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PRENATAL-TO-3 POLICY IMPACT CENTER

Research for Action and Outcomes

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At birth, our brains expect to be wired

- Nurturing relationships lead to self-regulation and executive function
- Chronic adversity leads to constant survival mode
- Children are resilient, but it is VERY difficult and expensive to rewire
- Children of color are most likely to face adversity and have least access to opportunity to thrive

We must care for the caregivers so they can care for the kids

- Parents need knowledge, skills, and resources to be the parents they aspire to be and that their children deserve
- Child care providers need similar support
 - Two out of five child care teachers report
 - Depressive symptoms
 - Food insecurity

It takes a system!

- There is no magic bullet or single institution that can do it all
- We need broad policies to:
 - Ensure basic needs are met
 - Work pays
 - Parents can balance working and caring for their children
- We need targeted program to address specific needs
- Targeted may be more impactful with broader economic supports

Early investments pay off!

- Dollars invested early see short and longer term benefits in:
 - Reduced use of special education and health care
 - Higher educational attainment and employment & earnings
 - Lower rates of criminal behavior and drug use
- Lack of investment has huge costs
 - Child care = \$15,392 per year in MN
 - Prison = \$41,394 per year in MN

Four Primary Resources for the Field



PN-3 Policy Clearinghouse

An ongoing inventory of rigorous evidence reviews of state-level policies and strategies that impact the prenatal to age 3 developmental period



PN-3 State Policy Roadmap

An annual policy guide grounded in evidence that provides states actionable solutions to improve outcomes for all young children



PN-3 Policy-Research Exchange

A forum for early childhood stakeholders to exchange ideas and experiences to advance scholarship and evidence-informed policymaking



Building Evidence and Equity

A prioritized research agenda, developed in collaboration with scholars and practitioners, to continue to build a strong and equitable prenatal-to-3 system of care

Available at
pn3policy.org

State Policy Roadmap Framework



Prioritize your state's SCIENCE-BASED POLICY GOALS
to promote optimal health and development of infants and toddlers



Adopt and implement EFFECTIVE POLICIES & STRATEGIES
to improve PN-3 goals and outcomes



Monitor your STATE'S PROGRESS toward adoption & implementation
of effective solutions



Track OUTCOMES TO MEASURE IMPACT
on optimal health and development of infants and toddlers

Eight Prenatal-to-3 Policy Goals



Access
to Needed
Services

Families have access to necessary services through expanded eligibility, reduced administrative burden, and identification of needs and connection to services.



Parents'
Ability
to Work

Parents have the skills and incentives for employment and the resources they need to balance working and parenting.



Sufficient
Household
Resources

Parents have the financial and material resources they need to provide for their families.



Healthy
and Equitable
Births

Children are born healthy to healthy parents, and pregnancy experiences and birth outcomes are equitable.



Parental Health
and Emotional
Wellbeing

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



Nurturing
and Responsive
Child-Parent
Relationships

Children experience warm, nurturing, stimulating interactions with their parents that promote healthy development.



Nurturing
and Responsive
Child Care in
Safe Settings

When children are not with their parents, they are in high-quality, nurturing, and safe environments.



Optimal Child
Health and
Development

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

Five Policies and Six Strategies

EFFECTIVE POLICIES

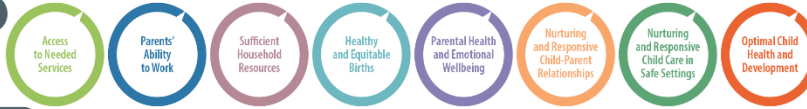
Expanded Income Eligibility for Health Insurance	State has adopted and fully implemented the Medicaid expansion under the ACA that includes coverage for most adults with incomes up to 138% of the federal poverty level.
Reduced Administrative Burden for SNAP	State's median recertification interval is 12 months or longer among households with SNAP-eligible children under age 18.
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.
State Minimum Wage	State has adopted and fully implemented a minimum wage of \$10 or greater.
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.

EFFECTIVE STRATEGIES

Comprehensive Screening and Referral Programs	State has both evidence-based comprehensive screening and referral programs: Family Connects and Healthy Steps.
Child Care Subsidies	State base reimbursement rates (for infants and toddlers in center-based care and family child care) meet the federally recommended 75th percentile using a recent market rate survey.
Group Prenatal Care	State supports the implementation of group prenatal care financially through enhanced reimbursements for group prenatal care providers.
Evidence-Based Home Visiting Programs	State supplements federal funding, and the estimated percentage of eligible children served by home visiting is at or above the median state value (7.3%).
Early Head Start	State supplements federal funding, and the estimated percentage of income-eligible children with access to EHS is at or above the median state value (8.9%).
Early Intervention Services	State has moderate or broad criteria to determine eligibility and serves children who are at risk for later delays or disabilities.

