

The State of Minnesota's Babies

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

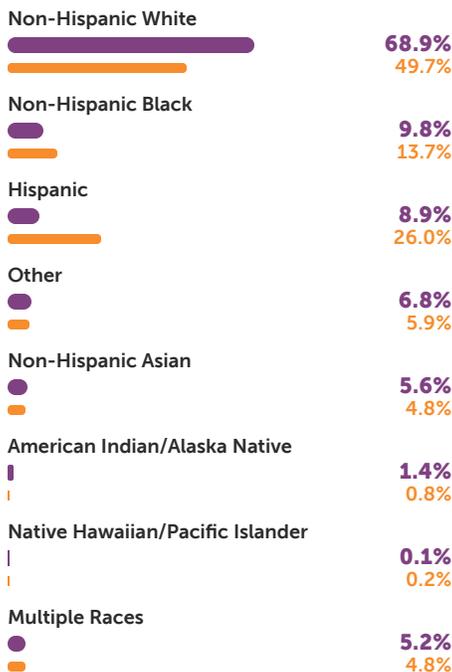
● Minnesota ● National Average

Infants and toddlers in Minnesota

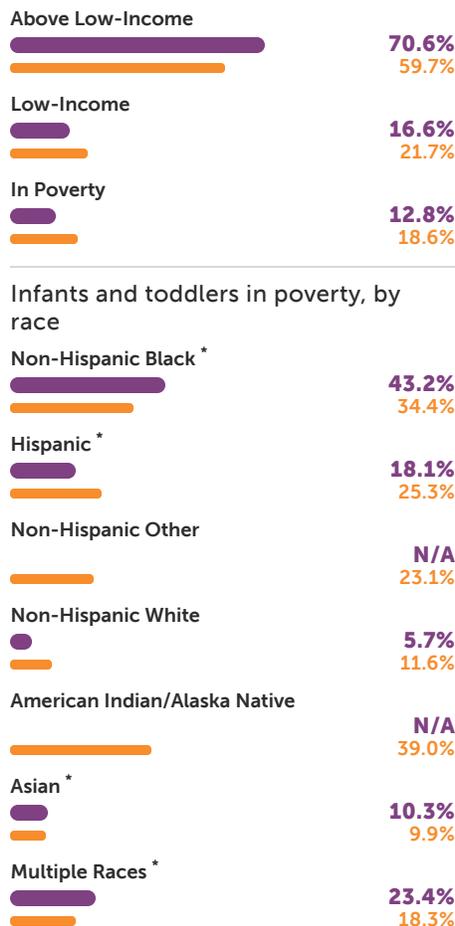
Minnesota is home to 206,911 babies, representing 3.7 percent of the state's population. As many as 29.4 percent live in households with incomes less than twice the federal poverty line (in 2019, about \$51,500 a year for a family of four), placing them at

economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

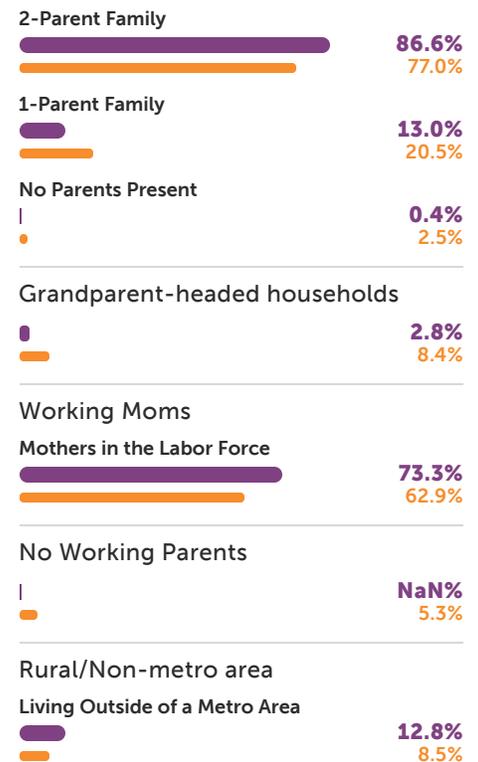
Race/ethnicity of infants and toddlers



Poverty status of infants and toddlers



Family structure



*Numbers are small; use caution in interpreting.
Note: N/A indicates Not Available

How are Minnesota's babies faring in Good Health?

