

# Health services and systems and healthy development

This fact sheet is one in a series of six that make up Minnesota's Statewide School Readiness Report Card. The report card is developed to monitor the state's progress toward the goal that all children are ready for kindergarten by the year 2020. The report card includes indicators of progress for both systems and child outcomes. Together, the fact sheets provide a comprehensive picture of Minnesota children under age six. Trends are examined in the early childhood population, early care and education, health and development, and family support. Data are reported for the most recent year available. Disparities based on race/ethnicity are noted when data are available. This fifth fact sheet provides information on health services and systems and healthy development.

## Prenatal care and births

### *Births where mother received adequate or better prenatal care*

Prenatal care is important because potential problems can be discovered, or problems prevented prior to the baby's birth. Prenatal care is rated "adequate or better" if checkups occur at recommended times and start in the first trimester. Adequacy of prenatal care is related to birth outcomes, such as birth weight, which in turn affect subsequent healthy development.

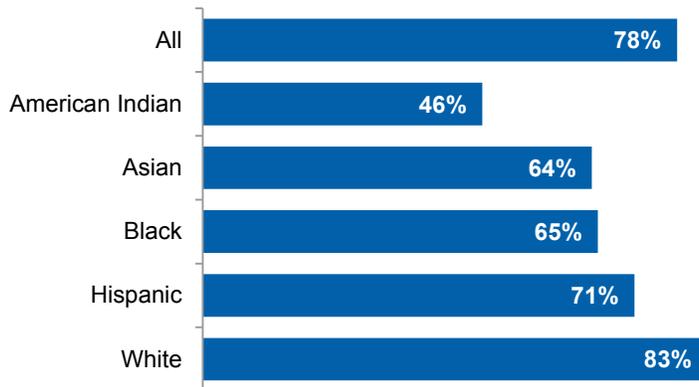
### **Access to prenatal care has large disparities by race.**

In 2011, 78 percent of births were to mothers who received adequate or better prenatal care. However, the share of mothers of color with adequate or better prenatal care is 12 to 37 percentage points lower than white mothers, with American Indians having the lowest percentage, 46 percent. These rates have held fairly steady since 2006.



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## Adequate or better prenatal care by race of mother for births in Minnesota, 2011



Note: All races shown here are non-Hispanic.

### ***Babies born at healthy birth weight***

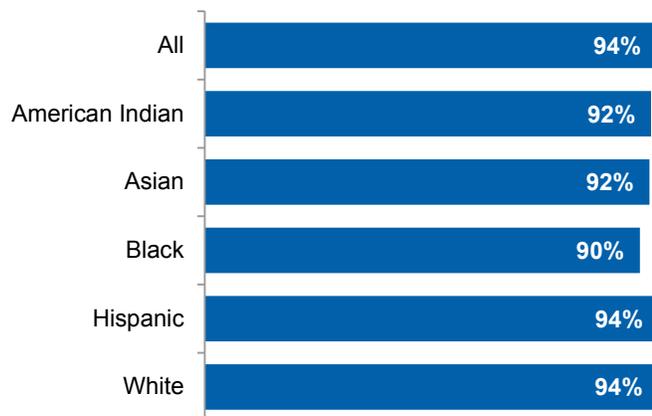
Low birth weight (less than 5.5 pounds) is associated with an increased likelihood of physical, cognitive, and emotional problems that can persist into adulthood. Serious physical disabilities, grade repetition, and learning disabilities are more prevalent among children who were born with low birth weights. Low birth weight is also a key risk factor for infant mortality.

### **Most babies are born at healthy birth weights, but some racial disparities persist.**

For the last five years, 94 percent of babies have been born with healthy birth weights. However, American Indian, Asian, and black babies are less likely to be born with healthy birth weights than are Hispanic and non-Hispanic white babies. For example, in 2011, 10 percent of black babies were born underweight.

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## Babies born at healthy birth weight by race of mother in Minnesota, 2011



Note: All races shown here are non-Hispanic.

## Children under age six

### ***Children under age six enrolled in Minnesota Health Care Programs receiving preventive health and dental check-ups***

At well-child visits, health care providers monitor children's physical and behavioral health and development, make referrals to needed interventions, and provide guidance to parents on child development. Oral health or dental care for young children is important because untreated tooth decay not only causes pain, but can lead to infections that can result in eating, speaking and learning problems.

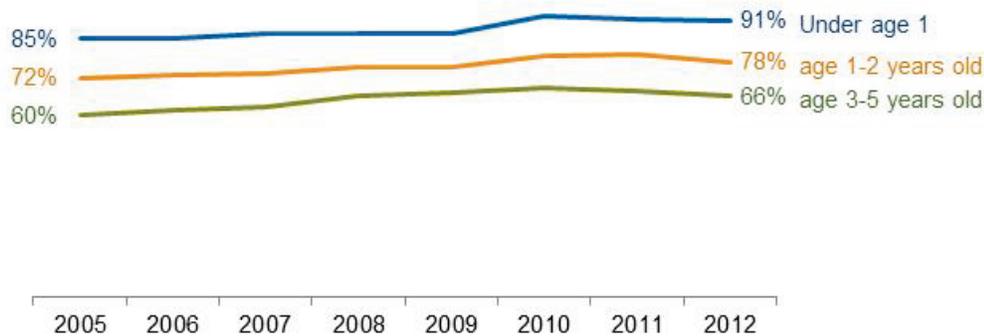
Data in this section are available only for children enrolled in Minnesota Health Care Programs and eligible for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

#### **The percentage of children receiving well-child health check-ups decreases with age.**

While more than 90 percent of children under age one receive at least one initial or periodic screen, the percentage drops to 66 percent for children ages three to five.

