



Smart INVESTMENTSSM IN MINNESOTA'S STUDENTS

WHAT WE KNOW ABOUT ISSUES AND POLICY FOR CHILDREN FROM BIRTH THROUGH AGE 3

THE ISSUE

The youngest Minnesotans need quality health care, childcare and preschool to spur brain development and help launch the intellectual capabilities and social skills they'll use in their school years and beyond.

RECOMMENDED ACTIONS FOR MINNESOTA

- **Improve needs-based access to prenatal care and health care** in the early years to aid brain development.
- **Increase home visits by nurses and other skilled staff to at-risk families** for education on prenatal care, nutrition, preventative health, positive parenting approaches, cognitive development and other key areas of concern.
- **Expand public subsidies to low-income Minnesota families for high-quality childcare** as a cost-effective approach to boost early learning.

WHY IT MATTERS

- Good prenatal care and quality early childhood experiences ready a child for elementary school learning.¹ Good health and early learning establish an essential foundation from which a child launches into the elementary school years.
- Prenatal care and well-baby check-ups promote good brain formation and healthy early development. Good nutrition and health for the very young can boost language development; reduce cognition and behavior problems; decrease injuries, abuse and neglect; and improve math and reading test scores in the early elementary years.²
- Early childhood development programs yield significant benefits both for individuals and society through positive impact on literacy skills, school readiness, and proficiency with language and numbers.³ Federal Reserve Bank economists Arthur Rolnick and Rob Grunewald contend that “investing in early childhood development yields a much higher return to a region than most government-funded economic development initiatives.”⁴

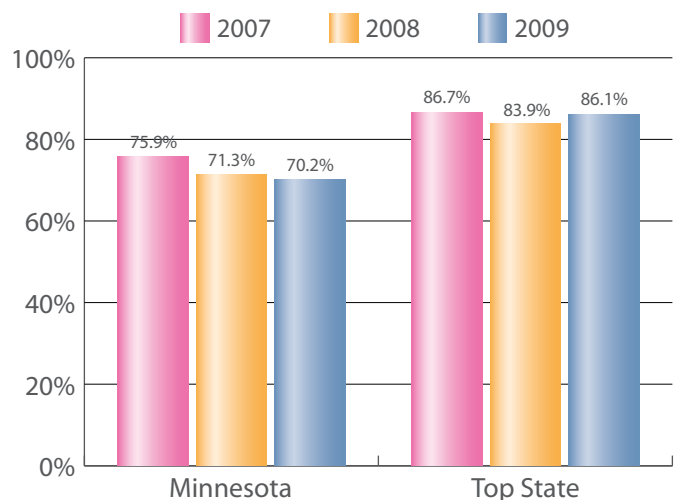
- Low-income families face financial barriers that can prevent them from enrolling young children in quality childcare and preschool programs. But children from low-income families have the most to gain from such programs because they are more at risk of starting school without the language, literacy, math and social skills that prepare them for success in learning.⁵ Programs that reach at-risk children show the greatest gains in terms of outcomes and benefits.⁶

CHALLENGES FOR MINNESOTA

- Minnesota ranked only 28th among states for the share of pregnant women – 70.2 percent – receiving the prenatal care required for healthy pregnancies and fetal development, as reported by the United Health Foundation in 2009. By contrast, Iowa ranked 7th and Wisconsin ranked 12th. Minnesota ranks only 46th for per capita dollars spent on public health (\$41), according to the United Health Foundation, but this may relate in part to Minnesota's third-best ranking for the share of population with health insurance.⁷

MINNESOTA RANKS IN THE BOTTOM HALF OF STATES FOR PRENATAL CARE

The percentage of mothers getting care is dropping



Estimates from the United Health Foundation.

- Inadequate investment from the State of Minnesota has left some 6,000 low-income families on the waiting list for state-funded childcare subsidies, undermining the access these children have to early childhood development opportunities and preschool lessons. As of early 2010, the rates paid to licensed childcare providers by the state for this program remained frozen at 2001 levels with no increases for inflation, and the governor and legislators had proposed cuts that would further reduce childcare access for low-income families.⁸
- Poverty is more common in the state among children than among residents overall, hitting almost one in eight Minnesotans under the age of 18. Poverty is significantly higher for children living in single-parent households headed by women, with almost one in three of these Minnesota families falling below the poverty threshold, compared to one in 10 of all families with children. And poverty is far more common among persons of color. Compared to the poverty rate for all white Minnesotans, rates for Minnesota's African Americans and American Indians is more than 4 times higher, the rate for Latinos is three times higher, and the rate for Asians is two times higher.⁹
- **Needs-based, high-quality childcare** from skilled, educated staff, provided in settings with low child-to-teacher ratios. Studies associate such center-based childcare with learning gains for young children.¹¹ One key principle of effective early childhood development is to have a coordinated system of early education in place at age 3, including, for some children, enrollment in preschool through programs like the Chicago Public School system's Child-Parent Centers.¹²

SMART INVESTMENTSSM IN MINNESOTA'S STUDENTS

The Growth & Justice proposal for *Smart InvestmentsSM in Minnesota's Students*, available [here](#), highlights research-based, cost-effective policies, strategies and programs for improving education from the early childhood years through to post-secondary study, with the aim, by 2020, of increasing by 50 percent the share of Minnesota students who successfully complete higher education.

