2022 Prenatal-to-3 State Policy Roadmap

NEVADA

prenatal-to

POLICY IMPACT CENTER RESEARCH FOR ACTION AND OUTCOMES

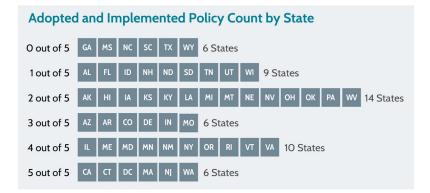
> VANDERBILT Peabody College

A Roadmap to Strengthen Your State's Prenatal-to-3 System of Care

The Prenatal-to-3 State Policy Roadmap provides guidance to state leaders on the most effective investments states can make to ensure all children thrive from the start. Grounded in the science of the developing child and based on comprehensive reviews of the most rigorous evidence available, the Roadmap provides detailed information on five effective policies and six effective strategies that foster the nurturing environments infants and toddlers need, and that reduce longstanding disparities in access and outcomes among racial and ethnic groups and socioeconomic statuses.

The Roadmap is an annual guide for each state to:

- Assess the wellbeing of its infants and toddlers and prioritize state PN-3 policy goals;
- Identify the evidence-based policy solutions proven to impact PN-3 policy goals;
- Monitor states' adoption and implementation of the 11 effective Roadmap policies and strategies;
- Track the impact that policy changes have on improving the wellbeing of children and families and reducing disparities between racial and ethnic groups.



Few States Are Doing It All, But Many Are Moving Forward

Six states have adopted and fully implemented all five effective policies. This year, Connecticut and Washington joined California, the District of Columbia, Massachusetts, and New Jersey in fully implementing all five Roadmap policies.

Explore Nevada's Roadmap for detailed status, data, and comparisons

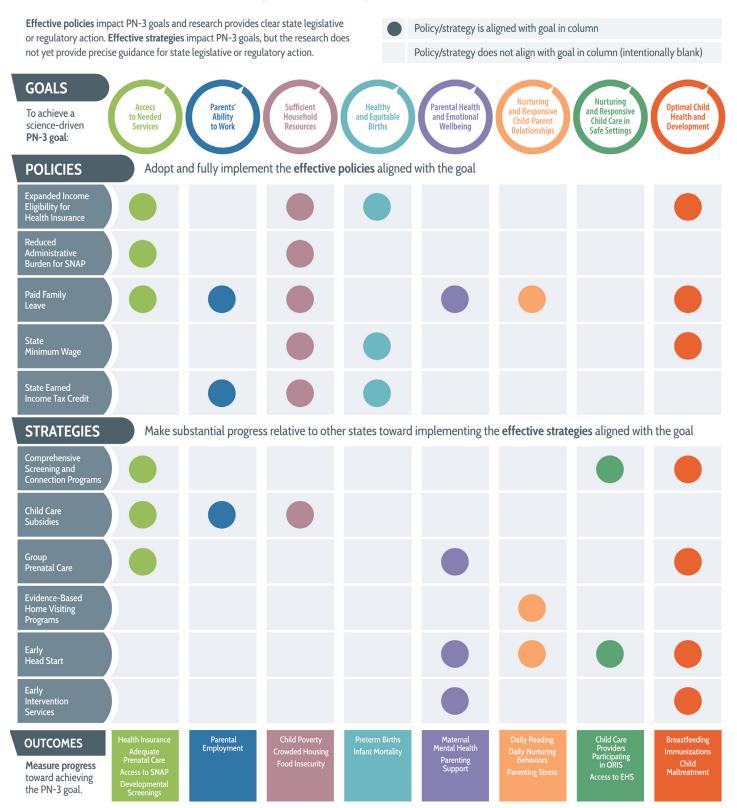


pn3policy.org/roadmap/nv



Prenatal-to-3 State Policy Roadmap

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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 11 most effective evidence-based investments that states can make to foster equitable opportunities for infants and toddlers.

