

June 29, 2022 – NCSL Child Welfare Fellows

Upstream Prevention Strategies to Strengthen Family Success

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

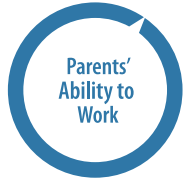
- State policy choices can empower parents and support children's healthy development
- We must care for the caregivers so that they can care for the children
- Systems of support require a combination of broad based economic and family supports AND targeted interventions
- Variation in state policy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

Eight Prenatal-to-3 Policy Goals



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	Rank
Access to Needed Services	% Low-Income Women Uninsured	47.8%	16.7% Median State	3.8%	
	% Births to Women Not Receiving Adequate Prenatal Care	24.9%	14.8% 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	73.5%	60.2% Median State	40.0%	
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	12.1%	6.2% Median State	1.2%	
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.6%	10.1% Median State	8.2%	
	# of Infant Deaths per 1,000 Births	9.1	5.7 Median State	3.1	



UNITED STATES

State Prenatal-to-3 Outcome Measures

Policy Goal	Outcome Measure	Worst State	Median State	Best State	Rank
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	10.9%	4.4%	1.0%	
	% Children < 3 Whose Parent Lacks Parenting Support	24.0%	14.1%	6.4%	
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	75.9%	60.3%	45.4%	
	% Children < 3 Not Nurtured Daily	52.7%	41.7%	28.1%	
	% Children < 3 Whose Parent Reports Not Coping Very Well	46.1%	31.4%	20.1%	
Nurturing and Responsive Child Care in Safe Settings	% Providers Not in QRIS	Updated Data Not Available			
	% Children Without Access to EHS	96.2%	90.9%	69.0%	
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	33.0%	14.8%	7.5%	
	% Children < 3 Not Up to Date on Immunizations	38.4%	26.7%	15.6%	
	Maltreatment Rate per 1,000 Children < 3	39.5	16.3	2.1	

Prenatal-to-3 State Policy Roadmap

- **Core Principles**

- Grounded in the science of the developing child
- Committed to promoting equity
- Guided by the most rigorous evidence, to date

- **Purpose**

- A guide for state policy leaders to develop and implement the most effective investments that states can make to empower parents and ensure all children thrive from the start

- **Approach**

- Identified 5 effective policies and 6 effective strategies that positively impact PN-3 outcomes
- Tracking annual state progress toward policy adoption and implementation of the 11 solutions
- Monitoring the wellbeing of infants and toddlers in each state, and progress toward reducing disparities in opportunities and outcomes

Summary

POLICIES

Expanded Income Eligibility for Health Insurance

Reduced Administrative Burden for SNAP

Paid Family Leave

State Minimum Wage

State Earned Income Tax Credit

STRATEGIES

Comprehensive Screening and Connection Programs

Child Care Subsidies

Group Prenatal Care

Evidence-Based Home Visiting Programs

Early Head Start

Early Intervention Services

DATA

Outcomes

Demographic Characteristics

2021 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 have the opportunity to 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 opportunities 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:

- Implement the most effective state-level policies and strategies to date that foster nurturing environments and promote equity.
- Monitor the state's progress toward adopting and fully implementing these effective solutions, and
- Measure the wellbeing of infants and toddlers in each state.

To choose a State Policy Roadmap click on the map or select from the dropdown below.

Select a State: United States

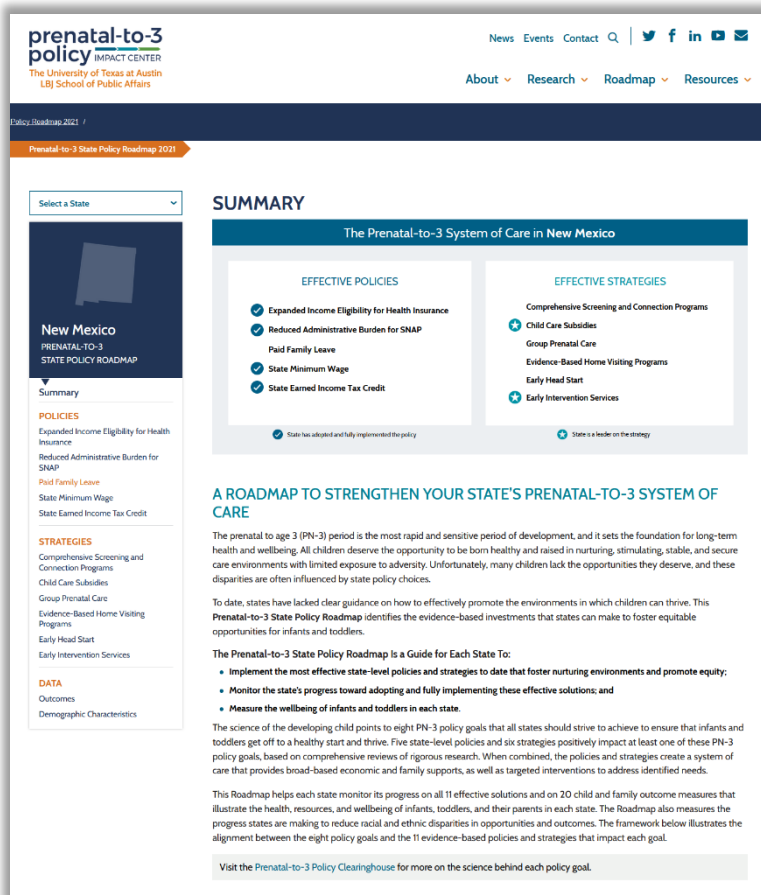
Map showing state abbreviations: AK, ME, WI, VT, NH, WA, ID, MT, ND, MN, IL, MI, NY, MA, OR, NV, WY, SD, IA, IN, OH, PA, NJ, CT, RI, CA, UT, CO, NE, MO, KY, WV, VA, MD, DE, AZ, NM, KS, AR, TN, NC, SC, DC, OK, LA, MS, AL, GA, HI, TX, FL.

