

Building Power for Babies: Developing a Prenatal to Three Plan for Minnesota

Governor Mark Dayton's Children's Cabinet has appointed the Minnesota Department of Health to lead the creation of a plan for improving the health and well-being of children during their first three years of life. The plan will include prenatal care and will focus on creating a healthy start for all children in Minnesota. The plan will strive to eliminate health disparities based on race, ethnicity and geography. The plan will take a comprehensive approach involving communities, parents, educators, health care providers, government partners, and others invested in the health and well-being of children.

The process of developing this plan has been underway since August of 2012. At that time, the Children's Cabinet first gathered stakeholders representing the public and private sectors. The group met four times and relied upon *Healthy Minnesota 2020*¹ and the *School Readiness Report Card*² among other documents to develop a planning framework. The framework includes desired outcomes in health, education, well-being, and systems for children ages prenatal through three, their families, and their communities. The framework is intended to be roadmap for future action agreed upon by the Children's Cabinet, state agencies, the Early Learning Council, and other stakeholders.

¹ Minnesota Department of Health (2012). *Healthy Minnesota 2020: Statewide Health Improvement Framework*. Retrieved from <http://www.health.state.mn.us/healthymnpartnership/docs/hm2020posted080212.pdf>

² Minnesota Department of Education (2011). *School Readiness Report Card*. Chase, R.; Egbert, A.; and Valorose, J.: Authors. Retrieved from <http://www.wilder.org/Wilder-Research/Publications/Studies/School%20Readiness%20Report%20Card/School%20Readiness%20Report%20Card.pdf>

Not All of Minnesota's Children Have the Same Healthy Start

At a glance, outcomes for children and families in Minnesota look good – infant mortality rates are low, fourth grade reading scores are high, participation in social programs and services are on par with many other states. However, these overall positive scores mask significant health disparities. Studies of Minnesota children under the age of three-years old consistently show that measures for American Indian children and children of color lag behind those of white children in areas such as prenatal care, poverty, birth weight, infant mortality, child welfare participation, well child visits, and other measures of well-being.^{3,4}

Demographically, Minnesota is becoming a more diverse state. Between 2000 and 2008, the state's population of color grew by 32 percent, compared to only 2 percent among whites. About 15 percent of Minnesotans are now persons of color and American Indians, compared to only about 1 percent in 1960. The U.S. Census shows that of the 68,400 babies born in Minnesota in 2010, 27 percent were children of color and American Indians. Unless we act, the state's ever-changing demography will continue to impact health

³ Chase, R. and Valarose, J. (2012). *American Indian Babies in Minnesota*. Retrieved from <http://www.wilder.org/Wilder-Research/Publications/Studies/American Indian Babies in Minnesota/American Indian Babies in Minnesota.pdf>

⁴ Chase, R. and Valarose, J. (2011). *African American Babies in Minneapolis and St. Paul*. Retrieved from <http://www.wilder.org/Wilder-Research/Publications/Studies/African-American Babies/African-American Babies in Minneapolis and St. Paul.pdf>

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outcomes⁵ and drive the health inequalities we currently see between our populations.

The First Three Years are Critical

Neuroscience and behavioral research confirm that the foundation for future relationships, health, and the capacity to learn and thrive throughout life begins before birth and is influenced strongly prenatally and during the first three years of life. There is mounting evidence linking the importance of a healthy birth and safe, stable, nurturing relationships to a thriving childhood and a healthy future. The opposite is also true. Research into adverse childhood experiences, trauma, and toxic stress for infants and toddlers also shows that these adverse experiences can negatively influence health, economic, and educational success of individuals, and even, the next generation.⁶

Responding to Adverse Childhood Experiences

Extensive research on the biology of stress now indicates that excessive or prolonged stress can have damaging effects on learning, behavior, and health across the lifespan. Toxic stress response can occur when a young child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged stress can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

Minnesota specific Adverse Childhood Experiences (ACE) data released in January 2013 has shed light on

the how common these experiences are in Minnesota, with 55 percent of Minnesotans reporting one or more adverse childhood experiences. The more adverse experiences in early childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, anxiety and depression.⁷ Adults and families with multiple adverse childhood experiences are often seen by multiple social service providers. The effects of adverse childhood experiences have significant implications for promotion, prevention, diagnosis and treatment of developmental and social emotional delay in infants and toddlers – especially those with the highest needs.

Next Steps

The next steps for this process include using the framework to draft a plan and set of recommendations related to programs, services, policies, and other action steps that will support our youngest children, their families, and their communities. Minnesota has also received a technical assistance grant from the organization Zero to Three that will help MDH complete the planning process and to work with stakeholders. This stage of planning is scheduled to be completed by December 2013.

For more information contact:

Megan Waltz,

MN Department of Health:

megan.waltz@state.mn.us / 651.201.3767

⁵ Minnesota Department of Health (2011) *Maternal and child Health Services Title V Block Grant: State Narrative for Minnesota*. Application for 2012.

⁶ Middlebrooks JS, Audage NC. (2008). *The Effects of Childhood Stress on Health Across the Lifespan*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

⁷ Minnesota Department of Health (2013). *Adverse Childhood Experiences in Minnesota: Findings and Recommendations Based on the 2011 Minnesota Behavioral Risk Factor Surveillance System*. Retrieved from: http://www.health.state.mn.us/divs/chs/brfss/ACE_ExecutiveSummary.pdf