,280	30.8%	2013
	Children in households:			
	with married adults, As % of children in households	907,000	71%	2013
	with mother only, As % of children in households	267,000	21%	2013
	with father only, As % of children in households	93,000	7%	2013
	Children being raised by unmarried, cohabitating partners, As % of children	111,000	9%	2013
	Children being raised by grandparents, As % of children	25,000	2%	2013
	Children in immigrant families (child and/or parent is foreign-born), As % of children	219,000	17%	2013
<b>CT</b>	Total births, Rate per 1,000 children	69,183	12.8	2013
	Births by Maternal Education, As % of births			
	Less than 4 years of high school	7,224	10.5%	2013
	4 years of high school or GED completed	11,646	17%	2013
	Some college credit but no degree	13,482	19.7%	2013
	Associate's Degree	9,382	13.7%	2013
	Bachelor's Degree	18,058	26.3%	2013
	Master's, Doctorate, or Professional Degree	8,788	12.8%	2013
	Births to US-born mothers, As % of births	56,948	82.3%	2013
	Births to foreign-born mothers, As % of births	12,235	17.7%	2013
	Children born to married mothers, As % of births	46,420	67.1%	2013
<b>CT</b>	Children born to unmarried mothers, As % of births	22,739	32.9%	2013
<b>CT</b>	Children born with no father listed on the birth certificate, As % of births	8,446	12.2%	2013
<b>CT</b>	Children born to teenage (age 15-17) mothers, Rate per 1,000 15- to 17-year-olds, 2011–2013	2,570	8.2	2011–2013
<b>CT</b>	Children in the Family Assessment Response program, Rate per 1,000 children	18,467	14.4	2013
<b>CT</b>	Children in out-of-home placements, Rate per 1,000 children	11,510	9	2013
	Children aging out of foster care without a permanent family	49		2013
	Children who were state wards waiting for adoptive homes, year-end	863		2013

**CT**= Data also available by county on KIDS COUNT Data Center website: <http://datacenter.kidscount.org>

ECONOMIC SECURITY		Number	Percent/Rate	Year(s)
	Children living in extreme poverty, As % of children	72,000	6%	2013
<b>CT</b>	Children living in poverty, As % of children	177,000	14%	2013
	White children in poverty, As % of all white children	73,000	8%	2013
	African American children in poverty, As % of all African American children	40,000	40%	2013
	Asian children in poverty, As % of all Asian children	15,000	23%	2013
	American Indian children in poverty, As % of all American Indian children	7,000	41%	2013
	Hispanic children in poverty, As % of all Hispanic children	29,000	28%	2013
	Immigrant children in poverty, As % of all immigrant children	52,000	24%	2013
	Children age 5 and under living in poverty, As % of children age 5 and under	62,000	15%	2013
	Children below 200% of poverty, As % of children	419,000	33%	2013
	Families living in poverty, As % of families	79,000	12%	2013
	Married-couple families with children in poverty, As % of all married-couple families with children	20,000	4%	2013
	Single-parent families with children in poverty, As % of all single-parent families with children	60,000	30%	2013
	Entire population living in poverty, As % of population	592,000	11%	2013
	Median annual income of families raising children (in 2013 dollars)	\$75,300		2013
	Median annual income of White families (in 2013 dollars)	\$84,200		2013
	Median annual income of African American families (in 2013 dollars)	\$30,600		2013
	Median annual income of American Indian families (in 2013 dollars)	\$36,400		2013
	Median annual income of Asian families (in 2013 dollars)	\$67,400		2013
	Median annual income of Hispanic families (in 2013 dollars)	\$38,900		2013
	Families with all resident parents in the workforce, As % of families	490,888	79.5%	2013
<b>CT</b>	Tax households who claimed the Earned Income Tax Credit (EITC), as % of tax households	341,803	14%	TY 2013
<b>CT</b>	Total value of the EITC	\$727,916,997		TY 2013
	Families in the Minnesota Family Investment Program (MFIP)	33,477		2013
<b>CT</b>	In Child-only cases	10,902		2013
<b>CT</b>	In Adult-eligible cases	22,575		2013
	Children in Tribal TANF cases	148		2013
<b>CT</b>	Percent of families collecting child support, As % of eligible families		70%	2013
	Households headed by unmarried women who are receiving child support, As % of households headed by unmarried women	41,000	34%	2010- 2012

