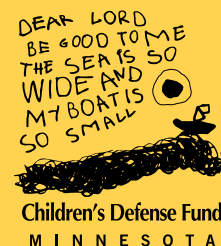




# MINNESOTA KIDS COUNT 2014:

*Budgeting for Better Child Outcomes*

*Produced by Children's Defense Fund–Minnesota*



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

## About Children's Defense Fund

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 and minority children 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 United States. 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/kidscount](http://www.cdf-mn.org/kidscount) 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 call 651-855-1175.

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## 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 more than 100 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, publications or feature on your own website or blog.

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

Tia\* entered foster care at age 3. By the time she was 14, she had lived in 47 different homes. At 14, she was adopted by a friend's family. But at age 19, she found herself disconnected from her adopted family, pregnant and living in a homeless shelter. Tia was connected with Simpson Housing Services (SHS) in Minneapolis. She started receiving supportive housing, parental support and education, and, once her daughter was born, early childhood education services. Now, Tia works full time, receives an affordable housing subsidy from SHS and her daughter attends a child care program with assistance from the Child Care Assistance Program. Tia is still working hard with SHS to ensure her daughter, now 3 years old, has a safe and healthy foundation in her life.

It's families like Tia's that are represented in our KIDS COUNT Data. You might find Tia or her daughter counted in the number of single-parent households, children in low-income families or children enrolled in preschool. While data is critical in assessing child well-being, it's only part of the story. Data doesn't explain what day-to-day life is like for Minnesotans like Tia and her daughter or exactly how circumstances and events affect their outcomes. To CDF-MN, children and their families are more than just numbers. That's why the 2014 Minnesota KIDS COUNT Data Book will look different from prior years' books. This year, we're weaving in stories from parents and their children to inform policymakers, elected officials and child advocates of what real families are experiencing. We asked them for their solutions to the complex issues that face children and families across Minnesota.

Tia put it best. *"[Advocates and politicians] should look into real people's lives to understand the urgency of getting people on programs that help."*

We're framing the conversation around the family budget. Family income affects child outcomes. So what better way to assess if families have the resources not only to survive, but to thrive, than by evaluating the family budget? Each month families across the state assess their income, taxes, other resources and expenses to calculate what's leftover. For many families, and not just families living near the poverty thresholds, impossible decisions include which bills will have to be paid late this month or whether or not a visit to the food shelf is necessary. By providing data and family stories, we hope to convey what life is like for these families that live paycheck to paycheck and how this family budget dilemma affects child outcomes. We hope a comprehensive look into the family budget will spark conversation and policies that increase family resources to improve child outcomes.

—Children's Defense Fund-Minnesota, October 2014

*\*Tia chose not to provide her last name.*



# INTRODUCTION: Budgeting for Better Child Outcomes

Children thrive when their basic needs are met and they have opportunities to learn, grow and explore. In turn, communities thrive when children grow up to be strong, healthy and prepared for college and careers. With a stagnating child population and a booming older generation<sup>1</sup>, Minnesota's future depends on every child in the state having access to basic needs such as food, health care and housing. It is also important that all children have equal access to opportunities that help guarantee a brighter future such as high-quality early education, summer learning programs and college preparation classes. This combination of basic needs and access to opportunities is a recipe for ensuring children grow up healthy and socially and academically prepared to contribute to the growth of the state's economy and the success of future generations.

However, for many Minnesota children, family economic instability prevents them from accessing not only enriching social and academic opportunities, but also their basic needs. While children in poverty are most at risk for having insufficient access to healthy food, high-quality child care, stable housing and preventative health care, children in families at even two to three times the Federal Poverty Level are also at risk for not having what they need to thrive.

## How Is Poverty Defined?

Statistically, poverty is defined by the U.S. Census Bureau using the poverty thresholds. The thresholds are determined by family income, family size and the number of related children under age 18. The poverty threshold in 2012 for a family of four with two children was \$23,283 a year.

Though the poverty thresholds are widely accepted as the official line between Americans who statistically live in poverty and those who don't, it's also widely accepted



PHOTO PROVIDED BY OPEN DOOR HEALTH CENTER

that the measure is extremely outdated.<sup>2</sup> Originally created in 1964, the poverty thresholds were calculated based on research stating that [at that time] food costs were one-third of a family budget. The initial poverty thresholds were calculated by multiplying household food costs by three. Since 1964, the only adjustments made to the poverty thresholds have been annual adjustments for inflation. Now it's estimated that food costs are one-seventh of a family budget<sup>3</sup>, and the overall cost of living is higher when adjusted for inflation. Moreover, the thresholds are not adjusted by region, so the same thresholds apply for families in the 48 contiguous states despite drastic regional differences in the cost of living.

## The Supplemental Poverty Measure

The Supplemental Poverty Measure (SPM) was created in 2011 by the U.S. Census Bureau to more accurately measure the number of families without sufficient resources to meet basic needs. The SPM will not replace the poverty thresholds and should be viewed as a work in progress<sup>4</sup>. In addition to family income, the SPM accounts for family resources by taking cash income plus federal government benefits that families can use to meet food, clothing, shelter and utility costs, and then subtracting taxes (plus tax credits), work expenses (commuting and child care) and out-of-pocket medical expenses. The measure also accounts for food, clothing, shelter and utility expenses and a small amount for other needs.

The SPM shows that work support programs such as the Supplemental Nutrition Assistance Program (SNAP), Women, Infants & Children (WIC), School Meal Program, tax credits and Energy Assistance, do help families meet basic needs.<sup>5</sup> For example, in 2012, without benefits from the refundable Earned Income Tax Credit (EITC) and Child Tax Credit, the national SPM child poverty rate would have been higher, 24.7 percent rather than 18 percent.<sup>6</sup>

## Measuring Family Economic Stability

Just because a family is one dollar above the poverty threshold does not mean the family can meet basic needs. According to Children's Defense Fund-Minnesota's Economic Stability Indicator, a family of four with two children living in Hennepin County needs to earn \$45,576 per year to meet the most basic of budgets. That's about

twice the poverty threshold. Families living at twice the poverty level are defined as low-income. Though twice the poverty level is still less than the cost of living for a family, the number of low-income families is a more accurate depiction of families that do not have enough income to meet basic needs. Nearly one-third of Minnesota children live in low-income households by this definition.<sup>9</sup> Research indicates that low-income children face disparities in education, health and development similar to children in poverty.<sup>10</sup>

## Effects of Economic Instability on Child Outcomes

It's really no surprise that research shows that children experiencing food insecurity have more trouble concentrating and behaving in school, children without health insurance are more likely to receive delayed care when they're sick or injured, and children who don't attend preschool are less likely to be prepared for and successful in school. For families with minimal income and resources, these issues compound and affect outcomes not only in childhood and adolescence but well into adulthood. Moreover, the younger children are when they experience poverty and the longer the period of time they experience it, the greater the effect on their development and future outcomes.<sup>11</sup> Unfortunately, Minnesota children experience poverty at higher rates when they're younger—17 percent of children under age 5 live in poverty.<sup>12</sup>

Children growing up in households with lower incomes are more likely to have lower earnings, fewer work hours, poorer health and less schooling as adults.<sup>13</sup> They're also more likely to get arrested (data on men only) and are more likely to receive food stamps.

To prevent these expensive costs, it is imperative that investments be made early and often in children from lower income households not only to ensure their successful passage into adulthood, but also to maintain the economic vitality of our state. Investments in early childhood education, work support programs and preventative health care will pay off by reducing the costly long-term effects of child poverty.

**FIGURE 1: IT'S A WAGE ISSUE, NOT A WORK ISSUE**



**FIGURE 2: OUTCOMES BY POVERTY STATUS IN EARLY CHILDHOOD<sup>14</sup>**

	Below poverty	1X to 2X the poverty level	2X the poverty level
Completed schooling	11.8 years	12.7 years	14.0 years
Annual earnings	\$17,900	\$26,800	\$39,700
Annual work hours	1,512	1,839	1,963
Food stamps	\$896	\$337	\$70
Poor health	13%	13%	5%
Arrested (men only)	26%	21%	13%
Nonmarital birth < age 21	50%	28%	9%

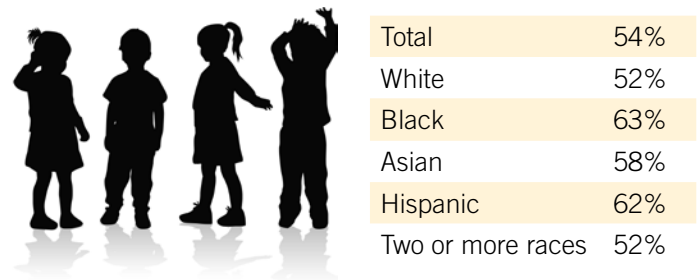
## Who's at Greater Risk for Economic Instability?

Economic instability happens when families have low incomes, are unable to afford basic needs and have little to no assets. Family economic instability affects some children at higher rates than other children. In particular, children of color and children in single-parent families experience very high rates of economic instability.

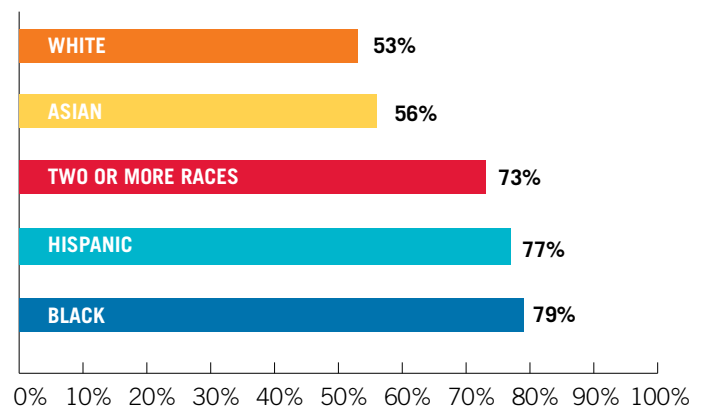
Compounded by other barriers such as higher rates of parental unemployment, higher rates of living in poor or unsafe neighborhoods, and structural racism, disparities faced by children of color and American Indian children create a steeper ladder to success.

While Minnesota's overall child population stagnated,<sup>18</sup> populations of children of color are increasing rapidly. In order for our state to continue to have a strong economy, healthy population and educated workforce, investments that begin early and continue throughout a child's life are needed to comprehensively address racial disparities in income, education and health.

