

ACCESS TO NEEDED SERVICES

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

Examples of Impact

Effective state policies and strategies to impact **Access to Needed Services**

EFFECTIVE POLICIES

Expanded Income Eligibility for Health Insurance	<ul style="list-style-type: none">• Medicaid expansion led to an 8.6 percentage point increase in preconception Medicaid coverage (B)• Medicaid expansion led to 0.9 more months of Medicaid coverage postpartum (I)• Medicaid expansion led to a 5.1 to 8.4 percentage point increase in rates of recommended perinatal screenings (D)
Reduced Administrative Burden for SNAP	<ul style="list-style-type: none">• Recertification intervals longer than 12 months led to an 11.4 percentage point increase in SNAP participation among households with children (12 percentage points among female-headed households) (E)• The elimination of policies that added transaction costs and stigma to SNAP participation explained 14.6% of the SNAP caseload increase from 2000 to 2016 (A)• Policies lengthening recertification intervals to longer than 3 months were associated with a 5.8% increase in SNAP participation from 2000 to 2009 (K)
Paid Family Leave	<ul style="list-style-type: none">• Access to paid family leave increased leave-taking by 5 weeks for mothers and 2 to 3 days for fathers (B)• Among Black mothers, access to paid family leave led to a 10.6 percentage point increase in leave-taking; among White mothers, a 4 percentage point increase (N)

EFFECTIVE STRATEGIES

Comprehensive Screening and Referral Programs	<ul style="list-style-type: none">• Family Connects families accessed between 0.7 (B) and 0.9 (D) more community resources• Healthy Steps families had 3.5 times higher odds of being informed about community resources (E)
Child Care Subsidies	<ul style="list-style-type: none">• Subsidy recipient families were 2.0 to 3.8 times more likely to choose center-based care over informal care due to subsidy policy changes (G)• A \$1,000 increase in state subsidy spending per low-income child led to 86% higher odds of enrollment in center-based care than multiple care arrangements (B)
Group Prenatal Care	<ul style="list-style-type: none">• Group prenatal care led to a 10% increase in receipt of adequate prenatal care (G)• Group prenatal care led to 1.8 more prenatal visits among participating Black women with high-risk pregnancies (L)

Note: The letters in parentheses in the table above correspond to the findings from strong causal studies included in the comprehensive evidence reviews of the policies and strategies. Each strong causal study reviewed has been assigned a letter. A complete list of causal studies, as well as more details about our standards of evidence and review method, can be found in the Prenatal-to-3 Policy Clearinghouse at pn3policy.org.

Excerpt from the 2020 Prenatal-to-3 State Policy Roadmap
found at <http://pn3policy.org/roadmap>

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