

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

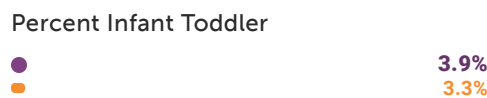
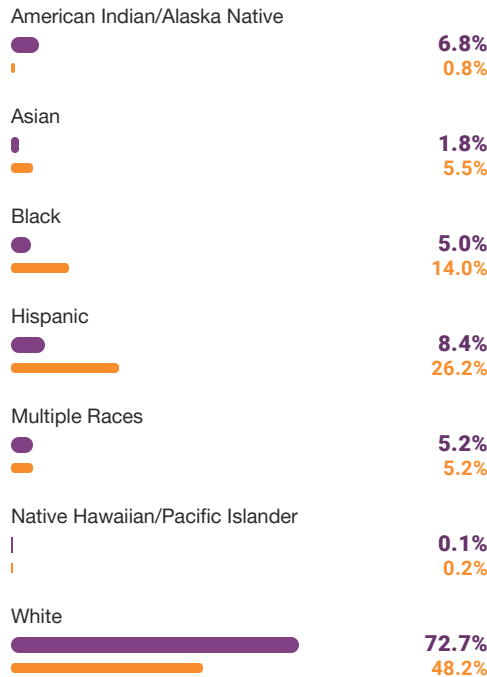
 North Dakota  National Average

Infants and toddlers in North Dakota

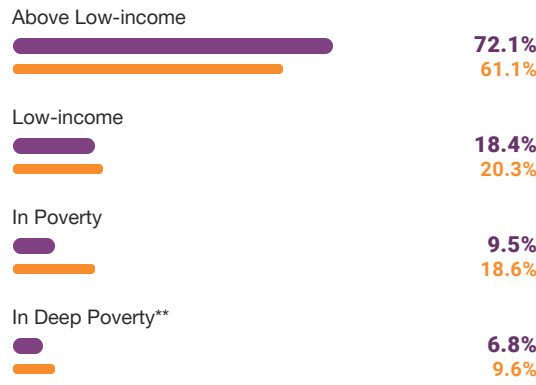
North Dakota is home to 30,220 babies, representing 3.9 percent of the state's population. As many as 27.9 percent live in households with incomes less than twice the federal poverty line (in 2021, about \$55,000 for a family of four¹), placing them at economic disadvantage. The state's youngest children 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



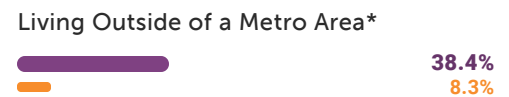
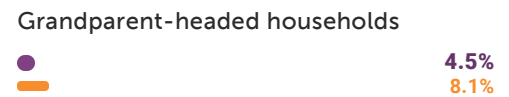
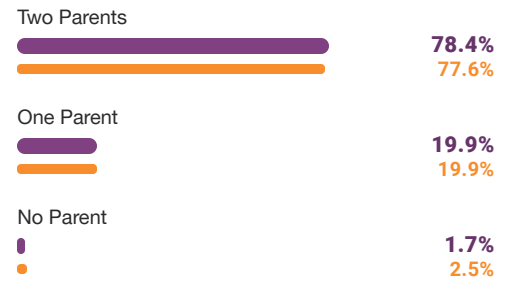
Poverty status of infants and toddlers



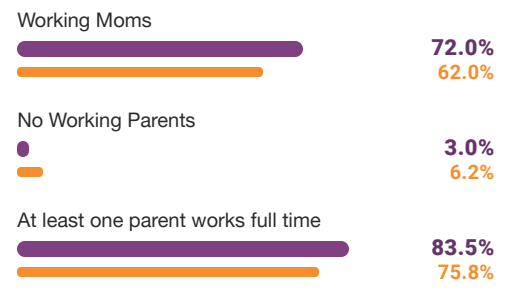
Infants and toddlers in poverty, by race



Family Structure



Parent Work Status



*Numbers are small; use caution in interpreting.

**Subset of "In Poverty"

Note: N/A indicates Not Available

How are North Dakota'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.