2021 Prenatal-to-3 State Policy Roadmap

pn3policy.org/roadmap



2021 Prenatal-to-3 State Policy Roadmap: State Summary for New Mexico



Summary

The Prenatal-to-3 System of Care in New Mexico

EFFECTIVE POLICIES	EFFECTIVE STRATEGIES
<ul style="list-style-type: none"> Expanded Income Eligibility for Health Insurance Reduced Administrative Burden for SNAP Paid Family Leave State Minimum Wage State Earned Income Tax Credit 	<ul style="list-style-type: none"> Comprehensive Screening and Connection Programs Child Care Subsidies Group Prenatal Care Evidence-Based Home Visiting Programs Early Head Start Early Intervention Services

Summary

POLICIES

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

STRATEGIES

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

DATA

- Outcomes
- Demographic Characteristics

A ROADMAP TO STRENGTHEN YOUR STATE'S PRENATAL-TO-3 SYSTEM OF CARE

The prenatal to age 3 (PN-3) period is the most rapid and sensitive period of development, and it sets the foundation for long-term health and wellbeing. All children deserve the opportunity to be born healthy and raised in nurturing, stimulating, stable, and secure care environments with limited exposure to adversity. Unfortunately, many children lack the opportunities they deserve, and these disparities are often influenced by state policy choices.

To date, states have lacked clear guidance on how to effectively promote the environments in which children can thrive. This Prenatal-to-3 State Policy Roadmap identifies the evidence-based investments that states can make to foster equitable opportunities for infants and toddlers.

The Prenatal-to-3 State Policy Roadmap is a Guide for Each State To:

- Implement the most effective state-level policies and strategies to date that foster nurturing environments and promote equity;
- Monitor the state's progress toward adopting and fully implementing these effective solutions; and
- Measure the wellbeing of infants and toddlers in each state.

The science of the developing child points to eight PN-3 policy goals that all states should strive to achieve to ensure that infants and toddlers get off to a healthy start and thrive. Five state-level policies and six strategies positively impact at least one of these PN-3 policy goals, based on comprehensive reviews of rigorous research. When combined, the policies and strategies create a system of care that provides broad-based economic and family supports, as well as targeted interventions to address identified needs.

This Roadmap helps each state monitor its progress on all 11 effective solutions and on 20 child and family outcome measures that illustrate the health, resources, and wellbeing of infants, toddlers, and their parents in each state. The Roadmap also measures the progress states are making to reduce racial and ethnic disparities in opportunities and outcomes. The framework below illustrates alignment between the eight policy goals and the 11 evidence-based policies and strategies that impact each goal.

Visit the Prenatal-to-3 Policy Clearinghouse for more on the science behind each policy goal.

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

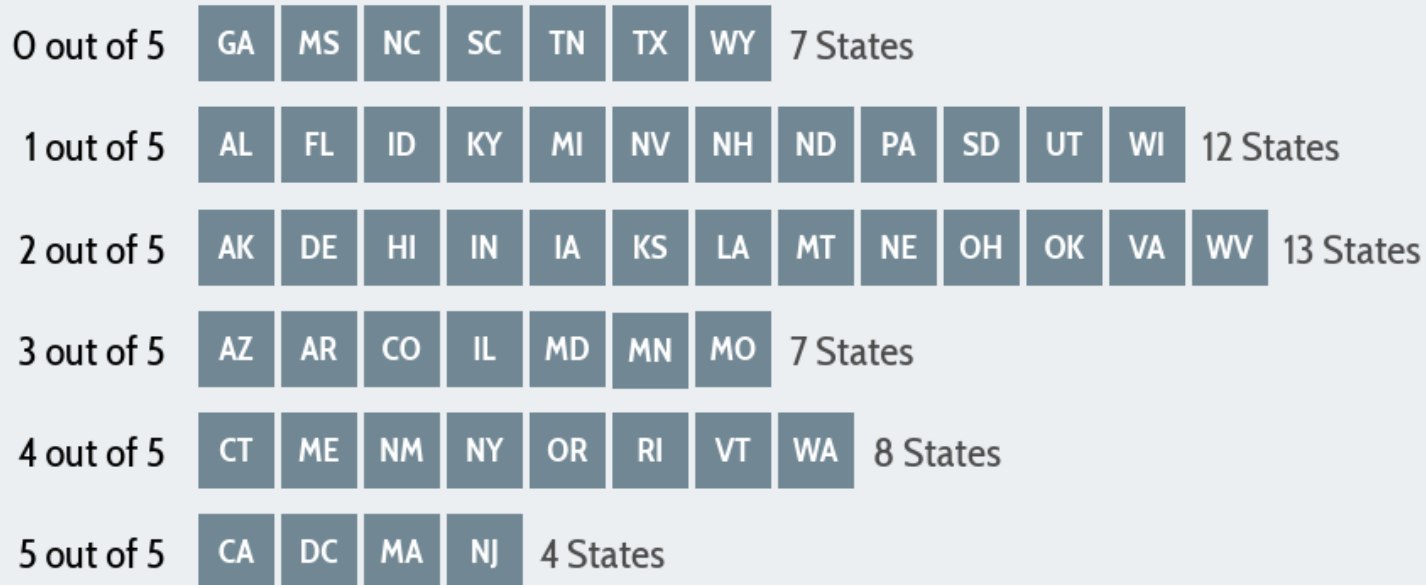
Comprehensive Screening and Connection Programs	●						●	
Child Care Subsidies	●	●	●					
Group Prenatal Care	●				●			●
Evidence-Based Home Visiting Programs						●		
Early Head Start					●	●	●	●
Early Intervention Services					●			●

