

# Prenatal to Age 3:

## *A Comprehensive, Racially-Equitable Policy Plan for Universal Healthy Child Development*

SEPTEMBER 2016

### Background

#### About this plan

This plan offers a fresh approach to early childhood policies that get to the roots of racial equity. It describes how to promote social, economic, health, and educational equity by broadening the current early childhood public policy focus in Minnesota on early education and service programs to also include funding efforts that promote positive early experiences; safe, stable, and nurturing relationships; and economic security and by building upon the assets and capacities of all families and communities.

It is a plan for action, supporting legislative agendas grounded in racial equity and opportunities for all children to have what they need in order to be well, healthy, and successful. Moreover, this plan recognizes the reality that some children need more or different opportunities than others.

#### Interconnected components for public policy action:

1. Boost and sustain multigenerational family and community support and networks – both formal and informal.
2. Invest in family and community economic development and security.
3. Establish a flexible funding stream for community-led solutions tied to results.
4. Continue to advance prenatal to age 3 holistic service and funding strategies, coordinated across systems and agencies.



This plan is based on scientific literature, applied research, and analysis of population and economic trends. It is framed by advice from about 50 community, organizational, and coalition early childhood leaders and conversations with more than 360 diverse stakeholders, including families, in a dozen community listening sessions across Minnesota.

## Why a prenatal to age 3 plan?

Babies thrive in healthy, strong, and resilient family and community relationships. Every child deserves safe and secure relationships. Yet, year after year, children are born into inequitable, failing systems. Of the nearly 70,000 babies born in Minnesota each year:<sup>7</sup>

- More than 15,400 are born without adequate prenatal care.
- Nearly 12,000 are born in poverty.
- About 350 will die as infants.
- More than 700 will be in foster care by age one.

For more than 15 years, we have learned from brain science, as communicated by Dr. Jack Shonkoff and others from the Harvard Center for the Developing Child, that 80 percent of a child's brain is developed by age 3 and that experiences and relationships influence brain architecture as it develops. Therefore, anything that inhibits positive experiences and relationships, such as the toxic stress of poverty and deprivation or insecure attachment because of maternal depression, inhibits healthy brain development.<sup>4</sup>

Adverse Childhood Experiences (ACEs) research by the Centers for Disease Control and Prevention has shown how the social and economic

disadvantages of childhood accumulate and produce more adversity, with lifelong consequences. When we wait until age 3 or 4 to intervene to ameliorate the adverse conditions, the affected children already lag behind developmentally. In toxic environments, age 4 is not “early.”<sup>5</sup>

Research on caregiver-child attachment has found that infants and toddlers who feel safe and secure and have positive bonds within their family are better able as they develop to adapt to challenges in their changing environments and have the capacity to interact positively with other children.<sup>15</sup>

Moreover, research shows that developmental disparities begin before a child's first birthday. Waiting until preschool at age 3 or 4 to address disparities means many children have already fallen behind on early reading, math, and social-emotional skills.<sup>3</sup>

## Why comprehensive strategies?

Poverty, poor health, lack of education, and unemployment are interconnected and mutually reinforcing. That is why we need equally interconnected, comprehensive, and holistic approaches to prevent the disadvantages and the disparities.<sup>10,13</sup>

Moreover, as reported in *The Future of Children* (2005), research has found that more than early education is needed to address racial and ethnic school readiness gaps. Early education closed about 20 percent of the white-black gap and 36 percent of the Hispanic-white gap. Another 25 percent closed with child and maternal health access and outcomes. Closing the last and largest share of the school readiness gap required improved family income, support, and functioning.<sup>14</sup>

In addition, with regard to child care, among children age 2 and younger in some form of child care, more than half are in informal care with family, friend, or neighbor caregivers as their primary arrangement.<sup>8</sup>

For healthy development, we need whole-child strategies, which recognize that socio-emotional, physical, language, and cognitive skills and capacities are intertwined and equally important in ensuring a child's health and well-being. We also need whole-family and multi-generational community strategies, building and relying upon the assets and strengths of extended family and community members, and holistic strategies, coordinated across systems and agencies.

For over 40 years, evidence-based research and practice-based evidence have identified asset-based, empowerment, protective factors, and strength-based approaches to family development. Examples include the Minnesota Longitudinal Study of Risk and Resilience and Project Competence, University of Minnesota; Risk and Protective Factors in Children's Development at the Erikson Institute; and Strengthening Families, national initiative, led by the Center for the Study of Social Policy.<sup>2,12,15,17</sup> Most of these protective factors and strengths are rooted in strong positive relationships within families, communities, and social networks. This information, however, is far too often overshadowed by deficit models that focus on problems and what is broken or needs to be fixed within families and communities.

