Minneapolis
Health Department

MINNEAPOLIS
YOUTH
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BOARD

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2015 State of Youth

Project overview

FINAL REPORT | SEPTEMBER 2015

About the project

The **2015 State of Youth - Minneapolis** project tracks 7 topics areas of youth health. The topic areas reflect three critical dimensions in the lives of children and young adults: safe and supportive environments, healthy development, and learning readiness and performance.

List of indicators

- Youth profile
- Low birth weight
- Births to teen mothers
- Child lead poisoning
- Early childhood screening
- Juvenile violent crime
- High school graduation

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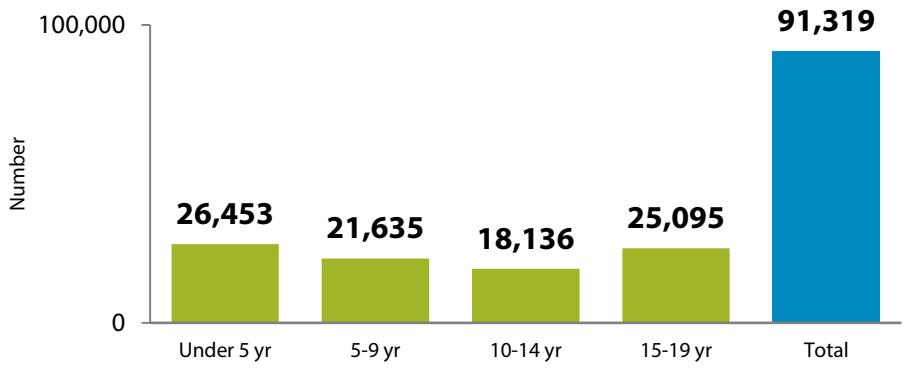
Youth profile

Sociodemographic characteristics of Minneapolis youth

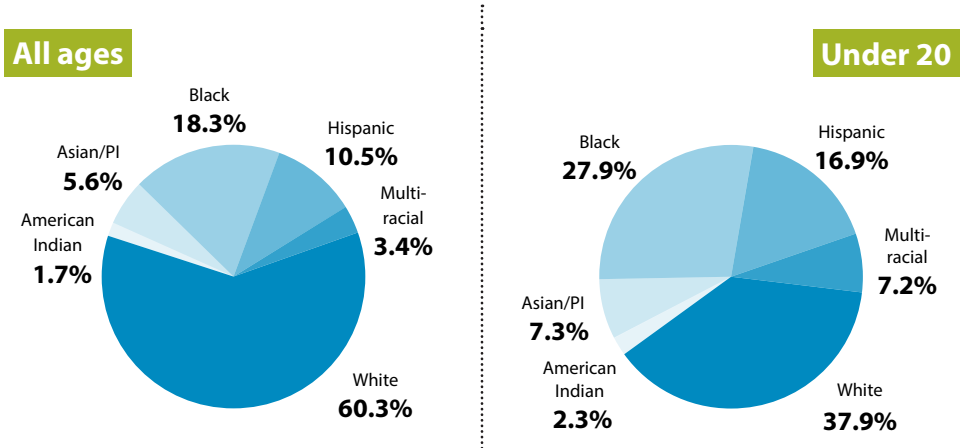
In 2010, **91,319** children and young adults under the age of 20 resided in Minneapolis, which represents **24 percent** of the City's population of 382,578.

Number of children and young adults under 20 years, by age subgroup, Minneapolis, 2010



In 2010, 26,453 of the youth population were 0-5 years; 21,635, 5-9 years; 18,136, 10-14 years; and 25,095, 15-19 years.

Total population vs. population under 20, by race/ethnicity, Minneapolis, 2010[1]



[1] Other race (not included in figure) represents 0.3% of the total population and 0.5% of the population under 20.

In 2010, 2.3% (2,127) of the youth population under 20 was American Indian; 7.3% (6,694), Asian/Pacific Islander; 27.9% (25,454), black; 16.9% (15,439), Hispanic; 7.2% (6,543), multiracial; and 37.9% (34,623), white. In comparison, the City population as a whole was less racially and ethnically diverse.

Percentage of children and young adults, by selected sociodemographic characteristics, Minneapolis, 2009-2013

Population under 18 years	
Household income below the poverty level (past 12 mos.)	30.5% ± 1.6
Household received public assistance (past 12 mos.)	36.6% ± 1.5
Population 16-19 years	
Idle (not enrolled in school and not in the labor force)	3.5% ± 0.8
Black	8.1% ± 2.9
Hispanic	5.9% ± 4.3
White	1.5% ± 0.7

During 2009-2013, approximately 3 in 10 children under 18 in lived in households that had an income below the poverty level in the past 12 months (30.5 percent). Over one-third of children under 18 lived in households that had received public assistance in the past 12 months (36.6 percent). Approximately 3.5 percent of young adults ages 16-19 years in households were characterized as "idle" by the Census, which is defined as not enrolled in school and not in the labor force. The percentage of young adults who were idle was greater among young adults who were black (8.1%) than white (1.5%).

