

Summary

NORTH CAROLINA PRENATAL-TO-3 STATE POLICY ROADMAP

The Prenatal-to-3 System of Care in North Carolina

EFFECTIVE POLICIES

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

✓ State has adopted and fully implemented the policy

EFFECTIVE STRATEGIES

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

★ State is a leader on the strategy

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 the 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 at pn3policy.org/clearinghouse for more on the science behind each policy goal.

11 EFFECTIVE SOLUTIONS TO PROMOTE THE ENVIRONMENTS IN WHICH CHILDREN THRIVE

Based on comprehensive reviews of the most rigorous evidence available, the Prenatal-to-3 Policy Impact Center identified five effective policies and six effective strategies that foster the nurturing environments infants and toddlers need. For each of the five policies, the evidence points to a specific policy lever that states can implement to impact outcomes. For the six strategies, the evidence clearly links the strategy to PN-3 outcomes, but the current evidence base does not provide clear guidance on *how* states should implement each strategy to positively impact outcomes.

The 11 effective solutions are not implemented similarly across all states, leaving children and families across the US with a patchwork of benefits and unequal outcomes. In this Roadmap, we analyze the progress that each state has made in adopting and implementing the most effective policies and identify the states leading the way on the effective strategies.

The five most effective policies and six most effective strategies of the Prenatal-to-3 State Policy Roadmap are:

Effective State Policies

1. Expanded Income Eligibility for Health Insurance (Medicaid Expansion)
2. Reduced Administrative Burden for SNAP
3. Paid Family Leave
4. State Minimum Wage
5. State Earned Income Tax Credit

Effective State Strategies

1. Comprehensive Screening and Connection Programs
2. Child Care Subsidies
3. Group Prenatal Care
4. Evidence-Based Home Visiting Programs
5. Early Head Start
6. Early Intervention Services

Learn more on the difference between policies and strategies at pn3policy.org/roadmap.

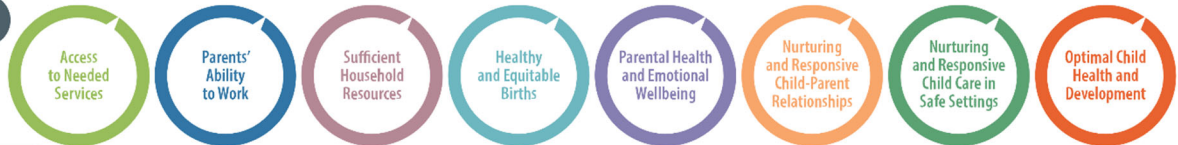
Prenatal-to-3 State Policy Roadmap

Effective policies impact PN-3 goals and research provides clear state legislative or regulatory action. **Effective strategies** impact PN-3 goals, but the research does not yet provide precise guidance for state legislative or regulatory action.

●	Policy/strategy is aligned with goal in column
	Policy/strategy does not align with goal in column (intentionally blank)

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		●	●	●				

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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Note: More extensive information on each of the eight PN-3 policy goals can be found in the [Prenatal-to-3 Policy Clearinghouse](#).

The Prenatal-to-3 System of Care in North Carolina

POLICIES

Effective policies impact PN-3 goals and research provides clear state legislative or regulatory action.

	Policy Definition	State Implementation
Expanded Income Eligibility for Health Insurance	State has adopted and fully implemented the Medicaid expansion under the ACA that includes coverage for most adults with incomes up to 138% of the federal poverty level.	North Carolina has not expanded Medicaid eligibility under the Affordable Care Act, and previously the legislature enacted a law to require legislative approval before the state can adopt Medicaid expansion. Legislators proposed bills in the last year to expand Medicaid, but no bills passed.
Reduced Administrative Burden for SNAP	State assigns 12-month recertification and simplified reporting to all eligible families with children, and offers online services, including at minimum, an online application.	North Carolina assigns 12-month recertification intervals for some families, and some families are assigned 6-month intervals. The state does assign simplified reporting to all eligible families with children, however. North Carolina also offers all three online services (initial application, change reporting, and renewal).
Paid Family Leave	State has 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.	North Carolina does not have a statewide paid family leave program, but it does have a paid family leave program for eligible state employees with up to 8 weeks of benefits. Legislators proposed bills in the last year to create a statewide program, and to expand eligibility of the current state employee program. As of August 1, 2021, the state legislature was still in session, and all bills were pending in committee.
State Minimum Wage	State has adopted and fully implemented a minimum wage of \$10 or greater.	The current state minimum wage in North Carolina is \$7.25. In the last year, legislators proposed four bills to increase the state minimum wage to \$15.00, but all of the bills failed.
State Earned Income Tax Credit	State has 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.	North Carolina does not have a state EITC, and in the last year, legislators proposed four bills—two to enact a refundable 5% credit and two to enact a refundable 20% credit, but no bills had moved past introduction as of August 1, 2021.