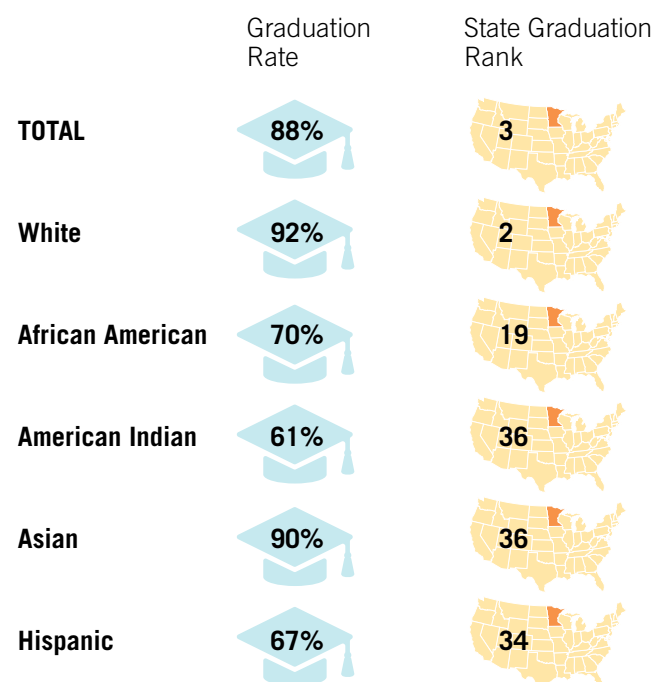
**FIGURE 3: THREE- AND FOUR-YEAR-OLDS NOT ATTENDING PRESCHOOL BY RACE<sup>15</sup>**



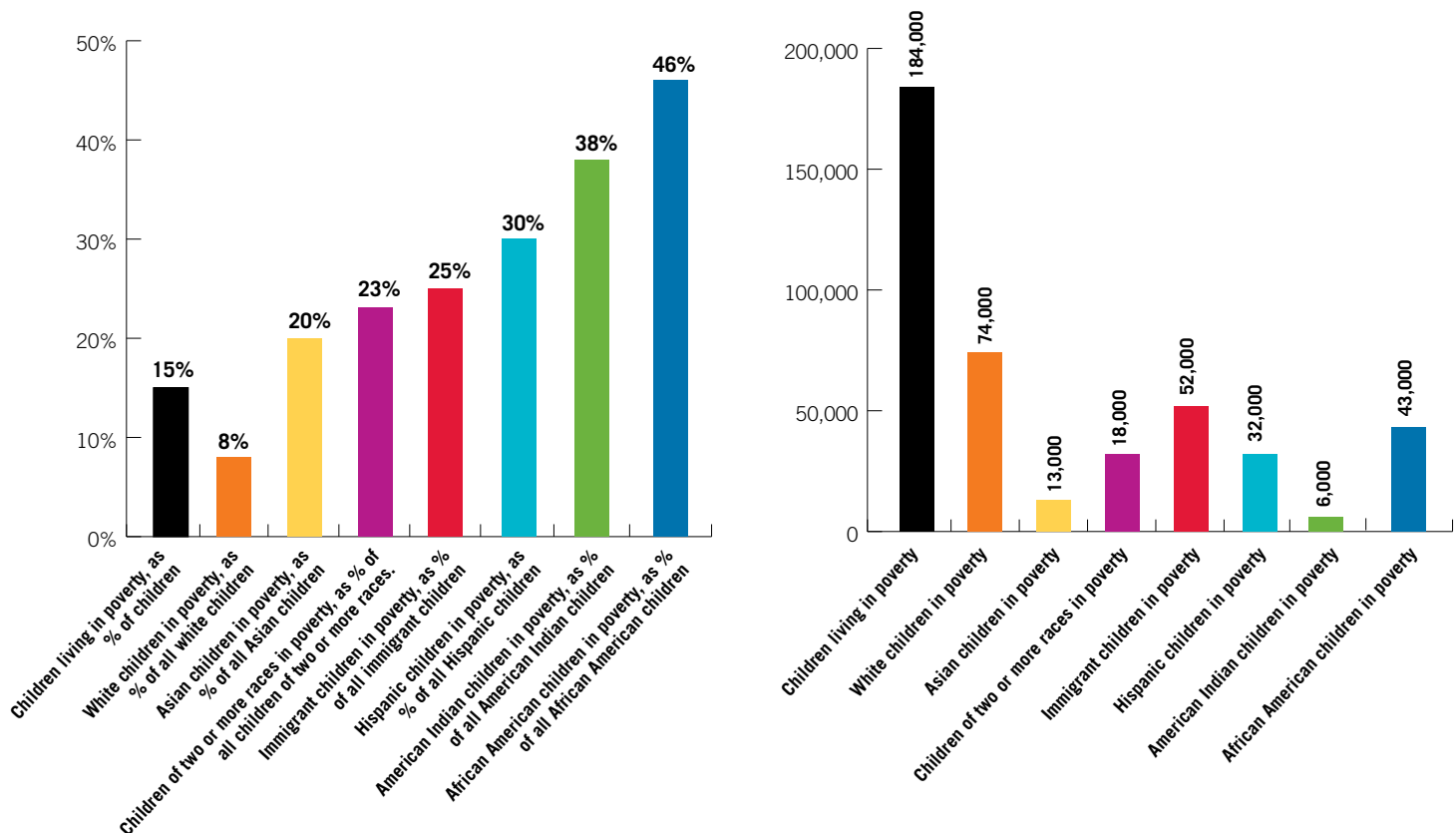
**FIGURE 4: FOURTH GRADERS WHO SCORED BELOW PROFICIENT IN READING BY RACE<sup>16</sup>**



**FIGURE 5: GRADUATION RATES BY RACE AND ETHNICITY COMPARED TO OTHER STATES<sup>17</sup>**



**FIGURE 6: CHILDREN IN POVERTY BY RACE AND ETHNICITY<sup>19</sup>**

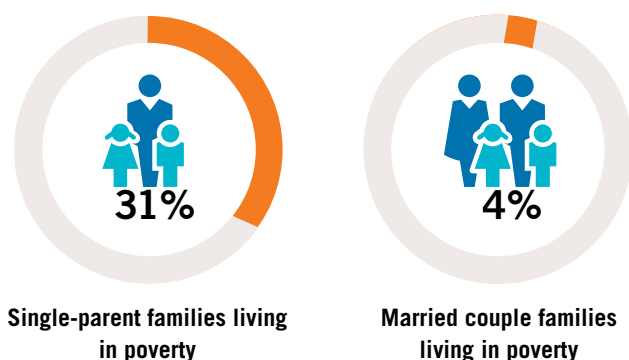


Single-parent households face additional economic barriers to providing for their families with the most obvious being that there is only one available worker in the household. Moreover, most single-parent families are headed by women who often earn less than men even when working in similar careers. Additional hardships like affording and arranging child care and transportation affect single-parents' ability to work and earn enough to meet basic needs.

## Children in the Minnesota Family Investment Program

The Minnesota Family Investment Program (MFIP) is the state's Temporary Assistance to Needy Families (TANF), or welfare-to-work program. Children in families accessing MFIP are some of the state's most vulnerable to effects of economic instability. For example, one-third (35%) of children in MFIP families are enrolled in Special Education—nearly three times the rate of all children.<sup>21</sup> Created with the intention of assisting families in meeting their children's basic needs, the program has few policies and minimal data collection to assess the well-being of children on the program.<sup>22</sup> However, nearly 71 percent of people in households accessing MFIP are children, and the majority of MFIP families have at least one child under age 6.<sup>23</sup> The typical MFIP family includes a single mother with two children. For this family of three, MFIP provides a maximum cash grant of \$532 and food assistance of \$473 per month. The amount of the cash grant has not been raised since 1986. The current Fair Market Rent in Hennepin County is \$920, nearly twice the cash grant,

**FIGURE 7: POVERTY RATES OF SINGLE PARENTS VS MARRIED PARENTS<sup>20</sup>**





**“Minnesota women (25–30 years old) with a Master’s degree who are working full-time earn \$4,816 less than a comparable man with a bachelor’s degree.”**

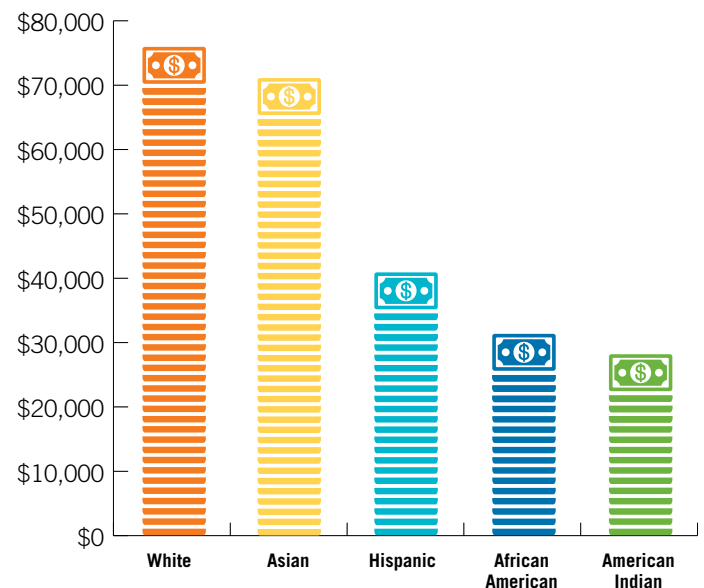
—*Status of Women & Girls in Minnesota Research Overview, University of Minnesota Humphrey’s Center on Women & Public Policy and Women’s Foundation of Minnesota*

and only 28 percent of MFIP families receive a housing subsidy.<sup>25</sup> Obviously, families accessing MFIP are not able to meet even the most bare bones basic needs budget. Children in households accessing MFIP are at risk of, or are already experiencing, the harmful effects of living in deep poverty that can last a lifetime. Increasing the grant, improving access to high-quality early childhood education and stimulating parents’ earning potential are investments in these children that will prevent high cost remedial services and improve long-term outcomes.<sup>26</sup>

## The Family Budget

To assess the compounding effects of economic instability, examining a family budget allows for a closer look at how and why so many families across the state are struggling to provide basic needs for their children. This year’s data book examines how the components of the family budget affect access to basic needs and opportunities. The data book is organized by basic needs expenses: food, housing, health care, child care, transportation and other necessities. Most families have additional expenses beyond covering their basic needs such as debt payments, cell phone bills and school-related expenses. Ideally, families would also have the resources to pay for these expenses and save for emergencies, retirement and college. But first, families must be able to meet their basic needs. To examine the ability of Minnesota families to afford basic needs, each section of the data book will feature a basic need expense with data and information about how families meet (or don’t meet) each expense using income and work support programs. The last section will discuss asset development and how critical it is to sustaining economic stability.

**FIGURE 8: MEDIAN ANNUAL INCOME OF FAMILIES BY RACE AND ETHNICITY, 2012<sup>24</sup>**

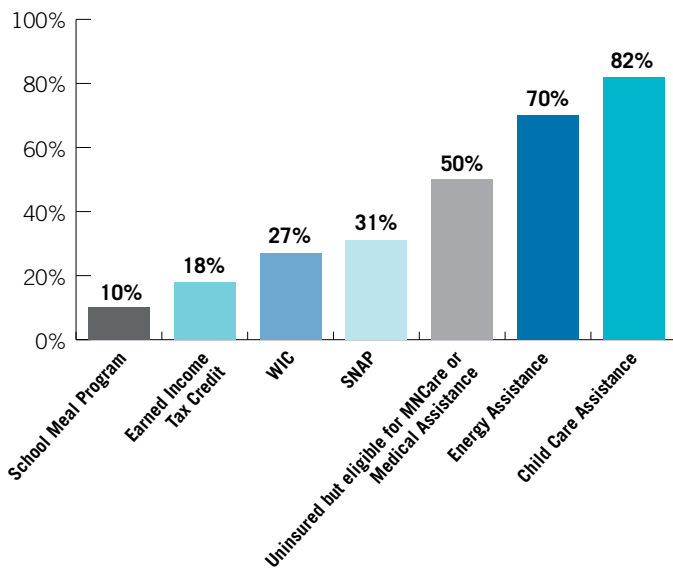


## Work Support Programs<sup>27</sup>

Work support programs such as Medicaid, Supplemental Nutrition Assistance (SNAP), Energy Assistance, School Meal and Women, Infants & Children (WIC) were created to help low-wage workers meet their basic needs because federal and state policymakers recognized that low-wage jobs did not provide enough to make ends meet. Tax policies that placed less liability on lower income workers were enacted for similar reasons.

Work support programs are often lumped into the category of welfare programs; however, they are uniquely different than traditional cash assistance programs that are aimed at helping people with very little to no income. Work support programs were created to encourage workers to take low-wage jobs rather than rely on welfare or cash programs. In fact, the United States has long relied on government policies to provide incentives for the lower class to build assets, achieve economic security and move into the middle class. For centuries, government has enacted tax policies and programs to influence citizen behavior such as land grants, homestead acts, farm credits, college loans, subsidized retirement accounts, home mortgage deductions, the G.I. Bill and Social Security just to name a few.

