

MINNESOTA KIDS COUNT 2017: *Using Data to Turn Values into Child-Focused Policy*

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



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 children, children of color and those with disabilities. CDF educates the nation about the needs of children and encourages preventative investments before they get sick or into trouble, drop out of school or suffer family breakdown.

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

What is KIDS COUNT?

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

As the Minnesota KIDS COUNT grantee, Children's Defense Fund-Minnesota (CDF-MN) releases periodic reports and an annual data book regarding the well-being of children and families in Minnesota. Please visit our website at www.cdf-mn.org/programs/minnesota-kids-count 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 or 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 hundreds of indicators and allows users to:

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



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

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

Letter from CDF-MN

Minnesota has long been viewed as one of the top states to live and to raise children. The thousands of lakes, beautiful prairies and forests, and bountiful public parks visualize the state's appeal and the data demonstrates the effectiveness of the state's long-time commitment to children and families. Values of hard work, ingenuity and looking out for neighbors are ingrained in Minnesotans from Jackson County to Lake of the Woods County. These values drive policy and investments that promote economic vitality and success for children and families and, in turn, drive data that show Minnesotans know what works to ensure children have successful passage into adulthood.

However, these values and outcomes are being tested not only by unprecedented demographic shifts in the age and racial composition of our state's population but also politically. Challenges and opportunities presented by the number of older adults rapidly outpacing the number of children for the first time are testing not only individuals and families but Minnesota's social, economic and governance structure and policies. Simultaneously, populations of color are growing rapidly across the state and the increase is being driven by the child population of which already 30 percent are children of color or American Indian children. Disparities in academic, economic and health outcomes show policies and programs need to adapt to meet the needs of the state's changing population. Moreover, political threats to take away key supports that research shows promote child well-being and fuel economic vitality would have long-term effects not only on the lives of the state's youngest citizens but on our future workforce, economy and communities.

In recent years Minnesotans have heeded their values and the research by investing in policies and programs that support children and families and the future prosperity of the state by, but not limited to, increasing the minimum wage, expanding tax credits for working families, investing in early childhood education, increasing investment in the Child Care Assistance Program (CCAP) and reducing the number of uninsured Minnesotans to historic lows. Research has proven these investments and policy improvements will pay off in improved long-term social, academic and economic outcomes for today's children who are tomorrow's workers. However, threats to cut programs that increase access to health coverage and care, healthy food, supportive schools and communities, stable housing and overall economic stability threaten not only the gains of the past but the prospects of the future in Minnesota and across the country.

For more than 30 years, Children's Defense Fund-Minnesota has promoted research, advocacy, youth development and outreach to ensure Minnesota children and families are supported, our values are put into action, and our future prosperity is bright. This data book focuses on data on demographic shifts and key child well-being indicator trends over time and among specific populations to bring attention to the policies and investments that are working and will work to ensure our state continues to be a leader in supporting children and families from all backgrounds. We hope Minnesota values combined with research and data that prove what children need to be successful will allow us to continue on the course to improve the likelihood that all Minnesota children become the workers, leaders and parents we need them to be.

—*Children's Defense Fund-Minnesota, October 2017*

Introduction



Photo provided by Hennepin County Medical Center CenteringPregnancy® Program

Minnesota values of ingenuity, hard work, and caring for each other have built a state where children overall are known to thrive across all aspects of their development and into adulthood. By supporting children through policies and programs that allow them to live in economically stable households, access health coverage and care, receive high-quality early and K-12 education, and feel safe and supported in their communities, the state has built a foundation for a continually prosperous economic future. It's no coincidence, for instance, that Minnesota has some of the top-ranked public schools, highest average ACT scores and greatest percentages of adults with a college degree or higher, as these outcomes, like others throughout a person's life, are interconnected. Access to basic needs as well as opportunities and support in childhood are predictive of outcomes into adulthood, which, in turn, drive local and state workforces and economies. The fruits of strong Minnesota values, policies and investments draw and keep families in the state, despite its harsh winters. Similar to coats, hats and mittens, our public investments in children and families are necessary to be prepared to withstand predictable and unpredictable shifts in our state's overall climate.

While Minnesota continually ranks high compared to other states in education, health and economic outcomes, including in the Annie E. Casey Foundation's National KIDS COUNT Data Book child well-being ranking,¹ we must remain true

to our collective values as the needs of Minnesotans change over time. Demographic shifts in the age, race and ethnicity of Minnesotans demand we not only continue to stay the course by investing in policies and programs that support children and families, but we must adapt these policies and programs to meet the needs of all residents of the Land of 10,000 Lakes. Similar to other states and the nation as a whole, Minnesota is experiencing a demographic shift that includes unprecedented changes to the age and racial/ethnic composition of its population. With the number of older Minnesotans rapidly outpacing the younger generation, the need to ensure all children have the opportunities and support to reach their full potential is ever more pressing. However, many of our children, especially lower income children, children of color, and American Indian children, lack access to basic needs, let alone opportunities to help them thrive. To meet the demands of Minnesota's future, we must use another Minnesota value and strength—ingenuity—to ensure policies and programs adapt to our dynamic population.

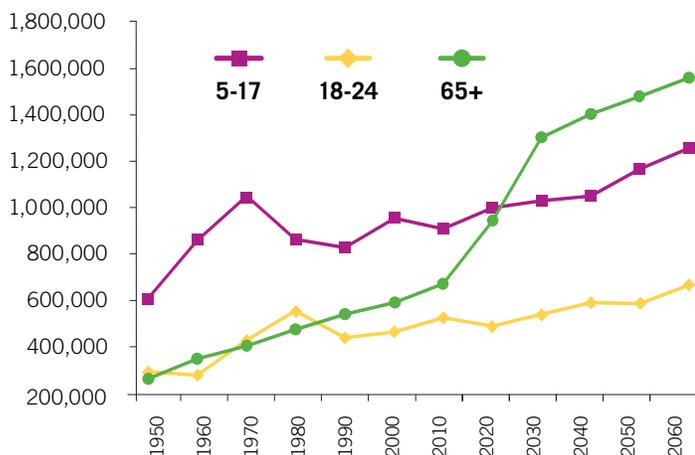
In recent years Minnesota has made some critical investments and policy changes that are helping to build a stronger foundation for the state's children to reach their full potential. Some of these include increasing the minimum wage, investing in early childhood education, increasing investment in the Child Care Assistance Program (CCAP) and decreasing the uninsured rate to historic lows. To continue to maintain its

economic vitality and diversity, Minnesota must build upon these gains to address the most pressing challenges children and families face and target communities that face greater historical and structural barriers to reaching their full potential including those that are lower income or from communities of color or American Indian communities. Building upon the ingenuity of the past to adapt strategies to serve the changing Minnesota population is not only possible, but necessary to guarantee a future where Minnesota thrives.

Minnesota's Changing Demographics: A Permanent Shift in Age Composition

As the Baby Boomer generation starts to hit retirement age, Minnesota, the nation and the world are starting to see an unprecedented and permanent demographic shift in the age demographic compositions of our communities. According to the Minnesota State Demographic Center, in the next two decades, from 2015 to 2035, the growth in the number of children in Minnesota will be modest (around 35,000) while the growth in Minnesotans over the age of 65 will be significant (around half a million).² By 2035, the number of Minnesotans over age 65 will be more than the number of children under age 18 for the first time in the state's recorded history, and one in five Minnesotans will be over the age of 65.³ This shift has implications on all levels of society from individual families to businesses to local, state and national governments. The implications are already starting to be felt

MORE 65+ THAN SCHOOL AGE RESIDENTS IN MINNESOTA BY 2035



U.S. Census counts, Minnesota State Demographic Center projections.

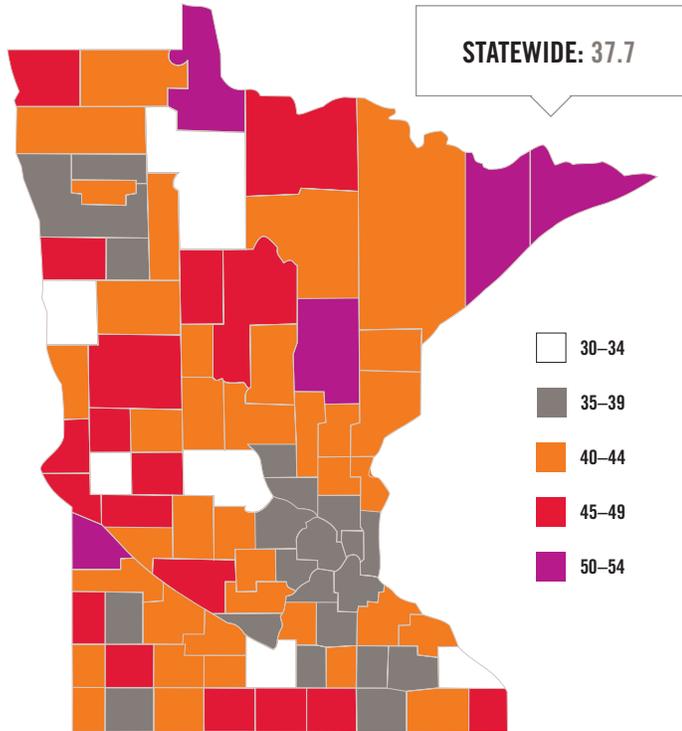
and must be addressed by shifts in public policy to address not only the needs of the aging population, but also to ensure our youngest citizens are well prepared to step into a future that looks very different from the past. Keeping in mind the demographic shift to older adults outpacing the number and growth of younger citizens, we must pay attention to the needs of all Minnesota children because we collectively can't afford to lose one child to the negative, costly long-term effects of poverty, inadequate education, poor health or the justice system.

Not only are the number of older adults on the rise, but also they are becoming more and more prevalent and important in the lives of children. In recent years there have been an increased number of grandparents raising grandchildren, grandparents and older adults providing child care, and older family members providing social and economic support for young families. These relationships are beneficial for all those involved and contribute to the need to implement social and political solutions to ensure both populations are cared for now and in the future.

Minnesota's Changing Demographics: Increased Racial and Ethnic Diversity Driven by Child Population

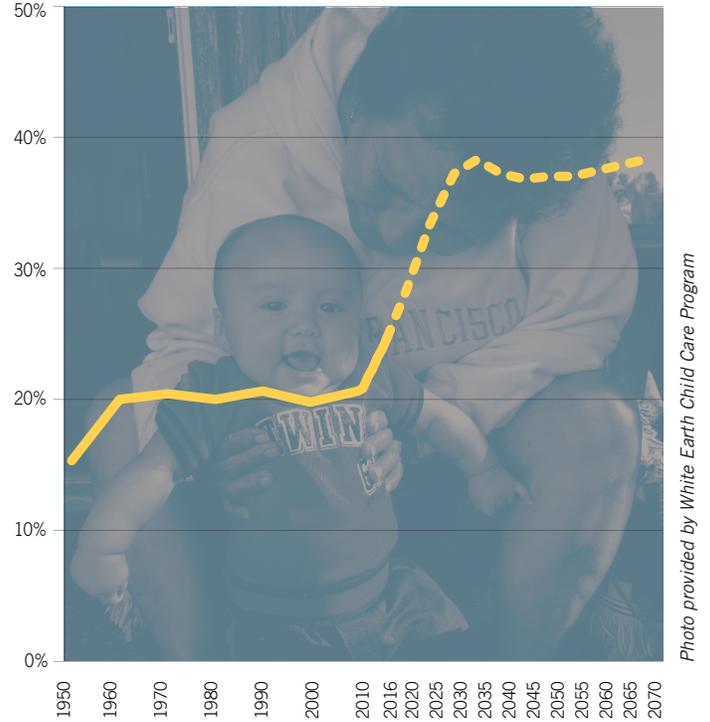
Changes in the racial and ethnic makeup of Minnesota's population is shifting at the same time as the population ages. These simultaneous, dramatic shifts in the makeup of Minnesotans offer unprecedented challenges but also opportunities that need to be seized. The Minnesota State Demographic Center estimates that by 2035 people of color and American Indians will make up 25 percent of Minnesota's population⁴ compared to 18 percent in 2013 and 12 percent at the turn of the century.⁵ Sixty percent of the state's total projected population growth from 2013 to 2035 will be in populations of color.⁶ The future of the state hinges on the success of all Minnesotans, and particularly on improving outcomes for the growing number of children of color across the state. With an increasingly diverse population, the focus of state policies and investments must be on ensuring all Minnesota children have support to be successful and on eliminating gaps in economic opportunity, academic success and health outcomes for diverse populations.