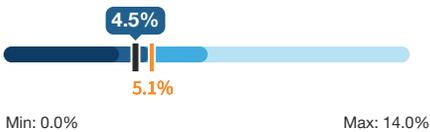
Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set 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 Improving Outcomes (O) 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 food security, nutrition, and mental health. Minnesota performs better than national averages on key indicators, such as the percentages of women receiving late or no prenatal care and babies breastfed at 6 months. The state is performing worse than national averages on indicators such as the percentages of mothers reporting less than favorable mental health and babies receiving preventive dental care.

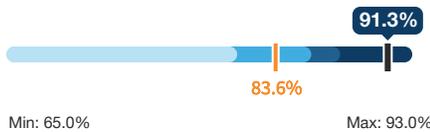
Key Indicators of Good Health

● Minnesota ● National Avg

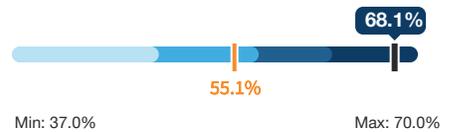
Uninsured low-income infants/toddlers



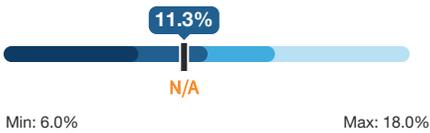
Ever breastfed



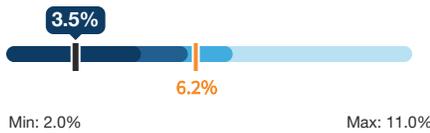
Infants breastfed at 6 months



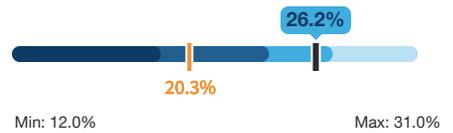
High weight-for-length[†]



Late or no prenatal care received



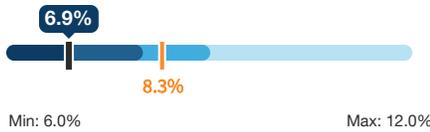
Mothers reporting less than optimal mental health



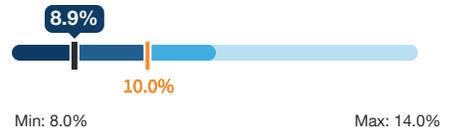
Infant mortality rate (deaths per 1,000 live births)



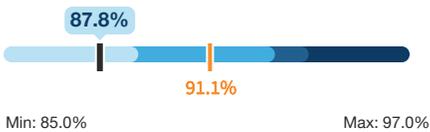
Babies with low birthweight



Preterm births[†]



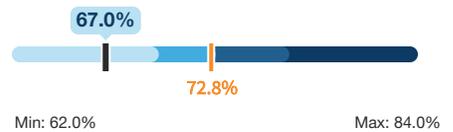
Preventative medical care received



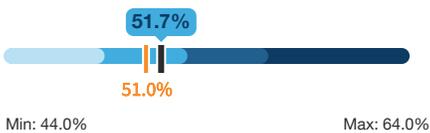
Preventative dental care received



Received recommended vaccines



Medical home[†]



Good Health Policy in Minnesota

Medicaid expansion state	Yes	✓
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	✓
Pregnant workers protection†	Limited coverage: State employees and private employees with exceptions	
Postpartum extension of Medicaid coverage†	No law beyond mandatory 60 days	

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Good Health Indicators for Minnesota

