DEPARTMENT OF HEALTH

Adolescent Health Data Book 2026 Edition

MINNESOTA PARTNERSHIP FOR ADOLESCENT AND YOUNG ADULT HEALTH

July 2026

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. The Adolescent Health Data Book is updated when new Minnesota Student Survey data is available, approximately every three years.

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, healthcare 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

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 11th grade students. The age ranges for each data source are noted.

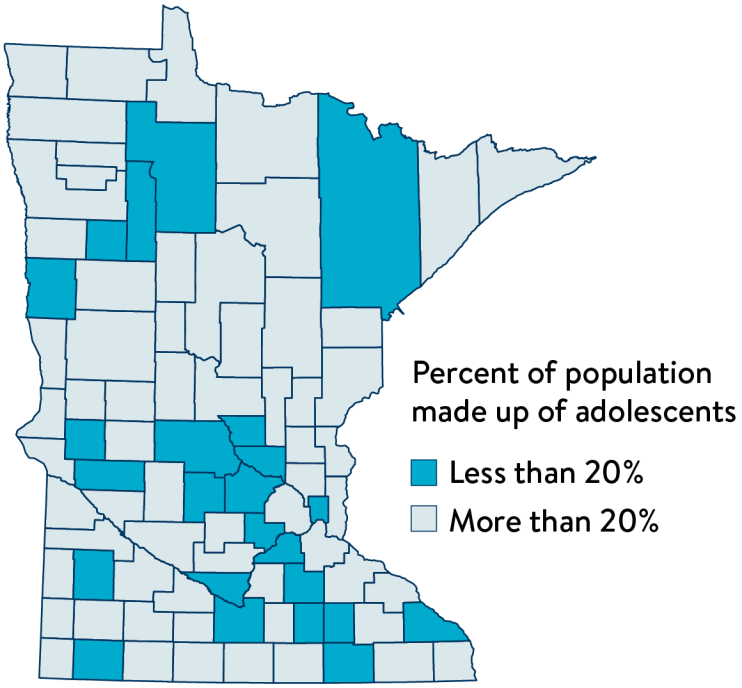
More specific information about each data source and its methods can be found in the Appendix.

Geographic location

Approximately 1,200,374 adolescents live in Minnesota (Explore Census Data, 2024). About 1 in 5 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 (American Community Survey, 2023).

Figure 1: Adolescents are in every county of Minnesota. Counties with the greatest concentrations of adolescents are found in both Greater Minnesota and the metro area.



Source: American Community Survey, ages 10-25, 2023

Gender

According to the U.S. Census, approximately 51% of Minnesota adolescents were assigned male at birth and 48% are assigned female at birth in 2024 (National Population by Characteristics: 2020-2025). However, the 2025 Minnesota Student Survey reports that gender identity is broader than this, with 9.1% identifying as gender expansive.

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

Gender	Percentage
Cisgender male	46.5%
Cisgender female	43.5%
Genderfluid, gender non-conforming, genderqueer, agender, or non-binary	4.1%
Questioning, not sure, identity not listed	2.7%
Transgender boy/man	1.3%
Transgender girl/woman	0.6%
Two-Spirit	0.4%
Missing/no response	3.8%

Source: Minnesota Student Survey, 2025, grades eight, nine, 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.

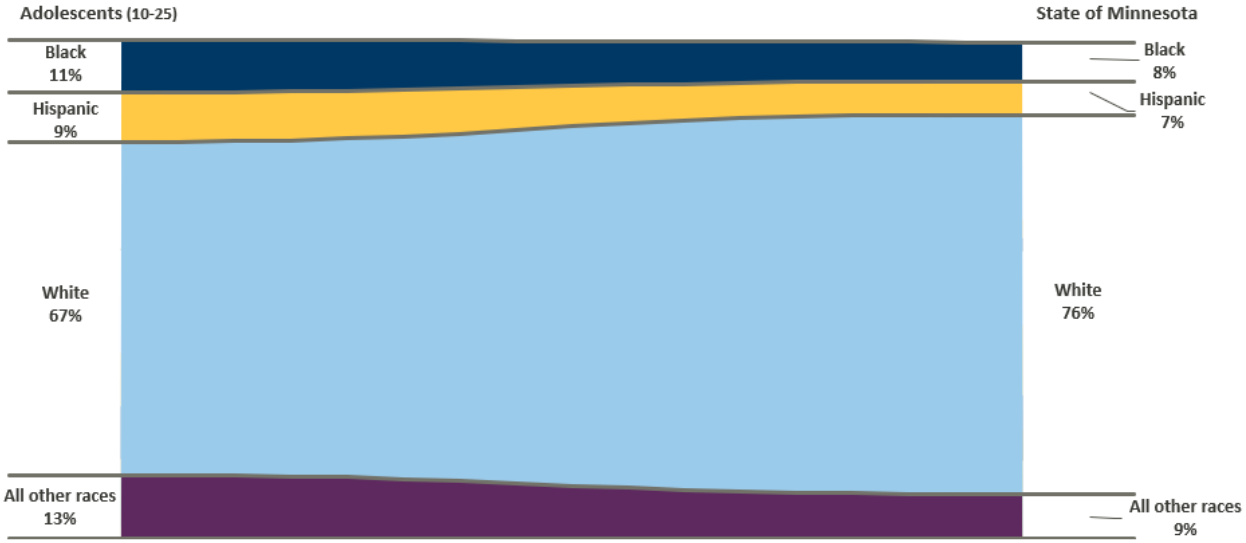
For more information about gender identity, including why acknowledging gender diversity is important, see the Transgender and Non-Binary People FAQ.

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: U.S. Census Bureau, 2024

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 2026. 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.

About the data book and 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)

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

Explore Census Data, (https://data.census.gov/)

National Population by Characteristics, 2020-2025 (https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html)

American Community Survey (www.census.gov/programs-surveys/acs/)

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

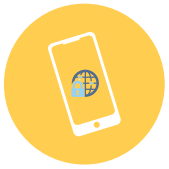
Supporting Transgender, Non-binary, and Gender-expansive Children (PDF) (https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/documents/Supporting-Caring-for-Trans-Children-UPDTE-100424.pdf)

Transgender and Non-Binary People FAQ (www.hrc.org/resources/transgender-and-non-binary-faq)

Further Definitions of Terms: Gender Identity (https://genderhealthdata.org/gender-identity-definitions/)

Five essential themes and key priorities

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

Essential themes	Priorities
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.	 Health equity  Supportive systems
Access to high-quality, youth-friendly healthcare and information Young people benefit from access to high-quality medical, dental, and mental health services and health information.	 Physical and mental health  Health literacy
Positive connections with supportive adults Young people thrive and flourish when they are surrounded by caring and nurturing relationships with supportive adults.	 Families and caregivers  Adults who understand
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.	 Supportive communities and schools  Safe and balanced technology use
Opportunities for youth to engage Young people grow and thrive best when actively engaged with their community and have meaningful leadership opportunities.	 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%.

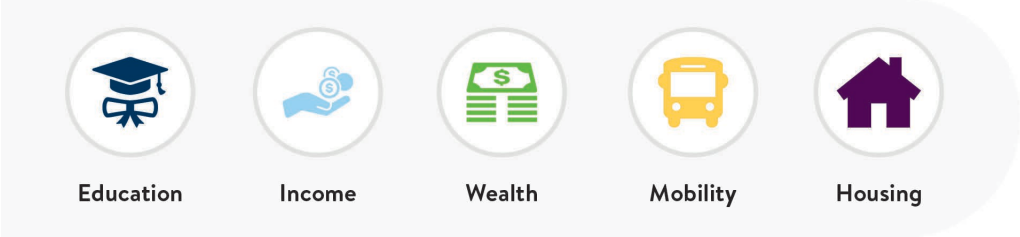
Achieving health equity includes:

- 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.**

The biggest contributors to health



What do we know?

> *"As a daughter of immigrants, it was rewarding to showcase the sacrifices of my family to graduate with a Bachelor's Degree and becoming the first in my family to graduate with a university. It was rewarding as it was a difficult journey to navigate by being a first generation student through overcoming the inequities in educational opportunities for students of color and children of immigrants"*
>
> - MN StoryCollective participant, age 18-25

Submitted stories and quotes have not been editing for spelling, style, or word choice and are presented as submitted by an individual.

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 United States, 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).

Equity throughout the data book

Disparities in equity for adolescent health persist. This is evident throughout this data book. Examples include:

- The number of physically unhealthy days a month adolescents of different genders experience shown on page 12.
- In the graduation rates shown in Figure 14 on page 32.
- In the leadership experiences shown in Figures 22 and 23 on page 47 and 48.

These differences do not highlight faults or deficits of individuals or groups of people. Instead, these are examples of how systems have failed and continue to fail meeting the needs of all adolescents in Minnesota. Join us in the work of building better systems for the health of all.

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)
Creating Health Equity in Minnesota (www.health.state.mn.us/communities/equity/about/creatinghealthequity.html)
Explore Census data (https://data.census.gov/)
Equitable and supportive systems (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?

> *"I talked about when my school had a budget cut which took away certain classes, bus services and other school resources. This impacted my experience for the last two years of high school because there were many activities I was a part of and classes I wanted tobtake that were no longer available"*

- MN StoryCollective participant, age 18-25

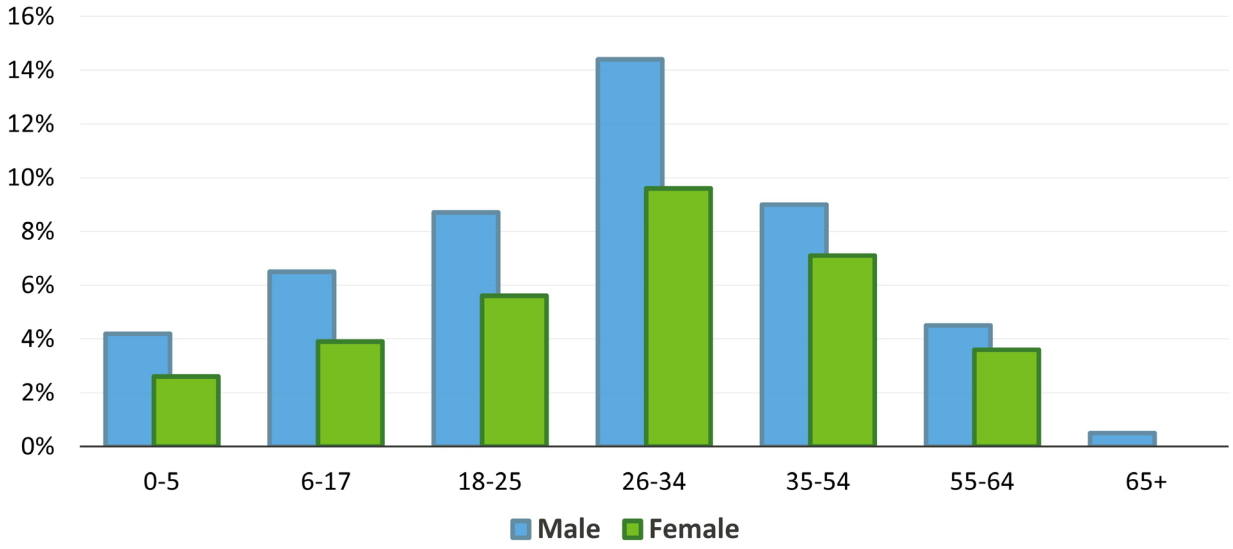
Measuring supportive systems is not as straightforward as measuring individual health factors. However, it is important to begin to illustrate the public health system surrounding adolescents. Key indicators include health insurance, health and wellness services in schools, and evidence of strong partnerships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

Health insurance

Health insurance facilitates access to healthcare and is associated with better health outcomes (Report: The Importance of Health Coverage). Health insurance access is not equally available to all youth in Minnesota.

While most adolescents in Minnesota have health insurance, 5.9% were uninsured in 2025, a 68% increase in adolescents being uninsured from 2023. About 5.8% of all Minnesotans are uninsured, a steep increase from 2023. Overall, men are much more likely than women to lack health insurance coverage, especially in the 18–25-year-old age group (Minnesota Health Access Survey).

Figure 3: Males are more likely than females to not have health insurance.



Source: Minnesota Health Access Survey, 2025

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 healthcare 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 healthcare delivery model located in or near a school facility and that offers comprehensive medical care, including preventive and behavioral health services. Preventive 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 with a school-based health center 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 healthcare organization.

