



July 19, 2023 – NHSA, Early Head Start Summer Learning Series 2023

# PRENATAL-TO-3 POLICY IMPACT CENTER

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*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

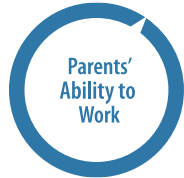
- State policy choices can empower parents and support children's healthy development
- We must care for the caregivers so that they can care for the children
- Systems of support require a combination of broad based economic and family supports AND targeted interventions
- Variation in state policy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

# Eight Prenatal-to-3 Policy Goals



Access to  
Needed  
Services

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'  
Ability to  
Work

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



Sufficient  
Household  
Resources

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



Healthy and  
Equitable  
Births

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



Parental Health  
and Emotional  
Wellbeing

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



Nurturing and  
Responsive  
Child-Parent  
Relationships

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



Nurturing and  
Responsive Child  
Care in Safe  
Settings

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



Optimal Child  
Health and  
Development

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



**UNITED STATES**

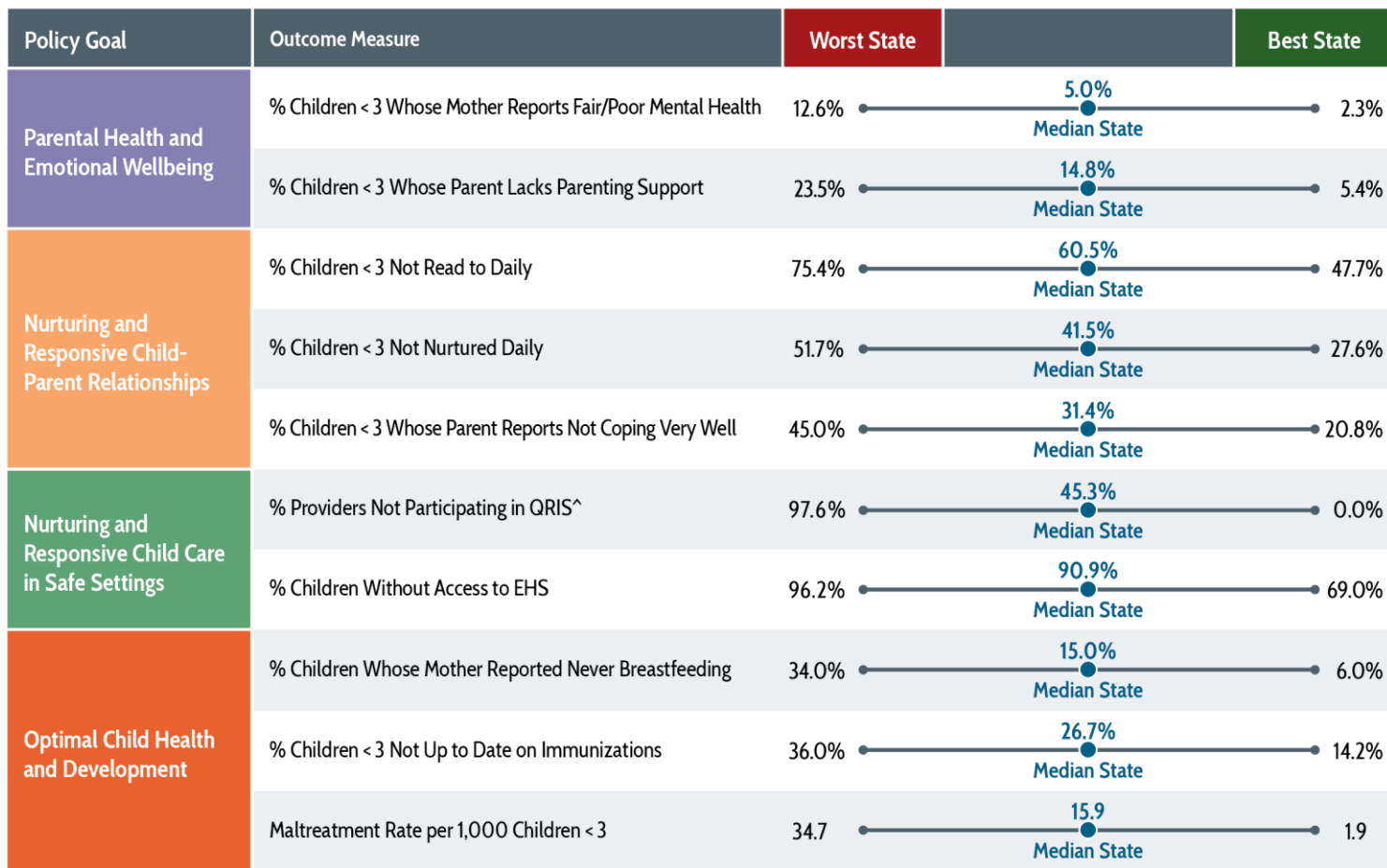
**State Prenatal-to-3 Outcome Measures**

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



UNITED STATES

State Prenatal-to-3 Outcome Measures



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.

## TABLE OF CONTENTS

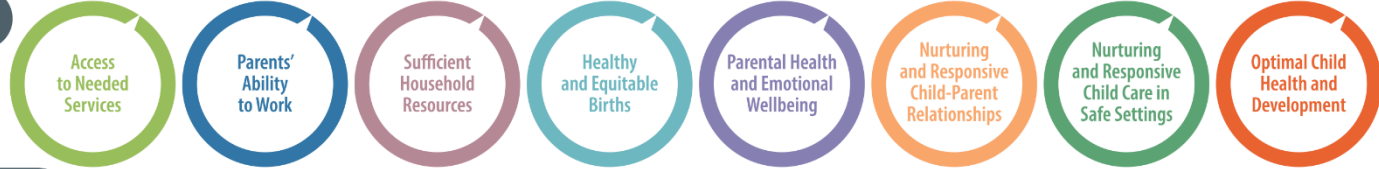
### Effective state policies

*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**

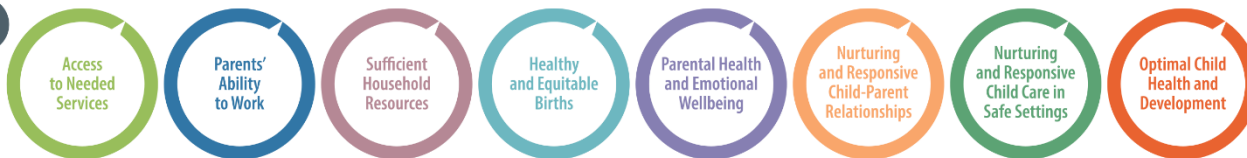
Adopt and fully implement the **effective policies** aligned with the goal

Expanded Income Eligibility for Health Insurance	●		●	●				●
Reduced Administrative Burden for SNAP	●		●					
Paid Family Leave Program of at Least 6 weeks	●	●	●		●	●		●
State Minimum Wage of \$10.00 or Greater			●	●				●
Refundable State Earned Income Tax Credit of at Least 10%		●	●	●				
<b>OUTCOMES</b>	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:



