GOAL

Excerpt from the 2020 Prenatal-to-3 State Policy Roadmap

prenatal-to-3 policy IMPACT CENTER
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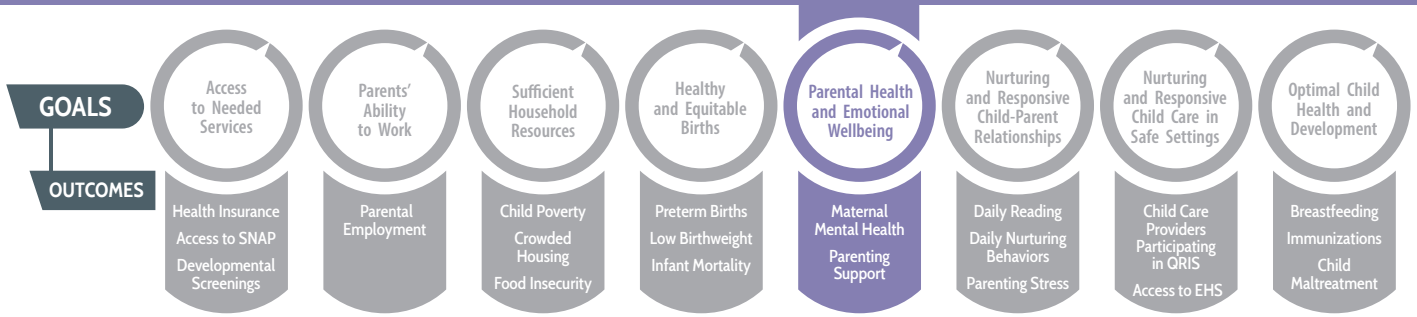
PARENTAL HEALTH AND EMOTIONAL WELLBEING

Parents are mentally and physically healthy, with particular attention paid to the perinatal period.



WHY IS PARENTAL HEALTH AND EMOTIONAL WELLBEING AN IMPORTANT PRENATAL-TO-3 GOAL?

Parents' physical and mental health affects their ability to care for their children and engage in the warm, responsive interactions that infants and toddlers need for long-term healthy development. Yet parents often do not have the resources they need to care for themselves adequately as they care for their children, particularly during the perinatal period, which can pose unique health challenges to families. For example, between 7% and 15% of postpartum women experience depressive symptoms.[1,2] However, not all mothers get the help they need. A study by the Centers for Disease Control found that among women who had recently given birth, one in eight reported that they had not been asked about depression during postpartum visits.[3]

Due to the social determinants of health—defined by the World Health Organization as "the conditions in which people are born, grow, live, work and age"—parents who experience substantial adversity are at higher risk of facing physical and mental health challenges.[4] These risks perpetuate disparities in children's health outcomes. For example, due to barriers such as lack of insurance, not all women receive adequate prenatal care, which is critical to ensuring healthy birth outcomes, and women of color are least likely to receive adequate prenatal care.[5] The effects of COVID-19 are exacerbating these racial and socioeconomic disparities. Data show that rates of hospitalization for people who are Hispanic, American Indian or Alaska Native, or Black are 4 to 5 times higher than among White people.[6] Other effects of the health crisis, such as stress due to job insecurity and challenges with securing child care, also pose a threat to the mental and physical health of parents who are trying to care for young children.

Because physical and mental health are intertwined, interventions that help relieve parents' stress also can improve physical health outcomes. Some policies—such as expanded income eligibility for health insurance, paid family leave, and higher state minimum wage—impact parental health indirectly by increasing financial resources. Other strategies, such as group prenatal care, directly affect parental health by helping parents build social support. In working toward this goal, states can measure progress by tracking outcomes, such as maternal mental health and parenting support, particular to children ages 0 to 3.

HOW ARE STATES CURRENTLY MEETING THIS PRENATAL-TO-3 GOAL?

Two outcome measures illustrate parents' health and wellbeing: (1) maternal mental health and (2) parenting support. These outcomes vary considerably across states, and parenting support varies by race and ethnicity, as well.

