

Minnesota Kids: Focus on Health 2005 Data Book



Produced by Children's Defense Fund Minnesota

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

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

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Children's Defense Fund

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

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

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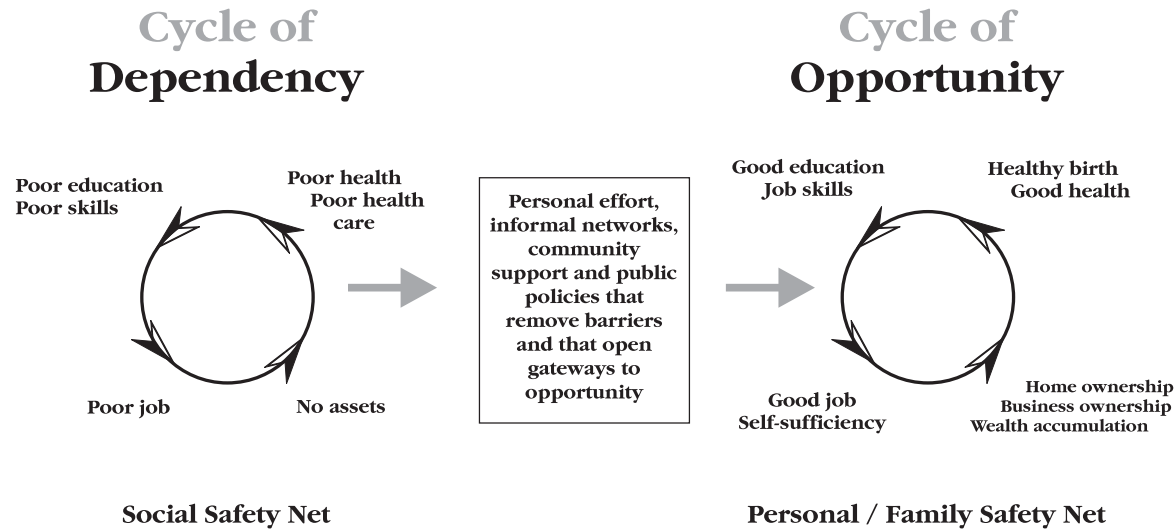


INTRODUCTION

Why Health?

Health is key to launching children into a positive future. Good health helps children enter the opportunities life has to offer and is an entry point in the cycle of opportunity leading to education, jobs skills, self-sufficiency and asset accumulation.

Put another way, good health is a key factor for children to grow into successful adults. Good health allows a child to participate in life, to learn, to develop his/her mind and character. Good health allows a child to become a successful, well-functioning adult, who therefore can become a productive employee and a healthy parent ready to raise healthy children of his/her own.



How to Define and Measure Health?

Health can be measured quite narrowly (i.e. “Is a child suffering from an illness or medical condition?”) or quite broadly (incorporating many varied aspects of a child’s life). This data book takes a relatively broad view of child health, and divides the available data into three general domains: health care, birth, and environment.

INTRODUCTION, continued

Health Care

Health care is a critical part of overall child health. CDF Minnesota works to ensure that all children have access to affordable health care. The rising number of children going without health care is a community problem, not simply an individual problem. An estimated 80,000 Minnesota children do not have health care coverage.

Studies and common sense both say that children with health care coverage are healthier than children who lack coverage. However, coverage alone is not enough. The quality of children's health care is also important. This report looks at health and dental coverage rates, the percentage of children receiving regular child and teen checkups, and the percentage of children fully immunized by age two, to measure whether Minnesota's health care systems are adequately meeting children's needs.

Through a commitment to publicly funded programs, Minnesota has insured many low-income families. Still, this program is at political risk, due to budget cuts, and has been less successful reaching children of color. Dental coverage remains a much larger unmet need. There is room to improve the quality of care, increasing the rates for well-child visits and immunizations, especially for children of color.

- In 2002, 4.5% of all Minnesota children (one in twenty-two) did not have health care coverage. This increased to 9% for children of color, and 15% for children whose families made less than \$25,000.
- Twenty-one percent of children also lacked dental coverage.
- One in five children did not visit the doctor frequently enough in 2002.
- Although rates have improved greatly in the past decade, one in five two-year-olds still do not receive all recommended immunizations. Children of color were much less likely to receive all of their immunizations.

Birth

A healthy birth is a gift that impacts a child's entire life. Children should be born to women who have received good prenatal care and who are old enough to be ready to parent.

Once again, Minnesota has continued to improve the rate of births to adolescents. The current rate of 14 per 1,000 is much lower than ten years ago. While almost all women receive timely prenatal care, there are still a small number of births to women with late or no care. This care must continue to be extended to all women, especially American Indian women who are more than three times as likely



INTRODUCTION, continued

to lack care. Minnesota's low birthweight numbers continue to be a concern, even though it appears they are no longer increasing.

- About 14 out of every 1,000 young women age 15-17 gave birth during 2001-03. In 2003, there were 1,528 births to women under age 18. This rate has declined steadily over the past ten years.
- In 2003, just over 2% of babies (1,500) were born to mothers who had late or no prenatal care. This percentage increased to 9% for American Indian births.
- One out of 16 babies in 2003 was born at low birth weight. Almost 10% of African American births were low birth weight.

Environment

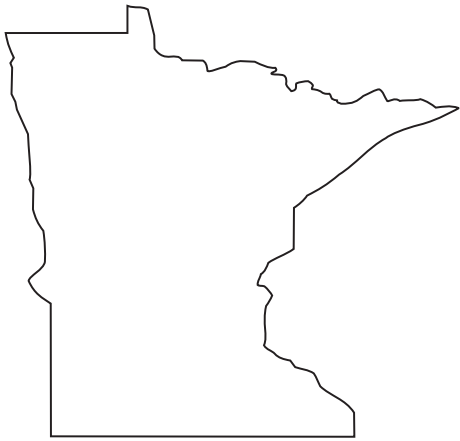
Children grow up in environments at home, school and in their communities. It is difficult to find accurate data about potential hazards and contaminants that children may be exposed to, such as pesticide residues, air pollution and other chemical hazards. However, one major source of toxic exposure, lead, is better documented. Although lead is now banned in gasoline and paints, too many Minnesota children are still at risk for exposure to dangerous levels of lead. Asthma is another common childhood condition that is effected by children's environments. Yet children are endangered by more than pollutants. Thousands of Minnesota children are seriously injured each year, and some lose their lives due to injuries, suicide or homicide.

- An estimated 5% of children lived in housing that put them at risk for lead exposure in 2000. 1500 children under age 6 had dangerously high blood lead levels in 2003.
- There were 1,732 hospitalizations of children for asthma in 2003.
- There were 116,490 hospitalizations or emergency room visits for children due to injuries in 2003 (a rate of 93 for every 1000 children.) Most of these were preventable.
- In 2003, 182 children died from injuries, suicide or homicide. Seventy five percent of these were due to injuries.

Health Care



Children Without Health Care Coverage



One in 22 children lacked health insurance coverage in 2002.

What Does This Indicator Measure?

This indicator measures the number and percent of children who lacked private or public health care insurance and dental coverage in 2002. This data was collected through a special child health survey component of the Behavioral Risk Factor Surveillance System.

Why Is It Important?

Health care coverage improves child health and helps children have a reliable medical home, with health care providers that know them and their families. Recent studies show that people without health insurance experience worse health outcomes and life expectancies when compared to those who have health care coverage. National studies suggest that long-term, uninsured children have fewer doctor visits, are less likely to obtain needed care, are less likely to be immunized, and are less likely to have a regular care provider. Because Minnesota has some of the highest racial disparities in health care coverage in the country, children of color in Minnesota are most likely to grow up without health care coverage.

Although 70% of uninsured children are probably eligible for coverage under public health care programs, barriers to accessing these programs and the administrative burden on families to continue enrollment prevent families from obtaining and maintaining health care coverage.

What Works?

1. **Improve accessibility and understanding of programs.** Producing literature in multilingual formats and coordinating referrals between public programs and medical facilities that have contact with uninsured families can help these families learn about available health care programs.
2. **Streamline application, verification and recertification processes.** Eliminating confusion in the application and verification processes of public health care coverage programs will help more families gain and maintain coverage.
3. **Continue to develop outreach programs.** Outreach workers provide a valuable contact with families and can navigate the complicated requirements of various public programs more easily than many families could do on their own.

Minnesota Data

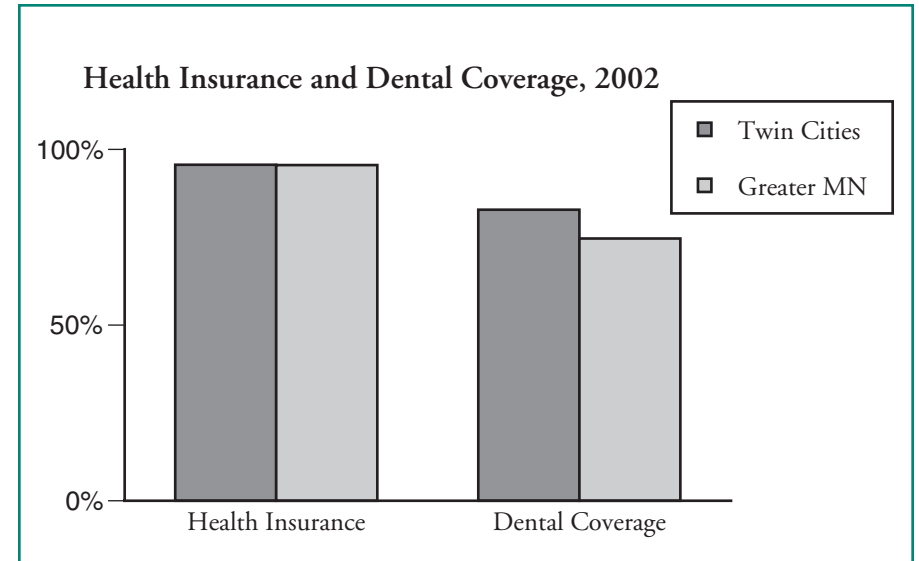
In 2002, close to 57,000 children, or about one in 22 children lacked health insurance coverage. Almost 9% of children of color, or one in 11, were estimated to lack insurance. Households with incomes below \$25,000 were also much more likely to lack insurance than were higher income households – 16% of children in the low-income households lacked insurance. Dental coverage rates were lower in all categories; about 21% of all children over age three lack dental coverage. Dental coverage was much lower in greater Minnesota than the Twin Cities, although health care coverage was similar.