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



5 Additional States Fully Implemented a Roadmap Policy in 2021 (MO implemented 2!)

Expanded Income Eligibility for Health Insurance



Reduced Administrative Burden for SNAP



Paid Family Leave




State Minimum Wage



State Earned Income Tax Credit



 State has newly adopted and fully implemented the policy since October 1, 2020

Note: Due to additional evidence on how states can effectively reduce administrative burden for SNAP, 2021 is a new baseline year, and we do not show changes in the past year.

Effective Policies to Reduce Child Maltreatment

- Medicaid Expansion led to:
 - .53 fewer infant deaths per 1000 births among Hispanic infants
- Paid Family Leave
 - Led to a decrease in hospital admissions for pediatric head trauma:
 - Decline of 2.8 per 100,000 children under age 2
 - Decline of 5.1 per 100,000 children under age 1
- State Minimum Wage
 - A \$1.00 increase in the minimum wage:
 - Reduced child neglect reports by 9.6% overall, and by 10.8% for children < 5
 - Reduced spanking of children at age 3 by 7.4% for mothers and 7.8% for fathers
- State Earned Income Tax Credit
 - Each 10 ppt increase in a refundable state EITC led to a 9% decline in neglect reports for children < 5
- Early Head Start
 - EHS participants were less likely to spank their child at age 3, and had more positive parenting practices

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.



2020: 37 states

 State has newly adopted and implemented the policy since October 1, 2020

United States

Two new states – Missouri and Oklahoma – adopted and fully implemented the Medicaid expansion under the ACA this year.

Eleven of the 12 states that have not yet expanded Medicaid considered legislation or a ballot initiative process to adopt the policy.

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)



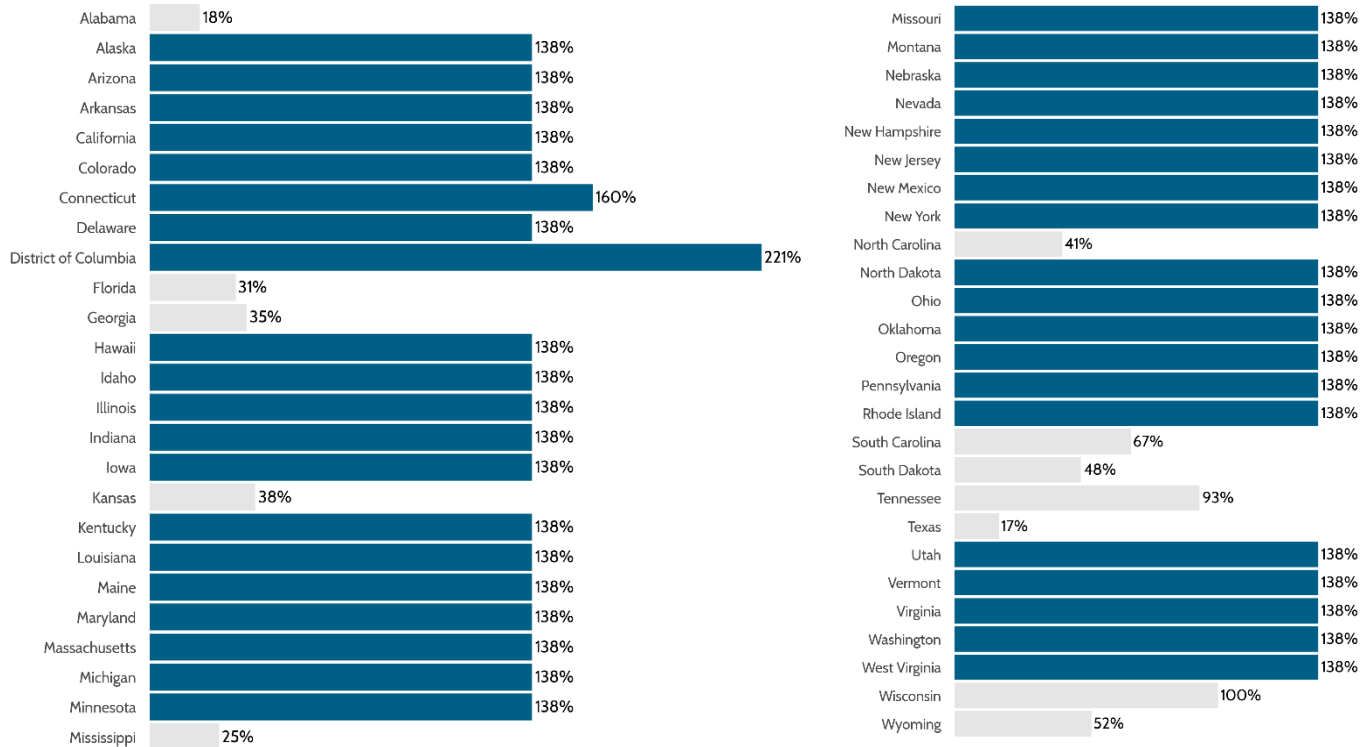
- 0.53 fewer infant deaths per 1,000 live births among Hispanic infants (V)
- 16.3 fewer Black maternal deaths per 100,000 live births (7.01 per 100,000 live births in the overall population) (J)

