

# Adolescent Health Data Book

MINNESOTA PARTNERSHIP FOR ADOLESCENT AND YOUNG  
ADULT HEALTH

August 2025



# About the data book

The Minnesota Partnership for Adolescent and Youth Adult Health is convened by the Minnesota Department of Health (MDH) and comprised of professionals representing the state, counties, schools, community agencies, and faith groups that work for and with young people.

This Partnership created an action plan in 2017-2018 and updated the plan in 2023. This data report is designed as a companion to the [Minnesota Partnership for Adolescent and Young Adult Health \(PDF\)](#) action plan.

Like the Partnership, this data book was created to motivate, engage, and inspire action.

## Who should use this data book?

Local public health, health educators, schools, health care providers, and anyone who works with or cares about adolescents. Teens can use this data book to help with research or leadership projects.

## How can you use the data book?

- Explore and learn about the status of key health priorities for adolescents in Minnesota.
- Share the data.
  - Use the data book and visualizations to highlight the importance of your community's continued participation in the Minnesota Student Survey.
  - Use the data and visualizations to support your own adolescent health work.
- Share data points to inspire action. Discuss this data with youth, parents, and other members of your community. Together, find what resonates and decide to make change. The action steps and resources within the [Minnesota Partnership for Adolescent and Young Adult Health](#) webpages are a great place to start.

## Adolescent Health Data Book

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# Minnesota's adolescents, 2024

For the purposes of this data book, and within the Partnership's adolescent health communications, adolescents are people ages 10 to 25 unless otherwise noted.

Certain data sources may not have this full age range available. For example, the Minnesota Student Survey only surveys fifth, eighth, ninth, and 11<sup>th</sup> grade students. The age ranges for each data source are noted.

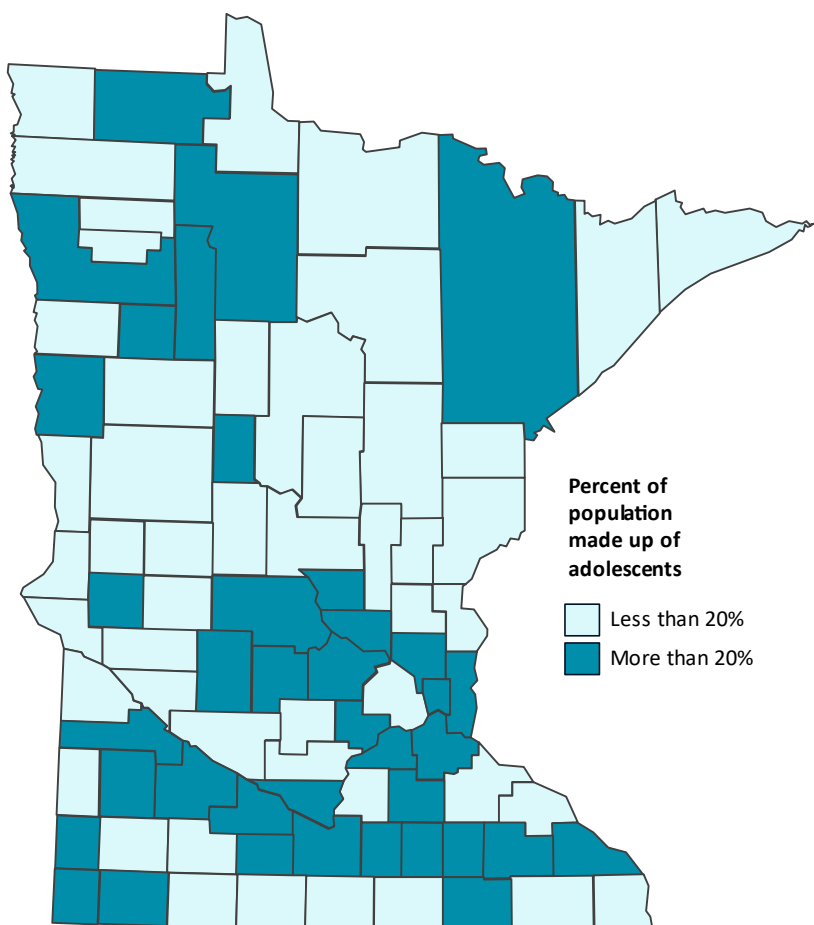
More specific information about each data source and its methods can be found in the Appendix.

## Geographic location

Approximately 1,188,013 adolescents live in Minnesota. About one in five people in Minnesota are 10 to 25.

About 54% of adolescents live in the seven-county metro area and about 46% live in Greater Minnesota, mirroring the state's overall population distribution ([Explore Census Data](#)).

**Figure 1: Adolescents are in every county of Minnesota. Counties with the greatest concentrations of adolescents are found in Greater Minnesota.**



Source: MN Demographers, American Community Survey, 2022



## Gender

According to the U.S. Census, approximately 51% of Minnesota adolescents are assigned male at birth and 48% are assigned female at birth ([National Population by Characteristics, 2020-2024](#)). However, the [Minnesota Student Survey](#) reports that gender identity is broader than this, with 10.3% (one in 10 students) identifying as gender expansive.

**Table 1: Minnesota students' self-reported gender identity.**

Gender	Percentage
Cisgender Male	45.8%
Cisgender Female	41.8%
Genderfluid, Gender Non-Conforming, Genderqueer, Agender, or Non-Binary	4.4%
Questioning, Not Sure, Identity Not Listed	4.0%
Missing/No Response	2.3%
Transgender Boy/Man	1.3%
Transgender Girl/Woman	0.5%
Two Spirit	0.1%

Source: Minnesota Student Survey, 2022; Grades 8, 9, 11

### Gender definitions

**Cisgender:** An adjective that describes a person whose gender identity aligns with the sex they were assigned at birth.

**Transgender:** Or simply trans, is an adjective used to describe someone whose gender identity differs from the sex assigned to them at birth. Young people who are assigned male at birth but later identify themselves as girls are transgender girls. Young people who are assigned female at birth and later identify as boys are transgender boys. Further, some transgender people may be binary (identifying as either male or female), and some may be non-binary (identifying as neither male nor female or both)

**Non-binary:** A person who identifies outside the binary of man/male or woman/female. This term can be used both as a specific gender identity or an umbrella term that includes agender, genderfluid, and any other identity outside the male or female binary.

**Gender expansive/diverse:** A person with a broader, more flexible range of gender identity and/or expression than typically associated with the binary gender system. It is often used as an umbrella term when referring to young people still exploring the possibilities of their gender expression and/or gender identity. The use of this term is informed by the [Supporting Transgender, Non-binary, and Gender-expansive Children \(PDF\)](#) guide from the Human Rights Campaign.

For more information about gender identity, including why acknowledging gender diversity is important, see the [Transgender and Non-Binary People FAQ](#).

Sources: [Further Definitions of Terms: Gender Identity](#) and [Supporting Transgender, Non-binary, and Gender-expansive Children \(PDF\)](#)

## Race and ethnicity

Adolescents in Minnesota are more racially/ethnically diverse than the state as a whole. They are less white and are more likely to identify as Black, Asian American, Hispanic, or more than one race.

**Figure 2: Adolescents in Minnesota are more racially/ethnically diverse than the overall state of Minnesota population.**



Source: American Community Survey, 2022

Across the state, adolescents are learning, growing, leading, and sharing their unique experiences. This data book cannot fully capture what it is to be an adolescent in Minnesota in 2024. Instead, it provides a snapshot of major factors in young people's lives. It is intended to be a starting point for local communities and statewide partners to better understand adolescent health in Minnesota.

Each part of the data book aligns with the essential themes identified in the [Minnesota Partnership for Adolescent and Young Adult Health \(PDF\)](#).

### Minnesota's adolescents, 2024 section references

[Minnesota Partnership for Adolescent and Young Adult Health](#)

([www.health.state.mn.us/docs/people/adolescent/youth/mnpartnership.pdf](http://www.health.state.mn.us/docs/people/adolescent/youth/mnpartnership.pdf))

[Minnesota Partnership for Adolescent and Young Adult Health](#) ([www.health.state.mn.us/people/adolescent/youth/partnership.html](http://www.health.state.mn.us/people/adolescent/youth/partnership.html))

[Explore Census Data](#) (<https://data.census.gov/>)

[National Population by Characteristics, 2020-2024](#) (<https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>)

[Minnesota Student Survey](#) (<https://education.mn.gov/MDE/dse/health/mss/>)

[Supporting Transgender, Non-binary, and Gender-expansive Children \(PDF\)](#) (<https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/Supporting-Caring-for-Trans-Children-UPDTE-100424.pdf>)

[Transgender and Non-Binary People FAQ](#) ([www.hrc.org/resources/transgender-and-non-binary-faq](http://www.hrc.org/resources/transgender-and-non-binary-faq))

[Further Definitions of Terms: Gender Identity](#) (<https://genderhealthdata.org/gender-identity-definitions/>)

# Five essential themes and key priorities

## Essential themes

### Equitable and supportive systems

Young people and their families need safe communities and environments, shelter, education, healthy food, a livable income, and social justice to be healthy and thrive.

### Access to high-quality, youth-friendly health care and information

Young people benefit from access to high-quality medical, dental, and mental health services and health information.

### Positive connections with supportive adults

Young people thrive and flourish when they are surrounded by caring and nurturing relationships with supportive adults.

### Safe and secure places to live, learn, and play

Schools, communities, and digital environments all play a role in supporting physical and mental health, social interactions, and cognitive growth.

### Opportunities for youth to engage

Young people grow and thrive best when actively engaged with their community and have meaningful leadership opportunities.

## Priorities



Health equity



Supportive systems



Physical and mental health



Health literacy



Families and caregivers



Adults who understand



Supportive communities and schools



Safe and balanced technology use



Out of school time



Youth leadership

## Equitable and supportive systems: health equity

Young people and their families need safe communities and environments, shelter, education, healthy food, a livable income, and social justice to be healthy and thrive.

### Why health equity?

Whether they come from White Earth or Worthington, the Twin Cities or Two Harbors, young people and their families deserve opportunities to thrive and support to pursue their healthiest lives.

Health equity is the concept that everyone has what they need to be healthy and that no unjust or unfair barriers prevent anyone from being healthy ([Minnesota Health Equity Networks](#)). These barriers are called health inequities.



Achieving health equity is important for all Minnesotans and requires a systemic approach. The conditions that create health inequities are injustices.

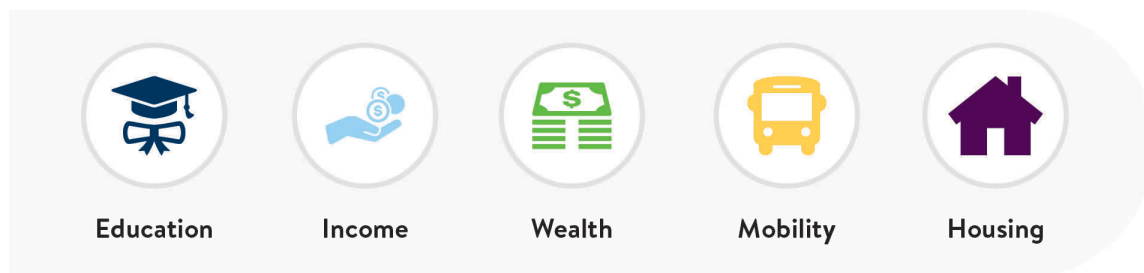
The common belief is that good health is due to personal choices and great medical care. Research confirms that the biggest contributors to health are socio-economic factors like education, income, individual and community-level wealth, mobility, and housing ([Creating Health Equity in Minnesota](#)). These are also called social determinants of health. Clinical care is a relatively small contributor to overall health – around 10%.

Achieving health equity includes:

- Every child has a loving and healthy start.
- Everyone has access to a good education and has a stable income to cover the costs of living.
- All people can take part in the decisions that shape our communities.
- Everyone has safe, stable, and healthy living conditions.

The Partnership recognizes that racial and social injustices and biases create health inequities.

Health inequities exist across all adolescent health topics and are therefore highlighted throughout this data book. This data supports a call to action to ensure we achieve our vision: **Minnesota is a place where all young people thrive.**



## What do we know?

### Age equity

In this data book, the Partnership includes information on health inequities among adolescents. There are also health inequities that uniquely effect adolescents as whole compared to other age groups.

- The definition of adulthood is different across cultures and countries. Both those who are not yet adults and elders may experience age discrimination.

In the U.S., young people, especially those under the age of 18, are often not given a full voice in decisions that impact them. Young people deserve this opportunity. Authentic adolescent input improves the programs and policies that affect them and makes them more likely to be successful.

- About 10% of people under the age of 18 in Minnesota live in poverty. Young people are more likely to be living in poverty than the state overall ([Explore Census data](#)).

For recommendations for action steps to advance health equity, see MDH's webpage on [equitable and supportive systems](#).

### Equitable and supportive systems: health equity section references

[Minnesota Health Equity Networks \(www.health.state.mn.us/communities/practice/equityengage/networks/index.html\)](http://www.health.state.mn.us/communities/practice/equityengage/networks/index.html)

[Creating Health Equity in Minnesota \(www.health.state.mn.us/communities/equity/about/creatinghealthequity.html\)](http://www.health.state.mn.us/communities/equity/about/creatinghealthequity.html)

[Explore Census data \(https://data.census.gov/\)](https://data.census.gov/)

[equitable and supportive systems \(www.health.mn.gov/people/adolescent/youth/pah/equitable.html\)](http://www.health.mn.gov/people/adolescent/youth/pah/equitable.html)

## Equitable and supportive systems: supportive systems

### Why supportive systems?

Systems and structures to support adolescents must be well-resourced and coordinated to be effective. It is important to ensure that Minnesota has a structure that supports a comprehensive network of adolescent health resources.