Children Without Health Insurance, 2002

	Estimated Number 2002	Percent 2002
All Children	56,723	4.5%
Age		
Less than 2 years		1.3%
2 to 6 years		2.7%
7 to 12 years		5.2%
13 to 17 years		6.1%
Race/Ethnicity		
White		3.4%
Children of color (includes Latino)		9.1%
Household Income		
Less than \$25,000		15.9%
\$25 - 35,000		8.3%
\$35-50,000		4.4%
\$50-75,000		1.2%
Over \$75,000		0.4%

Children Without Dental Coverage

	Estimated Number 2002	Percent 2002
All Children (age 3 or older)	264,708	21%



For More Information

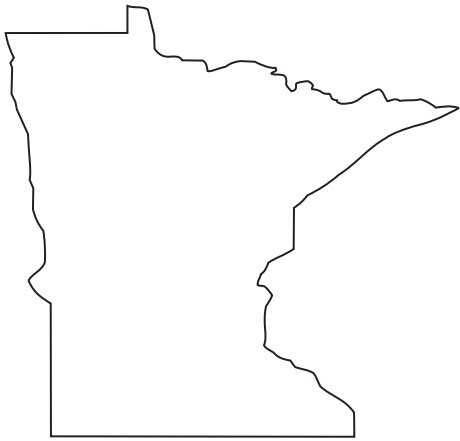
Covering Kids and Families, Children's Defense Fund

Minnesota. Covering Kids and Families is a health care access initiative designed to help uninsured families enroll in public health care programs. www.cdf-mn.org/CKAF.htm

Families USA. Families USA is a national nonprofit, non-partisan organization dedicated to the achievement of high-quality, affordable health care for all Americans. www.familiesusa.org



Children Not Getting Child & Teen Checkups



One in five children did not visit the doctor frequently enough in 2002.

What Does This Indicator Measure?

This indicator measures the percentage of children who do not meet well-child visit guidelines as defined by the Child and Teen Checkup program and as reported by their parents. This data was collected in 2002 through a special child health survey component of the Behavioral Risk Factor Surveillance System. It only measures the frequency of visits, not what services are provided during the visits.

Why Is It Important?

Regular well-child visits are important throughout a child's life. Problems in growth and development and many diseases and medical conditions are treatable or reversible if detected early. Dental problems as well as eyesight and hearing loss are especially preventable through early screening, detection and treatment. Preventing serious health and dental problems decreases medical expenses and helps children through improved school attendance and ability to learn.

A well-child visit typically includes general informational assessments, such as a physical examination, emotional health assessment and the opportunity for parents and health care providers to make a mutual plan to promote healthy behavior in the child's life. These are imperative evaluations that often are not discussed or performed during a visit to a doctor's office when a child is ill with specific symptoms.

What Works?

- 1. Promote routine medical evaluations for children and adolescents, including hearing and vision screening, complete physical exams and maintaining health history records.** Routine well-child visits can often be conducted at the same time a child is seeing a doctor for a more acute illness, rather than always needing to scheduling a separate appointment.
- 2. Maintain good dental care.** Clinical oral examination should continue every six months throughout childhood. Programs to assist low-income families with dental care must be expanded. Education opportunities for parents through health care providers and community organizations can increase awareness of proper dental hygiene habits.
- 3. Provide insurance coverage to low-income parents, not just their children.** Since children whose parents lack insurance are less likely to get well-child visits, keeping entire families connected to regular medical care is essential.

Minnesota Data

In 2002, most children in the state met the child and teen checkup/well-child visit guidelines. However, 21%, or about one in five, were not visiting the doctor often enough. Children under age two were less likely to meet the guidelines; only 59% of that age group were experiencing enough visits. Children in Greater Minnesota were also less likely to meet the well child visit guidelines. Children whose parents lacked insurance were more than twice as likely not to meet the guidelines as those who had private or public health insurance coverage.

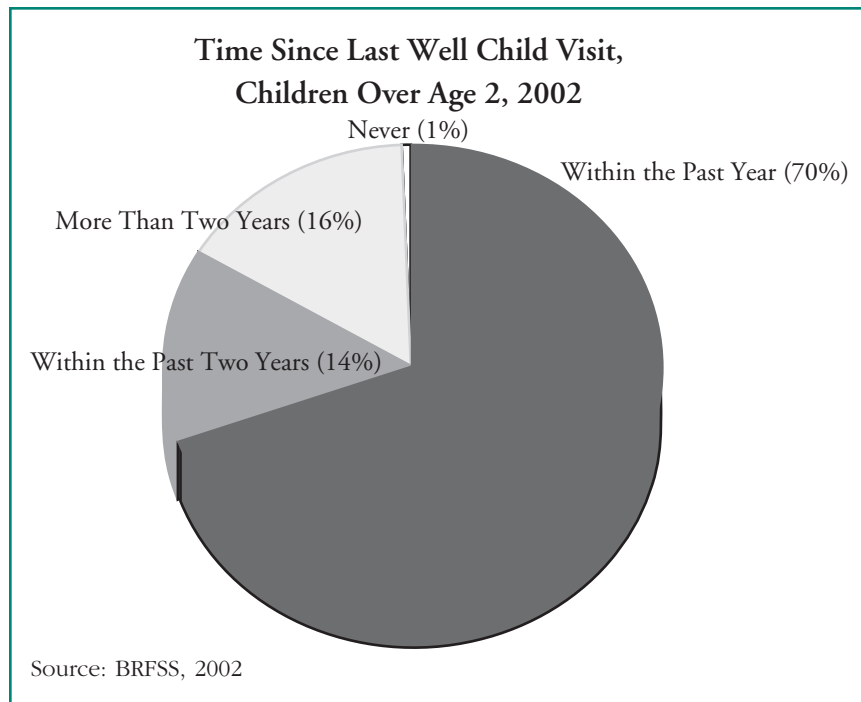
Children Not Receiving Child and Teen Checkups, 2002

	Percent
All Children	21.4%
Less than Two Years Old	40.8%
Children of Color	13.4%
Greater Minnesota	26.3%
Household Income Below \$25,000	21.0%

For More Information

Child and Teen Checkup

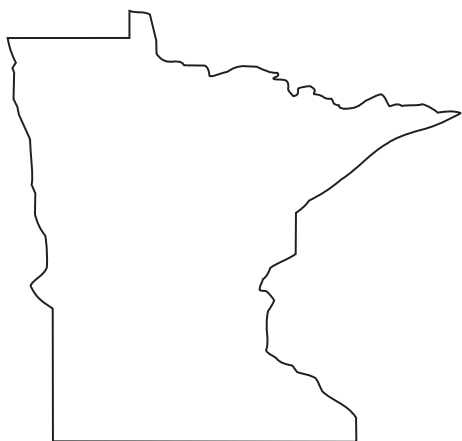
Website. Information on audio and visual screenings, local providers, and fact sheets and screening guides. <http://www.health.state.mn.us/divs/fh/mch/ctchome.html>



Recommended Ages for Child and Teen Checkup Visits

- 0-1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- 10 years
- 12 years
- 14 years
- 16 years
- 18 years

Children Not Fully Immunized by Age 2



**One in five
two-year-olds
did not receive all
recommended
immunizations.**

What This Indicator Measures

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

Why Is It Important?

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

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

What Works?

1. **Insure eligible children.** Nationally, there is a strong connection between living in poverty and not being immunized by age 2. Low-income children need access to health insurance and regular medical care.
2. **Improve provider practices.** Children are sometimes not immunized due to “missed opportunities”, i.e. they visit a doctor for another reason, but are not updated on their vaccinations. Health care providers need to check immunization history at each visit. It is also important for providers to regularly update patients' contact information so they can contact children who miss immunizations. Lastly, providers need to remind parents of upcoming immunizations.
3. **Help schools and child care providers implement the MN School Immunization Law** (MN Statute 121A.15) Many children spend time each day in either child care or school and many professionals at these locations can advocate for connecting families to immunization providers and keeping immunizations up to date.

Minnesota Trends

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

Children Not Fully Immunized by Age 2

	1993	1996	2002
Number	27,193	22,023	12,396
Percent	39.3%	32.0%	18.9%

For More Information

Immunization Action Coalition.

Works to increase immunization rates and prevent disease by creating and distributing educational materials for health professionals and the public that enhance the delivery of safe and effective immunization services. 651-647-9009.

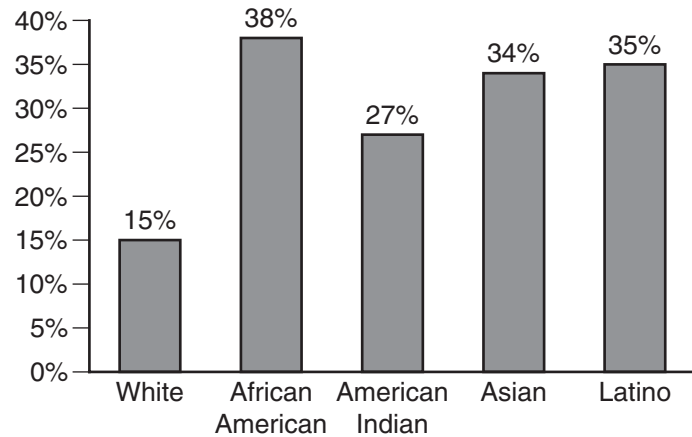
www.immunize.org.

Immunization Program, Minnesota Department of Health

www.health.state.mn.us/divs/idepc/immunize/hotline.html. 612-676-5100 and 1800-657-3970.

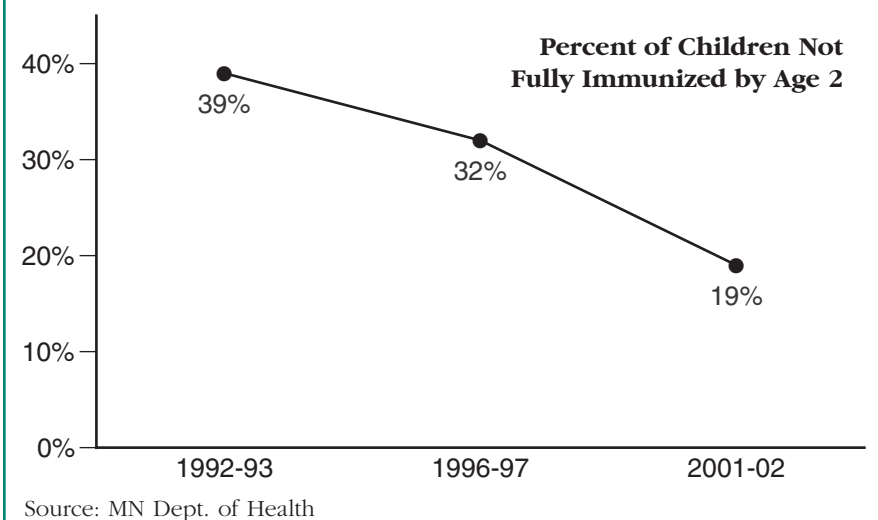
[us/divs/idepc/immunize/hotline.html](http://www.health.state.mn.us/divs/idepc/immunize/hotline.html).

Percent of Children Not Fully Immunized
By Age 2, 2001-02



Source: MN Dept. of Health

Percent of Children Not Fully Immunized by Age 2



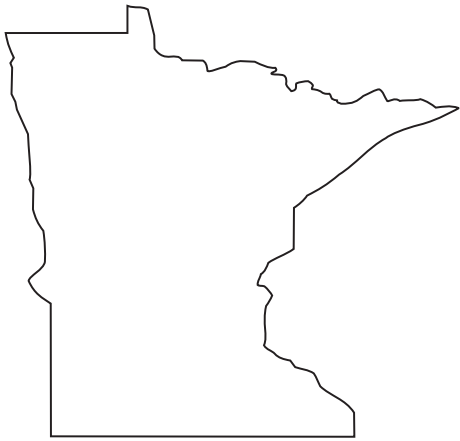
Source: MN Dept. of Health



Births



Children Born to Adolescent Mothers



**Between 2001 and 2003,
about 14 out of 1,000
adolescents age 15-17
gave birth.**

What Does This Indicator Measure?