**FIGURE 9: PERCENT ELIGIBLE BUT NOT ACCESSING WORK SUPPORTS BY PROGRAM IN MINNESOTA<sup>28</sup>**



People on work support programs aren't "those people." They are our neighbors, colleagues, friends and family, who at one point or another are unemployed or earning low wages and turn to work support programs to meet basic needs. At some point in nearly every American's life, he or she accesses at least one government program. However, many are unaware of how they benefit. In her book *The Submerged State*, Suzanne Mettler concludes that this lack of awareness by the general public undermines public opinion of social programs. According to a survey reported by Mettler, 57 percent of 1,400 Americans polled said they had never used a government social program. Yet when offered a list of 21 social programs, 94 percent of those who had denied using social programs said they had benefitted from one of the programs on the list.<sup>29</sup>

With proper administration, these programs have been successful in encouraging behavior that has led great numbers of the U.S. population to develop assets that move them into economic security. Likewise, current work support programs have the ability to provide economic stability for low-income families. However, because of the way the programs are funded and administered, there are often unintended consequences that inhibit economic stability and sometimes are counter-productive to the purpose of work support programs. Moreover, due to

inadequate funding, barriers to participation and lack of awareness, many families that are eligible for work support programs are not enrolled.

## Children's Defense Fund-Minnesota's Economic Stability Indicator

The Economic Stability Indicator (ESI) is a web-based project of Children's Defense Fund-Minnesota to illustrate to policymakers and child advocates the interaction among wages, public programs, tax credits and tax liability in bringing or failing to bring families to economic stability. This tool can be used to demonstrate the gap that exists between low wages and a basic needs budget and the effect public program and tax credits play in filling that gap. The specific goals of the ESI are to:

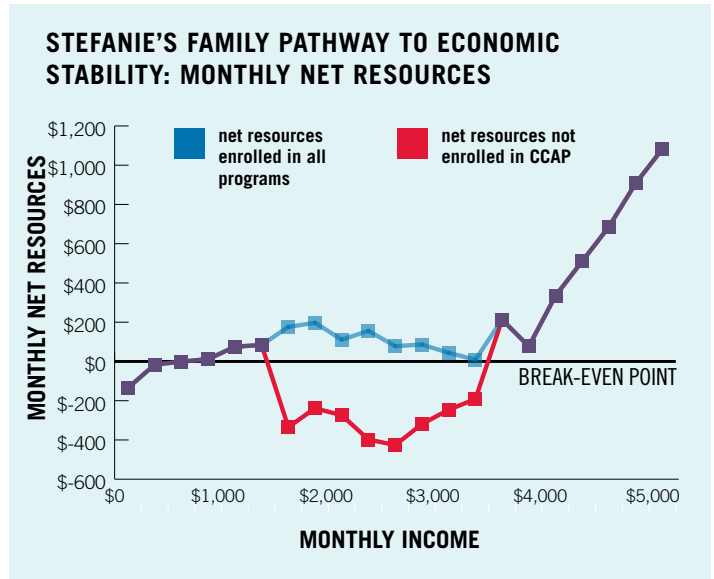
- Educate policymakers and legislators on how current and proposed legislation and tax policies create unintended consequences such as "cliff effects," where families' net resources decline as income increases;
- Demonstrate that these programs and tax credits can fill the gap between low wages and basic expenses and make work pay; and
- Illustrate the difficult decisions low-income families must make to make ends meet, especially when programs are not fully funded.

Throughout this data book, Monthly Net Resource line graphs are included that were generated using the ESI to demonstrate how, if and at what income level families are able to meet their basic needs expenses. The graphs are generated by using the household size and county of the family featured in each section. Monthly Net Resources are determined by subtracting basic needs expenses from monthly income and adding work support program benefits. The basic needs expenses are, when possible, varied by county, relative to what a lower income family would pay, and include food, housing, health care, child care, other necessities and transportation. The work support program benefits calculated are MFIP, SNAP, WIC, School Meal Program, Section 8, Energy Assistance, Child Care Assistance Program, MinnesotaCare, Medical Assistance,

Advanced Premium Tax Credit, Earned Income Tax Credit, Minnesota Working Family Credit, Federal Child Tax Credit, Federal Child Care Tax Credit and Minnesota Child Care Tax Credit.

The Monthly Net Resource line graphs (example at right) document how Monthly Net Resources change as income increases. The graphs include three lines: monthly net resources when enrolled in all work support programs for which they're eligible, monthly net resources when enrolled in only certain programs for which they're eligible and the budget break-even point. Showing both scenarios of the family enrolled in all programs and the family enrolled in only some of the programs for which they're eligible demonstrates how work support programs help to bridge the gap between low wages and basic needs expenses for working families. The two lines also show how family budgets are affected when work supports aren't available due to waitlists or insufficient funding. The budget break-even point is when the family's reduced expenses equal their income. When the line(s) are below the break-even point, the family is not able to meet their basic needs expenses even with the work support benefits they receive. When the line(s) are above the break-even point, the family income exceeds their basic needs expenses. ESI also has the ability to demonstrate how tax credits provide an

## EXAMPLE OF MONTHLY NET RESOURCE GRAPH



additional boost to family resources. In the Assets Section, there is a line “monthly net resources with tax credits” included in the graphs to demonstrate how tax credits assist families in meeting basic needs and sometimes create opportunities for families to save. For more detailed information about how you or your organization can use ESI or how the expenses, work support benefits, and tax liability and credits are calculated please contact Children's Defense Fund-Minnesota.



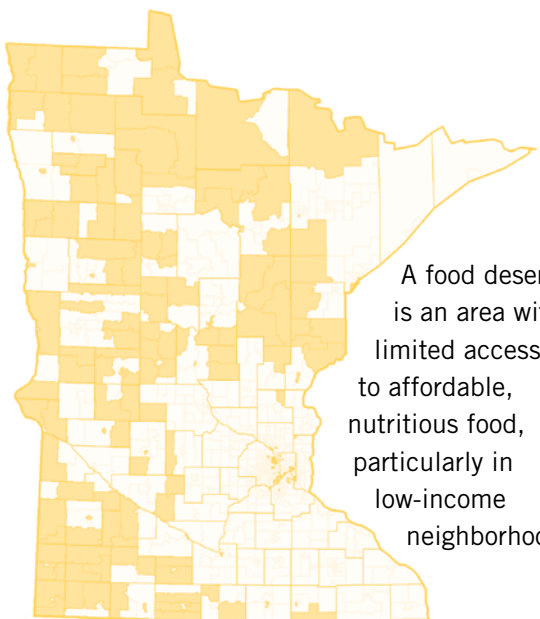
PHOTO PROVIDED BY 360 COMMUNITIES

# FOOD

**IN A STATE RICH** with agriculture and one of the fastest growing economies nationwide, it's easy to imagine that no child in Minnesota would have to go to bed hungry. Hunger pains shouldn't be affecting Minnesota children's ability to pay attention in school or be active and healthy. Far too often, however, families across the state can't access or afford enough food for their children. Nearly 1 in 6 children in Minnesota live in food insecure households.<sup>30</sup> Research shows that hunger, especially when persistent, has long-term effects on a child's development.<sup>31</sup> To ensure all children are on track developmentally, ready to learn and are healthy, it's imperative that children have enough nutritious food to eat.

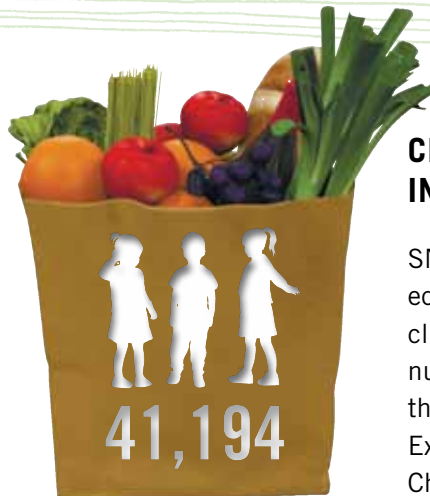
## BY THE NUMBERS

### FOOD DESERTS IN MN<sup>32</sup>



A food desert is an area with limited access to affordable, nutritious food, particularly in low-income neighborhoods.

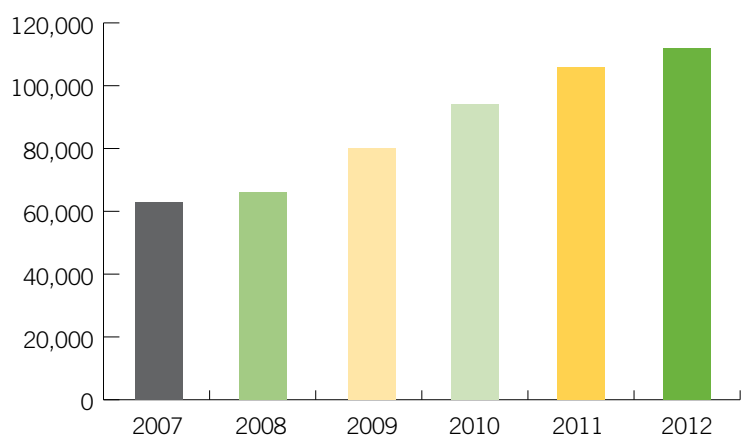
Map courtesy of Zack Avre, Minnesota 2020.  
Areas in orange are food deserts.



### CHILDREN PARTICIPATING IN SNAP EDUCATION<sup>33</sup>

SNAP-Ed is free nutrition education for SNAP-eligible clients delivered by community nutrition educators from the University of Minnesota Extension and Minnesota Chippewa Tribe.

### HOUSEHOLDS WITH CHILDREN ENROLLED IN SNAP<sup>34</sup>



### NUMBER OF CHILDREN WHOSE FAMILIES VISITED FOOD SHELVES (NON-UNIQUE)<sup>35</sup>





## FAMILY STORY: WHITE BEAR LAKE AREA EMERGENCY FOOD SHELF

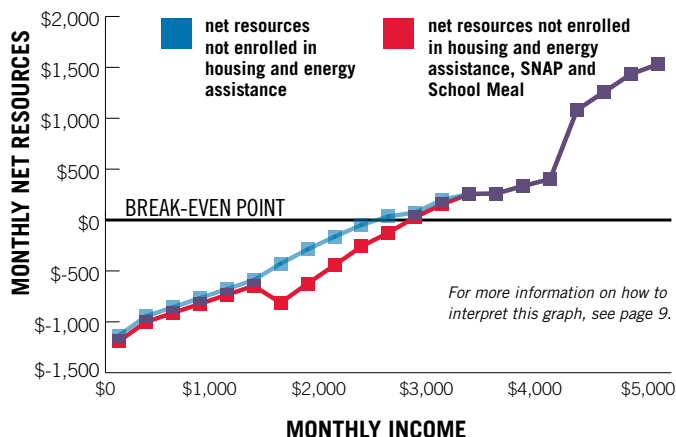
Beth's budget doesn't add up. She is unable to work and the only income she gets is from Child Support. The amount she receives is less than her rent. With no cash left to buy food for her and her 12- and 8-year-old daughters, she accesses SNAP and the White Bear Lake Area Emergency Food Shelf to prevent her family from going hungry.

Prior to a car accident that left her permanently disabled and unable to work, Beth worked hard at low-wage jobs to get by. When her daughters were younger, WIC and health care programs filled the gap between her low wages and meeting basic needs.

"I had a little job and I was struggling and I wasn't receiving Child Support. I had to pay for child care," Beth said. "I didn't have the time or the money to be able to go and get all the services and have a working vehicle to get there. I was lucky I could even get to work."

As a master budgeter, Beth does her best to prepare healthy meals and snacks. While SNAP and the food shelf help put food in her cupboards, there are barriers to accessing the services. Sometimes when Beth doesn't have gas for her car or it's not running, she can't get to the food shelf.