North Dakota 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. North Dakota performs better than national averages on key indicators, such as the percentage of babies with a medical home and eligible 2-year-olds participating in WIC. The state is performing worse than national averages on indicators such as the percentage of babies receiving preventive dental care and the Medicaid income eligibility level for pregnant women.

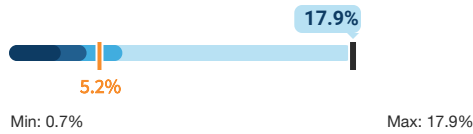
Key Indicators of Good Health

● North Dakota ● National Avg

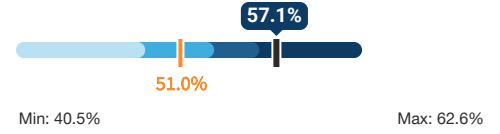
Eligibility limit (% FPL) for pregnant women in Medicaid



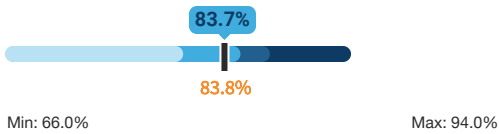
Uninsured low-income infants and toddlers



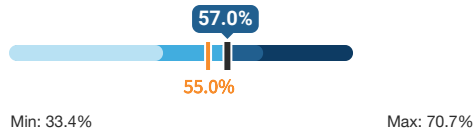
Medical home



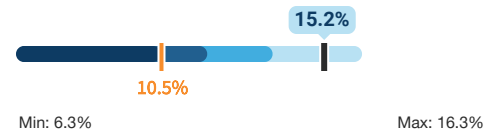
Infants ever breastfed **NR**



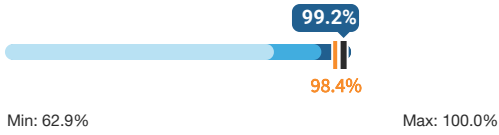
Infants breastfed at 6 months



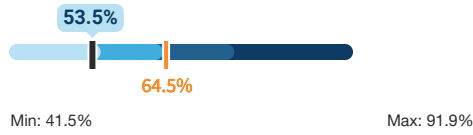
High weight-for-length in WIC **NR**



WIC coverage for infants *



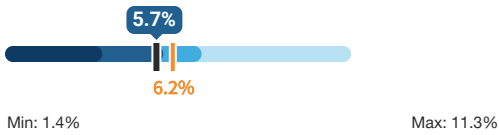
WIC coverage for one-year-olds *



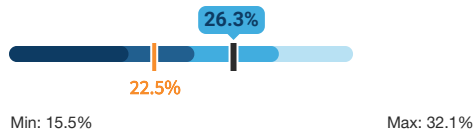
WIC coverage for two-year-olds *



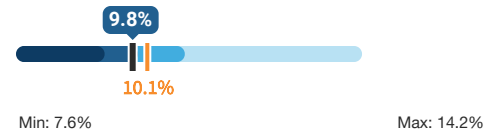
Late or no prenatal care received



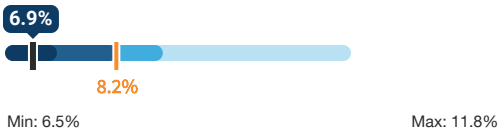
Mothers reporting less than optimal mental health



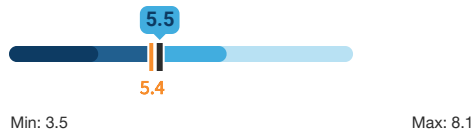
Babies born preterm



Babies with low birthweight



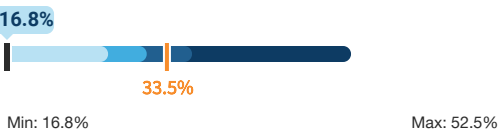
Infant mortality rate (deaths per 1,000 live births)



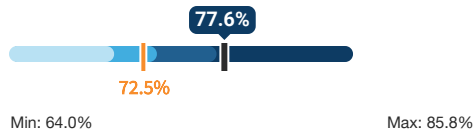
Preventive medical care received



Preventive dental care received



Received recommended vaccines



*Numbers are small; use caution in interpreting.

