



MINNESOTA KIDS COUNT

Thriving Children, Thriving Minnesota 2022



LETTER FROM CDF-MN

Children need our help early, and they need it now. Our country and state must make some difficult choices that prioritize them going forward. There is no denying we need more of our budget priorities aligned with their well-being, and it would be a mistake to cut programs that help children, specifically poor children. With thousands of children living in poverty, this is not the time to cut investments that work in child health, nutrition, and early childhood development. Unfortunately, child investments are notoriously easy targets. Moving our children from a place of surviving to thriving requires a shift that translates our values and proximity to programs into public policy. Advancing policy transforms outcomes for every child in Minnesota. Evidence shows that safety net programs that boost earnings for low-income families improve both immediate and long-term health, educational, and career outcomes for children in those families. Expanding the social safety net helps address the equity gap that Black and Brown children in Minnesota face and it produces the kinds of impacts that help ensure all Minnesota children are thriving and growing in stage appropriate ways.

ALISHA PORTER, Minnesota Director

WHAT IS KIDS COUNT?

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the U.S. by providing policymakers and community members with benchmarks of child wellbeing. KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. As the Minnesota KIDS COUNT grantee, Children's Defense Fund-Minnesota (CDF-MN) releases periodic reports on the wellbeing of children and families in Minnesota. We thank the Annie E. Casey Foundation for its support but acknowledge that the findings and conclusions presented in this book are those of CDF-MN alone, and do not necessarily represent the opinions of the foundation. Any or all portions of this data book may be reproduced without prior permission, provided the source is cited. Questions about the contents of this book may be directed to Debra Fitzpatrick at dfitzpatrick@childrensdefense.org.

INTRODUCTION

Since the release of the last KIDS COUNT data book in 2020, it has been a momentous three years for Minnesota’s children and their families. While it seemed like everything we knew was upended, three years later, data and policy show that some things did not change at all while other negative trends accelerated. Temporary, successful efforts to reduce hunger, housing instability and poverty for thousands of Minnesota children—disproportionately from the state’s Black, Indigenous and communities of color—appear to be growing distant in the rearview mirror. The transformational change many hoped to build on pandemic innovations and a racial reckoning appears to be waning as the system quickly settles back into its previous structurally unequal state—as if nothing extraordinary happened.

In a real-world 2021 experiment, before our very eyes, we learned about the power and impact of policy choices. Federal policymakers made a clear choice to significantly decrease child poverty and follow the science about the impact of small amounts of additional income on the lifetime trajectory of a child, delivering support to children without deservingness tests or excessive bureaucratic hoops. Then they made

an equally clear decision to take those short and long-term gains away from the children.

It will be years before we are able to see a fuller picture of the past three years, one that will likely still leave many children and families in the shadows with their experiences and stories remaining untold. Key data systems that we depend on to measure how children and families are faring were disrupted. Changes to the Census Bureau’s American Community Survey make it more difficult to discern changes over time for Minnesota’s children from communities of color. These challenges reinforce the need to bring forward the lived experiences that generate the numbers and focus on the topics uppermost on the minds of Minnesota families. In this 2022 Data Book, policy areas prioritized by families are the focus, the best data available (some of it, pre-pandemic) is shared but increasingly alongside the faces and stories of Minnesota children, youth, and families and the people that serve them. The goal for this data book is to contribute to a broader conversation about how Minnesota children are doing and what they need from the adults around them to thrive. Thriving children are the foundation of a thriving state.

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How are the Children?

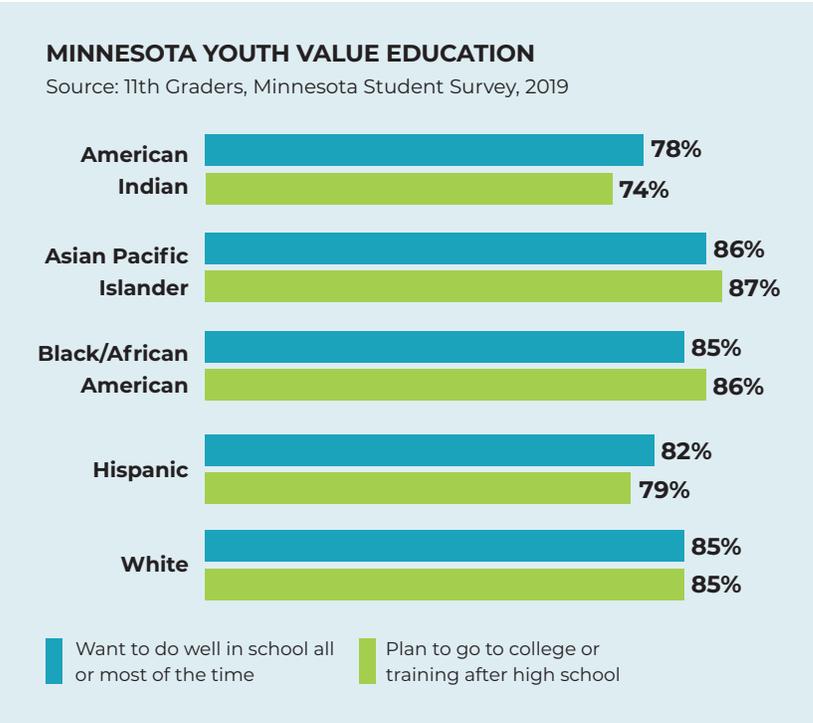
Children, particularly our youngest, are Minnesota’s greatest resource. By ensuring that all Minnesota children have what they need—regardless of where they live, their family’s income or education, their gender, or the color of their skin—families and communities are strengthened, and Minnesota moves closer to living up to its promise. **So, how are the children?**

Regardless of their race or ethnicity, the vast majority of Minnesota youth value education and aim to continue beyond high school.

The vast majority of Minnesota’s 11th graders are motivated to do well in school and have high aspirations for life after graduation. Those plans include further education, a key foundation for economic stability later in life.

Minnesota parents from all racial/ethnic groups care about their children and want them to grow up to be socially and emotionally healthy, confident, and empathetic.

Caring relationships with adults, especially parents, are a key protective factor for children. Parents are a child’s first and most important teacher. Strong parental relationships can help buffer the impact of other challenges children face. However, it is a difficult time to be a parent. When parents struggle, it has a cascading effect on the children in their care. During the summer of 2022, 68% of Minnesotans with children under 18 reported several days to nearly every day feeling nervous, anxious, or on edge (compared to 54% for those without children), 52% were not able to stop or control worrying, 51% felt hopeless, down, depressed ([PULSE, 2022](#)).



MINNESOTA YOUTH BELIEVE THEIR PARENTS “CARE QUITE A BIT OR VERY MUCH”

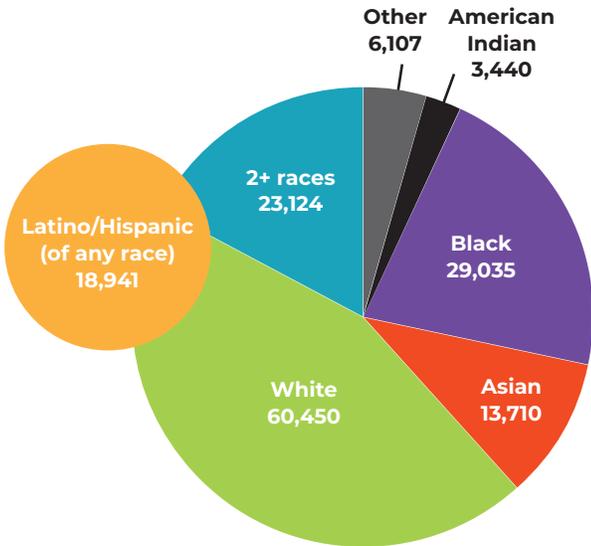
Source: 11th Graders, Minnesota Student Survey, 2019



SYSTEMIC, STRUCTURAL BARRIERS KEEP TOO MANY CHILDREN AND PARENTS FROM ACHIEVING THEIR GOALS

NUMBER OF MINNESOTA CHILDREN BELOW THE POVERTY LINE BY RACE/ETHNICITY

Source: American Community Survey, 2021



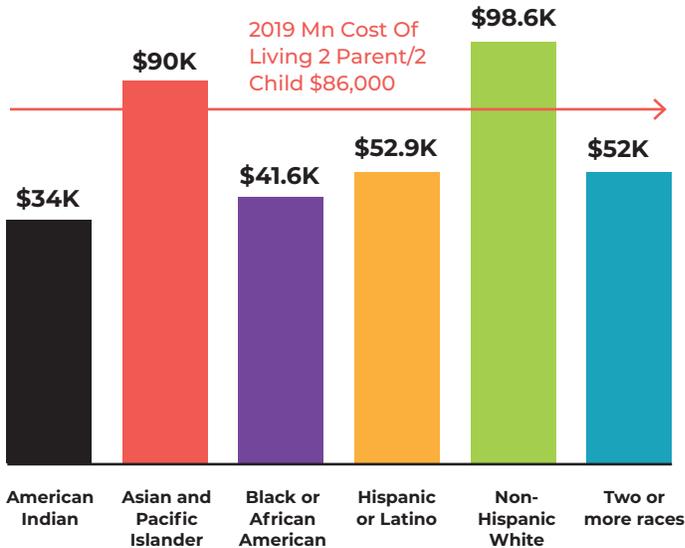
Poverty continues to have negative lifetime impacts on hundreds of thousands of Minnesota children across all racial/ethnic groups.

In 2021, 138,621 Minnesota children were experiencing poverty. That's enough children to fill the Twin's stadium more than three times over. Poverty is unequivocally linked with poorer child outcomes and disproportionately affects Black, Indigenous and Latinx Minnesotans. (Thomson, et al, 2022). Research shows poverty and income are related to brain growth in key areas associated with self-regulation, learning, memory, language, and emotional control. The negative impacts of early childhood poverty can persist well into adulthood, impacting educational attainment, later earnings, and adult health. State and federal programs have the power to lift children out of poverty, but benefit cliffs (see pages 20-23), inadequate funding, and confusing, burdensome enrollment processes reduce the impact of these programs (Thomson, et al, 2022; Census Bureau, 2021). Chronic, unrelenting stress and instability associated with poverty is compounded by the challenge young families face finding childcare and jobs with benefits like healthcare and paid family and medical leave (see page 25).

MANY FAMILIES WITH CHILDREN STRUGGLE TO AFFORD THE BASICS

Source: American Community Survey, 2019

Median Family Income



Median family income is significantly below the basic cost of living for the majority of children in Minnesota Black, Indigenous and Latinx communities.

Due to longstanding inequities in public policy, lower median earnings among Minnesota Indigenous, Black, and Latinx families create opportunity gaps for their children. Due in part to occupational segregation, racial/ethnic pay gaps persist among Minnesota's full-time workers (DOL, 2017-2019; SHRM, 2020). For example, Black Minnesota workers earn just 71 cents for every dollar earned by white workers. Inflationary pressures have compounded economic challenges for families with children, with 45% of Minnesota respondents with children under 18 in their home reporting in late July 2022 a somewhat or very difficult time paying for usual household expenses in the past 7 days (compared to 24% for those without children) (PULSE, 2022). Flexible cash supports, such as tax credits, can help families budget (see pages 10-13) resulting in short- and long-term benefits for children. When families with children have equitable access to opportunities that help them build economic security, it not only lifts the whole economy, but guarantees stronger, healthier, and more resilient communities for generations to come.

The high cost of housing and historical barriers to home ownership leaves many children without a stable place to call home.

A safe, reliable place to sleep each night, to do homework or eat a home cooked meal is an important foundation for child development. Frequent residential moves can lead to a decline in academic performance as well as higher rates of emotional and behavioral problems (Coley et al, 2016). At its most extreme, unaffordable and unstable housing can result in children and families becoming unsheltered. A study conducted by public and charter schools across Minnesota identified 6,207 students who were unsheltered on October 1, 2020, spanning 293 school districts and 76 counties (Minnesota Housing, 2020). Children and unaccompanied youth aged 24 and younger make up nearly half of the unhoused in Minnesota, with Black, Indigenous and LGBTQ children over-represented (Wilder, 2018).