## Why racial equity?

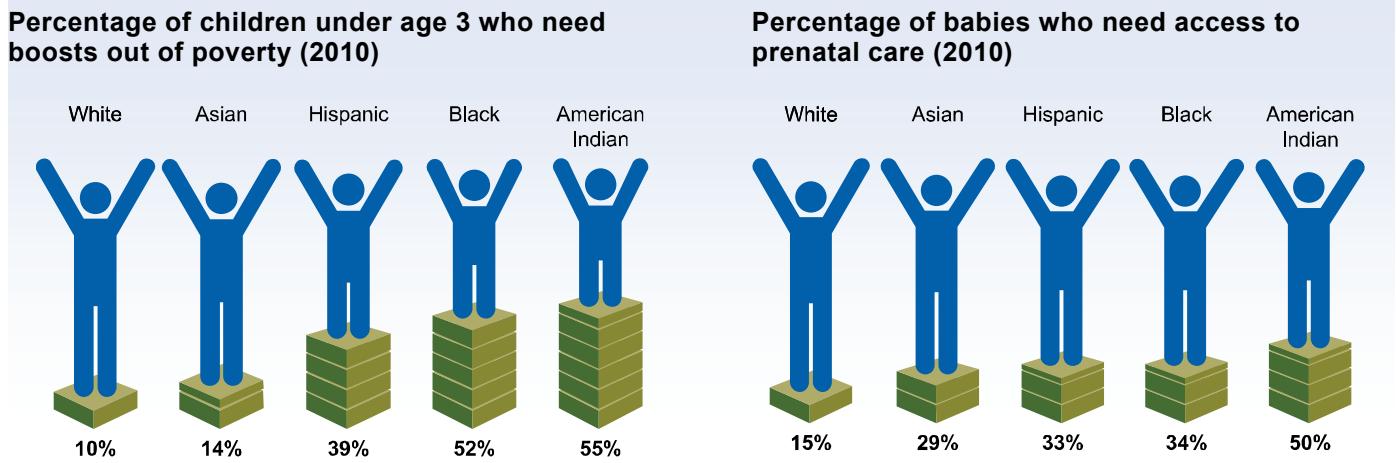
Equity is the just and fair opportunity for all children to get the resources and support they need to prosper and reach their full potential. That means that equal opportunity for all will not achieve equity because some children need more than others. If we want all children to thrive, racial equity means children of color, especially African American and American Indian, need more and different types of opportunities.

Communities of color in Minnesota, particularly African American and American Indian, have faced the deepest inequities, imposed by historical traumas, such as slavery and boarding schools, and persistent structural racism. Systemic barriers persist in health care, education, housing, and employment, as well as a criminal justice system in which race-based disparities in enforcement are common.

Moreover, undocumented Latino immigrant families, particularly those in which young children are American citizens, contend with the daily stress and insecurity of possible deportation.

Babies of color are among those most affected and make up a growing portion of Minnesota babies. These persistent and structural racial inequities, among the worst in the nation, are so disgraceful because they are preventable.

## What does racial equity for babies mean in Minnesota?



In 2009, Wilder Research and the Project for Babies produced *Babies in Minnesota*, which provided a snapshot of how young children and their parents in Minnesota were faring, presenting indicators and trends with regard to births, newborns, infants, and toddlers as well as family strengths and stressors. The report found that most of the 286,580 children age 3 and younger in Minnesota were healthy, but a sizeable number (at least 15-20%) were vulnerable, as evidenced by inequities in access to services and in well-being. Young children of color were among those most affected.<sup>8</sup>

In 2011, Wilder Research prepared the *School Readiness Report Card* for the Minnesota Office of Early Learning, which again showed that nearly one in five children under age 6 in Minnesota lived in poverty. Moreover, 61 percent of children under age 6 living in poverty were children of color, who also suffered disparity after disparity in indicators of educational, health, and social well-being and access to resources, particularly American Indian and black children.<sup>6</sup>

For perspective, according to the 2014 Census, of the 15,000 children under age 3 in St. Paul, nearly 4,000 are living in poverty. Of these, 92 percent are children of color.

# Plan development

Beginning in January 2016, Richard Chase, Wilder Research; Betty Emarita, Development and Training, Inc.; and Elizabeth Carlson, Institute of Child Development, in conjunction with Wilder Center for Communities, convened a growing group of 50 diverse organizational and coalition leaders. Key participants included Voices and Choices for Children, the African American Babies Coalition, Minnesota Initiative Foundations, Start Early Funders, the Minneapolis Cradle to K Cabinet, and the Governor's Children's Cabinet. This group, which met twice to provide advice and direction to the plan development process, strongly advised a focus on racial equity and community-identified solutions.