### What do we know?

Measuring supportive systems is not as straightforward as measuring individual health factors. However, it is important to begin to illustrate the public health system surrounding adolescents. Key indicators include health insurance, health and wellness services in schools, and evidence of strong partnerships for adolescent health.

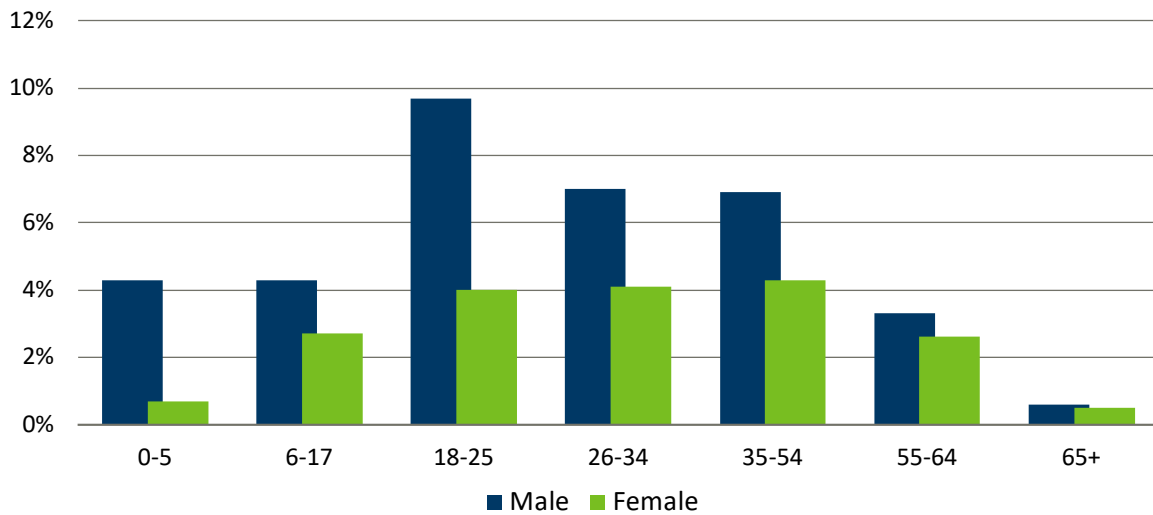


### Health insurance

Health insurance facilitates access to health care and is associated with better health outcomes ([Report: The Importance of Health Coverage](#)).

In Minnesota in 2021, young adult men ages 18-25 were the group most likely not to have health insurance coverage ([Health Insurance in Minnesota](#)). Of this group, 9.7% lacked coverage. While most adolescents in Minnesota have health insurance, 5.6% were uninsured in 2021. About 5% of all Minnesotans are uninsured. Overall, men are much more likely than women to lack health insurance coverage, especially in the 18–25-year-old age group ([Health Insurance in Minnesota](#)).

**Figure 3: Young adult men ages 18-25 were the group most likely to not have health insurance coverage.**



Source: Minnesota Health Access Survey, 2021; [https://data.web.health.state.mn.us/insurance\\_basic](https://data.web.health.state.mn.us/insurance_basic)

Adolescents (ages 10-25) who are uninsured report their mental health was not good two times as many days as adolescents on private insurance. These numbers are similar for physically unhealthy days ([Minnesota Health Access Survey](#)). Youth without insurance have less access to needed health care services. This affects both their current and future physical and mental health.

### School-based health centers

A comprehensive school-based health center is a safety net health care delivery model located in or near a school facility and that offers comprehensive medical care, including preventive and behavioral health services. Preventative services include but are not limited to vaccinations and screenings for depression or suicide risk. Behavioral health services include support with mental health and substance use.

All students within a school or district can access care regardless of ability to pay, insurance coverage, or immigration status. These centers are operated in agreement between a school district and a health care organization.

#### Characteristics of a school-based health center

- In or near a school.
- Serves students first.
- Ensures equity by turning no child away for their ability to pay.
- Eases access to care that helps kids learn and communities thrive.

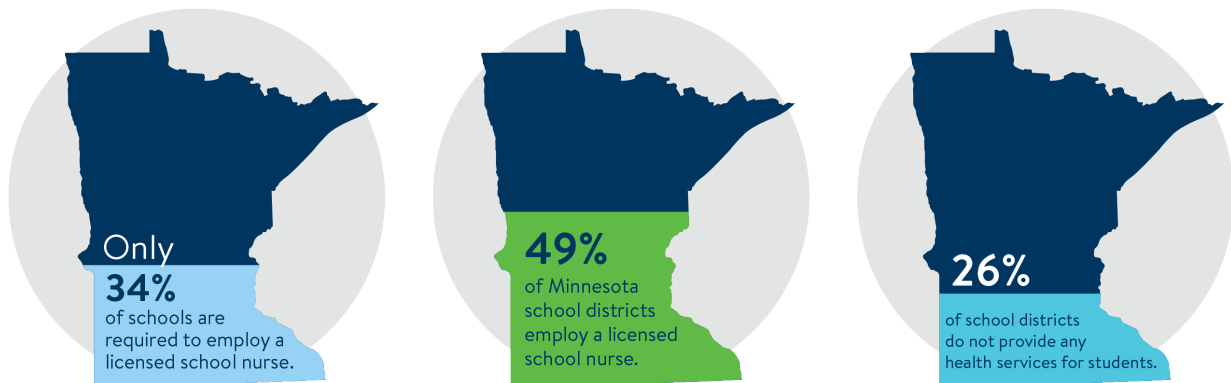
As of late 2024, 13 organizations support health centers at more than 30 locations, primarily in the Twin Cities metro area, though these centers are rapidly expanding in Greater Minnesota and new clinics are continuing to open ([Minnesota School-based Health Centers](#)).

## School nursing workforce

School nurses are a critical bridge between health and learning within and beyond the walls of schools.

When fully utilized, they provide access to health care, support for families, and essential care coordination for students. This can be especially beneficial for students who face barriers associated with conditions such as poverty, education, family stresses, health care access, and transportation. Fully utilized school nurses can improve the physical and mental health conditions of students.

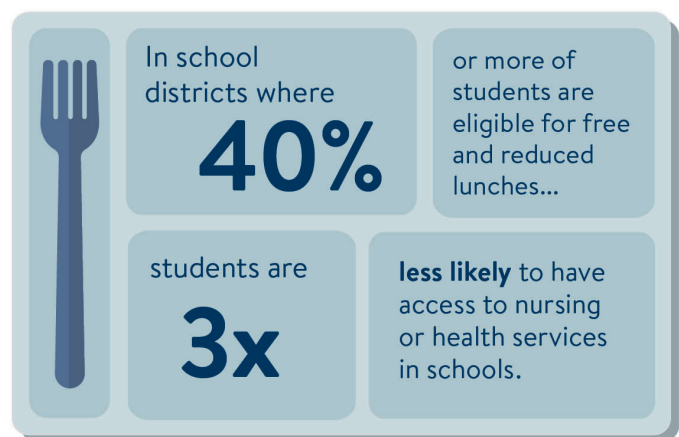
[Minnesota Statute 121A.21](#) requires that all districts provide health services to its students, however only districts with enrollment of more than 1,000 students are required to have at least one licensed school nurse employed.



Only 34% of Minnesota school districts are required to employ a licensed school nurse.

Overall, only 49% of Minnesota school districts employ a licensed school nurse. Of all school districts, 26% do not provide any staff that are solely dedicated to the role of providing health services for students.

When stratified by percentage of the student body eligible in the free and reduced-price lunch program, school districts where 40% or more of students are eligible for free and reduced lunches are three times less likely to have access to nursing or health services than school districts where fewer than 40% of students are eligible for the lunch program.



Learn more in the [Minnesota School Nurse Workforce: A 2022 Snapshot \(PDF\)](#).



## Partnerships for adolescent health

The [Minnesota Student Survey](#) is a good example of the powerful collaboration between communities, districts and schools, youth themselves, and the Minnesota Departments of Education, Health, Human Services, and Public Safety. This survey is an anonymous statewide school-based survey conducted every three years to gain insights into the world of students and their experiences. The survey asks students in fifth, eighth, ninth, and 11<sup>th</sup> grades questions about their activities, opinions, behaviors, and experiences, including a variety of risk and protective factors.

The Minnesota Student Survey is the primary source of comprehensive data on youth at the state, county and local level in Minnesota and is the only consistent source of statewide data on the health and wellbeing of youth from smaller population groups, such as racial or ethnic groups.

Partnerships are always in need of review and adaptation. In the 2022 survey, 70% of Minnesota's school districts participated resulting in a sample size of 135,447 ([Minnesota Student Survey](#)). This is a decline from previous survey cycles. The result is less comprehensive information about the health and wellbeing of Minnesota youth for schools, health departments, advocates, and many others.

Participation in the Minnesota Student Survey reflects the strength of Minnesota's adolescent health partnerships across various systems.

For recommendations to create supportive systems, see MDH's webpage on [equitable and supportive systems](#).

## Equitable and supportive systems: supportive systems section references

[Report: The Importance of Health Coverage \(www.aha.org/guidesreports/report-importance-health-coverage\)](http://www.aha.org/guidesreports/report-importance-health-coverage)

[Health Insurance in Minnesota \(https://data.web.health.state.mn.us/insurance\\_basic\)](https://data.web.health.state.mn.us/insurance_basic)

[Minnesota Health Access Survey \(https://mnha.web.health.state.mn.us/Welcome.action\)](https://mnha.web.health.state.mn.us/Welcome.action)

[Minnesota School-based Health Centers \(www.studenthealthmn.org/locations\)](http://www.studenthealthmn.org/locations)

[Minnesota Statute 121A.21 \(www.revisor.mn.gov/statutes/cite/121A.21\)](http://www.revisor.mn.gov/statutes/cite/121A.21)

[Minnesota School Nurse Workforce: A 2022 Snapshot \(PDF\)](#)

[\(www.health.state.mn.us/people/childreneyouth/schoolhealth/workforce.pdf\)](http://www.health.state.mn.us/people/childreneyouth/schoolhealth/workforce.pdf)

[Minnesota Student Survey \(https://education.mn.gov/MDE/dse/health/mss/\)](https://education.mn.gov/MDE/dse/health/mss/)

[equitable and supportive systems \(www.health.mn.gov/people/adolescent/youth/pah/equitable.html\)](http://www.health.mn.gov/people/adolescent/youth/pah/equitable.html)

# Access to high-quality, youth-friendly health care and information: physical and mental health

Young people benefit from access to high-quality medical, dental, and mental health services and health information.

## Why physical and mental health?

They also benefit from health care providers who understand adolescent and young adult health and development. Health care that is youth-centered, involves parents and caregivers, and allows for increasing autonomy, is critical.

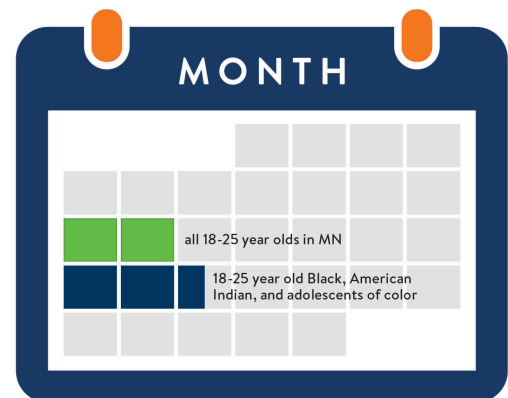


## What do we know?

### Overall physical health

Generally, young people are physically healthy. But not all youth have equal supports to be healthy.

In 2021, 18–25-year-olds said they had about two physically unhealthy days a month ([Minnesota Health Access Survey](#)). Black, American Indian, and adolescents of color reported slightly more physically unhealthy days, about 2.5 days in a month. This is not because they are inherently less healthy than others, but because they face more unjust barriers to the things everyone needs to be healthy, including health care services.



### Preventative health care

An annual well visit with a health care provider is recommended for prevention and early identification of health problems. This is important as many adult health issues are rooted in adolescence. Yet a large percentage of youth do not receive this critical health care.

In 2022 and 2023, **only 69.6% of Minnesota adolescents ages 12 to 17 had at least one preventative visit**, according to a nationally representative survey of parents ([2022-2023 National Survey of Children’s Health, preventative medical visit](#)).

Of children with special health needs, 82.6% had a preventive medical visit, compared to 63.8% of children without special health care needs ([2022-2023 National Survey of Children’s Health, preventative medical visit children with special health needs](#)).

Because a survey of parents is limited by being self-reported, a better way to estimate the true percentage of teens receiving a well visit is health records. This data is currently only available for youth utilizing Medicaid.

**Table 2. In 2022, only 35% of Medicaid-enrolled youth ages 15 to 18 received any health screening.**

Age	Percent receiving any health screenings
10-14	44%
15-18	35%
19-20	19%

Source: [Centers for Medicare & Medicaid Services CMS-416 Federal Fiscal Year 2022 Minnesota Child and Teen Checkups Statewide Participation Report](#)

Minnesota's adolescent well visit rate indicates **many teens do not get the care they need each year**. Promoting access to teen-friendly health care is one place to begin.

## Immunizations

Immunizations among young people is another indicator of preventive health care. During these years, specific immunizations are recommended at various ages such as:

- Diphtheria/tetanus/pertussis - Tdap
- Human papillomavirus – HPV
- Meningococcal – MenACWY-TT)

Minnesota youth have higher immunization rates compared to the national rate. However, compared to other recommended vaccines, Minnesota youth are least likely to get the HPV vaccine. The HPV vaccine is important as it has been found to prevent certain types of cancer ([Reasons to Get Vaccinated](#)).

