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How is Minnesota doing?

Keep an eye out for these images to quickly tell which way the trend is going:



Undesirable or negative

No change, or not enough data to draw conclusions

Desirable or positive.

Welcome to Minnesota Milestones 2011! Minnesota Milestones began in 1991 in the belief that a shared vision, clear goals and measurement of results would lead to a better future for Minnesota. The report uses 60 progress indicators to determine whether the state is achieving 19 publicly determined goals. The goals are grouped in four broad areas: People, Community and Democracy, Economy and Environment.

As a starting point, readers are encouraged to read the <u>summary</u> of Minnesota Milestones 2011. The summary provides a brief overview on how Minnesota is progressing toward each goal. <u>Read more about</u> <u>Minnesota Milestones...</u>

- Our children will not live in poverty.
 - 1 Child Poverty
 - 2 Low-income School Children
- Families will provide a stable, supportive environment for their children.
 - 3 Teen Pregnancy
 - 4 Kids Count Rank
- All children will be healthy and start school ready to learn.
 - 5 Low Birth Weight
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 - 7 School Readiness

Minnesotans will excel in basic and challenging academic skills and

- knowledge.
 - 8 Third-grade Reading
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 - 10 High School Graduation
 - 11 College Readiness

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- 12 Health Insurance
- 13 Infant Mortality
- 14 Life Expectancy
- 15 Diabetes
- 16 Obesity
- 17 Tobacco Use
- 18 Suicide
- 19 Index of Well-Being
- 20 Traffic Injuries and Fatalities

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21 Volunteering

22 Violent and Property Crime

23 Homicide Rate

24 Juvenile Apprehensions

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25 Food Shelf Use

26 Homelessness

27 Employment of People with Disabilities

28 Bias Crimes

29 Voter Turnout

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30 Price of Government

31 Bridges in Good Condition

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33 Growth in Gross State Product

34 Employment of Working-age Population

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37 Change in Number of Establishments

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42 Median Household Income Compared to U.S. Median

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52 Air quality

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56 Drinking water quality

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58 Loon populations

59 Breeding bird populations

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Indicator 1: Child Poverty



Rationale: Poverty can do both immediate and lasting harm to children. Children who grow up in poverty are more likely to lack adequate food and clothing, live in poor housing, become victims of crime and violence,



lack basic health care and be less successful in school.

About this indicator: Child poverty rates have fluctuated along with shifts in the economy. The percentage of related children under age 18 living in households below the federal poverty line rose from 10.2 percent in 1980 to 12.4 percent in 1989, fell to 9.2 percent in 1999, and then rose again to 13.7 percent in 2009. Household poverty is the most direct indicator of the economic status of children.

The poverty line is a federal estimate of the pretax annual income needed to meet basic living costs, adjusted for family size. In 2009, the poverty level for a family of four with two children was \$21,756.

Percent of Minnesota children below poverty



YEAR DATA

login

YEAR	DATA
1990	12.4%
2000	9.2%
2005	11.6%
2006	12.2%
2007	12%
2008	11.4%
2009	13.7%

Percent of Minnesota children below poverty, U.S. Census Bureau

For comparison: Nationally, in 2009, 19.7 percent of related children under 18 were below poverty. This is significantly above the Minnesota rate of 13.7 percent.

Historically, poverty rates in Minnesota are highest among American Indian children, closely followed by African American families. Child poverty is also considerably higher in Hispanic and Asian families than in non-Hispanic White families

Technical notes: The 1990 and 2000 numbers come from the Decennial Census. Other years come from the American Community Survey conducted by the U.S. Census Bureau. The U.S. Department of Commerce adjusts the poverty level annually to reflect changes in the Consumer Price Index. Poverty rates can also be found in the Current Population Survey, but the estimates are based on smaller survey samples.

Sources:

- U.S. Bureau of the Census, Decennial Census, 1980, 1990 and 2000, <u>http://www.census.gov/</u>.
- American Community Survey, http://www.census.gov/

Related 2002 Milestones indicator:

<u>Child poverty</u>

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Indicator 2: Low-income School Children

live in poverty. Rationale: Eligibility for free or reduced-price school meals is an important measure of child poverty trends, because it is updated every year. Poverty can do both immediate and lasting harm to children. Children who grow up in poverty are more likely to lack adequate food and clothing, live in poor housing, become victims of



crime and violence, lack basic health care and be less successful in school.

