

Comprehensive Early Childhood Systems

INCLUSIVE SYSTEMS THAT LINK YOUNG CHILDREN AND THEIR FAMILIES TO ALL THE SUPPORT AND SERVICES THEY NEED

Minnesota acknowledges that systemic racism and generational structural (social, economic, political and environmental) inequities result in poor health outcomes. These inequities have a greater influence on health outcomes than individual choices or one's ability to access health care, and not all communities are impacted the same way. All people living in Minnesota benefit when we reduce health disparities and advance racial equity.

Current Landscape of Comprehensive Early Childhood Systems in Minnesota

Minnesota faces significant challenges in implementing a coordinated, equitable, and efficient system of care for children and their families. The array of early childhood programs is complex and fragmented, due in part to differences in who offers programs, how they are funded, and variation in their eligibility and other requirements. In Minnesota, public health and human services operate under local control, with services delivered at the county- and Tribal-level in Minnesota's 87 counties and 11 Tribal nations. This means early education intervention services for infants and toddlers and their families operate in over 300 independent school districts. Tribal nations and community-based organizations offer culturally relevant services, but these are often unknown or ignored as potential referral resources by outside providers. Anecdotes from statewide providers consistently indicate that services are unavailable, unknown, or hard to access, but there is no statewide data that defines actual service gaps and barriers.

Many projects and grants over the last ten years have started working to improve comprehensive early childhood systems across government agencies. Formal recommendations from local partners to the state in 2016, along with the results of a 2018 audit by the Office of Legislative Auditor, confirmed the need for a centralized system for resource navigation, referral and follow-through, and documentation of gaps and barriers in the system. During the recent [Preschool Development Birth to Five Grant Needs Assessment](#) and strategic planning process, parents and providers shared their perspectives on the current assets and barriers that affect families who are experiencing racial, geographic, and economic inequities.

Preschool Development Grant

Minnesota received a grant from the U.S. Department of Health and Human Services called the [Preschool Development Birth through Five Grant](#) (PDG) to review and improve the support Minnesota provides to pregnant families and families with children ages five and below. The work of this grant is a collaboration of the Minnesota Departments of Education, Health, and Human Services, along with the [Children's Cabinet](#) in order to align education and care systems across the state and remove barriers so families with young children can access life-changing early childhood programs. Beginning in January 2020 and ending on December 31, 2022, the PDG focuses on six priority areas identified through community engagement and a needs assessment (see Figure 1). Many of their priorities emphasize equity, including investing in community-identified challenges through community solutions, increasing information sharing across state agencies to create a more accessible system for parents and caregivers, and providing early childhood workforce supports.

Figure 1. PDG Strategic Plan Goals



Source: Preschool Development Grant Strategic Plan 2020-22¹

Developmental Screening

American Academy of Pediatrics recommends universally screening young children for developmental delays, social-emotional/behavioral problems, autism and psychosocial risk conditions like maternal depression/anxiety.² Screening is the new standard of care, but not all children receive these screenings or are not being referred or connected to the programs and supports they need. Early development screenings can help to identify health conditions that benefit from early intervention and treatment, such as language delays and autism. Early intervention can also mediate harm among children with adverse childhood experiences. For every dollar spent on high-quality early learning programs, there is an average of \$8.60 in benefits —and the younger the child served, the wiser the investment.³

Screening rates for developmental and social-emotional health at well child visits for Medicaid-eligible children in Minnesota are lower than recommended overall and vary by race. American Indian and White children consistently have the lowest rates of screening compared to other races. White and American Indian children are more heavily represented in rural areas, where rates of related screenings are lower. Children in rural Minnesota experience additional barriers when trying to access programs and supports the need to thrive. For example, lack of transportation and fewer practitioners reduce the accessibility of resources for rural families. Data from the Minnesota Health Care Programs show that of children who had at least one Child and Teen Checkup within the year and were enrolled in either MinnesotaCare or Medical Assistance, 5.6 percent received an autism screening. Rates of autism screening varied by race (i.e., 11% for Asian/Pacific Islander, 7% for Black, and 6.6% for Hispanic children). White children were the least likely to be screened at 3 percent.

Racial Justice and Comprehensive Early Childhood Systems

Children remain the poorest age group in Minnesota, with almost 150,000, 11.2 percent of all children, were living in poverty in 2019.⁴ Policies and practices rooted in structural racism have prevented Black, Indigenous, and People of Color (BIPOC) from having a fair start and this continues to be reflected in the disparities seen in today's poverty rate - 37 percent of African American/Black and American Indian children are living in poverty compared with only 6 percent of White children.

