

# Minnesota Native American Early Childhood Data

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## Population

Each birth cohort of American Indians consists of about 1,200 children, less than 2 percent of Minnesota children (American Indian and Alaska Native-alone or in combination represents about 2,000 children).<sup>1</sup> About half of young American Indian children live on reservations and half live in other parts of the state, including urban areas like the Twin Cities.<sup>2</sup>

## Pregnancy and birth outcomes

In Minnesota, pregnant American Indian women are more likely to have poor birth outcomes than pregnant non-Hispanic White women and pregnant women in the overall population. Data also indicate that risk factors for poor birth outcomes among American Indian pregnancies have increased in recent years.

In 2015, 7.2 percent of American Indian births were considered low-birthweight, or under 2,500 grams (5 lbs, 8 ozs), up from 5.1 percent in 2007. In comparison, 4.1 percent of non-Hispanic White births were low birthweight in 2015.<sup>3</sup> Low birthweight is associated with increased risks for complications during infancy and later health problems. Meanwhile, the infant mortality rate for American Indians (9.1 per 1,000 births in 2008–2012) is more than twice the rate for Whites (4.3 per 1,000 births).<sup>4</sup>

Inadequate prenatal care and maternal opiate dependency have likely contributed to the increase in poor birth outcomes and disparities. In 2015, only 47 percent of American Indian pregnant women received adequate prenatal care, down from 51 percent in 2010.<sup>5</sup> The Minnesota Department of Human Services recently reported that about 1 in 10 pregnancies on reservations is affected by prenatal opiate use.<sup>6</sup> In addition, during 2012–2014, almost 40 percent of American Indian mothers reported they smoked during the last three months of pregnancy, compared with 12 percent of non-Hispanic White mothers.<sup>7</sup> And while the American Indian teen pregnancy rate dropped by more than half since the mid-1990s, similar to the trend for the overall state population, in 2015 the rate was four times higher than that for non-Hispanic Whites.<sup>8</sup>

## **Nutrition**

Food security and good nutrition are essential for healthy child development. However, child obesity rates and food insecurity indicators are relatively high for American Indian young children. In 2016, 23 percent of American Indian children ages 2 to 5 participating in the Minnesota Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) were considered obese, compared with 16 percent of non-Hispanic White children in the program.<sup>9</sup> In addition, less than 60 percent of American Indian infants in the WIC program born in 2015 had had breastfeeding initiated, compared with 81 percent for all Minnesota WIC infants.<sup>10</sup> Breastfeeding reduces risks for childhood obesity, diabetes, and leukemia.

While food insecurity measures for American Indian children aren't available, during 2012 to 2014, 33 percent of American Indian mothers noted they experienced food insecurity in the 12 months before their babies were born. For this measure, "food insecurity" is defined as getting emergency food from a church, a food pantry, or a food bank; or eating in a food kitchen.<sup>11</sup> In addition, about 60 percent of American Indian children under age 6 were enrolled in the Supplemental Nutrition Assistance Program (SNAP) in 2016.<sup>12</sup> While SNAP helps families mitigate food insecurity, the relatively large share of enrollment indicates many American Indian parents need assistance to acquire enough food for their families.

## **Child protection and foster care**

American Indian children are disproportionately involved with the child protection system. According to the alleged victims in accepted maltreatment reports data, in 2015, the involvement rate for American Indian children was 96.5 per 1,000, while the rate for White children was 17.6.<sup>13</sup> Similar disparities exist for out-of-home placement; American Indian children have a rate of 104.5 per 1,000, compared with 6.2 for White children.<sup>14</sup> The number of American Indian children in foster care has increased steadily since 2010.

Parental drug abuse is a primary reason for child protection and out-of-home placement. For example, in Leech Lake and White Earth reservations, 43 percent and 46 percent, respectively, of children entered out-of-home placements in 2015 due to parental drug abuse, compared with 23 percent statewide.<sup>15</sup>

## **Adverse Childhood Experiences**

Minnesota's ACEs study surveyed over 13,000 adults about their early childhood experiences and assigned adults into one or more of nine categories, including physical, emotional, and sexual abuse; witnessing domestic violence; household drinking problem, drug use, or mental illness; incarcerated household member; and separated or divorced parent. Positive correlations

were found between the number of ACE categories and the likelihood of suffering from asthma, depression, or anxiety; drinking; smoking; or being in poor health.<sup>16</sup>

In Minnesota, 78 percent of American Indian adults have at least one ACE, compared with 54 percent for Whites, and 23 percent of American Indians have five or more ACEs, compared with 7 percent for Whites.<sup>17</sup>

### **Social and economic conditions**

The social and economic conditions of young Native American children often dictate the resources available for children's nutrition, housing, and education. Socioeconomic data on income, housing, employment, and incarceration indicate that many Native American children face challenging conditions. About 50 percent of young Native American children in Minnesota live in poverty, defined as having an income of less than \$24,600 for a family of four.<sup>18</sup> In 2015, per capita income for American Indians in Minnesota was \$18,085, just over half as much as non-Hispanic Whites' per capita income of \$35,707.<sup>19</sup>

Poverty and low per capita income are associated with low levels of employment. During 2011–2015, the share of American Indian men ages 16 to 64 who were employed was only 51 percent, compared with 81 percent for non-Hispanic White men. Meanwhile, the share of American Indian women who were employed was 53 percent, compared with 77 percent for non-Hispanic White women.