MEDIAN AGE BY COUNTY, 2011–2015



U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011–2015.

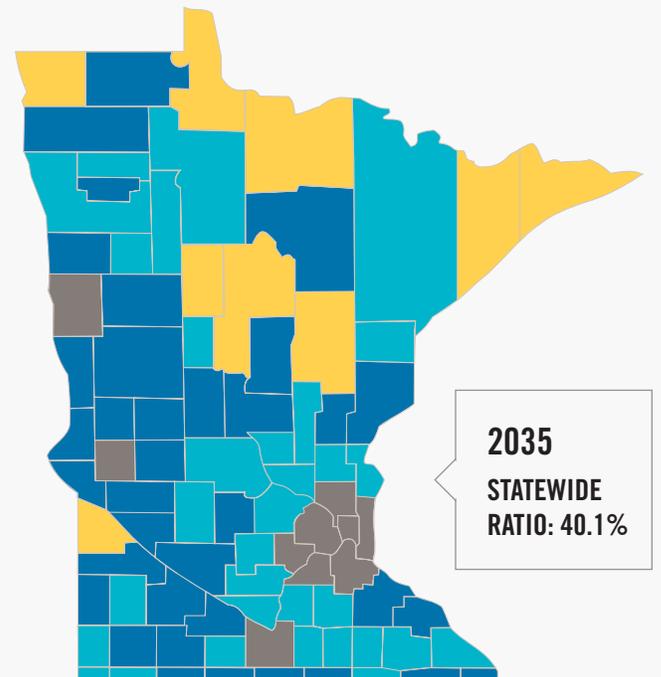
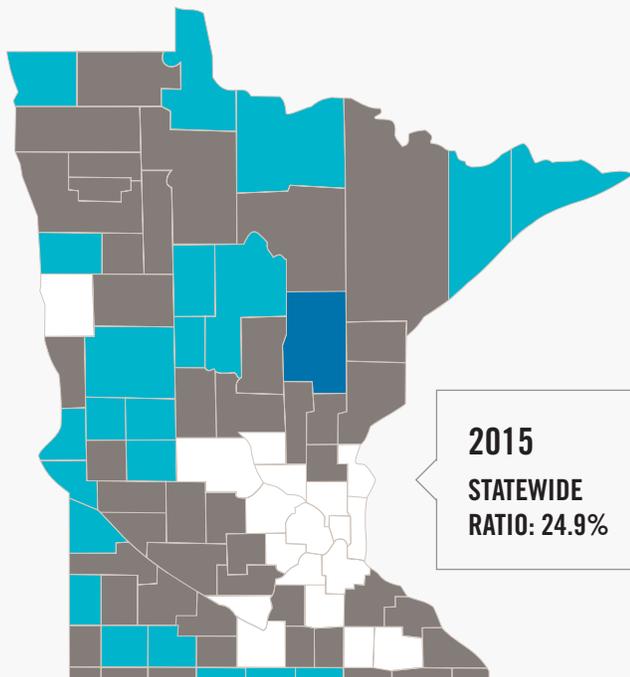
RETIREMENT TO WORKING AGE RATIO, 1950–2070



Minnesota Compass, Wilder Foundation.

65+ TO WORKING AGE RATIO

The 65+ to Working Age Ratio is calculated by dividing the total population age 65 and older by the population of working age adults 18–64, expressed as a percent.



Minnesota State Demographic Center, Population Projections.

Minnesota is a leader in promoting child well-being and recent investments in policies and programs that promote family economic success and access to health coverage and care are paying off in improved outcomes for children. However, Minnesota families with lower incomes and children of color and American Indian children face chronic inequities that are often some of the worst in the country. Historically, policies influenced by structural racism like discrimination in the homeownership process, unequal access to benefits of the GI Bill and inequitable transportation policies have segregated people of color into under-resourced neighborhoods with fewer high paying jobs, lack of accessible public transportation and poorer performing schools. Additionally, because Minnesota has long been primarily a White state with an overwhelming majority of White people in power, policies continue to be created without consulting populations of color and American Indians about their needs or the potential effects,

or lack of effect, on their communities. These policies and continued structural and institutional racism affect children’s access to opportunity and, in turn, their outcomes and the future of the state.

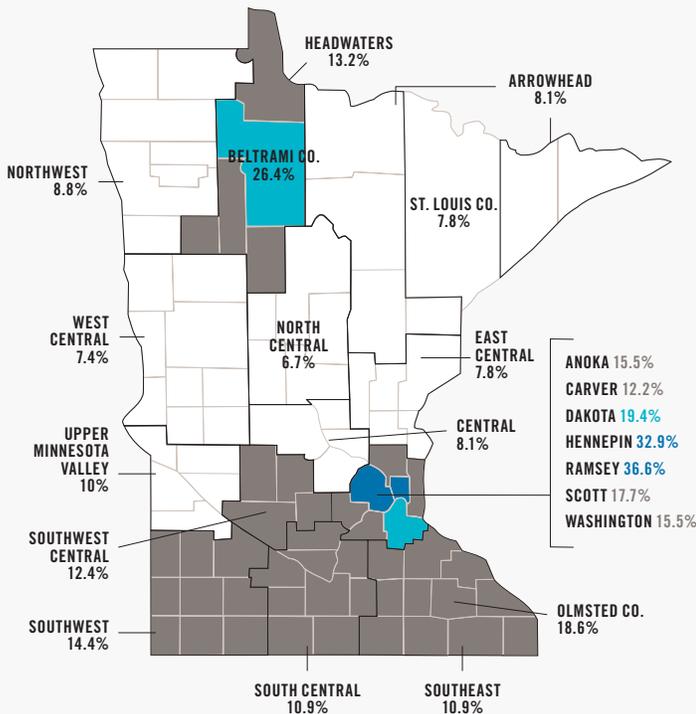
Analyzing data on child outcomes by race and ethnicity is the first step to identifying ways to shift policy to create a more equitable society where all children thrive. When possible the data in this book is disaggregated by race and ethnicity to demonstrate how various communities are faring and identify where targeted, culturally relevant investments need to be made. The racial and ethnic categories included in the data are determined by the limited data collected by race and ethnicity. More stratified racial and ethnic categories in data collection is necessary to discern the opportunities and challenges in our diverse communities across the state. CDF-MN is committed to disseminating data and influencing policies and programs to improve outcomes for Minnesota children of color and American Indian children.

PERCENT OF TOTAL POPULATION PROJECTED TO BE NONWHITE OR LATINO



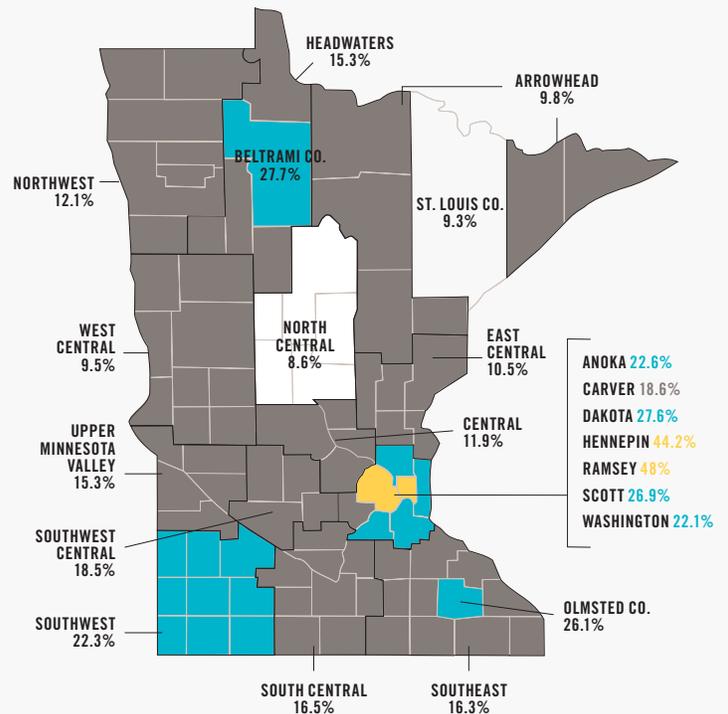
2015

STATEWIDE: 18.7% US TOTAL: 37.6%



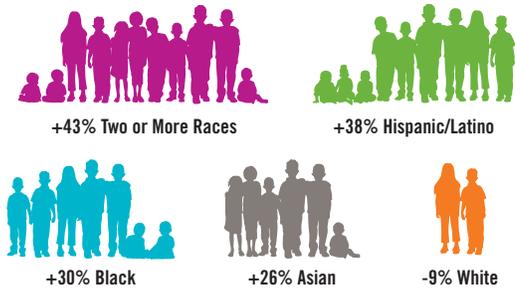
2035

STATEWIDE: 24.8% US TOTAL: 46.9%



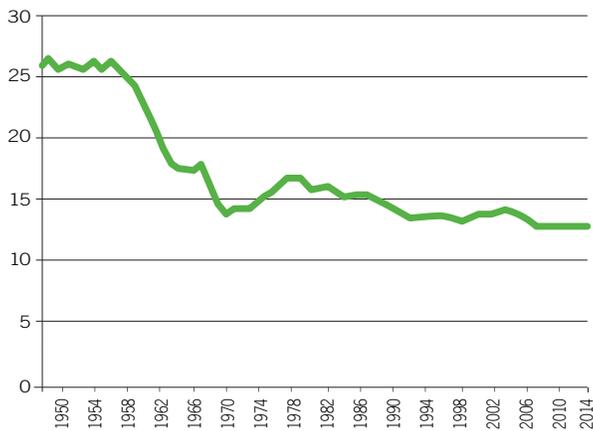
Minnesota State Demographic Center, Population Projections.

CHILD POPULATION GROWTH FROM 2005–2015



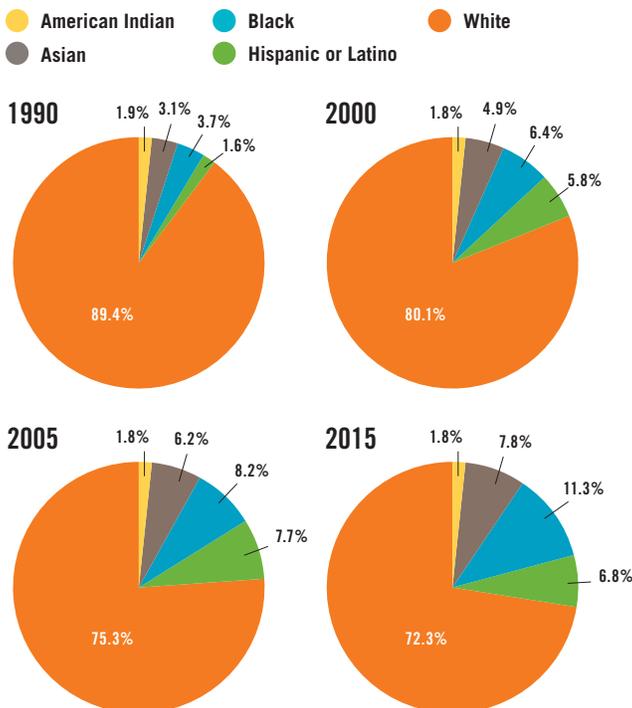
U.S. Census Bureau, American Community Survey.

BIRTHS PER 1,000 MINNESOTANS, 1950–2014



Minnesota Department of Health, Vital Statistics; U.S. Census Bureau, Population Estimates.

BIRTHS BY RACE AND ETHNICITY, 1990, 2000, 2005, 2015



Dayton, M. *Minnesota Births Yet to Rebound to Pre-Recession Levels: More Diversity in State's Nurseries.* Minnesota State Demographic Center, November 2014.