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



UNITED STATES

POLICY: Medicaid Expansion



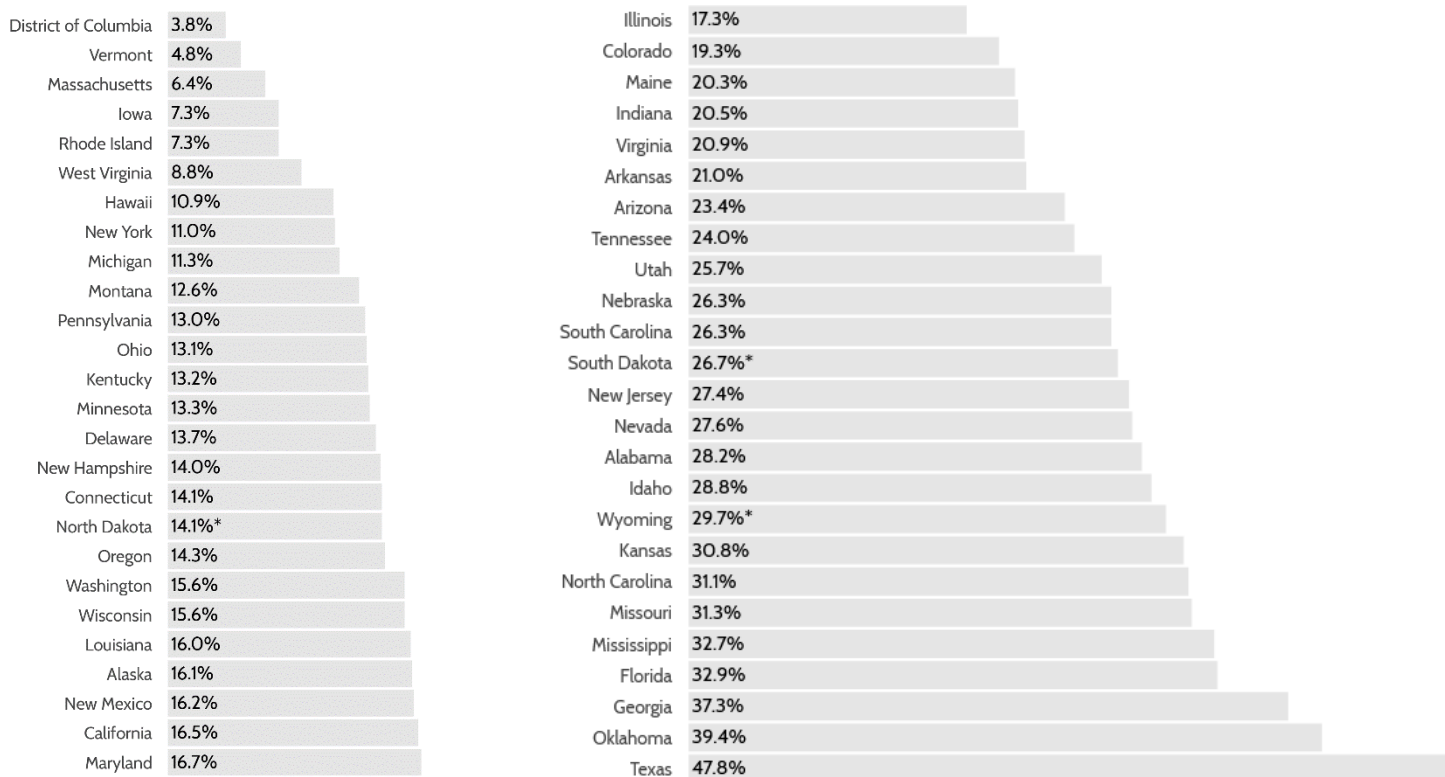
As of January 1, 2021. Kaiser Family Foundation and Medicaid state plan amendments (SPAs). Blue bar indicates that the state has expanded Medicaid.



UNITED STATES

**POLICY:
Medicaid
Expansion**

% Low-Income Women of Childbearing Age Without Health Insurance



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

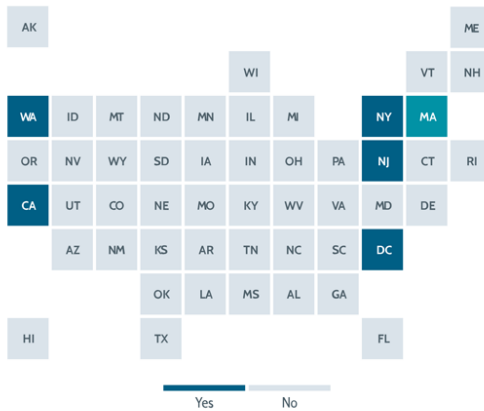
A paid family leave program of a minimum of 6 weeks is an effective state policy to impact:



UNITED STATES

POLICY:
Paid Family Leave
(as of 2021-CT implemented PFL in 2022)

6 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.



2020: 5 states

 State has newly adopted and implemented the policy since October 1, 2020

United States

Of the 10 states that have adopted a statewide paid family leave program, six have fully implemented benefits of at least 6 weeks.

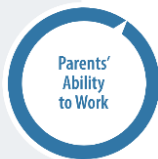
In the last year, 23 states introduced legislation to adopt a paid family leave program of at least 6 weeks.

One state, Massachusetts, fully implemented its new paid family program, and four states are set to implement paid family leave programs of at least 6 weeks by 2024.

How Does Paid Family Leave Impact PN-3 Outcomes?



- An increase in leave-taking in the first year after birth of 5 weeks for mothers and 2 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 (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 less-educated, low-income, and single mothers (M)

How Does Paid Family Leave Impact PN-3 Outcomes?