About this indicator: The proportion of public school children from low-income families has risen steadily. In the 2009-2010 school year, 35.6 percent of K-12 students in Minnesota qualified for a free or reduced-price meal. The rate has increased substantially since 1989-1990, when it was 20.8 percent. The rate stabilized in the late 1990s, but has shown a marked gain in the 2000s.

Students are eligible for free lunch when family income is below 130 percent of the federal poverty level. They qualify for reduced-price lunch and breakfast when family income is between 130 percent and 185 percent of the poverty level. In 2009-10, 27.7 percent of children qualified for free lunch and 7.9 percent qualified for reduced-price meals.

Percentage of public school children approved for free or reduced-price school meals



YEAR DATA

login

YEAR	DATA
1989	20.8%
1990	21.7%
1991	23.3%
1992	23.7%
1993	24.6%
1994	24.7%
1995	25.3%
1996	25.3%
2008	32.9%
2009	35.6%

Percentage of public school children approved for free or reduced-price school meals, Minnesota Department of Education

For comparison: Federal data is collected differently, making comparison among states impossible.

Within Minnesota, there is great variation from region to region and among school districts. In Mahnomen County, 71 percent of K-12 students qualify for free or reduced-price meals. In Carver County, only 16 percent qualify.

Things to think about: Some of the growth in the late 1980s and early 1990s can be attributed to increased efforts to enroll eligible children in the program.

Technical notes: The percentages shown are for all school children in kindergarten through twelfth grade enrolled on October 1 of each school year, who are eligible and sign up for the program. Poverty levels are adjusted each year and vary with the size of the family.

Sources:

 Minnesota Department of Education <u>http://education.state.mn.us/MDE/Data</u> /Data_Downloads/Student/Enrollment/State/index.html

Related 2002 Milestones indicator:

• Low-income school children

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Goal: Families will provide a stable, supportive environment for their children.

Rationale: Supportive and nurturing relationships promote children's emotional security, social development and academic achievement. Teenage mothers, many of whom are single, face difficulties in providing a stable, supportive environment for their children. Teenage mothers can find it difficult to support a child. Only about half complete high school, limiting future job prospects. There is a high rate of welfare participation among the group.

About this indicator: Minnesota's teen pregnancy rate has generally been declining. The rate fell from 33.6 per 1,000 in 1990 to 21.9 per 1,000 in 2000 and 16.1 in 2009. Rates in the 2000s have fluctuated within a fairly narrow range.

The number of teen pregnancies for girls age 15-17 is calculated by combining the reported number of births, abortions and fetal deaths to women in this age group

Teen pregnancy rate per 1,000 girls ages 15 to 17, total



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YEAR	DATA
1990	33.6
1991	32.2
1992	30.2
1993	29.3
1994	28.2
1995	27.7
1996	27.5
1997	26.3
1998	24.4
1999	22.8
2000	21.9
2001	20.2
2002	20.1
2003	19.7
2004	19.4
2005	17.9

Teen pregnancy rate per 1,000 girls ages 15 to 17, total, Minnesota Department of Health

YEAR	DATA
2006	20.0
2007	19.7
2008	18.2
2009	16.1

Teen pregnancy rate per 1,000 girls ages 15 to 17, total, Minnesota Department of Health

For comparison: Teenage birth rates in the U.S. fell dramatically in the 1990s but began to rise again in the mid-2000s.

State and national comparisons include live births only. Preliminary 2008 data show Minnesota's birth rate for 15-to-19 year-olds was 27.2, below the national rate of 41.5. Minnesota had the 8th-lowest rate.

The 2008 data also show substantial racial and ethnic discrepancies. Birth rates for white, not Latino teens in Minnesota are below the national average, but rates for black and Latino teens are much high than the national averages for those groups

Things to think about: Some who survey teen pregnancy look at the 15-to-19 year old population rather than 15 to 17. Age 10 to 19 is also sometimes used. The Minnesota Department of Health reports pregnancies for the 15 to 17 category. Since girls this age are still in high school, pregnancies are highly disruptive to future educational and career opportunities.

