

Comprehensive Early Childhood Systems

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

Why It's Important

Human brains grow faster between the ages of 0-3 than any other point in life, forming more than one million new neural connections every second.¹ “When babies have nurturing relationships, early learning experiences and good nutrition, those neural connections are stimulated and strengthened, laying a strong foundation for the rest of their lives. When babies don’t get what their growing brains need to thrive, they don’t develop as they should. This leads to life-long developmental, educational, social, and health challenges.”¹ The quality of babies’ early nurturing and learning experiences has a lasting impact on their life-long learning and success. When we invest in infants, toddlers, and their families, we ensure a strong future for us all.

“The state, counties, cities, and school districts need to build alignment by linking early childhood data across sectors, coordinating professional development opportunities, and fostering more direct connections between home visiting and early care and education programs.” – Needs Assessment Key Informant

Every family should have an equal opportunity to interact with a high quality early childhood system including education settings that promote the social, emotional, cognitive and physical development and well-being of their children. Neuroscientists, economists and educators are aligned in identifying that early care and education beginning at birth is an investment that pays dividends as children enter kindergarten and move through the early elementary grades, transition to college and career, and become adults in their community. Families that choose early care and education programs for their children do so for a variety of reasons, and should have options for programs that are high quality, affordable, provide choices for part-day or full-day, and are available where families live and work.

Comprehensive services expand access to information, services, and supports families need to help their young children achieve their fullest potential. To make the best choices, families need access to information that educates them about what their child is learning and doing, how to optimally support early childhood development and child health, and what resources or programs are available in their community. Families also need opportunities to connect with other families in their community. High-quality programs link families with supports in a comprehensive, collaborative, culturally and linguistically responsive manner that best meets the needs and preferences of families.

Minnesota faces significant challenges in implementing a coordinated, equitable, and efficient system of care for children and their families.

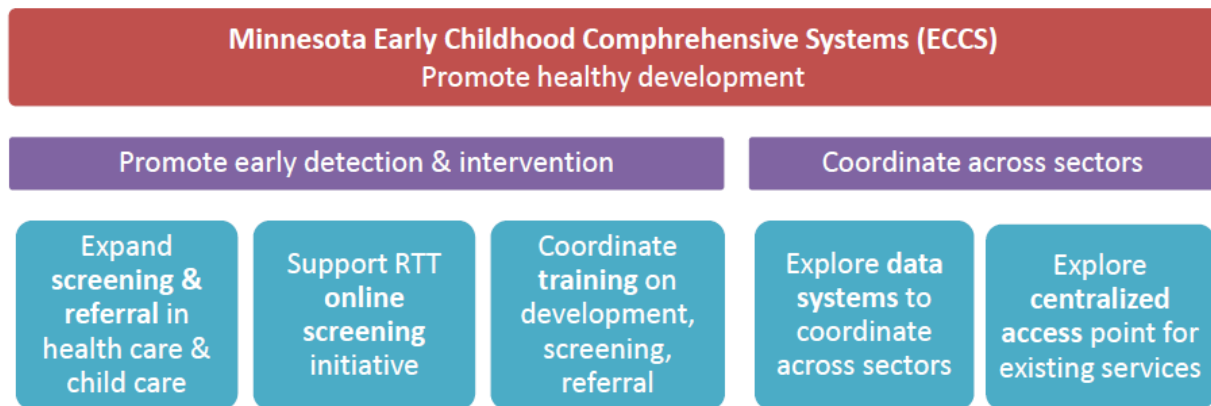
Minnesota families need easier access to health care, mental health services, early care and education, and local services and resources that are culturally honoring and support health, development, and safety. In Minnesota, public health and human services operate under local control with services delivered at the county-and Tribal-level in Minnesota’s 87 counties and 11 Tribal nations. Education, Part C, and Part B services operate in over 300 independent school districts. Eleven tribal nations offer culturally relevant services, but 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. Formal recommendations from local partners to the State in 2016 confirmed the need for a centralized system for resource navigation, referral and follow-through, and documentation of gaps and barriers in the system.² Tribes in Minnesota recommended a distinct approach for tribal and urban Indian services, and recommended that each tribal nation be approached separately for their degree of interest and involvement.³

The array of early childhood programs is complex and fragmented, due in part to differences in the way programs are funded and variation in their eligibility and other requirements. For example, although the programs are primarily aimed at low-income families, they define income eligibility differently.⁴ The complexities in accessing and enrolling in various programs create burdens for families, which may result in lower access to needed services. They also create difficulties for program providers.⁴

Many project and grants over the last 10 years have started the work in improving comprehensive early childhood systems (example Figure 1) across government agencies. It’s vital we continue to building on the existing work being done.