### BETH'S FAMILY PATHWAY TO STABILITY: MONTHLY NET RESOURCES



*White Bear Lake Area Food Shelf offers food and support to those living within the White Bear Lake Area School District. Once a month families can shop for food at the food shelf and each Friday they offer a grocery bag of produce, bread and deli items. They also have a weekend food backpack program for eligible children in the school district, a thrift store and outreach workers who connect families to work support programs and tax credits using CDF-MN's Bridge to Benefits. Learn more at [www.whitebearfoodshelf.org](http://www.whitebearfoodshelf.org).*

## Work Support Programs that Reduce Food Expenses

### Supplemental Nutrition Assistance

**Program (SNAP)** helps families and individuals pay for food. Benefits can be spent at participating grocery and convenience stores. In 2012, 239,674 Minnesota children, or 18.8%, were enrolled in SNAP. Often referred to as the "SNAP Vaccine," the program has proven to reduce developmental delays and improve health outcomes in children.<sup>36</sup>

### Woman, Infants and Children (WIC)

**Program** provides food vouchers for pregnant women, breastfeeding mothers and children under age 5. The vouchers pay for nutritious foods such as infant formula, beans, fruits, vegetables and milk. In 2012, 40 percent of infants and 20 percent of children ages 1 to 5 were enrolled in WIC.

**School Meal Program** pays for the cost of breakfast and lunch for children at

school. Nearly 40 percent of school-age children were enrolled in 2013. Children enrolled in the School Meal Program often do not eat the free school breakfast. Only 45 percent of school breakfast meals available to low-income children are being served at Minnesota schools.<sup>37</sup> Students who participate in the School Breakfast Program have better attendance, behavior and academic performance.<sup>38</sup>

# HOUSING

**MUCH OF A CHILD'S LEARNING** and development happens at home. But if the home isn't a stable, safe or healthy environment, the negative effects on children go with them to child care centers, school and into adulthood. Research shows children in low-income families that have limited access to affordable housing are more likely to live in crowded housing or become homeless, and are more likely to be food insecure and have to postpone accessing health care.<sup>39</sup> Moreover, children who live in more affordable areas have better health and academic outcomes and fewer behavioral problems in adolescence.<sup>40</sup> Affordable housing provides more room in the family budget to pay for other basic necessities such as food and health care, and provides stability and an environment for a child to better learn and grow.

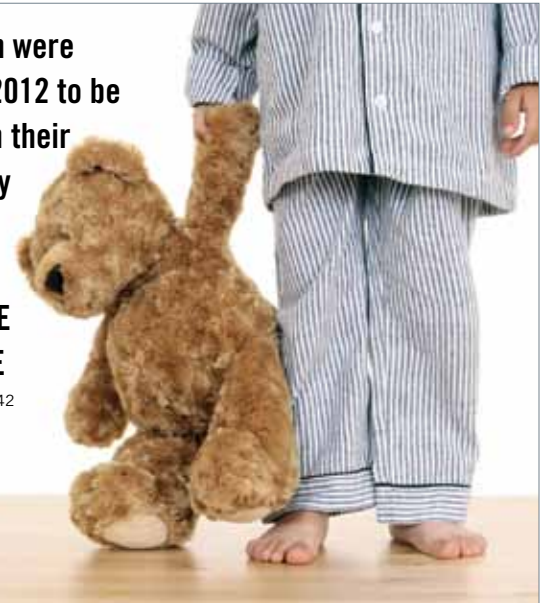
## BY THE NUMBERS

Nearly  
**ONE-THIRD**  
of children live in households  
with a high housing cost burden<sup>41</sup>

*Defined as spending 30% or more  
of household income on housing*



**3,546 children were  
estimated in 2012 to be  
homeless with their  
parents on any  
given night  
in Minnesota.  
HALF OF THESE  
CHILDREN ARE  
UNDER AGE 6.**<sup>42</sup>



**Families  
with  
children**<sup>43</sup>  
**71.4% OWN**

**28.6%  
RENT**



## CHILDREN UNDER AGE 6 POISONED BY LEAD<sup>44</sup>

2007	1074
2008	938
2009	778
2010	607
2011	584
2012	527



## FAMILY STORY: SIMPSON HOUSING SERVICES

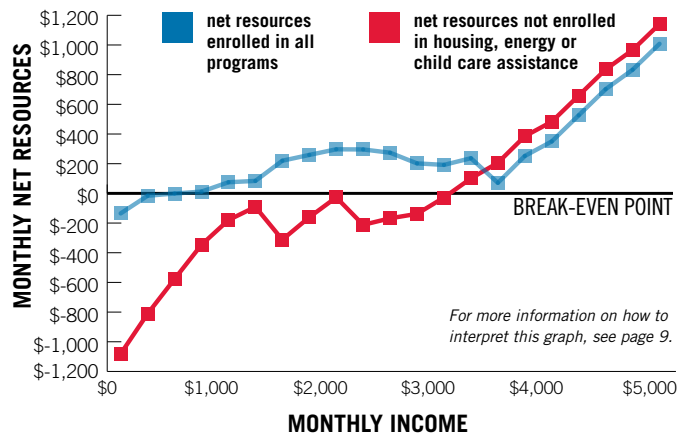
Without support with paying rent through Simpson Housing Services (SHS) and help with child care expenses through the Child Care Assistance Program, Tia wouldn't be able to work or provide for her daughter. She knows the benefits of stable housing and high-quality child care will put her 3-year-old daughter on a smoother path to success than she was ever able to have.

Tia entered foster care at age 3. By the time she was 14, she had lived in 47 different homes. At 14, she was adopted by a friend's family. But at age 19, she found herself disconnected from her adopted family, pregnant and living in a homeless shelter. Right after her daughter was born, Tia was connected with SHS in Minneapolis and started receiving supportive housing, parental support and education, and early education services. Tia now works full time and is eager to continue improving her and her daughter's life.

"I want to keep moving up and go to school so [my daughter] can have a better future," Tia said.

*Founded in 1981, SHS' mission is to house, support and advocate for people experiencing homelessness. Each year SHS serves 2,000 men, women and*

**TIA'S FAMILY PATHWAY TO ECONOMIC STABILITY: MONTHLY NET RESOURCES**



families. SHS works with program participants to develop a plan to achieve housing stability, economic security and increase academic success for their children. SHS has three initiatives: overnight shelter for single adults, supportive housing for individuals experiencing long-term homelessness and supportive housing for families, including educational support for school-aged children and early childhood developmental support for children under the age of 5. Learn more at [www.simpsonhousing.org](http://www.simpsonhousing.org).

## Work Support Programs that Reduce Housing Expenses

Programs that make housing affordable are notoriously underfunded and, therefore, unavailable to the majority of lower income families. For every 100 families across the country with income less than 30 percent of median income, there are only 31 affordable and available housing units.<sup>45</sup> Most families with lower incomes pay market rate for

housing. In the metro area, Fair Market Rent for a two-bedroom apartment is \$920.<sup>46</sup> That's nearly half the earnings of someone with income equal to the Federal Poverty Guidelines for a family of four.

**Section 8** is a housing choice voucher program that helps people with lower incomes, the elderly and the disabled

pay for housing. Recipients of the program pay 30 percent of their household income toward rent.

Various other state and federal public and private programs lower housing costs for lower income families through affordable housing complexes and voucher programs.

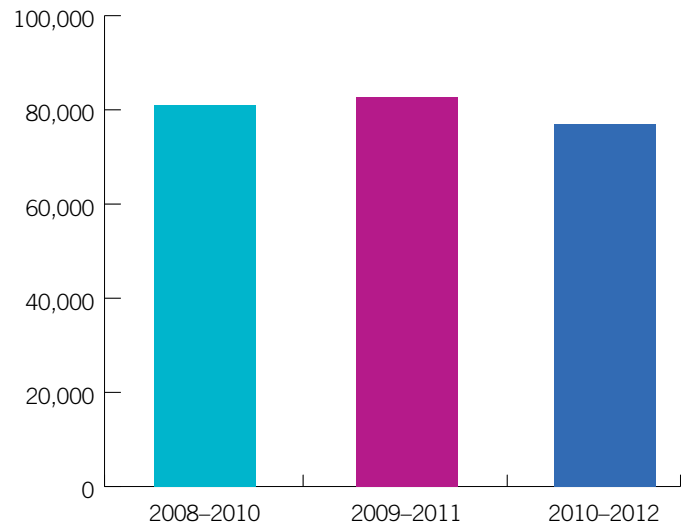
# HEALTH CARE

**A CHILD'S HEALTH** from prenatal to early adulthood is the foundation for successful passage into adulthood. To improve children's life outcomes, it's necessary to ensure they live in a healthy environment, have health insurance and access regular preventative care. A child's health affects his or her ability to attend and focus in school, social development and health outcomes as adults. First and foremost, a child needs to be insured to improve access and affordability of care. Even families with moderate income struggle to afford insurance and access care. Medical debt is the number one cause for filing bankruptcy, and more than 16 million American children live in households struggling to pay medical bills.<sup>47</sup> In addition, an insufficient number of providers, especially in rural areas, is a barrier to seeing a dentist, family practitioner or mental health professional. As progress in recent years fueled by Medicaid, Children's Health Insurance Program (CHIP) and the Affordable Care Act have demonstrated, it is not only possible but economically sensible to ensure all children have access to health insurance and care.

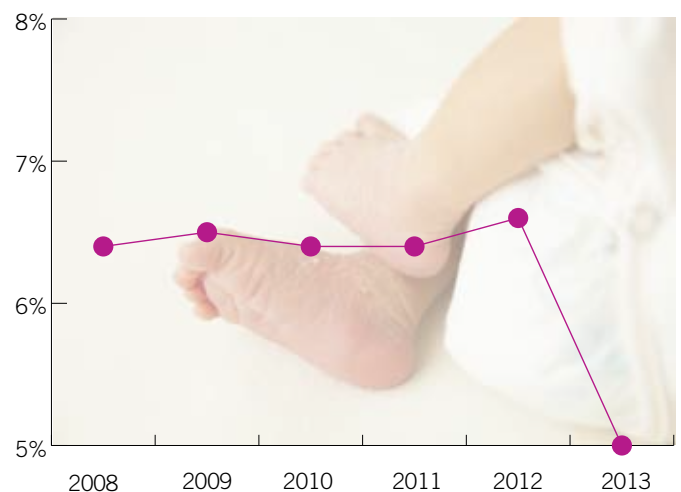
## BY THE NUMBERS



## NUMBER OF CHILDREN WITHOUT HEALTH INSURANCE<sup>49</sup>



## PERCENT OF BABIES BORN AT A LOW BIRTH WEIGHT, AS PERCENT OF ALL BIRTHS<sup>50</sup>



CHILDREN AGES 24 TO 35 MONTHS WHO ARE UP TO DATE ON THE VACCINE SERIES, 2013<sup>51</sup>

**63%**





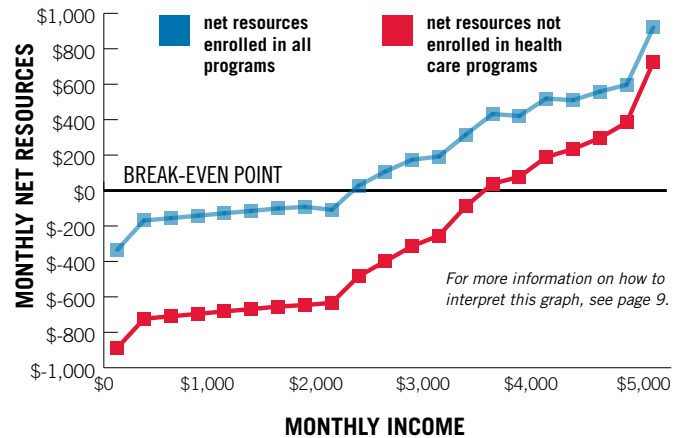
## FAMILY STORY: OPEN DOOR HEALTH CENTER

Rudy and his wife Maria both work in St. James, Minnesota, but because of their immigration status they cannot obtain health insurance through public health care programs. There are many reasons non-citizens are ineligible for public health care programs. Rudy and Maria's two young children were born in the United States and have eligibility for Medical Assistance. Rudy filled out several paper applications for Medical Assistance on behalf of his children but received denials, so he gave up.

