



Minnesota Kids: A Closer Look 2004 Data Book

A publication from
Minnesota KIDS COUNT,
a project of
Children's Defense Fund
Minnesota

Minnesota KIDS COUNT is a project of the
Children's Defense Fund Minnesota.

Minnesota KIDS COUNT releases periodic reports and an annual data book to provide a statistical profile of Minnesota's children and suggestions for action on their behalf. This data book was made possible through funds provided by the Annie E. Casey Foundation.

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produced by
Children's Defense Fund Minnesota



Children's Defense Fund

The Mission of the Children's Defense Fund is to Leave No Child Behind and to ensure every child a Healthy Start, 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 children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investment before they get sick or into trouble, drop out of school, or suffer family breakdown. CDF began in 1973 and is a private, nonprofit organization supported by foundations, corporation grants and individual donations and does not receive government funds. In 1985, CDF established the St. Paul office to direct its efforts in Minnesota.

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**Access the data in this book in
an interactive format, and find
out about national
KIDS COUNT data and
KIDS COUNT projects throughout
the United States
at <http://www.kidscount.org>**

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INTRODUCTION

Minnesota consistently ranks number one in national surveys of child well-being. What does this mean? Statistically speaking, it means that more Minnesota children are healthy, safe, economically secure and well-educated than any other state in this nation.

One way to interpret this outcome is that Minnesotans value the well-being of their children, and have traditionally expressed a strong public commitment to children through public investments. Through this commitment over the past decades, Minnesota has made great progress in areas such as adolescent births, youth crime and violence, and child immunizations.

However, this progress will only be sustained by continued commitment. Recent legislative decisions proved to be devastating for many children, as many public programs that directly impact children were diminished or completely eliminated. It's too early to see the impact of these cuts from a statistical perspective, yet state-by-state comparisons suggest that the lack of public commitment will lead to a lack of positive outcomes. Our investments reflect our priorities and children should be a priority.

Minnesota Children in 2002

All Minnesota children deserve a fair start in life.

Too many Minnesota children live in families that have inadequate financial resources to make ends meet.

- One in eleven Minnesota children lived below the poverty line (about \$18,000 for a family of four.)
- One in twelve children received food support (their families made less than \$23,000 for a family of four.)
- One in four Minnesota children received free/reduced-price school lunches (less than \$33,000 for a family of four.)

These indicators all improved or held steady during the economic prosperity of the 1990s, but in the last year of available data, the percentage of children receiving food stamps and participating in free or reduced-price lunch programs is increasing.

All Minnesota children deserve a healthy start in life.

Too many Minnesota children do not have a good start at birth, some children are not fully immunized, and asthma remains a serious health concern for many Minnesota children.

- Over 1,600 adolescents gave birth in 2002.
- One out of every sixteen Minnesota babies was born at low birth weight.
- One in five Minnesota two-year-olds is not fully immunized.
- There were 1,500 hospitalizations due to asthma.

Introduction, continued on p. 3

INTRODUCTION, continued

Introduction, continued from p. 2

Minnesota has made excellent progress in reducing teen births; teen birth rates have decreased by 26% over the past ten years. The percentage of children not receiving their immunizations was also cut in half during that time. However, the percent of children born at low birth weight has climbed 24% during the same period, and asthma hospitalization rates have not decreased substantially.

All Minnesota children deserve a head start in life.

Too many Minnesota children are changing schools during the school year, are dropping out of school, or are not ready for kindergarten.

- Fifteen percent of the enrollment in Minnesota schools changed schools at least once during the school year. This has increased 14% during the last decade.
- Almost 11,000 Minnesota students dropped out of school in 2001-02. This rate decreased during the decade.
- Between 2% and 12% of Minnesota kindergartners were assessed as “not yet ready” for school,

depending on the domain (physical, social, arts, language or math.)

All Minnesota children deserve a safe start in life.

Too many Minnesota children are affected by crime, abuse, and injuries.

- 18,509 Minnesota children were arrested for serious crime in 2002. This number has been cut by more than half over the last ten years.
- About 10,000 Minnesota children every year have a substantiated report of child abuse and neglect, and another 5,300 enter the child welfare system through a new “alternative response” program. About 17,000 children are placed in foster care or group homes away from their families.
- 218 Minnesota children died preventable deaths from homicide, suicide or injury.

The data in this publication helps Minnesotans see where they are succeeding and where they need to do more. With this information, Minnesota citizens and policy makers can recommit themselves to ensure that no child is left behind.

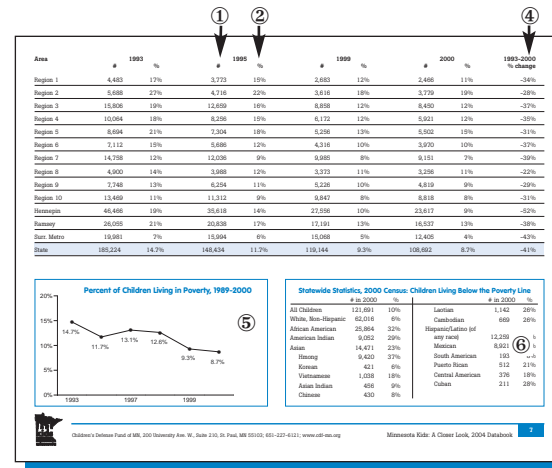
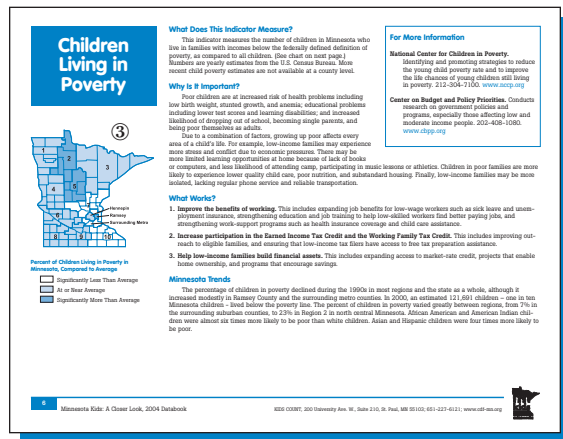
If you would like to join us in these efforts, please call 651-227-6121 or visit our web site at <http://www.cdf-mn.org>.



How to Read the Tables

- ① **Number of Children.** It helps to know the actual number of children affected by a problem, as well as the percentage. Small numbers in a category may fluctuate significantly from year to year, making interpretation more difficult.
- ② **Percent or Rate of Children** (compared to total population, total births, total school enrollment, etc.). Unless the number of children is very small, percentages and rates provide useful comparisons across time, even if the comparison group increases or decreases in size.
- ③ **Map.** The map ranks regions in thirds, allowing for regional comparisons. It can also help determine if a problem is concentrated in certain areas of the state.
- ④ **Percent Change.** This figure reveals trends over time (1993-2002). Small numbers in some regions can create relatively large percentage changes, however.
- ⑤ **Line Graph.** This shows the statewide trend for an indicator for each year of available data.
- ⑥ **Statewide Statistics by Race.** This provides a breakdown of the data by race and ethnicity when available.

Sample Indicator Pages



Family Economics

Families that are strong economically are good for children. Family economic security includes three components. First, it includes a families' ability to meet its financial needs through income. An adequate amount of income is important, but so is the stability and predictability of this income and enough income to begin to accumulate savings and assets, the second component of family financial security. Adequate savings and assets can help families survive a crisis such as loss of a job, plan for future education and retirement needs and improve their living standards. The third component is human and social capital, and refers to education, skills and employment experience and resources such as social and professional networks.

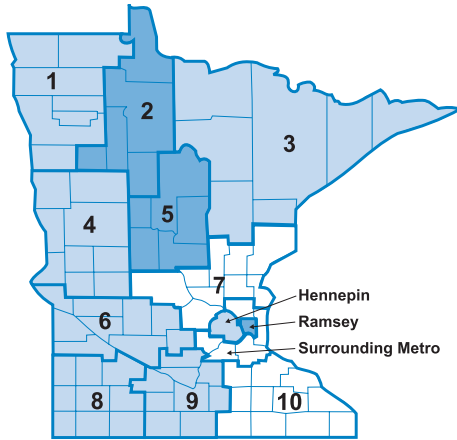
The National Center for Children in Poverty has identified a number of policy strategies that improve children's economic security by increasing family income through encouraging, supporting, and rewarding work. These include earned income tax credits, unemployment insurance, child care subsidies, housing assistance, public health insurance and food support.

Helping families increase their income has a significant impact on the well being of children. A recent study on improving children's economic security from the Center measured how changes in family income affected young children. They began the study with a sample of newborn children and measured these children's cognition, language and behavior at three years of age.

The study found that children in a family of four below the poverty level whose incomes increased by a modest \$372 per month performed just as well on measures of development as children from non-poor families. An increase in income made the most difference for children from the poorest families. Conversely, decreases in family income over the first three years of a child's life resulted in worse developmental outcomes at age three.

The full report from the National Center for Children in Poverty is available at <http://www.nccp.org>.

Children Living in Poverty



Percent of Children Living in Poverty in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the number of children in Minnesota who live in families with incomes below the federal definition of poverty, as compared to all children. (See chart on next page.) Numbers are yearly estimates from the U.S. Census Bureau. More recent child poverty estimates are not available at a county level.

Why Is It Important?

Poor children are at increased risk of health problems including low birth weight, stunted growth, and anemia; educational problems including lower test scores and learning disabilities; and increased likelihood of dropping out of school, becoming single parents, and being poor themselves as adults.

Due to a combination of factors, growing up poor affects every area of a child's life. For example, low-income families may experience more stress and conflict due to economic pressures. There may be more limited learning opportunities at home because of lack of books or computers, and less likelihood of attending camp, participating in music lessons or athletics. Children in poor families are more likely to experience lower quality child care, poor nutrition, and substandard housing. Finally, low-income families may be more isolated, lacking regular phone service and reliable transportation.

What Works?

1. **Improve the benefits of working.** This includes expanding job benefits for low-wage workers such as sick leave and unemployment insurance, strengthening education and job training to help low-skilled workers find better paying jobs, and strengthening work-support programs such as health insurance coverage and child care assistance.
2. **Increase participation in the Earned Income Tax Credit and the Working Family Tax Credit.** This includes improving outreach to eligible families, and ensuring that low-income tax filers have access to free tax preparation assistance.
3. **Help low-income families build financial assets.** This includes expanding access to market-rate credit, projects that enable home ownership, and programs that encourage savings.

Minnesota Trends

The percentage of children in poverty declined during the 1990s in most regions and the state as a whole, although it increased modestly in Ramsey County and the surrounding metro counties. In 2000, an estimated 180,692 children – one in eleven Minnesota children – lived below the poverty line. The percent of children in poverty varied greatly between regions, from 7% in the surrounding suburban counties, to 23% in Region 2 in north central Minnesota. African American and American Indian children were almost six times more likely to be poor than white children. Asian and Hispanic children were four times more likely to be poor.

For More Information

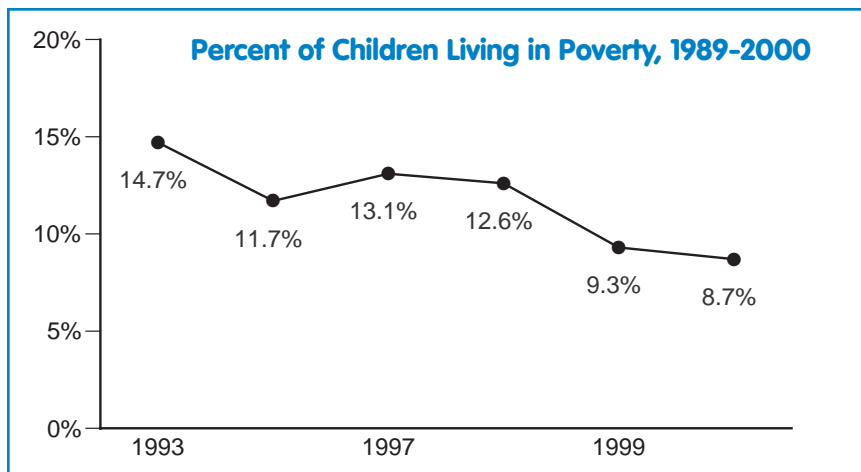
National Center for Children in Poverty.