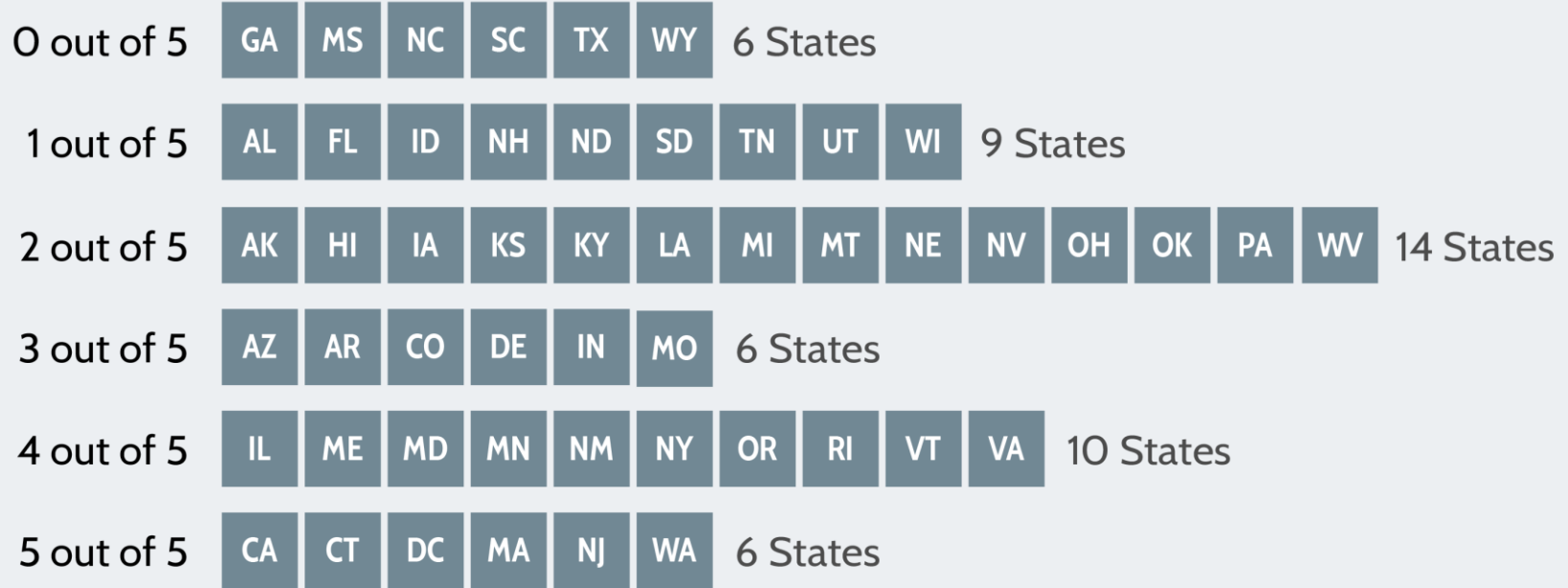
## STRATEGIES

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

Strategy	Goal 1: Access to Needed Services	Goal 2: Parents' Ability to Work	Goal 3: Sufficient Household Resources	Goal 4: Healthy and Equitable Births	Goal 5: Parental Health and Emotional Wellbeing	Goal 6: Nurturing and Responsive Child-Parent Relationships	Goal 7: Nurturing and Responsive Child Care in Safe Settings	Goal 8: Optimal Child Health and Development
Comprehensive Screening and Connection Programs	●						●	●
Child Care Subsidies	●	●	●					
Group Prenatal Care	●				●			●
Evidence-Based Home Visiting Programs						●		
Early Head Start					●	●	●	●
Early Intervention Services					●			●
<b>OUTCOMES</b>	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.

## Adopted and Implemented Policy Count by State



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

<b>Effective Roadmap Policy</b> Number of New States in 2022	Total number of states that have adopted and fully implemented each policy:	<b>2022 Progress Summary</b>
<b>Expanded Income Eligibility for Health Insurance</b>	<b>39</b>	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.
<b>Reduced Administrative Burden for SNAP</b> +2 MD KY	<b>33</b>	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.
<b>Paid Family Leave Program of at Least 6 Weeks</b> +1 CT	<b>7</b>	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.
<b>State Minimum Wage of \$10.00 or Greater</b> +3 DE NV VA	<b>25</b>	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.
<b>Refundable State Earned Income Tax Credit of at Least 10% the Federal Credit</b> +3 IN VA WA	<b>21</b>	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

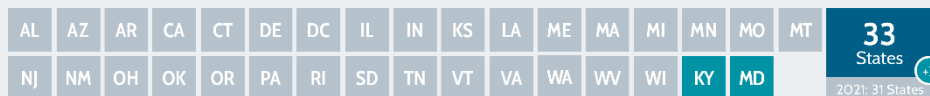
Eight States Have Newly Implemented At Least One Effective Policy

(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

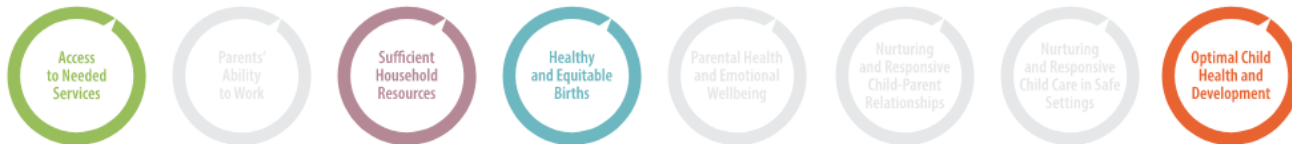


## Refundable State Earned Income Tax Credit of at Least 10%



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

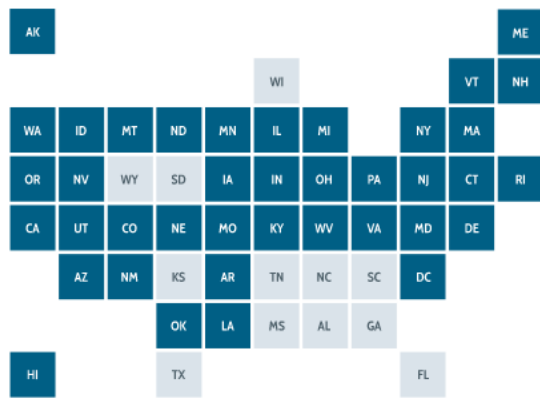
**Expanded income eligibility for health insurance is an effective state policy to impact:**



**UNITED STATES**

**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**

## 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)



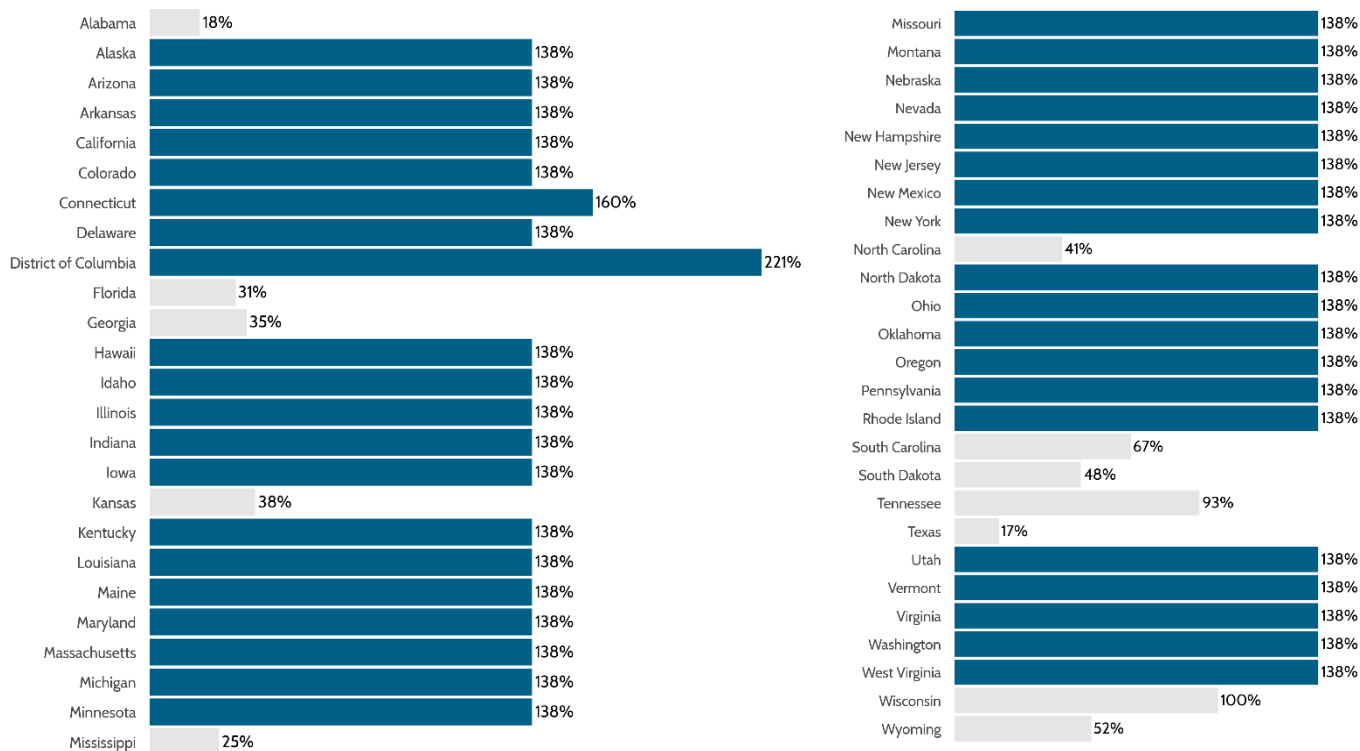
- 422 fewer cases of neglect per 100,000 children under age 6 (U)
- 17.3% reduction in first-time neglect reports for children under age 5 (NN)