**CT**= Data also available by county on KIDS COUNT Data Center website: <http://datacenter.kidscount.org>

EARLY CHILDHOOD		Number	Percent/Rate	Year(s)
CT	Children born preterm, As % of births	5,156	8.1%	2013
CT	Children born at low-birthweight, As % of births	3,147	4.7%	2013
	Children age 3 and 4 not enrolled in preschool	78,000	55%	2011-2013
CT	Average annual cost of center-based child care			
	Infant	\$14,764		2015
	Toddler	\$12,776		2015
	Preschooler	\$11,379		2015
	School-Age	\$9,443		2015
CT	Average annual cost of family-based child care			
	Infant	\$7,990		2015
	Toddler	\$7,599		2015
	Preschooler	\$7,260		2015
	School-Age	\$6,525		2015
	Children under age 6 with all available parents in the workforce, As % of children under age 6	298,000	74%	2013
	Children in the Child Care Assistance Program (CCAP), average monthly enrollment			
	Minnesota Family Investment Program (MFIP) or Transition Year Child Care Assistance Program	15,553		2014
	Basic Sliding Fee (BSF)	14,786		2014
	Families on waiting lists for the CCAP	5,781		Aug-15
	Children served by Head Start or Early Head Start	16,573		2014
	Children served by Part C Early Intervention and have Individual Family Service Plans (IFSPs), 2013-14 school year, As % of all children age 0–2	5,162	2.5%	2013

K–12 EDUCATION		Number	Percent/Rate	Year(s)
	Students enrolled in non-public schools	68,213		2014
CT	Students enrolled in K-12 public schools	842,932		2014
CT	K-12 public school students with limited English proficiency, As % of K-12 public school students	66,869	7.9%	2014
CT	K-12 public school students enrolled in special education, As % of K-12 public school students	113,111	13.4%	2014
CT	Students changing schools, As % of 2013-14 K-12 public school students	105,331	12.6%	2013
CT	Students who graduated in 4 years, As % of public school students	53,524	81.2%	2013
CT	Students who dropped out within 4 years, As % of public school students	3,266	5.0%	2013
	Children age 6 to 12 with all available parents in the workforce, As % of children 6 to 12	374,000	74%	2013

CT= Data also available by county on KIDS COUNT Data Center website: <http://datacenter.kidscount.org>



HEALTHY DEVELOPMENT		Number	Percent/Rate	Year(s)
CT	Children without health insurance, As % of children	72,885	5.7%	2011-2013
CT	Average monthly enrollment of children in Medical Assistance	379,400		2014
CT	Average monthly enrollment of children in MinnesotaCare	24,133		2014
CT	Children born to mothers who smoked during pregnancy, As % of births	7,333	10.6%	2013
CT	Children whose mothers received late or inadequate prenatal care, As % of births	2,573	4.0%	2013
CT	Children 24 to 35 months who are up-to-date with the vaccine series, As % of children 24 to 35 months		63.2%	Jul-15

FOOD AND NUTRITION		Number	Percent/Rate	Year(s)
CT	K-12 students approved for free or reduced-price school meals, As % of K-12 students	323,009	37.7%	2014
CT	Average monthly enrollment of children receiving SNAP, As % of children	177,652	13.9%	2014
CT	Participation in the WIC nutrition program			
	Women (pregnant, breastfeeding and post-partum)	56,878		2013
	Babies born to mothers enrolled in WIC, As % of babies born	30,798	45%	2013
	Children (1 to 5 years old), As % of children age 1 to 5	85,170	31%	2013
	Households that are "food insecure," As % of households	231,012	10.8%	2013
CT	Children in families visiting food shelves (non-unique, counted each visit)	1,261,753		2013
	Children in the Summer Food Service Program (average daily participation), As % of those enrolled in free and reduced-price school lunches	39,088	12.1%	2013