Identifying and promoting strategies to reduce the young child poverty rate and to improve the life chances of young children still living in poverty. 212-304-7100. www.nccp.org

Center on Budget and Policy Priorities. Conducts research on government policies and programs, especially those affecting low and moderate income people. 202-408-1080.

www.cbpp.org

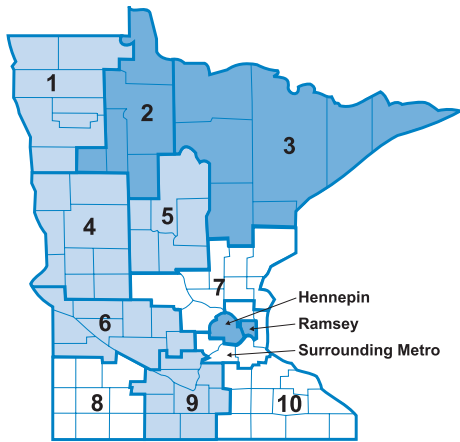
Area	1993		1995		1999		2000		1993-2000 % change
	#	%	#	%	#	%	#	%	
Region 1	4,483	17%	3,773	15%	2,683	12%	2,466	11%	-34%
Region 2	5,688	27%	4,716	22%	3,616	18%	3,779	19%	-28%
Region 3	15,806	19%	12,659	16%	8,858	12%	8,450	12%	-37%
Region 4	10,064	18%	8,256	15%	6,172	12%	5,921	12%	-35%
Region 5	8,694	21%	7,304	18%	5,256	13%	5,502	15%	-31%
Region 6	7,112	15%	5,686	12%	4,316	10%	3,970	10%	-37%
Region 7	14,758	12%	12,036	9%	9,985	8%	9,151	7%	-39%
Region 8	4,900	14%	3,988	12%	3,373	11%	3,256	11%	-22%
Region 9	7,748	13%	6,254	11%	5,226	10%	4,819	9%	-29%
Region 10	13,469	11%	11,312	9%	9,847	8%	8,818	8%	-31%
Hennepin	46,466	19%	35,618	14%	27,556	10%	23,617	9%	-52%
Ramsey	26,055	21%	20,838	17%	17,191	13%	16,537	13%	-38%
Surr. Metro	19,981	7%	15,994	6%	15,068	5%	12,405	4%	-43%
State	185,224	14.7%	148,434	11.7%	119,144	9.3%	108,692	8.7%	-41%



Statewide Statistics, 2000 Census: Children Living Below the Poverty Line					
	# in 2000	%		# in 2000	%
All Children	121,691	10%	Laotian	1,142	26%
White, Non-Hispanic	62,016	6%	Cambodian	669	26%
African American	25,864	32%	Hispanic/Latino (of any race)	12,259	23%
American Indian	9,052	29%	Mexican	8,921	25%
Asian	14,471	23%	South American	193	8%
Hmong	9,420	37%	Puerto Rican	512	21%
Korean	421	6%	Central American	376	18%
Vietnamese	1,038	18%	Cuban	211	28%
Asian Indian	456	9%			
Chinese	430	8%			



Children Receiving Food Support



Percent of Children Receiving Food Support in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the estimated number of children receiving food support (formerly known as food stamps) in July of each year (51% of the total caseload) as a percentage of the total number of children. Family income must be less than 135% of the poverty line, along with certain other asset limitations.

Why Is It Important?

Food support prevents hunger and malnutrition by providing assistance with food expenses to low-income families. Food support is often used by working families to supplement their low wages. In spite of the food support program, hunger and food insecurity persists. Minnesota statistics from the U.S. Department of Agriculture show that from 1996-98, 3% of children lived in households experiencing food insecurity with hunger, and 7% of children lived in households that were food insecure but did not report actual hunger. "Food-insecure" households without hunger reported difficulty obtaining enough food, reduced quality of diets, anxiety about their food supply, and increased use of emergency food sources. According to Minnesota FoodShare, almost 5% of Minnesotans use food shelves, and half of these users are children. Food shelves have seen a 10% increase in use during the last year.

What Works

1. **Ease the application process for food support.** Food support offices need to expand their office hours in order to serve the needs of low-income workers who cannot take time off from work to apply for services. Applications should be shortened and made available at sites where families apply for other benefits. It would also help to make applications available online.
2. **Improve outreach.** Low-income people must first be informed of their eligibility for food support programs. Effective outreach and public education campaigns can include the use of posters, flyers, and public service announcements. It is important to have this information at places where displaced workers go, such as unemployment compensation offices, job placement services, or bill payment counseling offices.

Minnesota Trends

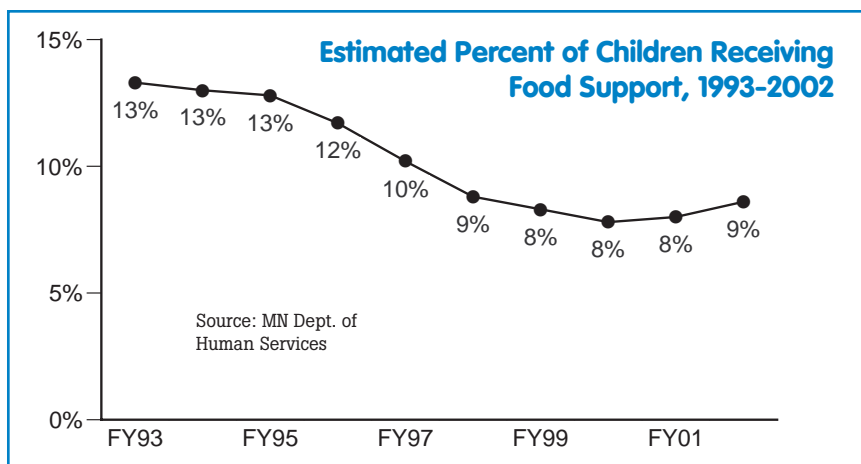
About 9% of Minnesota children received food support in 2002. Minnesota had a modest increase in the number of children receiving food stamps between 1999 and 2002, probably reflecting the economic downturn. All regions except Hennepin and Ramsey Counties had an increase during that time, reversing a decrease since 1993. The percentage of children receiving food support was highest in Regions 2 and 3 as well as in Hennepin and Ramsey counties. The surrounding metro counties had the lowest rate of food stamp use, followed by Region 7.

For More Information

The Food Research and Action Center. Working to improve public policies to eradicate hunger and under nutrition in the United States. 202-986-2200. www.frac.org

Hunger Solutions. A statewide partnership of organizations fighting hunger. 651-486-9860. www.hungersolutions.org

Area	1993		1996		1999		2002		1993-2002 % change
	#	%	#	%	#	%	#	%	
Region 1	4,842	18.4%	3,695	14.5%	2,169	8.8%	2,022	8.8%	-52%
Region 2	4,994	24.4%	4,293	20.2%	3,790	17.6%	3,904	18.5%	-24%
Region 3	14,942	18.7%	11,935	15.1%	8,683	11.1%	9,125	12.4%	-34%
Region 4	9,438	17.5%	7,500	13.9%	5,029	9.3%	4,975	9.4%	-46%
Region 5	6,402	16.2%	5,335	13.1%	3,570	8.6%	3,775	9.3%	-42%
Region 6	6,544	14.1%	4,723	10.4%	3,253	7.2%	3,345	7.7%	-45%
Region 7	10,750	9.0%	8,866	7.0%	5,981	4.4%	7,189	5.2%	-42%
Region 8	3,471	10.3%	2,694	8.2%	1,932	6.1%	2,252	7.2%	-29%
Region 9	6,073	10.4%	4,982	8.6%	3,587	6.3%	4,185	7.6%	-27%
Region 10	10,764	9.0%	10,183	8.7%	6,668	5.6%	8,072	6.6%	-27%
Hennepin	45,386	18.1%	42,488	17.2%	31,790	12.8%	32,395	12.0%	-34%
Ramsey	26,536	20.7%	26,233	21.6%	19,967	16.4%	19,936	15.1%	-27%
Surr. Metro	15,311	5.8%	13,206	4.7%	8,892	3.0%	11,455	3.7%	-37%
State	165,453	13.3%	146,134	11.7%	105,546	8.3%	112,631	8.6%	-36%

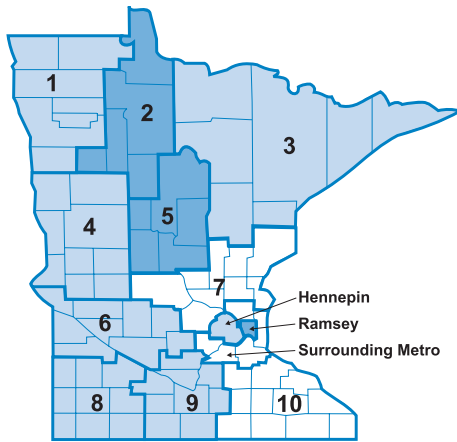


Statewide Statistics: Children Receiving Food Support

	Estim. # of Children Receiving Food Support	Percent
1993	165,453	13.0%
1994	163,773	13.0%
1995	158,244	13.0%
1996	146,134	12.0%
1997	127,053	10.2%
1998	109,857	9.0%
1999	105,546	8.3%
2000	99,786	8.1%
2001	104,262	8.0%
2002	112,631	8.6%



Children Receiving Free or Reduced-Price School Lunch



Percent of Children Receiving Free or Reduced-Price School Lunch in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the number of school-age children receiving free or reduced-price school lunches, compared to the total number of students. It also provides a measure of the percent of children who live in low-income families (below 185% of the poverty line).

Why Is It Important?

Many children receiving free or reduced-price school lunches live in low-income working families, yet these families still do not earn enough to provide for the basic needs of their children, including adequate food and nutrition.

School meals provide educational and nutritional benefits to students. School lunches provide one third to one half of the recommended daily allowances for key nutrients. Children who eat school meals perform better on standardized achievement tests and are late and absent from school less often than children who do not participate in the programs. School breakfasts also ensure that students start their school day with a nutritious breakfast, which has also been shown to have significant educational benefits.

What Works?

1. **Increasing outreach to parents, students and the public.** This includes outreach through school channels throughout the year, since families' eligibility may change during the school year.
2. **Supporting and expanding school breakfast programs.** This ensures that students get a nutritional start to their school day. Making these programs universal dramatically increases student participation in school breakfast.
3. **Continuing to allow the school lunch program to be self-certifying.** A recent test of income verification for school meal eligibility found that eligible children dropped out of the program, and one fourth of children who were actually eligible were incorrectly determined to be ineligible.

Minnesota Trends

Statewide, free or reduced-price school lunch participation was 11% higher in 2002-03 than it was in 1993-94. In the 2002-03 school year, 27.5% of students participated in the program, meaning that more than one in four Minnesota students lived in a low-income family. Over 20% received free lunch, meaning that their families were below 135% of the poverty level. The percentage of students in the program reflects differing poverty rates between regions of the state. The highest free or reduced school lunch rates were 48% in Region 2, and 44% in Ramsey County. The lowest rates were 14% in the surrounding metro counties.

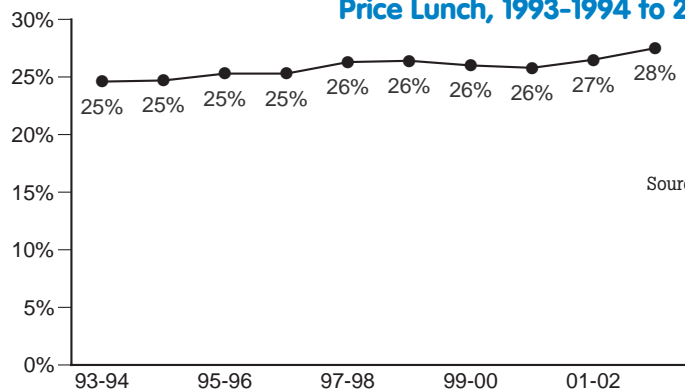
For More Information

Food and Nutrition Service, Minnesota Department of Education. Administers U.S. Department of Agriculture (USDA) food and nutrition programs, including school meals, that support American agriculture and the nutrition of children and some adults.
<https://fns.state.mn.us/>

The Food Research and Action Center. Working to improve public policies to eradicate hunger and under nutrition in the United States.
202-986-2200. www.frac.org

Area	1993-1994		1996-1997		1999-2000		2002-2003		93-94 to 02-03 % change
	#	%	#	%	#	%	#	%	
Region 1	6,637	34.9%	6,128	32.9%	5,962	35.0%	5,592	35.1%	0%
Region 2	7,048	46.7%	7,178	46.8%	7,482	50.4%	6,749	48.0%	3%
Region 3	15,311	27.1%	14,766	26.7%	15,758	29.9%	15,439	31.7%	17%
Region 4	11,747	31.7%	11,395	29.7%	10,559	29.5%	9,971	29.6%	-7%
Region 5	11,746	40.5%	12,555	39.4%	11,827	40.9%	11,366	40.6%	0%
Region 6	9,293	28.2%	8,473	26.1%	8,721	27.9%	9,127	30.9%	10%
Region 7	18,393	22.6%	18,469	23.7%	18,618	21.1%	19,075	20.9%	-8%
Region 8	7,075	30.9%	6,912	29.9%	6,833	31.3%	6,823	33.7%	9%
Region 9	9,802	25.8%	9,940	22.0%	9,809	26.7%	10,130	29.1%	13%
Region 10	15,699	20.5%	16,578	21.7%	16,599	23.2%	17,706	23.3%	14%
Hennepin	35,397	24.5%	44,360	29.0%	47,377	30.1%	51,689	33.1%	35%
Ramsey	26,651	34.5%	31,665	37.9%	36,176	41.1%	38,359	44.4%	28%
Surr. Metro	22,870	13.2%	23,632	12.7%	24,211	12.5%	28,196	14.0%	5%
State	197,669	24.6%	212,051	25.3%	219,932	26.0%	230,222	27.5%	12%

Percent of Children Receiving Free/Reduced-Price Lunch, 1993-1994 to 2002-2003



Source: MN Dept. of Education

Statewide Statistics: Children Receiving Free and Reduced-Price School Lunch

	Number	Percentage
1993-94	197,669	24.6%
1994-95	200,344	24.7%
1995-96	208,391	25.3%
1996-97	212,051	25.3%
1997-98	221,969	26.3%
1998-99	223,033	26.4%
1999-00	219,852	26.0%
2000-01	218,205	25.8%
2002-03	230,222	27.5%



Starting Out

Giving children the right start is very important for many reasons, one of which is making sure they enter school ready to learn. This includes being healthy, having good social and emotional development, proper language development, and other learning skills. Child Trends recently issued a research brief on school readiness and identified a number of important factors that determine a child's readiness for school. These include:

Child Health. Many factors must be addressed to ensure good health, and thus, good learning for children. Low birth weight, pre-term births should be prevented to minimize later problems. Immunizations protect children from many serious diseases that can limit children's ability to succeed in school. Good nutrition is essential for children's physical and intellectual development. Preventing unintentional injury can prevent long-term deficits in cognitive, behavioral and motor functioning. Finally, childhood emotional and behavioral problems can be helped by addressing parents' problems in these areas.