Parental Health and Emotional Wellbeing Outcome Measures

Poor Maternal Mental Health

% of children under age 3 whose mother reports fair or poor mental/emotional health

Median state value: 4.3%

Low Parenting Support

% of children under age 3 whose parent lacks emotional parenting support

Median state value: 14.4%

Both outcome measures were calculated intentionally in the negative direction to demonstrate where states have room for improvement and to help states prioritize the PN-3 policy goals that are lagging. Out of 51 states, the worst state ranks 51st, and the best state ranks first. The median state indicates that half of states have outcomes that measure better than that state, whereas half of states have outcomes that are worse.

IMPACT OF COVID-19

The data presented here predate the COVID-19 pandemic, and it is highly likely that the outcomes for infants, toddlers, and their parents have worsened substantially due to the collapse of the economy and the unprecedented strains on our child care, health care, and social service systems. The health crisis has disproportionately had a negative impact on families of color, exacerbating the racial and ethnic inequities in the wellbeing of infants and toddlers and their parents.

OUTCOME

Poor Maternal Mental Health

% of children under age 3 whose mother reports fair or poor mental/emotional health

Maternal mental health is a strong predictor of healthy child development. In the five worst states, 8% to 10% of children under age 3 have a mother who has mental health concerns, compared to approximately 2% of children in the five best states. Although rates of maternal mental health vary substantially across states, rates do not vary as substantially by race and ethnicity.

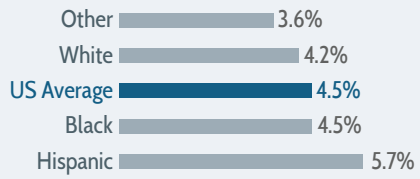
5 BEST STATES

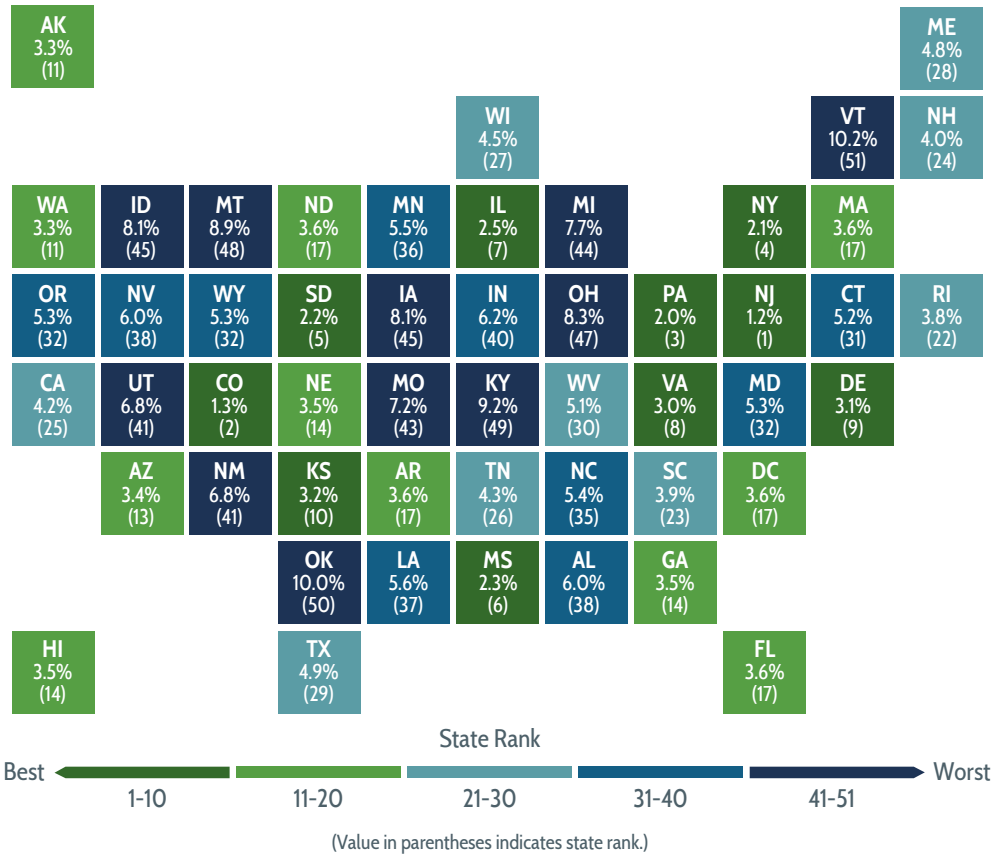
Rank	State	% Poor Mental Health
1	NJ	1.2%
2	CO	1.3%
3	PA	2.0%
4	NY	2.1%
5	SD	2.2%

5 WORST STATES

Rank	State	% Poor Mental Health
51	VT	10.2%
50	OK	10.0%
49	KY	9.2%
48	MT	8.9%
47	OH	8.3%

VARIATION BY RACE & ETHNICITY IN THE US





(Value in parentheses indicates state rank.)

