

April 17, 2023 – HER NOPREN Early Childhood Workgroup
Effective State-Level Policies to Strengthen the Early Years

PRENATAL-TO-3 POLICY IMPACT CENTER

Research for Action and Outcomes

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Our Earliest Experiences Shape Our Lives

- All children deserve to be born healthy and raised in nurturing environments, with limited exposure to adversity
- Nurturing relationships in the earliest years lead to healthier brains and bodies, which influence health and wellbeing over the life course
- Chronic adversity harms children's neurological, biological, and social development, and can have lifelong consequences
- Millions of children lack the opportunities to a healthy start they deserve
- Children of color are most likely to face adversity and least likely to have the opportunities all children deserve



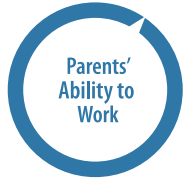
State Policy Choices Shape Opportunities

- State policy choices can empower parents and support children's healthy development
- We must care for the caregivers so that they can care for the children
- Systems of support require a combination of broad based economic and family supports AND targeted interventions
- Variation in state policy choices leads to a patchwork of supports for families, depending on where they live

Eight Prenatal-to-3 Policy Goals



Families have access to necessary services through expanded eligibility, reduced administrative burden and fewer barriers to services, and identification of needs and connection to services.



Parents have the skills and incentives for employment and the resources they need to balance working and parenting.



Parents have the financial and material resources they need to provide for their families.



Children are born healthy to healthy parents, and pregnancy experiences and birth outcomes are equitable.



Parents are mentally and physically healthy, with particular attention paid to the perinatal period.



Children experience warm, nurturing, stimulating interactions with their parents that promote healthy development.



When children are not with their parents, they are in high-quality, nurturing, and safe environments.



Children's emotional, physical, and cognitive development is on track, and delays are identified and addressed early.



UNITED STATES

State Prenatal-to-3 Outcome Measures

Policy Goal	Outcome Measure	Worst State	Median State	Best State
Access to Needed Services	% Low-Income Women Uninsured	47.8%	16.6%	3.8%
	% Births to Women Not Receiving Adequate Prenatal Care	23.3%	14.6%	5.1%
	% Eligible Families with Children < 18 Not Receiving SNAP	26.7%	7.5%	2.0%
	% Children < 3 Not Receiving Developmental Screening	73.9%	59.4%	40.2%
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.0%	25.2%	14.8%
Sufficient Household Resources	% Children < 3 in Poverty	33.1%	17.6%	8.6%
	% Children < 3 Living in Crowded Households	35.8%	15.5%	8.6%
	% Households Reporting Child Food Insecurity	16.7%	5.7%	0.8%
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.2%	9.9%	7.6%
	# of Infant Deaths per 1,000 Births	8.3	5.4	3.7



UNITED STATES

State Prenatal-to-3 Outcome Measures

Policy Goal	Outcome Measure	Worst State	Median State	Best State
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	12.6%	5.0% Median State	2.3%
	% Children < 3 Whose Parent Lacks Parenting Support	23.5%	14.8% Median State	5.4%
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	75.4%	60.5% Median State	47.7%
	% Children < 3 Not Nurtured Daily	51.7%	41.5% Median State	27.6%
	% Children < 3 Whose Parent Reports Not Coping Very Well	45.0%	31.4% Median State	20.8%
Nurturing and Responsive Child Care in Safe Settings	% Providers Not Participating in QRIS [^]	97.6%	45.3% Median State	0.0%
	% Children Without Access to EHS	96.2%	90.9% Median State	69.0%
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	34.0%	15.0% Median State	6.0%
	% Children < 3 Not Up to Date on Immunizations	36.0%	26.7% Median State	14.2%
	Maltreatment Rate per 1,000 Children < 3	34.7	15.9 Median State	1.9

State Summaries

US-Level Data

Roadmap Overview

Policies

Strategies

FAQ

Select a State's Summary

UNITED STATES

Roadmap Summary
Demographic Characteristics
State-Level Outcomes

ROADMAP POLICIES AND STRATEGIES

Roadmap Policies and Strategies Overview

EFFECTIVE POLICIES

Expanded Income Eligibility for Health Insurance
Reduced Administrative Burden for SNAP
Paid Family Leave
State Minimum Wage
State Earned Income Tax Credit

EFFECTIVE STRATEGIES

Comprehensive Screening and Connection Programs
Child Care Subsidies
Group Prenatal Care
Evidence-Based Home Visiting Programs
Early Head Start
Early Intervention Services

LEARN MORE

2022 Prenatal-to-3 State Policy Roadmap

The Prenatal-to-3 State Policy Roadmap provides guidance to state leaders on the most effective investments states can make to ensure all children thrive from the start. Grounded in the science of the developing child and based on comprehensive reviews of the most rigorous evidence available, the Roadmap provides detailed information on five effective policies and six effective strategies that foster the nurturing environments infants and toddlers need, and that reduce longstanding disparities in access and outcomes among racial and ethnic groups and socioeconomic statuses.

The Prenatal-to-3 State Policy Roadmap is an annual guide for each state to:

- Assess the wellbeing of its infants and toddlers and prioritize state PN-3 policy goals;
- Identify the evidence-based policy solutions proven to impact PN-3 policy goals;
- Monitor states' adoption and implementation of the 11 effective Roadmap policies and strategies;
- Track the impact that policy changes have on improving the wellbeing of children and families and reducing disparities between racial and ethnic groups.

In this Roadmap, we provide a **summary** of the progress that states have made over the last year toward full and equitable implementation of the 11 effective policies and strategies. The Roadmap also includes **demographic characteristics** of infants and toddlers across the U.S., and for each state, as well as a set of 20 **outcome** measures that illustrate how the wellbeing of children and families varies across states.

Additional details, including extensive information on the impact that each solution has on the eight PN-3 policy goals, the choices that states can make to effectively implement them, the progress states have made in the past year toward implementation, and how states compare to each other in their generosity and reach of the policies and strategies is provided in a profile for each policy and strategy.

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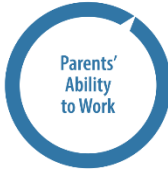
Effective state policies

Effective policies impact PN-3 goals and research supports clear state legislative or regulatory action. State progress toward implementing the five effective policies is measured based on the implementation of specific policy actions.



GOALS

To achieve a science-driven PN-3 goal:



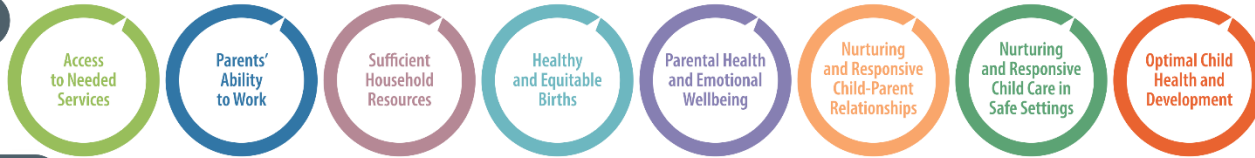
POLICIES

Adopt and fully implement the **effective policies** aligned with the goal

Expanded Income Eligibility for Health Insurance	●		●	●				●
Reduced Administrative Burden for SNAP	●		●					
Paid Family Leave	●	●	●		●	●		●
State Minimum Wage			●	●				●
State Earned Income Tax Credit		●	●	●				
OUTCOMES	Health Insurance Adequate Prenatal Care Access to SNAP Developmental Screenings	Parental Employment	Child Poverty Crowded Housing Food Insecurity	Preterm Births Infant Mortality	Maternal Mental Health Parenting Support	Daily Reading Daily Nurturing Behaviors Parenting Stress	Child Care Providers Participating in QRIS Access to EHS	Breastfeeding Immunizations Child Maltreatment
Measure progress toward achieving the PN-3 goal.								

GOALS

To achieve a science-driven PN-3 goal:



STRATEGIES

Make substantial progress relative to other states toward implementing the **effective strategies** aligned with the goal

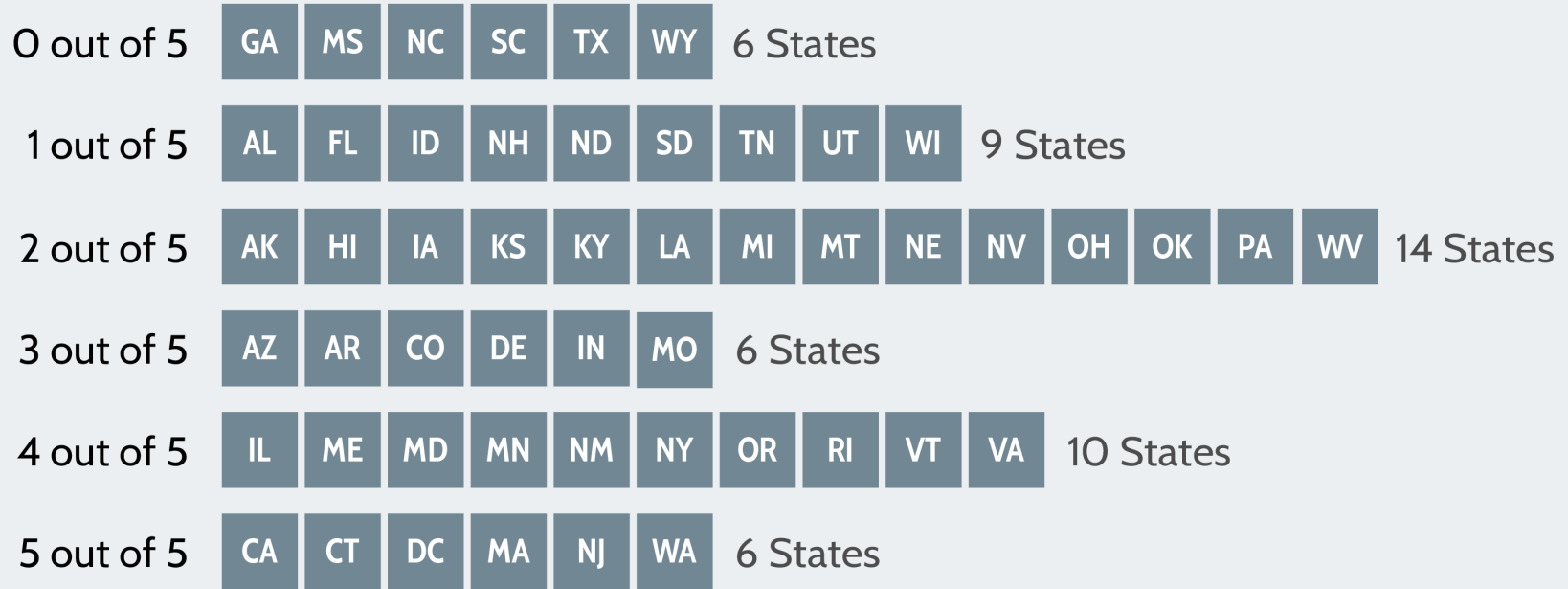
Comprehensive Screening and Connection Programs	●						●	●
Child Care Subsidies	●	●	●					
Group Prenatal Care	●				●			●
Evidence-Based Home Visiting Programs						●		
Early Head Start					●	●	●	●
Early Intervention Services					●			●

OUTCOMES

Measure progress toward achieving the PN-3 goal.

