RAINBOW RESEARCH

Participatory learning and capacity building for mutual thriving and liberation

Minnesota Integrated Care for Early Childhood Initiative

SYSTEMS ASSESSMENT FOR SYSTEMS CHANGE

May 17, 2023

Contents

Executive Summary

The following document serves as Minnesota's System Asset and Gap Analysis for the Health Resources and Services Administration's (HRSA) *Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program* Grant. The systems assessment was developed for the *Minnesota Integrated Care for Early Childhood Initiative's* (MN-ICECI) Community Advisory Council to help them better understand the landscape of the state's early childhood system, especially as it relates to integration of the health system, and how it impacts Black families who are pregnant or parenting young children (ages 0 – 3 years old). The systems assessment will lay the foundation for a Theory of Change and Strategic Plan that will include priorities and strategies to drive the work of the MN-ICECI.

Rainbow Research was contracted to complete a systems assessment for the Minnesota Integrated Care for Early Childhood Initiative (MN – ICECI). The Minnesota Department of Health was clear that it was not interested, based on strong feedback from community members, on doing "another needs assessment" that looked at communities rather than looking at systems. We have disparate outcomes because structural racism and it's characteristic monolithic multiculturalism[1] influence 100% of the social determinants of health.

A systems assessment for MN-ICECI requires an examination of two distinct systems that are now expected to work in conjunction with each other to generate consistently good outcomes for Black children in families in Minnesota: an early childhood education system and an early childhood health care system. The assessment needs to examine how each system is currently failing to work as well for Black families as it is, in general, and to offer recommendations on how an integrated system can best nourish the health and brilliance of EVERY Black child.

The systems assessment methodology included interviews with MN-ICECI advisors, parents, and professionals in the early childhood education and health care systems. Interview data and analysis was supplemented by a literature review, and thematic analysis that braided sources of data into a coherent framework to support systems change.

The intent of this systems assessment to galvanize all participants in the elements of Minnesota's early childcare education and health ecosystems to come together to drive mutually beneficial systems change. The well-known "elephant metaphor" is relevant here. People across all systems care deeply about the wellbeing of all children in Minnesota, but each person engaged in the caring ecology sees their own part of the system best, but not the whole. To facilitate systems change, we need to see and work with the whole system of systems, and the norms and patterns in the ecosystems of children and families – rooting out what is causing and reinforcing inequitable outcomes.

That can't and won't happen until the Black community is listened to, it's recommendations affirmed and invested in, and its role in systems accountability and transformation is fully supported. The Black community has been "at the table" promoting constructive approaches to eradicate disparate outcomes for Black children ages 0 to 3, but they are still interfacing with a system of systems (policy, health, early childhood education, the worldview of mainstream culture, economy, environment, governance) that reinforces the objectives and orientation of the dominating culture, and thereby reinforce structural racism. The systems are in need of intercultural and anti-racism competencies.

[1] 'monolithic multiculturalism is another way of expressing a Eurocentric bias built in to all systems. It is a pattern in systems that expect and may even require the world's diverse cultures to bend themselves out of shape to conform with a dominant cultural orientation.

Minnesota Department of Health recommended working with the Water of Systems Change framework developed by FSG (Kania, et al, 2018). It offers a useful way to diagnose what is happening in the health care and early childhood education systems, and the broader systems of systems of which they are components.

Six core elements of systems change were identified by Kania et al (2018) that are relevant for this systems assessment: policies, practices, resource flows, relationships and connections, power dynamics and mental models. "Systems change is about shifting the conditions that are holding the problem in place" (Kania et al, 2018, p. 3). The two condition that needs to shift are the refusal to equitably honor and invest in approaches to care grounded in cultures, and the ways in which structural racism embedded in the early childhood education and health care systems works to deny or minimize both objectives of culture and of racial equity. How to get at the roots of monoculturalism and racism to eradicate their power as the conditioners of the system's performance is the key question. There is no silver bullet, but there are strategies that can be put in place to change policy, practices, resource flows, relationships and connections, and power dynamics.

This systems assessment includes 26 recommendations on how to shape an integrated early childhood health and education ecosystem. The recommendations offer support to the longer-term strategic planning process that will be taken up by the Minnesota Integrated Care for Early Childhood Initiative (MN-ICECI). These recommendations sit in four sub-domains as noted below in two super-domains: Social Determinants of Health (SDOH) and Systems Transformation.

There are two domains that focus on addressing the social determinants of health, and two that focus on addressing culture and structural racism, which we notate as systems transformation objectives.

Social Determinants of Health

- Recognize that cultural erasure and structural racism sit at the root of the disparate outcomes and that by incorporating cultural objectives and eradicating structural racism, with sufficient investments, at the root of all policies, systems, and processes of the integrated early childhood health and education system the hoped for outcomes will emerge.
- **Address the social determinants of health that influence early childhood outcomes before children are conceived and from ages 0 to 3, including housing quality and economic opportunity of African American parents and extended families.**

Systems Transformation

- **Listen to and follow the leadership of African American parents, asset-based cultural organizations, and communities as MN-ICECI discerns how to shift practices in an integrated early childhood care ecosystem and shape the forms of investment and partnership that best support the flourishing of every Black child in Minnesota.**
- **Design pilot/demonstration projects to test assumptions early and often about how to ensure all African American children and families receive not only equitable support from prenatal to age 3 and beyond but receive all of the support defined as necessary by African American parents, advocates, and communities.**

The systems assessment identifies current norms and patterns, appreciating positive signals and identifying problematic systems patterns. An integrated care ecology for all young children must be equitably wise and effective in serving the diversity of Black children in Minnesota. The recommendations and strategies included in this systems assessment will support a transformed trajectory, benefitting Black children, and all children in Minnesota.

Introduction

The following document serves as Minnesota's System Asset and Gap Analysis for the Health Resources and Services Administration's (HRSA) *Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program* Grant. The systems assessment was developed for the *Minnesota Integrated Care for Early Childhood Initiative's* (MN-ICECI) Community Advisory Council to help them better understand the landscape of the state's early childhood system, especially as it relates to integration of the health system, and how it impacts Black families who are pregnant or parenting young children (ages 0 – 3 years old). The systems assessment will lay the foundation for a Theory of Change and Strategic Plan that will include priorities and strategies to drive the work of the MN-ICECI.

The systems assessment roots two linked propositions. First, there are important cultural objectives of the African American community, that when respected and invested in, will generate different outcomes. We already see fruits of this through the efforts of some of the groups involved in MN-ICECI (Cultural Wellness Center, Network for the Development of Children of African Descent, Saint Paul Promise Neighborhoods and Northside Achievement Zone, for example). Second, the persistence of structural racism prevents systems from seeing culture, and also from investing in equity within its own worldview.

Based on what we have seen in the literature and in feedback from interview respondents, and after reflection with the MN-ICECI Advisory Committee and Core Team (MDH Staff, Gray-Hall Consulting, and Rainbow Research), we have reduced the number of key recommendation domains from 8 to 4, and reduced recommendations within those domains to a total of 26 (down from 35).

Recommendations made must incorporate "internal" changes, which are ones within the early childhood education and health care systems, and "external changes", which are ones that influence outcomes but cannot be addressed without a broader systems change coalition. One critical question to be considered in the upcoming strategic planning process for MN-ICECI is how it, as the nucleus for systems change, will develop the internal complexity of leaders in systems and community, and coordinate feedback loops that foster iterative systems changes over its five-year life cycle.

When the United States transitioned from its harshly enforced system of racial segregation including segregation of professionals, the only locations Black early childhood educators and health professionals could work was within the Black community. "Integration" provided an opportunity for Blacks of means to move out of all Black communities, but it did not open the floodgates of equitable opportunity in the professions. What it did best was segregate poor Blacks from better off Blacks. Among the consequences was the increasing difficulty of low to moderate income Blacks to secure health professionals and educators who looked like their own families. Further, the cultural care ecology normalized in Black communities was thoroughly disrupted and an "invasion" of "help" from white supremacist culture came to the supposed "rescue", which clearly has not worked.

The legacy of structural racism includes the reality that only 5% of pediatricians in the United States are Black[2][3]. Similarly, at least 88% of Minnesota's early childcare education workforce is white[4]. However, the median hourly wage for a childcare worker in Minnesota (just over $10/hr) is a disincentive for anyone to choose this line of work, including Black workers.

[2] https://www.aamc.org/data-reports/workforce/data/figure-18-percentage-all-active-physicians-race/ethnicity-2018

[3] https://www.zippia.com/pediatrician-jobs/demographics/

[4] https://ecworkforcemn.org/early-childhood-workforce-in-minnesota/

While Black children are accessing scholarships to access early childhood education, their parents are under-represented among families participating in early childhood family education, and Black children are under-represented among participants in school readiness programs (MN Legislative Auditors Report, 2018, p. 96, 104). Biomonitoring of children in urban and rural Minnesota found that Black children living in zip codes 55411 and 55412 had elevated levels of air pollution, as measured in urine samples collected. Addressing the environmental justice overburden of African American children living 'environmental justice communities is an important strategic objective.

Is there some good news? The 2018 Legislative Auditors report on Minnesota's early childhood education system found that: a) African American children were receiving more than 20% of the Race to the Top Early Learning Scholarships – above their percentage in the population of students; Black families represented 16% of the total population taking advantage of home visiting services; Black children were over-represented among participants in voluntary pre-K programs; and Blacks were 45% of beneficiaries of Child Care Assistance Program grant (MN Legislative Auditors report, 2018, pp. 112,100, 106, 110).

