

Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

## Demographics

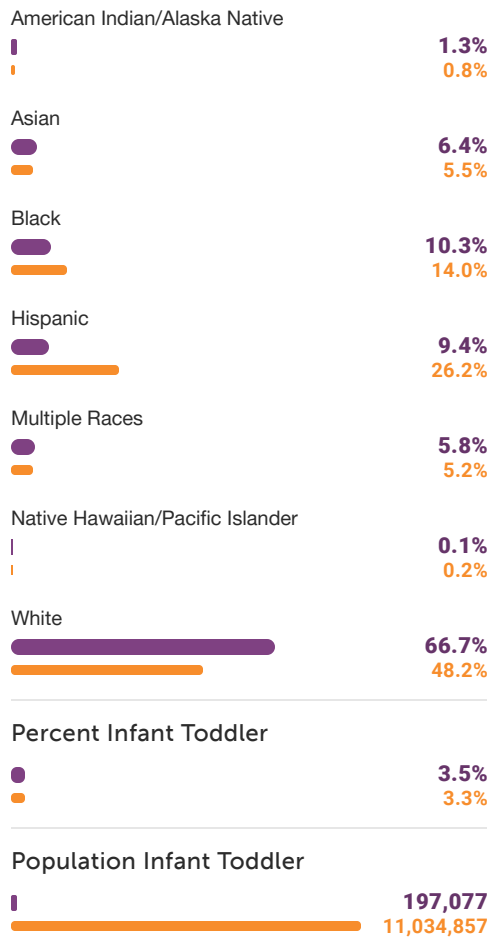
 Minnesota  National Average

### Infants and toddlers in Minnesota

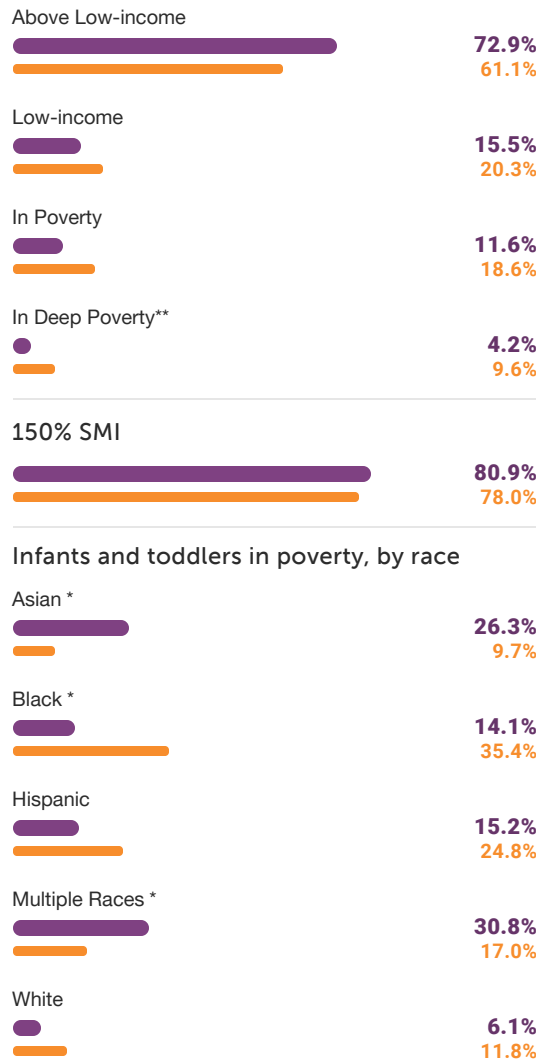
Minnesota is home to 197,077 babies, representing 3.5 percent of the state's population. As many as 27.1 percent live in households with incomes less than twice the federal poverty line (in 2021, about \$55,000 for a family of four<sup>1</sup>), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

1. Source: U.S. Census Bureau, Population Division. Poverty Thresholds by Size of Family and Number of Children. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