American Indian and children of color have fewer opportunities to succeed in school, and this starts with access to early childhood opportunities. In Minnesota, children are not guaranteed access to early childhood education, which means that this education is most often financed by parent's tuition payments to private programs. With large income disparities by race, this further disadvantages BIPOC children. The median family income in Minnesota for American Indian, Black, and Hispanic families with children is \$34,000 to \$52,900, compared to \$108,600 for White families with children.⁵ We also know that early childhood education is associated with greater school readiness. Minnesota's children experience racial disparities in school readiness as well with American Indian and Hispanic students having the lowest rates of school readiness at 62 percent and 68 percent, respectively.⁶

Health inequities also start early in Minnesota, as demonstrated by the significantly higher infant mortality rates experienced by American Indian and African American/Black families. In 2018, American Indian children were 17 times more likely to experience out-of-home care than white children in the state.⁷ Data from the Early Childhood Longitudinal Database (ECLS) shows that, in 2019, 84.7 percent of African American/Black and 79.4 percent of American Indian/Alaska Native kindergartners received economic assistance and/or food assistance, while only 23.3 percent of White kindergartners received assistance. Economic assistance through the Minnesota Family Investment Program (MFIP) or Diversionary Work Program (DWP), and Food Assistance through the Supplemental Nutrition Assistance Program (SNAP) and/or Free or Reduced Price lunch program are indicators of income and display the inequities in financial stability in Minnesota's communities. Racism is embedded in our systems from the start.

COVID-19 Pandemic: Impact on Comprehensive Early Childhood Systems

COVID-19 has altered day-to-day life in many ways, both obvious and subtle, that affect child and family health. Families are experiencing additional stress due to changes in school systems and learning, childcare closures, work expectations, access to supportive services, and negative impacts on small businesses in our local economies. This continued ambiguity and change in daily life can lead to tense parenting relationships, increased anxiety in both parents and children, and increased fear.

Childcare systems and businesses were already struggling in Minnesota before the pandemic, and these struggles have been exacerbated as capacity limits have been imposed. As a result, many families are opting to keep their children home. Comprehensive early childhood systems, including childcare, are the backbone of our society – other vital sectors of society including healthcare, food, and utilities rely on it.⁸ We need these systems to function well in order for the future generations of Minnesotans to be healthy.

Strategic Planning

The Division of Child and Family Health (CFH) in partnership with stakeholders conducted a [comprehensive assessment](#) of the health and well-being of Minnesota's maternal and child health populations – including women, mothers, fathers, caregivers, children and youth (including those with special health needs), families, and communities. Following the prioritization of unmet needs, Comprehensive Early Childhood Systems was selected as a top priority for Minnesota.

COMPREHENSIVE EARLY CHILDHOOD SYSTEMS

In order to advance maternal and child health outcomes and health equity, CFH acknowledges that we need to work together in authentic, collaborative, and innovative ways. CFH continued to engage stakeholders by implementing a community-focused process to set and implement strategies to address the priority needs using [Strategy Teams](#). We have only begun this work and know there is still much work to do. The outcome of this process helped form a statewide strategic plan that guides work on improving maternal and child health systems going forward.

Vision for the Future

We strive for a Minnesota where all families have access to the information, services, and supports they need to help their young children achieve their fullest potential. We envision a future where families know and are confident in what their child is learning and doing, and how to optimally support early childhood development and child health. Families will not only know what resources or programs are available in their community, but will be able to fully and easily access them for their children. In this future, our state will achieve equity by creating and maintaining high-quality programs that link families to supports in a comprehensive, collaborative, culturally and linguistically responsive manner that best meets the needs and preferences of families. Early childhood education and health are indicators of overall population health and we will work to give the future generations of Minnesotans the best possible health outcomes.

Strategies to Address Comprehensive Early Childhood Systems

The Strategy Team created for this priority focused on the development of a coordinated early childhood system. It is important to note that the Comprehensive Early Childhood Systems and the Children and Youth with Special Health Needs (CYSHN) Strategy Teams collaborate closely to assure that the unique needs of families with CYSHN are highlighted and embedded within broader early childhood system development.

Below is a brief summary of Minnesota's strategies for improving comprehensive early childhood systems. To learn more, see the entire [Minnesota Title V Maternal and Child Block Grant Application and Annual Report](#).