Health Insurance Adequate Prenatal Care Access to SNAP Developmental Screenings	Parental Employment	Child Poverty Crowded Housing Food Insecurity	Preterm Births Infant Mortality	Maternal Mental Health Parenting Support	Daily Reading Daily Nurturing Behaviors Parenting Stress	Child Care Providers Participating in QRIS Access to EHS	Breastfeeding Immunizations Child Maltreatment
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Adopted and Implemented Policy Count by State



THE PRENATAL-TO-3 SYSTEM OF CARE IN THE UNITED STATES

Effective Roadmap Policy Number of New States in 2022	Total number of states that have adopted and fully implemented each policy:	2022 Progress Summary
Expanded Income Eligibility for Health Insurance	39	No new states adopted and fully implemented Medicaid expansion this past year, but 11 of the 12 remaining non-expansion states introduced legislation to do so. Two states are still considering expansion. Negotiations within the North Carolina legislature are ongoing, and South Dakota will vote on a ballot measure to expand Medicaid in November 2022.
Reduced Administrative Burden for SNAP +2 MD KY	33	Two states, Kentucky and Maryland, increased their recertification intervals for SNAP from 6 to 12 months this past year. Two other states that have already implemented policies to reduce administrative burden, Minnesota and New Jersey, introduced legislation to make access to SNAP easier for more groups, but the legislation did not pass in either state.
Paid Family Leave Program of at Least 6 Weeks +1 CT	7	Connecticut fully implemented its paid family leave program of 12 weeks in January 2022, joining six other states that currently provide at least 6 weeks of paid leave to families. Two states, Delaware and Maryland, enacted 12-week paid family leave programs that will be fully implemented in 2026 and 2025, respectively. Oregon and Rhode Island will fully implement their paid family leave programs in 2023.
State Minimum Wage of \$10.00 or Greater +3 DE NV VA	25	This past year, three states - Delaware, Nevada, and Virginia - increased their minimum wages to more than \$10.00, due to previously scheduled increases. Michigan, Ohio, and South Dakota are scheduled to increase their minimum wages to greater than \$10.00 in January 2023.
Refundable State Earned Income Tax Credit of at Least 10% the Federal Credit +3 IN VA WA	21	This past year, Virginia adopted and fully implemented a refundable EITC of at least 10% of the federal credit effective tax year 2022. Indiana and Washington also began offering a refundable EITC of at least 10% of the federal credit this year, due to previously enacted legislation. Hawaii enacted legislation to offer a 20% refundable credit beginning in tax year 2023.

THE PRENATAL-TO-3 SYSTEM OF CARE IN THE UNITED STATES

Comprehensive Screening
and Connection Programs



CA

CO

CT

NJ

OR

Child Care Subsidies



CA

LA

MI

NM

OR

Group Prenatal Care



CA

MD

MT

OH

SC

Evidence-Based Home
Visiting Programs



IL

IA

KS

ME

NY

Early Head Start



DC

ME

MA

NE

OR

Early Intervention Services



CT

IL

MA

NM

RI



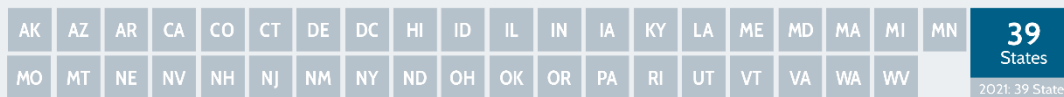
For additional
information on the
choices states can make
to be a leader in an
effective strategy, visit
the [policy and strategy](#)
profiles.

Changes in Policy Adoption and Implementation in the Last Year

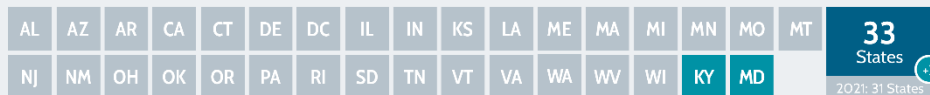
Eight States Have Newly Implemented At Least One Effective Policy

(Virginia implemented two!)

Expanded Income Eligibility for Health Insurance



Reduced Administrative Burden for SNAP



Paid Family Leave of at Least 6 Weeks



State Minimum Wage of \$10.00 or Greater

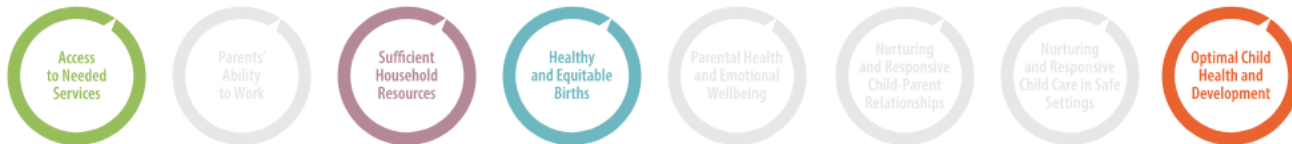


Refundable State Earned Income Tax Credit of at Least 10%



State has newly adopted and fully implemented the policy since October 1, 2021

Expanded income eligibility for health insurance is an effective state policy to impact:

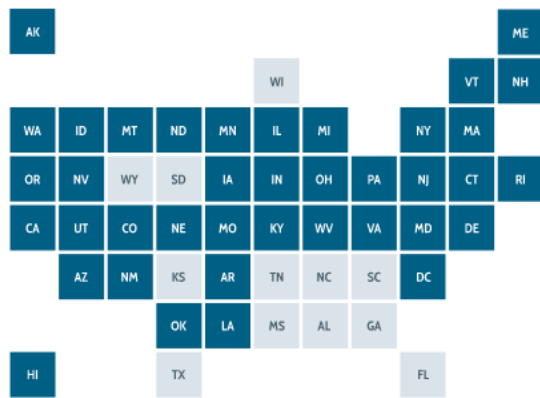


UNITED STATES

POLICY: Medicaid Expansion

39

states have adopted and fully implemented the Medicaid expansion under the Affordable Care Act that includes coverage for most adults with incomes up to 138% of the federal poverty level.



2021: 39 states

Yes No

2022 Progress Summary

No new states adopted and fully implemented Medicaid expansion this past year, but 11 of the 12 remaining non-expansion states introduced legislation to do so.

Two states are still considering expansion. Negotiations within the North Carolina legislature are ongoing, and South Dakota will vote on a ballot measure to expand Medicaid in November 2022.

POLICY

Medicaid Expansion

How Does Medicaid Expansion Impact PN-3 Outcomes?



- An 8.6 percentage point increase in preconception Medicaid coverage (B)
- An increase of 0.9 months of Medicaid coverage postpartum (I)
- An increase in receiving adequate prenatal care by 3.6 percentage points for Hispanic women and 2.6 percentage points for non-Hispanic women (EE)



- A 4.7 percentage point decrease in the likelihood of experiencing a catastrophic financial burden (KK)
- A decrease in financial difficulty and care avoidance because of cost (C, K, & II)
- A reduction in the poverty rate (Supplemental Poverty Measure) of up to 1.4 percentage points, corresponding to lifting more than 690,000 people out of poverty (CC)



- 0.53 fewer infant deaths per 1,000 live births among Hispanic infants (V)
- 16.3 fewer Black maternal deaths per 100,000 live births (7.0 per 100,000 live births in the overall population) (J)



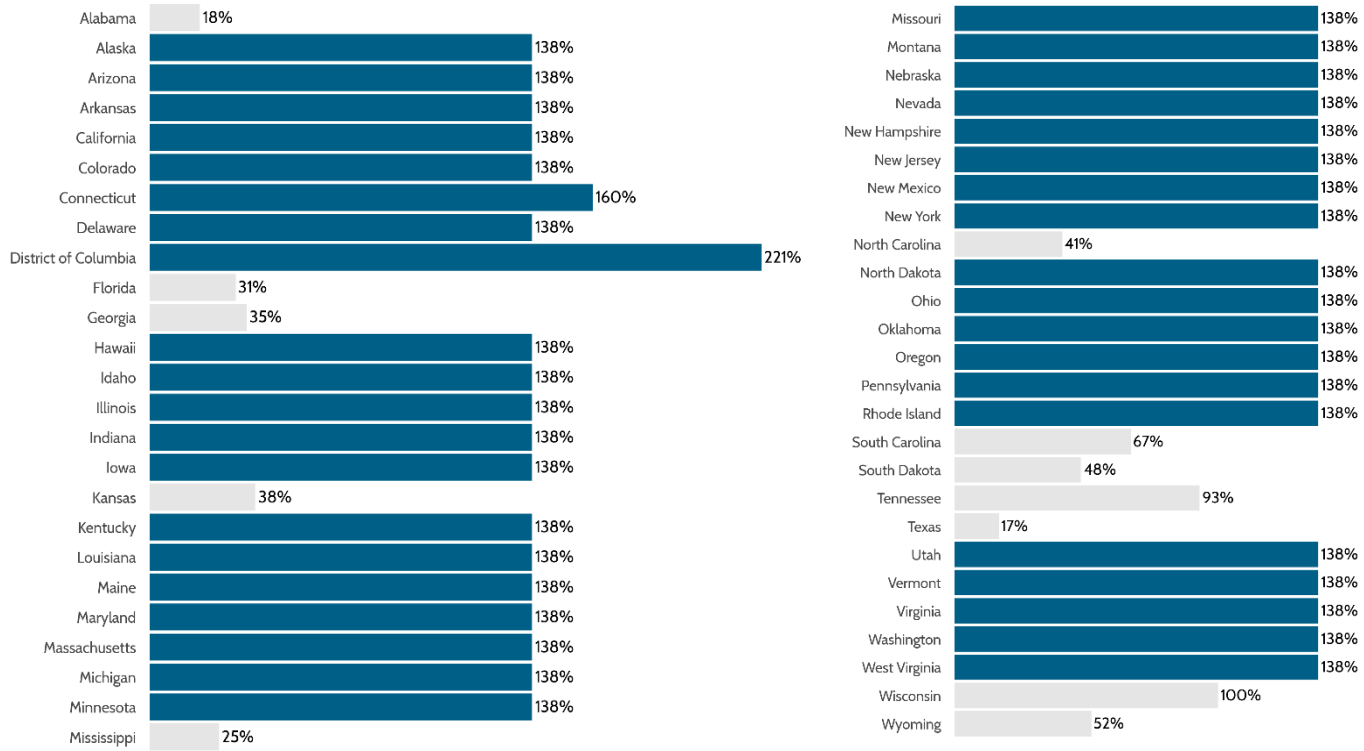
- 422 fewer cases of neglect per 100,000 children under age 6 (U)
- 17.3% reduction in first-time neglect reports for children under age 5 (NN)

Variation Across States in Parents' Medicaid Income Eligibility Limits as a Percentage of the Federal Poverty Level