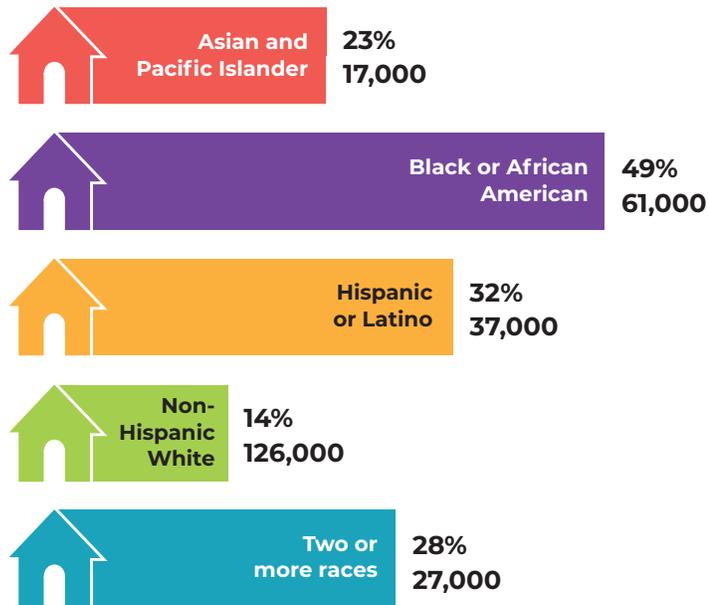
Minnesota’s health disparities start early, even before birth.

A healthy baby starts with a healthy pregnant person. But Minnesota is falling short when it comes to maternal health. Affordable, accessible culturally relevant and affirming care is lacking for too many pregnant Minnesotans, including those in rural, Black, Indigenous or other communities of color. Minnesota only gets one chance to get every child off to a strong start. Low birth weight is a preventable public health problem and an important determinant of child survival and development (Anil K.C., 2020). Meanwhile, paid family and medical leave (see pages 24-25) and home visiting (see pages 18-19), among other solutions, have a strong track record of improving both maternal and infant health outcomes.

A SIGNIFICANT PORTION OF MINNESOTA CHILDREN LIVE IN HIGH HOUSING COST BURDENED HOUSEHOLDS

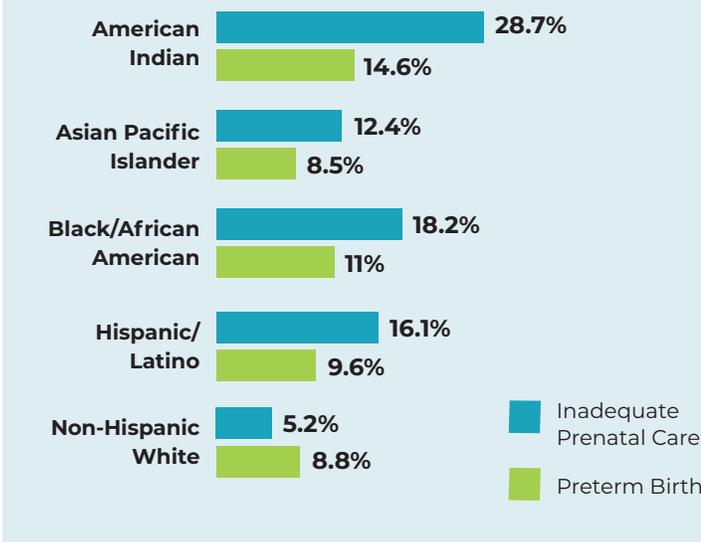
Percent and number of children within Racial/Ethnic category living in a household that spends more than 30% of income on housing.

Source: American Community Survey, 2019



MATERNAL AND INFANT HEALTH OUTCOMES VARY BY RACE/ETHNICITY

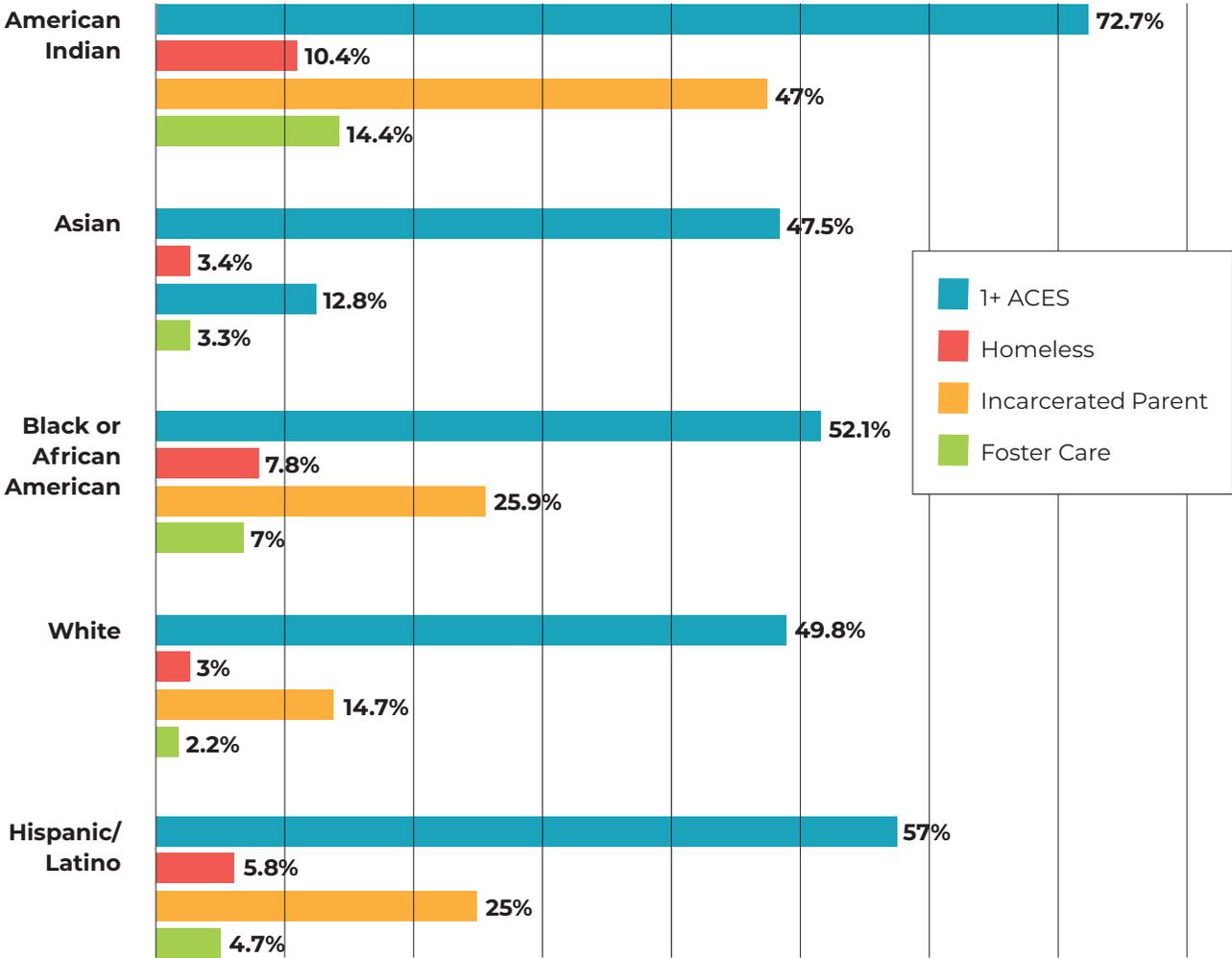
Source: Minnesota Department of Health, 2019



By the end of high school, a majority of Minnesota children have dealt with at least one Adverse Childhood Experience (ACE).

Adverse Childhood Experiences (ACES) include things like physical and emotional abuse, neglect, caregiver mental illness, and household violence. More ACEs result in more health challenges like heart disease and diabetes, lower academic achievement, and substance abuse later in life. ACEs affect people at all income and social levels, and can have a serious, costly impact across the lifespan. There are a range of possible responses, but ideally public policies prevent ACEs. By reducing sources of family stress, providing children and adults with responsive relationships, and strengthening the core life skills necessary to adapt and thrive, lasting harm can be avoided. “No one who’s experienced significant adversity (or many ACEs) is irreparably damaged, though we need to acknowledge trauma’s effects on their lives.” ([Harvard University, 2022](#))

Source: 11th Graders, Minnesota Student Survey, 2019



Minnesota youth are struggling with significant and growing mental health challenges.

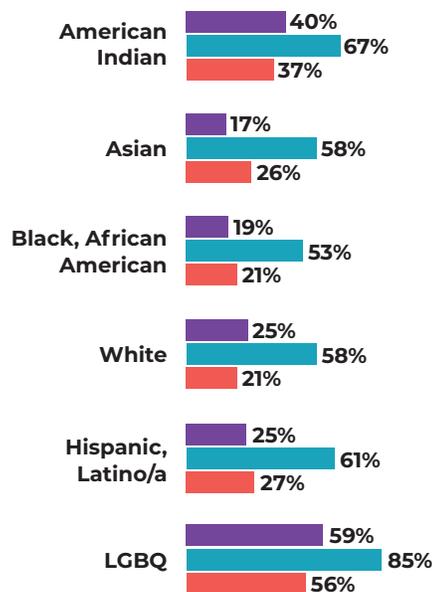
Children in Minnesota and America are in the midst of a mental health crisis, struggling with anxiety and depression at unprecedented levels. Responses to the Minnesota Student Survey concur with a recent assessment by U.S. surgeon general that conditions amount to a “youth mental health pandemic.” Minnesota has seen increasing percentages of ninth graders reporting a long-term mental health, behavioral or emotional problem, growing from 12.5% in 2013 to 23.1% in 2019. This trend is repeated across the state and in most counties. Inadequate services, including one of the worst child-to-counselor ratios in the country, mean too many Minnesota children and families wait years or go without care altogether (see pages 26-27 for early childhood considerations). Given the numerous ways in which data on mental health can be quantified (#/% of diagnoses; type of diagnoses; ages), collected (self-assessment; parental reporting; official diagnoses), and impacted by systemic racial/ethnic inequities and cultural variances in accessing mental health services, it is important to look beneath the numbers to better understand how this issue is playing out for children in various communities across Minnesota. For example, a recent study found a statistically significant correlation between indirect racial discrimination and anticipatory racism-related stress, and Minnesota Asian young people’s symptoms of depression and anxiety (CAAL, 2022).

The majority of Minnesota 3 and 4-year-olds are not in a preschool program, a key contributor to healthy child development and educational success

The overwhelming evidence and research demonstrate that high-quality early care and education is a crucial component of a child’s healthy development (FFYE, 2022). Access to childcare and early learning contributes to economic stability by ensuring all children have the opportunity to build foundations for success in school and life while also allowing parents to work or attend school. Costs are prohibitive (often more than the mortgage) for many families, even those in the middle class, and assistance waitlists for the lowest income families have been years long in the recent past. The pandemic has only exacerbated the untenable economics of childcare for both families and those that provide care and education to Minnesota’s youngest learners. Providers earn poverty wages and parents can’t pay more.

YOUTH MENTAL HEALTH CHALLENGES ARE WIDESPREAD

Source: 9th Graders, Minnesota Student Survey, 2019

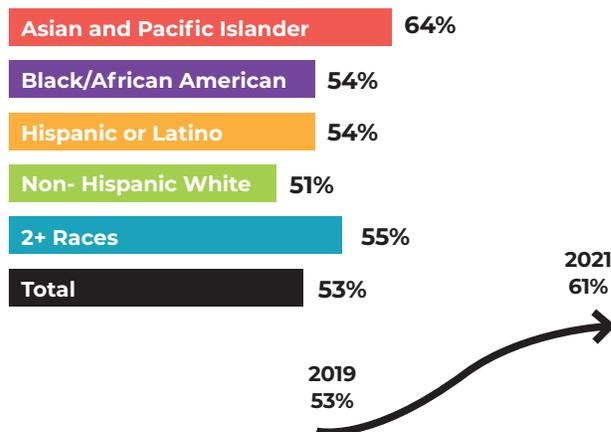


- Long term mental, emotional or behavioral health problem
- Nervous, anxious or on edge several to nearly everyday in past two weeks
- Seriously considered attempting suicide

MANY MINNESOTA 3 AND 4 YEARS OLDS, ACROSS RACE/ETHNICITY, AREN'T RECEIVING THE BENEFITS OF PRESCHOOL

Percent of 3-4 years old children within race/ethnicity not in school.

Source: American Community Survey, 2015-2019 and 2021



Education opportunity gaps, driven in part by social determinants, continued as pandemic learning loss took a toll.

Despite their aspirations and motivation—and even before the pandemic—Minnesota’s children from Black, Indigenous, Latinx and other communities of color are disproportionately living under challenging conditions that make it difficult for them to get a high-quality education. They continue to face unequal access to everything from basic needs (housing, food) to education related resources (technology, books, counselors, student-teacher ratios, extracurriculars). “Additional stressors like systemic racism and the trauma induced by poverty and violence, both aggravating health and wellness, also pose serious obstacles to learning (Simon, 2021).” All previous indicators of child wellbeing (poverty & income, housing, prenatal and mental health, adverse childhood experiences, early childhood education) have a demonstrated connection to academic achievement. They are all part of the structural system that creates Minnesota’s persistent “worst in the nation” educational and economic opportunity gaps. In 2021, for working Minnesotans 25 and older median earnings for those with a BA were double those who hadn’t graduated from high school (\$63,482 compared to \$30,000) (American Community Survey, 2021).