Characteristics of a school-based health center

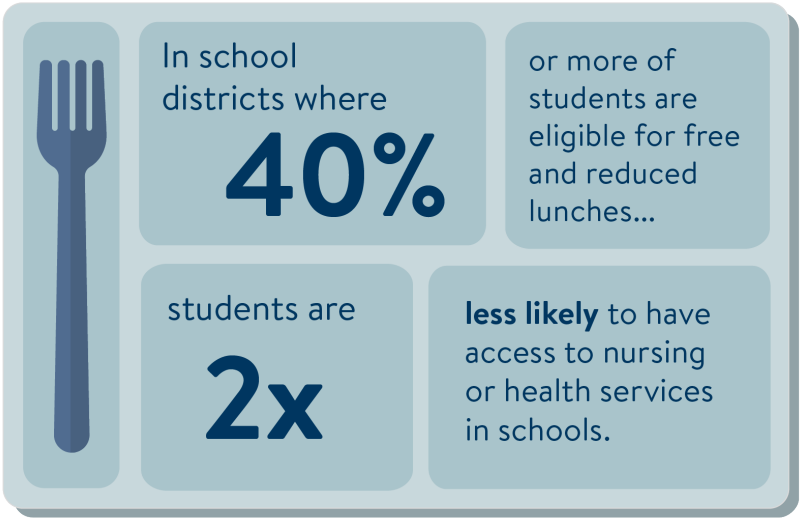
- In or near a school.
- Serves students first.
- Ensures equity by turning no child away regardless of ability to pay, insurance coverage, or immigration status.
- Eases access to care that helps kids learn and communities thrive.

As of 2026, there are 42 school-based health centers throughout Minnesota. This is an expanding area of adolescent health in Minnesota and new clinics continue to open. A map of current locations can be found on the Minnesota School-based Health Centers webpage.

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 healthcare, 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, healthcare 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 their 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.

- Across Minnesota, many students lack access to consistent school-based healthcare services. Only 49% of school districts employ a licensed school nurse, while 26% provide no staff solely dedicated to student health services at all. As a result, schools often depend on personnel whose primary responsibilities are outside healthcare to address student medical

needs. These staffing gaps can limit schools' ability to respond effectively to emergencies, support students with chronic conditions, address mental and behavioral health concerns, and promote overall student wellbeing and academic success.

- 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 by visiting the Statewide School Nurse Workforce Data webpage.

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 11th 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.

The data from the Minnesota Student Survey is used to support the health of adolescents in Minnesota. Participation in the Minnesota Student Survey has gone down in recent years. 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. Many partners are working to support future participation in the Minnesota Student Survey.

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 (https://www.aha.org/system/files/2018-01/report-coverage-overview-2017_0.pdf)
Minnesota Health Access Survey (https://mnha.web.health.state.mn.us/Welcome.action)
Minnesota School-based Health Centers (www.studenthealthmn.org/locations)
Minnesota Statute 121A.21 (www.revisor.mn.gov/statutes/cite/121A.21)
Minnesota School Nurse Workforce: A 2022 Snapshot (PDF) (www.health.state.mn.us/people/childrenyouth/schoolhealth/workforce.pdf)
Minnesota Student Survey (https://education.mn.gov/MDE/dse/health/mss/)
Equitable and supportive systems (www.health.mn.gov/people/adolescent/youth/pah/equitable.html)

Access to high-quality, youth-friendly healthcare 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?

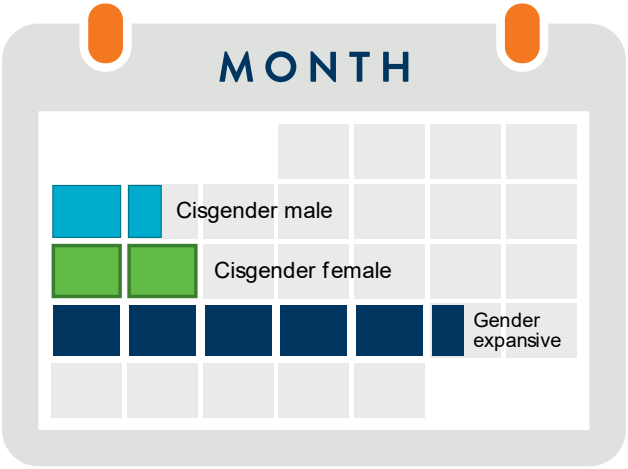
Young people also benefit from healthcare providers who understand adolescent and young adult health and development. Healthcare that is youth-centered, involves parents and caregivers, and allows for increasing autonomy, is critical.

What do we know?

Overall physical health

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

In 2025, young people ages 18–25-year-olds said they had about two physically unhealthy days a month (Minnesota Health Access Survey). Gender expansive youth have three to four more physically unhealthy days in a month than their cisgender peers. 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 healthcare services.



Preventive healthcare

An annual preventive visit with a healthcare 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 healthcare.

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

In 2023 and 2024, **only 74.6% of Minnesota adolescents ages 10 to 17 had at least one preventive visit**, according to a nationally representative survey of parents (The National Survey of Children's Health).

Of children with special health needs, 86.7% had a preventive medical visit, compared to 63.8% of children without special health needs (The National Survey of Children's Health).

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 2024, only 38% of Medicaid-enrolled youth ages 15 to 18 received any health screening.

Age	Percent receiving any health screenings
10-14	47%
15-18	38%
19-20	22%

Source: Centers for Medicare & Medicaid Services CMS-416 Federal Fiscal Year 2024 Minnesota Child and Teen Checkups Statewide Participation Report

Immunizations

Immunizations among young people is another indicator of preventive healthcare. During these years, specific immunizations are recommended such as:

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

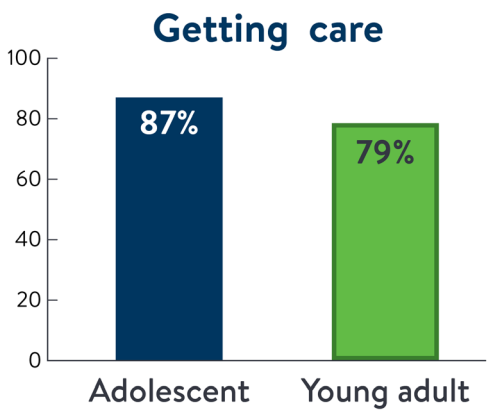
The HPV vaccine is important as it has been found to prevent certain types of cancer (Reasons to Get Vaccinated).

Minnesota youth have higher immunization rates compared to the national rate (Childhood Immunizations in Minnesota). However, compared to other recommended vaccines, Minnesota youth are least likely to get the HPV vaccine (Current Childhood and Adolescent Immunization Coverage Rates).

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 healthcare



Over 84% of adolescents ages 10-25 reported having a usual source of healthcare (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: 87.4%
- Young adults ages 19-25: 78.8%, less than the overall state average of 86%

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 healthcare system.

Services to prepare for the transition to adult healthcare are crucial, especially for young people with special health needs. However, these services are rare: 68.9 % youth with special healthcare needs and 71.8% of youth without special healthcare needs do not receive support to transition to adult healthcare (The National Survey of Children's Health).

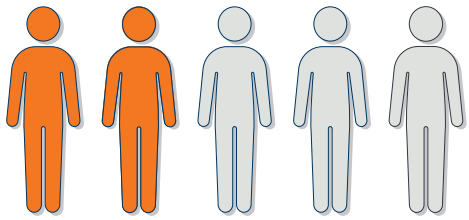
Ensuring a successful transition to adult healthcare is one important step in supporting adolescent health.

Other good data resources on physical health and adolescents in Minnesota include:

Story Behind the Numbers: Youth Cannabis Use in Minnesota

Teens and Commercial Tobacco in Minnesota

Mental health and wellbeing



Adolescents continue to experience a mental health crisis in the U.S., with 2 in 5 high school students reporting persistent feelings of sadness or hopelessness, an increase of more than 52% since 2009 and 8% increase from 2019 (2023 Being sad or hopeless | YRBS-Table | CDC). However, there were signs of hope in the most recent Minnesota Student Survey data.

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.

Between 2016 and 2022, reported mental wellbeing of Minnesota youth significantly declined. By all indicators, the mental health and wellbeing of Minnesota youth has increased since 2022. Students reported a significant improvement in all mental wellbeing components in 2025 and 36% of students report having high mental wellbeing – an increase from 2022. However, students are still experiencing poorer mental wellbeing than they did in 2016.

What do teens say?

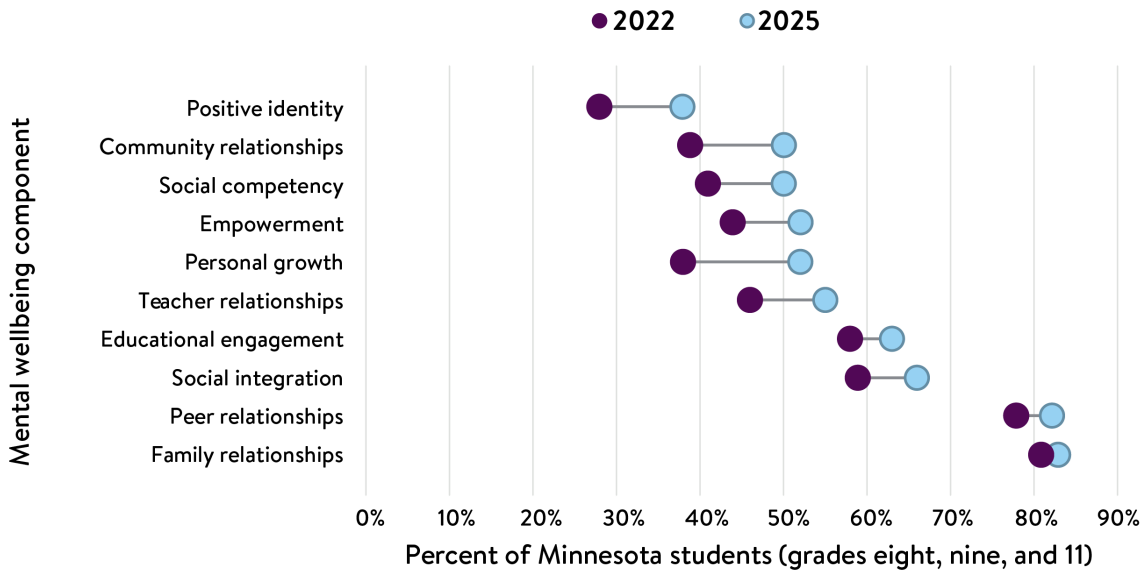
Learn more about how teens contributed to the data book in Appendix B.

MNPAH partners often wonder if students are feeling the improvements in mental wellbeing shown in the Minnesota Student Survey. Young people generally said that **while mental wellbeing is still a concern for them, the data matched their experience.** Young people felt that their mental wellbeing was better when compared to their experiences during the COVID-19 pandemic, but they still have concerns with the mental wellbeing of themselves and their peers. Students specifically stated that, while there were challenges with returning to school and life in person after COVID-19 precautions, returning was ultimately good for their wellbeing.

"I think that the time points at which the data were taken should be weighed heavily, especially because the pandemic had a large effect on the ability of individuals to build and maintain social relationships. The pandemic's effects still persist to this day, so it will be interesting to see how the data may change in the coming years."

"I'm surprised that there is such a low percentage of students with low mental well being — I would've expected more."

Figure 4: All positive mental wellbeing components significantly improved from 2022 to 2025.



Source: Minnesota Student Survey, 2022-2025, grades eight, nine, and 11

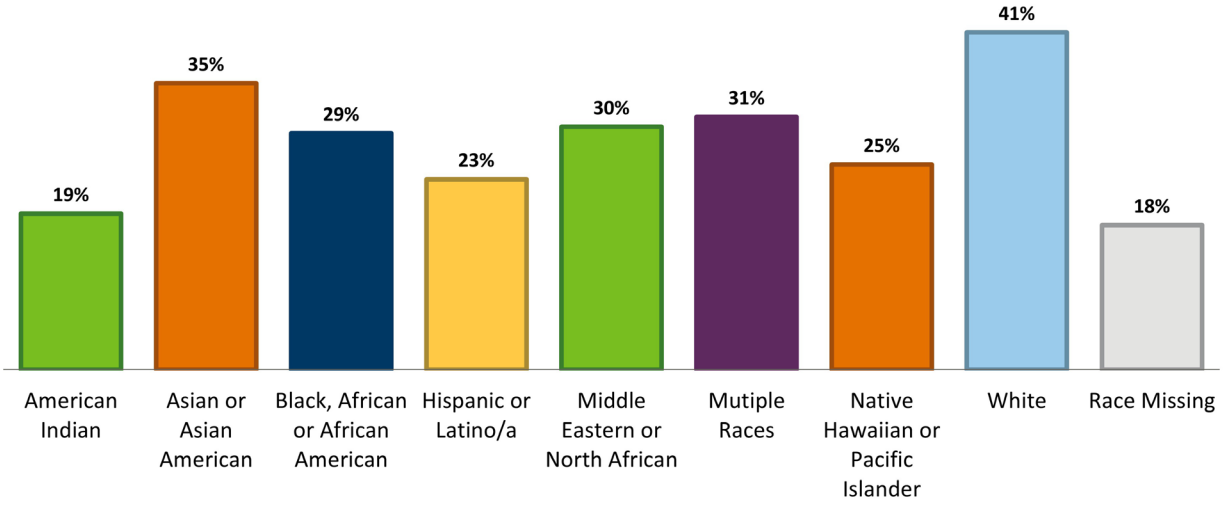
What do teens say?

