Minnesota PN-3 Policy Planning Meeting
Meeting Summary
July 12, 2018

Welcome & Introductions
Participants responded to one of two questions:
1) Which organization(s) on the PN-3 planning team do you have a strong connection to?
2) What is one organization you’d like to connect with over the course of this work?

Review purpose, goals and timeline of project
The Pritzker Children’s Initiative (PCI), a project of the JB and MK Pritzker Family Foundation, is investing in states and communities to build capacity for planning and executing ambitious policy agendas for improving outcomes for babies, toddlers, and their families.

The PCI shared purpose is to promote and establish quality systems and programming for infants, toddlers and families in your communities and state. The PCI strategy is grounded in the knowledge that it will take both state and local efforts to develop, expand, implement, and sustain high quality PN-3 systems.

PCI State Partners include:
Alliance for Early Success (AES)
National Conference of State Legislatures (NCSL)
National Governor's Association (NGA)
First Five Years Fund
PCI Community Partners (29) include:
National Association of Counties (NACo),
National League of Cities (NLC),
Center for Study of Social Policy (CSSP), and
the combined network of National Institute for Children’s Health Quality NICHQ/Strive Together.

Minnesota received a statewide grant and two local/community grants. The Alliance for Early Success provided funds to West Central Initiative (Nancy Jost), who is partnering with LaCroix-Dalluhn Consulting (Laura & Etonde), to develop a statewide policy platform and strategy for PN-3.

There are three outcomes we need to achieve before the end December;
1. Develop a PN-3 policy platform for 2019
2. Develop PN-3 advocacy strategies for 2019
3. Identify and secure a fiscal host and home for the PN-3 work moving forward

PCI wants and expects all partners to prioritize PN-3 policy actions around evidence-based home visiting and infant & toddler care.

NACo provided a grant to Ramsey County (Marcie Jeffreys) to better align services for county involved families. NLC provided a grant to Minneapolis through the Minneapolis Youth Coordinating Board (Ann DeGroot) to provide training and increase knowledge among family, friends and neighbors (FFN) providing care to infants and toddlers.

Other states funded by the Alliance for Early Success include Oregon, North Carolina, Colorado, Georgia, Michigan, Pennsylvania, Texas and Wisconsin.

Shared Values, Principles & Vision
Participants worked in small groups to review, discuss and prioritize shared values, principles and potential policy issues based on input from the initial meeting in June. The entire group worked together to find agreement on shared values, shared principles, and identify potential policy ideas or themes. There were a number of ideals that were held for further conversation because they either didn't clearly fit into one of these categories (values, principles or potential policy areas), or the planning team wanted to be sure we intentionally address the ideals the process.

<table>
<thead>
<tr>
<th>Values</th>
<th>Principles</th>
<th>HOLD: Priority Issues without final agreement of how best to address</th>
<th>Potential Policies</th>
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<td>• We value every single child&lt;br&gt;• Listening to families&lt;br&gt;• Challenge the systems&lt;br&gt;• Take risks for real solutions that will work</td>
<td>• We will not recreate what exists.&lt;br&gt;• Develop or use best practices that combine knowledge of science, the experiences of practitioners and the wisdom of communities.&lt;br&gt;• Babies have history and memories in their bodies (epigenetics).&lt;br&gt;• Quality will consider equity of outcomes for the whole family.</td>
<td>• Treat development in holistic context (health, early learning, family support, early intervention) that embraces whole child, whole family, and community in a cultural context&lt;br&gt;• Co-creation of policies or advocacy efforts&lt;br&gt;• Equity = Trust &amp; investment in those who are most impacted (poor,</td>
<td>• Access to high quality care&lt;br&gt;• Flexibility, parent-directed &amp;/or chosen services&lt;br&gt;• Full investments (don't shortchange our babies and children)&lt;br&gt;• Political and public will to focus on PN-3&lt;br&gt;• Connecting with other initiatives that are underway&lt;br&gt;• Responsiveness, alignment, collaboration, and</td>
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### Quality and affordability for families and providers.
- Focus on racial, economic & geographic equity in strategies, policies and practices.
- Culturally responsive early childhood programs make a difference for children.

### Communities of color, thinking outside the box/taking risks related to the status quo in our processes, access & outcomes.
- Child centered
  - [Safety issues sometimes force adults to respond specifically to the child]
- Familiar access to knowledge and awareness of mental health, toxic stress & historical trauma
- Investing in sustainable business model that supports early childhood programs
- Focus on facilities, infrastructure and workforce

### Coordination of systems and programs (operationalizing)
- Use a public health lens that recognizes social, economic and political determinants of health and incorporates promotion, prevention and intervention strategies

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**Additional policy consideration offered by Betty Emarita:**

Betty Emarita identified the need to consider three different economies when developing policy solutions. She noted many families rely on the non-cash economy to engage in early childhood services.

1. Cash economy
2. Non-cash or the informal economy, e.g. bartering
3. Hybrid of cash and non-cash

**Shared Vision**
Participants worked in small groups to review the initial vision statements from the July meeting. Each small group either created or refined a vision statement. The large group finalized a shared vision statement using their newly adopted shared values and principles.

*Shared Vision Statement (Early Childhood System Reform)*
By focusing on children facing racial, geographic, and economic inequities, all children in Minnesota will be born healthy and able to thrive within their families and communities.

**Next Steps**
In order to dive into policy discussions next month, we will extend the meeting time until 3:30 pm. The meeting will focus predominantly on policies that work and those that do not work – as well as understand why.