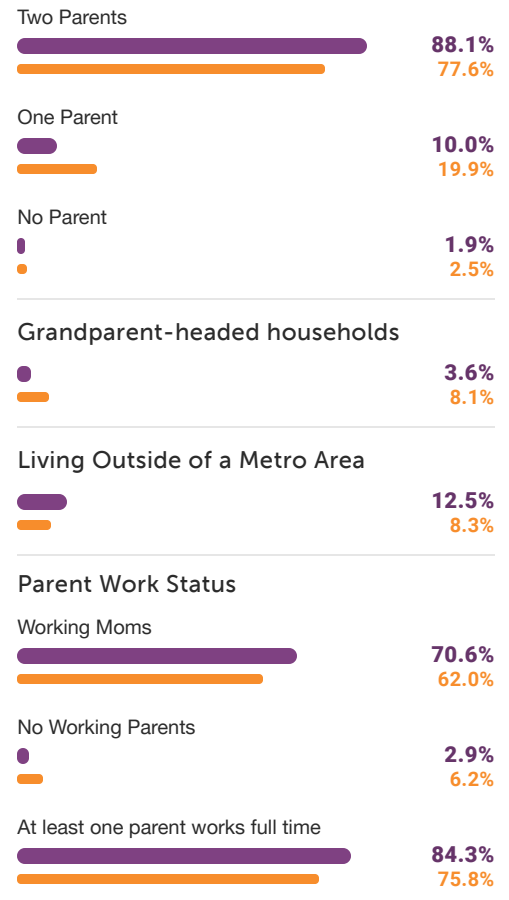
#### Race/ethnicity of infants and toddlers



#### Poverty status of infants and toddlers



#### Family Structure



\*Numbers are small; use caution in interpreting.

\*\*Subset of "In Poverty"

Note: N/A indicates Not Available

## How are Minnesota's babies faring in Good Health?

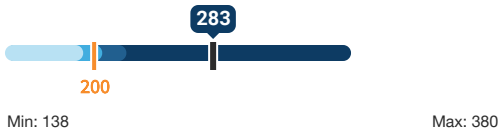
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Minnesota falls in the Working Efficiently (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as nutrition and mental health. Minnesota performs better than national averages on key indicators, such as the percentage of babies born at low birthweight and women receiving late or no prenatal care. The state is performing worse than national averages on indicators such as the percentage of babies receiving preventative dental care and mothers reporting less than favorable mental health.

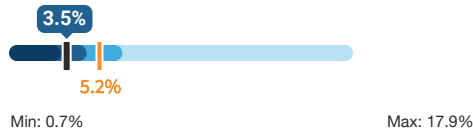
## Key Indicators of Good Health

● Minnesota ● National Avg

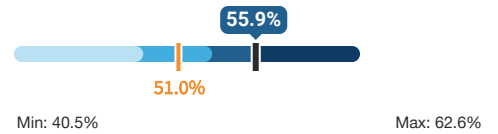
Eligibility limit (% FPL) for pregnant women in Medicaid



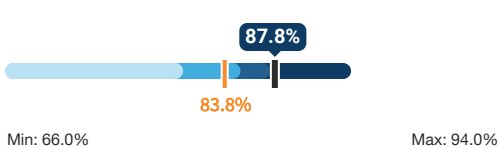
Uninsured low-income infants and toddlers