UNITED STATES

POLICY:
Medicaid
Expansion



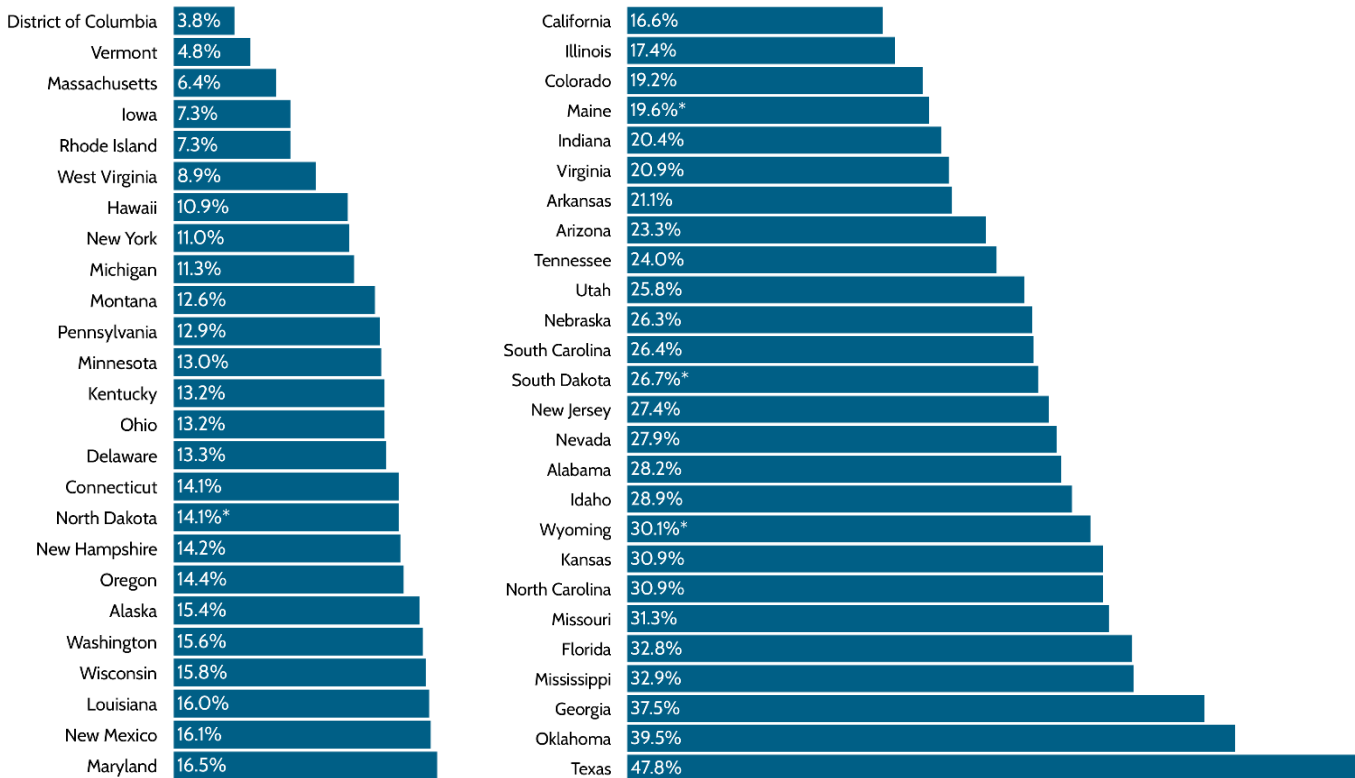
As of January 1, 2021. Kaiser Family Foundation and Medicaid state plan amendments (SPAs). Blue bar indicates that the state has expanded Medicaid.

% Low-Income Women of Childbearing Age Without Health Insurance



UNITED STATES

POLICY:
Medicaid
Expansion



Low income = <= 138% Federal Poverty Level
2019 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS).

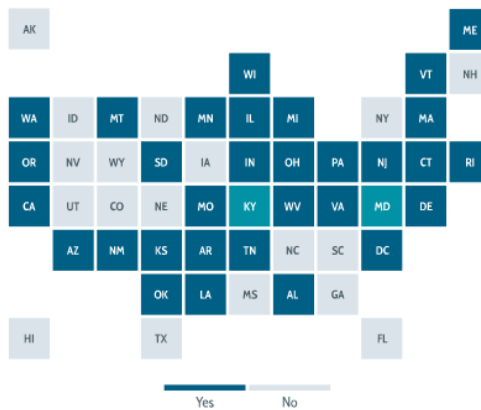
Reduced administrative burden for SNAP is an effective state policy to impact:




UNITED STATES

POLICY:
Reduced Administrative Burden for SNAP

33 states have implemented a combination of policies to reduce the administrative burden for SNAP.



2021: 31 states

 State has newly adopted and implemented the policy since October 1, 2021

2022 Progress Summary

Two states, Kentucky and Maryland, increased their recertification intervals for SNAP from 6 to 12 months this past year.

Two other states that have already implemented policies to reduce administrative burden, Minnesota and New Jersey, introduced legislation to make access to SNAP easier for more groups, but the legislation did not pass in either state.

POLICY

Reduced Administrative Burden for SNAP

How Does Reduced Administrative Burden for SNAP Impact PN-3 Outcomes?



- Recertification intervals longer than 12 months led to an 11.4 percentage point increase in SNAP participation among households with children (E)
- The elimination of policies that added transaction costs and stigma to SNAP participation explained 14.2% of the SNAP caseload increase from 2000 to 2016 (A)
- Policies lengthening recertification intervals to longer than 3 months were associated with a 5.8% increase in SNAP participation from 2000 to 2009 (K)



- Participation in SNAP reduced household food insecurity by up to 36% in households with children (2)

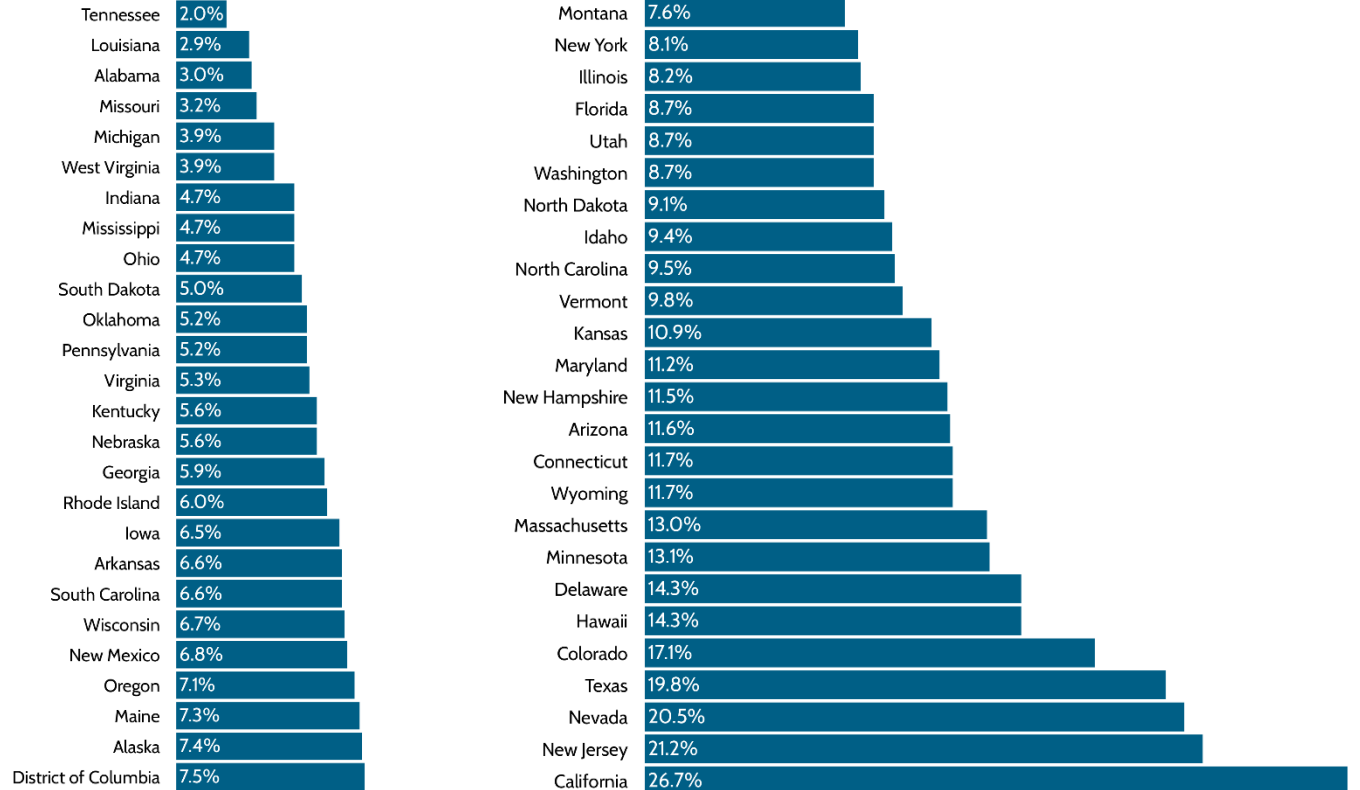
POLICY

**Reduced
Administrative
Burden for SNAP**



UNITED STATES

% Eligible Families With Children Under Age 18 Not Receiving SNAP



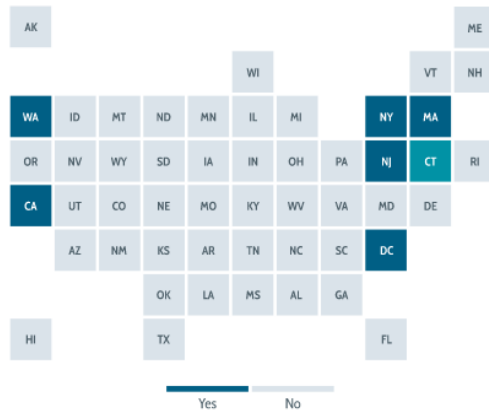
A paid family leave program of a minimum of 6 weeks is an effective state policy to impact:



UNITED STATES

POLICY:
Paid Family Leave

7 states have adopted and fully implemented a paid family leave program of a minimum of 6 weeks following the birth, adoption, or the placement of a child into foster care.



2021: 6 states

 State has newly adopted and implemented the policy since October 1, 2021

2022 Progress Summary

Connecticut fully implemented its paid family leave program of 12 weeks in January 2022, joining six other states that currently provide at least 6 weeks of paid leave to families.

Two states, Delaware and Maryland, enacted 12-week paid family leave programs that will be fully implemented in 2026 and 2025, respectively.

Oregon and Rhode Island will fully implement their paid family leave programs in 2023.

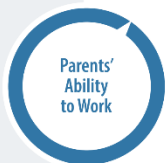
POLICY

Paid Family Leave

How Does Paid Family Leave Impact PN-3 Outcomes?