Source: 2016-2018 National Survey of Children's Health (NSCH). For additional information, please refer to the Methods and Sources section of pn3policy.org.

OUTCOME

Low Parenting Support

% of children under age 3 whose parent lacks emotional parenting support

In the five worst states, approximately one-quarter of children under age 3 have a parent who reports that they do not have anyone they can turn to for emotional support with parenting, compared to less than 10% in the five best states. Rates of low parenting support vary substantially by race and ethnicity, with nearly one-third of Hispanic children, over 20% of Black children, and less than 10% of White children under age 3 living with a parent who lacks emotional support.

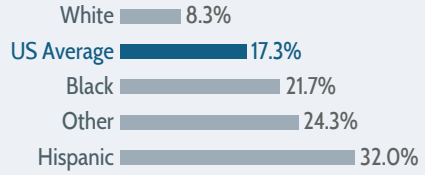
5 BEST STATES

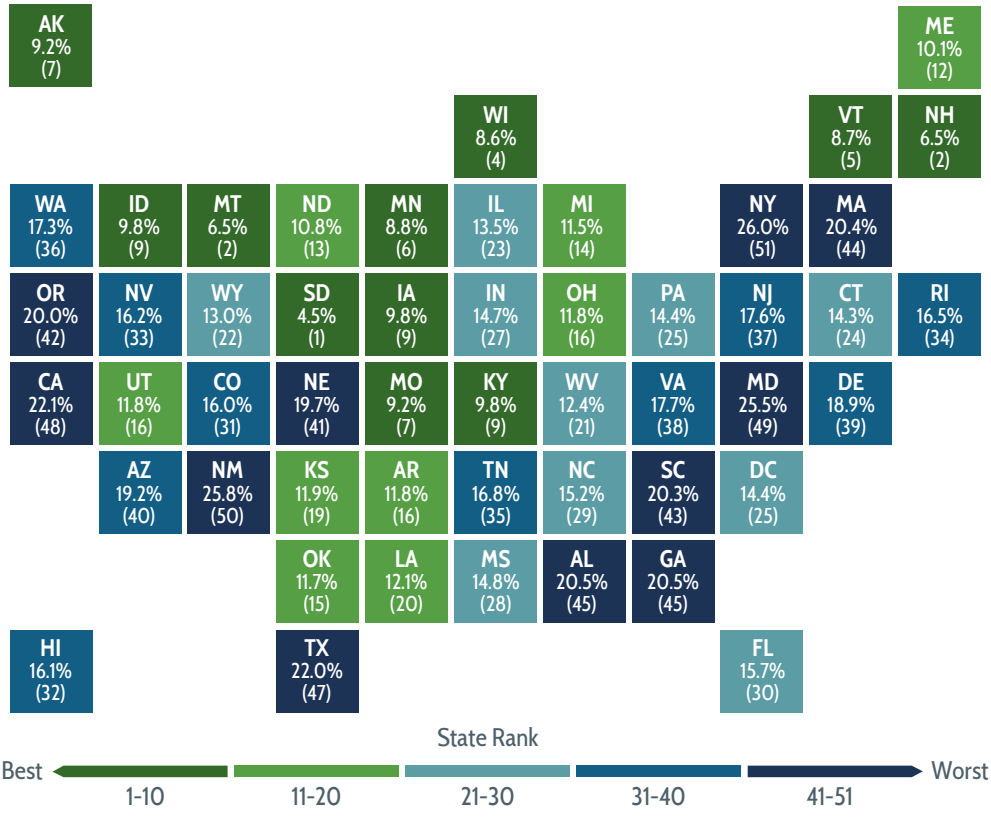
Rank	State	% Low Parenting Support
1	SD	4.5%
2	MT	6.5%
2	NH	6.5%
4	WI	8.6%
5	VT	8.7%

5 WORST STATES

Rank	State	% Low Parenting Support
51	NY	26.0%
50	NM	25.8%
49	MD	25.5%
48	CA	22.1%
47	TX	22.0%

VARIATION BY RACE & ETHNICITY IN THE US





(Value in parentheses indicates state rank.)