Sources:

- Minnesota Department of Health, Center for Health Statistics, http://www.health.state.mn.us/
- U.S. Centers for Disease Control and Prevention, National Center for Health Statistics, <u>http://www.cdc.gov/nchs</u>

U.S. Centers for Disease Control and Prevention, National Center for Health Statistics, "State Disparities in Teenage Birth Rates in the United States," http://www.cdc.gov/nchs/data/databriefs/db46.htm

Related 2002 Milestones indicator:

• Teen pregnancy

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Rationale: The well-being of children is an important determinant of their success as adults. Supportive and nurturing relationships promote children's emotional security, social development and academic achievement.

Indicator 4: Kids Count Rank



About this indicator: In 2010, Minnesota was second on the Kids Count state rankings. Overall state rankings are based on 10 measures: low birth weight, infant mortality, child death rate, teen death rate, percent of 16-19-year-olds who are high-school dropouts, percent of 16-19-year-olds who are not attending school and not working, percent of children living in families where no parent has full-time, year-round employment, percent of children in poverty, and percent of children in single-parent families.

Since 2000, Minnesota has ranked between first and fourth among all states. There is no trend towards a higher or lower ranking.

Kids Count Rank

YEAR	DATA	
2002	2	
2003	2	
2004	2	
2005	3	
2006	4	
2007	1	
2008	2	
2009	2	

Kids Count Rank, Annie E. Casey Foundation, Kids Count Data Center

YEAR	DATA	
2010	2	

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Kids Count Rank, Annie E. Casey Foundation, Kids Count Data Center
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For comparison: Of the ten indicators used, Minnesota ranked in the top five on five of them: teen death rate (5th), teen high school dropout rate (1st), teens not attending school and not working (1st), percent in single-parent families (4th), and percent of children in poverty (4th).

Minnesota's lowest ranks on the indicators were for the percentage of low-birthweight babies (9th), the infant mortality rate (8th), and the birth rate for teens ages 15 to 19 (8th).

Sources:

• Kids Count, http://datacenter.kidscount.org/

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Indicator 5: Low Birth Weight



Rationale: Low birth weight is often associated with health and development problems. This goal reflects the growing scientific understanding that a healthy pregnancy and early nurturing contribute to a child's brain development and later success in school.



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About this indicator: The percentage of babies weighing less than 2500 grams (5.5 pounds) increased from 5.1 percent in 1990 to 6.1 percent in 2000 and 6.8 percent in 2007. The 2009 value was 6.6 percent.

A considerable body of research shows that low birth weight puts infants at higher risk for health problems and developmental delays. The reasons for low birth weight are not clearly understood, but some major factors include poor prenatal care, smoking, and older or younger age of the mother. Multiple births are much more likely to be low birth weight, and the increasing number of multiple births has probably played a role in the rising rates of low birth weight.

Low birth weight



YEAR DATA

YEAR	DATA
2000	6.1%
2001	6.3%
2002	6.3%
2003	6.3%
2004	6.6%
2005	6.6%
2006	6.6%
2007	6.8%
2008	6.4%
2009	6.6%

Low birth weight, Minnesota Department of Health

For comparison: Nationwide, 8.2 percent of babies were low birth weight in 2007.

Technical notes: The low birth weight figures reflect only those births for which a birth weight is reported. Some births, such as infants born at home, may be excluded.

Sources:

- Minnesota Department of Health, Center for Health Statistics, <u>http://www.health.state.mn.us/</u>
- U.S. Centers for Disease Control and Prevention, National Center for Health Statistics, <u>http://www.cdc.gov/nchs</u>

Related 2002 Milestones indicator:

Low birth weight

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Indicator 6: On-time Immunization

Rationale: On-time immunization is an important element in developing healthy children who can attend school every day, ready to learn.

About this indicator: The

percentage of Minnesota children ages 19-35 months who have received the 4:3:1:3:3:1-S



vaccination series was 76.9 percent in 2009. Because of sampling error, year-to-year changes are not statistically significant. The 2009 margin of error was 5.5 percent. The 4:3:1:3:3:1-S standard includes four or more doses of diphtheria, tetanus and acellular pertussis vaccine, one or more dose of measles, mumps and rubella vaccine, three or more doses of haemophilus influenzae type b vaccine, plus two or more or three or more Hib vaccine depending on brand type (primary series only), 3 or more doses of HepB, and one or more doses of varicella vaccine.