✓ Adopted and fully implemented as of October 1, 2021

STRATEGIES

Effective strategies impact PN-3 goals, but the research does not yet provide precise guidance for state legislative or regulatory action.

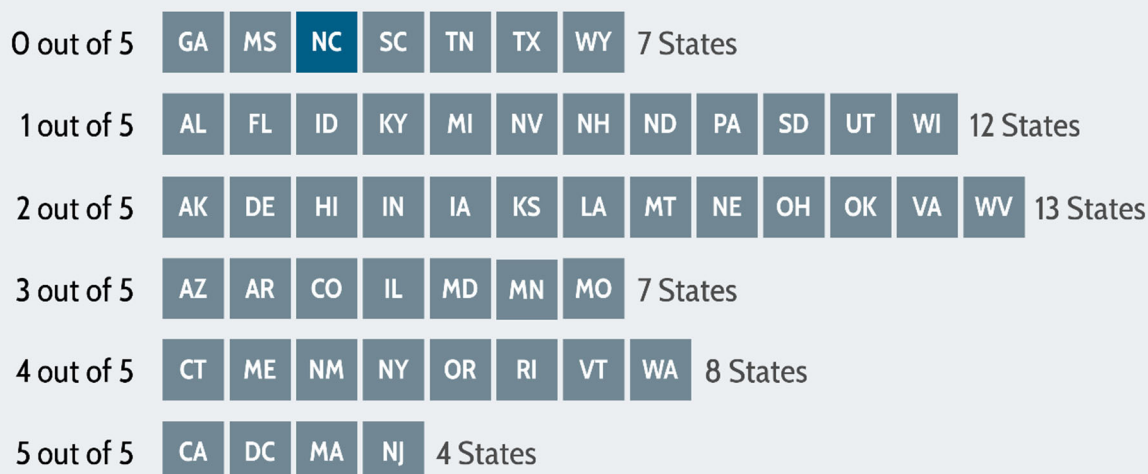
	Characteristics of Leading States	State Implementation
Comprehensive Screening and Connection Programs	Leading states have a high percentage of families who access the programs, enact legislation to reach families across the state, and invest deeply in evidence-based programs.	★ North Carolina is a state leader in comprehensive screening and connection programs based on the state's substantial and long-term implementation of the evidence-based Family Connects model, and the large percentage of families served by the HealthySteps model.
Child Care Subsidies	Leading states provide high reimbursement rates that meet the providers' true cost of care, require low family copays, and have a low family share of the total cost of child care.	In North Carolina, low-income families with a child care subsidy may pay up to 42.9% of the total market rate price of care, and the state's base reimbursement rates cover 83.4% of the true cost of providing base-quality care.
Group Prenatal Care	Leading states provide financial support for group prenatal care, provide enhanced reimbursement rates for group prenatal care through Medicaid, and serve a substantial percentage of pregnant people.	In North Carolina, 5% of the state's pregnant people participated in group prenatal care through the CenteringPregnancy model in 2019. The state recognizes group prenatal care as an effective strategy to improve maternal and child health outcomes, and will have a state billing model within Medicaid that reimburses health providers through an alternative payment model that will encourage services that produce better health outcomes, such as group prenatal care.
Evidence-Based Home Visiting Programs	Leading states serve a substantial percentage of low-income families with young children and use state dollars or Medicaid to support home visiting services.	Relative to other states, North Carolina serves a lower percentage of its low-income children under age 3 in the state's home visiting programs. The state takes advantage of Medicaid funding as part of the financing strategy for its home visiting programs.
Early Head Start	Leading states have a state-specific program, provide state financial support for EHS, and serve a substantial percentage of low-income children.	North Carolina does not contribute to its Early Head Start programs by supplementing federal funding at the state level. Approximately 6.5% of eligible infants and toddlers in North Carolina have access to EHS.
Early Intervention Services	Leading states serve a substantial percentage of children under age 3, increase eligibility for children, and maximize the use of Medicaid to pay for EI services.	North Carolina serves 5.8% of its 0-to-3 population in EI over the course of a year, ranking 38th among all states on this indicator. The state has recently expanded the range of EI services that can be reimbursed by Medicaid and it provides maternal depression screenings to mothers with children in EI services.