Source: 2016-2018 National Survey of Children's Health (NSCH). For additional information, please refer to the Methods and Sources section of pn3policy.org.

WHAT ARE THE MOST EFFECTIVE POLICIES AND STRATEGIES TO IMPACT PARENTAL HEALTH AND EMOTIONAL WELLBEING?

Three policies and two strategies impact this goal:

POLICIES	STRATEGIES
Expanded Income Eligibility for Health Insurance ●	Comprehensive Screening and Referral Programs
Reduced Administrative Burden for SNAP	Child Care Subsidies
Paid Family Leave ●	Group Prenatal Care ●
State Minimum Wage ●	Evidence-Based Home Visiting Programs
State Earned Income Tax Credit	Early Head Start
	Early Intervention Services ●

Examples of the impacts that each effective policy and strategy has on increasing **Parental Health and Emotional Wellbeing** are summarized on the next page.

What Is the Difference Between Policies and Strategies?

Effective policies have a demonstrated positive impact on at least one prenatal-to-3 goal, and the research provides clear guidance on legislative or regulatory action that states can take to adopt and implement the policy.

By contrast, **effective strategies** have demonstrated positive impacts on prenatal-to-3 outcomes, but the research does not provide clear guidance to states on how to effectively implement the program or strategy at scale.

More extensive information on the details and impacts of each policy and strategy, and states' progress toward implementing them, can be found in the Prenatal-to-3 Policy Clearinghouse at pn3policy.org.

Examples of Impact

Effective state policies and strategies to impact **Parental Health and Emotional Wellbeing**

EFFECTIVE POLICIES

Expanded Income Eligibility for Health Insurance	• Medicaid expansion had both positive and null effects on mental distress (L, H, K)
Paid Family Leave	• Access to paid family leave led to a 7 to 17 percentage point increase in mothers reporting very good or excellent mental health and a 3 to 5 percentage point increase in mothers reporting coping well with day-to-day demands of parenting (C) • Access to paid family leave led to an 8.2 percentage point decline in the risk of being overweight and a 12 percentage point decline in any alcohol consumption (P)
State Minimum Wage	• A $1 increase in the minimum wage resulted in a 3.4% to 5.9% reduction in adult (non-drug) suicides (T) • A $1 increase in the minimum wage led to a 7% decline in smoking during pregnancy (Q)

EFFECTIVE STRATEGIES

Group Prenatal Care	• Group prenatal care decreased the likelihood of excessive weight gain (M, P) • Group prenatal care reduced depressive symptoms, especially among high-stress women (C, H)
Early Intervention Services	• Mothers of low birthweight infants who received EI services scored significantly higher on scales of maternal self-confidence and maternal role satisfaction than control groups (D, H)

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 can be found in the Prenatal-to-3 Clearinghouse at pn3policy.org. Comprehensive evidence reviews of each policy and strategy, as well as more details about our standards of evidence and review method, can also be found at pn3policy.org.

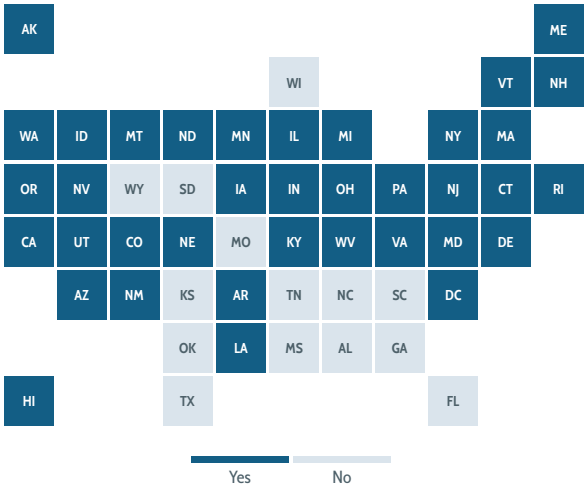
Policy Variation Across States

Have states adopted and fully implemented the effective policies to impact **Parental Health and Emotional Wellbeing?**