Family Factors. The family environment is crucial in shaping children's early development. Keeping families strong economically, promoting stable family structures with involved parents, and developing a rich home learning environment with good parenting practices can help children succeed in school.

Early Childhood Care and Education. Quality early childhood care and education programs help children with their cognitive, emotional and social development. This effect is especially strong for preschoolers who are from low-income families. Quality settings tend to have low staff-child ratios, smaller group sizes, and higher education, training and compensation of caregivers.

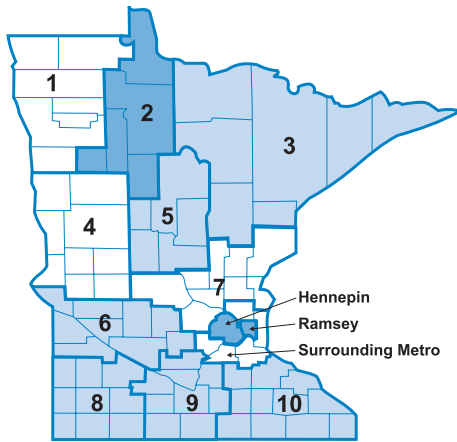
Other Factors. Smooth transition plans between child care settings or home and kindergarten can make children's first school experience more positive. Focusing on "emergent literacy" involves encouraging early interest in reading and writing and exposing young children to books. Media exposure, particularly television, can affect children's social behavior and either contribute to or detract from children's early learning.

The full Child Trends research brief is available at http://www.childtrends.org/schoolreadiness_intro.asp.

Starting Out



Children Born to Adolescent Mothers



Percent of Children Born to Adolescent Mothers in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the number of children born to mothers under eighteen years of age, and the three-year birth rate for young women ages 15-17, that is, how many out of each 1,000 young women gave birth during those years. The rate of these births is given as a three-year average for ages 15-17 in order to increase accuracy for smaller regions and counties.

The statewide rate is also provided below for mothers ages 18-19, who face many of the same risk factors as their younger counterparts.

Why Is It Important?

Teen births can be difficult both for the young mothers and for their children. Young mothers are less likely to complete high school and are less able to support their families than older mothers. Most young fathers are ill-equipped to take on the responsibilities of fathering due to lack of education and job skills, leading to low wages. Children born to teen mothers are more likely to have increased health, academic and social problems as they grow up, including poorer school performance, and an increased risk of child abuse and neglect.

What Works?

1. **Focus resources on adolescents at greatest risk.** This includes teenagers residing in low-income communities with a high percentage of single mother households, and girls whose mother gave birth as a teen or whose sister became pregnant as an adolescent.
2. **Help parents talk more effectively with their children.** Increase parental participation in all pregnancy prevention programs and create family support programs for parents of teenagers.
3. **Broaden the scope of prevention efforts.** This includes targeting efforts to young men as well as young women, focusing on other risk-taking behaviors such as alcohol use that affect sexual behaviors, and beginning prevention efforts early. It also includes programs that bolster the self-esteem and skills of adolescents.
4. **Develop comprehensive education programs.** These programs should focus on reducing sexual behaviors that lead to unintended pregnancy; use age- and culture-appropriate methods and materials; include activities that address social and peer pressure, and utilize trained teachers and/or peers.

Minnesota Trends

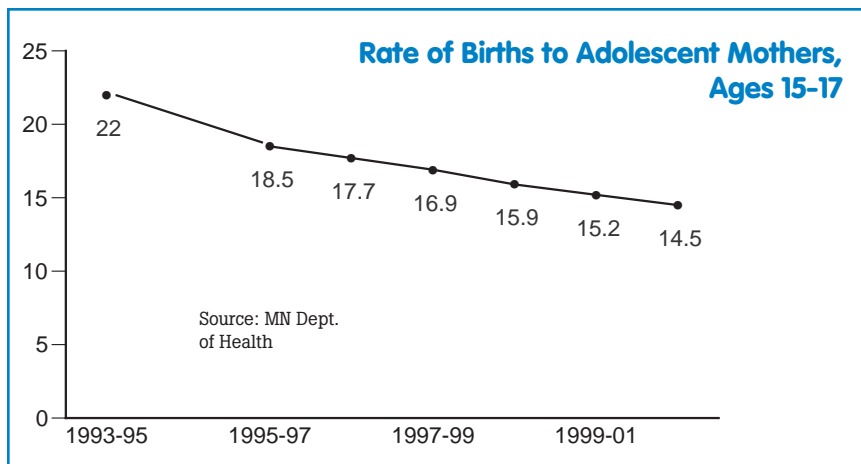
In 2002, 1,640 children were born to mothers younger than age 18, with a three-year average rate of 14.5 per 1,000. The rate for young mothers ages 18 or 19 was 48.5 per 1,000 in 2002. The rate of adolescent births has declined since 1993 for every region as well as for the state as a whole. Region 2 and Hennepin and Ramsey counties had the highest adolescent birth rates in the state. Regions 4 and 5 saw the steepest declines. In 2002, over 18% of births to women under 18 were to African Americans; 8% were to American Indians; and 10% to Asians. Latino mothers accounted for 17% of these births.

For More Information

MN Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP). Strengthening policies and programs related to adolescent pregnancy, prevention and parenting in Minnesota. 651-644-1447. www.moappp.org

The National Campaign to Prevent Teen Pregnancy. The goal of the National Campaign to Prevent Teen Pregnancy is to reduce the rate of teen pregnancy by one third between 1996 and 2005. 202-478-8500. www.teenpregnancy.org

Area	1993 #	1996 #	1999 #	2002 #	1993-95 rate/1000	1995-1997 rate/1000	1998-2000 rate/1000	2000-2002 rate/1000	93-95 to 00-02 % change
Region 1	29	37	27	30	16.9	15.2	13.2	11.5	-32%
Region 2	36	47	43	56	23.5	24.7	24.3	27.8	19%
Region 3	125	111	119	102	16.9	15.3	14.0	13.3	-21%
Region 4	82	73	71	44	17.7	14.7	14.4	10.2	-42%
Region 5	70	55	70	52	24.7	17.2	15.7	14.0	-43%
Region 6	63	60	69	50	16.8	15.8	16.5	14.4	-15%
Region 7	137	168	137	146	16.1	13.7	10.8	11.8	-27%
Region 8	46	46	38	37	14.6	15.2	11.3	12.7	-13%
Region 9	73	85	59	58	16.2	15.7	13.9	12.1	-25%
Region 10	149	127	144	144	16.8	14.4	13.6	12.8	-24%
Hennepin	558	534	510	414	31.5	26.7	22.2	19.3	-39%
Ramsey	350	372	361	288	38.4	35.1	33.4	25.3	-34%
Surr. Metro	240	304	239	217	14.1	12.4	9.0	8.8	-37%
State	1,958	2,019	1,887	1,640	22.0	18.5	15.9	14.5	-34%



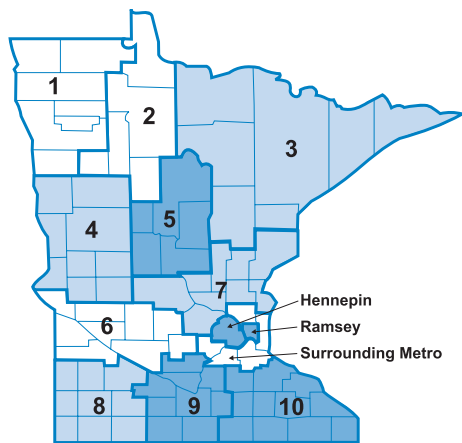
Statewide Statistics: Children Born to Adolescent Mothers

	All Children	American Indian African-American	Asian	White	Hispanic*	
1993	1,958	357	137	139	1,182	143
1994	1,999	361	157	108	1,234	139
1995	2,033	369	128	154	1,235	147
1996	2,017	325	106	174	1,180	192
1997	2,011	344	125	199	1,309	183
1998	1,940	353	146	233	1,177	221
1999	1,887	327	131	237	1,168	229
2000	1,797	326	123	184	1,131	254
2001	1,598	268	124	150	1,028	235
2002	1,640	304	133	165	1,005	280

* may be of any race



Children Born at Low Birth Weight



Percent of Children Born at Low Birth Weight in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the number of infants born who weigh less than 2500 grams (5.5 pounds). This includes those born prematurely (before 37 weeks) and those born at full-term but underweight, as a percentage of all births.

Why Is It Important?

As a group, infants born at low birth weight have higher rates of health problems than other children. By school age, children born at low birth weight are more likely to have mild learning disabilities, attention disorders, developmental impairments, and breathing problems.

Measuring the number of children born at low birth weight is also a good indicator of the overall level of prenatal care and maternal health. Also, multiple births (twins, triplets, etc.) are more likely to be born at low birth weight. Low birth weight is more prevalent in births to African American and Hispanic/Latino women, and to women who give birth at younger ages.

What Works?

1. **Promote and support research on the causes of low birth weight.** More research is needed to understand causes of low birth weight, including biological, medical, behavioral, and social factors. For example, it is unknown why women living in poverty are far more likely than affluent women to have low birth weight and/or pre-term babies even when biological or medical risk factors are taken into account. African American women are also at higher risk, regardless of their income.
2. **Expand access to prenatal health care.** Adequate, early, and regular prenatal care for mothers identifies medical problems in mothers and children, and prevents further problems through nutritional and lifestyle education.
3. **Focus intensively on smoking prevention and cessation.** Because maternal smoking is one of the leading causes of low birth weight, smoking prevention and cessation education needs to be a top priority for women of all ages.
4. **Ensure that pregnant women get adequate nutrition.** Since a mother's nutrition has a crucial impact on her child's later health, it is important that programs such as WIC (the Special Supplemental Food Program for Women, Infants, and Children) and food support are available to all eligible women.

Minnesota Trends

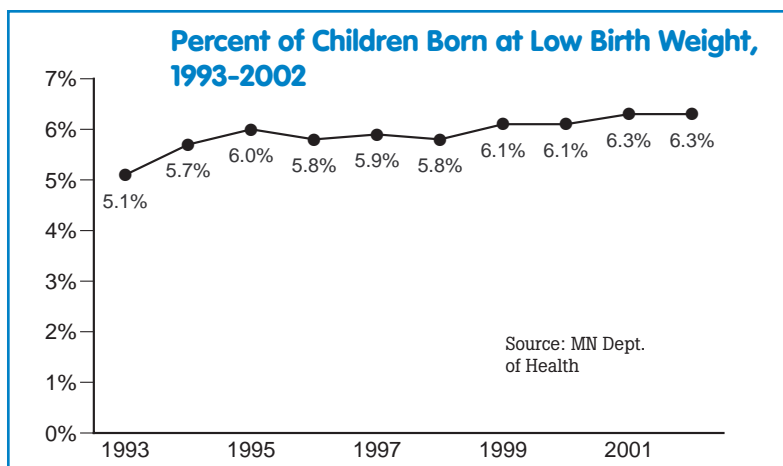
About one out of every sixteen children born in Minnesota in 2002 was born at low birth weight. This rate has increased steadily in the last ten years. Low birth weight babies were the most frequent in Ramsey and Hennepin counties and in Regions 5, 9 and 10. While almost all areas of the state saw an increase, in some regions it was much larger than the state increase. African American children are more likely to be born at low birth weight than are children of other races; almost 10% of African American births were at low birth weight in 2002. American Indian, Asian and Hispanic children were also more likely than white children to be born at low birth weight.

For More Information

March of Dimes. The mission of the March of Dimes is to improve the health of babies by preventing birth defects and infant mortality. 952-835-3033. www.modimes.org

Minnesota Department of Health. A smoking and pregnancy tip sheet is available from the Maternal and Child Health Division. <http://www.health.state.mn.us/divs/fh/mch/mortality/tobacco-tipsheet.html>

Area	1993		1996		1999		2002		1993-2002 % change
	#	%	#	%	#	%	#	%	
Region 1	39	3.5%	56	4.9%	61	6.0%	53	5.3%	52%
Region 2	56	6.0%	48	5.1%	64	6.9%	53	5.4%	-10%
Region 3	169	5.0%	142	4.5%	218	6.8%	194	5.9%	19%
Region 4	116	5.0%	119	5.2%	121	5.1%	147	6.4%	28%
Region 5	94	5.3%	88	5.0%	89	4.9%	130	6.8%	27%
Region 6	75	3.7%	83	4.3%	103	5.2%	101	5.0%	36%
Region 7	278	5.0%	319	5.4%	332	5.2%	442	6.1%	23%
Region 8	73	4.7%	79	5.4%	81	5.8%	88	5.9%	26%
Region 9	107	4.1%	134	5.3%	137	5.3%	179	6.9%	70%
Region 10	314	5.5%	319	5.9%	388	6.8%	414	6.8%	24%
Hennepin	911	5.8%	1,045	6.8%	1,020	6.4%	1,096	6.8%	17%
Ramsey	428	5.5%	487	6.6%	570	7.5%	513	7.0%	27%
Surr. Metro	660	4.7%	796	5.5%	831	5.6%	872	5.6%	19%
State	3,320	5.1%	3,715	5.8%	4,016	6.1%	4,282	6.3%	23%



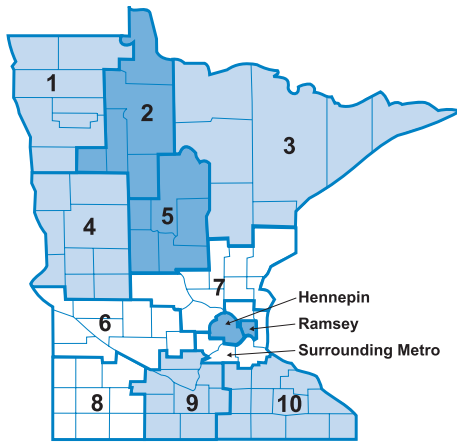
Statewide Statistics: Children Born at Low Birth Weight

	All Children	American Indian				Asian		White		Hispanic*	
		African American									
1993	3,320 5.1%	348 9.9%	100 7.2%	174 6.8%	2,675 4.7%	85 5.4%					
1994	3,646 5.7%	429 11.5%	94 6.6%	192 6.9%	2,893 5.1%	107 6.4%					
1995	3,709 6.0%	405 11.2%	105 7.9%	181 6.4%	2,960 5.4%	129 6.7%					
1996	3,715 5.8%	365 12.0%	63 5.9%	175 6.6%	2,936 5.4%	138 6.0%					
1997	3,801 5.9%	366 11.1%	80 7.0%	189 6.5%	3,110 5.5%	169 6.7%					
1998	3,806 5.8%	468 10.1%	87 6.1%	221 6.7%	2,993 5.4%	n/a					
1999	4,016 6.1%	534 10.5%	104 7.3%	280 8.0%	3,060 5.5%	207 6.3%					
2000	4,140 6.1%	556 10.2%	103 6.9%	231 6.4%	3,191 5.7%	297 6.1%					
2001	4,179 6.2%	434 9.5%	84 6.6%	277 7.7%	3,338 5.8%	277 6.1%					
2002	4,282 6.3%	568 9.7%	123 7.6%	309 7.6%	3,221 5.8%	339 6.0%					

* may be of any race



Children Not Fully Immunized By Age 2



Percent of Children Not Immunized by Age 2 in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What This Indicator Measures

This indicator measures the number and percent of kindergartners who did not receive all of the appropriate immunizations by age two. The data was collected through a review of the immunization records of kindergarteners.