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 Referral 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

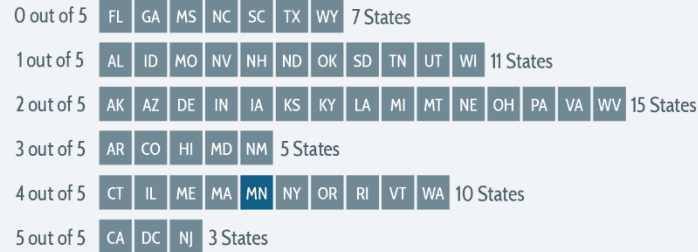


Minnesota's Roadmap

State Progress

POLICIES

Adopted and Implemented Policy Count by State

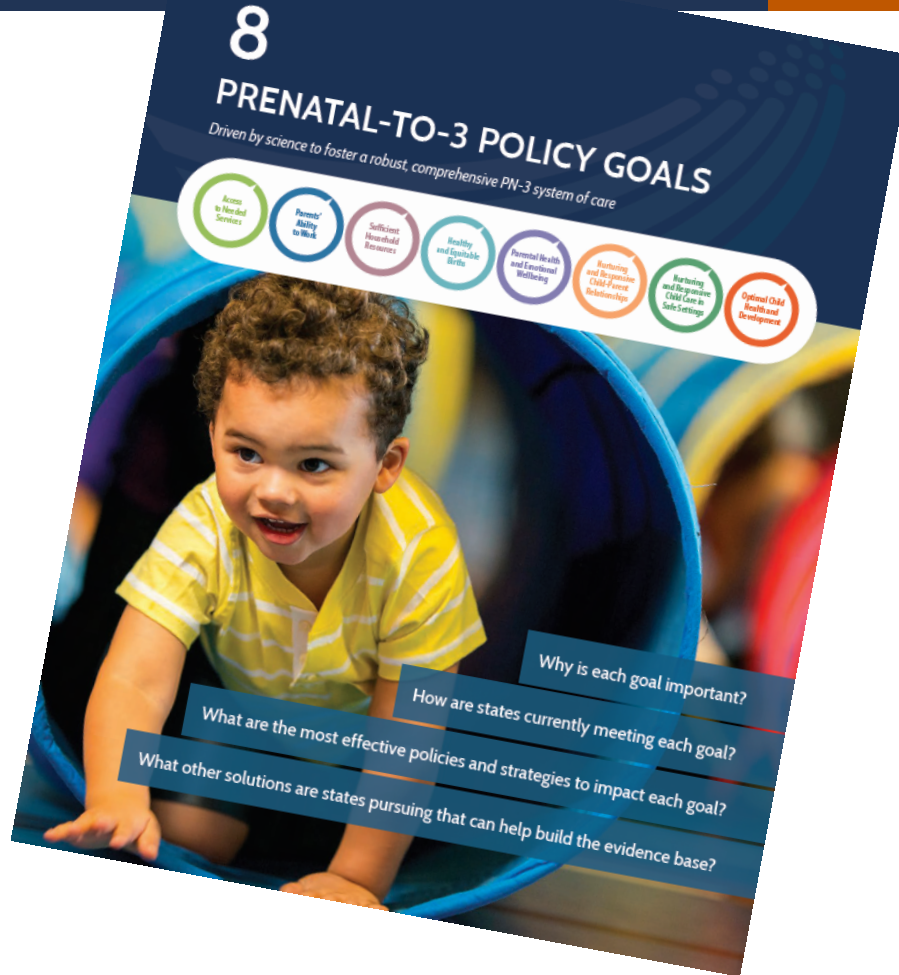


STRATEGIES

Implemented Strategy Count by State



Goal Profile



Examples of Policy Impacts on Increasing Household Resources

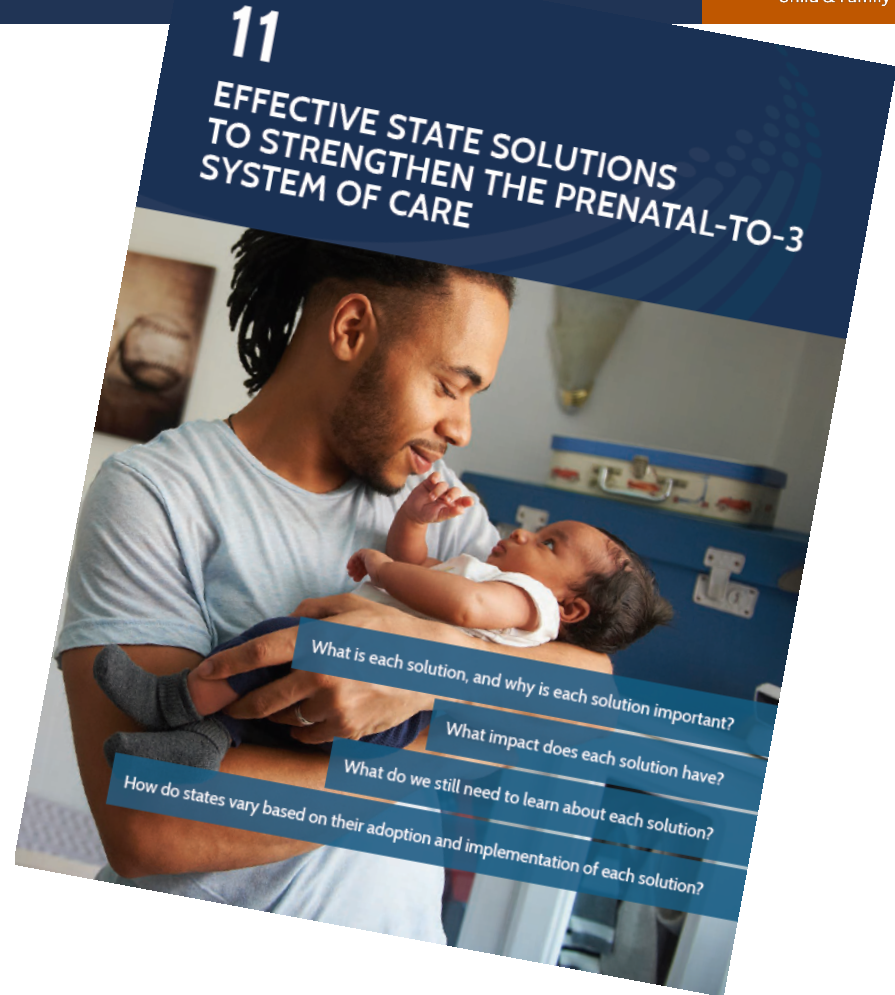
EFFECTIVE POLICIES

Expanded Income Eligibility for Health Insurance	<ul style="list-style-type: none"> • Medicaid expansion led to a 7.1 percentage point decrease in problems paying medical bills (K) • Medicaid expansion led to a 3.8 percentage point decrease in delaying health care because of cost (C)
Reduced Administrative Burden for SNAP	<ul style="list-style-type: none"> • Participation in SNAP reduced household food insecurity by up to 36% in households with children ¹²
Paid Family Leave	<ul style="list-style-type: none"> • Access to paid family leave led to a \$3,400 increase in household income (M) • Access to paid family leave led to a 2 percentage point reduction in the poverty rate, with the greatest effect for less-educated, low-income, single mothers (M)
State Minimum Wage	<ul style="list-style-type: none"> • A 10% minimum wage increase reduced poverty by 5.9% for children under age 18 with parents with no college degree and 9.6% for children under age 6 (Y) • A 10% minimum wage increase boosted earnings between 1.3% and 8.3%, depending on the study (A,K)
State Earned Income Tax Credit	<ul style="list-style-type: none"> • States with a refundable EITC had child poverty rates that were 40% lower overall than states without a refundable state credit (A) • State EITCs boosted mothers' annual wages by 32% (B) • A \$1,000 increase in the state and federal credit amount led to a \$2,000 increase in annual pretax family earnings during ages 0 to 5 (HH)