- An increase in family leave-taking in the first year after birth of 5 weeks for mothers and up to 3 days for fathers (B)
- An increase in family leave-taking of 14.4 percentage points among Black mothers and 6.4 percentage points among Hispanic mothers (no significant increase was found among White mothers) (N)
- An increase in the receipt of postpartum care of 1.5 percentage points for White women and 3.4 percentage points for women of other racial groups (Z)



- Up to an 8 percentage point increase in maternal labor force participation in the months surrounding birth (D)
- An increase in time worked by mothers of 7.1 weeks in the second year of a child's life (B)
- A 13% increase in the likelihood of mothers returning to their prebirth employer in the year following birth (B)
- An 18.3 percentage point increase in the probability of mothers working 1 year following birth (B)



- An average increase of \$3,400 in household income among mothers of 1-year-olds (M)
- A 2 percentage point reduction in the poverty rate, with the greatest effects among single mothers with low levels of education and income (M)

POLICY

Paid Family Leave

How Does Paid Family Leave Impact PN-3 Outcomes?



- A 5.3 percentage point increase in the number of parents who reported coping well with the day-to-day demands of parenting (C)
- A 12 percentage point decrease in parental consumption of any alcohol (P)



- An increase in mothers' time spent with children, including reading to their children 2.1 more times per week, having breakfast with children 0.7 more times per week, and going on outings with children 1.8 more times per month (A)



- A 1.3 percentage point increase in exclusive breastfeeding at age 6 months (G)
- A 7.5 percentage point increase in the likelihood of breastfeeding initiation among Black mothers (K)
- Up to a 7 percentage point decrease in the likelihood of infants receiving late vaccinations among families with low incomes (E)
- A decrease in hospital admissions for pediatric abusive head trauma of 2.8 admissions per 100,000 children under age 2 and 5.1 admissions per 100,000 children under age 1 (I)

POLICY

Paid Family Leave

Variation Across States in Paid Family Leave

Benefits, Funding Mechanisms, and Eligibility

Adopted a Statewide Paid Family Leave Program



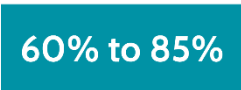
Fully Implemented a Paid Family Leave Program of at least 6 Weeks



Number of Weeks of Benefit



Benefit as a Percentage of Worker's Average Weekly Wages



Maximum Dollar Value of Weekly Benefit



Funding Mechanism (Who Covers the Cost)



Eligibility



Source: As of October 1, 2022. State paid family leave laws and A Better Balance.

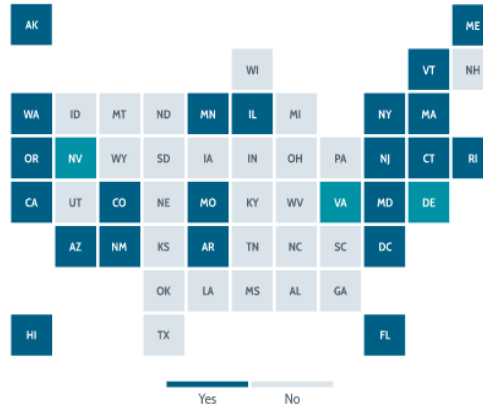
A state minimum wage of \$10.00 or greater is an effective state policy to impact:




UNITED STATES

POLICY: State Minimum Wage

25 states have adopted and fully implemented a minimum wage of \$10.00 or greater.



2021: 22 states

 State has newly adopted and implemented the policy since October 1, 2021

2022 Progress Summary

This past year, three states - Delaware, Nevada, and Virginia - increased their minimum wages to more than \$10.00, due to previously scheduled increases.

Michigan, Ohio, and South Dakota are scheduled to increase their minimum wages to greater than \$10.00 in January 2023.

POLICY

State Minimum Wage

How Does a Higher State Minimum Wage Impact PN-3 Outcomes?



- For mothers with no college degree with children under age 6, a 10% increase in the minimum wage reduced poverty by 9.7% (J)
- A 10% increase in the minimum wage led to a 3.5% increase in earnings for families with low incomes and produced a 4.9% reduction in poverty for children under age 18 (B)



- A \$1.00 minimum wage increase above the federal level led to an approximately 2% decrease in low birthweight and 4% decrease in postneonatal mortality (E)
- For pregnant women, setting the tipped minimum wage at the full federal minimum wage level led to overall healthier birthweights for gestational age (O)



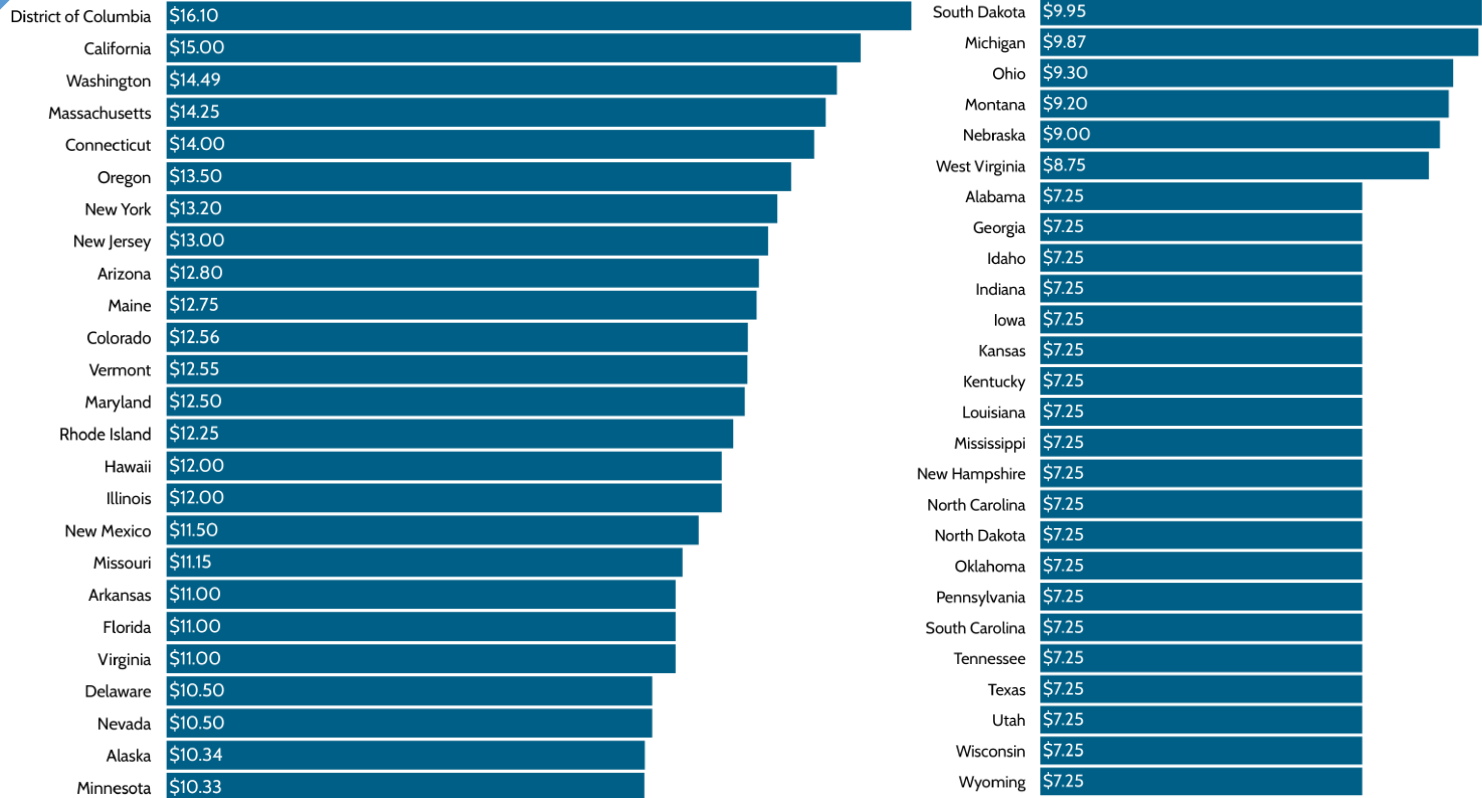
- A \$1.00 increase in the minimum wage reduced child neglect reports by 9.6% overall and 10.8% for children ages 0 to 5 (G)
- Children affected by a \$1.00 increase in the minimum wage from birth through age 5 saw an 8.7% higher likelihood of excellent or very good health and missed 15.6% fewer school days due to illness or injury from ages 6 through 12 (I)

POLICY

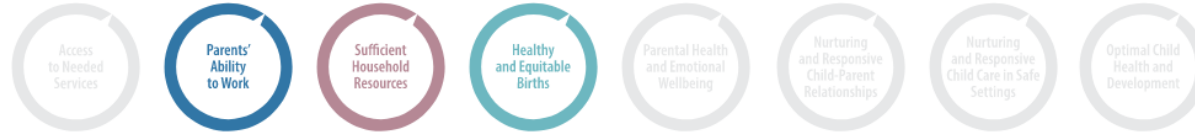
State Minimum Wage



Current State Hourly Minimum Wages (Nominal)



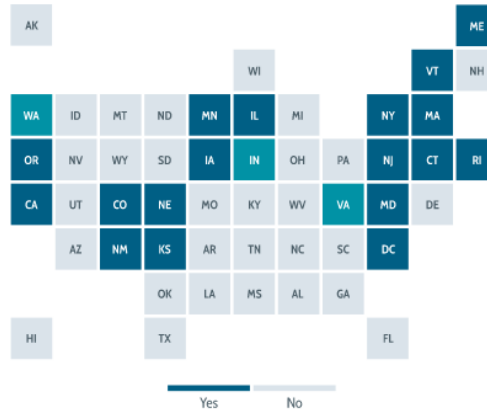
A refundable state EITC of at least 10% of the federal EITC is an effective state policy to impact:



UNITED STATES

POLICY:
State
Earned
Income Tax
Credit

21 states have adopted and fully implemented a refundable EITC of at least 10% of the federal EITC for all eligible families with any children under age 3.



2021: 18 states

State has newly adopted and implemented the policy since October 1, 2021

2022 Progress Summary

This past year, Virginia adopted and fully implemented a refundable EITC of at least 10% of the federal credit effective tax year 2022.

Indiana and Washington also began offering a refundable EITC of at least 10% of the federal credit this year, due to previously enacted legislation.

Hawaii enacted legislation to offer a 20% refundable credit beginning in tax year 2023.

POLICY

State Earned Income Tax Credit

How Does a Higher State EITC Impact PN-3 Outcomes?