This indicator measures the number of children born to mothers under 18 years of age, and the three year birth rate for young women ages 15-17; that is, how many out of every 1,000 young women gave birth during those years. The rate of these births is given as a three-year average for ages 15-17 in order to increase accuracy for smaller regions and counties. Statewide data is also provided for mothers ages 18-19, who face many of the same risk factors as their younger counterparts.

Why Is It Important?

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

Many Minnesota adolescents are sexually active, although that number has been declining, according to the 2001 Minnesota Student Survey conducted by the Minnesota Department of Children, Families and Learning. By ninth grade, 17% of females and 22% of males have had sexual intercourse. By twelfth grade, about half of students report having had sex. Sixty percent of sexually active young men and 69% of young women reported always using a birth control method.

What Works?

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

Minnesota Trends

In 2003, there were 1,528 births to women under age 18. The birth rate for women age 15-17 in 2001-2003 was about 14 per 1,000, while the rate for young mothers ages 18 and 19 was 47 per 1,000. The rate of births to adolescents has continued to decrease steadily in the last 10 years. These declines occurred throughout the state and for young mothers of all races and ethnicities.

Children Born to Adolescent Mothers

1994	1997	2000	2003
1,999	2,011	1,797	1,528
1993-95 rate per 1000	1996-98 rate per 1000	1999-01 rate per 1000	2001-03 rate per 1000
22	17.7	15.2	14.4

For More Information

MN Organization on Adolescent Pregnancy, Prevention and Parenting. (MOAPPP)

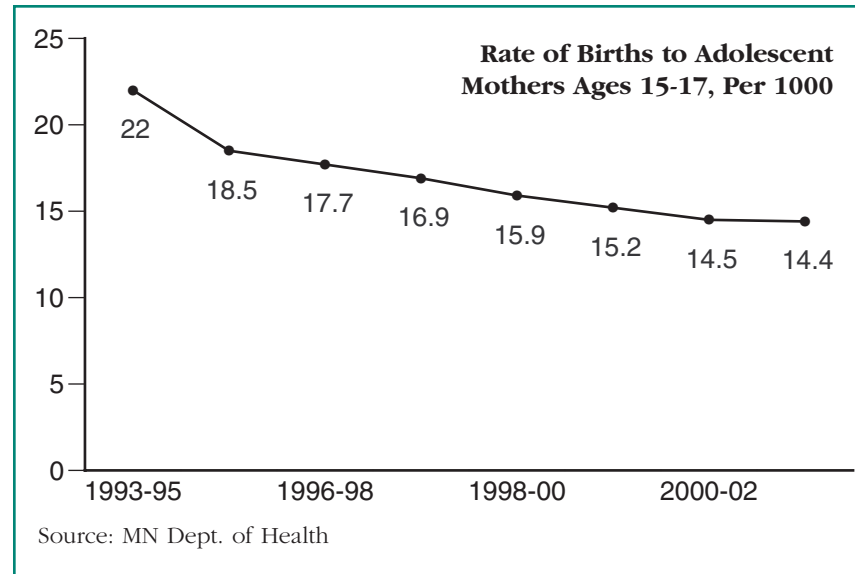
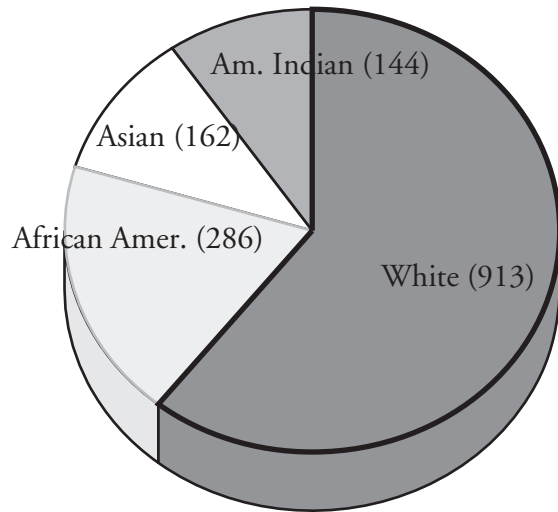
Strengthening policies and programs related to adolescent pregnancy, prevention and parenting in Minnesota. 651-644-1447. www.moappp.org

The National Campaign to Prevent Teen Pregnancy.

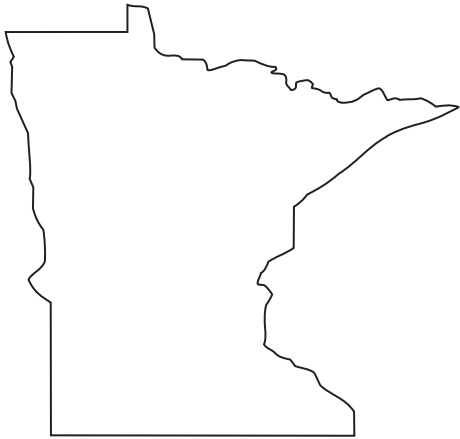
The goal of the National Campaign to Prevent Teen Pregnancy is to reduce the rate of teen pregnancy by one-third between 1996 and 2005. 202-478-8500.

www.teenpregnancy.org

Race of Babies Born to Mothers Under Age 18, 2003



Children Whose Mothers Had Late or No Prenatal Care



Children of color are much more likely to be born with late or no prenatal care.

What Does This Indicator Measure?

This indicator measures the number and percent of women who did not receive prenatal care until the third trimester of pregnancy, or who did not receive any care at all.

Why Is It Important?

Prenatal care is essential in ensuring that babies are born as healthy as possible. Good prenatal care minimizes long-term medical costs by diagnosing and correcting potential health problems early. A healthy pregnancy, combined with early nurturing aid in a child's initial brain development, promotes success in school later on. Prenatal care also attends to the mother's health and reduces the risk of complications in her pregnancy.

Inadequate or no prenatal care increases the risk of low birth weight, infant mortality and medical complication during birth.

What Works?

- 1. Long-term support for mothers.** On-going case management and counseling is a key factor in achieving self-sufficient and healthy lifestyles for mothers and their children. Especially among high-risk mothers, a caseworker or advocate becomes the best link between the mother and available resources, helping the mother to access assistance for issues like chemical dependency, domestic abuse and medical care throughout her pregnancy as well as after the baby is born.
- 2. Bridging cultural gaps.** Organizations that aim to address cultural misunderstandings and advocate for pregnant women to hospital staff and health care providers help mothers reduce fear, stress and ultimately medical complications.
- 3. Collaboration between delivery and organization of health care services.** Integrating health care, social services, hospitals and public health, to create a comprehensive network of training and communication, increases mothers' access to all these services.

Minnesota Data

Most women in Minnesota receive adequate prenatal care during their pregnancies. However, in 2003, 1,500 babies, or 2.3%, were born to mothers who received late or no prenatal care. This was the lowest rate in a decade. Children of color are much more likely to be born with late or no prenatal care. Among American Indian births, 9% of mothers did not receive adequate care. Six percent of African-American and Latino mothers and 4% of Asian mothers also did not receive adequate prenatal care.

Late or No Prenatal Care

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Number of Births	1,842	1,745	1,993	1,846	1,769	1,650	1,822	1,679	1,501
Percent	3.0%	2.9%	3.3%	3.0%	2.9%	2.7%	2.9%	2.6%	2.3%

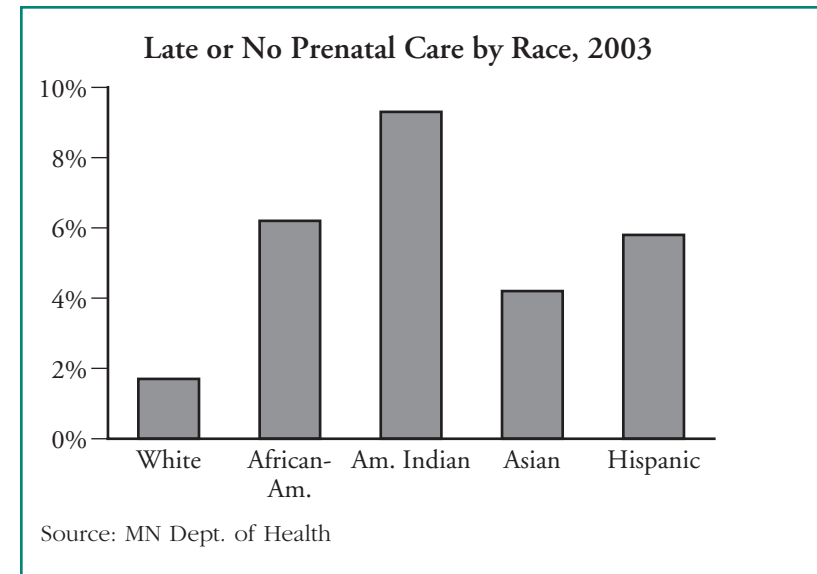
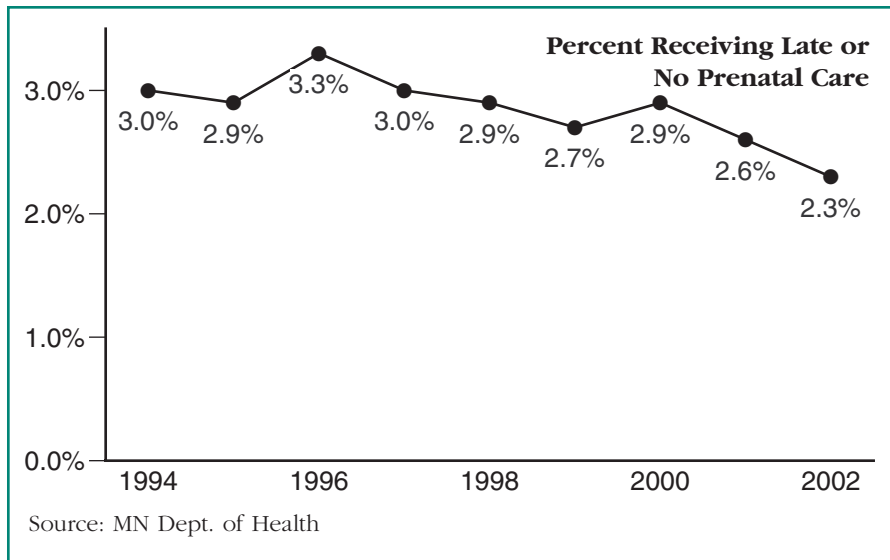
For More Information

March of Dimes, PeriStats

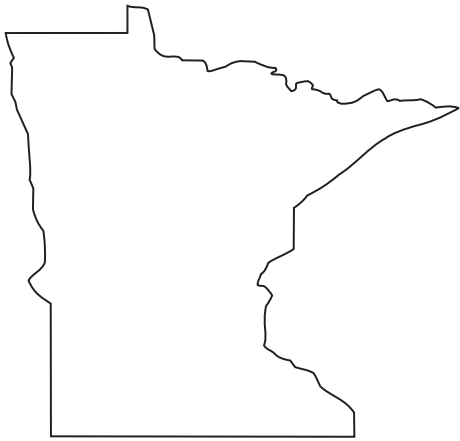
Website. PeriStats provides free access to U.S., state, city, and county maternal and infant health data, including information on prenatal care. <http://www.marchofdimes.com/peristats/default.aspx>

National Institutes of Health,

Medline Plus. News, information and research about prenatal care. <http://www.nlm.nih.gov/medlineplus/prenatalcare.html>



Children Born at Low Birth Weight



One in 16 babies were born at a low birth weight in 2003.