Figure 1. Logic Model for Minnesota Early Childhood Comprehensive Systems (ECCS) Impact Project



Source: Minnesota ECCS Impact Project Grant Application

Focus on Health Equity

“[Minnesota families need] access to high quality and culturally responsive early childhood care and education” – Needs Assessment Discovery Survey Respondent

Health inequities start early in Minnesota, as demonstrated by the significantly higher infant mortality rates experienced by American Indian and African American families (12.7 and 10.4 per 1000 live births respectively, compared to 3.8 for whites). In Minnesota’s child maltreatment system in 2017, American Indian children were 5.8 times more likely to be involved in completed maltreatment investigations than White children, while children who identify with two or more races and African-American children were both about 3 times more likely. And in 2018, American Indian children were 17 times more likely to experience out-of-home care than white children in the state.⁵ 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 compared to other races. White and American Indian children are more heavily

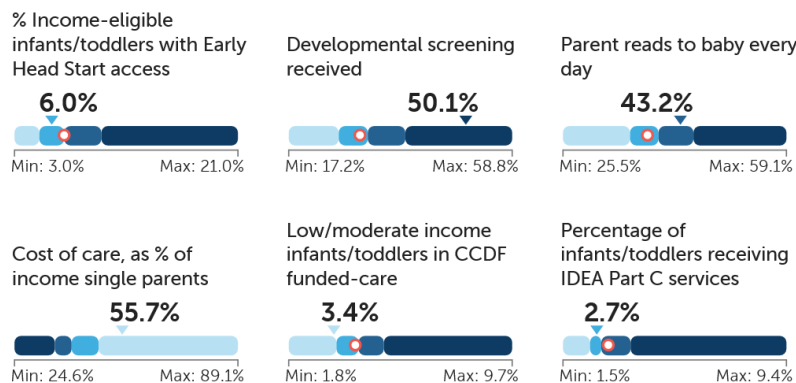
represented in rural areas, where rates of related screenings are lower. Early development screenings can help with identifying health conditions that can benefit from early intervention and treatment, such as language delays and autism. The average age of autism diagnosis in Minnesota is 4 years 9 months, versus the ideal age of 2 years; the average age of diagnosis is worse for African American children (5 years 2 months) than for White children (4 years 7 months).⁶

Additional Considerations

Data from the 2019 State of Babies Report shows Minnesota has a lot of room to grow. Minnesota scores in the Reaching Forward tier of states when examining key indicators related to early care and education and early intervention for infants and toddlers.⁷ Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. In order for parents and guardians to provide their children with the safe, healthy environments to grow in, it is critical that adults have the supports they need including having their families basic needs met, access to safe and affordable child care options, parent education, and community and peer support.

Minnesota’s low ranking in the Positive Early Learning Experiences domain is primarily due to the financial burden that infant care costs place on both single and married parents’ incomes. Minnesota does offer some child care subsidies to family below 200 percent of the federal poverty line but there large need and families just over 200 percent of the federal poverty line are struggling to afford Minnesota expensive child care costs. Minnesota is also lower than national average on the proportion of infants/toddlers with Early Head Start access, IDEA Part C Services, and CCDF funded-care. Although a greater percentage of Minnesota children have had a developmental screening compared to the national average, about half of children still did not receive screening. Figure 2 displays how Minnesota is doing on six key indicators of positive early learning experiences.

Figure 2. Six Key Indicators of Positive Early Learning Experiences, Minnesota



Source: 2019 State of Babies Report

Important Note on Equity and Intersectionality

The Minnesota Department of Health’s Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person’s ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation— which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

1. Share the Think Babies Message. Retrieved from: <https://www.thinkbabies.org/take-action/toolkit/key-messages/>.
2. Final Report. (2015). Help Me Grow National Center. Help Me Grow Minnesota Leadership Team.
3. Summary notes from meetings with tribal representatives in June 2015 and November 2015.
4. Early Childhood Program. 2018 Evaluation Report. Office of Legislative Auditor Report. Retrieved from: <https://www.auditor.leg.state.mn.us/ped/2018/earlychildhood.htm>.
5. 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>.
6. Community Report from the Autism and Developmental Disabilities Monitoring (ADDM) Network (2014). *Centers for Disease Control and Prevention*. Retrieved from: <https://www.cdc.gov/ncbddd/autism/addm-community-report/documents/addm-community-report-2018-h.pdf>.
7. 2019 State of Babies Report. ZERO TO THREE and Child Trends. Retrieved from: <https://stateofbabies.org/>.

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



8/1/2019

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