Parents' Ability to Work

- With each additional \$1,000 in average EITC benefits (federal plus state), unmarried mothers with children under age 3 were 9 percentage points more likely to work (C)
- A state EITC set at 10% of the federal credit increased employment among single mothers by 2.1 percentage points compared to single women with no children (GG)
- Living in a state with an EITC increased the likelihood of mothers' employment (for at least one week per year) by 19% (B)

Sufficient Household Resources

- State EITCs increased mothers' annual wages by 32% (B)
- A \$1,000 increase in average federal and state EITC benefits led to an increase of \$2,400 in the pre-tax earnings of households with infants and toddlers, and poverty was reduced by 5 percentage points (C)
- A rigorous simulation found that if all states adopted the policy of the most generous EITC state, then child poverty would be reduced by 1.2 percentage points (KK)

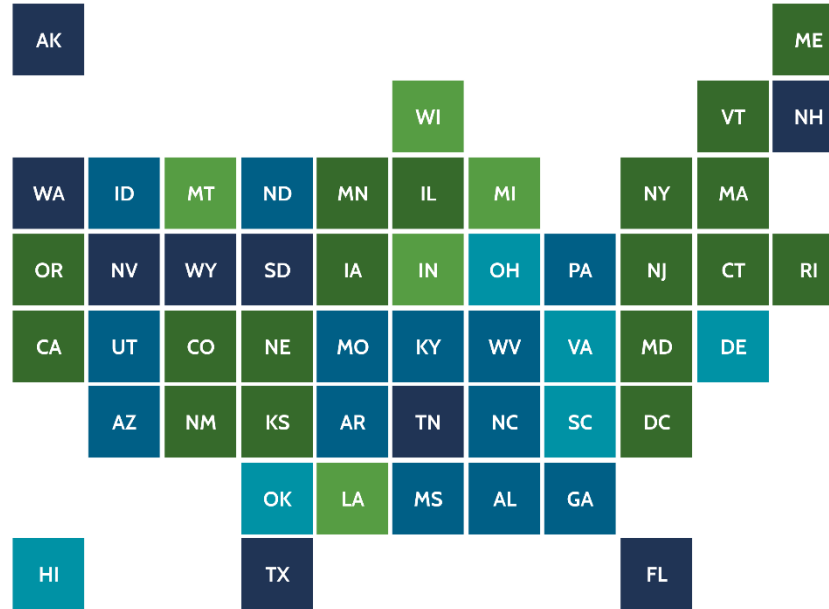
Healthy and Equitable Births

- The state EITC led to increases in birthweight of between 16 and 104 grams, depending on the credit's generosity level (B, CC)
- In states with refundable EITCs of at least 10% of the federal credit, Black mothers with a high school education or less saw greater reductions in low birthweight rates for their infants (1.4 percentage points) compared to White mothers with a high school education or less (0.7 percentage points) (II)



UNITED STATES

Federal EITC by EITC Status



POLICY:
State
Earned
Income Tax
Credit

COMPREHENSIVE SCREENING AND CONNECTION PROGRAMS

Comprehensive screening and connection programs are an effective state strategy to impact:



COMPREHENSIVE SCREENING AND CONNECTION PROGRAMS

use screening tools to identify the needs of children and families and connect them to targeted programs and services.

State leaders in this strategy have a high percentage of families who access the programs, enact legislation to reach families across the state, and invest deeply in evidence-based programs.

State leaders:



STRATEGY

Comprehensive Screening and Connection Programs

How Do Comprehensive Screening and Connection Programs Impact PN-3 Outcomes?



- DULCE families received an average of 0.5 more community resources at the 6 and 12 month follow up (J)
- Family Connects families accessed between 0.7 (D) and 0.9 (B) more community resources
- HealthySteps families had 3.5 times higher odds of being informed about community resources (F)
- DULCE families had an 11 percentage point increase in the likelihood of attending at least 5 routine health care visits by 12 months (J) and HealthySteps families had 1.7 times greater odds of attending the 12 month well-child visit (F)



- Among those parents in Family Connects using nonparental care, out-of-home care quality was rated higher (0.66 points on a 5 point scale) compared to control families (B)



- By child age 12 months, Family Connects families reduced emergency department visits by 50% (B)
- DULCE families were 15 percentage points more likely to have received immunizations on time at child age 6 months (J)
- HealthySteps families were 3 percentage points less likely to put their infants in the wrong sleep position (E)

STRATEGY

Comprehensive
Screening and
Connection
Programs

Number of Sites and Percent of Children/Families Served through the Family Connects Program

State	Number of Program Sites	% of Children/Families Served
Arkansas	1	0.5%
California	1	0.1%
Illinois	3	1.9%
Iowa	1	2.3%
Maryland	2	0.8%
Minnesota	1	1.1%
North Carolina	6	3.5%
Oklahoma	1	1.9%
Oregon	4	0.7%
Texas	6	0.8%
Washington	1	0.2%
Wisconsin	1	0.4%

Sources: HealthySteps: As of 2021. HealthySteps, ZERO TO THREE; Family Connects: As of 2021. Family Connects International, Duke University's Center for Child and Family Policy; DULCE: As of 2021. DULCE, Center for the Study of Social Policy.

GROUP PRENATAL CARE

Group prenatal care is an effective state strategy to impact:



GROUP PRENATAL CARE

provides education, support, and obstetric care to pregnant people with similar gestational age in a group format.

State leaders in this strategy provide financial support for group prenatal care, provide enhanced reimbursement rates for group prenatal care through Medicaid, and/or serve pregnant people in a high number of group prenatal care sites across the state.

State leaders:



STRATEGY

Group Prenatal Care

How Does Group Prenatal Care Impact PN-3 Outcomes?



- A 6.4 percentage point decrease in the likelihood of receiving inadequate prenatal care compared to individual prenatal care participants(C)
- Approximately 2 more prenatal visits among participating Black women with high-risk pregnancies compared to women in individual care (H)



- Cases of probable depression decreased by 31% for women in group prenatal care compared to 15% for women in individual prenatal care from the second trimester to 1 year postpartum (A)
- High-stress women in group prenatal care were more likely than women in individual prenatal care to experience a decrease in depressive symptoms postpartum (D)



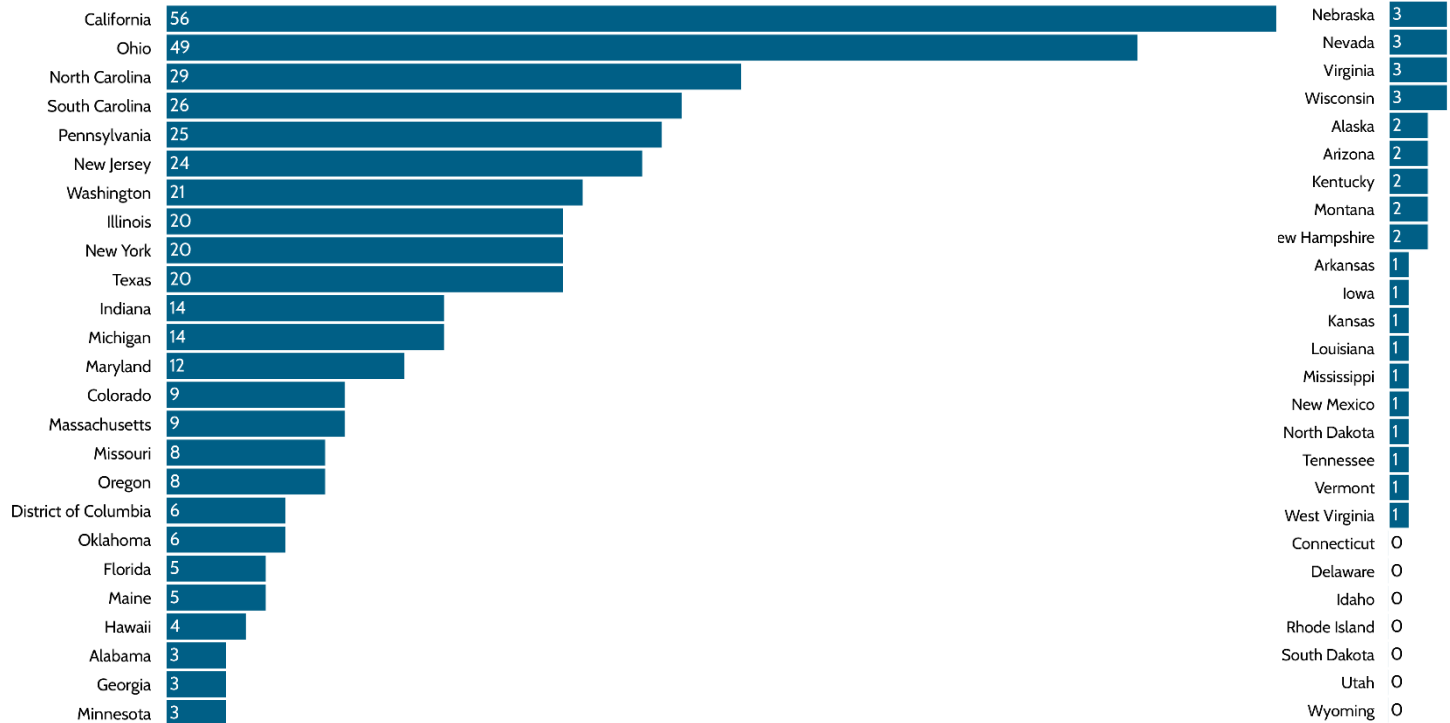
- The rate of breastfeeding initiation increased by approximately 12 percentage points for women in group prenatal care compared to women in individual prenatal care (C)

STRATEGY

Group Prenatal Care



Number of Centering Pregnancy Sites Across States



Source: As of 2021. Centering Healthcare Institute Inc

EVIDENCE-BASED HOME VISITING

Evidence-based home visiting programs are an effective state strategy to impact:



EVIDENCE-BASED HOME VISITING PROGRAMS

provide support and education to parents in the home through a trained professional or paraprofessional.

State leaders in this strategy serve a substantial percentage of low-income families with young children and/or use state dollars or Medicaid to support home visiting services.

State leaders:



STRATEGY

Evidence-Based Home Visiting

How Does Evidence- Based Home Visiting Impact Parenting Outcomes?



