



MINNESOTA KIDS COUNT 2016:

*Tipping the Scales
in Early Childhood*

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/research-library to locate the electronic copy of this data book.

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

When we provide healthy environments that help build a strong developmental foundation for our children, we all benefit from their improved ability to function, contribute, and thrive as members of our society. That's why for more than 40 years Children's Defense Fund has been a voice for children, families, and communities to ensure our youngest citizens have what they need to reach their full potential. We advocate for programs and policies that invest in the next generation of leaders to ensure the continued prosperity of Minnesota and the country.

An ever-growing body of scientific research makes it clear that the most significant brain development occurs during a child's earliest years, laying the foundation for future learning. And because we now know that healthy brain development is dependent on safe environments and stable and interactive relationships with parents and caregivers, we must design richly stimulating contexts in which our children will thrive informed by these scientific understandings. Research shows that investments in high-quality early childhood programs provide these fundamental resources for a young child's development that improve outcomes later in life and reduce the need for remedial services later on. Studies show that such investments can generate returns of up to \$16 for every \$1 spent on prevention and intervention.¹ Investing in families and young children is not just a moral imperative but makes economic sense.

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.

This data book will use CDF's mission as a frame to evaluate how Minnesota's youngest children are doing and what investments can be made to support their future and our future success. Do they have a Fair Start in which their family income, zip code and race cannot be used to predict their access to basic needs and opportunities? Do they have a Healthy Start with access to health insurance and preventive care that supports development? Do they have a Head Start through access to early education programs that prepare them for school and support their cognitive, social, emotional and cultural identity development? Do they have a Safe Start knowing that their environment, caregivers and community will respond to their needs, provide for them and protect them? Do they have a Moral Start in which they have the economic and social investment and support of caring families and communities? The data book pays particular attention to how young children in low-income households, children of color, and American Indian children are faring because they face some of the greatest barriers to opportunities and positive outcomes.

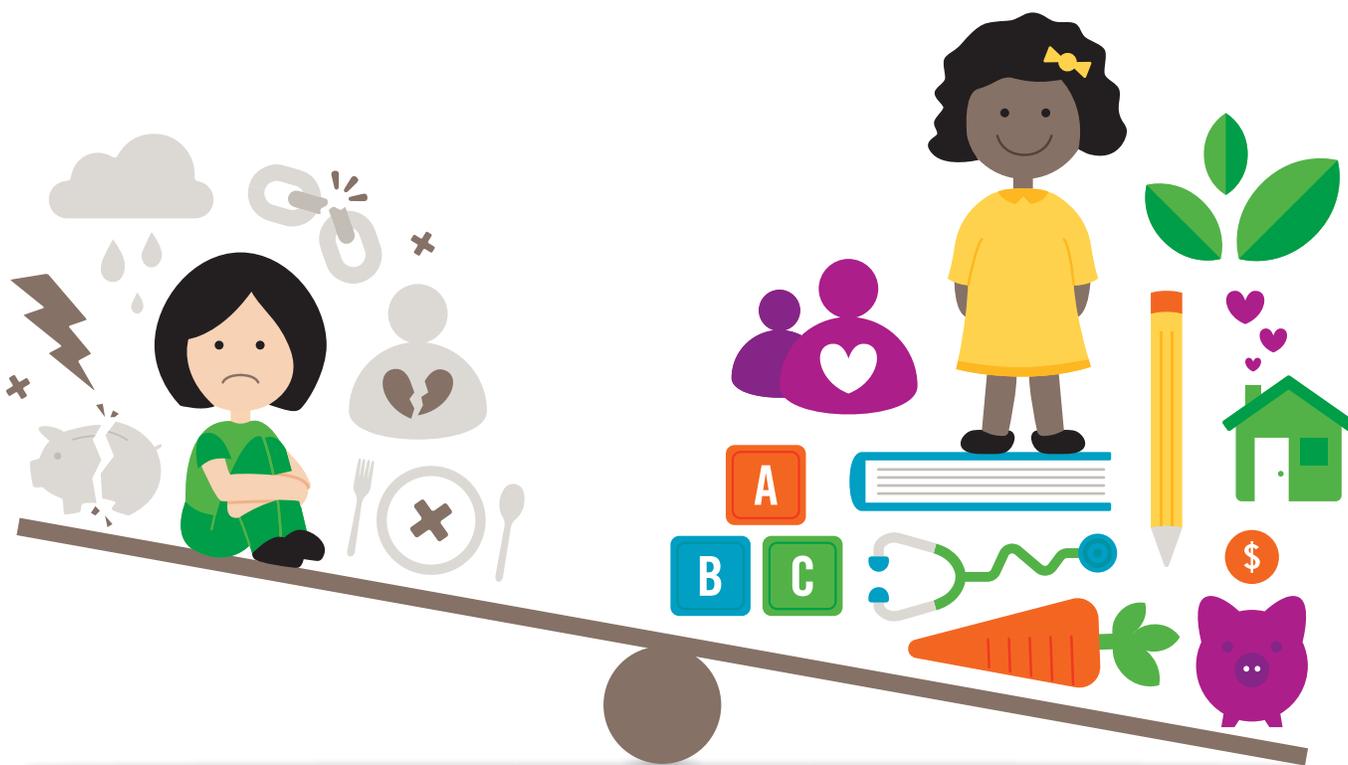
Minnesota has been a leader in early childhood development research as well as innovative programs and policy design for supporting young child development. In recent years targeted investments have been made to support young children, their families, their caregivers and their teachers such as increased funding and access to programs that provide access to high-quality early education like the Child Care Assistance Program, Early Learning Scholarships, and School Readiness Programs. Building on this momentum will be critical for Minnesota to continue being one of the most prosperous, healthy and supportive places to learn, develop, and grow.

—Children's Defense Fund-Minnesota, November 2016

Introduction

Growing bodies of research demonstrate the importance of the experiences of the youngest citizens in shaping the potential for a productive workforce, prosperous economy and thriving communities in the future. During the first years of life a child's brain goes through its most rapid development with 700 new neural connections occurring every second.² Those neural connections are the building blocks of the brain, which is constructed from the bottom up starting with simple skills that provide the foundation for more advanced skills later in life. That's why providing a stable foundation for brain development and early intervention when development is disrupted by adverse experiences is essential in the first years to ensuring positive outcomes later in a child's life.

Safe and healthy environments, supportive communities, and stable and interactive relationships with parents and caregivers starting even before a child is born are key for healthy brain development. When we stack up positive factors like these, we create contexts that promote healthy development. These contexts not only make positive and healthy outcomes more likely for children, but research shows that building up more positive factors can also counterbalance damaging effects that risk factors like poverty, lack of access to high-quality and consistent child care, and food insecurity have on development.³ We can also work to remove these negative factors that weigh our children and our communities down.



Tipping the Scales in Early Childhood

When child outcomes are compared to a scale with negative experiences (i.e., poverty, hunger, unsafe neighborhoods) on one side and positive experiences (i.e., caring, stable relationships, early education opportunities, and safe environments) on the other, it's important to consider the weight of the external and environmental factors and interventions that can tip the scale in either direction. As a society, it's imperative to have as many children as possible experience positive outcomes, and for some children that means stacking on more positive interventions and experiences to support resilience and counterbalance negative weights. Additionally, because the combination of genes and experiences shape a child's development, families and communities have a significant influence on child outcomes. Thus, the fulcrum of the scale varies for each child depending on their genes and the environment they are born into and contributes to the determination of the need for balance through positive experiences. The fulcrum is also something that we can work to reset through targeted interventions at critical times in development. This is why it's important to identify children with more frequent and significant adverse childhood experiences whose



Photo provided by White Earth Child Care Program

scales currently tip toward the negative. Their scales can be counterbalanced through stable, interactive relationships and quality programs that address developmental challenges.⁴ Over the long-term, our efforts can even reset the balance point so that they will be more able to find resilient outcomes to negative experiences down the road.

Research suggests three levels of support to balance the scales for children at risk:⁵

1. Meeting wellness needs such as stable, interactive caregivers, safe environments, and health care so children have full bellies, healthy bodies and safe spaces allowing them to focus on development and learning;
2. Targeting interventions for children in lower income households that include quality early care and education and two-generation approaches to services that recognize a child's success is connected to family stability⁶ and work with children and parents simultaneously to support positive parenting, increase family economic stability, and promote opportunities for the children; and
3. Providing specialized services for children with significant adverse experiences and exposure to toxic stress that are trauma-informed, support the caregiver and child, and respect and incorporate their cultural identity to help children build resilience and get back on track toward healthy social, emotional and cognitive development.