Education provides skills to succeed in the workforce. Disparities in education achievement and attainment precede employment disparities, as only 30 percent of Native American elementary and middle school students meet or exceed standards in math, compared with 68 percent of White students. For reading, only 35 percent of Native American elementary and middle school students meet or exceed standards, compared with 69 percent of White students.<sup>20</sup> In addition, only about 52 percent of American Indian youth complete high school within four years in Minnesota, far below the 87 percent graduation rate for White teenagers.<sup>21</sup>

Evidence shows that challenging economic conditions for new mothers in Minnesota were consistent with increased risks of homelessness and losing employment. Referring to 2012–2014 data, during the 12 months before Native American mothers gave birth, 13 percent noted they were homeless or had to sleep outside, in a car, or in a shelter, and 15 percent indicated they lost a job even though they wished to keep working.<sup>22</sup>

Finally, relatively high incarceration rates for Native Americans put a larger share of Native American children at risk of having a caregiver affected by incarceration, compared with other Minnesotans. In 2014, Native Americans ages 16 to 64 in Minnesota were 11 times more likely to be incarcerated than Whites and 2 times more likely than Blacks.<sup>23</sup> Data from 2009 to 2014

show that 19 percent of Native American mothers reported that they, their husbands, or their partners went to jail during the 12 months before their babies were born, compared with 3 percent of White mothers.<sup>24</sup>

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<sup>1</sup> Estimates based on data from American Community Survey (2011–2015); Minnesota Department of Education; Richard Chase and Jennifer Valorose. *American Indian Babies in Minnesota*, Wilder Research, 2012.

<sup>2</sup> American Community Survey (2011–2015).

<sup>3</sup> Minnesota Department of Health. Minnesota Center for Health Statistics. Data compiled by Minnesota Compass.

<sup>4</sup> Minnesota Department of Health. *2012 Minnesota Infant Mortality Data Book*, January 2014.

<sup>5</sup> Minnesota Pregnancy Risk Assessment Monitoring System (MN PRAMS), Minnesota Department of Health. *Prenatal Care: What are the Barriers?* Funding for MN PRAMS is made possible by grant number 5U01DP006217-02 from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

<sup>6</sup> Minnesota Department of Human Services. *Minnesota State Targeted Response to the Opioid Crisis. Project Narrative*, April 2017.

<sup>7</sup> MN PRAMS.

<sup>8</sup> *2017 Adolescent Sexual Health Report*. University of Minnesota, Healthy Youth Development, Prevention Research Center, 2017. *Disparities in Minnesota Adolescent Birth Rates By Race and Ethnicity, 2014*. University of Minnesota, Healthy Youth Development, Prevention Research Center, June 2016.

<sup>9</sup> Minnesota Department of Health, WIC Program. *Overweight and Obesity Status in Children Ages 2 to 5 Years of Age Participating in Minnesota WIC by Year and Race/Ethnicity*, February 2017.

<sup>10</sup> Minnesota WIC Information System. *Breastfeeding Initiation and Duration at Two Weeks and Two, Three, Six and Twelve Months; Infants in the Minnesota WIC Program Born During Calendar Year 2015 by Unduplicated Race/Ethnicity*.

<sup>11</sup> MN PRAMS.

<sup>12</sup> Minnesota Department of Human Services.

<sup>13</sup> Minnesota Department of Human Services. *Minnesota's Child Maltreatment Report 2015*, October 2016.

<sup>14</sup> Minnesota Department of Human Services. *Minnesota's Out-of-home Care and Permanency Report 2015*, January 2017.

<sup>15</sup> Ibid.

<sup>16</sup> Minnesota Department of Health. *Adverse Childhood Experiences in Minnesota. Findings & Recommendations Based on the 2011 Minnesota Behavioral Risk Factor Surveillance System*, February 2013.

<sup>17</sup> Ibid.

<sup>18</sup> American Community Survey (2011–2015).

<sup>19</sup> American Community Survey (2015).

<sup>20</sup> Minnesota Department of Education. *2017 Minnesota Assessment Results: Reading, Mathematics and Science*, August 2017.

<sup>21</sup> National Center for Education Statistics. *Public high school 4-year adjusted cohort graduation rate (ACGR), by selected student characteristics and state: 2010-11 through 2014-15*.

<sup>22</sup> MN PRAMS.

<sup>23</sup> Vera Institute of Justice.

<sup>24</sup> MN PRAMS.