Unless there was a medical emergency, the family would try to treat any illness or injury at home. Eventually, Rudy was referred to Open Door Health Center (ODHC) in Mankato by a Spanish-language interpreter in his community. Rudy set up an appointment with an ODHC navigator and was able to successfully submit a health care application for his children through MNsure, the state's online health insurance marketplace. As a result, his children now have medical and dental insurance and Rudy is thankful for that. Rudy thinks that every person should have health insurance that is easy to access and doesn't take into account immigration status or income.

*ODHC increases access to quality, affordable, culturally appropriate, patient-centered health care. ODHC*

### MARIA & RUDY'S FAMILY PATHWAY TO ECONOMIC STABILITY: MONTHLY NET RESOURCES



*staff members provide expert family practice medical care, dental care, behavioral health care and medication assistance. ODHC serves everyone regardless of ability to pay, accepts most major insurance plans, offers a sliding fee discount for services and provides assistance to individuals applying for coverage on MNsure. The main clinic is in Mankato, and ODHC's health care team regularly provides medical and dental services on mobile units in Marshall, Gaylord, Worthington and Dodge Center. Additional information can be found at [www.odhc.org](http://www.odhc.org).*

## Work Support Programs that Reduce Health Care Expenses

**Medical Assistance (MA)**, Minnesota's name for Medicaid, is a health care program for some lower income Minnesotans. It's a completely free program for children, but there are some very minimal costs for parents and adults without children. On average, 329,064 Minnesota children were enrolled in MA each month in

2013. Evidence across the country suggests that expanded access to Medicaid led to lower high school dropout rates, increased college attendance and more bachelor's degrees.<sup>52</sup>

**MinnesotaCare** is a health insurance program for Minnesotans with lower incomes who cannot get affordable

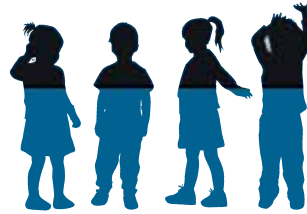
insurance through their employer and do not qualify for Medical Assistance. On average, 41,763 Minnesota children were enrolled in MinnesotaCare each month in 2013. Most of these children were moved into MA when the program was expanded by the Affordable Care Act on January 1, 2014.

## CHILD CARE

**AS PART OF THE FAMILY BUDGET**, child care is an expense that is often necessary for one or both parents to work outside the home. But child care can be much more than a safe place to bring children while at work. A high-quality child care setting—one with nurturing teacher-child interaction, high-quality instruction and on-going assessment of the child's development<sup>53</sup>—improves a child's chances to be academically and socially ready for kindergarten. This leads to increased opportunity for success in grade school, graduation from high school and higher earnings as an adult.<sup>54</sup> But affordable child care, regardless of quality, is often far too expensive for working families. According to Child Care Aware of America, Minnesota ranked third among states for the most expensive child care.<sup>55</sup> Even for families earning the annual median income for families raising children in Minnesota (\$73,900), the cost of child care for one infant is nearly 19 percent of household income.<sup>56</sup> Increased access to and affordability of high-quality early childhood education programs is a two-generation approach to improving outcomes for lower income children because it allows parents to work, increases family income and starts children on a path to success.

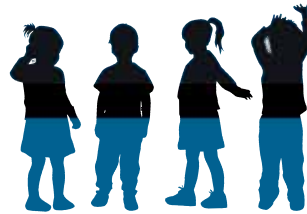
### BY THE NUMBERS

#### 3 AND 4 YEAR OLDS NOT ATTENDING PRESCHOOL BY INCOME, 2010–2012<sup>57</sup>



Children **below** 200% poverty not in preschool

**62%**



Children **above** 200% poverty not in preschool

**49%**



#### KINDERGARTNERS PROFICIENT IN ALL FIVE DOMAINS BY FAMILY INCOME, 2012<sup>59</sup>

Minnesota Department of Education measures school readiness across five different categories: language and literacy, math, socio-emotional development, the arts and physical health. Proficiency in all five categories consistently predicts the outcomes of third grade reading and math scores.<sup>60</sup>

Less than 250% of Poverty	70.7%
Between 250% and 400% of Poverty	80.9%
Greater than 400% of Poverty	85.4%



Annual cost of center-based infant care is **MORE THAN ONE YEAR'S TUITION** at the University of Minnesota<sup>61</sup>

**\$13,836**

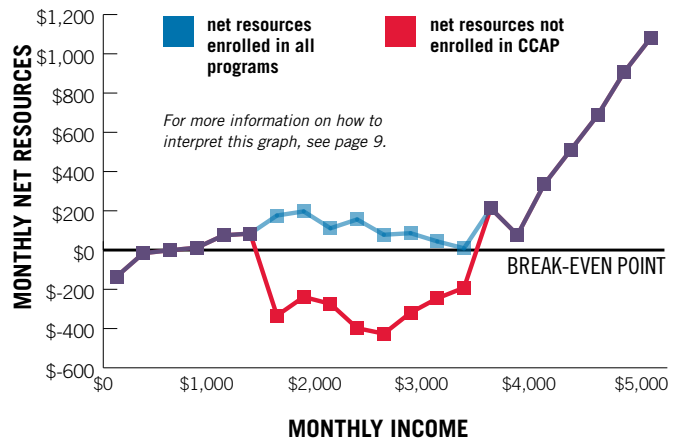
## FAMILY STORY: ONE MOTHER'S EXPERIENCE APPLYING FOR CHILD CARE ASSISTANCE

When Stefanie applied for the Child Care Assistance Program (CCAP) for her 2½-year-old daughter, she looked forward to a high-quality program where her daughter could get prepared for school and socialize with children her age. But because she lived in Ramsey County and there were no more funds to enroll additional families in the program, Stefanie was put on a waitlist. Currently the statewide waitlist includes nearly 7,000 families with 225 living in Ramsey County. In order for Stefanie to continue working at her job as a program manager at a group home, she moved in with her parents so her mother could take care of her daughter while she was at work.

While Stefanie is grateful that her daughter can be cared for by her mother, it isn't always easy. "My mom doesn't have much of a life because she has to watch [my daughter] all the time," Stefanie said. "When my mom gets sick, has an appointment or goes on vacation, I either have to miss work or find another [child care arrangement]."

More than two years after getting on the CCAP waitlist, when her daughter was almost 5, Stefanie

### STEFANIE'S FAMILY PATHWAY TO ECONOMIC STABILITY: MONTHLY NET RESOURCES



received a notice from Ramsey County that she had an opportunity to move off the waitlist and apply and enroll in CCAP. However, during that two years she received a promotion and modest raise. After filling out the application with anticipated excitement, she was shocked to find out she now earned too much to be eligible for the program.

"They shouldn't put families on waitlists for the program," Stefanie said. "Income limits should increase for [CCAP] and Head Start."

## Work Support Programs that Reduce Child Care Expenses

**Child Care Assistance Program** helps parents with lower incomes pay for child care for children under 13 or children with disabilities under age 15. CCAP has three subprograms to help families:

- Basic Sliding Fee (BSF) is for parents who are working, looking for work or going to school;

- Minnesota Family Investment Program (MFIP) Child Care is for parents on MFIP; and
- Transition Year Child Care is for parents in the first year after leaving MFIP.

All families on MFIP that meet work requirements have access to MFIP Child Care and nearly all have access

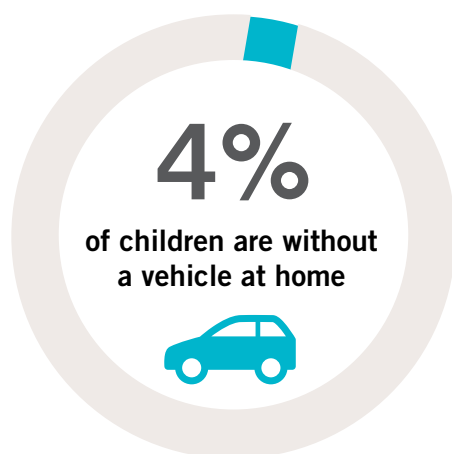
to Transition Year Child Care. However, BSF CCAP is not fully funded, so nearly 7,000 families are on a waitlist for the program. Only 82 percent of income eligible children are enrolled in CCAP.<sup>62</sup> In 2013, 15,538 children participated in BSF CCAP and 15,681 children participated in MFIP Child Care and Transition Year.

# TRANSPORTATION

**DROP CHILD OFF AT CHILD CARE.** *Drive to work. Pick up child from child care. Drive to grocery store. Drop child off at t-ball practice. Pick child up from t-ball practice and drive home.* For many parents a lot of time is spent in their car shuttling children to and from school and activities and driving to and from work. Every minute spent in the car is money spent on gas, maintenance and insurance—expenses so high that many low-income families struggle to afford a car. When families don't have money to purchase or maintain a car, let alone fill up the gas tank, it can prevent parents from working, increase their stress level and reduce a child's access to after-school programs and healthy food. Moreover, there are few public or private programs that assist families with purchasing and maintaining a car and filling gas tanks. The programs across the state that do help a family purchase a car have proven to increase work hours and reduce welfare participation.

## BY THE NUMBERS

### CHILDREN IN HOUSEHOLDS WITHOUT A VEHICLE<sup>63</sup>



# \$475



The average monthly cost of car maintenance, insurance and gas for a two-parent household in Minnesota.<sup>64</sup>



This only includes transportation to and from work, school and religious activities.

## FAMILY RESOURCE: TRANSIT FOR LIVABLE COMMUNITIES

Transit for Livable Communities (TLC) is a nonprofit organization working to transform Minnesota's transportation system to strengthen community, improve health and opportunity for all people, foster a sound economy, and protect our natural resources. Recognizing that transportation is often an unmet basic need, TLC's Transportation Options program combines workshops for social service staff and assistance for clients/participants with the goal of addressing the high cost of getting around. The program focuses on the asset building potential of options such as biking, walking, transit, car sharing and bike sharing. The workshop immerses social service staff into the realities, barriers and solutions to using options other than driving to access jobs, education and financial stability. Learn more at [www.tlcminnesota.org](http://www.tlcminnesota.org).

**"Transportation is definitely a critical point in breaking the cycle of poverty."**

—Joan McDonough-Schlecht, *Neighborhood House, a TLC partner organization*



## OTHER NECESSITIES

### FAMILY STORY: ANGELS OF HOPE

When Karen's family home burned down a couple of years ago, they lost nearly everything. During their time of need, Angels of Hope in Pine City was a lifesaver, Karen said. The nonprofit food shelf is one of few organizations in rural Minnesota that provides donated essentials to families in need. Karen received furniture, clothing and food to help her family rebuild their home.

Started and run by local community member Len Slama, Angels of Hope is a service for lower income families in rural Pine City for monthly food shelf visits, holiday food baskets and other necessities such as furnishings, diapers and clothing. With no paid staff, just volunteers, they go above and beyond by delivering food baskets to families or seniors that lack transportation and periodically checking up on the people they serve.

"Angels of Hope will always remain lovingly in our hearts," Karen said. "When people kept giving us stuff after the fire, we gave the excess items to Angels of Hope so we could give back."