EFFECTIVE POLICIES

Expanded Income Eligibility for Health Insurance

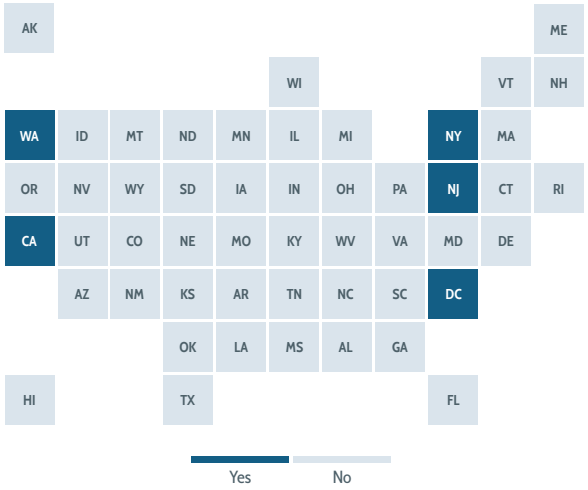
37 states have adopted and fully implemented the Medicaid expansion under the Affordable Care Act (ACA) that includes coverage for most adults with incomes up to 138% of the federal poverty level (FPL).



Sources: As of October 1, 2020. Medicaid state plan amendments (SPAs) and Section 1115 waivers.

Paid Family Leave

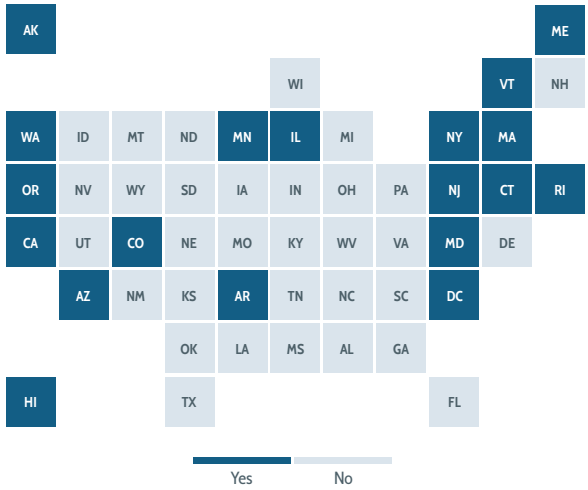
5 states have adopted and fully implemented a paid family leave program of a minimum of 6 weeks following the birth, adoption, or the placement of a child into foster care.



Sources: As of October 1, 2020. State statutes and legislation on paid family leave.

State Minimum Wage

19 states have adopted and fully implemented a minimum wage of $10 or greater.



Sources: As of October 1, 2020. State labor statutes and state labor department websites.

Note: Some states in the "no" category for Policy Variation Across States have adopted a policy, but they have not fully implemented it, or they do not provide the level of benefit, indicated by the evidence reviews, necessary to impact the PN-3 goal. Many states in the "no" category for Strategy Variation Across States (on the next page) have implemented aspects of the effective strategies, but states are assessed relative to one another on making substantial progress. For additional information see pn3policy.org.

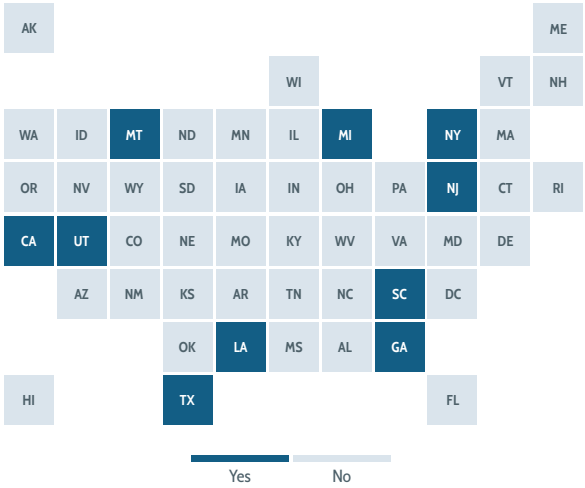
Strategy Variation Across States

Have states made substantial progress toward implementing the effective strategies to impact **Parental Health and Emotional Wellbeing?**