The National Immunization Survey suggests youth living in rural areas are less likely to get the HPV vaccine compared to major metropolitan areas ([Human Papillomavirus Vaccination Coverage in Children Ages 9–17 Years: United States, 2022](#)). Increasing the HPV vaccine rate requires making immunization much easier to access and addressing parent concerns about this vaccine.

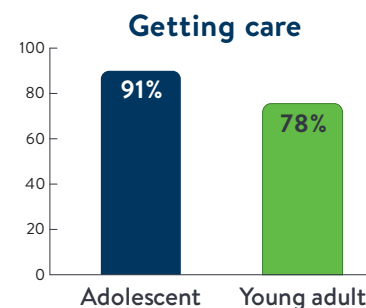
To see up-to-date immunization statistics, visit the MDH's [current childhood and adolescent immunization coverage rates](#) web page.

## Usual source of health care

Over 85% of adolescents ages 10-25 reported having a usual source of health care ([Minnesota Health Access Survey](#)).

There is a significant difference in having a usual source of care for different life stages of adolescence:

- For adolescents ages 10-18: 90.8%



- Young adults ages 19-25: 77.6%, less than the overall state average of 88.2%

In a time of transition and additional responsibilities, young adults are less likely to continue with a usual source of care. This could be due to moving to a new place for college or a job, not knowing how to find care with insurance, or not having support to navigate the health care system.

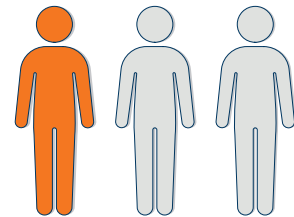
Services to prepare for the transition to adult health care are crucial, especially for young people with special health needs. However, these services are rare, and 75.2% of youth without special health care needs and 73.3% youth with special health care needs do not receive support to transition to adult health care ([2022-2023 National Survey of Children's Health, services to prepare for the transition to adulthood](#)).

Ensuring a successful transition to adult health care is one important step in supporting adolescent health.

## Mental health and wellbeing

Adolescents are experiencing a mental health crisis in the U.S., with one in three high school students reporting persistent feelings of sadness or hopelessness, an increase of 40% since 2009 ([Youth Mental Health](#)). The surgeon general has issued multiple advisories on this topic:

- [Protecting Youth Mental Health \(PDF\)](#)
- [Social Media and Youth Mental Health](#)

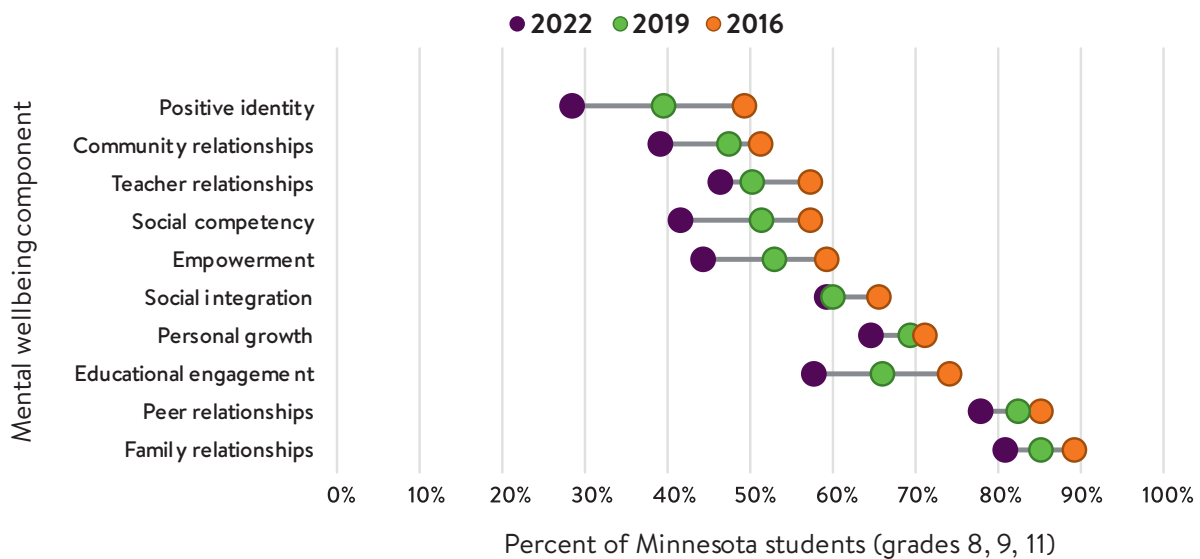


## Mental wellbeing

Most people think about mental illness when they hear "mental health." Mental health is more than the absence of illness. The World Health Organization defines mental health as, "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" ([World Health Organization – Mental Health](#)). To reflect this broader, strength-based concept, many use the term "mental wellbeing" or "flourishing" instead.

By all indicators, the mental health and wellbeing of Minnesota youth has declined since at least 2016. Based on [Minnesota Student Survey](#) data, increasingly fewer Minnesota youth report having key skills and experiences that define mental wellbeing including positive identity, social competency, empowerment, social integration, personal growth, educational engagement, and positive relationships with family, peers, community members, and teachers.

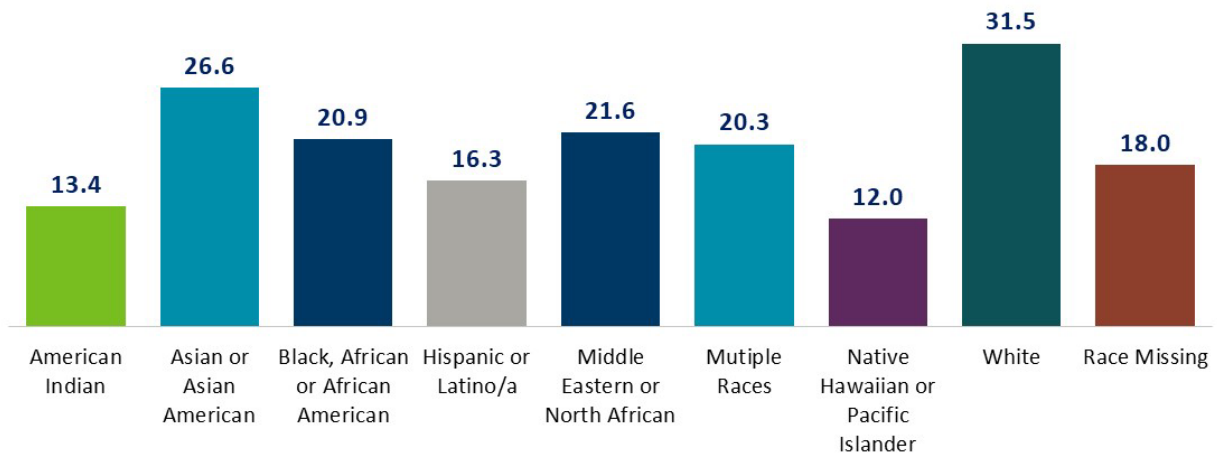
**Figure 4: All positive mental wellbeing components dropped from 2016 to 2019 and again from 2019 to 2022.**



Source: Minnesota Student Survey, 2016, 2019, 2022

Only 28% of youth reported high mental wellbeing, defined as having 8-10 components based on a composite score of the 10 components listed above ([Minnesota Student Survey](#)).

**Figure 5: High mental wellbeing varies by race/ethnicity.**

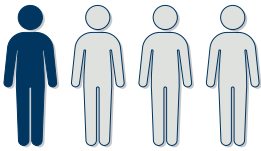


Source: Minnesota Student Survey, 2022; All races are non-Hispanic and are mutually exclusive (i.e., anyone reporting more than one race is reported in the multiple race category)

## Mental illness

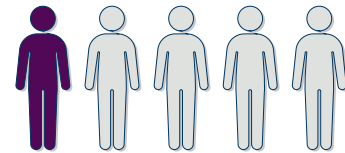
Mental illness, like physical illness, is shaped both by our biology and by our experiences and environments.

The longer a person is experiencing poor mental wellbeing, the more likely they are to experience mental illness.



Youth in Minnesota of all genders, races, and ethnicities are increasingly experiencing mental illness and symptoms of illness, with over one in four adolescents reporting long-term mental health problems.

Of eighth, ninth, and 11<sup>th</sup> graders surveyed, 20% had felt nervous, anxious, were depressed, or were worried for more than seven days in the past two weeks ([Minnesota Student Survey](#)).

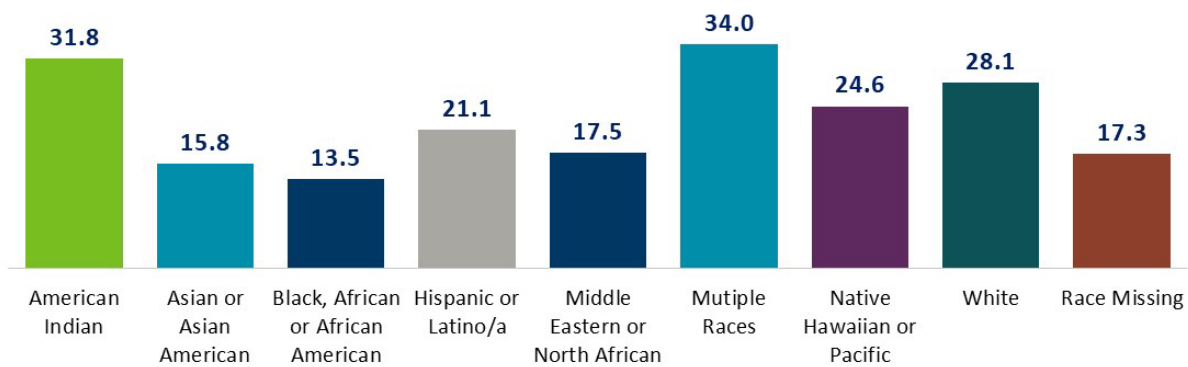


There are also noteworthy disparities. For example, three out of four transgender and non-binary youth and one in three female adolescents (37%) reported long-term mental health problems ([Minnesota Student Survey](#)). This is nearly double the rate of male adolescents (16%) who reported long-term mental health problems ([Minnesota Student Survey](#)).

According to the reports of parents on the National Survey of Children's Health, 59.2% of 12–17-year-olds with special health needs currently have depression or anxiety. This is in strong contrast to 9.8% of youth without special health needs ([2022-2023 National Survey of Children's Health, depression or anxiety](#)).

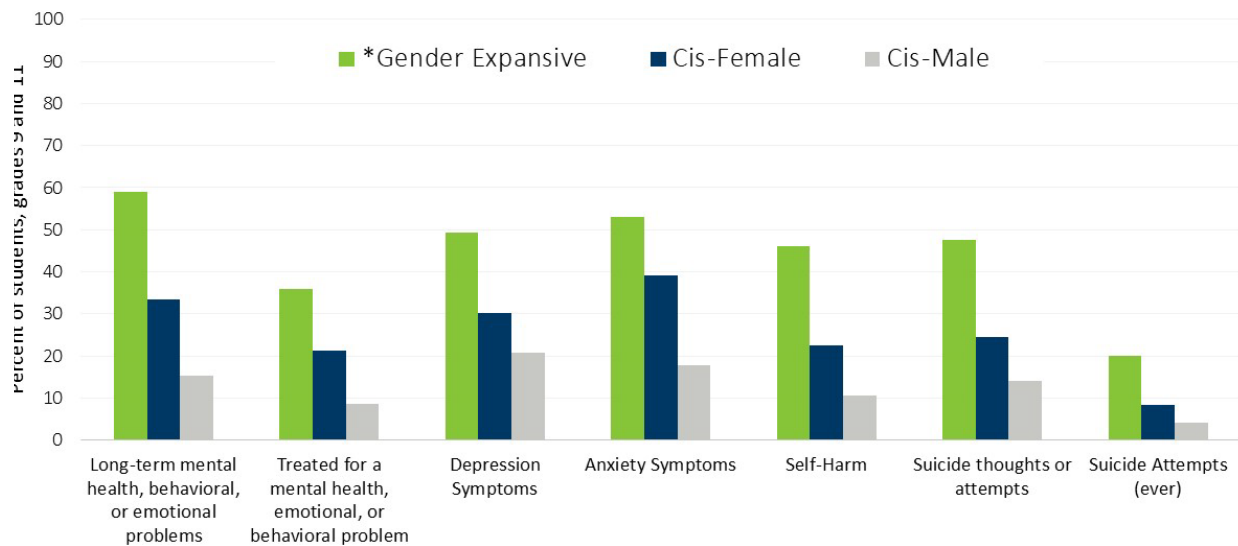
Again, there are many factors that influence adolescents' mental wellbeing and experiences and environments may also make it more or less likely for someone to report mental illness symptoms on a survey.

**Figure 6: Students of all races report long-term mental health, behavioral, or emotional problems. Multiracial students were the most likely to report these, Black students were the least likely.**



Source: Minnesota Student Survey, 2022; All races are non-Hispanic and are mutually exclusive (i.e., anyone reporting more than one race is reported in the multiple race category)

**Figure 7: Gender expansive students were most likely to report negative mental health symptoms when surveyed.**



Source: Minnesota Student Survey, 2022; Grades 9, 11; \*Gender expansive includes the responses of transgender male, transgender female, Two Spirit, questioning, not sure, or identity not listed

## Suicide

Poor mental wellbeing and mental illness can contribute to suicidal thoughts. In 2023, the adolescent suicide rate in Minnesota was 10.7 per 100,000 (ages 10 to 24). Suicide rates vary by age group.