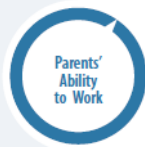
EFFECTIVE STRATEGIES

Child Care Subsidies	<ul style="list-style-type: none"> • Subsidy receipt led to an increase in monthly earnings by 105% (E)
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Policy Profile



Examples of Impact of a State EITC



- A 10% state EITC supplement increased employment among single mothers by 2.1 percentage points compared to single women with no children (GG)
- Living in a state with an EITC boosted the likelihood of mothers' employment (for at least one week per year) by 19% (B)
- A \$100 increase in the maximum federal and state credits reduced annual labor force exit among single women by 2.5 percentage points (U)



- States with a refundable EITC had child poverty rates that were 40% lower overall than states without a refundable state credit (A)
- State EITCs boosted mothers' annual wages by 32% (B)
- A \$1,000 increase in the state and federal credit amount led to a \$2,000 increase in annual pretax family earnings during ages 0 to 5 (HH)



- State EITC led to increases in birthweight of between 16 grams to 104 grams, depending on the generosity level (B, CC)
- In states with generous, refundable credits, Black mothers saw the greatest reductions in low birthweight (up to 3,760 fewer babies born low birthweight annually) (II)
- Increasing the maximum federal and state EITC by \$1,000 during childhood decreased the likelihood of giving birth before age 20 by 2% (BB)

State Profile


MINNESOTA

4 out of 5
of effective POLICIES that Minnesota has adopted and fully implemented

2 out of 6
of effective STRATEGIES that Minnesota has made substantial progress toward implementing

Prenatal-to-3 State Policy Roadmap

The prenatal to age three period of development sets the foundation for all future health and wellbeing. The science is clear: infants and toddlers need loving, stimulating, stable, and secure care environments, with limited exposure to adversity.