Young people report struggles with burnout. In relation to this, students would like to see a question like, 'Are you able to take the time to do the things that help your mental wellbeing?' added to the survey in the future.

"Mental wellbeing is heavily impacted, at least in my and others' experience, by the pressure to succeed academically. I've felt the detriments of sacrificing my health (i.e. sleep) to live up to academic expectations and pressure. In my circles at school, many people are stressed about getting into a top school, but at the same time, students aren't willing to open up about these issues and how they affect their mental health. Overall, mental health is, in my experience, not quite a taboo, but still not exactly a lunch-table topic for conversation. Many still are unaware of the downsides of using social media on their mental health or don't take it seriously."

High mental wellbeing varies by race/ethnicity. Every adolescent in Minnesota deserves the opportunity to thrive and flourish, but research shows experiencing racism and discrimination is associated with worse mental health and mental wellbeing. Among adults, people of color report higher levels of unfair treatment when seeking healthcare compared to white adults, a trend that likely applies to young people as well. Lower mental wellbeing can be caused by systemic inequities, less access to resources and care, and increased stress. Building inclusive communities and supporting providers of all backgrounds could decrease inequities in mental wellbeing (Racial and Ethnic Disparities in Mental Health Care).

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



Source: Minnesota Student Survey, 2025, grades eight, nine, and 11; All races are non-Hispanic and are mutually exclusive (i.e., anyone reporting more than one race is reported in the multiple race category)

What do teens say?

Teens largely agreed with the mental wellbeing components and shared things that most helped their mental wellbeing. They listed:

- Relationships with both family and peers.
- Positive identity.
- Recognizing their own identity.
- Building their own self-esteem.
- Going outside without phones.
- Becoming involved in youth groups or advocacy groups.
- Finding out who you are and what you are interested in.
- Building community over time.
- Getting to know yourself as you grow.
- Building on what you struggle with using your strengths.

Young people thought reduced stigma about mental illness might play a role in mental wellbeing improvements but still had concerns about this. Students from immigrant communities highlighted stigma in their own communities.

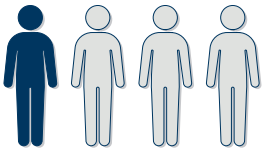
"This makes sense with what my friends and peers are experiencing. I have heard conversations at my school related to all of these wellbeing components, especially relationships, social competency, and positive identity."

"As a young person, I think that the components you need the most are positive identity and relationships, both with family and peers. These allow youth to gain confidence and develop socially, emotionally, and physically."

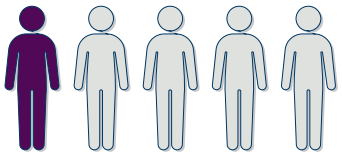
Mental illness

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. Data on mental health problems and mental illness did not improve between 2022 and 2025.



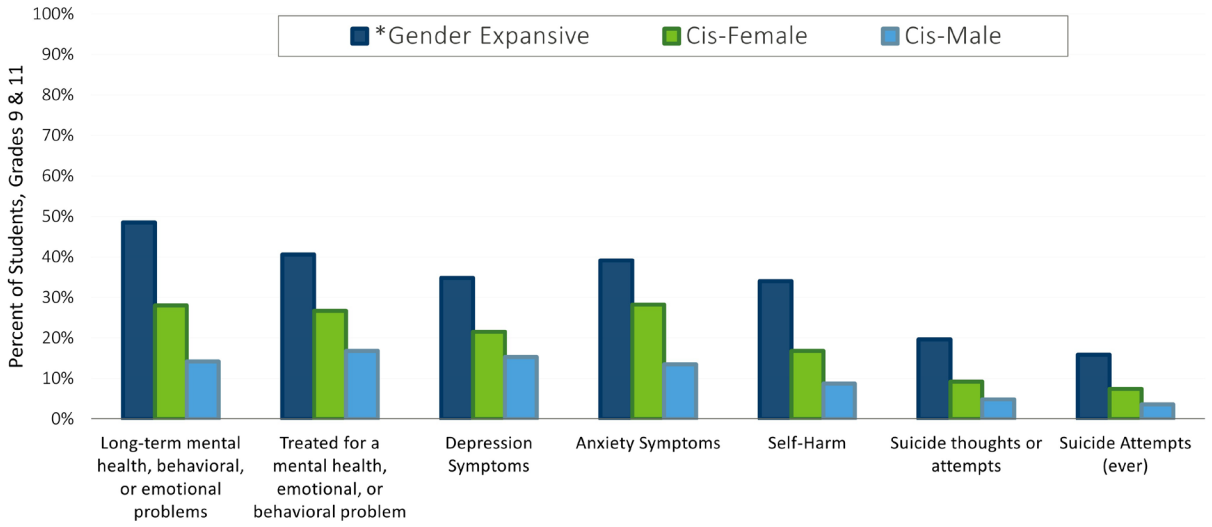
Youth in Minnesota of all genders, races, and ethnicities are increasingly experiencing mental illness and symptoms of illness, with over one in four adolescents overall reporting long-term mental health problems. While mental wellbeing improved between 2022 and 2025, these indicators did not.



Of eighth, ninth, and 11th graders surveyed, 1 in 5 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 that stem from inequity. For example, almost half of transgender and non-binary youth and 28% female adolescents reported long-term mental health problems (Minnesota Student Survey). This is approximately double the rate of male adolescents (14%) who reported long-term mental health problems (Minnesota Student Survey). Gender expansive young people more often report a gap in key protective factors, such as having a caring adult in their lives. All children are more likely to thrive when they are supported in their environments, and more can be done to support these young people.

Figure 6: Gender expansive students were most likely to report negative mental health symptoms when surveyed.

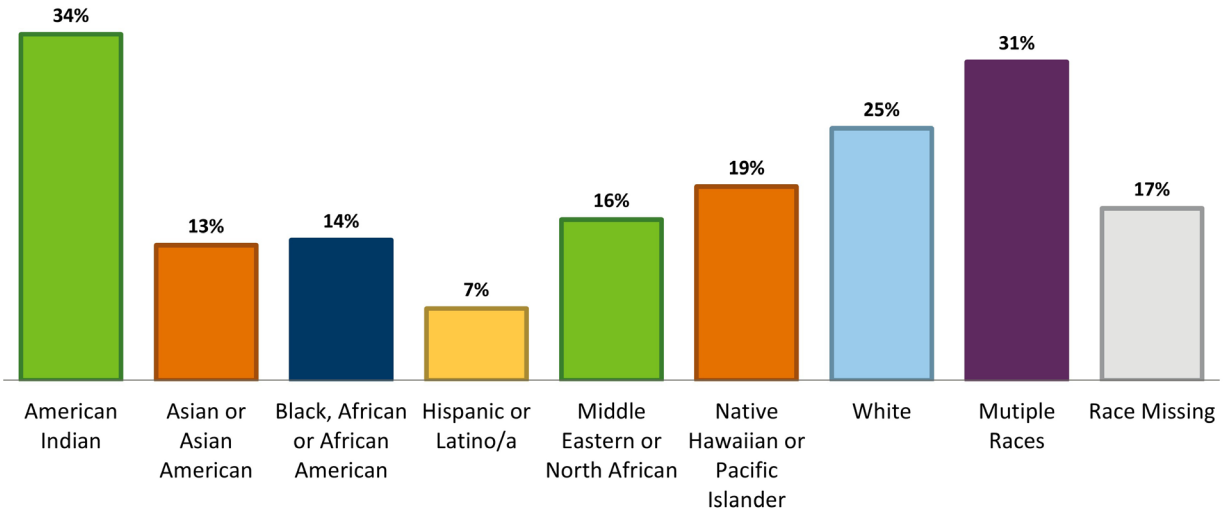


Source: Minnesota Student Survey, 2025, grades nine and 11; *Gender expansive includes the responses of transgender male, transgender female, Two Spirit, questioning, not sure, or identity not listed

According to the reports of parents on the National Survey of Children's Health, 57.4% of 10–17-year-olds with special health needs currently have depression or anxiety. This is in strong contrast to 8.1% of youth without special health needs.

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 7: Students of all races report long-term mental health, behavioral, or emotional problems.



Source: Minnesota Student Survey, 2025, grades eight, nine, and 11; All races are non-Hispanic and are mutually exclusive (i.e., anyone reporting more than one race is reported in the multiple race category)

While the Minnesota Student Survey cannot tell us about underlying causes, increased stigma or less access to services in some racial or ethnic communities may cause underreporting of long-term mental health problems. At the same time, high levels of social support could lead to a true reduction in long-term mental health problems, even among groups of students who report lower mental wellbeing.

Students with long term mental health issues are two times more likely to experience discipline in school compared to students with no reported long term mental health issues. However, discipline is still disproportionate. American Indian students who do not identify having long term mental health problems are 1.5 times more likely to face in-school discipline than their peers who do have mental health problems.

Suicide

Poor mental wellbeing and mental illness can contribute to suicidal thoughts. The average adolescent suicide rate in Minnesota from 2019 to 2024 was 10.3 per 100,000 (ages 10 to 24), compared to the national rate of 10.2 per 100,000. 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, 2019-2024
10-14	2.4
15-19	11.6
20-24	17.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2019-2024 on CDC WONDER Online Database, released in 2026

Less than 10% of eighth, ninth, and 11th graders have experienced suicidal ideation, with 5.5% 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, 63.2% have received treatment.

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.

What do teens say?

Teens want us to take action and to involve them in the solutions. Suggestions included including youth as advocates, helping students find personal growth and confidence building activities, and providing care that is comprehensive, equitable, and intersectional.

"Teenagers are different, and everyone's relationship to social media, mental health, or school can affect them in different ways. The best way to tell people besides work of mouth, would be through social media campaigns, or even posyers. I find that the data tells a pretty clear picture of the things teens are going through at the moment." [sic]

"I think the data is really reflective of how teens currently feel, I'd love to see how this information will be used to create healthier environments for teens, whether through relationships and a sense of community, and finding balance between connections in person vs. online."

To learn more about taking action for physical and mental wellbeing, visit MDH's webpage on access to high-quality, youth-friendly healthcare and information.

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

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

The National Survey of Children's Health (https://www.childhealthdata.org/learn-about-the-nsch/NSCH)

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)

Reasons to Get Vaccinated (www.cdc.gov/hpv/vaccines/reasons-to-get.html)

Childhood Immunizations in Minnesota (https://www.americashealthrankings.org/explore/measures/Immunize_c/MN)

Current Childhood and Adolescent Immunization Coverage Rates (https://www.health.state.mn.us/people/immunize/stats/gaps.html)

Human Papillomavirus Vaccination Coverage in Children Ages 9–17 Years: United States, 2022 (www.cdc.gov/nchs/products/databriefs/db495.htm)

High School Students Who Felt Sad or Hopeless (https://yrbs-explorer.services.cdc.gov/#/tables?questionCode=H26&topicCode=C01&year=2023&location=XX)

Protecting Youth Mental Health (PDF) (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)

World Health Organization – Mental Health (www.who.int/health-topics/mental-health#tab=tab_1)

Racial and Ethnic Disparities in Mental Health Care (https://www.kff.org/racial-equity-and-health-policy/racial-and-ethnic-disparities-in-mental-health-care-findings-from-the-kff-survey-of-racism-discrimination-and-health/#:~:text=Key%20Takeaways,responses%20from%20over%206%2C000%20adults)

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

Minnesota Statute 253B.04 (www.revisor.mn.gov/statutes/cite/253B.04)

Minnesota Statute 144.3431 (www.revisor.mn.gov/statutes/cite/144.3431)

consent and confidentiality laws in Minnesota (www.health.state.mn.us/people/adolescent/youth/confidential.html)

Access to high-quality, youth-friendly healthcare 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?

Factors influencing health literacy

Young people get health information from a wide variety of sources. Trusted adults, parents and caregivers, medical providers, teachers, and health educators are all important people in supporting young people in growing their health literacy. In a study of adolescents from low-income and racial/ethnic minority communities in six U.S. cities, young people reported most often getting health information from family and teachers (How do underserved adolescents want to learn about health?). For all health topics, doctors were teens' preferred source, with teachers as a secondary preferred source.