Help is available. If you need immediate emotional or mental health support, or are worried about someone else, please **call or text 988** or visit the 988 Lifeline chat to connect online with a trained specialist.

**Table 3: Suicide rates vary by age group.**

Age group	Suicide rate per 100,000, Minnesota, 2018-2023
10-14	2.5
15-19	11.8
20-24	18.1

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024

More than 20% of eighth, ninth, and 11<sup>th</sup> graders have experienced suicidal ideation, with 12.2% considering suicide in the last year ([Minnesota Student Survey](#)).

## Treatment and minor consent

Community partners consistently report a need for greater access to mental health clinical treatment and supports. Of student respondents who had ever experienced a long-term mental health problem, 64.8% have received treatment ([Minnesota Student Survey](#)).

Recent changes in Minnesota statute allow youth who are 16 years of age or older to consent for inpatient and outpatient treatment ([Minnesota Statute 253B.04](#), [Minnesota Statute 144.3431](#)). These changes may positively impact young people's access to clinical support. For more information and resources on minor's consent and confidentiality, visit the [consent and confidentiality laws in Minnesota](#) webpage.

## Access to high-quality, youth-friendly health care and information: physical and mental health section references

[Minnesota Health Access Survey \(https://mnha.web.health.state.mn.us/Welcome.action\)](https://mnha.web.health.state.mn.us/Welcome.action)  
[2022-2023 National Survey of Children's Health \(www.childhealthdata.org/browse/survey/results?q=11312&r=25\)](http://www.childhealthdata.org/browse/survey/results?q=11312&r=25)  
[2022-2023 National Survey of Children's Health, preventive medical visit children with special health needs \(www.childhealthdata.org/browse/survey/results?q=11312&r=25&g=1167\)](http://www.childhealthdata.org/browse/survey/results?q=11312&r=25&g=1167)  
[Centers for Medicare & Medicaid Services CMS-416 Federal Fiscal Year 2022 Minnesota Child and Teen Checkups Statewide Participation Report \(https://edocs.dhs.state.mn.us/lfrserver/Public/DHS-7103H-ENG\)](https://edocs.dhs.state.mn.us/lfrserver/Public/DHS-7103H-ENG)  
[Reasons to Get Vaccinated \(www.cdc.gov/hpv/vaccines/reasons-to-get.html\)](http://www.cdc.gov/hpv/vaccines/reasons-to-get.html)  
[Human Papillomavirus Vaccination Coverage in Children Ages 9–17 Years: United States, 2022 \(www.cdc.gov/nchs/products/databriefs/db495.htm\)](http://www.cdc.gov/nchs/products/databriefs/db495.htm)  
[current childhood and adolescent immunization coverage rates \(www.health.state.mn.us/people/immunize/stats/gaps.html\)](http://www.health.state.mn.us/people/immunize/stats/gaps.html)  
[2022-2023 National Survey of Children's Health, services to prepare for the transition to adulthood \(www.childhealthdata.org/browse/survey/results?q=11327&r=25&g=1167\)](http://www.childhealthdata.org/browse/survey/results?q=11327&r=25&g=1167)  
[Youth Mental Health \(www.hhs.gov/surgeongeneral/reports-and-publications/youth-mental-health/index.html\)](http://www.hhs.gov/surgeongeneral/reports-and-publications/youth-mental-health/index.html)  
[Protecting Youth Mental Health \(PDF\) \(www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf\)](http://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf)  
[Social Media and Youth Mental Health \(www.hhs.gov/surgeongeneral/priorities/youth-mental-health/social-media/index.html\)](http://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/social-media/index.html)  
[World Health Organization – Mental Health \(www.who.int/health-topics/mental-health#tab=tab\\_1\)](http://www.who.int/health-topics/mental-health#tab=tab_1)  
[Minnesota Student Survey \(https://education.mn.gov/MDE/dse/health/mss/\)](https://education.mn.gov/MDE/dse/health/mss/)  
[2022-2023 National Survey of Children's Health, depression or anxiety \(www.childhealthdata.org/browse/survey/results?q=11338&r=25&g=1167\)](http://www.childhealthdata.org/browse/survey/results?q=11338&r=25&g=1167)  
[Minnesota Statute 253B.04 \(www.revisor.mn.gov/statutes/cite/253B.04\)](http://www.revisor.mn.gov/statutes/cite/253B.04)  
[Minnesota Statute 144.3431 \(www.revisor.mn.gov/statutes/cite/144.3431\)](http://www.revisor.mn.gov/statutes/cite/144.3431)  
[consent and confidentiality laws in Minnesota \(www.health.state.mn.us/people/adolescent/youth/confidential.html\)](http://www.health.state.mn.us/people/adolescent/youth/confidential.html)



# Access to high-quality, youth-friendly health care and information: health literacy

## Why health literacy?

Health literacy for young people emphasizes how to use health information rather than just understand it. Adolescence is an opportunity for youth to develop these skills. Young people deserve support to seek accurate and age-appropriate health information which will allow them to make well-informed decisions about their lives.



## What do we know?

### Health education

There is a strong correlation between education and health literacy ([Health Literacy in the United States \(PDF\)](#)). One indicator of health literacy is the percentage of schools that require two or more health education courses.



Minnesota does well, with 75 to 100% of schools requiring two or more health classes, however the curriculum taught is not currently standardized ([Health Literacy in the United States \(PDF\)](#)). The Minnesota legislature passed statewide health education standards in 2024 however, the specific standards still must be developed and adopted ([Health Education](#)).

Existing statewide efforts for health education have contributed to:

- Delayed sexual activity.
- Lower teen pregnancy and birth rates.
- Increased access to confidential contraception and STI testing for minors.

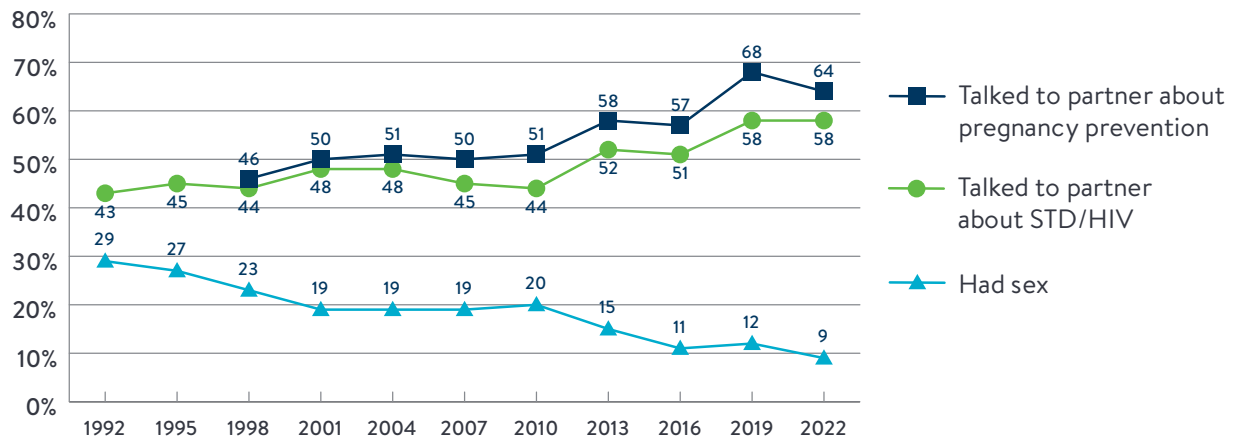
Statewide comprehensive sexual health education standards and implementation will continue to meet the needs of Minnesota's adolescents.

### Sexual and reproductive health

Adolescent sexual and reproductive health has improved, in part because of health education and increased health literacy, as well as improved access to care. This topic is covered briefly in this data book. For more in-depth information regarding the sexual health of adolescents in Minnesota, see the University of Minnesota's 2023 [Minnesota Adolescent Sexual Health Report \(PDF\)](#).

In 2022, only 9% of Minnesota ninth graders reported ever having had sex ([Minnesota Student Survey](#)). Two-thirds of all ninth and 11<sup>th</sup> grade Minnesota Student Survey respondents shared that they had never had sex ([Minnesota Student Survey](#)). The rate of sexual activity among adolescents has been declining.

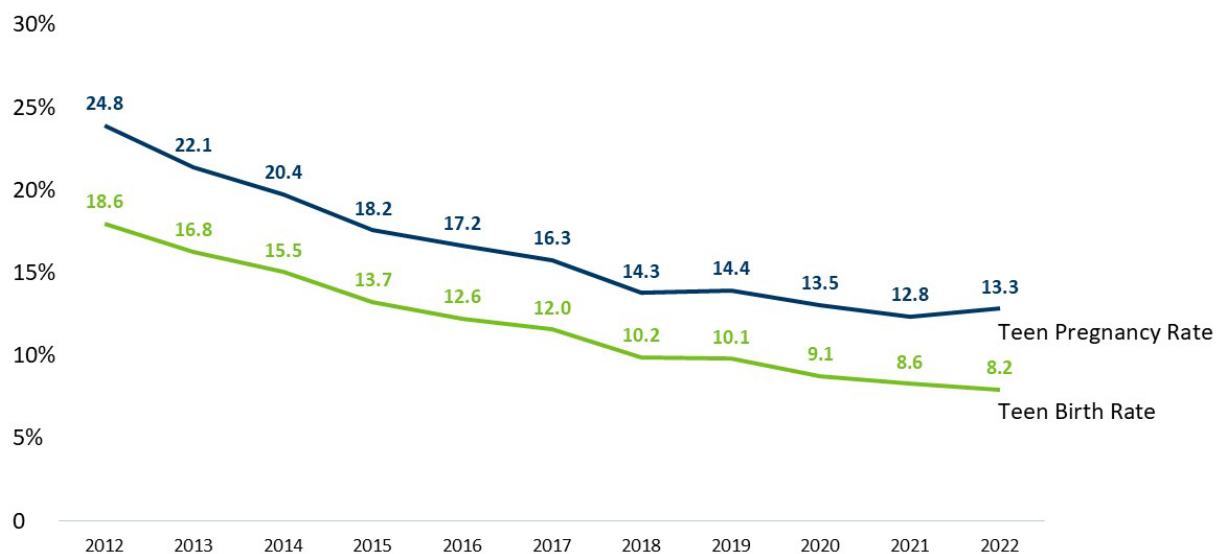
**Figure 8. The rate of sexual activity among adolescents is declining, while the rates of talking to partners are increasing.**



Source: Minnesota Student Survey, 1992-2022; Grade 9; Analyzed by University of Minnesota

Both the teen pregnancy and teen birth rate (births for women ages 15-19) have continued to decline. In 2022, the teen pregnancy rate was 13.3 per 1,000 and teen birth rate was 8.2 per 1,000 (Figure 9) ([2024 Fact Sheets, Teen Birth Rate by State](#)). Minnesota remains well below the national birth rate. In 2022, the national teen birth rate was 13.6 per 1,000 women, 1.7 times higher than Minnesota's rate ([Teen Births](#)).

**Figure 9: Teen pregnancy and birth rates in Minnesota have declined since 2012.**



Source: Minnesota Resident Final Birth File and American Community Survey; Rate per 1,000 Females 15-19

In Minnesota, 1,496 babies were born to mothers ages 15-19 in 2022.

However, significant disparities exist in Minnesota by geography, race, ethnicity, and country of origin. Although the gaps in racial and ethnic disparities in teen births have been decreasing in Minnesota, inequities persist due to continued structural barriers.

For action steps to improve health literacy for adolescents, visit MDH's webpage on [access to high quality, youth-friendly health care and information](#).

### **Access to high-quality, youth-friendly health care and information: health literacy section references**

[Health Literacy in the United States \(PDF\) \(https://milkeninstitute.org/sites/default/files/2022-05/Health\\_Literacy\\_United\\_States\\_Final\\_Report.pdf\)](https://milkeninstitute.org/sites/default/files/2022-05/Health_Literacy_United_States_Final_Report.pdf)

[Health Education \(https://education.mn.gov/MDE/dse/stds/hpe/\)](https://education.mn.gov/MDE/dse/stds/hpe/)

[Minnesota Adolescent Sexual Health Report \(PDF\) \(https://chyd.umn.edu/sites/hyd.umn.edu/files/2023-06/ASHR%202023\\_Final\\_Singles.pdf\)](https://chyd.umn.edu/sites/hyd.umn.edu/files/2023-06/ASHR%202023_Final_Singles.pdf)

[2024 Fact Sheets \(https://drive.google.com/drive/folders/1xCj7sFz\\_SW-KfDufWgkfVfCvZD5uMRTu\)](https://drive.google.com/drive/folders/1xCj7sFz_SW-KfDufWgkfVfCvZD5uMRTu)

[Teen Birth Rate by State \(www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm\)](http://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm)

[Teen Births \(www.cdc.gov/nchs/fastats/teen-births.htm\)](http://www.cdc.gov/nchs/fastats/teen-births.htm)

[access to high-quality, youth-friendly health care and information \(www.health.mn.gov/people/adolescent/youth/pah/healthcare.html\)](http://www.health.mn.gov/people/adolescent/youth/pah/healthcare.html)

# Positive connections with supportive adults: families and caregivers

Young people thrive and flourish when they are surrounded by caring and nurturing relationships with supportive adults.