This Prenatal-to-3 State Policy Roadmap is a guide for your state to:

- ▶ **IMPLEMENT** the most effective state-level policies and strategies to date that foster these nurturing environments,
- ▶ **MONITOR** your states progress toward adopting and fully implementing these effective solutions, and
- ▶ **MEASURE** the wellbeing of infants and toddlers in your state.

A Roadmap to Strengthen the Prenatal-to-3 System



Prioritize your state's SCIENCE-BASED POLICY GOALS
to promote optimal health and development of infants and toddlers

8 comprehensive prenatal-to-3 (PN-3) policy goals driven by the science of the developing child set the direction for each state to ensure infants and toddlers get off to a healthy start and thrive.



Adopt and implement EFFECTIVE POLICIES & STRATEGIES
to improve PN-3 goals and outcomes

5 state-level policies and 6 strategies positively impact at least one of these PN-3 goals, based on comprehensive reviews of rigorous policy research. Our goal is to continually expand the evidence base by evaluating and sharing the innovative approaches that states are implementing to positively impact child and family wellbeing. The 11 policies and strategies included in this State Policy Roadmap are not the only effective solutions that strengthen the prenatal-to-3 period, but they are the solutions with the strongest evidence of effectiveness, to date.



Monitor your STATE'S PROGRESS toward adoption & implementation
of effective solutions

Effective solutions are not implemented similarly across all states, leaving children and families across the US with a patchwork of benefits and unequal outcomes. Monitor state progress toward adopting and implementing effective solutions that serve all eligible children and families.



Track OUTCOMES TO MEASURE IMPACT
on optimal health and development of infants and toddlers

20 child and family outcome measures illustrate the health, resources, and wellbeing of infants, toddlers, and their parents in your state, and reveal progress toward achieving the 8 PN-3 goals.

Learn more about the Prenatal-to-3 State Policy Roadmap at pn3policy.org

Summary of Policies and Strategies Implemented in Minnesota

4 out of 5

of effective **POLICIES** that Minnesota has adopted and fully implemented

POLICIES	Has Minnesota Adopted and Fully Implemented the Policy?
Expanded Income Eligibility for Health Insurance	YES
Reduced Administrative Burden for SNAP	YES
Paid Family Leave	NO
State Minimum Wage	YES
State Earned Income Tax Credit	YES

2 out of 6

of effective **STRATEGIES** that Minnesota has made substantial progress toward implementing

STRATEGIES	Has Minnesota Made Substantial Progress Toward Implementing the Strategy?
Comprehensive Screening and Referral Programs	SOME PROGRESS
Child Care Subsidies	LITTLE TO NO PROGRESS
Group Prenatal Care	SOME PROGRESS
Evidence-Based Home Visiting Programs	SUBSTANTIAL PROGRESS
Early Head Start	SUBSTANTIAL PROGRESS
Early Intervention Services	SOME PROGRESS

Medicaid Expansion in Minnesota

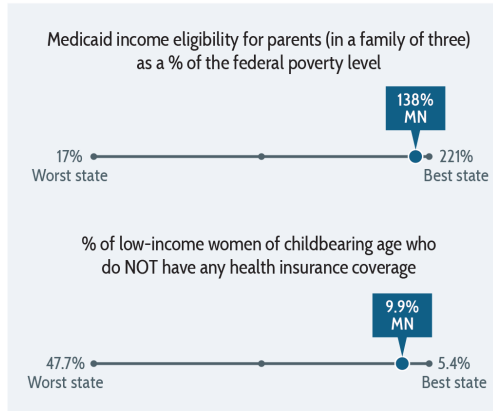
POLICIES

Expanded Income Eligibility for Health Insurance

YES

Has Minnesota 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? Medicaid expansion increases access to needed services, improves financial wellbeing, reduces racial disparities in adverse birth outcomes, keeps children safe, and has mixed impacts on parent health.

REGRESSIVE	NO		SOME PROGRESS			YES			
5 states	4 states	3 states			2 states	3 states	4 states	28 states	2 states



Minnesota
Yes, the state adopted and implemented the Medicaid expansion as defined in the ACA.

37 states have adopted and fully implemented

Reduced Administrative Burden for SNAP in Minnesota

POLICIES

Reduced Administrative Burden for SNAP

YES

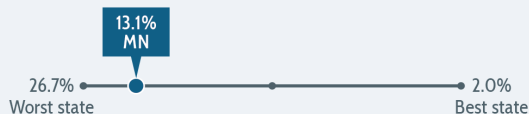
Has Minnesota adopted and fully implemented a median recertification interval for SNAP of 12 months or longer, among households with SNAP-eligible children under age 18? Reduced administrative burden increases SNAP participation rates, which lowers food insecurity among children and families.

REGRESSIVE	NO			SOME PROGRESS		YES		
12 states				7 states		1 state	10 states	21 states

Median recertification interval length for households with SNAP-eligible children under age 18

12 Months

% of eligible families with children under age 18 NOT receiving SNAP



Minnesota

Yes, and the SNAP manual requires a minimum of a 12-month recertification interval.

