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Study looks at issues surrounding health of poor children *First-ever DHS report will help serve children in poverty more effectively*

In Minnesota, the share of children living in poverty increased by more than 50 percent over the past decade. The fact that there are more than 70,000 children in deep poverty, with family incomes below *half* the federal poverty limit, is particularly troubling. We know poor children are less likely to be ready for kindergarten and more likely to experience intergenerational poverty, involvement with the criminal justice system and more health risks, such as smoking and drinking.

To understand how to best change the trajectory for these children, we need to understand more about their families. That is why this first-ever report released this week by the Minnesota Department of Human Services is so valuable. It examines the lives of nearly 400,000 children who qualify for public health care programs, Medical Assistance and MinnesotaCare.

The study shows that:

- One fifth received child protection services during the last five years
- One quarter have a parent who speaks a language other than English most of the time
- Four-fifths live in families with income *below* the federal poverty guidelines – \$24,250 for a family of four, or \$15,930 for a family of two
- Nearly two-thirds live in a single-parent household
- One third live in areas of concentrated poverty
- More than 10 percent have a parent with a diagnosed serious mental illness
- Ten percent have a parent with a recent chemical dependency diagnosis
- Eight percent have a parent who reported being homeless in the past five years

Keeping these children safe and healthy depends on so much more than our traditional health care system. Understanding how these risk factors influence the health of children and their use of health care services will help us to better integrate community and medical resources to serve them more effectively. DHS plans to study how these issues affect whether children are receiving health care such as immunizations and well-child visits.

“This work gives us more insight into the lives of children in poverty,” Human Services Commissioner Lucinda Jesson said. “But we won’t stop here. We will build on this knowledge to more effectively serve these children. The paths they take are dependent not only on the stability of their families, but also on how well our services and supports are coordinated and delivered.

We need to understand what services are needed and measure these services by successful family outcomes.”

More than 420,000 children – one third of all the children in Minnesota – are enrolled in Medical Assistance or MinnesotaCare. The study looked at nearly 400,000 of these children who were living with a parent, many of whom were also enrolled in DHS safety net programs. Over the longer term, DHS intends to use this research to incorporate the effect of family risk factors into reform initiatives such as the Integrated Health Partnerships, which gives providers financial incentives to improve health care outcomes.

The study is available on the [DHS website](#).