Characteristics of students enrolled in Minneapolis Public Schools, Minneapolis, 2014-15 school year

English Language Learners	24%
Free/reduced price meals	65%
Homeless or highly-mobile	10%
Special education	18%

During the 2014-15 school year, nearly one-quarter (24 percent) of students enrolled in Minneapolis Public Schools were English Language Learners. Almost two-thirds (65 percent) of enrolled students received free or reduced price meals; 10 percent were homeless or highly-mobile; and 18 percent received special education services.

Conclusion

The youth population in Minneapolis is much more racially and ethnically diverse than the City population as a whole. While whites comprised 60 percent of the total City population in 2010, they comprised only 38 percent of the population under age 20. Almost one-fourth of students enrolled in Minneapolis Public Schools speak a first language other than English, further emphasizing the vibrancy of changing demographics among the youngest residents. Many of the families of these young people face socioeconomic challenges, however. Almost one-third live in households in which the household income falls below the poverty threshold, and more than a third receive some type of public assistance. Two-thirds of the public school students are eligible for free or reduced price meals, and one out of ten are homeless or highly mobile, a serious impediment to staying on track in school. The racial/ethnic disparity evident in terms of the proportion of teens not enrolled in school or employed will be a barrier to closing the racial employment gap for this generation. Socioeconomic inequities evident even in childhood need to be addressed in order to achieve the City's vision of equity of opportunity for all residents.

Technical notes

POPULATION

Children and young adults under 20 residing in Minneapolis

DATA SOURCES

- U.S. Census (2010)
- American Community Survey (2009-2013)
- Minneapolis Public Schools (2014-15 School Year)

Minneapolis Health Department

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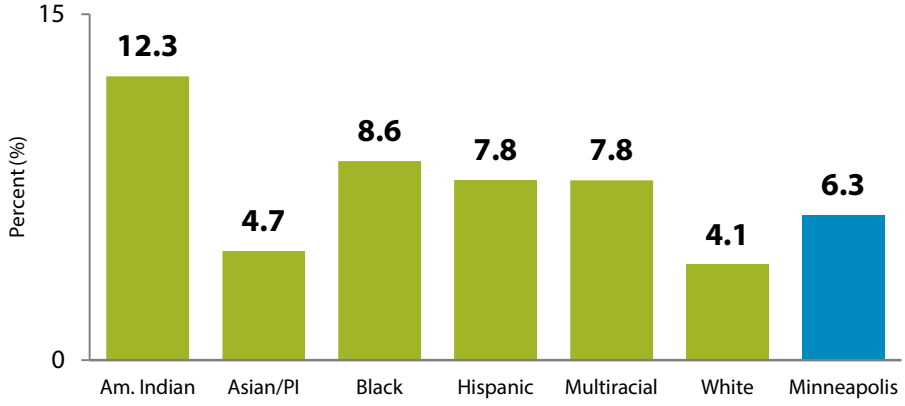
Low birth weight

*Babies weighing less than 2,500 grams (5.5 pounds) at birth**

In 2013, **360, or 6.3 percent**, of babies born to Minneapolis mothers were of low birth weight. Babies of low birth weight are less likely to survive the first few months of life. Those who survive may experience reduced growth and cognitive development, and they may suffer from chronic diseases later in life.

Low birth weight babies are either born premature (before 37 weeks of pregnancy) or do not grow at a normal rate inside the womb. Birth defects, infections, and problems with the placenta may cause these conditions. A mother's physical and social well-being is also highly important. Insufficient weight gain during pregnancy, hormonal changes from long-term stress, poor nutrition, smoking, drinking, and drug use are factors that may contribute to a baby's low birth weight. Lower levels of education, income, or employment increase a mother's risk of having a low birth weight baby.

Percentage of babies of low birth weight, by race/ethnicity, Minneapolis, 2013



In 2013, the percentage of babies of low birth weight was higher among mothers who were American Indian (12.3 percent), black (8.6 percent), Hispanic (7.8 percent), or multiracial (7.8 percent), than among mothers who were Asian/Pacific Islander (4.7 percent) or white (4.1 percent).