32 states have adopted and fully implemented

Paid Family Leave in Minnesota

POLICIES

Paid Family Leave

NO

Has Minnesota 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? Paid family leave increases access to paid time off from work, reduces racial disparities in leave-taking, boosts maternal labor force attachment, improves maternal mental health, fosters better child-parent relationships, and supports child health and development.

REGRESSIVE	NO		SOME PROGRESS			YES		
	29 states	1 state	12 states	1 state	3 states			5 states

Minnesota

No, and there has been little legislative initiative to adopt and implement a paid family leave program.



5 states have adopted and fully implemented



Maximum number of weeks of paid family leave benefit

None

Maximum paid family leave benefit value

\$0.00

State Minimum Wage in Minnesota

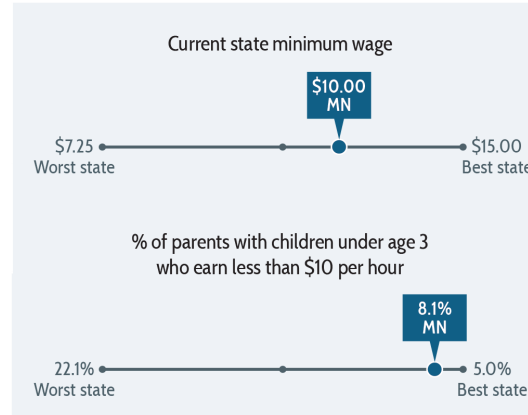
POLICIES

State Minimum Wage

YES

Has Minnesota adopted and fully implemented a minimum wage of \$10 or greater? A state minimum wage of at least \$10 reduces poverty, especially for Black and Latinx individuals, increases family incomes with minimal to no adverse effects on employment, improves birth outcomes, and keeps children safe.

REGRESSIVE	NO		SOME PROGRESS			YES	
9 states	2 states	10 states	3 states	4 states	4 states	1 state	18 states



Minnesota

Yes, and the state has scheduled or indexed wage increases.

19 states have adopted and fully implemented

State Earned Income Tax Credit in Minnesota

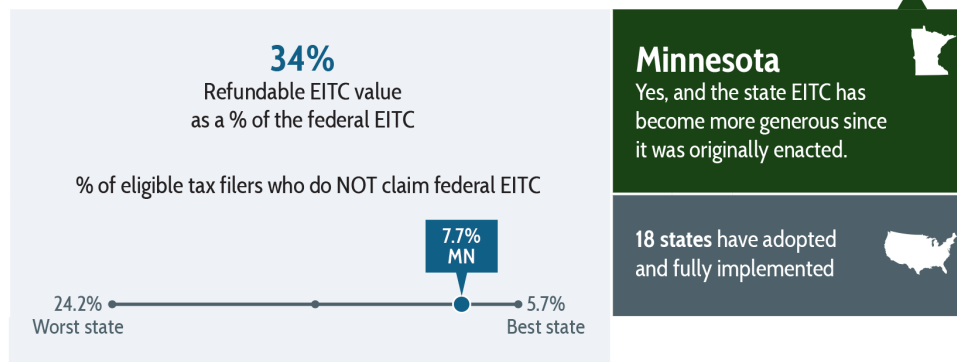
POLICIES

State Earned Income Tax Credit

YES

Has Minnesota adopted and fully implemented a refundable state earned income tax credit (EITC) of at least 10% of the federal EITC for all eligible families with any children under age 3? A state EITC promotes healthy births, reduces racial disparities in birth outcomes, and has mixed impacts on employment and income.

REGRESSIVE	NO		SOME PROGRESS			YES		
9 states	8 states	2 states	3 states	6 states	5 states	1 state	5 states	12 states



Comprehensive Screenings & Referral Programs in Minnesota

STRATEGIES

Comprehensive Screening and Referral Programs

SOME PROGRESS

Has Minnesota made substantial progress implementing comprehensive screening and referral programs by implementing both evidence-based models: Family Connects and Healthy Steps? Comprehensive screening and referral programs increase families' connections to needed services and have mixed impacts on children's health and development.

LITTLE TO NO PROGRESS		SOME PROGRESS		SUBSTANTIAL PROGRESS	
21 states	5 states	14 states	3 states	7 states	1 state

Minnesota

State has either Family Connects or Healthy Steps sites.

8 states have made substantial progress toward implementation

Child Care Subsidies in Minnesota

STRATEGIES

Child Care Subsidies

LITTLE TO NO PROGRESS

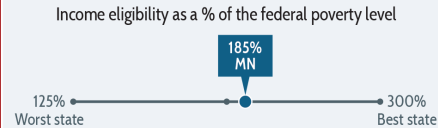
Has Minnesota made substantial progress implementing child care subsidies with base reimbursement rates (for infants and toddlers in center-based and family child care) that meet the federally recommended 75th percentile using a recent market rate survey? Child care subsidies increase enrollment in formal child care settings and support maternal employment and education.



