

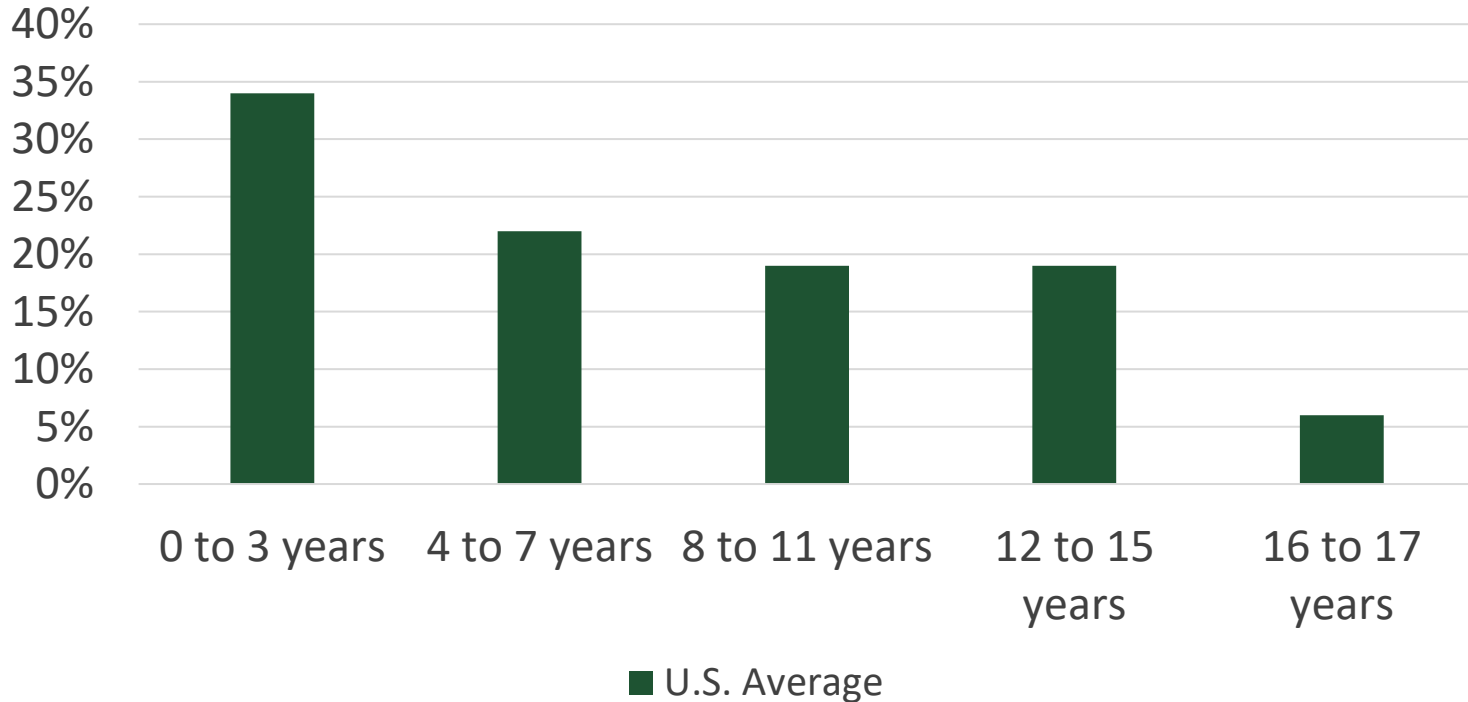


Upstream Prevention Strategies that Strengthen Families



Children Experiencing Maltreatment

Age Distribution



Source: Child Trends' [State-level data profile](#), reflects FY 2021 NCANDS data

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September 19, 2023 – NCSL Child Welfare Fellows

PRENATAL-TO-3 POLICY IMPACT CENTER

Research for Action and Outcomes

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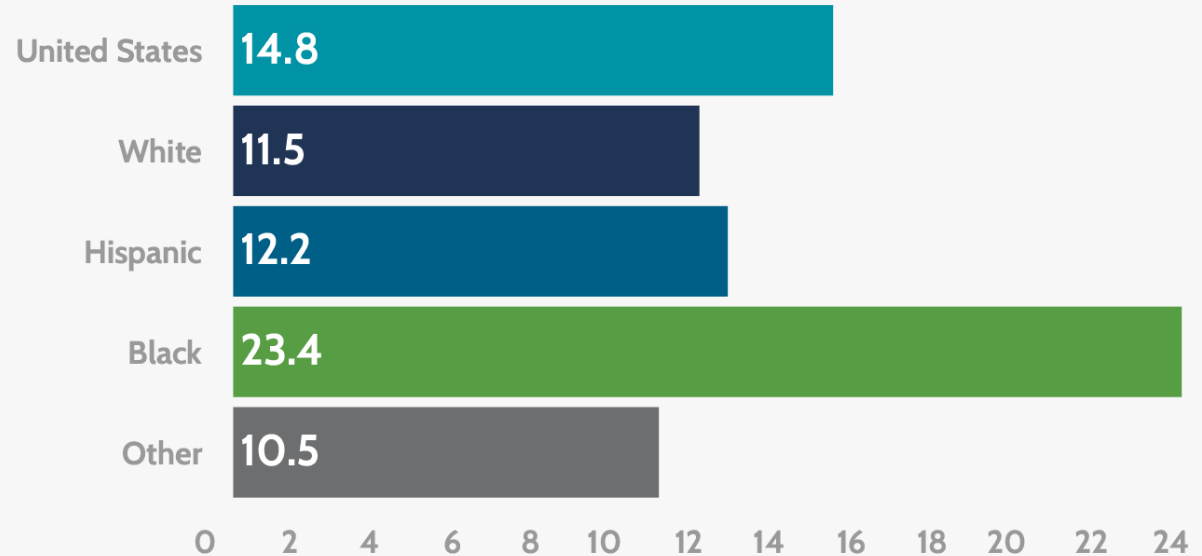


Our Earliest Experiences Shape Our Lives

- 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.