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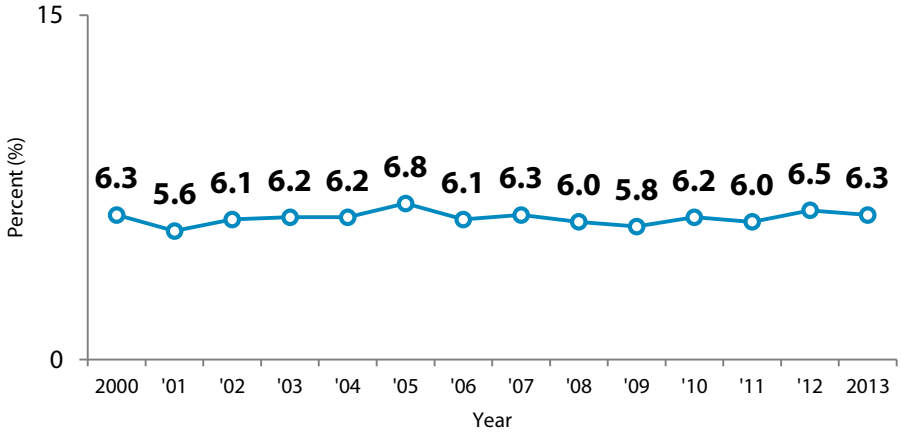
* Only singleton babies (defined as the birth of one child during delivery) are included in these analyses. Twins and other multiple birth babies are excluded, because they are more likely to be born small.

LOW BIRTH WEIGHT

Percentage of babies of low birth weight, Minneapolis, 2000-2013



From 2000-2013, the percentage of babies of low birth weight ranged from 5.6 percent to 6.8 percent, with no clear causes for year-to-year differences.

Conclusion

Health care clinics and community programs provide much needed help to mothers and families who are at risk for poor health outcomes, such as having a low birth weight baby. Early access to quality prenatal care is essential and can address some risk factors for preterm birth and low birth weight such as diabetes and hypertension. Recently, however, attention has shifted from individual-level causes to the social and economic forces that contribute to physical and social environments that affect a woman's health even before she becomes pregnant. These include environmental contaminants, exposure to violence, racism, and racial segregation in socially and economically disadvantaged neighborhoods. Over time, cumulative exposure to stressors has physiological and psychological effects that may result in poor birth outcomes. In order to reduce low birth weight and preterm birth, the fundamental inequities in social and economic life circumstances of women must be addressed. Ensuring that women are healthy needs to begin long before pregnancy.

Technical notes

POPULATION

Singleton babies of mothers who reside in Minneapolis

NUMERATOR

Number of singleton babies weighing less than 2,500 grams (5.5 pounds) at birth

DENOMINATOR

Total number of singleton babies

RELATED HEALTHY PEOPLE 2020 OBJECTIVES

- Reduce low birth weight

DATA SOURCES

- Minnesota Center for Health Statistics

Minneapolis Health Department

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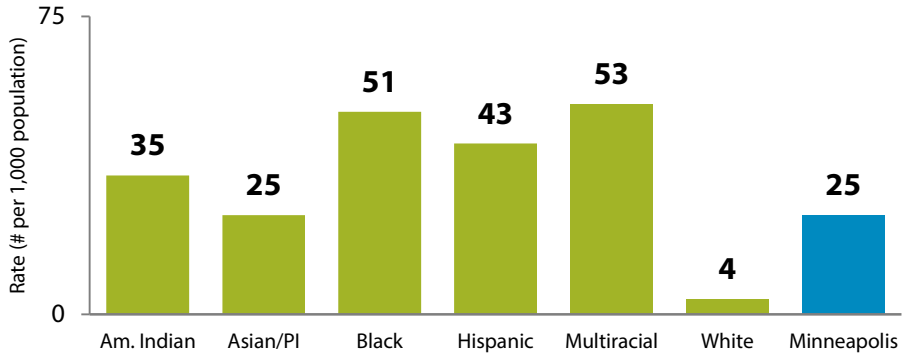
Births to teen mothers

Births to mothers ages 15-19 years

In 2013, **324** babies were born to Minneapolis mothers ages 15-19 years, or approximately **26** for every 1,000 girls in this age group. Teenage childbearing poses significant challenges for families and a significant economic burden on society at large. Infants born to teen mothers are more likely to be born preterm, to be low birth weight, and to have childhood health problems than infants born to older mothers. Compared with young women who delay having children, teen mothers are less likely to graduate from high school or receive their GED and less likely to complete postsecondary educational programs. They are also less likely to marry, and only about one-third of teen mothers receive child support payments. As a result, teen mothers are more likely to raise their children in poverty. Children of teen mothers are more likely to be abused or neglected and less likely to receive adequate nutrition and cognitive stimulation. As these children grow older, they exhibit more behavioral problems and lower academic achievement; ultimately, they are more likely to become teen parents themselves.

Teen birth rate (per 1,000 girls ages 15-19 years), by race/ethnicity, Minneapolis, 2013[1]



In 2013, the birth rate among teen girls, ages 15-19 years, was higher in populations of color. Among those who were of any race/ethnicity, the rate was approximately 25 births per 1000 teen girls; American Indian, 35 per 1,000; Asian/Pacific Islander, 25 per 1,000; black, 51 per 1,000; Hispanic, 43 per 1,000; multiracial, 53 per 1,000; white, 4 per 1,000.