Good Health Policy in North Dakota

Medicaid expansion state	Yes	✓
CHIP maternal coverage for unborn child option	NR	No ✗
Postpartum extension of Medicaid coverage	Law covering all pregnant people for 1 year post-partum	
Pregnant workers protection	All employees covered (private and state)	
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 North Dakota

● State Indicator ● National Avg

Health Care Coverage and Affordability

G Eligibility limit (% FPL) for pregnant women in Medicaid	162.0 200.0	G Uninsured low-income infants and toddlers	17.9% 5.2%
W Medical home	57.1% 51.0%		

Nutrition

Infants ever breastfed	NR	R Infants breastfed at 6 months	57.0% 55.0%
High weight-for-length in WIC	NR	O WIC coverage for infants	99.2% 98.4%
G WIC coverage for one-year-olds	53.5% 64.5%	W WIC coverage for two-year-olds	86.3% 48.1%

Maternal Health

R Late or no prenatal care received	6.2% 6.4%	Maternal mortality rate (deaths per 100,000 live births)	NR	NA 23.8
R Mothers reporting less than optimal mental health	26.7% 21.9%			

Children's Health

O Babies born preterm	9.8% 10.1%	W Babies with low birthweight	6.9% 8.2%
O Infant mortality rate (deaths per 1,000 live births)	5.5 5.4	G Preventive dental care received	16.8% 33.5%
R Preventive medical care received	88.2% 89.3%	W Received recommended vaccines	77.6% 72.5%

Note: N/A indicates Not Available.

Strong Families

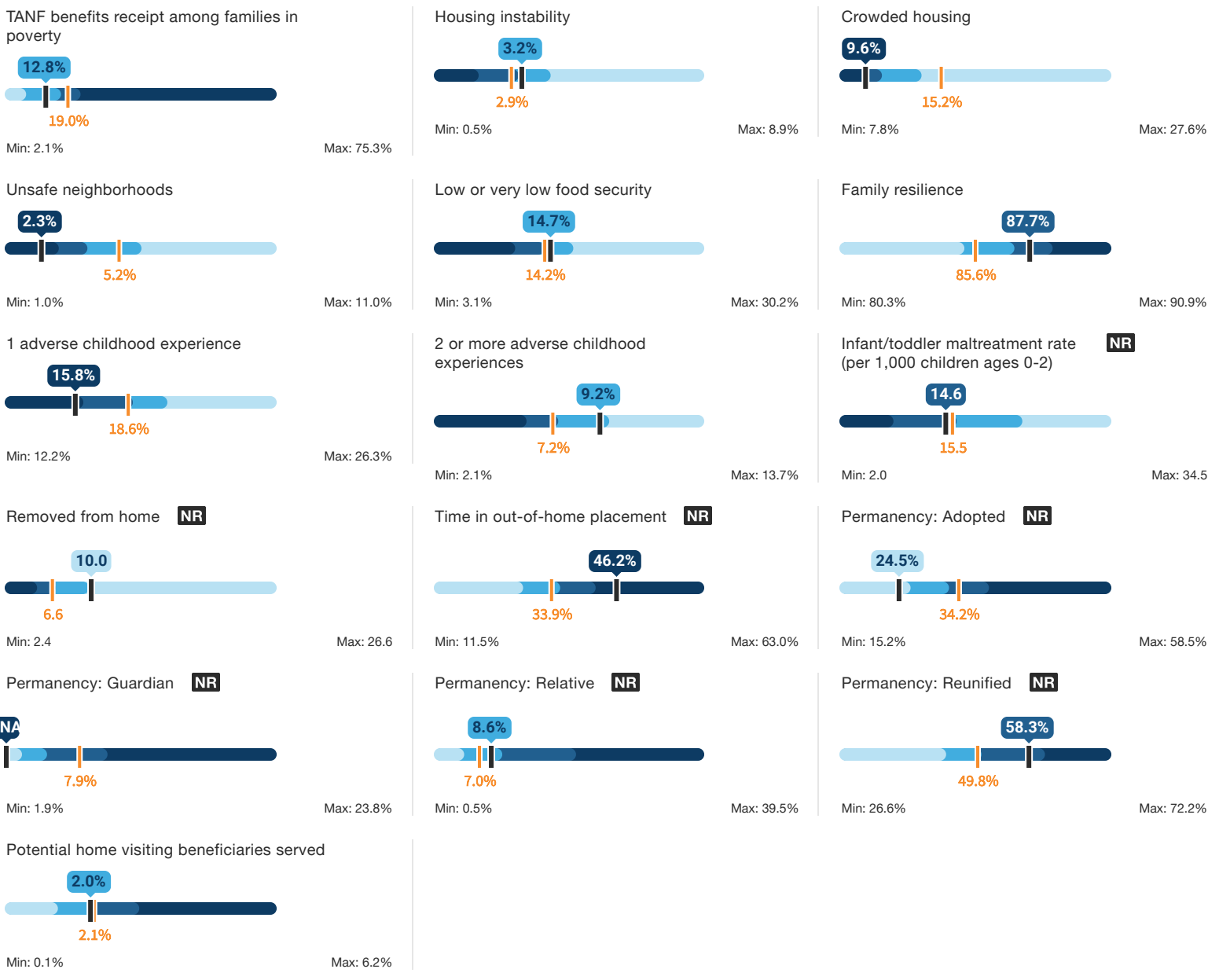
How are North Dakota's babies faring in Strong Families?