Young people also seek out health information from online sources. With the increased access to artificial intelligence (AI), 57% of young people nationwide report using AI chatbots to look for information (How Teens Use and View AI). In 2025, 64% of teens polled reported ever using a chatbot in 2025 (Teens, Social Media and AI Chatbots 2025). Health information is also common in other online places where young people spend a lot of time. For example, 76% of teens say they use YouTube daily, and 61% say they use TikTok daily (Teens, Social Media and AI Chatbots 2025). AI chatbots and social media platforms can lead to misunderstood medical and health information. While easily accessible and appealing to young people, these resources may not be reliable sources of health information.

Supportive adults can help young people navigate their information environments and identify trusted resources. They can also help young people connect to age-appropriate youth-friendly healthcare and resources, giving young people the tools to make and act on informed decisions about their health.

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 includes health education as a requirement for graduation.

The Minnesota legislature passed statewide health education standards in 2024. At the time of publication, standards have not yet been adopted and implemented (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.
- STI testing for minors.

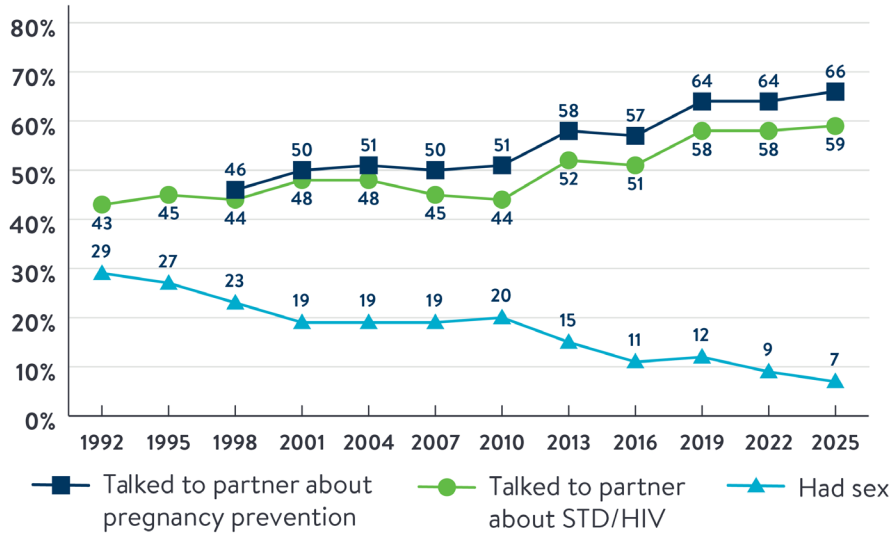
Sexual and reproductive health

One of the most common examples of health literacy is sexual health education. 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 Minnesota Adolescent Sexual Health Report & Training.

In 2025, less than 6% of Minnesota ninth graders reported ever having had sex (Minnesota Student Survey). Two-thirds of all ninth and 11th 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.

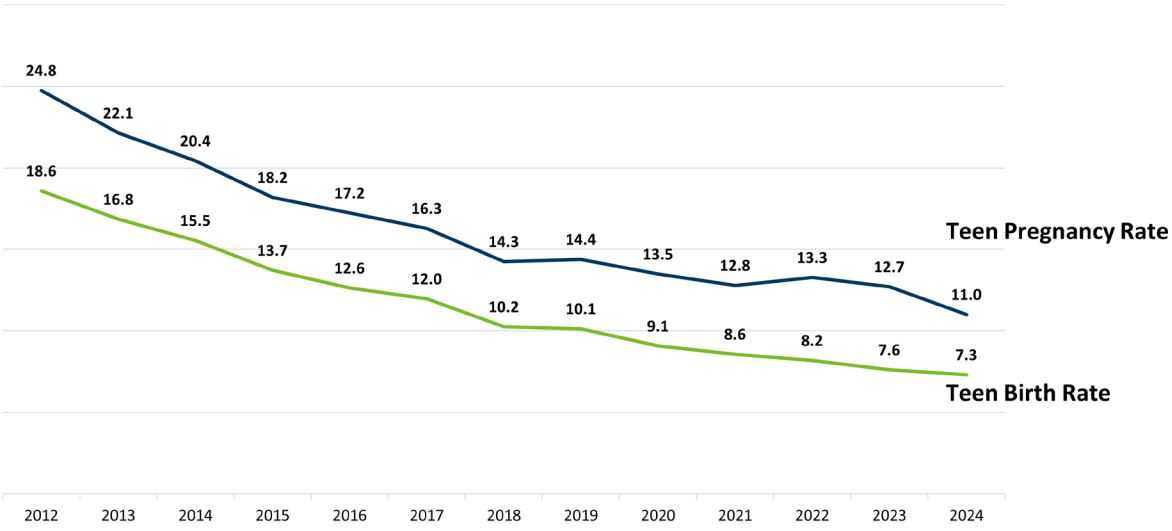
Figure 8. The rate of sexual activity among adolescents is declining, while the rates of talking to partners are increasing.



Source: Minnesota Student Survey, 1992-2025, grade 9

Both the teen pregnancy and teen birth rate (births for women ages 15-19) have continued to decline. In 2024, the teen pregnancy rate was 11.0 per 1,000 and teen birth rate was 7.3 per 1,000 (Figure 9). Minnesota remains well below the national birth rate. In 2024, the national teen birth rate was 12.6 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 2012-2024; Rate per 1,000 Females 15-19

In Minnesota, 1,397 babies were born to mothers ages 15-19 in 2024.

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 healthcare and information: health literacy section references

How do underserved adolescents want to learn about health? (https://pmc.ncbi.nlm.nih.gov/articles/PMC9510699/)

How Teens Use and View AI (https://www.pewresearch.org/internet/2026/02/24/how-teens-use-and-view-ai/)

Teens, Social Media and AI Chatbots 2025 (https://www.pewresearch.org/internet/2025/12/09/teens-social-media-and-ai-chatbots-2025/)

Health Literacy in the United States (PDF) (https://milkeninstitute.org/content-hub/research-and-reports/reports/health-literacy-united-states-enhancing-assessments-and-reducing-disparities)

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

Minnesota Adolescent Sexual Health Report & Training (https://chyd.umn.edu/training/training-professional-development-0/adolescent-sexual-health-report)

Teen Births (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)

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.

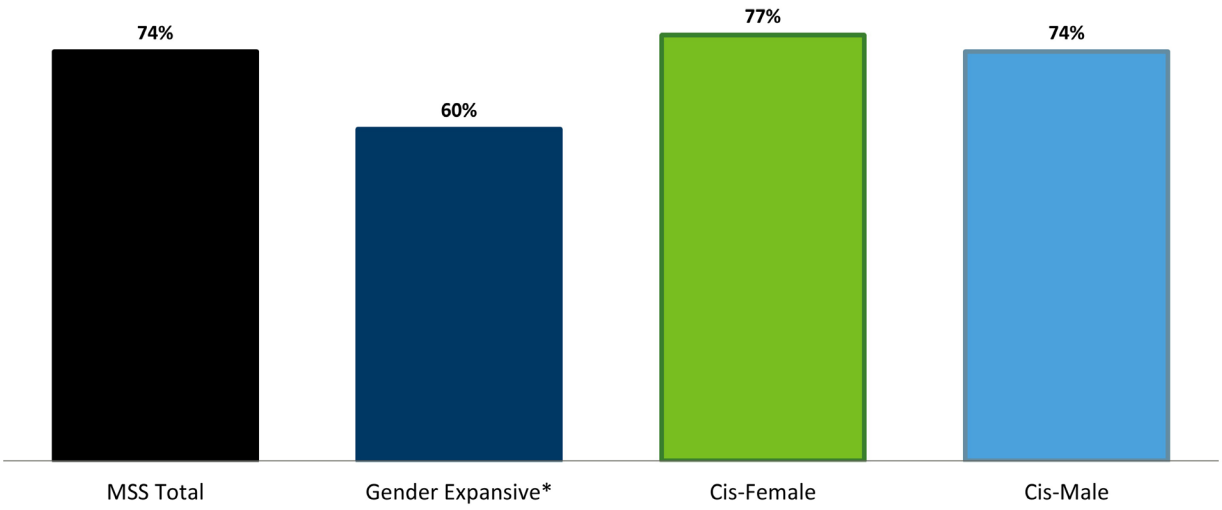
Why families and caregivers?

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 11th grade Minnesota Student Survey respondents, 81% reported that their parents care about them quite a bit or very much and 74% 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 2025, grades eight, nine, and 11; *Gender expansive includes the responses of transgender male, transgender female, Two-Spirit, questioning, not sure, or identity not listed

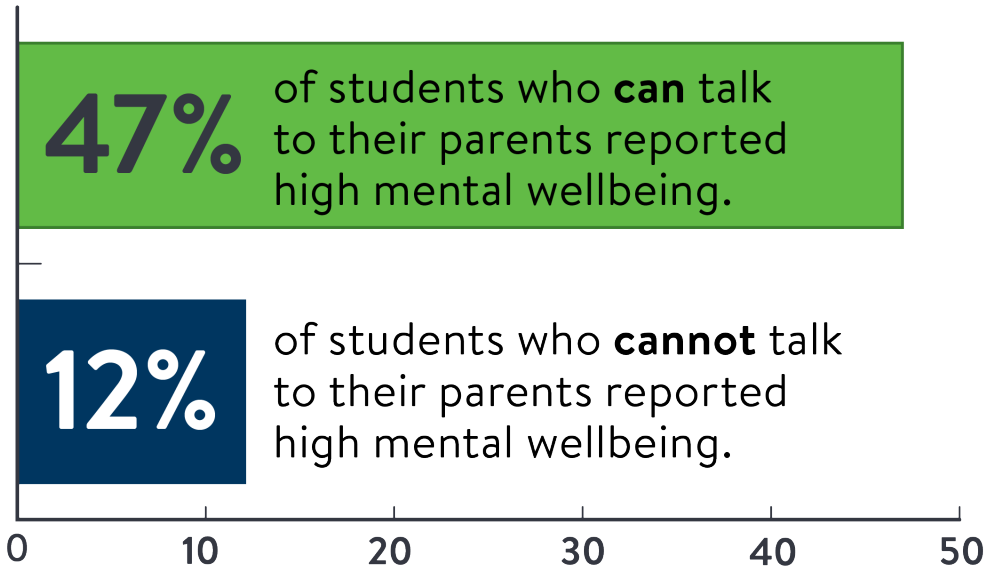
"I am very greatful of my parents teaching me to speak Spanish first as my first language. It feel good to be able to help people that just came from another country and don't know English it reminds me of my parents and i just think if these were my parents I'd hope someone would help them also."

- MN StoryCollective, 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 69% 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 57% reporting that their extended family cared about them quite a bit or very much compared to 75% of adolescents overall (Minnesota Student Survey). While this is a large inequity, there are signs of hope, as these numbers have improved compared to the 2022 survey.

Youth who could talk to parents were 4 times more likely to have high mental wellbeing, compared to those who could not talk to their parents.

Figure 11: Being able to talk to parents contributes to mental wellbeing.



Source: Minnesota Student Survey 2025, grades eight, nine, and 11

Youth are 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/)

positive connections (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).

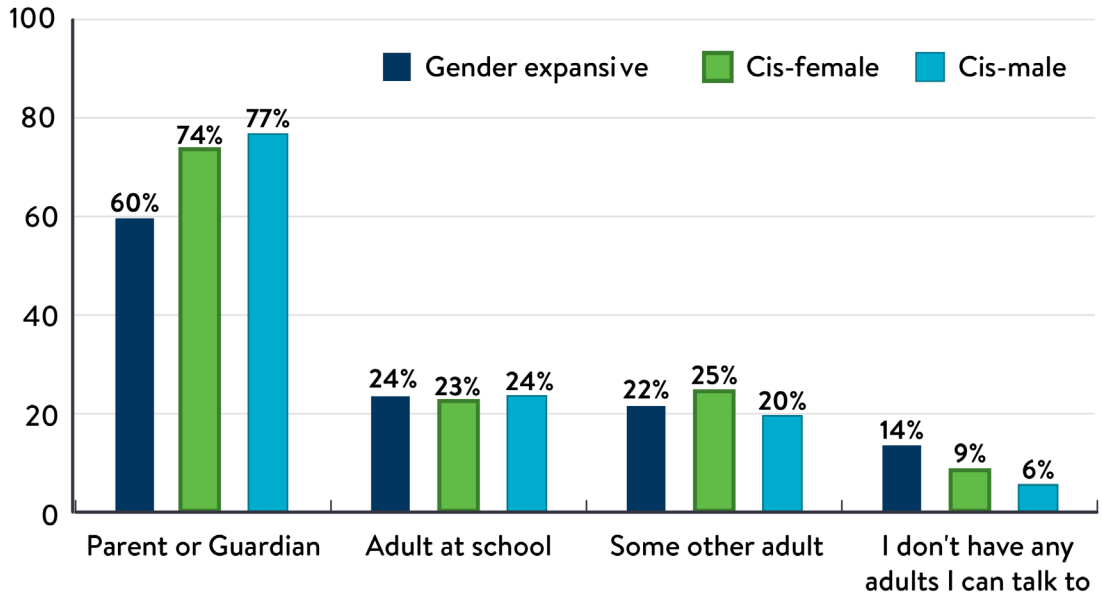
The presence of caring adults can save lives. Minnesota students who reported that they did not have any caring adults had 7.5 times greater odds of considering suicide or having a suicide attempt in the past year compared to students who had at least one caring adult (Minnesota Student Survey). The 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 79% of eighth, ninth, and 11th grade students reported having at least one caring adult in their lives (Minnesota Student Survey).