Minnesota Department of Health, personal contact with Judy Palermo.

About the Data Book

This data book examines key child well-being indicator trends over time and across specific demographic groups to demonstrate the success, as well as the needs, of policies and investments on child outcomes and long-term statewide outcomes. The data book sections are organized by critical areas of childhood needs: economic well-being, health coverage and care, high-quality early childhood and K-12 education, and safe and supportive homes and communities. In each of these sections several key indicators that contribute to immediate and long-term child outcomes are highlighted to demonstrate positive and negative changes over time, disparities among specific populations, and where policies and programs could support improvement in the indicator trend. Each section will also include recent policy gains that have or are working to move indicators in the right direction for children and families. Policy recommendations are included by section in table format on pages 8–11. Included are the most pressing opportunities to support success for all Minnesota children. Due to limited space, we highlighted some of the recent policy gains and recommendations while recognizing there are others that have or could be successful in advancing children and families. The goal of highlighting these indicators alongside the policy and program examples is to promote solutions that increase the likelihood that all children—and all of us—have the best outcomes through living in economically stable households, accessing health coverage and care, experiencing high-quality early childhood and K-12 education, and thriving in safe and supportive homes and communities.

On pages 20–21, there is a glossary of descriptions for many of the programs mentioned in the data book that support healthy development and family stability for Minnesota children. At the end of the data book are the statewide data tables that are published in every KIDS COUNT Data Book. This data, as well as most of the data that are included in the data book, and more can be found online on the KIDS COUNT Data Center at www.datacenter.kidscount.org. County-level fact sheets can be found online at www.cdf-mn.org.

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

Policy Recommendations

Following are a range of child- and family-friendly policy recommendations in four categories of economic stability, health, education, and family and community.

These recommendations are primary policy recommendations, rooted in research (key findings), but are only a beginning of recommendations that would improve outcomes in these

categories for Minnesota children and families. Building upon gains, some of which are listed in the data book sections following, according to research these policies would improve immediate and long-term outcomes of children, families, and our state.

GOAL: All children live in economically stable households

KEY FINDINGS

2,073 families statewide are on a waiting list for the Child Care Assistance Program (CCAP).⁷

Cost of child care in Minnesota consumes nearly 20% of the 2015 median household income (\$80,300) and 76% of the 2015 federal poverty line.⁸

88% of children in income eligible households and 78% of children in income and work eligible households are not enrolled in CCAP.⁹

More than half of all children accessing CCAP are children of color.¹⁰

71% of people accessing MFIP are children and 68% of MFIP households included a child under age 6.¹¹

Children in households accessing MFIP are most vulnerable to long-term effects of severe economic instability. For instance, they need special education services at three times the rate of children who have never accessed the program.¹²

Increases in family income, even as little as \$1,000 per year in early childhood, have long-term positive impact on academic outcomes.¹³

Only 13% of Minnesotans have access to paid family leave through their employer and low-wage workers and workers of color are less likely to have access.¹⁴

Paid family leave increases the time new parents take to be at home with their new child and has proven to increase rates of breastfeeding, maternal physical and mental health, and improved health and access to health care for the baby. Longer parental leave for fathers is associated with increased involvement in the care of the child.¹⁵

Nearly one-third of Minnesota children live in low-income households (less than \$48,072 per year for a family of four with two children) and children of color and American Indian children live in low-income households at significantly higher rates than White children.¹⁶

Tax credits targeted at working families with children have demonstrated improved birth outcomes, school success, graduation rates and college degree attainment.¹⁷

POLICY RECOMMENDATIONS

Increase access to affordable, accessible child care so that parents can work while children are in a stable, enriching care environment by fully funding the Child Care Assistance Program.

Increase the Minnesota Family Investment Program (MFIP) cash grant. The grant has remained the same since 1986 and is currently maxed out at \$532 for a family of three.

Create a statewide Paid Family and Medical Leave Insurance program so parents and caregivers don't have to sacrifice economic security to take off work to bond with a newborn or recently adopted child or to care for themselves or a family member when ill.

Expand tax credits for lower income working families so they can catch up with the rising cost of living and raising a child by increasing the Working Family Credit income thresholds and credit amounts and creating a state Child Tax Credit.

Access to affordable transportation affects parents' ability to work, bring their children to child care or school, and provide for and get basic needs like groceries.

Support increased funding and access to public transportation targeted toward high-poverty areas and support for lower income families to afford the cost of purchasing, maintaining and insuring a car. Increase funding for the Getting to Work Bill that passed in 2017 and provides funds to nonprofits that offer low-interest auto loans, affordable car repairs, or donated vehicles to people who need a car to get to work.

GOAL: All children have access to health coverage and care

KEY FINDINGS

POLICY RECOMMENDATIONS

Children from immigrant families are less likely to access health care and face barriers to participation in Medical Assistance, which results in higher uninsured rates for this population.

Studies find that there is no significant difference between health coverage access for authorized foreign and native born immigrants, but one study found that undocumented Latinos were more than five times as likely to be uninsured and access primary care.¹⁸ 8% of Hispanic/Latino children don't have health insurance.¹⁹

To address disparities in access to coverage and care and health outcomes, expand Medical Assistance, Minnesota's Medicaid program, eligibility to all children regardless of immigration status.

Hispanic and Latino children are more than twice as likely and American Indian children are more than four times as likely as White children to be uninsured.²⁰

An estimated 61 percent of uninsured Minnesotans are eligible for a public health care program such as Medical Assistance.²¹

Outreach efforts work best when tailored toward specific communities using cultural and language preferences.

Target outreach and enrollment efforts and investments to American Indian, Hispanic and Latino communities to ensure that those eligible for Medical Assistance or insurance subsidies enroll.

Family Home Visiting has demonstrated a decrease in child abuse and neglect and alcohol and tobacco use during pregnancy, as well as increased breastfeeding rates, and increases in family income.²²

Continue to increase funding and access to Family Home Visiting services with priority given to services targeted and culturally relevant to families of color and American Indian families, especially expecting parents at increased risk for negative birth and infant outcomes.

Increased access to paid family leave after the birth or adoption of a child has proven to improve infant outcomes and reduce infant mortality and improve parent-child relationships.²³

Families of color, American Indian families and lower income families are more likely to have poorer birth and infant outcomes yet less likely to have access to paid family leave.²⁴

Create a statewide Paid Family and Medical Leave Insurance Program.

37% of Minnesota children on Medical Assistance received preventive dental care in 2015 (compared to 46% nationally), and 62% of the participants reported being told that a dentist was not accepting new MA patients.²⁵

Increase Medical Assistance reimbursement rates to dental providers to ensure access.

GOAL: All children have high-quality early childhood and K-12 educational experiences

KEY FINDINGS

High-quality, stable early care and education programs have proven to improve developmental, social, health and academic outcomes long-term for children, with greater gains for lower income and other at-risk children.²⁶

Since 2003, Basic Sliding Fee Child Care Assistance funding has decreased by 44 percent (adjusted for inflation) and now serves 4,500 fewer families.²⁷

Of income eligible children only 88% are accessing CCAP, 83% are accessing Early Learning Scholarships, and 45% are accessing Head Start.²⁸

Programs that support family wellness and parenting skills in the context of the family's culture can increase participation by young children of color, increase family engagement, and prepare more children of color for academic success to combat the devastating academic gaps Minnesota is producing for children of color.²⁹

Organizations that are from and serve communities of color and American Indian nations have been underfunded, restricting the ability of these communities to self-determine their needs. Providing a flexible funding stream that allows communities to redefine, recreate, or improve upon early childhood programs for their own benefits and address their specific needs is necessary to address gaps in access to programs and outcomes.

Increased research demonstrates the significant effect good attendance (missing fewer than 10% of school days) has on standardized test scores, graduation rates, and overall academic achievement.³⁰

Only 4% of Minnesota teachers are from communities of color compared to nearly 30% of Minnesota students. Teachers of color positively affect students of color as evidenced by increased rates in attendance, standardized test scores, and enrollment in advanced courses and college.³¹

Two-thirds of the achievement gap between 9th graders from low and higher income families can be explained by the differences in summer experiences.³²

POLICY RECOMMENDATIONS

Invest in a mixed delivery system that fully funds early childhood programs, including CCAP, so that families can choose the program that best meets the needs of their children and family. CDF-MN advocates foremost for the support of early care and education and parental employment by fully funding the Child Care Assistance Program. Additionally, the array of early education programs including Early Learning Scholarships, Head Start and School Readiness and Voluntary Pre-Kindergarten Programs need to be fully funded.

Promote cultural competency in early childhood and child care programs by incorporating standards into ParentAware and laws governing programs and support efforts to diversify and retain the early childhood workforce.

Invest in the proposed Community Solutions Fund for Healthy Child Development Grant Program that would provide grants to community organizations that serve specific populations of color to develop innovative solutions to improve outcomes, promote equity and reduce racial disparities in early childhood.

Increase investments in programs that increase attendance, address student health concerns and provide transportation and other key supports that help get students to school.

Support programs that drive people of color to the teaching profession and retain them.

Target, maintain and increase resources to high-quality, culturally relevant and geographically dispersed summer and after school programs that improve academic outcomes and keep students fed and in a safe, enriching environment outside of school hours.

Note: See more early childhood data and policy recommendations in CDF-MN's April 2017 report *Evaluating Early Childhood Program Access: An Analysis of Participation Data for Lower Income Children, Children of Color and American Indian Children from the Minnesota Early Childhood Longitudinal Data System*.

GOAL: All children live in safe homes and communities

KEY FINDINGS

Children living in affordable housing are less likely to live in crowded housing, become homeless, have access to adequate nutrition and regular health care.³⁵ Moreover, children who live in more affordable areas have better health and academic outcomes and fewer behavioral problems in adolescence.³⁶

The total number of Minnesota children living in high poverty neighborhoods has doubled since 2000, and children of color and American Indian children are significantly more likely to live in these neighborhoods that research shows negatively affect children's access to basic needs and opportunities and, in turn, their long-term outcomes regardless of their family's income.³⁷

Child maltreatment reports grew by 22.4% and children experiencing out-of-home placement grew by nearly 12% from 2014 to 2015.³³

Children of color and American Indian children are disproportionately represented in the child welfare system and in more severe interventions such as out-of-home placement and termination of parental rights.³⁴

Opioid addiction is growing rapidly across the country and in Minnesota affecting family and child outcomes and increasing demand within the child protection system. Children in the child protection system who have parents who abuse substances on average remain in the system longer and have poorer outcomes.³⁸

Children in the child protection system have better outcomes when placed in a family setting.³⁹ However, there are not enough foster homes or kinship caregivers to serve all the children in out-of-home placements for a variety of factors including lack of financial and other support for these families.

POLICY RECOMMENDATIONS

Increase investment in affordable and subsidized housing in a variety of neighborhoods in urban, suburban and rural neighborhoods across the state.

Target infrastructure and community investment spending to high-poverty neighborhoods that increases access to public transportation, creates jobs, supports comprehensive family support neighborhood initiatives like those in the StriveTogether Cradle to Career Network, and boosts local revenue and revitalizes communities.

Address the growing and changing needs of the child welfare system by increasing investments and implementing more of the recommendations from the Governor's Task Force on the Protection of Children.

Increase grant funds targeted to address disparities in child welfare involvement and outcomes. Give priority to organizations run by and for specific populations of color, particularly Black and American Indian because of the significant disparities they face in child welfare outcomes.

Invest in evidence-based prevention and intervention programs and regulations to address the growing opioid crisis that is hurting families and taxing our health and human services systems.

Provide a two-generation, parent-child approach to serving families with parents experiencing chemical dependency that focuses on family reunification and includes addressing the parents' addiction and basic needs while promoting the safety and well-being of the child.

Support and monitor pregnant women at risk for substance use to prevent prenatal exposure and promote healthy parent-child relationship from the beginning.

To ensure adequate number of available out-of-home placements within families, increase financial and basic needs support for foster care and kinship care families, including allowing them to be eligible for the Child Care Assistance Program.