From April through June, in conjunction with community partners, we convened a dozen community listening sessions that engaged more than 360 racially, geographically, and organizationally diverse participants in shaping the plan's policy priorities. Participants discussed their community's strengths, barriers that must be removed to support those strengths, and opportunities that would ensure all children prosper and reach their full potential. Organizational and coalition partners in these listening sessions included the African American Babies Coalition, African Immigrant Services, American Indian Policy Center, Centro Tyrone Guzman, Hmong American Partnership, Head Start Association, La Creche, Lake Crystal Community Education, and Minnesota Initiative Foundations. These listening sessions generated support and enthusiasm through broad and inclusive statewide input.

In addition to these listening sessions across Minnesota, we drew from community conversations and policy recommendations that emerged from prior listening sessions, planning efforts, and reports led by state agencies and community organizations.<sup>11</sup>

The plan also draws from a recent report prepared by Wilder Research and the University of Minnesota regarding indicators of young children's health and well-being, *Minnesota Early Childhood Risk & Reach*.<sup>7</sup> This information on risks to healthy development and access to state-funded services is useful for shaping the comprehensive multi-year plan.

Finally, our policy advocacy team, led by Wilder Center for Communities, in conjunction with the Family Partnership, has also been involved in the project and will continue to work on advocacy activities required to enact legislation.

Through the listening sessions and review of prior plans, we assembled the raw materials which identify: 1) family and community strengths to build on; 2) program gaps and barriers and how to fix or eliminate them; and 3) community-led solutions for improving and supporting young children's early experiences, positive relationships, and social and economic security. This information, summarized and organized into categories, is presented in a separate document along with the summaries of policy recommendations from reports of prior listening sessions and planning efforts.

# Policy plan framework

If we are to ensure the well-being of all children, it is essential for public systems to follow a different set of policy priorities. This early childhood policy framework looks afresh at setting early childhood policy priorities through a developmental, holistic, racial equity lens. It channels decisions and funding to local communities, tempering the influence of state agencies and centralized public programs.

Families and communities have the wisdom, knowledge, strengths, and determination to take charge of their own healing and development. The decentralized approach in this plan favors and would facilitate making policy decisions with the engagement and input of families and communities most affected by them. Moreover, it would address local and cultural differences that require differing approaches and arrays of resources. It would give communities of color and local communities throughout Minnesota the flexibility and freedom to decide what solutions will work best for them to ensure that all children thrive in healthy, strong, and resilient families and communities of all types.

The ideas presented in this framework are not the entire solution to achieving racial equity and healthy development for all children. Nevertheless, many community listening session participants who contributed to this plan are eager to have their ideas shared at the state legislature and to have the opportunity to make realistic progress through community-led solutions. Moreover, many community listening session participants, particularly in communities of color, expressed strong interest in having their own voices heard and decried the lack of their interests being represented when final policy decisions are made.

The policy framework has four interconnected components for public policy action.

## 1. Boost and sustain multigenerational family and community supports and networks — both formal and informal.

Community listening session participants commonly described one of their community's strengths as cohesive extended families and social networks. Families rely on them for social support and help with child care. In some families, the parents of very young children work different shifts so that the children are always in the care of the parents. In other families, older siblings and extended family play major roles in the care of young children and the economic stability of the family. They are a key source of resilience in children and families, instilling cultural and spiritual values in children beginning when they are very young.

*Our [Hmong] parents are social and extended-family oriented, so we have intergenerational involvement, community cohesion, and good social support. You can go anywhere and feel you are included... Aunts, uncles, grandparents, intergenerational and multilingual, and exposure to different traditions, preserving Hmong values -- persistence, courage, knowing how to survive and thrive.*

*[In the African immigrant communities,] extended family takes care of kids. It's the village idea of raising kids. Our religious training starts from a very early age, instilling a strong work ethic and discipline. Telling kids early what is good and bad. Parenting practices that instill spiritual values, interdependency, focus, discipline, persistence, resiliency... a communal orientation and strong extended families that serve as the basis for well-being, maintaining intergenerational connection with cultural knowledge and traditions while learning American ways... Our strengths need to be engaged, and we need to feel free to ask questions in community settings and let our ideas be known... It's a failure of the system not to recognize children's ability and our life experiences.*



*Our [Early Head Start] families have strong extended family help and support... We under-estimate the resiliency of children and how strong community connections are in immigrant families.*

*Our strengths [on the reservation] are our resilience and family... Grandparents, elders, community, family, medicine, ceremonies, values, role models... The stories, respect (values), and cultural resources. And ourselves, being healthy parents and being able to provide for our children.*

*[Our American Indian families] have fortitude – internal strength – [our strengths come from] a connection to culture and language, culturally-relevant and specific services to American Indian families, building confidence and self-esteem, parenting skills but all community directed and led... Multigenerational aspect – importance of focusing on quality of parent-child relationship, strengths that grandparents bring to the equation along with community wisdom – professionals seen as experts, piece of the puzzle, but not all of it. We incorporate community wisdom into how we measure things.*

In addition, in some rural areas and in immigrant communities, a particular business may serve as a community information center and an informal hub for accessing various kinds of support, such as tutoring, translating, and filling out eligibility application forms. Rural participants also consider their community center as a strength because families with children can connect with each other for social support and receive the recreational and educational services they need.