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)
- An 8.2 percentage point decrease in parental risk of being overweight (P)
- 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 low-income families (E)
- A decrease in hospital admissions for pediatric abuse 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)

Variation Across States in Paid Family Leave Benefits and Administration

State	Implementation Timeline	Current Maximum Number of Weeks of Benefit	Current Maximum Dollar Value of Weekly Benefit	Current Benefit as Percentage of Wages	Funding and Administration Mechanisms
California	Enacted in 2002; benefits available in 2004	8	\$1,357	Between 60% and 70% of the worker's average weekly wage, depending on their income. Very low-wage workers receive a fixed benefit amount set by statute, which may result in higher wage replacement rates.	Workers cover the full cost through a payroll deduction currently set at 1.2% of wages (does not apply to wages over \$128,298/year). The program is administered through an existing state government department.
Colorado	Enacted in 2020; premiums effective in 2023; benefits available in 2024	12	\$1,100	90% of the worker's average weekly wage for the portion of their wages equal to or less than 50% of the state average weekly wage; and then 50% of the portion of their wages above 50% of the state average weekly wage.	Workers and employers share the cost. Up to 50% of the premium can be withheld from workers' wages; employers (with more than 10 employees) contribute at least 50% of the premium. Initially, the total premium will be 0.9% of wages. Premiums do not apply to wages above the Social Security contribution base. The program is administered through a new state government division.
Connecticut	Enacted in 2019; premiums effective in 2021; benefits available in 2022	12	\$780	95% of the worker's average weekly wage for the portion of their wages equal to or less than 40 times the state minimum wage; and then 60% of the portion of their wages above 40 times the state minimum wage.	Workers cover the full cost, currently set at 0.5% of wages. Contributions do not apply to wages above the Social Security contribution base. The program is administered through a new quasi-public agency.
District of Columbia	Enacted in 2017; benefits available in 2020	8	\$1,000	90% of the worker's average weekly wage for the portion of their wages equal to or less than 60 times the DC minimum wage; and then 50% of the portion of their wages above 60 times the DC minimum wage.	Employers cover the full cost and contribute 0.62% of the wages of covered workers. The program is administered through a new state government office.
Massachusetts	Enacted in 2018; premiums effective in 2019; benefits available in 2021	12	\$850	80% of the worker's average weekly wage for the portion of their wages equal to or less than 50% of the statewide average weekly wage; and then 50% of the portion of their wages above 50% of the statewide average weekly wage.	Workers cover the full cost, currently set at 0.75% of wages. Premiums do not apply to wages above the Social Security contribution base. The program is administered through a new state government department.

Variation Across States in Paid Family Leave Benefits and Administration

State	Implementation Timeline	Current Maximum Number of Weeks of Benefit	Current Maximum Dollar Value of Weekly Benefit	Current Benefit as Percentage of Wages	Funding and Administration Mechanisms
New Jersey	Enacted in 2008; premiums effective & benefits available in 2009	12	\$903	85% of the worker's average weekly wage.	Workers cover the full cost through a payroll deduction, currently set at 0.28% of wages. This deduction does not apply to wages above \$138,200/year. The program is administered through an existing state government department.
New York	Enacted in 2016; benefits available in 2018 (maximum benefit of 12 weeks available in 2021)	12	\$972	67% of the worker's average weekly wage.	Workers cover the full cost through a payroll deduction, currently set at 0.511% of wages. This deduction does not apply to wages above \$1,450.17/ week. The program is administered through an existing state government department.
Oregon	Enacted in 2019; premiums effective & benefits available in 2023	12	\$1,497	100% of the worker's average weekly wage for the portion of their wages equal to or less than 65% of the statewide average weekly wage; and then 50% of the portion of their wages above 65% of the statewide average weekly wage.	Workers and employers share the cost. Up to 60% of the premium can be withheld from workers' wages; employers (with more than 25 employees) contribute at least 40% of the premium. The total premium will not exceed 1% of wages. Premiums do not apply to wages above \$132,900/year. The program is administered through an existing state government department.
Rhode Island	Enacted in 2013; benefits available in 2014 (benefits increase to 6 weeks in 2022, with maximum benefit of 8 weeks available in 2023)	4	\$978	60% of the worker's average weekly wage.	Workers cover the full cost through a payroll deduction, currently set at 1.3% of wages. This deduction does not apply to wages above \$74,000/year. The program is administered through an existing state government department.
Washington	Enacted in 2017; premiums effective in 2019; benefits available in 2020	12	\$1,206	90% of the worker's average weekly wage for the portion of their wages equal to or less than 50% of the statewide average weekly wage; and then 50% of the portion of their wages above 50% of the statewide average weekly wage.	Workers cover the full cost, currently set at 0.13% of wages. Premiums do not apply to wages above the Social Security contribution base. The program is administered through an existing state government department.

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

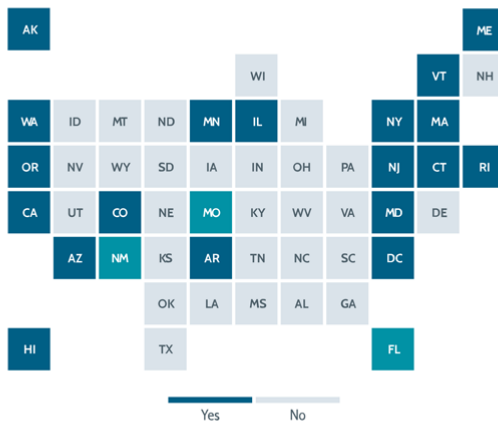


UNITED STATES

POLICY:
State
Minimum
Wage

22

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



2020: 19 states

 State has newly adopted and implemented the policy since October 1, 2020

United States

In the last year, three states increased their minimum wage to at least \$10.00. Three more states will pass the \$10.00 threshold in 2022, and a total of 11 states will have a \$15.00 minimum wage by 2026.