## 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.

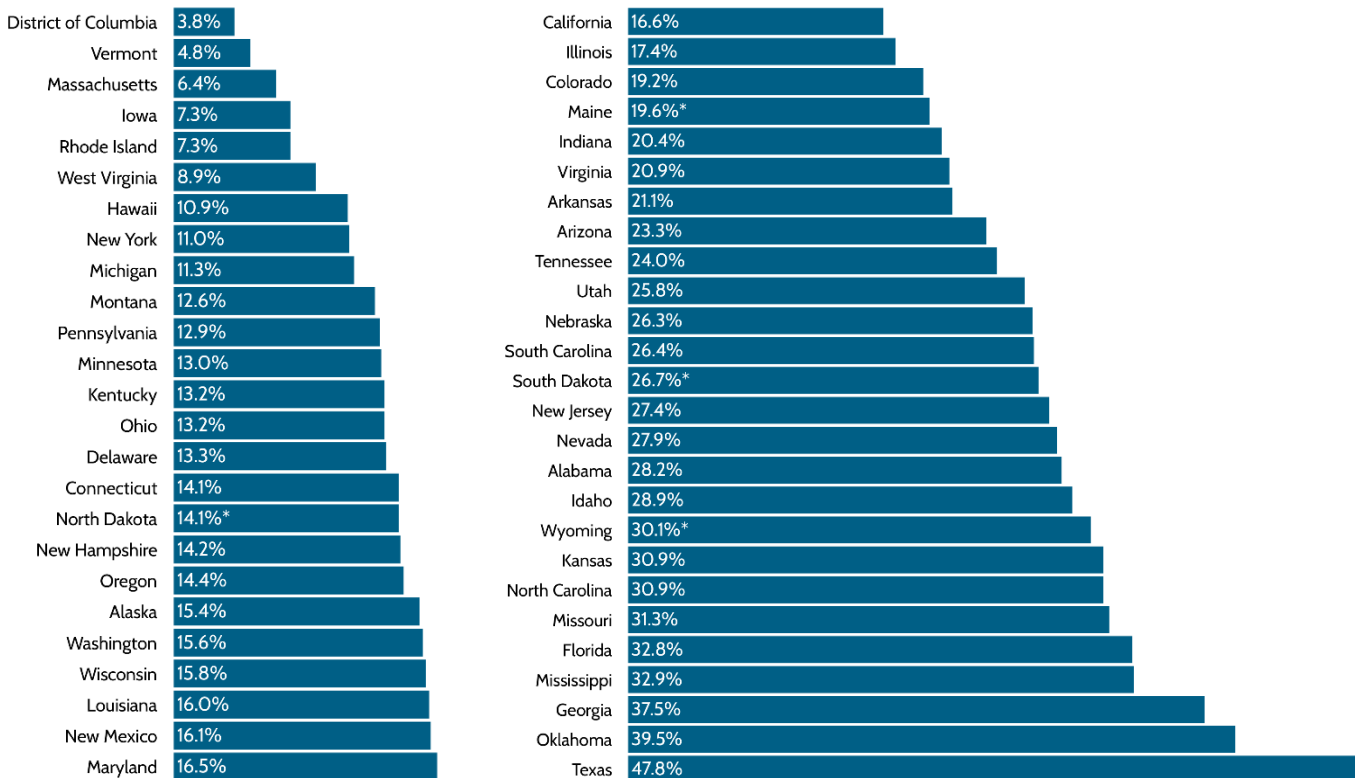


## % Low-Income Women of Childbearing Age Without Health Insurance



UNITED STATES

POLICY:  
Medicaid  
Expansion



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

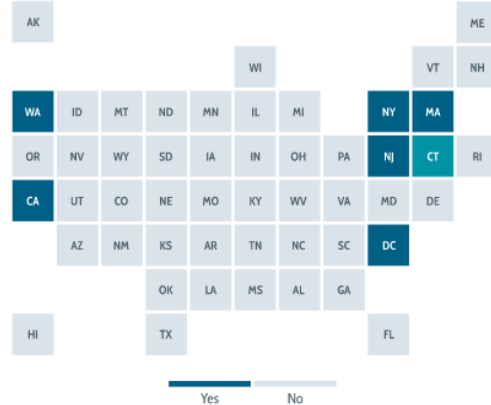
A paid family leave program of a minimum of 6 weeks is an effective state policy to impact:



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



**POLICY**

**Paid Family Leave**

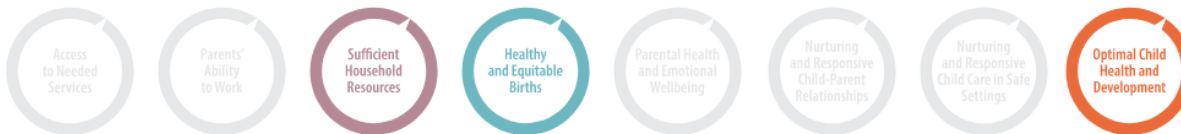
**Variation Across States in Weekly and Total Paid Family Leave Benefits: 2023**

**Projected Paid Family Leave (PFL) Benefits Based on National Median Earnings for Female Full-Time Workers**



Notes: Estimates calculated using state parameters as of May 18, 2023. An "\*" indicates estimated benefits based on policy guidelines; paid family leave programs in these states were not yet been fully implemented and workers could not yet receive these benefits in 2023. Benefit estimates are pre-tax estimates based on median earnings for full-time female workers in the state, estimated at 2021 levels. Weekly totals may not precisely add to total benefits due to rounding.

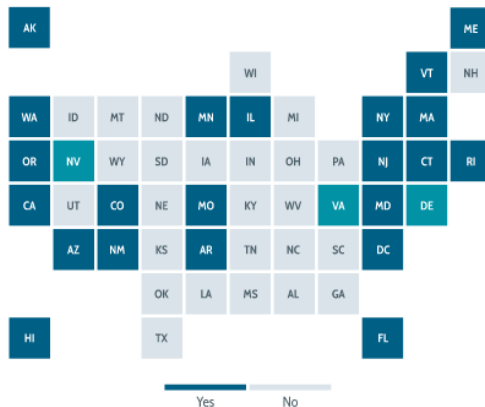
**A state minimum wage of \$10.00 or greater is an effective state policy to impact:**




