

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

Grounded in the science of the developing child and based on comprehensive reviews of the most rigorous evidence available, this Prenatal-to-3 State Policy Roadmap provides 12 evidence-based policy solutions that foster the nurturing environments infants and toddlers need to thrive.

The annual Roadmap includes:

- policy profiles that summarize the research and related impacts on child and family outcomes, and the progress states have made towards full and equitable implementation, and
- state profiles that track implementation of each effective Roadmap policy and strategy, and 18 child and family outcome measures that assess the wellbeing of its infants and toddlers.



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

Three states fully implemented four new Roadmap policies and strategies to strengthen their prenatal-to-3 system of care in the last year – Colorado, Montana, and North Carolina.



pn3policy.org/roadmap/us

# Explore the United States Roadmap

We're here to help. Contact us to inquire about our state services at <u>pn3center@vanderbilt.edu</u> or submit a request for our services online at <u>pn3policy.org/state-services</u>.





### 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:

Access to Needed Services

Parents' Ability to Work

Sufficient Household Resources Healthy and Equitable

Parental Health and Emotional Wellbeing

and Responsive Relationships

and Responsive Child Care in Safe Settings

**Optimal Child** Health and Development

#### **POLICIES**

Adopt and fully implement the effective policies aligned with the goal

Expanded Income Eligibility for Health Insurance Paid Family and Medical Leave for Families with a New Child State Minimum Wage of \$10.00 or Greater Credit of at Least 10%

#### **STRATEGIES**

Make substantial progress relative to other states toward implementing the effective strategies aligned with the goal

Administrative Burden for SNAP Comprehensive Screening and Connection Programs Child Care Subsidies Group Prenatal Care Community-Based Doulas Evidence-Based Home Visiting Programs Early Head Start

**OUTCOMES** 

Intervention Services

Measure progress toward achieving the PN-3 goal.

Parental Employment

Maternal Mental Health

Child Maltreatment





# 2024 Prenatal-to-3 State Policy Roadmap Summary

	Number of States Fully Implementing Policy	New States Implementing Policy	2024 Progress Summary				
Expanded Income Eligibility for Health Insurance	41	North Carolina fully implemented Medicaid expansion in December 2023.					
Paid Family and <i>N</i> Leave for Families a New Child	Medical s with	In 2024, Colorado fully implemented its paid family leave program of 12 weeks. Rhode Island enacted legislation to increase the duration of paid family leave until reaching 8 weeks in 2026. Delaware, Maine, Maryland, and Minnesota will also implement programs in 2026.					
State Minimum Wage of \$10.00 or Greater	30	МТ	Due to an annual inflation adjustment, Montana increased its minimum wage to \$10.30 in January 2024. Additionally, the minimum wage increased in 26 states due to previously scheduled increases or annual adjustments for inflation.				
Refundable State Earned Income Ta Credit of at Least of the Federal Cre	10% 23	МТ	In tax year 2024, Montana implemented a more generous refundable state EITC at 10% of the federal credit, up from 3% in tax year 2023.				
	Number of States Implementing All Key Policy Levers	Number of States Implementing Each Individual Key Policy Lever					
Reduced Administrative Burden for SNAP	12	18 12-Mi	onth fication Period	Simplifie Reportin	ed Income g	Online Case Management	
Comprehensive Screening and Connection Progra	ams 5	7 State	wide Goal	21 Medicaio	f Funding	State Funding	
Child Care Subsid	ies 5		ne Eligibility 5 SMI)	28 Limit Fai Copaym	· /	Equitable Reimbursement Rates	
Group Prenatal Ca	are 4	14	nced Medicaid bursement Rate	9 State Fu	nding		
Community-Base Doulas	d 6	20 Medi	caid Coverage	8 Fund Tra	iining and aling		
Evidence-Based H Visiting Programs	18	18 Medi	caid Funding				
Early Head Start	20	20 State	Support				
Early Intervention Services	4		Low Birthweight fication	6 At-Risk Qualifica	ation 34	Eliminate Family Fees	



# Prenatal-to-3 Outcomes to Measure Impact

Policy Goal	Outcome Measure	Worst State		Best State Rank
Access to Needed Services	% Low-Income Women Uninsured	41.4% •	15.5% Median State	3.0%
	% Births to Women Not Receiving Adequate Prenatal Care	23.8%	14.2% Median State	<b>6.4</b> %
	% Children < 3 Not Receiving Developmental Screening	72.0% •	58.5% Median State	40.0%
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	36.7%	23.8% Median State	11.9%
Sufficient Household Resources	% Children < 3 in Poverty	29.1%	17.0% Median State	6.8%
	% Children < 3 Living in Crowded Households	33.2%	15.2% Median State	6.4%
	% Households Reporting Child Food Insecurity	15.0%	5.4% Median State	1.1%
	% Babies Born Preterm (< 37 Weeks)	14.8%	10.3% Median State	8.2%
Healthy and Equitable Births	# of Infant Deaths per 1,000 Births	9.1	5.8 Median State	3.3
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	11.5%	6.8% Median State	3.3%
	% Children < 3 Whose Parent Lacks Parenting Support	26.4%	14.6% Median State	5.7%
	% Children < 3 Not Read to Daily	71.5% •	59.5% Median State	42.0%
Nurturing and Responsive Child-	% Children < 3 Not Nurtured Daily	50.9%	40.7% Median State	28.0%
Parent Relationships	% Children < 3 Whose Parent Reports Not Coping Very Well	45.4%	33.7% Median State	26.3%
Nurturing and Responsive Child Care in Safe Settings	% Children Without Access to EHS	95.3%	89.5% Median State	45.3%
	% Children Whose Mother Reported Never Breastfeeding	32.1% •	16.1% Median State	6.1%
Optimal Child Health and Development	% Children < 3 Not Up to Date on Immunizations	38.8% •	27.4% Median State	12.9%
	Maltreatment Rate per 1,000 Children < 3	29.9	14.9 Median State	2.2

Data marked with a \* should be interpreted with caution. For additional information regarding calculation details, data quality, and source data please refer to Methods and Sources.