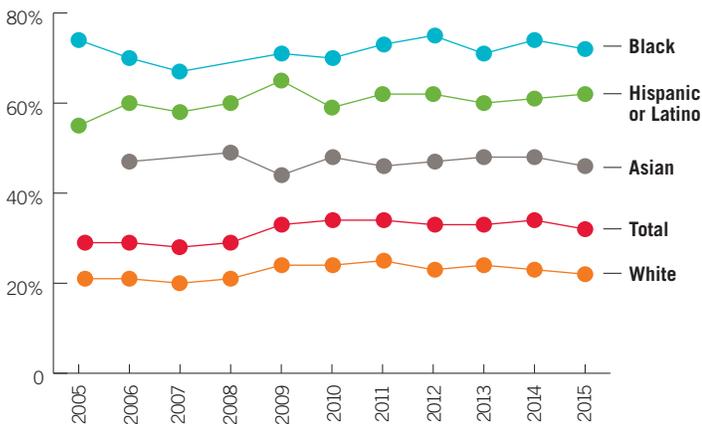
All children live in economically stable households

Access to opportunity is a value that built this country and made Minnesota great, but opportunities are not equitably accessed. Economically stable families have increased access to healthy food, stable housing, adequate health care, savings and assets for emergencies, and opportunities that help them thrive. This results in compounding positive effects on immediate and long-term outcomes and societal benefits

and cost savings. Even small increases in family income have significant effect on child outcomes—even as little as \$1,000 in annual income in early childhood has proven to improve academic outcomes.⁴⁰ However, structural and institutional racism and policies hold back the economic potential of people of color, American Indian people and individuals from lower income backgrounds across the state.

Family economic instability affects some children at higher rates than other children

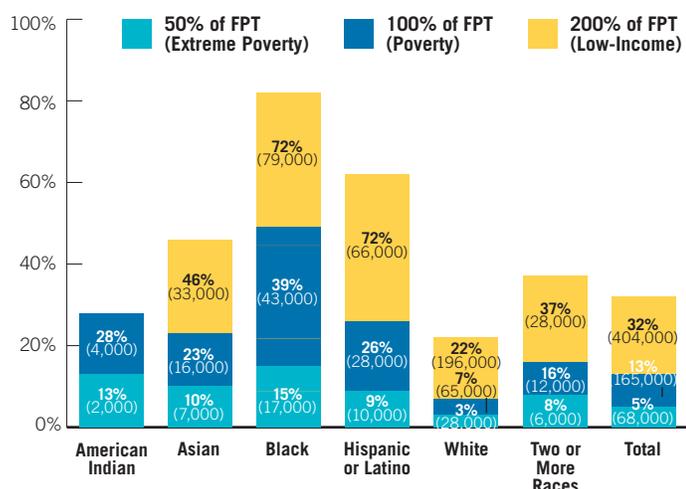
PERCENT OF CHILDREN LIVING IN LOW-INCOME FAMILIES BY RACE AND ETHNICITY, 2005–2015



U.S. Census Bureau, American Community Survey. Note: Data for American Indian children was suppressed because the confidence interval around the percentage is greater than or equal to 10 percentage points. See KIDS COUNT Data Center online. Analysis done by Population Reference Bureau.

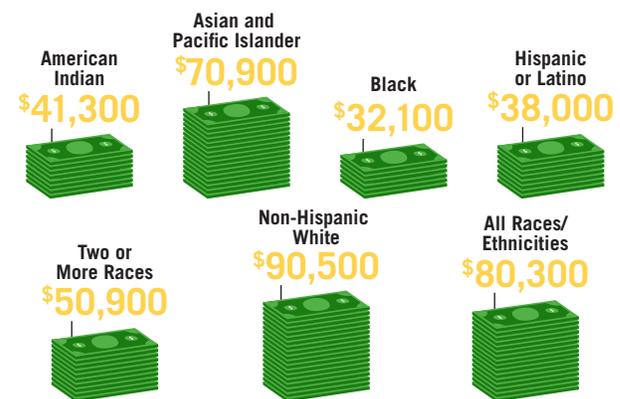
The total number of children living in low-income households increased 25 percent from 2005 to the height of the recession, and remains 16 percent higher in 2015 compared to 2005.⁴¹ Significant increases happened during the recession and low-income families of color and American Indian families have not fully recovered. 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.

LEVELS OF CHILD POVERTY BY RACE AND ETHNICITY, 2015



U.S. Census Bureau, 2015 American Community Survey. Note: Some years have data suppressed for certain populations due to low sample size. Analysis done by Population Reference Bureau.

MEDIAN FAMILY INCOME AMONG HOUSEHOLDS WITH CHILDREN BY RACE AND ETHNICITY, 2015



U.S. Census Bureau, 2015 American Community Survey. Note: Analysis done by Population Reference Bureau.

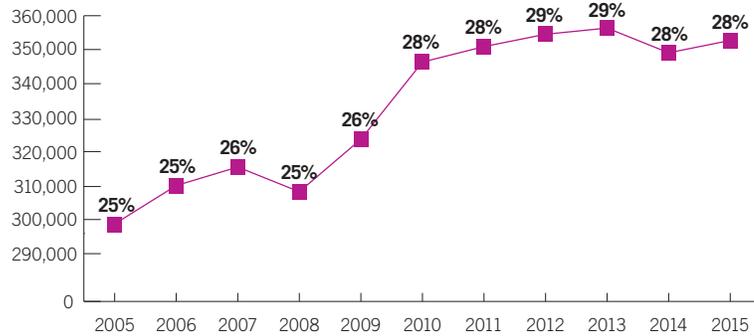
The high numbers of children in low-income families are driven by disparate and sustained higher levels of the number of children of color and American Indian children living in low-income households.

Family Composition Affects Income

FAMILIES WITH RELATED CHILDREN IN POVERTY BY FAMILY TYPE, 2015



NUMBER OF CHILDREN IN SINGLE PARENT FAMILIES, 2005–2015



U.S. Census Bureau, American Community Survey. Note: Analysis done by Population Reference Bureau.

Unlike decades ago, many families today need two incomes just to make ends meet. 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.

Economic Stability is not a Work Issue, it's a Wage Issue

3%

Unemployment Rate of Parents, 2015⁴²

2%

Children Living in Low-Income Households Where No Adult Works, 2015⁴³

28%

Children Living in Families Where No Parent Has Regular, Full-Time Employment, 2015⁴⁴

Regardless of income, parents want to work to provide for their families but lack of adequate education, training and accessible jobs creates barriers to earning sufficient wages and getting enough work hours to meet basic needs. Moreover, high costs of transportation and child care creates additional barriers to stable employment for parents.

Recent Policy Gains

+ ONE

137,000 children have increased economic stability due to increase in minimum wage to \$9.50 passed in 2014 legislature.⁴⁵

+ TWO

New provisions passed in 2014 expanded the Working Family Credit that supports lower income working families and provisions passed in 2017 reduce marriage penalties, allow individuals earning money on and living on Indian Reservations to claim the credit and reduce the eligibility age from 25 to 21 for adults without dependent children.

+ THREE

The 2017 legislature increased the eligibility threshold for the Child and Dependent Care Tax Credit from \$39,000 to \$62,000 and \$74,000 for families with one and two dependents (or more), respectively. The maximum credit for families with one dependent will increase from \$720 to \$1,050, and for those with two or more dependents, from \$1,440 to \$2,100.

+ FOUR

In recent years, asset limits were eliminated for work support programs including Supplemental Nutrition Assistance Program (SNAP), Medical Assistance and MinnesotaCare.

+ FIVE

The first new funding totaling \$10 million in nearly 10 years to allow more families to access the Child Care Assistance Program passed in 2015.

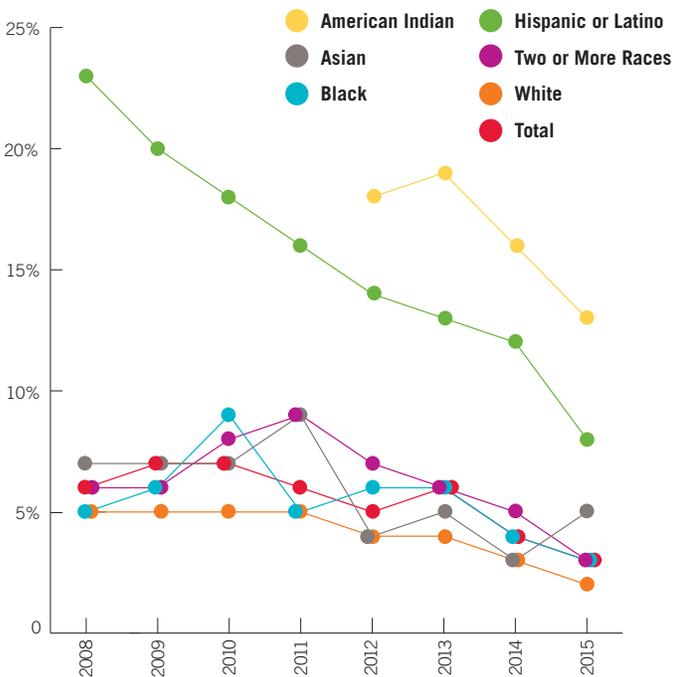
All children have access to health coverage and care

A child's health from prenatal to early adulthood is the foundation for success later in life. Children's immediate and long-term health depends on a variety of factors in addition to access to health coverage and care including environment, family and economic stability, education and social support. A child's health affects his or her ability to attend and focus in school, social development and health outcomes as adults. Improving children's health go beyond providing health care access, but first and foremost a child

needs to be insured to improve access and affordability of care. In addition, provider access needs to be sufficient, especially in rural areas where there is limited access and barriers 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.

Health insurance coverage is at historic high

PERCENT OF CHILDREN WITHOUT HEALTH INSURANCE BY RACE AND ETHNICITY, 2008–2015

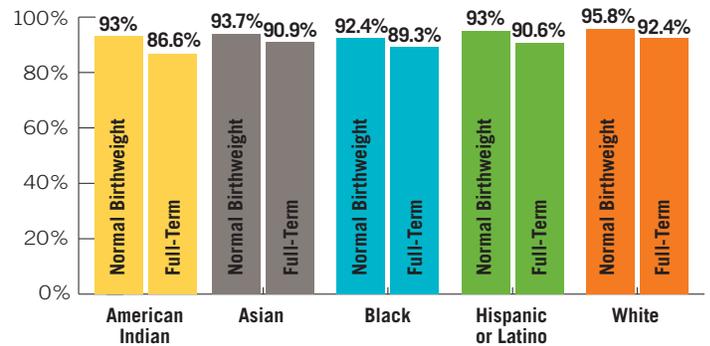


U.S. Census Bureau, American Community Survey. Note: Analysis done by Population Reference Bureau. Data for American Indian children was not available from 2008-2011.

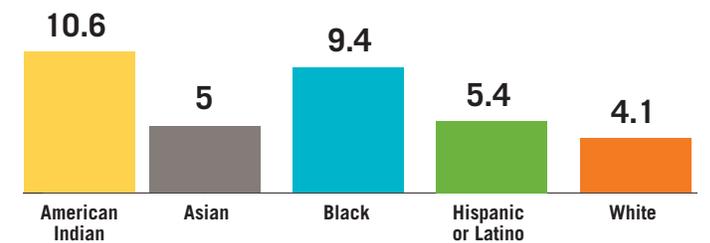
Uninsured rates fell nearly 60% among Minnesota children since the passage of the ACA in 2010.⁴⁶ However, disparities remain in access to coverage, particularly among American Indians and Hispanic and Latino children. Targeted outreach and enrollment efforts and expanded access to Medicaid for immigrant children could help eliminate these disparities.

