Minnesota Prenatal to Three Coalition
2021 Policy & Legislative Priorities

Shared Vision
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.

The Minnesota Prenatal to Three (PN-3) Coalition is working toward following outcomes
1. Build public awareness about infant and child development, beginning prenatally through kindergarten, to advocate with decision makers to better support children and families through the advancement of policy priorities that have been identified by Minnesota’s PN-3 Coalition.
2. Develop equitable state policies for young children and families that center the dignity of their lived experiences through parents and advocates in communities of color, American Indian, and rural communities.
3. Expand financial resources and identify clear strategies to generate new revenue for early care and education.

These outcomes will lead us to our big population level goal/outcome
All children will have healthy births and supportive parents, families and communities with the resources (including economic) to develop, grow, and flourish without being defined/predicted by one’s income, race, ethnicity or zip code.

2021 Policy & Legislative Priorities
The pandemic has significantly changed the lives of children, families, and communities across Minnesota; and it has changed the way essential services are accessed by families and how businesses operate. COVID-19 has both exposed and exacerbated Minnesota’s racial disparities and wealth gap. The following policy and legislative priorities consider the intense impact this pandemic has had on the lives of young children, their families and the providers who work to serve them.

Strong Families
Minnesota’s future prosperity depends on the well-being of every family, every infant, and every young child. Healthy child development and attachment is fundamental to the overall wellbeing of every Minnesotan. Understanding the developing human brain, which begins before birth and continues into adulthood, is key. Early experiences, within the context of families literally shape how the brain gets built and has long-term consequences on future health and wellbeing. These experiences are possible when parents (mothers, fathers and caregivers) have access to leave policies to support their child’s development

without fear of losing their job; and access to culturally responsive health, mental health and oral health care.

1. Protect investments in maternal and child health (MCH) programs impacting infants and toddler and programs that provide basic needs to families.

2. Increase the number of families that access paid leave to care for themselves or family members through a state insurance program and/or other strategies.

3. Increase resources and improve access to culturally responsive, trauma-informed health and mental health care beginning prenatally through early childhood to improve health and early learning outcomes.

   a. Increase access to maternal and infant care to improve health outcomes and address health inequities.
      i. Increase continuity of access to Medicaid after pregnancy. Extend Medicaid benefits to mom/birth giver and children the first year beyond birth. Continuity of access is linked to better maternal and infant health outcomes. Prior to the public health emergency, benefits were limited to two months postpartum.
      ii. Promote culturally responsive strategies to support Black and Indigenous birth givers and families who experience the greatest inequities. Including perinatal navigators, community health workers and doulas as part of the care giving team improves maternal and infant outcomes.
      iii. Promote increased access to prenatal care in rural communities. Access to care has been significantly reduced in Greater Minnesota, which impacts maternal and infant health outcomes. Identifying alternate care options can improve outcomes.

   b. Increase access to culturally responsive family support and information, including home visiting and group-based services. Provide state funding to programs that are designed by community organizations. These promising practices and evidence informed programs can improve continuity of care for families.

   c. Extend telehealth services (including telephone visits) beyond the current public health emergency to increase access to mental health services, home visiting and well child visits for children and families.

   d. Increase access to culturally sensitive, evidence-based oral health care for young children regardless of family income or insurance status. Improving access to oral health in the first year of life and regular visits beyond has a positive impact on oral and overall health.

   e. Increase access to culturally responsive, trauma informed, early childhood mental health services.
      i. Increase resources for Infant and Early Childhood Mental Health Consultation services and Mental Health services.
      ii. Increase early childhood mental health training/education among nurses, community health workers doulas, home visitors, parent educators and child care providers
      iii. Increase mental health training and certification within Black, Indigenous and communities of color to increase number of BIPOC practitioners.
      iv. Increase access to mental health training statewide, specifically ABC Training.

   f. Increase access to residential substance treatment programs that allow parents to bring their children with them. Increasing the number of sites with capacity to support families decreases trauma and costs associated with out-of-home placement for children.
Early Care and Education for Infants and Toddlers
High quality child care – whether it takes place in a child care center, with a family child care provider or with Family, Friends or Neighbors (FFN) – provide developmental experiences that are interactive and stimulating to help infants and toddlers build the strong foundation needed for future success in school, the workforce and life.

The interplay of a number of different funding streams is critical to supporting families’ access and sustain high quality child care that support their families as they work and/or further their education.

1. Increase access to early care and education through the creation of a dedicated revenue source to support expansion of Child Care Assistance Program, Early Learning Scholarships, Early Head Start, Head Start and other early care and education resources. The gap in funding and revenue to support a high quality early care and education field is too large to fill with current funding, regardless of the source (parents, public, etc.). Early care and education programs are the business that allows all other businesses to succeed. If Minnesota wants to provide high quality care and education to all children, it is important to create a new revenue stream to support these critical services.

2. Maximize federal funding for early care and education. Federal support for early care and education is critical to ensuring states, communities and businesses are well positioned to return to work when it is safe to return to a new normal. No state, business or community can take on these costs alone. Federal support will increase access to early care and education during this intense time of need.

3. Protect and increase resources for early care and education, including Child Care Assistance Program, Early Learning Scholarships, Early Head Start, Head Start and other early care and education resources. Public early care and education resources for infants, toddlers and families were significantly cut during past state budget shortfalls – and these cuts have not yet been restored. As a consequence, the cost of child care is out of reach for many families and a shortage of child care professionals remains a challenge in Minnesota. These cuts disproportionately impacted women, women of color and young children. It is critical that we not repeat these mistakes from the past.

4. Increase awareness and resources for Family, Friend and Neighbor Care. Infants and toddlers are more often cared for by a family member or friend than by licensed providers in Minnesota. The shortage of child care providers and the critical role of bonding and development during this period is important to support all those providing care and education. It is important to offer training and access to learning supports for Family, Friend and Neighbors who provide early care and education to children.

5. Support increased state funding for Tribal Early Head Start and Head Start programs. Support for Tribal Early Head Start and Head Start will increase access to high quality care and education opportunities in tribal communities across the state and help address any unmet needs children are experiencing.

6. Increase coordination and access to services for families with infants and toddlers including streamlining eligibility criteria and data sharing with support of families. Work with state agencies, the Governor’s administration and local communities to better coordinate services and support families as they access services.