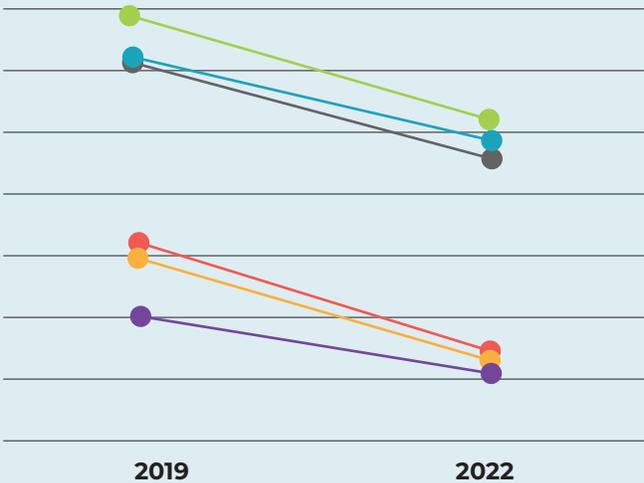
PERCENT GRADUATING FROM HIGH SCHOOL IN 4 YEARS, CLASS OF 2021

Source: [Minnesota Report Card](#)

All Students	83%
American Indian	53%
Asian	88%
Hispanic	70%
Black	70%
White	88%
Two + Races	73%
English Learner	66%
Special Education	64%
Free/Reduced Meals	71%

PROFICIENCY ON MINNESOTA READING COMPREHENSIVE ASSESSMENTS CONTINUES TO DECLINE

Source: [Minnesota Report Card](#)



	2019	2022
Black	35%	31%
American Indian	42%	33%
Asian	55%	47%
Latino	39%	32%
Two Plus	56%	49%
White	60%	52%

Flexible Cash:

The Tax Credit Opportunity

A small amount of cash can make a surprisingly large difference for children living with the chronic stress and instability that results from having parents working in low-wage sectors of our economy. Flexible cash is what families need to be able to create a nurturing, stable platform from which they and their children can successfully launch. That's what Children's Defense Fund-Minnesota (CDF-MN) heard in 44 listening sessions held across the state.

Evidence backs up what our families said in every corner of Minnesota. The National Academy of Science finds that modest boosts in parental income during a child's first years have "striking associations with that child's future school and employment success" ([G.J. Duncan 2021](#)).

Policies to increase access to flexible cash, alongside public programs that reduce expenses like housing, food or childcare, are an efficient and effective way to help remove barriers to economic stability. There are multiple ways to deliver flexible cash to families. These include improving the cash assistance portion of the Minnesota Family Investment Program, guaranteed income, and tax credits. In this section the focus is on tax credits.



TAX CREDITS: A PROVEN APPROACH SERVING THOUSANDS OF MINNESOTA CHILDREN

A robust body of research documents that increases in the federal Earned Income Tax Credit (EITC) for low-wage workers with children and the formation of state EITC programs drove increases in birth weight, school achievement, high school graduation rates, and college attendance and completion ([Marr, et al. 2021](#)). According to the Prenatal to Three Policy Impact Center, research shows that the state EITC is the most effective anti-poverty policy for children in the US, promoting healthier and more equitable birth outcomes, boosting parents' workforce participation, and improving household economic security, with the greatest effects for single mothers and their children ([Prenatal-to-3 Policy Impact Center 2021](#)).

According to the Minnesota Budget Project, households in Greater Minnesota are more likely to receive the Working Family Credit: 13.3 percent of tax-filing households in Greater Minnesota receive the Working Family Credit, compared to 11.4 percent in the seven-county metro area. While people of color made up about 18 percent

COMPELLING EVIDENCE SUPPORTS MINNESOTA PARENT SUGGESTIONS

Source: [Center on Budget and Policy Priorities](#)

- Unmarried mothers with children under age 3 were 9 percentage points more likely to work with each additional \$1,000 in average EITC benefits (federal plus state)
- State EITCs boosted mothers' annual wages by 32%.
- \$3,000 increase in annual income for children ages 0-5 is associated with a 17% increase in annual earnings as adults.

TAX CREDITS

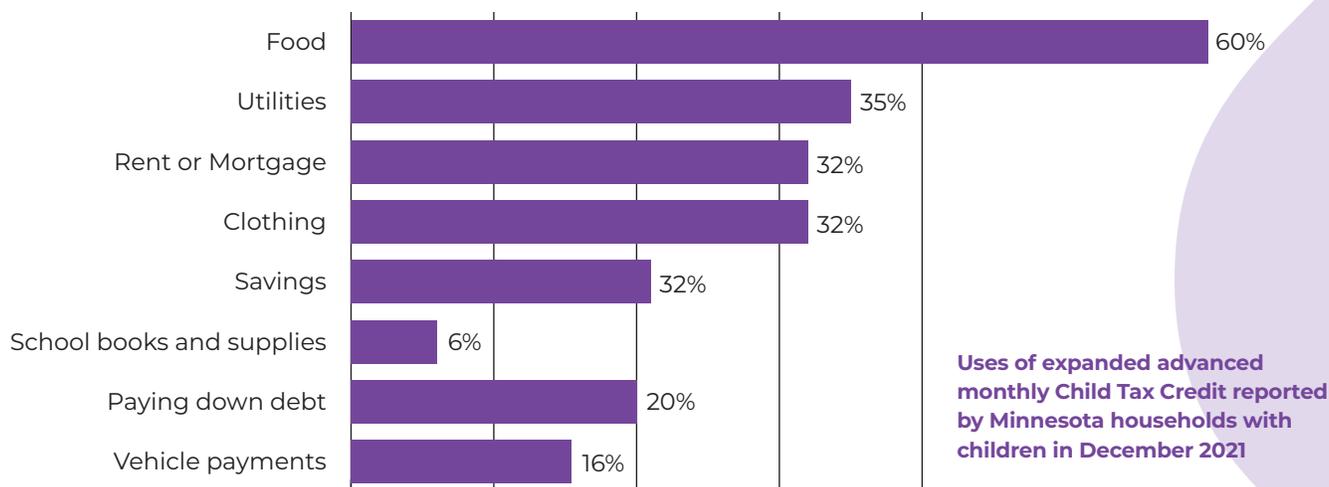
of the state’s population, in 2015 about 34 percent of Minnesota households eligible for the federal EITC (and therefore likely also the state Working Family Credit) were people of color. Among EITC-eligible Minnesota households, 13.9 percent were Black, 7.7 percent were Asian, and 6.5 percent were Hispanic ([Minnesota Budget Project 2019](#)).

LEARNING FROM THE PANDEMIC: CHILD TAX CREDIT INNOVATIONS

The pandemic has given us a window into the possible. Across a variety of public programs and policies, innovative approaches previously viewed as impossible suddenly became reality. The combination of additional investments and new mechanisms for delivering them to people, especially people with children, protected many Minnesota families from the possible economic devastation of a global pandemic. Resources flowed more effectively than ever through the federal, state and local government programs to kitchen tables across the state ([Chotiner 2022](#)).

MINNESOTA HOUSEHOLDS WITH CHILDREN USED FEDERAL CHILD TAX CREDIT TO COVER BASIC EXPENSES

Source: U.S. Census Bureau Household Pulse Survey



Among these pandemic related innovations, this suite of changes known as the “Advanced Child Tax Credit” stands out. The 2021 innovations in the Advanced Child Tax Credit revolutionized and recentered this federal policy as a largely universal, close to no strings attached support for every child, except those from the most well-off families or without documentation. The one-year changes included increasing the amount with an even larger boost for children under 5, making children from the lowest or no income families eligible, and allowing families to receive half of the credit in advance through six monthly installments. The policy no longer penalized children from the lowest income households with lower support or no support at all. An estimated 322,000 Minnesota children from the state’s lowest or no income families became eligible for the full credit for the first time ([Marr, et al. 2021](#)). Further, defined, consistent monthly payments stabilized family budgets and allowed them to make plans for the first time.

The Census Bureau’s Poverty in the United States: 2021 report demonstrates the poverty-reducing power of the 2021 Advanced CTC combined with other public supports during the pandemic. The report provides two distinct indicators of economic well-being in the United States. In 2021, this distinction is particularly important because the effects of the American Rescue Plan Act (ARPA), passed in response to the COVID-19 pandemic, are reflected differently in the two measures. Additional resources stemming from stimulus payments, expansions to refundable tax credits including CTC, and pandemic-specific school lunch benefits are considered in the Supplemental Poverty Measure (SPM) but not the official poverty measure ([Census Bureau, 2021](#)).

CHILD TAX CREDIT CHANGES REDUCED CHILD POVERTY

Minnesota's Official Child Poverty Rate:

2020	2021
11.2%	10.8%

(2021 American Community Survey)

Minnesota's Supplemental Poverty Rate:

1.9 percentage points lower over 2019-2021 period.

(2021 Poverty in the U.S.)

POLICY APPROACHES: BUILDING ON ADVANCED CHILD TAX CREDIT LESSONS

The following possible improvements to Minnesota tax credit policies are based on lessons learned from the 2021 federal Advanced CTC, government's ability to efficiently and effectively reduce child poverty by delivering flexible cash support to children and their families during the pandemic, and CDF-MN's years of experience connecting families with benefits and understanding the intersection of various forms of support through Bridge to Benefits and the Economic Stability Indicator tools.

Create a new Minnesota Advanced Refundable Child Tax Credit

While 12 states have a state level Child Tax Credit, none of them currently deliver payments monthly ([National Conference of State Legislators 2021](#)). Minnesota could become the first state to replicate this element of the federal Advanced Child Tax Credit, as well as other important aspects including making the credit fully refundable, basing income eligibility on the previous year and allowing children whose families do not have earned income to qualify.

Improve Minnesota's Current Working Family Credit

In addition to increasing the overall amount of the credit, especially in the earliest years of a child's life when costs are greatest and family income lowest, Minnesota's Working Family Credit could be improved in several ways to better serve families:

- Increase the amount of credit available to the lowest income families.
- Allow families with an Individual Taxpayer Identification Number (ITINs) to receive the credit.
- Give families the option to receive some or all of their credit periodically (quarterly like the Affordable Care Act premium subsidies or monthly like the 2021 Advanced CTC).

Increase access to tax credits with new tools and more navigator support

EITC

In 2020, 304,000 Minnesota tax filer households received an average federal Earned Income Tax Credit of \$2,210.

WFC

In 2019, the latest year for which we have data, 388,074 Minnesota tax filer households received the Minnesota version, the Working Family Credit, with an average value of \$713.



Find out more about how many families access these credits in your county at datacenter.kidscount.org.

TAX CREDITS

FIGURE 1: THE ADDITIONAL, FLEXIBLE RESOURCES THAT COME FROM TAX CREDITS HELP FAMILIES ACHIEVE ECONOMIC STABILITY, ALLOWING THEM TO MEET NEEDS AND UNEXPECTED EXPENSES NOT INCLUDED IN A BASIC NEEDS BUDGET (I.E. DIAPERS, FORMULA, INTERNET, CAR REPAIR)

The following table provides a snapshot of expenses and public supports, including tax credits, for a Dakota County single parent with two children (1 and 3 years old) working full-time, year round at \$15 per hour.

Basic Needs Monthly Budget		Public Supports family is eligible to receive*		Reduced Expenses with all Public Supports*
Food	\$592	SNAP	\$131	\$316
		WIC	\$145	
Health Care	\$553	Medical Assistance Adult & Child	No cost	\$ -
Housing/Utilities	\$1,089	Section 8	\$389	\$680
		Energy Assistance	\$20	
Childcare	\$1,542	Child Care Assistance	\$70 co-pay	\$70
Transport	\$422			\$422
Other Necessities	\$330			\$330
State Taxes	\$31			\$31
Federal Taxes	\$262			\$262
Total Expenses + Taxes	\$4,841			\$2,131
Income (\$40/hr, 15 hr)	\$2,333			\$2,333
Balance	\$(2,508)			\$202
State Tax Credits		Working Family Credit (WFC)	\$174	
		Childcare Credit	\$22	
Federal Taxes		Earned Income Tax Credit (EITC)	\$329	
		Child and Dependent Care	\$19	
		Child Tax Credit (CTC)	\$167	
Total Monthly Tax Credits (currently provided annually, divided by 12 for purposes of illustrating effect of monthly payments)			\$710	
Balance After Including Tax Credits				\$912

*In this scenario, the family is able to access all forms of support for which they are eligible; however, in reality some public programs (particularly Section 8 housing and Child Care Assistance) are not currently fully funded and have waiting lists that can stretch out over years. Source: [Economic Stability Indicator](#)

Culture and Community as an Asset:

Two Models

“Populations of Color are expected to swell by more than one million residents between 2018 and 2053—exceeding one-third of the total population.