**30%** An American Academy of Pediatrics study found that 30% of low-income mothers report a need for diapers. The study also found that diaper need is a contributing factor to maternal depression.<sup>65</sup>

Lower income families on average spend **20%** of their food and housing costs on other necessities for a safe standard of living.<sup>66</sup>



### BESIDES THE OBVIOUS FAMILY BUDGET LINE ITEMS,

there are a few other necessities that families need to have a safe and healthy standard of living. This includes housekeeping supplies, household furnishings and equipment, telephone services, clothing, and personal care products and services. For families with younger children this also includes the cost of diapers, wipes, car seats and other items necessary for young children. Oftentimes these items are the first to be sacrificed when families face a budget crunch. There are few public or private programs to reduce the costs of these types of items. Occasionally, these items are available at food shelves and other distribution centers, but quantities are limited and they are quick to leave the shelves. Safety, self-esteem and health concerns can affect children in families who struggle to afford these necessities.

### BY THE NUMBERS



**1.6%**

of households with children don't have a telephone at home<sup>67</sup>

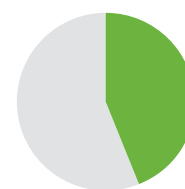
## ASSETS

**FOR FAMILIES STRUGGLING** to meet their basic needs, developing assets often appears to be an unattainable dream afforded to those who don't have to worry about where their next meal will come from or whether or not they will be able to make the rent payment. Although not necessarily a basic need, assets cannot be overlooked when examining how family economics affect child outcomes. For all families, developing assets is the pathway to achieving economic stability that allows them to weather the inevitable financial storms of flat tires, pink slips and medical emergencies. Assets should include savings for emergencies, retirement and college, as well as purchases that improve economic stability and opportunity such as homes, cars and education. It's not just low-income families that struggle to develop assets. One-quarter of middle class households in the United States are liquid-asset poor.<sup>68</sup> Liquid asset poverty is conservatively defined as having savings that equal less than three months worth of earnings at the poverty level or \$5,887 for a family of four.<sup>69</sup> Asset development starts with being able to meet basic needs, so that's why work support programs are essential to creating long-term economic stability. The next step for many families is getting household debt under control and improving credit scores. Then lower income families can identify opportunities to save through budgeting, tax credits and increased access to mainstream financial services.

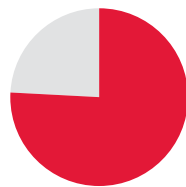
### BY THE NUMBERS<sup>70</sup>



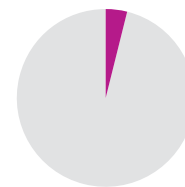
**28%**  
of Minnesota households live in liquid asset poverty



**44%**  
of Minnesota consumers have subprime credit



**76%**  
of Minnesota households have savings accounts



**4%**  
of Minnesota households are unbanked



**12.6%**  
of Minnesota households are underbanked

*Liquid asset poverty is defined as having savings less than three months worth of earnings at the poverty level or \$5,887 for a family of four.*



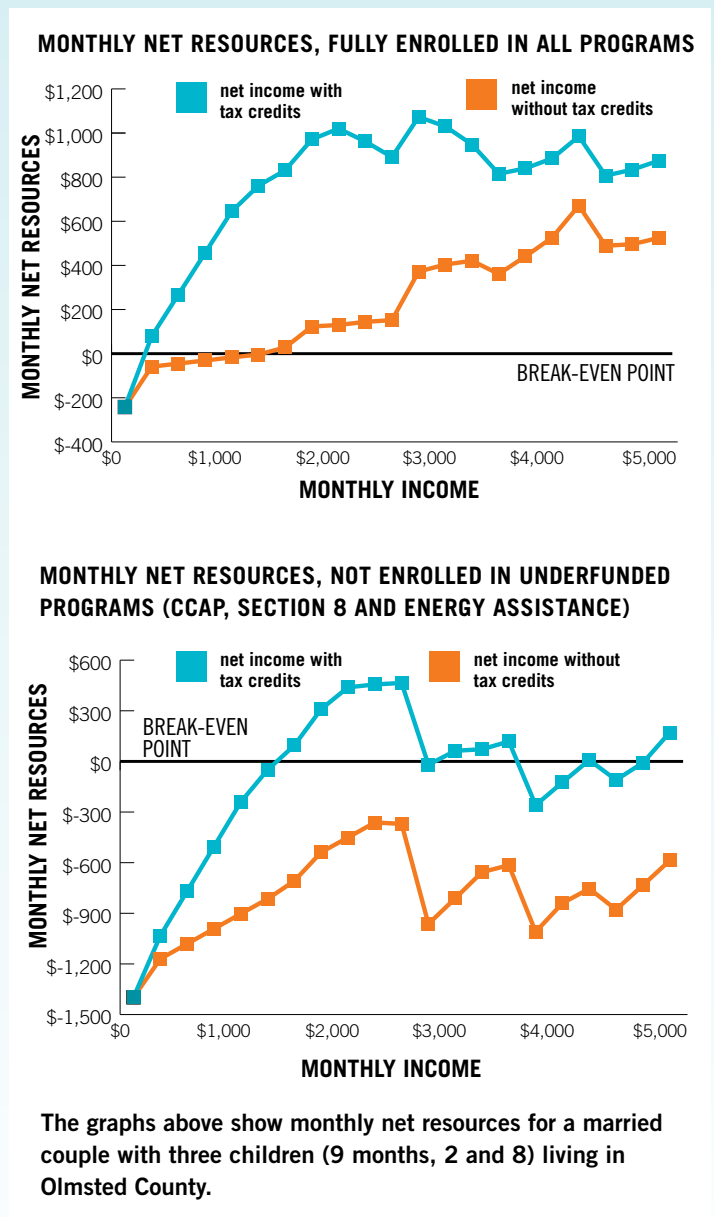
**\$9,463**  
**AVERAGE CREDIT CARD DEBT**



## WORK SUPPORTS AND WAGES TO BUILD ASSETS

Work support program participation is critical for low-income families to build assets. Low-wage workers simply don't earn enough to meet a bare bones budget, let alone save. With the monthly benefits of work support programs to reduce expenses and annual tax refunds from the Earned Income Tax Credit, Minnesota Working Family Credit and Federal Child Tax Credit, lower income families can have opportunities to save, as shown in the monthly net resources graphs (right). The first chart shows monthly net family resources when participating in all the work support programs for which the family is eligible. Using tax credits, there is an opportunity for this family to save. While they won't be able to build significant savings, they will be able to create emergency savings for unexpected expenses and expenses not included in a basic needs budget including debt payments, student loan payments, school-related expenses, cell phone bills, diapers, formula, travel other than to school or work, and utilities other than the electric bill.

However, many families are not enrolled in all the work support programs for which they're eligible due to inadequate funding, barriers to participation and lack of awareness. The second graph is more realistic because it shows the monthly net family resources when the family isn't enrolled in the programs included on ESI that are underfunded and not available to many families: Child Care Assistance Program, Section 8 and Energy Assistance. Without tax credits at all wage levels



this family can't meet the basic needs budget, let alone find ways to save. Their tax refunds would be used to fill the gap between their low wages and expenses.

## Programs that Assist Families in Building Assets

### Family Assets for Independence in

**Minnesota (FAIM):** The FAIM program helps Minnesota workers build assets through purchase of a first home, pursuit of a higher education at an accredited public post-secondary

institution or small business capitalization. FAIM account holders place monthly savings into Bremer Bank or City County Federal Credit Union family asset accounts (savings accounts) that will be matched \$3

to \$1 upon completion of program requirements. The FAIM program is administered by agencies throughout Minnesota. Learn more about FAIM at <http://minnesotafaim.com>.

# 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.



DEMOGRAPHICS		Number	Percent/Rate	Year(s)
<b>CT</b>	Child population, As % of total population	1,276,148	24%	2012
	Children 0-4, As % of children	348,338	27%	2012
	Children 5-11, As % of children	501,505	39%	2012
	Children 12-14, As % of children	212,115	17%	2012
	Children 15-17, As % of children	214,190	17%	2012
<b>CT</b>	Children by Race/Ethnicity			
	White, non-Hispanic, As % of children	924,463	72%	2012
	Black, non-Hispanic, As % of children	98,200	8%	2012
	American Indian, non-Hispanic, As % of children	17,361	1%	2012
	Asian, non-Hispanic, As % of children	69,266	5%	2012
	Two or more races, non-Hispanic, As % of children	58,474	5%	2012
	Hispanic or Latino, As % of children	103,969	8%	2012

**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	653,463	30.9%	2012
	Children in households:			
	with married adults, As % of children in households	906,000	71%	2012
	with mother only, As % of children in households	265,000	21%	2012
	with father only, As % of children in households	93,000	7%	2012
	Children being raised by unmarried, cohabitating partners, As % of children	102,000	8%	2012
	Children being raised by grandparents, As % of children	21,000	2%	2012
	Children in immigrant families (child and/or parent is foreign-born), As % of children	211,000	17%	2012
<b>CT</b>	Total births, Rate per 1,000 children	68,783	12.8	2012
	Births by Maternal Education, As % of births			
	Less than 4 years of high school	7,479	10.9%	2012
	4 years of high school or GED completed	11,703	17%	2012
	Some college credit but no degree	13,542	19.7%	2012
	Associate Degree	9,054	13.2%	2012
	Bachelor's Degree	17,868	26%	2012
	Master's, Doctorate, or Professional Degree	8,456	12.3%	2012
	Births to US-born mothers, As % of births	56,581	82%	2012
	Births to foreign-born mothers, As % of births	12,202	18%	2012
	Children born to married mothers, As % of births	45,980	66.9%	2012
<b>CT</b>	Children born to unmarried mothers, As % of births	22,790	33.1%	2012
<b>CT</b>	Children born with no father listed on the birth certificate, As % of births	9,175	13.3%	2012
<b>CT</b>	Children born to teenage (ages 15 to 17) mothers, Rate per 1,000 15- to 17-year-olds, 2010-2012	882	9.1	2012
<b>CT</b>	Children in the Family Assessment Response program, Rate per 1,000 children	16,857	13.2	2012
<b>CT</b>	Children in out-of-home placements, Rate per 1,000 children	11,453	9	2012
	Children aging out of foster care without a permanent family	54		2012
	Children who were state wards waiting for adoptive homes, year-end	696		2012

**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	78,000	6%	2012
<b>CT</b>	Children living in poverty, As % of children	184,000	15%	2012
	Children living in poverty, As % of children	177,000	14%	2013
	White children in poverty, As % of all white children	74,000	8%	2012
	African American children in poverty, As % of all African American children	43,000	46%	2012
	Asian children in poverty, As % of all Asian children	13,000	20%	2012
	American Indian children in poverty, As % of all American Indian children	6,000	38%	2012
	Hispanic children in poverty, As % of all Hispanic children	32,000	30%	2012
	Immigrant children in poverty, As % of all immigrant children	52,000	25%	2012
	Children age 5 and under living in poverty, As % of children age 5 and under	72,000	17%	2012
	Children below 200% of poverty, As % of children	419,000	33%	2012
	Families living in poverty, As % of families	82,000	13%	2012
	Married-couple families with children in poverty, As % of all married-couple families with children	19,000	4%	2012
	Single-parent families with children in poverty, As % of all single-parent families with children	62,000	31%	2012
	Entire population living in poverty, As % of population	598,000	11%	2012
	Entire population living in poverty, As % of population	592,000	11%	2013
	Median annual income of families raising children (in 2012 dollars)	\$73,900		2012
	Median annual income of White families (in 2012 dollars)	\$76,814		2012
	Median annual income of African American families (in 2012 dollars)	\$31,600		2012
	Median annual income of American Indian families (in 2012 dollars)	\$28,665		2012
	Median annual income of Asian families (in 2012 dollars)	\$70,987		2012
	Median annual income of Hispanic families (in 2012 dollars)	\$41,722		2012
	Families with all resident parents in the workforce, As % of families	498,848	80%	2012
<b>CT</b>	Tax households who claimed the Earned Income Tax Credit (EITC), as % of tax households	336,647	14%	TY 2012
<b>CT</b>	Total value of the EITC	\$694,990,783		TY 2012
	Families in the Minnesota Family Investment Program (MFIP)	35,408		2012
<b>CT</b>	In Child-only cases	24,213		2012
<b>CT</b>	In Adult-eligible cases	11,195		2012
	Children in Tribal TANF cases	175		2012
<b>CT</b>	Percent of families collecting Child Support, As % of eligible families		70%	2012
	Households headed by unmarried women who are receiving Child Support, As % of households headed by unmarried women	39,000	32%	2012