★ Leading state on effective strategy

FEW STATES ARE DOING IT ALL, BUT MANY ARE MOVING FORWARD

Only four states—California, the District of Columbia, Massachusetts, and New Jersey—have adopted and fully implemented all five effective policies. “Fully implemented” means that families in the state can currently access the level of benefits that rigorous research states is necessary to impact PN-3 outcomes. Eight states have fully implemented four out of the five policies. Yet, even among states that have implemented a given policy, the generosity and reach of the policy varies considerably across states, which is discussed in detail in subsequent sections of the Roadmap. To date, seven states—Georgia, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Wyoming—have not fully implemented any of the effective policies.

North Carolina Has Not Adopted and Fully Implemented Any Policies

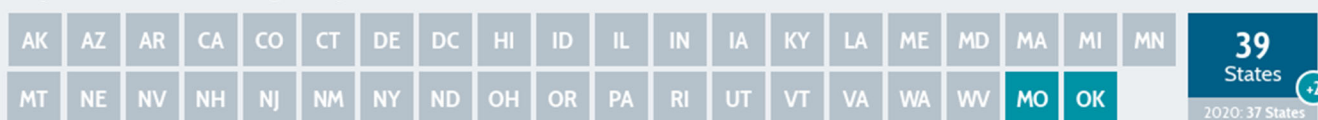


The focus of this year’s Roadmap is on the progress that states have made over the last year to build stronger and more equitable prenatal-to-3 systems of care. The pandemic caused substantial hardship for many families, particularly families of color, and it exposed how essential economic security, health care, paid leave, and stable child care is for all of us. A year ago, states were reeling from massive unemployment and limited economic activity, and many were facing budget shortfalls and considering cuts to services. Although many are still struggling, federal stabilization efforts have helped many families avoid complete catastrophe and have provided states with unprecedented levels of investments in many of the policies and strategies in this Roadmap. Rather than experiencing a period of retrenchment, many states have moved forward!

Since the last Roadmap, an additional five states have fully implemented at least one of the five Roadmap policies—Missouri implemented two policies. Missouri and Oklahoma adopted and fully implemented Medicaid expansion, Massachusetts fully implemented a 12-week paid family leave program, and three states—Florida, Missouri, and New Mexico—fully implemented a state minimum wage of at least \$10.

Changes in Policy Adoption and Implementation in the Last Year

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. The SNAP count for 2020 is NA.

In addition to the progress of these five states, many more states seriously considered legislation to adopt one of the evidence-based policies, passed legislation to enhance the benefits, or will fully implement one of the policies in the next few years. For example:

- 11 of the 12 states that have not yet expanded Medicaid introduced legislation or considered a ballot initiative to expand it.
- 23 states introduced legislation to adopt a paid family leave program, and by 2024, 4 additional states will have fully implemented a program with a minimum of 6 weeks of paid benefits.
- 3 additional states will have a minimum wage of at least \$10.00 next year, and 11 states will have a \$15.00 minimum wage by 2026.
- All 20 states that have a minimum wage equal to the federal minimum of \$7.25 considered legislation to expand theirs to the \$10.00 threshold or higher.
- 5 states that currently have a refundable state EITC of at least 10% of the federal credit passed legislation to expand their credit in the next few years, and 4 other states passed legislation to increase their EITC, but not to the 10% refundable level quite yet.