Here is some more good news. MN-ICECI's own internal ecosystem is facilitated by external consultants who have played a critical role in other initiatives focused on integration across systems. Key asset-based cultural organizations are members of the Advisory Council. The Advisory Council will expand to incorporate the direct voice of parents with children between the ages of 0 and 3. This bodes well for what might be possible over the next five years, especially if the cultural organizations and parents at the table are invested in financially, and with the authority to hold systems accountable for co-creative evolution.

A systems assessment incorporates the following elements: a) a description of the components of the system being examined; b) an assessment of the interactions of the components in the past and in the present; and c) using an anti-racism systems assessment framework to analyze how the system can best evolve to ensure that it is not generating negative outcomes for any populations, and that it is acknowledging and repairing relationships and systems where harm has been caused. Honoring culture as an asset is a critical foundation for systems correction over time.

This systems assessment is specifically focused on the Black population[5] in Minnesota. Blacks face among the worst persistent outcomes due to structural racism, and while the public and private sectors in Minnesota are famous for tweaking around the edges of racism on the surface, they have historically lacked a sincere commitment to eradicate it. In a nutshell, that is why Blacks face worse outcomes across the lifespan, including from the beginning of life through age 5.

As of 2021 there were 423,656 Blacks in Minnesota. More than 82% of the Black population lives in the Twin Cities. Of the total population, 38, 632 were ages 0 to 5 in 2021 – or just over 9% of the Black population. However, when it comes to outcomes, we start to see negative statistics for Black children across the system. We see it in suspension rates (45% for Black boys and 54% for Black girls[6]).

[5] We are using "Black" to refer to African American families (ADOS) and the rich African Diaspora in Minnesota collectively.

[6] https://www.minneapolisfed.org/article/2021/minnesotas-education-system-shows-persistent-opportunity-gaps-by-race

Culture, Structural Racism and Systems Change

Culture matters, and yet monolithic multiculturalism seeks to support all cultures in adapting to Eurocentrism or "Western" culture. When we ignore culture, it is like asking an eagle to be flower in your garden. Eagles have their own way, and it needs to be seen, understood, and supported as part of a shared ecosystem. The same is true for Black children, their families ,and communities. Supporting Black children in learning grounded in culture better prepares them for intercultural harmony and leadership (Hill, 1999; Madhubuti, 1994; McAdoo, 2002; McDougall, III, 2012; Murray and Mandara, 2003; Patterson, 1997); Wilson, 2014).

By developing a "Sentinel[7] Measures Project" , grounded in culture, and focused on pregnant and parenting Black Families with children 0 to 3, we can significantly improve the early childhood education and health care systems, and integrate how they function, to better serve all children 0 to 3 and their families in Minnesota. If one critical pattern changed, we would begin to see the emergence of an integrated early childhood education and healthcare system. The pattern that parents and advocates have longed defined as the key change is twofold: a) listen to our critiques of the failures and limitations of these systems due to structural racism; and b) respond by making investments in systems change that center both our concerns (eradication of structural racism), and our leadership (deep commitment in all systems to racial equity and racial justice). Coordination and integration and availability and reach of best practices cannot satisfy the concerns and expectations of the Black community until we are listened to, and until we get a satisfactory response across all systems.

Figure 1 Sentinel Measures: See us, Understand us, Co-create with us

Black children and families have differential access to early childhood education and to early childhood and parental health care. In addition, they receive differential treatment in these two systems. As we work to integrate early childhood health care and education, it is critical that we address the ways each distinct sub-system is failing, and honor where positive change is happening in each system to form an asset-base for an integrated system that honors culture and fully commits to eradicate structural racism. This focuses the capabilities of all systems to support every child's trajectory on a path of wellness and support for an optimal life from birth through death.

Culture and race matter in pathways, in treatment, and in outcomes. We have to unravel systemic failures at every level and operationalize corrective processes to transform what generates continued disparities and promote what supports success on the terms of Black families and children.

[7] "Sentinel" used in this context to indicate key things that if watched for, guarded as guard-rails for a "system 2.0".

Figure 2 Pathmap of cultural and racial injustice in systems

How can we have an integrated early childhood education, and health care system, when the preparation for professionals in these systems fails to adequately consider culture, racial equity, and racial justice, and when resources available to and within communities with concentrated poverty are in short supply (Meek et al, 2020)? We need to exit the Pathmap above and join with one that fosters increasing self-determination of families and communities around addressing their early childhood and health care needs, and ensures that all systems are consistently responsive, learning and improving.

Structural racism has many different ways it can influence whether or not we enter systems, and the ways we enter. Parents want the best for their children, but there are numerous factors that go into how they decide whether to access childcare or health care, and how they go about accessing it. Among the factors that matter are the location of care, who is providing care, the cost of care, the reputation of the care offered according to other people the parents know. Lack of clear and timely information makes it harder for parents to choose the best possible option to start with, or to change options in a timely manner if and when they learn of alternatives.

Once parents enter systems, there are countless ways that structural racism impedes equitable support and outcomes for Black families. In health care they do not get the same quality advice, and this shapes poor health outcomes over time. In early childhood learning environments they do not get equitable quality support for their learning and growth. If they live in concentrated poverty or live in cost-burdened households they face numerous barriers including limited choice of where to send their children for health care or education, and having to spend more time in transit at higher cost if they have the capacity to get their children to where the best programs are. The racial income and wealth divides severely constrain the options and freedom of choice of Black families in Minnesota. If we want better outcomes consistently for Black children, the public and private sectors in Minnesota have to invest more consistently in the wellbeing of Black families and communities through more equitable opportunity policies and infrastructures.

Minnesota's early childhood education and health care systems consistently produce inequitable outcomes for Black children and are not doing enough to promote equitable outcomes. Policy failures, system failures, and environmental challenges created and reinforced by structural racism each play critical roles in shaping and extending the pattern. The 26 recommendations made, divided into 4

domains provides some guidance for the strategic planning process the Minnesota Integrated Care for Early Childhood Initiative, which begins in late May of this year.

Because "systems change is about shifting the conditions that are holding the problem in place" (Kania et al, 2018, p. 3), this systems assessment looks at policies, practices, mental models, power dynamics, relationships and connections, and resource flows within the early childcare education and health care systems. The root condition that needs to be shifted is structural racism, and the way this intersects with and influences gender dynamics, socio-economic position, socio-ecological parent and child stress, health, community, and social dynamics in systems.

It is well known that across the United States as a whole, regardless of the socio-economic status of Black mothers and would-be mothers, that we are failing to eradicate maternal health disparities. This pattern persists as well in Minnesota. The Minnesota Department of Health has a track record of an explicit focus on health equity and recognizes the interplay of one's socio-economic position and racism, which shapes the material conditions in which Minnesota's diverse families live, which in turn impacts differential outcomes in health and wellbeing (MDH, 2020, p. 2).

Numerous recommendations on systems change to support the success of Black children have been made over the years. The issue is that these recommendations do not tend to be acted upon, and if acted upon, not acted upon at a level that supports substantive systems change (Emarita, 2018, p. 5).

When we asked respondents about their assessment of the system and the changes they recommend, we did not direct their responses to what they thought would be easy to do, only to what was most important to them. The systems assessment will look at the following questions.

- What changes do Black families request in access pathways in these systems?
- What critiques of their experience in systems do Black families indicate are most problematic and in need of change?
- What are the recommendations from families for system changes?
- What are the recommendations of early child education providers and health care providers for systems change?

A Community Advisory created to look at disparate outcomes in terms of infant mortality by race provided a very clear systems assessment that is relevant for this report (MDH, 2020, p. 4). It recognized the negative histories of redlining, capitalism, unequal resource distribution and lack of funding as key ways in which systems and policies have perpetuated inequitable outcomes for Black families. Discriminatory policies hinder development of Black families and communities, but then Black families are unjustly blamed for these unequal outcomes, which then reinforces the decision of systems and policies to not invest in improvements.

A toxic nexus of discrimination in housing, employment, access to health care, inequitable care in education and health care settings, plus the socio-ecological norms that reinforce segregation, marginalization and subsequent racialized gender, economic and environmental injustice all influence outcomes in early childhood education and health care but are not within the control of professionals in either of these systems. However, when professionals working in early childhood education and health care prioritize working with the 6 elements of systems change, they recognize opportunities to increase relationship and connectedness in ways that support improved function of systems.

For example, professionals in systems can advocate to address poor insurance coverage for care at African American-centered birth and wellness centers, including support from African American doulas

and Community Health Workers. Further, it is often the case that the wisdom of elders and spiritual guidance from churches go untapped. These are the cultural assets that make the community healthier.

When professionals in an integrated early childcare health and education system screen a child to assess developmental learning and health, they have an opportunity to be holistic in their approach – looking at circumstances that influence birth and early childhood outcomes. This would include the gifts and strengths of families as well as behaviors such as substance use or unhealthy eating, genetics, stress that leads to poor mental and emotional health, effects of adverse childhood experiences that carry well into adulthood, and low health literacy.

Parents and community advisors, over time, have reported that they lack trust in the health care and education systems. It is a responsibility of educators and health care professionals to do their utmost to make every interaction with parents and their children one that builds a sense of trust and connection.

The Center for the Study of Social Policy (2019) put together a comprehensive systems assessment toolkit, which incorporates the 5 domains of assessment and action listed below. We are bringing those five domains into our investigation since we have found them relevant and aligned with what we have heard from our interviews and literature review.