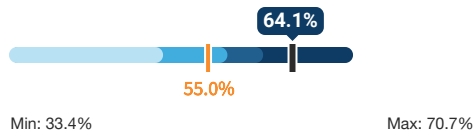
Medical home



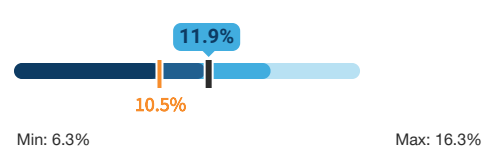
Infants ever breastfed **NR**



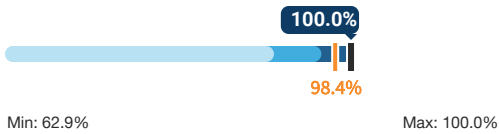
Infants breastfed at 6 months



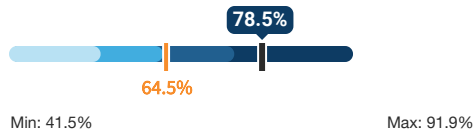
High weight-for-length in WIC **NR**



WIC coverage for infants \*



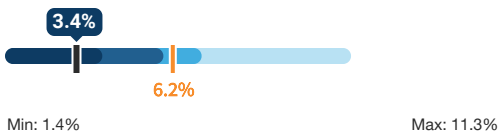
WIC coverage for one-year-olds \*



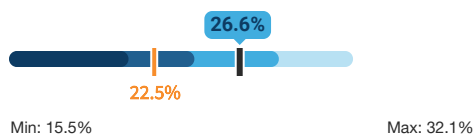
WIC coverage for two-year-olds



Late or no prenatal care received



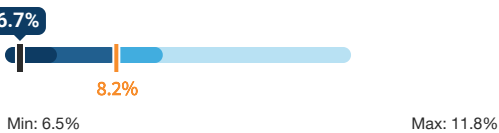
Mothers reporting less than optimal mental health



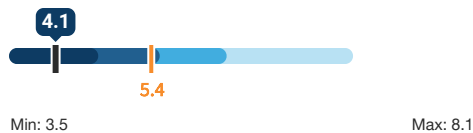
Babies born preterm



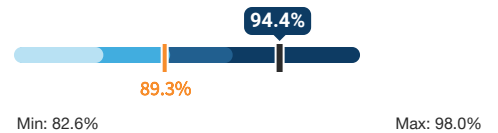
Babies with low birthweight



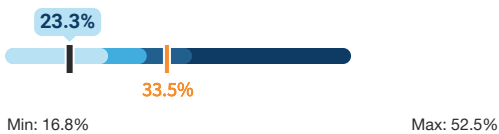
Infant mortality rate (deaths per 1,000 live births)



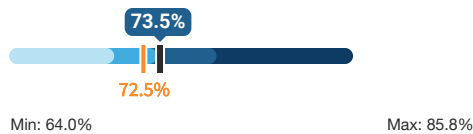
Preventive medical care received



Preventive dental care received



Received recommended vaccines



\*Numbers are small; use caution in interpreting.

## Good Health Policy in Minnesota

Medicaid expansion state	Yes	✓
CHIP maternal coverage for unborn child option	NR	Yes ✓
Postpartum extension of Medicaid coverage	Law covering all pregnant people for 1 year post-partum	
Pregnant workers protection	Limited coverage: State employees and private employees with exceptions	
State Medicaid policy for maternal depression screening in well-child visits	Recommended	
Medicaid plan covers social-emotional screening for young children	Yes	✓
Medicaid plan covers IECMH services at home	Yes	✓
Medicaid plan covers IECMH services at pediatric/family medicine practices	Yes	✓
Medicaid plan covers IECMH services in early childhood education settings	Yes	✓

Note: N/A indicates Not Available

## All Good Health Indicators for Minnesota

● State Indicator    ● National Avg

### Health Care Coverage and Affordability

<b>W</b> Eligibility limit (% FPL) for pregnant women in Medicaid	<b>283.0</b> 200.0	<b>O</b> Uninsured low-income infants and toddlers	<b>3.5%</b> 5.2%
<b>O</b> Medical home	<b>55.9%</b> 51.0%		

### Nutrition

Infants ever breastfed	NR	<b>W</b> Infants breastfed at 6 months	<b>64.1%</b> 55.0%
High weight-for-length in WIC	NR	<b>W</b> WIC coverage for infants	<b>100.0%</b> 98.4%
<b>W</b> WIC coverage for one-year-olds	<b>78.5%</b> 64.5%	<b>W</b> WIC coverage for two-year-olds	<b>53.8%</b> 48.1%

### Maternal Health

<b>W</b> Late or no prenatal care received	<b>3.7%</b> 6.4%	Maternal mortality rate (deaths per 100,000 live births)	NR	<b>NA</b> 23.8
<b>R</b> Mothers reporting less than optimal mental health	<b>26.2%</b> 21.9%			