*[In Lake Crystal, in Blue Earth County, (population 2,549)], ECFE is a community hub that brings people together and is now expanding to embrace 0-3... People choose to live in Lake Crystal because they want a small town and a quiet, welcoming setting... Relationships are maintained with people who meet through ECFE... Neighborhood groups get together for fun, friendships, and sharing information.*

Similarly, urban participants gained useful child development and parenting information and

advice, peer support, and a sense of belonging from their cultural-based child care centers. The stable and consistent child care that parents can count on was also seen as an important strength within their communities.

*LeCreche [a historically African American child development center] is like a village and serves as a space where parents can access information, get referrals to resources, exchange ideas, form friendships, and get to know each other's children. If you have a question, you can ask someone, and you can get support, peer support... LeCreche is an extension of my family.*

*HAP [Hmong American Partnership] is a resource with activities for families, resources, translation, information, and help with health and social issues.*

Two general listening sessions also discussed the importance of sustaining and enhancing multigenerational relationships and support for informal and community networks.

*[Key opportunities are] the importance of building upon family and faith-based relationships; recognizing that FFN [family, friend, and neighbor caregivers] are cultural and linguistic resources, and connecting people with appropriate resources in their own communities and their support for "community-rooted" networking, service hubs and co-located services and culture-specific services delivered through community-based organizations and institutions.*

*[We can close gaps by] honoring communities on their own terms; giving parents tools so they can make their own choices; supporting FFN; service hubs with a common application and a mix of formal and informal supports...*

On the other hand, those without community or cultural centers expressed the desire and importance of having their own "village," where they can create and build upon multi-generational relationships and band together to eliminate threats to family and community cohesion.

*[A needed opportunity is] access to a [Latino] cultural center with activities for all ages, where people can comfortably meet, access information and services, and enjoy social activities without fear or discomfort...We need a public, cultural meeting place with child care, activities for fathers and protection from deportation for people without immigration documentation.*

*We need a local center where our [Hmong] families can go and thrive... Presentations and information should be integrated with culture and language, targeting parents and relatives caring for babies and young children...Centers are needed where there is art and music and people learn across generations and feel empowered.*

*[The Duluth area needs] places to make social connections, like community gardens, a centralized location for resources and information ...and culturally appropriate programing.*

*The creation of [an African American] cultural community centers (African Diaspora) where elders can inspire and males are appreciated, with images and information that are important to us. Where we support FFN and the intergenerational transfer of knowledge, information, and values. Have a council of our peers who decide if something is appropriate or not and builds relationships with legislators and policy makers and pushes our own agenda and educates policy makers to prioritize our information and needs.*

*[For the greatest impact in our] American Indian Community – a continuous care model that recognizes the need for culturally responsive community support systems.*

## ***Practical implications***

A key feature of this policy framework is to strengthen family and community social and cultural connections from the bottom up to complement the extension of the public education system to younger children. From longitudinal studies we learn that early development takes place in relationships, that resilience is supported through ordinary systems of support or “ordinary magic,” and that both multigenerational

relationships and resilience need nourishment and nurturance to sustain them.<sup>15,17</sup>

To boost and sustain multigenerational relationships and resilience:

- Financially support cultural community centers and family resource centers that can serve as information hubs and places to invigorate informal networks.
- With the increasing focus on child care quality and access to preschool early learning opportunities through scholarships and public pre-K, support for family, friend, and neighbor (FFN) caregivers has waned. Revive the recognition of the important role FFN caregivers have in caring for infants and toddlers and provide them the same support and access to resources available to parents.
- Increase public and private insurance reimbursements for doulas who provide culturally-responsive emotional support and prenatal, birthing, and post-partum care.
- Promote secure attachment and family bonding through paid family leave.

## **2. Invest in family and community economic development and security.**

Participants in listening sessions throughout the state emphasized that healthy child development requires investment in the economic well-being of families and communities. They would like that message to be as accepted as the message that early education is a good investment with high monetary returns. More opportunities for families to have better paying jobs; more affordable and high-quality child care; better transportation to get to jobs, particularly lacking in smaller towns and rural areas; and more safe and stable housing emerged as themes in several community



conversations. Appeals for improved economic conditions for families with young children were especially acute in African American and Latino community conversations. These communities have large disparities in unemployment rates (9.7 percent and 4.7 percent, respectively, compared with 2.8 percent for white Minnesotans).