All 20 states that currently have a minimum wage equal to the federal minimum of \$7.25 considered legislation to increase their minimum wage to at least \$10.00.

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

Sufficient Household Resources

- 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 low-income families and produced a 4.9% reduction in poverty for children under age 18 (B)

Healthy and Equitable Births

- A \$1.00 minimum wage increase above the federal level led to approximately 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 for gestational age (O)

Optimal Child Health and Development

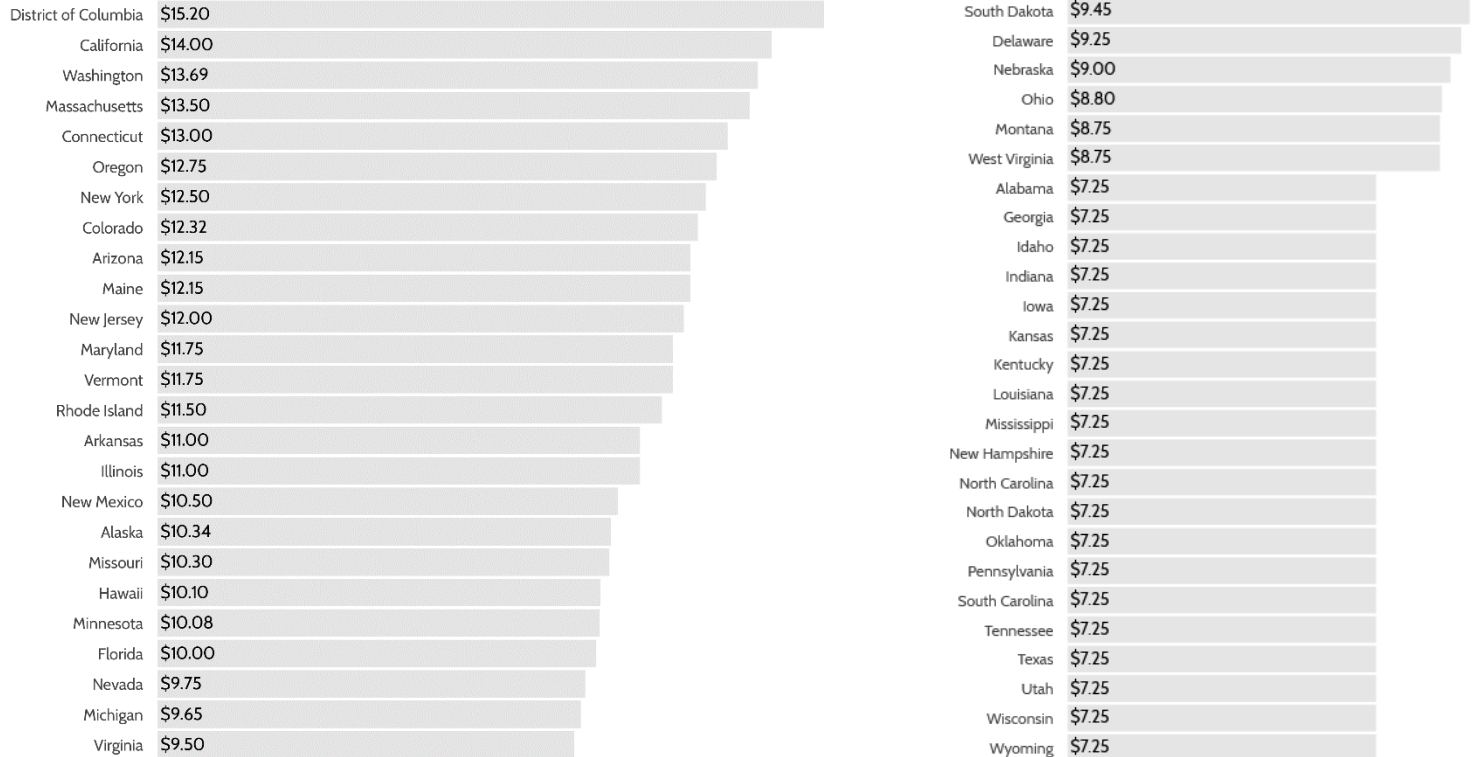
- A \$1.00 increase in the minimum wage reduced child neglect reports by 9.6% overall and by 10.8% for children ages 0 to 5 (G)
- Children affected by a \$1.00 increase in the minimum wage from birth through age 5 saw an 8.7% higher likelihood of excellent or very good health and missed 15.6% fewer school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

Current State Minimum Wages

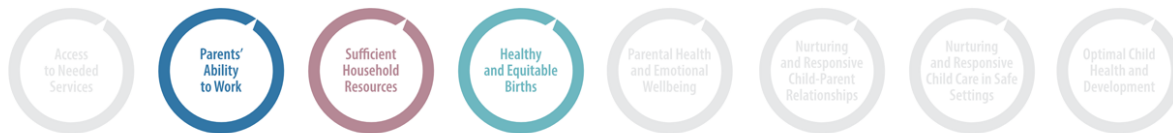


UNITED STATES

POLICY:
State
Minimum
Wage



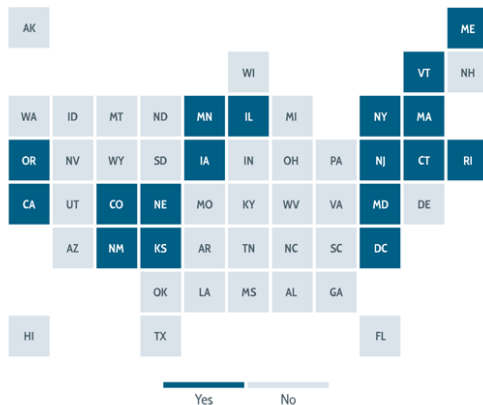
A refundable state EITC of at least 10% of the federal EITC is an effective state policy to impact:



UNITED STATES

POLICY:
State
Earned
Income Tax
Credit

18 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.