A healthy birth and first year of life are strong predictors of success later on

INFANT OUTCOMES BY RACE AND ETHNICITY, 2015



INFANT MORTALITY RATE PER 1,000 BIRTHS, 2015

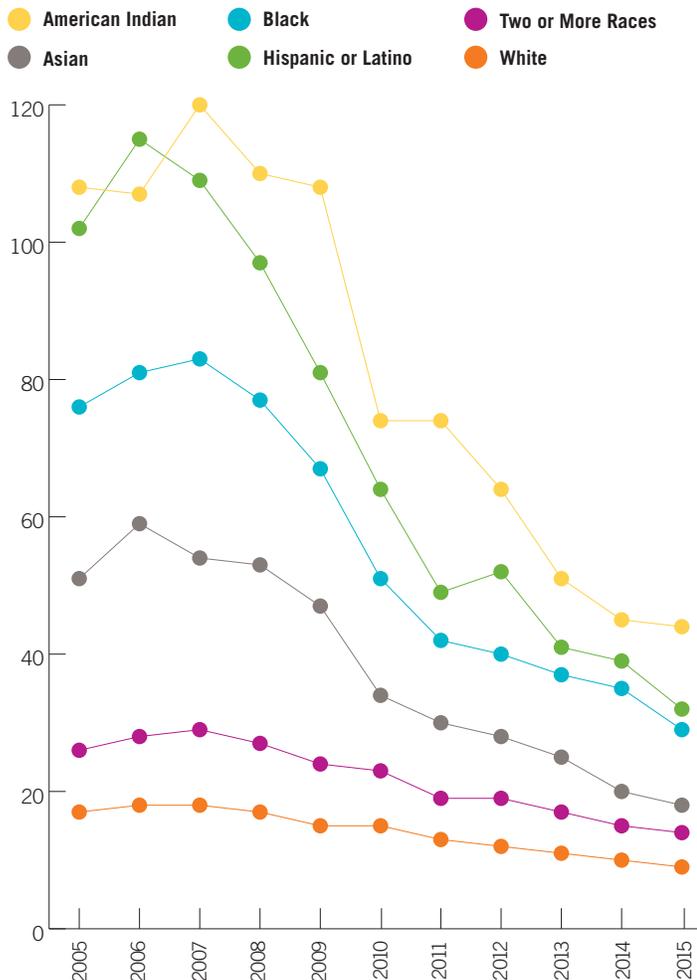


Minnesota Department of Health. Personal contact with Judy Palermo.

Child outcomes are influenced by environmental and familial factors even before birth. Parental education, employment status and stress level all contribute to pregnancy and birth outcomes. Disparities in these measures, including the stress and long-term strain of structural and individual experiences with racism, especially on the mother, have proven to drive disparities in outcomes for our tiniest Minnesotans of color and American Indians.⁴⁷

Teen birth rate declining year after year since the 1990s

TEEN BIRTH RATES PER 1,000 TEENS AGE 15–19 BY RACE AND ETHNICITY, 2005–2015



Centers for Disease Control and Prevention, National Center for Health Statistics. Note: For Teens ages 15–19. Analysis done by Population Reference Bureau.

Since 1990, Minnesota's teen birth rate declined by nearly **60%**

The long-term significant decline in the teen birth rate is attributed to policies and programs that educate youth about pregnancy prevention and provide prevention services. Programs and services targeted to specific areas and cultural communities have been effective in ensuring the decline has been across races, ethnicities and income.



Recent Policy Gains

+ ONE

Targeted Family Home Visiting programs received \$12 million to serve additional children in the 2017 legislative session. Visits in the families' homes often start prenatally and are conducted by nurses or trained home visitors to provide parental support and education, referrals to support services, and parental empowerment. FHV has demonstrated a decrease in child abuse and neglect and alcohol and tobacco use during pregnancy, as well as increased breastfeeding rates, and increases in family income.⁴⁸ In Minnesota, by a child's fifth birthday, state and local government cost savings total \$4,550 per family served by the Nurse-Family Partnership Home Visiting program.⁴⁹

+ TWO

Access to health coverage and care are at historic levels in Minnesota and across the country because of the Affordable Care Act (ACA) provisions passed in 2010 that expanded Medicaid, provided subsidies to purchase private insurance, and invested in targeted outreach and enrollment efforts.

+ THREE

The Healthy Beginnings for Babies of Incarcerated Women Act passed in 2015 improves support for expecting and new mothers and their children through enhanced care and treatment standards. The following year \$60,000 in grants were issued to provide doula support to women who give birth while incarcerated. Doula support during pregnancy and birth reduces pre-term births and low-birth weights, which improves outcomes resulting in an average savings of \$300 to \$400 per Medical Assistance birth.⁵⁰

All children have high-quality early childhood and K-12 educational experiences

Education is key to children realizing the American Dream and experiencing economic mobility. And the earlier it starts the better. The first years of a child's life have significant influence on their long-term academic success, so that's why providing a stable foundation for brain development through early education and intervention when development is disrupted by adverse experiences is essential to ensuring positive outcomes later in a child's life. Moreover, the vitality of the state and national economy are

dependent on students entering the workforce prepared to fill the roles of the growing retired population. People with higher educational attainment are more likely to have higher paying jobs, have better health, be engaged in their community and are less likely to go to jail, bringing in more income for themselves and reducing costs to society.⁵¹ Ensuring all Minnesota's children have access to high-quality early experiences and K-12 education is critical to safeguarding Minnesota's prosperous economy.

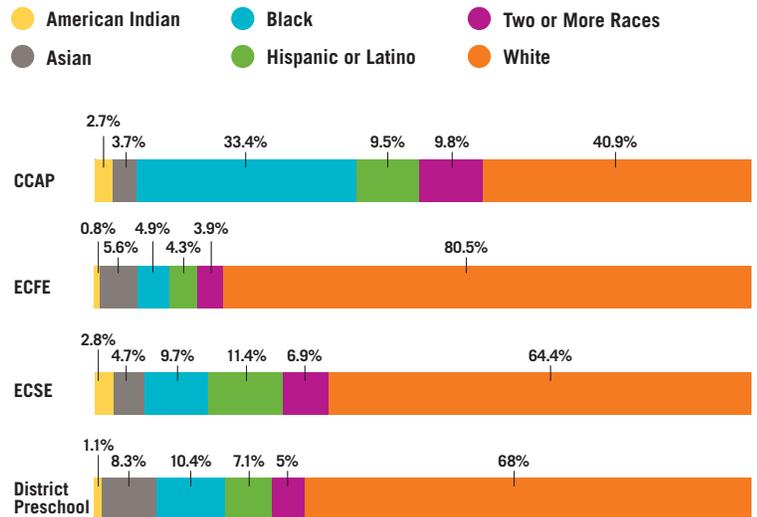
High-quality early education and child care improve short and long-term academic and social outcomes, but under-funding prevents access

EARLY CHILDHOOD PROGRAM PARTICIPATION PRIOR TO KINDERGARTEN ENTRY FOR KINDERGARTNERS ENROLLING IN 2015

Child Care Assistance Program (CCAP)	14.4%
Early Childhood Special Education (ECSE)	13.4%
Early Childhood Family Education (ECFE)	6.4%
District Preschool	22.5%

Minnesota Early Childhood Longitudinal Data System, ecls.mn.gov. Retrieved on August 9, 2017. Note: Data includes participation in each program at any point prior to kindergarten entry. District programs, including District Preschool, Early Childhood Family Education and Early Childhood Special Education, only include participation data two years prior to kindergarten entry.

PERCENT OF PROGRAM PARTICIPANTS BY RACE AND ETHNICITY

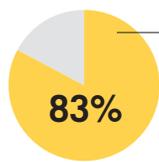


EARLY CARE AND EDUCATION PROGRAM PARTICIPATION, 2015

EARLY LEARNING SCHOLARSHIPS

TOTAL SERVED **11,219**

Percent served who were children of color

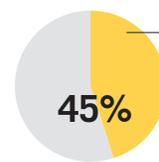


Percent of children income eligible but not receiving

HEAD START

TOTAL SERVED **10,438**

Percent served who were children of color



Percent of children income eligible but not receiving

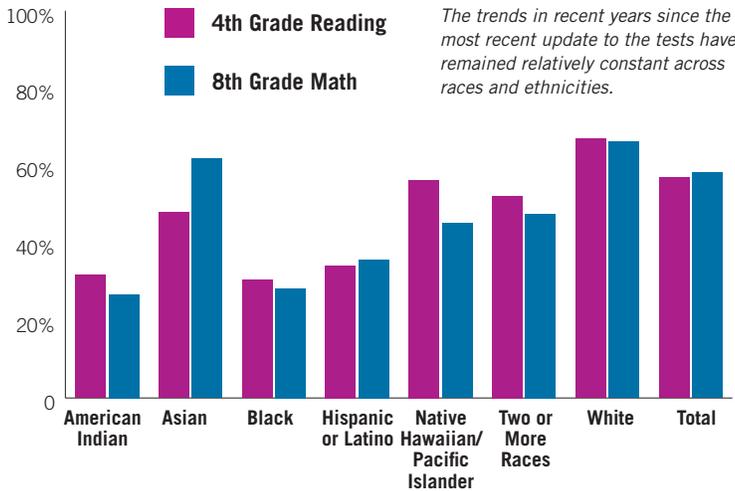
Early Learning Scholarships Use in Minnesota State Fiscal Year End 2016, Minnesota Department of Education.

Personal contact with Gayle Kelly, Minnesota Head Start Association.

Key education outcomes are improved by increased access to early education, supportive schools and communities, and after-school and summer enrichment programs

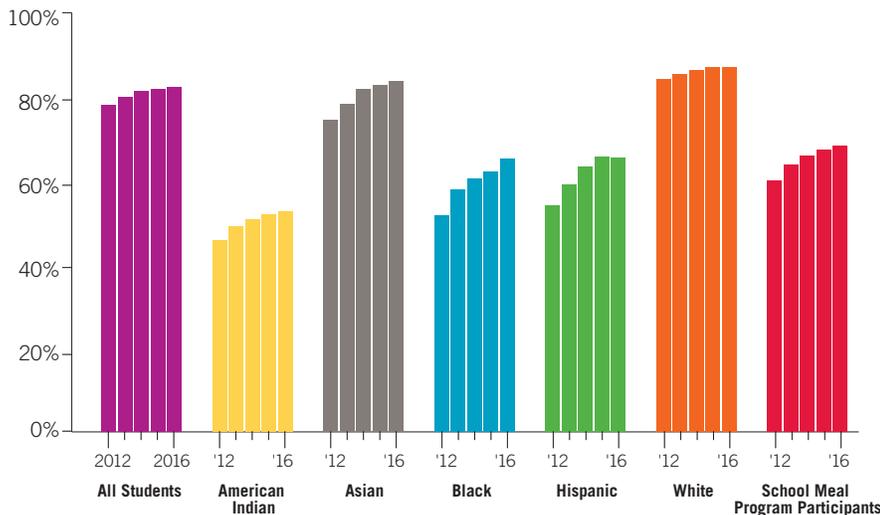
Recent Policy Gains

STUDENTS MEETING STATE ASSESSMENT PROFICIENCY STANDARDS, 2017



Minnesota Report Card, Minnesota Department of Education. Retrieved on August 10, 2017.
Note: This includes data on all accountability tests.

FOUR-YEAR GRADUATION RATE, 2012–2016



Minnesota Report Card, Minnesota Department of Education. Retrieved on August 16, 2017.

+ ONE

The 2016 All Kids Count Act passed in 2016 and was improved in 2017 to provide more stratified disaggregated and cross-tabulated student achievement data so policymakers, educators and families can better build on students' strengths and target specific needs.

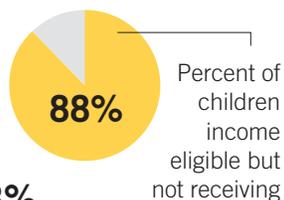
+ TWO

In 2015, the federal government passed the Every Student Succeeds Act (ESSA) that reauthorizes the 50-year-old Elementary and Secondary Education Act. The law is intended to build on progress in recent years and allows states to develop implementation plans according to the strengths and needs of their schools, teachers, and students. Minnesota's plan, which was submitted to the U.S. Department of Education in September, increases focus on actionable and effective strategies that promote educational equity and address the urgent opportunity gap. However, more priority and investment are needed to promote educational equity and culturally relevant education practices.