**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)

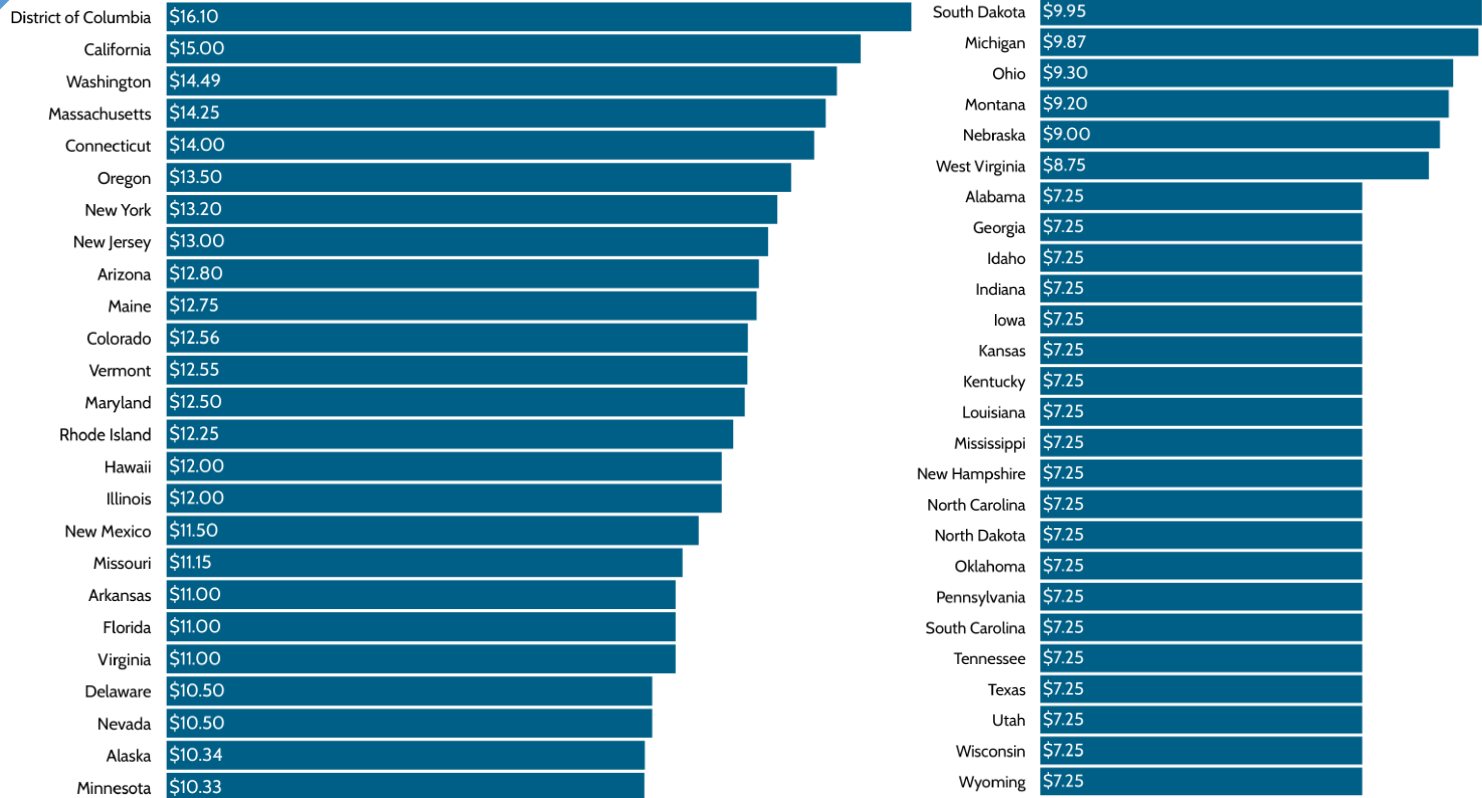


**POLICY**

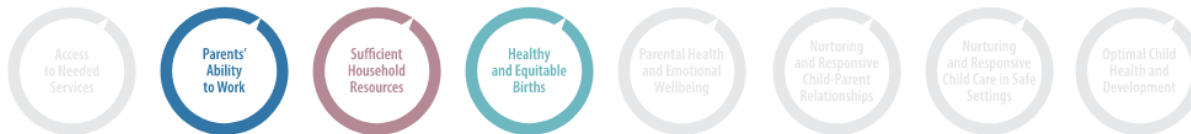
**State Minimum Wage**



# Current State Hourly Minimum Wages (Nominal)



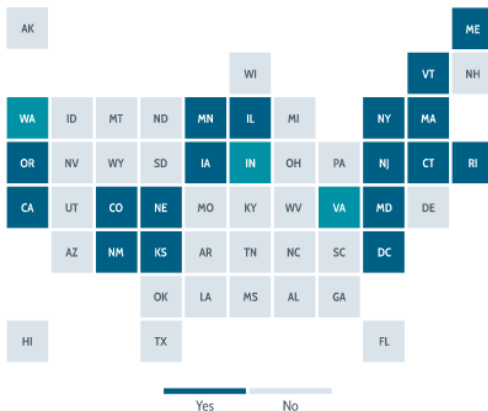
A refundable state EITC of at least 10% of the federal EITC is an effective state policy to impact:




**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

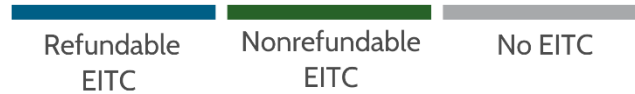
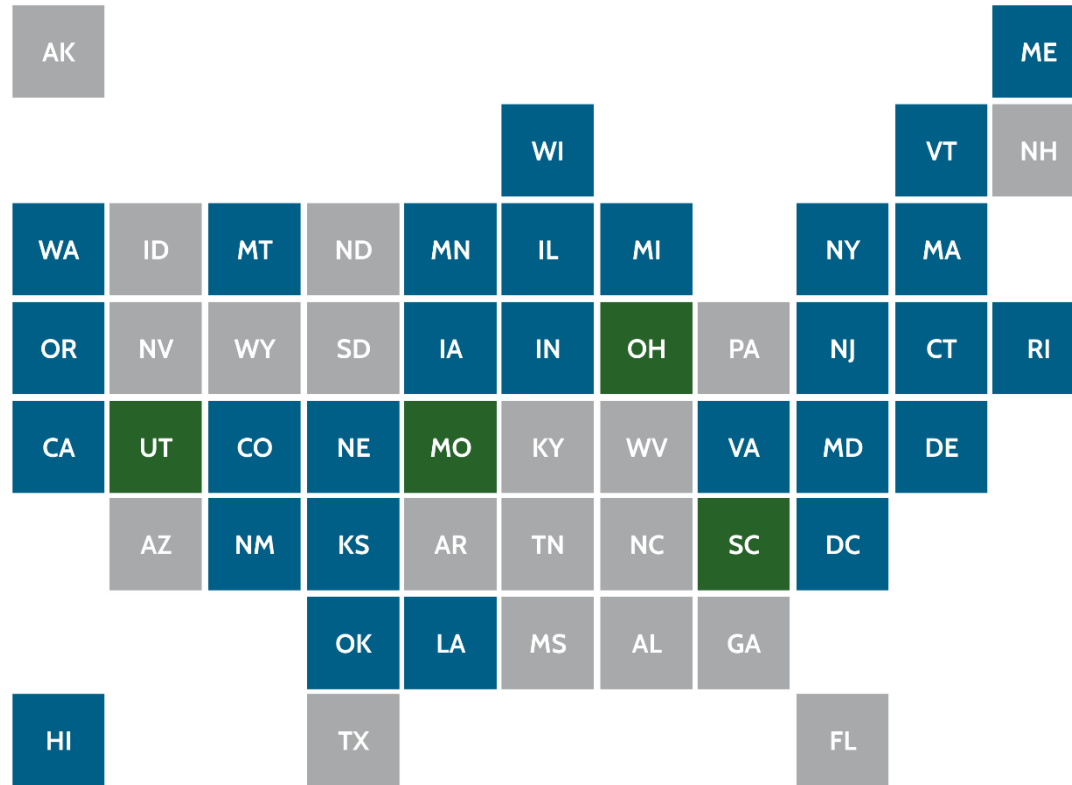
- State EITCs increased mothers' annual wages by 32% (B)
- A \$1,000 increase in average federal and state EITC benefits led to an increase of \$2,400 in the pre-tax earnings of households with infants and toddlers, and poverty was reduced by 5 percentage points (C)
- A rigorous simulation found that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

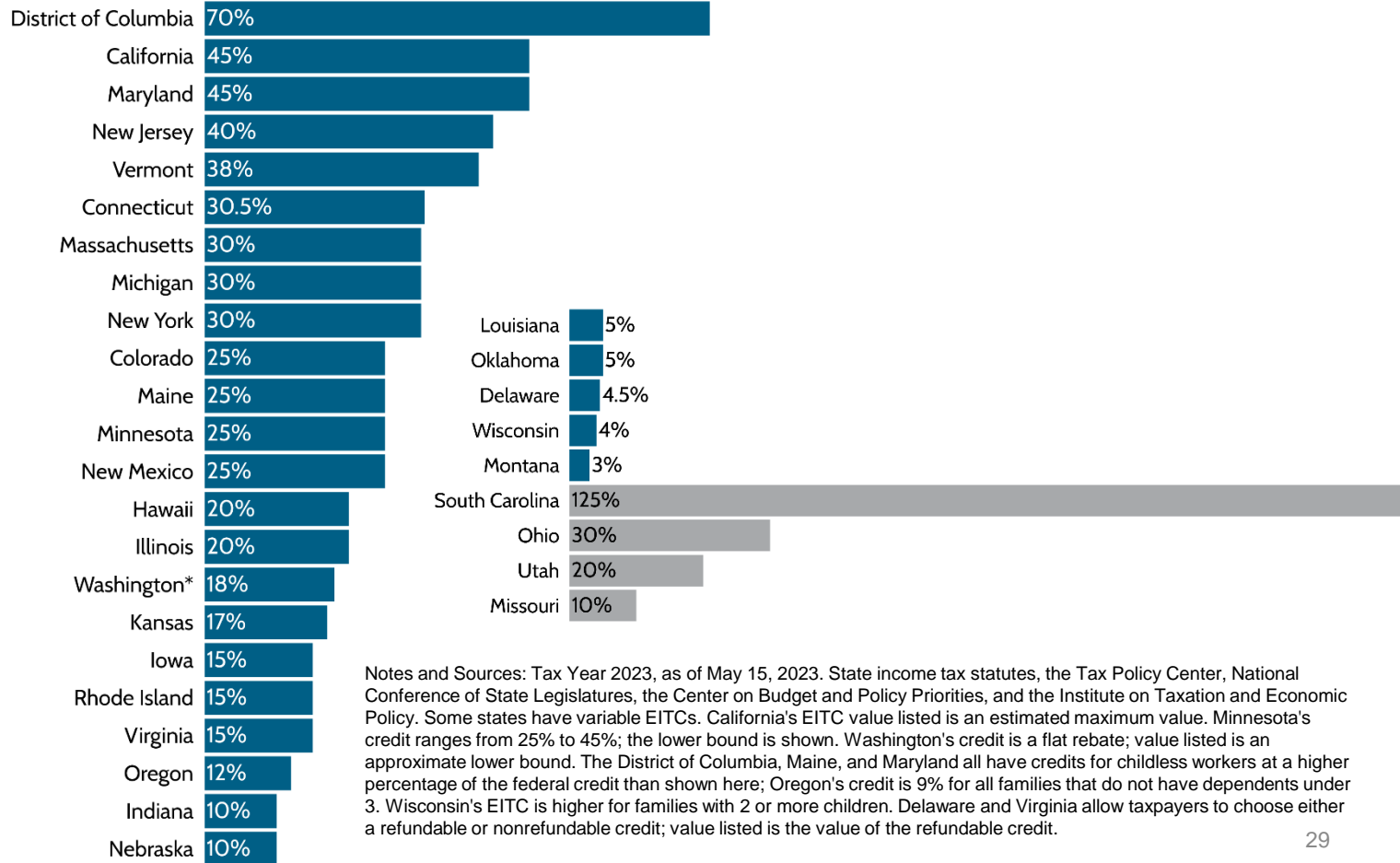
- The state EITC led to increases in birthweight of between 16 and 104 grams, depending on the credit's generosity level (B, CC)
- In states with refundable EITCs of at least 10% of the federal credit, Black mothers with a high school education or less saw greater reductions in low birthweight rates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