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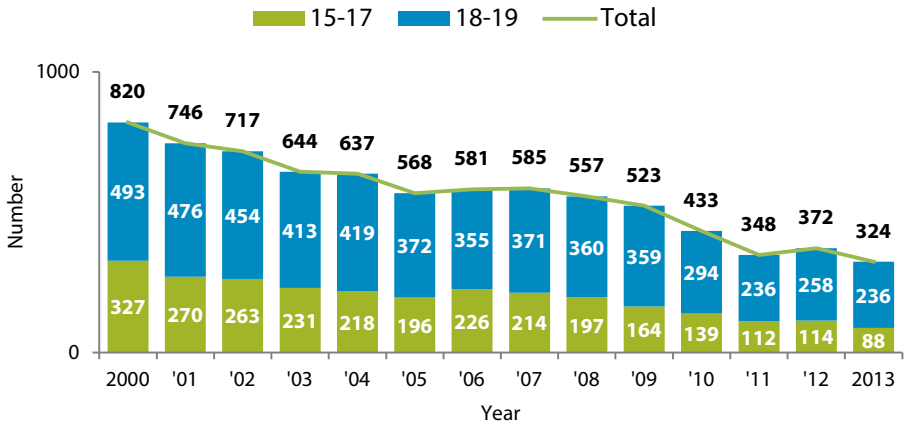
[1] Rate is based on Census 2010 population estimates for Minneapolis, MN.

BIRTHS TO TEEN MOTHERS

Number of births to teen mothers (ages 15-19 years), Minneapolis, 2000-2013

From 2000-2013, the annual number of births to teen mothers, ages 15-19 years, decreased from 820 births to 324 births, a rate of decline of approximately 60 percent. The rate of decline was greater within the 15-17 age subgroup (73 percent decline) than the 18-19 age subgroup (52 percent decline).



Conclusion

Teen births in Minneapolis have declined steadily over recent years. National studies attribute most of the decline in teen births in the United States to higher rates of contraceptive use and the use of more effective methods of contraception. Increased abstinence has also contributed to the decline, especially among younger teens. Declining births are not the result in an increase in abortions among teens; abortions have declined as well. Access to accurate sex education in homes, schools, and health care settings, and access to free or affordable confidential reproductive health services are critical components to reducing teen pregnancy.

Technical notes

POPULATION

Teen girls, ages 15-19 years, who reside in Minneapolis

NUMERATOR

Number of births to teen mothers

DENOMINATOR (FOR RATE)

Total number of teen girls

RELATED HEALTHY PEOPLE 2020 OBJECTIVES

- Reduce pregnancies among adolescent females

DATA SOURCES

- Minnesota Center for Health Statistics *(births)*
- U.S. Census Bureau *(population)*

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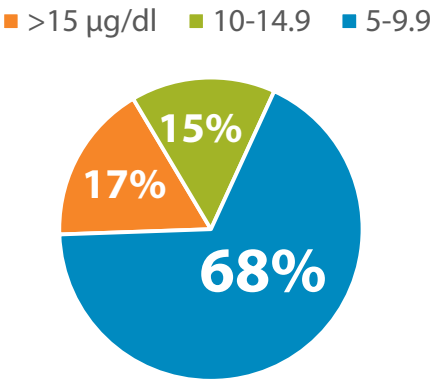
Child lead poisoning

Children, ages 6 years and under, having elevated blood lead levels

In 2014, **253** children in Minneapolis, ages 6 years and under, tested positive for a blood lead level of 5 micrograms per deciliter (µg/dl) or higher, the threshold for a home inspection. Minnesota Statute authorizes city inspectors to assess the risk of lead in homes and write enforcement orders on the homes of all lead-poisoned children. Lead poisoning has occurred in every neighborhood in Minneapolis, but it disproportionately affects children of color, families with low income, and those in rental housing. Children with lead poisoning may suffer from irreversible impacts including nervous systems and kidney problems, learning disabilities, attention deficit disorder, decreased intelligence, language and behavioral problems, decreased muscle and bone growth, and hearing damage. High lead levels in children can cause seizures, unconsciousness, and death. Recent studies have linked lead exposure in children to criminal activity and unintended pregnancies as lead poisoning inhibits the control of impulsive behavior.

Percentage of children who tested positive for a blood lead level of 5 units or higher, by blood lead level category, Minneapolis, 2014



Home lead inspections in Minneapolis are driven by the definition of "elevated" blood lead level. The definition has changed over time from 15 to 10 to 5 µg/dl. In 2014, 68 percent (171) of children who tested positive for a blood lead level of 5 units or higher had a blood lead level of 5-9.9 units; 15 percent (39) had a level of 10-14.9 units, and 17 percent (43) had a level of 15 units or greater.