SAFE HOMES AND COMMUNITIES		Number	Percent/Rate	Year(s)
CT	Children under age 6 testing positive for lead poisoning	653		2013
	Children living in crowded housing, As % of children	129,000	10%	2013
CT	Households where housing costs exceed 30% of income, As % of all housing units			
	Owner	319,780	21.0%	2013
	Renter	270,381	44.8%	2013
CT	Housing status of children, As % of children in occupied housing units			
	Owner	941,685	73.7%	2013
	Renter	336,042	23.6%	2013
CT	Children age 10 to 17 arrested for serious crimes, Rate per 1,000 children age 10 to 17	7,067	12.4	2013
CT	Children who died from unintentional injuries	79		2013
CT	Children abused or neglected, Rate per 1,000 children	4,183	3.3	2013
CT	Children who committed suicide or were murdered	39		2013

CT= Data also available by county on KIDS COUNT Data Center website: <http://datacenter.kidscount.org>

# Technical Notes

“Children” if not otherwise defined refers to those under age 18 (0-17). A “parent” may be either biological, adoptive or a stepparent. “Families” refer to a parent raising one or more children in their household. A “household” may contain a single family, more than one family, a family and one or more sub-families (such as three generations living together), or it may contain members that are unrelated. Total and sub-group child populations used for calculating most rates are from the U.S. Census Bureau’s year that corresponds to the data.

Statewide poverty estimates are based upon the universe for which poverty status is determined in the 2013 American Community Survey (ACS). Poverty status is not determined for people in military barracks, institutional quarters, or for unrelated individuals under age 18 (such as foster children). The federal poverty definition consists of a series of thresholds based on family size and composition.

Some data presented in this book is reflective of actual counts, while other data is obtained from survey estimates. In the latter case, we have rounded many figures to the nearest 500 or 1,000 to emphasize that the figure is an estimate, which contains a margin of error. For additional information about sampling methodology and confidence intervals, please refer to the original data source or contact Children’s Defense Fund-Minnesota.

## DEMOGRAPHICS

### Child population, 2013

Source: U.S. Census Bureau, Population Estimates for July 1, 2013.

### Child population by age group, 2013

Source: U.S. Census Bureau, Population Estimates for July 1, 2013.

### Child population by race/ethnicity, 2013

Source: U.S. Census Bureau, Population Estimates for July 1, 2013. Note: Hispanic/Latino children are not counted in racial groupings.

## FAMILY & CAREGIVERS

### Households raising children, 2013

Source: U.S. Census Bureau, 2013 American Community Survey.

### Children in households, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children being raised by unmarried, cohabitating partners, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children being raised by grandparents, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children in immigrant families, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Total births, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert.

### Births by maternal education, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert.

### Births to U.S.-born mothers, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert.

### Births to foreign-born mothers, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert.

### Children born to married mothers, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert.

### Children born to unmarried mothers, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert.

### Children born with no father listed on the birth certificate, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert.

### Children born to teenage (15-17) mothers, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: Due to small numbers, rate represents 3-year average for 2011-2013; rate given per 1,000 teenage girls age 15 to 17.

### Children in the Family Assessment Response Program, 2013

Source: Minnesota Department of Human Services. *Minnesota’s Child Welfare Report for 2013*, October 2014, # DHS-5408F-ENG.

### Children in out-of-home placements, 2013

Source: Minnesota Department of Human Services. *Minnesota’s Child Welfare Report for 2013*, October 2014, # DHS-5408F-ENG.

### Children aging out of foster care without a permanent family, 2013

Source: Minnesota Department of Human Services. *Minnesota’s Child Welfare Report for 2013*, October 2014, # DHS-5408F-ENG.

### Children who were state wards waiting for adoptive homes, year-end, 2013

Source: Minnesota Department of Human Services. *Minnesota’s Child Welfare Report for 2013*, October 2014, # DHS-5408F-ENG.