Effective early childhood programs and supports include those that have trained and appropriately compensated staff, support language development, have small adult-child ratios, are developmentally appropriate, safe and include responsive adult-child interactions. These programs can tip the scales toward positive development for children by preparing them academically and socially for school, providing emotional support to build resilience, and including cultural support to develop a secure identity. Rigorously evaluated programs that incorporate these high-quality components have proven to improve school readiness, increase reading comprehension by third grade⁷ and support development



Photo provided by White Earth Child Care Program

of executive functioning skills like self-control, memory, and mental flexibility.⁸ Laying the foundation for the development of these skills early in life results in individual and societal benefits including increased school achievement, health and economic success as well as the development of positive characteristics such as being a leader, team player, goal-driven, and critical thinker.⁹ Due to these benefits, research shows these high-quality early learning programs provide a long-term economic boost and cost savings to the broader community.

Two-Generation Approach to Supporting Early Childhood Development

As suggested in the levels of support for children in the previous section, a two-generation (caregiver and child) approach to providing services is critical to tipping the scales early, particularly for children exposed to multiple risk factors. Child development occurs in many environments but is significantly influenced by children's families so it is essential to take a two-generation approach to supporting healthy child development while also supporting the parents' ability to financially provide for their family, foster their parenting skills and enhance their support networks. A child's access to opportunities and future outcomes are dependent on the well-being of his or her family. When a child's family is economically, socially and emotionally stable, he or she has increased access to opportunities and can explore and develop with less exposure to stress. Family wellness is often correlated with family income. Because parents in low-income families are often juggling multiple jobs, trying to make ends meet and overcoming transportation and child care challenges, they face more barriers to a healthy, interactive relationship with their child.¹¹ When parents have a stable job that pays enough to afford basic needs, allows for the development of assets and provides opportunities for their children, they also are often less stressed and can focus more time

Every \$1 invested in high-quality early childhood programs can result in up to a \$16 return on investment over time.¹⁰

and resources on their children because they have stable housing, transportation, and child care.¹²

In addition to supporting family economic stability, programs that support family wellness and parenting skills in the context of the family's culture can have profound impact on a child's development and parental involvement in education. Culturally appropriate and supportive components to early childhood programs could increase participation by young children of color, a population that is growing rapidly in Minnesota, and prepare more children of color for academic success to combat the devastating academic gaps Minnesota is producing for children of color. Moreover, families of color are more likely to be low-income and experience structural racism and historical trauma, particularly within the education and public program systems, so intentional cultural engagement is necessary in a two-generation approach to success for families of color with young children.¹³ Hiring staff from diverse communities and providing staff training opportunities focused on developing cultural competency are ways to improve effectiveness of working with families with diverse

backgrounds. Engaging parents and families in educational opportunities for young children has a reciprocal effect in that it increases family involvement and helps to embed culture in the curriculum.¹⁴ A child's culture and race are highly influential to their learning preferences and should be taken into account in instructional and family engagement practices within early childhood programming.¹⁵

An example of a supportive and culturally relevant two-generation approach can be found in Children's Defense Fund Freedom Schools® Program that offers summer and after-school enrichment with the goal of encouraging young students to fall in love with learning, engage in their culture and contribute to their community. Parent engagement is a core component of the program and is accomplished mainly through parent nights with dinner, child care and resources from the community. Nearly three-quarters of parents surveyed in one of the Freedom School sites in Minnesota said their children gained interest and confidence in reading, knowledge about their culture, and social problem solving skills. Seventy-five percent of parents also reported positive changes in their parenting skills.

WORK SUPPORT AND CHILD CARE PROGRAM PARTICIPATION OF CHILDREN AGES 0 TO 5 BY RACE AND ETHNICITY

	Child Care Assistance Program (CCAP), 2014 ¹⁶	Head Start ¹⁷	Early Learning Scholarships ¹⁸	Medical Assistance ¹⁹	Woman, Infants, and Children (WIC) Program ²⁰
American Indian	349 (2%)	1,570 (8%)	NA	5,024 (3%)	4,335 (3%)
Asian/Pacific Islander	506 (3%)	896 (4%)	NA	11,266 (7%)	13,028 (9%)
Black	7,788 (39%)	4,200 (20%)	NA	32,078 (19%)	30,926 (22%)
Hispanic/Latino	1,255 (6%)	3,759 (18%)	NA	14,337 (8%)	24,060* (17%)
Two or More Races	1,450 (7%)	1,330 (6%)	NA	9,237 (5%)	11,210 (8%)
White	7,867 (39%)	8,228 (40%)	NA	71,276 (41%)	54,289 (39%)
Other	NA	452 (2%)	NA	NA	NA
Unknown	828 (4%)	343 (2%)	NA	29,932 (17%)	996 (1%)
TOTAL	20,043	20,778	8,225	173,149	137,848

*Includes all races. All data is for State Fiscal Year 2015, except for the Child Care Assistance Program is FY2014. Brief explanations of these and other early childhood programs are on page 25 of this book.

Who are Minnesota's Youngest Citizens?

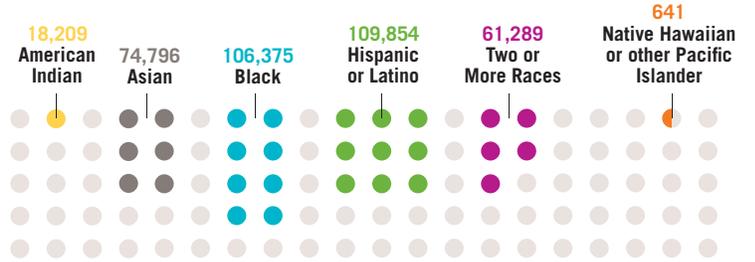


IN 2014 THERE WERE
1,282,412
CHILDREN IN MINNESOTA

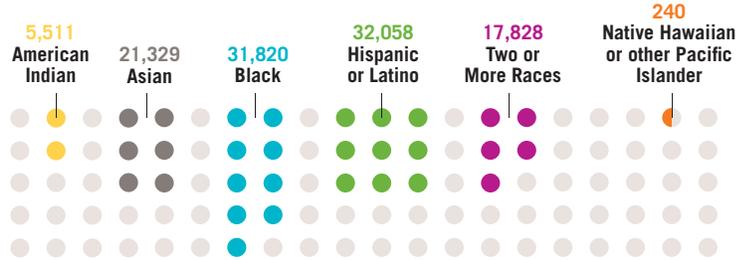
27%
349,940 WERE
UNDER AGE 5



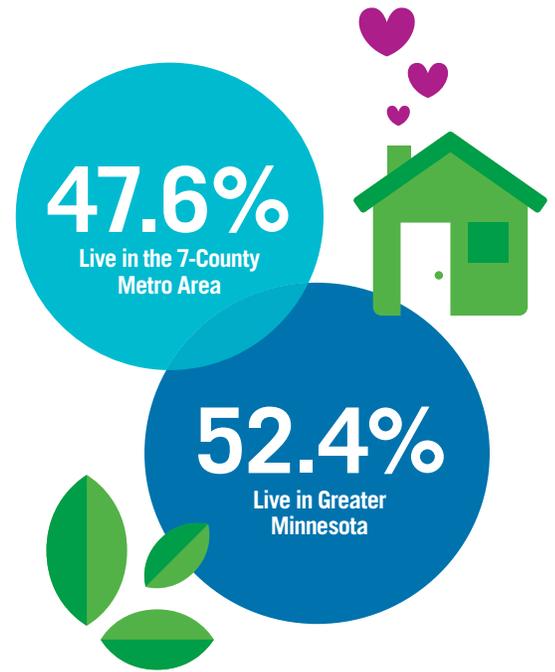
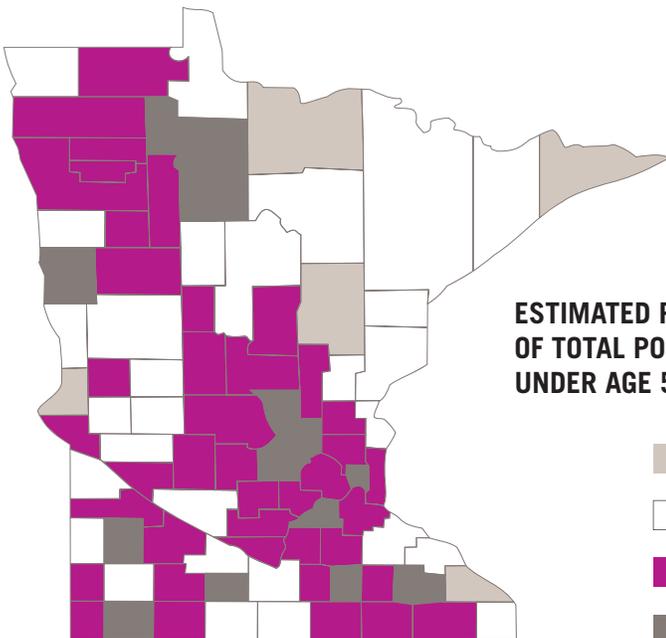
OF THOSE CHILDREN:



OF THOSE UNDER AGE 5:



WHERE YOUNG CHILDREN IN MINNESOTA LIVE



U.S. Census Bureau, 2014 American Community Survey, Note: Analysis done by the Population Reference Bureau

Navigating the Data Book

The goal of this data book is to provide research and indicators to evaluate the status of Minnesota’s youngest children and highlight pathways to improve immediate and long-term outcomes for our children and our state. Following this introductory section, the data book will use CDF’s mission statement as a frame to evaluate the status of Minnesota’s youngest children with sections taken directly from CDF’s mission statement: a Fair Start, a Head Start, a Healthy Start, a Safe Start and a Moral Start. A Fair Start will evaluate environmental factors for young children; a Head Start will look at how young children are accessing early education opportunities; a Healthy Start will address the access to health coverage and care for young children; and a Safe Start will examine child welfare and supportive community data. These first four sections will include indicators on the current status of Minnesota’s youngest children as well as how moving those indicators in a positive direction can improve future outcomes and support successful passage into adulthood. The sections

will also highlight a “Tipping the Scales Program” that is effectively working to improve outcomes for young children and their families. These programs were selected from a wide array of programs recommended by community members. They are just examples of programs that need to be invested in and brought to scale to support more young children and their families throughout the state.