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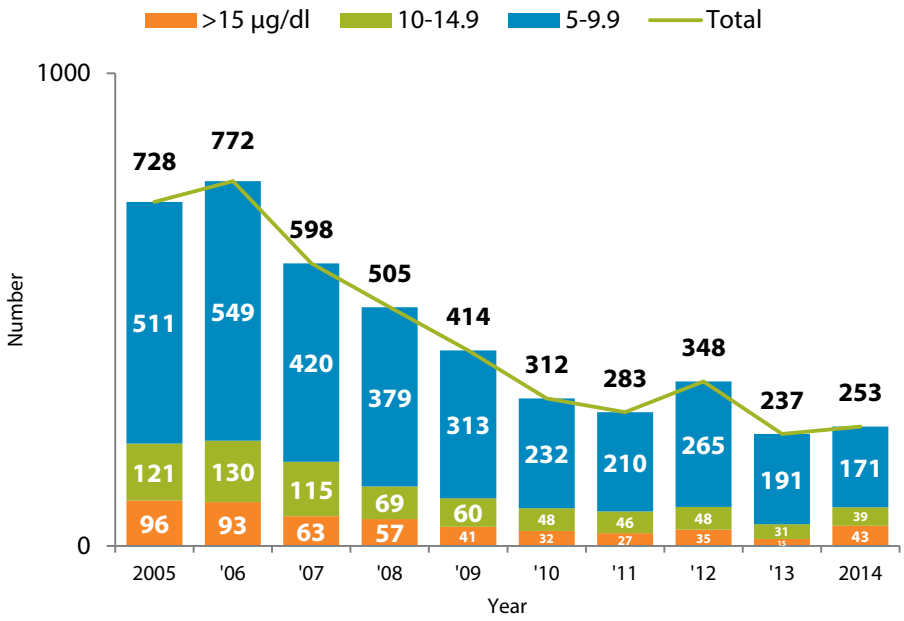
CHILD LEAD POISONING

Number of children who tested positive for a blood lead level of 5 units or higher, by blood lead level category, Minneapolis, 2005-2014



Over the last decade, the number of children who tested positive for a blood lead level of at least 5 units or greater has decreased, with a high of 772 children in 2006 and a low of 237 children in 2013. This downward trend is apparent within each of the three blood lead level categories.

Conclusion

Lead poisoning is very dangerous to children under the age of six years old because of their developing brains and nervous systems. It is preventable. With a targeted approach, known lead exposures, such as peeling paint in older homes, can be reduced or eliminated. Stable housing for children, adequate nutrition, and even all-day child care or preschool programs have been shown to help children recover faster, or even prevent lead poisoning by reducing exposure.

Technical notes

POPULATION

Children, ages 6 years and under, residing in Minneapolis

NUMERATOR

Number of children who were tested for lead poisoning and had a blood lead level of 5 µg/dl or greater

DENOMINATOR

Not applicable

RELATED HEALTHY PEOPLE 2020 OBJECTIVES

- Reduce blood lead levels in children

DATA SOURCES

- Minnesota Department of Health
- Minneapolis Health Department

Minneapolis Health Department

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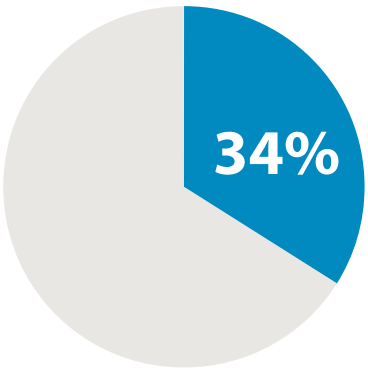
Early childhood screening

Three-year-olds screened for health and development

During the 2013-14 school year, **1,758** three-year-olds were screened by two Minneapolis agencies: Minneapolis Public Schools (MPS) and Parents in Community Action (PICA), a private, non-profit agency delivering Head Start and Early Head Start programs in Hennepin County.

Minnesota law requires all children to be screened before entering kindergarten. In addition to MPS and PICA, screening sources also include the medical community, although their numbers are not reported here. Early childhood screening checks overall development, social/emotional development, hearing and vision, and height and weight. Screening is important to get children the help they need to be ready for school. For example, screening identifies health or developmental concerns and connects parents with early childhood programs and services. Screening is preferred at age 3, but can also be done at ages 4 or 5.

Percentage of three-year-olds screened by MPS or PICA, Minneapolis, 2013-14 school year[1]



During the 2013-14 school year, over one-third (1,758 of 5,177) of three-year-olds living in the city were screened by MPS or PICA. This number represents individual, non-duplicated screenings of three-year-old Minneapolis residents.