## POLICY

### State Earned Income Tax Credit



# Variation Across States in State EITC Generosity and Refundability



Notes and Sources: Tax Year 2023, as of May 15, 2023. State income tax statutes, the Tax Policy Center, National Conference of State Legislatures, the Center on Budget and Policy Priorities, and the Institute on Taxation and Economic Policy. Some states have variable EITCs. California's EITC value listed is an estimated maximum value. Minnesota's credit ranges from 25% to 45%; the lower bound is shown. Washington's credit is a flat rebate; value listed is an approximate lower bound. The District of Columbia, Maine, and Maryland all have credits for childless workers at a higher percentage of the federal credit than shown here; Oregon's credit is 9% for all families that do not have dependents under 3. Wisconsin's EITC is higher for families with 2 or more children. Delaware and Virginia allow taxpayers to choose either a refundable or nonrefundable credit; value listed is the value of the refundable credit.

## 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)



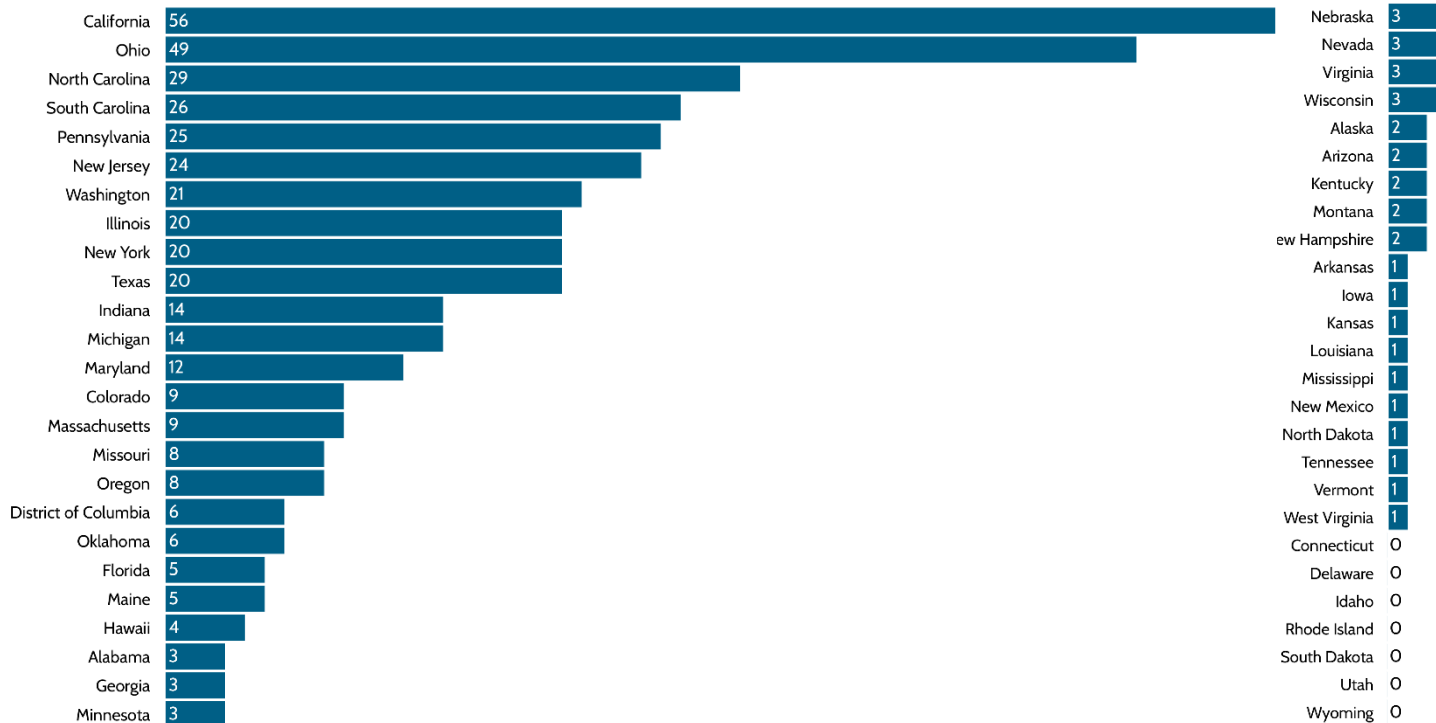
- The rate of breastfeeding initiation increased by approximately 12 percentage points for women in group prenatal care compared to women in individual prenatal care (C)