2020: 18 states

United States

In the last year, 36 states proposed legislation related to adopting a state EITC, expanding eligibility of an existing state EITC, increasing the generosity of an EITC, or investing in public education and tax preparation assistance related to increasing the take-up of a state EITC.

How Does a State EITC Impact PN-3 Outcomes?



- Unmarried mothers with children under age 3 were 9 percentage points more likely to work with each additional \$1,000 in average EITC benefits (federal plus state) (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 boosted the likelihood of mothers' employment (for at least one week per year) by 19% (B)



- State EITCs boosted 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)

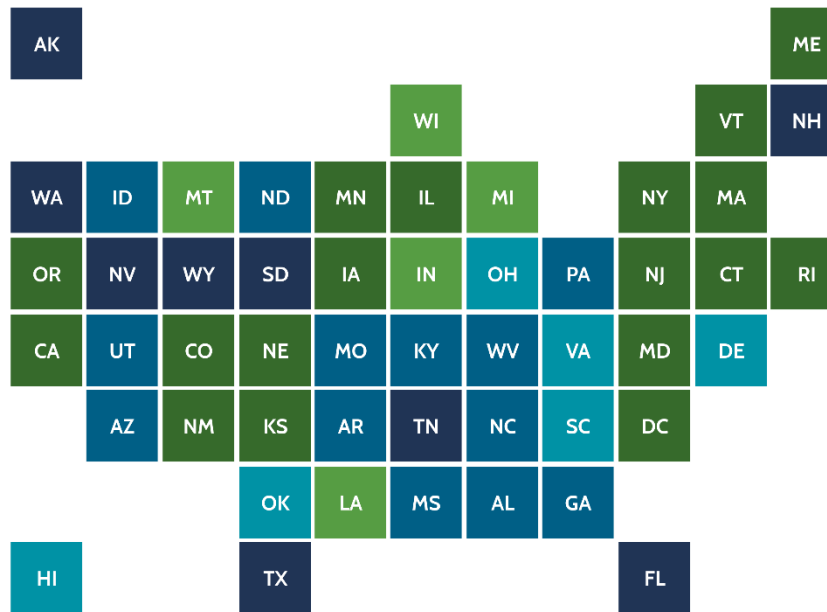


- The state EITC led to increases in birthweight of between 16 grams and 104 grams, depending on the credit's generosity level (B, CC)
- In states with refundable EITCs of at least 10% of the federal credit, Black mothers with a high school education or less saw greater reductions in low birthweight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



Roll over each state to view a state's EITC value as a % of the federal EITC.

Refundable EITC of at Least 10%

Refundable EITC <10%

Nonrefundable EITC

No EITC

No EITC and No Income Tax



UNITED STATES

STRATEGY:
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 serve a substantial percentage of low-income children.

State leaders:



How Does Early Head Start Impact PN-3 Outcomes?



Parental Health
and Emotional
Wellbeing

- Parents participating in EHS reported lower distress associated with parenting 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

- The share of children participating in good-quality center-based care was 3 times greater among children in EHS at age 2 (K)
- In center-based care, caregiver-child interactions were better among EHS participants than among nonparticipants (K)



Optimal Child
Health and
Development

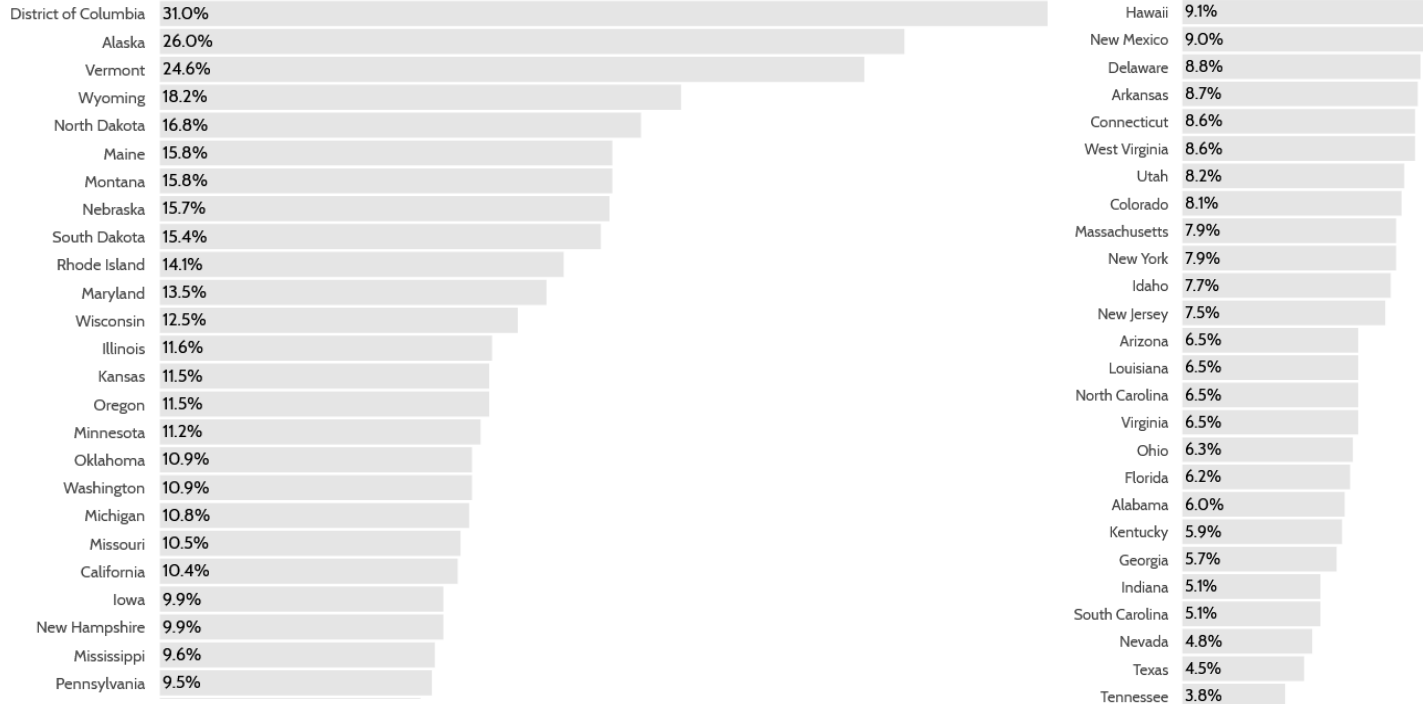
- Children in EHS were more engaged with a parent during play at age 3 (J, S: effect size 0.18)
- Children in EHS had higher developmental functioning assessment scores at age 2 (I, S: effect size 0.14), particularly Black children in EHS (N: effect size 0.23)
- Children in EHS had higher vocabulary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