Minnesota

State base reimbursement rates do not meet the federally recommended 75th percentile and the state relies on an older (>2 years) market rate survey to set rates.

1 state has made substantial progress toward implementation



Is the current base reimbursement rate at or above the 75th percentile of the market rate for:

Infants in center-based care?
No

Infants in family child care?
No

Toddlers in center-based care?
No

Toddlers in family child care?
No

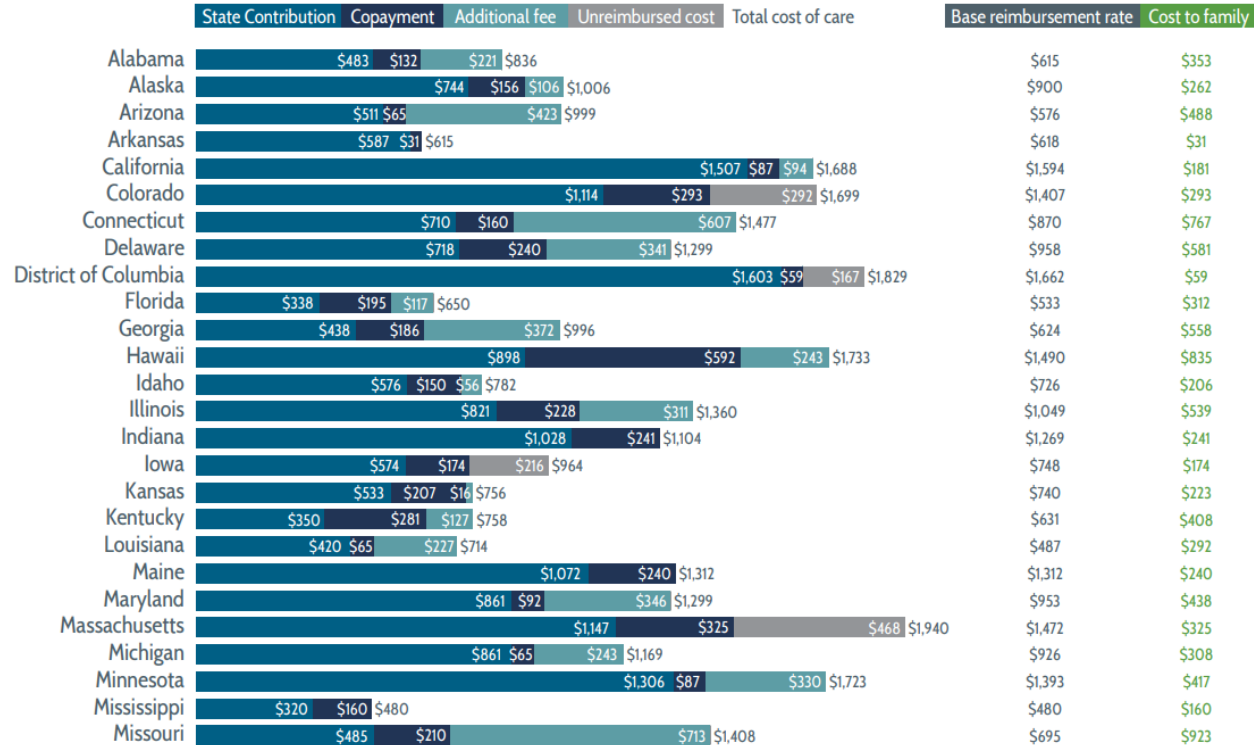
Year of market rate survey used to establish base rates

