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

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)

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