Why Is It Important?

Vaccines have been one of the greatest influences on improving child health. Child immunizations have been responsible for greatly reducing the incidence of diseases such as measles, mumps, and rubella, and completely eliminating polio. Immunization also protects those in the community who have not been vaccinated because they are too young or for medical reasons, and those who have, but have not become completely immune.

By immunizing children, future medical costs such as doctors' visits, medication, and hospitalization for vaccine-preventable diseases are eliminated. Every dollar invested in an immunization program saves ten dollars in medical costs to treat disease and illness.

What Works

1. **Insure eligible children.** Nationally, there is a strong connection between living in poverty and not being immunized by age 2. Low-income children need access to health insurance and regular medical care.
2. **Improve provider practices.** Sometimes children do not receive immunizations due to "missed opportunities," i.e. they visit a doctor for another reason, but are not updated on their vaccinations. Health care providers need to check immunization history at each visit. It is also important for providers to regularly update patients' contact information so they can contact children who miss immunizations. Lastly, providers need to remind parents of upcoming immunizations.

Minnesota Trends

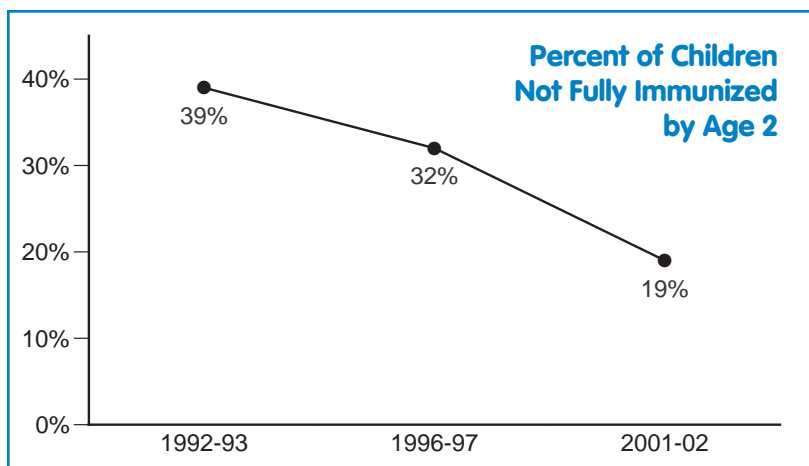
All Minnesota regions and the state as a whole have made significant and sustained progress in increasing childhood immunizations in the last decade. Still, one in five two-year-olds did not receive all the recommended immunizations. For kindergarteners in 2001, 19% had not been fully immunized by age two, fewer than half the percentage not immunized in the 1992-93 school year. Many regions of the state also saw the number of unimmunized children drop by more than 50%. Immunization rates among children of color have also improved substantially, but still are lower by 8 to 19 percentage points than rates for white children.

For More Information

Immunization Action Coalition. Works to increase immunization rates and prevent disease by creating and distributing educational materials for health professionals and the public that enhance the delivery of safe and effective immunization services.
www.immunize.org

Center for Disease Control National Immunization Program. Information for the public, health care professionals, partners, and the media. www.cdc.gov/nip/

Area	1993		1996		2002		92-93 to 01--02 % change
	#	%	#	%	#	%	
Region 1	651	42%	479	32%	228	21%	-50%
Region 2	455	47%	430	37%	206	21%	-54%
Region 3	1,596	38%	1,303	42%	615	18%	-52%
Region 4	1,234	46%	1,004	37%	464	20%	-57%
Region 5	921	41%	748	34%	426	22%	-47%
Region 6	946	37%	737	42%	366	18%	-51%
Region 7	2,515	38%	2,110	35%	1,172	16%	-57%
Region 8	709	38%	519	28%	267	18%	-53%
Region 9	936	31%	794	15%	504	20%	-34%
Region 10	2,201	34%	1,656	27%	1,118	19%	-43%
Hennepin	5,969	42%	5,572	37%	2,992	22%	-48%
Ramsey	3,805	46%	2,789	35%	1,781	25%	-47%
Surr. Metro	5,257	36%	3,938	26%	2,257	14%	-61%
State	27,193	39.3%	22,023	32.0%	12,396	18.9%	-52%

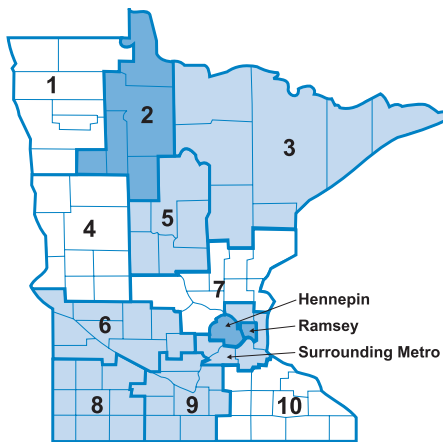


Statewide Statistics: Children Not Fully Immunized by Age 2

	All Children	American Indian	African American	Asian	Hispanic	White
1992-93	27,193 39%	1,914 62%	568 48%	1,469 65%	606 57%	18,040 37%
1996-97	22,023 32%	1,547 62%	597 52%	2,962 70%	1,381 67%	21,970 42%
2001-02	12,396 19%	1,748 38%	289 27%	1,133 34%	1,078 35%	7,256 15%



Children Transferring Schools



Percent of Children Transferring Schools in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the number of transfers occurring between public schools within a district or between schools in different districts during the school year, compared to the total school enrollment. Students who transferred more than once are counted each time they transfer schools. Students who move over the summer are not included.

Why Is It Important?

According to a study on school mobility from the Kids Mobility Project, students who move often have lower attendance rates, which impact their school achievement. Other studies have found that average reading scores for students who moved three or more times were half those of students who did not move. Students who, on average, were absent 20% of the time scored 20 points lower than students who attended school nearly every day. Also, students who moved often had more problems with behavior and making friends and were more likely to be suspended.

Although moves are sometimes positive for families, 59% of families who moved in the Kids Mobility Project study did so to cope with housing or personal problems, and 21% were forced to move because of eviction, property condemnation, etc. Although available state data is not kept by race or economic status, in this study, students of color and low-income students were most likely to be mobile.

What Works?

1. **Change school district policy.** School districts need to limit policies, such as redistricting, that contribute to unnecessary mobility. It is important that they are flexible with school boundaries and provide transportation in order to keep students in their schools.
2. **Create support from counselors, administrators and other school staff.** Schools need to create and implement procedures to welcome and facilitate positive adjustment for new students and families.
3. **Encourage school partnerships with social service agencies.** Frequent moves or absences may alert school staff to a family crisis. Partnerships with social service agencies can provide staff with the necessary information and training for effective interventions that can prevent or lower the rate of student mobility.

Minnesota Trends

There was about one transfer for every seven children during the 2001-02 school year. The percentage of transfers in all Minnesota schools increased by 17% from 1992-93 to 2001-02. Over the past nine years, transfers increased in almost every region, with the exception of the surrounding metro counties. Regions 2 and 3, and Hennepin and Ramsey Counties had the highest percentages of transfers, although both Region 2 and Ramsey County decreased these numbers during the last school year. Schools in the northwestern Minnesota regions had the most stable enrollment, as did southeastern Minnesota.

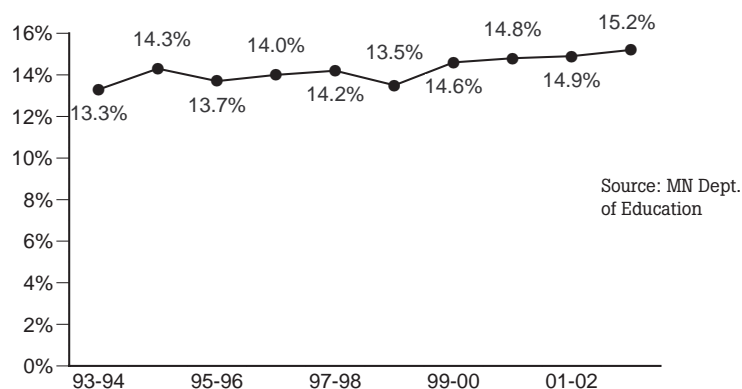
For More Information

Minnesota Housing Partnership. Information on housing issues and activities in Minnesota. 651-649-1710. www.mhponline.org

MICAH (Metropolitan Interfaith Council on Affordable Housing). Mobilizing congregations and people of all faiths to address the root causes of inadequate housing. 612-871-8980. www.micah.org

Area	1993-1994		1996-1997		1999-2000		2002-2003		93-94 to 02-03 % change
	#	%	#	%	#	%	#	%	
Region 1	1,871	9.9%	3,980	21.4%	1,954	11.5%	1,535	9.6%	-2%
Region 2	2,573	17.1%	3,585	23.4%	3,659	24.6%	3,443	24.5%	44%
Region 3	7,691	13.6%	8,176	14.7%	8,172	15.5%	7,295	15.0%	10%
Region 4	4,316	11.7%	4,729	12.8%	4,097	11.5%	3,756	11.2%	-4%
Region 5	3,492	12.1%	3,816	13.1%	3,724	12.9%	3,443	12.4%	2%
Region 6	3,444	10.5%	3,683	10.5%	4,088	13.1%	3,881	13.2%	26%
Region 7	8,567	10.5%	8,872	10.3%	9,633	11.0%	10,128	11.2%	6%
Region 8	2,016	8.8%	2,559	11.1%	2,233	10.2%	2,435	12.0%	37%
Region 9	3,237	8.5%	4,086	10.6%	3,946	10.8%	4,376	12.7%	48%
Region 10	7,571	9.9%	8,791	11.3%	9,387	12.2%	9,074	12.0%	21%
Hennepin	23,389	17.8%	26,012	17.3%	29,705	19.1%	33,338	21.6%	21%
Ramsey	13,850	18.0%	16,335	19.5%	19,875	22.6%	17,762	20.5%	14%
Surr. Metro	22,236	13.1%	22,511	12.2%	21,860	11.3%	26,146	13.1%	0%
State	105,587	13.3%	116,936	14.0%	122,333	14.6%	126,612	15.2%	15%

School Transfers as a Percentage of Enrollment, 1993-94 to 2002-03



Statewide Statistics: Children Changing Schools

	Number	Percentage
1993-94	105,587	13.3%
1994-95	115,437	14.3%
1995-96	112,762	13.7%
1996-97	116,936	14.0%
1997-98	118,989	14.2%
1998-99	113,481	13.5%
1999-00	122,333	14.6%
2000-01	124,395	14.8%
2001-02	124,902	14.9%
2002-03	126,612	15.2%



Challenges to Success

Most of the indicators in this section measure problems for children and youth or how their families and society's intervention systems have failed them. What works to prevent the kind of negative experiences of neglect, abuse, violence, poor educational achievement, injury and even death that are reflected in these statistics?

Child Trends recently did a comprehensive analysis of how to promote well-being among adolescents. Their review of over 1,000 studies about "what works" found factors common across all domains of adolescent health, including mental health, emotional well-being, educational adjustment and achievement, physical health and safety, positive reproductive health, social competency and positive citizenship. Here are a few of their findings:

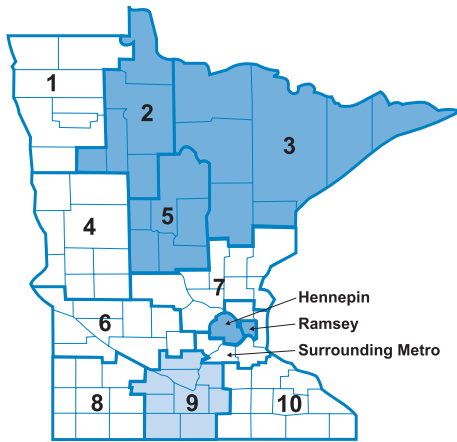
- Adolescent behaviors cluster, i.e. youth that have one positive or negative characteristic often have many other corresponding characteristics. For example, youth who are having trouble in one area, such as substance abuse, are more likely to engage in risky sexual behaviors, have poorer overall health and other problems.
- Parent-child relationships are key to adolescent development and well-being. Strong relationships between parents and their children are associated with positive outcomes such as higher academic motivation and achievement, better social skills and lower rates of risky sexual behaviors.
- Peer influences are important and can be positive. For example, youth whose friends have high educational aspirations and engage in other positive and healthy behaviors behave in a similar fashion.
- Siblings, teachers and other adults/mentors provide additional support and can improve the well-being of adolescents.
- A holistic approach to problems is best, incorporating factors such as public policy, school quality and neighborhood conditions.
- Engaging youth themselves is critical for success of programs trying to change adolescent behavior.
- Start young and sustain the effort over time. Early intervention before adolescence can prevent problems from developing later on.
- Think positive. "Promoting skills and assets, instead of preventing deficits seems more likely to result in youth realizing their potential and subsequently avoiding the effects of negative influences."