In addition to wanting better paying jobs, several African American, African immigrant, Early Head Start, and Hmong listening session participants also expressed the importance of employers being “more supportive of family life,” “committed to family well-being” and “supporting family-friendly policies, such as parental leave,” and communities growing their own small businesses.

*You need to bring economic development in the African community, because we have the capacity to do these programs ourselves... I can't help my child if I don't have a livable wage.*

*We need more support for business development and expansion throughout Minnesota.*

In addition, overcoming systemic barriers to sufficient employment emerged as a theme in several community conversations. This included access to driver's licenses among Latino families and systemic racism affecting Latino, African immigrant, African American, and Hmong parents and parents of color in greater Minnesota.

*There are so many barriers [for Latinos] to getting a driver's license. I can't take my children places or get a job.*

*We [Latinos] need protection from exploitation by ruthless employers. We need employers who commit to respecting family life, via sick leave, reasonable hours, and pay for work that has been done.*

*Systemic racism affects employment and education opportunities [in the Hmong community].*

*We need more jobs and opportunities for people of color in the Duluth area.*

*Employment, housing, and child care are intimately linked. If one fails for a family, the family spirals downward. We must all partner to be certain that these essentials are protected for families, in order that they can build self-sufficiency.*

### ***Practical implications***

A comprehensive and holistic approach to universal healthy child development requires investment in the economic well-being of families and communities.

For working families:

- Enact policies to ensure that the jobs created by subsidized projects or government contracts pay living wages.
- Increase access to convenient and reliable public transportation and dependable cars, vital for sustained employment and an assumed underpinning to resources for healthy child development.<sup>16</sup>
- Ensure all eligible families have access to affordable, high-quality child care that meets their needs through the Child Care Assistance Program or Early Learning Scholarships.
- Allow undocumented immigrants with proof of filing a Minnesota income tax return to acquire a driver's license.
- Support paid sick and family leave policies that extend to fathers and adoptive parents.
- Expand Child and Dependent Care Tax Credits.
- Expand statewide access to safe, stable, and adequate housing by, for example, implementing the strategies recommended by the Minneapolis Cradle to K Cabinet.<sup>9</sup>

For small businesses:

- Invest in small business development, such as through the Metropolitan Economic Development Association, which aids entrepreneurs in communities of color; Neighborhood Development Center, which serves low-income communities of color; and community economic development corporations and centers serving African immigrants, American Indians, Asian Americans, Latinos, and other communities striving for economic equity.
- Expand and strengthen community financial centers and/or credit unions that provide low-interest business and home loans, financial planning services, and credit repair classes.

For all families and small businesses:

The Governor’s Children’s Cabinet is an interagency partnership through which commissioners of state agencies work together to better coordinate and align policies, programs, and resources across state agencies and communities to support improved outcomes for children. The Children’s Cabinet was first established by Governor Carlson in February 1992. The current Cabinet was established by Governor Dayton in August 2011. It currently consists of the Departments of Education, Health, and Human Services.

- Expand the reach of the Governor’s Children’s Cabinet to invest in the economic well-being of families and communities by adding the Departments of Employment and Economic Development, Transportation, and Public Safety and the Minnesota Housing Finance Agency to work in alignment with the Departments of Education, Health, and Human Services.

### 3. Establish a flexible funding stream for community-led solutions tied to results.

In response to questions about overcoming barriers and increasing opportunities for thriving children and families, the more than 360 community listening session participants generated long lists of valuable and promising ideas to support. Some were shared across communities, such as support for parks, libraries, affordable housing, affordable child care, and local public education and health programs like ECFE; Early Head Start and Head Start; and multiple models of family home visiting, including culture-specific home visiting.

Many ideas were unique to particular communities or needs, such as access to diapers through the WIC program, playgrounds designed for winter play and family fun in Duluth, more services for fathers as caregivers, protection from exploitation by unethical employers in the Latino community, and acknowledging the impact of trauma. Other examples include:

[An urban American Indian group discussed] *the importance of cultural resources and ceremonies for acknowledging historical and family trauma while also focusing on health and wellness within their own traditions, beginning prenatally with the help of community-based organizations such as Indian Women’s Resource Center, the Baby Space program, and Mothers of Traditional Birthing. [The cultural resources] consisted of culturally-based information about healthy diets; improving access to doulas and connections to culture throughout pregnancy and the birthing process; hospital staff with native cultural beliefs about childbirth; culture-centered parenting classes for young people before pregnancy happens; and culturally appropriate, accessible mental health services and treatment for addictions.*