Their systems assessment toolkit incorporates five domains: Foundations, Reach, Coordination, Commitment and Equity. Interviews and data gathered strongly indicate that it is addressing the way systems relate to the Black community that is most in need of transformation. We see greater success of Black children when systems work closely with trusted assets within the Black community to ensure a good starting foundation, which includes the accountability and demonstrable attendance to the care of the relationship between systems and Black communities.

Because there are multiple types of Black family and extended family systems, multiple types of communities they are a part of, and different assets that families and communities rely on, one thing for health care and early childhood professionals to assess is how well they know the diverse Black communities in Minnesota, and the range of assets in those communities. Further, they need to know if families have community-based assets that are relevant for them as they make education and health care plans for their children.

When families express that they do not have connection to any assets within their community, it makes a difference if the professional already knows possible supports that may be attractive to a family and directly connect families to supports that may be most beneficial.

Table 1 Elements of a Systems Assessment

Systems Assessment Elements	Assessment and Recommendations
Foundations - Partners from multiple sectors in the community are building an aligned early childhood system to improve child and family well-being.	Considerable effort is being made to link people across systems, but the perspectives of parents and communities are under-valued in systems, and this is the area in which critical improvement needs to be made through MN-ICECI.
Reach - Young children and families receive services and supports to meet universal and identified needs	Minnesota's early childhood systems are failing to equitably serve Black children and families with children ages 0 to 3.
Coordination - Sectors within the system are coordinated to provide seamless services, support quality improvement, and avoid duplication	Minnesota's early childhood care ecology is significantly siloed, which is why MN-ICECI was created.
Commitment - The community makes early childhood success a priority and acts, collectively and systematically, to support children's health, learning, and wellbeing.	How we evaluate this depends on what we mean by "community" in this context. Taking community to mean the neighborhoods our children 0 to 3 live in necessitates the development of a strategy to prioritize the establishment of early child development support ecosystems in communities across the state with higher socio-economic and ecological impediments to child and family wellbeing.
Equity - Parents are partners in creating a responsive and equitable early childhood system.	MN-ICECI had a highly competent parent organizing partner, which is no longer contracted. Building a relationship with an organization of considerably strong parent organizing capacity is critical to advance the work of MN-ICECI. As one indicator of being early on the journey in this critical domain – Parent Aware is just now working to engage parents in evaluating their rating system.

Demographic Assessment

This systems assessment is specifically focused on the Black population in Minnesota. Minnesota's African and Black population grew by 2 percentage points between 2010 and 2021. This is the largest increase for any population group in Minnesota. The Black population now composes 7.2% of the state's overall population. The share of the total population that is aged 0 to 4 decreased from 6.7% in 2010 to 5.9% in 2021.

As of 2021 there were 423,656 Blacks in Minnesota. More than 82% of the Black population lives in the Twin Cities. Of the total Black population in 2021, just over 9% were ages 0 to 5. The largest segment of the Black population in Minnesota, 31.3% of the total population, is between the ages of 25 and 44 The total Black youth population 0 to 18 is 34.4% . Just under 30,000 Black children live in poverty. Almost 50% of Black households spend more than 30% of their income on housing.

Blacks are more likely to be poor and the child poverty rate is well over 35%. Only 30.5% of Blacks are homeowners, meaning the vast majority of Blacks are living with a higher level of economic precarity. In the poorest urban communities, up to 35% of Blacks do not own an automobile, meaning they are dependent on a transit system that does not do an adequate job of supporting people from inner city communities to get to where education and work opportunities exist.

Further, 44.1% of Black adults' highest education level is a high school diploma, and only 8.3% have a graduate or professional degree. Research by McKinsey and Company (2016) found that there were more than 2000 Blacks in Minnesota with a graduate degree among the unemployed, which verifies that no matter how much you struggle to strive, there is an enduring effect of structural racism impacting Black life in Minnesota. Black workers in Minnesota earn just 71 cents to the dollar earned by white workers.

Background

Every family should have an equal opportunity to interact with a high-quality early childhood system that promotes the development and well-being of their children. While Minnesota has prioritized young children and families in systems work, troubling disparities still exist based on the race/ethnicity of the family. Furthermore, Minnesota faces significant challenges in implementing a coordinated early childhood system. The array of programs is complex and fragmented due to variations in eligibility and funding. The combined impact of these challenges points toward a great need for coordinated efforts around screening, referral, and follow-up within populations who have experienced the greatest barriers to accessing the state's early childhood system – namely the Black community.

Building off other early childhood initiatives in the state, the MN-ICECI intends to be a community-led, collective effort to improve identification of developmental concerns or needs in young Black children (ages 0 – 3 years old) so that they can be linked with needed supports and resources to ensure better childhood and lifelong outcomes. The MN-ICECI is aimed at building the infrastructure for an equitable, family-centered, integrated model for conducting early childhood screening, resource connection, and follow-up within health settings for Black families with young children (0 – 3 years old).

The initiative's goals are as follows:

1. Community-Driven Leadership: Cultivate and support a community-driven leadership structure where problems and solutions are defined by, and decision-making power is shared with the community.
2. Shared Understanding and Vision: Build a shared understanding and vision of gaps, assets, and opportunities in achieving an equitable early childhood system that is inclusive of the health system.
3. Health System Capacity: Increase health system capacity to serve young Black children and their families.
4. Financial and Policy Strategies: Identify and carry out innovative financial and policy strategies to support implementation and sustainability of efforts.
5. Advance Equity: Increase Minnesota's capacity to advance equitable access to services and supports for young Black children and their families.

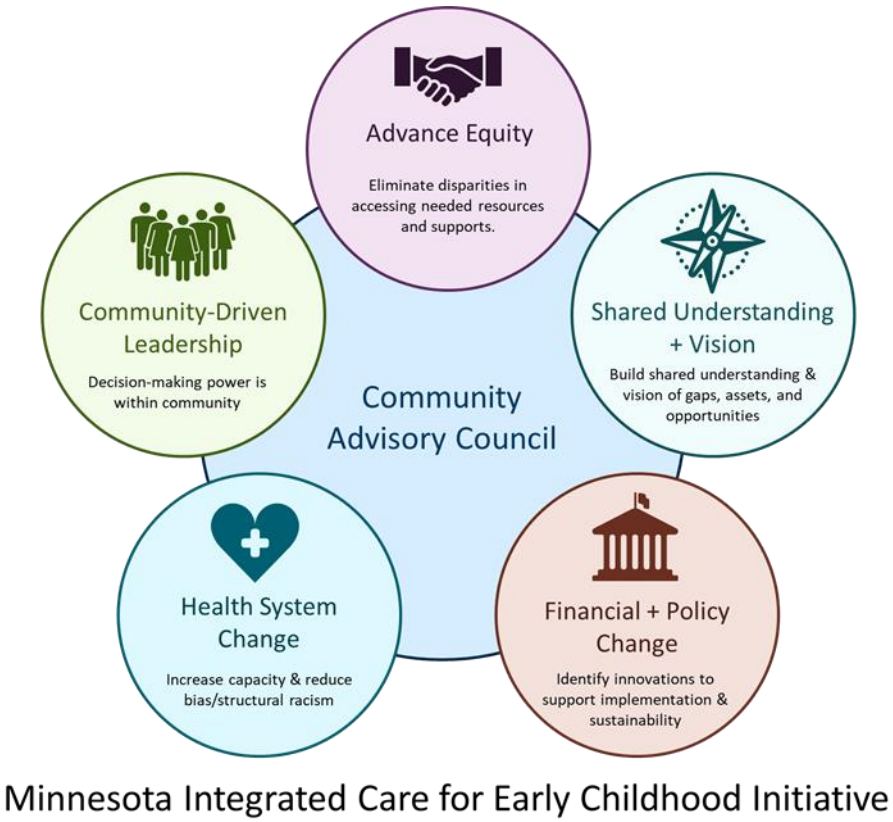


Figure 1: Minnesota Integrated Care for Early Childhood Initiative Goals

Community Advisory Council and the Community Support Structure

A Community Advisory Council was formed in 2022 composed of Black professionals working as cultural advocates, as community intermediaries fostering improved outcomes for Black children and families, early childhood educators and health professionals. The Community Advisory Council meets quarterly to review progress of MN-ICECI, and to drive systems change. The Advisory Council will eventually form work groups that focus on specific systems challenges and partnership opportunities. The strategic planning process, beginning in late May 2023, will coordinate the work of the group around low-hanging fruit (early investments with relatively short-term benefits) that foster increasing capabilities and connections over time, which will result in broader and deeper systems change.

Facilitation Vendor

Gray-Hall is a consulting firm with a long history of facilitating institutions, organizations, and initiatives anchored by a major institution, has been contracted for the full five-year project cycle as the facilitator. They, in partnership with staff of the Minnesota Department of Human Services, have recruited diverse stakeholders of the system to play a role in the Advisory Council, and facilitate the work of the Council.

Family Engagement Vendor

The Annika Foundation was contracted for five years as the family engagement vendor and did tremendous work in the first year of the initiative to advance the engagement and leadership of parents across the state. Unfortunately, a conflict emerged over the first three months of 2023, and the contract with Annika Foundation was terminated. There are lessons to be learned in this regard about working through turbulence in systems.

MN-ICECI will now directly develop relationships with parents of children ages 0 to 3 and engage them as partners, with compensation, on the Advisory Council.