The full summary is available at http://www.childtrends.org/youthdevelopment_intro.asp.

Challenges to Success



Children Dropping Out of School



Percent of Children Dropping Out of School in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the number of students in grades 7 through 12 who drop out of school during the school year, compared to the total number of students in those grades. PLEASE NOTE: This indicator differs from the graduation rate used in previous KIDS COUNT data books (but no longer reported by the Department of Education), which measured the percent of students in a particular class who graduated on time.

Why Is It Important?

Not graduating from high school is associated with many future problems for young adults. Students who drop out of school are three times as likely to slip into poverty in adulthood as are those who finish high school. Job prospects are minimal for young and unskilled workers, and the earnings of high school drop-outs are significantly lower than for those who complete more education. Graduation rates are especially low for American Indian, African American and Hispanic students. These students represent an increasing percentage of the student body in Minnesota, which makes the impact of these statistics even more significant for the state.

What Works?

1. **Make it easier for potential drop-outs to stay in school.** Research shows evidence of “push-out” syndrome in many schools, where teachers and administrators make little effort to hold onto potential drop-outs. It is important to root out policies that tacitly permit dropping out and to better train school personnel to help students stay in school.
2. **Address the underlying causes of dropping out.** The odds of dropping out are influenced by many forces beyond the classroom. Some include the social and emotional conditions associated with poverty, persistent teasing that is not addressed, and unstable housing.
3. **Strengthen school readiness.** Access to health care, beginning with prenatal care, and access to high-quality early education programs have shown to improve academic achievement and graduation rates.
4. **Strengthen the skills and understanding of the adults who affect students’ motivation and ability to stay in school.** It is important to expand access to parent education and family support programs geared to the challenges of raising adolescents. Research shows that children need stable, positive emotional relationships with at least one parent or key person in order to be resilient during tough circumstances.

Minnesota Trends

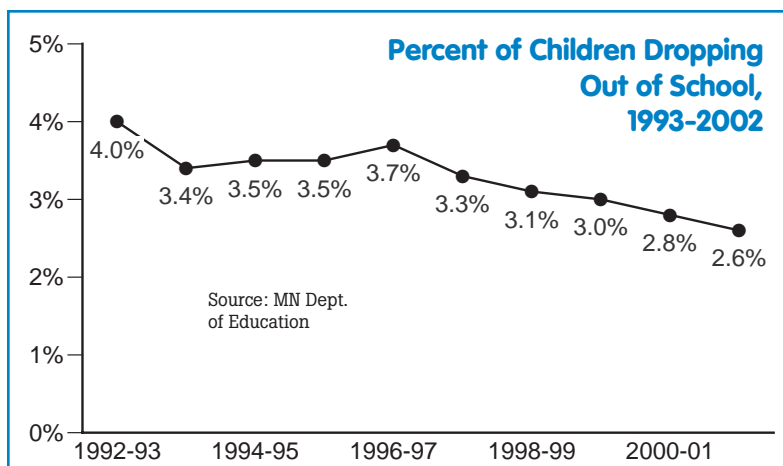
During the 2001–02 school year, 2.6% of students dropped out of school in Minnesota. This is a 33% decrease since the 1992–93 school year. Many regions of the state also had a decrease in the percentage of students dropping out. Drop-out rates are lowest in the western and southern regions of the state, and higher in northern regions 2, 3, and 5 as well as Hennepin and Ramsey counties. Students of color, particularly American Indian, African American and Latino students, have much higher drop-out rates than white students, although these rates appear to have decreased over the past ten years.

For More Information

Minnesota Minority Education Partnership. A nonprofit collaborative that seeks to increase the success of students of color in Minnesota schools, colleges and universities. 612-330-1645. www.mmep.net

National Institute on the Education of At-Risk Students. US Department of Education Consumer Guide. www.ed.gov/pubs/or/ConsumerGuides/dropout.html

Area	1992-1993		1995-1996		1998-1999		2001-2002		92-93 to 01-02 % change
	#	%	#	%	#	%	#	%	
Region 1	110	1.2%	120	1.3%	117	1.3%	119	1.4%	16%
Region 2	214	3.3%	313	4.3%	342	4.5%	257	3.5%	8%
Region 3	742	2.9%	762	2.7%	843	3.1%	829	3.3%	14%
Region 4	282	1.7%	508	2.8%	404	2.1%	368	2.1%	24%
Region 5	430	3.2%	499	3.5%	387	2.7%	461	3.2%	-1%
Region 6	460	3.0%	467	2.9%	290	1.8%	328	2.1%	-30%
Region 7	765	2.1%	1,051	2.6%	1,134	2.4%	908	2.0%	-5%
Region 8	133	1.3%	200	1.7%	171	1.5%	222	2.1%	60%
Region 9	310	1.8%	378	2.0%	508	1.8%	413	2.2%	26%
Region 10	902	2.7%	984	2.7%	985	2.9%	810	2.1%	-24%
Hennepin	4,585	7.8%	3,684	5.8%	3,425	4.9%	2,793	3.8%	-52%
Ramsey	2,425	7.9%	1,957	5.7%	1,677	4.3%	1,330	3.3%	-59%
Surr. Metro	2,263	3.1%	2,329	2.9%	2,208	2.8%	2,011	2.1%	-33%
State	13,621	4.0%	20,853	3.2%	12,491	3.1%	10,849	2.6%	-33%

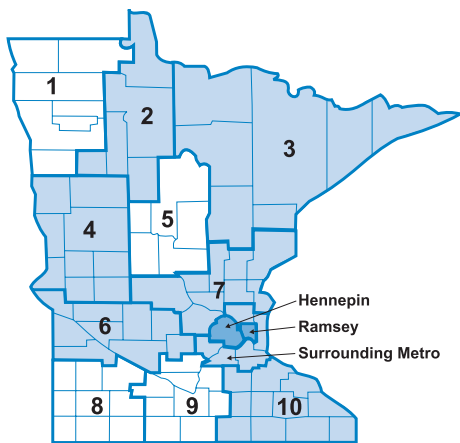


Statewide Statistics: Children Dropping Out of School

	All Children		African American		American Indian		Asian		Hispanic		White	
	#	%	#	%	#	%	#	%	#	%	#	%
1992-93	13,621	4%	2,081	18%	999	18%	693	7%	656	13%	9,211	3%
1993-94	12,098	3%	1,812	14%	787	13%	612	5%	681	12%	8,496	3%
1994-95	12,930	3%	1,963	14%	920	15%	618	5%	675	11%	8,754	3%
1995-96	13,252	3%	2,086	14%	883	13%	587	4%	742	11%	8,954	3%
1996-97	14,325	4%	2,423	15%	983	14%	749	5%	824	11%	9,346	3%
1997-98	13,180	3%	2,071	11%	859	12%	699	4%	743	9%	8,808	3%
1998-99	12,491	3%	1,953	10%	868	12%	727	4%	788	9%	8,155	2%
1999-00	12,301	3%	2,116	10%	855	11%	872	5%	826	9%	7,632	2%
2000-01	11,474	3%	2,015	9%	794	10%	753	4%	925	9%	6,987	2%
2001-02	10,849	3%	1,779	7%	768	10%	611	3%	1,191	10%	6,500	2%



Children Arrested for Serious Crime



Percent of Children Arrested for Serious Crime in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the number of youth arrested for either crimes against people (murder, rape, robbery, aggravated assault) or crimes against property (burglary, auto theft, larceny.) The rate given is the number of arrests for these crimes divided by the estimated number of youth ages 10-17. These statistics reflect variation in arrest practices in different jurisdictions.

Why Is It Important?

Youth crime has a negative effect on victims, perpetrators, and the community as a whole. Most youth who commit crimes have other problems in their lives, including victimization as young children, learning disabilities, substance abuse, family dysfunction, poor neighborhoods and poverty.

What Works?

- 1. Assure all school-age children and teenagers access to after-school, weekend and summer youth development programs.** The prime time for youth crime is on school days between 3:00 PM and 6:00 PM. Quality youth development programs during this time can reduce crime and turn the time into hours of academic enrichment and community involvement.
- 2. Assure all families access to school readiness child care programs** proven to dramatically reduce crime. While parents are at work, programs providing nurturing, stimulating child care for babies and toddlers can not only prepare children to succeed in school but also dramatically reduce crime later.
- 3. Help schools identify troubled and disruptive children** at an early age, and provide children and their parents with the counseling and training that can help kids get back on track. When children and youth are disruptive and troubled, it is a warning signal to start looking for causes, and provide the proven social skills training, counseling or other help for the children and their families.
- 4. Work to improve deficient parenting and prevent child abuse and neglect.** Being abused or neglected multiplies the risk that a child will grow up to be violent.

Minnesota Trends

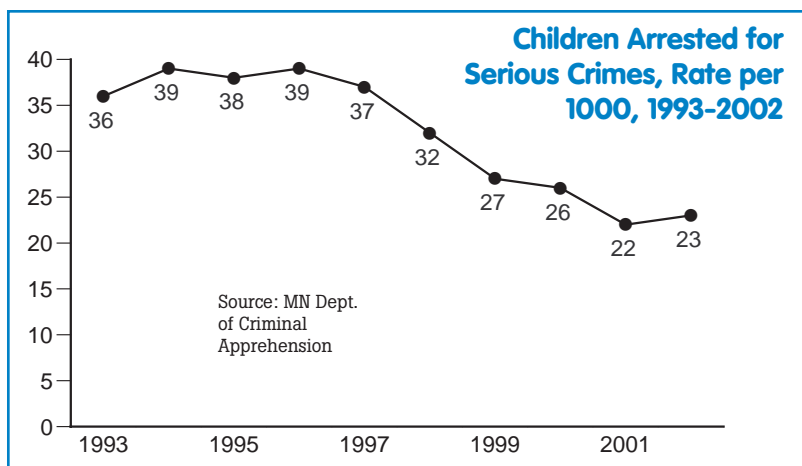
There were 14,059 arrests of youth for serious crimes in 2002, a rate of 23 arrests per 1,000 youth age 10 to 17. This rate has decreased by 37% since 1993. Of all youth arrested for serious crimes, 72% were for larceny (theft, including shoplifting) and 11% were for violent crimes, primarily aggravated assault. Arrest rates decreased substantially for all regions throughout the past ten years. The highest rates were in Hennepin and Ramsey counties, and the lowest rates were in Regions 1 and 5.

For More Information

Minnesota Center Against Violence and Abuse (MINCAVA) Electronic Clearinghouse. Youth violence articles, fact sheets and other informative resources. www.mincava.umn.edu/youth.asp

Fight Crime Invest in Kids. A bipartisan, nonprofit anti-crime organization led by more than 2,000 police chiefs, sheriffs, prosecutors, victims of violence and leaders of police officer associations. www.fightcrime.org/top.php

Area	#	1993 rate/1000	#	1996 rate/1000	#	1999 rate/1000	#	2002 rate/1000	1993-2002 % change
Region 1	227	20	242	20	151	13	86	8	-62%
Region 2	335	36	322	31	225	21	180	17	-52%
Region 3	1,019	27	1,134	29	1,046	27	791	21	-22%
Region 4	665	28	592	23	446	17	564	21	-24%
Region 5	354	20	401	21	217	11	218	11	-46%
Region 6	624	31	833	39	472	22	440	20	-35%
Region 7	1,466	28	1,560	27	881	14	1,237	19	-33%
Region 8	339	22	374	24	357	23	218	14	-37%
Region 9	642	25	819	30	451	17	402	14	-42%
Region 10	1,556	31	1,997	38	1,388	26	1,214	20	-35%
Hennepin	4,310	46	5,436	54	4,750	46	3,866	32	-29%
Ramsey	3,046	66	3,547	73	2,431	49	2,074	36	-46%
Surr. Metro	3,921	36	4,117	34	2,911	22	2,767	20	-46%
State	18,509	36	21,282	39	15,737	27	14,059	23	-37%



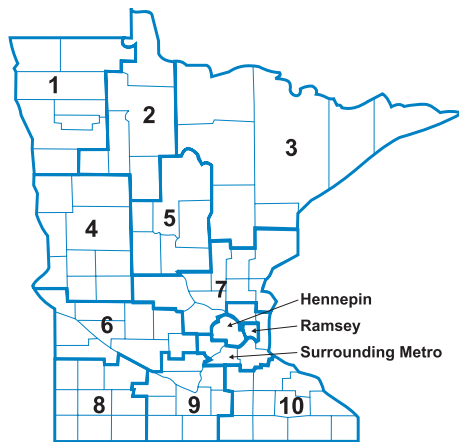
Statewide Statistics: Children Arrested for Serious Crimes

	All Children	African American	Amer. Indian	Asian	White
1993	18,509	2,836	939	717	14,017
1994	20,721	3,626	914	826	15,355
1995	20,354	3,541	1,016	894	14,903
1996	21,282	3,684	946	1,199	15,453
1997	20,512	3,838	974	1,322	14,378
1998	18,416	3,577	855	1,151	12,833
1999	15,737	3,325	775	1,199	10,438
2000	15,389	3,283	759	982	10,374
2001*	13,569	2,291	616	585	9,104
2002	14,059	3,312	521	811	9,415

*Race breakouts for 2001 do not include data from St. Paul.