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.

North Dakota falls in the Getting Started (G) 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 living in crowded housing and babies who live in families that report being resilient. North Dakota is doing worse than the national average on indicators such as the percentage of babies living in crowded housing.

Key Indicators of Strong Families

● North Dakota ● National Avg



*Numbers are small; use caution in interpreting.

Strong Families Policy in North Dakota

Paid family leave	No
Paid sick time that covers care for child	No
TANF work exemption	No
State child tax credit	No
State Earned Income Tax Credit	No

Note: N/A indicates Not Available

All Strong Families Indicators for North Dakota

State Indicator National Avg

Basic Needs

TANF benefits receipt among families in poverty	12.8% 19.0%	Housing instability	3.2% 2.9%
Crowded housing	9.6% 15.2%	Unsafe neighborhoods	2.7% 5.0%
Low or very low food security	14.7% 14.2%		

Child Well-being and Resilience

Family resilience	87.7% 85.6%	1 adverse childhood experience	15.8% 18.6%
2 or more adverse childhood experiences	9.2% 7.2%	Infant/toddler maltreatment rate (per 1,000 children ages 0-2)	14.6 15.5
Removed from home	10.0 6.6	Time in out-of-home placement	46.2% 33.9%
Permanency: Adopted	24.5% 34.2%	Permanency: Guardian	NA 7.9%
Permanency: Relative	8.6% 7.0%	Permanency: Reunified	58.3% 49.8%
Potential home visiting beneficiaries served	2.0% 2.1%		

Note: N/A indicates Not Available.

