PN-3 Potential Advocacy, Policy & Legislative Positions
October 11, 2018

Minnesota seeks to improve services and opportunities for families and children prenatal to age three. Healthy child development is fundamental to the overall wellbeing of Minnesota. Understanding the developing human brain, which begins before birth and continues into adulthood, is key. Early experiences literally shape how the brain gets built. Experiences occur within the context of relationships and families. Minnesota’s future prosperity depends on the wellbeing of all families and individuals. When every child has access to resources and high quality experiences they are more likely to reach their full potential.

We believe targeted policy and legislative opportunities aimed at those who experience racial, economic and geographic disparities will ensure the first 1100 days of life include quality experiences for infants, toddlers and their families. These early experiences will have great economic benefits for infants, toddlers, families and entire communities.

Advocacy (Public Will Building &/or Communication Campaign)
1. Support a Communication Campaign [Media (Radio & Print & Social)] or Public Will Building Campaign promoting healthy development (brain development) and quality experiences during the first 1100 days of life. Listen and lift up community voice and needs (Paint a picture of other ways to serve/deliver/reach those in need, e.g. community driven solutions focused on PN-3.).
   • Audience: Legislators, NEW Administration, & Decision-makers
   • Audience: Parents & Pregnant Woman & Fathers to-be

Policy/Administrative Positions
Administrative positions aimed at improving/eliminating racial, economic and geographic disparities.

2. Equity & Diverse Decision-Makers. Too often decisions are made for communities experiencing racial, economic and geographic disparities, rather than with them.
   • Require an Equity Note on Administrative and Legislative Proposals. This would increase awareness of unintentional impacts of policy and funding decisions and improve
   • Equity Officer each State Agency. This would increase awareness about the ways policies can negatively impact high need communities. Equity Officers would be given authority to recommend policy/administrative changes agency leadership to address inequities.

3. Family Health & Wellness (2Gen Policies). Parents and families generally have the least amount of economic power when they start a family, and yet they experience their greatest needs and expenses in these earliest years.
   • Policy/administrative solutions to increase flexibility in critical programs and address the unintended consequences of the “Cliff Effect” in MFIP, CCAP &/or Health Care.
4. **Data Sharing & Tracking.** Data sharing is limited across programs. While most families and programs agree it is essential to protect privacy, limiting data sharing can create unnecessary challenges for families and providers and increase unintentional duplicative efforts.
   - **Identify Data Sharing policy language** to add to public and private contracts and allow for improved communication and service delivery.

**Legislative Positions**
Legislative positions aimed at improving/eliminating racial, economic and geographic disparities and positively impacting PN-3 experiences for infants, toddlers and families statewide.

5. **Diverse Decision-Makers.** Too often decisions are made for communities experiencing racial, economic and geographic disparities, rather than with them.
   - **Community driven solution (Community Solutions Fund with priority for Prenatal to Three).** Community Solutions Funds provide regions across the state with flexibility to address community needs and reduce racial, economic and geographic disparities. Priority will be given to address community needs for infant, toddler and families prenatal to age three.
     - Regional hubs operate to assess and address community needs.
     - Regional hubs may include non-profit organizations, family service collaboratives, and Minnesota Initiative Foundations.

6. **Infant Health & Wellness.** Positive experiences as an infant and toddler shape the brain as it is developed and impact the long-term development of individuals.
   - **Infant & Toddler Care.** Ensure access to a mixed delivery system of care (family child care, center care, and FFN) for infants and toddlers.
     - Address quality and financial opportunities to support Family Friends & Neighbors Care as part of the mixed delivery system.
       - Incent quality without requiring licensure.
       - Fund/support FFN through CCAP, At-Home Infant Care or through community solutions funds.
   - **Increase access and funding for infants and toddlers to high quality care.** Scholarships provide families control and access to high quality care in a mixed delivery services.

7. **Family Health & Wellness (2Gen Policies).** Parents and families generally have the least amount of economic power when they start a family, and yet they experience their greatest needs and expenses in these earliest years. Proving public resources to programs and opportunities focused on stabilizing and supporting families early can position them for long-term prosperity.
   - **Family Home Visiting.** Voluntary home visiting provides families opportunities to learn and grow their knowledge and skills while receiving support to address familial challenges and needs.
   - Legislative solutions to increase flexibility in critical programs and address the unintended consequences of the “Cliff Effect” in MFIP, CCAP &/or Health Care.

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