Children Abused and Neglected



Alternative response is a relatively new program to replace the traditional investigation and determination of abuse and neglect with a family assessment that is safety-focused, comprehensive, strength-based, and collaborative. It is generally used for reports that don't allege immediate and serious harm, and tries to better employ resources, lessen trauma for the family, and increase safety.

What Does This Indicator Measure?

This indicator measures two different programs. From 1993 to 2000, it measures the number of children reported to county child protective services as abused or neglected, whose situations are investigated and who are found to have been abused or neglected. In 2001 and 2002, it also includes cases referred in many counties to the "alternative response" program. These families are provided services, but a determination of abuse or neglect is not made. These numbers do not measure cases that are not reported, cases that are reported but not investigated, and cases that are investigated and wrongly dismissed.

Why Is It Important?

All children should be raised in safe, nurturing and loving families. The physical and emotional scars of abuse and neglect can sometimes last a lifetime if not treated. They can prevent children from learning in school. They can make young people more vulnerable to violence and drug abuse. In many cases, early intervention can help families rebuild their lives and create good environments for children to grow up. In some situations, temporarily removing children from their home can be helpful; in other cases, a permanent home with a relative or adoptive parent is the best option.

What Works?

- 1. Primary prevention programs.** Programs such as Head Start and other early childhood programs reduce family stress, help families access resources and create social support.
- 2. Home visitation programs.** A trained visitor meets with new parents and provides support, advice, referrals and encouragement.
- 3. Family-centered services.** This includes chemical dependency interventions, parenting skills training, family therapy, and other assistance for families who have experienced child abuse and neglect.

Minnesota Trends

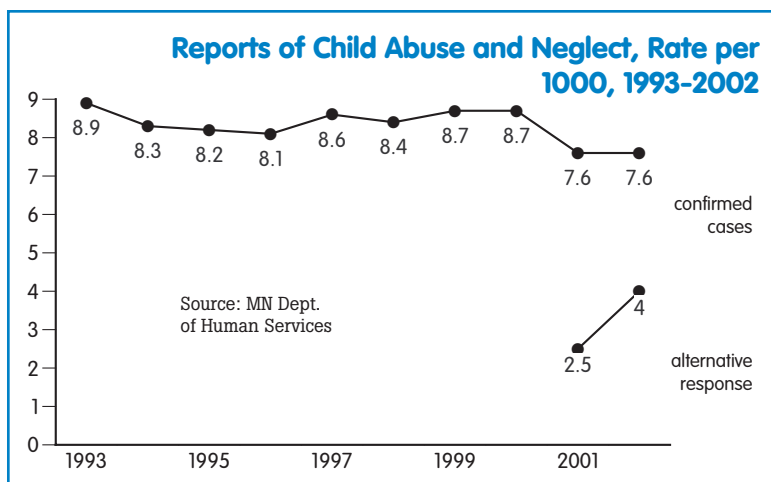
Statewide, the number and rate of substantiated instances of child abuse and neglect has varied little throughout the decade. In 2002, 10,000 children were found to have been abused or neglected, and an additional 5,329 children were involved in alternative response programs. The rate of children involved in alternative response increased as additional counties implemented the program. Rates were highest in Hennepin and Ramsey Counties and in Regions 2 and 4, and were lowest in the surrounding metro counties and in Regions 7 and 8.

For More Information

Child Abuse and Neglect Clearinghouse. A national resource for information on child welfare issues and the prevention, identification and treatment of child abuse and neglect. 800-394-3366. www.calib.com/nccanch

Prevent Child Abuse Minnesota. Preventing child abuse and neglect by promoting positive parenting, healthy families, and homes where children are valued and loved. 651-523-0099. www.familysupport.org

Area	1993		1996		1999		2002		2002	2002
	#	rate/1000	#	rate/1000	#	rate/1000	substantiated	alternative response	rate/1000 determined	rate/1000 alt. response
Region 1	220	8.4	277	10.5	158	6.4	157	101	6.8	9.1
Region 2	211	10.3	139	6.7	172	8.0	203	25	9.6	3.7
Region 3	607	7.6	540	6.8	531	6.8	542	370	7.3	5.5
Region 4	501	9.3	478	8.8	423	7.8	447	161	8.4	5.2
Region 5	459	11.6	366	9.1	369	8.9	330	108	8.2	3.4
Region 6	400	8.6	386	8.2	403	8.9	268	326	6.1	8.3
Region 7	468	3.9	639	5.2	621	4.6	530	501	3.8	5.4
Region 8	338	9.4	249	6.5	231	7.3	115	181	3.7	13.2
Region 9	688	9.9	494	7.1	541	9.6	458	205	8.3	5.7
Region 10	786	6.6	809	6.8	822	6.9	688	1,010	5.6	14.1
Hennepin	3,545	14.2	2,919	11.5	3,607	14.5	3,574	498	13.2	1.8
Ramsey	1,350	10.5	1,445	11.2	1,646	13.6	1,153	542	8.8	4.1
Surr. Metro	1,491	5.7	1,459	5.4	1,589	5.4	1,535	1,301	4.9	4.1
State	11,064	8.9	10,200	8.1	11,113	8.7	10,000	5,329	7.6	4.0



Statewide Statistics: Children Abused and Neglected

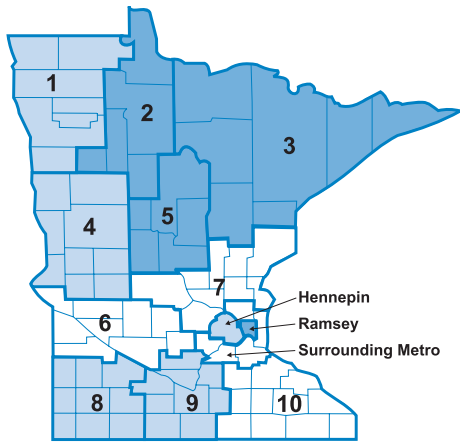
	All Children	American Indian African American	American Indian	Asian	Two or more races	White	Hispanic**
1993	11,058	2,273	870	195		7,090	478
1994	10,434	2,393	866	206		6,360	598
1995	10,273	2,175	846	185		6,268	663
1996	10,195	2,349	757	248		6,158	630
1997	10,777	2,699	768	269		6,259	719
1998	10,572	2,711	736	291		6,049	712
1999	11,113	2,822	957	403		5,822	816
2000	11,169	2,725	827	419	768	5,984	819
2001*	9,876	2,276	683	252	607	5,072	645
2002*	10,000	2,484	681	312	753	5,476	846

* Race breakouts include only children for whom abuse was determined through investigation. Race for 2000 and later data is categorized differently and makes direct comparisons to previous years difficult.

** of any race



Children in Out-of-Home Placements



Percent of Children in Out-of-Home Placements in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the number of children placed in foster care, emergency foster care, group homes or residential treatment facilities by county social service agencies, compared to the total number of children. Placements through the criminal justice system are not included in these numbers.

Why Is It Important?

Children in out-of-home placement are usually there because of serious problems in their families. The placement could be because of abuse or neglect by parents or other caregivers. For older children, it could be because of conflict with their families. Most placements end with children returning to their birth families; children who can't be returned to their birth families begin an adoption process, which can take a long time for older children, sibling groups and children with many special needs. The out-of-home placement caseload in Minnesota disproportionately consists of African American and American Indian children and disproportionately impacts those communities.

What Works?

1. **Coordinate many different services and support.** This includes help with basic necessities and other family needs, and it can help reduce the need for out-of-home placements.
2. **Strengthen parenting skills and support.** Research shows that programs to strengthen parenting skills and support systems are effective in cases of abuse rather than neglect, and for older children.
3. **Improve program effectiveness.** Provide more intense services for families with higher needs; have good quality staff; and assist parents in developing consistent relationships with helpers outside of their families such as teachers, home visitors or counselors.
4. **Continue to advocate for a culturally sensitive and competent child welfare system.** Families of color entering the child protection system should receive culturally competent services, children should be cared for within their own cultural communities, and counties and the state of Minnesota should be responsive to the concerns of communities of color regarding their children in out-of-home placements.

Minnesota Trends

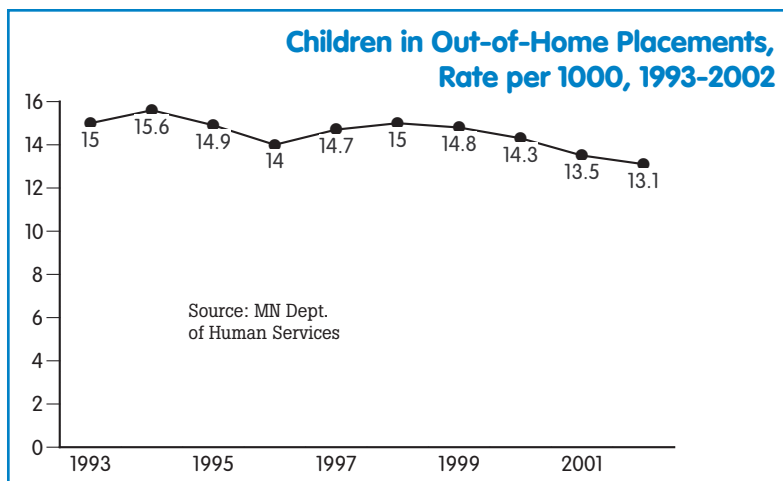
The rate of out-of-home placements in Minnesota has decreased somewhat in the past ten years. In 2002, 17,202 children were in out-of-home placements for some or all of the year, or about 13 out of every 1,000 children. Regions 2, 3, 5, Hennepin and Ramsey counties consistently have the highest rates of placement, while the surrounding metro counties have the lowest rates. The largest increases in out-of-home placements were in Ramsey County, Region 10 and Region 1; decreases were reported in Hennepin County, Region 3 and the surrounding metro counties.

For More Information

Child Welfare League of America. Resources on policy, practice and data. 800-407-6273. www.cwla.org

Children, Youth and Family Consortium, University of Minnesota. Out-of-home placement public policy brief. www.cyfc.umn.edu/policy/issues/briefings/placement.html

Area	#	1993 rate/1000	#	1996 rate/1000	#	1999 rate/1000	#	2002 rate/1000	1993-2002 % change
Region 1	253	9.6	289	11.0	302	12.2	344	14.9	55%
Region 2	418	20.5	423	20.3	434	20.1	430	20.4	0%
Region 3	2,074	26.0	1,864	23.3	1,724	22.1	1,615	21.9	-16%
Region 4	669	12.4	698	12.8	777	14.4	777	14.6	18%
Region 5	603	15.3	629	15.7	662	15.9	840	20.8	36%
Region 6	469	10.1	411	8.8	452	10.0	505	11.6	15%
Region 7	1,178	9.9	1,473	12.1	1,678	12.4	1,499	10.8	10%
Region 8	444	13.1	488	14.8	322	10.2	409	13.2	0%
Region 9	671	9.7	675	9.7	697	12.3	694	12.5	29%
Region 10	921	7.7	1,168	9.8	1,459.0	12.3	1,367	11.1	44%
Hennepin	6,713	26.8	4,973	19.7	5,001	20.1	4,252	15.7	-41%
Ramsey	1,582	12.3	1,684	13.1	2,167	17.8	2,269	17.2	40%
Surr. Metro	2,678	10.2	2,786	10.3	2,597	8.8	2,201	7.0	-31%
State	18,673	15.0	17,561	14.0	18,815	14.8	17,202	13.1	-13%

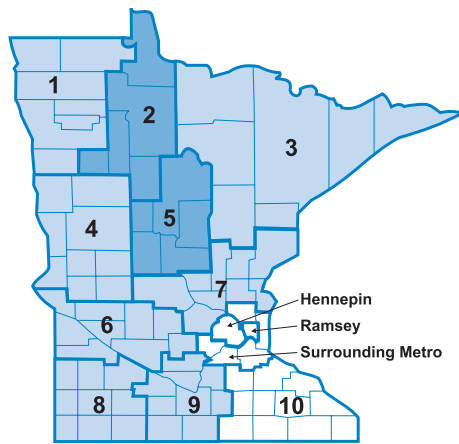


	All Children	American Indian African American	American Indian	Two or more races Asian	White	Hispanic*	
1993	18,673	3,860	2,108	316	11,489	562	
1994	19,636	4,007	2,176	292	11,658	581	
1995	18,492	3,685	2,034	308	11,308	636	
1996	17,508	3,492	1,995	285	10,701	644	
1997	18,381	3,981	2,030	332	10,897	726	
1998	18,854	4,107	2,102	408	11,089	844	
1999	n/a						
2000	18,451	3,573	1,903	440	1,581	10,613	1022*
2001	17,587	3,395	1,974	401	1,287	10,251	1043*
2002	17,202	3,366	1,933	450	1,247	9,881	1123*

Race for 2000 and later data is categorized differently and makes direct comparisons to previous years difficult. * Hispanic children may be of any race.



Children Dying from Homicide, Suicide and Injuries



Percent of Children Dying from Homicide, Suicide and Injuries in Minnesota, Compared to Average

- Significantly Less Than Average
- At or Near Average
- Significantly More Than Average

What Does This Indicator Measure?

This indicator measures the number of children who died each year from murder, suicide, car crashes or other unintentional injuries, compared to the total number of children and youth. This information is collected from death certificates. Some murders and suicides within this category may be counted as unintentional injuries. Because of small numbers, regional rates are given as three-year averages.

Why is It Important?

Although the overall number of child deaths each year is relatively small, each child is a unique and precious person who cannot be replaced. Also, for every death due to injury, there are many more serious disabilities, hospitalizations and medical problems. For every completed suicide, there are numerous suicide attempts. For every murder, there are many other cases of assault and abuse. These deaths represent a small portion of the actual harm suffered by children and youth.