Maltreatment Rate by Race and Ethnicity

Maltreatment Rate per 1,000 Children < 3

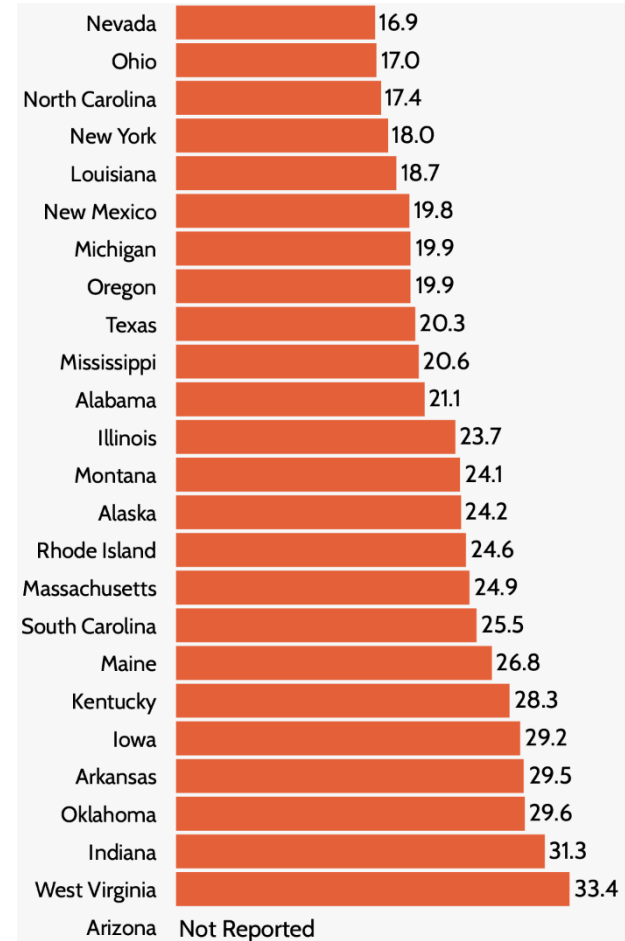
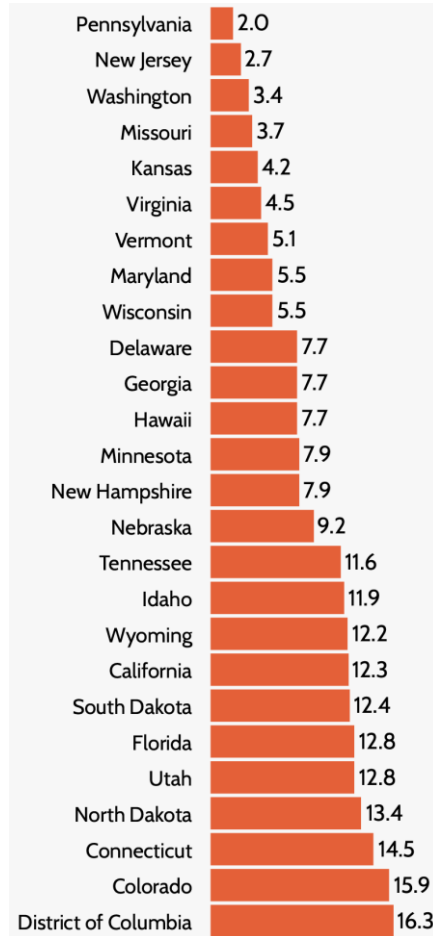


Source: National Child Abuse and Neglect Data System (NCANDS) Child File, FFY 2021 and Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States, Vintage 2021.

Maltreatment Rate by State

Maltreatment Rate per 1,000 Children < 3

Source: National Child Abuse and Neglect Data System (NCANDS) Child File, FFY 2021 and Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States, Vintage 2021.

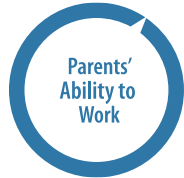


Eight Prenatal-to-3 Policy Goals



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.



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.