Growth & Justice identified five key education stages across three critical developmental phases – Ready to Launch, Ready for Higher Learning, and Ready for Life. This issue brief focuses on the stage from birth through age 3, but unless Minnesota pays careful attention to and invests in the entire continuum, we cannot reach our goal. For issue briefs on other key *Smart Investment* stages for Minnesota's students, click [here](#).

A growing body of economic research suggests that the right investments in education can strengthen economic growth, raise the earnings power of more families and lower public costs. Educational research and economic analysis indicate that an added investment of \$1 billion a year in human capital by Minnesota would more than pay for itself.

ENDNOTES

- 1 Growth & Justice, *Smart InvestmentsSM in Minnesota's Students: A Research-Based Investment Proposal*, October 2008, p. 3, citing Alexander, et al (1997); Barrington and Hendricks (1989); Ensminger and Slusarick (1992); Garnier, et al (1997). (Growth & Justice report available [here](#).)
- 2 Nurse-Family Partnership, "Evidentiary Foundations of Nurse-Family Partnership," p. 2, citing evidence from randomized, controlled evaluations of home visits for low-income, first-time mothers and their families, including findings from Olds, Robinson, O'Brien, Luckey, Pettitt, Henderson, Ng, Sheff, Korfmacher, Hiatt (2002); Olds, Henderson, Chamberlin, Tatelbaum (1986); Kitzman, Olds, Henderson, Hanks, Cole, Tatelbaum, McConnochie, Sidora, Luckey, Shaver (1997); and Olds, Kitzman, Hanks, Cole, Anson, Sidora-Arcoleo, Luckey, Henderson, Holmberg, Tutt (2007). (Available [here](#).)
- 3 Arthur J. Reynolds, "Cost-Effective Early Childhood Development Programs from Preschool to Third Grade," Growth & Justice, November 12, 2007, p. 3. (Available [here](#).)
- 4 Arthur J. Rolnick and Rob Grunewald, "Achieving a High Return on Early Childhood Investment: Evidence, Proposal, and the Minnesota Pilot," November 2007, p. 3. (Available [here](#).)
- 5 Minnesota Department of Education, *Minnesota School Readiness Study: Developmental Assessment at Kindergarten Entrance*, 2009, p. 5, 10 and 11. (Available [here](#).) The results are based on assessments conducted with a random sample equal in size to 10 percent of the total number of children entering kindergarten in fall 2008.
- 6 Rolnick and Grunewald, p. 5.
- 7 United Health Foundation, *America's Health RankingsTM 2009*. (The Minnesota overview and full access to data and rankings are available [here](#).)
- 8 "Don't Cut Early Ed Programs that Work," *Minneapolis Star Tribune*, April 13, 2010 (online April 12, 2010), section A.
- 9 Poverty data from the U.S. Census Bureau's American Community Survey, using the three-year averages for 2006 through 2008. For that time period, the Census Bureau estimates that the percentages falling below the poverty level were 9.7 percent of all Minnesotans, 12.1 percent for Minnesotans under the age of 18, 32.2 percent for female-headed households with related children but no husband present, and 10.2 percent for all families with related children. Rates for racial and ethnic groups, counting persons of all ages, were 7.3 percent for non-Hispanic whites, 32.7 percent for African Americans or blacks, 32.6 percent for American Indians and Alaska Natives, 22.3 percent for Hispanics or Latinos, and 16.2 percent for Asians.
- 10 Rolnick and Grunewald, p. 6.
- 11 Rolnick and Grunewald, p. 8.
- 12 Reynolds, p. 1 and 27.

SMART APPROACHES

For its initiative on *Smart InvestmentsSM in Minnesota's Students*, Growth & Justice assembled a stellar steering committee of experts and practitioners to review research on cost-effective approaches and programs to improve education. Smart investments address real disparities and actual student needs. The steering committee called for a significant increase in public-sector investment and private-sector engagement in the following smart approaches for children from birth through age 3.

- **Prenatal care and health care in the first years of life** to foster vital brain development and a strong start, using needs-based criteria to target the assistance for families most at risk of not receiving such care.
- **Visits to pregnant mothers and families with young children by nurses, social workers, parent educators and other well-trained staff** to promote preventative health practices, good nutrition, responsible and competent parenting, child development and learning within the family, and strong parent-child interactions. Publicly funded, needs-based home visit initiatives target at-risk families, including those with parents who are in their teens, low-income, single, high-school dropouts, coping with chemical abuse issues, or experiencing homelessness. Solid studies of nurse home visit programs have shown estimated annual returns on expenditures at 20 percent or more.¹⁰ In Minnesota, home visit efforts include the non-profit Nurse-Family Partnership, which operates in 17 counties in Greater Minnesota, and the state government's Family Home Visiting program.