Systems Assessment Vendor

Rainbow Research, responsible for conducting the Systems Assessment, is a social justice focused research and evaluation firm. All their research, evaluation, and facilitation are focused on social justice issues. In their work, they use processes of appreciative and critical inquiry to a) examine downstream impacts; b) engage the voices, visions, concerns, and capacities of people most impacted by downstream impacts; c) dialogue with people and systems upstream to foster an open conversation with people downstream; and d) utilize an open science participatory learning and action process to shift relational and systems patterns for mutual benefit.

The Critical Uplift: Parent and Community Leadership Engagement

Within the ecology of structural racism, parents and communities in concentrated poverty have the least voice and power to influence the policy, systems, and environmental issues that impact wellbeing and their effective engagement as leaders in systems change efforts. Historically, parent and community leadership has been very poorly engaged in systems evaluation and improvement efforts in Minnesota.

One of the things consistently reported by those interviewed and confirmed in a review of the literature is that Black families and communities have and do advocate for themselves, but what they require or recommend gets minimized according to the preferences of those leading and managing systems of care. In response to the failures of engagement, it is becoming more common to create “Advisory Councils”, and there is an important critique of the Black experience of such structures so far.

If an advisory council is the beginning of building relationships for longer-term significant change, then good. However, if Black families and communities are disempowered as people who can only give advice, but have no authority to hold systems and providers accountable for improving performance, then, it is fair to ask – why bother?

MN-ICECI has engaged the community. It can increase its investments here and bring more community voice and vision to the table. Rather than affirm participants as mere advisors, it is recommended that MN-ICECI invest in the key cultural organizations that are working hard every day to support the best possible outcomes for Black children and families. They need more than “a seat at the table”. They need to be supported as a collective anchor for the five-year investment of MN-ICECI.

A clear call following the murder of George Floyd by police in Minneapolis, and since, is that it is necessary for the public and private sectors to listen more, be more proximate to, and follow the leadership of the Black community as it defines the strategies that it believes best nourish the brilliance and life trajectory of every Black child in Minnesota.

Insufficient investment in Black leaders engaged in the early childhood education and health care systems is a hindrance to establishment of a collective vision that could then be supported by a range of funders and partners, including the Minnesota Department of Health.

Elements of Early Childhood Ecosystem[8]

Setting conditions in our systems so that all children thrive requires a comprehensive approach that integrates early learning and development, health, and family leadership and support. Structural racism has created conditions in which equitable family engagement and support has never manifested. At the same time, it has prevented early learning and development and our health care systems from equitably honoring the wellbeing of all children.

The elements of an early childhood ecosystem are:

- Black parents
- Black communities
- Community Elders and Community Mothers and Fathers
- Black community organizations, associations
- Behavioral health (maternal/child)
- Child welfare/Child protective services
- Early care and education (Head Start/Early Head Start, Center or family care, Child care subsidy assistance)
- Early Childhood Educators
- Early intervention
- Family resource centers/Parenting education
- Home visiting/family support services
- Housing (homeless services, subsidies)
- Maternal/prenatal health
- Parenting education and playgroups
- Pediatrics
- TANF
- WIC
- Policy Makers

Systems Assessment Methods

To develop a systems-assessment that is family and community-centered, key informant interview was used as the data collection method. Four stakeholder groups were invited to participate in the study: 1) Advisory Council members, 2) parents, 3) early childhood educators, and 4) health professionals. In collaboration with the support team, Rainbow Research designed a different interview protocol for each stakeholder group.

[8] Center for the Study of Social Policy EC-LINC, 2021, p. 4

The roster of Advisory Council members, including their contact information, was shared with the Systems Assessment team. Parents were recruited through partnership with the Anika Foundation and through Rainbow Research's network, and early childhood educators were also recruited through Rainbow Research's network. Finally, health professionals were recruited through MDH's network and listservs.

All stakeholders received an initial email invitation followed by two follow-up reminders. Those who did not respond after the second reminder were listed as non-response. Interviews were completed on Zoom, recorded, and transcribed.

A total of 25 interviews were completed: 11 Advisory Council members, six parents, three early childhood educators, and five health professionals.

This study has limitations. There were challenges and limitations in recruiting key informants, hence, the report should be read with caution because of the small sample size. Because key informants were recruited through the Support Team's networks, there may be sample bias in the data.

Overall Approach

Not Just Another "Needs Assessment" or Engagement Project

A "needs assessment" is community facing, and the Black community does not need another one. What is needs a continual systems assessment process, through which all systems in Minnesota regularly demonstrate the totality of their cultural, intercultural, and anti-racism commitments in practice, and in equitable improvements in outcomes over time.

The Black community has been abundantly clear that it does not need to be "studied" by outsiders. What it needs is to be listened to, and to have the leadership of the community respected and followed by the institutions and systems that relate to the community. What it needs is for these systems to develop and internalize accountability protocols for continual performance improvement on eradicating any role that structural racism plays in the operations of systems, policies, practices, mindsets, power dynamics, and relationships. What the Black community asks for is investments in its capacities to shape the kinds of enduring infrastructures that other communities (racially privileged communities) take for granted – regarding the social determinants of health.

An integral early childhood education and health care system needs a stronger community engagement system. Among the considerations for the strategic planning process of MN-ICECI is how it will incorporate deep community and parent engagement in the design of the integrated system.

Frameworks

Two primary frameworks are incorporated in this systems assessment, the Water of Systems Change framework and the Early Childhood System Performance Measure Toolkit. The Water of Systems change framework offers six core considerations or domains that must be included in the design of an integrated system that facilitates racial equity and racial justice. The Early Childhood Performance Toolkit provides a great range of measures in five domains, that if linked to a systems change framework can provide a strong foundation for transforming outcomes in systems, to the benefit of all Minnesotans, including Black children, families, and communities.

The Early Childhood System Performance Measure Toolkit, developed by the Early Childhood Learning and Innovation Network for Communities (EC-LINC), to help in framing the domains that we have

assessed and considerations within each of those domains. Table 1 below provides more information on the domains and considerations.

Table 1: Assessment Domains and Considerations

Assessment Domains	Considerations
Foundations	Partners from multiple sectors in the community are building an aligned early childhood system to improve child and family wellbeing.
	Specific strategies and processes are in place in all systems within the early childhood health system to eradicate all barriers to equitable early thriving for Black children and their families.
Reach	Assess what is working or not in equitable access to early prenatal care, maternal depression screening and connection, child development screening and connection, engagement in early care and education, and home visiting.
Coordination	How are we assessing and supporting Black families effectively? How are we helping them navigate systems? To what extent are sub-systems demonstrating a common inequitable pattern? Where are some sub-systems doing better than others and how do we learn from effectiveness in one part to increase effectiveness of the ecosystem as a whole?
Commitment	To what extent do our current levels of public understanding, leadership engagement and policy change align around commitment to producing equitable outcomes for Black children and families? Where are there significant gaps between espoused rhetoric for equitable outcomes and actual commitments, as demonstrated by equity-generating investments in the wellbeing of Black children and families.
Equity	How are Black parents engaging as full partners in the ecosystem? What aspects of what they share is fully embodied in the ecosystem? What aspects of what they share is marginalized or excluded in the ecosystem? By what means and mechanisms can increased equity for Black children and families be realized?

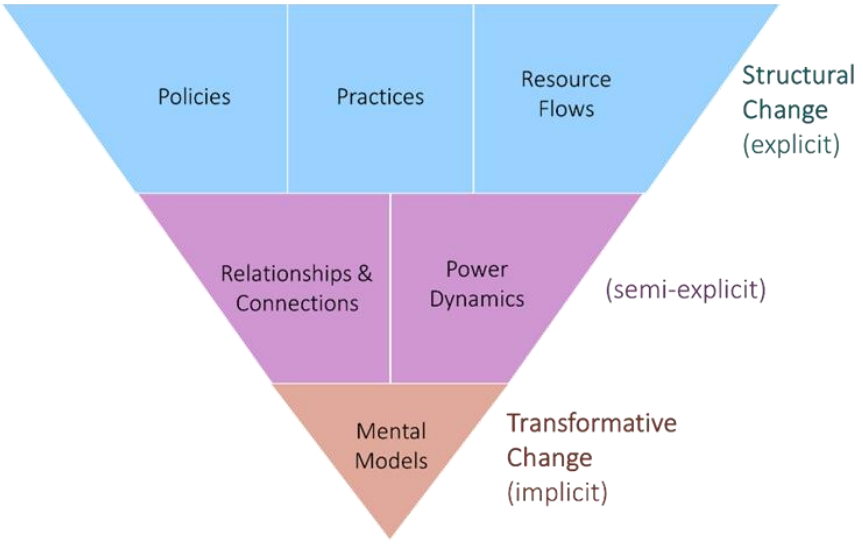
Minnesota's project is defining systems change as "shifting the conditions that are holding problems in place."[9] We will be incorporating the *Water of Systems Change* framework developed by Kania, Kramer, and Senge (2018) for our systems change efforts. Kania et al. have identified six interdependent conditions that play a role in holding problems in place (see Figure 2).

> ***Bringing the lens of these six conditions to their work can help foundations both internally and externally improve their strategies for systems change, as well as the implementation and evaluation of their efforts.***[10]

Some of these conditions, such as policies, practices, and resource flows, are explicit (or tangible) to partners. Whereas other ones are not as tangible, like relationships, power dynamics, or mental models. We will be using these conditions to address the findings prompted by the Assessment Domains and Considerations in Table 1.

[9] Kania J, Kramer M, & Senge P (2018). The Water of Systems Change. Retrieved from: https://www.fsg.org/publications/water_of_systems_change.
[10] Ibid.