EARLY HEAD START

TOTAL SERVED **2,156**

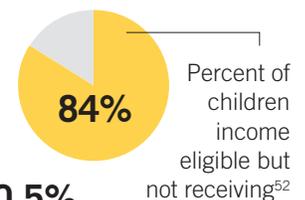
Percent served who were children of color



CHILD CARE ASSISTANCE (UNDER AGE 5)

TOTAL SERVED **18,949**

Percent served who were children of color



Personal contact with Gayle Kelly, Minnesota Head State Association

Personal contact with Andrea Imhoff, Minnesota Department of Human Services.

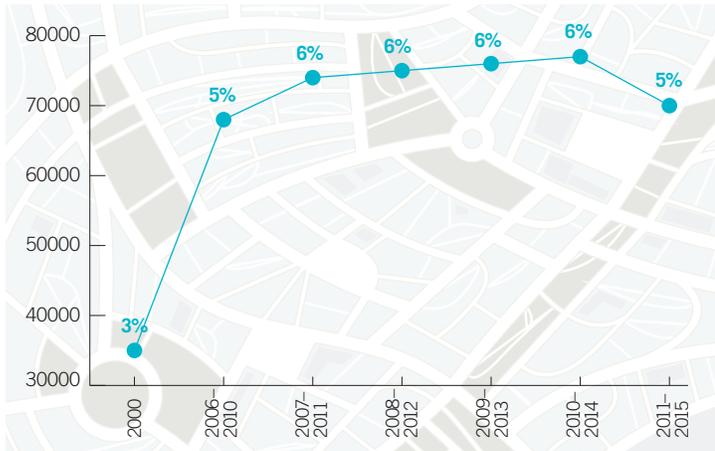
All children live in safe homes and communities

Children thrive in supportive, safe and economically stable families and communities. Where a child lives matters. Communities rich in resources to support access to strong schools, healthy foods, quality support services and adequate health care services improve children's overall success and long-term outcomes. These communities

take a two-generation approach to supporting parenting, family economic stability and child development. Children who live in communities with lower rates of poverty and more resources are more likely to go to college, have higher earnings, and experience greater economic mobility, which reaps positive returns for society as a whole.⁵³

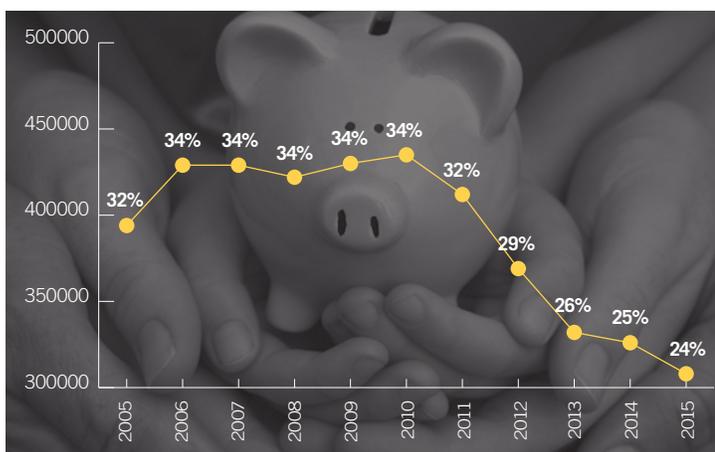
Neighborhoods with low rates of poverty provide increased access to resources and opportunities resulting in better child outcomes

CHILDREN LIVING IN HIGH-POVERTY NEIGHBORHOODS, 2000, 2006–2015



U.S. Census Bureau. Note: Analysis done by Population Reference Bureau. Areas of concentrated poverty are census tracts where 30% or more of residents live in poverty.

CHILDREN LIVING IN HOUSEHOLDS WITH A HIGH HOUSING COST BURDEN, 2005–2015

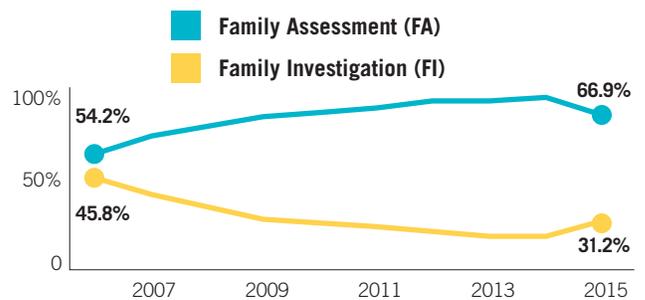


U.S. Census Bureau. Note: Analysis done by Population Reference Bureau.

The total number of children living in high poverty neighborhoods has doubled since 2000 and a disproportionate number of children of color and American Indian children live in these neighborhoods. Research shows that poverty rates within high-poverty neighborhoods across the country are growing as well.

Increased caseloads in number and longevity call for new investment and policies to support children in the child welfare system

TRENDS OF RECENT REPORTS ASSIGNED TO FA AND FI PATHS, 2006–2015

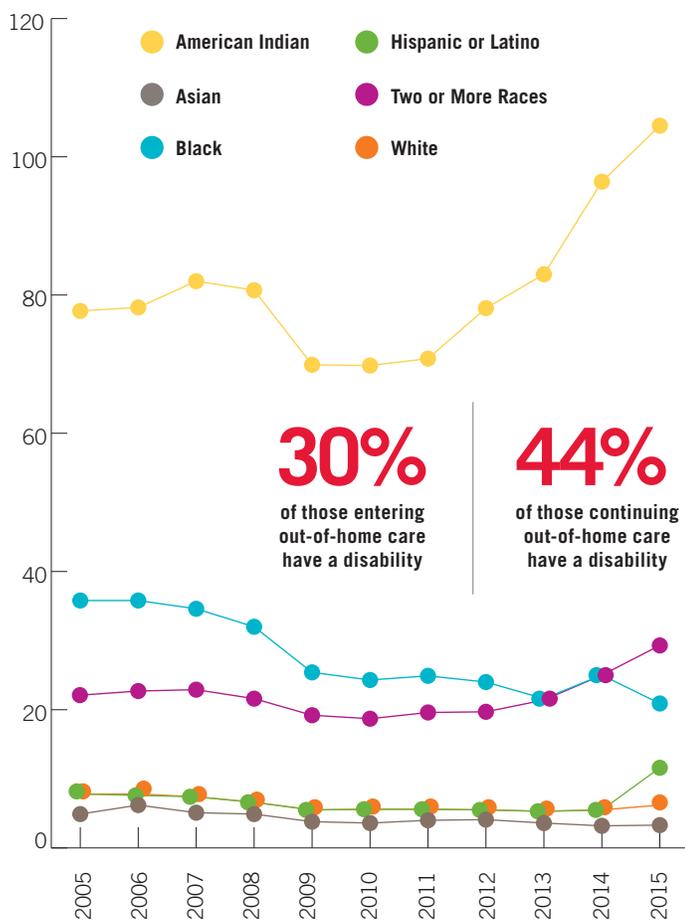


TRENDS OF ACCEPTED REPORTS AND ALLEGED VICTIMS, 2006–2015



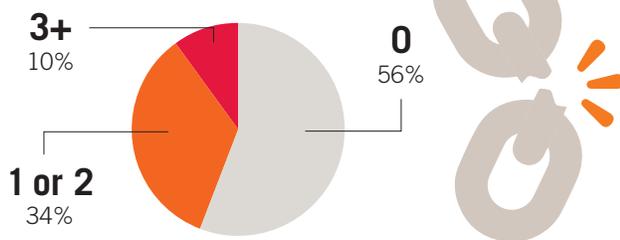
Minnesota Department of Human Services. Minnesota's Child Maltreatment Report 2015, January 2017.

RATE OF CHILDREN IN OUT-OF-HOME CARE PER 1,000 BY RACE AND ETHNICITY, 2005–2015



Minnesota Department of Human Services. *Minnesota's Out-of-Home Care and Permanency Report 2015*, January 2017.

PERCENT OF MINNESOTA CHILDREN REPORTED TO HAVE ONE OR MORE ADVERSE CHILDHOOD EXPERIENCES, 2012



An ever-growing body of research shows that without appropriate and early intervention, long-term physical and mental health including immune system responses, risk for developing health conditions and brain architecture can be affected by Adverse Childhood Experiences (ACEs) such as poverty, parental mental illness or chemical addiction, hunger, abuse and neglect, or violence exposure.⁵⁴

Adverse Childhood Experiences: Moore, K., Murphey, D., and Sacks, V. *National and State-Level Prevalence*. *Child Trends*. July 2014.

Recent Policy Gains

+ ONE

In 2017, the legislature appropriated one-time funding to Minnesota Housing Finance Agency in the amount of \$1.75 million⁵⁵ and to Family Homeless Prevention and Assistance Program in the amount of \$250,000 to open up a competitive grant process to support local communities across Minnesota with interest in impacting student stability and achievement by providing rental subsidies and supportive services to homeless and highly mobile families with school-aged children, including participants of early childhood education programs.

+ TWO

Governor Mark Dayton created the Governor's Task Force on the Protection of Children to address the growing needs and gaps in child welfare services across the state. Increased attention to the child welfare system by policymakers lead to several changes and investments in the system in recent years, many of which were included in the task force recommendations.⁵⁶

+ THREE

The state has committed \$16.56 million each biennium to neighborhood programs in higher poverty areas, such as the Northside Achievement Zone, St. Paul Promise Neighborhood and Every Hand Joined-Red Wing, that are part of the Education Partnership Coalition (EPC). EPC coordinates education partnerships to form a network of holistic support services to promote family and academic success in neighborhoods experiencing poverty.

+ FOUR

In recent years the state legislature has made significant investments in programs and services that reduce or mitigate homelessness and increase access to affordable housing. In 2017, the legislature invested \$77 million in housing bonds and in a one-time increase of \$3.5 million to the Department of Human Services emergency services, long-term homeless, transitional housing and housing for people with mental illness programs.

Programs Supporting Healthy Child Development and Family Stability

The programs below are a selection of federal and state programs mentioned in this data book that support healthy child development and family stability. Participation data for nearly all the programs are included in the state-level data tables on pages 22–26.



Denotes a program that is underfunded and as a result not all eligible children/families are able to access the program.

PROGRAMS THAT SUPPORT ACCESS TO EARLY CARE AND EDUCATION

 **CHILD CARE ASSISTANCE PROGRAM (CCAP)** is a federally and state funded program that helps parents with lower incomes pay for child care for children under age 13 or for children with disabilities under age 15. CCAP has three subprograms that families can access:

- 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 accessing MFIP; and
- Transition Year Child Care is for parents in the first year after leaving MFIP.

All families accessing 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. As of June 2017, 2,073 families are on the waitlist for the program and the waitlist fluctuates and peaked in the past year at more than 6,000 families.

 **EARLY LEARNING SCHOLARSHIPS** are a state funded program aimed at increasing access to high-quality early education programs for lower income 3- and 4-year olds and their younger siblings. Pathway I Scholarships of up to \$7,500 are awarded directly to families who meet the income requirements to use for care at 3- or 4-star Parent Aware rated early education programs. Parent Aware is the state's quality rating and improvement system for child care and early education programs. Pathway II scholarships are awarded to eligible Four-Star Parent Aware-rated programs. These include Head Start, school district prekindergarten and preschool programs, and certain child care programs. Pathway II sites receive scholarships funds for up to 12 months.

 **HEAD START AND EARLY HEAD START** are federal and state funded programs that provide early education, health, nutrition and social services for families with children under age 6 living in poverty across the state. Studies show Head Start's success in making children ready for kindergarten.

 **FAMILY HOME VISITING PROGRAM** provides in-home education and support for lower income and at-risk pregnant women and children and families. The goal of the FHV program is to improve pregnancy outcomes, promote school readiness, prevent child abuse and neglect, reduce juvenile delinquency, promote positive parenting and resiliency in children, and improve family health and economic self-sufficiency for children and families.

PART B & C EARLY INTERVENTION SERVICES provide Early Childhood Special Education through school districts as part of the federal Individual with Disabilities Education Act (IDEA) and provide early intervention services to children who already have or are at risk for physical or development delays.