What Does This Indicator Measure?

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

Why Is It Important?

As a group, infants born at low birth weight have higher rates of health problems than other children. By school age, children born at low birth weight are more likely to have mild learning disabilities, attention disorders, developmental impairments, and breathing problems. One of the leading causes of low birth weight is smoking during pregnancy. Mothers who smoke while pregnant and after their babies are born expose their children to being born with a number of health and behavior problems. This can result in a higher chance of childhood or adult cancer. Smoking after a baby's birth causes colic in newborns as well as increased rates of asthma. Exposure to second-hand smoke increases the frequency of lower-tract respiratory infections, ear infections and colds in babies and children.

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

What Works?

1. **Promote and support research on the causes of low birth weight.** More research is needed to understand causes of low birth weight, including biological, medical, behavioral, and social factors.
2. **Expand access to prenatal health care.** Adequate, early, and regular prenatal care for mothers identifies medical problems in pregnant women, and can offer additional support and intervention for women at higher risk of having a baby at low birth weight.
3. **Focus intensively on smoking prevention and cessation.** Because maternal smoking is one of the leading causes of low birth weight, smoking prevention and cessation education needs to be a top priority for women of all ages.
4. **Ensure that pregnant women get adequate nutrition.** Since a mother's nutrition has a crucial impact on her child's later health, it is important that programs such as WIC (the Special Supplemental Food Program for Women, Infants, and Children) and food support are available to all eligible women.

Minnesota Trends

After years of increases, the percent of children born at low birth weight has leveled off in the state. Still, about one out of every sixteen children born in Minnesota in 2003 was born at low birth weight, or about 6%. African American children were more likely to be born at low birth weight; almost 10% of African American births were low birth weight, a rate that has remained largely unchanged in the past six years. In 2003, 8% of Asian births and 7% of American Indian births were at low birth weight.

Children Born at Low Birth Weight

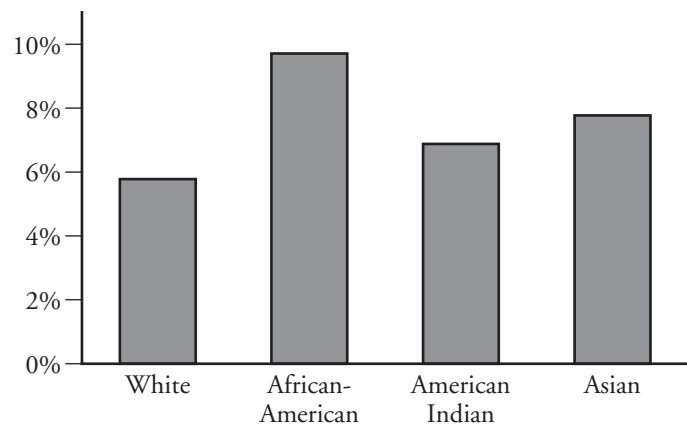
	1994	1997	2000	2003
All Children	3,646	3,801	4,140	4,418
Percent of Births	5.7%	5.9%	6.1%	6.3%

For More Information

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

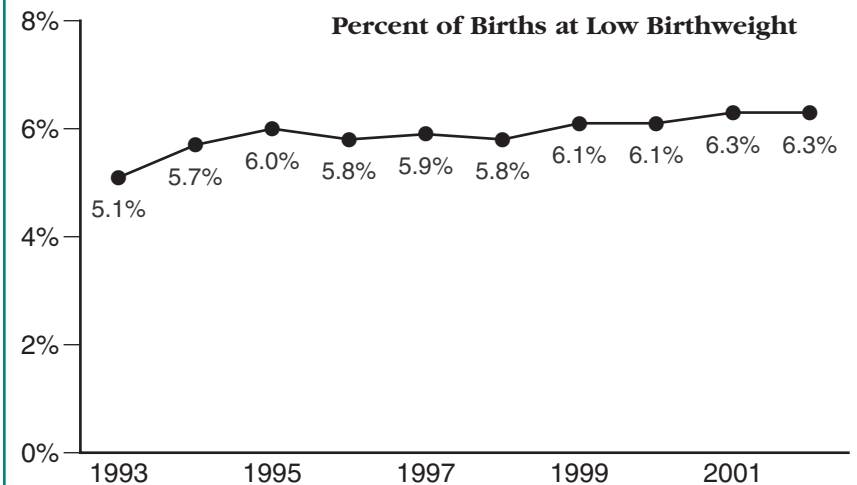
National Institute of Child Health and Human Development. The mission of the Institute is to improve the health of mothers and children with a focus on maternal health, pregnancy, fetal well-being, labor and delivery, and the developing child. <http://www.nichd.nih.gov/about/cdbpm/pp/pp.htm>

Low Birth Weight Births by Race, 2003



Source: MN Dept. of Health

Percent of Births at Low Birthweight



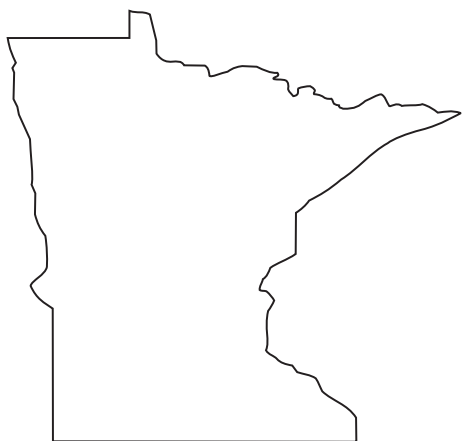
Source: MN Dept. of Health



Environment



Children At Risk for Lead Exposure



**Over 1500 children
under the age of 6 had
dangerously high blood
lead levels (>10 micro-
grams/deciliter)
in 2003.**

What Does This Indicator Measure?

This indicator measures the number and percent of young children who live in housing that puts them at risk of exposure to lead through paint, plumbing and the immediate surrounding soil. It includes children under age 6 below 130% of the poverty level who live in housing built before 1950, and comes from the 2000 Census.

Why Is It Important?

Lead poisoning is one of the most preventable diseases of early childhood. Lead poisoning affects the nervous system and internal organs, and the effects of lead poisoning often do not surface until the damage is severe. Although most forms of lead paint and lead pipes are currently banned, many children live in older homes that still contain lead paint or pipes.

Children under six years old and pregnant women are most vulnerable to lead poisoning. Children's bodies take in lead more readily than do adults' bodies, and children tend to have more contact with surfaces that may contain lead, as children put contaminants such as paint chips and lead-contaminated soil in their mouths. Studies have found that lower-income children are at an elevated risk because they are more likely to live in poorly-maintained older housing and have poorer overall nutrition, which increases their absorption of lead. While huge reductions have been made in the percentage of children with elevated blood lead levels since lead paint and leaded gasoline were banned, too many children are still at risk because of poor housing conditions.

What Works?

1. **Test all at risk children for blood lead levels.** The only way to know if a child has heightened levels of blood lead is to have the child tested for lead poisoning.
2. **Keep children healthy by maintaining good diets.** Children who eat healthy foods, such as milk, red meat, dried beans, fruits and vegetables and cereals fortified with iron are more resilient to the effects of lead poisoning. Efforts should be made to ensure that low-income families with young children are enrolled in the WIC (Women, Infants and Children) food program and receiving food support (formerly known as food stamps.)
3. **Remove and reduce sources of lead in and around older homes.** Soil from outside a home, chipping or peeling paint and paint applied before 1950, as well as paint applied before 1972 (which has a lower level of lead than paint from before 1950 but is still dangerous) all carry lead dust into the home and expose children to lead. Lead-safe renovation techniques and landscaping can reduce lead exposure for children.

Minnesota Data

In 2000, an estimated 18,200 or 5% of children under age six lived in housing that put them at risk for lead exposure. Low-income children are more likely to live in older housing; one third of low-income children were living in housing built before 1950, compared to 21% of higher-income children. Older housing is found throughout the state in both rural and urban areas. About 16 percent of Minnesota children under age six were tested for lead in 2003. A total of 1,659 of these tests showed elevated blood lead levels above 10 micrograms per deciliter, an amount that experts agree is dangerous for young children.

Children Living in Housing at Risk for Lead Exposure, 2000

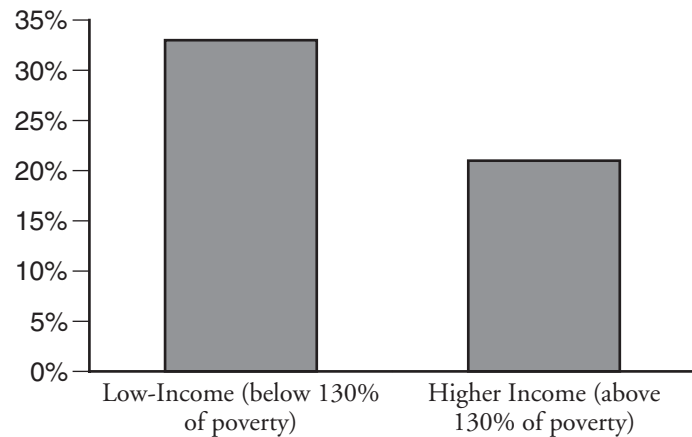
	Total Number	Living in Low-Income Families	Living in Low-Income Families & in Old Housing	Percent
Children Under 6	397,318	55,150	18,238	4.6%

For More Information

Lead Poisoning Prevention, Minnesota Department of Health Information, data and links. www.health.state.mn.us/divs/eh/lead/index.html

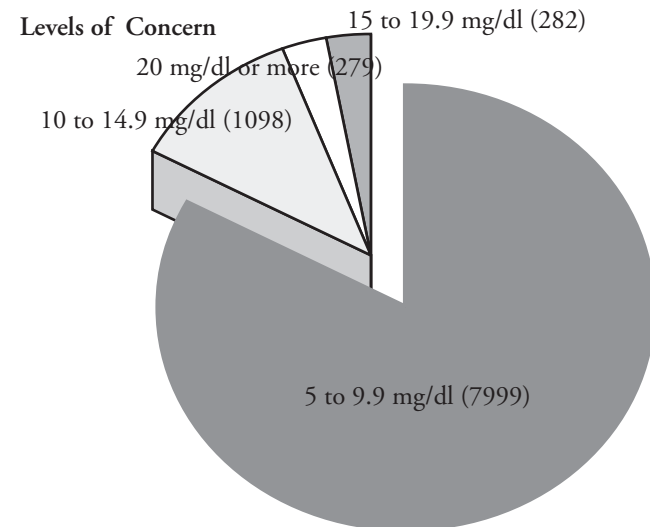
No More Lead - Project 504. A housing-related neighborhood organization that works with tenants and communities to improve the conditions of people living in substandard and often unaffordable housing. <http://www.nomorelead.org/>

Percent of Children Living in Housing Built Before 1950, by Income, 2000



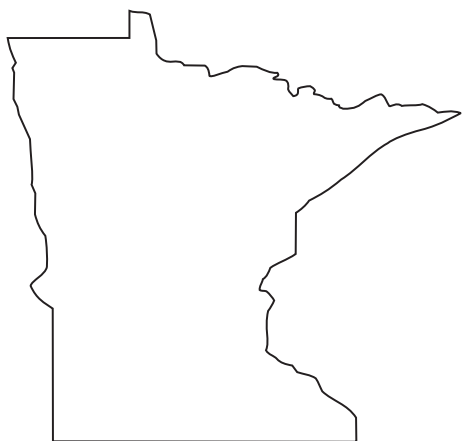
Source: MN Dept. of Health

Blood Lead Levels in Children Under 6 Tested in 2003



Source: MN Dept. of Health

Children Hospitalized with Asthma



Boys are hospitalized about twice as often as girls for asthma.