Eight percent of Minnesota secondary school students report that they do not have any adults they can talk to. For gender-expansive students, that number is 14%, highlighting a disparity in support. However, there is reason to hope, as this is a decrease from 2022.

81% of secondary students reported that their parents care about them quite a bit or very much.

Figure 12: Most adolescents feel similarly about being supported by adults outside of their parent/guardian, but gender expansive students were most likely to report that they did not have any adults they could talk to.



Source: Minnesota Student Survey, 2025; Grades eight, nine, and 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 11.5 times greater odds of not having a caring adult in the community (Minnesota Student Survey). They also had 3.8 times greater odds of not having positive teacher relationships (Minnesota Student Survey).

> *"[Originally shared in Spanish] In my teenage years, I've had a lot of support from the community and from my teachers — so much support and so much motivation to keep moving forward. I am grateful to everyone for the help and the patience they've had with me. I love seeing how people slowly help each other grow and keep living for something good, and I also like being supportive with everyone else. Now I'm going to English classes so I can keep improving myself, after everything that once felt impossible for me. I have a family. I have a goal. I have more desire to live. I have hope that everything is going to be okay. And I have a lot of faith in God."*
>
> -MN StoryCollective participant, 18-25

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/)

Accepting Adults Reduce Suicide Attempts Among LGBTQ Youth (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)

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

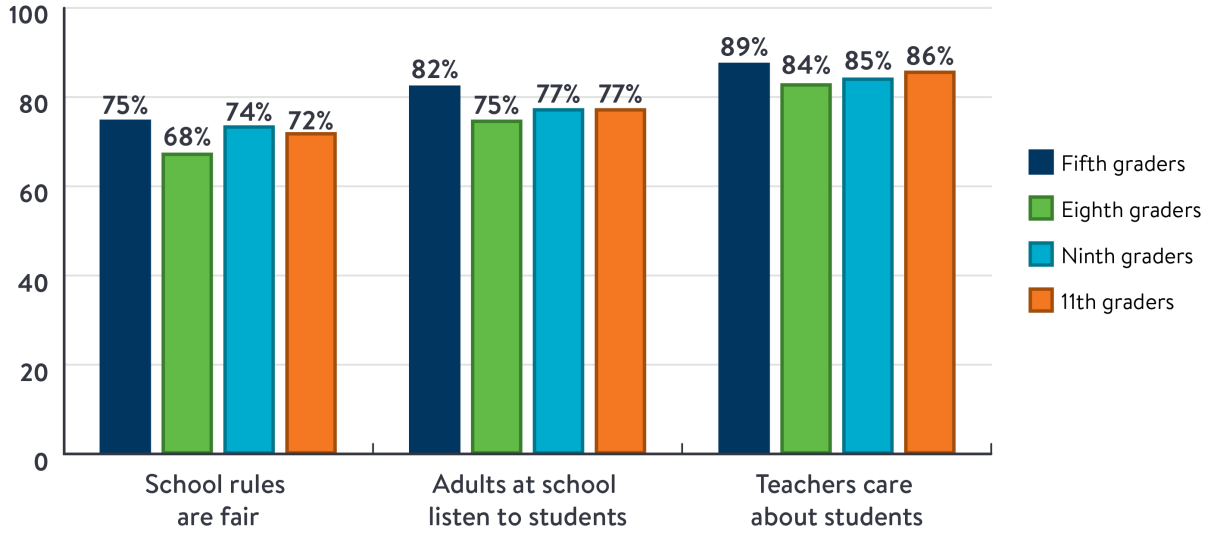
Safe and supportive schools can promote student connectedness and academic achievement. Academic achievement can lead to better outcomes for adolescents later in life. Graduating high school and completing further education, including trade schools, two-year associate's degrees, and four-year bachelor's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

Safe and supportive schools

Of the fifth graders surveyed, 86% feel safe at school, and 85% of eighth, ninth, and 11th graders feel safe at school (Minnesota Student Survey).

Most students feel overall that adults in their school treat students fairly: 78% of fifth grade students agree or strongly agree that the adults in their school treat students fairly compared 77% of eighth, ninth, and 11th grade students (Minnesota Student Survey). In 2022, there was a greater difference between secondary students and fifth graders' experience of supportive schools. This has leveled out mostly due to a slight improvement in eight, ninth, and 11th grade reported experiences.

Figure 13: 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, 2025

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 (67% among eighth, ninth, and 11th grade students vs 75% among fifth grade students) (Minnesota Student Survey).

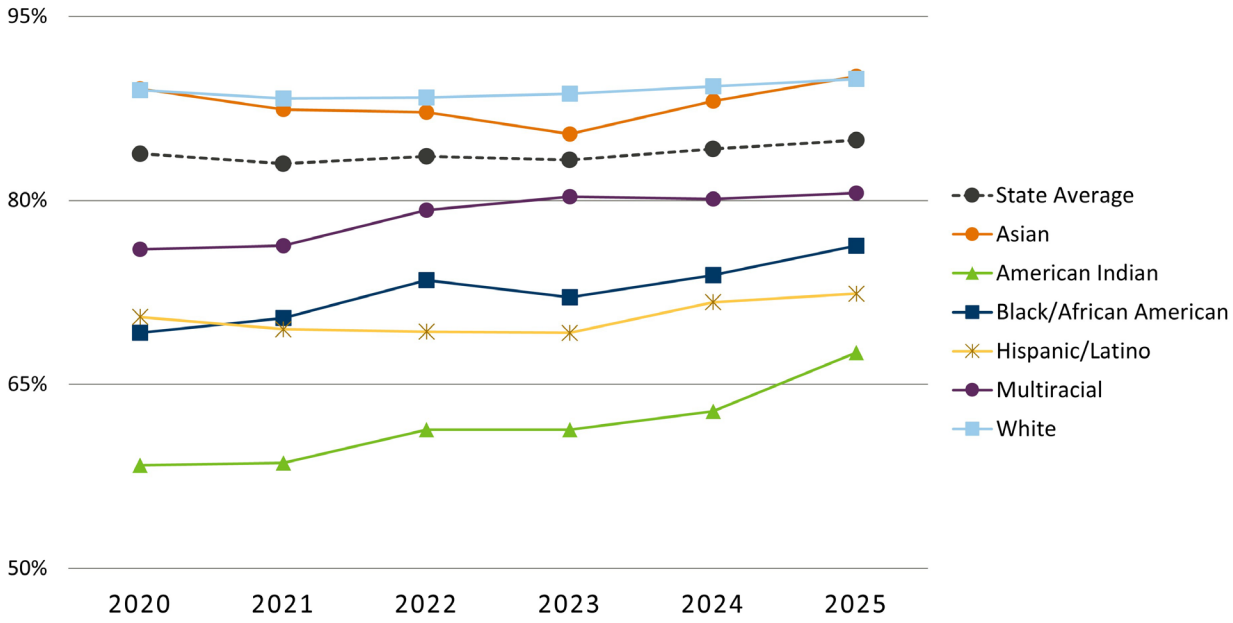
"I had a daughter at the age of 16. The moment I found out [I was going to become a father] completely changed my life. But this made it hard for me to focus on my education because taking care of her was not gonna happened in a classroom. I needed income. It was a struggle finding jobs that would give 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 StoryCollective participant, age 18-24

Graduation rates

In 2025, Minnesota's four-year high school graduation rate was 84.9% (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 14: Graduation rates among American Indian and Black students rose between 2020 and 2025.



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 2025, 79.3% of 11th graders intended to seek further education or training after graduating high school (Minnesota Student Survey).

- 58.8% intended to go to a four-year college.
- 14.8% planned to go to a two-year community or technical college.
- 3.9% intended to get a license or certificate in career field.
- 1.8% intended to attend an apprenticeship program.

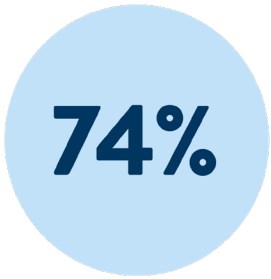
Communities

Much of adolescents' lives are focused on school, but their lives are so much more than school. They are thriving outside of education, finding joy in hobbies, sports, clubs, religious groups, etc. These communities impact the health of adolescents.

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 StoryCollective participant, age 18-24

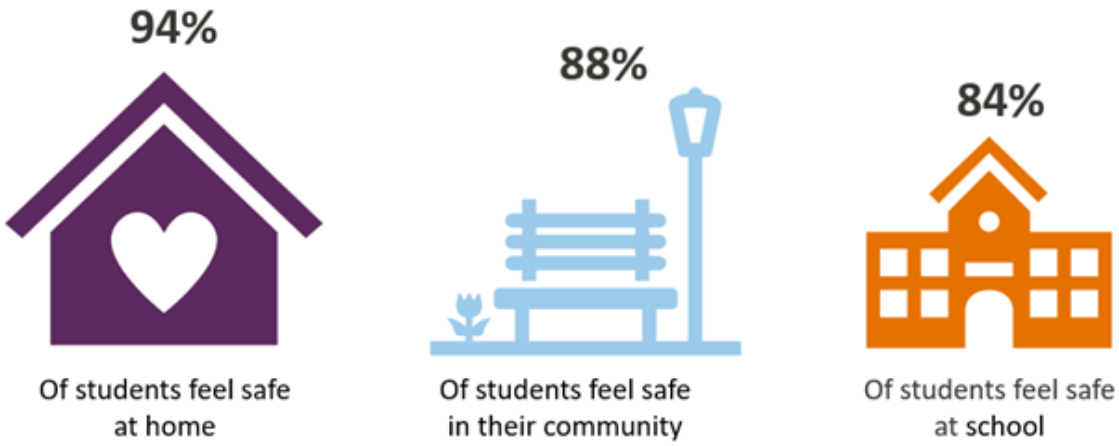
Of adolescents surveyed, 74% reported that they accept people who are different from them, a key skill for connecting in community (Minnesota Student Survey). However, only 57% indicate they feel valued and appreciated by others, which reflects there is work to do for adolescents to feel connected and supported.



Community safety

Feelings of safety impact how youth interact and engage with their communities.

Figure 15. In 2025, most eighth, ninth, and 11th graders felt safe at home, in their community, and at school.



Source: Minnesota Student Survey, 2025, grades eight, nine, and 11

In 2025, questions were added to the Minnesota Student Survey about community safety and gun violence. Guns are the leading cause of death among children and adolescents in the United States. Gun violence impacts entire communities (Child and Adolescent Firearm Deaths).

Five percent of eighth, ninth, and 11th graders indicated they had experienced people using guns to threaten or hurt others (Minnesota Student Survey).

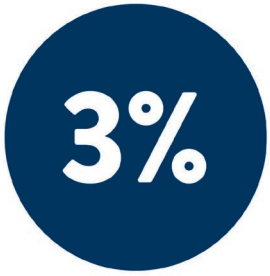
Gun violence contributes to feelings of not being safe in their community. Of those who feel safe in their community, 5% have experienced gun violence. Of those who don't feel safe in community, 15% have experienced gun violence.

Of young people who have any safe place (at home, in the community, or at school), 5% have experienced gun violence. Of those who don't have a safe place, 23% have experienced gun violence (Minnesota Student Survey).

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.

> *"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 StoryCollective participant, age 18-24
> Note: this is an excerpt from a longer story

Nutrition and food insecurity



All young people 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).

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.

Minnesota 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 participation grew for 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 one-third less park space per person than those in the average Minneapolis neighborhood.
- Nearly two-thirds 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.

> *"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 StoryCollective, 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 2 in 10 youth indicated that they have participated in physical activity for 60 minutes every day in the past seven days (Minnesota Student Survey).

However, 68% are physically active at least three days a week for 60 minutes. Students who were physically active at least three days a week for 60 minutes were 1.8 times more likely to have high mental wellbeing compared to students who were not physically active.

Making physical activity more accessible and safer will improve health.

Housing

Housing is a basic need and impacts other health factors.