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

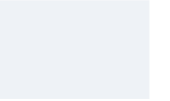
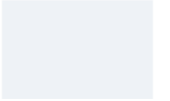
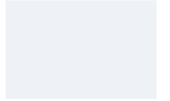
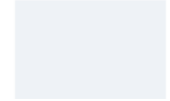
To achieve a science-driven PN-3 goal:



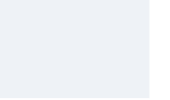
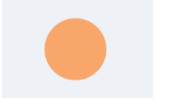
POLICIES

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

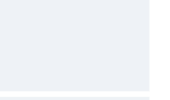
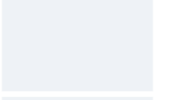
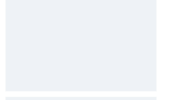
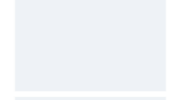
Expanded Income Eligibility for Health Insurance



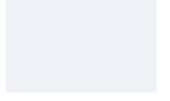
Paid Family Leave Program of at Least 6 weeks



State Minimum Wage of \$10.00 or Greater



Refundable State Earned Income Tax Credit of at Least 10%



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

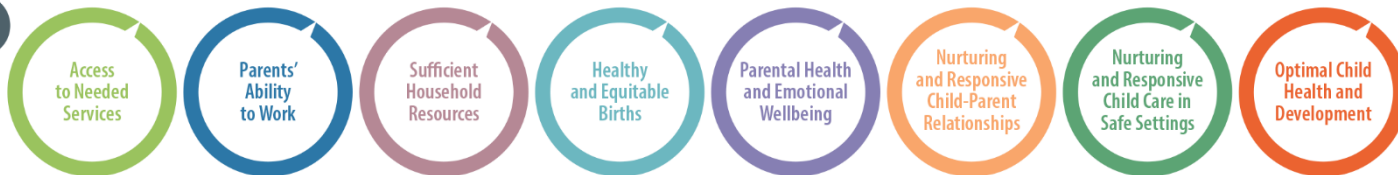
Daily Reading
Daily Nurturing Behaviors
Parenting Stress

Child Care Providers Participating in QRIS
Access to EHS

Breastfeeding
Immunizations
Child Maltreatment












GOALS

To achieve a science-driven PN-3 goal:



STRATEGIES

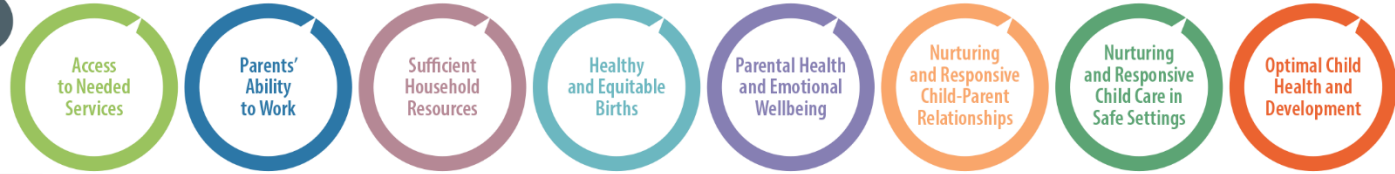
Make substantial progress relative to other states toward implementing the **effective strategies** aligned with the goal

Reduced Administrative Burden for SNAP								
Comprehensive Screening and Connection Programs								
Child Care Subsidies								
Group Prenatal Care								
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

Community-Based Doulas	●			●		●		●
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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Changes in Policy Adoption and Implementation in the Last Year

Seven States Have Newly Implemented At Least One Effective Policy

(Michigan and South Dakota implemented two)

Changes in Policy Adoption and Implementation in the Last Year

Expanded Income Eligibility for Health Insurance



Paid Family Leave




State Minimum Wage



State Earned Income Tax Credit



 State has newly adopted and fully implemented the policy since October 1, 2022

Effective Policies to Reduce Child Maltreatment

Expanding Medicaid access led to:

- ✓ 422 fewer cases of neglect per 100,000 children under age 6.
- ✓ 17.3% reduction in first-time neglect reports for children under age 5.

Implementing paid family leave of at least 6 weeks led to:

- ✓ A decrease in hospital admissions for abusive head trauma (5.1 admissions per 100,000 children under age 1).

Each \$1 increase in a state's minimum wage:

- ✓ Reduced child neglect reports by 9.6% overall, and 10.8% for children ages 0 to 5.
- ✓ Reduced maternal self-reported child neglect events over a 12-month period by 0.39 for children age 3.

Effective Policies to Reduce Child Maltreatment

Increasing the generosity of the state earned income tax credit (EITC) led to:

- ✓ 324 fewer neglect reports per 100,000 children ages 0 to 5. 17.3% reduction in first-time neglect reports for children under age 5.
- ✓ An 11% decrease in foster care entry (among children under age 18).

Participation in Early Head Start led to:

- ✓ A reduced likelihood of a welfare encounter for children ages 5 to 9.
- ✓ Less parenting stress, less family conflict, and more positive and emotionally responsive home environments at age 2. These, in turn, decreased the likelihood of later maltreatment between child ages 2 and 17.

Participation in comprehensive screening and connection programs led to:

- ✓ 60.5% reduction in disparities between Black families and White families in child maltreatment investigations.

STRATEGY

Evidence-Based
Home Visiting



TEXAS

Study of MIECHV-funded Home Visiting in Texas Measuring Child Welfare Involvement (Maltreatment Investigations)

Home Visiting programs are more effective at prevention than treatment

Study included 6 years of data (2012-2018) and 8,558 families

Within 2 years of starting home visiting:

- ✓ Families **with no** child welfare history: 6% had an investigation
- ✓ Families **with** a child welfare history: 40% had an investigation

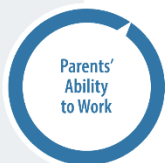
POLICY

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 and ethnic 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)



- A 2 percentage point reduction in the official poverty measure rate, with even greater effects among single mothers with low levels of education and income (M)
- A 2 percentage point decrease in food insecurity, with even greater effects among households with multiple children (Y)

POLICY

Paid Family Leave

How Does Paid Family Leave Impact PN-3 Outcomes?