The Moral Start section is a compilation of quotes from community leaders on the importance and long-term benefits of investing in our state’s youngest citizens.

The State-Level Data Tables in the back of the book include more than 100 indicators published in each year’s data book. These indicators plus additional national, state and county level data can be found online in the KIDS COUNT Data Center (datacenter.kidscount.org).

At the end of the data book there is a glossary of programs mentioned throughout the book that support healthy development and family stability in early childhood.



Photo provided by White Earth Child Care Program

Examining Data by Race and Ethnicity

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 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.

Early Childhood Longitudinal Data System



Collecting and disseminating data is important to evaluating the impact of our investments in early childhood and family support programs. The Minnesota Early Childhood Longitudinal Data System (ECLDS) is a new online data system that improves access to data on Minnesota's youngest children. The interactive and accessible data tool combines and links data collected by the Minnesota Departments of Education, Human Services and Health. The system protects the privacy of individual children by showing population results only. The integrated data system provides the ability to show children's growth and achievement in relation to their participation in a variety of educational and social programs over time. Funded by the Race to the Top Early Learning Challenge Grant, the tool provides comprehensive data for policymakers, educators, and data analysts to evaluate the collective and long-term impact of early childhood programs across sectors. CDF-MN has an additional grant from The Annie E. Casey Foundation to use this data tool to assess access to early childhood programs for children of color and low-income children enrolled in the Minnesota Family Investment Program, the Supplemental Nutrition Assistance Program (SNAP), and the School Meal Program. A report on this topic will be released in 2017. Data from the project will also be included in this data book.

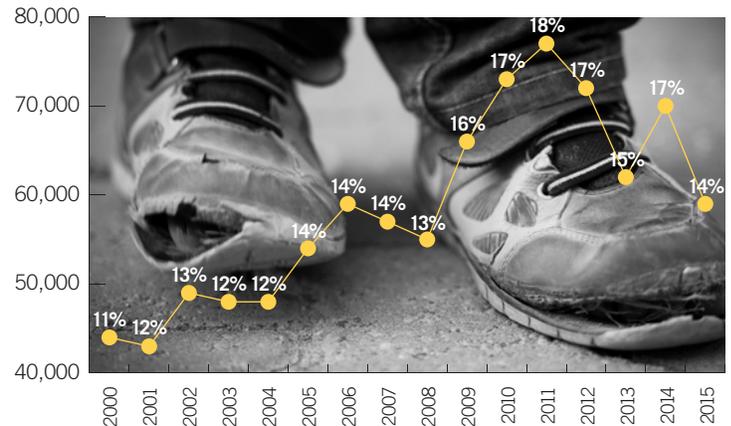
To learn more about ECLDS and view the accessible data, visit eclds.mn.gov.

A Fair Start

FACTORS DETERMINED PRIOR TO A CHILD'S BIRTH SUCH AS INCOME, RACE AND ETHNICITY, PARENTAL EDUCATION AND ZIP CODE SHOULD NOT BE PREDICTORS OF SUCCESS.

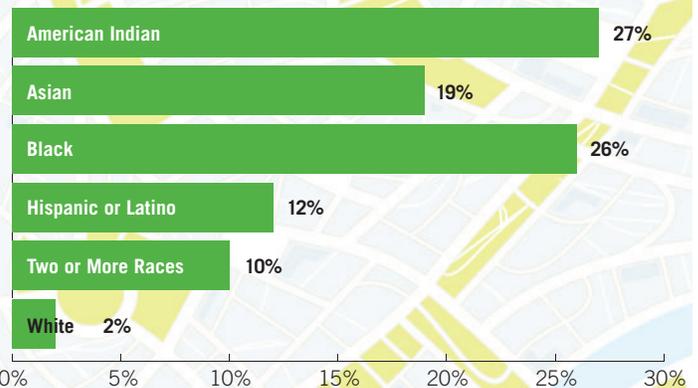
ACCESS TO OPPORTUNITY is a value that built this country and made Minnesota great, but opportunities are not equitably accessed. When children live in families with limited income, it affects their access to basic needs and opportunities to thrive resulting in negative effects on immediate and long-term outcomes. In fact, even small increases in family income can reap significant improvement in children's outcomes.²¹ Children who grow up in economically secure families in neighborhoods rich with resources have increased access to opportunities that improve their likelihood to be healthy, excel academically and move up the income ladder as adults. When these same opportunities are made available to children, especially young children, who often lack access, like children of color, American Indian children and those that live in low-income households and neighborhoods, they often experience positive outcomes in adulthood.²²

NUMBER OF CHILDREN UNDER AGE 5 LIVING IN POVERTY



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

CHILDREN LIVING IN CONCENTRATED POVERTY BY RACE AND ETHNICITY 2010-2014



U.S. Census Bureau, 2010-14 American Community Survey. Note: Analysis by Population Reference Bureau. Areas of concentrated poverty are census tracts with more than 30% of residents living in poverty.

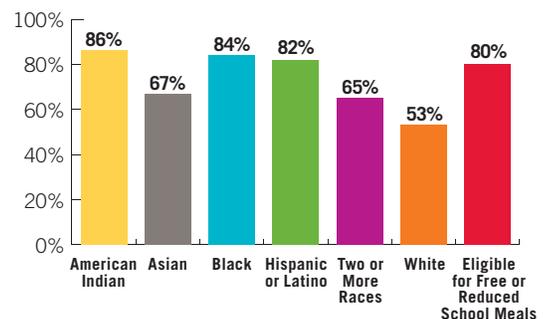
Supporting Successful Passage Into Adulthood:

When we increase family income we can improve child outcomes. Even small increases in family income in early childhood can improve child outcomes and save federal and state resources by:²³



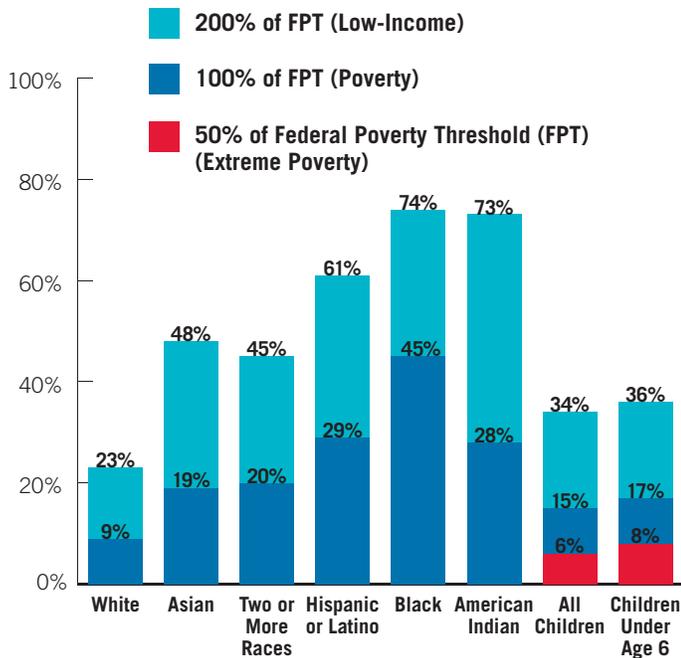
As little as a **\$1,000** increase in annual household income during a child's early years can improve reading and math scores later on.²⁴

FOURTH GRADERS WHO SCORED BELOW PROFICIENT IN READING, 2015



Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Available online at <http://nces.ed.gov/nationsreportcard>.

LEVELS OF CHILD POVERTY BY RACE AND ETHNICITY, 2014



U.S. Census Bureau American Community Survey, 2014. Analysis done by Population Reference Bureau. Data on American Indian children in poverty was suppressed in 2014, so this is 2015 data. Data for extreme poverty by race was not yet available. Check KIDS COUNT Data Center for more information.

THE MINNESOTA FAMILY INVESTMENT PROGRAM BY THE NUMBERS²⁵

The goal of the Minnesota Family Investment Program (MFIP), Minnesota's welfare-to-work program is to help meet the basic needs of children while helping parents move to economic stability through work. However, the program assistance standards are extremely outdated and the program's paperwork is complex and overwhelming, so many families in poverty do not enroll.