Communities of Color are driving our state’s population growth and, as such, addressing disparities will become imperative for the prosperity and quality of life for all Minnesotans.”

**MINNESOTA STATE
DEMOGRAPHER**



Throughout this report, data reveals significant, persistent opportunity gaps for children from Minnesota Black, Indigenous, Latinx and other communities of color. Meanwhile, the proportion of Minnesota children growing up in these communities continues to grow. Too often, solutions are ineffective because they do not harness the critical assets of culture and community for these children and their families. A growing body of research documents the power of culture and community for creating healthier children and families (e.g., Burnett-Zeigler et al., 2013; Yoon et al., 2013).

- For African American and Latinx adolescents, having a strong sense of ethnic or racial identity helps buffer against the negative effects of discrimination and racism (Edwards & Romero, 2008; Sellers et al., 2006).
- Having a strong tie to one’s cultural identity strengthens social support networks within families or communities of shared cultural background (Birman & Simon, 2013).
- Cultural socialization, or emphasizing cultural pride and heritage, is an effective treatment in interventions with and for African American families (e.g., Anderson et al., 2018).
- For American Indian youth, interventions that incorporate cultural identity and cultural values have yielded improved outcomes (e.g., Morris et al. 2021).
- Reaffirming cultural identity can be an effective way to empower cultural minority caregivers who are at high risk for stress associated with the responsibilities of raising children (Conroy et al., 2021). ([Society for Clinical Psychology, 2021](#))

Communities have the solutions that build on their cultural strengths, but too often they are denied the resources to implement them. In this section, two examples of solutions rooted in the idea of [culture as prevention](#)—the Freedom Schools® out of school time program and the Mi Pequeño Mundo home visiting program—are detailed. Additional funding and re-envisioned systems that center community solutions are needed to unleash the power of similar models for children and families throughout Minnesota.

CHILDREN ENROLLED IN MINNESOTA'S K-12 SCHOOLS COME FROM A RICH TAPESTRY OF CULTURES.

2021 Counting All Students report

Data in the Enrollment Report represents the students who were enrolled on October 1 of the school year selected. These data do not encompass all of Minnesota's student population. Not all districts in Minnesota are yet reporting extended racial and ethnic data. Providing the more detailed level of demographic information to a district and the state is optional for Minnesota families.



ALL AMERICAN INDIAN ALASKA NATIVE	6,749
Anishinaabe/Ojibwe	59%
Dakota/Lakota	13%
Cherokee	4%
Other North American Indian Tribal Affiliation	13%
More than one American Indian or Alaska Native Group	5%
Unknown American Indian or Alaska Native	11%
Decline to indicate	6%
ALL ASIAN	23,407
Hmong	36%
Asian Indian	10%
Karen	12%
Filipino	7%
Chinese	6%
Korean	5%
Vietnamese	4%
Burmese	1%
Other Asian	11%
More than one Asian Group	5%
Unknown Asian	11%
Decline to indicate	2%
ALL BLACK OR AFRICAN AMERICAN	20,470
African-American	51%
Somali	20%
Ethiopian-Oromo	4%
Ethiopian-Other	4%
Liberian	2%
Nigerian	2%
Other Black or African American	9%
More than one Black or African American Group	4%
Unknown Black or African American	7%
Decline to indicate	6%
ALL HISPANIC OR LATINO	12,851
Mexican	51%
Guatemalan	6%
Puerto Rican	6%
Salvadoran	5%
Spaniard/Spanish/Spanish-American	5%
Ecuadorian	3%
Columbian	2%
Other Hispanic or Latino	19%
More than one Hispanic or Latino Group	8%
Unknown Hispanic or Latino	4%
Decline to indicate	7%

CDF Freedom Schools®

At the center of Children's Defense Fund (CDF) Freedom Schools® program is a research-based Integrated Reading Curriculum (IRC) that fosters literacy. CDF has been at the forefront of raising consciousness about the fact that fewer than 27% of children's books published in the United States are about nonwhite children. Each year, a group of outstanding authors and illustrators select from a diverse body of children's literature books that will celebrate and nurture multiple racial identities and cultures. A distinguished group of historians and scholars reviews and recommends books used in CDF Freedom Schools to ensure that children read only those containing accurate narratives of history. IRC instruction is delivered by college-aged Servant Leader Interns (SLIs) who serve as multigenerational mentors for small classes of no more than 10 children. By providing rich, culturally relevant and high-quality books that deepen children's understanding of themselves and all they have in common with others in a multiracial, multicultural democratic society, CDF Freedom Schools scholars (students) gain understanding and a sense of connection to the books they read, which fosters a love of reading.

While reading proficiency for Minnesota Black/African American students fell to 31% in 2022, CDF Freedom Schools has a track record of success:

- Children's reading levels measured by the Basic Reading Inventory (11th Ed.) have increased.
- Most children (84.0%) maintained or gained in instructional reading levels without experiencing summer learning losses.
- About half of all children (52.9%) improved in their instructional reading levels by the end of the program.
- On average, instructional reading levels increased by eight months.

While reading gains are important, CDF Freedom Schools parent and administrator Paris Timmons explains the broader impacts (See page 17).



“My oldest one that has had two summers is a relatively confident child in general. CDF Freedom Schools allowed her to be more explicit in her viewpoints on subjects that matter to her. Between the lesson in the IRC and the spaces of learning the SLIs created, it allowed her to magnify, amplify her voice in a way she hadn’t done before. She looked forward to it every day, she loved it, she loved the staff, like the culture, the environment, the vibe.

They see themselves. They can hear themselves. They can express their learning in a personalized way [like in the IRC]. They are not learning just reading and comprehension. For me, as a Black mom, I feel like that is what is most important, that they see who they are in what they are reading because like the famous quote “if you can’t see it, you can’t be it.” So, seeing themselves in what they are reading, understanding, learning builds the confidence within themselves to do those great things as well. I always just thought that school was school. You go in and you leave. And seeing the change in interest and the excitement, the change in I can truly do anything I want to do. I truly believe that cultural relevance pedagogy and curriculum were the catalyst for my children as well as for me as an educator.

My kids have never had a Black teacher, ever. And only one of them has had a male teacher. This program we were able to offer them, and when she first started, all of her SLIs [teachers] were Black. And this summer, out of the nine, six were Black men. Like, that’s amazing. And for my son, it opened up a world—just having him see these leaders, these mentors. It’s a face of admiration and it’s so beautiful. Something our traditional school year just doesn’t do.

And so, the model of CDF Freedom Schools and the collectiveness of learning is something that is different than traditional out of school time. And very needed. It’s a community. It’s not just, ‘your job is to go to school, learn, and come back, go to sleep and now go to school again.’ It is truly “it takes a village” and that’s my favorite saying. I say it all the time in just about everything I’m doing. It truly takes a village for us to raise our kids. I believe so heavily in the model of understanding that in order for the whole child to be served we all have to be looking out for each other’s children. I believe that’s how CDF Freedom Schools runs its model.”

PARIS TIMMONS, CDF Freedom Schools parent and Executive Director of Hopkins CDF Freedom Schools® site

SPOTLIGHT ON OUT-OF-SCHOOL TIME

While Out-of-School (OST) programs provide measurable benefits to youth and families on outcomes directly related to program content and academic OST programs can demonstrably improve academic outcomes, access is currently highly uneven. Youth access to enrichment activities (e.g., arts, sports, music, theater, or other types of activities not necessarily related to increasing academic performance) is highly dependent upon family income. The highest-income families spend almost seven times more on enrichment activities for their children, and this spending gap creates an opportunity gap (McCombs et al, 2017). Minnesota Student Survey data reveals similar gaps (IGNITE AfterSchool).

- Average cost of center-based school-age care is \$11,752 annually
- 54.4% of Minnesota 5th graders are alone after school one or more days per week
- Only 11.1% of 9th graders participate in Tutoring, Homework Help or Academic Programs outside of regular school
- Learn more about where each county stands on these measures at: datacenter.kidscount.org

Mi Pequeño Mundo

With support from the innovative Minnesota Community Solutions for Healthy Child Development grant program, Centro Tyrone Guzman developed the Mi Pequeño Mundo project. The project uses the successful [Siembra Montessori](#) early learning program as a guide to engage parent leaders and community partners to develop and pilot a new, culturally affirming, and Montessori-based home visiting program. The new program is designed to proactively provide early childhood development support to Latine parents with young children, aged birth-three, who speak Spanish in their home. Centro Tyrone Guzman piloted the new community-driven home visiting program in the Twin Cities after developing the program with extensive input from the community and early childhood support professionals.

SPOTLIGHT ON HOME VISITING

Family Home Visiting (FHV) is a voluntary, preventive intervention that supports pregnant women and families with young children through a two-generation approach. By strengthening families in their communities, FHV has repeatedly demonstrated powerful impacts on multiple family and child outcomes, including positive pregnancy outcomes, school readiness, child abuse prevention, and family self-sufficiency.

- Unfortunately, the need for Family Home Visiting (FHV) services far exceeds availability. In 2021, less than 1 in 10 eligible households (7,000) participated in FHV.
- Furthermore, Minnesota's MDH-funded home visiting workforce does not match the communities it serves. Even though 20% of caregivers and 22% of children in the program are Hispanic or Latino/a/x, only four percent of home visitors are Hispanic or Latino/a/x.

[Family Home Visiting Legislative Report 2022](#)

"I had the opportunity to participate in the program of virtual visits because of my daughters. The first one is called Abigail. She is 6 years old, and the second is Camila, 7 months old. For me, it was a very nice experience to be able to share those months together with Maria Andrea, who was the person who was my Connector for the appointments. I learned a lot with her regarding breastfeeding and daily living with the children. We shared many beautiful moments. For example, we shared about our lives since we are both mothers and we could understand each other very well. We listened to many tips and if I needed something, she helped me find the solution or the place where I could go to find what I needed. She was a lot of help for me personally to feel that I was not alone, that there was always someone who was thinking about me and worried about my well-being and my family. Even though I had the support of my family, this program was an extra help to my home, to my knowledge as a mom, of being able to know what to do at the right time. Thanks to the whole group of people who made this possible at the right time and for all the support they gave me. God bless all so they can continue to develop many more support workshops for us parents since we have a very great responsibility to be able to teach and guide our little ones for the future that awaits them."

"Tuve la oportunidad de participar en el programa de visitas virtuales por mis hijas la primera se llama Abigail y tiene 6 años, y la segunda es Camila de 7 meses de nacida. Para mí, fue una muy bonita experiencia poder compartir esos meses junto con Maria Andrea, quien fue la persona que la designaron para las citas. Aprendí mucho con ella con respecto a la lactancia y al diario vivir con los hijos. Tuvimos momentos en que compartimos momentos que pasamos para poner de ejemplo para nuestras vidas ya que las dos somos madres y nos podíamos entender muy bien. Escuche muchos consejos y si necesitaba algo ella me ayudaba a encontrar la solución o el lugar donde yo podría ir a buscar lo que necesitaba. Fue mucha ayuda para mí en lo personal sentir que no estaba sola que siempre había alguien que estaba pensando en mí y preocupada por mi bienestar y el de mi familia. A pesar que tenía el apoyo de mi familia, este programa fue una ayuda extra a mi hogar, a mis conocimientos como mamá, de poder saber qué hacer en el momento exacto. Gracias a todo el grupo de personas que hicieron esto posible en el momento indicado y por todo el apoyo que me brindaron. Que Dios la bendiga y que puedan seguir desarrollando muchos talleres más de apoyo para nosotros los padres ya que tenemos una responsabilidad muy grande de poder enseñar y guiar a nuestros pequeños para el futuro que les espera."

JENNY C.

CULTURE AND COMMUNITY

Community Solutions for Healthy Child Development grant program supports community generated solutions that improve the well-being of young children and their families, with particular emphasis on children prenatal to age three.

The Community Solutions Advisory Council, with 12 BIPOC members, reflective of Minnesota’s various ethnic communities supports the administration of Community Solutions Grant Program. They come from urban centers, small towns, and rural areas. This grant program takes a holistic view of reducing racial disparities by concentrating on early learning, health, well-being, economic security, and safe, stable, nurturing relationships and environments. Funding is directed to community-based solutions for challenges that are identified by the communities themselves.

