## PN-3 Potential Advocacy, Policy & Legislative Positions

**Issue Areas**

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<tr>
<th>Problem Statement</th>
<th>Advocacy/Public Will Building</th>
<th>Policy (Administrative) Positions</th>
<th>Legislative Positions</th>
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| Improving services and opportunities for families and children prenatal to three | 1. Listen to and respond to parent/families (user) experience, e.g. see, hear, do, feel…(Such as Journey Mapping the experiences of users.)  
2. Listen & lift up community voice and needs (Paint a picture of other ways to serve/deliver/reach those in need.) | 1. Require Equity Note as legislative proposals are created and/or grant requests are submitted for services/programs  
2. Require Equity Officer in each state agency who focuses on legislative and administrative requests  
3. Require community input in decisions and decision-making  
[NOTE: These positions were suggested to address previous suggestions: 1) Advocate to compel decision-makers to include community voice and decisions in grants, 2) Make programs and/or services easier for parent to access and easier to administer, and 3) Advocate for engagement of diverse decision-makers as proposals are drafted.] | Community driven solutions (Community Solutions Fund) for families and parents.  
- Multiple regional sites - not county (who are potential fiscal hosts?)  
  - Family Service Collaborative  
  - Community Hub, e.g. nonprofit acting as community hub (to be identified)  
  - MIFs  
- Data driven (what data, whose data, whose research?)  
- Flexible choices that recognize community history and wisdom  
- Start with home visiting and infant & toddler care (see specific policy/legislative ideas in earlier draft)  
  - Intentionally un-siloed, creating an opportunity to target funds differently |

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Many families and children face racial, geographic and economic inequities in Minnesota that limit their ability to be born healthy and thrive in their earliest years.

Families and children are better when served together, yet most policies are focused only on children or one challenge the family is facing. 2Gen policies are positioned to respond holistically to the needs of a family.

- Multiple regional sites - not county (who are potential fiscal hosts?)
  - Family Service Collaborative
  - Community Hub, e.g. nonprofit acting as community hub (to be identified)
- Data driven (what data, whose data, whose research?)
- Flexible choices that recognize community history and wisdom
- Start with home visiting and infant & toddler care (see specific policy/legislative ideas in earlier draft)
  - Intentionally un-siloed, creating an opportunity to target funds differently
7. Leverage existing programs to take part in innovation solutions
8. Ensure a percentage (%) of early childhood education program resources are dedicated to community partnerships in order to assure a mixed delivery system in early care and education.

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<td>Public will building to advocate in PN-3 Space</td>
<td>Many Minnesotans believe it is a family responsibility, not our collective responsibility to care for families and young children</td>
<td>Advocate for $1 Billion for PN-5 (no apologies for resources needed to better position state for success!)</td>
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<td>Maternal Health &amp; Wellness</td>
<td>Not all women have access to maternal care and supports to meet their needs while pregnant. American-born, African-American woman and American Indian women are 2 to 3 times more likely to die during pregnancy or birth compared to white women, regardless of income.</td>
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<td>Increase prenatal supports for African-American and American Indian women to improve prenatal and infant health outcomes.</td>
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<td>Infant &amp; Toddler Health and Wellness</td>
<td>Infant and toddler care is short in supply and expensive to provide &amp; purchase.</td>
<td>1. Identify strategies that support a mixed delivery system in communities (e.g. how do family child care providers/centers provide care when preschool slots are going to schools with voluntary pre-k) 2. Stop recommending conventional seat-time education as a priority for ensuring quality. We must</td>
<td>1. Increase prenatal supports for African-American and American Indian women to improve prenatal and infant health outcomes. 2. Increase access to home visiting services to pregnant individuals and families to help prepare them for parenting and connect with community resources</td>
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| **Family Wellness and Stability** | Families and children are better when served together, yet most policies are focused only on children or one challenge the family is facing. 2Gen policies are positioned to respond holistically to the needs of a family. | Advocate for Innovative Approaches
• Programs such as Thread (Baltimore), which is focused on giving every kid (400) what they need to succeed through volunteers (1000) and by connecting them to resources
• Have communities say what they want/need [NOTE: It’s a challenge to get Legislature or Local Gov’t to give resources differently. Voices & Choices Coalition for Children has lived experience with this challenge.]
• Finding policy supports/solutions for different economies (cash, barter, hybrid). Too often solutions only recognize cash solutions. | 3. Increase access to infant and toddler care through mixed delivery (family child care and center care) |
<p>| <strong>Safe &amp; Stable Housing</strong> | Safe and affordable housing is difficult to access and sustain. The cost of housing is out of reach for too many families. | 1. Require engagement of diverse decision-makers as legislative proposals are drafted. 2. Require ‘Equity Note’ on all legislative proposals (similar to requiring a ‘Fiscal Note’). | |
| <strong>Diverse Decision-makers and Community Resources</strong> | Decision-makers do NOT reflect the diversity of communities served. Communities of color feel there is mistrust by funders about how money is used | Advocate for engagement of diverse decision-makers as proposals are drafted. | |
| <strong>Other</strong> | Families and children are better when served together, yet most policies are focused only on children or one challenge the | Focus on design (human-centered/family-centered approach). We need time to hear from community members. | 1. Advocate for Innovative Approaches such as Thread (Baltimore), which is focused on giving every kid (400) what they |</p>
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| 1. Advocate to compel decision-makers to include community voice and decisions in grants  
   - Have communities define the issues and have resources to address  
     [NOTE: historically we haven’t given communities opportunity to define the issue – instead these are defined top down]  
   2. Make programs and/or services easier for parents to access (and easier to administer)  
   3. ROI is valued more than evidence about what works. Community capacity & collaboration  
   4. Advocate for Innovative approaches and policy solutions for different economies within childcare (cash, barter, hybrid).  
   5. Advocate for Innovative Approaches and address the cliff effect in current policies that keep families in poverty cycle (CCAP, MFIP, health care, etc).  
   6. Data – we need to collect and share meaningful data (Disaggregated by race. Note: American Indian families often get left out of discussion because of numbers. No longer acceptable.)  
   7. Tribal set asides. Inclusion/recognition of tribal sovereignty. This is true in pilots as well as long-term policy.  
   8. Too many different funding streams (what are the implications of reducing them?)  
   9. Every grant should have a planning year; e.g. it takes time to get the right people to the table and identify shared solutions.  
   | Need to succeed through volunteers (1000) and by connecting them to resources. 
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