Healthy and Equitable Births

- A 12% reduction in postneonatal infant mortality (S)



Parental Health and Emotional Wellbeing

- 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)



Nurturing and Responsive Child-Parent Relationships

- 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)



Optimal Child Health and Development

- 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 (PFL) Program



Fully Implemented a PFL Program of at least 6 Weeks



Number of Weeks of Benefit



Benefit as a Percentage of a Low-Wage Earner's Weekly Wages



Maximum Dollar Value of Weekly Benefit



Funding Mechanism (Who Covers the Cost)



Eligibility



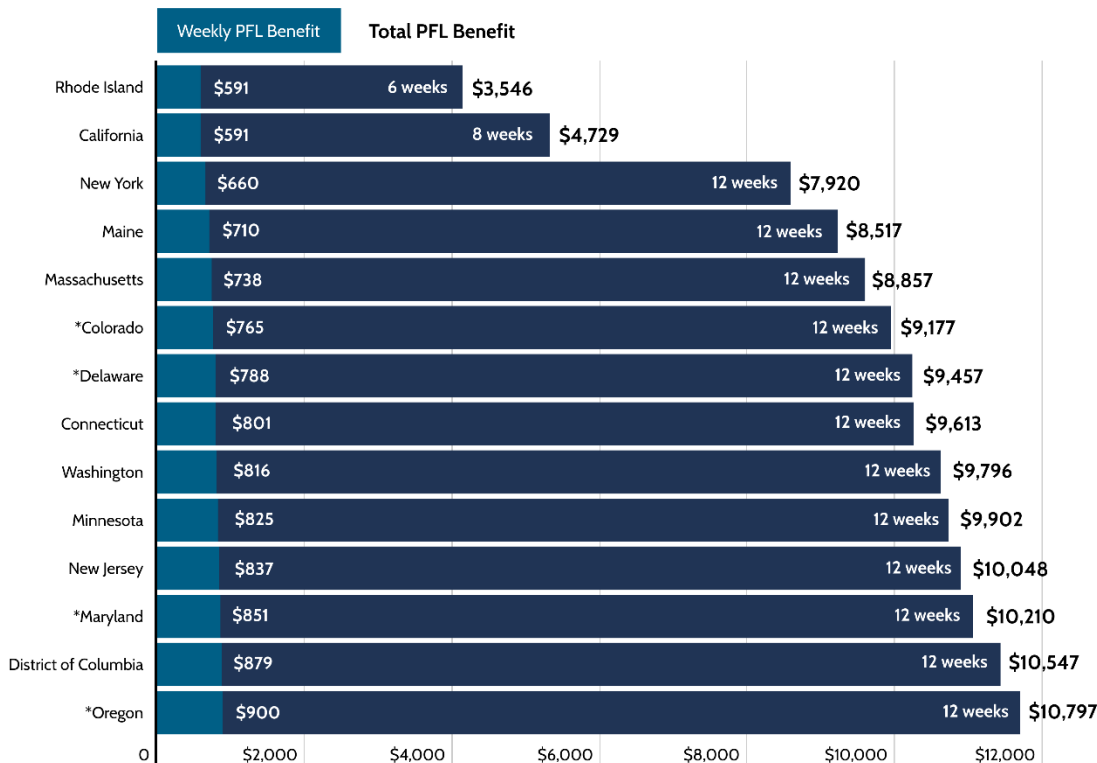
Source: As of October 1, 2023. State paid family leave laws and A Better Balance.

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

POLICY

Paid Family Leave

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



Notes: Estimates calculated using state parameters as of June 30, 2023. An "*" indicates estimated benefits based on policy guidelines; paid family leave programs in these states were not yet 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.

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 a 2% decrease in low birthweight and a 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 (O)