Of eighth, ninth, and 11th graders surveyed, 4.5% indicated they had experienced homelessness in the past year. This is an increase from 2022. Of those surveyed, 0.5% did not have a parent or adult relative with them (Minnesota Student Survey).

On a single night in 2023, 2,962 Minnesota children with their parents experienced homelessness. here were 1,315 youth under age 24 that experienced homelessness and were on their own. This is a decrease from the last time the study was conducted, in 2018 (Single Night Count of People Experiencing Homelessness).

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/)

Minnesota Report Card, graduation rate (https://rc.education.mn.gov/#graduation/orgId--999999000000__groupType--state__year--2025__graduationYearRate--4__nscomparisonline--FOC_NONE__p--1)

Child and Adolescent Firearm Deaths (https://www.kff.org/mental-health/child-and-adolescent-firearm-deaths-national-trends-and-variation-by-demographics-and-states/)

Food Access Research Atlas (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/)

How Does Your City's ParkScore Rating Stack Up? (www.tpl.org/parkscore)

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

Greater Minnesota Parks and Trails (www.greatermnparksandtrails.org)

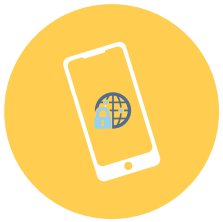
Physical Activity Guidelines for Americans (PDF) (https://odphp.health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf)

Single Night Count of People Experiencing Homelessness (https://www.wilder.org/wp-content/pdf-file/2023_HomelessCounts_FactSheet_3_18_24.pdf)

safe and secure places to live, learn, and play (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.

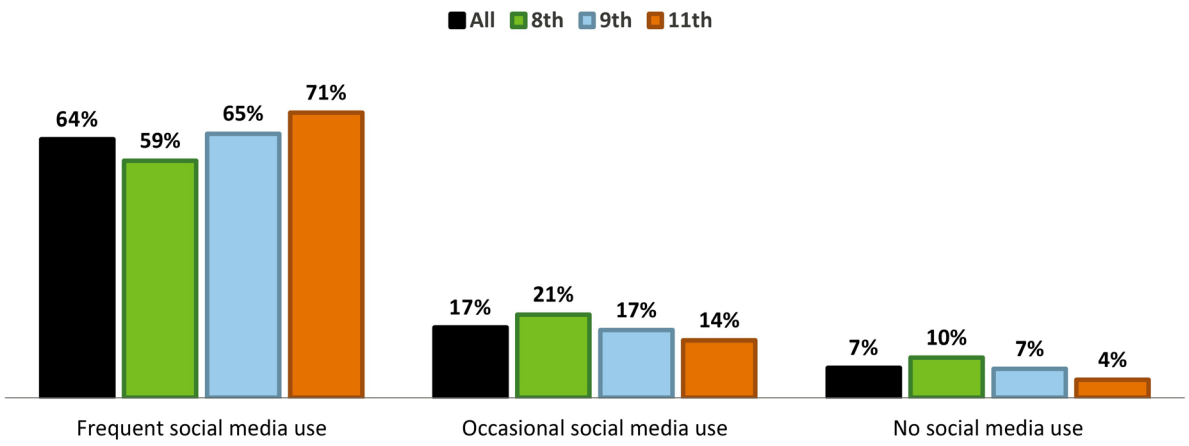
What do we know?

- **Frequent social media use** is defined as a student who, during a typical week, uses social media several times a day or about once an hour or more.
- **Occasional social media use** is defined as a student who, during a typical week, uses social media once a day or less.
- **Problematic social media use** is defined as a student who is skipping important events and/or having trouble getting major responsibilities done because of their social media use.

Social media use data

In Minnesota, 95% of fifth, eighth, ninth, and 11th graders have access to a smartphone (Minnesota Student Survey). In 2025, 46% of teens reported they use the internet almost constantly, up from 24% who said the same in 2014-15 (Teens and Internet, Device Access Fact Sheet). Of eighth, ninth, and 11th graders, 64.4% use social media frequently, and 7.4% do not use social media at all (Minnesota Student Survey). Social media use varies by gender and grade. As students get older, they are more likely to use social media. Female students are most likely to use social media frequently, gender expansive youth are the least likely (Minnesota Student Survey).

Figure 16. About two thirds of students use social media at least several times a day



Source: Minnesota Student Survey, 2025, grades eight, nine, and 11

What do teens say?

Learn more about how teens contributed to the data book in Appendix B.

Most teens use social media and screens. Many students spoke to the positive elements of social media, such as communication and connection but also spoke to concerns about their relationship with social media and the relationships their peers have with it. Key concerns included comparison to others and wasting time. Youth say, 'We know it is bad for us, but we still do it.'

Uses for social media:

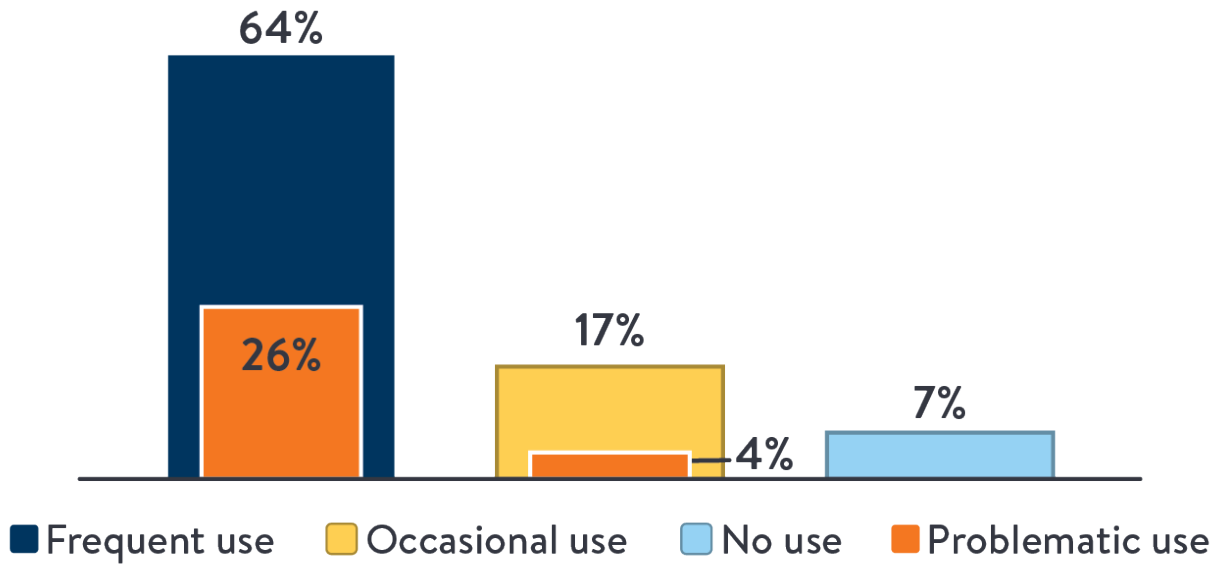
- **Communication.**
- **Connect with people.**
- **Find people with the same interests.**
- **Find news.**
- **Use it as entertainment.**

"I believe that many teenagers are just looking for an outlet. However, many of the places' people look can lead to damaging paths that could really destroy a young person's self-confidence (or affirm lack of confidence). This is a pretty accurate representation of the relationship between social media and people looking for a level of community they can't find in person."

"I feel like a lot of my peers do spend a lot of time on social media that is unhealthy."

Students wondered if gender differences in social media use were caused by what is defined as social media use. For example, some teens may not consider YouTube or online gaming to be social media, but use those more frequently, while others are on more traditional social media sites**. (e.g. video games/phone games, YouTube vs TikTok, Snapchat, etc.)**

Figure 17: About 30% of eighth, ninth, and 11th graders have problematic social media use. Frequent social media users are more likely to have problematic social media use than occasional users.



Source: Minnesota Student Survey, 2025, grades eight, nine, 11

Problematic social media use

Problematic social media use is a common experience for young people. Of eighth, ninth, and 11th graders, 29.6% indicated they were engaging in problematic social media use by missing events or having trouble completing their responsibilities due to their social media use. One-third of students with problematic social media use behaviors do not think they have an issue with their social media use. Conversely, one-fourth of students who do not have problematic social media behaviors feel they do have an issue with their social media use (Minnesota Student Survey). Young people need support in realizing how social media use may be impacting their behavior and in making changes.

Social media use frequency and problematic social media use interact with other health behaviors.

- Students who reported using social media frequently were more likely to feel connected with their peers.
- Students reported similar levels of family connectedness, regardless of social media use frequency.
- When students report problematic social media use, they were 60% more likely to report feeling disconnected with peers, and 90% more likely to report feeling disconnected with family.

Problematic social media use impacts mental wellbeing. Students who reported problematic social media use were 1.6 times less likely to report high mental wellbeing (Minnesota Student Survey).

What do teens say?

Students expressed desire for collaborative support and agreed-upon boundaries around screen use and social media.

One student feels technology can be addicting and "Sometimes I need my phone taken or hidden to stop checking all day every day. That helps, then I go read a book or something."

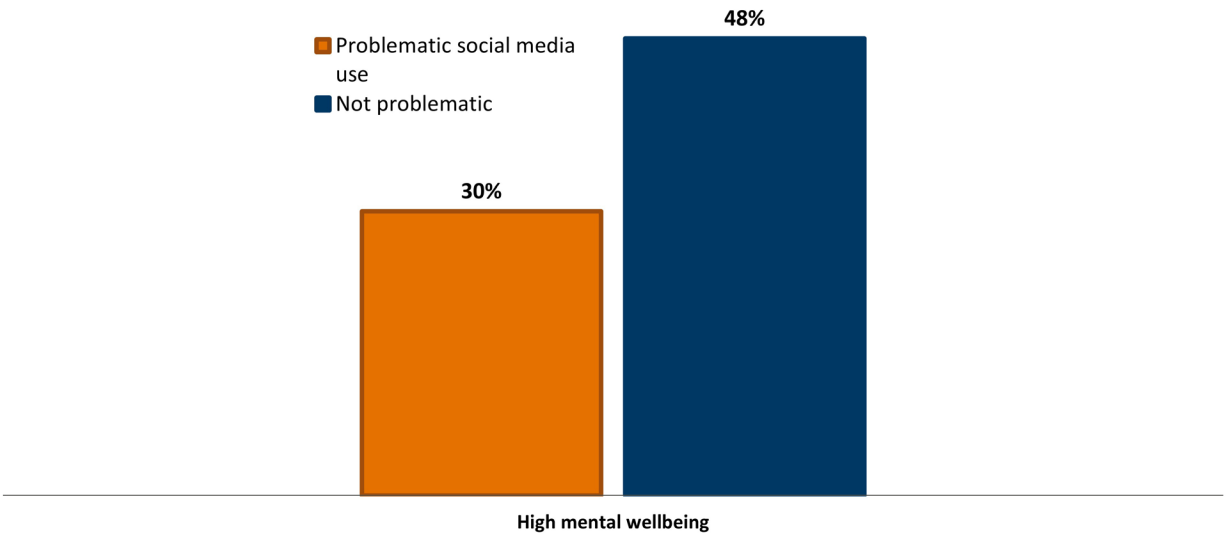
"I feel like it would be important for parents to be aware of their children using screens late into the night. It would also be nice if they could talk with their kids about it to figure out a way to limit it if it's necessary for school work and/or work to manage time on screens at night that is not productive."

Students resonated with the concept of social media "crowding out" other desired activities.

Highlighted activities included:

- Community events.
- Getting a job.
- Focusing more on schoolwork.
- A craft day.
- Feeling focused at school.
- Being outside.
- Connecting with others
- Reading a book

Figure 18. Students with problematic social media use are less likely to have high mental wellbeing



Source: Minnesota Student Survey, 2025, grades eight, nine, and 11

Distracted driving

Of students who drive, 37% reported that they use their cell phone while driving to do things like text, take pictures, use social media, steam video, or videochat. This is dangerous and contributes to motor vehicle crashes due to distracted driving (Minnesota Student Survey).