Learn more: <https://www.health.state.mn.us/communitysolutions>



“For me, the Montessori home visiting program was a great help. I was able to better understand what my son’s development is by applying the Montessori philosophy about practical life. During the program, goals were set according to what I wanted to work or focus on with my son. Activities were carried out that would help me achieve those goals. For example, one of them was to establish a bedtime routine for my son since we had problems getting him to sleep early. Establishing a sleep routine gave us security and my son already knew that after those activities, it was time to sleep, and we greatly improved his bedtime schedule. Not only did the program help my son but on an emotional level it helped me since I did not feel alone in this process of being a new mom and not knowing about all these aspects of my child’s development. This program served me and my son a lot.”



“Para mí, el programa de visitas a casa Montessori, fue de gran ayuda. Pude entender mejor lo que es el desarrollo de mi hijo aplicando la filosofía Montessori sobre la vida práctica. Durante el programa se fijaron metas de acuerdo a lo que yo deseaba trabajar o enfocar con mi hijo y se realizaban actividades que me ayudarían a lograr esas metas. Por ejemplo, una de ellas fue establecer una rutina con mi hijo para la hora de dormir ya que teníamos problemas para que el durmiera temprano. El establecer una rutina de sueño nos brindó seguridad y mi hijo ya sabía que después de esas actividades se llegaba la hora de dormir y mejoramos mucho su horario de ir a la cama. No solo el programa ayudó en mi hijo si no que a nivel emocional me ayudó a mí ya que no me sentí sola en este proceso de ser mamá primeriza y no saber sobre todos estos aspectos del desarrollo de mi niño, este programa me sirvió mucho a mi como a mi hijo.”

LILY S.

One Step Forward, Two Steps Back:

Addressing the Benefits Cliff Barrier to Family Economic Stability and Mobility

BY NATLETHA SUMO AND ELAINE CUNNINGHAM

Many experts point to cliff effects as the primary reason low-income families fail to achieve self-sufficiency (Urban Institute, 2022). Cliff effects occur when benefits from public work support programs (such as medical assistance, SNAP, childcare assistance, etc.) decrease or end completely as household income increases. Because program eligibility and benefit amounts are based on income, as families earn more money, public work support benefits phase out or end abruptly (Indiana Institute for Working Families, 2012). Often the increased amount of income a family may receive by accepting a new job, getting a raise or increasing hours worked does not make up for the loss or decrease of benefits ([Urban Institute, 2022](#); [Indiana Institute for Working Families, 2012](#)). The result is that families are stuck on a one-step forward, two steps back pathway that delays their progress toward economic stability and prevents them from successfully making the transition to self-sufficiency.

OPPORTUNITY AND OUTCOME GAPS EXACERBATED BY BENEFIT CLIFFS

Most low-income families that rely on public work support programs to make ends meet will experience benefits cliffs as their income increases. Although some of these cliffs are minor, the losses' accumulated impact creates a bumpy pathway to self-sufficiency. Families often stall out, making the difficult decision to forgo opportunities to increase earned income since they cannot afford to lose program benefits.

The issue of benefit cliffs disproportionately affects families with young children. The family highlighted in Figure 1 sees their resources drop precipitously even before they have achieved enough combined resources to cover a bare-bones budget. Young families are more likely to live below the poverty line, be employed in low or lower-wage work and lack sufficient assets to manage fluctuations in expenses or income. At the same time, they face significant childcare costs that, for Minnesota families, are among the most expensive in the nation. Because the market rate for childcare, along with health care, is a major portion of the expenses for young families, there is a rational reluctance to accept higher earnings that would precipitate a loss of these two benefits.

Families that are Black, Indigenous, Latinx and from other communities of color are also disproportionately burdened by the negative effects of benefits cliffs due to the added layer of racial disparities in income and workforce participation and the systems through which work support programs are administered ([Federal Reserve of Atlanta, 2020](#)). Female-led households and other marginalized groups, including immigrants, people with disabilities, and youth involved in the foster care system also encounter higher levels of disruption to their economic mobility due to benefits cliffs and the complexities of the eligibility rules for public programs ([National Center for Child Poverty, 2021](#)).

POLICY APPROACHES: OPPORTUNITIES TO SOFTEN CLIFF EFFECTS

A variety of approaches can be taken to address the benefits cliff challenges faced by struggling families. Using CDF-MN's Economic Stability Indicator (ESI) tool, we can build scenarios that allow us to analyze and evaluate potential solutions that would soften the impact of cliff effects. These analyses support the following policy recommendations:

- better alignment and coordination of eligibility and administration across public work support programs,
- continuous program eligibility for longer periods of time to support family financial planning
- full funding of programs to eliminate wait lists and ensure benefits for all families that qualify,
- increased use of flexible cash programs that allow families to allocate funds where they are most needed, and
- reformed tax credit programs to better support families throughout the year (see pages XX).

IN 2021 THOUSANDS OF MINNESOTA CHILDREN DEPENDED ON KEY PROGRAMS WITH STEEP BENEFIT CLIFFS

- 56,000 on the Minnesota Family Investment Program
- 36,000 on the Child Care Assistance Program

Learn more about how many children are supported by these programs and others in your county at datacenter.kidscount.org



REALIZING THE POTENTIAL OF WORK SUPPORT PROGRAMS

Public work support programs provide critical support to low-income families, especially those from marginalized communities and those with young children. These programs aim to fill in the gap between low wages and a family's basic needs, enabling families to be more economically stable while they move toward self-sufficiency. For children, economic stability is particularly important as research shows the link between economic stability and improved childhood outcomes. However, some of the current structures and policies governing public work support programs pose barriers to the very families they were intended to support. Low-income families that progress in the workforce and increase their income are often faced with benefit cliffs that significantly impact their economic stability and often leave them worse off.



BENEFIT CLIFFS

FIGURE 1: TOTAL FAMILY RESOURCES TUMBLE BEFORE REACHING SELF-SUFFICIENCY

MONTHLY INCOME: Wages.

FPG: Federal Poverty Guidelines

BREAK-EVEN POINT: Income equals reduced expense (family's expense after they have enrolled in all of the programs for which they are eligible).

NET RESOURCES: Income minus reduced expense

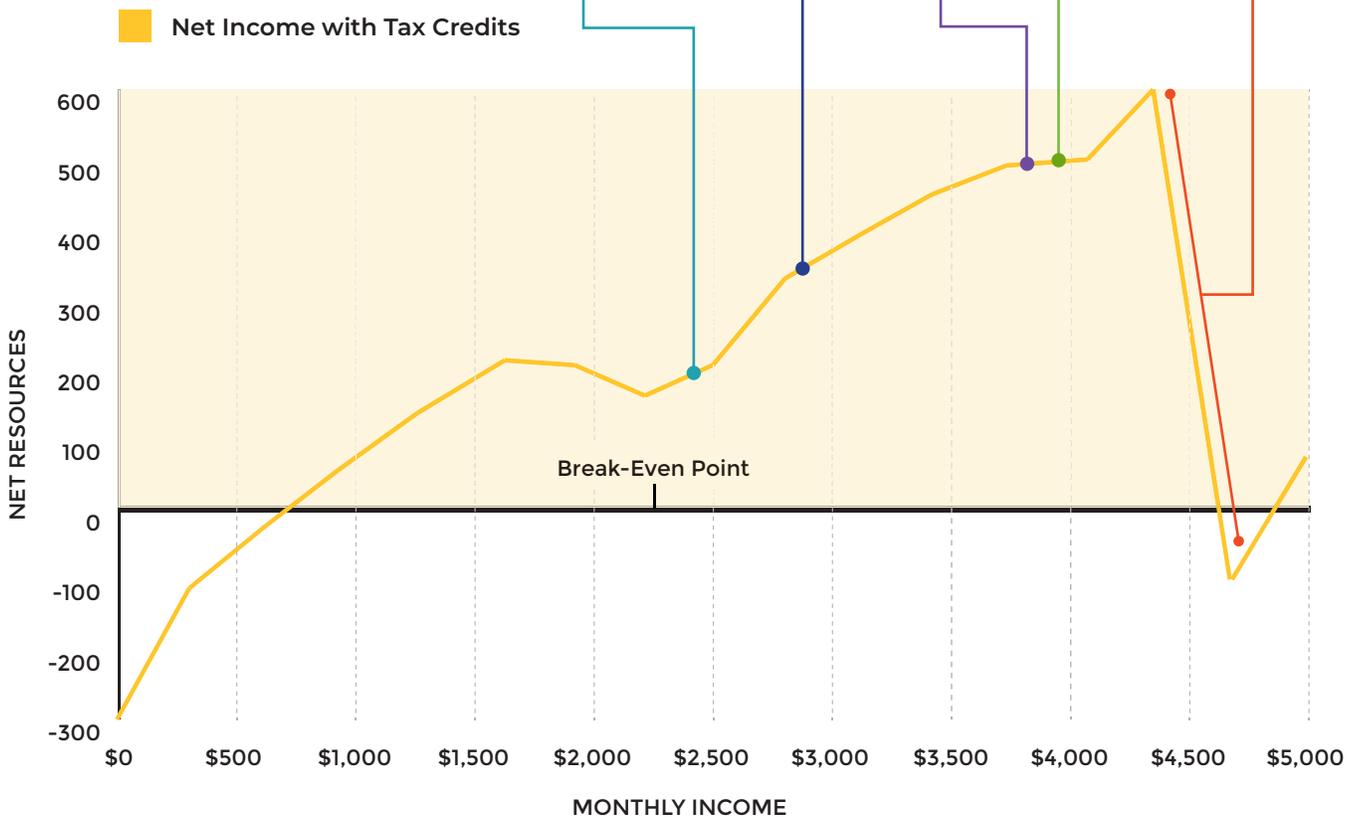
130% FPG (\$2494/Month) MN Family Investment Program (MFIP), Ends.

200% FPG (\$3838/Month) Housing, Energy Assistance, Ends

245% FPG -275% FPG (\$4702-\$5278/Month) Childcare, Medical Assistance for Children, Women Infants Children, Ends.

150% FPG (\$2878/Month) Supplemental Nutrition Assistance Program (SNAP), Ends.

205% FPG (\$3934/Month) MN Care, Ends.



Benefit Cliffs Occur across the Income Scale in Minnesota Examples based on a family of three. One parent and two children (ages 1 and 3) living in Dakota County.

CDF-MN Economic Stability Indicator tool (ESI) was used to run scenarios and generate analysis. ESI is a tool that illustrates the interactions between wages, tax liabilities, public work support programs and tax credits and how they can or cannot bring a family to a place of economic stability. Learn more: economicstabilityindicator.mn.org

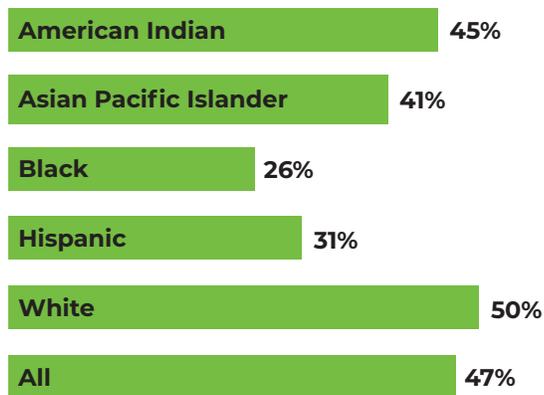
*Federal Poverty Guidelines (FPG) levels for exit levels are approximate

The paid leave opportunity to create healthier Minnesota children and families

LIMITED ACCESS TO LEAVE DUE TO AFFORDABILITY AND ELIGIBILITY RESULTS IN THE FEDERAL UNPAID FMLA EXACERBATING EXISTING DISPARITIES

Share of working Minnesota parents who are eligible for FMLA leave and can afford to take it, by race/ethnicity

Source: diversitydatakids.org, 2020



Eleven states have passed a statewide paid family and medical leave program; Minnesota isn't one of them.

Access to paid time off to care for a new child, seriously ill family member, or oneself carries with it a wide range of economic and health benefits. Conversely, **lack of access for low-income, rural, or Black, Indigenous, Asian and Latinx families contributes significantly to systemic opportunity gaps in Minnesota.** Whether it is healing from cancer more quickly or avoiding a preterm birth, the intertwined health and economic ramifications for families of having paid leave—or not—can be enormous. For young families—when the budget is stretched thinnest, and savings are sparse—three months without income and a loss of job can start a destabilizing negative spiral that has lifetime impacts for them and their children. In addition, historical barriers created by discriminatory policies prevent many families of color from building the wealth needed to cope with family events requiring time off from work. Furthermore, gig and part-time workers—disproportionately younger and from Black, Indigenous and other communities of color—are also often excluded from paid and unpaid leave policies and programs (see Minnesota Policies box for examples).