Positive Early Learning Experiences

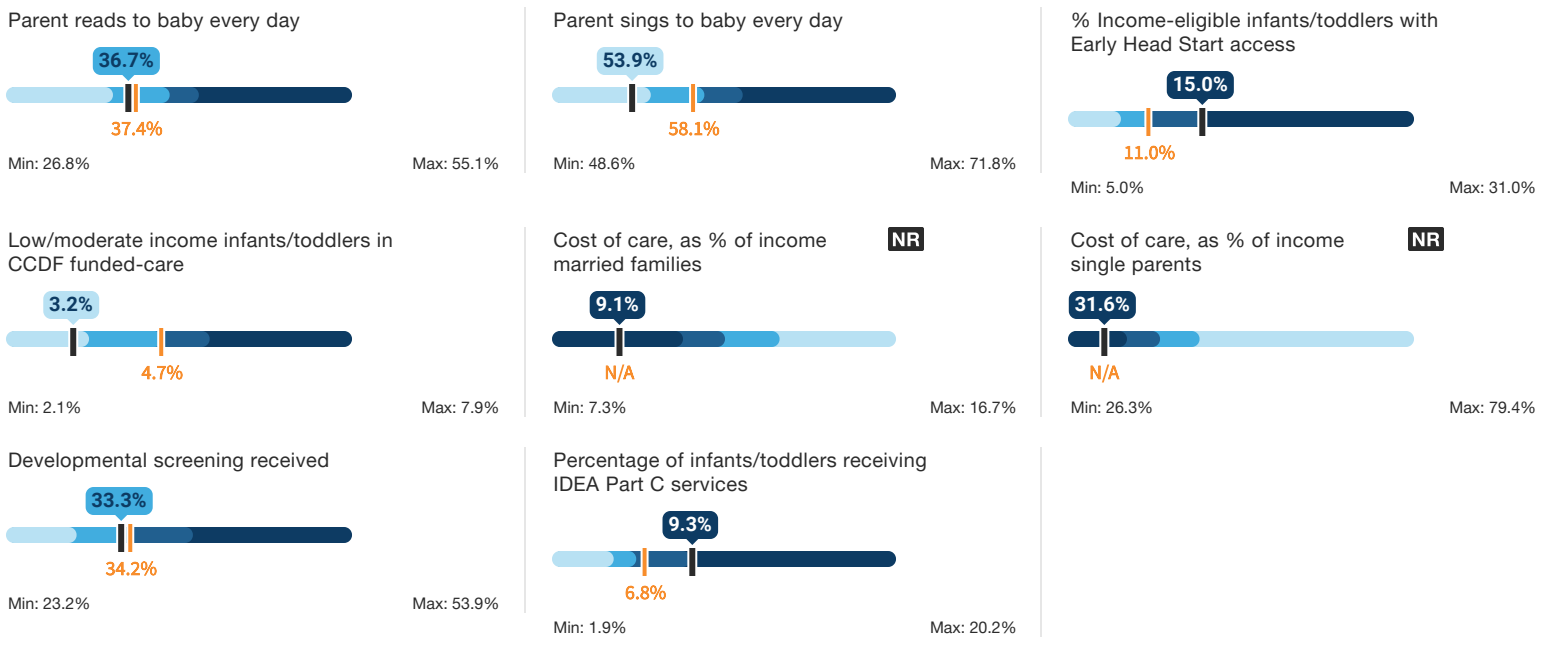
How are North Dakota's babies faring in Positive Early Learning?

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.

North Dakota scores in the Reaching Forward (R) 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 and toddlers who received Individuals with Disabilities Education Act (IDEA) Part C services. North Dakota is doing worse than the national average on indicators such as the percentage of babies in families with incomes equal to or below 150 percent of the state median income who received a child care subsidy. 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

● North Dakota ● National Avg



*Numbers are small; use caution in interpreting.

Positive Early Learning Experiences Policy in North Dakota

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 0 of 3 age groups
Infant/toddler professional credential	NR _____	No ✗
Families above 200% of FPL eligible for child care subsidy	_____	Yes ✓
State reimburses center-based child care	_____	No ✗
At-risk children included in Part C eligibility definition	NR _____	No ✗

Note: N/A indicates Not Available

All Positive Early Learning Experiences Indicators for North Dakota

● State Indicator ● National Avg

Activities that Support Early Learning

R Parent reads to baby every day	36.7% 37.4%	G Parent sings to baby every day	53.9% 58.1%
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Access to Early Learning Programs

O % Income-eligible infants/toddlers with Early Head Start access	15.0% 11.0%	G Low/moderate income infants/toddlers in CCDF-funded care	3.2% 4.7%
Cost of care, as % of income married families NR	9.1% NA	Cost of care, as % of income single parents NR	31.6% NA

Early Intervention

R Developmental screening received	33.3% 34.2%	W Percentage of infants/toddlers receiving IDEA Part C services	9.3% 6.8%
Timeliness of Part C services NR	99.7% NA		

Note: N/A indicates Not Available.