## Why families and caregivers?

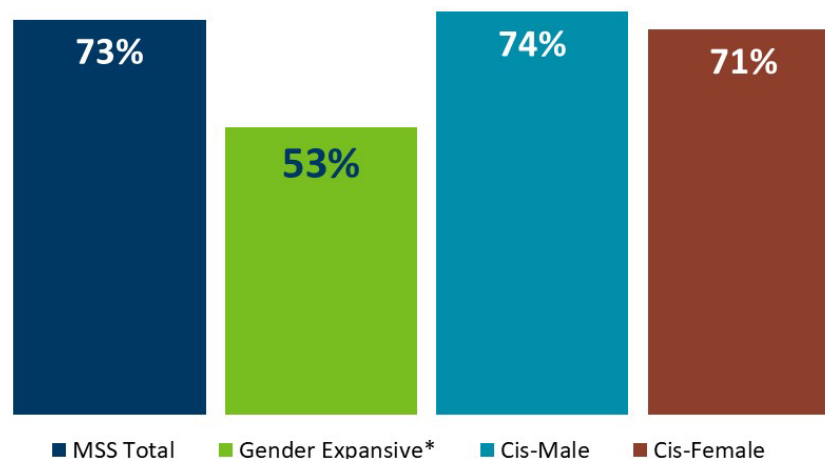
The family plays a significant role in nurturing the health and wellbeing of young people. Yet, the critical supports for parents and adolescents are lacking. As teens learn from the opportunity to become more independent, parents can feel that youth do not need or want to hear from them anymore. However, parents are still key supports during this time.



## What do we know?

Of eighth, ninth, and 11<sup>th</sup> grade Minnesota Student Survey respondents, 78% reported that their parents care about them quite a bit or very much and 70% reported that they could talk to their parent/guardian about their problems ([Minnesota Student Survey](#)).

**Figure 10: Most Minnesota students report that they can talk to their parents or guardians about problems they are having.**



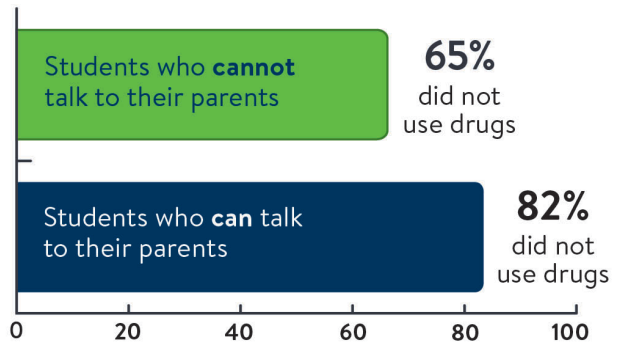
Source: Minnesota Student Survey 2022; Grades 8, 9, 11; \*Gender expansive includes the responses of transgender male, transgender female, Two Spirit, questioning, not sure, or identity not listed

*"I am very grateful of my parents teaching me to speak Spanish first as my first language. It feel good to be able to help people that just came from another country and don't know English it reminds me of my parents and i just think if these were my parents I'd hope someone would help them also."*

- MN Story Collective, under 18 contributor  
Note: this is an excerpt from a longer story

Gender expansive students are less likely to feel supported by their parents, with only 63% reporting that their parents care quite a bit or very much about them. ([Minnesota Student Survey](#)) They also report less support from the rest of their family members, with only 47% reporting that their extended family cared about them quite a bit or very much compared to 69% of adolescents overall ([Minnesota Student Survey](#)).

This support that youth receive from parents and caregivers makes a difference. Eighth, ninth, and 11<sup>th</sup> graders who felt like they could talk to their parents were less likely to use alcohol and other drugs. Of adolescents who reported they could talk to their parents, 82% said they did not use substances in the last 30 days compared to 65% of adolescents who reported they could not talk to their parents. ([Minnesota Student Survey](#))



Youth are also impacted by how much they think their parents would disapprove of using certain substances. Youth who perceive their parents as disapproving very much of substance use are less likely to report substance use ([Minnesota Student Survey](#)).

For ideas on how to support parents and caregivers, visit MDH's webpage on [positive connections](#).

### Positive Connections with Supportive Adults: Families and Caregivers section references

[Minnesota Student Survey \(https://education.mn.gov/MDE/dse/health/mss/\)](https://education.mn.gov/MDE/dse/health/mss/)  
[positive connections \(www.health.state.mn.us/people/adolescent/youth/pah/connections.html\)](http://www.health.state.mn.us/people/adolescent/youth/pah/connections.html)

# Positive connections with supportive adults: adults who understand

## Why adults who understand?

Caring adults who understand young people and their development play an important role in guiding and supporting young people through adolescence. These are adults who “stick” with young people through thick and thin.



## What do we know?

Caring adults make a difference in the health and wellbeing of youth. They can help youth grow up healthy and thriving. Teens who did not have a caring adult were more likely to report poorer health overall, being sexually active, and consuming alcohol ([Minnesota Student Survey](#)).

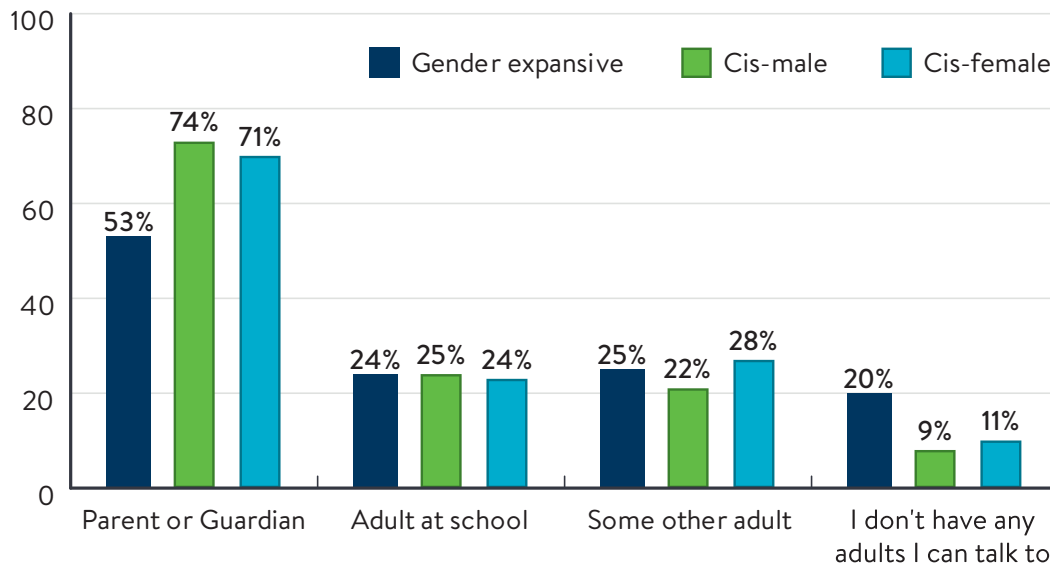
**The presence of caring adults can save lives.** Minnesota students who reported that they did not have any caring adults had 6.4 times greater odds of considering suicide or having a suicide attempt in the past year compared to students who had at least one caring adult ([Minnesota Student Survey](#)). The Trevor Project’s National Survey on LGBTQ Youth Mental Health found that LGBTQ youth who report having at least one accepting adult were 40% less likely to report a suicide attempt in the past year ([Accepting Adults Reduce Suicide Attempts Among LGBTQ Youth](#)).

The good news is 83% of eighth, ninth, and 11<sup>th</sup> grade students reported having at least one caring adult in their lives ([Minnesota Student Survey](#)).

**83%** of students reported having at least one caring adult in their lives.

Just over 10% of Minnesota secondary school students report that they [do not have any adults](#) they can talk to. For gender-expansive students, that number is 20%, highlighting a disparity in support.

**Figure 11: Gender expansive students were almost two times more likely to report that they did not have any adults they could talk to about problems.**



Source: Minnesota Student Survey, 2022; Grades 8, 9, 11; \*Gender expansive includes the responses of transgender male, transgender female, Two Spirit, questioning, not sure, or identity not listed

Youth who have a stressful family life need caring adults in community more, but often these gaps go unfilled. Students without a caring family member had 8.3 times greater odds of not having a caring adult in the community ([Minnesota Student Survey](#)). They also had 4.2 times greater odds of not having positive teacher relationships ([Minnesota Student Survey](#)).

The Partnership aims to surround young people with caring adults who understand adolescent health and development. To learn more, visit MDH's webpage on [positive connections](#).

### Positive connections with supportive adults: adults who understand section references

[Minnesota Student Survey \(https://education.mn.gov/MDE/dse/health/mss/\)](https://education.mn.gov/MDE/dse/health/mss/)

[Accepting Adults Reduce Suicide Attempts Among LGBTQ Youth \(www.thetrevorproject.org/research-briefs/accepting-adults-reduce-suicide-attempts-among-lgbtq-youth/\)](http://www.thetrevorproject.org/research-briefs/accepting-adults-reduce-suicide-attempts-among-lgbtq-youth/)

[positive connections \(www.health.state.mn.us/people/adolescent/youth/pah/connections.html\)](http://www.health.state.mn.us/people/adolescent/youth/pah/connections.html)

## Safe and secure places to live, learn, and play: supportive schools and communities

Schools, communities, and digital environments all play a role in supporting health, social interactions, and cognitive growth.

### Why supportive schools and communities?

When young people feel connected and feel that adults and peers in the school care about their learning, they are more likely to engage in healthy behaviors and succeed academically. Creating safe, engaging, and welcoming communities for young people helps them envision a promising future and feel that they can learn, experiment, contribute, and thrive. Schools and communities where young people feel like they belong provide a solid foundation for young people to flourish.



### What do we know?

#### Schools

Safe and supportive schools can promote student connectedness and academic achievement. Academic achievement can lead to better outcomes for adolescents later in life. Graduating high school and completing further education, including trade schools, two-year associate's degrees, and four-year bachelor's degrees, increase a young person's earning potential. This increases their chances of accessing regular health care, safe housing, nutritious and culturally relevant food, and time for rest and relaxation.

#### Safe and supportive schools

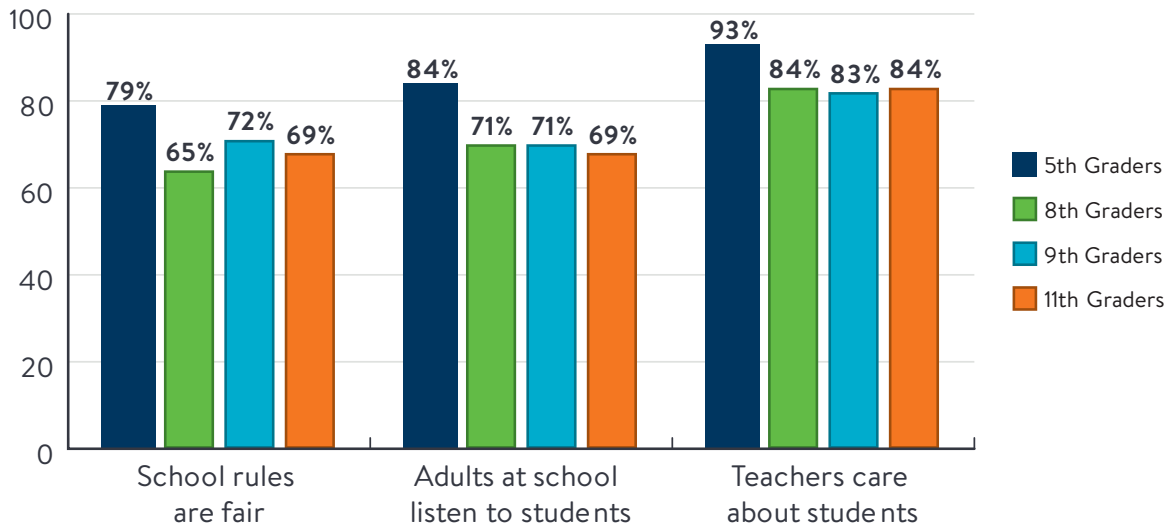
Of the fifth graders surveyed, 85% feel safe at school, and 81% of eighth, ninth, and 11<sup>th</sup> graders feel safe at school ([Minnesota Student Survey](#)).

Most students feel overall that adults in their school treat students fairly: 82% of fifth grade students agree or strongly agree that the adults in their school treat students fairly compared 74% of eighth, ninth, and 11<sup>th</sup> grade students ([Minnesota Student Survey](#)). There are many reasons why this feeling may decrease as a student gets older, including normal developmental changes and less youth-friendly environments in middle and high school.

There are age disparities also seen in other supportive school indicators.



**Figure 12: Older students are less likely to feel that school rules are fair, adults at school listen to students, and teachers care about students.**



Source: Minnesota Student Survey, 2022

Out of all the supportive school measures, students are least likely to agree or strongly agree that most teachers in their school are interested in them as a person (61% among eighth, ninth, and 11<sup>th</sup> grade students vs 74% among fifth grade students) ([Minnesota Student Survey](#)).

From 2016 to 2022, the percentage of students who felt supported by their teachers also dropped. In the wake of the COVID-19 pandemic, there is tremendous pressure on schools to create positive learning environments amid new challenges. Supporting youth is something communities must do together.