- Home visiting led to small but significant effects for improving parenting behaviors (overall effect sizes on parenting outcomes from meta-analyses range from 0.09 to 0.37) (A, C, D, E)
- Significant effects emerge within the context of many more null findings (B, E)

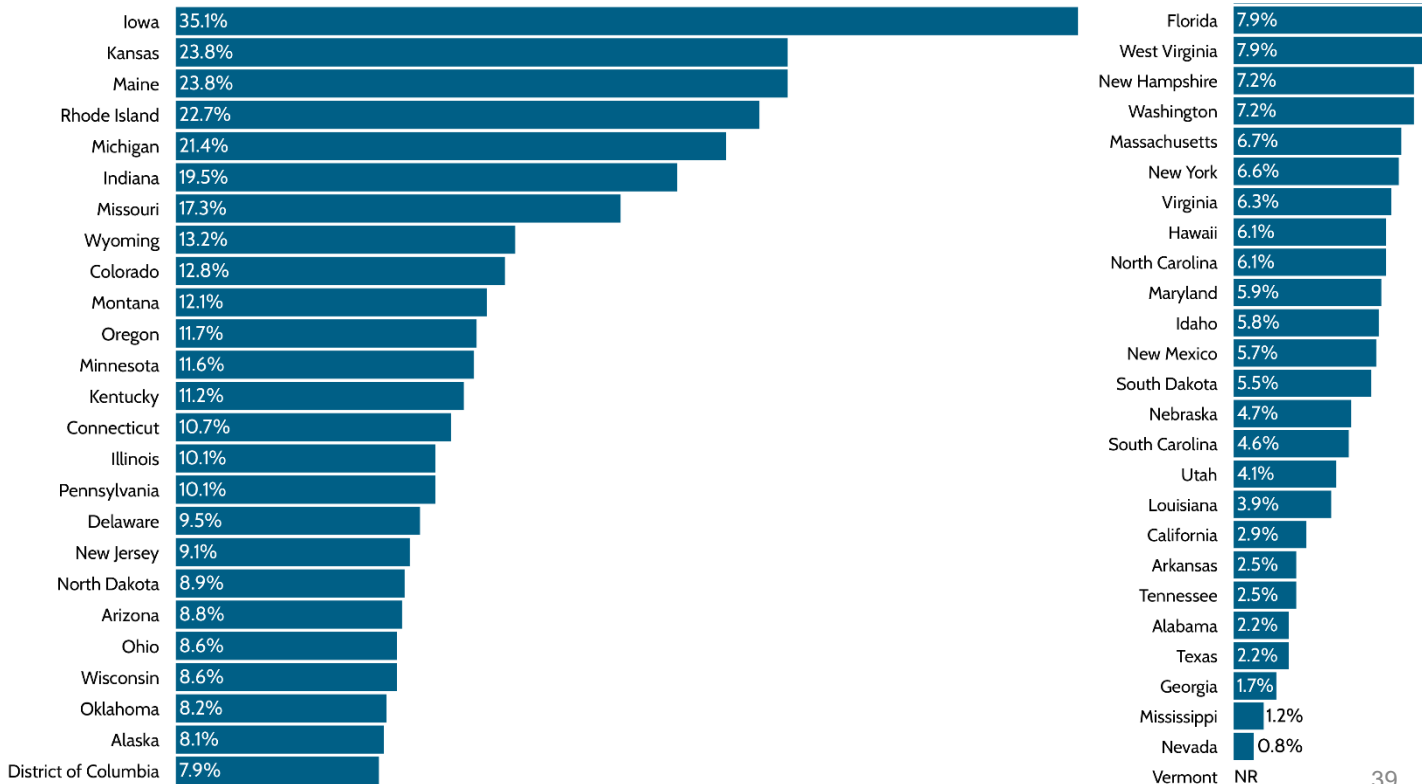
STRATEGY

Evidence-Based Home Visiting



Sources: 2020 National Home Visiting Resource Center Yearbook and 2018 & 2019 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS).

Estimated % of Eligible Children Under Age 3 Served in Evidence-Based Home Visiting Programs



EARLY HEAD START

Early Head Start is an effective state strategy to support:



EARLY HEAD START

serves low-income pregnant women, infants, toddlers, and their families through comprehensive child development and family services delivered in a variety of formats.

State leaders in this strategy have a state-specific program, provide state financial support for EHS, and/or serve a substantial percentage of low-income children.

State leaders:

DC

ME

MA

NE

OR

STRATEGY

Early Head Start

How Does Early Head Start Impact PN-3 Outcomes?



Parental Health and Emotional Wellbeing

- Parents participating in EHS reported lower parenting distress as compared to the control group at child age 2 (I, S: effect size -0.11)



Nurturing and Responsive Child-Parent Relationships

- EHS participation led to more supportive home environments for language and literacy (I, S: effect size 0.12), particularly for Black families (N: effect size 0.19) and families with moderate-level risk factors (N: effect size 0.18)
- Fewer parents participating in EHS reported spanking their child at age 3 (J, S: effect size -0.13)
- Black parents participating in EHS were more involved in school at grade 5 (T: effect size 0.37)



Nurturing and Responsive Child Care in Safe Settings

- At age 2, the share of children participating in good-quality center-based care was 3 times greater among children participating in EHS as compared to the control group (K)
- In center-based care, caregiver-child interactions were better among EHS participants than among nonparticipants (K)



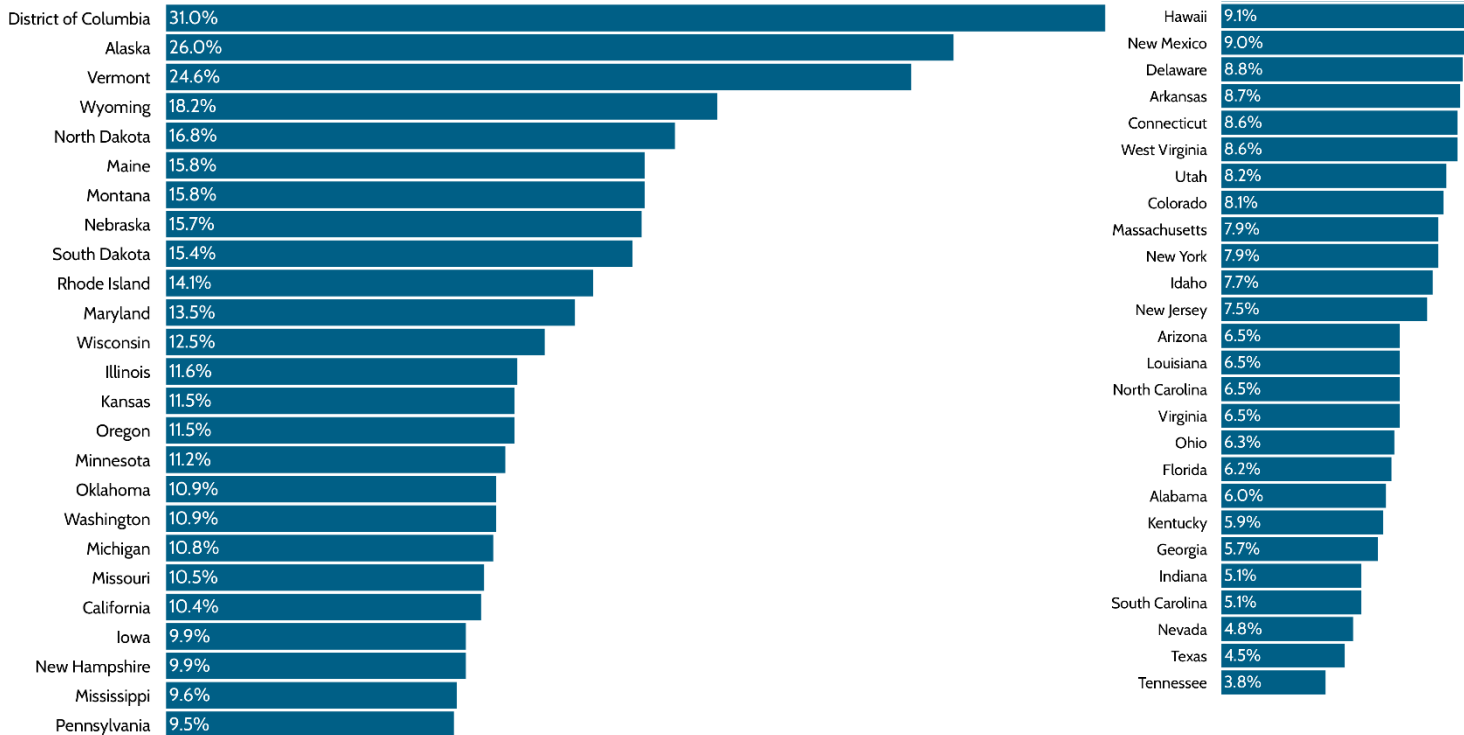
Optimal Child Health and Development

- Children in EHS were more engaged with their parent during play at age 3 (J, S: effect size 0.18)
- Children in EHS had higher developmental functioning assessment scores at age 2 (I, S: effect size 0.14), particularly Black children in EHS (N: effect size 0.23)
- Children in EHS had higher vocabulary skills at ages 2 and 3 (I, J and S: effect sizes 0.11)

STRATEGY

Early Head Start

Estimated % of Income-Eligible Children With Access to Early Head Start



Sources: 2019 Early Head Start (EHS) Program Information Report (PIR) and 2018 & 2019 American Community Survey (ACS) Public-Use Microdata Sample (PUMS).

EARLY INTERVENTION SERVICES

Early Intervention services are an effective state strategy to impact:



EARLY INTERVENTION SERVICES

are child- and family-centered services and therapies to support the healthy development of infants and toddlers with disabilities, developmental delays, or who are at risk for delays.

State leaders in this strategy serve a substantial percentage of children under age 3, increase eligibility for children, and/or maximize the use of Medicaid to pay for EI services.

State leaders:

CT

IL

MA

NM

RI

STRATEGY

Early Intervention Services

How Do Early Intervention Services Start Impact PN-3 Outcomes?



- Mothers of low birthweight, premature infants who received EI services scored significantly higher on scales of maternal self-confidence (B, D) and maternal role satisfaction than control groups (D)



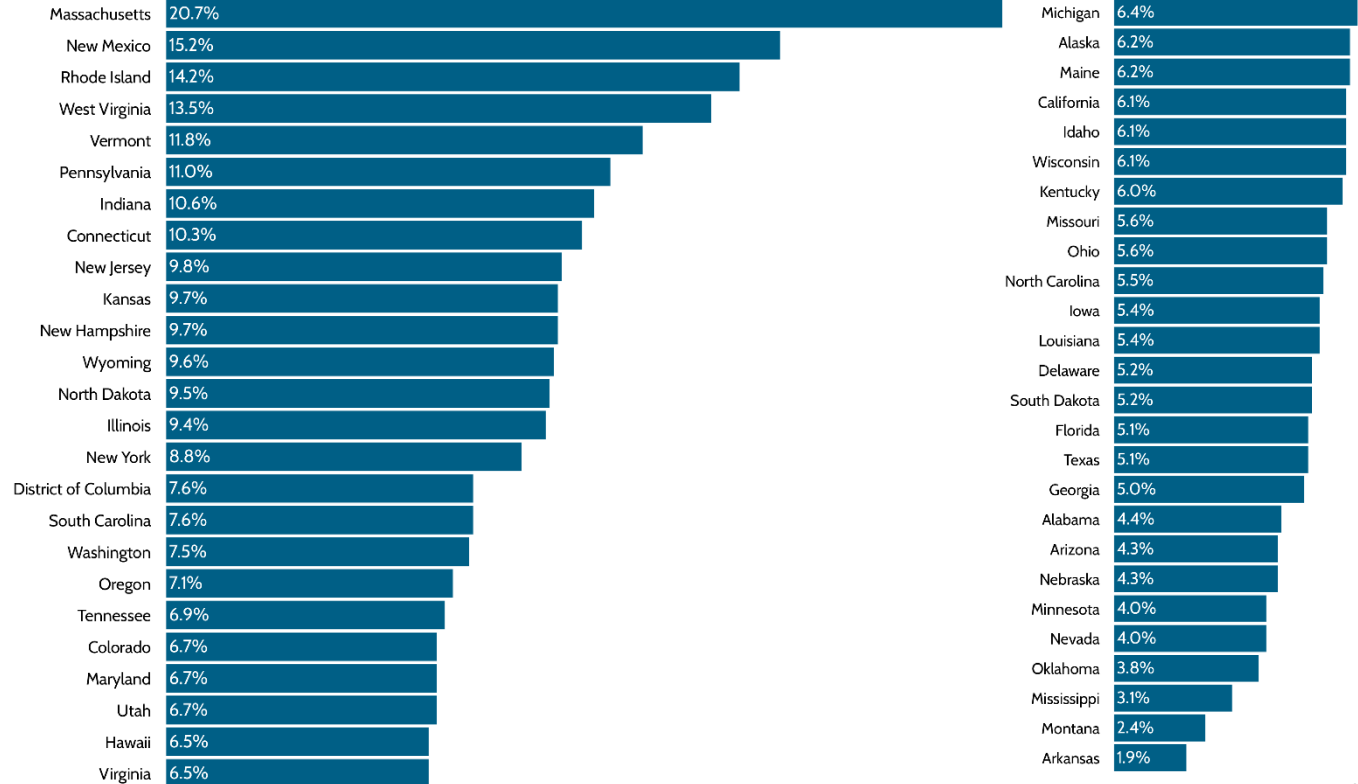
- A meta-analysis of 31 studies found that EI services had an average effect size of 0.62 on children's cognitive skills and 0.43 on motor skills (F)
- Low birthweight, premature infants who were assigned to EI services saw better cognitive (C, D) and behavioral outcomes (C) at age 3 than infants in control groups
- EI services improved toddlers' receptive language skills relative to a control group (0.35 effect size) (E)