## ECONOMIC SECURITY

### Children living in extreme poverty, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children living in poverty, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children in poverty by race/ethnicity, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Immigrant children in poverty, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children under age 5 living in poverty, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children below 200% of the poverty line, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Families living in poverty, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Married-couple households with children in poverty, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Single-parent households with children in poverty, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Entire population living in poverty, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Median annual income of families raising children, 2013

Source: U.S. Census Bureau, 2013 American Community Survey.

### Median family income by race/ethnicity, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: See tables B19113A, B, C, D, E, and I.

### Families with all resident parents in the workforce, 2013

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Due to significant changes to the American Community Survey questions on labor force participation and number of weeks worked starting in 2008, comparisons to previous years’ estimates are not recommended.

### Tax households that claimed the Earned Income Tax Credit (EITC), 2013 (Tax Year 2013)

Source: Internal Revenue Service, Stakeholder Partnerships, Education & Communications (SPEC) Tax Return Information Database for Tax year 2013. Note: Data retrieved from The Brookings Institution, EITC Interactive: <http://www.brookings.edu/research/interactives/eitc>. A tax household is the unit containing all people listed on a single return. Note: Data only includes taxes filed from January to June of 2013 for Tax Year 2013. SPEC estimates that for any given tax year, 90 percent of tax data is captured by the part-year data.

### Total value of the Earned Income Tax Credit (EITC), 2013 (Tax Year 2013)

Source: Internal Revenue Service, Stakeholder Partnerships, Education & Communications (SPEC) Tax Return Information Database for Tax year 2013. Note: Data retrieved from The Brookings Institution, EITC Interactive: <http://www.brookings.edu/research/interactives/eitc>. A tax household is the unit containing all people listed on a single return. Note: Data only includes taxes filed from January to June of 2013 for Tax Year 2013. SPEC estimates that for any given tax year, 90 percent of tax data is captured by the part-year data.

### Families in the Minnesota Family Investment Program (MFIP), 2013

Source: Minnesota Department of Human Services. Program Assessment and Integrity Division. Minnesota Family Investment Program and the Diversionary Work Program: Characteristics of December 2013 Cases and Eligible Adults (May 2014). Retrieved from the Internet: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4219P-ENG>

### Percent of families collecting child support, 2013

Source: Minnesota Department of Human Services, Child Support Enforcement Division. Child Support Performance Report 2013. Arrears collection based on the federal fiscal year. Retrieved from the Internet: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4252N-ENG>

### Households headed by unmarried women who are receiving child support, 2012

Source: U.S. Census Bureau, Current Population Survey (March supplement). Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

## EARLY CHILDHOOD

### Children born preterm, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: Live births of babies who are less than 37 weeks gestation at birth. Single births only; not multiples.

### Children born at low-birthweight, 2013

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: Refers to live births during 2013 in which the child weighed less than 2500 grams (5 pounds, 8 ounces) at birth. Single births only; not multiples.

### **Children age 3 and 4 not attending preschool, 2013**

Source: U.S. Census Bureau, 2011-2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online.

### **Cost of center-based child care, 2015**

Source: Child Care Aware of Minnesota. 2015 Child Care Provider Rate Survey. Personal contact with Angie Bowman.

### **Cost of family-based child care, 2015**

Source: Child Care Aware of Minnesota. 2015 Child Care Provider Rate Survey. Personal contact with Angie Bowman.

### **Children under age 6 with all available parents in the workforce, 2013**

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online. Due to significant changes starting in 2008 to the American Community Survey, questions on labor force participation and number of weeks worked have changed and comparisons to previous years' estimates are not recommended.

### **Average monthly enrollment of children in the Child Care Assistance Program (CCAP), 2014**

Source: Minnesota Department of Human Services, Minnesota Child Care Assistance Program Fiscal Year 2014 Family Profile, February 2015. Note: Monthly averages of children receiving CCAP including Minnesota Family Investment Program (MFIP), Transition Year (TY) and Basic Sliding Fee (BSF) during state fiscal year 2014 (July 1, 2013 to June 30, 2014).