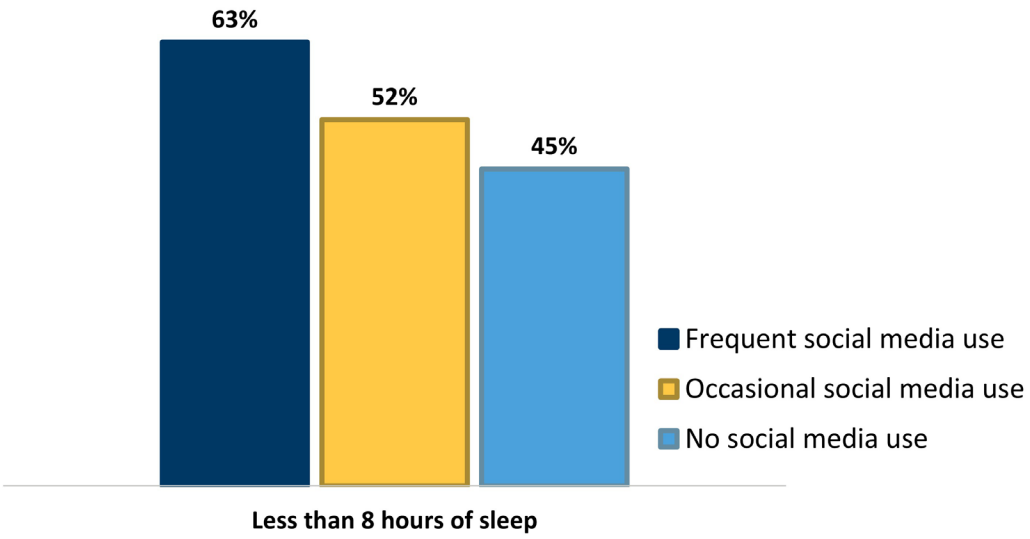
Sleep and overnight screen use

While it is not the only factor that impacts sleep, technology use plays a role in sleep habits. 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 37% of eighth, ninth, and 11th graders reported getting the recommended eight to 10 hours of sleep on weeknights. Adequate sleep supports adolescents' overall health and wellbeing. As frequency of social media use increased, the likelihood of students getting eight to 10 hours of sleep on weeknights decreased.

Students with problematic social media use are 1.5 times less likely to get eight hours of sleep a night.

Figure 19: Students who frequently use social media are less likely to get eight hours of sleep a night

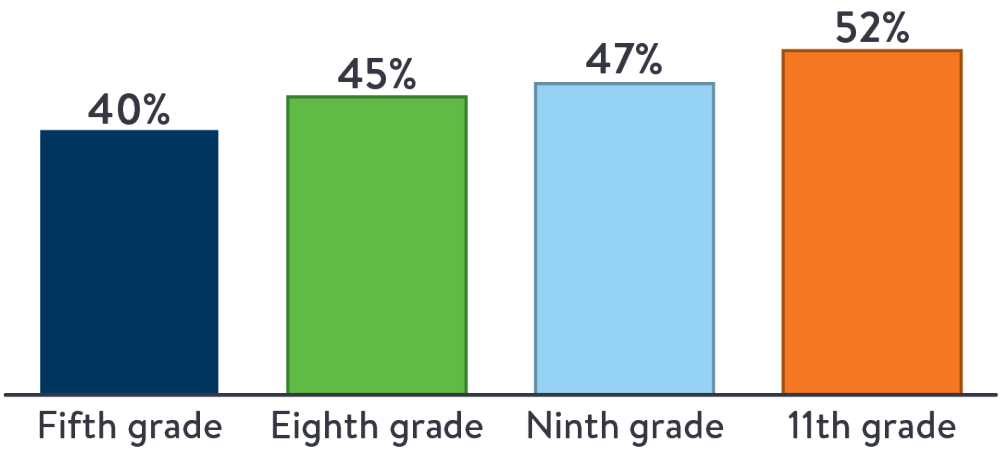


Source: Minnesota Student Survey, 2025, grades eight, nine, and 11

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.

One factor in inadequate sleep is overnight screen use. Overnight screen use is defined as using screens between the hours of midnight and 5 a.m. Of eighth, ninth, and 11th graders, 47.5% of eighth, ninth, and eleventh graders use screens overnight on at least one school night per week and 16% are looking at screens overnight on every school night.

Figure 20. Almost half of all students are using screens between the hours of midnight and 5 a.m. at least one school night



Source: Minnesota Student Survey, 2025, grades 5,8,9,11

What do teens say?

Students expressed surprise and concern at the levels of overnight screen use by their younger peers. Students also acknowledged the impact of the lack of sleep on many aspects of their lives.

"I find it really concerning that there are that many 5th graders up that late and on screens. I feel like 8th grade is also a bit too high, but 9th and 11th grade make more sense because academic coursework increase a lot in high school and with extracurriculars and stuff too those hours are often the only times we can get things done(from personal experience). I do think that even though I understand the pattern, this pattern can be really bad for overall health because at this age, sleep is extremely important."

"I do this sometimes especially after I had a long and busy day (school,work,extracurricular) so being on my phone is like my own free and alone time but by that time its night."

Some students are not regularly using screens overnight. They report that some people they know sneak their phone, mostly using it to talk to people and be on snapchat.

Students expressed concern about too many demands on students causing such high screen time and sleep sacrifices. We "sacrifice our health for our resume."

"I think people should know how busy things can be for teenagers, and how it's not always to us how long we stay up. It's partially time management but also there is only so much time in the day."

Gender expansive and queer students are more likely to be using screens overnight than their cis, heterosexual peers.

Students who frequently use social media are 1.2 times more likely to use screens overnight as compared to students who use social media occasionally. Students who have problematic social media use are 89% more likely to use screens overnight than not use them (Minnesota Student Survey).

Young people shared during youth data walks that overnight screen use could be due to completing homework. While this is certainly true for many students, overnight screen use is correlated with lower grades (Minnesota Student Survey).

What do teens say?

Students also had feedback on the survey data collected. Students often wanted clearer definitions of the terms and more specificity in the data. Young people, in particular youth leaders, are interested in this information and ready to receive it.

""What are the reasons for screentime? I think for homework video games, etc. are all gonna be different cases with their own implications on health."

"I wonder who didn't take this survey, and how their answers would change these percentages?"

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/)

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

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)

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

safe and secure places to live, learn, and play (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.

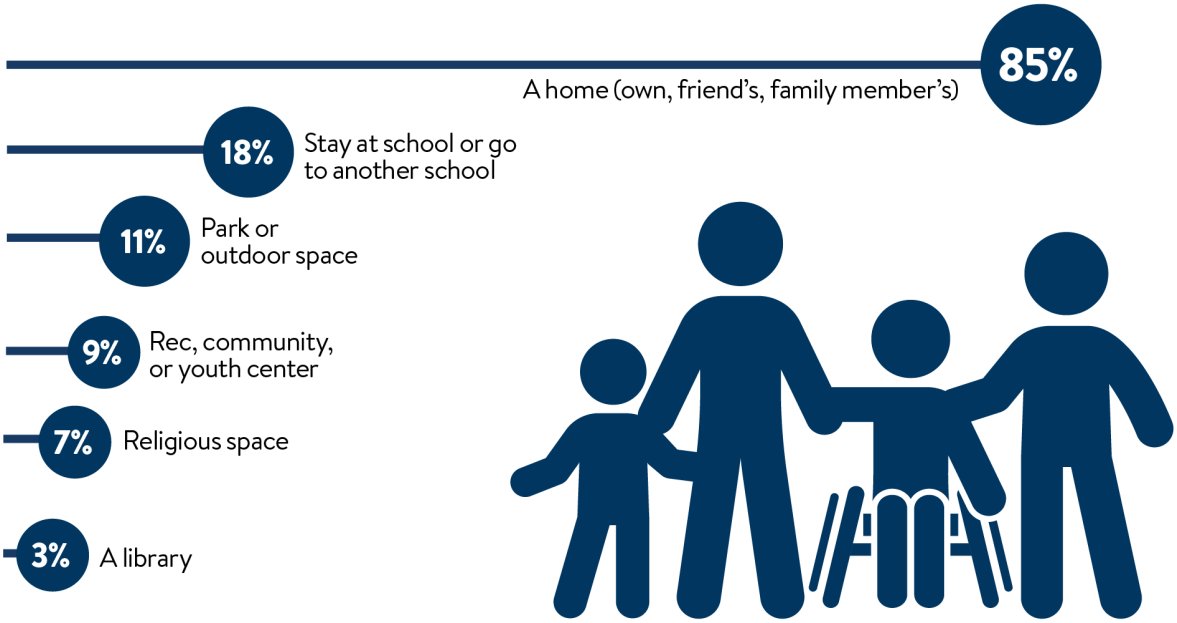
What do we know?

Where students go after school

The most common place for students to go after school is a home. According to Ignite Afterschool, 325,000 Minnesota children would be enrolled in an afterschool or summer program if one were available to them.

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



Minnesota Student Survey, 2025, grades eight, nine, and 11

Of eighth, ninth, and 11th graders surveyed:

- 60.6% said they develop trusting relationships with adults in the activities they choose to do outside of school, an increase from 2022 (Minnesota Student Survey).
- 66.2% 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, 68% of youth (all grades: fifth, eighth, ninth, and 11th) 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). One-third of respondents participate in activities outside of school every day.

Only 5% say their school or community does not offer a variety of programs, and 22% said they did not know.

According to the Minnesota Student Survey, of those respondents who reported not participating in out of school activities, 58% said they didn't participate because they were "not interested" and 30% report that they're too busy with other things, such as a job or homework.

What students do after school

Sports teams	64%
School sponsored activities or clubs	14%
Religious activities	14%
Artistic (music, dance, drawing, pottery, etc.)	12%
Tutoring, homework help, academic programs	6%
Leadership activities	5%
Community clubs (4H, Scouts, community ed)	4%
Cultural heritage programs	2%

The most common out of school activity for Minnesota youth is sports teams. Many adolescents also participate in artistic activities, religious activities, and school clubs.

Almost 75% of eighth, ninth, and 11th graders experience joy and feel energized in the activities they choose to do outside of the school day.

> *"At six years old, I never imagined that a simple after- school program could change my life forever. All I wanted was to stay home and play video games.*
>
> *When my mom discovered a basketball program, she insisted that my brother and I attend. I was furious. Basketball? No way! I had my own world of video games waiting for me.*
>
> *However when we arrived, my frustration faded. Seeing my friends there transformed my mood completely; it was a switch flipped and I was ready to dive into fun.*
>
> *As a played, I realized most of my friends were then much better than I was. But*

despite feeling a bit out of my depth, I couldn't help but enjoy myself.

Even though basketball initially interfered with my video game time, I found myself drawn to it. The more I played, the more i wanted to improve, and I stared practicing .

Change turned out to be a blessing. Though countless hours of practice, I began to outshine my friends and family. It was a exhilarating to see my skills improve.

I own so much to my mom. Her intuition and insistence on getting us involved in basketball opened a door I didn't know I wanted. She always knows what's best for us, and I'm grateful for her guidance.

Today, i not play better than my friends, but I've also build a fans base that inspires me to push harder. My dreams is play professionally one day, and I know that with hard work and determination, I can make it happen.

This journey taught me that sometimes, change isn't scary as it seems. It can lead you to discover passions you never knew you had."

-MN StoryCollective participant, age 18-25

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.

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

Ignite Afterschool (https://igniteafterschool.org/)
Minnesota Student Survey (https://education.mn.gov/MDE/dse/health/mss/)
opportunities for youth to engage (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.

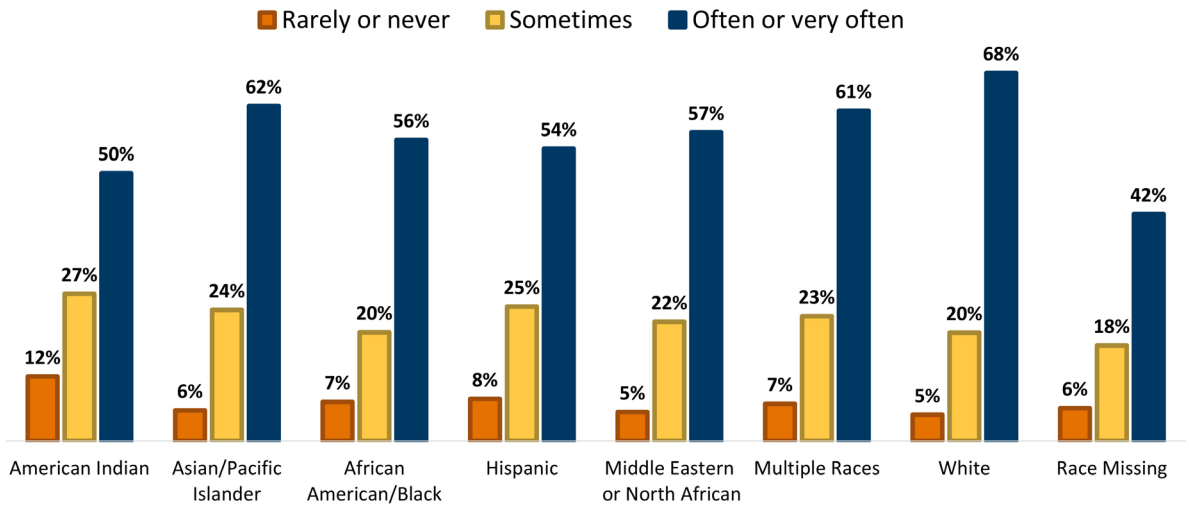
"Being young and in the foster care system I've experienced many types of community and many different versions of what community is supposed to look like. When I first started doing youth-based community work I was 15 turning 16 and I got introduced to things and people in the community that really 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 StoryCollective participant, under 18 contributor

What do we know?