STRATEGY

Early Intervention Services



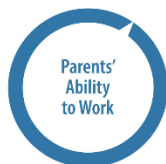
Cumulative % Children Under Age 3 Receiving EI Services



Sources: 2019 Early Head Start (EHS) Program Information Report (PIR) and 2018 & 2019 American Community Survey (ACS) Public-Use Microdata Sample (PUMS).

CHILD CARE SUBSIDIES

Child care subsidies are an effective state strategy to impact:



CHILD CARE SUBSIDIES

provide financial assistance to help make child care more affordable for low-income families with parents who are working or enrolled in education or training programs.

State leaders in this strategy provide high reimbursement rates that meet the providers' true cost of care, require low family copays, have a low family share of the total cost of child care, and/or expand income eligibility thresholds.

State leaders:



STRATEGY

Child Care Subsidies

How Do Child Care Subsidies Start Impact PN-3 Outcomes?



- Higher state subsidy spending per child (of \$1,000) led to 86% higher odds of enrollment in a single center-based care arrangement, rather than multiple care arrangements (B)



- A 10% increase in Child Care Development Fund subsidy expenditures led to a 0.7% increase in mothers' employment rate (A)
- \$1,000 higher annual state subsidy spending per child led to a 3.5 percentage point increase in the likelihood of maternal employment (D)



- Subsidy receipt led to an increase in monthly earnings by 250% (E)

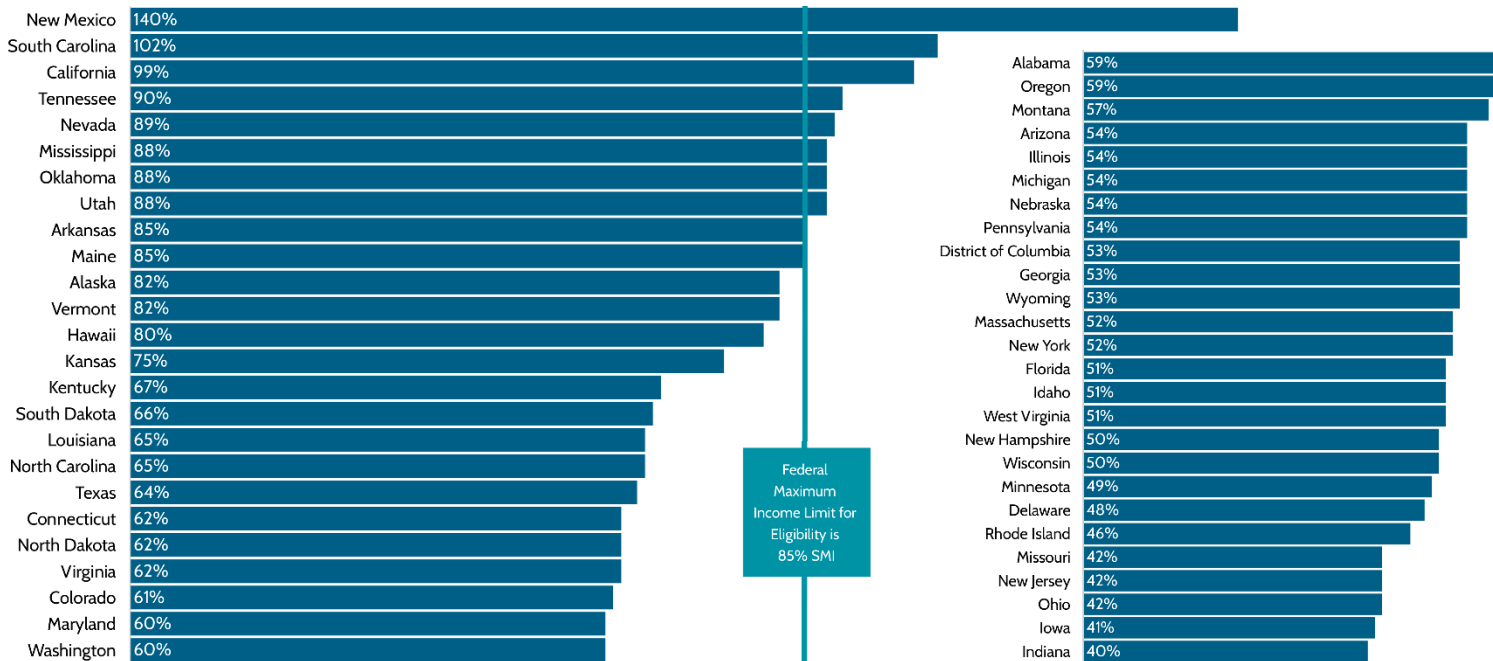
STRATEGY

Child Care Subsidies



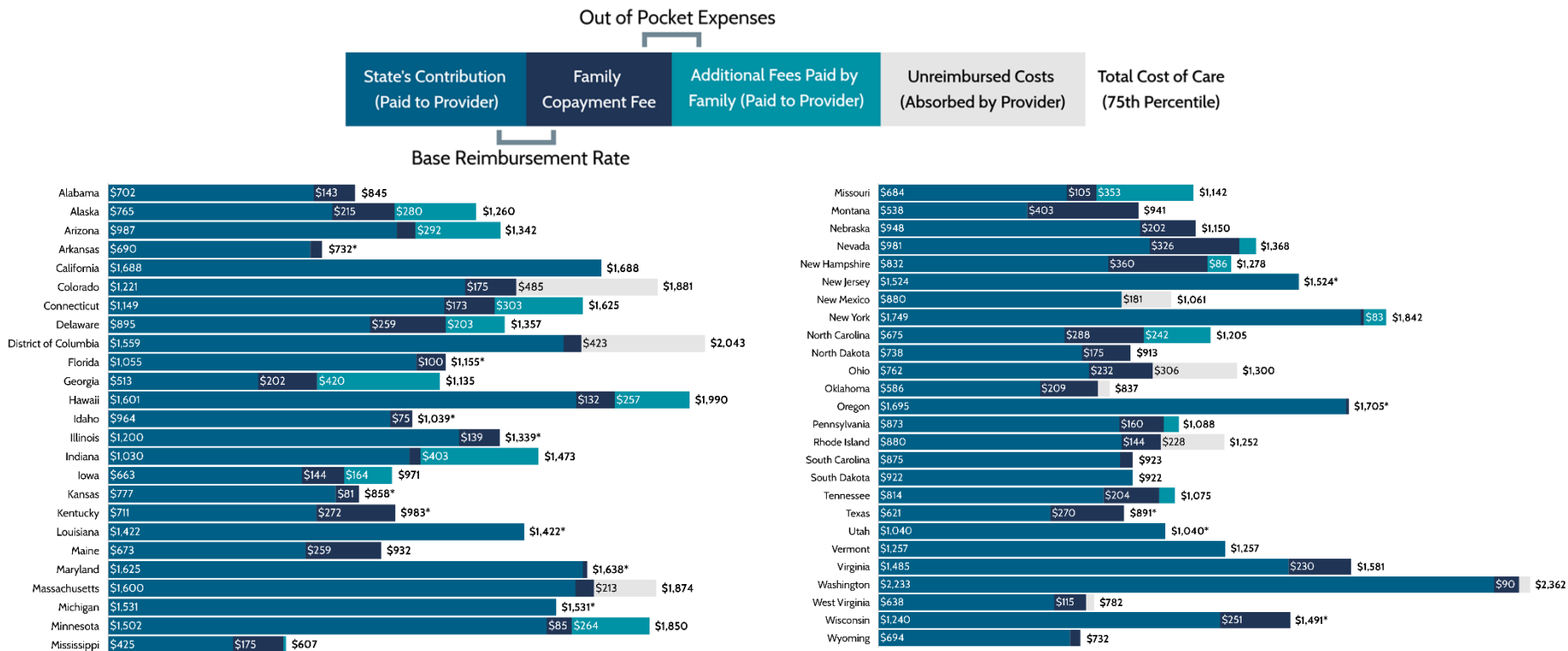
Variation Across States in Household Income Eligibility for Child Care Subsidies as a Percentage of State Median Income

Federal Maximum Income Limit for Eligibility is 85% SMI



Source: As of 2021-2022. National Women's Law Center.

Variation Across States in the Distribution of the Total Cost of Child Care



Sources: As of September 6, 2022. Personal communication with state CCDF administrators and other staff overseeing the state's child care subsidy programs, state agency websites, state CCDF plans, and state market rate surveys. When additional fee data could not be verified, data were pulled from the National Women's Law Center (as of February 2019).



How do the effective policies interact to determine the level of household resources families have available to provide for their children?