### **Families on the waiting list for CCAP, August 2015**

Source: Minnesota Department of Human Services. Note: The August 2015 waiting list was the most recent available at the time of publication.

### **Children served by Head Start or Early Head Start, 2014**

Source: 2014 Minnesota Head Start Facts, Minnesota Head Start Association.

### **Children served by Part C Early Intervention Services and have Individual Family Service Plans, 2013**

Source: Minnesota Part C Annual Performance Report, Governor's Interagency Coordinating Council.

## **K-12 EDUCATION**

### **Students enrolled in non-public schools, 2014-15**

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2014-15. Note: Count as of October 14, 2015.

### **Students enrolled in K-12 public schools, 2014-15**

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2014-15. Note: Count as of October 14, 2015.

### **K-12 public school students with limited English proficiency, 2014-15**

Source: Minnesota Department of Education, Data Center, 2014-15 Enrollments-County-Special Populations spreadsheet.

### **K-12 public school students enrolled in special education, 2014-15**

Source: Minnesota Department of Education, Data Center, 2014-15 Enrollments-County-Special Populations spreadsheet.

### **Students changing schools, 2013**

Source: Minnesota Department of Education, Data Center, Student Mobility-District Level, 2013-14.

### **Students who graduated in 4 years, 2013**

Source: Minnesota Department of Education, Data Center, 2013-2014 Graduation Rates.

### **Students who dropped out in 4 years, 2013**

Source: Minnesota Department of Education, Data Center, 2013-14 Graduation Rates.

### **Children age 6 to 12 with all available parents in the workforce, 2013**

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online. Due to significant changes starting in 2008 to the American Community Survey, questions on labor force participation and number of weeks worked have changed and comparisons to previous years' estimates are not recommended.

## **HEALTHY DEVELOPMENT**

### **Children without health insurance, 2011-2013**

Source: U.S. Census Bureau, 2011-13 American Community Survey.

### **Average monthly enrollment of children in Medical Assistance, 2014**

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Personal contact with Ray Kurth-Nelson. Note: Includes children in MFIP households. Refers to children below age 18, although 18- to 20-year-olds are eligible to receive Medical Assistance. Child's age calculated as of July 1, 2014. Children are counted in both Medical Assistance and MinnesotaCare enrollee counts if they were enrolled in both programs during the year.

### **Average monthly enrollment of children in MinnesotaCare, 2014**

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Note: Child's age calculated as of July 1, 2014. Children are counted in only one county even if they moved during the year. Children are counted in both Medical Assistance and MinnesotaCare enrollee counts if they were enrolled in both programs during the year.

### **Children born to mothers who smoked during pregnancy, 2013**

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: Births are assigned to the mother's county of residence, regardless where the birth occurred.

### **Children whose mothers received late or inadequate prenatal care, 2013**

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: "Inadequate" is defined as either no prenatal care, care beginning in the 3rd trimester, or an inadequate range of visits, regardless of when prenatal care began.

### **Children 24-35 months who are up-to-date with the vaccine series, 2015**

Source: Minnesota Department of Health, Immunization Program. Childhood Immunization Coverage in Minnesota, July 2015. Note: The vaccine series consists of 4+ DTaP, 3+ Polio, 1+ MMR, Complete Hib, 3+ HepB, 1+ Varicella, and Complete Prevnar. Data includes children born from July 2013 through June 2013.

## **FOOD AND NUTRITION**

### **K-12 students approved for free or reduced-price school meals, 2014-15**

Source: Minnesota Department of Education, Data Center, 2014-15 Enrollments-County-Special Populations spreadsheet.

### **Average monthly enrollment of children receiving SNAP, 2014**

Source: Minnesota Department of Human Services, MAXIS Data Warehouse. Personal contact with Amy Gehring. Note: Average monthly enrollment during calendar year 2014 of unique children in SNAP households. Includes children from MFIP Food Portion cases. Count of children only includes SNAP-eligible children in the household.