Recent research documents the resulting inequities. New Minnesota mothers from Black, Indigenous and Latinx communities or with low incomes (less than 200% of the poverty line) take shorter leaves and more leaves without pay than their higher income or white counterparts (60% completely unpaid versus 34%, for example) ([MDH, 2022](#)). Low-income and Black, Asian, Indigenous and Latinx working parents are also less likely to qualify for federal FMLA (Family and Medical Leave Act) protections or afford to avail themselves of entitled leave due to lack of pay ([Joshi et al, 2020](#)).

HEALTH DISPARITIES START WITH LEAVE DISPARITIES: THE BREAST-FEEDING CASE

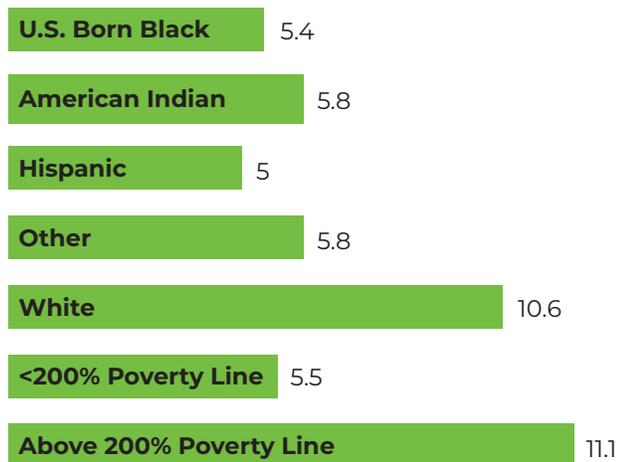
Minnesota mothers that reported breastfeeding took longer leaves (11 weeks) while those that were not breast-feeding only took an average of 7 weeks. Exclusively providing breastmilk to babies until they are 6 months old carries many benefits which have been widely documented. Benefits for infants include lower rates of mortality, malnutrition, and infection. Benefits also extend to the mother and include lower risk of high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer.

HEALTH AND WELL-BEING

MINNESOTA HEALTH AND ECONOMIC OPPORTUNITY GAPS BEGIN AT BIRTH WITH SHORTER MATERNITY LEAVES

Median Weeks of Leave Taken After Birth

Source: MDH-PRAMS 2016-2020



Minnesota policies expand access for some workers but also exacerbate unequal opportunities for others.

- MN's Pregnancy and Parental Leave law provides a right to leave and employment protections to additional workers, but not pay. Workers at smaller employers and without a year of tenure are excluded. <https://tinyurl.com/yzbj3nku>
- MN's Sick and Safe Leave law requires employers that already provide sick leave to allow workers to use it for care of family members. 90% of top 25% workers have paid sick leave compared to 30% in bottom 10%. <https://tinyurl.com/bdh8rue>

Inadequate dissemination of other Minnesota policies compromises their impact.

- The MN Human Rights Act protects parents with minor children living at home ("familial status") from employment, housing, other discrimination. <https://tinyurl.com/2tfs5ksz>
- MN's unemployment insurance system allows workers to receive support (under some conditions) when they quit a job due to loss of childcare, a serious health condition or to care for a family member with one. <https://tinyurl.com/4zrxmfx5>

SPOTLIGHT ON DADS

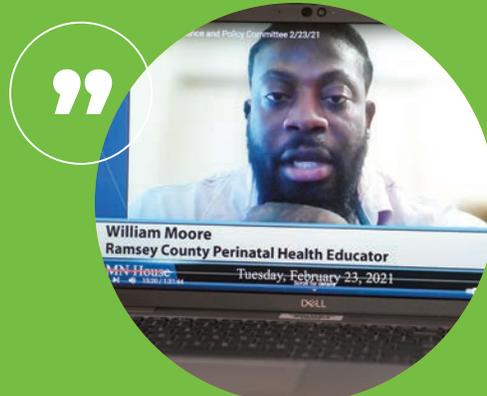
The average length of paternity leave in the US is one week. Only 5% of new dads take at least two weeks of parental leave (Petts, 2018). When men can take parental leave, they, their children and families, and the state gain:

- more involvement in the child's direct care nine months after birth;
- more likely to have a stable marriage or relationship with the other parent;
- promotion of children's educational attainment and emotional stability;
- fewer postpartum health complications, reduced stress and improved mental health for mothers;
- higher incomes for mothers (and their families);
- more comfort as active, responsible co-parents;
- less public assistance in the year following their child's birth

(National Partnership, 2022).

"Our fathers, when they take it, if they take it at all, it happens to be in a shorter duration than mothers. It's not just whether they are allowed to but simply put for economic reasons. We know that having our fathers more involved during the birth process altogether really helps to mitigate health and economic issues but more importantly...the best chance for all of our children to meet their developmental milestones is to have both parents involved in a co-parenting role."

WILLIAM MOORE,
Ramsey County Perinatal Health Educator,
testimony on paid family and medical leave before the Minnesota House Early Childhood Policy and Budget Committee, February 23, 2021.



Infant and Early Childhood Mental Health:

Healing Young Children, Healing Whole Families

LAURA LACROIX-DALLUHN

Babies and young children can show signs of anxiety, depression, posttraumatic stress disorder, and other mental health challenges. Nationally, approximately 10-16% of babies and young children under age 5 experience mental health challenges as a result of disruptions or risks to their relationships, biology or environments ([Zero to Three, 2017](#)).

The rapid pace of learning, and brain development, during the first five years of life provides unique opportunities to shape a child’s future. The interaction of our genes and our life experiences during these early years shape the development of our brain and lay a foundation for our future physical, cognitive and mental health. In addition to learning how to walk and talk, babies and young children are also learning how to regulate their emotions and build healthy relationships.

A major ingredient in the developmental process is the interaction a baby or young child has with its parents, relatives, and caregivers. Responsive and nurturing relationships with a parent, relative or caregiver are critical at this time in their life. The absence of these nurturing relationships leads to increased cortisol in babies and young children as they cope with threatening situations, potentially leading to cognitive, physical or mental health challenges.

Not all caregivers have the support needed to provide a predictable, stable, responsive environment for their children. Many caregivers struggle to manage child development challenges; others struggle with their own trauma or mental health challenges waiting months or years to obtain needed services; still others lack the resources necessary to secure the basics for themselves and their children—stable housing, nutritious food or reliable childcare. Infant and early childhood mental health provides important opportunities to focus on family well-being.

Providing families access to proven parent-child therapies and early childhood caregivers access to mental health consultation are key strategies to mitigating potential long-term physical or mental health challenges and disorders caused by trauma, neglect, biological, or environmental situations. Parent-child therapies can help parents and other caregivers build skills to form nurturing relationships and be responsive to behaviors and signs of distress. It can also help a child build trust with their parents and caregivers and form healthy attachments when these key relationships have been compromised. Supporting families with infant and early childhood mental health services can prevent long-term consequences for children, families, and public systems.

INFANT AND EARLY CHILDHOOD MENTAL HEALTH (IECMH) IS THE DEVELOPING CAPACITY OF A CHILD FROM BIRTH TO FIVE TO:

↓
experience, regulate and express emotions

↓
form close and secure interpersonal relationships

↓
explore the environment and learn- all in the context of family, community, and cultural expectations for young children

Source: Zero to Three, 2021

HEALTH AND WELL-BEING

Not only do these therapies show improvement in behaviors, relationships, and attachment they help lay the foundation for literacy and other cognitive functions; they reduce future expenses in special education, out-of-home placement, increased health care and even crime prevention (Jones et al, 2015).

Parent-child therapies have also proven successful when working with children who experience extreme neglect and enter the foster care system or require adoption. These therapies help children build relationships with responsive adults and caregivers. As the baby or young child begins to rely on adults who respond to their needs (physical, emotional, cognitive), they build trust over time and bond with them. When children experience their caregiver as a safe haven, they can begin meeting critical developmental benchmarks again ([MN Dept of Human Services, 2017](#)).

Early Interventions Support Healthy Family Development

"A parent or caregiver's history of being parented is deeply connected to their ability to parent in ways that are nurturing, predictable, and safe. I began working with a mother of a 13 month old child, who reached out for help. During one of the early visits Mom tearfully shared that she sometimes felt rageful when her child was crying, causing her to be physically aggressive at times. She cried and shared how ashamed she felt given that she was abused by her parent and how much she had hoped to give her child a different life.

After an initial period of establishing safety for the child, I started meeting weekly with the mom and her child using an evidence-based parent-child therapy intervention. Our work together focused on helping mom be able to stay regulated and respond with nurturance when her child became upset. Some of the work involved identifying how her history of being abused made it more difficult and even scary for her to respond with nurturance to her child. Over time, as she became more nurturing and confident in her ability to soothe him, her child began to see her as the safe haven he needed."

THERAPIST JESSE FLYNN



"Little people, through their behaviors and interactions with family and caregivers, share if their lives are well or not. Sometimes they are sharing through their behaviors that their family needs support. They are communicating their needs, or the fact their needs aren't getting met, through various behaviors. Little people are wise and generous and often take on a lot for their families. We acknowledge this and provide the safety and nurture they need. We now know through the science of ACEs, their generosity is evident and has lifelong effects.

As a foster to adoptive mom for my two youngest children who moved between 6 foster placements before I received them at ages 1 & 2, I wasn't given specific information or tools to understand what types of supports would be best to help them heal after early trauma in their lives. It was a hard time. I knew my young children were holding onto their trauma, even if they didn't know, and they were grieving the loss of their family. It took several calls for help and months waiting for appointments to get the services we all needed. If people are accessing services, it's common for them to wait 6-12 months.

It is clear, babies and little kids cannot just 'move on' the way we expect adults to do after experiencing trauma or hard times. Some family systems don't function well, but we have an opportunity to engage with families and provide supports to lift them up through early childhood mental health services. We have to focus on the whole family when helping babies and little kids heal; and it is most useful when we consider a cultural approach."

LUCY LITTLEWOLF ARIAS

Gun Violence Prevention:

Reducing Deaths and Damage

In recent years, firearms have become the leading cause of death among Minnesota children. In 2020, 46 Minnesota children and teens died from guns—they joined 4,320 children from other states, enough to fill 217 classrooms of 20 children (CDC Wonder, 2022). The U.S. has experienced a 42% increase in the rate of child firearm deaths in the last two decades while comparable large, wealthy countries have seen rates fall. (KFF, 2022)

Over 500 Minnesotans died from gun violence in 2020, an average of 1 person killed every 17 hours. Firearm deaths affect children from every Minnesota county. County fact sheets available at cdf-mn.org.

While mass shootings grab fleeting public and policymaker attention, routine firearm incidents kill more children. Children of color continue to face the greatest risk. Minnesota children also experience collateral damage from firearm related homicides and suicides in their families and communities. Children also live with psychological trauma related to the prevalence of and expectation for firearm related violence in their communities, including lockdown or active shooter drills in their schools. *“Generations of students are learning to hide under their desks and barricade their doors. They are taught to block windows to avoid being seen by a potential shooter. Researchers found the drills associated with increases in depression, stress, anxiety, and physiological health problems for students, teachers, and parents (EISherief et al 2021).”* Minnesota law requires school districts to conduct five lockdown drills per year.

Da’Qwan’s mother Monica Jones and his favorite cousin brought their story to the State Capitol in 2020



“Everyday gun violence romps through their playgrounds, terrorizes them in their classrooms and child care centers, follows them down the street, waits at the bus stop, and shoots them through their bedroom windows. It nags at their minds and spirits, snuffing out the promise and joy of childhood. It gives them recurring nightmares and endless worries. It makes them plan their own funerals because they don’t think they’ll live to adulthood. And it makes them wonder if adults will ever make it stop and keep them safe.”

PROTECT CHILDREN, NOT GUNS,
<https://tinyurl.com/mrkr43ux>

MINNESOTA MOTHERS HEAL, TAKE ACTION

"I was so busy making sure my kids were kept safe outside of our home, I didn't think about conversations around guns in our home. Although I know I was and am a good parent I wonder if the situation would have been different if myself or the school provided education around guns. Maybe my son would be alive today if someone had talked to him or his friends. If just one child had spoken up about the gun making the rounds at his school in the days leading up to his death, things could have been different. He might still be staying after school helping the kids with special needs."