[An American Indian group on a reservation discussed that their community] *needs to come together and figure out how we can prevent the drug use...There are too many of our children being born addicted. So it is bringing back like what you guys are saying, the village, the support system, and raising the kids together. .. Making family and culture a part of our work, life, play. We also need public health programs for nutrition, diet, and exercise; housing; education and contracts, grants, other resources to support building families and culture.*

*An African American group discussed that they wished that doctors and nurse practitioners would spend more time with them and their child(ren) to reassure them that the child's progress is on target or, if not, to aid in documenting health and learning matters and advising them what they might do as parents to be helpful to their child's development.*

Participants in two group listening sessions expressed concerns that public policies, rules, and regulations are weakening families and communities of color by ignoring their strengths, competing with their institutions, and dismissing their expertise. They offered these solutions:

*Build the capacity of [communities of color] by using the services of people of color — [hire] consultants and professionals, staff with cultural knowledge, who are familiar with the community, to work with families...*

*Contract with existing culturally based organizations/ nonprofits that are part of the [African immigrant] community to deliver services...Hire professionals from within the community to deliver training and other services. They are knowledgeable, capable and better informed about context, challenges and opportunities.*

The varied community-identified solutions to ensuring healthy development for all children imply that no single approach offers a universal remedy or opportunity. A cookie-cutter approach cannot produce universally healthy outcomes or racial equity. Rather, the multiple and tailored potential approaches to healthy development imply

that flexible funding for particular opportunities that best fit particular contexts offers the best approach. This local and community-centered approach would:

- Encourage and support delivery of services based on family and community strengths and needs, shared experiences, and relationships as much as on evidenced-based service models and standardized materials.
- Build an evidence base of community-driven practices that achieve healthy development.
- Stimulate culture-specific innovation and validate community wisdom and knowledge.
- Value equity and cooperation as much as equality, efficiency, and competition.
- Support local community-based and culture-specific partnerships and organizations, trusting them to decide what will work best for them and what programs and service providers do with, not to, them for reaching the common expected goal of healthy child development.
- Promote greater collaboration across state agencies for outcomes and populations that cross departmental silos.

### ***Practical implications***

Draw on the experience, knowledge, and connections within local and cultural communities throughout Minnesota and provide them resources to take charge of their own child, family, and community development in the following ways:

- Establish a public/private “community-led solutions” fund that could be used to support local early childhood grassroots and nonprofit efforts as well as to maximize and better target existing high-quality programs and public

funding streams in locally appropriate ways.  
The fund should:

- Allow maximum flexibility and community choice, with no prescribed ways to remove barriers or to improve access to, and increase supply of, worthwhile, effective early experiences and developmental opportunities.
  - Use racial equity criteria in funding decisions.
  - In greater Minnesota, distribute funds in cooperation with the Minnesota Initiative Foundations whose Minnesota Early Childhood Initiative includes nearly 100 local early childhood coalitions covering over 200 greater Minnesota communities. Since 2003, these local coalitions have been grounded in the belief that young children need a nurturing community environment to thrive.
- In concert with community-led solutions fund users, establish a transparent and objective accountability process focused on outcomes communities agree to achieve.
  - Ensure communities have the capacity and access to use disaggregated data to build an evidence base of quantitative and qualitative data for effective community-led solutions and to hold themselves and public systems accountable for agreed-upon results.
  - Consider building the fund through set asides as is done in housing development, which sets aside a percentage of funds for affordable housing. Recognizing that early childhood development requires a multi-faceted, holistic approach, all spending bills for transportation, economic development, health, and so on would have required set asides for healthy child development.

#### 4. Continue to advance prenatal to age 3 holistic service and funding strategies, coordinated across systems and agencies.

In 2011, the Office of Early Learning (OEL) was established within the Minnesota Department of Education to provide legislators, agency staff, and communities a defined way to set and monitor agreed-upon policies and practices for integrated service delivery. The concept for an independent office was recommended in a 2011 report, *Office of Early Learning*, prepared for the Early Childhood Advisory Council.<sup>1</sup> That report recommended “a free-standing Office headed by a cabinet level position with authority and responsibility for policy, fiscal, and rule making,” the ability to “consolidate and coordinate resources in public funding” and “strengthen the connection to and leverage of private resources,” and a goal to “break down silos that currently exist in” state departments. The scope of its authority, however, based on recommendations from a task force and legislation, was limited to early care and education programs and services within the Minnesota Departments of Education, Health, and Human Services. In 2015, when the OEL Director became the Executive Director of the Governor’s Children’s Cabinet, the OEL functions transferred to the Cabinet.