## 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)

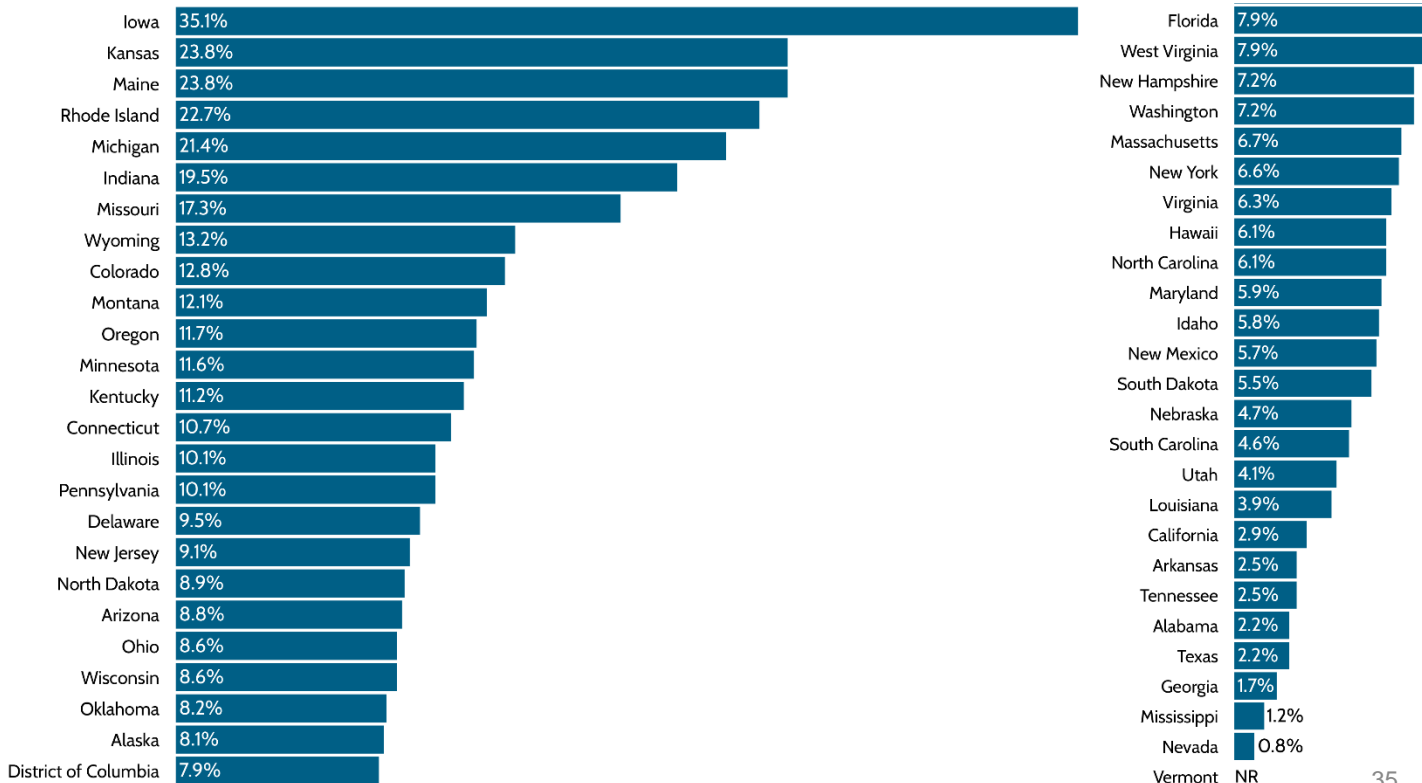
**STRATEGY**

**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:



## 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)

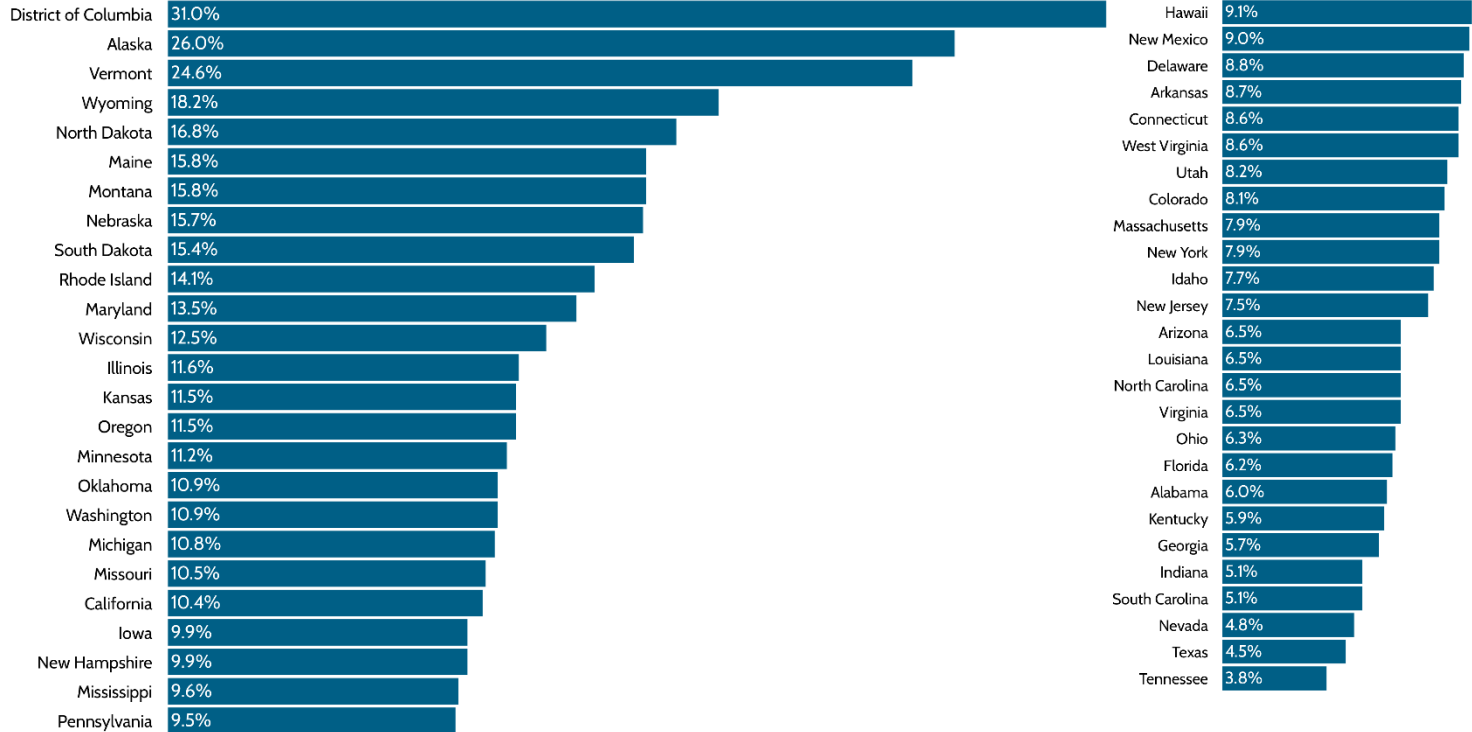
**STRATEGY**

**Early Head Start**

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



**UNITED STATES**



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)

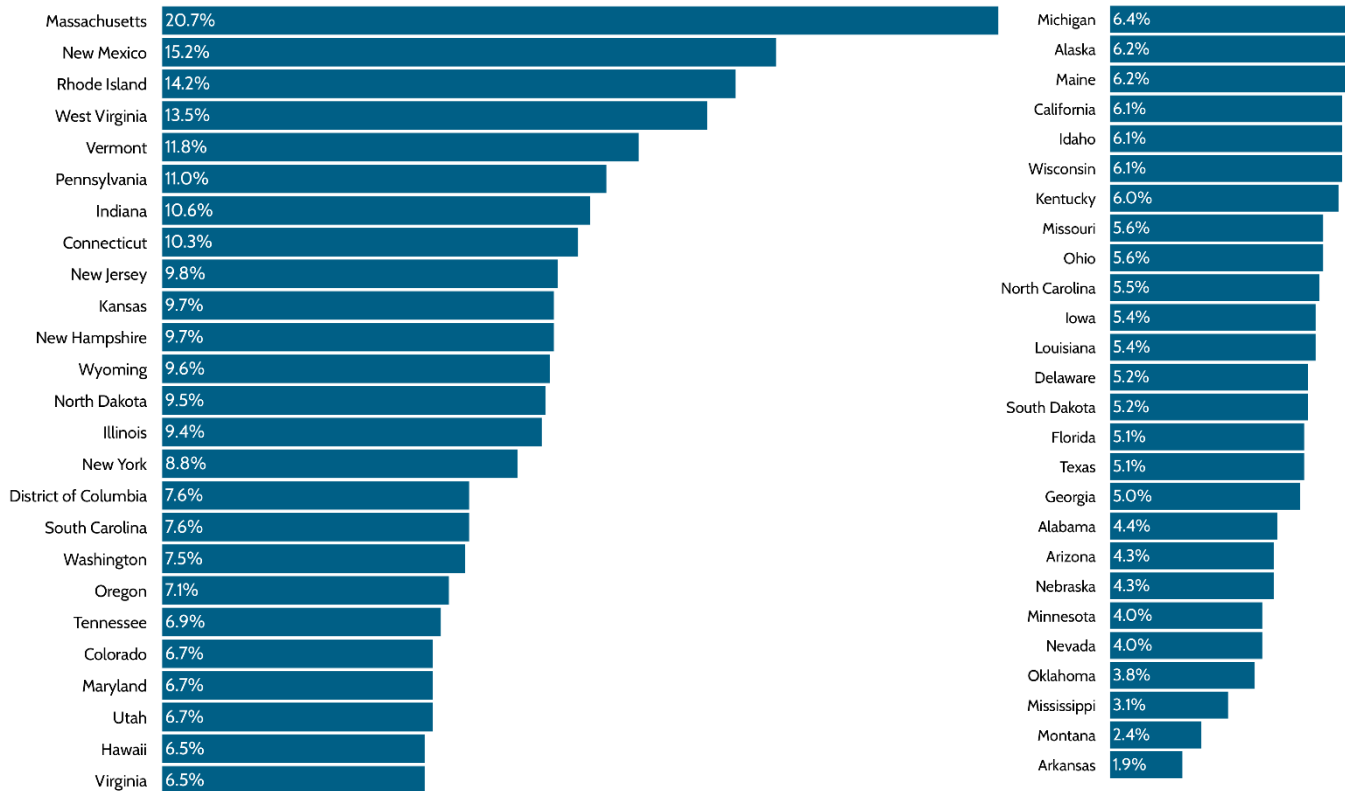


## STRATEGY

### Early Intervention Services



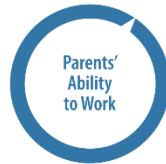
# Cumulative % Children Under Age 3 Receiving EI Services



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)