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Percentage of children under age 6 in Minnesota Health Care Programs who received at least one initial or periodic health screen



#### **Few children under age 6 eligible for EPSDT receive any dental services.**

About 10 percent of children ages one and two eligible for EPSDT received any dental services in 2012. For children ages three to five, 34 percent received any dental services, down from 43 to 45 percent the previous four years.

### ***Children who are up to date on immunizations by age three***

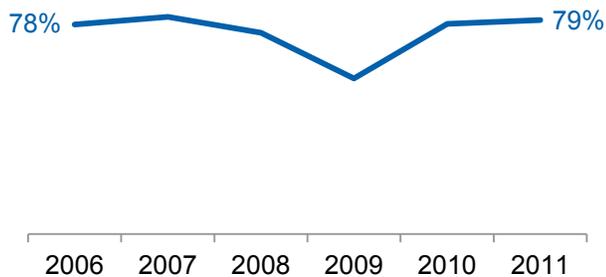
In Minnesota, children are required to be up-to-date on certain immunizations before enrolling in child care and kindergarten. Children who are not immunized according to the schedule recommended by the Centers for Disease Control and Prevention are at higher risk for acquiring a vaccine-preventable disease and transmitting it to others.

#### **8 out of 10 children have required immunizations by age three.**

In 2011, the National Immunization Survey estimated that 79 percent of 19-35 month olds living in Minnesota were up to date on six recommended immunizations (DTaP, Polio, MMR, Hepatitis B, Hib, and Varicella).

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Minnesota children who are up to date on immunizations by age three



Please note that there was a shortage of *Haemophilus influenzae* (Hib) vaccine in 2009 which caused a drop in vaccination rates.

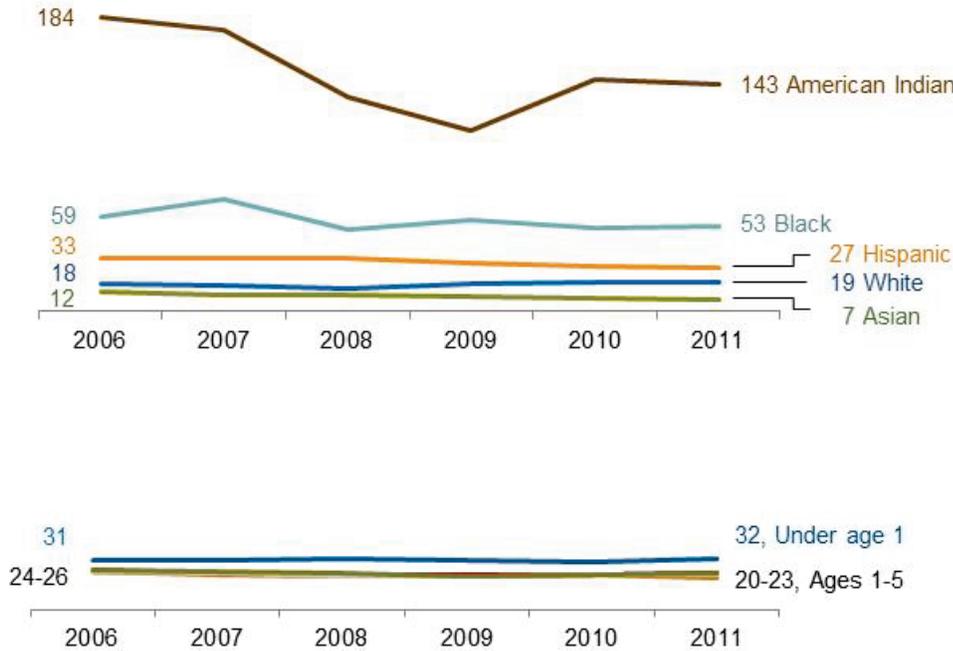
### ***Reported abuse and neglect among children under age six***

Children who have been abused or neglected are more likely to have cognitive and emotional problems that may result in poor school performance and grade retention. Neglect is also a sign of family stress, risk and disorganization, which negatively impact school readiness. These data are children reported for alleged abuse or neglect, not determined victims. This better reflects the numbers of children who are served by the child protection system.

**Reported abuse and neglect has large disparities by race.**

Reported abuse and neglect is highest among American Indian children, followed by black children. Rates are higher for children under age one than for children ages one through five.

Reported abuse and neglect among children under age 6 by race and age (number of reported cases or rate per 1,000 children)



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451 Lexington Parkway North  
 Saint Paul, Minnesota 55104  
 651-280-2700  
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For more information about this report, contact Richard Chase at Wilder Research, 651-280-2706, richard.chase@wilder.org.