Strategy A: Develop Online Navigation and Referral Systems and Supportive Community Partnerships

The first strategy focuses on the implementation of a navigation system that has both electronic and human aspects for families and early childhood providers to connect and coordinate referrals, service provision, and follow up communication. This will help families of young children better coordinate and access comprehensive, family-centered services. We plan to implement the following activities:

- Coordinate with the Preschool Development Grant (PDG) on the release, evaluation, and sustainability of the [Minnesota Help Me Connect](#) online navigator and referral system.
- Collaborate with the PDG implementation of [Local Community Hubs](#).
- Participate with the MDH Center for Health Equity Staff and the PDG to implement the Community Solutions for Healthy Child Development Grant Program.

The state will use these investments to learn about how to have responsive and inclusive policies, programs and practices to ensure we address systemic barriers for children and families.

Strategy B: Recruit, retain, and support, a diverse professional workforce

The second strategy is to support the professional workforce that make early childhood programs and services possible. Professionally training early childhood educators and paying them a living wage with

benefits for the essential job they perform is an important component of providing high-quality care. It is also important to recognize that diversity in this workforce is essential. The relationships built between caregivers and children is an important element for healthy, thriving children and families in Minnesota. We will focus on the following activities to support this strategy:

- Support recruitment and retention of a diverse workforce.
- Invest funding in a diverse and experienced childhood workforce.
- Increase the availability of scholarships for early childhood providers.
- Integrate mental well-being and trauma-responsive practices into services and programs for providers.
- Establish collaborative career pathways in early childhood.

Strategy C: Maximize and Increase Funding to Support Statewide Programs that Serve Families who are Pregnant and Parenting Young Children

The third strategy focuses on increasing the capacity of existing early childhood programs and maximizing new opportunities to test and expand services that will increase coordination and access to services for families with young children. In order to work towards this, we have outlined the following action items:

- Support and continue Minnesota’s Follow Along Program, an early childhood developmental and social-emotional screening system delivered through local public health agencies for families with children birth to 3 years of age.
- Implement electronic access to developmental and social-emotional screening through local public health agencies in order to improve communication between providers.
- Facilitate pilot project grants to encourage more collaboration between local agencies around developmental screening and actively test the electronic screening system in partnership with other early childhood providers.
- Evaluate existing early childhood state funding and allocate based on needs and priorities so that programs and family choices are supported.
- Explore the implementation of universal, evidence-based family home visiting models to support all families with newborns.
- Invest in community-based solutions to address community-identified challenges related to early childhood services and care.

¹ Preschool Development Grant Strategic Plan 2020-22 Draft (2020). Minnesota Department of Health. <https://education.mn.gov/MDE/dse/early/preschgr/>.

² Developmental Screening. (2021). American Academy of Pediatrics. Retrieved from: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Early-Childhood-Development.aspx>.

³ The Economics of Early Childhood Investments. (2014). Executive Office of the President of the United States. Retrieved from: https://obamawhitehouse.archives.gov/sites/default/files/docs/the_economics_of_early_childhood_investments.pdf

⁴ U.S. Census Bureau; American Community Survey, 2019 American Community Survey 1-Year Estimates, Table DP03; generated by Molly Meyer; using data.census.gov; <<https://data.census.gov/cedsci/>>; (26 March 2021).

⁵ Minnesota’s education system shows persistent opportunity gaps by race. (2021). Federal Reserve Bank of Minneapolis. Retrieved from: <https://www.minneapolisfed.org/article/2021/minnesotas-education-system-shows-persistent-opportunity-gaps-by-race>

COMPREHENSIVE EARLY CHILDHOOD SYSTEMS

⁶ Minnesota's education system shows persistent opportunity gaps by race. (2021). Federal Reserve Bank of Minneapolis. Retrieved from: <https://www.minneapolisfed.org/article/2021/minnesotas-education-system-shows-persistent-opportunity-gaps-by-race>

⁷ Foster care: Temporary out-of-home care for children (2018). Minnesota Department of Human Services <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4760-ENG>.

⁸ COVID-19 pandemic worsening state's child care crisis (2020). Rachel Kats, Session Daily. Retrieved from: <https://www.house.leg.state.mn.us/sessiondaily/Story/15234?fbclid=IwAR3WFBgx2DEbLEULK8kid5lCxV0Vukgef9KVbcC2Kojek1a9XwHLVc1n2ps>.

Child and Family Health Division
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
health.cfhcommunications@state.mn.us
www.health.state.mn.us

3/25/2021

To obtain this information in a different format, call: 651-201-3589. Printed on recycled paper.