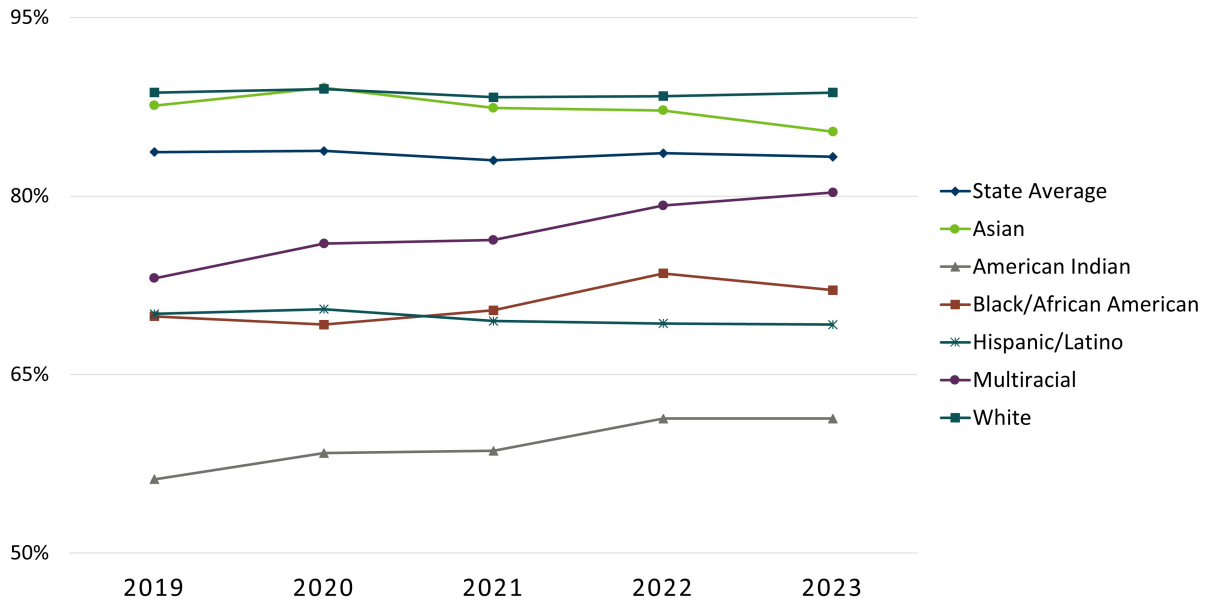
*"I had a daughter at the age of 16. The moment I found out [I was going to become a father] completely changed my life. But this made it hard for me to focus on my education because taking care of her was not gonna happened in a classroom. I needed income. It was a struggle finding jobs that would give me the hours I needed because of my age. So, it led me to selling weed on the streets and still not finding time for my education. My school didnt even give me credit like other schools do for going to work throughout the day. they did have a daycare but that was not all i needed. I am very blessed to say today that I graduated high school. But for many other young fathers it is a struggle to balance between taking care of their daughter now or taking care of their future. Schools need to find every way possible to support students in taking care of their new household and also taking care of their education. We should not have to choose. Like many of my peers had to."*

- MN Story Collective participant, age 18-24

## Graduation rates

In 2023, Minnesota's four-year high school graduation rate was 83.3% ([Minnesota Report Card, graduation rate](#)). Academic achievement gaps persist. Graduation rates can indicate students' connection to and support at school, as well as their access to educational and economic opportunities.

**Figure 13: Graduation rates among American Indian and Black students rose between 2019 and 2023.**



Source: [Minnesota Report Card, graduation rate](#)

## Plans after graduation

Plans after graduation can be an important indicator for adolescent wellbeing as young people take steps toward building their adult lives. Schools that see students holistically can help students feel connected, no matter their plans.

In 2022, 81.1% of 11<sup>th</sup> graders intended to seek further education or training after graduating high school.

- 60% intended to go to a four-year college.
- 16.1% planned to go to a two-year community or technical college.
- 3.5% intended to get a license or certificate in career field.
- 1.5% intended to attend an apprenticeship program.

For more details, read the [Access to College: A 2022 Minnesota Measures Report \(PDF\)](#).

## Communities

Much of adolescents' life is focused on school. But young people are so much more than school. They have vibrant lives outside of education, finding joy in hobbies, sports, clubs, religious groups, etc. These communities impact the health of adolescents.

*"We are experiencing feelings of anxiety over the gun violence, drugs, and crime [...] in broad daylight. I love my neighbors and they are kind, but to be honest, we don't do the parks here, run to the stores here, or go on walks around the neighborhood. We live two blocks from [a] park, and shootings have happened there. We live a block or so from a corner store where a 17 year old was shot last summer. It saddens me to think we can't be a true part of this community just in case something happens."*

- MN Story Collective participant, age 18-24

## Community connectedness and support

Adolescents report that their community, and feeling connected to it, is important to them.

*"My family grew up and lives in a small, rural community that is relatively well-connected and social. Should any major event happen, most of the community will willingly offer support via donations, time, and more. Recently, we had a close relative pass away and our neighbors heard about it and offered condolences and support by providing small dishes of food as well as being available to help with physical labor (i.e., mowing the yard or taking care of the dog). It was comforting to know there was at least a small group of people to offer support."*

- MN Story Collective participant, age 18-24

Of adolescents surveyed, 77% reported that they accept people who are different from them, a key skill for connecting in community ([Minnesota Student Survey](#)). However, only 48.9% indicate they feel valued and appreciated by others, which reflects there is work to do for adolescents to feel connected and supported.

**77%**

accept people who are different than them

## Nutrition and food insecurity

All youth need nourishing food. Three in 100 Minnesota Student Survey respondents indicated they had missed at least one meal in the past 30 days because their family did not have enough money to buy food ([Minnesota Student Survey](#)). This response was slightly more common in fifth grade students, with 3.4% missing a meal vs 2.9% of eighth, ninth, and 11<sup>th</sup> graders.

**3%**

The USDA [Food Access Research Atlas](#) provides information about the food environment in which teens currently live across the U.S. Many teens in Minnesota lack access to healthy food.

Governor Tim Walz signed Free School Meals for Kids into law on March 17, 2023, to help make sure no student goes hungry, lower costs for families, and remove stigma from the cafeteria.

Over 150 million meals were served to kids in the first year of the [Free School Meals for Kids program](#). The Minnesota Free School Meals program grew participation in both breakfast and lunch. Breakfast participation grew by 40% and lunch participation grew by 15% compared to the previous school year.

## Environment and built spaces

Access to parks and green spaces is a key health factor for Minnesota adolescents. Of Minneapolis and St. Paul residents, 98% live within a 10-minute walk of a park ([How Does Your City's ParkScore Rating Stack Up?](#)). However, adolescents in low-income neighborhoods of Minneapolis and St. Paul have less access to parks. These low-income neighborhoods have:



- Nearly 1/3 less park space per person than those in the average Minneapolis neighborhood.
- Nearly 2/3 less park space than those in high income neighborhoods ([Green Spaces to Grow](#)).

Access to parks in Greater Minnesota depends strongly on the built environment in each community. To learn more, visit the [Greater Minnesota Parks and Trails](#) website.

Minnesota Student Survey respondents who report not feeling safe in their neighborhood are less likely to meet the recommended amount of 60 minutes of physical activity a day.

*“My family and I recently had a fun day exploring a local nature park. We hiked through the beautiful trails, had a picnic by the lake, and spotted some adorable wildlife. It made us feel so connected to nature and truly thriving.”*

- MN Story Collective, under 18 contributor

## Physical activity

Safe and supportive environments are important for promoting physical activity. Physical activity contributes to both physical and mental health.

National recommendations indicate adolescents ages 6 through 17 years should get 60 minutes or more of moderate-to-vigorous physical activity daily. ([Physical Activity Guidelines for Americans \(PDF\)](#))

Less than two in 10 youth indicated that they have participated in physical activity for 60 minutes every day in the past seven days. ([Minnesota Student Survey](#))

Making physical activity more accessible and safer will improve health.

Less than  
**2 in 10**

## Housing

Housing is a basic need and impacts other health factors.

Of eighth, ninth, and 11<sup>th</sup> graders surveyed, 2.5% indicated they had experienced homelessness in the past year and 0.5% did not have a parent or adult relative with them. About 13,300 youth experience homelessness in Minnesota every year. Youth make up 46% of people experiencing homelessness in Minnesota ([Youth Homelessness in Minnesota \(PDF\)](#)).

About  
**13,300**

For action steps to create supportive schools and communities, visit the MDH's webpage about [safe and secure places to live, learn, and play](#).

### Safe and secure places to live, learn, and play: supportive schools and communities section references

[Minnesota Student Survey \(https://education.mn.gov/MDE/dse/health/mss/\)](https://education.mn.gov/MDE/dse/health/mss/)

[Minnesota Report Card, graduation rate \(https://rc.education.mn.gov/#graduation/orgId--999999000000\\_groupType--state\\_year--2023\\_graduationYearRate--4\\_p--1\)](https://rc.education.mn.gov/#graduation/orgId--999999000000_groupType--state_year--2023_graduationYearRate--4_p--1)

[Access to College: A 2022 Minnesota Measures Report \(PDF\) \(https://mnmeasures.highered.mn.gov/wp-content/uploads/2023/09/MNMeasures\\_2023-Report\\_AccesstoCollege\\_ADA.pdf\)](https://mnmeasures.highered.mn.gov/wp-content/uploads/2023/09/MNMeasures_2023-Report_AccesstoCollege_ADA.pdf)

[Food Access Research Atlas \(www.ers.usda.gov/data-products/food-access-research-atlas\)](http://www.ers.usda.gov/data-products/food-access-research-atlas)

[Free School Meals for Kids program \(https://education.mn.gov/mde/dse/fns/snp/free/\)](https://education.mn.gov/mde/dse/fns/snp/free/)

[How Does Your City's ParkScore Rating Stack Up? \(www.tpl.org/parkscore\)](http://www.tpl.org/parkscore)

[Green Spaces to Grow \(https://mplsparksfoundation.org/green-spaces-to-grow/\)](https://mplsparksfoundation.org/green-spaces-to-grow/)

[Greater Minnesota Parks and Trails \(www.greatermnparksandtrails.org\)](http://www.greatermnparksandtrails.org)

[Physical Activity Guidelines for Americans \(PDF\) \(https://odphp.health.gov/sites/default/files/2019-09/Physical\\_Activity\\_Guidelines\\_2nd\\_edition.pdf\)](https://odphp.health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf)

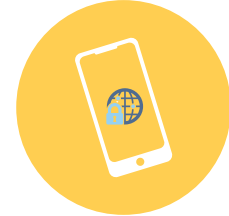
[Youth Homelessness in Minnesota \(PDF\) \(www.house.mn.gov/comm/docs/ll8h1v4xh0KPUk2sMcueyw.pdf\)](http://www.house.mn.gov/comm/docs/ll8h1v4xh0KPUk2sMcueyw.pdf)

[safe and secure places to live, learn, and play \(www.health.state.mn.us/people/adolescent/youth/pah/safesecure.html\)](http://www.health.state.mn.us/people/adolescent/youth/pah/safesecure.html)

# Safe and secure places to live, learn, and play: safe and balanced technology use

## Why safe and balanced technology use?

Young people are spending an increasing amount of time in a digital environment where they live, learn, play, and socialize with others. Social media has become a widely influential part of young people's lives. Growing up in a digital environment provides new challenges that previous generations of young people and adult youth advocates have not seen.

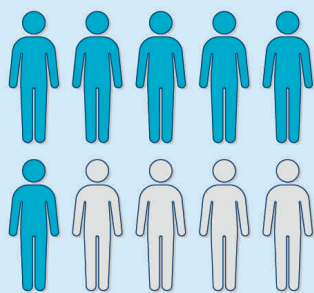


## What do we know?

Minnesota does not currently have state-level data with adolescent self-reported information about technology use. The [Minnesota Student Survey](#) will include questions regarding technology and social media starting in 2025. Participation of as many school districts as possible in the Minnesota Student Survey is essential for greater understanding of this topic. Data presented in this section is from a national level.

Nationally, nearly all teens have access to a smartphone ([Teen and Internet, Device Access Fact Sheet](#)).

About six out of 10 parents surveyed estimated their adolescent (age 12 to 17) used a screen outside of school use for more than three hours a day ([2022-2023 National Survey of Children's Health, time spent with electronics](#)).



**Six out of 10** parents surveyed estimated their adolescent (age 10 to 17) used a screen outside of school use for more than three hours a day.

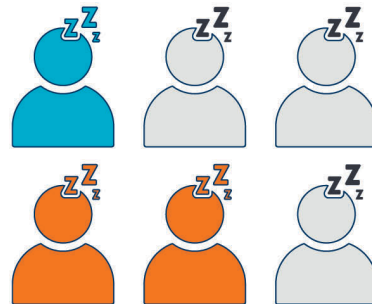
In 2022, 46% of teens reported they use the internet almost constantly, up from 24% who said the same in 2014-15 ([Teens, Social Media and Technology 2022](#)). Teens' media landscape has changed. Nearly all teens (95%) now have access to a smartphone ([Teens, Social Media and Technology 2018](#)).

Of students who drive, 53% reported that they use their cell phone while driving to do things like text, take pictures, use social media, stream video, or videochat. This is dangerous and contributes to motor vehicle crashes due to distracted driving ([Cell Phone Use and Texting While Driving Facts and Statistics](#)).

## Sleep

While it is not the only factor that impacts sleep, technology use plays a role. Specifically, problematic technology and social media use can get in the way of sleep ([Digital Media and Sleep in Childhood and Adolescence](#)).

Among Minnesota Student Survey respondents, just one-third of eighth, ninth, and 11<sup>th</sup> graders reported getting the recommended eight to 10 hours of sleep on weeknights. Two-thirds of fifth graders reported getting the recommended amount of sleep on weeknights.