- Assumptions for the simulation
 - Single mother family, with an infant and toddler
 - She works full time, full year at the state's minimum wage
 - She leaves her children in center-based child care, that charges the 75th percentile of the market rate

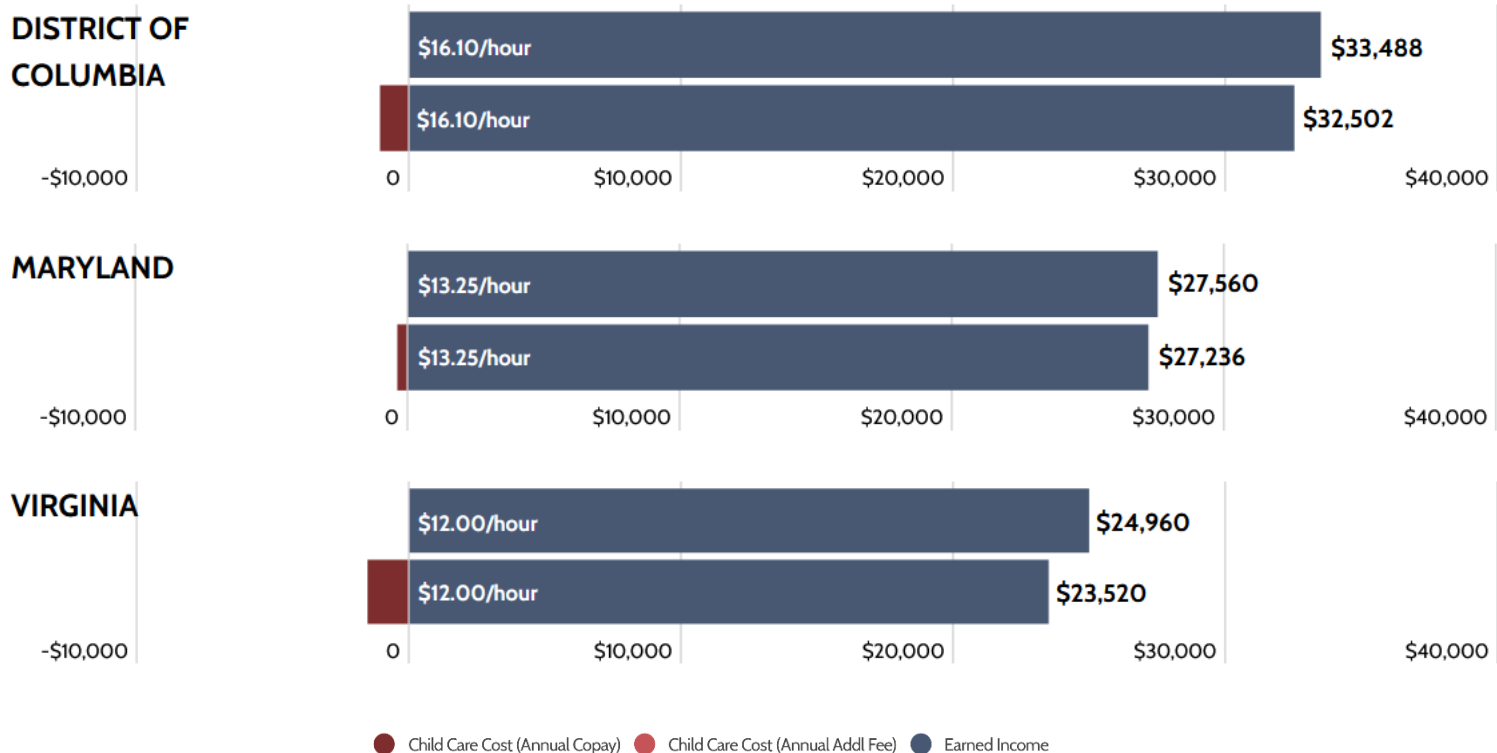
Total Resources Based on State Policy Choices

Minimum Wage Earnings



Total Resources Based on State Policy Choices

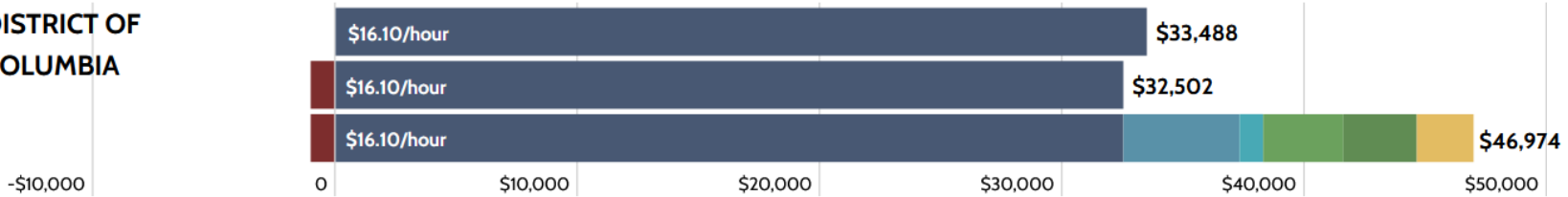
Minimum Wage Earnings (Less Out of Pocket Child Care Expenses)



Total Resources Based on State Policy Choices

Minimum Wage Earnings (Less Out of Pocket Child Care Expenses) Plus Federal and State Benefits

DISTRICT OF COLUMBIA



MARYLAND

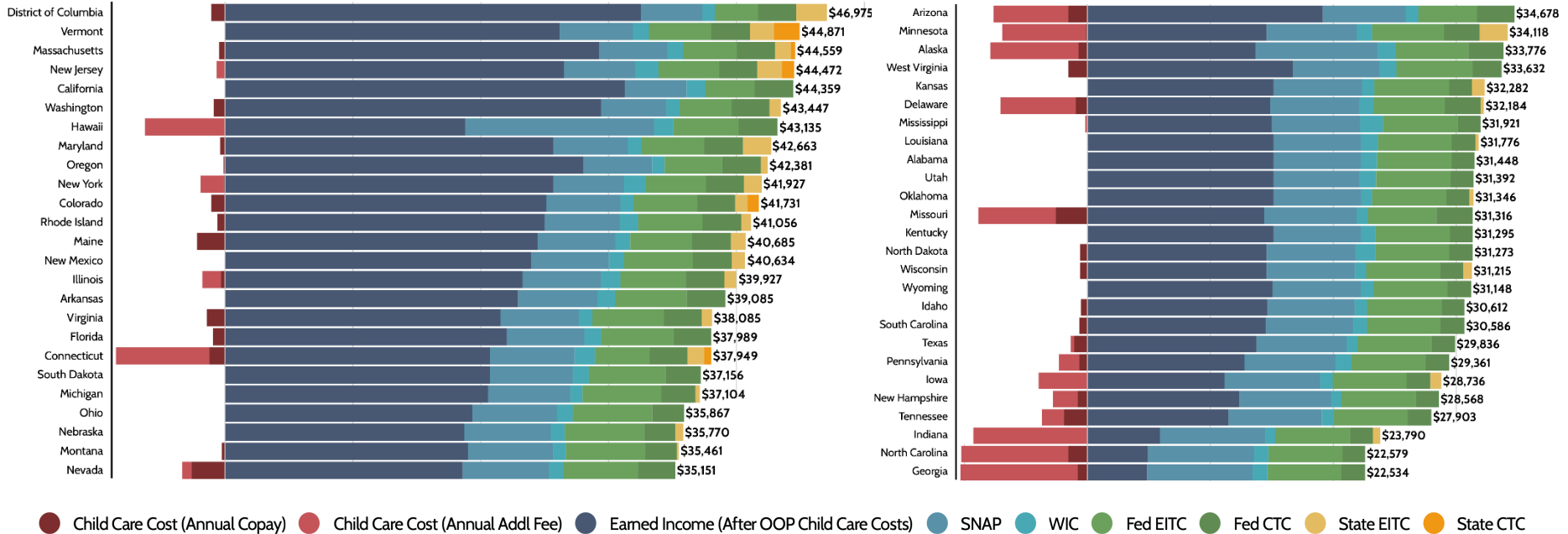


VIRGINIA



The Impact of State Policy Choices on Family Resources Across States

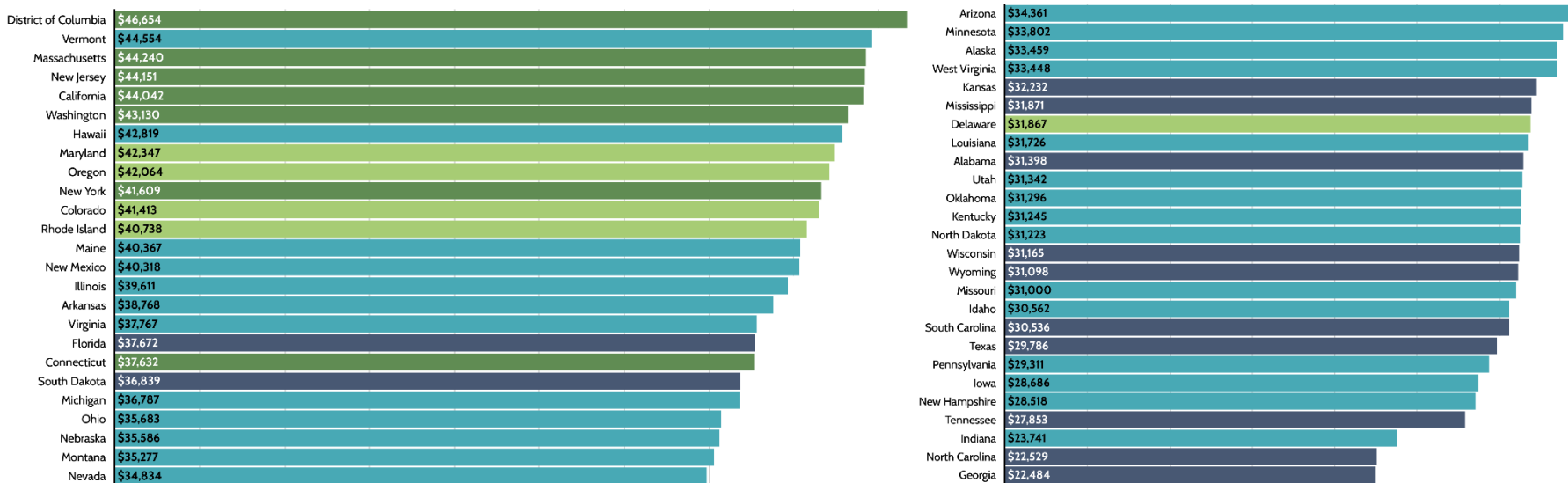
Annual Minimum Wage Earnings (Minus Out of Pocket Child Care Expenses) Plus Federal and State Benefits



To the extent possible, data reflect state policies as of October 1, 2022. All earnings, benefits (both federal and state), and child care costs are based on a family of three comprised of a single parent working a full-time, minimum wage job with two children in full-time, center-based child care (an infant and a toddler)

Total Annual Resources

(Based on Minimum Wage Earnings (Minus Out of Pocket Child Care Expenses) Plus Federal and State Benefits) and State Choices to Expand Medicaid and Adopt a Paid Family Leave Program of a Minimum of 6 weeks



- State has expanded Medicaid and implemented a 6-week+ paid family leave (PFL) program
- State has expanded Medicaid and adopted, but not fully implemented a 6-week+ PFL program
- State has expanded Medicaid, but not adopted 6-week+ PFL program
- Nonexpansion state + no 6-week+ PFL program



Summary

- The prenatal-to-3 period of development sets the stage for lifelong health and wellbeing
- Many children lack the opportunities and rights they deserve for a healthy start, and these children are disproportionately children of color
- State policy choices can reduce family stressors and increase capacities, which have substantial impacts on health and wellbeing over the life course

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