In 2008, the slightly different 4:3:1:3:3:1 standard was used. The use of the 4:3:1:3:3:1-S standard in 2009 is based on the Hib vaccine shortage, the difference in types of Hib vaccines used by the states, and the required suspension of the booster dose. More information is available online at http://www.cdc.gov/vaccines/statssurv/imz-coverage.htm#nis.



YEAR DATA

Immunization

Lower confidence level

Upper confidence level

login

	1 27 413	Ditit		
2002		76.8%	71.3%	83.3%
2003		83.9%	77.7%	89.4%
2004		85.2%	79.5%	91.4%
2005		85.2%	79.7%	90.9%
2006		84.7%	79.3%	90.2%
2007		84.7%	79.6%	90.1%
2008		77.4%	71.9%	82.5%
2009		76.9%	71.4%	82.4%
On-time immuniz	zation, U.S. C	enters for Disease Control and		
		vention <u>Edit trend</u> <u>Edit data</u>		
		fidence level, U.S. Centers for		
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YEAR

DATA

For comparison: In 2009, Minnesota ranked 17th on the 4:3:1:3:3:1-S series and was slightly above the national average. However, as noted, the margins of error are substantial.

Sources:

U.S. Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm

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Indicator 7: School Readiness



Rationale: Children who start school ready to learn are more likely to succeed in school. The early childhood years – birth to age five – are a critical period of growth and development. Learning begins with a healthy, nurturing start in life.

About this indicator: Department of

Education data show no improvement in school readiness. Their survey draws a random selection of kindergarten students and trains teachers to evaluate their proficiency on five dimensions: physical development, the arts, personal and social development, language and literacy, and mathematical thinking. Because children develop at different rates across different dimensions, no overall rating is made.

Students are most likely to be rated as "proficient" on physical development, 65 percent.

Changes over a several-year period are not statistically significant.

PERCENT PROFICIENT BY DOMAIN

	Physical development	The arts	Personal and social development	Language and literacy	Mathematical thinking
2006	71%	58%	57%	54%	52%
2007	65%	53%	52%	50%	50%
2008	61%	49%	49%	47%	44%
2008 Standard Error	2.7%	2.9%	2.4%	2.5%	2.6%
2009	65%	53%	53%	51%	49%
2009	2.7%	3.3%	2.4%	2.7%	2.5%



<u>login</u>

Physical		Personal and	Language and Mathematica		
Thysical	The arts	social	Language ai		
development	The dies	Jocial	literacy	thinking	
dereiopinene		development	neeracy	chinking	

Standard

Error

PERCENT "NOT YET" BY DOMAIN

	Physical development	The arts	Personal and social development	Language a literacy	nd Mathematical thinking
2006	3%	6%	8%	10%	9%
2007	3%	5%	8%	10%	9%
2008	4%	8%	11%	12%	13%
2008 Standard Error	1%	1.6%	1.2%	1.6%	1.5%
2009	3%	6%	8%	10%	9%
2009 Standard Error	.4%	.7%	.8%	1.0%	.9%

For comparison: Comparable national data are not available.

Sources:

Minnesota Department of Education, http://education.state.mn.us/MDE/Learning_Support/Early_Learning_Services/Kindergarten/Minnesota_School_Readiness_Studies/index.html

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Indicator 8: Third-grade Reading



Goal: Minnesotans will excel in basic and challenging academic skills and knowledge.

Rationale: Students who are proficient in reading at an early stage are more likely to be successful in school.

About this indicator: The percent of students meeting or exceeding the third-grade reading standard on the MCA-II test has declined from 81.6 percent in 2005 to 76.3 percent in 2010.



login







YEAR	DATA
2006	81.6%
2007	79.6%
2008	79%
2009	78.3%
2010	76.3%

Percent of Third grade students meeting or exceeding reading standards, Minnesota Department of Education

Sources:

Minnesota Department of Education, <u>http://education.state.mn.us/MDE/Data/Data_Downloads/Accountability_Data/Assessment_MCA_II_/MCA_II_Excel_files/index.html</u>

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basic and challenging academic skills and knowledge.