What Works?

- 1. Focus intensively on motor vehicle safety.** Encourage the proper use of child safety seats for young children. Safety experts estimate that 80 percent of children who are placed in child safety seats are improperly restrained. For youth, it is important to support prevention programs that prevent substance abuse and drunk driving.
- 2. Support family and community resources for recognizing and treating teens in emotional distress.** Young people with an adequate support network of friends, family, and religious affiliation, peer groups, or extracurricular activities have ways to deal with their everyday frustrations and minimize emotional problems that can lead to suicide.
- 3. Focus on adult behaviors that endanger children.** Successful preventive interventions for child abuse and neglect include parenting education; respite care for families at-risk; support for young mothers and their male partners; and better detection and intervention training for social workers and health care providers.
- 4. Address other leading safety hazards.** Unintentional injuries can be prevented by increasing water safety; having working smoke alarms in homes; and providing families with information on how to prevent suffocation, choking, and strangulation.

Minnesota Trends

The child death rate in Minnesota has decreased slightly throughout the decade, to a rate of 1.5 out of every 10,000 children for 2000-02. The number and rate of child deaths in 2002 was the highest since 1995. This reflects an increase in deaths due to injuries. Regions 2 and 5 had the highest death rate for 2000-02. The largest percentage of child deaths continues to be injuries, which comprise 76% of deaths in this category from 1993 through 2002. Suicides comprise about 13%, and homicides comprise close to 12%. More than 18% of child deaths in the last ten years were among children of color; four percent were Latino children.

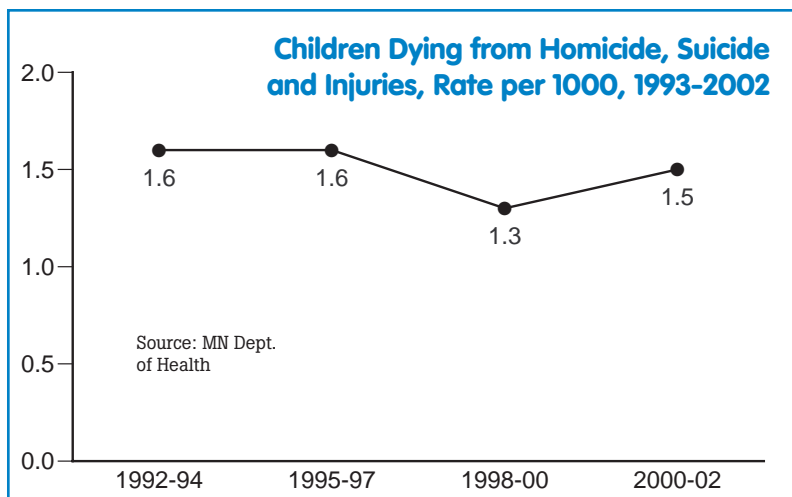
For More Information

Minnesota Safety Council/MN SAFE KIDS Coalition. Provides training, consultation, outreach and safety resources for preventing unintentional injuries. 800-444-9150. www.mnsafetycouncil.org

Minnesota Department of Health. Suicide Prevention Program. www.health.state.mn.us/divs/opa/suicidefct03.html

National Highway Traffic Safety Administration. Helps states and communities reduce the threat of drunk drivers, promotes motor vehicle safety. 888-327-4236. www.nhtsa.dot.gov

Area	1993	1996	1999	2002	1992-1994 rate/10,000	1995-1997 rate/10,000	1998-2000 rate/10,000	2000-2002 rate/10,000	92-94 to 00-02 % change
Region 1	7	6	1	5	2.4	3.0	1.4	1.9	-22%
Region 2	9	5	3	9	3.1	4.1	2.5	3.3	8%
Region 3	13	15	11	19	1.9	1.5	1.4	1.9	1%
Region 4	6	11	16	11	1.8	2.4	2.0	2.0	9%
Region 5	18	12	7	12	2.6	2.3	2.0	2.5	-4%
Region 6	8	11	10	11	2.1	1.6	1.6	2.1	3%
Region 7	20	21	14	31	2.0	1.7	1.4	2.0	-1%
Region 8	9	5	10	5	2.4	1.4	1.9	1.8	-26%
Region 9	21	11	8	8	2.0	1.4	1.9	1.8	-9%
Region 10	10	14	21	20	1.0	1.5	1.5	1.1	9%
Hennepin	32	42	14	30	1.4	1.5	1.0	1.2	-14%
Ramsey	23	17	11	12	1.6	1.5	1.1	1.0	-39%
Surr. Metro	28	35	13	45	1.2	1.3	0.9	1.1	-3%
State	204	205	139	218	1.6	1.6	1.3	1.5	-9%



Statewide Statistics: Children Dying Violently

	All Children	Children of Color*	Hispanic	Murder	Suicide	Injuries
1993	204	41	10	23	27	154
1994	183	41	3	19	16	148
1995	211	44	12	29	34	148
1996	205	35	n/a	32	24	149
1997	190	35	4	16	23	151
1998	171	35	5	23	25	123
1999	139	14	6	22	20	97
2000	183	30	7	16	21	146
2001	174	31	9	18	28	128
2002	218	42	14	20	22	176

*Does not include Hispanic



Children Hospitalized With Asthma

New Indicator!

County & Region Data
Not Available

What Does This Indicator Measure?

This indicator measures the number of asthma-related child hospitalizations, compared to the total number of children. This data probably underestimates the true extent of the problem, because children with serious asthma are often seen on an out-patient basis only, not all hospitals are part of the reporting system, and admissions to out-of-state hospitals are not included.

Why Is It Important?

Asthma is the most common serious, chronic childhood illness and can be life-threatening if not properly treated. Its incidence has risen rapidly in the past twenty years. It is a leading cause of children missing school, emergency room visits and hospitalizations. Asthma disproportionately affects low-income children. Attacks can be triggered by exposure to allergens, such as molds, pet dander, dust, food or cockroaches; vigorous exercise; exposure to cold air; or exposure to outdoor air pollution. Second-hand smoke exposure also triggers asthma in children.

What Works?

1. **Increase awareness and education among the public**, particularly parents, on how to best manage and treat asthma.
2. **Improve access to quality health care** to treat and manage asthma before it becomes life-threatening.
3. **Reduce harmful exposures.** Decrease children's exposure to asthma environmental triggers, by controlling outdoor pollutants, improving building standards to reduce indoor exposures in homes, child care centers, schools and other places where children spend their time; and implementing smoking restrictions in public places.
4. **Improve surveillance and data collection** on asthma prevalence and care among Minnesota children, including information about asthma in children of color.

Minnesota Trends

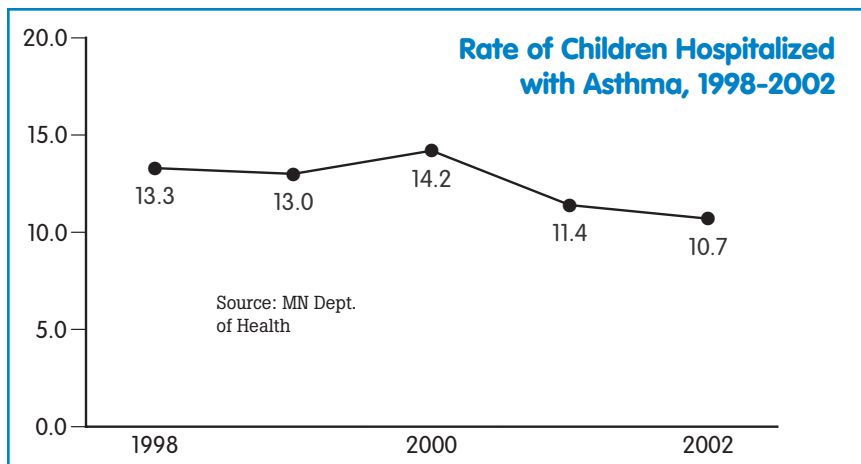
In 2002, 1,501 children in Minnesota were hospitalized for asthma-related reasons. There was a 20% decrease in the rate of children hospitalized between 1998 and 2002. However, this decrease was much smaller among children ages 0-4, who are the most likely to be hospitalized for asthma-related conditions. Boys were more likely than girls to be hospitalized; their rate per 10,000 was 12.6 in 2002, compared to 8.7 for girls.

For More Information

Minnesota Asthma Program, Minnesota Department of Health. "Accomplishing strategies together for healthier Minnesotans with Asthma." www.health.state.mn.us/divs/hpcd/cdee/asthma/

Minnesota Lung Association. Preventing lung disease and promoting lung health. www.alamn.org

	1998	rate per 10,000	1999	rate per 10,000	2000	rate per 10,000	2001	rate per 10,000	2002	rate per 10,000	% change, 1999-2002
All children	1,889	13.3	1,854	13.0	2,041	14.2	1,607	11.4	1,501	10.7	-20%
Age 0-4	852	26.3	895	27.4	993	30.1	856	26.6	810	25.4	-4%
Age 5-9	419	11.7	428	12.0	475	13.3	329	9.6	324	9.6	-18%
Age 10-14	361	9.8	328	8.8	348	9.3	238	6.4	225	6.1	-38%
Age 15-19	257	7.0	203	5.5	225	6.0	184	4.9	142	3.8	-46%
Male	1,171	16.1	1,134	15.5	1202	16.3	979	13.5	908	12.6	
Female	718	10.4	720	10.3	839	12.0	628	9.1	593	8.7	



Children Not Ready for School

New Indicator!

County & Region Data
Not Available

What Does This Indicator Measure?

This indicator measures the percentage of children not yet ready for kindergarten as determined by the Minnesota School Readiness Initiative of the Minnesota Department of Education. A sample of kindergarten teachers observed their students during the first six weeks of school and documented and rated their skills, knowledge and behavior in five domains: physical development and self-care, the arts, personal and social development, mathematical thinking, and language and literacy. Data is not yet available for individual counties or regions.

Why Is It Important?

School readiness has three components: the children, the schools, and the family/community. According to a report from Child Trends on School Readiness: Helping Communities Get Children Ready for School and Schools Ready for Children, children who are ready for school demonstrate physical well-being, social and emotional development, learning skills, language development and general knowledge. Also, schools that are ready for children will create a smooth transition between home and school, are committed to the success of every child, and take responsibility for the results of education. Parents are their children's first teachers. By investing time into helping their children learn and providing good role models for them, parents contribute to their children's school readiness.

What Works

- 1. Support parents in their role as children's first teachers.** This includes helping parents access information about appropriate development and encouraging parents to make learning a part of everyday activities as well as fully funding Early Childhood Family Education programs in every community.
- 2. Support and develop high-quality early child care and education opportunities.** Children who have quality early child care and education experiences are more likely to be successful in school.
- 3. Increase the readiness of schools to meet the varying needs of children** as they enter kindergarten. Schools can use home visits, orientation sessions for children and parents, and invite parents to become involved in the classroom.
- 4. Students who are identified with problems should receive immediate targeted referrals** for extra assistance. Early intervention can prevent later school failure.

Minnesota Trends

In the first two years that this survey was conducted, the large majority of Minnesota kindergarteners were "proficient" or "in process" for indicators of school readiness. Still, 2 to 11% were "not yet" ready, depending on the indicator. The percent not ready varied by both parental income and parental education. Parents who had a post-high school education were more likely to have children who were ready for school. Parents whose incomes were over \$35,000 were also more likely to have ready children than those with incomes under that amount.

For More Information

National Association for the Education of Young Children. Information on the importance of education for young children 0-8.
www.naeyc.org

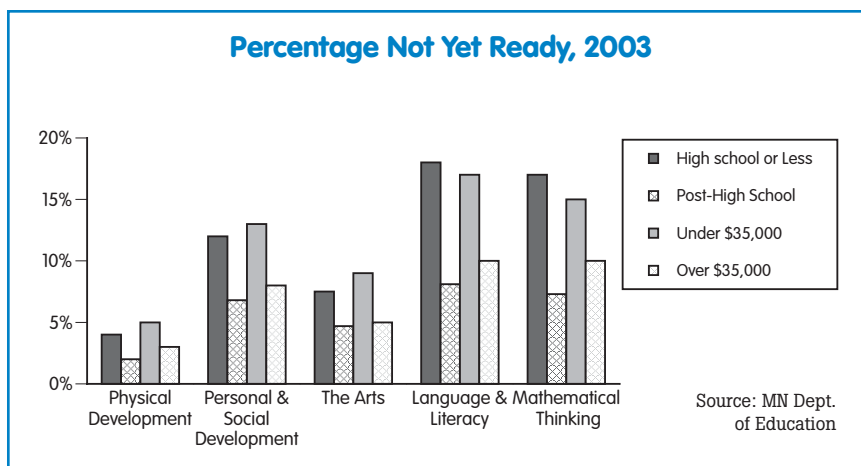
Minnesota Department of Education, Early Learning Services. Early childhood and family education programs are geared to promoting children's healthy development and supporting their families during these formative years in preparation for school entrance. www.education.state.mn.us/html/intro_early_learning.htm