Figure 2: Conditions for Systems Change



Systems change requires an integration of change strategies linked across explicit, semi-explicit, and implicit levels of change.

Conditions of Systems Change, Defined

Policies: Rules, regulations, & priorities that guide actions.

Practices: The procedures, guidelines, or informal shared habits that comprise work.

Resource Flows: How money, people, knowledge, information, & other assets such as infrastructure are allocated & distributed.

Relationships & Connections: Quality of connections & communication occurring among actors in the system, especially among those with differing histories & viewpoints.

Power Dynamics: The distribution of decision-making power, authority, & both formal and informal influence among individuals and organizations.

Mental Models: Habits of thought—deeply held beliefs & assumptions & taken-for-granted ways of operating that influence how we think, what we do, & how we talk.

Assessment Questions

Through the interviews, the assessment engaged the Community Advisory Council members, parents, early childhood educators, and health professionals to address the following questions:

- What do Black families and providers recognize as the most critical gaps in the early childhood care and education system?
- What, if anything, can families and providers indicate as the most beneficial gains in the system that are actively improving outcomes for Black children and families?
- What is the vision of the future ecosystem, and how do we get there?

Analysis of Findings

A total of 26 interviews were completed with Advisory Council members (n=11), parents (n=6), early childhood educators (n=3), one policy maker (n=1), and health professionals (n=5).

Advisory Council. Advisory Council members work in spaces including birthing spaces, healthcare, education, and parent engagement. Most members are between the ages of 45-54 (n=5) and 55-64 (n=3). Most felt that their income adequately meets their needs. Most own their home (n=7) while others rent or live with family. Most advocates have at least some college experience (n=10), and most identify as Black (n=7) (Table B1).

Parents. All parents live in the Twin Cities and are between the ages of 25-34 (n=2), 35-44 (2), and 45-54 (2). All parents rent their home, and most have at least some college experience (n=5). Four parents shared they have access to a reliable car and of those who do not have a reliable car, use public transportation or Lyft and Uber, paying anywhere between $5 to $60 for a trip (Table B2).

Early childhood educators. All educators live in St. Paul, are between the ages of 25-43 (n=1) and 35-44 (n=2) and identify as Black (n=1) and White (n=2). All have at least some college experience (n=3), and walk, drive, or use public transportation to get to work (Table B3).

Health professionals. Health professionals were not asked demographic questions.

Structural Change (Explicit)

The Structural Change or the Explicit level of the Systems Change Conditions covers policies, practices, and resource flows. It encompasses the rules and regulations that drive actions, the practices and procedures of organizations or institutions, and how resources are shared and distributed (Figure 2).

At this level, stakeholders identified practices and resource flows challenges. In particular, they discussed the lack of or limited services, Social Determinants of Health (SDOH) and its impact on access to services, and the lack of partnerships between each ecosystem.

Limited services and barriers to resources. While parents shared that they have access to health services, the primary challenge is the long waiting lists. In particular, mental health services are more difficult to access with an even longer waiting list as compared to primary care and dental clinics. Referrals are often a lengthy process and as a result, kids do not get the help they need in a timely manner, or they are undiagnosed or misdiagnosed.

Similarly, educators shared that access to early childcare or early education services is one of the main challenges they see. Because of the staff shortage in the early childhood education workforce, this leads to long waiting lists. The high cost of childcare makes it challenging for families to afford without financial assistance, yet financial assistance resources are not readily available. In the case that families can access it, the application process is strenuous and challenging.

> *"But I think right now it's really tricky because even if parents want to get their kids into a center, it is very difficult right now for two reasons. One is there just not a lot of teachers. We lost a huge portion of the workforce during COVID and it's not coming back up again. So even if someone qualifies... If there's no teachers there or not enough, the classrooms can't be open. That's a problem. And then funding. A lot of the families that I work with and many of the Black families are not able to afford the full price of childcare. So being able to go to a center is dependent on their ability to get funding from the county. And even if you qualify for every item that you need to qualify for, there's a giant waiting list and it's very difficult. Sometimes*

you're on the waiting list until your child goes to kindergarten. So I think that's a giant barrier. Even if parents want to, even if they have a center in mind, the access is not always there." - Educator

I think the long waiting periods. I don't think we should have to wait months before being seen for an issue. It just almost makes it 10 times worse, waiting that long. Or then there's so much going on that it just keeps adding up and adding up. And then maybe by the time I get in, then I'm only just taking the surface level stuff because that's right on the top of the plate, rather than going all the way deep down to the bottom of the plate. -Parent

Another barrier for families is the challenging system navigation process . Although county resources such as CCAP, SNAP, and Medicare exist, the application process is extensive, requiring the applicant to submit several documents and proofs. For example, families are penalized for small errors or if they miss a document, the application would be closed, and families would have to start the process over again. As a result, care is delayed, and families are put on long waiting lists.

Is the best interest of this child always to pull them out as soon as the mom didn't do this or do that or it just comes, to me, just boggles my mind just how soon they stopped their daycare payments to penalize a parent. Right. And how that creates some instability for that family, for that mom or something like that. Right. Until they get that paper in, then it's a process. They get reapproved, got to get reapproved, they got to make sure that once you get reapproved that the daycare center still has space, and they kept your space open for you while you were trying to get all this paperwork approved. -Parent

Although County resources (CCAP, SNAP, and Medicare) are available, parents and advocates noted that they are not always aware of them. In conversations with parents, some families shared that they have scholarships and financial support to offset the cost of childcare while other families shared that they do not know of any scholarship resources. Additionally, the referral process to resources is not streamlined and it takes someone who has gone through the process to know how to advocate for themselves and their family and to really know what resources they can get.

Advocates and parents want information to be shared widely using different methods and approaches to ensure the information is reaching everyone. Advocates emphasized the importance of program design, communication plans, and marketing plans to meet community members where they are. Creative outreach needs to include radio ads, TV commercials, social media communications, flyers in community centers, etc.

Really simplistically put, people know that they need to support public systems. Agencies know that there are health disparities, and that black people of color are disproportionately impacted, and they know the services that need to be provided, but they haven't always done the best job of communicating available resources to the communities that need them. It could be as simple as not just using the Star Tribune or other kind of mainstream media to disseminate information. It might be, I think the pandemic taught a lot of the public agencies that they needed a different approach to cultural and ethnic communities. And so I've been personally involved with that work standing up in Hennepin County, in Ramsey County, media campaigns, outreach to not just Black, but African diaspora communities and engaging other media outlets that fall underneath the radar. -Advocate

As a response to these challenges, parents are creating networks within their own communities to share resources to help families advocate for themselves, and to share information about available resources through word of mouth. For example, a father discussed the lack of resources and mentors to help, support, and provide guidance for father figures, and highlighted the lack of male figures in the early childhood field in general. As a result, he created an initiative to build a support network for father figures who are navigating the early childhood system for their children.

SDOH. Health providers and educators discussed how the Social Determinants of Health (SDOH), particularly, housing and employment, can directly impact the health and wellbeing of young people and their families. They shared that when basic needs, such as housing, food, and employment, are not secured, it is difficult to make healthcare a priority, and this is especially true for Black families where poverty is most prevalent as compared to other Minnesotans. Because the components of wellbeing are all connected, not having access to a basic need can impact other aspects of life. For example, health insurance is accessed through a full-time job. In turn, not having a job directly impacts access to housing, reliable transportation, access to healthy food, which all impacts health and wellbeing.

Health providers also highlighted the generational trauma that Black families have experienced through the Black history and experience in the United States and in the healthcare system, which leads to mistrust of health providers. Additionally, health professionals acknowledged that there are not enough Black providers in the health system and that the field does not have enough diversity including providers and those in leadership positions.

> *I think when you think about health disparities generated by the system, I think it starts with our methods of healthcare financing and payment, the fact that we don't have universal healthcare coverage, that our healthcare coverage is tiered by employment. And so you have to have a job that has that benefit, to get those jobs, you need good access to education and training. And so that's not equitable because that's also largely financed by neighborhoods, which has been structured racially by redlining and racial covenants. And so this all ties into healthcare then being something that is really structured by your degree of wealth and opportunity. -Health professional*

Workforce development. Health professionals noted that cultural competency training for providers is needed. As it relates to the SDOH, each family has a different lived experience that requires providers to be mindful of and respectful to each situation and to meet families where they are. To do this, there is a need for more cultural competency training.

Likewise, advocates shared that there is a need for workforce development in the early childhood field, including diversifying the workforce and bringing in professionals who reflect the community they serve, improving the career pipeline and providing incentives and support to students to pursue a career in the field, increasing the salary to be a livable and sustainable wage, and providing more anti-racist training to professionals in the field.

> *I don't feel like childcare has the supports that they need to work with early childhood children, and potentially the whole family, around social-emotional needs. I feel like the early childhood field is underfunded, and we know it's a critical time for learning and development for children. And especially with Covid, and the impact that that's had on all teaching fields, that we need a way to support teachers in building skills and assisting families through some of that social-emotional needs and development that their kids are seeing. -Advocate*

As demonstrated, the shortage of services and limited knowledge of support resources create a big impact for families seeking early childhood services at the first level of systems change. The policies and practices around the application process for County services, the methods used to share information of existing resources and services, and the workforce shortage creates a variety of burdens and challenges for families who cannot afford or access healthcare or childcare for their children. Additionally, the limitations in resource flows impact not just access to services in early childhood but extends to the Social Determinants of Health for Black families, impacting job, housing, education, and health care access.