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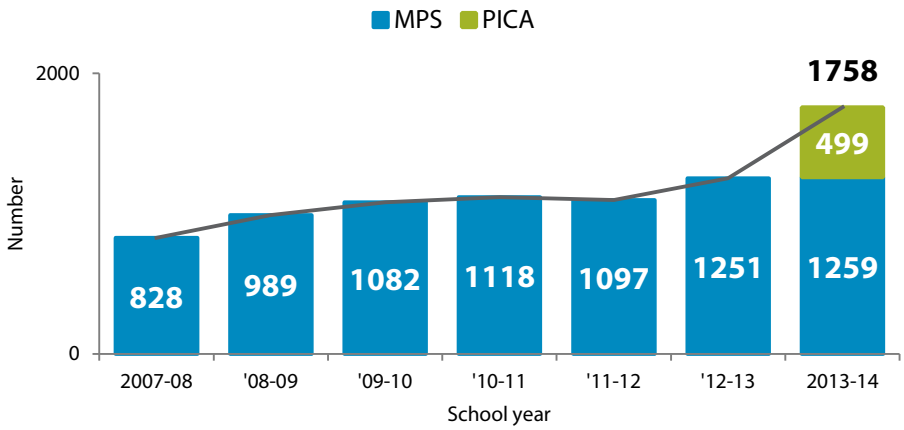
[1] Based on Census 2010 population estimates for Minneapolis, MN.

EARLY CHILDHOOD SCREENING

Number of three-year-olds screened by MPS or PICA, by screening agency, Minneapolis, 2007 – 2013 school years



The number of three-year-olds screened by MPS increased by approximately 52% between the 2007-08 and 2013-14 school years, from 828 to 1,259, respectively. The 2013-14 school year was the first year data was available from PICA.

Conclusion

Early childhood screening, especially when completed by age three, helps children be ready for school. Community programs and the public school system offer a range of complementary services with screening. Screening and complementary services both help equity goals by offering services that can close gaps in health and education. By identifying health and developmental concerns early, community resources can be mobilized to support parents and children in school readiness. This sets the stage for a more successful experience in school and the lifetime benefits that come with school completion.

Technical notes

POPULATION

Three-year-olds living in Minneapolis

NUMERATOR

Number of three-year-olds screened by MPS or PICA

DENOMINATOR (FOR PERCENTAGE)

Total number of three-year-olds living in Minneapolis

RELATED HEALTHY PEOPLE 2020 OBJECTIVES

- Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development

DATA SOURCES

- MPS, PICA

Minneapolis Health Department

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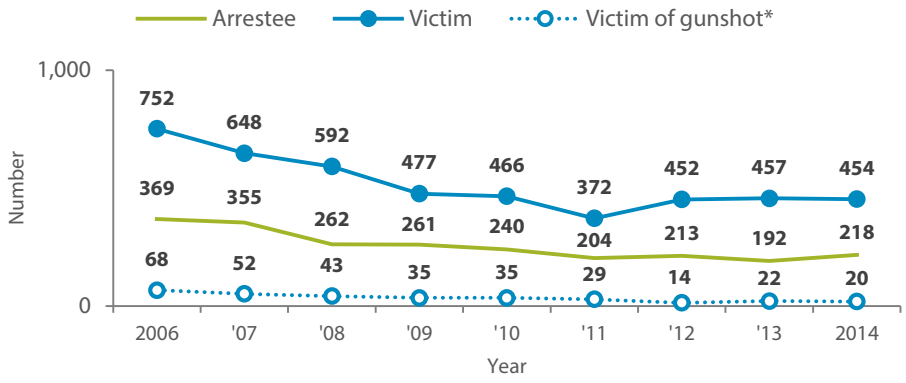
Juvenile violent crime

Arrestees and victims of violent crime, ages 10-17 years

In 2014, **218** juveniles (ages 10-17 years) were arrested for a violent crime, and **454** were victims of violent crime, not necessarily perpetrated by a juvenile. Twenty were gunshot victims. Violent crimes are the most personal and dangerous crimes. They negatively affect the community's overall perception of safety. The effects of exposure to violent crime and victimization on young people are immeasurable and can last a lifetime. Juvenile offenders will likely become adult offenders, which makes intervening at the first sign of violence imperative. Reducing the number of these dangerous crimes being committed by juveniles decreases the chances of retaliation, increases safety among young people, and may prevent future violent crimes.

Violent crime among juveniles in Minneapolis, by role, 2006-2014[1,2]



From 2006-2014[2], the number of juvenile *arrestees* of violent crime dropped by approximately 41%, from 369 to 218; the number of juvenile *victims* of violent crime dropped by approximately 40%, from 752 to 454; the number of juvenile *gunshot victims* dropped by approximately 71%, from 68 to 20.

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[1] Arrestees and victims are not mutually exclusive subgroups. Counts are based on incident-level data and may duplicate actual persons. A violent crime must occur within Minneapolis to be included in this analysis; however, the home residence of an arrestee or victim may be outside Minneapolis.

[2] Data extends to 2006, because 2006 was at the peak of violent crime in Minneapolis.

* Gunshot victims are a subset of violent crime victims (excludes accidents and suicides).