What Does This Indicator Measure?

This indicator measures the number of asthma-related child hospitalizations, compared to the total number of children. Children who are hospitalized more than once per year are counted for each hospitalization. This data probably underestimates the true extent of the problem, because children with serious asthma are often seen on an out-patient basis only, not all hospitals are part of the reporting system, and admissions to out-of-state hospitals are not included.

Why Is It Important?

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

What Works?

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

Minnesota Trends

In 2003, the state saw an increase in the rate of asthma hospitalizations. In 2003, there were 1,732 hospitalizations among children for asthma-related reasons, a rate of 12.3 per 10,000. Although this was an increase from 2002, there has been an overall decline of 8% since 1998. Boys were more likely than girls to be hospitalized; their rate per 10,000 in 2003 was 15.8 compared to 8.7 for girls.

Hospitalizations for Asthma Among Children

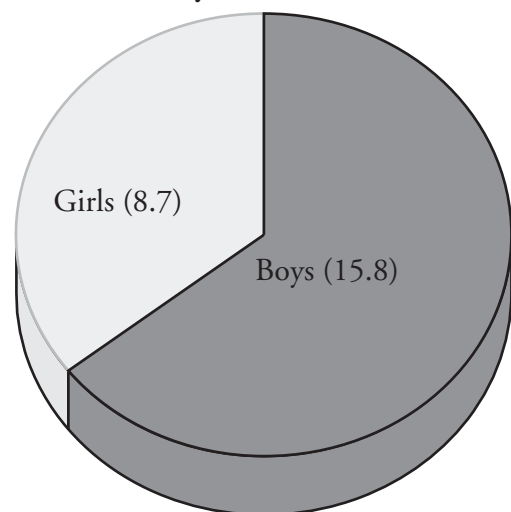
	1998		1999		2000		2001		2002		2003		% change 1999-2003
	#	rate/10,000	#	rate/10,000	#	rate/10,000	#	rate/10,000	#	rate/10,000	#	rate/10,000	
All children	1,889	13.3	1,854	13.0	2,041	14.2	1,607	11.4	1,508	10.7	1,732	12.3	-8%
Age 0-4	852	26.3	895	27.4	993	30.1	856	26.6	814	25.5	910	27.9	6%
Age 5-9	419	11.7	428	12.0	475	13.3	329	9.6	324	9.6	393	11.8	1%
Age 10-14	361	9.8	328	8.8	348	9.3	238	6.4	227	6.1	264	7.2	-26%
Age 15-19	257	7.0	203	5.5	225	6.0	184	4.9	143	3.8	165	4.4	-37%
Male	1,171	16.1	1,134	15.5	1202	16.3	979	13.5	912	12.6	1,135	15.8	-2%
Female	718	10.4	720	10.3	839	12.0	628	9.1	596	8.7	597	8.7	-16%

For More Information

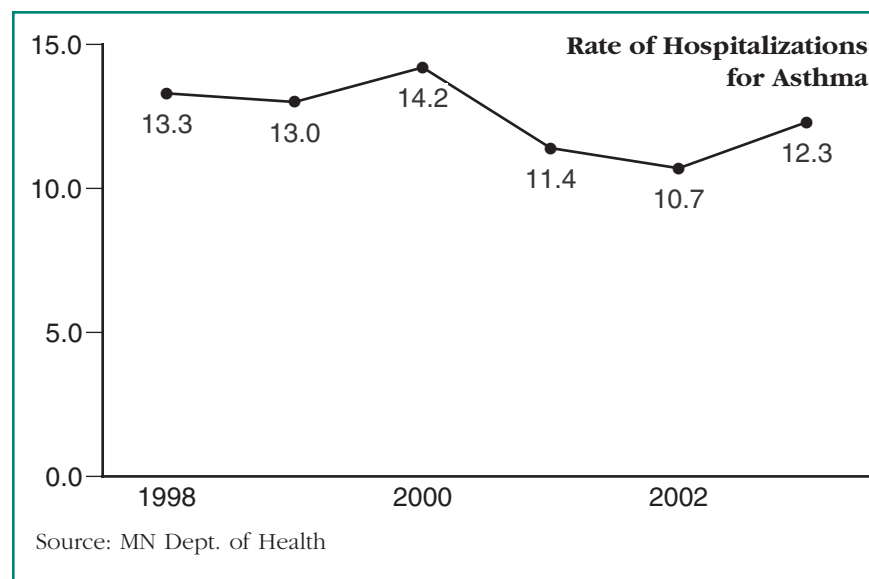
Minnesota Asthma Program,
Minnesota Department of Health, "Accomplishing strategies together for healthier Minnesotans with Asthma."
www.health.state.mn.us/divs/hpcd/cdee/asthma/

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

Asthma Hospitalization Rates by Gender, 2003

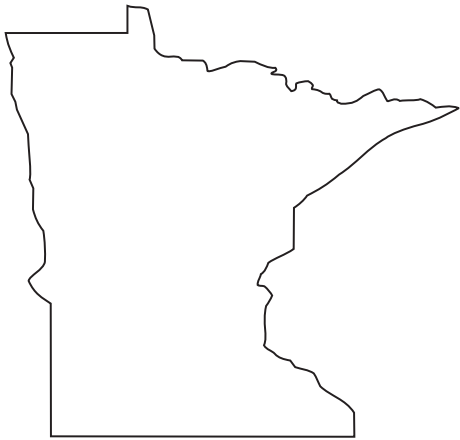


Source: MN Dept. of Health



Source: MN Dept. of Health

Children Who Are Injured



In 2003, there were 116,490 hospitalizations or ER visits for children, due to varied, mostly preventable, injuries.

What Does This Indicator Measure?

This indicator measures the number of visits by children in 2002 to hospital emergency rooms for unintentional injuries. These injuries include car crashes (as pedestrians, bicyclists, passengers and drivers), falls, poisonings, and other causes. Injuries that were not severe enough to require emergency attention are not included in this measure.

Why Is It Important?

Unintentional injury is the leading cause of death for 0-9 year olds in Minnesota. Most injuries are not random accidents, but predictable and therefore preventable. Non-fatal injuries result in lost time at school for children, lost time at work for parents caring for injured children and potential long-term disability.

The emergency department services required to treat injuries are also expensive. The dollar amount spent to prevent an injury is usually a fraction of the emergency medical cost of treating and recovering from an injury.

What Works?

- 1. Increase enforcement of laws requiring that infants and toddlers be properly restrained in an effective child car seat.** Properly seating an infant or toddler in a car seat and older children in a booster or seat belt can dramatically reduce the fatality and degree of traffic injuries. Increase subsidy programs and insurance discounts that promote ownership and use of child safety seats.
- 2. Prevent head injuries by requiring that children wear helmets when bicycling.** More than three out of four head injuries can be prevented if a helmet is worn when bicycling. State and local legislation should also be advocated in partnership with enforcement of helmet laws. Subsidy programs as well as discounts from insurance programs should promote helmet ownership.
- 3. Reduce the risk of unintentional drowning of children and infants.** Submersion injuries tend to be more fatal than other injuries. Since almost all drownings of 0-9-year-olds occur during recreational activities, adult supervision and awareness are integral components to preventing this kind of injury.
- 4. Maintain funding for poison control centers.** Poison control centers are a cost-effective way to provide information about exposures to poisoning. Most calls about poison exposure were safely managed at home, preventing unnecessary health care visits.

Minnesota Data

In 2003, there were 116,490 hospitalizations or emergency room visits for children due to injuries. This is a rate of about 93 out of every 1000 children. These injuries are spread across all age groups, although the types of injuries vary by age. The most common types of injuries requiring medical attention were falls, being struck, cuts or piercings, over-exertion and motor vehicle traffic injuries. Other causes of injury were quite varied, including ATVs (1,072 injured children in 2003), poisonings (2,597), bicycles (4,124) and burns from a hot object or substance (1,552).

Injury ER Visits and Hospitalizations

	2000	2001	2002	2003
All Children	103,653	112,690	112,235	116,490
Rate/1000	81	89	89	93

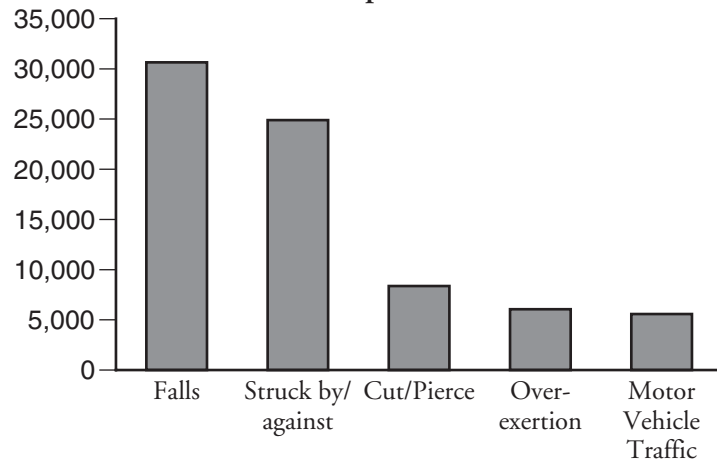
For More Information

Minnesota Safety Council / MN SAFE KIDS Coalition.

Provides training, consultation, outreach and safety resources for preventing unintentional injuries. 800-444-9150. <http://www.mnsafetycouncil.org/kids/index>

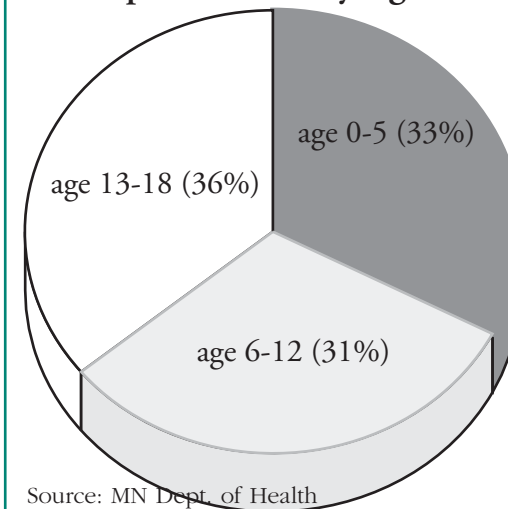
National Highway Traffic Safety Administration. Helps states and communities reduce the threat of drunk drivers, promotes child passenger safety. 888-327-4236. www.nhtsa.dot.gov

Leading Causes of Child Injury ER Visits and Hospitalizations, 2003



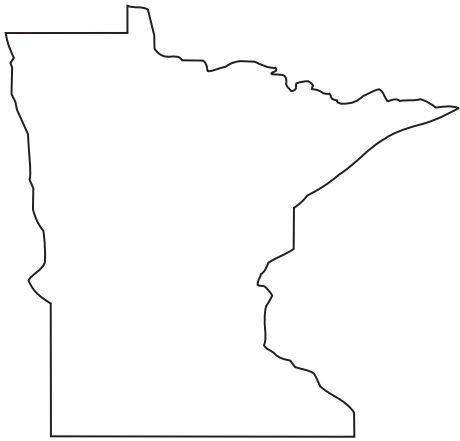
Source: MN Dept. of Health

Child Injury ER Visits and Hospitalizations By Age, 2003



Source: MN Dept. of Health

Children Dying from Injuries, Suicide or Homicide



In 2003, 137 children died from unintentional injuries, primarily automobile-related.