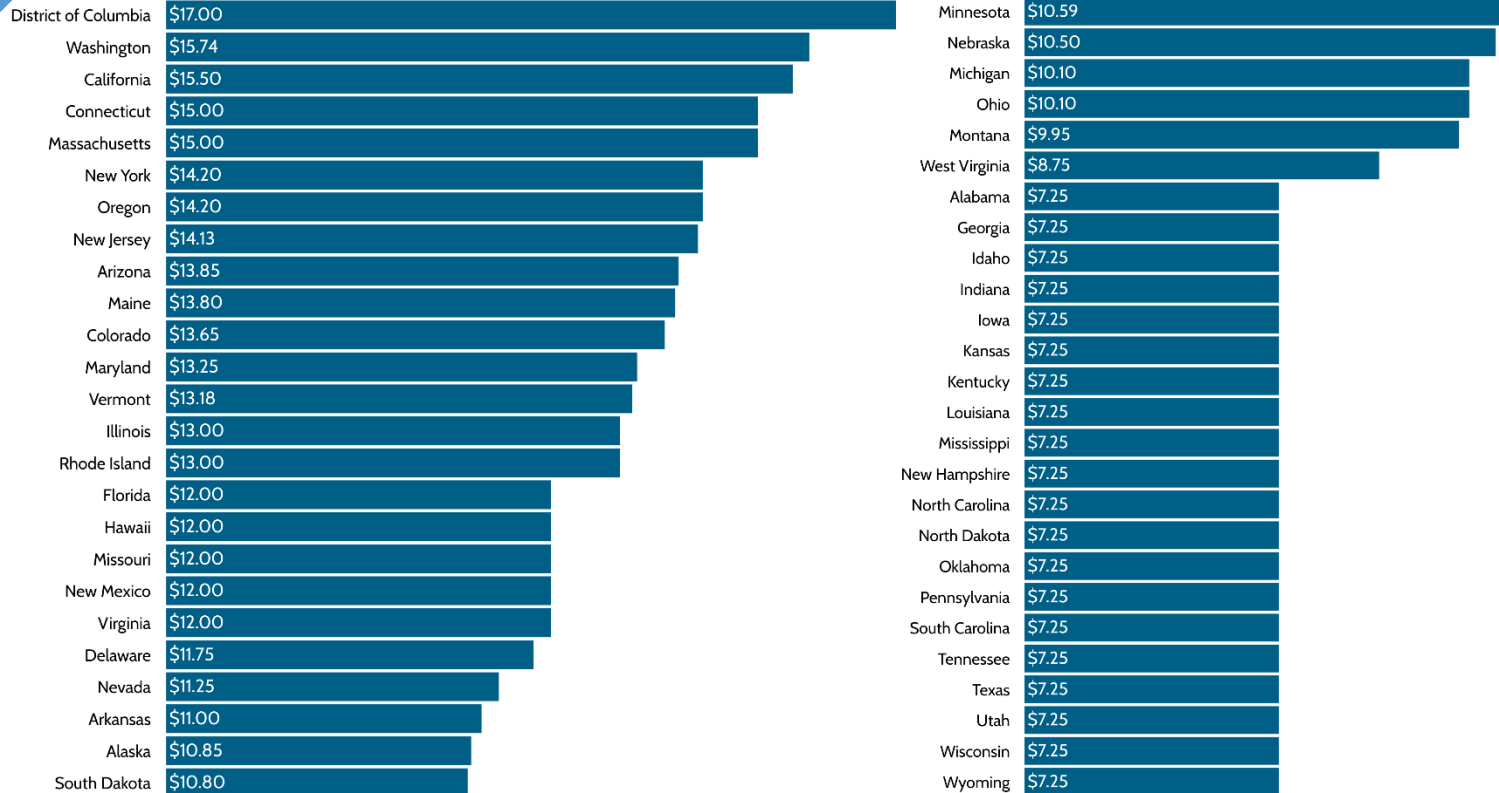
- A \$1.00 increase in the minimum wage reduced child neglect reports by 9.6% overall and 10.8% for children ages 0 to 5 (G)
- Children affected by a \$1.00 increase in the minimum wage from birth through age 5 saw an 8.7% higher likelihood of excellent or very good health and missed 15.6% fewer school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

POLICY

State Minimum Wage



Current State Hourly Minimum Wages (Nominal)



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)