While the bulk of the early childhood policy efforts during the past few years have tilted toward early learning funding strategies and child care quality ratings, several efforts continued to emphasize system-building for children younger than age 3. The Minnesota Department of Health (MDH) developed the comprehensive, cross-agency Prenatal to Three Framework, adopted by the Children’s Cabinet in 2013, and a subsequent package of draft recommendations and a broad policy statement in 2014, *A Healthy Start for Minnesota Children*. These strategic documents focused on improving outcomes and reducing



disparities in the areas of health, education, and social and economic security for infants, toddlers, their families, and their communities. They placed priority on strategies that enhanced and protected intergenerational connections and nurturing caregiver-child relationships and that eliminated racial, social, and economic barriers to positive growth and development.

In addition, the privately funded Project for Babies, and later Elders for Infants, continued to educate policy makers and state agency staff on the implications of brain science and adverse childhood experiences research on state policies to support vulnerable children, and the Home Visiting Coalition continued to train home visiting professionals on trauma-informed practice and completed work on home visiting practice standards.

Participants in two general listening sessions and four sessions in racially diverse communities generally commented on income eligibility rules and other requirements across the various service systems that seem to work at cross purposes with each other and thereby inhibit the accumulation of assets for family stability and financial security. Participants also expressed that eligibility rules and requirements for services within housing, education, health, human services, and criminal justice are often a cultural “mismatch” and a detriment within communities that use kinship, extended family, and social networks to pool resources or trade favors to augment family financial worth and well-being.

Participants in two general listening sessions for the most part reiterated prior recommendations from MDH and Elders for Infants, for example,

*[What the state needs:] Better service cooperation and coordination, including implementation of the national Help Me Grow model of developmental screening, referral and follow up; multi-generational and strength-based services, and better community engagement to influence state agency services.*

*[What the state needs:] Better service integration, services that work with the whole family, and better community engagement to influence state agency services, and enhancing certain services such as children’s mental health, culturally-congruent ECFE and child care, CCAP reimbursement rates, programs for engaging fathers, Early Head Start’s prenatal support groups, and accessible, affordable, high quality child care.*

Moreover, several other ideas to reduce barriers to and increase opportunities for healthy child development emerged from several community listening sessions and from prior plans that require cross-agency and holistic attention to be resolved:

*Increase education and information to families on how to advocate for themselves and participate in public policy processes.*

*Review and modify eligibility rules and requirements in all state agencies and public programs to ensure that low-income families are able to preserve and accumulate resources within their kinship, extended family, and social networks for financial security and well-being.*

*Reduce the impact of criminal justice policies and practices and incarceration on babies, families, and communities.*

*Increase communication and understanding between parents, county child welfare staff, and law enforcement about appropriate discipline methods and application of laws regarding child abuse.*

*Enhance child care quality standards to recognize community strengths and to take experience, culture, and community connections into account.*

*Increase affordable housing that can accommodate extended families.*

*Increase the number of early childhood teachers of color and other practitioners of color working with families and children under age 3.*

*Promote mental health in an integrated, whole family approach, beginning with well-family visits with newborns.*

*Promote multi-cultural mental health consultation to home visitors and child care providers.*

*Promote multi-cultural, multi-generational approaches to mental health across adult and children's mental health, chemical health, and corrections.*

*Extend state and federal home-visiting funds to Early Head Start's home visiting services.*

*Improve access to early screening and early intervention services (Part C) to children under age 3 who are homeless and in foster care.*

*Improve communication and coordination among children's and maternal mental health services, early care and education programs, and primary care pediatric clinics.*

*Encourage collaboration across all sectors with local public health departments, through programs such as family home visiting and Follow Along.*

## ***Practical implications***

For universal healthy child development, common systems-change recommendations continue to be:

1) multigenerational community strategies, building and relying upon the assets and strengths of extended family and community members, and 2) holistic strategies, coordinated across systems and agencies. In order to achieve service integration and to have a governance structure to direct and manage the flexible community-led solutions fund:

- Expand the reach of the Governor's Children's Cabinet by adding the Departments of Corrections, Employment and Economic Development, Transportation, and Public Safety and the Minnesota Housing Finance Agency to

work in alignment with the Departments of Education, Health, and Human Services.

- Establish the Office of Early Learning as originally proposed but reconfigured and renamed as the Office of Early Childhood Opportunities and Well-Being with wider scope than early care and education, taking direction from the expanded Children's Cabinet.
- House the Office at the cabinet level in the Executive branch, with dedicated staff and budget authority focused on prenatal to age 3 service and funding integration.

With diverse community engagement and input at every stage of the process, the Office of Early Childhood Opportunities and Well-Being would be responsible to:

- Establish the racial equity and other criteria for distributing the community-led solutions funds, set and monitor the expected outcomes, and build the evidence base of effective community-led solutions.
- Have state agencies adopt shared outcome expectations for all systems serving children and families, such as safe and enriching homes, secure attachment, and sustained language development, within a cultural, historical, and political context.