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



UNITED STATES

**STRATEGY:
Early Head Start**



How Do Evidence-Based Home Visiting Programs 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)

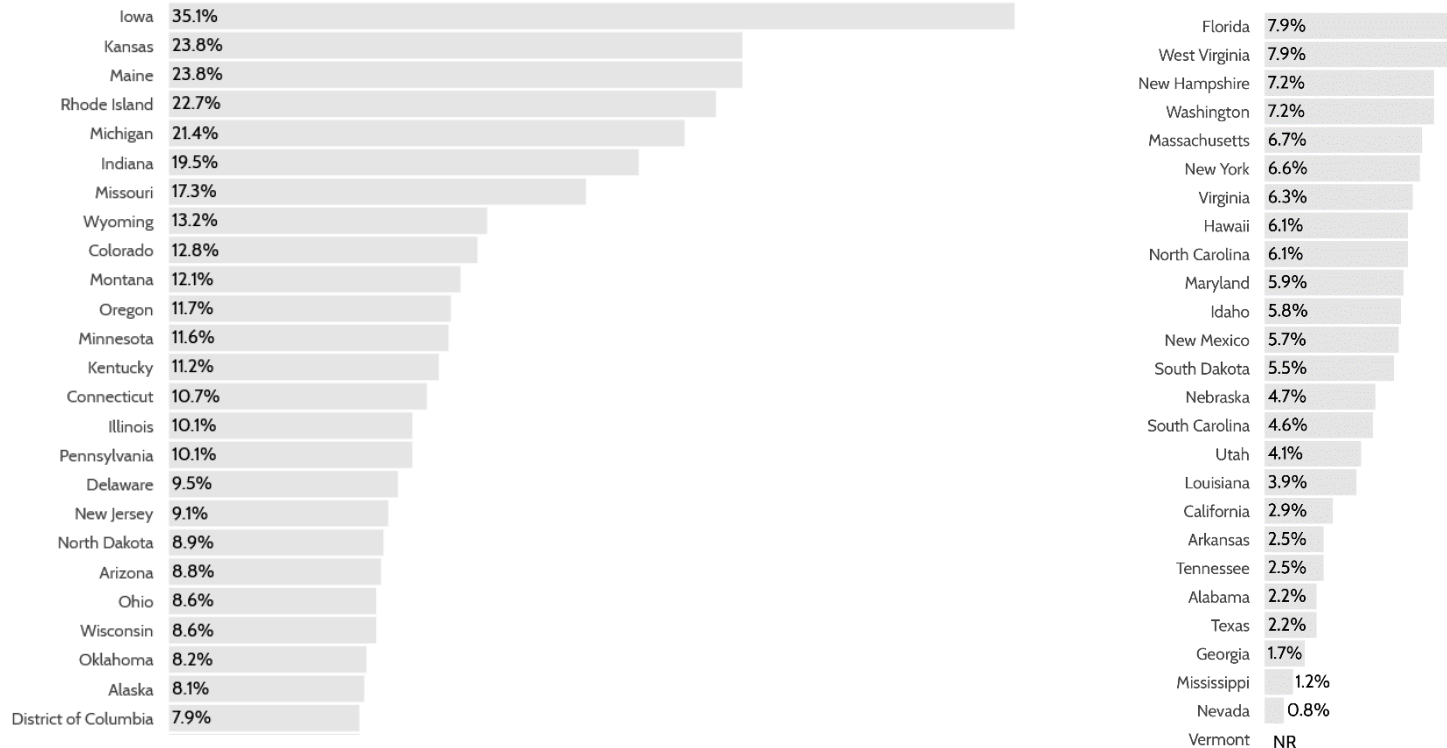
Healthy Families America and Nurse Family Partnership have some evidence that they reduce indicators related to child maltreatment

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



UNITED STATES

STRATEGY:
Evidence-Based Home Visiting Programs





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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