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

EARLY CHILDHOOD		Number	Percent/Rate	Year(s)
<b>CT</b>	Children born preterm, As % of births	5,287	8.4%	2012
<b>CT</b>	Children born at low birth weight, As % of births	3,297	5%	2012
	Children age 3 and 4 not enrolled in preschool	76,000	54%	2010-2012
<b>CT</b>	Cost of center-based child care			
	Infant	\$13,836		2012-2013
	Toddler	\$11,929		2012-2013
	Preschooler	\$10,641		2012-2013
	School-Age	\$9,143		2012-2013
<b>CT</b>	Cost of family-based child care			
	Infant	\$7,737		2012-2013
	Toddler	\$7,337		2012-2013
	Preschooler	\$6,997		2012-2013
	School-Age	\$6,326		2012-2013
	Children under age 6 with all available parents in the workforce, As % of children under age 6	310,000	75%	2012
	Children in the Child Care Assistance Program (CCAP), average monthly enrollment			
	Minnesota Family Investment Program (MFIP) or Transition Year Child Care Assistance Program	15,681		2013
	Basic Sliding Fee (BSF)	15,538		2013
	Families on waiting lists for the CCAP	6,679		Jun-14
	Children served by Head Start or Early Head Start	14,898		2013
	Children served by Part C Early Intervention and have Individual Family Service Plans (IFSPs), 2012-13 school year	5,027	2.4%	2012

K-12 EDUCATION		Number	Percent/Rate	Year(s)
	Students enrolled in non-public schools	68,521		2013
<b>CT</b>	Students enrolled in K-12 public schools	836,207		2013
<b>CT</b>	K-12 public school students with limited English proficiency, As % of K-12 public school students	64,362	7.7%	2013
<b>CT</b>	K-12 public school students enrolled in special education, As % of K-12 public school students	112,273	13.4%	2013
<b>CT</b>	Students changing schools, As % of K-12 public school students	107,742	12.9%	2012
<b>CT</b>	Students who graduated in 4 years, As % of public school students	53,962	79.8%	2012
<b>CT</b>	Students who dropped out within 4 years, As % of public school students	3,418	5.1%	2012
	Children age 6 to 12 with all available parents in the workforce, As % of children 6 to 12	381,000	76%	2012

**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	77,000	6.0%	2010-2012
CT	Average monthly enrollment of children in Medical Assistance	329,064		2013
CT	Average monthly enrollment of children in MinnesotaCare	41,763		2013
CT	Children born to mothers who smoked during pregnancy, As % of births	10,417	15.2%	2012
CT	Children whose mothers received late or inadequate prenatal care, As % of births	2,463	3.9%	2012
	Children whose mothers experienced frequent postpartum depressive symptoms		8.4%	2011
CT	Children 24 to 35 months who are up-to-date with the vaccine series, As % of children 24 to 35 months		62.9%	Aug-13

FOOD AND NUTRITION		Number	Percent/Rate	Year(s)
CT	K-12 students approved for free or reduced-price school lunch, As % of K-12 students	322,000	38.5%	2013
CT	Average monthly enrollment of children receiving SNAP, As % of children	239,674		2012
CT	Average monthly participation in the WIC nutrition program			
	Women (pregnant, breastfeeding and post-partum)	29,254		2012
	Infants (less than 1 year old), As % of children under age 1	27,814	40%	2012
	Children (1 to 5 years old), As % of children age 1 to 5	71,368	20%	2012
	Households that are "food insecure," As % of households	228,324	10.6%	2012
CT	Children in families visiting food shelves (non-unique, counted each visit)	1,241,888		2012
	Children in the Summer Food Service Program (average daily participation), As % of those enrolled in free and reduced-price school lunches	36,472	11.3%	2012

SAFE HOMES AND COMMUNITIES		Number	Percent/Rate	Year(s)
CT	Children under age 6 testing positive for lead poisoning	527		2012
	Children living in crowded housing, As % of children	121,000	9%	2012
CT	Households where housing costs exceed 30% of income, As % of all housing units			
	Owner	340,271	22.6%	2012
	Renter	273,380	45.3%	2012
CT	Housing status for families with children, As % of occupied family housing units			
	Owner	71.4%	442,523	2012
	Renter	28.6%	177,257	2012
CT	Children age 10 to 17 arrested for serious crimes, Rate per 1,000 children age 10 to 17	8,238	14.5	2012
CT	Children who died from unintentional injuries	83		2012
CT	Children abused or neglected, Rate per 1,000 children	4,288	3.4	2012
CT	Children who committed suicide or were murdered	39		2012

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 2012 American Community Survey. 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, the figures are rounded 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, 2012

Source: U.S. Census Bureau, Population Estimates for July 1, 2012.

### Child population by age group, 2012

Source: U.S. Census Bureau, Population Estimates for July 1, 2012.

### Child population by race/ethnicity, 2012

Source: U.S. Census Bureau, Population Estimates for July 1, 2012. Note: Hispanic/Latino children are not counted in racial groupings.

## FAMILY AND CAREGIVERS

### Households raising children, 2012

Source: U.S. Census Bureau, 2012 American Community Survey.

### Children in households, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children being raised by unmarried, cohabitating partners, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children being raised by grandparents, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children in immigrant families, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Total births, 2012

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables, Natality Table 1.

### Births by maternal education, 2012

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman.

### Births to US-born mothers, 2012

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman.

### Births to foreign-born mothers, 2012

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman.

### Children born to married mothers, 2012

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman.

### Children born to unmarried mothers, 2012

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman.

### Children born with no father listed on the birth certificate, 2012

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman.

### Children born to teenage (15 to 17) mothers, 2012

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman. Note: Due to small numbers, rate represents 3-year average for 2010-2012; rate given per 1,000 teenage girls ages 15 to 17.

### Children in the Family Assessment Response Program, 2012

Source: Minnesota Department of Human Services. Minnesota’s Child Welfare Report for 2012, September, 2012, # DHS-5408E-ENG.

### Children in out-of-home placements, 2012

Source: Minnesota Department of Human Services. Minnesota’s Child Welfare Report for 2012, September, 2012, # DHS-5408E-ENG.

### Children aging out of foster care without a permanent family, 2012

Source: Minnesota Department of Human Services. Minnesota’s Child Welfare Report for 2012, September, 2012, # DHS-5408E-ENG.

### Children who were state wards waiting for adoptive homes, year-end, 2012

Source: Minnesota Department of Human Services. Minnesota’s Child Welfare Report for 2012, September, 2012, # DHS-5408E-ENG.

## ECONOMIC SECURITY

### Children living in extreme poverty, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children living in poverty, 2012

Source: U.S. Census Bureau, 2012 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.

### Children in poverty by race/ethnicity, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Immigrant children in poverty, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children under age 5 living in poverty, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children below 200% of the poverty line, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Families living in poverty, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Married-couple families with children in poverty, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Single-parent families with children in poverty, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Entire population living in poverty, 2012

Source: U.S. Census Bureau, 2012 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.

### Median annual income of families raising children, 2012

Source: U.S. Census Bureau, 2012 American Community Survey.

### Median family income by race/ethnicity, 2012

Source: U.S. Census Bureau, 2012 American Community Survey. Note: See tables B19113A, B, C, D, E, and I.

### Families with all resident parents in the workforce, 2012

Source: U.S. Census Bureau, 2012

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

### Tax households that claimed the Earned Income Tax Credit (EITC), 2013 (Tax Year 2012)

Source: Internal Revenue Service, Stakeholder Partnerships, Education & Communications (SPEC) Tax Return Information Database for Tax year 2012. 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 2012. 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 2012)

Source: Internal Revenue Service, Stakeholder Partnerships, Education & Communications (SPEC) Tax Return Information Database for Tax year 2012. 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 2012. 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), 2012

Source: Minnesota Department of Human Services, Program Assessment and Integrity Division. Minnesota Family Investment Program and the Diversionary Work Program: Characteristics of December 2012 Cases and Eligible Adults (May 2013). Retrieved from the Internet: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-42190-ENG>

### Percent of families collecting Child Support, 2012

Source: Minnesota Department of Human Services, Child Support Enforcement Division. Child Support Performance Report 2012. Arrears collection based on the federal fiscal year. Retrieved from the Internet: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4252M-ENG>

### Households headed by unmarried women who are receiving Child Support, 2011

Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2012. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

## EARLY CHILDHOOD

### Children born preterm, 2012

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman. Note: Live births of babies who are less than 37 weeks gestation at birth. Single births only; not multiples.



### **Children born at low birth weight, 2012**

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman. Note: Refers to live births during 2012 in which the child weighed less than 2500 grams at birth. Single births only; not multiples.

### **Children age 3 and 4 not attending preschool, 2012**

Source: U.S. Census Bureau, 2010-2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online.

### **Cost of center-based child care, 2012**

Source: Minnesota Department of Human Services, 2012 Child Care Provider Rate Survey. Note: In 2012 the survey went from being published annually to biannually, so these numbers are the same published in the 2013 KIDS COUNT Data Book.

### **Cost of family-based child care, 2012**

Source: Minnesota Department of Human Services, 2012 Child Care Provider Rate Survey. Note: In 2012 the survey went from being published annually to biannually, so these numbers are the same published in the 2013 KIDS COUNT Data Book.

### **Children under age 6 with all available parents in the workforce, 2012**

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online. Due to significant changes 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), 2012**

Source: Minnesota Department of Human Services, Reports and Forecasts Division. Family Self-Sufficiency and Health Care Program Statistics, August 2012. Note: Monthly averages of children receiving CCAP including MFIP, TY and BSF families during state fiscal year 2012 (July 1, 2012 to June 30, 2013).

### **Families on the waiting list for CCAP, June 2014**

Source: Minnesota Department of Human Services. Note: The June 2014 waiting list was the most recent available at the time of publication.

### **Children served by Head Start or Early Head Start, 2013**

Source: 2013 Minnesota Head Start Facts, Minnesota Head Start Association.

### **Children served by Part C Early Intervention Services and have individual family service plans, 2012**

Source: Minnesota Part C Annual Performance Report, 2012 Governor's Interagency Coordinating Council.

## **K-12 EDUCATION**

### **Students enrolled in non-public schools, 2013-14**

Source: Minnesota Department of Education, Data Center, 2013-14 Enrollments-Non-public spreadsheet. Note: Count as of October 1, 2013.

### **Students enrolled in K-12 public schools, 2013-14**

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2013-14.

### **K-12 public school students with limited English proficiency, 2013-14**

Source: Minnesota Department of Education, Data Center, 2013-14 Enrollments-County-Special Populations spreadsheet.

### **K-12 public school students enrolled in special education, 2013-14**

Source: Minnesota Department of Education, Data Center, 2013-14 Enrollments-County-Special Populations spreadsheet.

### **Students changing schools, 2012**

Source: Minnesota Department of Education, Data Center, Student Mobility-District Level, 2012-13.

### **Students who graduated in 4 years, 2012**

Source: Minnesota Department of Education, Data Center, 2012-2013 Graduation Rates.

### **Students who dropped out in 4 years, 2012**

Source: Minnesota Department of Education, Data Center, 2012-13 Graduation Rates.