\$532

Maximum monthly cash grant for a family of three that hasn't changed since 1986 and is 32% of the poverty level.

71%

of people accessing MFIP are children.

1 out of 3

children in poverty are enrolled in MFIP.

68%

of MFIP households included a child under age 6.

TIPPING THE SCALES

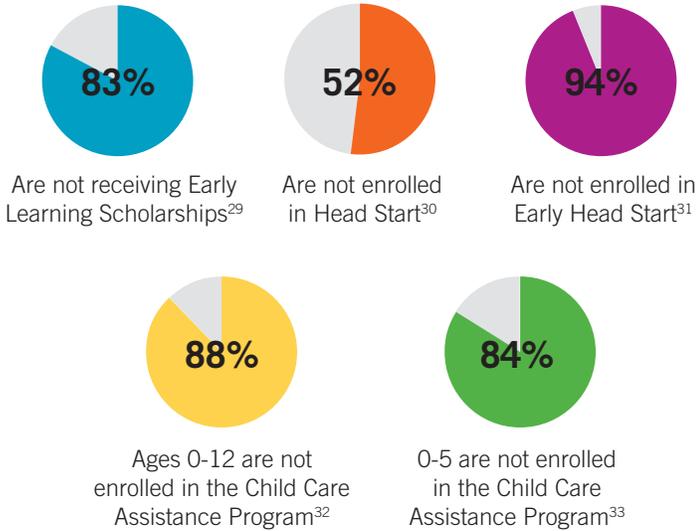
Expanded Help Me Grow

Minnesota is in the process of expanding its *Help Me Grow* system to increase the reach to children up to age 8 and offer referral and navigation assistance for more services and programs. The existing *Help Me Grow* system is dedicated to referring young children with developmental and emotional concerns to early childhood special education services. The expanded system would go beyond that and help families to navigate the broader early childhood system to prevent inefficiencies and service gaps. The expanded *Help Me Grow* will establish a comprehensive statewide system of early identification, referral and follow-up for children with developmental, behavioral and/or other related concerns. It will have a “no wrong

door approach” that includes a centralized access point for families to access resources, training for child health and education providers to learn about the importance of early detection and intervention, community outreach to increase its use, and a data system to drive evaluation and improvements of the early childhood system. Approximately 630,000 children eight years old and younger and 68,000 pregnant women could benefit from this expansion.

For more information contact: Kelly Monson, Minnesota Children's Cabinet Program Manager, Kelly.Monson@state.mn.us

DUE TO LACK OF FUNDING FOR ALL INCOME ELIGIBLE CHILDREN:



EARLY CHILDHOOD SPECIAL EDUCATION PROGRAM PARTICIPATION OF 2015 KINDERGARTNERS BY RACE/ETHNICITY AND WORK SUPPORT PROGRAM PARTICIPATION

American Indian	17.6%
Asian	7.9%
Black	10.9%
Hispanic	14.6%
White	13.2%
Two or More Races	14.2%
Enrolled in MFIP	13.6%
Enrolled in Food Programs*	15.8%

*Early Childhood Longitudinal Data System. (n.d.) Participation by Program Statewide School Year: 2014-15 Retrieved 10/14/2016 from eclds.mn.gov. *Food Programs are Supplemental Nutrition Assistance Program (SNAP) and School Meal Program.*

TIPPING THE SCALES

Mahube-Otwa Early Head Start-Child Care Partnership

Part of President Obama’s 2014 Early Learning Initiative funding helped create more and expand existing Early Head Start-Child Care (EHS-CC) Partnerships. EHS-CC Partnerships expand high-quality early learning opportunities for children in the years before preschool by supporting communities to increase the number of EHS and child care providers that can meet the highest standards of quality for infants and toddlers from low-income families. Minnesota is home to six of these EHS-CC partnership programs.

Since the 1990s, Mahube-Otwa Community Action Partnership has had one such program serving Becker and Hubbard Counties. Additional Early Learning Initiative funding expanded the program to Otter Tail and Wadena Counties, doubling the number of children served. Mahube-Otwa EHS is currently partnered with 14 family child care providers and the Children’s Corner child care facility. Additional funding has also

helped to improve the quality of resources these programs use and the training staff receive. It has also helped address the child care shortage in the service area.

Children in the Mahube-Otwa and other partnership programs receive individually focused care based on High Scope, a research-based curriculum. Providers complete individual skills assessments and set learning plans designed to help children reach their specific development goals. Parents are highly encouraged to be actively involved in their children’s care and learning and Mahube-Otwa has a policy council made up of parents that provide input to the program. Children also benefit from other comprehensive services including health, dental, and nutrition screenings; family services, and mental health services.

For more information visit:

www.acf.hhs.gov/ecl/early-learning/ehs-cc-partnerships

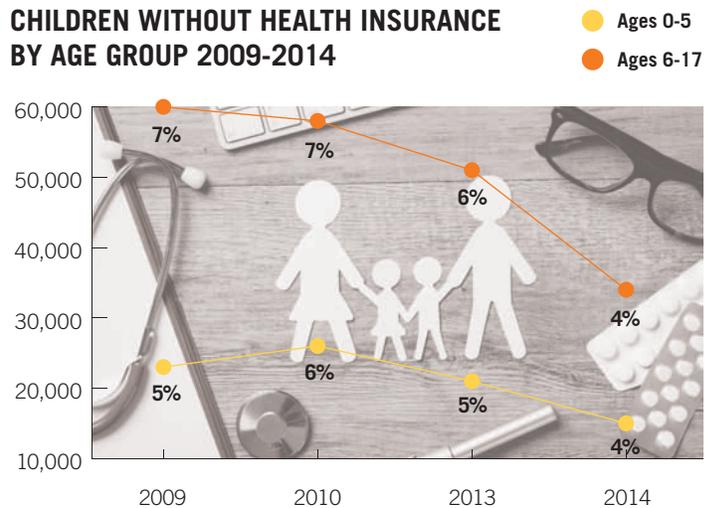
A Healthy Start

A CHILD'S HEALTH AFFECTS HIS OR HER LEARNING POTENTIAL, COGNITIVE AND SOCIAL DEVELOPMENT, AND HEALTH OUTCOMES AS ADULTS.

IN EARLY CHILDHOOD, bodies are developing as brains are developing and physical and mental well-being are intertwined.³⁴ Lifelong health starts in early childhood—even as early as prenatally—through living in healthy environments and having access to health insurance and preventive care. Research also shows that long-term physical health including immune system responses, risk for developing health conditions and brain architecture can be affected by adverse experiences such as exposure to poverty, violence and hunger.³⁵ However, these risks can be mitigated and long-term health outcomes improved when children receive adequate health coverage and care and quality early education programs.³⁶ Children with access to health coverage are more likely to receive preventive and acute care. Additionally, early education programs have been proven to improve short and long-term health for participants not only because of their cognitive and social gains, but also participants are more likely to go to the doctor and dentist and to receive developmental

screenings, immunizations, and parental health and nutrition education.³⁷ Investments that ensure access to health coverage and care as well as early education programs for young children can pay off in reduced future health care costs.

CHILDREN WITHOUT HEALTH INSURANCE BY AGE GROUP 2009-2014



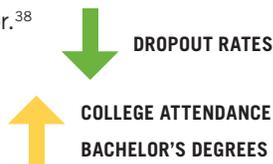
Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey.

Supporting Successful Passage Into Adulthood:

Children with access to health coverage and care not only have better health outcomes, but better overall outcomes.

Health issues affect students' abilities to attend school and learn and health disparities are proven to contribute to the achievement gap in low-income children and children of color.³⁸

Access to health insurance is one solution. Expanded access to Medicaid has:³⁹



For example, Minnesota students of color are more likely to report having asthma and children with asthma are more likely to miss school.

PERCENT OF YOUTH REPORTING A HISTORY OF ASTHMA BY GRADE AND RACE/ETHNICITY

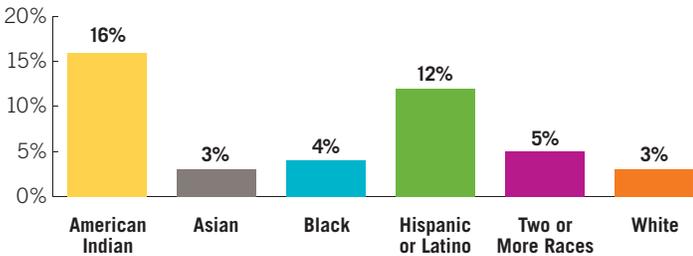
GRADE	5	8	9	11
American Indian	16.5%	23.1%	22.1%	25.1%
Asian	10.7%	13.6%	14.6%	13.3%
Black	20.0%	24.9%	25.2%	25.1%
Hispanic	13.3%	16.3%	17.1%	17.5%
White	12.0%	16.4%	17.3%	17.8%

51.6%

Of students with asthma, reported having missed school for health reasons in the past 30 days compared to 43.5% of students without asthma.