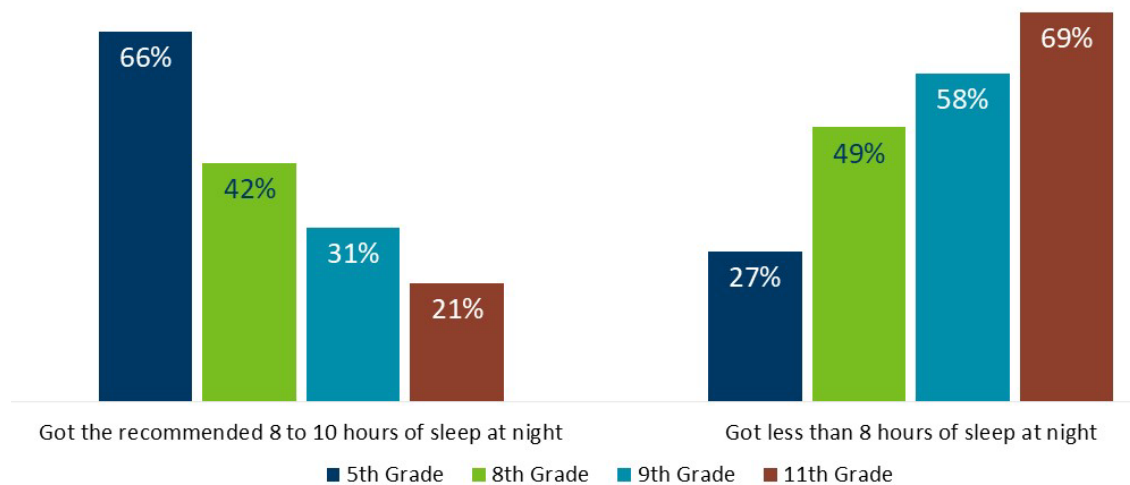
**One-third** of eighth, ninth, and 11<sup>th</sup> grade students get eight to 10 hours of sleep.

**Two-thirds** of fifth grade students get eight to 10 hours of sleep.

Adequate sleep supports adolescents' overall health and wellbeing. Getting the proper amount of sleep at night to helps young people stay focused, improve concentration, and improve academic performance ([Sleep and Health](#)).

Children and adolescents who do not get enough sleep have a higher risk for many health problems. For more information on the importance of sleep and health visit the CDC's website related to [sleep and health](#).

**Figure 14: 40% of fifth, eighth, ninth, and 11<sup>th</sup> graders are getting the recommended eight hours of sleep at night. As adolescents get older, they are less likely to be getting at least eight hours.**

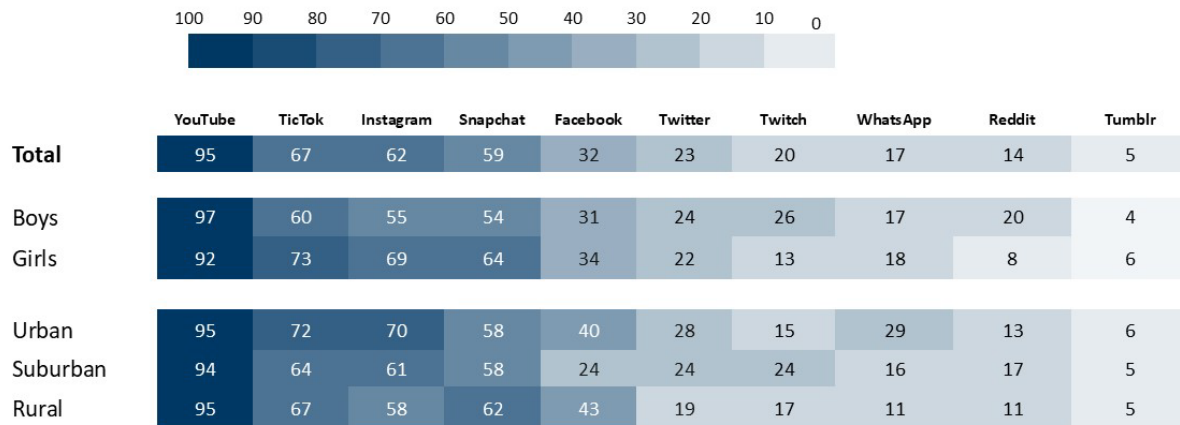


Source: Minnesota Student Survey, 2022

Youth who reported getting eight or more hours of sleep reported feeling good about themselves more often.

Adolescents who reported getting less than eight hours of sleep during weeknights were 2.5 times more likely to report they had missed school because of lack of sleep in the past 30 days than adolescents who had eight or more hours of sleep a night ([Minnesota Student Survey](#)).

**Figure 15: Teen girls and boys use apps and sites in differently; and there are also different utilization of apps and sites by geographies.**



Source: Pew Research Center, [Teens and social media: Key findings from Pew Research Center surveys](#)

To take action for safe and balanced technology use, visit the MDH's webpage about [safe and secure places to live, learn, and play](#).

## Safe and Secure Places to Live, Learn, and Play: Safe and balanced technology use section references

[Minnesota Student Survey \(https://education.mn.gov/MDE/dse/health/mss/\)](https://education.mn.gov/MDE/dse/health/mss/)

[Teen and Internet, Device Access Fact Sheet \(www.pewresearch.org/internet/fact-sheet/teens-and-internet-device-access-fact-sheet/\)](http://www.pewresearch.org/internet/fact-sheet/teens-and-internet-device-access-fact-sheet/)

[2022-2023 National Survey of Children's Health, time spent with electronics \(www.childhealthdata.org/browse/survey/results?q=11260&r=25\)](http://www.childhealthdata.org/browse/survey/results?q=11260&r=25)

[Teens, Social Media and Technology 2022 \(www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/\)](http://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/)

[Teens, Social Media and Technology 2018 \(www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/\)](http://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/)

[Cell Phone Use and Texting While Driving Facts and Statistics \(https://teendriversource.research.chop.edu/teen-crash-risks-prevention/distracted-driving/cell-phones\)](https://teendriversource.research.chop.edu/teen-crash-risks-prevention/distracted-driving/cell-phones)

[Digital Media and Sleep in Childhood and Adolescence \(https://publications.aap.org/pediatrics/article/140/Supplement\\_2/S92/34177/Digital-Media-and-Sleep-in-Childhood-and?autologincheck=redirected\)](https://publications.aap.org/pediatrics/article/140/Supplement_2/S92/34177/Digital-Media-and-Sleep-in-Childhood-and?autologincheck=redirected)

[Sleep and Health \(www.cdc.gov/physical-activity-education/staying-healthy/sleep.html?CDC\\_AAref\\_Val=https://www.cdc.gov/healthyschools/sleep.htm\)](https://publications.aap.org/pediatrics/article/140/Supplement_2/S92/34177/Digital-Media-and-Sleep-in-Childhood-and?autologincheck=redirected)

[Sleep and Health \(www.cdc.gov/physical-activity-education/staying-healthy/sleep.html?CDC\\_AAref\\_Val=https://www.cdc.gov/healthyschools/sleep.htm\)](https://www.cdc.gov/physical-activity-education/staying-healthy/sleep.html?CDC_AAref_Val=https://www.cdc.gov/healthyschools/sleep.htm)

[Teens and social media: Key findings from Pew Research Center surveys \(https://www.pewresearch.org/short-reads/2023/04/24/teens-and-social-media-key-findings-from-pew-research-center-surveys/\)](https://www.pewresearch.org/short-reads/2023/04/24/teens-and-social-media-key-findings-from-pew-research-center-surveys/)

[safe and secure places to live, learn, and play \(www.health.state.mn.us/people/adolescent/youth/pah/safesecure.html\)](http://www.health.state.mn.us/people/adolescent/youth/pah/safesecure.html)



## Opportunities for youth to engage: out-of-school time

Young people grow and thrive best when they are actively engaged in their community and have meaningful leadership opportunities.

### Why out-of-school time?

Out of school time programs support development when they focus on social skills, include meaningful community-based activities, and offer changes to healthy experimentation and decision making.

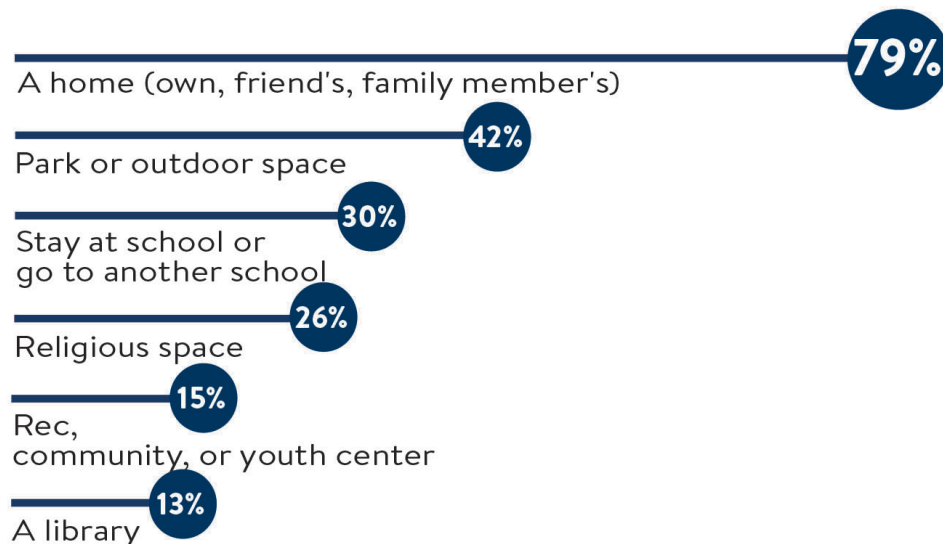


### What do we know?

#### Where students go after school

The most common place for students to go after school is a home. According to [Ignite Afterschool](#), over 144,000 of Minnesota's youth are alone and unsupervised after school. Schools themselves are a common place for Minnesota youth to spend after school time, as are parks and outdoor spaces, and religious spaces. Fewer Minnesota youth report going to libraries or community/recreation centers after school. This could reflect less access to these resources or a missed opportunity to connect youth to community spaces.

**Figure 16: There are many places students go after school. Students most frequently reported going to a home, park or outdoor space, or staying at school/go to another school.**



Minnesota Student Survey, 2022; Grades 8, 9, 11

Of eighth, ninth, and 11<sup>th</sup> graders surveyed, 47.7% said they develop trusting relationships with adults in the activities they choose to do outside of school ([Minnesota Student Survey](#)).

Of eighth, ninth, and 11<sup>th</sup> graders surveyed, 59.1% said they develop trusting relationships with peers in the activities they choose to do outside of school. This often takes place at community sites ([Minnesota Student Survey](#)).

## What students do after school

Of those surveyed, 63% of youth (all grades, fifth, eighth, ninth, and 11<sup>th</sup>) state that their school or community offers a variety of programs for people their age to participate in outside of the regular school day ([Minnesota Student Survey](#)).

Only 6% say their school or community does not offer a variety of programs, and 26% said they did not know.

According to the [Minnesota Student Survey](#), of those respondents who reported not participating in out of school activities, 72% said they didn't participate because they were "not interested" and 43% report that they're too busy with other things, such as a job or homework.

The most common out of school activity for Minnesota youth is sports teams. Many adolescents also participate in artistic activities, lessons, and school clubs, 22% report participating in a religious activity, and 5% participate in cultural heritage programs.

Almost 70% of eighth, ninth, and 11<sup>th</sup> graders experience joy and feel energized in the activities they choose to do outside of the school day.

There are opportunities for action to connect every young person in Minnesota to quality out of school activities. For more details, visit MDH's webpage on [opportunities for youth to engage](#).

### What students do after school

50%	Sports teams
27%	Artistic (music, dance, drawing, pottery, etc.)
25%	Activity lessons like karate or tennis
22%	Religious activities
20%	School sponsored activities or clubs
12%	Tutoring, homework help, academic programs
9%	Leadership activities
7%	Community clubs (4-H, Scouts, community ed
5%	Cultural heritage programs

### Opportunities for youth to engage: out-of-school time section references

[Ignite Afterschool \(https://igniteafterschool.org/\)](https://igniteafterschool.org/)

[Minnesota Student Survey \(https://education.mn.gov/MDE/dse/health/mss/\)](https://education.mn.gov/MDE/dse/health/mss/)

[opportunities for youth to engage \(www.health.state.mn.us/people/adolescent/youth/pah/engagement.html\)](http://www.health.state.mn.us/people/adolescent/youth/pah/engagement.html)

# Opportunities for youth to engage: youth leadership

## Why youth leadership?

It is important to increase opportunities for young people that allow them to actively influence issues that affect their health and development.



