

Collaborative Policymaking to Prevent Adverse Childhood Experiences in Minnesota

Developing Minnesota's Healthy Start Act

The Minnesota legislature enacted the Healthy Start Act ([HF1403/SF1315](#)) in 2021, allowing the commissioner of corrections to place people who are pregnant or immediately postpartum under supervised release and community supervision ([e.g., placement in a halfway house rather than a jail](#)) for the [duration of their pregnancy and up to the first year of the child's life](#). The act also includes additional strategies to prevent [adverse childhood experiences](#) (ACEs), such as providing pregnant and postpartum people access to evidence-based parenting classes.

This criminal justice reform law may help prevent ACEs by strengthening the parent-child relationship and offering additional family support. While having an incarcerated parent is an ACE in itself, children with incarcerated parents are exposed to nearly [five times](#) as many ACEs as children without incarcerated parents, and this association is stronger among children ages six or younger. Having an incarcerated parent is one of the most frequently reported ACEs among youth in Minnesota; [one in six Minnesota youth reports](#) experiencing the incarceration of a parent, indicating that efforts to reduce parental incarceration or mitigate the cascading impacts of parental incarceration may reduce ACEs.

In Minnesota, most incarcerated persons giving birth are released within the first year of their baby's life, most of whom resume a caregiving role. One concern of Minnesota researchers, policymakers, and criminal justice reform advocates was how incarceration interrupts this critical early developmental window. Grassroots criminal justice reform advocates from organizations like the Minnesota Prison Doula Project worked with policymakers to improve prenatal care, provide access to doula support, and prohibit restraining incarcerated women during pregnancy and postpartum. Pregnant and postpartum inmates have mental, physical, and emotional benefits from bonding with their babies, emphasizing the importance of [dyadic care](#). This work resulted in the [passing of anti-shackling legislation](#) in 2015. Building on that success—and training legislators in ACEs terminology—the coalition began advocating for a new policy championed by the Minnesota Department of Corrections (MDOC): The Healthy Start Act.

In 2019, MDOC coordinated a listening session with the Lieutenant Governor, a member of the Minnesota House of Representatives, and mothers who were incarcerated at the Minnesota Correctional Facility – Shakopee. Informed by stories shared by women incarcerated in the state, MDOC began working on the legislation that ultimately became the Healthy Start Act. Working with interested parties—including coalition advocates and statewide agencies—and requesting support of the [Governor's Children's Cabinet](#) and leaders in the Departments of Education and Human Services, MDOC created the legislative strategy to successfully pass the Healthy Start Act. This strategy included building relationships with key lawmakers to gain bipartisan support, securing 35 women co-authors of the bill in the House, and securing a woman Senator to champion the bill in the Senate.

In addition to MDOC's work to build legislative support for the Healthy Start Act, experts from the University of Minnesota (UMN) and the advocacy coalition previously educated policymakers on the impact parental incarceration has on childhood development and ACEs. The coalition submitted [legislative testimony](#) supporting the bill, noting that the legislation "strikes a good balance between

holding women in the criminal justice system who are pregnant accountable for their crimes and giving them the best opportunity to form bonds with their children and become caring and effective parents."

The Minnesota Department of Health (MDH) and other interested parties educated legislators during the past five years through a series of informational hearings about ACEs and their impact on health and wellbeing throughout the life course. MDH and MDOC collaborated on a joint hearing scheduled early in the 2021 legislative session before advocacy for the Healthy Start Act began in earnest to help build empathy among lawmakers for children who experience ACEs. Legislators new to this terminology expressed overall support for strategies that address creating good opportunities for early childhood and strategies for resilience.

Evaluating the Healthy Start Act

Partners who advocated for the passage of the Healthy Start Act are now working to evaluate the law's implementation. MDOC contracted with UMN to develop an evaluation plan for the law's implementation. Through its evaluation, UMN has collected, synthesized, and analyzed data on pregnant and postpartum people under MDOC's care and shared that information with decision-makers to identify ways to improve the implementation of the new law (e.g., screening people on entry to prison).

While the components of this evaluation plan are largely process-oriented, the plan incorporates questions for a future outcome evaluation that will consider issues including recidivism and access to stable housing.

As the implementation continues, additional barriers, such as navigating access to health services and Medicaid enrollment, may emerge. MDH's expertise will be key to solving those issues using a public health perspective.

Significance of the Healthy Start Act for the Minnesota Department of Health

While MDOC led the work to create and implement the act, MDH acted as "a bridge and a champion." By staying informed and collaborating with experts on jail and prison policies, MDH supported the Healthy Start Act while not leading its development. The Healthy Start Act's enactment shifted awareness to the importance of providing more services and access to care for people who were previously incarcerated.

The act helped open doors between experts in incarceration and public health, providing more opportunities for partnership with MDOC and county corrections. Finally, more conversations regarding ACEs, social determinants of health, and root causes have been happening due to policies like the Healthy Start Act.

Challenges for Developing Policies that Prevent and Reduce ACEs

Partners that worked on the Healthy Start Act identified challenges for developing policies that reduce or prevent ACEs in the state.

- **The broad range of policies that can reduce ACEs makes it impossible to simultaneously work on all facets of ACEs.** It is important to narrow the focus and scope of policies and determine what is

feasible. Many policies that do not explicitly name ACEs or abuse and neglect in their title or justification may prevent ACEs.

- **Use terms that are accessible to policymakers and coalition partners.** Terms like "ACEs prevention" are unfamiliar to many policymakers. Framing policies that reduce ACEs in terms that resonate with policymakers' lived experiences, such as discussing the impact of parental incarceration, can build broader support.

Considerations for Health Departments and Opportunities for Developing Policies to Prevent and Reduce ACEs

Through the development of the Healthy Start Act, Minnesota identified several opportunities to further support policies to reduce ACEs in the state. While policies to prevent or reduce ACEs may not always fall under the jurisdiction of a health department, it still plays a vital role in serving as a bridge and champion for policies implemented by other agencies that may prevent or reduce ACEs.

- **Test new ways to communicate data related to ACEs prevention.** Health departments are best positioned to provide data indicators for the prevalence of ACEs, which can be used to measure the impact of policies that may prevent or reduce ACEs. For example, in addition to quantitative data, MDH is increasing the use of qualitative data and interpretive materials to educate partners, policymakers, and the public. MDH is currently developing videos and case studies demonstrating how best to use the data that MDH plans to present.
- **Use expertise to educate effectively.** Explaining ACEs in an easy-to-understand manner can underscore the importance of a program like the Healthy Start Act by linking it to other issues of concern. Policymakers' professional backgrounds vary widely, and many are new to public health topics. Therefore, public health agencies can be valuable resources to educate on these issues as apolitical experts. Showing how policies such as access to childcare, healthcare, and/or parenting classes are also effective strategies to prevent or reduce ACEs—and doing so using messages that resonate across social and political environments—will enable and enhance communication across communities of all backgrounds.
- **Build relationships with new partners to collaborate on future policy development efforts.** Collaborating with partners in other sectors (i.e., Department of Corrections and universities) and building a coalition of support for policies that prevent or reduce ACEs is critical for success. Discussing cross-sector issues such as suicide, mental health, and drug overdose can introduce ACEs into conversations without alienating potential partners. Successful partnerships and coalitions provide advocacy at various levels of government, generate greater public awareness, provide personal perspectives from those directly affected by the issue, offer subject matter expertise, and mobilize their collective resources.

Acknowledgements

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