 **SCHOOL READINESS PLUS** is a state funded preschool program created by the 2017 legislature and offered by school districts to help prepare children for kindergarten. The program is targeted to 4-year-olds demonstrating one or more risk factors. Eligibility, availability, and structure vary by district.

 **VOLUNTARY PRE-KINDERGARTEN PROGRAMS** were established by Governor Dayton and the 2016 Minnesota Legislature for the purpose of preparing children for success as they enter kindergarten the following year. The funding allows districts, charter schools with recognized early learning programs, or a combination thereof, to incorporate a voluntary pre-K program into their E-12 system.

WORK SUPPORT PROGRAMS THAT PROMOTE WORK, ECONOMIC STABILITY AND ACCESS TO BASIC NEEDS:

MEDICAL ASSISTANCE (MA), Minnesota's name for Medicaid, is a federal and state funded health care program for lower income Minnesotans who meet the eligibility criteria. The program provides free comprehensive health care coverage for children and lower income parents and adults. Approximately one in three Minnesota children is covered by MA.⁵⁷

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) provides child-appropriate health insurance and services to more than 8.9 million children⁵⁸ in working families across America. Since its enactment in 1997, CHIP has helped to cut the number of uninsured children in half to the lowest level on record, while improving health outcomes and access to care.⁵⁹ In Minnesota, CHIP supplements Medicaid funds to cover care for infants under age 2 between 275% and 283% of the Federal Poverty Guidelines, provides additional federal funds for children on Medicaid between 133% and 275% of FPG, and extends health care coverage to pregnant women ineligible for Medicaid up to 278% FPG.

THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC) is a federal program that provides food vouchers, nutrition information and health care referrals to pregnant and breastfeeding women and children age 0–5. Babies born to mothers enrolled in WIC are more likely to be full term, of healthy weight and have lower infant mortality rates.⁶⁰ Children enrolled in WIC have better health outcomes, are less likely to experience a developmental delay and are more likely to be ready for school.⁶¹ It's estimated that every \$1 spent on WIC saves up to \$3.13 in health care costs savings in the first 60 days after birth.⁶²

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) helps families and individuals pay for food. Benefits can be spent at participating grocery and convenience stores. Often referred to as the "SNAP Vaccine," the program has proven to reduce developmental delays and improve health outcomes in children.⁶³

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 because the cash assistance value leaves family

below the extreme poverty level and has not increased since 1986 and is \$532 per month for a family of three. Despite the fact that nearly 71 percent of people in households accessing MFIP are children, and the majority of MFIP families have at least one child under age 6,⁶⁴ the program has few policies and minimal data collection to assess the well-being of children on the program.

WORKING FAMILY CREDIT is a Minnesota state tax credit that helps low-income people who are working, especially those who are raising children. It is a state version of the federal Earned Income Tax Credit (EITC), which has been proven to improve birth outcomes, school success, graduation rates and college degree attainment. Most people who get the EITC also get the WFC.⁶⁵

FEDERAL CHILD TAX CREDIT (CTC) is a refundable tax credit that helps people who are working and raising children.

FEDERAL CHILD AND DEPENDENT CARE TAX CREDIT (CDCTC) helps offset some or all of the expenses paid for the care of dependent children while parent(s) work or look for work. The credit is non-refundable, so it only lowers federal taxes owed, but is non-refundable.

MINNESOTA CHILD AND DEPENDENT CARE TAX CREDIT, like the federal CDCTC, helps offset some or all of the expenses paid for the care of dependents while parent(s) work or look for work. The state credit differs from the federal credit in that it has different income and credit thresholds and is refundable.



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) to find the most recent county-level information along with other state-level data.



DEMOGRAPHICS		Number	Percent/Rate	Year(s)
CT	Child population, As % of total population	1,283,515	23.0%	2015
	Children 0-4, As % of children	350,437	27%	2015
	Children 5-11, As % of children	505,989	39%	2015
	Children 12-14, As % of children	213,186	17%	2015
	Children 15-17, As % of children	213,903	17%	2015
CT	Children by Race/Ethnicity			
	White, non-Hispanic, As % of children	904,197	70%	2015
	Black, non-Hispanic, As % of children	110,701	9%	2015
	American Indian, non-Hispanic, As % of children	18,331	1%	2015
	Asian, non-Hispanic, As % of children	76,032	6%	2015
	Two or more races, non-Hispanic, As % of children	62,391	5%	2015
	Hispanic or Latino, As % of children	111,193	9%	2015

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	654,915	30.5%	2015
	Children in households:			
	with married adults, As % of children in households	914,000	71%	2015
	with mother only, As % of children in households	250,000	20%	2015
	with father only, As % of children in households	106,000	8%	2015
	Children being raised by unmarried, cohabitating partners, As % of children	102,000	8%	2015
	Children being raised by grandparents, As % of children	20,000	2%	2015
	Children in immigrant families (child and/or parent is foreign-born), As % of children	244,000	19%	2015
CT	Total births, Rate per 1,000 children	69,649	12.7	2015
	Births by Maternal Education, As % of births			
	Less than 4 years of high school	7,052	10.2%	2015
	4 years of high school or GED completed	11,616	16.8%	2015
	Some college credit but no degree	13,001	18.8%	2015
	Associates Degree	9,333	13.5%	2015
	Bachelor's Degree	18,630	27.0%	2015
	Master's, Doctorate, or Professional Degree	9,342	13.6%	2015
	Births to US-born mothers, As % of births	56,786	81.3%	2015
	Births to foreign-born mothers, As % of births	13,049	18.7%	2015
	Children born to married mothers, As % of births	47333	67.8%	2015
CT	Children born to unmarried mothers, As % of births	22,471	32.2%	2015
CT	Children born with no father listed on the birth certificate, As % of births	8,166	11.7%	2015
CT	Children born to teenage (age 15–17) mothers, Rate per 1,000 15- to 17-year-olds, 2013–2015	2,060	6.6	2013–2015
CT	Children in the Family Assessment Response program, Rate per 1,000 children	21,457	16.7	2015
CT	Children in out-of-home placements, Rate per 1,000 children	13,612	10.6	2015
	Children aging out of foster care without a permanent family	51		2015
	Children who were state wards waiting for adoptive homes, year-end	1,104		2015

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	68,000	5%	2015
CT	Children living in poverty, As % of children	165,000	13%	2015
	White children in poverty, As % of all white children	65,000	7%	2015
	African American children in poverty, As % of all African American children	43,000	39%	2015
	Asian children in poverty, As % of all Asian children	16,000	23%	2015
	American Indian children in poverty, As % of all American Indian children	4,000	28%	2015
	Hispanic children in poverty, As % of all Hispanic children	28,000	26%	2015
	Immigrant children in poverty, As % of all immigrant children	62,000	26%	2015
	Children age 5 and under living in poverty, As % of children age 5 and under	59,000	14%	2015
	Children below 200% of poverty, As % of children	404,000	32%	2015
	Families living in poverty, As % of families	70,000	11%	2015
	Married-couple families with children in poverty, As % of all married-couple families with children	18,000	4%	2015
	Single-parent families with children in poverty, As % of all single-parent families with children	52,000	26%	2015
	Entire population living in poverty, As % of population	546,000	10%	2015
	Median annual income of families raising children (in 2015 dollars)	\$80,300		2015
	Median annual income of White families (in 2015 dollars)	\$90,500		2015
	Median annual income of African American families (in 2015 dollars)	\$32,100		2015
	Median annual income of American Indian families (in 2015 dollars)	\$41,300		2015
	Median annual income of Asian families (in 2015 dollars)	\$70,900		2015
	Median annual income of Hispanic families (in 2015 dollars)	\$38,000		2015
	Median annual income of families of Two or More Races (in 2015 dollars)	\$50,900		2015
	Families with all resident parents in the workforce, As % of families	494,692	80.6%	2015
CT	Tax households who claimed the Earned Income Tax Credit (EITC)	349,000		TY2015
CT	Total value of the EITC	\$751,000,000		TY2015
	Families in the Minnesota Family Investment Program (MFIP)	31,507		2014
CT	In Child-only cases	10,116		2014
CT	In Adult-eligible cases	21,391		2014
	Children in Tribal TANF cases	55		2014
CT	Percent of families collecting child support, As % of eligible families		71%	2015
	Households headed by unmarried women who are receiving child support, As % of households headed by unmarried women	44,000	38%	2014

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

EARLY CHILDHOOD		Number	Percent/Rate	Year(s)
CT	Children born preterm, As % of births	5,231	8.2%	2015
CT	Children born at low-birthweight, As % of births	3,251	4.8%	2015
	Children age 3 and 4 not enrolled in preschool	80,000	56%	2013–2015
CT	Cost of center-based child care			
	Infant	\$15,435		2016
	Toddler	\$13,355		2016
	Preschooler	\$11,860		2016
CT	Cost of family-based child care			
	Infant	\$8,332		2016
	Toddler	\$7,932		2016
	Preschooler	\$7,569		2016
	Children under age 6 with all available parents in the workforce, As % of children under age 6	309,000	75%	2015
	Children in the Child Care Assistance Program (CCAP), average monthly enrollment			
	Minnesota Family Investment Program (MFIP) or Transition Year Child Care Assistance Program	15,463		2016
	Basic Sliding Fee (BSF)	14,227		2016
	Families on waiting lists for the CCAP	2,073		Jul-17
	Children served by Head Start or Early Head Start	14,773		2016
	Children served by Part C Early Intervention and have Individual Family Service Plans (IFSPs), 2014–15 school year	5,524	2.6%	2015

K-12 EDUCATION		Number	Percent/Rate	Year(s)
	Students enrolled in non-public schools	67,614		2016
CT	Students enrolled in K-12 public schools	855,867		2016
CT	K-12 public school students with limited English proficiency, As % of K-12 public school students	67,354	7.9%	2016
CT	K-12 public school students enrolled in special education, As % of K-12 public school students	115,192	13.5%	2016
CT	Students changing schools, As % of 2015–16 K-12 public school students	105,256	12.4%	2015
CT	Students who graduated in 4 years, As % of public school students	54,024	82.2%	2015
CT	Students who dropped out within 4 years, As % of public school students	3,601	5.5%	2015
	Children age 6 to 12 with all available parents in the workforce, As % of children 6 to 12	381,000	75%	2015

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	39,000	3.0%	2015
CT	Average monthly enrollment of children in Medical Assistance	475,405		2016
CT	Average monthly enrollment of children in MinnesotaCare	1,584		2016
	Children in households accessing Advanced Premium Tax Credits to reduce health care premiums, 2016	7,044		2016
CT	Children born to mothers who smoked during pregnancy, As % of births	6494	9.3%	2015
CT	Children whose mothers received late or inadequate prenatal care, As % of births	2,768	4.1%	2015
CT	Children 24 to 35 months who are up-to-date with the vaccine series, As % of children 24 to 35 months		60.1%	Jul-16

FOOD AND NUTRITION		Number	Percent/Rate	Year(s)
CT	K-12 students approved for free or reduced-price school meals, As % of K-12 students	322,176	37.6%	2016
CT	Average monthly enrollment of children receiving SNAP, As % of children	215,448	16.8%	2016
CT	Average monthly participation in the WIC nutrition program			
	Women (pregnant, breastfeeding and postpartum)	54,383		2015
	Babies born to mothers enrolled in WIC, As % of babies born	30,499	43.8%	2015
	Children (1 to 5 years old), As % of children age 1 to 5	82,914	23.6%	2015
	Households that are "food insecure," As % of households	212,818	9.7%	2014–2016
CT	Children in families visiting food shelves (non-unique, counted each visit)	1,221,775		2015
	Children in the Summer Food Service Program (average daily participation), As % of those enrolled in free and reduced-price school lunches	44,191	13.7%	2015

SAFE HOMES AND COMMUNITIES		Number	Percent/Rate	Year(s)
CT	Children under age 6 testing positive for lead poisoning	1,274		2015
	Children living in crowded housing, As % of children	137,000	11%	2014
CT	Households where housing costs exceed 30% of income, As % of all housing units			
	Owner	295,289	19.0%	2015
	Renter	274,283	44.0%	2015
CT	Housing status of children, As % of children in occupied housing units			
	Owner	929,200	72.7%	2015
	Renter	348,929	27.3%	2015
CT	Children age 10 to 17 arrested for serious crimes, Rate per 1,000 children age 10 to 17	6,331	11.1	2015
CT	Children who died from unintentional injuries	80		2015
CT	Children abused or neglected, Rate per 1,000 children	5,896	4.6	2015
CT	Children who committed suicide or were murdered	4.6		2015

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 2015 American Community Survey (ACS). Poverty status is not determined for people in military barracks, institutional quarters, or for unrelated individuals under age 18 (such as foster children). The federal poverty definition consists of a series of thresholds based on family size and composition. The poverty threshold in 2015 was defined as an annual income below \$24,257 for a family of four with two children.