# Current Concerns with Child Care System

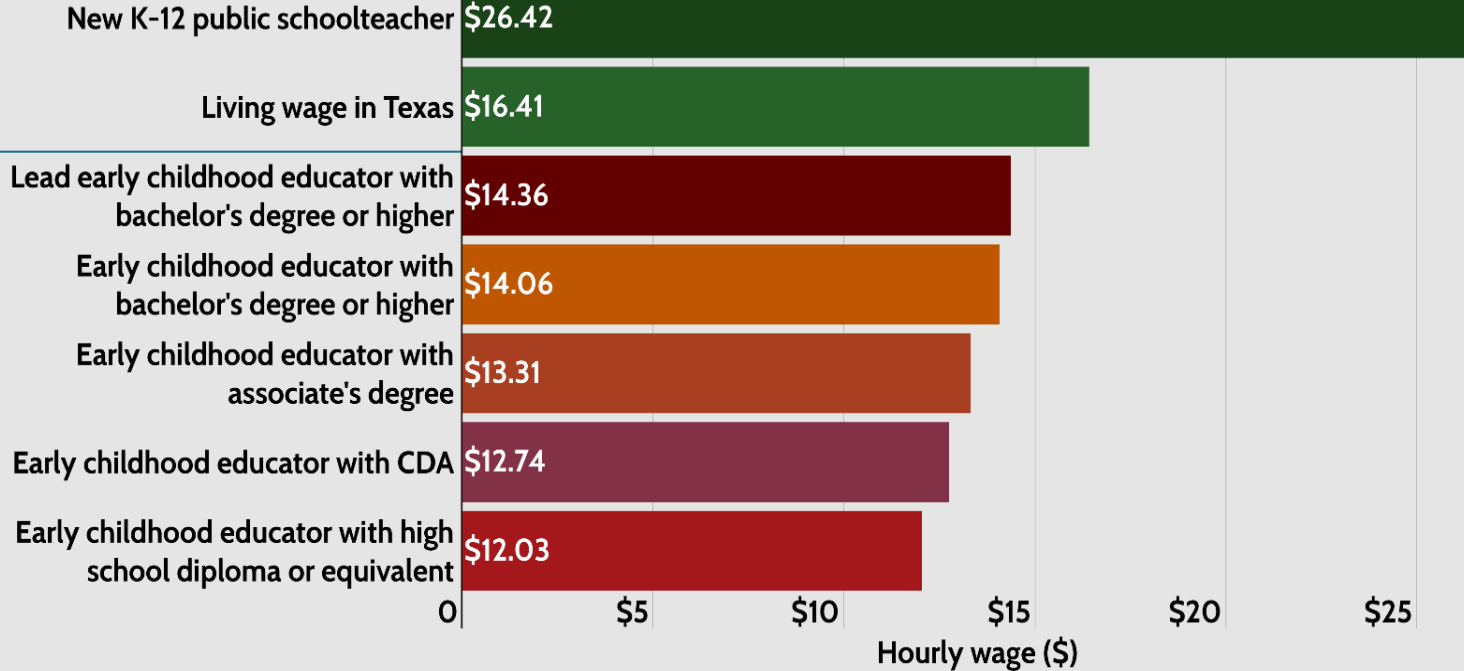
- Providers are not reimbursed enough to cover true cost of care, and have difficulties hiring and retaining educators
- Educators earn too little and have limited access to benefits
- Families cannot afford to pay more for child care and it affects their ability to work

## STRATEGY

### Child Care Subsidies



### Hourly wages of Texas early childhood educators by highest level of education



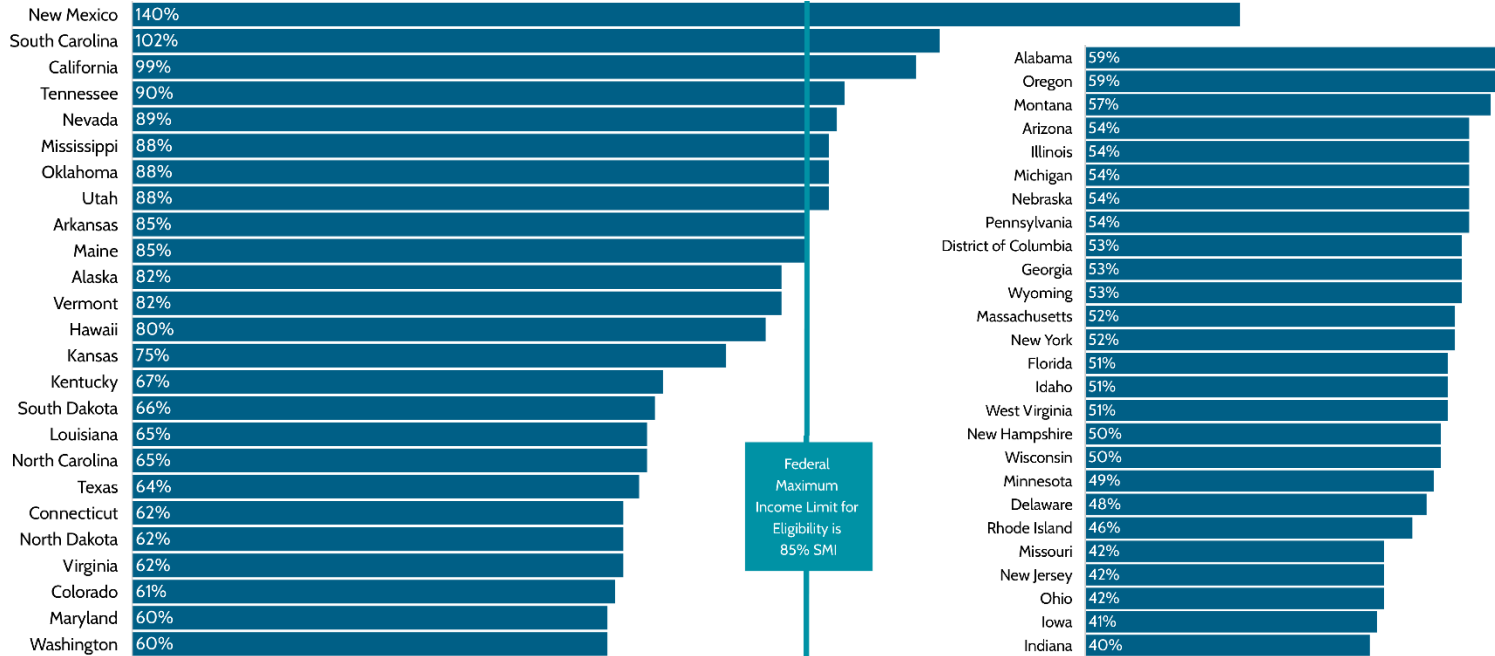
**STRATEGY**

**Child Care Subsidies**



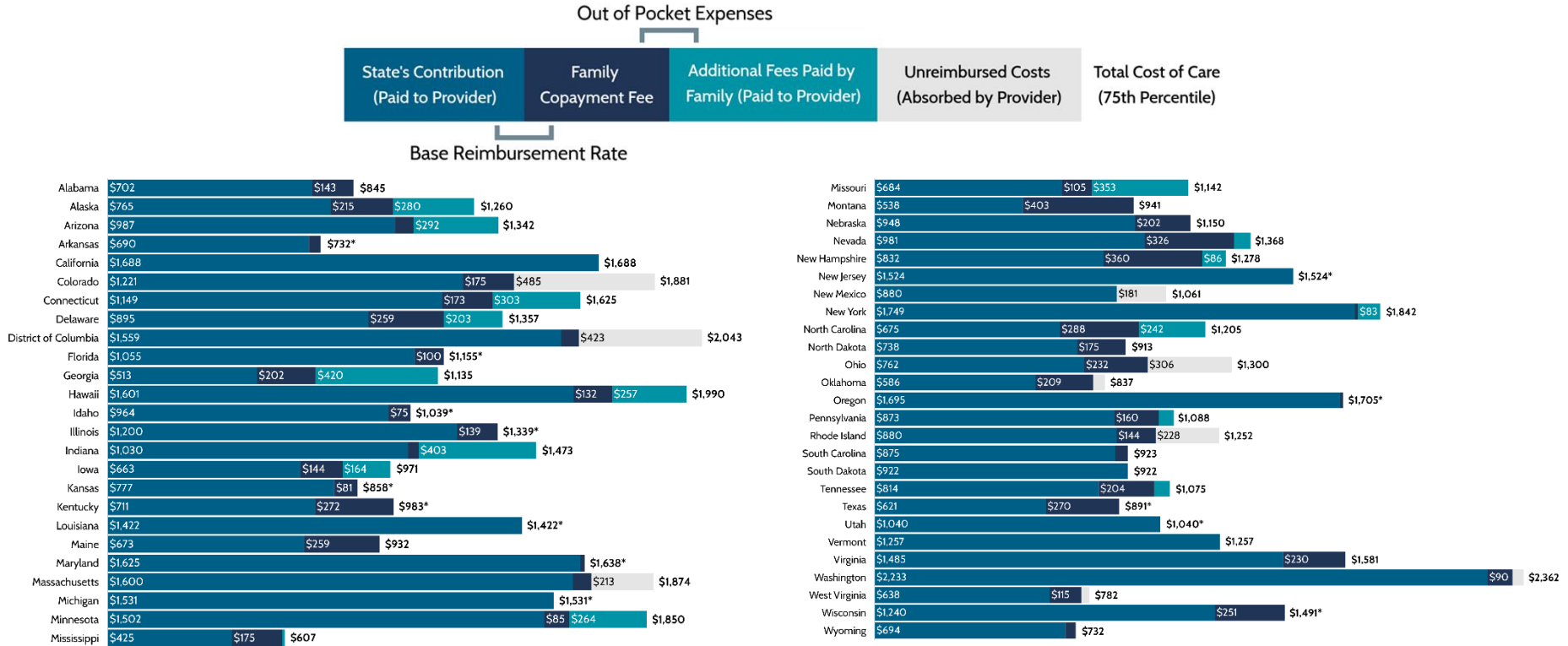
# Variation Across States in Household Income Eligibility for Child Care Subsidies as a Percentage of State Median Income