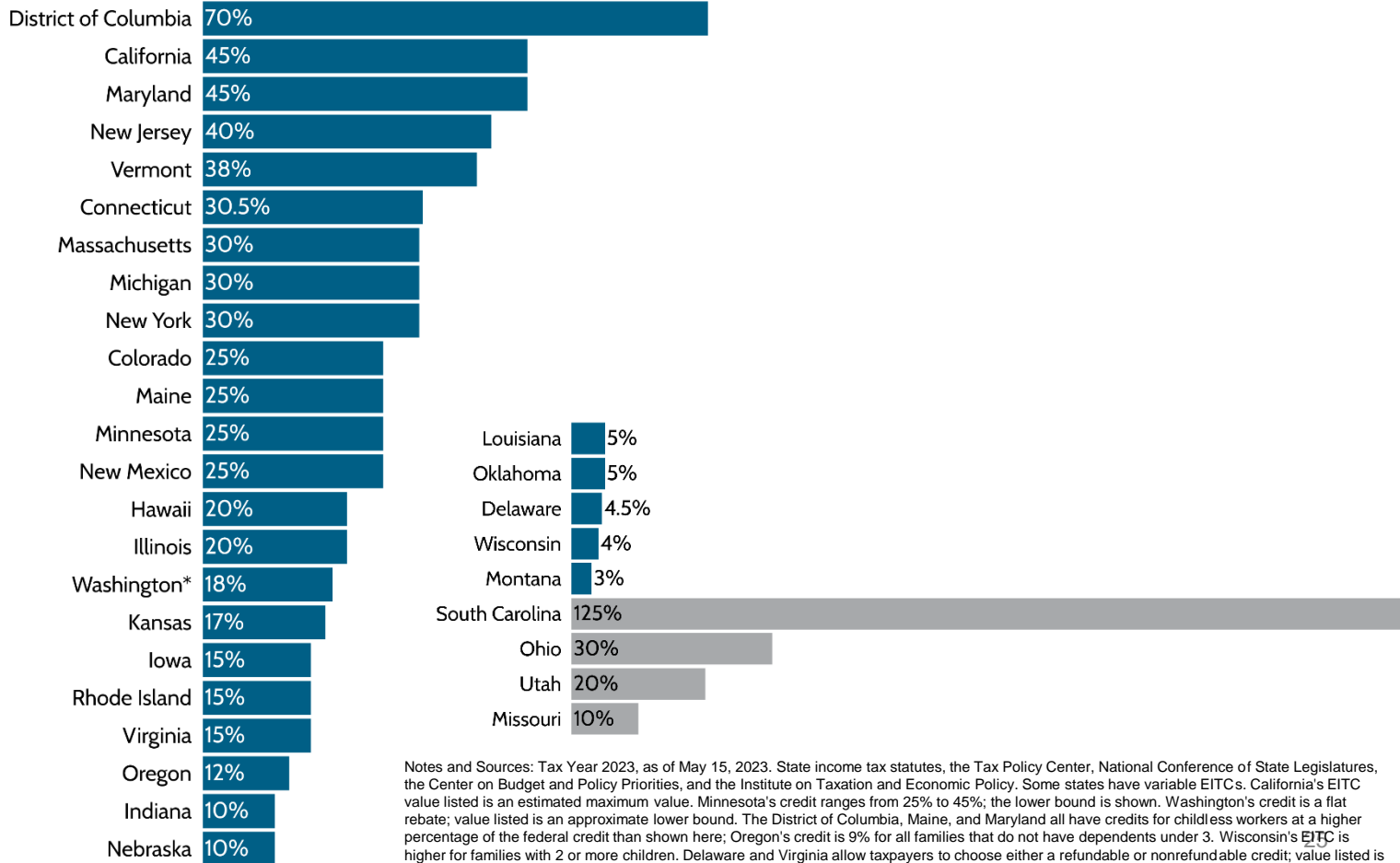
Sufficient Household Resources

- 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)

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.

Variation in Expanded Eligibility to Additional Populations

Younger Tax Filers

CA

CO

IL

ME

MD

MN

NJ

NM

8

States

ITIN Holders

CA

CO

DC

IL

ME

NM

OR

WA

8

States

Other Populations

DC

IL

MA

NY

4

States

As of Tax Year 2023

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	0.4%
California	1	0.0%
Colorado	2	0.1%
Illinois	3	2.4%
Iowa	1	2.6%
Maryland	3	0.7%
Minnesota	1	1.1%
New Jersey	1	0.4%
New Mexico	1	0.0%
North Carolina	6	4.5%
Oklahoma	1	2.4%
Oregon	4	1.7%
South Carolina	1	0.6%
Texas	7	0.9%
Washington	1	0.4%
Wisconsin	1	0.2%

Source: As of 2022. Family Connects International,

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 their child's 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