Semi-explicit

The Semi-explicit level of Systems Change covers relationships and connections and power dynamics. Relationships and connections refer to partnerships and collaboration between actors in the system. Power dynamics refer to decision making and influence of individuals and organizations or institutions (Figure 2).

At this level, health providers and educators discussed the importance of building partnerships within this ecosystem.

Partnership. Health providers shared that there is a need for improvement in partnerships between different health providers (pediatricians, therapists, etc.) to streamline the care for families and to minimize any barriers presented by system navigation. They also noted that it is important to keep in mind that a doctor's appointment begins with scheduling the appointment, finding transportation, the experience with reception and the waiting room, up to any follow-ups and referrals. All systems, currently, are working in silos when there is a need for providers to communicate and provide care coordination for families. Access to care and system navigation are major challenges in general, but particularly for Black families who already must jump through many hoops, such as balancing multiple jobs or previous poor experiences with health providers, in order to get care.

> *And how do we change the system so that it is friendly? And maybe it's not all about teaching people how to fit into the system, but teaching the system how to revolve around, to embrace different cultures. -Health professional*

Furthermore, there is limited partnership between educators and health providers. Educators are limited to immunization records and may occasionally be visited by public health agencies to provide health education or to check on safety protocols. Health providers shared that they do not have a relationship with educators or school districts and noted that it would be beneficial to form a partnership to learn about student behaviors or concerns that educators are seeing in the classroom. There is a need to bring health providers and educators in the same room in order to offer a holistic approach to care for young kids.

> *Well, that's a tough one. I very seldom ever talked with teachers except if a specific problem came up. I didn't routinely talk with them that age unless there was a specific problem. I suppose one issue that would be important is, as a physician, I'd like to know what that child is struggling with in school, what that school is struggling with, with the parent and the child, are there behavior issues? -Health professional*

Health professionals and educators addressed the importance of partnership and collaboration between their two systems as an example at the Semi-explicit level of Systems Change. Stakeholders acknowledge that currently their respective systems are working in silos with limited or no collaboration. They expressed desire to form and establish partnerships in order to provide better services to Black families

and children, however, they also noted concerns with client data privacy and confidentiality and wonder how to navigate this space so they can provide beneficial services for families.

Transformative Change (Implicit)

The Transformative Change or Implicit level of Systems Change focuses on mental models, specifically, any beliefs and assumptions that influence the way individuals act and behave (Figure 2).

Increased awareness of racism. At this level of change, stakeholders shared how awareness of racism and biases and a narrative change of the field can help improve the early childhood system. Health providers shared that there is now more awareness of structural racism and awareness of cultural differences. As a result, this helps families to ask better questions and to advocate for themselves in healthcare settings. This awareness has also led to greater efforts to bring in more DEI training and professional development for medical care staff.

Furthermore, since the murder of George Floyd, advocates shared that they have seen a slight increase in changes when it comes to providing more early childhood resources, support, and care. There seems to be an increase in the level of awareness for the needs of resources, however, there is still a gap in the resources that are available. Advocates have also seen that more Blacks are starting to recognize and acknowledge that they are dealing with mental health issues and trauma and seeking help from professionals. Additionally, they have seen more partnerships and collaborations between agencies that are doing similar work, more investment in people with lived experiences, and have seen an improvement in diversity in the early childhood field.

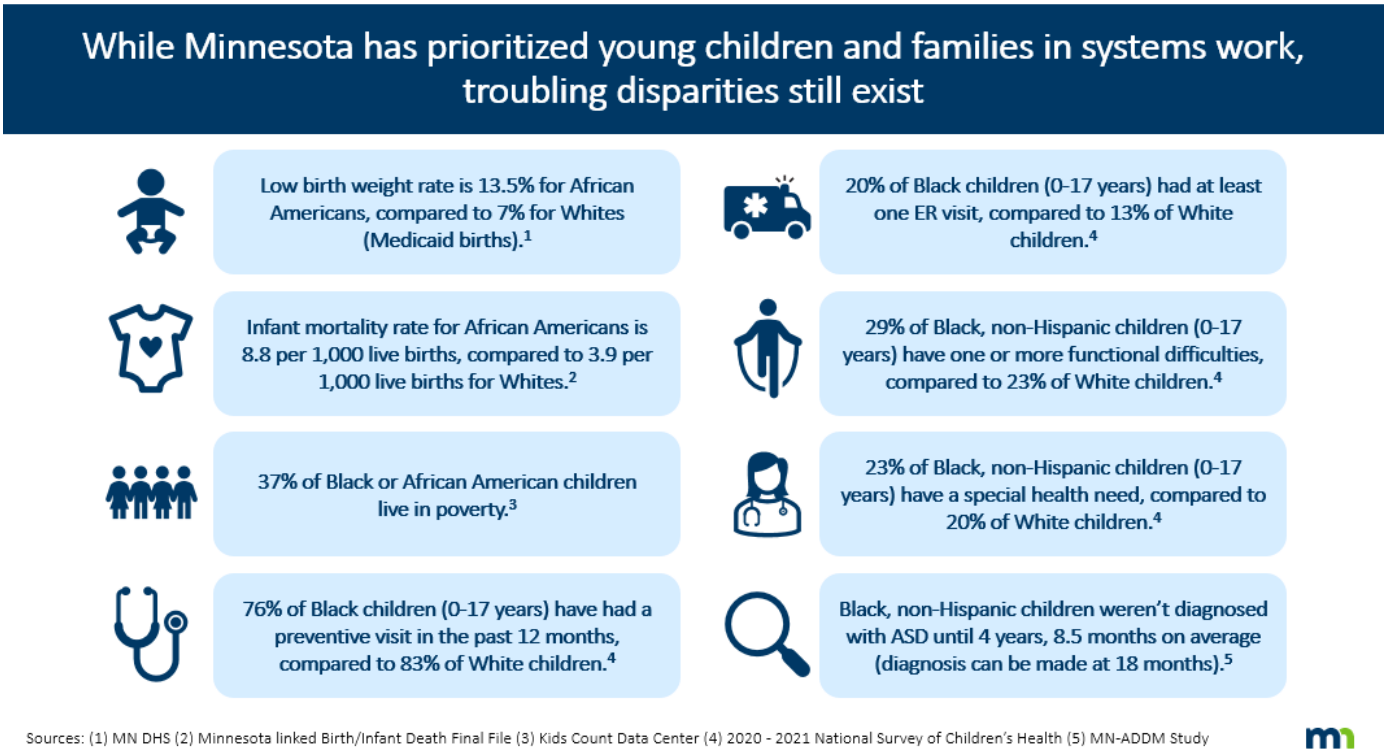
Narrative shift. Educators shared that there needs to be a narrative change related to the field of early childhood education. Often, professionals in the field are viewed as "babysitters." They encourage a narrative change to bring deeper value to their profession so they can take pride in their careers. A narrative change may be the first step in workforce development to attract and recruit a bigger pool of professionals. As such, the field needs to reconsider the pay wage and the benefits to employees as an effort to change the narrative and increase value.

> *"…A lot of folks were not going to be going into being a teacher because it didn't make sense financially after... I mean, it's not easy to get a degree especially if it's not your first language or you're also working at the same time, you have your own family. So it's like a lot of investment. And then you can make more money working at Target. No matter how much you love kids and families, you have to take care of yourself and your family. So I think having a fair wage for teachers. Just in my experience there are a lot of folks and folks that are not white that would like to be teachers that kind of feel that calling or would like to do that work but choose not to simply because of the pay. That's not, I'm sure, the only issue, but I know that is a huge deterrent for folks, especially if you're trying to better your life and your family's lives…This one is not an easy quick fix, but teachers in general don't get a lot of respect. But early educators, people will literally say you're a babysitter. So I think magic wand again, if it was kind of recognized as a professional career and important, I think maybe folks would be a little more drawn to it"*
> *-Educator*

With a mindset and narrative change, from an increased awareness and acknowledgement of racism and biases in all the early childhood systems to giving the early childcare and early childhood education professionals the respect they deserve, there are many possible positive outcomes. This includes an

improvement in services offered to Black families and young children, better training for health professionals, and expanding the workforce in early childhood education.

Figure (insert number): Disparities Experienced by Families



Leverage Points for Systems Change

From before children are born to age 3, there are leverage points to consider in systems. An integral approach will ensure that the way we address each leverage point is aligned and supported by our approach with all the other leverage points.

At Point 0 – systems change before children enter the world

Primary Leverage Point: Address the social determinants of health specific to the wellbeing of Black parents and families. There needs to be an accountability framework for an integrated system that regularly reports to the Children's Cabinet what specific measures are utilized to demonstrate how the system is performing, over time, to eliminate disparities in services and outcomes for Black children in MN. With strong accountability and continually improving systems performance, we could generate a new reality in which we prevent most inequity generating harm from being produced in the first place.

Policy Change that addresses cumulative disadvantage prevents the patterns that generate disparities from continuing to operate, thereby diminishing the continuing significance of structural racism.

Dr. Chomillo et al (2022) propose the following as key policy and practice changes:

- DHS should explore a 1115 Medicaid Demonstration Waiver to implement 72 months of continuous eligibility for children on Medicaid up to age 6 as well as establish 24-month continuous eligibility for all enrollees aged 6 and older.
- DHS should work with navigators and the U.S. born Black community to develop a plan focused on ensuring eligible Black Minnesotans gain and maintain Medicaid coverage throughout the year and in preparation for transitioning out of the federal public health emergency system.
- Ensuring continuous coverage requires prioritizing and aligning standardization and disaggregation of data by race, ethnicity, language at DHS.
- DHS needs to do continuous culturally specific community engagement so the challenges facing Minnesota's diverse individuals and families have equitable access.

