prenatal-to-3 policy IMPACT CENTER | VANDERBILT Peabody College

2025 Prenatal-to-3 Research to Policy Summit

Q&A

I'm particularly interested in the emerging strategies around literacy. Do you all know of any that apply a two-generation approach to bolstering adult literacy alongside supporting emergent readers?

You may be interested in reading more about shared book reading programs, which provide education and training to parents on how to promote their children's emergent literacy skills. Our evidence review includes findings from rigorous studies of two programs: Language Environment Analysis (LENA) Start and Tune In, Talk More, Take Turns (3Ts)–Home Visiting.

- You can learn more in the Roadmap here: https://pn3policy.org/pn-3-state-policy-roadmap-2025/emerging-strategies/
- You can also learn more in the Clearinghouse here: https://pn3policy.org/policy-clearinghouse/shared-book-reading-programs/

I am wondering about the minimum wage and how it applies to different states. I am really struck by the $10 amount, and that across all states, that would make a significant difference that are more urban areas with high costs of living.

You are absolutely right. In the state minimum wage profile in the Roadmap you can see how the minimum wage varies across states when adjusted for the cost of living.

Can you repeat that statistic mentioned earlier? Something along the lines of how a 25-cent increase in minimum wage can result in $520 or so increase in total income, and it covers a certain amount of groceries? It sounded "wow" to me!

A $0.25 per hour increase to the state minimum wage translates into an additional $520 in annual income for a full-time worker earning minimum wage, which is enough to cover 4 weeks of groceries for a single parent with two young children. You can also learn more in the Clearinghouse here: https://pn3policy.org/policy-clearinghouse/shared-book-reading-programs/

Surprised to see that housing policy didn't make the roadmap. Any research there?

You are right that housing policy is so important—our families with young kids are at a high risk of housing instability and homelessness. We have been in conversation with several partners about housing policy and are working on digging in on what we know and don't yet know in research. If helpful, there is some really great work being done by Thrive from the Start, both as a collective group and among these individual organizations. Our organization hopes to speak more about housing policy at the state level in the coming year.

Is there data to support increased outcomes in maternal and perinatal outcomes with states that now fund doulas?

Excellent question! We know broadly from the research base that community-based doulas are linked to improved maternal and perinatal outcomes. We are absolutely going to start trying and linking these policy changes in states to outcomes soon. The lag in when outcome data are available means we have to typically wait a few years to be able to link the policy change to outcome data, but we are on it!

All these policies sound like things a conservative could denounce as a "tax-and-spend" liberal agenda. What reactions are you getting from conservatives/Republicans?

We have partnered with policymakers from both sides of the aisle who are seeking evidence-based strategies and policies to help children thrive from the start! We are also making a concerted effort to work with more conservative states on the challenges they face related to these policies.

Could you provide a bit more information about the Newborn Tax Credit or resources for it?

This is a newer trend, so we still need to learn a lot more, but Indiana, Montana, New York, and Virginia introduced tax credits that are specifically for children born in the tax year, ranging from $500 to $3,000. Wisconsin and Virginia also proposed tax credits for parents who experience a stillborn in the tax year.

Is there data to support the increase in minimum wage positively impacting access to care for this population? It would be great to have this when messaging return on investment.

So far, the existing evidence suggests higher state minimum wages have null impacts on access to care; however, this hasn't been as widely examined in rigorous studies as other outcomes. You can find more information in our full evidence review here. Our evidence review did find two studies that show increasing minimum wages has reduced public assistance use, which also relates to return on investment

Where does infant/early childhood mental health fit into the priority areas?

Infant and early childhood mental health is something that aligns with many of the Roadmap policies and strategies and is an important indicator of overall child wellbeing.

Can you point us to the information shared verbally about state action on child care ratios?

We have written narratives that summarize each state's legislative progress for each of the policies and strategies. You can find them at the bottom of each profile in the Roadmap. The legislative update on ratios was provided in our weekly Legislative Trends newsletter.

Could you share a little bit about what the new work Medicaid requirements will mean for employers whose workers rely on Medicaid? I'm thinking, specifically, of child care programs whose staff receive health coverage through Medicaid. What new burdens will center directors now have to shoulder to demonstrate that their staff are qualified?

The new law does ask that states utilize database wage data or other means to verify hours or exemptions without asking employers or enrollees. But this will depend on the availability of those data sources and how best to tap them. We have a lot of concerns about this— especially child care centers— and have the same questions. We hope the rules from CMS help to clarify or give states tools to help.

Can you dwell more on the health impact of the PN-3 policy from findings? In what areas of child health outcomes have you started seeing the most impact?

Your question is so timely! We know broadly from the research base that all the roadmap policies and strategies are linked to improved outcomes in various areas, and that our broad economic policies specifically have robust links to improved child health outcomes. We are absolutely going to start trying to link specific policy changes in states to outcomes soon. The lag in when outcome data are available means we have to typically wait a few years to be able to link the policy change to outcome data, but we are on it! Additionally, we have an entire database that we are putting together that will contain all our roadmap policy data and outcome data, which will allow folks to use this data to answer their specific research questions. Much more soon!

Can you repeat the statistic about 1 in 4 children being in a mixed immigration family?

This is the resource where you'll find more information on that statistic.

Would it be possible in the future to have different characters to toggle between rather than just Lina?

We are planning to expand the Policy Impact Calculator to allow for this in the future. We will likely start with income and family structure, but if other points are particularly helpful for you, please reach out to us to let us know. Your feedback is valuable!

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How are policy groups looking at creating a pediatric rate for reimbursement as a separate model - so if the current sub is average commercial rate, and that and Medicaid are 95% of pediatrics - (Medicare isn't really a proxy or payor in the mix for children's) ...

This is a great question -- I'm not sure about policy groups on the specifics of rates but there are certainly efforts in a number of states to boost primary care rates -- including in MA, which pays higher rates for pediatric practices meeting certain standards. The AAP has a policy statement on financing medical homes as well. A new pre-release National Academy of Sciences report on early relational health also discusses the opportunity to boost payments for "high-performing medical homes" drawing from a range of papers on the subject.

Can you share ideas for how to get insight on time to coverage for pregnancy Medicaid (in Georgia)? We are seeing rising inadequate prenatal care and trying to understand how much lags in Medicaid are driving.

Some of the Medicaid Core Set metrics can answer questions specific to Medicaid. We have the 2023 Core set measure on this page (scroll down to the maternal health metrics at the bottom). Looks like almost 80% of women on Medicaid got "timely" prenatal care and can look up 2024. BUT that is among those already enrolled. But GA also has presumptive eligibility for pregnant women- so once they apply, it should go into effect immediately. One question you may want to ask is about outreach and education to folks about Medicaid coverage availability. If you're not already working with Voices for GA's Children or GEEARs, they may have more insight as GA-specific Medicaid-knowledgeable folks.

How or do we think the rural health transformation grant will actually help or supplement the Medicaid losses?

To be clear, the Rural Health Fund will not make up for estimated hospital revenue losses. And CMS and states have ultimate discretion about where funds go, whether rural hospitals or others. It may be a (small) opportunity to propose things that moms and babies need in rural areas; however, that could eventually be scaled or matched with Medicaid dollars. We have blogs here and here with more details and ideas.