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BRIEFING POINTS: The Well-Being of North Dakota's Infants and Toddlers

The well-being of infants and toddlers in North Dakota can be explored through a variety of objective data sources along several important dimensions.



General Statewide Context

- 5% increase in population from 2000 to 2010; 8 of the 11 counties that grew were western counties; notable growth in young adults ages 25-34
- Increase in births began in 2002; seeing an increase in young children as well
- American Indians have a larger proportion of children 0-3 than Whites do
- Dramatic shifts in household composition since 1960: married couples with children are down; single-parent households are up; non-family households (e.g., roommates, living alone) are now the dominant household type; households with children (married or not) has decreased from 54% in 1960 to 26% in 2010

Mothers and Infants

- 1/3 of all births were to unmarried women (20% of these were to teenagers)
- Binge-drinking rates among young women are high, and 1 in 3 pregnancies (as of 2002) were unintended so the woman may not know she is pregnant
- 41% of mothers were breastfeeding their infants at six months of age in 2007; 26% of children were not breastfed for any period of time
- 6.2 deaths per 1,000 live births from 2005-2009; rates are higher among American Indian children
- Birth defects are top cause of death for infants followed by prematurity/low birth weight and maternal pregnancy complications

Economic Well-Being

- ND's economy remains strong amidst a wider recession (low unemployment, increasing wages); however, average wages still rank well below the nation and ND has one of the highest rates of multiple jobholding in the nation (10% in 2009)
- More than 1 in 3 children lived in a low-income family in 2008; many young children lived in "working poor" families in 2007
- Twice as many renter-occupied units as owner-occupied units were cost-burdened in 2009
- 14% of ND's children lived in poverty in 2009 (\$21,954 for family of four); despite the positive economic situation in the state, the poverty rate for children hasn't changed in a decade; 18% of children 0-4 are in poverty (seven counties have at least 40% of young children in poverty); much higher rates of American Indian children and children living with a single mother are in poverty
- 8% of children did not have health insurance in 2007, and the majority of these lived in or near poverty; as many as 14% had inconsistent health coverage (twice as high among children in poverty) and 27% with insurance had insurance that did not usually/always meet their needs
- American Indian children are disproportionately in need of TANF assistance
- Largest proportion of child WIC recipients was under the age of 1 in 2010; 1 in 3 child participants was living in extreme poverty
- 1 in 4 children statewide received nutrition assistance through the SNAP program; half of these children were ages 0-6

Health and Development

- Children in poverty were less likely to be assessed by their parents as being in "excellent/very good" health; American Indian children were less likely to have teeth in "excellent/very good" condition in 2007
- Children in poverty, without consistent health insurance, or with inadequate health insurance were more likely to have unmet needs for health care and less likely to be receiving care in a medical home in 2007

- 1 in 3 children ages 4 months-5 years had parents with at least one concern about the child's physical, behavioral, or social development in 2007
- Just over half (56%) of children ages 19-35 months had received the full schedule of age-appropriate immunizations, down from 78% in 2005
- Almost 1 in 3 WIC children ages 2-5 were overweight/obese in 2010; rates are higher for American Indian children
- Many children have chronic health conditions; proportion of children with special health care needs (CSHCN) increases as they age (12% of children 0-17); CSHCN are less likely to have care provided in a medical home, to have consistent health insurance, or to have adequate health insurance

Child Welfare

- Younger children are at greater risk of being suspected victims of child maltreatment (29% of all suspected children are ages 0-3 in 2008); 1% of children required immediate services for abuse or neglect in 2009 (6% in Divide County)
- 3% of children impacted by incidents of domestic violence (8% in Sheridan and Sioux counties)
- Nearly 1 in 5 children in foster care in 2009 were ages 0-3; American Indian children disproportionately part of the foster care system in ND
- More than half of young children in ND were exposed to at least one of eight risk factors known to increase the chance of poor health, school, and developmental outcomes; 14% were exposed to at least three risk factors
- According to recent CDC research, 11% to 18% of women reported having frequent postpartum depressive symptoms; 6% of children ages 0-5 had mothers (4% had fathers) with fair/poor mental and emotional health

Early Care and Education

- ND has the 2nd highest proportion of mothers with children 0-5 in the labor force in the nation (77% of mothers with young children are working)
- Child care demand exceeds supply; based on rates of working parents, 76% of children 0-13 may require care; licensed child care providers had capacity to care for 34% of all children 0-13 (Region 1 has only 14% capacity)
- 1 in 4 parents had to make unexpected changes in child care arrangements in the previous month; 1 in 10 parents with young children had their work life affected by child care issues (almost three times higher for families in poverty)
- Highest demand for child care is for children under 2; \$7,503 was the annual cost for infant care in a licensed child care center in 2010
- 7% of all children 0-13 in the state were in families that received assistance paying child care bills in 2010 (eligibility based on employment and/or training/education)
- 9% of children ages 1-5 were read to less than three days/week by family members in 2007
- 8 Early Head Start programs (funded enrollment = 565 infants, toddlers, and pregnant women); 34% of enrollees were American Indian in 2010; 11% had diagnosed disability; 7% were in homeless families; access to family services included parent education, health education, emergency/crisis intervention, and mental health services

Focus on American Indian Children

- Largest minority group and growing; children make up larger portion of American Indian population than for Whites
- Infant mortality rate more than twice as high as for Whites
- Much higher rates of unemployment
- Most affected by high rates of child poverty (more than 1 in 2 children 0-3 in poverty)
- Half of all TANF recipients in the state; 1 in 3 children in three reservation counties
- Twice the rate of obesity among American Indian young children as Whites
- At least 4 in 5 scored below proficient reading level in 4th grade
- Region 3 is of particular concern (teen birth rate, single-parent families, prenatal care, newborns failing hearing screening, poverty rate, median family income, proportion of children receiving services, ACT scores, idle teens)

Focus on Children in Western North Dakota

- Data lag, but can still see challenges/trends
- Impact of oil boom
- Several counties showing growth are in western ND
- Increase in prime working force/young adults – increases in young children; what community strategies will retain the growth and draw in families?
- Housing challenges – shortages, increasing costs
- High wages – yet pockets of poverty persist
- High school dropouts, domestic violence, child abuse and neglect, motor vehicle injuries and fatalities
- Child care shortages