● State Indicator

● National Avg

W Eligibility limit (% FPL) for pregnant women in Medicaid	283 200	O Uninsured low-income infants/toddlers	4.5% 5.1%
R Low or very low food security	16.6% 13.7%	W Infants ever breastfed	91.3% 83.6%
W Infants breastfed at 6 months	68.1% 55.1%	W WIC coverage†	85.6% 79.3%
O High weight-for-length†	11.3% N/A	W Late or no prenatal care received	3.5% 6.2%
R Mothers reporting less than optimal mental health	26.2% 20.3%	O Infant mortality rate (deaths per 1,000 live births)†	5.1 5.7
W Babies with low birthweight	6.9% 8.3%	W Preterm births†	8.9% 10.0%
G Preventive medical care received	87.8% 91.1%	G Preventive dental care received	24.9% 33.0%
G Received recommended vaccines	67.0% 72.8%	R Medical home†	51.7% 51.0%
Maternal mortality	N/A 17.4		

†This indicator is not factored into the GROW tier rankings.

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 children and families of color face numerous challenges as a result of racism that impact their everyday life, which are exacerbated even more for children and families living in households with low income. 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 percentages of babies living in crowded housing and families who report being resilient. Minnesota is doing worse than the national average on indicators such as the percentages of babies experiencing housing insecurity (moved 3 or more times) and babies who have had two or more adverse experiences.

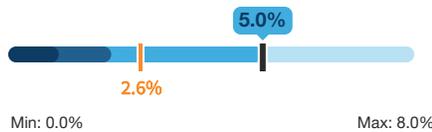
Key Indicators of Strong Families

● Minnesota ● National Avg

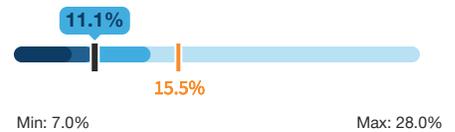
TANF benefits receipt among families in poverty



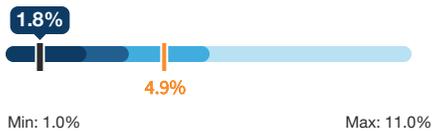
Housing instability



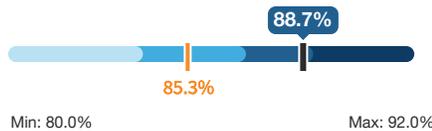
Crowded housing



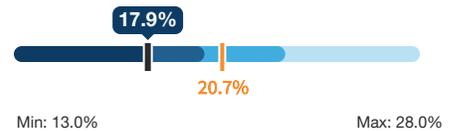
Unsafe neighborhoods



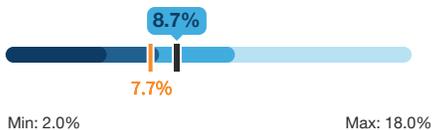
Family resilience



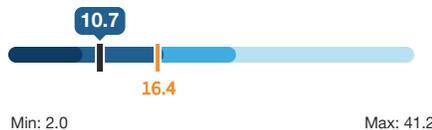
1 adverse childhood experience



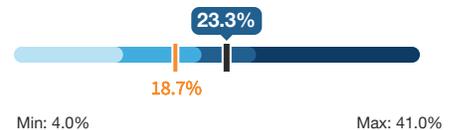
2+ adverse childhood experiences



Infant/toddler maltreatment rate[†]



Time in out-of-home placement[†]



Removed from home (per 1,000 infants/toddlers)[†]



Strong Families

Strong Families Policy in Minnesota

Paid family leave	_____	No	✗
Paid sick time that covers care for child	_____	No	✗
TANF Work Exemption†	_____	Yes	✓
State Child Tax Credit†	_____	No	✗
State Earned Income Tax Credit (EITC)†	_____	Yes	✓

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Strong Families Indicators for Minnesota