Nevada Roadmap Summary				
Effective Roadmap Policy		2022 Policy Snapshot		
Expanded Income Eligibility for Health Insurance	138%	Nevada is one of 39 states that has expanded Medicaid eligibility under the Affordable Care Act; thus, parents earning up to 138% of the FPL are eligible for Medicaid coverage in NV.		
Reduced Administrative Burden for SNAP	6 months	Nevada offers two of the three policies to reduce administrative burden to most families. The state offers simplified reporting and an online application to most families, but only offers 6-month recertification intervals.		
Paid Family Leave Program of at Least 6 Weeks	O weeks	Nevada does not have a statewide paid family leave program.		
State Minimum Wage of \$10.00 or Greater	\$10.50	This year, the state minimum wage in Nevada increased from \$9.75 to \$10.50 (for employees without qualifying health insurance; \$9.50 with qualifying health insurance), and is scheduled to increase to \$12.00 (\$11.00 for employees with health insurance) in 2024.		
Refundable State Earned Income Tax Credit of at Least 10%	No EITC	Nevada does not have a state EITC, and the state does not have an income tax, which is the typical mechanism used to finance and provide administrative structure for a state EITC.		
State has adopted and fully implemented the policy	+1 State has newly ado	pted and fully implemented the policy since October 1, 2021		
Effective Roadmap Strategy		2022 Strategy Snapshot		
Comprehensive Screening and Connection Programs	•	Families had access to 0 evidence-based comprehensive screening and connection programs in Nevada in 2021.		
Child Care Subsidies	117.9%	Nevada's base reimbursement rates cover 117.9% of the true cost of providing base-quality care for infants in center-based care.		
Group Prenatal Care	3	Nevada served pregnant people in 3 group prenatal care sites across the state in 2021.		
Evidence-Based Home	0.8%	Nevada served an estimated 0.8% of children under age 3 in families with incomes of less		
Visiting Programs	0.070	than 150% of the FPL in the state's home visiting programs in 2019.		
Visiting Programs Early Head Start	4.8%			
		than 150% of the FPL in the state's home visiting programs in 2019. Approximately 4.8% of income-eligible infants and toddlers had access to Early Head		

Prenatal-to-3 Outcomes to Measure Impact

Policy Goal	Outcome Measure	Worst State Bes	st State
Access to Needed Services	% Low-Income Women Uninsured	47.8% 27.9%	- 3.8%
	% Births to Women Not Receiving Adequate Prenatal Care	23.3% • 15.1% NV	- 5.1%
	% Eligible Families with Children < 18 Not Receiving SNAP	26.7% 20.5%	- 2.0%
	% Children < 3 Not Receiving Developmental Screening	73.9% 68.8%	- 40.2%
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.0% • 29.0% • • • • • • • • • • • • • • • • • • •	- 14.8%
Sufficient Household Resources	% Children < 3 in Poverty	33.1% • 19.4% NV	- 8.6%
	% Children < 3 Living in Crowded Households	35.8% 21.5%	- 8.6%
	% Households Reporting Child Food Insecurity	16.7% • 4.7% * NV	• 0.8%
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.2% 10.7%	- 7.6%
	# of Infant Deaths per 1,000 Births	8.3 • • • • • • • • • • • • • • • • • • •	3 .7
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	12.6% • 3.4%	- 2.3%
	% Children < 3 Whose Parent Lacks Parenting Support	23.5% • 16.6% • • • • • • • • • • • • • • • • • • •	- 5.4%
Nurturing and Responsive Child- Parent Relationships	% Children < 3 Not Read to Daily	75.4% 66.1%	 47.7%
	% Children < 3 Not Nurtured Daily	51.7% • 33.6%	6 27.6%
	% Children < 3 Whose Parent Reports Not Coping Very Well	45.0% • 33.4% NV	-• 20.8%
Nurturing and Responsive Child Care in Safe Settings	% Providers Not Participating in QRIS^	Not Reported	
	% Children Without Access to EHS	96.2% 95.2%	- 69.0%
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	34.0% • 15.8% NV	- 6.0%
	% Children < 3 Not Up to Date on Immunizations	36.0% • 25.8%	• 14.2%
	Maltreatment Rate per 1,000 Children < 3	34.7 • 14.3 NV	- 1.9