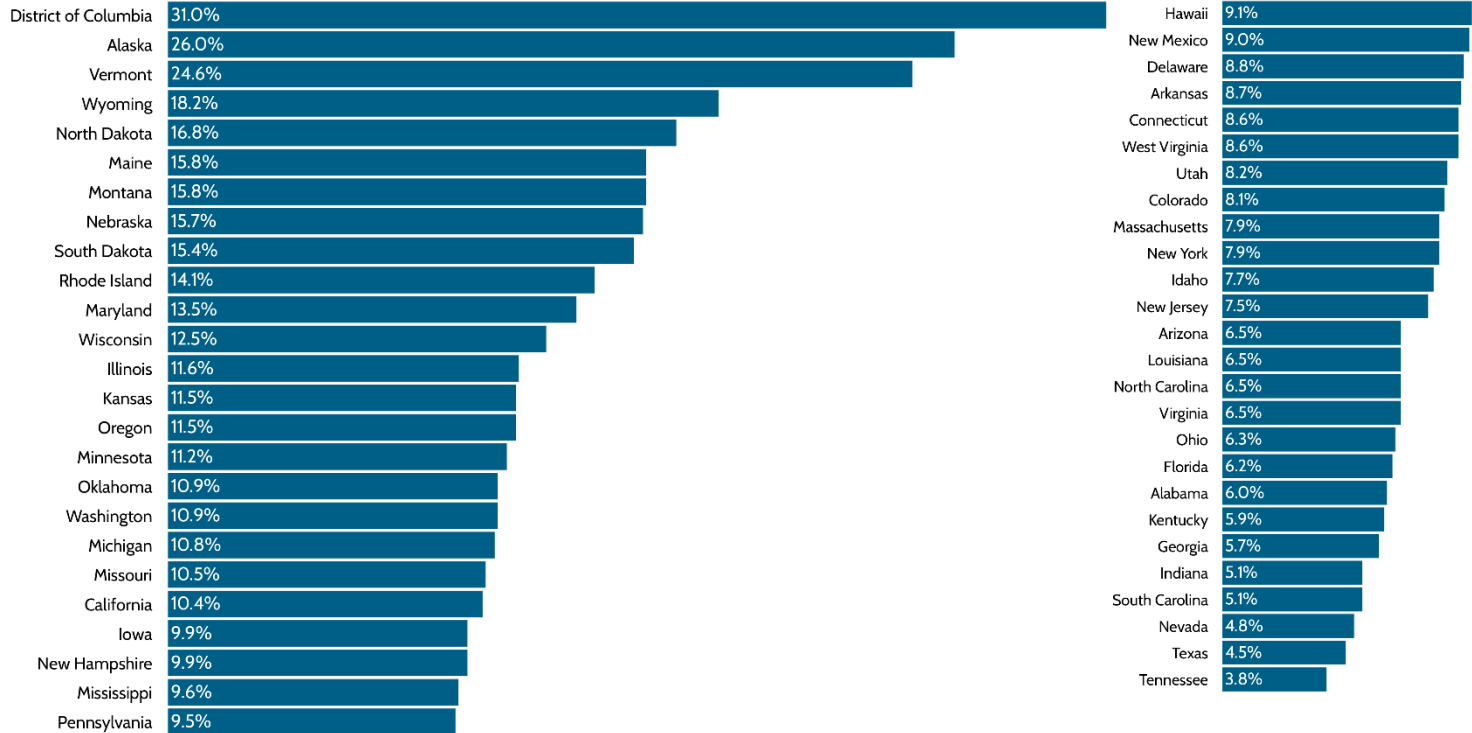
Early Head Start



UNITED STATES

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

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



STRATEGY

How Does Evidence- Based Home Visiting Impact Parenting Outcomes?

Evidence-Based Home Visiting Programs



- 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)

Healthy Families America and Nurse-Family Partnership have some evidence that they reduce indicators related to child maltreatment

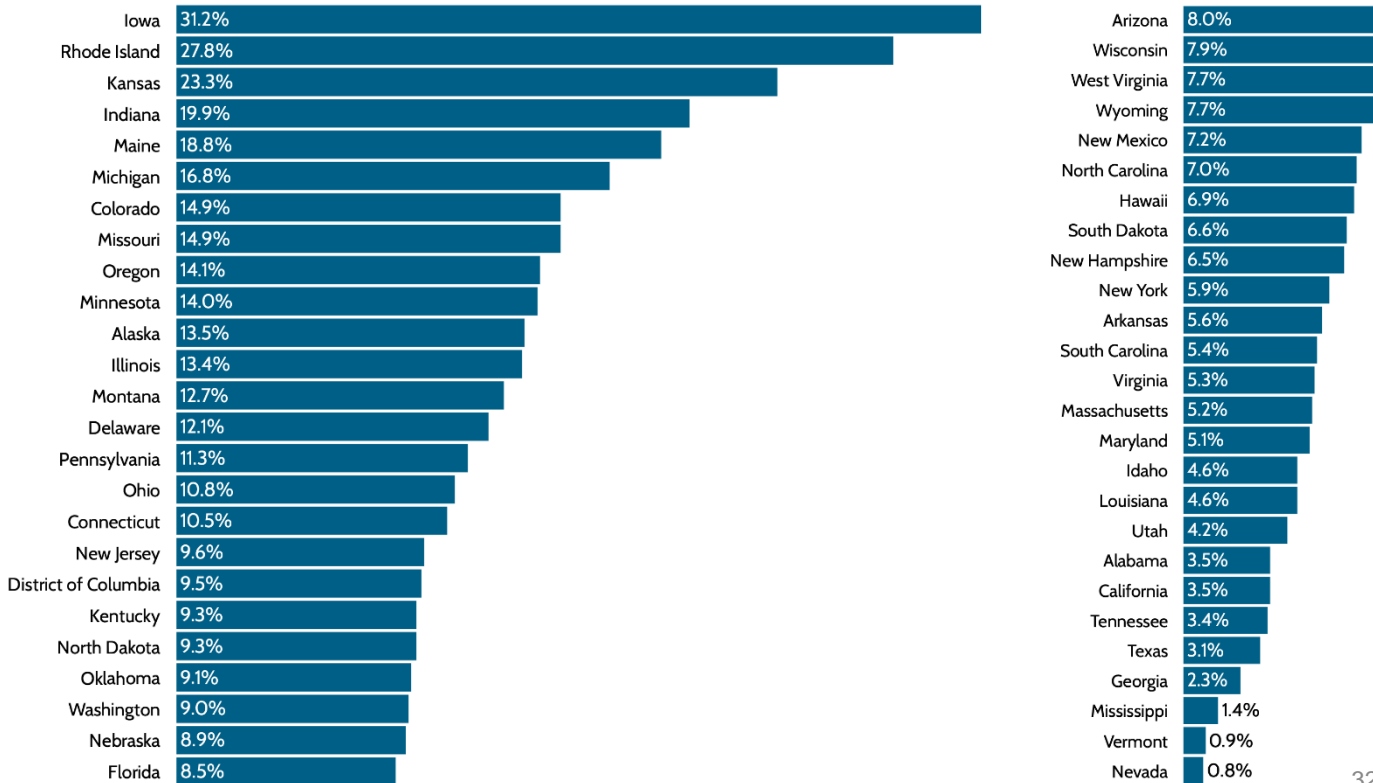
STRATEGY

Evidence-Based Home Visiting



Sources: As of 2021, National Home Visiting Resource Center Yearbook and 2019 & 2021 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