The work taken up by Helen Jackson-Lockett El at the MDH Center for Health Equity, Community Voices and Solutions provides an example of what is critically necessary. The community knows that it is negatively impacted by adverse conditions in housing quality, economic opportunity, educational disparities, health disparities.

The Earned Income Tax Credit and Child Tax Credit make a significant difference in reducing child poverty. It is not the only way to advance child wellbeing, but we know that reducing child poverty early in life makes a more profound difference than later interventions (Duncan and Hoynes, 2021). The City of Saint Paul launched a Baby Bonds strategy in 2020 – College Bound (Prosperity Now, 2021). As of New Year's Day, 2020, all babies born in Saint Paul receive $50, which accrues interest and taken out when children start college. The program has a $1million dollar annual budget and is expected to benefit all of the estimated 5,000 children born in the city each year.

At Point 1 – systems change as children enter the world (pre-conception through prenatal care)

Primary Leverage Point: Improve health and wellbeing of expectant mothers and fathers

- Focus on Black Prenatal care. Increase home visiting for expecting mothers and determine how to support them in improving healthy food access and eradicating challenges or problems in their social, economic, and physical environments.
- Group Pre-natal classes, education around the disparities in health concerns for African American families like preeclampsia, gestational diabetes, high blood Pressure, perinatal mental health condition and other conditions that are more common amongst Blacks.
- If they have access to resources and education around these things. are their regular checks? Food. do they have access to healthy food, do they know about WIC and its importance to a healthy diet and healthy food access. do they know about the other resources that they may be eligible for while being pregnant Like the Diversionary Work Program, or other programs that work with pregnant families. Do they know about other pre-natal Classes, education, resources (resources that provide advocacy, case management, job readiness, financial assistance, and other things that may help them during pregnancy. Is there a way the system can set it up so that when providers do their Pre-natal checks they are offering these resources or setting up families with navigators to learn about resources they are eligible for.

At Point 2 – systems change for infants (ages 0 to 1)

Eradicate disparities in infant mortality and move the IMR (Infant Mortality Rate) rate to 0. In 2020 there were 326 stillbirths in MN and 264 infant deaths (MDH website data on fetal/infant mortality, 2023). The

infant mortality rate for non-Hispanic Blacks in Minnesota was 9.35/1000 in 2017, compared to 3.58/1000 for whites.[11] When we look deeper, the rate is even higher in areas of concentrated poverty. For example, the infant mortality rate for foreign born Blacks is 7/1000 whereas for U.S. born Blacks is 11.8/1000.[12]

Nationally, Black infants are three times more likely to suffer from pre-term related issues than white infants. Black women, as they get older, experience higher rates of maternal mortality and infant mortality compared to whites. Black women with higher education have a 5x higher pregnancy-related mortality rate than white women[13].

Black women face greater prenatal care access challenges.

Infants born to Black mothers are twice as likely to die in the neonatal period (first month of life) (MDH, 2015, p. 8). Prematurity is the leading cause of death for Black infants (MDH, 2015, p. 9).

The MN Department of Health has awarded $5.5 million since 2001 through its Eliminating Health Disparities Initiative (EHDI), but the investments have not achieved the infant mortality reduction goal (MDH, 2015, p. 14). The infant mortality rate did decline, from baseline disparity with whites of 7.7 (1995 – 1999), to a disparity of 5.5 in 2006 – 2010 (MDH, 2015, p. 14).

At Point 3 – systems change for toddlers (ages 2 and 3)

The Legislature should consider requiring assessments of all children's school readiness as they complete certain early childhood programs. By the time a child reaches age 3, in cases where requested by a parent, each child should have one or more education and health navigators that ensure that as they transition into formal preschool they are ready to learn and have the appropriate health care.

Investments in Black communities across the state to ensure there are adequate community grounded supports (enduring infrastructures) for early childhood health care and education is critical. In the short-term, we can assess what is in place now and strengthen. Where we identify gaps in local cultural ecologies, we can support the Advisory Council in organizing with communities to develop their capabilities to support children across the lifespan and enter into direct relationships with systems to hold them accountable for consistent quality improvement.

To support this objective, the Legislature should direct the Minnesota departments of Education, Health, and Human Services to plan a comprehensive approach for evaluating the impact of early childhood programs. Regarding health care and early learning diagnostics, The Minnesota Department of Education should collect data from school districts on the number of children who are not screened.

Finally, we have to address the relationship between structural racism and affordability of early childhood education and health care. The Legislature should consider reviewing the statutory reimbursement rates for Early Childhood Health and Development Screening. The campaign for universal early learning education, which would ensure every child in Minnesota has access to early

[11] See comment at point 3.26 on video linked here https://www.health.state.mn.us/communities/equity/projects/infantmortality

[12] https://www.health.state.mn.us/communities/equity/projects/infantmortality

[13] https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/Infographic-disparities-pregnancy-related-deaths-h.pdf

childhood education with financial support is a critical objective. If we want every child to have the support needed to succeed, this is certainly one worthy way to make it happen.

As we do that, we need to be mindful of the challenges within the developmental system of early childhood health professionals and educators. Advancing cultural competence of all in these fields is one priority and is best complemented and strengthened by ensuring that the future professionals in these fields are part of the cultures of the children and families being served.

At Point 4 – systems change across the lifespan

The focus of MN-ICECI is on children ages 0 to 3. In order to ensure wellbeing and educational success for early learners, a holistic lens, looking at how systems, collectively, work or do not to provide adequate and equitable care for all populations in Minnesota is an ongoing challenge. There are lessons to be learned from the COVID 19 pandemic, for example, about pre-existing gaps get amplified and exacerbate ecologies of harm for poor populations and communities of color. We need a racial equity monitoring strategy across all systems, that holds each accountable.

There are strategies that can be put in place within and across the five goal areas of MN-ICECI that take action through the leverage points identified above. These strategies are considered in the table below.

Goal	Strategy
Community-Driven Leadership: Cultivate and support a community-driven leadership structure where problems and solutions are defined by, and decision-making power is shared with the community.	The MN-ICECI Advisory Council can play a key role in organizing and linking assets across all Black communities in MN. It can work with the MN Children's Cabinet, Voices for Racial Justice, and others to design and implement a leadership development strategy for African American parents. By organizing an annual "early childhood systems institute" that works with evaluation data on systems performance collected by families of children 0 to 3 and timing the completion of each annual assessment to the policy cycle of the Minnesota Legislature, a formal process for consistent quality improvement could be implemented. By this means, the critique that the voice and concerns of parents are not sufficiently centered could be resolved (at least in part).
Shared Understanding and Vision: Build a shared understanding and vision of gaps, assets, and opportunities in achieving an equitable early childhood system that is inclusive of the health system.	Comprehensive screening, including attachment (or not) to positive assets within families, communities and cultures is recognized as piece of integral work that would be missed if MN-ICECI only looks internally at what can change within early childhood education and health care, and not between these systems and Black families and communities. Once comprehensive screening is applied system wide, use lessons from this as part of what is described for goal 1 above (include in performance measurement of the integrated system).

Health System Capacity: Increase health system capacity to serve young Black children and their families.	Updated screening to be more holistic is one strategy. Parents and Community members also expressed the need to increase local access to health care and education and increase both the cultural competence of care offered and increase the presence of Black professionals in the integrated system. Linking institutions and professionals in the system directly to family and community assets (to which investments are to be increased) is also prioritized.
Financial and Policy Strategies: Identify and carry out innovative financial and policy strategies to support implementation and sustainability of efforts.	Minnesota has figured out that investing in children is key to lifelong success. Now, it just needs a financial investment and policy framework that demonstrates it understands and commits to support flourishing in early life for every Black child in Minnesota.
Advance Equity: Increase Minnesota's capacity to advance equitable access to services and supports for young Black children and their families.	An integrated systems needs to disaggregate data by the diverse types of geographic and cultural communities Black children live in. This will allow for a more nuanced racial equity analysis, and the building of system capabilities over time, to advance equity in a timely and effective manner.

Focus Areas for MN-ICECI Work Moving Forward

List/describe focus areas and connect each focus area to the Conditions of Systems Change within the Water of Systems Change framework.

Conditions of Systems Change	Status Report	Strategic Recommendations
Policy	Both public and institutional policies fail to get at how structural racism impacts Black children, their families, and communities.	Design the integrated system to honor Black culture and work with cultural assets within the Black community to both shape investments in the community support ecology for all Black children. Ensure that all parents of young children have consistent health care from before their children are born through age 3 (and beyond), and that this affords access to high quality, culturally competent health care. Black history and culture must be incorporated in the core curriculum, not an add on elective.