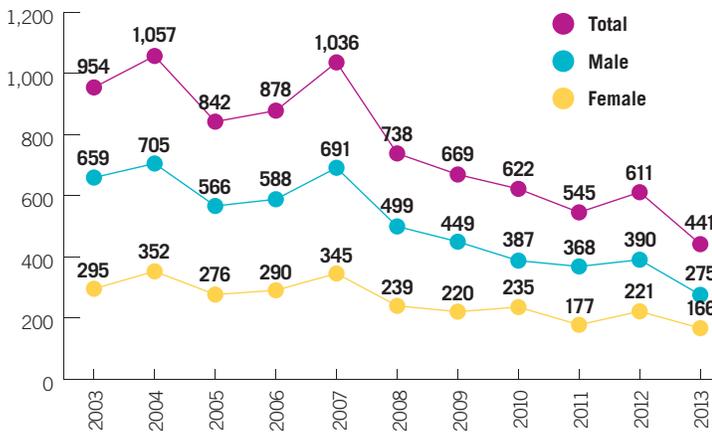
2013 Minnesota Student Survey, Minnesota Department of Education.

CHILDREN WITHOUT HEALTH INSURANCE BY RACE AND ETHNICITY, 2014



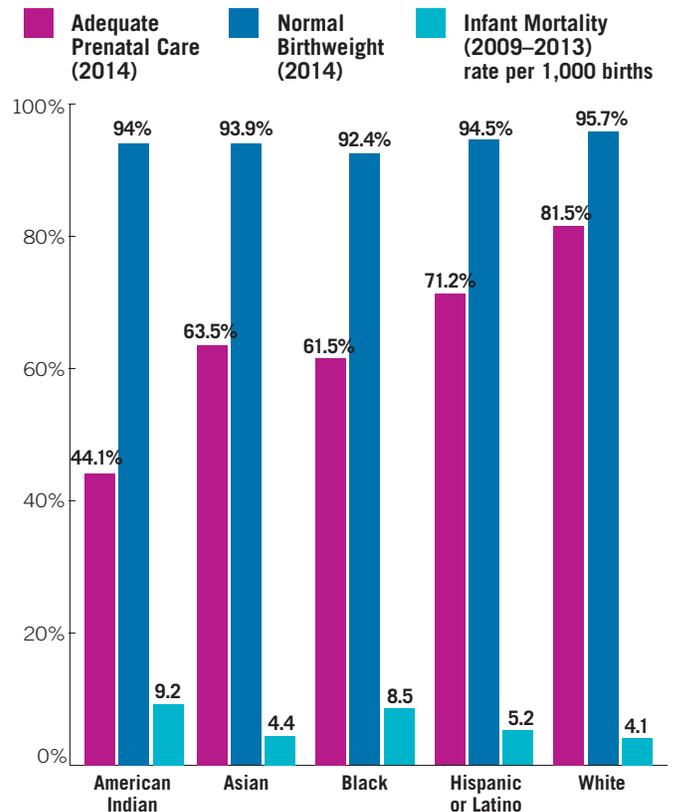
Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey.

ASTHMA HOSPITALIZATIONS FOR CHILDREN AGE 0-4



Minnesota Department of Health, MN Public Health Data Access Portal. Personal Contact with Wendy Brunner.

INFANT OUTCOMES BY RACE AND ETHNICITY



Minnesota Department of Health, Center for Health Statistics. Personal contact with Judy Palermo.

TIPPING THE SCALES

First Steps to Healthy Babies

The First Steps to Healthy Babies Program was developed to serve pregnant women who are struggling with substance abuse by helping them to live a drug- and alcohol-free lifestyle and improve their babies' outcomes through supportive relationships, education and health services. First Steps has case managers who serve pregnant women up to one year postpartum in Beltrami County and the Red Lake Nation. There are also case managers at Sanford Bemidji Medical Center who serve any woman seeking prenatal care at the facility. The First Steps team works with mothers to create healthy outcomes during pregnancy and beyond. The focus is on reducing harm to the unborn baby, preparing for the child's physical and bonding needs, and referring to early intervention services. In 2015, the

first year of the program's operation, First Steps was able to reach more than 100 women. Many of these women successfully completed chemical dependency treatment, received regular prenatal care, and had positive pregnancy and newborn outcomes. In part to help address the increasing opioid addiction epidemic, the First Steps team also plans to continue to expand the program to include a medication-assisted therapy partnership with the Upper Mississippi Mental Health Center in Bemidji to help provide mothers with outpatient chemical dependency treatment. Moving forward they also hope to increase the number of pregnant women they work with and reach women earlier in their pregnancy.

For more information visit:

www.sanfordhealth.org/bemidji/services/first-steps

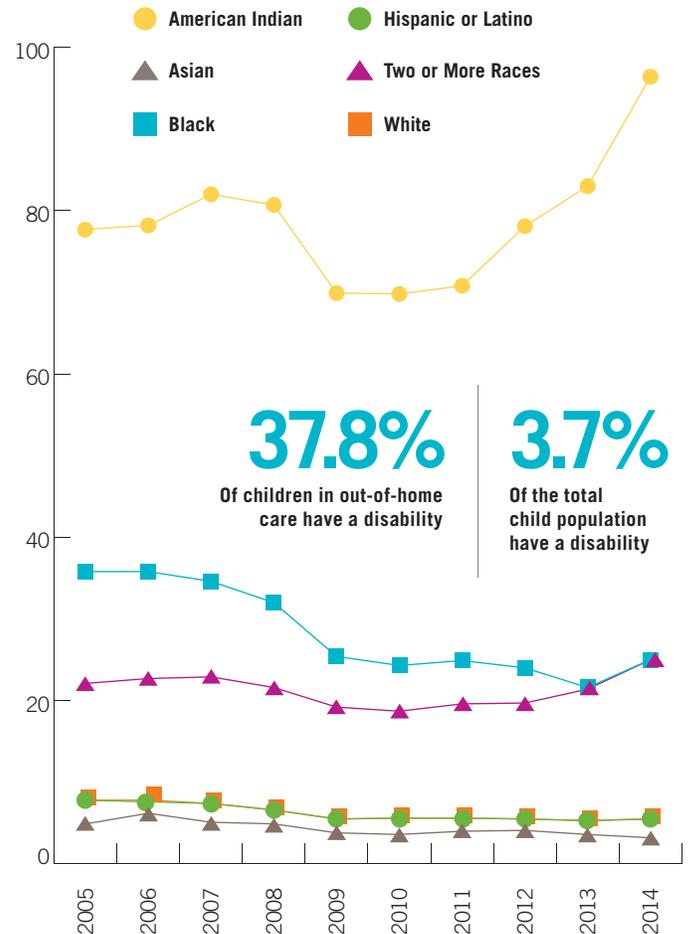
A Safe Start

CHILDREN NEED NURTURING AND HEALTHY ENVIRONMENTS TO LEARN, GROW AND EXPLORE.

LEARNING AND DEVELOPMENT HAPPENS BEST

in environments where children feel safe and when they have consistent and secure attachments to caregivers. Healthy social and cognitive development starts with a “serve and return” style relationship with caregivers. Young children rely almost entirely on their caregivers to meet their physical and emotional needs by “returning the serve” when they express their desires through crying or facial expressions. These interactions shape brain architecture,⁴⁰ so when dynamic interactions are absent or inconsistent brain development can be disrupted often resulting in future issues with learning, behavior and health.⁴¹ However, developmental consequences from inconsistent caregiving and even neglect, violence, or living in unsafe situations can be reversed or reduced through appropriate, trauma-informed⁴² early interventions.⁴³ While young developing brains are easily affected by adverse experiences, the brain’s malleability also allows for easier repair resulting in improved long-term outcomes through investments in prevention and intervention programs.

CHILDREN IN OUT-OF-HOME CARE PER 1,000 BY RACE AND ETHNICITY, 2005-2014



Minnesota Department of Human Services. Minnesota’s Child Welfare Report for 2014, December 2015.

Supporting Successful Passage Into Adulthood:

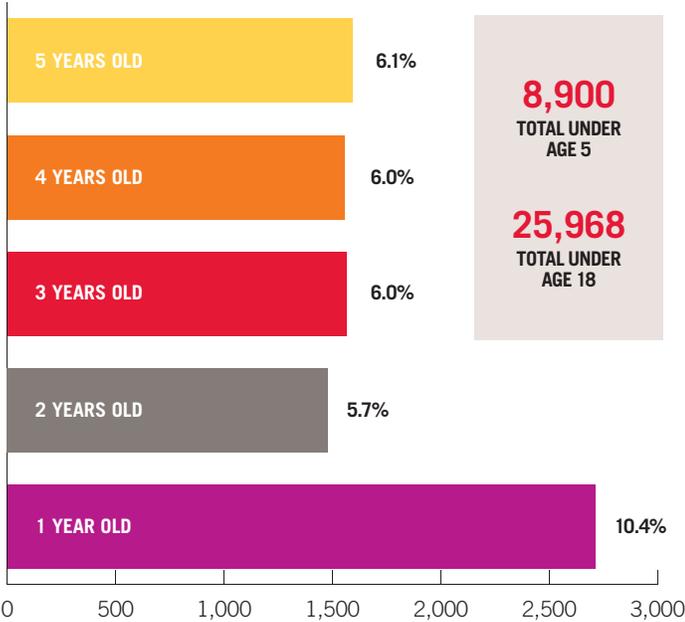
When young children experience trauma or effects from an unsafe or unsupportive environment, immediate access to early intervention and family supports is necessary and effective.