Monica Jones lost her 17-year-old son Da'Qwan when two teenage boys brought a gun into her home and passed it around while playing video games. Monica, a professional youth advocate, has turned her pain into action, envisioning a curriculum to teach young people about guns in hopes of preventing senseless deaths like Da'Qwan's. State law requires school districts to provide health education and encourages them to include violence prevention ([MDE, Health Standards](#)). As their prevalence and role in child deaths grows, Monica is hoping to produce a readymade curriculum that will help schools and other programs that connect with youth to add guns to the list of important topics they cover.

Pastor Marea Perry reached out to Monica in the days following Da'Qwan's death. Perry created the nonprofit [Secrets2Truth](#) after her 19 year-old son Marquez was murdered, turning her hope that families impacted by gun violence would have needed support into action. *"A lot of it is heavy but it is important to have someone big and powerful – like a little angel – to hold your hand and walk with you. Someone who is patient, helps you try on a new normal and teaches you how to love yourself so you can love your children and your children can continue to love others. Someone to show them how to heal healthy."* Secrets2Truth sprang from Marea's own experience.

"Even after being out in community for so long, doing the work around gun violence prevention, the impact it leaves on families and how it is harming our communities, I never thought it would hit my door. May 3rd of 2019 it hit my door. That was the last morning I saw his face. Marquez always looked nice and his smile was to die for. He was a beyond talented musician, very creative, athletic. He was loved by so many, just an amazing young man."

That was the worst day, worst morning, worst afternoon. When I picked up the phone everybody was screaming "Marquez! Marquez!" My first response was God wouldn't do this to me. I went to the location and there he was laying on the ground by his vehicle, maybe three feet away. I saw yellow tape. I thought that when I got there I was going to be able to save him. I was used to mothering him and saving him. He was my first son; he was the beginning of motherhood and parenting for me. That morning something was stolen, something was taken."

In that moment I wanted to know who hurt him, who murdered him, what happened. The young man who murdered my son had some mental health problems and trauma that no one paid attention to. Because they didn't pay enough attention, he was causing the same harm that could have been inflicted on him or someone that he knew. After that came the trial; going back and forth for a whole year. You know, for a whole year they kept my son's body."

Marquez left behind seven siblings. It was traumatic, sleepless nights listening to their moans and the crying. I didn't know if they were going to be angry or treat people badly because they were hurt, because hurt people hurt people. But today I can say that I have the most resilient kids in the world. They did a really good job healing and I love them dearly. It's hard. They still cry. We all still cry. He is one young soul we will never forget. It not only scarred our family, but it scarred the community. So many people showed up at his funeral, because they knew him. He left a mark on this world."

Marea Perry remembers her son Marquez, with his car, the site of his murder.



STATE DATA TABLES

DEMOGRAPHICS		NUMBER	% RATE	YEAR
CT	Child Population, As % of total population	1,301,219	23%	2021
-	Children 0-4, As % of children	345,991	27%	2020
-	Children 5-11, As % of children	509,257	39%	2020
-	Children 12-14, As % of children	223,842	17%	2020
-	Children 15-17, As % of children	222,129	17%	2020
CT	Children by Race/Ethnicity, As % of children	-	-	-
-	White, Non-Hispanic	860,220	66%	2021
-	Black Alone	131,856	10%	2021
-	American Indian Alone	13,224	1%	2021
-	Asian Alone	74,968	6%	2021
-	Two or more races	163,910	13%	2021
-	Hispanic or Latino	119,125	9%	2021
FAMILY AND CAREGIVERS		NUMBER	% RATE	YEAR
-	Households raising children, As % of all households	655,004	29%	2021
-	Children in households, As % of children in households:	-	-	-
-	with married adults	928,022	71%	2021
-	with mother only	187,505	14%	2021
-	with father only	58,140	5%	2021
-	with unmarried, cohabitating partners	129,476	10%	2021
-	Children being raised by grandparents, As % of children	22,000	2%	2021
-	Children in immigrant families (child and/or parent is foreign-born), As % of children	246,747	20%	2021
CT	Total births, Rate per 1,000 children	66,033	11.7	2019
-	Births by maternal education, As % of births	-	-	-
-	Less than 4 years of high school	4,328	7.8%	2019
-	4 years of high school or GED completed	7,215	13.1%	2019
-	Some college credit but no degree	8,989	16.3%	2019
-	Associate's Degree	7,234	13.1%	2019
-	Bachelor's Degree	17,700	22.2%	2019
-	Graduate or Professional Degree	9,675	13.9%	2019
-	Births to foreign-born mothers, As % of births	13,104	20%	2019
CT	Children born to unmarried mothers, As % of births	21,009	32%	2019
-	Children born with no father listed on the birth certificate, As % of births	7,392	11.2%	2019
CT	Children born to mothers under 18	412	-	2019
CT	Children in Family Assessment Response program	26,084	-	2020
CT	Children in out-of-home care	13,442	-	2020
-	Children aging out of foster care without a permanent family	442	-	2020
-	Children remaining under state guardianship	1,747	-	2020
-	Children who had ever had a parent who was incarcerated	63,021	5%	2019-2020
-	Working people with access to paid family leave through job (As percent of all working people)	-	19%	2021

STATE DATA TABLES

-	Working parents who are eligible and can afford FMLA unpaid leave by Race/Ethnicity (percent)	-	-	-
-	Asian/Pacific Islander	-	44.9%	2014-2017
-	American Indian/Alaska Native	-	40.5%	2014-2017
-	Black	-	25.8%	2014-2017
-	Hispanic	-	30.7%	2014-2017
-	White	-	50.5%	2014-2017
-	Other	-	17.2%	2014-2017
EARLY CHILDHOOD		NUMBER	% RATE	YEAR
CT	Children born preterm, As % of births	-	9.2%	2019
CT	Children born at low-birthweight, As % of births	-	6.9%	2019
-	Children age 3 and 4 not enrolled in preschool	84,625	61%	2021
CT	Annual cost of center-based child care	-	-	-
-	Infant	\$17,056	-	2021
-	Toddler	\$15,028	-	2021
-	Preschooler	\$13,364	-	2021
-	School-Age	\$11,752	-	2021
CT	Annual cost of family-based child care	-	-	-
-	Infant	\$8,944	-	2021
-	Toddler	\$8,528	-	2021
-	Preschooler	\$8,112	-	2021
-	School-Age	\$7,280	-	2021
-	Children under age 6 with all available parents in the workforce, As % of children under age 6	296,000	76%	2021
CT	Children served by the Child Care Assistance Program	36,650	-	2022
-	Families on waiting lists for the Child Care Assistance	873	-	Aug 2022
-	Children enrolled in Head Start or Early Head Start	11,681	-	2019-21
K-12 EDUCATION		NUMBER	% RATE	YEAR
-	Students enrolled in non-public schools	69,971	-	2021-22
CT	Students enrolled in K-12 public schools	872,083	-	2022
CT	K-12 public school students who are English Learner Identified, As % of K-12 public school students	77,473	9%	2022
CT	K-12 public school students enrolled in special education, As % of K-12 public school students	147,063	16.9%	2022
-	Fourth-graders who scored below proficient reading level by race and ethnicity (NAEP) (Percent)	-	-	-
-	White	-	59%	2022
-	Black or African American	-	87%	2022
-	Hispanic or Latino	-	84%	2022
-	Asian or Pacific Islander	-	78%	2022
-	Two or more races	-	72%	2022

STATE DATA TABLES

-	Eighth-graders who scored below proficient math achievement level by race and ethnicity, (NAEP)	-	-	-
-	White	-	61%	2022
-	Black or African American	-	89%	2022
-	Hispanic or Latino	-	92%	2022
-	Asian or Pacific Islander	-	59%	2022
-	Two or more races	-	66%	2022
CT	Students who graduated in 4 years, As % of public school students	57,137	83.3%	2020-21
-	Students who graduated in 5 years, As % of public school students	58,498	86.6%	2020-21
CT	Students who dropped out within 4 years, As % of public school students	2,776	4.1%	2020-21
CT	5th graders alone after school one or more days	-	54.5%	2019
ECONOMIC STABILITY		NUMBER	% RATE	YEAR
-	Households with children that had difficulty paying for usual household expenses in the past week	-	38%	2022
-	Entire population living in poverty, As % of population	520,000	9%	2021
CT	Children living in poverty, As % of children	139,000	11%	2021
-	White, Non-Hispanic, As % of all white children	60,450	7%	2021
-	Black or African American, As % of all African American children	29,035	23%	2021
-	Asian, As % of all Asian children	13,710	19%	2021
-	American Indian, As % of all American Indian children	3,440	30%	2021
-	Hispanic or Latino, As % of all Hispanic or Latino children	18,914	16%	2021
-	Two or More Races, As % of all children with Two or More Races	23,124	14%	2021
-	Immigrant children in poverty, As % of all immigrant children	55,000	21%	2019
-	Children age 5 and under living in poverty, As % of children age 5 and under	46,000	12%	2021
CT	Children living in extreme poverty (50% of poverty), As % of children	61,000	5%	2021
-	Children living below 200% of poverty, As % of children	349,000	27%	2021
-	Families living in poverty, As % of families	56,000	9%	2021
-	Married-couple households with children in poverty, As % of all married-couple households with children	14,000	3%	2021
-	Single-parent households with children in poverty, As % of all single-parent households with children	41,000	22%	2021
-	Median family income of households with children (in 2019 dollars)	\$97,200	-	2019
-	White, Non-Hispanic	\$108,600	-	2019
-	Black or African American	\$41,600	-	2019
-	American Indian	\$34,000	-	2019
-	Asian	\$90,000	-	2019
-	Hispanic or Latino	\$52,900	-	2019
-	Two or More Races	\$52,000	-	2019

STATE DATA TABLES

-	Tax households who claimed the Earned Income Tax Credit (EITC)	304,000	-	2020
-	Average EITC amount	\$2,210	-	2020
-	Tax households who claimed the MN Working Family Credit (WFC)	388,074	-	2019
-	Average WFC amount	\$715	-	2019
CT	Children on Minnesota Family Investment Program (MFIP)	54,015	-	2021
CT	Families receiving child support, As % of eligible families	-	75.8%	2021
-	Female-headed families receiving child support, As % of families headed by unmarried women	29,000	30%	2019-2021
HEALTHY DEVELOPMENT		NUMBER	% RATE	YEAR
CT	Children without health insurance, As % of children in age group	42,000	2.6% (0-5) 3.5% (6-17)	2021
CT	Children enrolled in Medical Assistance (Monthly average)	520,034	-	2021
CT	Children enrolled in MinnesotaCare (Monthly average)	1,400	-	2021
CT	Children whose mothers received inadequate or no prenatal care, As % of births	6,261	9.5%	2019
-	Children (3 to 17 years old) who have depression or anxiety	149,600	14%	2020
CT	9th Graders with long-term mental health, behavioral or emotional problem	-	23%	2019
-	Children who have one or more emotional, behavioral, or developmental conditions, As % of children	221,015	21%	2018-2019
CT	Children 24-35 months who are up-to-date with the vaccine series, As % of children 24-35 months	-	63%	2021
-	Children age 13 who have received the recommended adolescent vaccines, As % of children age 13.	-	28%	2021
SAFE HOMES AND COMMUNITIES		NUMBER	% RATE	YEAR
CT	Children under age 6 testing positive for lead poisoning	493	-	2020
-	Children living in crowded housing, As % of children	133,000	10%	2019
CT	Housing units where housing costs exceed 30% of income, As % of all housing units	-	-	-
-	Owner w/mortgage, As % of all owner housing units	330,024	30%	2021
-	Renter, As % of renter housing units	280,316	45%	2021
CT	Housing units with children by housing type	-	-	-
-	Owner	511,501	-	2021
-	Renter	134,909	-	2021
-	Homeownership, As % of households	-	-	-
-	Black or African American, As % of all African American households	39,095	30.5%	2021
-	Asian, As % of all Asian households	7,702	49.5%	2021
-	American Indian, As % of all American Indian households	56,451	66.1%	2021
-	White, Non-Hispanic, As % of all white households	1,464,524	77.5%	2021
-	Two of More Races, As % of all households headed by someone with Two or More Races	61,512	59.7%	2021
-	Hispanic or Latino, As % of all Hispanic or Latino households	50,296	56.6%	2021

STATE DATA TABLES

CT	Children age 10 to 17 arrested for serious crimes	2,833	-	2020
-	Children who died from unintentional injuries	94	-	2020
CT	Children abused or neglected, Rate per 1,000 children	6,250	4.8%	2020
CT	Firearm deaths (all ages)	513	-	2020
-	Suicides	354	-	2020
-	Homicides	138	-	2020
-	Other	21	-	2020
-	Firearm deaths for children and teens (0-19)	46	-	2020
CT	Children (0-19) who committed suicide or were murdered	76	-	2019
FOOD AND NUTRITION		NUMBER	% RATE	YEAR
-	Households with children where children were not eating enough because food was unaffordable, As percent of households with children	-	32%	2022
CT	K-12 students approved for free school meals, As % of K-12 students	274,886	32%	2022
CT	Children enrolled in SNAP (Monthly average)	173,163	-	2020-21
-	Participation in the WIC nutrition program	-	-	-
-	Women (pregnant, breastfeeding and post-partum)	40,583	-	2021
-	Infants born and enrolled in WIC	42,668	-	2021
-	Children (1 to 5 years old)	69,717	-	2021
-	Children living in households that were food insecure at some point during the year, As % of children	114,000	9%	2019-2021
-	Children in families visiting food shelves (non-unique, counted each visit)	1,376,001	-	2020



SPARKING CONVERSATIONS, IDEAS AND CHANGE: THE KIDS COUNT DATA CENTER

datacenter.kidscount.org

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

- Create custom reports for a specific county or state;
- Compare and rank data for different states and counties; and
- Design graphics like maps and trend lines to use in presentations and publications, including websites or blogs.