Indicator 9: 11th Grade Math

Rationale:

Minnesotans value an educated citizenry, well prepared for work and for participation in democracy and community life. Math skills are required for



many jobs and for admission to many colleges and universities.

About this indicator: The percentage of students meeting or exceeding 11th grade math standards grew from 29.8 percent in 2006 to 43.2 percent in 2010.

Percent of students meeting or exceeding 11th grade math proficiency



YEAR	DATA
2006	29.8%
2007	32.2%

Percent of students meeting or exceeding 11th grade math proficiency, Minnesota Department of Education

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YEAR	DATA
2008	34.4%
2009	41.6%
2010	43.2%

Percent of students meeting or exceeding 11th grade math proficiency, Minnesota Department of Education

Sources:

 Minnesota Department of Education, <u>http://education.state.mn.us/MDE/Data</u> /Data_Downloads/Accountability_Data/Assessment_MCA_II /MCA_II_Excel_files/index.html

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Indicator 10: High School Graduation



Rationale: A high school diploma is a sign of basic academic competence. It is generally considered a minimum requirement for entry into the workforce and is an essential prerequisite for additional education and training.



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About this indicator: The percentage of students graduating from high school on time has remained steady at about 73 percent, with an increase in 2009 to almost 75 percent.

Graduation rates were compiled by Twin Cities Compass and reflect the requirement of Adequate Yearly Progress measurements under the No Child Left Behind Act. Further information may be found at http://www.ed.gov/policy/elsec /guid/hsgrguidance.pdf

The rate presented here is the new Four-Year Graduation Rate that will become the official Adequate Yearly Progress rate beginning in the 2010-2011 school year. This rate considers first time ninth grade students in the cohort, adds students transferring into the cohort, subtracts students transferring out of the cohort, and computes how many graduate "on-time" (within four years). This new Four-Year on-time Graduation Rate will eventually allow for state and national comparisons of graduation rates, once all states implement the uniform methodology.

Percent of students graduating from high school on time



YEAR	DATA	
2004	71.9%	
2005	72.9%	
2006	73.4%	
2007	73.3%	
2008	72.8%	
2009	74.9%	

Percent of students graduating from high school on time, Minnesota Department of Education

For comparison: The AYP-based method differs from previous approaches to calculating high school graduation, for example the National Governors Association (NGA) method. The NGA method allowed extra time for students with limited English proficiency and special education students to graduate. The new Four-year Graduation Rate does not make these exceptions. It also excludes any alternative degrees that are not fully aligned with a State's academic standards

Sources:

- Minnesota Department of Education, <u>http://www.education.state.mn.us</u> /MDE/Data/Data_Downloads/index.html
- Twin Cities Compass, http://www.tccompass.org/

Related 2002 Milestones indicator:

• High school graduation

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Indicator 11: College Readiness



Goal: Minnesotans will excel in basic and challenging academic skills and knowledge.

Rationale: Students who are prepared for the demands of the college classroom are more likely to be successful academically and learn the challenging subjects needed in the modern economy.

About this indicator: College

readiness scores have risen, but a large share of students are still not adequately prepared. Among the 70 percent of Minnesota high school graduates who took the ACT college-readiness test in 2010, 35 percent met all four college-readiness benchmarks (English, math, reading and science). The percentage has increased from 28 percent in 2006.







benchmarks, ACT Edit trend | Edit data



	YEAR	DATA	
2007		31%	23%
2008		32%	22%
2009		32%	23%
2010		35%	24%

Percent of ACT-tested Minnesota graduates meeting all 4 college-readiness benchmarks, ACT <u>Edit trend | Edit data</u> Percent of ACT-tested United States graduates meeting all 4 college-readiness benchmarks, ACT <u>Edit trend | Edit data</u>

For comparison: Nationally, 24 percent of those taking the test met all four benchmarks. In 2010, 47 percent of U.S. high school graduates took the ACT. Minnesota students are most likely to meet the English benchmark (79 percent) and least likely to achieve the science benchmark (42 percent).

Things to think about: While test scores have gone up in recent years, almost two-thirds of graduates taking the test are rated as below standard for college readiness.

Sources:

• ACT, http://www.act.org/news/data.html

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Indicator 12: Health Insurance

Goal: Minnesotans will be healthy.