For example, the Infants and Toddlers with Disabilities Program (Part C) provides early intervention services to children age 0 to 3 with developmental delays or physical or mental conditions that have a high likelihood of resulting in a delay. Based on early brain development research, children who experience adverse childhood experiences such as poverty, homelessness, abuse or neglect, or a caregiver with mental health or substance abuse issues, could benefit significantly from Part C services.



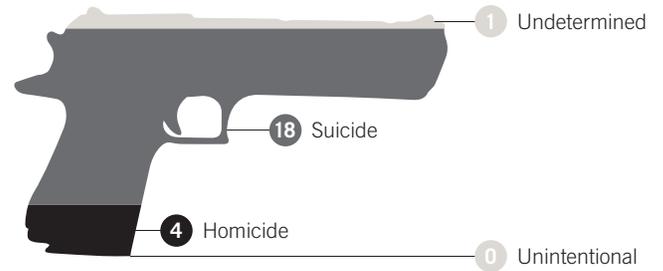
One-third of Part C participants did not need special education by second or third grade.⁴⁴

CHILD SUBJECTS OF MALTREATMENT REPORTS BY AGE, 2014

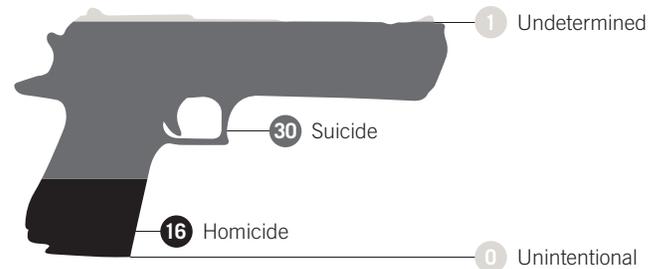


Minnesota Department of Human Services. Minnesota's Child Welfare Report for 2014, December 2015.

CHILD AGES 0 TO 17 DEATHS BY FIREARM, 2014



YOUNG ADULT AGES 18 TO 24 DEATHS BY FIREARM, 2014



Minnesota Department of Health. Personal Contact with Mark Kinde and Jon Roesler.

TIPPING THE SCALES

People Serving People's Center of Excellence

The Center of Excellence for Resilience is a new external initiative by People Serving People set to launch in January 2017. Headquartered in Downtown Minneapolis, People Serving People is the region's largest and most comprehensive family-focused homeless shelter and includes an on-site early childhood development program. The Center of Excellence, which is in a different Minneapolis location than the shelter, is dedicated to building resilience in children and families who have experienced homelessness or other adverse experiences in the metro area and to making a positive impact on the field of trauma-informed education and services. The program takes a two-generation direct service approach to addressing the needs of high-risk families and children through early childhood education, school-age support,

and parental engagement programs to dismantle the effects of trauma and ensure that children are ready to thrive in the classroom and equip parents with the knowledge and resources to support their children's education. The Center of Excellence is also committed to systems change with the goal of improving the field of family resilience and trauma-informed early childhood development through research, community engagement, stakeholder convening, and training of other providers. These multiple pathways of direct service programs and systems change will build on family and community strengths to support children to thrive.

For more information visit:
www.peopleservingpeople.org

A Moral Start

SUCCESSFUL PASSAGE INTO ADULTHOOD HAPPENS WITH THE HELP OF CARING FAMILIES AND COMMUNITIES.

WHEN CHILDREN FEEL SUPPORTED, LOVED AND ARE INVESTED IN they thrive in childhood and become more productive adults who are then able to support the next generation. Following are a compilation of quotes from leaders in the nonprofit, early childhood, health care and business sectors about why they believe in the importance of investing in our youngest children.

“Knowing what we know about the importance of early childhood, particularly for children age 0 to 3 and how those are the foundational years for every child born in any zip code, then why do we need to continue to convince policymakers to fund programs that ensure every child has access to high quality early learning experiences? If we want to close the achievement gap we need to close the access gap for children ages 0 to 3 years old.”

BARB FABRE

Program Director at White Earth Child Care Program



“We do not have a money problem in America. We have a values and priorities problem. Investing in children is not a national luxury or a national choice. It’s a national necessity. If the foundation of your house is crumbling, you don’t say you can’t afford to fix it. We now know research about early brain development makes an urgent case for investment in our youngest

children to get them ready for school. A baby is born with a brain 25 percent of adult size. By age 5 a child’s brain has grown dramatically to 90 percent of adult size. To help ensure all children have the opportunity for a successful childhood and success later in life, we must make investments in their futures today and eliminate disparate access to opportunity for children of color. High quality, comprehensive early childhood programs have been proven to buffer the impacts of poverty

“ **CHILDREN HAVE ONLY ONE CHILDHOOD.**

and provide lifelong benefits for children and their families. Research and experience show that quality early childhood programs are one of the best investments the nation can make towards assuring better education and societal outcomes. Nobel prize-winning economist James Heckman estimates the return on investment of such programs at 7-10 percent per year. Children have only one childhood. Now is the time to invest in all our infants, toddlers and preschoolers, starting with the poorest first, to build a stronger nation tomorrow.”

MARIAN WRIGHT EDELMAN

Founder and President, Children's Defense Fund



IN A HIGHLY COMPETITIVE AND EVER-CHANGING BUSINESS ENVIRONMENT, WE OFTEN LOSE SIGHT OF ONE OF OUR MOST CRITICALLY NEEDED AREAS: OUR COMMUNITY'S YOUNG KIDS.

“In a highly competitive and ever-changing business environment, we often lose sight of one of our most critically needed areas: our community’s young kids. We all were young once, and each of us had support structures that propelled us to our successes today. We may have faced roadblocks to get here, some of which were often uncontrolled. These roadblocks are still all too common in our communities, especially among our minority youth populations. To better combat these hurdles, it is as critical as ever that we continue to provide foundational, equitable, and fair pathways for children across Minnesota within all scopes of our professional world. Our children are an invaluable investment in this country’s future—they are our future doctors, teachers, engineers, philanthropists, and so much more—and they can’t build a pathway to success alone. Providing for our state’s young children isn’t just highly necessary, it is our civic duty. Their outcomes are our outcomes.”

MOHAMMAD EL-SAWAF
Associated Bank, CDF-MN Advisory Board Member

“The evidence is in, there is no doubt that provision of quality health care and preventive services results in healthy, stable, more productive adults. The data proves the return on investment is positive and worthy. As advocates we can confidently speak up for children and insist that all children in America get the healthy start they need to meet their potential.”

DR. MIKE SEVERSON
Pediatric Hospitalist and Children’s Defense Fund-Minnesota Advisory Board Chair



ALL CHILDREN NEED GREAT OPPORTUNITIES TO FOSTER THEIR OPTIMAL HEALTHY WELL-BEING.

“We should invest in children because it’s not only beneficial economically and socially but it is the right thing to do. It is right for children’s present beauty, growth and development, brilliance and overall contribution to our world. All children need great opportunities to foster their optimal healthy well-being as future contributing citizens. It is our responsibility and privilege as aging adults to provide children with all that they need and to protect them.”

PHYLLIS J. SLOAN
Early Childhood Educator for over 35 years, Executive Director of La Crèche Early Childhood Centers



Photo provided by Minnesota Literacy Council



THERE IS NO BETTER PUBLIC INVESTMENT THAN IN OUR YOUNG CHILDREN

“Based on the economic returns, there is no better public investment than in our young children. Study after study has proven that amplifying educational opportunities in the early years can not only save money in the future, but also strengthen these future leaders and hone their ability to imagine and create the solutions to the social problems that plague us today.”

ARTHUR J. ROLNICK
Senior Fellow, Humphrey School of Public Affairs, University of Minnesota, Former Director of Research, Federal Reserve Bank of Minneapolis

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.