### Children's Health

<b>W</b> Babies born preterm	<b>9.1%</b> 10.1%	<b>W</b> Babies with low birthweight	<b>6.7%</b> 8.2%
<b>W</b> Infant mortality rate (deaths per 1,000 live births)	<b>4.1</b> 5.4	<b>G</b> Preventive dental care received	<b>23.3%</b> 33.5%
<b>W</b> Preventive medical care received	<b>94.4%</b> 89.3%	<b>O</b> Received recommended vaccines	<b>73.5%</b> 72.5%

Note: N/A indicates Not Available.

## How are Minnesota's babies faring in Strong Families?

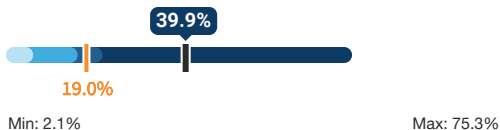
Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but families with low income and in historically marginalized communities of color face additional challenges that impact their babies' immediate and future well-being. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Minnesota falls in the Improving Outcomes (O) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentage of babies who live in families that report being resilient and babies living in unsafe neighborhoods, as reported by parents. Minnesota is doing worse than the national average on indicators such as the percentage of babies experiencing housing instability (moved 3 or more times).

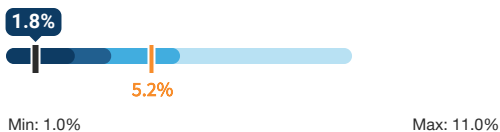
## Key Indicators of Strong Families

● Minnesota ● National Avg

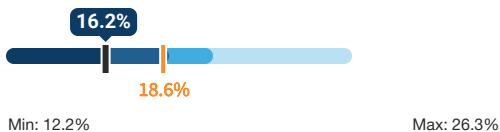
TANF benefits receipt among families in poverty



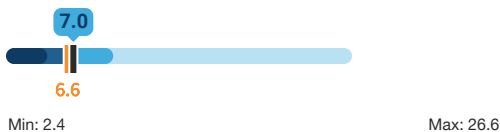
Unsafe neighborhoods



1 adverse childhood experience



Removed from home **NR**



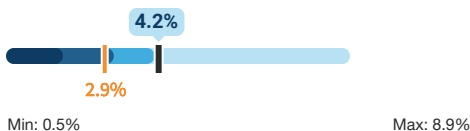
Permanency: Guardian **NR**



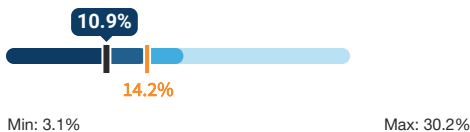
Potential home visiting beneficiaries served



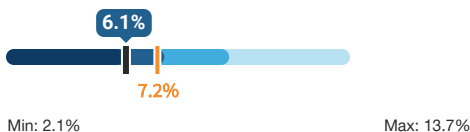
Housing instability



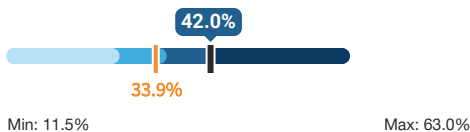
Low or very low food security



2 or more adverse childhood experiences



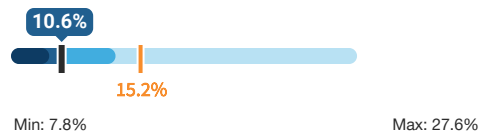
Time in out-of-home placement **NR**



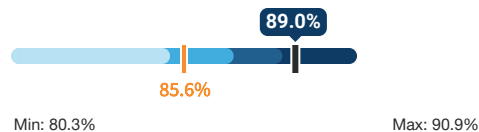
Permanency: Relative **NR**



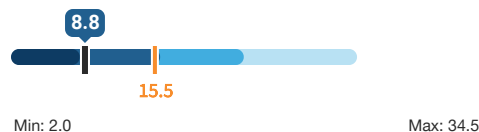
Crowded housing



Family resilience



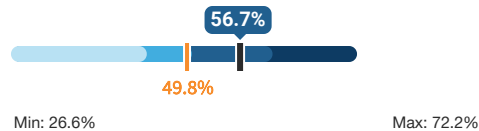
Infant/toddler maltreatment rate (per 1,000 children ages 0-2) **NR**



Permanency: Adopted **NR**



Permanency: Reunified **NR**



\*Numbers are small; use caution in interpreting.