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

DEMOGRAPHICS

Child population, 2015

Source: U.S. Census Bureau, Population Estimates for July 1, 2015.

Child population by age group, 2015

Source: U.S. Census Bureau, Population Estimates for July 1, 2015.

Child population by race/ethnicity, 2015

Source: U.S. Census Bureau, Population Estimates for July 1, 2015. Note: Hispanic/Latino children are not counted in racial groupings.

FAMILY & CAREGIVERS

Households raising children, 2015

Source: U.S. Census Bureau, 2015 American Community Survey.

Children in households, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children being raised by unmarried, cohabitating partners, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children being raised by grandparents, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note:

Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children in immigrant families, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Total births, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo.

Births by maternal education, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo.

Births to US-born mothers, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo.

Births to foreign-born mothers, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo.

Children born to married mothers, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo.

Children born to unmarried mothers, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo.

Children born with no father listed on the birth certificate, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo.

Children born to teenage (15–17) mothers, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo. Note: Due to small numbers, rate represents 3-year average for 2013–2015; rate given per 1,000 teenage girls age 15 to 17.

Children in the Family Assessment Response Program, 2015

Source: Minnesota Department of Human Services. Minnesota’s Child Maltreatment Report 2015, October 2016, # DHS-5408H-ENG.

Children in out-of-home placements, 2015

Source: Minnesota Department of Human Services. Minnesota’s Out-of-home Care and Permanency Report 2015, January 2017, # DHS-5408F-ENG.

Children aging out of foster care without a permanent family, 2015

Source: Minnesota Department of Human Services. Minnesota’s Out-of-home Care and Permanency Report 2015, January 2017, # DHS-5408F-ENG.

Children who were state wards waiting for adoptive homes, year-end, 2015

Source: Minnesota Department of Human Services. Minnesota’s Out-of-home Care and Permanency Report 2015, January 2017, # DHS-5408F-ENG.

ECONOMIC SECURITY

Children living in extreme poverty, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children living in poverty, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children in poverty by race/ethnicity, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Immigrant children in poverty, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children under age 5 living in poverty, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children below 200% of the poverty line, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Families living in poverty, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Married-couple households with children in poverty, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Single-parent households with children in poverty, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Entire population living in poverty, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Median annual income of families raising children, 2015

Source: U.S. Census Bureau, 2015 American Community Survey.

Median family income by race/ethnicity, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: See tables B19113A, B, C, D, E, and I.

Families with all resident parents in the workforce, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Due to significant changes to the American Community Survey questions on labor force participation and number of weeks worked starting in 2008, comparisons to previous years’ estimates are not recommended.

Tax households that claimed the Earned Income Tax Credit (EITC), 2015 (Tax Year 2015)

Source: Internal Revenue Service, Statistics

for 2015 Tax Returns with EITC. Retrieved from: <https://www.eitc.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-2015-tax-year-returns-with-eitc>. Note: The source of this data changed from previous years.

Total value of the Earned Income Tax Credit (EITC), 2015 (Tax Year 2015)

Source: Internal Revenue Service, Statistics for 2015 Tax Returns with EITC. Retrieved from: <https://www.eitc.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-2015-tax-year-returns-with-eitc>. Note: The source of this data changed from previous years.

Families in the Minnesota Family Investment Program (MFIP), 2014

Source: Minnesota Department of Human Services, Program Assessment and Integrity Division. Minnesota Family Investment Program and the Diversionary Work Program: Characteristics of December 2014 Cases and Eligible Adults (May 2015). Retrieved from the Internet: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4219P-ENG>. Note: Updated data was not available prior to publication.

Percent of families collecting child support, 2015

Source: Minnesota Department of Human Services, Child Support Enforcement Division. Child Support Performance Report 2015. Arrears collection based on the federal fiscal year. Retrieved from the Internet: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-4252N-ENG>

Households headed by unmarried women who are receiving child support, 2014

Source: U.S. Census Bureau, Current Population Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online. Note: Updated data was not available prior to publication.

EARLY CHILDHOOD

Children born preterm, 2015

Source: U.S. Census Bureau, 2015 Minnesota County Health Tables. Personal contact with Judy Palermo. Note: Live births of babies who are less than 37 weeks gestation at birth. Single births only; not multiples.

Children born at low-birthweight, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo. Note: Refers to live births during 2015 in which the child weighed less than 2500 grams (5 pounds, 8 ounces) at birth. Single births only; not multiples.

Children age 3 and 4 not attending preschool, 2015

Source: U.S. Census Bureau, 2013–2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online.

Cost of center-based child care, 2016

Source: Child Care Aware of Minnesota. 2016 Child Care Provider Rate Survey. Personal contact with Angie Bowman.

Cost of family-based child care, 2016

Source: Child Care Aware of Minnesota. 2016 Child Care Provider Rate Survey. Personal contact with Angie Bowman.

Children under age 6 with all available parents in the workforce, 2015

Source: U.S. Census Bureau, 2015 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online. Due to significant changes starting in 2008 to the American Community Survey, questions on labor force participation and number of weeks worked have changed and comparisons to previous years estimates are not recommended.

Average monthly enrollment of children in the Child Care Assistance Program (CCAP), 2016

Source: Minnesota Department of Human Services, Minnesota Child Care Assistance Program Fiscal Year 2016 Family Profile, March 2017. Note: Monthly averages of children receiving CCAP including Minnesota Family Investment Program (MFIP), Transition Year (TY) and Basic Sliding Fee (BSF) during state fiscal year 2016 (July 1, 2015 to June 30, 2016).

Families on the waiting list for CCAP, August 2016

Source: Minnesota Department of Human Services. Note: The July 2017 waiting list was the most recent available at the time of publication.

Children served by Head Start or Early Head Start, 2016

Source: 2016 Minnesota Head Start Facts, Minnesota Head Start Association.

Children served by Part C Early Intervention Services and have Individual Family Service Plans, 2015

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

K-12 EDUCATION

Students enrolled in non-public schools, 2016–17

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2016–17. Note: Data retrieved on September 16, 2017

Students enrolled in K-12 public schools, 2016–17

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2016–17. Note: Data retrieved on September 16, 2017.

K-12 public school students with limited English proficiency, 2016–17

Source: Minnesota Department of Education, Data Center, 2016–17 Enrollments-County-Special Populations spreadsheet. Data retrieved on September 16, 2017.

K-12 public school students enrolled in special education, 2016–17

Source: Minnesota Department of Education, Data Center, 2016–17 Enrollments-County-Special Populations spreadsheet. Data retrieved on September 16, 2017.

Students changing schools, 2015

Source: Minnesota Department of Education, Data Center, Student Mobility-District Level, 2015–16.

Students who graduated in 4-years, 2015

Source: Minnesota Department of Education, Data Center, 2015–2016 Graduation Rates.

Students who dropped out in 4-years, 2015

Source: Minnesota Department of Education, Data Center, 2015–16 Graduation Rates.

Children age 6 to 12 with all available parents in the workforce, 2015

Source: U.S. Census Bureau, 2015 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, 2015

Source: U.S. Census Bureau, 2015 American Community Survey.

Average monthly enrollment of children in Medical Assistance, 2016

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, 2016. 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, 2016

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Note: Child's age calculated as of July 1, 2016. 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 in households accessing Advanced Premium Tax Credits to reduce health insurance premiums, 2016

Source: MNSure, personal contact with Morgan Winters. Note: Households with children receiving coverage through Medical Assistance or MinnesotaCare are not included. This data only represents households where all covered members are enrolled in an Individual Market Qualified Health Plan (QHP) through MNSure.

Children born to mothers who smoked during pregnancy, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo. 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, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo. Note: "Inadequate" is defined as either no prenatal care, care beginning in the 3rd trimester, or an inadequate range of visits, regardless of when prenatal care began.

Children 24–35 months who are up-to-date with the vaccine series, 2016

Source: Minnesota Department of Health, Immunization Program. Childhood Immunization Coverage in Minnesota. July 2016. Note: The vaccine series consists of 4+ DTaP, 3+ Polio, 1+ MMR, Complete Hib, 3+ HelpB, 1+ Varicella, and Complete Prevnar.

FOOD AND NUTRITION

K-12 students approved for free or reduced-price school lunch, 2016–17

Source: Minnesota Department of Education, Data Center, 2016–17 Enrollments-County-Special Populations spreadsheet.

Average monthly enrollment of children receiving SNAP, 2016

Source: Minnesota Department of Human Services, MAXIS Data Warehouse. Personal contact with Cheryl Vanacora. Note: Average monthly enrollment during calendar year 2016 of unique children in SNAP households. Includes children from MFIP Food Portion cases. Count of children only includes SNAP-eligible children in the household.

Total participation in the WIC nutrition program, 2016

Source: Minnesota Department of Health, WIC Category and Race and Ethnicity Annual Reports. Personal contact with Joni Geppert. Data on women and children retrieved from <http://www.health.state.mn.us/divs/fh/wic/localagency/reports/pptndemo/undup/allyears.pdf>. Data on infants retrieved from <http://www.health.state.mn.us/divs/fh/wic/localagency/reports/pptndemo/annual/moppcat/2015chb.pdf> Note: WIC is officially called the Special Supplemental Nutrition Program for Women, Infants, and Children.

Percent of households that are "food insecure," 2014–16

Source: U.S. Department of Agriculture, Economic Research Service, Household Food Security in the United States, 2014–16. Note: Based on data from the Current Population Survey Food Security Supplement.

Children in families visiting food shelves, 2015

Source: Hunger Solutions Minnesota, Food Shelf Statistics Report, 01/2015 to 12/2015. Personal contact with Joe Walker. 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, 2015

Source: Food Research and Action Center, State of the States 2015, Minnesota page. Note: Average daily participation during the month of July (busiest month). Rate is calculated by dividing summer participation figure by free and reduced-price school lunch enrollment figure.

SAFE HOMES & COMMUNITIES

Children under age 6 testing positive for lead poisoning, 2014

Source: Minnesota Department of Health, Center for Health Statistics, Surveillance Database Reports. Personal contact with Stephanie Yendell and Luke Baertlein.

Note: Refers to children who were tested and found to have blood lead levels of 5 Micrograms per Deciliter (µg/dL) or greater. Note: Data on children testing positive for lead poisoning published in prior Minnesota KIDS COUNT Data Books referred to children found to have blood lead levels of 10 µg/dL or greater. The change was made because in 2015 the Commissioner of Health changed the state's definition of elevated blood lead level to 5 mcg/dL.

Children living in crowded housing, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online. Data for 2015 was not available at time of publication.

Households where housing costs exceed 30% of income, 2015

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates. Table B25091: Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months.

Housing status of children, 2015

Source: U.S. Census Bureau, 2015 American Community Survey 1-year Estimates.

Children age 10–17 arrested for a serious crime, 2015

Source: Minnesota Department of Public Safety, 2015 Bureau of Criminal Apprehension, Minnesota Justice Information Services, Uniform Crime Report (July 2016). 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, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Judy Palermo.

Children abused or neglected, 2015

Source: Minnesota Department of Human Services, Minnesota's Child Maltreatment Report 2015, October 2016, # DHS-5408H-ENG.

Children who committed suicide or were murdered, 2015

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Personal contact with Joni Geppert.

Endnotes

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- 3 Ibid.
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- 5 U.S. Census Bureau, American Community Survey.
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