States also invested in the evidence-based strategies this past year through legislative or administrative action. For example:

- New Jersey and Connecticut passed legislation to implement evidence-based comprehensive screening and connection programs statewide, based on the Family Connects model, and Maryland and California invested further in the HealthySteps model.
- 4 states (Oregon, Rhode Island, Vermont, and Washington) passed bills to eliminate or reduce the level of copayment that a family must pay to receive a child care subsidy, 2 states (Washington and New Mexico) increased the rates they will pay child care providers, and New Mexico passed legislation to expand income eligibility for child care subsidies.
- Maryland, Illinois, and Ohio invested in group prenatal care in an effort to improve birth outcomes.
- Connecticut, Delaware, and Illinois increased their accountability and oversight of their home visiting programs.
- Maine, Oregon, and Washington expanded access to Early Head Start across the state.
- Delaware, Illinois, and Colorado increased their efforts to offer Early Intervention (EI) services to infants and toddlers who need the services, and Connecticut eliminated family fees for EI, which helps lower-income families access services.

The State Policy Roadmap provides extensive information on each of the effective policies and strategies, including the impact that each solution has on the eight PN-3 policy goals, the choices that states can make to effectively implement them, the progress states have made in the past year toward implementation, and how states vary in their generosity and reach of the policies and strategies. Throughout the Roadmap, there are over 100 data points and indicators of policy implementation that offer insight into the variation in state policy choices.

OUTCOMES VARY FOR INFANTS AND TODDLERS ACROSS STATES

The purpose of states' implementing effective PN-3 solutions is to improve the wellbeing of infants, toddlers, and their parents, and to reduce long-standing disparities in outcomes by race and ethnicity. Tracking progress on the following key PN-3 outcomes allows each state to determine the health and wellbeing of children and families in the state and to identify which PN-3 policy goals are lagging and should be prioritized.

National data on these outcomes predate the pandemic, therefore it is likely that family wellbeing is worse than what is illustrated in the Roadmap. But, the data provide an important portrait of how child and family wellbeing varies based on the state in which the family lives.

Wide variation exists in the wellbeing of children and families across states. The data below illustrate the range on each outcome between the state in which children and their parents are faring the best, and the state in which they are faring worst, and demonstrates where the state fits within that range.

On some outcomes, such as insecure employment and preterm births, the percentage of children or families who are struggling in the best states is approximately half what it is in the worst states. However, on other outcomes, the differences are much larger. For example, the percentage of low-income women of childbearing age who lack health insurance in Texas (47.8%) is 15 times higher than it is in the District of Columbia (3.8%); and the rate of child maltreatment is 18 times higher in West Virginia than it is in Pennsylvania.

Importantly, the "best" state does not necessarily indicate a target for all other states to strive toward; even in the best states, many children and families are struggling. For example, Minnesota reports the lowest, or best, percentage of children who did NOT receive a developmental screening, but in that state still 40% of children are not screened for potential delays that can identify the need for intervention. Similarly, Minnesota also has the best rate of children receiving all of their required immunizations, but the percentage of infants and toddlers who are not fully immunized is over 15%. The daily reading outcome measure provides another example of an outcome on which all states can improve; Texas families report that over 75% of parents do not read to their infants and toddlers daily, which is the highest, or worst, percentage in the country. Vermont families report the best rate of daily reading, but over 45% of children are not read to daily in the state.

In addition to measuring where states are relative to one another, it is vital that states collect and share information on how families of different race and ethnic groups and socioeconomic statuses fare on these outcomes. For most of these measures, national data are not available that can adequately measure subgroup differences within a state, because of small sample sizes. The outcomes and demographic characteristics sections of the Roadmap provide each state with detailed information on these important measures, and where possible, the data are presented by race and ethnicity.

Prenatal-To-3 Outcomes to Measure Impact in North Carolina



MOVING FORWARD

This Prenatal-to-3 State Policy Roadmap provides each state with information not only on how the state is doing, but how each state can better support the healthy development of infants and toddlers. Each year, the Prenatal-to-3 Policy Impact Center will update this Roadmap to track states' progress on adopting and implementing the best investments that states can make, based on the most rigorous evidence to date. We will also measure improvements in the overall wellbeing of infants and toddlers, and their parents in each state, and whether states are closing persistent racial and ethnic gaps in wellbeing. Finally, we will continue to monitor and contribute to the growing evidence base to identify additional effective solutions to promote healthy development and family stability.

The science is clear with regard to the conditions necessary to help children thrive. The evidence now exists on how states can invest in effective policies and strategies to foster these conditions. This Roadmap is meant to serve as a guide for states as they undertake these important efforts to ensure all children have the opportunities they deserve.