## Strong Families Policy in Minnesota

Paid family leave	No <span>✗</span>
Paid sick time that covers care for child	No <span>✗</span>
TANF work exemption	Yes <span>✓</span>
State child tax credit	No <span>✗</span>
State Earned Income Tax Credit	Yes <span>✓</span>

Note: N/A indicates Not Available

## All Strong Families Indicators for Minnesota

● State Indicator

● National Avg

### Basic Needs

<b>W</b> TANF benefits receipt among families in poverty	<b>39.9%</b> 19.0%	<b>G</b> Housing instability	<b>4.2%</b> 2.9%
<b>O</b> Crowded housing	<b>10.6%</b> 15.2%	<b>W</b> Unsafe neighborhoods	<b>1.8%</b> 5.0%
<b>W</b> Low or very low food security	<b>10.9%</b> 14.2%		

### Child Well-being and Resilience

<b>W</b> Family resilience	<b>89.0%</b> 85.6%	1 adverse childhood experience <b>NR</b>	<b>16.2%</b> 18.6%
<b>O</b> 2 or more adverse childhood experiences	<b>6.1%</b> 7.2%	Infant/toddler maltreatment rate (per 1,000 children ages 0-2) <b>NR</b>	<b>8.8</b> 15.5
Removed from home <b>NR</b>	<b>7.0</b> 6.6	Time in out-of-home placement <b>NR</b>	<b>42.0%</b> 33.9%
Permanency: Adopted <b>NR</b>	<b>29.0%</b> 34.2%	Permanency: Guardian <b>NR</b>	<b>9.0%</b> 7.9%
Permanency: Relative <b>NR</b>	<b>4.4%</b> 7.0%	Permanency: Reunified <b>NR</b>	<b>56.7%</b> 49.8%
<b>O</b> Potential home visiting beneficiaries served	<b>2.7%</b> 2.1%		