Violent crime among juveniles, by sex, race, and role, 2006-2014[1]

	Male arrestees	Female arrestees	Male victims	Female victims
American Indian	114	65	101	124
Asian/PI	21	**	89	59
Black	1491	306	1504	1033
Other/Unknown	191	34	491	382
White	67	21	509	372
Minneapolis	**1884**	**427**	**2694**	**1970**

During the period of 2006-2014, more juvenile *arrestees* were male than female (1884 versus 427), and more juvenile arrestees were black than any other racial subgroup (1797 versus 514). Black males made up approximately 65 percent of all juvenile arrestees (1491); black females, 13 percent (306); American Indian males, 5 percent (114).

Males (58 percent) and females (42 percent) were more equally represented among juvenile *victims* of violent crime. Fifty-four percent of violent crime victims were black (2537).

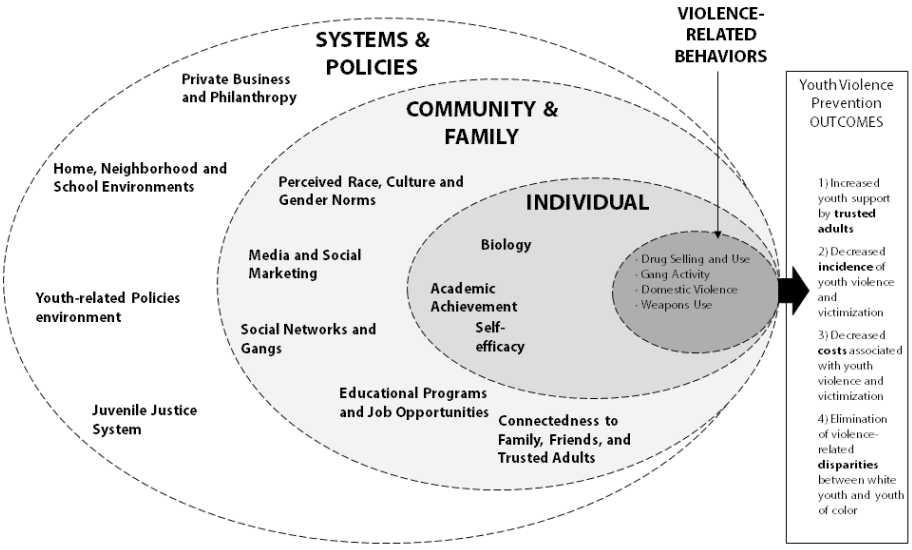
Conclusion

A variety of factors contribute to or prevent violence among young people. These factors exist at the individual, community and family, and systems and policy levels, and they are often categorized as risk or protective factors. Individual factors include: self-efficacy, exposure to abuse or violence; gang activity; academic achievement; and substance abuse. Community and family factors include: parental monitoring and supervision; relationships with trusted adults and friends; media and social marketing; social connectedness to school and other prosocial institutions; poverty and discrimination; educational and job opportunities; neighborhood cohesion; and norms about violence and gender roles. Systems and policy factors include: the business and economic environment; home, neighborhood, and school environments; youth-related policies; and the juvenile justice system.

** Suppressed due to small cell size (less than 20).

Because so many factors are related to youth violence, comprehensive approaches to prevention are essential. These include access to a variety of quality educational and recreational opportunities to meet the needs of all young people, access to general health and mental health services, and the presence of supportive parents, trusted adults, mentors, and other role models. Collaborative efforts involving young people themselves, parents, schools, public health and social service agencies, health care centers, faith-based institutions, police departments and the broader criminal justice system can prevent young people from turning to violence and offer early intervention services at the first sign of violence.

Youth Violence Prevention Framework



Technical notes

POPULATION

Juveniles, ages 10-17 years, arrested or victimized by violent crime within Minneapolis

NUMERATOR

Number of juvenile arrestees, victims, or gunshot victims

DENOMINATOR

Not applicable

RELATED HEALTHY PEOPLE 2020 OBJECTIVES

- Reduce the rate of minor and young adult perpetration of violent crimes
- Reduce the rate of minor and young adult victimization of violent crimes

DATA SOURCES

- Minneapolis Police Department

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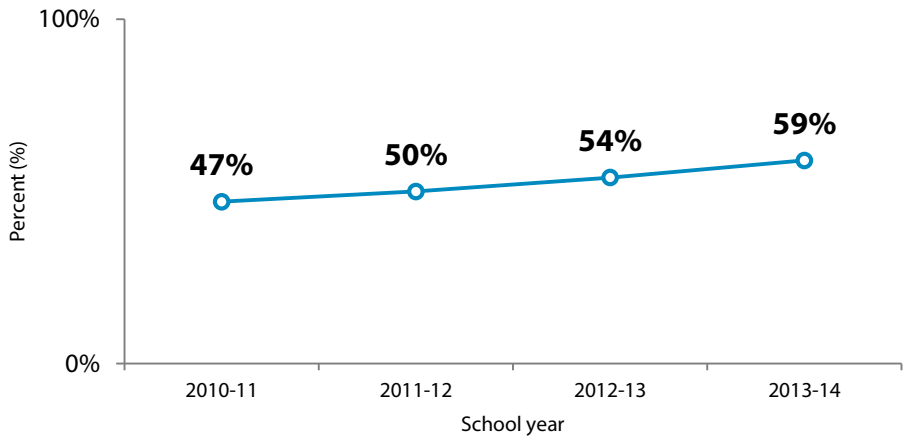
High school graduation