### **Average monthly participation in the WIC nutrition program, 2013**

Source: Minnesota Department of Health, WIC Category and Race and Ethnicity Annual Reports. Personal contact with Joni Geppert. Retrieved from <http://www.health.state.mn.us/divs/fh/wic/localagency/reports/pptdemo/annual/unduplicated.html>. Note: WIC is officially called the Special Supplemental Nutrition Program for Women, Infants and Children.

### **Percent of households that are "food insecure," 2013**

Source: U.S. Department of Agriculture, Economic Research Service, Household Food Security in the United States, 2013. Note: Based on data from the Current Population Survey Food Security Supplement.

### **Children in families visiting food shelves, 2013**

Source: Hunger Solutions Minnesota, Food Shelf Statistics Report, 01/2013 to 12/2013. Personal contact with James Redmond. Note: Not a unique count of children served. All children in a family were counted each time a family member visited a food shelf during the year.

### **Children in the Summer Food Service Program, 2013**

Source: Food Research and Action Center, State of the States 2013, Minnesota page. Note: Average daily participation during the month of July (busiest month). Rate is calculated by dividing summer participation figure by free and reduced-price school lunch enrollment figure.

## **SAFE HOMES & COMMUNITIES**

### **Children under age 6 testing positive for lead poisoning, 2013**

Source: Minnesota Department of Health, Center for Health Statistics, Surveillance Database Reports. Note: Refers to children who were tested and found to have blood lead levels of 5 Micrograms per Deciliter (µg/dL) or greater. Data on children testing positive for lead poisoning published in prior Minnesota KIDS COUNT Data Books referred to children found to have blood lead levels of 10 µg/dL or greater. The change was made because in 2013 the Commissioner of Health changed the state's definition of elevated blood lead level to 5 mcg/dL.

### **Children living in crowded housing, 2013**

Source: U.S. Census Bureau, 2013 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### **Households where housing costs exceed 30% of income, 2013**

Source: U.S. Census Bureau, 2013 American Community Survey 1-Year Estimates. Table B25091: Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months.

### **Housing status of children, 2013**

Source: U.S. Census Bureau, 2013 American Community Survey 1-year Estimates.

### **Children age 10-17 arrested for a serious crime, 2013**

Source: Minnesota Department of Public Safety, 2013 Bureau of Criminal Apprehension, Minnesota Justice Information Services, Uniform Crime Report (July 2014). Note: Refers to arrests of juveniles age 10-17. Rate per 1,000 is calculated by dividing the number of juvenile arrests by the total number of children ages 10-17, then multiplying by 1,000. "Serious" crimes (Part I crimes) include murder, rape, robbery, aggravated assault, burglary, larceny, vehicle theft and arson. Not all children arrested for serious crimes may have committed these crimes, and not all children who committed serious crimes may have been arrested.

### **Children who died from unintentional injuries, 2013**

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert.

### **Children abused or neglected, 2013**

Source: Minnesota Department of Human Services. *Minnesota's Child Welfare Report for 2013*, October 2014, # DHS-5408F-ENG..

### **Children who committed suicide or were murdered, 2013**

Source: Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables. Personal contact with Joni Geppert.