The KIDS COUNT Data Center provides state and county level data on selected indicators for all 87 counties in Minnesota. Indicators in the State Level Data Table with comparable county level data are denoted with a CT. These are not the only county level data available, however.

“Children,” if not otherwise defined, refers to those under age 18 (0-17). A “parent” may be either biological, adoptive, or a stepparent. “Families” refers to a parent raising one or more children in their household. A “household” may contain a single family, more than one family, a family and one or more sub-families (such as three generations living together), or it may contain members that are unrelated. Statewide poverty estimates are based upon the universe for which poverty status is determined in the American Community Survey (ACS). The federal poverty definition consists of a series of thresholds based on family size and composition, for 2021 it was defined as an annual income below \$26,500 for a family of four with two children. Hispanic/Latino children/families can be from any racial category. For additional information, please refer to the original data source or contact Children’s Defense Fund-Minnesota.

DEMOGRAPHICS

Child population, 2021

Source: U.S. Census Bureau, 2021 American Community Survey. Table B B01001.

Child population by age group, 2020

Source: U.S. Census Bureau, Population Estimates 2020.

Child population by race/ethnicity, 2021

Source: U.S. Census Bureau, 2021 American Community Survey. Tables C01001A-I.

ECONOMIC STABILITY

Households with children that had difficulty paying for usual household expenses past week

Source: Population Reference Bureau analysis Census Bureau, Household Pulse Survey, Sep 14-Oct 17, 2022.

Entire population living in poverty, 2021

Children living in extreme poverty, 2021

Children living in poverty, 2021

Children age 5 and under living in poverty, 2021

Children below 200% of the poverty line, 2021

Families living in poverty, 2021

Married-couple households with children in poverty, 2021

Single-parent households with children in poverty, 2021

Source: Population Reference Bureau analysis of 2021 American Community Survey.

Children in poverty by race/ethnicity, 2021

Source: U.S. Census Bureau, 2021 American Community Survey. Tables B17020A-I.

Immigrant children in poverty, 2019

Source: Population Reference Bureau, analysis of U.S. Census Bureau, 2019 American Community Survey.

Median family income for families with children by race/ethnicity, 2019

Source: Population Reference Bureau, analysis of U.S. Census Bureau, American 2019 Community Survey.

Tax households that claimed the Earned Income Tax Credit (EITC), Tax Year 2020

Average Earned Income Tax Credit (EITC), Tax Year 2020

Source: IRS <https://tinyurl.com/44y4vp34>

Tax households that claimed the Minnesota Working Family Credit, Tax Year 2019

Average Working Family Credit (WFC), Tax Year 2019

Source: MN Dept of Revenue <https://tinyurl.com/ydj8ernt>

Children on Minnesota Family Investment Program, 2021

Source: Minnesota Department of Human Services. Program Assessment and Integrity Division. Personal contact Dorina Nikolla, Di N Vang.

Families receiving child support, 2021

Source: Minnesota Department of Human Services. Child Support Performance Report <https://tinyurl.com/3snx37x7>

Female-headed families child support, 2019-2021

Source: 2019 CPS ASEC Bridge File, 2020-2021 CPS ASEC. Three-year average.

FAMILY & CAREGIVERS

Households raising children, 2021

Source: U.S. Census Bureau, 2021 American Community Survey. Table S0201.

Children by household type, 2021

Source: U.S. Census Bureau, 2021 American Community Survey. Table B09005.

Children being raised by grandparents, 2021

Source: U.S. Census Bureau, 2021 American Community Survey. Table B10002.

Children in immigrant families, 2021

Source: U.S. Census Bureau, 2021 American Community Survey. Table C05009.

TECHNICAL NOTES

Total births, 2019

Births by maternal education

Births to foreign-born mothers

Children born to unmarried mothers, 2019

Children born to mothers under 18, 2019

Children born with no father listed on the birth certificate

Source: MN Department of Health, 2019 MN Health Statistics <https://tinyurl.com/mvjrzav>

Children in the Family Assessment Response Program, 2020

Source: MN Department of Human Services. MN's Child Maltreatment Report 2020, Personal contact Jon Pedersen.

Children in out-of-home care, Children aging out of foster care without a permanent family, 2020

Source: Minnesota Department of Human Services. Minnesota's Out-of-home Care and Permanency Report 2020, Fall 2021. Contact Jon Pedersen.

Children remaining under state guardianship, 2020

Source: Minnesota Department of Human Services, Child Safety and Permanency Division. Personal contact Jon Pedersen.

Children who had ever had a parent who was incarcerated, 2019-2020

Source: Child Trends analysis of data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, National Survey of Children's Health.

Access to paid family leave through job, 2021

Source: U.S. Bureau of Labor Statistics. National Compensation Survey: Employee Benefits in the United States (Tables 17 and 33).

Working parents eligible and can afford FMLA unpaid leave by race/ethnicity, 2014-17

Source: diversitydatakids.org.

EARLY CHILDHOOD

Children born preterm, 2019

Children born at low-birthweight, 2019

Source: Minnesota Department of Health, 2019 Minnesota Health Statistics <https://tinyurl.com/mvjrzav>

Children age 3 and 4 not attending preschool, 2021

Source: U.S. Census Bureau, 2021 American Community Survey, Table B14003.

Cost of center-based childcare, family-based childcare, 2021

Source: Child Care Aware of Minnesota. 2021 Child Care Provider Rate Survey. Personal contact with Angie Bowman.

Children under age 6 with all available parents in the workforce, 2021

Source: Population Reference Bureau analysis of 2021 American Community Survey. Table B21008.

Children in the Child Care Assistance Program, 2022

Source: Minnesota Department of Human Services, Minnesota Child Care Assistance Program, February 2022. Personal contact Laurie Possin.

Families on the waiting list for CCAP, Aug 2022

Source: Minnesota Department of Human Services.

Children served by Head Start or Early Head Start, 2019-21

Source: Annual Program Information Report (PIR), Office of Head Start (OHS), U.S. Department of Health and Human Services (HHS)

K-12 EDUCATION

Students enrolled in non-public schools, 2021-22

Students enrolled in K-12 public schools, 2022

K-12 public school students with limited English proficiency,

K-12 public school students enrolled in special education

Source: MN Dept of Education, Data Center, Minnesota Report Enrollments, On Feb 3, 2022 <https://education.mn.gov/MDE/Data/>

Fourth-graders below proficient reading level by race/ethnicity, Eighth-graders below proficient math level by race/ethnicity, 2022

Source: US Department of Education, National Assessment of Educational Progress <http://nces.ed.gov/nationsreportcard/>

Students who graduated in 4 years or 5 years, 2020-21

Students who dropped out in 4 years, 2020-21

Source: Minnesota Department of Education, Data Center <https://education.mn.gov/MDE/Data/>

5th graders alone afterschool one or more days, 2019

Source: Minnesota Student Survey 2019: <https://tinyurl.com/2rz8bkt9>

HEALTHY DEVELOPMENT

Children without health insurance, 2021

Source: Minnesota Health Access Surveys: <https://tinyurl.com/ye2zxfvx>

Children in Medical Assistance (MA), 2021

Children in MinnesotaCare, 2021

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Personal contact with Ray Kurth-Nelson.

TECHNICAL NOTES

Children whose mothers received inadequate or no prenatal care, 2019

Source: Minnesota Department of Health, 2019 Minnesota Health Statistics. <https://tinyurl.com/mvjrzav>

Children (3 to 17) who have depression or anxiety, 2020

Children who have one or more emotional, behavioral or developmental conditions, 2018-19

Source: Child Trend's analysis of the U.S. Department of Health and Human Services, National Survey of Children's Health.

9th graders with long-term mental health, behavioral or emotional problems, 2019

Source: Minnesota Student Survey 2019: <https://tinyurl.com/2rz8bkt9>

Children 24-35 months who are up-to date with the vaccine series, July 2021

Adolescents age 13 with recommended adolescent vaccines, July 2021

Source: MN Department of Health, Immunization Program. Childhood Immunization Coverage in MN. Personal Contact with Sydney Kuramoto. <https://tinyurl.com/tntuv83u>

FOOD & NUTRITION

Households with children where children were not eating enough because food was unaffordable, 2022

Source: Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, Sep 14 - Oct 17, 2022

K-12 students approved for free school meals, 2022

Source: Minnesota Department of Education, Minnesota Report Card <https://education.mn.gov/MDE/Data/>

Children receiving SNAP, 2021

Source: Minnesota Department of Human Services. Personal contact with Dorina Nikolla and Di N Vang.

Total participation in the WIC nutrition program, 2021

Source: Minnesota Department of Health, WIC Category and Race and Ethnicity Annual Reports. Contact Joni Geppert <https://tinyurl.com/hc wd7ymm>

Households that are "food insecure," 2019-2021

Source: 2001-2021 Current Population Survey, Food Security Supp. 3 year average.

Children in families visiting food shelves, 2020

Source: Hunger Solutions Minnesota, Personal contact Jill Westfall. <https://tinyurl.com/3jtjauy>

SAFE HOMES & COMMUNITIES

Children under age 6 positive for lead poisoning, 2020

Source: Minnesota Department of Health, Environmental Health Division.

https://data.web.health.state.mn.us/lead_query

Children living in crowded housing, 2019

Source: Population Reference Bureau, analysis of U.S. Census Bureau, 2019 American Community Survey.

Housing units w children, 2021

Source U.S. Census Bureau, 2021 American Community Survey, Table B25012

Housing costs exceed 30%, 2021

U.S. Census Bureau, 2021 American Community Survey. Social Explorer Tables A10049/A10039B

Homeownership by race/ethnicity, 2021

Source: U.S. Census Bureau, 2021 American Community Survey. B25003A-I.

Children age 10-17 arrested for a serious crime, 2020

Source: Minnesota Department of Public Safety, 2020 Bureau of Criminal Apprehension, Minnesota Justice Information Services, Uniform Crime Report (August 2020).

Note: Refers to arrests of juveniles age 10-17. "Serious" crimes (Part I crimes) include murder, rape, robbery, aggravated assault, burglary, larceny, vehicle theft, and arson. Not all children arrested for serious crimes may have committed these crimes, and not all children who committed serious crimes may have been arrested. <https://tinyurl.com/ypvezs7p>

Children who died from unintentional injuries, 2019

Source: 2019 Minnesota Health Statistics. Personal contact Stef Gingerich <https://tinyurl.com/mvjrzav>

Children abused or neglected, 2020

Source: Minnesota Department of Human Services. Minnesota's Child Maltreatment Report 2020.

Total deaths by firearm, 2020

Firearm deaths for children and teens (0-19), 2020

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 <http://wonder.cdc.gov/ucd-icd10.html>

Children (0-19) who committed suicide or were murdered, 2019

Source: Minnesota Department of Health, 2019 Minnesota Health Statistics Note: Combined causes of death Assault (Homicide) and Intentional Self-harm (Suicide). <https://tinyurl.com/mvjrzav>

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ABOUT CHILDREN’S DEFENSE FUND Celebrating 50 years in 2023, Children’s Defense Fund envisions a nation where marginalized children flourish, leaders prioritize their well-being, and communities wield the power to ensure they thrive. The only national, multi-issue advocacy organization working at the intersection of child well-being and racial justice, CDF advances the well-being of America’s most diverse generation, the 74 million children and youth under the age of 18, and 30 million young adults under the age of 25. CDF’s grassroots movements in marginalized communities build power for child-centered public policy, informed by racial equity and the lived experience of children and youth. Its renowned CDF Freedom Schools® program is conducted in nearly 100 cities and 30 states and territories. Learn more at www.childrensdefense.org.

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