

# OPTIMAL CHILD HEALTH AND DEVELOPMENT

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

## Examples of Impact

Effective state policies and strategies to impact **Optimal Child Health and Development**

### EFFECTIVE POLICIES

Expanded Income Eligibility for Health Insurance	<ul style="list-style-type: none"><li>• Medicaid expansion led to 422 fewer reported cases of neglect per 100,000 children under age 6 (U)</li></ul>
Paid Family Leave	<ul style="list-style-type: none"><li>• Access to paid family leave led to a 1.3 percentage point increase in exclusive breastfeeding at age 6 months (G)</li><li>• Among Black mothers, access to paid family leave led to a 7.5 percentage point increase in initiating breastfeeding (K)</li><li>• Among low-income families, access to paid family leave led to a 5 to 7 percentage point decline in the likelihood of infants receiving late vaccinations (E)</li><li>• Access to paid family leave led to 2.8 fewer cases of pediatric abusive head trauma per 100,000 children under age 2, and 5.1 fewer cases per 100,000 children under age 1 (I)</li></ul>
State Minimum Wage	<ul style="list-style-type: none"><li>• A \$1 increase in the minimum wage reduced child neglect reports by 10.8% for children ages 0 to 5 (L)</li><li>• A \$1 increase in the minimum wage from birth through age 5 increased by 8.7% the likelihood that a child was reported to be in excellent or very good health from ages 6 through 12 (R)</li></ul>

### EFFECTIVE STRATEGIES

Comprehensive Screening and Referral Programs	<ul style="list-style-type: none"><li>• Family Connects had both positive and null impacts on total infant emergency care use (A, B, C, D)</li><li>• Healthy Steps families had 1.3 times higher odds of timely vaccinations and 2.3 times higher odds of timely pediatric appointments (F)</li></ul>
Group Prenatal Care	<ul style="list-style-type: none"><li>• Group prenatal care had both positive (twice the odds) and null impacts on breastfeeding initiation (G, N, I, J)</li></ul>
Early Head Start	<ul style="list-style-type: none"><li>• Children in EHS were more engaged during play (effect size 0.18) (J, S)</li><li>• Children in EHS had higher developmental functioning assessment scores (effect sizes 0.14) (I, S), particularly Black children in EHS (effect size 0.23) (N)</li></ul>
Early Intervention Services	<ul style="list-style-type: none"><li>• A meta-analysis of 31 studies found an average effect size of 0.62 for improving children's cognitive skills (F)</li><li>• Low birthweight, premature infants who were assigned to EI services saw better cognitive and behavioral outcomes at age 3 than infants in control groups (C, D)</li><li>• EI services improved toddlers' receptive language skills relative to a control group (0.35 effect size) (E)</li></ul>

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](http://pn3policy.org).

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

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