### **Children age 6 to 12 with all available parents in the workforce, 2012**

Source: U.S. Census Bureau, 2012 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, 2010-2012**

Source: U.S. Census Bureau, 2010-12 American Community Survey.

### **Average monthly enrollment of children in Medical Assistance, 2013**

Source: Minnesota Department of Human Services, Reports & Forecasts Division. 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, 2013. 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.

### **Average monthly enrollment of children in MinnesotaCare, 2013**

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Note: Child's age calculated as of July 1, 2013. 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, 2012**

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman. 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, 2012**

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman. 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 whose mothers experienced frequent postpartum depressive symptoms, 2011**

Source: Minnesota Pregnancy Risk Assessment and Monitoring System (PRAMS), Minnesota Department of Health, Division of Community and Family Health, Maternal and Child Health. Note: Grant number IU01DP003117-01 made this data possible from the Centers for Disease Control and Prevention.

### **Children 24-35 months who are up-to-date with the vaccine series, 2013**

Source: Minnesota Department of Health, Immunization Program. Childhood Immunization Coverage in Minnesota, January 2013. Note: The vaccine series consists of 4+ DTaP, 3+ Polio, 1+ MMR, Complete Hib, 3+ HepB, 1+ Varicella, and Complete Prevnar.

## **FOOD AND NUTRITION**

### **K-12 students approved for free or reduced-price school lunch, 2013-14**

Source: Minnesota Department of Education, Data Center, 2013-14 Enrollments-County-Special Populations spreadsheet.

### **Average monthly enrollment of children receiving SNAP, 2012**

Source: Minnesota Department of Human Services, MAXIS Data Warehouse. Note: Average monthly enrollment during calendar year 2012 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, 2012**

Source: Food Research and Action Center, State of the States 2012, Minnesota page. Note: WIC is officially called the Special Supplemental Nutrition Program for Women, Infants, and Children.

### **Percent of households that are "food insecure," 2012**

Source: U.S. Department of Agriculture, Economic Research Service, Household Food Security in the United States, 2012. Note: Based on data from the Current Population Survey Food Security Supplement.

### **Children in families visiting food shelves, 2012**

Source: Hunger Solutions Minnesota, Food Shelf Statistics Report, 01/2012 to 12/2012. 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, 2012**

Source: Food Research and Action Center, State of the States 2012, 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 AND COMMUNITIES**

### **Children under age 6 testing positive for lead poisoning, 2012**

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 10 Micrograms per Deciliter (µg/dL) or greater. In 2012, the Commissioner of Health issued a finding that changed the state's definition of elevated blood lead level to 5 mcg/dL. Data on children under 6 who had blood lead levels 5 mcg/dL or greater can be found on the KIDS COUNT Data Center online.

### **Children living in crowded housing, 2012**

Source: U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### **Households where housing costs exceed 30% of income, 2012**

Source: U.S. Census Bureau, 2012 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.

### **Children age 10-17 arrested for a serious crime, 2012**

Source: Minnesota Department of Public Safety, 2012 Bureau of Criminal Apprehension, Minnesota Justice Information Services, Uniform Crime Report (July 2013). 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, 2012**

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman.

### **Children abused or neglected, 2012**

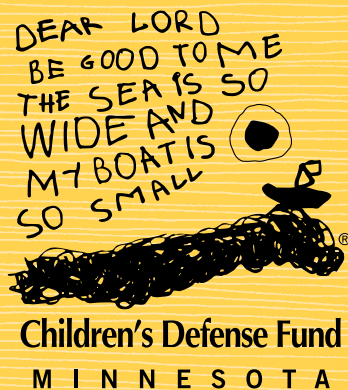
Source: Minnesota Department of Human Services. Minnesota's Child Welfare Report for 2012, September 2013, #DHS-5408D-ENG 8-12. Table 1.

### **Children who committed suicide or were murdered, 2012**

Source: Minnesota Department of Health, Center for Health Statistics. 2012 Minnesota County Health Tables. Personal contact with Kim Edelman.

# Endnotes

- 1 U.S. Census Bureau, Population Estimates for July 1, 2012.
- 2 Fass, S. (2009). Measuring Poverty in the United States. National Center for Children in Poverty. [http://www.nccp.org/publications/pub\\_876.html](http://www.nccp.org/publications/pub_876.html).
- 3 Ibid.
- 4 The U.S. Census Bureau (March 2010). Observation from the Interagency Technical Working Group on Developing a Supplemental Poverty Measure.
- 5 Short, Kathleen (2012). The Research SUPPLEMENTAL POVERTY MEASURE: 2012. Current Population reports, U.S. Census Bureau.
- 6 Ibid.
- 7 Minnesota Department of Employment and Economic Development, Job Vacancy Survey. Fourth quarter 2013.
- 8 Children's Defense Fund-Minnesota, Economic Stability Indicator (2014).
- 9 U.S. Census Bureau, 2012 American Community Survey.
- 10 Duncan, G., Morria, P. & Rodrigue, C (2011). Does Money Really Matter? Estimating the Impacts of Family Income on young Children's Achievement with Data from Random-Assignment Experiments.
- 11 Ratcliffe, C. & McKernan, S (2010). Childhood Poverty Persistence: Facts and Consequences.
- 12 U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by the Population Reference Bureau. See KIDS COUNT Data Center online.
- 13 Duncan, G., Morria, P. & Rodrigue, C (2011). Does Money Really Matter? Estimating the Impacts of Family Income on young Children's Achievement with Data from Random-Assignment Experiments.
- 14 Ibid.
- 15 U.S. Census Bureau, 2010-2012 American Community Survey. Note: Analysis by the Population Reference Bureau. See KIDS COUNT Data Center online.
- 16 U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Available online at <http://nces.ed.gov/nationsreportcard>.
- 17 U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), State Dropout and Completion Data. Note: Analysis by the Population Reference Bureau. See KIDS COUNT Data Center online.
- 18 U.S. Census Bureau, Population Estimates for July 1, 2012.
- 19 U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by the Population Reference Bureau. See KIDS COUNT Data Center online.
- 20 Ibid.
- 21 Jefferys, M. (October 2011). Minnesota's Invisible Children: Children in Families Receiving MFIP. St. Paul, MN: Children's Defense Fund-Minnesota.
- 22 Ibid.
- 23 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).
- 24 U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by the Population Reference Bureau. See KIDS COUNT Data Center online.
- 25 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).
- 26 Jefferys, M. (October 2011). Minnesota's Invisible Children: Children in Families Receiving MFIP. St. Paul, MN: Children's Defense Fund-Minnesota.
- 27 Adapted from What are Work Support Programs? section on Economic Stability Indicator website. Children's Defense Fund-Minnesota, 2013. <http://www.economicstabilityindicatormn.org/>
- 28 Children's Defense Fund-Minnesota, Bridge to Benefits Frequently Asked Questions (2012).
- 29 Hogenson, S. (June 2012). The Five Reasons Work Support Programs Deserve Legislators Support. Spotlight on Poverty and Opportunity.
- 30 U.S. department of Agriculture, Economic Research Service, Household Food Security in the United States, 2012. Note: Based on data from the Current Population Survey Food Security Supplement.
- 31 Children's HealthWatch (2012). The SNAP Vaccine.
- 32 U.S. Department of Agriculture, Economic Research Service, Food Access Research Atlas. (2010). <http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx#>.
- 33 Personal contact with Ryan Johnson, SNAP Education Liaison, Minnesota Department of Human Services Office of Economic Opportunity.
- 34 Minnesota Department of Human Services, MAXIS Data Warehouse. Personal contact with Amy Gehring. Note: Average monthly enrollment during the calendar year of unique SNAP households with children. Includes households from MFIP Food Portion cases.
- 35 Hunger Solutions Minnesota, Food Shelf Statistics Report, 01/2012 to 12-2012. 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.
- 36 Children's HealthWatch (2012). The SNAP Vaccine.
- 37 Hunger Free Minnesota Analysis (2013). [www.http://hungerfreemn.org/](http://hungerfreemn.org/).
- 38 Breakfast for Health (Spring 2014). Food Research and Action Center.
- 39 Addy, S., Aratani, Y., Chau, M., & Wight, V. (2011). Rent Burden, Housing Subsidies and the Well-being of Children and Youth. New York, NY: National Center for Children in Poverty.
- 40 Ibid.
- 41 U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.
- 42 Homelessness in Minnesota: Findings from the 2012 homeless study (2013). St. Paul, MN: Wilder Research.
- 43 U.S. Census Bureau, 2012 American Community Survey.
- 44 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 10 Micrograms per Deciliter (µg/dL) or greater.
- 45 Arnold, A., Crowley, S., Bravve, E., Brundage, S., & Biddlecombe, C. (2014). Out of Reach. Washington, D.C.: National Low-Income Housing Coalition.
- 46 Department of Housing and Urban Development, Fair Market Rent for Fiscal Year 2013.
- 47 LaMontagne, C. (2013). NerdWallet Health Finds Medical Bankruptcy Accounts for Majority of Personal Bankruptcies.
- 48 Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables, Natality Table 4. 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.
- 49 U.S. Census Bureau, 2010-12 American Community Survey.
- 50 Minnesota Department of Health, Center for Health Statistics. 2013 Minnesota County Health Tables, Natality Table 2. Note: Refers to live births during 2012 in which the child weighed less than 2500 grams at birth. Single births only; not multiples.
- 51 Minnesota Department of Health, Immunization Program. Childhood Immunization Coverage in Minnesota, January 2014. Note: The vaccine series consists of 4+ DTaP, 3+ Polio, 1+ MMR, Complete Hib, 3+ HepB, 1+ Varicella, and complete Pevnar.
- 52 Cohodes, S., Grossman, D., Kleiner, S., & Lovenheim, M. (2014). The Effect of Child Health Insurance Expansion on Schooling: Evidence from Public Insurance Expansion. Cambridge, MA: The National Bureau of Economic Research.
- 53 Burchinal, P., Kainz, K., Cai, K., Tout, K., Zaslow, M., Martinez-Beck, I., & Rathgeb, C. (2009). Early Care and Education Quality and Child Outcomes. Bethesda, MD: Child Trends.
- 54 Isaacs, J. (2012). Starting School at a Disadvantage: The School Readiness of Poor Children. Washington, DC: Center of Children and Families, Brookings Institution.
- 55 Parents and the High Cost of Child Care 2013 Report. Arlington, VA: Child Care Aware of America.
- 56 Ibid.
- 57 U.S. Census Bureau, 2010-2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online.
- 58 Minnesota Department of Human Services, June 2014.
- 59 Minnesota Department of Education (November 2013). Minnesota School readiness Study: Developmental Assessment at Kindergarten Entrance.
- 60 Human Capital Research Collaborative (2011). Assessing the Validity of Minnesota School Readiness Indicators. St. Paul, MN: Early Learning Services, Minnesota Department of Education.
- 61 Minnesota Department of Human Services, 2012 Child Care Provider Rate Survey.
- 62 Analysis by Children's Defense Fund-Minnesota (2012).
- 63 U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online.
- 64 Children's Defense Fund-Minnesota (2012). Economic Stability Indicator. [www.economicstabilityindicatormn.org](http://www.economicstabilityindicatormn.org).
- 65 Goldblum, J., Kruse, A., Smith, M., & Weir, A. (2013). Diaper Need and its Impact on Child Health. American Academy of Pediatrics.
- 66 Bureau of Labor and Statistics Consumer Expenditure Survey (2012).
- 67 U.S. Census Bureau, 2012 American Community Survey. Note: Analysis by Population Reference Bureau.
- 68 Brooks, J., Wiedrich, K., Sims, L., & Medina, J. (2014). Treading Water in the Deep End: Findings from the 2014 Assets & Opportunity Scorecard. Corporation for Enterprise Development (CFED).
- 69 Ibid.
- 70 Ibid.



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## 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)