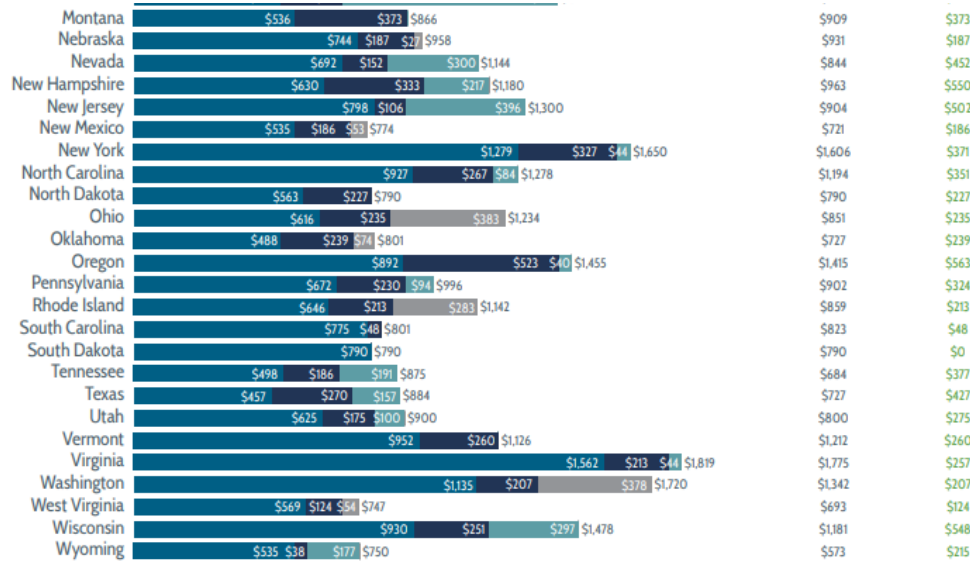
2012

Year of most recent market rate survey

2018

Distribution of the Total Cost of Child Care by State



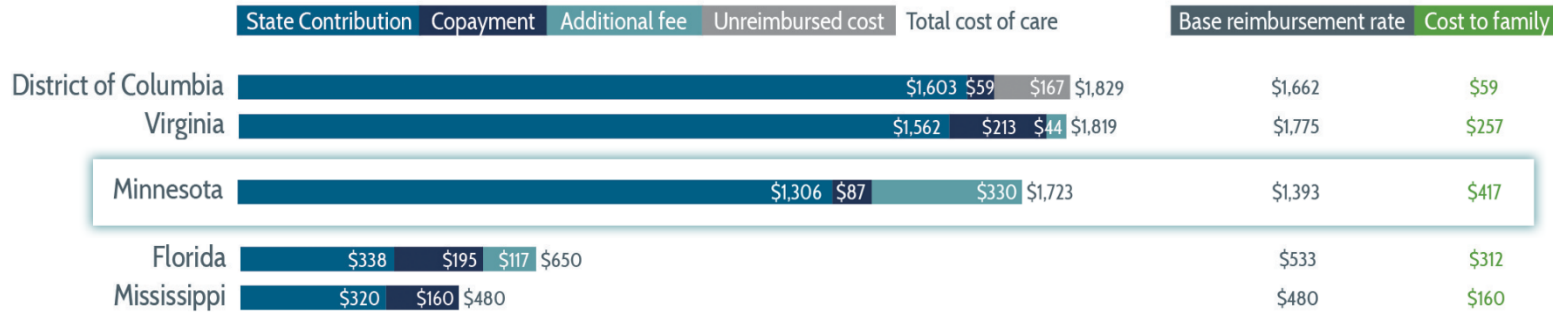


Base reimbursement rate = state contribution + copayment
 Cost to family = copayment + additional fee
 Payment Received by provider = state contribution + copayment + additional fee

Notes: South Dakota has a copayment of \$0. Total cost of care is based on the 75th percentile market rate in each state. Data reflect values for a family of three, with one child in care, and an income at 150% of the FPL.

Sources: National Women's Law Center, as of February 2019. For additional information, please refer to the Methods and Sources section of pn3policy.org.

Distribution of the Total Cost of Child Care by State



Base reimbursement rate = state contribution + copayment

Cost to family = copayment + additional fee

Payment Received by provider = state contribution + copayment + additional fee

Group Prenatal Care in Minnesota

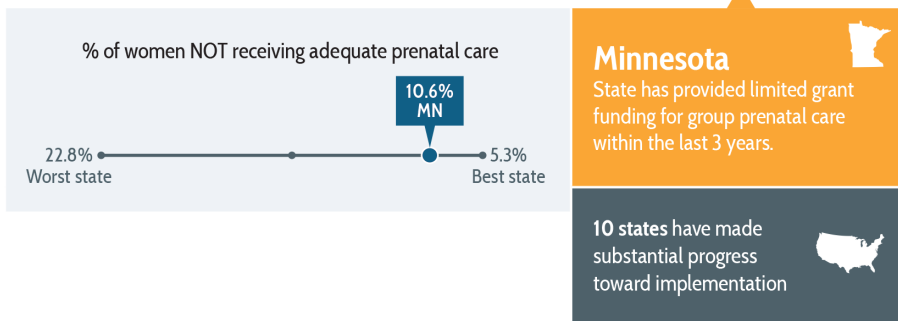
STRATEGIES

Group Prenatal Care

SOME PROGRESS

Has Minnesota made substantial progress implementing group prenatal care by providing enhanced reimbursements for group prenatal care providers? Group prenatal care increases adequate prenatal care and improves mothers' physical and emotional health, and has mixed impacts on healthy and equitable births and optimal child health and development.

LITTLE TO NO PROGRESS		SOME PROGRESS			SUBSTANTIAL PROGRESS	
16 states	11 states	1 state	9 states	4 states	2 states	8 states



Evidence-Based Home Visiting in Minnesota

STRATEGIES

Evidence-Based Home Visiting Programs

SUBSTANTIAL PROGRESS

Has Minnesota made substantial progress implementing evidence-based home visiting programs by supplementing federal funding and by serving eligible children at or above the median state value (7.3%)? Evidence-based home visiting programs improve parenting skills, but have less consistent impacts on other outcomes.