# Sources

1. Cadigan, K., Topp, N., & Clothier, S. (2011). *Office of early learning*. Retrieved from Minnesota Legislative Reference Library website: <https://www.leg.state.mn.us/docs/2011/mandated/110109.pdf>
2. Center for the Study of Social Policy. (2016). *About Strengthening Families* [Website]. Retrieved from <http://www.cssp.org/reform/strengtheningfamilies/about>
3. Center on the Developing Child, Harvard University. (2016). *Brain architecture* [Website]. Retrieved from [http://developingchild.harvard.edu/key\\_concepts/brain\\_architecture/](http://developingchild.harvard.edu/key_concepts/brain_architecture/)
4. Center on the Developing Child, Harvard University. (2007). *The Science of early childhood development* (InBrief). Retrieved from [http://developingchild.harvard.edu/index.php/resources/briefs/inbrief\\_series/inbrief\\_the\\_science\\_of\\_eed/](http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series/inbrief_the_science_of_eed/)
5. Centers for Disease Control and Prevention. (2016). *Adverse Childhood Experiences*. Retrieved from <http://www.cdc.gov/violenceprevention/acestudy/>
6. Chase, R., Egbert, A., & Valorose, J. (2011). *School readiness report card*. Retrieved from Wilder Research website: <http://bit.ly/2cyTmQx>
7. Chase, R., Mai, E., Mathison, P., Carlson, E., & Giovanelli, A. (2015). *Minnesota early childhood risk and reach report: Key indicators of early childhood development in Minnesota, county by county*. Retrieved from Wilder Research website: <http://bit.ly/1UEOrYD>
8. Chase, R., & Valorose, J. (2009). *Babies in Minnesota: The well-being and vulnerabilities of our youngest children*. Retrieved from Wilder Research website: <http://bit.ly/2duCqb7>
9. City of Minneapolis. (2015). *Cradle to K cabinet plan to address early childhood disparities in Minneapolis*. Retrieved from <http://www.minneapolismn.gov/www/groups/public/@mayor/documents/webcontent/wcms1p-141586.pdf>
10. Child Trends. (2015, April 15). Poverty's pernicious and persistent toll on young children [Blog post]. Retrieved from <http://www.childtrends.org/povertys-pernicious-and-persistent-toll-on-young-children/>
11. Emarita, B. (2015). *Voices and choices for children: Recommendations for the wellbeing of families of color and American Indian families in Minnesota*. Retrieved from the Start Early Funders website: <http://startearlyfundersmn.org/wp-content/uploads/2015/12/2015-Voices-and-Choices-Literature-Review.pdf>
12. Erikson Institute. (2016). *Children at risk: Research and community initiatives* [Website]. Retrieved from <http://www.erikson.edu/research-areas/children-at-risk/>
13. King, C., Chase-Lansdale, P. L., & Small, M. (Eds). (2015). *Two generations. One future. An anthology from The Ascend Fellowship*. Retrieved from the Aspen Institute website: <http://ascend.aspeninstitute.org/pages/ascend-fellowship-anthology>
14. Magnuson, K.A., & Waldfogel, J. (2005). Early childhood care and education: Effects on ethnic and racial gaps in school readiness. *Future of Children*, 15(1). Retrieved from [http://futureofchildren.org/publications/journals/journal\\_details/index.xml?journalid=38](http://futureofchildren.org/publications/journals/journal_details/index.xml?journalid=38)
15. Masten, A. (2014). *Ordinary magic: Resilience in development*. New York: Guilford Press.
16. Retrieved from University of Minnesota, Center for Transportation Studies website: [www.cts.umn.edu/Publications/ResearchReports/pdfdownload.pl?id=2706](http://www.cts.umn.edu/Publications/ResearchReports/pdfdownload.pl?id=2706)
17. Sroufe, L.A., Egeland, B., Carlson, E.A., & Collins, W.A. (2005). *The development of the person: Minnesota Longitudinal Study of Risk and Adaptation*. New York, NY: Guilford Press.

# Acknowledgements

We are grateful to these organizations for arranging and hosting the community listening sessions: African American Babies Coalition, African Immigrant Services, American Indian Policy Center, Centro Tyrone Guzman, Head Start Association, Hmong American Partnership, La Creche, Lake Crystal Community Education, Northland Foundation, and Southern Minnesota Initiative Foundation.

Many thanks to the hundreds of people who participated in community listening sessions. Many thanks also to Voices and Choices for Children and the numerous early childhood stakeholders who provided advice on the principles and purposes of this plan and helpful comments on the working drafts.

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