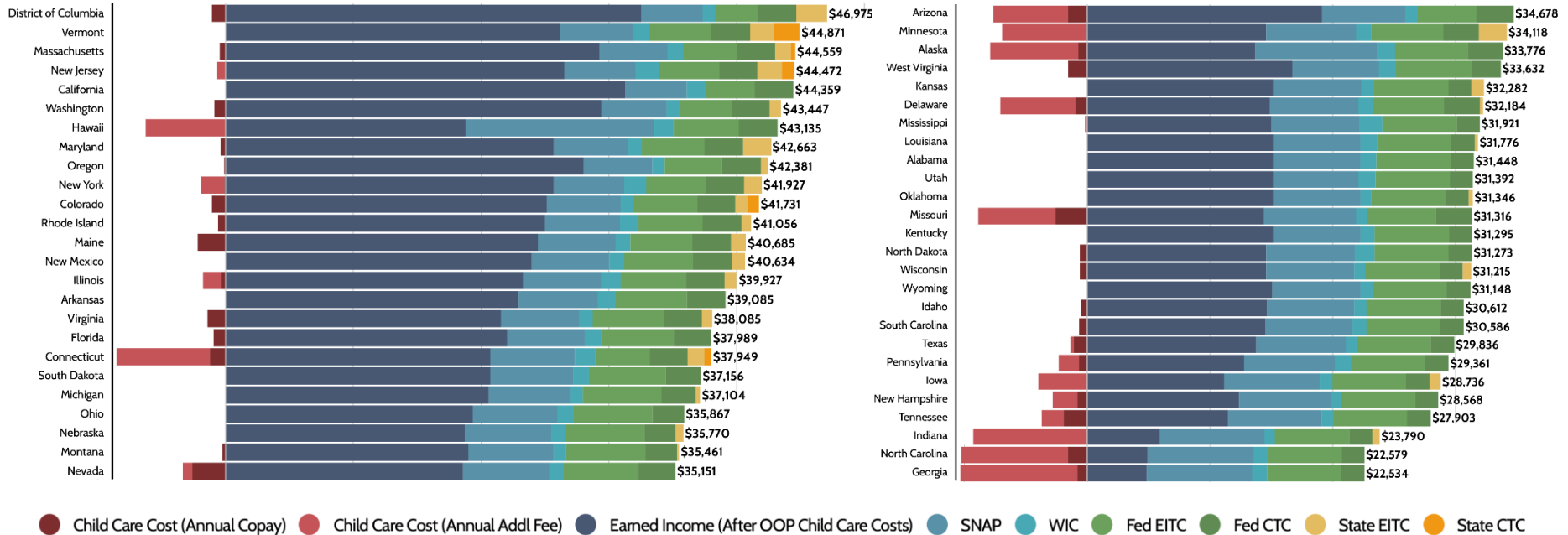


How do the effective policies interact to determine the level of household resources families have available to provide for their children?

- 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

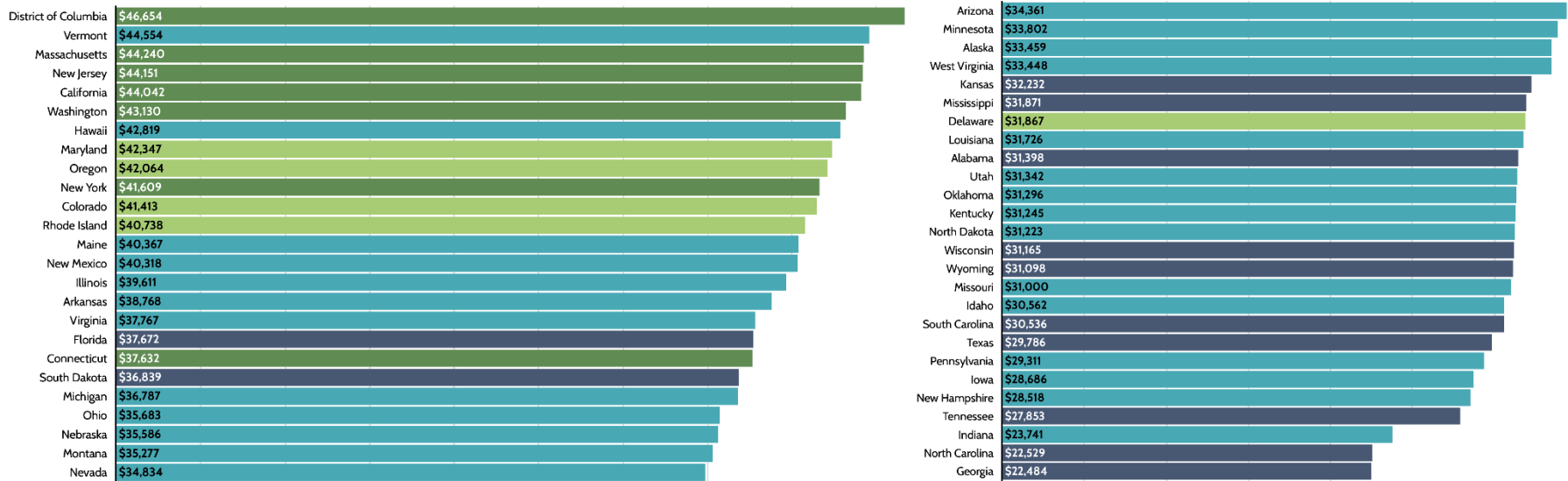
The Impact of State Policy Choices on Family Resources Across States

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.



2023 NATIONAL PRENATAL-TO-3 RESEARCH TO POLICY SUMMIT

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