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 75<sup>th</sup> 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)

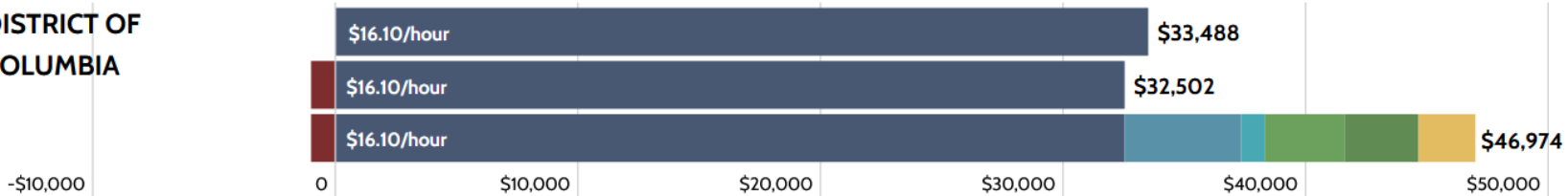


● Child Care Cost (Annual Copay)
 ● Child Care Cost (Annual Addl Fee)
 ● Earned Income

# 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

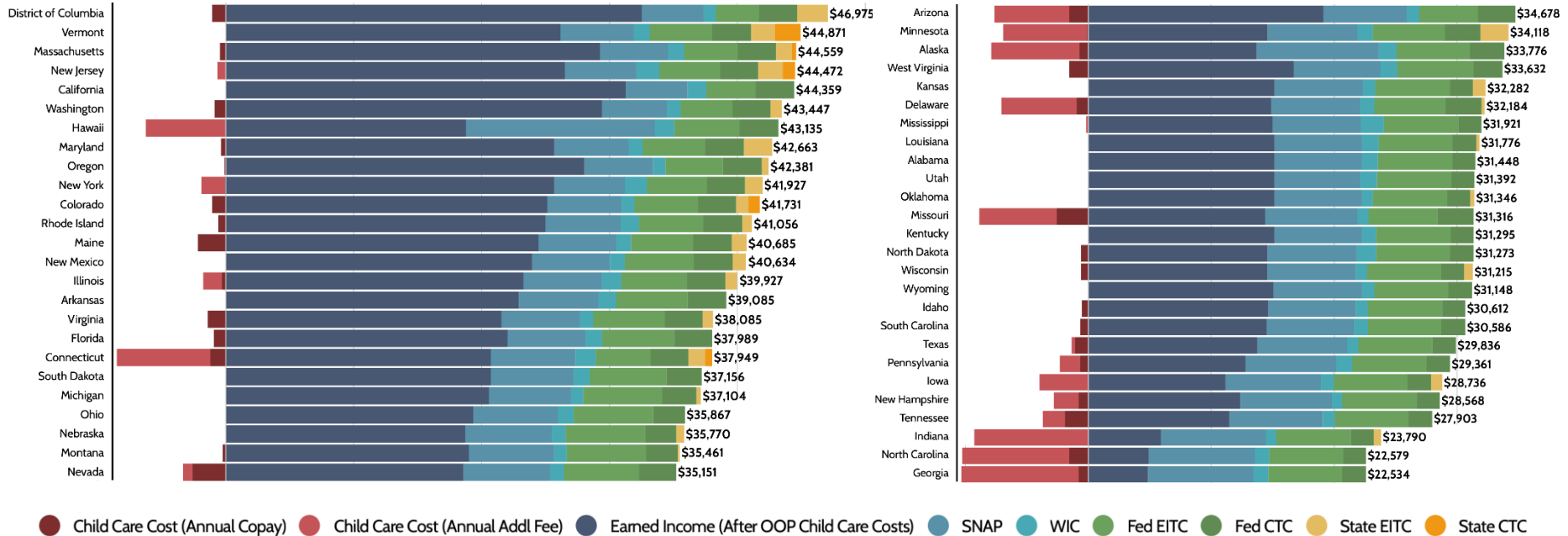


## VIRGINIA



# The Impact of State Policy Choices on Family Resources Across States

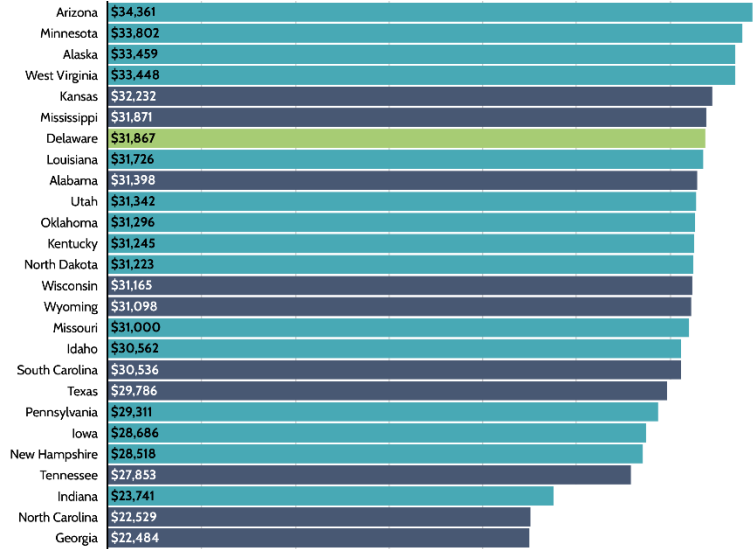
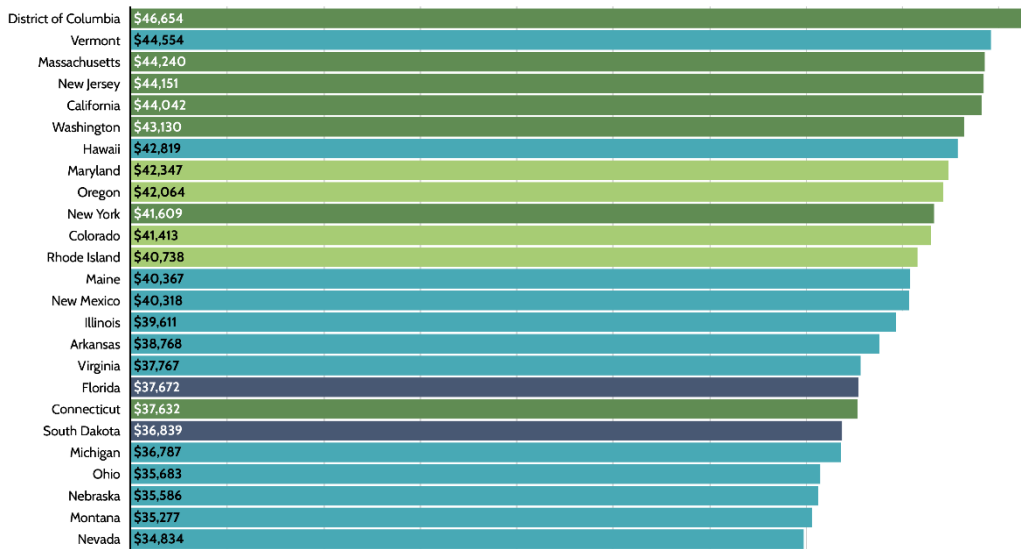
Annual Minimum Wage Earnings (Minus Out of Pocket Child Care Expenses) Plus Federal and State Benefits



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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