Over 65% of students overall reported learning leadership skills often or very often while doing out of school activities (Minnesota Student Survey). These results varied by race/ethnicity.

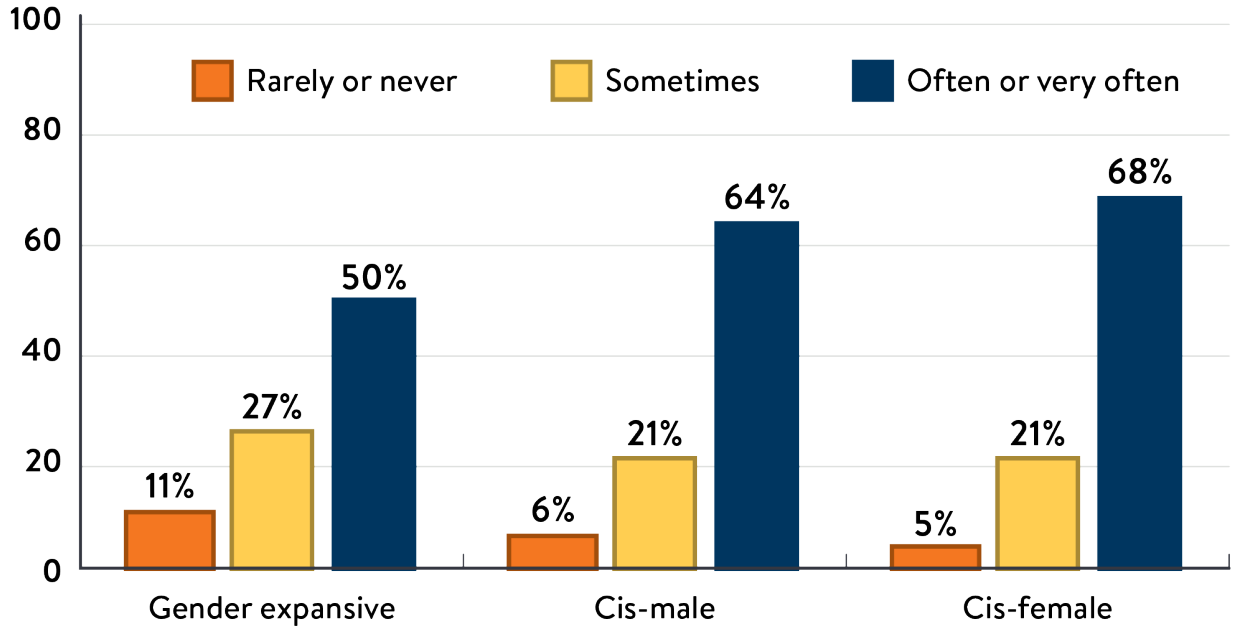
Figure 22: Reported learned leadership skills in out of school activities varied by race/ethnicity.



Source: Minnesota Student Survey, 2025, grades eight, nine, and 11

Students also reported varied experiences of leadership skills by gender. Among gender expansive students, 50% indicated they learned leadership skills often or very often, compared to 54% of their cisgender male peers and 68% of their cisgender female peers.

Figure 23: Reported leadership skill learning in out of school activities also varied by gender.



Source: Minnesota Student Survey, 2025, grades eight, nine, and 11

All young people should have the chance to share their voices and be listened to. Young people may be being taught leadership skills at different rates across race, ethnicity, and gender. However, young people may also be learning leadership skills at a similar rate across race, ethnicity, and gender, but not recognizing these skills in themselves at the same rates. Caring adults can help by teaching skills, supporting young people in recognizing these skills, creating opportunities for all young people to share their voices, and truly hearing them.

Almost 60% of eighth, ninth, and 11th 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 StoryCollective participant, under 18 contributor

Special thanks to the youth leadership groups that contributed to this data book!

Health Partners Teen Leadership Council The Teen Leadership Council is a school-year-long opportunity for high school students across the Twin Cities and western Wisconsin who are interested in health and wellbeing. The program develops the next generation of resilient leaders by amplifying youth voices and giving youth a platform to make change in their communities.

Members engage in a wide range of work and activities, including consulting, attending public health workshops, volunteering, leadership skill building, relationship building, and career exploration.

MAAP STARS The Minnesota Association of Alternative Programs (MAAP) began a student organization back in 1993 to recognize students who have chosen to fulfill their academic career in a different setting. STARS stands for Success, Teamwork, Achievement, Recognition and Self-esteem. Its vision is: Achieving extraordinary life changing results for learners throughout the world. The motto is: We Make A Difference!

Each alternative education school in Minnesota can have a STARS chapter. Some schools offer it as an elective class with students earning high school credit. Others run it as a vocational club. Students from these chapters across the state form MAAP STARS. There are three state-wide events along with regional events where students have the opportunity to grow, demonstrate their skills, and receive recognition.

School-Based Health Alliance Youth Council The Youth Health Council is a groundbreaking initiative by the Minnesota School-Based Health Alliance, designed to amplify the voices of high school students with a school-based clinic in their schools. They believe in the power of youth to contribute to positive changes in healthcare. They provide students the opportunity to actively participate in shaping the future of school-based healthcare initiatives.

You can find more details about the youth engagement process for the data book in Appendix B: Youth Data Walks.

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/)

Health Partners Teen Leadership Council Health Partners Teen Leadership Council (https://www.healthpartners.com/about/community/teen-leadership-council/)

MAAP STARS (https://www.maapmn.org/maap-stars/maap-stars)

School-Based Health Alliance Youth Council (https://www.studenthealthmn.org/youth-council)

opportunities for youth to engage (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).

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 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 or visit the Minnesota Partnership for Adolescent and Young Adult Health (www.health.state.mn.us/people/adolescent/youth/partnership) webpage.

Appendix A: Data sources and methods

American Community Survey: 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. This analysis included data on people ages 10-25 from 2012 to 2024. Data was retrieved in 2025. American Community Survey (www.census.gov/programs-surveys/acs/)

Minnesota Child and Teen Checkups Statewide Participation Report: 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. This analysis included data on people ages 0-20 from Federal Fiscal Year 2024, Data was retrieved in 2025. Centers for Medicare & Medicaid Services 416 Federal Fiscal Year 2024 Minnesota Child and Teen Checkups Statewide Participation Report (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7103J-ENG)

Minnesota Health Access Survey: 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 2025, MNHA collected responses from more than 16,000 households. This analysis included data on people ages 0-85+ and 10-25 from 2025. Data was retrieved in 2026. Minnesota Health Access Survey (www.health.state.mn.us/data/economics/hasurvey/index.html)

Minnesota Homeless Study: 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. This analysis included data on people ages 17-24 from 2023. Data was retrieved in 2025. Minnesota Homeless Study (https://mnhomeless.org)

Minnesota Resident Final Birth File: The Minnesota Resident Final Birth File includes all births to people residing in Minnesota at the time of birth, even if a birth occurred in another state. It is created and maintained by the Minnesota Department of Health Division of Child and Family Health using data from the Minnesota Center for Health Statistics. This analysis included data on people ages 15-19 from 2012 to 2024. Data was retrieved in 2026. Vital Statistics: Births Interactive Query (https://www.health.state.mn.us/data/mchs/vitalstats/births.html)

Minnesota Student Survey: 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 participate in the survey. The MSS is administered electronically every three years to all fifth, eighth, ninth, and 11th 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 11th grade responses as questions were written differently on the fifth grade surveys. Unless otherwise stated, responses from eighth, ninth, and 11th graders were combined. This

analysis included data on people grades five, eight, nine, and 11 from 2025. Data was retrieved in 2025. Minnesota Student Survey (www.education.mn.gov/MDE/dse/health/mss/)

MN StoryCollective: 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 and quotes have not been editing for spelling, style, or word choice and are presented as submitted by an individual. MN StoryCollective (www.mn.gov/mmb/mnstorycollective/)

This analysis included stories from people ages under 18 to 25 collected from 2023 to 2025. were retrieved in 2024, 2025, and 2026.

National Immunization Surveys: A survey administered by phone through randomly selected cell phone numbers completed by the parents or guardians of minors. Vaccination information is collected from the health providers of children. This analysis included data on people ages 13-17 born January 2004 through February 2010, collected in 2025. Data was retrieved in 2025. National Immunization Surveys (www.cdc.gov/nis/about/index.html)

National Survey of Children's Health: 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 reflect the demographic composition of non-institutionalized children and youth. This analysis included data on people ages 10-17 from 2023 and 2025. Data was retrieved in 2025. National Survey of Children's Health (www.childhealthdata.org/learn-about-the-nsch/NSCH)

National Vital Statistics System: Data on adolescent suicide were sourced from the CDC WONDER Online Database, mortality data. Data are based on death certificates for U.S. residents provided by the states to the National Center for Health Statistics. This analysis included data on people ages 10 to 24 from 2019 to 2024. Data was retrieved in 2026. CDC Wonder, Underlying Causes of Death (https://wonder.cdc.gov/ucd-icd10-expanded.html)

School Nursing Workforce Survey: 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. Data was retrieved in 2024. Minnesota School Nurse Workforce: A 2022 Snapshot (PDF) (www.health.state.mn.us/people/childrenyouth/schoolhealth/workforce.pdf)

Teens, Social Media and AI Chatbots 2025: The Pew Research Center conducted an analysis of a self-administered online survey of 1,458 teens ages 13-17. Youth responses were weighted to be representative of U.S. teens living with their parents by age, gender, race and ethnicity, household income, and other factors. The data was collected and retrieved in 2025. Teens, Social Media and AI Chatbots 2025 (PDF) (https://www.pewresearch.org/wp-content/uploads/sites/20/2025/12/PI_2025.12.09_Teens-Social-Media-AI_REPORT.pdf)

U.S. Census Bureau, Population Division: Population estimates are developed integrating several sources of data, including the 2020 Census data. Annual files are created to estimate the age, sex, race and ethnicity of Minnesota residents. This analysis included data on people ages 0-85+ and ages 10-25 in 2024. Data was retrieved in 2025. Age, Sex Race, and Hispanic Origin – 6 race groups, April 1, 2020 to July 1, 2024 (https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html)

Appendix B: Youth Data Walks

Youth voice and input was included in this edition of the data book through three virtual youth data walks. Special thanks to the Health Partners Teen Leadership Council, School Based Health Alliance Youth Health Council, and MAAP STARS for their participation in this process. More than 30 young people participated.

Young people, within their existing leadership structures, served as expert consultants on mental wellbeing and safe and balanced technology use data. It was beyond the scope of this project to get youth feedback on every element of the data book. Therefore, the team chose to focus on two priority topics: mental wellbeing because it had experienced the most change between the previous edition and this edition and technology because the 2025 Minnesota Student Survey introduced several new questions about social media and screen time.

For this one-time consultation, working with existing groups of young people was intentional. Working with existing leadership groups allowed young people to feel comfortable and welcomed in using their voice and avoided tokenism by involving multiple young people's perspectives and ensuring they were supported in sharing their perspective beyond this project.

The data walks followed best practice for engaging young people about data. The data walks were structured to include ten minutes of individual reflection time, where young people explored all charts and made virtual comments on at least two of them using Padlet. Each chart was accompanied by questions and basic background information. Participants were then allowed to self-sort into small groups to discuss one chart in more depth. Each group had an adult facilitator and designated a spokesperson (ideally a youth participant). Facilitators guided participants through a semi-structured protocol. Questions were provided in a facilitation guide, but facilitators were encouraged to allow students to guide the conversation. Conversations lasted approximately 20 minutes. All participants then returned to the large group, where each small group spokesperson shared key takeaways. Finally, each young person completed an 'exit ticket,' answering the question 'What should we know and tell other people about this data?' in the chat.

The number of small groups and therefore the number of charts discussed varied by the size of the leadership groups. Every group discussed at least one mental wellbeing chart and one social media or screen time chart. One chart changed after the first session. The team observed that young people flocked to the overnight screen use chart in particular and focused their conversation on fifth grade overnight screen use. While this topic is important, the team wanted to encourage participation in discussion of all the charts and to encourage young people to reflect on their own experiences. Therefore, the fifth grade overnight screen use bar graph was removed for subsequent data walks as fifth graders were not participants of the leadership groups.

All data walks saw a high level of participation. Each group received their notes soon after their session to check for understanding. The team plans to share with each group exactly how the feedback influenced the data book. This may be done synchronously (preferred) or asynchronously.