State supplements federal funding to implement home visiting programs

Yes

Estimated % of eligible children under age 3 served by home visiting programs



Minnesota

State supplements federal funding, and the estimated percent of eligible children served by home visiting is between the median state value (7.3%) and twice the median state value (14.6%).

23 states have made substantial progress toward implementation

Early Head Start in Minnesota

STRATEGIES

Early Head Start

SUBSTANTIAL PROGRESS

Has Minnesota made substantial progress implementing Early Head Start (EHS) by supplementing federal funding and by providing income-eligible children with access to EHS at or above the median state value (8.9%)? Early Head Start improves numerous aspects of child-parent relationships, increases participation in good-quality care, and positively impacts language and vocabulary skills and problem behaviors.



State supplements federal funding for EHS programs

Yes

Estimated % of income-eligible children with access to EHS



Minnesota

State supplements federal funding, and the estimated percent of income-eligible children with access to EHS is between the median state value (8.9%) and twice the median state value (17.8%).

7 states have made substantial progress toward implementation

Early Intervention in Minnesota

STRATEGIES

Early Intervention Services

SOME PROGRESS

Has Minnesota made substantial progress implementing Early Intervention services by using moderate or broad criteria to determine eligibility and by serving children who are at risk for later developmental delays or disabilities? Early Intervention services boost parental self-confidence and satisfaction, and improve children's cognitive, motor, behavioral, and language development, especially for infants born preterm or low birthweight.



Minnesota

State uses moderate criteria to determine eligibility, but the state does not serve children who are at risk for later delays or disabilities.

5 states have made substantial progress toward implementation

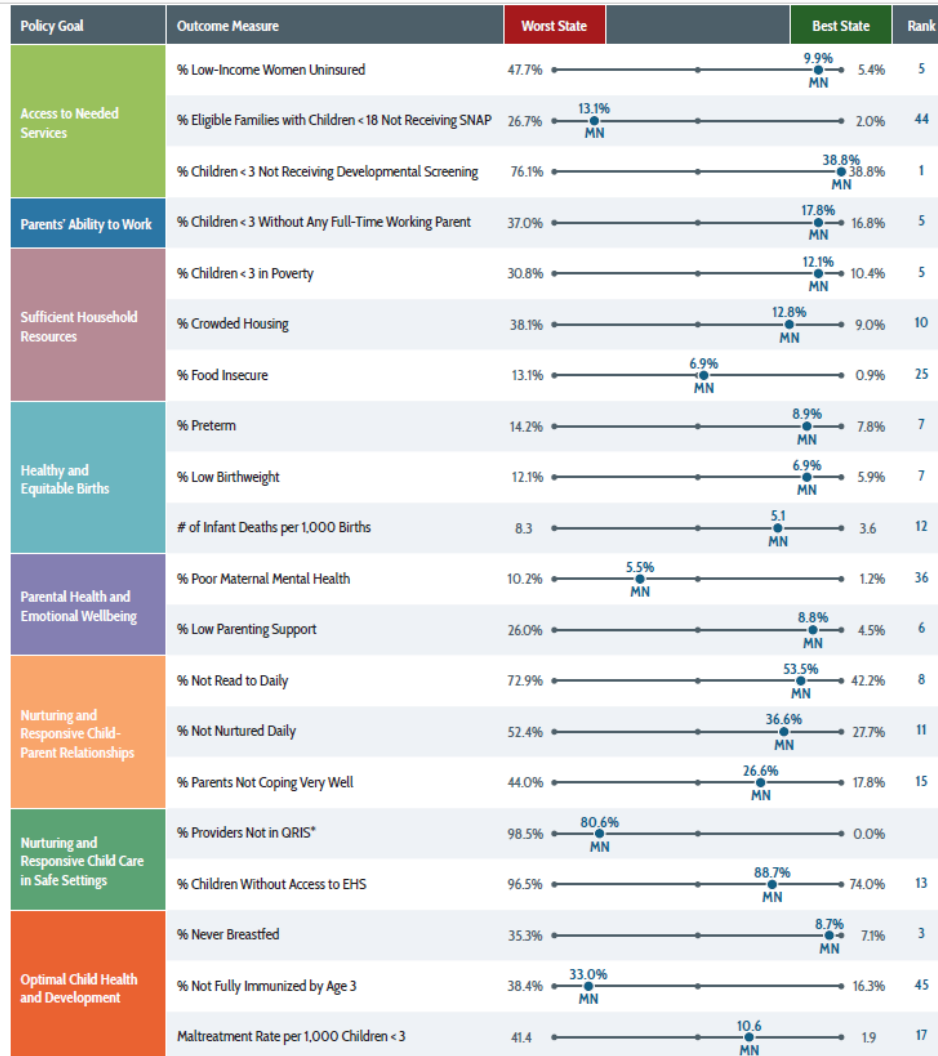
Categorical assessment of state's eligibility criteria

MODERATE

% of all children under age 3 receiving EI services



Minnesota's Prenatal-to-3 Outcome Measures



Contact

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