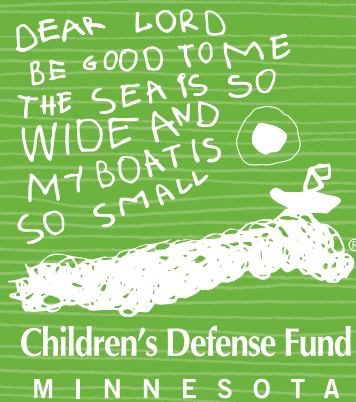
# Endnotes

- 1 U.S. Census Bureau, Population Estimates for July 1, 2013.
- 2 Adapted and updated from *2010 Minnesota KIDS COUNT Data Book. Every Kid Count: A Closer Look at Children of Color and American Indian Children*. September 2010, St. Paul, Minn. All current population estimates in this section are 2013 estimates from the Population Division at the U.S. Census Bureau. All of the population projection estimates are from Minnesota Population Projections by Race and Hispanic Origin, 2005 to 2035 by the Minnesota State Demographic Center.
- 3 McMurry, M. Minnesota Population Projections by Race and Hispanic Origin, 2005 to 2035. Minnesota State Demographic Center: Minnesota Department of Administration (January 2009).
- 4 Population Division, U.S. Census Bureau.
- 5 Wilder Research, Minnesota Compass. Data from 2010-12 Integrated Public Use Microdata Series from the U.S. Census Bureau, American Community Survey.
- 6 McMurry, M. Minnesota Population Projections by Race and Hispanic Origin, 2005 to 2035. Minnesota State Demographic Center: Minnesota Department of Administration (January 2009).
- 7 Minnesota Department of Human Services, Reports & Forecasts Division. Personal contact with Ray Kurth-Nelson. Note: Includes children in MFIP households. Refers to children below age 18, although 18- to 20-year-olds are eligible to receive Medical Assistance. Child's age calculated as of July 1, 2014.
- 8 Minnesota Department of Human Services, MAXIS Data Warehouse. Personal contact with Amy Gehring. Note: Average monthly enrollment during calendar year 2014 of unique children in SNAP households. Includes children from MFIP Food Portion cases. Count of children only includes SNAP-eligible children in the household.
- 9 Minnesota Department of Health, WIC Category and Race and Ethnicity Annual Reports. Personal contact with Joni Geppert. Retrieved from <http://www.health.state.mn.us/divs/fh/wic/localagency/reports/pptndemo/annual/unduplicated.html> Note: WIC is officially called the Special Supplemental Nutrition Program for Women, Infants, and Children.
- 10 Minnesota Department of Human Services, Minnesota Child Care Assistance Program Fiscal Year 2014 Family Profile, February 2015. Note: Monthly averages of children receiving Basic Sliding Fee (BSF) Child Care Assistance Program (CCAP) during state fiscal year 2014 (July 1, 2013 to June 30, 2014).
- 11 The Annie E. Casey Foundation. July 2009. Preventing low birth-weight (KIDS COUNT Indicator Brief). Baltimore, MD.
- 12 Bitler, M.P., Currie, J. *Does WIC Work? The Effect of WIC on Pregnancy and Birth Outcomes*. June 2004. Department of Economics, University of California Los Angeles.
- 13 Children's HealthWatch. January 2010. WIC Improves Child Health and School Readiness. Retrieved from [http://www.childrenshealthwatch.org/upload/resource/wic\\_brief\\_jan10.pdf](http://www.childrenshealthwatch.org/upload/resource/wic_brief_jan10.pdf).
- 14 Minnesota Department of Health, WIC Category and Race and Ethnicity Annual Reports. Personal contact with Joni Geppert. Retrieved from <http://www.health.state.mn.us/divs/fh/wic/localagency/reports/pptndemo/annual/unduplicated.htm>.
- 15 Children's HealthWatch. January 2010. WIC Improves Child Health and School Readiness. Retrieved from [http://www.childrenshealthwatch.org/upload/resource/wic\\_brief\\_jan10.pdf](http://www.childrenshealthwatch.org/upload/resource/wic_brief_jan10.pdf).
- 16 Minnesota Department of Health, Center for Health Equity. March 2015. White Paper on Paid Leave and Health.
- 17 Ibid.
- 18 U.S. Department of Labor. Paternity Leave: Why Parental Leave for Fathers is So Important to Working Families. June 17, 2015. Retrieved from <http://www.dol.gov/asp/policy-development/PaternityBrief.pdf>.
- 19 Minnesota Department of Human Services Family Home Visiting Overview. Retrieved from the internet: <http://www.health.state.mn.us/fh/v/>.