# Positive Early Learning Experiences

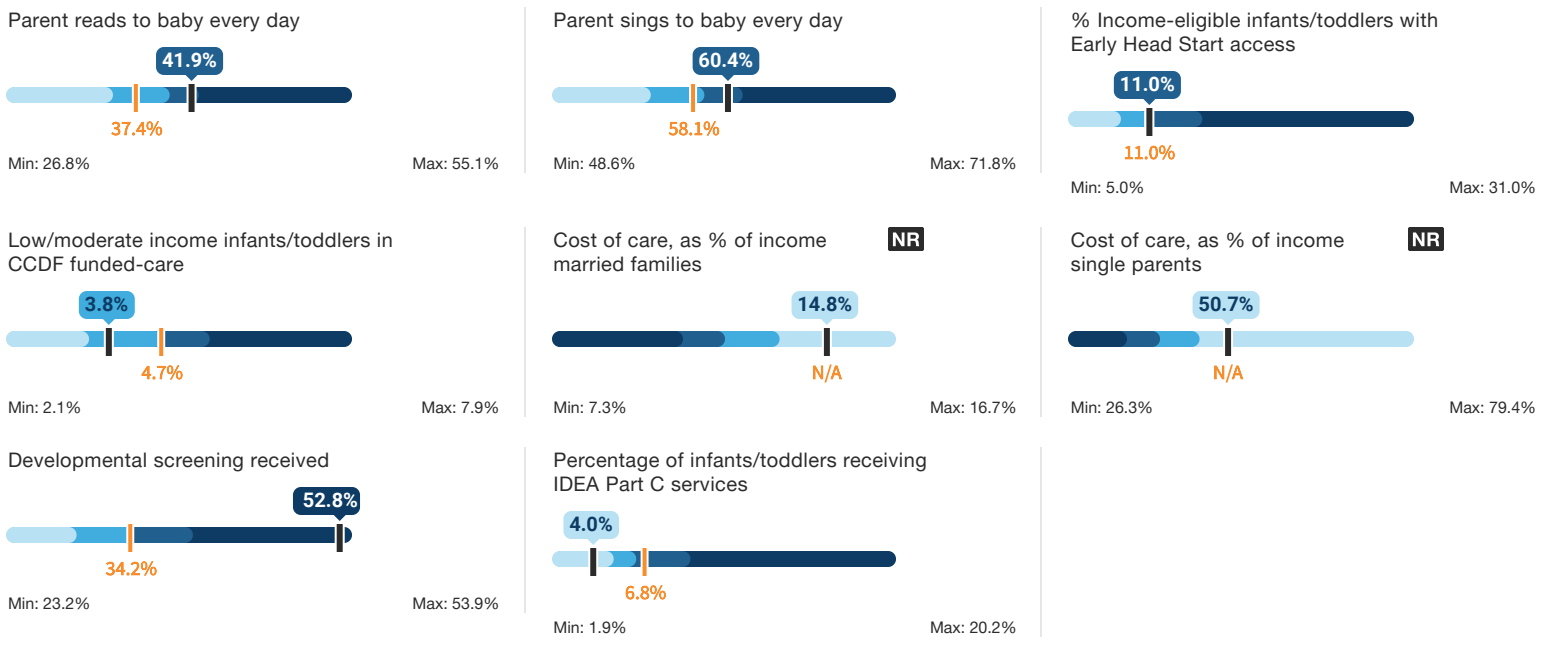
## How are Minnesota's babies faring in Positive Early Learning?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of babies' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development. However, disparities in access to high-quality care remain across many states and communities in the United States.

Minnesota scores in the Improving Outcomes (O) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentage of infants/toddlers who received a developmental screening in the past year. Minnesota is doing worse than the national average on indicators such as the percentage of infants and toddlers who received Individuals with Disabilities Education Act (IDEA) Part C services. Beginning with the 2022 profile, infant care costs as a percentage of the state's median income for single and married parents are not factored into the ranking.

## Key Indicators of Positive Early Learning Experiences

● Minnesota ● National Avg



\*Numbers are small; use caution in interpreting.

# Positive Early Learning Experiences Policy in Minnesota

Adult/child ratio _____	EHS standards met for 1 of 3 age groups
Level of teacher qualification required by the state beyond a high school diploma _____	No credential beyond a high school diploma
Group size _____	EHS standards met for 1 of 3 age groups
Infant/toddler professional credential <b>NR</b> _____	Yes <input checked="" type="checkbox"/>
Families above 200% of FPL eligible for child care subsidy _____	No <input checked="" type="checkbox"/>
State reimburses center-based child care _____	No <input checked="" type="checkbox"/>
At-risk children included in Part C eligibility definition <b>NR</b> _____	No <input checked="" type="checkbox"/>

Note: N/A indicates Not Available

## All Positive Early Learning Experiences Indicators for Minnesota

● State Indicator    ● National Avg

### Activities that Support Early Learning

Parent reads to baby every day	<b>41.9%</b> 37.4%	Parent sings to baby every day	<b>60.4%</b> 58.1%
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### Access to Early Learning Programs

% Income-eligible infants/toddlers with Early Head Start access	<b>11.0%</b> 11.0%	Low/moderate income infants/toddlers in CCDF-funded care	<b>3.8%</b> 4.7%
Cost of care, as % of income married families <b>NR</b>	<b>14.8%</b> NA	Cost of care, as % of income single parents <b>NR</b>	<b>50.7%</b> NA

### Early Intervention

Developmental screening received	<b>52.8%</b> 34.2%	Percentage of infants/toddlers receiving IDEA Part C services	<b>4.0%</b> 6.8%
Timeliness of Part C services <b>NR</b>	<b>92.9%</b> NA		

Note: N/A indicates Not Available.