Photo provided by White Earth Child Care Program

DEMOGRAPHICS		Number	Percent/Rate	Year(s)
CT	Child population, As % of total population	1,282,412	23.5%	2014
	Children 0-4, As % of children	349,490	27%	2014
	Children 5-11, As % of children	506,112	39%	2014
	Children 12-14, As % of children	213,749	17%	2014
	Children 15-17, As % of children	213,061	17%	2014
CT	Children by Race/Ethnicity			
	White, non-Hispanic, As % of children	911,248	71%	2014
	Black, non-Hispanic, As % of children	106,375	8%	2014
	American Indian, non-Hispanic, As % of children	18,209	1%	2014
	Asian, non-Hispanic, As % of children	74,796	6%	2014
	Two or more races, non-Hispanic, As % of children	61,289	5%	2014
	Hispanic or Latino, As % of children	109,854	9%	2014

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	649,122	30.0%	2014
	Children in households:			
	with married adults, As % of children in households	912,000	71%	2014
	with mother only, As % of children in households	256,000	20%	2014
	with father only, As % of children in households	100,000	8%	2014
	Children being raised by unmarried, cohabitating partners, As % of children	116,000	9%	2014
	Children being raised by grandparents, As % of children	22,000	2%	2014
	Children in immigrant families (child and/or parent is foreign-born), As % of children	230,000	18%	2014
CT	Total births, Rate per 1,000 children	69,916	12.8	2014
	Births by Maternal Education, As % of births			
	Less than 4 years of high school	7,138	10.3%	2014
	4 years of high school or GED completed	11,440	16.5%	2014
	Some college credit but no degree	13,533	19.5%	2014
	Associates Degree	9,443	13.6%	2014
	Bachelor's Degree	18,533	26.8%	2014
	Master's, Doctorate, or Professional Degree	9,140	13.2%	2014
	Births to US-born mothers, As % of births	57,192	81.8%	2014
	Births to foreign-born mothers, As % of births	12,724	18.2%	2014
	Children born to married mothers, As % of births	47,288	67.7%	2014
CT	Children born to unmarried mothers, As % of births	22,602	32.3%	2014
CT	Children born with no father listed on the birth certificate, As % of births	8,295	11.9%	2014
CT	Children born to teenage (age 15-17) mothers, Rate per 1,000 15- to 17-year-olds, 2012-2014	2,348	7.5	2012-14
CT	Children in the Family Assessment Response program, Rate per 1,000 children	18,957	14.8	2014
CT	Children in out-of-home placements, Rate per 1,000 children	12,172	9.5	2014
	Children aging out of foster care without a permanent family	56		2014
	Children who were state wards waiting for adoptive homes, year-end	802		2014

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

ECONOMIC SECURITY		Number	Percent/Rate	Year(s)
	Children living in extreme poverty, As % of children	78,000	6%	2014
CT	Children living in poverty, As % of children	189,000	15%	2014
	White children in poverty, As % of all white children	78,000	9%	2014
	African American children in poverty, As % of all African American children	46,000	45%	2014
	Asian children in poverty, As % of all Asian children	13,000	19%	2014
	American Indian children in poverty, As % of all American Indian children	S	S	2014
	Hispanic children in poverty, As % of all Hispanic children	31,000	29%	2014
	Immigrant children in poverty, As % of all immigrant children	61,000	27%	2014
	Children age 5 and under living in poverty, As % of children age 5 and under	70,000	17%	2014
	Children below 200% of poverty, As % of children	424,000	34%	2014
	Families living in poverty, As % of families	81,000	13%	2014
	Married-couple families with children in poverty, As % of all married-couple families with children	22,000	5%	2014
	Single-parent families with children in poverty, As % of all single-parent families with children	59,000	30%	2014
	Entire population living in poverty, As % of population	611,000	11%	2014
	Median annual income of families raising children (in 2014 dollars)	\$79,200		2014
	Median annual income of White families (in 2014 dollars)	\$88,200		2014
	Median annual income of African American families (in 2014 dollars)	\$29,800		2014
	Median annual income of American Indian families (in 2014 dollars)	\$23,400		2014
	Median annual income of Asian families (in 2014 dollars)	\$67,700		2014
	Median annual income of Hispanic families (in 2014 dollars)	\$36,300		2014
	Median annual income of families of Two or More Races (in 2014 dollars)	\$45,000		2014
	Families with all resident parents in the workforce, As % of families	474,323	79.0%	2014
CT	Tax households who claimed the Earned Income Tax Credit (EITC)	339,000		TY2014
CT	Total value of the EITC	\$737,000,000		TY2014
	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%	2014
	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	5,228	8.2%	2014
CT	Children born at low-birthweight, As % of births	3,317	4.9%	2014
	Children age 3 and 4 not enrolled in preschool	79,000	55%	2012-2014
CT	Cost of center-based child care			
	Infant	\$15,340		2016
	Toddler	\$13,312		2016
	Preschooler	\$11,804		2016
CT	Cost of family-based child care			
	Infant	\$8,320		2016
	Toddler	\$7,904		2016
	Preschooler	\$7,540		2016
	Children under age 6 with all available parents in the workforce, As % of children under age 6	302,000	74%	2014
	Children in the Child Care Assistance Program (CCAP), average monthly enrollment			
	Minnesota Family Investment Program (MFIP) or Transition Year Child Care Assistance Program	15,267		2015
	Basic Sliding Fee (BSF)	15,200		2015
	Families on waiting lists for the CCAP	6,006		Aug-16
	Children served by Head Start or Early Head Start	16,614		2015
	Children served by Part C Early Intervention and have Individual Family Service Plans (IFSPs), 2014-15 school year	5,449	2.6%	2014

K-12 EDUCATION		Number	Percent/Rate	Year(s)
	Students enrolled in non-public schools	66,188		2015
CT	Students enrolled in K-12 public schools	848,742		2015
CT	K-12 public school students with limited English proficiency, As % of K-12 public school students	68,771	8.1%	2015
CT	K-12 public school students enrolled in special education, As % of K-12 public school students	115,192	13.6%	2015
CT	Students changing schools, As % of 2013-14 K-12 public school students	105,783	12.5%	2014
CT	Students who graduated in 4 years, As % of public school students	54,255	81.9%	2014
CT	Students who dropped out within 4 years, As % of public school students	3,413	5.2%	2014
	Children age 6 to 12 with all available parents in the workforce, As % of children 6 to 12	378,000	74%	2014

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	49,000	4.0%	2014
CT	Average monthly enrollment of children in Medical Assistance	455,527		2015
CT	Average monthly enrollment of children in MinnesotaCare	1,388		2015
CT	Children born to mothers who smoked during pregnancy, As % of births	6776	9.7%	2014
CT	Children whose mothers received late or inadequate prenatal care, As % of births	2,738	4.3%	2014
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	323,531	38.0%	2015
CT	Average monthly enrollment of children receiving SNAP, As % of children	167,470	13.0%	2015
CT	Average monthly participation in the WIC nutrition program			
	Women (pregnant, breastfeeding and postpartum)	56,208		2014
	Babies born to mothers enrolled in WIC, As % of babies born	30,287	43.3%	2014
	Children (1 to 5 years old), As % of children age 1 to 5	83,371	29.8%	2014
	Households that are "food insecure," As % of households	216,414	9.9%	2013-2015
CT	Children in families visiting food shelves (non-unique, counted each visit)	1,266,632		2014
	Children in the Summer Food Service Program (average daily participation), As % of those enrolled in free and reduced-price school lunches	39,088	12.1%	2013

SAFE HOMES AND COMMUNITIES		Number	Percent/Rate	Year(s)
CT	Children under age 6 testing positive for lead poisoning	1,288		2014
	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	316,311	21.0%	2014
	Renter	274,052	45.0%	2014
CT	Housing status of children, As % of children in occupied housing units			
	Owner	935,990	73.2%	2014
	Renter	342,685	26.8%	2014
CT	Children age 10 to 17 arrested for serious crimes, Rate per 1,000 children age 10 to 17	6,361	11.1	2014
CT	Children who died from unintentional injuries	71		2014
CT	Children abused or neglected, Rate per 1,000 children	4,219	3.3	2014
CT	Children who committed suicide or were murdered	59		2014

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

Programs Supporting Healthy Development and Family Stability in Early Childhood

The programs below are a selection of public programs that support healthy development and family stability in early childhood. All of the programs below are underfunded and not all eligible children and families can enroll except for WIC, Medical Assistance and Part B & C, which all eligible children can currently access.

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 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, so currently about 6,000 families are on a waitlist for the program.

EARLY LEARNING SCHOLARSHIPS are a state funded program aimed to increase 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 a 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. Parent Pathway II scholarships are awarded to eligible Four-Star Parent Aware Rated program. These include Head Start, school district prekindergarten and preschool programs, and 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.

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.⁴⁵

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.⁴⁶ 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.⁴⁷ 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.⁴⁸

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 PROGRAMS are state funded preschool programs offered by school districts to help prepare children for kindergarten. Eligibility, availability, and structure vary by district.

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 2014 American Community Survey (ACS). Poverty status is not determined for people in military barracks, institutional quarters, or for unrelated individuals under age 18 (such as foster children). The federal poverty definition consists of a series of thresholds based on family size and composition.

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

DEMOGRAPHICS

Child population, 2014

Source: U.S. Census Bureau, Population Estimates for July 1, 2014.

Child population by age group, 2014

Source: U.S. Census Bureau, Population Estimates for July 1, 2014.

Child population by race/ethnicity, 2014

Source: U.S. Census Bureau, Population Estimates for July 1, 2014. Note: Hispanic/Latino children are not counted in racial groupings.