- 20 Minnesota Department of Health, Family Home Visiting Program Report to the Legislature 2014 (March 2014).
- 21 Centering Health Institute Research and Evaluation on the Centering Model of Care. Articles retrieved from the internet: <http://centeringhealthcare.org/pages/research/research-evaluation.php>.
- 22 This paragraph is adapted from The Science of Early Childhood Development (2007). National Scientific Council on the Developing Child. <http://developingchild.harvard.edu>.
- 23 Minnesota Part C Annual Performance Report, Governor's Interagency Coordinating Council, April 2015.
- 24 Larson, A. and Stewart, D. 2009. The Child Protection and Special Education Outcomes of Part C Participants. University of Minnesota Center for Advanced Studies in Child Welfare.
- 25 Minnesota Department of Human Services. Note: The August 2015 waiting list was the most recent available at the time of publication.
- 26 Minnesota Department of Human Services. Minnesota Child Care Assistance Program State Fiscal Year 2014 Family Profile. February 2015.
- 27 Children's Defense Fund. State of America's Children 2014. Washington, D.C.
- 28 The Annie E. Casey Foundation. March 2014. Race for Results: Building a Path to Opportunity for all Children. Baltimore, MD.
- 29 The Annie E. Casey Foundation. January 2010. Early Warning! Why Reading by the End of Third Grade Matters. Baltimore, MD.
- 30 National Summer Learning Association. Summer Can Set Kids on the Right – Or Wrong – Course. Baltimore, MD.
- 31 Educators 4 Excellence Minnesota. February 2015. Closing Gaps: Diversifying Minnesota's Teacher Workforce.
- 32 Ibid.
- 33 Juskalian, R. "How Teen Experiences Affect Your Brain for Life." *Newsweek*. December 16, 2010.
- 34 Massachusetts Institute of Technology Work & Life Center. Young Adult Development Project, 2008. Adapted from: <http://hrweb.mit.edu/worklife/youngadult/brain.html>
- 35 Bandy, T.; Moore, K.; Murphey, D.; and Schmitz, H. Child Trends. December 2013. Caring Adults: Important for Positive Child Well-Being.
- 36 Herrera, Carla, David L. DuBois and Jean Baldwin Grossman. 2013. The Role of Risk: Mentoring Experiences and Outcomes for Youth with Varying Risk Profiles, Executive Summary. New York, NY: A Public/Private Ventures project distributed by MDRC.
- 37 Minnesota Department of Human Services, Purchasing and Services Delivery Department. CMS-416, FFY 2014 C&TC Participation Report, June 1, 2015.
- 38 Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health 2005-06 – 2011-12.
- 39 The Annie E. Casey Foundation. July 2015. 2015 KIDS COUNT Data Book: State Trends in Child Well-Being. Baltimore, MD.
- 40 The Annie E. Casey Foundation. December 2012. Youth and Work: Restoring teen and young adult connections to opportunity. Baltimore, MD.
- 41 Ibid.
- 42 Ibid.
- 43 The Executive Office of the President. January 2014. Increasing College Opportunity for Low-Income Students: Promising Models and a Call to Action. Washington, D.C.
- 44 Busch, S.H., Golberstein, E., and Meara, E. ACA Dependent Coverage Provision Reduced High Out-Of-Pocket Health Care Spending For Young Adults. *Health Affairs (Millwood)*. 2014;33(8):1361–6.
- 45 Minnesota Department of Health. February 2014. Health Insurance Coverage in Minnesota: Preliminary Results from the 2013 Health Care Access Survey.
- 46 Wilder Research, September 2013. Homelessness in Minnesota: Results from the 2012 statewide homeless study. St. Paul, MN.









555 Park Street • Saint Paul, MN 55103 • 651-227-6121 • [www.cdf-mn.org](http://www.cdf-mn.org)



## KIDS COUNT Online

National KIDS COUNT | [www.kidscount.org](http://www.kidscount.org)

KIDS COUNT Data Center (National, State and Local Data) | [datacenter.kidscount.org](http://datacenter.kidscount.org)

Minnesota KIDS COUNT | [www.cdf-mn.org/kidscount](http://www.cdf-mn.org/kidscount)