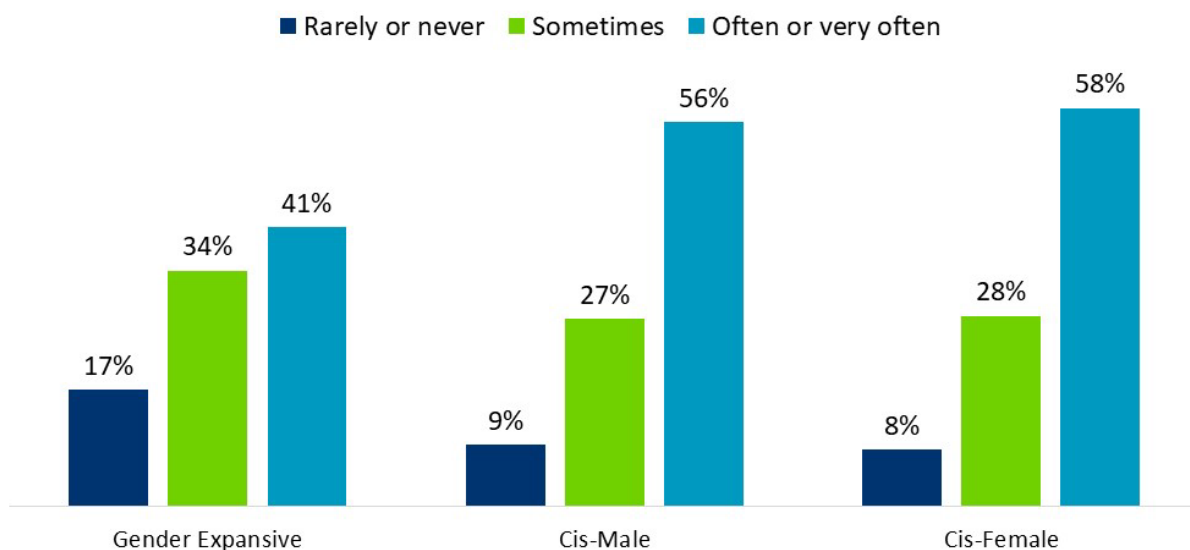
*“Being young and in the foster care system I’ve experienced many types of community and many different versions of what community is supposed to look like. When I first started doing youth-based community work I was 15 turning 16 and I got introduced to things and people in the community that really helped me work on myself and learning new things so I could be successful. I think having safe and healthy relationships in communities is very important and I love the work I do and being able to have relationships in the community.”*

- MN Story Collective participant, under 18 contributor

## What do we know?

Over 50% of students overall reported learning leadership skills often or very often while doing out of school activities ([Minnesota Student Survey](#)). These results varied by gender.

**Figure 17: Gender expansive youth were less likely to report learning leadership skills while doing out of school activities.**



Source: Minnesota Student Survey, 2022; Grades 8, 9, 11

Almost 50% of eighth, ninth, and 11<sup>th</sup> graders help make decisions in their out of school time activities ([Minnesota Student Survey](#)).

*“Recently, I came together with high schoolers, community members, and organizers across the state to protest a racist school board budget that was attempting to be passed by [the school board]. Board members were trying to get rid of DEI, affinity/identity groups, student achievement advisors, pronoun usage, and much more. Youth often feel as though all the decisions about them are being made without them. We brought people together in numbers that the district has never seen before, and that is an incomparable feeling to see others show up for our students. There was hundreds of us that showed up that day. Being in a community where people are so energetic and supportive makes me feel like I belong and I am supported. Being able to bring them together gives me hope for our future.”*

- MN Story Collective participant, under 18 contributor

### **Minnesota Youth Council**

Did you know? The [Minnesota Youth Council](#) serves as liaison between young people, youth-led and youth-serving organizations, and state policymakers and the Governor and Lt. Governor. They are the statutorily created “voice of youth” in Minnesota and expand opportunities for ALL young people in Minnesota to have their voices heard and input considered. The Minnesota Youth Council envisions a state where decisions that impact youth are made WITH and BY young people.

To learn more about action steps for youth leadership, visit MDH’s webpage on [opportunities for youth to engage](#).

### **Opportunities for youth to engage: youth leadership section references**

[Minnesota Student Survey \(https://education.mn.gov/MDE/dse/health/mss/\)](https://education.mn.gov/MDE/dse/health/mss/)

[Minnesota Youth Council \(https://mnyouth.net/myc/\)](https://mnyouth.net/myc/)

[opportunities for youth to engage \(www.health.state.mn.us/people/adolescent/youth/pah/engagement.html\)](http://www.health.state.mn.us/people/adolescent/youth/pah/engagement.html)

## Learn more

To learn more and find action steps for each priority, see the [Minnesota Partnership for Adolescent and Young Adult Health \(PDF\)](#) ([www.health.mn.gov/docs/people/adolescent/youth/mnpartnership.pdf](http://www.health.mn.gov/docs/people/adolescent/youth/mnpartnership.pdf)).

### Reach out

Learn more about how the Minnesota Department of Health and the Partnership can support your work. We are as eager to share our own resources as we are to hear about your work with young people.

**Contact the MDH State Adolescent Health Coordinator:**

[Health.AdolescentHealth@state.mn.us](mailto:Health.AdolescentHealth@state.mn.us) or 651-201-3650

### Stay connected

Join the Partnership for Adolescent and Young Adult Health and share how you are helping Minnesota's young people to thrive. We know that by aligning our efforts, we harness our collective knowledge and resources helping our young people to thrive.

To be added to the Minnesota Partnership for Adolescent and Young Adult Health newsletter list, please email [Health.AdolescentHealth@state.mn.us](mailto:Health.AdolescentHealth@state.mn.us) or visit the [Minnesota Partnership for Adolescent and Young Adult Health \(www.health.state.mn.us/people/adolescent/youth/partnership\)](http://www.health.state.mn.us/people/adolescent/youth/partnership) webpage.

## Appendix: data sources and methods

**American Community Survey:** 2022, ages 0-99 and ages 10-25. The survey is administered by mail or electronically using address-based sampling using the most recent census data. ACS data were used to estimate total county populations and adolescent county populations by race/ethnicity. [American Community Survey \(www.census.gov/programs-surveys/acs/\)](http://www.census.gov/programs-surveys/acs/)

**SARS-CoV-2 infection (COVID-19):** 2020-2023, ages 10-14, 15-19, 20-24. COVID-19 is a reportable disease in Minnesota. Health care practitioners are required by law to report laboratory confirmed cases to the Minnesota Department of Health. [Case and Variant Data COVID-19 Situation Update \(www.health.state.mn.us/diseases/coronavirus/stats/case.html\)](http://www.health.state.mn.us/diseases/coronavirus/stats/case.html)

**Minnesota Center for Health Statistics:** 2021, ages 15-19. Data are collected using birth and death registration and fetal death reports filed to the Office of the Vital Records. Rates are estimated using American Community Survey population estimates. [2021 Minnesota Health Statistics: Annual Summary \(PDF\) \(www.health.state.mn.us/data/mchs/genstats/annsum/annsum2021.pdf\)](http://www.health.state.mn.us/data/mchs/genstats/annsum/annsum2021.pdf)

**Minnesota Child and Teen Checkups Statewide Participation Report:** FY2022, ages 0-20, grouped. This report is sourced from Form CMS-416. States are required to complete this form annually, which is used by the Centers for Medicare & Medicaid Services to collect basic information on State Medicaid and CHIP programs to assess the effectiveness of EPSDT services. [Centers for Medicare & Medicaid Services CMS-416 Federal Fiscal Year 2022 Minnesota Child and Teen Checkups Statewide Participation Report \(https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7103H-ENG\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7103H-ENG)

**Minnesota Health Access Survey:** 2021, ages 10-25. This survey is administered by mail or phone, using address-based sampling in Minnesota. Data is weighted to be representative of the state's population. In 2021, MNHA collected 18,609 completed responses. [Minnesota Health Access Survey \(www.health.state.mn.us/data/economics/hasurvey/index.html\)](http://www.health.state.mn.us/data/economics/hasurvey/index.html)

**Minnesota Homeless Study:** 2018, ages under 17 to 24. A survey conducted every three years by Wilder Research in partnership with homeless services providers across the state. The survey includes direct counts of people experiencing homelessness on a single night, and face-to-face interviews with individuals experiencing homelessness. [Minnesota Homeless Study \(www.wilder.org/mnhomeless\)](http://www.wilder.org/mnhomeless)

**Minnesota Motor Vehicle Crash Facts:** 2022, ages 15-24. Data are collected by the Department of Public Safety, Office of Traffic Safety in accordance with state law. All traffic crashes are required to be reported to DPS and presented in an annual statistical report. [Minnesota Motor Vehicle Crash Facts \(PDF\) \(https://s3.us-east-2.amazonaws.com/assets.dps.mn.gov/s3fs-public/migrated-files/divisions/ots/reports-statistics/Documents/2022a-crash-facts.pdf\)](https://s3.us-east-2.amazonaws.com/assets.dps.mn.gov/s3fs-public/migrated-files/divisions/ots/reports-statistics/Documents/2022a-crash-facts.pdf)

**Minnesota Student Survey:** 2022, grades 5, 8, 9, and 11. The Minnesota Student Survey is the primary source of comprehensive data on youth at the state, county, and local level in Minnesota. School districts choose to opt in to participating in the survey. The MSS is administered electronically every three years to all fifth, eighth, ninth, and eleventh graders present in school on the day of administration.

This analysis did not remove missing responses from Minnesota Student Survey measures as missing responses were not random. Patterns in who responded and who did not respond were observed and to present the most complete picture of the students of Minnesota, this was accounted for in reporting.

Minnesota Student Survey fifth grader responses were analyzed separately from eighth, ninth, and eleventh grade responses as questions were written differently on the fifth-grade surveys. Unless otherwise stated, responses from eighth, ninth, and 11<sup>th</sup> graders were combined.

[Minnesota Student Survey \(www.education.mn.gov/MDE/dse/health/mss/\)](http://www.education.mn.gov/MDE/dse/health/mss/)

**MN StoryCollective:** 2024, ages under 18 to 25. MN StoryCollective is a collaborative effort started to collect qualitative data from diverse communities across Minnesota. Stories can be submitted online by any individual in Minnesota. Additionally, MN StoryCollective has partnered with different organizations, community groups and partners to collect information from specific communities of interest. Stories included in this data report include self-submitted stories online along with stories collected with specific adolescent-serving partners. Submitted stories have not been edited for clarity and are presented as submitted by an individual. [MN StoryCollective \(www.mn.gov/mmb/mnstorycollective/\)](http://www.mn.gov/mmb/mnstorycollective/)

This work is made possible using federal funding, 93.434 -ESSA Preschool Development Grants Birth through Five. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services. Learn more on Minnesota's [Preschool Development Grant \(www.education.mn.gov/MDE/dse/early/preschgr/\)](http://www.education.mn.gov/MDE/dse/early/preschgr/) webpage.

**National Immunization Surveys:** 2022, ages 13-17, adolescents born January 2004 through February 2010, as reported September 2023. This survey is administered by phone through randomly selected cell phone numbers. Vaccination information is collected from the health providers of children. [National Immunization Surveys \(www.cdc.gov/nis/about/index.html\)](http://www.cdc.gov/nis/about/index.html)

**National Survey of Children's Health:** 2022-2023, ages 10-17. The survey is administered by mail or electronically, representatively sampling addresses with children under the age of 18 in the household.

Data from the National Survey of Children's Health is weighted to account for two years of survey collection. [National Survey of Children's Health \(www.childhealthdata.org/learn-about-the-nsch/NSCH\)](http://www.childhealthdata.org/learn-about-the-nsch/NSCH)

**National Vital Statistics System:** 2018-2023, ages 10-24. Data on adolescent suicide were sourced here from the on CDC WONDER Online Database, mortality data, released in 2024. [\(CDC Wonder, Underlying Causes of Death \(https://wonder.cdc.gov/ucd-icd10-expanded.html\)\)](https://wonder.cdc.gov/ucd-icd10-expanded.html) Data are based on death certificates for U.S. residents. Provided by the Centers for Disease Control and Prevention, National Center for Health Statistics

**School Nursing Workforce Survey:** 2024. Researchers reviewed employment information from the Staff Automated Reporting (STAR) report released by the Minnesota Professional Educator Licensing and Standards Board. It was then verified, updated, or modified to ensure accurate reporting of school nurse staffing during the 2022-2023 school year. [Minnesota School Nurse](#)

[Workforce: A 2022 Snapshot \(PDF\)](#)

[www.health.state.mn.us/people/childrenyouth/schoolhealth/workforce.pdf](http://www.health.state.mn.us/people/childrenyouth/schoolhealth/workforce.pdf)

**Teens, Social Media and Technology:** 2023, ages 13-17. The Pew Research Center conducted an analysis of a self-administered online survey of 1,453 youth and parent pairs. Youth and parent responses were weighted separately. [Teens, Social Media and Technology \(PDF\)](#)

[www.pewresearch.org/wp-content/uploads/sites/20/2023/12/PI\\_2023.12.11-Teens-Social-Media-Tech\\_FINAL.pdf](http://www.pewresearch.org/wp-content/uploads/sites/20/2023/12/PI_2023.12.11-Teens-Social-Media-Tech_FINAL.pdf)

**Web-based Injury Statistics Query and Reporting System (WISQARS):** 2022, ages 10-24. Data are collected from the National Vital Statistics System using death certificate information submitted by the state. [WISQARS Fatal and Nonfatal Injury Reports](#)

[www.wisqars.cdc.gov/reports/?o=MORT&y1=2022&y2=2022&t=0&i=0&m=20810&g=27&me=0&s=0&r=0&ry=2&e=0&yp=65&a=5Yr&g1=10&g2=20&a1=0&a2=199&r1=INTENT&r2=NONE&r3=NONE&r4=NONE](http://www.wisqars.cdc.gov/reports/?o=MORT&y1=2022&y2=2022&t=0&i=0&m=20810&g=27&me=0&s=0&r=0&ry=2&e=0&yp=65&a=5Yr&g1=10&g2=20&a1=0&a2=199&r1=INTENT&r2=NONE&r3=NONE&r4=NONE)

**Impact of COVID-19 on Mental Health in Adolescents:** A Systematic Review. 2021, ages 13-17. The systemic study reviewed multiple published original quantitative studies on mental health issues in adolescents due to COVID-19. Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines were used to identify which articles were eligible for inclusion. Published in the International Journal of Environmental Research and Public Health.

[Impact of COVID-19 on Mental Health in Adolescents](#)

[www.ncbi.nlm.nih.gov/pmc/articles/PMC7967607/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7967607/)