FAMILY & CAREGIVERS

Households raising children, 2014

Source: U.S. Census Bureau, 2014 American Community Survey.

Children in households, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children being raised by unmarried, cohabitating partners, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children being raised by grandparents, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children in immigrant families, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Total births, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert.

Births by maternal education, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert.

Births to US-born mothers, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert.

Births to foreign-born mothers, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert.

Children born to married mothers, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert.

Children born to unmarried mothers, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert.

Children born with no father listed on the birth certificate, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert.

Children born to teenage (15-17) mothers, 2012-14

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: Due to small numbers, rate represents 3-year average for 2012-2014; rate given per 1,000 teenage girls age 15 to 17.

Children in the Family Assessment Response Program, 2014

Source: Minnesota Department of Human Services. Minnesota’s Child Welfare Report for 2014, October 2015, # DHS-5408G-ENG.

Children in out-of-home placements, 2014

Source: Minnesota Department of Human Services. Minnesota’s Child Welfare Report for 2014, October 2015, # DHS-5408G-ENG.

Children aging out of foster care without a permanent family, 2014

Source: Minnesota Department of Human Services. Minnesota’s Child Welfare Report for 2014, October 2015, # DHS-5408G-ENG.

Children who were state wards waiting for adoptive homes, year-end, 2014

Source: Minnesota Department of Human Services. Minnesota’s Child Welfare Report for 2014, October 2015, # DHS-5408G-ENG.

ECONOMIC SECURITY

Children living in extreme poverty, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children living in poverty, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children in poverty by race/ethnicity, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Immigrant children in poverty, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children under age 5 living in poverty, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Children below 200% of the poverty line, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Families living in poverty, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Married-couple households with children in poverty, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Single-parent households with children in poverty, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Entire population living in poverty, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

Median annual income of families raising children, 2014

Source: U.S. Census Bureau, 2014 American Community Survey.

Median family income by race/ethnicity, 2014

Source: U.S. Census Bureau, 2014 American Community Survey. Note: See tables B19113A, B, C, D, E, and I.

Families with all resident parents in the workforce, 2014

Source: U.S. Census Bureau, 2014 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), 2014 (Tax Year 2014)

Source: Internal Revenue Service, Statistics for Tax Returns with EITC. Retrieved from <https://www.irs.gov/EITC-Central/eitcstats>. A tax household is the unit containing all people listed on a single return. Note: Data only includes taxes filed from January to June of 2014 for Tax Year 2014.

Total value of the Earned Income Tax Credit (EITC), 2014 (Tax Year 2014)

Source: Internal Revenue Service, Statistics for Tax Returns with EITC. Retrieved from <https://www.irs.gov/EITC-Central/eitcstats>. A tax household is the unit containing all people listed on a single return. Note: Data only includes taxes filed from January to June of 2014 for Tax Year 2014.

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>

Percent of families collecting child support, 2014

Source: Minnesota Department of Human Services, Child Support Enforcement Division. Child Support Performance Report 2014. 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 (March supplement). Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

EARLY CHILDHOOD

Children born preterm, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: Live births of babies who are less than 37 weeks gestation at birth. Single births only; not multiples.

Children born at low-birthweight, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: Refers to live births during 2014 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 in school, 2012-14

Source: U.S. Census Bureau, 2012-2014 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, 2014

Source: U.S. Census Bureau, 2014 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), 2015

Source: Minnesota Department of Human Services, Minnesota Child Care Assistance Program Fiscal Year 2015 Family Profile, March 2016. 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 2015 (July 1, 2014 to June 30, 2015).

Families on the waiting list for CCAP, August 2016

Source: Minnesota Department of Human Services. Note: The August 2016 waiting list was the most recent available at the time of publication.

Children served by Head Start or Early Head Start, 2015

Source: 2015 Minnesota Head Start Facts, Minnesota Head Start Association. Personal contact with Gayle Kelly.

Children served by Part C Early Intervention Services and have Individual Family Service Plans, 2014

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

K-12 EDUCATION

Students enrolled in non-public schools, 2015-16

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2015-15. Note: Count as of October 28, 2016.

Students enrolled in K-12 public schools, 2015-16

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2015-15. Note: Count as of October 28, 2016.

K-12 public school students with limited English proficiency, 2015-16

Source: Minnesota Department of Education, Data Center, 2015-15 Enrollments-County-Special Populations spreadsheet.

K-12 public school students enrolled in special education, 2015-16

Source: Minnesota Department of Education, Data Center, 2014-14 Enrollments-County-Special Populations spreadsheet.

Students changing schools, 2014

Source: Minnesota Department of Education, Data Center, Student Mobility-District Level, 2014-15

Students who graduated in 4-years, 2014

Source: Minnesota Department of Education, Data Center, 2014-2015 Graduation Rates.

Students who dropped out in 4-years, 2014

Source: Minnesota Department of Education, Data Center, 2014-15 Graduation Rates.

Children age 6 to 12 with all available parents in the workforce, 2014

Source: U.S. Census Bureau, 2014 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, 2012-2014

Source: U.S. Census Bureau, 2012-14 American Community Survey. Note: Three-year averages published in prior year KIDS COUNT Data Books are no longer collected at the Census Bureau.

Average monthly enrollment of children in Medical Assistance, 2015

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, 2015. 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, 2015

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Note: Child's age calculated as of July 1, 2015. 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. Note: Child enrollment in MinnesotaCare has decreased significantly since changes to program eligibility and expanded child access to Medical Assistance.

Children born to mothers who smoked during pregnancy, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: Births are assigned to the mother's county of residence, regardless where the birth occurred.

Children whose mothers received late or inadequate prenatal care, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert. Note: "Inadequate" is defined as either no prenatal care, care beginning in the 3rd

trimester, or an inadequate range of visits, regardless of when prenatal care began.

Children 24-35 months who are up-to-date with the vaccine series, 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+ HepB, 1+ Varicella, and Complete Pevnar. Data includes children born from July 2013 through June 2014.

FOOD AND NUTRITION

K-12 students approved for free or reduced-price school lunch, 2015-16

Source: Minnesota Department of Education, Data Center, 2015-16 Enrollments-County-Special Populations spreadsheet.

Average monthly enrollment of children receiving SNAP, 2015

Source: Minnesota Department of Human Services, MAXIS Data Warehouse. Personal contact with Amy Gehring. Note: Average monthly enrollment during calendar year 2015 of unique children in SNAP households. Includes children from MFIP Food Portion cases. Count of children only includes SNAP-eligible children in the household.

Average monthly participation in the WIC nutrition program, 2014

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

Percent of households that are "food insecure," 2013-15

Source: U.S. Department of Agriculture, Economic Research Service, Household Food Security in the United States, 2013-2015. Note: Based on data from the Current Population Survey Food Security Supplement. The data reported this year was a three-year average compared to one year in previous years.

Children in families visiting food shelves, 2014

Source: Hunger Solutions Minnesota, Food Shelf Statistics Report, 01/2014 to 12/2014. Personal contact with James Redmond. Note: Not a unique count of children served. All children in a family were counted each time a family member visited a food shelf during the year.

Children in the Summer Food Service Program, 2013

Source: Food Research and Action Center, State of the States 2013, Minnesota page. Note: Average daily participation during the month of July (busiest month). Rate is calculated by dividing summer participation figure by free and reduced-price school lunch enrollment figure. Updated 2014 data was not yet available.

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. Note: Refers to children who were tested and found to have blood lead levels of 5 Micrograms per Deciliter ($\mu\text{g}/\text{dL}$) 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 $\mu\text{g}/\text{dL}$ or greater. The change was made because in 2014 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.

Households where housing costs exceed 30% of income, 2014

Source: U.S. Census Bureau, 2014 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, 2014

Source: U.S. Census Bureau, 2014 American Community Survey 1-year Estimates.

Children age 10-17 arrested for a serious crime, 2014

Source: Minnesota Department of Public Safety, 2014 Bureau of Criminal Apprehension, Minnesota Justice Information Services, Uniform Crime Report (July 2015). 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, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert.

Children abused or neglected, 2014

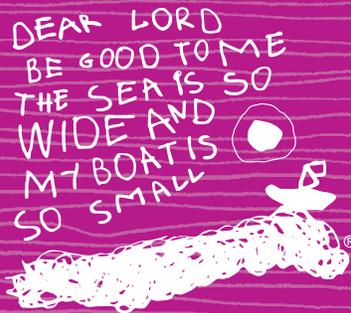
Source: Minnesota Department of Human Services, Minnesota's Child Welfare Report for 2014, October 2015, # DHS-5408G-ENG.

Children who committed suicide or were murdered, 2014

Source: Minnesota Department of Health, Center for Health Statistics. 2014 Minnesota County Health Tables. Personal contact with Joni Geppert.

Endnotes

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KIDS COUNT Online

National KIDS COUNT | www.kidscount.org

KIDS COUNT Data Center (National, State and Local Data) | datacenter.kidscount.org

Minnesota KIDS COUNT | www.cdf-mn.org/kidscount