EFFECTIVE STRATEGIES

Group Prenatal Care

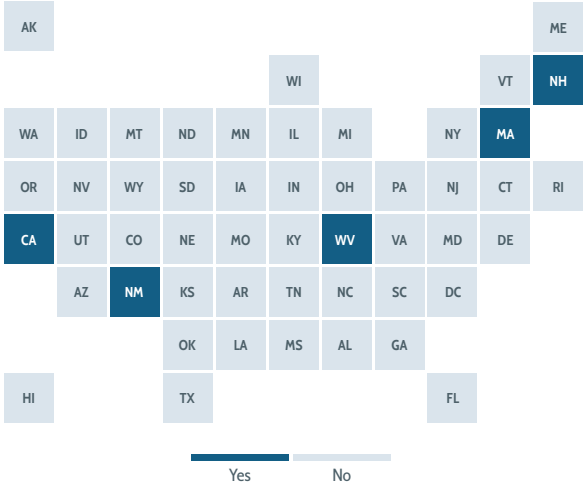
10 states support the implementation of group prenatal care financially through enhanced reimbursements for group prenatal care providers.



Sources: As of June 8, 2020. State health department websites and proposed and passed state legislation.

Early Intervention Services

5 states have moderate or broad criteria to determine eligibility and serve children who are at risk for later delays or disabilities.



Sources: As of June 2020. IDEA Infant and Toddler Coordinators Association 2018, state regulations retrieved from state legal statutes, health department regulations, and Early Intervention program websites.

Explore your state's interactive data at **pn3policy.org/interactive.**

WHAT OTHER SOLUTIONS ARE STATES PURSUING THAT CAN HELP BUILD THE EVIDENCE BASE?

Beyond the policies and strategies proven effective by the current research, states also are pursuing other approaches that hold promise for improving parental health and wellbeing. States can look to these approaches as potential models for policy innovation, and they should support ongoing research in these areas to better understand impacts on parents' health and to determine the most effective way to employ these approaches.

Perinatal mental health programs: A variety of efforts at the state and local levels have emerged to address parents' and families' mental health needs during and after pregnancy. For example, MCPAP (Massachusetts Child Psychiatry Access Program) for Moms helps primary care providers build their capacity to serve pregnant and postpartum women and their children.[7] The organization's goal is to prevent, identify, and help patients manage mental health and substance use concerns. Funded primarily by the Massachusetts Department of Mental Health, the program provides practitioners with training and toolkits, consultation and care coordination services, and linkages to community resources.

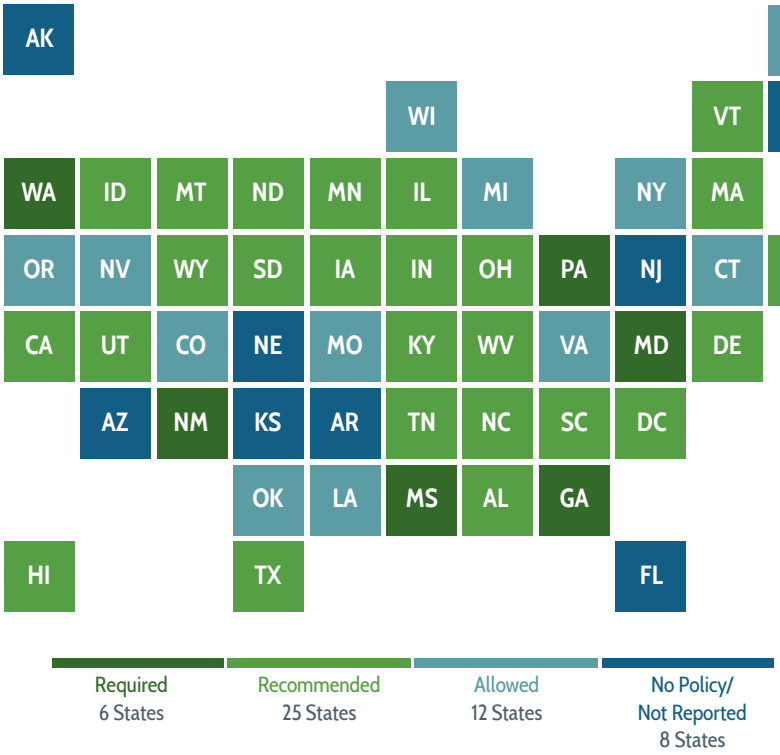
Based in New Haven, Connecticut, another initiative focused on parental mental health is the Mental health Outreach for Mothers Partnership (known as the MOMS Partnership).[8] This initiative connects mothers with resources and social supports, including therapy, stress management classes, and parenting support. Elevate—a policy lab based in the Yale School of Medicine—is currently scaling up the MOMS program to five new sites (in Connecticut, Kentucky, District of Columbia, New York, and Vermont).[9] A multigenerational impact evaluation is planned for each site, and results will demonstrate the potential effectiveness of this initiative for improving parental health and emotional wellbeing.[10] This effort will include a comparative analysis of impacts across program sites. These and other emerging efforts may serve as models for states that are developing policies to improve parental health and emotional wellbeing.