What Does This Indicator Measure?

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

Why Is It Important?

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

What Works?

- 1. For youth, it is important to support programs that prevent substance abuse and drunk driving.** It is also important to provide better limits for new drivers, such as restricted licenses (i.e. no night driving) and strong penalties for driving violations.
- 2. Support family and community resources for recognizing and treating teens in emotional distress.** Young people with an adequate support network of friends, family, and religious affiliation, peer groups, or extracurricular activities have ways to deal with their everyday frustrations and minimize emotional problems that can lead to suicide.
- 3. Focus on adult behaviors that endanger children.** Successful preventive interventions for child abuse and neglect include: parenting education; respite care for families at risk; support for young mothers and their male partners; and better detection and intervention training for social workers, health care providers and others who work with families and children.

Minnesota Trends

The child death rate from injuries, suicide and homicide has varied through the decade, with a rate of 1.5 out of every 10,000 children for 2001-03. In 2003, 182 children died in Minnesota, largely as a result of unintentional injuries (75%). Sixteen percent of all child deaths were suicides, and 8% were homicides. In 2003, 17% of deaths from these causes were among African-American, American Indian and Asian children.

Children Dying From Injuries, Suicide and Homicide

	1994	1997	2000	2003
All Children	183	190	183	182
Injuries	148	151	146	137
Suicide	16	23	21	30
Homicide	19	16	16	15

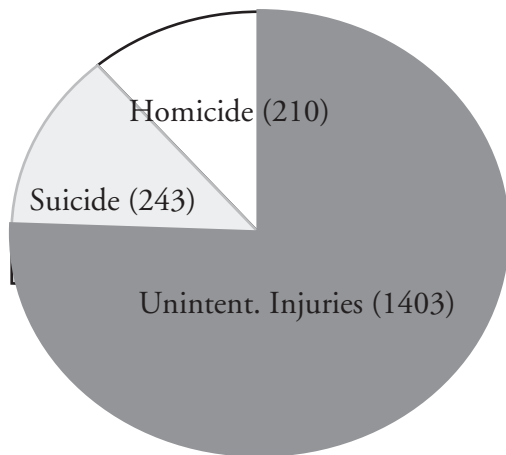
	1995-97 rate/10,000	1998-00 rate/10,000	2000-03 rate/10,000	95-97 to 01-03 % change
All Children	1.6	1.3	1.5	-6.3%

For More Information

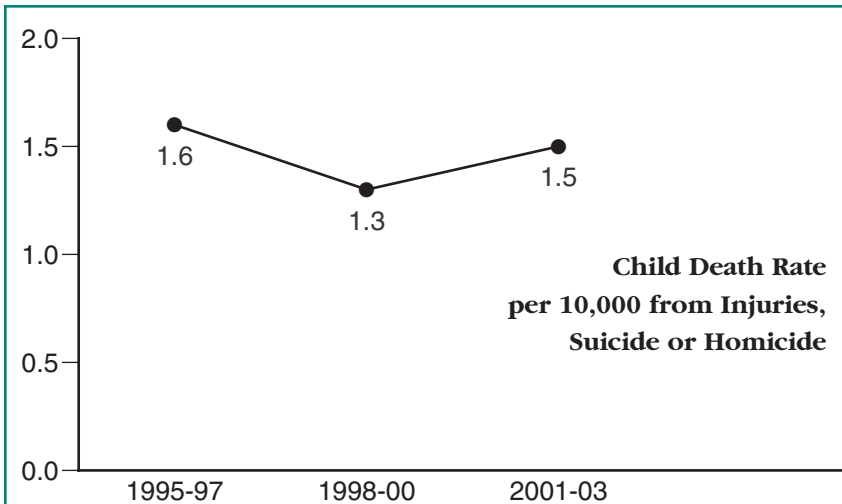
Minnesota Department of Health. Suicide Prevention Program. 651-281-9888.
www.health.state.mn.us/divs/opa/suiciderpt03.pdf

The National Maternal and Child Health Center for Child Death Review. Promotes engaging in a uniform child death review process to create an understanding of how and why children die and how to prevent other child deaths. 1-800-656-2434. <http://www.dhilddeathreview.org/home.htm>

Child Deaths, 1994-2003



Source: MN Dept. of Health

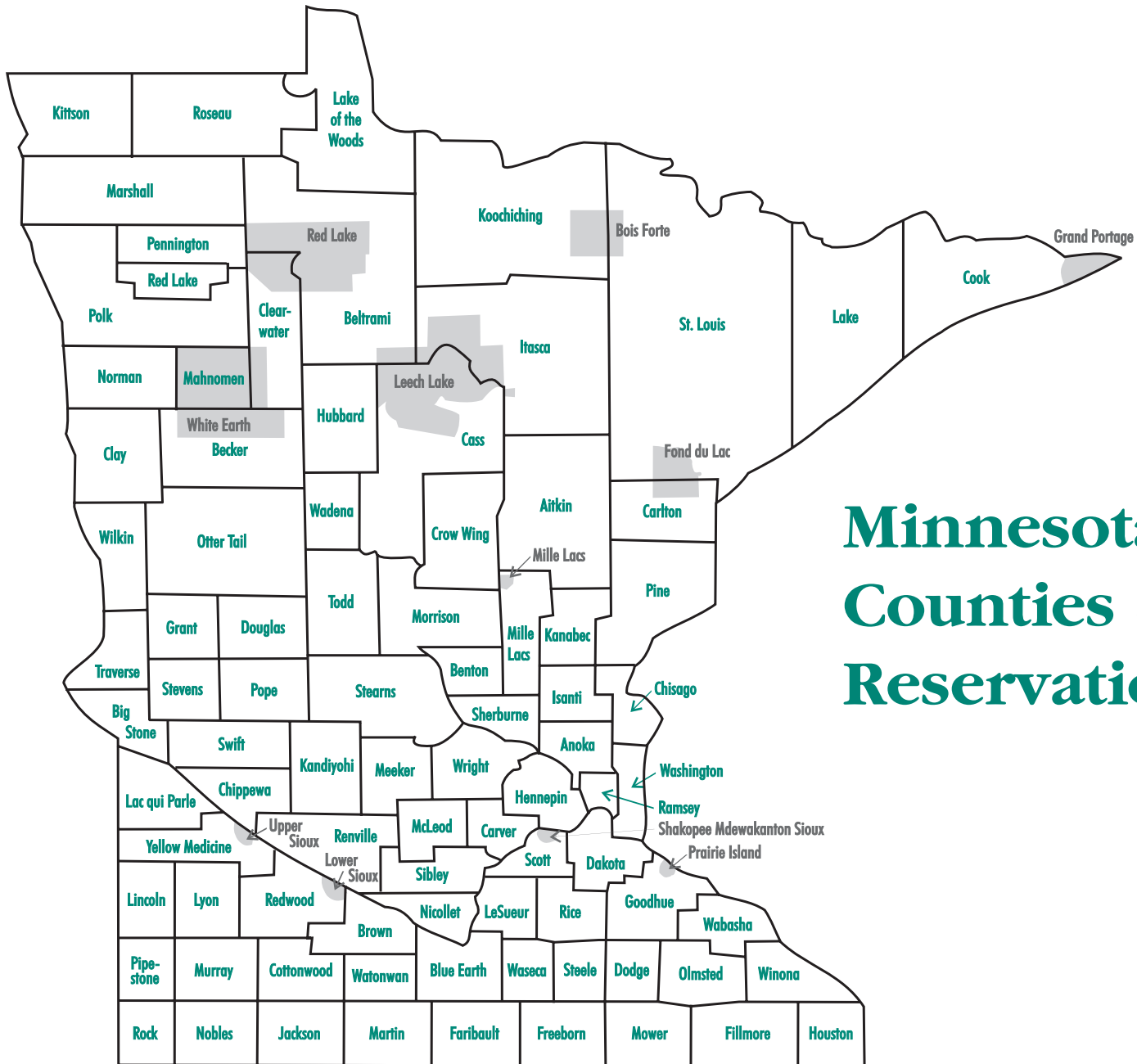


Source: MN Dept. of Health



Annual State & County Data





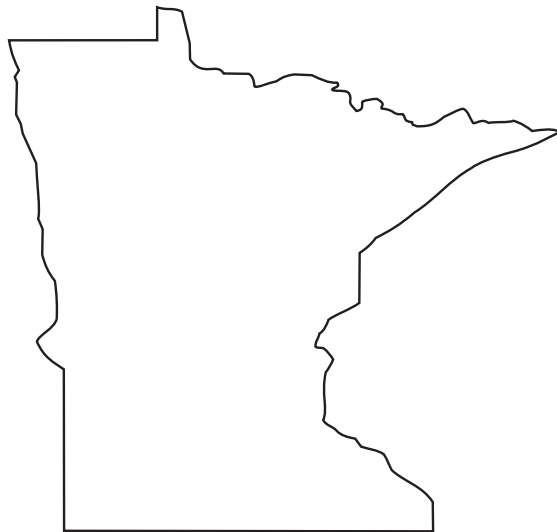
Minnesota Counties & Reservations



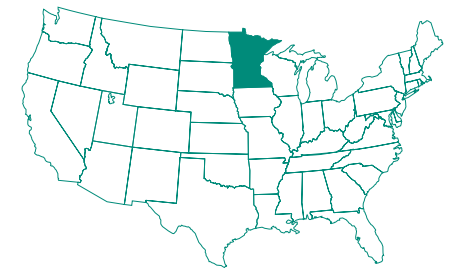
Minnesota

Demographics

Estimated total population, 2003	5,033,661
Estim. number of children under 18, 2003 . . .	1,248,770
Percent children, 200325%
Estim. number of children under 18, 1994 . . .	1,241,648
Percent change, 1994-20031%
Projected population under age 20, 2010 . . .	1,445,700



Minnesota is the twenty first largest state in the United States. The per capita income in 2003 was \$34,039, the eighth highest in the country. It grew at an average annual rate of 4.6% between 1993 and 2003, slightly faster than the nation's growth rate. The 2003 unemployment rate was 5% compared to the national rate of 6%.



Positives: Decrease in births to adolescents, percent of children not fully immunized, and arrests for serious crime.

Concerns: Increases in children born at low birth weight and children changing schools.