Rationale: Health insurance coverage is important because it increases the likelihood that people will get the preventive care and treatment they need to stay healthy. People without insurance may incur huge expenses if they need medical care.

About this indicator: The 2009 American Community Survey showed 91 percent of Minnesotans had some form of health insurance. 2008 was the first year health insurance coverage was included in the ACS. Overall coverage rates have not changed much, but with the slumping economy more people are using public health insurance.



login

Percent of Minnesotans with health insurance



YEAR DATA

YEAR	DATA
2008	87%
2009	91%

Percent of Minnesotans with health insurance, American Community Survey

For comparison: Minnesota had the seventh-highest rate of health insurance coverage in the American Community Survey, but differences among states are not always significant.

The Current Population Survey conducted by the U.S. Census Bureau also asks about health insurance coverage. In 2009, 91.2 percent of Minnesotans had health insurance coverage, with a margin of error of 0.7 percent. The national average was 83.3 percent.

The Minnesota Health Care Access Survey conducted by the Minnesota Department of Health is an alternative measure of health insurance coverage. Preliminary results from the 2009 Health Care Access Survey found that 9.1 percent of Minnesotans did not have health care coverage.

Sources:

- U.S. Bureau of the Census, http://www.census.gov/
- Minnesota Health Care Access Survey, <u>http://www.health.state.mn.us</u> /divs/hpsc/hep/

Related 2002 Milestones indicator:

• Health insurance

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Indicator 13: Infant Mortality



Rationale: Infant mortality is an important indicator because it reflects the quality of both pre- and post-natal care.

About this indicator: Since 1999, the infant mortality rate has fluctuated. The 2009 rate, 4.5 per 1,000, was the lowest recorded during the ten-year period. The highest rate was 6.2 per 1,000.



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Infant mortality rate per 1,000 live births, total

FHow is Minnesota doing?

Keep an eye out for these images to quickly tell which way the trend is going:



Undesirable or negative

No change, or not enough data to draw conclusions

Desirable or positive.



1991 1993 1995 1997 1999 2001 2003 2005 2007 2009 1990 1992 1994 1996 1998 2000 2002 2004 2006 2008

YEAR	DATA
1990	7-3
1991	7-5
1992	7.1
1993	7.5



YEAR	DATA
1994	7.0
1995	6.8
1996	5.9
1997	5.9
1998	5.9
1999	6.2
2000	5.6
2001	5.4
2002	5.3
2003	4.7
2004	4.7
2005	5.1
2006	5.2
2007	5.5
2008	6.0
2009	4.5

Infant mortality rate per 1,000 live births, total, Minnesota Department of Health

For comparison: The national infant mortality rate was 6.7. Kids Count reports that in 2006, five states had infant mortality rates lower than Minnesota.

Technical notes: Infant mortality is reported as the number of deaths from birth to the first birthday, per 1,000 live births.

Sources:

- Minnesota Department of Health, http://www.health.state.mn.us/
- U.S. Centers for Disease Control and Prevention, National Vital Statistics Report, <u>http://www.cdc.gov/nchs</u>
- Kids Count, http://datacenter.kidscount.org/

Related 2002 Milestones indicator:

• Infant mortality

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doing?

going:

Goal: Minnesotans will be healthy.

Rationale: Life expectancy is used worldwide as a broad snapshot of human health.

Indicator 14: Life Expectancy

About this indicator: Life expectancy for the total Minnesota population increased steadily from 77.9 years in 1990 to 80.2 in 2005.

Women live longer than men, but the gap between the sexes has narrowed considerably as men have posted greater gains.



Expected years of life remaining at birth



Undesirable or negative No change, or not enough

> Desirable or positive.

data to draw conclusions



Expected years of life remaining at birth, National Center for Health Statistics and Minnesota State **Demographic Center**

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YEAR	DATA	
2003	79.8	
2005	80.2	

Expected years of life remaining at birth, National Center for Health Statistics and Minnesota State Demographic Center

For comparison: The national life expectancy in 2005 was 77.5 years.

Technical notes: Life expectancy is based on a mathematical model using population by age and mortality by age. Life expectancy in any given year is the average number of years that will be lived by a child born in that year if mortality rates by age remain constant.