Practices	Our way of "improving" systems tends to be biased toward incrementalism and shallow reform, rather than substantive systems change.	The strategic plan of MN-ICECI can provide an action planning template to be used by health professionals and early childhood educators to assess – how committed are we to the wellbeing of Black children and how well are we working to ensure we support the thriving of every Black child?
Resource Flows	Resources do not adequately flow to address the systems challenges, or invest, as requested, in Black community developed initiatives.	The Advisory Council ought to make specific recommendations on where to channel investments to the Black community.
Relationships and Connections	Black parents, families, communities, and advocates have made clear recommendations that have not been invested in at scale to ensure the wellbeing and equitable life trajectory of every Black child. Structural racism sets conditions in which failures of relationship and connection between Black families and communities and systems persist.	A community engagement strategy is necessary. Considering how the MN-ICECI advisory council will serve (or not) as a formal feedback loop for systems change needs to be defined and operationalized. Resources to expand the Advisory Council and invest in community engagement are required.
Power Dynamics	The number of Black professionals in early childhood education and health care slowly increase over time, but the power dynamics change far more slowly.	Incorporating clear and realistic timeframes for substantive changes to occur in systems as requested by the Black community offers a clear signal of whether systems change is happening or not, and the necessary power shifts are occurring to support change.
Mental Models	The early childhood education and health care systems recognize, increasingly, the necessity of addressing structural racism, but consistently fail to invest, sufficiently in efforts within and across systems to eradicate it. The mental model in which we seem "stuck" is a mental model that privileges pervasive racialized assumptions about "progress" that ignores the severity and intersectional influences of structural racism.	Specific metrics that allow systems to assess where they are on a continuum of ignoring the significance of racism and the failure to consider culture towards having a strong anti-racism and cultural solidarity framework is useful in this regard.

Final Recommendations

Four domain recommendations are identified that include a total of 26 recommendations. The domains are as follows.

Social Determinants of Health

- Recognize that cultural erasure and structural racism sit at the root of the disparate outcomes and that by incorporating cultural objectives and eradicating structural racism, with sufficient investments, at the root of all policies, systems, and processes of the integrated early childhood health and education system the hoped for outcomes will emerge.
- **Address the social determinants of health that influence early childhood outcomes before children are conceived and from ages 0 to 3, including housing quality and economic opportunity of African American parents and extended families.**

Systems Transformation

- **Listen to and follow the leadership of African American parents, asset-based cultural organizations, and communities as MN-ICECI discerns how to shift practices in an integrated early childhood care ecosystem and shape the forms of investment and partnership that best support the flourishing of every Black child in Minnesota.**
- **Design pilot/demonstration projects to test assumptions early and often about how to ensure all African American children and families receive not only equitable support from prenatal to age 3 and beyond but receive all of the support defined as necessary by African American parents, advocates, and communities.**

On the following pages, in Table 2, the recommendations that emerged through this systems assessment are listed and ranked according to whether they are short-term (operationalize in next 6 months), medium term (6 months to 2 years), or longer-term (taking two or more years to operationalize).

At the April meeting of the Advisory Council, Rainbow Research invited the feedback of advisors in priority setting. Since they were seeing this data for the first time in a compressed time frame, it did not work out as hoped to work through the recommendations listed here. Rainbow Research will participate in the first strategic planning session of MN-ICECI in late May 2023, to support clarification and prioritization of these recommendations

Table 2 Final Recommendations

Final Recommendation Domains	Recommendations	Short-term, Medium-term, Long-term
Recognize that cultural erasure and structural racism sit at the root of the disparate outcomes and that by incorporating cultural objectives and eradicating structural racism, with sufficient investments, at the root of all policies, systems, and processes of the integrated early childhood health and education system the hoped for outcomes will emerge.	Invest in the culture-keepers who are already part of MN-ICECI. Investing in them and coordinating feedback loops for them with all systems stakeholders to offer leadership and insight around the evolution of the integrated system.	Short-term
	Increase the presence of and utilization of Black doulas and midwives for Black families.	Medium to long term with action in the short term
	Listen and support birthing people. Listen to concerns, provide a network of support during and after the postpartum period.	Constant work
	Support statewide improvements for birthing people who have substance use disorders (SUD) or mental health conditions, including adequate identification of substance use and mental health conditions in the birthing population, referral to behavioral health services and support groups, and increased funding to expand treatment and access to treatment throughout the state, and investments in cultural supports.	Continual
	Fund community led networks and support systems to provide culturally informed care to fit a birthing person's needs	Short to medium term to support long-term changes
	Address bias in systems perpetuating disparities in the birthing population. Acknowledge historical trauma and racism and the impacts on birthing people	Short-term
Address the social determinants of health that influence early childhood outcomes before children are conceived, including housing quality and economic opportunity of African American parents and extended families.	Offer universal healthcare for all children in the first six years.	Medium term (ideal)
	Increase homeownership and housing stability for Black families utilizing a means-tested and racial equity focused family stabilization policy framework.	Long-term with transformative commitments in short to medium term
	Improve Health Equity and address the social determinants of health	Constant work
	Implement a comprehensive statewide system that monitors and reduces infant mortality	This work is happening and needs to be expanded

	Catch families earlier, ideally from pre-pregnancy, to help parents determine what kind of care and support they need to help their family thrive, and to help with system navigation earlier. Expand Child Tax Credit to reduce poverty among all children. Create a new Minnesota Advanced Refundable Child Tax Credit. Improve Minnesota's Current Working Family Credit.	Medium term Medium term Medium term
	Improve communication efforts about existing resources so families know what is available to them, and clarity on how to access them. Consider partnering with communities or use creative outreach methods such as radio ads or TV commercials. Go to where the community is and meet them where they are. Evaluate the impact of early childhood programs every 2 years to iteratively re-shape investments and priorities to eradicate disparate outcomes for Black children, and to invest in cultural and anti-racist objectives more wisely.	Short-term
Take the concerns raised by Black families and communities into account in transforming our paradigm of health insurance to be consistent, to be culturally competent, and to be affordable.	Listen to families and their concerns about their children so as not to delay care Design and operationalize Sentinel Measures Project to support seeing, understanding, and partnering with Black families and communities on a cultural and intercultural basis.	Short term and always Medium Term
	Provide comprehensive and culturally appropriate coordinated health care to all women during the preconception, pregnancy, and post-partum period. Hire people with lived experiences from the community as partners in MN-ICECI	Medium Term Short-term
	Increase the cultural competency of care across the systems of early childhood education and health care. Offer competitive and livable wage to early childcare and early childhood professionals, and to make sure the career pathway is streamlined with resources and support programs to help offset the education cost	Short-term and constant Medium term with continual improvement

	Hire people with lived experiences from the community as members of Advisory Committee	Short-term
Pilot the integration we wish to see with demonstration projects that integrate early childhood education and health care.	Develop partnerships between early learning centers, culture keepers and health providers so they can establish an integral approach for children ages 0 to 3 Create a one-stop shop where health services are offered in early learning centers and serve families who attend the centers to cut down on long waiting lists and to establish a relationship with families. Hire cultural and community resource coordinators in early learning centers or in clinics who can work directly with families to locate services that may be helpful. *The Minnesota Department of Education should collect data from school districts on the number of children who are not screened and take persistent steps to ensure every family has equitable access to early childhood screening and the trust in systems to follow through.*	All of these are medium term

Conclusions

An integrated early childhood care ecology must address the harsh differential realities imposed on Blacks across the lifespan. To eradicate health and education inequities for Black children ages 0 to 3 in Minnesota, we have to address the ways in which structural racism limits the power, capacity and health of their parents and communities. We cannot simply tinker with elements of systems change that is easiest for systems to correct. We have to do the hard work of integrating the voice, the vision, and the power of Black families and communities into re-shaping what the system is, how it functions, and how it evolves over time.

As the analysis of racism and infant mortality outcomes by the Minnesota Department of Health (2020, p. 6) reports – racism sits at the tree roots in the ground, and "Nestled in the four main branches are the four components Systems and Policies, Socioeconomic Position, Living and Working Conditions, and Health System" (p. 6). The economic policy institute found that changing the socio-economic position of parents, changes the life outcomes of their children (Garcia and Weiss, p. 4).

Through the efforts of the Minnesota Integrated Care for Early Childhood Initiative, we have an opportunity to shape, sustain, and continually improve the integrated way in which early learning and early childhood health systems interact to support the wellbeing of children ages 0 to 3. By addressing the complexity in which these systems operate, with a holistic approach, grounded in culture, intercultural integrity, and anti-racism, we can and must support the flourishing of Black families and communities, in which the seeds of the current and future generations grow.

Appendix A

List the information sources used to complete the System Asset and Gap Analysis. Include assessment questions and other materials used in interviews and in analyzing findings.

Table A1. Advisory Council Characteristics (N=11)

Age	n
18-24	1
25-34	1
35-44	1
45-54	5
55-64	3
Do you feel that your income adequately meets your needs?	
Yes	8
No	3
Do you rent or own your home?	
Own	7
Rent	3
Living with family	1
What is your highest level of education?	
High School Diploma	1
Some college	2
Bachelor's Degree	3
Master's Degree	5
What is your race/ethnicity?	
Black	7
Mixed Black	2
White	2
What mode of transportation do you use for work?	
Drive	9
Walk	1
Uber	1

Table A2. Parent Characteristics (N=6)

Age	n
25-34	2
35-44	2
45-54	2
What is your annual household income?	
> $39,999	3
$40,000 - $49,999	1
$50,000 - $59,999	0
$60,000 - $69,999	1
$70,000 - $79,999	1
Do you rent or own your home?	
Own	0
Rent	6
What is your highest level of education?	
High School Diploma	1
Some college	4
Bachelor's Degree	1
Do you have a reliable car?	
Yes	4
No	2

Table B3. Educator Characteristics (N=3)

Age	n
25-34	1
35-44	2
Do you feel that your income adequately meets your needs?	
Yes	0
No	3
What is your highest level of education?	
Some college	2

Bachelor's Degree	1
What is your race/ethnicity?	
Black	1
White	2
What mode of transportation do you use for work?	
Drive	1
Walk	1
Public Transportation	1

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