

This Document can be made available in alternative formats upon request

State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 892

02/16/2015 Authored by Moran, Ward, Kresha, Laine, Winkler and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A resolution  
1.2 relating to the use of current science on childhood brain development, adverse  
1.3 childhood experiences, and toxic stress to prevent child abuse and neglect before it  
1.4 starts and ensure the well-being of all Minnesota children.

1.5 WHEREAS, research over the last two decades in the evolving fields of neuroscience,  
1.6 molecular biology, public health, genomics, and epigenetics reveals that experiences in the first  
1.7 few years of life build changes into the biology of the human body that, in turn, influence the  
1.8 person's physical and mental health over the person's lifetime; and

1.9 WHEREAS, these early experiences literally shape the physical architecture of a child's  
1.10 developing brain and establish either a sturdy or a fragile foundation for all the learning, health,  
1.11 and behavior that follow; and

1.12 WHEREAS, strong, frequent, or prolonged stress in childhood caused by adverse childhood  
1.13 experiences can become toxic stress, impacting the development of a child's fundamental brain  
1.14 architecture and stress response systems; and

1.15 WHEREAS, the Adverse Childhood Experiences Study (ACES) data corroborates the  
1.16 neurobiology of childhood development, showing specific correlations between ten categories of  
1.17 abuse, neglect, and household dysfunction and consistent increased risk of disease and negative  
1.18 health behaviors in adulthood; and

1.19 WHEREAS, the Minnesota Behavioral Risk Factor Surveillance System (BRFSS)  
1.20 conducted by the Minnesota Department of Health in 2011 found that 60 percent of Minnesotans  
1.21 surveyed had two or more ACEs and 15 percent had five or more ACEs before the age of 18; and

2.1 WHEREAS, the 2013 Minnesota Student Survey data indicate that 35 percent of Minnesota  
2.2 students, grades 7 through 12, reported at least one adverse childhood experience; and

2.3 WHEREAS, BRFSS data also show that in Minnesota, American Indian and African  
2.4 American adults had a significantly higher percent of individuals reporting five or more ACEs as  
2.5 compared to white adults; and

2.6 WHEREAS, the Minnesota Department of Human Services 2013 Child Welfare Report  
2.7 states that American Indian, African American, and children of two or more races are respectively  
2.8 15.5, 4.0, and 4.0 times more likely than white children to be placed out-of-home; and

2.9 WHEREAS, early childhood offers a unique window of opportunity to prevent and heal the  
2.10 impacts of adverse childhood experiences and toxic stress on a child's brain and body; and

2.11 WHEREAS, positively influencing the architecture of a child's developing brain is more  
2.12 effective and less costly than attempting to correct poor learning, health, and behaviors later  
2.13 in life; and

2.14 WHEREAS, a child's brain continues to develop through adolescence and into young  
2.15 adulthood; and

2.16 WHEREAS, the emerging science and research on toxic stress and adverse childhood  
2.17 experiences demonstrate a growing public health crisis for the state with implications for the  
2.18 state's educational, juvenile justice, criminal justice, and public health systems; and

2.19 WHEREAS, a critical factor in buffering children from the effects of toxic stress and  
2.20 adverse childhood experiences is the existence of supportive, stable relationships between  
2.21 children and their families, caregivers, and other important adults in their lives; and

2.22 WHEREAS, evidence shows that parent knowledge and understanding of childhood  
2.23 development can encourage positive parenting skills, support healthy cognitive and social  
2.24 development in children, and prevent, reduce, or prevent and reduce incidences of abuse and  
2.25 neglect; and

2.26 WHEREAS, the legislature shall consider the principles of brain development, the  
2.27 connection between mental and physical health, the concepts of toxic stress, adverse childhood  
2.28 experiences, buffering relationships, and the roles of early intervention and investment in children  
2.29 as important strategies; NOW, THEREFORE,

2.30 BE IT RESOLVED by the Legislature of the State of Minnesota that it calls on the Governor  
2.31 to consider the principles of brain development, the connection between mental and physical

3.1 health, the concepts of toxic stress, adverse childhood experiences, buffering relationships, and  
3.2 the roles of early intervention and investment in children as important strategies.

3.3 BE IT FURTHER RESOLVED that the Legislature calls on the Governor to form a task  
3.4 force to focus on prevention and identify opportunities for engaging education, public health,  
3.5 juvenile justice, human services, and criminal justice systems in the creation of trauma-informed  
3.6 policy and practices to prevent adverse childhood experiences from occurring and support  
3.7 the health and well-being of all Minnesota families, and engage diverse communities in the  
3.8 development of trauma-informed policy and practices with the goal of addressing social  
3.9 determinants of health and well-being and eliminating racial and ethnic disparities in Minnesota.

3.10 BE IT FURTHER RESOLVED that the Legislature calls on the Governor to support a  
3.11 voluntary tax checkoff on the Minnesota income tax return form, other dedicated appropriations,  
3.12 or other state resources designated for child abuse prevention services with a percentage set  
3.13 aside for program evaluation.

3.14 BE IT FURTHER RESOLVED that the Secretary of State of the State of Minnesota is  
3.15 directed to prepare a copy of this memorial and transmit it to Governor Dayton.