Sources:

- Minnesota State Demographic Center, http://www.demography.state.mn.us/
- U.S. Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics Report, <u>http://www.cdc.gov/nchs</u>

Related 2002 Milestones indicator:

• Life expectancy

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How is Minnesota doing? Keep an eye out for these

images to quickly tell which way the trend is going:



Undesirable or negative

No change, or not enough data to draw conclusions

Desirable or positive.

Indicator 15: Diabetes



Goal: Minnesotans will be healthy.

Rationale: Diabetes can cause premature death from heart disease and other complications. It can also be disabling.

About this indicator: In 1995, 3.5 percent of survey respondents in Minnesota had diabetes. This grew to 6.4 percent by 2009. In the survey, respondents are asked if



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they have ever been told by a doctor that they have diabetes. Although year-to-year changes may not be statistically significant, the long-term trend has been upwards.



YFAR DATA



YEAF	R DATA		
1995	3.1%	2.5	3.7
1996	4.5%	3.8	5.2
1997	3.9%	3.3	4.5
1998	4.7%	4.0	5.4
1999	4.8%	4.2	5.4
2000	4.9%	4.0	5.8
2001	4.4%	3.7	5.1
2002	4.9%	4.2	5.6
2003	5.5%	4.8	6.2
2004	5%	4.3	5.7
2005	5.8%	4.9	6.7
2006	5.7%	5.0	6.4
2007	5.7%	4.9	6.5
2008	5.9%	5.2	6.6
2009	6.4%	5.7	7.1
Percent told by a doctor they have diabetes, Behavioral Risk Factor Surveillance System <u>Edit trend Edit data</u> Confidence Interval (low) of Percent told by a doctor they have diabetes, Behavioral Risk Factor Surveillance System <u>Edit trend Edit data</u> Confidence Interval (high) of Percent told by a doctor they have diabetes, Behavioral Risk Factor Surveillance System <u>Edit trend Edit data</u>			

For comparison: The median rate among all states was 8.3 percent. No national average was provided. Minnesota had the lowest diabetes prevalence rate among states.

Sources:

 U.S. Centers for Disease Control, Behavioral Risk Factor Surveillance System, <u>http://www.cdc.gov/brfss/</u>





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How is Minnesota doing?

Keep an eye out for these images to quickly tell which way the trend is going:



Undesirable or negative

No change, or not enough data to draw conclusions

Desirable or positive.

Indicator 16: Obesity



Rationale: Growing rates of obesity have become a major source of concern in public health circles. Obesity is a major risk factor for heart disease, diabetes and other ailments.

About this indicator: Obesity rates have increased substantially in Minnesota. In 1995, 15.3 percent of Minnesotans were classified as obese. By 2009 the rate was 25.4 percent. Obesity is defined as a body mass index of 30.0 or more.





YEAR DATA

Obesity

Confidence

<u>login</u>

DATA

		Interval low	Interval high
1995	15.3%	14.0	16.6
1996	14.3%	13.1	15.5
1997	16.5%	15.3	17.7
1998	16.2%	15.0	17.4
1999	15.5%	14.4	16.6
2000	17.4%	15.8	19.0
2001	19.9%	18.5	21.3
2002	22.4%	21.0	23.8
2003	23%	21.5	24.5
2004	22.6%	21.2	24.0
2005	23.7%	21.8	25.6
2006	24.7%	23.0	26.4
2007	26%	24.2	27.8
2008	25.2%	23.5	26.8
2009	25.4%	23.7	27
Percent of population defined as obese, Behavioral Risk Factor Surveillance System <u>Edit trend Edit data</u> Confidence Interval (low) of percent of population defined as obese, Risk Factor Surveillance System <u>Edit trend Edit data</u> Confidence Interval (high) of percent of population defined as obese, Risk Factor Surveillance System <u>Edit trend </u> <u>Edit data</u>			

For comparison: Minnesota is similar to the national average. Nationally, 26.9 percent of the population was classified as obese in 2009.

Sources:

• U.S. Centers for Disease Control and Prevention, Behavioral and Risk Factor Surveillance System, http://www.cdc.gov/brfss/





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How is Minnesota

Keep an eye out for these

Undesirable or

No change, or

not enough data to draw

conclusions

Desirable or

positive.

negative

images to quickly tell which way the trend is

doing?

going:

Indicator 18: Suicide



Rationale: Suicide is an important public health indicator because it is a leading cause of premature death in Minnesota, and because it demonstrates the seriousness of mental health problems, including depression.