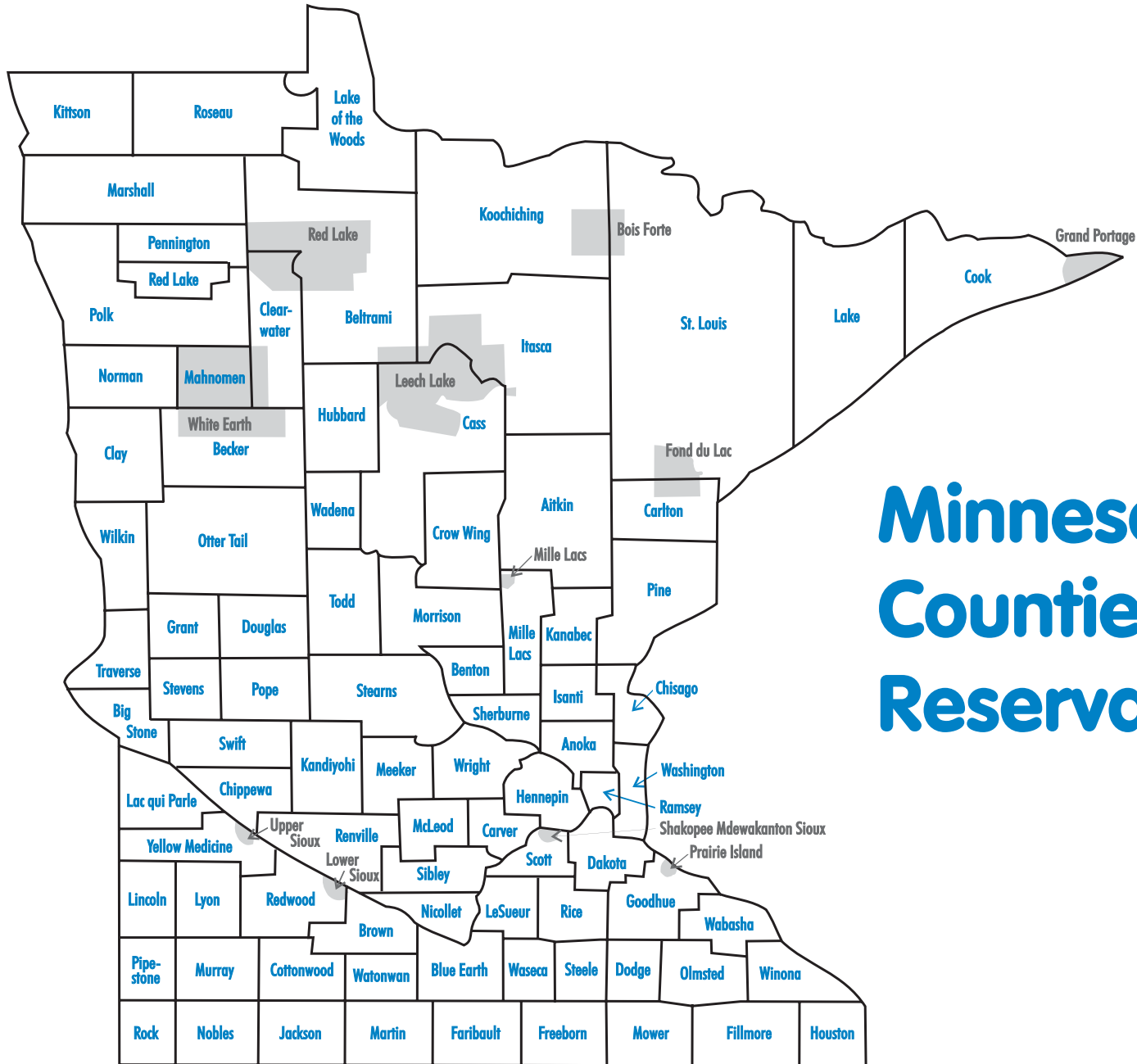
Indicator	Not Yet, 2002	Not Yet, 2003	In Process, 2002	In Process, 2003	Proficient, 2002	Proficient, 2003
Physical development & self-care	4%	2%	34%	41%	62%	57%
Personal & social development	13%	9%	38%	44%	49%	47%
The arts	10%	6%	42%	48%	48%	47%
Language and literacy	18%	12%	38%	46%	44%	43%
Mathematical thinking	13%	11%	44%	50%	42%	40%

Not Yet: The child cannot perform the indicator

In Process: The child cannot perform the indicator reliably or consistently

Proficient: The child can reliably perform this indicator





Minnesota Counties & Reservations

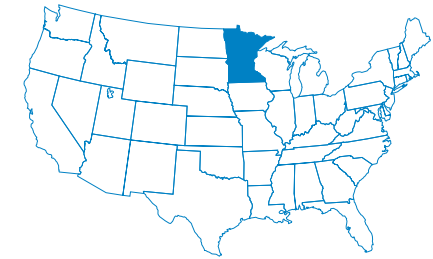
Minnesota

Demographics

Estimated total population, 2002	5,033,661
Estimated number of children <18, 2002	1,316,763
Estimated percent of children <18, 2002	26%
Estimated number of children <18, 1992	1,224,856
Percent change, 1992-2002	8%
Projected population under age 20, 2010	1,445,700

Minnesota is the twenty-first largest state in the United States. The per capita income in 2001 was \$33,059, the ninth highest in the country. It grew at an average annual rate of 4.9% between 1991 and 2001, faster than the nation's economic growth rate. The 2002 unemployment rate was 4.4% compared to the national rate of 5.8%.

In the most recent national KIDS COUNT data book, which used 2000 data, Minnesota ranked first in the nation on a set of ten indicators of child well-being. The state ranked first or second best on indicators showing the percentage of idle teens (not attending school and not working) (4%), the percentage of children living in families where no parent has full-time, year-round employment (16%), the percentage of teens who are high school dropouts (5%), the percentage of children in poverty (9%), and the percentage of families with children headed by a single parent (21%).



	1993	1997	2002	% change 1993-2002
Family Economics				
Children in poverty (1993, 1997, 2000)	185,224 15% ±2	167,853 13.1% ±2	108,692 9% ±3	-40%
Children receiving food support (<130% poverty)	165,453 13.3%	127,053 10.2%	112,631 8.6%	-36%
Children receiving free/reduced-price school lunches (93-94, 97-98, 02-03) (<185% poverty)	197,669 24.6%	221,969 26.3%	230,222 27.5%	12%
Starting Out				
Children born to adolescent mothers (a)/3-yr rate per 1,000	1,958	2,011 18.5	1,640 13.6	-26%
Children born at low birth weight	3,320 5.1%	3,715 5.8%	4,282 6.3%	23%
Children changing schools (93-94, 97-98, 02-03)	105,587 13.3%	118,989 14.2%	126,612 15.2%	14%
Children not fully immunized by age 2	27,193 39.3%	22,023 32.0%	12,396 18.9%	-52%
Challenges to Success				
Children dropping out of school (92-93, 96-97, 01-02)	13,621 4.0%	13,180 3.3%	10,849 2.6%	-33%
Children arrested for serious crimes/rate per 1,000	18,509 56.1	20,512 56.9	14,059 22.9	-59%
Children abused & neglected/rate per 1,000 (b)	11,064 8.5	10,777 8.3	10,000 (5,329) -	-
Children in out-of-home placements/rate per 1,000	18,673 13.9	18,381 15.0	17,202 13.1	-6%
Children dying from homicide, suicide and injuries/rate per 10,000	204 1.6	190 1.5	218 1.5	-6%

(a) mothers under 18 (b) numbers in parentheses reflect alternative response program participants



Demographics and County Descriptions

Population

Source: Children's Defense Fund Minnesota, http://www.demography.state.mn.us/demog_03.html

Estimates are taken from the State Demographer's Office, and proportioned by age according to the 2000 census.

Per Capita Personal Income and Economic Growth Rate

Source: Bureau of Economic Analysis, US Department of Commerce,

<http://www.bea.doc.gov/bea/regional/bearfacts/bf1/27/index.htm>

Definition: Per capita personal income is calculated as the personal income of the residents of an area divided by the population of the area.

Full definitions are available on the web site.

Unemployment Rate

Source: Minnesota Department of Economic Security. <http://www.mnwfc.org/lmi/download/dlaus.htm>

Definition: "Unemployed persons" includes all civilian, non-institutionalized persons aged 16 or older who, during the week of the 12th, were not employed, available for work, and engaged in job-seeking activities during the last 4 weeks. A full definition is available on the web site.

Indicators

Children Living in Poverty

Source: US Bureau of the Census, Small Area Income and Poverty Estimates (SAIPE), <http://www.census.gov/hhes/www/saipe.html>

Definition: The number of children below the federal poverty line. The Census Bureau creates this estimate based on administrative data. A complete report on the methodology is available at their web site. Estimates are given within a range of error.

Children Receiving Food Stamps

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

Definition: The number of children receiving food stamps during July of each year. The percentage is the estimated number of children receiving food stamps (51%) divided by the estimated total number of children in the state or county. Numbers for Mille Lacs County do not include the Mille Lacs County Band of Ojibwe. Not all income-eligible children participate in the program.

Children Receiving for Free/Reduced-Price School Lunches

Source: Minnesota Department of Children, Families and Learning, <http://cfl.state.mn.us/datactr/fallpops/index.htm>

Definition: The number of children approved to receive these meals in October of each school year. Family income must be below 185% of the federal poverty line. The percentage is the number of children approved divided by the total enrollment. Schools are assigned to the county where their district offices are located. Not all income-eligible children participate in the program, and private and home-schooled children are not included.

Children Born to Teenage Mothers

Source: Minnesota Department of Health, Center for Health Statistics, <http://www.health.state.mn.us/divs/chs/profiles2003/>

Definition: The number of children born to women who were less than age 18 at the time of birth. The rate of births is a three-year average of the number of births to 15-17 year olds divided by the estimated population of females 15-17 years. Information is collected from birth certificates, and births are assigned to the county in which the mother resides, even if the birth occurs in a different county.

Children Born at Low Birth Weight

Source: Minnesota Department of Health, Center for Health Statistics, <http://www.health.state.mn.us/divs/chs/profiles2003/>

Definition: The number of infants weighing less than 2500 grams (5.5 pounds) at birth. The percentage is the number of these births divided

by the total number of births. Information is collected from birth certificates, and births are assigned to the county in which the mother resides, even if the birth occurs in a different county.

Children Not Fully Immunized by Age 2

Source: Minnesota Department of Health, <http://www.health.state.mn.us/divs/idepc/immunize/stats/childimmstats.html>

Definition: The number and percent of kindergartners who did not receive all of the appropriate immunizations by age two. The data was collected through a review of the immunization records of kindergarteners. Over 65,600 children enrolled in a public or private kindergarten program in Minnesota during the 2001-2002 school year were included in the survey. Most of these children were born in either 1995 or 1996.

Children Changing Schools

Source: Minnesota Department of Education, <http://cfl.state.mn.us/datactr/mobility/index.htm>

Definition: A count of student transfers into and out of schools in other districts and between schools within a district during the school year. Students who transfer more than once in a school year are counted each time they transfer. The percentage of transfers (or Mobility Index) is calculated by adding together the mid-year enrollments, transfers and withdrawals and then dividing by the district's October 1 enrollment. Schools are assigned to the county where their district offices are located.

Children Dropping Out of School

Source: Minnesota Department of Education, <http://cfl.state.mn.us/datactr/compstu/index.htm>

Definition: A count of students who drop out within a school year and do not return by the following October 1st. The percentage is the total of reported dropouts divided by the October 1 enrollment for grades 7-12. Data represent the cumulative dropouts for grades 7-12 reported by each district for the school year. Schools are assigned to the county where their district offices are located.

Children Arrested for Serious Crime

Source: Minnesota Bureau of Criminal Apprehension,
<http://www.dps.state.mn.us/bca/CJIS/Documents/Crime2001/Page-20.html>

Definition: The number of children under 18 arrested for Part I crimes: murder, rape, robbery, aggravated assault, burglary, larceny, vehicle theft and arson. The rate per 1,000 is the total number of children arrested for Part I crimes divided by the estimated number of children ages 10-17 multiplied by 1,000. Not all children arrested for serious crimes committed these crimes, and some children are not arrested for crimes that they actually committed.

Children Abused and Neglected

Source: Minnesota Department of Human Services, <http://www.dhs.state.mn.us/CFS/Research/maltreat.htm>

Definition: The number of children for whom a report of child abuse or neglect was substantiated by a county child protection worker, as well as the number of children participating in the alternative response program (given in parentheses.). Substantiated abuse means that the county has conducted an assessment in response to a report and found that maltreatment occurred. The alternative response program does not conduct a determination that abuse or neglect actually occurred.

Children in Out-Of-Home Placements

Source: Minnesota Department of Human Services, <http://www.dhs.state.mn.us/childint/Research/outofhome.htm>

Definition: The number of children who spent time in foster care, group homes, emergency shelter or residential treatment facilities during the year, including those formally placed with relatives. The rate is the number of these children divided by the estimated total number of children and multiplied by 1,000. This figure does not include most children in correctional facilities.

Children Dying from Homicide, Suicide and Injury

Source: Minnesota Department of Health, Center for Health Statistics, <http://www.health.state.mn.us/divs/chs/profiles2002/>

(continued on page 42)

Data Notes, continued from page 41

Definition: The number of children dying from homicide, suicide and unintentional injuries, including motor vehicle crashes (as drivers, passengers or bystanders), falls, and drowning. The region rates are given as three-year averages; the county rate is the number of children dying for all years 1991-00, divided by the estimated total number of children, multiplied by 10,000. The information is obtained from death certificates.

About the Bar Graphs for Counties

The graphs allow comparison of multiple indicators within a county and how a county compares to the state average for each indicator. The "County Average" is the mean of all counties' data points. Each thin line represents one standard deviation above or below the average for the last ten years.

Standard scores for each indicator (also known as z-scores) are computed by taking the difference between each data point and the mean, and dividing it by the standard deviation (a measure of the degree to which all of the counties' data points cluster around the mean.)

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**Pages for every Minnesota county can be downloaded from
<http://www.cdf-mn.org/kidscount.html>.**

**If you would like to receive up to three complimentary county pages,
please call 651-855-1183.**

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please send a message to *cdf-mn@cdf-mn.org*.**



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