	1993		1997		2002		% change 92-00
Family Economics							
Children in poverty	185,224	15%+-2	161,858	13%+-2	109,810	8.8%+-2	-40%
Children receiving food support	163,773	13.0%	109,857	8.8%	121,157	9.7%	-26%
Children receiving free/reduced-price school lunch (92-93, 96-97, 01-02)	200,344	24.7%	223,033	26.4%	236,158	28.5%	15%
Starting Out							
Children born to adolescent mothers (rate for 15-17 year olds per 1000)	1,999		1,760	16.9	1,528	13.6	-20%
Children born at low birth weight	3,646	6%	3,806	5.8%	4,418	6.3%	11%
Children not immunized on time	27,193	39.3%	22,023	32.0%	12,396	18.9%	-52%
Children changing schools (93-94, 97-98, 02-03)	105,587	13.3%	118,989	14.2%	126,612	15.2%	15%
Challenges to Success							
Children dropping out of school (92-93, 96-97, 01-02)	12,098	3.4%	13,180	3.3%	11,007	2.7%	-22%
Children arrested for serious crimes (1997, 2000)	20,721	60.9	18,416	50.4	12,094	20.8	-66%
Children abused & neglected (rate per 1000)	10,439	8.5	10,572	8.3	9024 (7582)		
Children in out-of-home placements	19,636	13.9	18,858	15.0	16,886	13.2	-5%
Children dying from injuries, suicide and homicide	183	1.6	158	1.5	182	1.5	-6%



Annual Indicators by County

COUNTY	Est. in poverty, 02	%, 2002	Food support, 03	%	Free/reduced lunch, 03-04	%	Adolescent Births, 03	01-03 Rate, age 15-17	Low Birth Weight, 03	%
Aitkin	461	15%+-9	492	16%	982	45%	2		6	4%
Anoka	4,691	6%+-3	5,449	6%	12,782	20%	74	11	281	6%
Becker	1,134	15%+-9	1,211	16%	1,761	38%	10	19	17	4%
Beltrami	2,147	20%+-11	2,839	26%	4,119	54%	36	33	34	5%
Benton	734	8%+-4	684	7%	1,199	23%	14	16	37	6%
Big Stone	159	13%+-7	137	11%	489	44%			1	2%
Blue Earth	1,068	9%+-5	1,196	11%	2,719	28%	9	9	34	5%
Brown	433	7%+-4	445	7%	975	25%	7	13	13	5%
Carlton	664	9%+-5	776	10%	1,690	27%	12	14	16	4%
Carver	801	4%+-2	554	2%	1,602	12%	13	9	67	6%
Cass	1,099	18%+-10	1,021	16%	2,376	52%	10	18	17	6%
Chippewa	289	10%+-6	252	9%	797	34%	2		11	7%
Chisago	709	6%+-3	685	5%	1,571	18%	17	14	56	8%
Clay	1,228	11%+-6	1,723	15%	2,351	27%	14	11	54	8%
Clearwater	331	16%+-9	374	18%	803	51%	6	21	9	7%
Cook	77	8%+-5	52	5%	181	27%			2	4%
Cottonwood	345	12%+-7	277	10%	1,038	41%	3	12	13	10%
Crow Wing	1,438	11%+-6	1,352	10%	3,368	33%	20	14	58	8%
Dakota	4,828	5%+-3	4,233	4%	9,479	13%	77	9	328	6%
Dodge	258	5%+-3	263	5%	751	19%	3	10	12	4%
Douglas	643	9%+-5	555	8%	1,367	25%	2		23	6%
Faribault	389	11%+-7	351	10%	926	39%	3	13	17	10%
Fillmore	520	10%+-6	334	7%	853	29%	1		18	6%
Freeborn	735	11%+-6	764	11%	1,480	34%	15	23	21	6%
Goodhue	673	6%+-3	555	5%	1,364	19%	14	9	34	6%
Grant	141	11%+-6	135	10%	380	30%	1		5	7%
Hennepin	27,038	10%+-6	33,934	13%	52,716	34%	378	19	1,131	7%
Houston	344	7%+-4	304	6%	717	20%	5		11	5%
Hubbard	581	14%+-8	556	14%	1,131	43%	3	15	14	7%
Isanti	590	7%+-4	499	6%	1,451	24%	9	13	30	7%
Itasca	1,216	13%+-7	1,092	11%	2,623	38%	16	16	33	7%
Jackson	214	9%+-5	164	7%	544	35%	1		6	5%
Kanabec	456	12%+-7	422	11%	933	36%	9	16	9	5%
Kandiyohi	1,165	12%+-7	1,288	13%	2,141	36%	21	21	31	5%
Kittson	109	9%+-5	77	7%	377	42%			4	12%
Koochiching	389	13%+-7	445	15%	751	35%	1	16	5	4%
Lac Qui Parle	153	9%+-5	123	7%	645	37%			2	4%
Lake	208	9%+-5	208	9%	382	24%	4	15	11	11%
Lake...Woods	86	9%+-5	57	6%	239	34%	2		2	4%
LeSueur	442	7%+-4	417	6%	1,146	26%	12	14	16	5%
Lincoln	125	9%+-5	91	7%	305	38%	1		5	7%
Lyon	517	9%+-5	578	10%	1,356	31%	6	12	13	4%
McLeod	669	7%+-4	522	6%	1,196	20%	15	15	22	4%
Mahnomen	306	22%+-13	381	27%	865	65%	4	62	6	7%
Marshall	217	10%+-6	199	9%	645	42%	3		5	5%

Annual Indicators by County, continued

COUNTY	Est. in poverty, 02	%, 2002	Food support, 03	%	Free/reduced lunch, 03-04	%	Adolescent Births, 03	01-03 Rate, age 15-17	Low Birth Weight, 03	%
Martin	567	12%+-7	600	12%	1,192	35%	4	12	19	8%
Meeker	482	8%+-5	429	8%	1,765	30%	7	14	16	5%
Mille Lacs	596	10%+-6	608	10%	1,962	29%	8	16	17	5%
Morrison	942	11%+-7	566	7%	2,058	38%	8	12	24	6%
Mower	953	10%+-6	1,098	12%	1,971	34%	19	25	24	4%
Murray	182	9%+-5	143	7%	421	32%	3		7	9%
Nicollet	467	7%+-4	518	7%	612	27%	7	11	19	5%
Nobles	616	12%+-7	503	10%	1,488	43%	15	28	31	9%
Norman	184	11%+-6	223	13%	545	42%	1		4	5%
Olmsted	2,268	7%+-4	3,005	9%	4,845	22%	32	10	140	7%
Otter Tail	1,556	12%+-7	1,154	9%	2,675	32%	16	9	25	4%
Pennington	301	10%+-6	337	11%	699	31%	3	12	9	5%
Pine	854	14%+-8	837	13%	1,682	40%	10	15	17	5%
Pipestone	236	10%+-6	216	9%	724	39%	3		3	3%
Polk	898	13%+-7	1,121	16%	2,011	37%	18	17	20	5%
Pope	245	10%+-6	187	8%	555	37%	2		10	8%
Ramsey	16,961	13%+-7	20,839	16%	38,167	45%	230	24	533	7%
Red Lake	82	9%+-5	120	13%	343	46%	3		7	12%
Redwood	401	10%+-6	348	9%	784	33%	3	13	10	5%
Renville	444	11%+-6	467	11%	851	37%	12	15	15	7%
Rice	971	7%+-4	808	6%	2,297	28%	20	17	41	6%
Rock	196	9%+-5	134	6%	455	29%	1		14	11%
Roseau	295	7%+-4	146	3%	1,060	31%	6	11	17	7%
Saint Louis	4,819	12%+-6	6,584	16%	9,226	33%	62	14	122	6%
Scott	1,066	3%+-2	768	2%	2,225	14%	23	8	108	5%
Sherburne	891	4%+-2	772	4%	1,996	13%	10	10	62	5%
Sibley	346	9%+-5	232	6%	737	32%	6	12	4	2%
Stearns	2,519	8%+-4	2,408	7%	6,399	28%	26	11	138	8%
Steele	646	7%+-4	740	8%	1,453	23%	13	21	33	6%
Stevens	118	6%+-4	118	6%	348	24%			5	5%
Swift	231	10%+-6	247	11%	555	33%	2		6	5%
Todd	857	14%+-8	674	11%	2,135	50%	8	12	9	3%
Traverse	102	12%+-7	118	14%	248	41%	1		3	8%
Wabasha	356	7%+-4	264	5%	815	16%	7	8	22	8%
Wadena	487	15%+-8	515	16%	1,598	52%	5	13	15	7%
Waseca	431	9%+-5	536	12%	950	26%	6	11	12	5%
Washington	2,322	4%+-2	2,108	4%	3,823	10%	31	6	159	5%
Watonwan	313	10%+-6	223	7%	885	43%	8	22	20	12%
Wilkin	143	8%+-5	184	11%	432	34%	1		6	7%
Winona	959	9%+-5	896	9%	1,895	30%	10	9	29	6%
Wright	1,443	5%+-3	1,120	4%	3,321	16%	20	9	90	5%
Yellow Med.	242	10%+-6	174	7%	828	44%	3	19	13	10%
STATE	109,810	8.8%+-2	121,157	9.7%	236,158	28%	1528	14	4,418	6.3%



Annual Indicators by County

COUNTY	Not Fully Immun., 01-02	%	School Transfers, 02-03	%	Dropping Out, 02-03	%	Serious Crimes, 03	Rate/ 1000	Abuse or Neglect, 03 ***	Out-of-Home Placem't, 03	Rate/ 1000	Injuries, Suicide, Homic., 03
Aitkin	30	22%	318	14%	25	2%	19	13	52	83	27	0
Anoka	664	15%	11,308	18%	718	2%	864	22	472 (411)	726	8	9
Becker	70	21%	701	15%	59	2%	98	25	152	176	24	1
Beltrami	124	24%	2,546	33%	204	5%	142	27	132 (6)	225	21	0
Benton	32	9%	453	9%	6	0%	35	8	54 (53)	99	11	1
Big Stone	9	13%	60	5%	13	2%	10	15	6 (5)	19	15	0
Blue Earth	117	20%	1,025	10%	94	2%	210	39	89 (82)	142	13	1
Brown	49	14%	693	18%	7	0%	35	11	52 (46)	85	14	0
Carlton	82	18%	706	11%	56	2%	116	31	44 (80)	155	21	1
Carver	155	12%	1,185	9%	70	1%	169	17	124 (154)	184	8	3
Cass	75	23%	1,084	23%	146	6%	25	8	27 (141)	221	35	1
Chippewa	23	17%	215	9%	15	1%	9		11 (24)	29	10	0
Chisago	119	17%	923	11%	51	1%	74	13	63 (181)	217	17	3
Clay	157	24%	1,108	13%	57	1%	137	25	122 (176)	162	14	1
Clearwater	16	14%	217	14%	12	1%	27	26	5 (23)	32	16	0
Cook	3	8%	63	9%	12	3%	0	-	12 (8)	10	10	2
Cottonwood	33	21%	297	12%	10	1%	46	33	29 (92)	60	21	0
Crow Wing	147	19%	1,061	10%	185	4%	185	28	91 (69)	229	17	2
Dakota	780	14%	7,863	11%	609	2%	976	21	369 (674)	488	5	8
Dodge	38	14%	386	10%	15	1%	5		47	71	14	2
Douglas	75	18%	520	10%	98	3%	70	19	111	75	10	0
Faribault	32	23%	326	14%	21	2%	32	17	97 (195) *	134 *	16	1
Fillmore	113	37%	200	7%	20	1%	3	1	14 (58)	41	8	0
Freeborn	74	23%	633	14%	39	2%	97	27	63 (74)	121	17	0
Goodhue	99	16%	821	11%	90	2%	106	19	19 (36)	116	11	2
Grant	8	11%	105	8%	5	1%	10	14	12	9	7	1
Hennepin	2992	22%	33,338	22%	3123	4%	3347	29	3135 (1092)	3,857	15	33
Houston	41	16%	431	12%	17	1%	34	14	19 (39)	76	16	0
Hubbard	32	18%	328	12%	22	2%	49	23	19 (25)	92	22	0
Isanti	63	16%	740	13%	117	4%	51	12	75 (21)	121	14	5
Itasca	63	14%	1,163	16%	169	4%	3		71 (39)	303	31	1
Jackson	15	13%	184	11%	30	3%	10	8	13 (73)	42	17	3
Kanabec	26	16%	391	15%	58	4%	33	17	11 (49)	81	21	0
Kandiyohi	76	15%	1,532	25%	74	2%	191	38	82 (133)	124	12	2
Kittson	20	30%	40	4%	2	0%	4		2 (2)	5	4	1
Koochiching	40	25%	355	16%	21	2%	23	15	29 (6)	67	22	0
Lac Qui Parle	9	12%	162	9%	7	1%	1		4 (26)	16	9	0
Lake	15	16%	130	8%	14	1%	11	9	31 (18)	48	21	1
Lake...Woods	8	20%	51	7%	1	0%	3		1 (5)	8	8	0
LeSueur	63	21%	580	13%	29	1%	13	4	50 (7)	74	11	1
Lincoln	3	6%	88	10%	4	1%	0	-	31 (12) **	118 **	13	2
Lyon	88	26%	439	10%	35	1%	52	17	31 (12) **	118 **	13	1
McLeod	112	23%	660	11%	70	2%	121	27	55 (79)	81	9	0
Mahnomen	26	23%	301	23%	19	3%	8		28 (6)	57	41	0
Marshall	21	18%	125	8%	9	1%	8		9 (25)	24	11	1