Targeted screenings: Both comprehensive and targeted health screenings promote optimal long-term child development and family wellbeing by allowing medical professionals to assess a patients' health risks before problems develop.[11] In contrast to comprehensive screenings—which allow a practitioner to identify a wide range of potential risks and health needs that a patient may have—targeted screenings allow assessment of a patient's risk for a specific issue that can impact health and wellbeing. For example, challenges during the perinatal and postpartum periods that can be identified in targeted screenings, such as maternal depression and developmental delays among children, affect a substantial number of families. Research suggests that 9% of pregnant women[12] and between 7% and 15% of postpartum women experience depressive symptoms.[13] Without screenings, less than a quarter of postpartum depression cases are identified.[14]

As the map on the next page shows, approximately half of states recommend that mothers receive a screening for maternal depression during a well-child visit, and six states currently require it (out of 43 states reporting policy status). For child developmental screenings, approximately half of states (shown in the map on the next page) have Medicaid programs that reimburse for and require these screenings as part of a well-child visit.

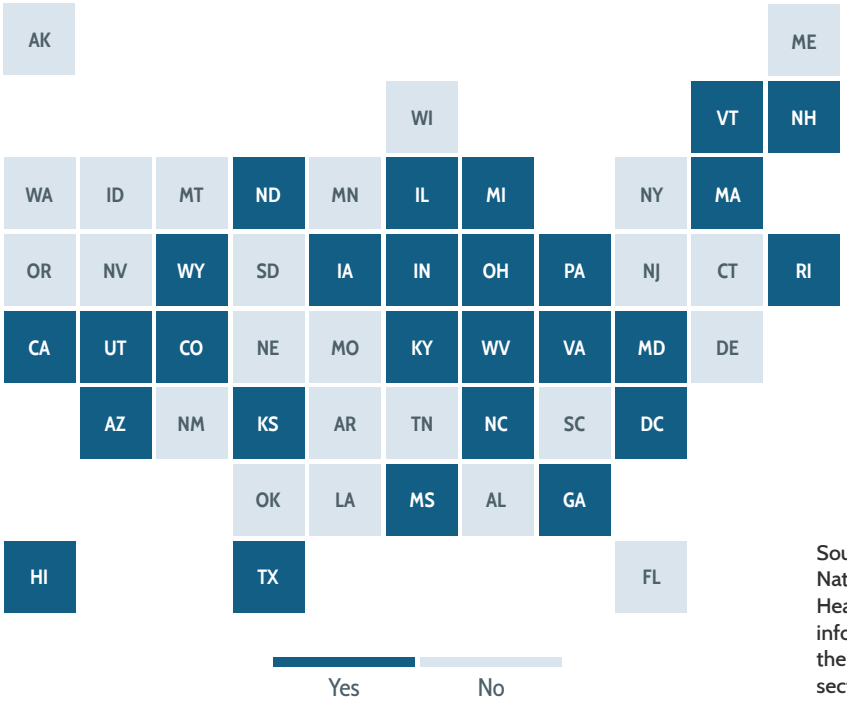
No rigorous research has yet examined the impacts of these legislative strategies. Studies have found that legislation to allow reimbursement for targeted screenings is associated with higher rates of identification of needs and subsequent initiation of services,[15,16] but study design limitations preclude firm conclusions. Current research also does not provide guidance on a clear threshold for the optimal reimbursement rate for child developmental screenings, and no available studies have examined which well-child visits are ideal for administering screenings or which screening tools may be best for identifying needs or delays. More research will help provide guidance on these matters.

Medicaid Treatment of Maternal Depression Screenings During Well-Child Visits



Source: As of March 2020. National Academy for State Health Policy. For additional information, please refer to the Methods and Sources section of pn3policy.org.

Medicaid Requires and Reimburses Child Development Screenings



Source: As of July 23, 2019. National Academy for State Health Policy. For additional information, please refer to the Methods and Sources section of pn3policy.org.

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