About this indicator: After declining

between 1990 and 2000, the suicide

rate has risen during the 2000s. The 2009 rate was 11.2 per 100,000 population.

Suicide rate per 100,000



 YEAR
 DATA

 2000
 8.9

 2001
 9.5

 2002
 9.9

 2003
 9.8

Suicide rate per 100,000, Minnesota Department of Health





YEAR	DATA
2004	10.3
2005	10.6
2006	10.7
2007	11.0
2008	11.4
2009	11.2

Suicide rate per 100,000, Minnesota Department of Health

For comparison: Mental Health America reports that Minnesota had the 13th-lowest age-adjusted suicide rate in 2004.

Things to think about: The number of Minnesotans who die from suicide is nearly five times as high as the number who die from homicide. Suicide is the second-leading cause of death for Minnesotans ages 15 to 34. Persons ages 50 to 64 had the highest rate of suicide.

Sources:

- Minnesota Center for Health Statistics, <u>http://www.health.state.mn.us</u> /divs/chs/annsum/index.htm
- Minnesota Center for Health Statistics, "Suicide Trends in Minnesota," <u>http://www.health.state.mn.us/divs/cfh/connect</u> /index.cfm?do=suicideprevention.suicidetrend
- Mental Health America, <u>http://www.mentalhealthamerica.net/go/state-ranking</u>

Related 2002 Milestones indicator:

• Suicide

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How is Minnesota doing?

Keep an eye out for these images to quickly tell which way the trend is going:



Undesirable or negative

No change, or not enough data to draw conclusions



Indicator 19: Index of Well-Being

Goal: Minnesotans will be healthy.

Rationale: A sense of personal well-being is an important indicator of health and quality of life.

About this indicator: Minnesota ranked 5th overall on the index. The well-being index is based on questions asked in a large, ongoing survey conducted by the Gallup organization and reported by AHIP,



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America's Health Insurance Plans. The indicator is based on a set of 42 questions covering the areas of life evaluation, work quality, basic access, healthy behavior, physical health and emotional health.

Data from the survey was first reported for 2008, so no time series is available.

For comparison: Minnesota's high overall position reflects high rankings on the dimensions of basic access, physical health and emotional health. Minnesota was lower on other dimensions including healthy behavior, work conditions and life evaluation.

The index is also calculated for each Congressional District. Minnesota's Third Congressional District was the highest ranked in the state, 23rd among 435 districts. The Eighth District ranked 235th, the lowest standing among the state's eight Districts.

Things to think about: Variation on some items is greater than on others.

Sources:

 Hi-Wire Bridge for Well-Being, Health and Fitness <u>http://www.ahiphiwire.org</u> /wellbeing

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Goal: Minnesotans will be healthy.

Rationale: Traffic accidents kill many people and injuries can result in pain, disability and high medical costs.

About this indicator: The rate of traffic injuries and fatalities per 100,000 population has fallen substantially from 919.5 in 2000 to 648.1 in 2008. Possible factors



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include more seatbelt use, safer cars, improved road design and stricter impaired driving laws.

Minnesota traffic fatalities and injuries per 100,000 population

Indicator 20: Traffic Injuries and Fatalities



 YEAR
 DATA

 2000
 919.5

 2001
 858.9

 2002
 823.9

 2004
 800.3



doing? Keep an eye out for these images to quickly tell which way the trend is

How is Minnesota



Undesirable or negative



No change, or not enough data to draw

conclusions Desirable or positive.

YEAR	DATA
2005	749.2
2006	690.6
2007	691.3
2008	648.1
2009	598.1

Minnesota traffic fatalities and injuries per 100,000 population, Minnesota Office of Traffic Safety

For comparison: There were 455 traffic fatalities in 2008, the lowest number since 1945. Improved trauma treatment may have played a role in reducing fatalities.

Sources:

- Minnesota Office of Traffic Safety, <u>http://www.dps.state.mn.us</u> /OTS/crashdata/crash_facts.asp
- Minnesota Department of Transportation, <u>http://www.dot.state.mn.us</u> /measures/pdf/Annual%20Measures%20Report%205-18%20(small).pdf

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