● State Indicator ● National Avg

<ul style="list-style-type: none"> TANF benefits receipt among families in poverty 27.4% 21.7% Crowded housing 11.1% 15.5% Family resilience 88.7% 85.3% Two or more adverse childhood experiences 8.7% 7.7% Out of home placements† 23.3% 18.7% Potential home visiting beneficiaries served 2.2% 2.0% Infants/toddlers exiting foster care to permanency† 98.9% 98.8% Removed from home† 8.1 7.1 	<ul style="list-style-type: none"> Housing instability 5.0% 2.6% Unsafe neighborhoods 1.8% 4.9% One adverse childhood experience 17.9% 20.7% Infant/toddler maltreatment rate† 10.7 16.4 Permanency Achieved: Reunified† 53.7% 48.1% Permanency Achieved: Relative† 4.3% 7.8% Permanency Achieved: Guardian† 9.2% 8.3% Permanency Achieved: Adoption† 31.8% 34.6%
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†This indicator is not factored into the GROW tier rankings.

Positive Early Learning Experiences

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

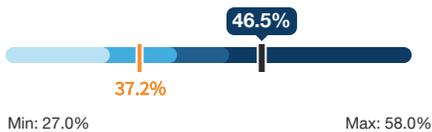
Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of infant and toddlers' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development, as 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 Working Effectively (W) 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 higher percentage of infants and toddlers who received a developmental screening. Minnesota is doing worse than the national average on indicators such as the lower percentage of infants and toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy. Infant care costs as a percentage of the state's median income for single and married parents also contribute to the ranking.

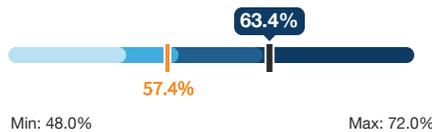
Key Indicators of Positive Early Learning Experiences

● Minnesota ● National Avg

Parent reads to baby every day



Parent sings to baby every day



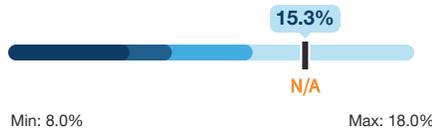
Percentage of income-eligible infants/toddlers with Early Head Start access



Cost of care, as % of income single parents



Cost of care, as % of income married families



Low/moderate income infants/toddlers in CCDF funded-care



Developmental screening received



Percentage of infants/toddlers receiving IDEA Part C services



Positive Early Learning Experiences



Positive Early Learning Experiences Policy in Minnesota

Infant eligibility level for child care subsidy above 200% of FPL	_____	Yes ✓
Allocated CCDBG funds†	_____	Yes ✓
Group size requirements meet or exceed EHS standards†	_____	0 of 3 age groups
Adult/child ratio requirements meet or exceed EHS standards†	_____	0 of 3 age groups
Level of teacher qualification required by the state†	_____	No credential beyond a high school diploma
Infant/toddler credential adopted†	_____	Yes ✓
State reimburses center based child care at/above 75th percentile of market rates†	_____	No ✗
State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children†	_____	No ✗

†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Applicable

All Positive Early Learning Experiences Indicators for Minnesota

● State Indicator

● National Avg

<p>W Parent reads to baby every day 46.5% 37.2%</p> <p>R Percentage of income-eligible infants/toddlers with Early Head Start access 11.0% 11.0%</p> <p>G Cost of care, as % of income single parents 52.7% N/A</p> <p>W Developmental screening received 56.0% 32.5%</p> <p>R Percentage of infants/toddlers receiving IDEA Part C services 6.2% 6.8%</p>	<p>W Parent sings to baby every day 63.4% 57.4%</p> <p>G Cost of care, as % of income married families 15.3% N/A</p> <p>G Low/moderate income infants/toddlers in CCDF funded-care 3.2% 4.2%</p> <p>Infants/toddlers with developmental delay† 0.2% 1.1%</p> <p>R Timeliness of Part C services† 96.3% N/A</p>
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†This indicator is not factored into the GROW tier rankings.

Note: N/A indicates Not Available.