Public high school students graduating in four years

During the 2013-14 school year, the percentage of high school students in Minneapolis Public Schools (MPS) who graduated in four years was **59 percent**. High school graduation is an important milestone, because it usually leads to higher earnings for individuals. Communities with more educated residents also have greater productivity and economic growth. While the state also tracks 5-year and 6-year graduation rates, the 4-year graduation rates are presented here, because they are the more standard measure.

Four-year graduation rates of high school students enrolled in Minneapolis Public Schools, 2010 – 2013 school years



The percentage of high school students in MPS who graduated in four years increased from 47 percent during the 2010-11 school year to 59 percent during the 2013-14 school year, or a total of 12 percentage points.

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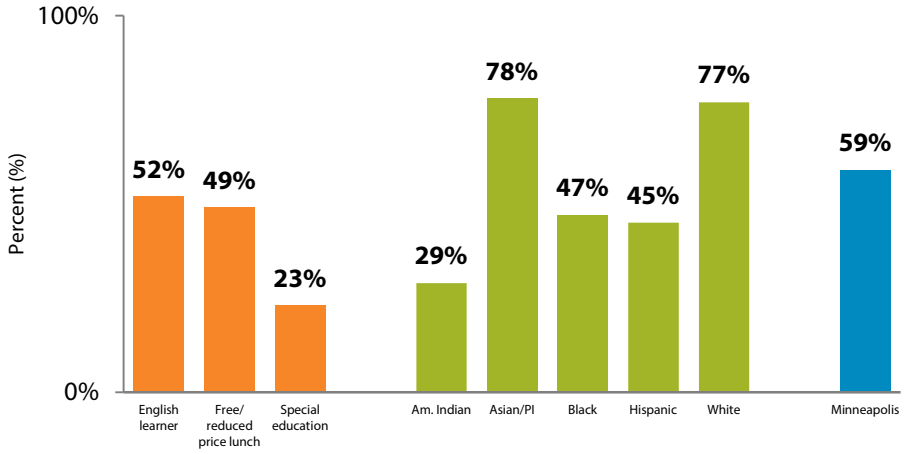
Four-year graduation rates of high school students enrolled in Minneapolis Public Schools, by selected characteristics, 2013-14 school year



During the 2013-14 school year, the percentage of high school students in MPS who graduated in four years was higher among students who were Asian/Pacific Islander (78 percent) and white (77%), than students who were American Indian (29 percent), black (47 percent), or Hispanic (45 percent).

Approximately half of English Language Learners (52 percent) and students receiving free-reduced price lunch (49 percent) graduated in four years. Less than a quarter (23 percent) of students receiving special education services graduated in four years.

Conclusion

High school graduation is an important milestone, because it usually leads to higher earnings for an individual. Communities with more educated residents also have greater productivity and economic growth.

While the importance of high school graduation for the labor market is well-recognized, high school graduation also contributes to personal and social well-being. High school graduates are more likely to pursue postsecondary education than GED recipients or high school dropouts. Educational attainment is a key predictor of health, mortality, teen childbearing, and crime. Promoting high school graduation for the current generation benefits the next generation as well: Raising the level of education attained by parents is a way to improve their children's

outcomes in areas ranging from health to their own academic achievement.

Strategies to promote school retention may focus on improving academic performance, non-academic skills, or both. *Academic* approaches may include, for example, intensive instruction in particular subjects, such as math or reading, or personalized instruction to help students address specific academic challenges, such as poor test-taking or study skills. *Non-academic* approaches may include, for example, strategies designed to improve specific behaviors, such as problem-solving skills, social interaction, and decision-making. Many approaches to improving behaviors focus on promoting close relationships with caring adults. High-quality, intensive early education programs for young children may improve later educational outcomes by growing both students' academic and non-academic skills.

Technical notes

POPULATION

Students enrolled in MPS

NUMERATOR

Number of students who graduated

DENOMINATOR

Number of students who were eligible to graduate (include students who entered 9th grade four years ago; add those who moved into district; subtract those who moved away)

RELATED HEALTHY PEOPLE 2020 OBJECTIVES

- Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade

DATA SOURCES

- MPS

Minneapolis Health Department

MINNEAPOLIS YOUTH COORDINATING BOARD
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