*** alternative response in parentheses

* with Martin County

** Region 8 North

Annual Indicators by County, continued

COUNTY	Not Fully Immun., 01-02	%	School Transfers, 02-03	%	Dropping Out, 02-03	%	Serious Crimes, 03	Rate/ 1000	Abuse or Neglect, 03 ***	Out-of-Home Placem't, 03	Rate/ 1000	Injuries, Suicide, Homic., 03
Martin	67	29%	386	11%	41	2%	66	25	97 (195) *	134 *	16	1
Meeker	66	21%	518	9%	52	2%	29	10	10 (18)	49	9	2
Mille Lacs	104	23%	864	13%	75	2%	53	18	38 (62)	121	21	3
Morrison	70	20%	524	9%	54	2%	51	12	71 (57)	97	12	2
Mower	111	26%	1,075	19%	105	4%	160	37	86	123	13	1
Murray	11	13%	121	9%	4	1%	0	-	31 (12) **	118 **	13	1
Nicollet	41	14%	201	9%	14	1%	22	6	54 (39)	58	8	0
Nobles	41	17%	769	22%	70	4%	20	8	13 (26)	35	7	4
Norman	18	19%	106	8%	8	1%	0	-	7 (21)	21	13	2
Olmsted	268	16%	2,733	13%	232	2%	525	34	172 (697)	238	7	1
Otter Tail	107	20%	883	11%	132	3%	63	9	109 (71)	117	9	0
Pennington	42	26%	219	10%	13	1%	44	30	8 (4)	56	18	0
Pine	91	33%	793	18%	90	4%	53	16	51 (68)	136	21	5
Pipestone	31	18%	162	9%	19	2%	0	-	36 (44)	43	19	1
Polk	80	18%	703	13%	88	3%	18	5	93 (139)	120	17	1
Pope	17	18%	117	8%	1	0%	14	11	4 (41)	15	6	0
Ramsey	1781	25%	17,762	21%	1568	4%	1015	18	865 (622)	2,073	16	16
Red Lake	13	24%	55	7%	1	0%	0	-	13 (4)	8	8	0
Redwood	29	13%	235	10%	31	2%	16	8	31 (24)	50	13	2
Renville	26	16%	390	17%	8	1%	18	9	14 (18)	33	8	0
Rice	128	19%	1,030	13%	139	3%	137	20	102	84	6	3
Rock	16	13%	140	9%	9	1%	2	-	6 (10)	27	12	0
Roseau	34	23%	287	8%	17	1%	0	-	14 (4)	46	10	3
Saint Louis	382	19%	4,560	16%	535	4%	480	24	270 (352)	745	18	10
Scott	241	14%	1,581	10%	67	1%	152	12	146 (146)	169	5	1
Sherburne	204	15%	1,366	9%	117	2%	153	16	32 (33)	112	5	3
Sibley	37	22%	336	15%	40	3%	4	-	25 (18)	32	8	1
Stearns	269	16%	2,692	12%	198	2%	468	30	142	298	9	5
Steele	100	19%	823	13%	61	2%	87	20	54	63	7	2
Stevens	9	9%	87	6%	8	1%	5	-	17	21	11	1
Swift	22	15%	160	9%	4	0%	24	21	40 (25)	24	11	1
Todd	87	29%	489	11%	64	3%	23	7	42 (85)	72	12	2
Traverse	8	19%	48	8%	4	1%	1	-	12 (20)	10	12	0
Wabasha	37	15%	361	7%	11	0%	5	-	15 (49)	85	16	1
Wadena	47	21%	285	9%	15	1%	17	11	43 (30)	67	21	1
Waseca	58	24%	424	11%	38	2%	23	10	37 (55)	69	15	0
Washington	417	14%	4,209	12%	325	2%	446	17	238 (126)	417	7	6
Watonwan	40	26%	405	19%	16	2%	22	15	18 (1)	22	7	1
Wilkin	13	12%	187	14%	11	2%	40	45	0	32	18	1
Winona	109	22%	581	9%	70	2%	72	14	38 (144)	127	12	4
Wright	264	16%	1,906	10%	180	2%	297	23	93 (240)	226	8	4
Yellow Med.	23	18%	184	9%	14	1%	5	-	31 (46)	50	20	0
STATE	12396	19%	126,612	15.2%	11,007	2.7%	12,094	21	9024 (7582)	16,886	13	182

*** alternative response in parentheses

* with Faribault County

** Region 8 North



Data Notes — Focus on Health

Children Without Health Care Coverage

Source: Minnesota Department of Health, 2002 BRFSS Child Health Module Data Book.

<http://www.health.state.mn.us/divs/bpsc/bep/miscpubs/brfss2002.pdf>

Definition: The number and percent of children who lack private or public health care insurance and dental coverage in 2002. This data was collected through a special child health survey component of the Behavioral Risk Factor Surveillance System.

Children Not Getting Child and Teen Check-ups

Source: Minnesota Department of Health, 2002 BRFSS Child Health Module Data Book.

<http://www.health.state.mn.us/divs/bpsc/bep/miscpubs/brfss2002.pdf>

Definition: The percentage of children who do not meet well child visit guidelines as defined by the Child and Teen Checkup program and as reported by their parents. This data was collected in 2002 through a special child health survey component of the Behavioral Risk Factor Surveillance System. It only measures the frequency of visits, not what services are provided during the visits.

Children Not Fully Immunized by Age 2

Source: Minnesota Department of Health

<http://www.health.state.mn.us/divs/idepc/immunize/stats/childimmstats.html>

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

Children Born to Adolescent Mothers

Source: Minnesota Department of Health, Center for Health Statistics

<http://www.health.state.mn.us/divs/chs/countytables/>

<https://www2.health.state.mn.us/portal/frontPage.jsp>

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

Data Notes, continued

Children Whose Mothers Had Late or No Prenatal Care

Source: Minnesota Department of Health, Center for Health Statistics

<http://www.health.state.mn.us/divs/chs/countytables/>

<https://www2.health.state.mn.us/portal/frontPage.jsp>

Definition: The number and percent of women who did not receive prenatal care until the third trimester of pregnancy, or who did not receive any care at all. The percentage is the number of these births divided by the total number of births. Information is collected from birth certificates, and births are assigned to the county in which the mother resides, even if the birth occurs in a different county.

Children Born at Low Birth Weight

Source: Minnesota Department of Health, Center for Health Statistics

<http://www.health.state.mn.us/divs/chs/countytables/>

<https://www2.health.state.mn.us/portal/frontPage.jsp>

Definition: The number of infants weighing less than 2500 grams (5.5 pounds) at birth. The percentage is the number of these births divided by the total number of births. Information is collected from birth certificates, and births are assigned to the county in which the mother resides, even if the birth occurs in a different county.

Children At Risk for Lead Exposure

Source: Public Use Microdata Sample (PUMS) 1%, 2000 Census.

<http://www.census.gov/support/PUMSdata.html>

Definition: The number and percent of children under age 6 who live in housing that puts them at risk of exposure to lead through paint, plumbing and the immediate surrounding soil. It includes children under age 6 below 130% of the poverty level who live in housing built before 1950. These factors, along with residence in an urban area, have been shown to lead to a higher incidence of elevated blood lead levels.

Children Hospitalized with Asthma

Source: Minnesota Department of Health, Asthma Program; Minnesota Hospital Association

<http://www.health.state.mn.us/divs/hpcd/cdee/asthma/>

Definition: The number of asthma-related child hospitalizations, compared to the total number of children. Children who are hospitalized more than once per year are counted for each hospitalization. The rate is the number of hospitalizations divided by the number of children, multiplied by 1,000.



Data Notes, continued

Children Who Are Injured

Source: Minnesota Department of Health, Injury

<http://www.health.state.mn.us/divs/hpsc/mcs/bedishome.htm>

Definition: The number of visits by children in 2002 to hospital emergency rooms for unintentional injuries. These injuries include car crashes (as pedestrians, bicyclists, passengers and drivers), falls, poisonings, and other causes. Injuries that were not severe enough to require emergency attention are not included in this measure. The rate is the number of visits divided by the number of children, multiplied by 1,000.

Children Dying from Homicide, Suicide and Injury

Source: Minnesota Department of Health, Center for Health Statistics

<https://www2.health.state.mn.us/portal/frontPage.jsp>

Definition: The number of children dying from homicide, suicide and unintentional injuries, including motor vehicle crashes (as drivers, passengers or bystanders), falls, and drowning. The county rate is the number of children dying for all years 1994-2003, divided by the estimated total number of children, multiplied by 10,000. The information is obtained from death certificates.

Annual County Indicators

Children Living in Poverty

Source: US Bureau of the Census, Small Area Income and Poverty Estimates (SAIPE)

<http://www.census.gov/hhes/www/saipe.html>

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

Children Receiving Food Stamps

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

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

Data Notes, continued

Children Receiving for Free/Reduced Price School Lunches

Source: Minnesota Department of Children, Families and Learning

<http://cfl.state.mn.us/datactr/fallpops/index.htm>

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

Children Changing Schools

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

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

Children Dropping Out of School

Source: Minnesota Department of Education

<http://cfl.state.mn.us/datactr/compstu/index.htm>

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

Children Arrested for Serious Crime

Source: Minnesota Bureau of Criminal Apprehension,

<http://www.dps.state.mn.us/bca/CJIS/Documents/Crime2001/Page-20.html>

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

Data Notes, continued

Children Abused and Neglected

Source: Minnesota Department of Human Services

<http://www.dhs.state.mn.us/CFS/Research/maltreat.htm>

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

Children in Out-of-Home Placements

Source: Minnesota Department of Human Services,

<http://www.dhs.state.mn.us/childint/Research/outofhome.htm>

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

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