



PHILIP R. NADER

Legacy *of* Health

LECTURESHIP

November 2, 2023



MICHAEL & SUSAN DELL CENTER *for* HEALTHY LIVING



Healthy children in a healthy world.

We advance health and healthy living for children and families through cutting-edge research, innovative community-based programs, and dissemination of evidence-based practices.

STRATEGIC PLAN GOALS



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msdcenter.org



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TX CHILD HEALTH STATUS REPORTS AND TOOLKITS

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Texas Child Health Status Report

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TX RPC Lunch & Learn Presentations

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Michael & Susan Dell Center Webinar Series

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Shreela and Vibhu Sharma Endowed Fund for Excellence in Community Nutrition, Health, and Wellness



Melinda Rushing



Jennifer Aiyer



Brittini Naylor



Fangyu Li



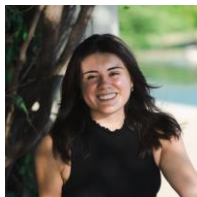
Nivedhitha
Parthasarathy



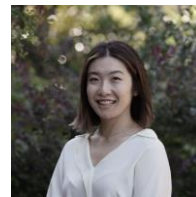
Victoria
Kwentua



Iheyinwa Odum-Nwabueze



Heather Jones



Che (Qi) Xue

PHILIP R. NADER

Legacy of Health
LECTURESHIP



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by: Nader
Endowment

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Michael & Susan Dell
FOUNDATION



KEYNOTE PRESENTATION



Dr. Cynthia Osborne

Executive Director and Professor of Early
Childhood Education and Policy
Peabody College of Education and
Human Development
Vanderbilt University

November 2, 2023: UT Health Houston School of Public Health
Philip R. Nader Legacy of Health Lectureship

PRENATAL-TO-3 POLICY IMPACT CENTER

Research for Action and Outcomes

CYNTHIA OSBORNE, PH.D.

Executive Director, Prenatal-to-3 Policy Impact Center
Professor of Early Childhood Education and Policy
Vanderbilt University, Peabody College of Education and Human Development



Our Earliest Experiences Shape Our Lives

- All children deserve to be born healthy and raised in nurturing environments, with limited exposure to adversity.
- Nurturing relationships in the earliest years lead to healthier brains and bodies, which influence health and wellbeing over the life course.
- Chronic adversity harms children's neurological, biological, and social development, and can have lifelong consequences.
- Millions of children lack the opportunities to a healthy start they deserve.
- Children of color are most likely to face adversity and least likely to have the opportunities all children deserve.



State Policy Choices Shape Opportunities

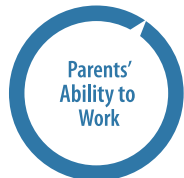
- State policy choices can empower parents and support children's healthy development.
- We must care for the caregivers so that they can care for the children.
- Systems of support require a combination of broad based economic and family supports AND targeted interventions.
- Variation in state policy choices leads to a patchwork of supports for families, depending on where they live.

Eight Prenatal-to-3 Policy Goals



Access to
Needed
Services

Families have access to necessary services through expanded eligibility, reduced administrative burden and fewer barriers to services, 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

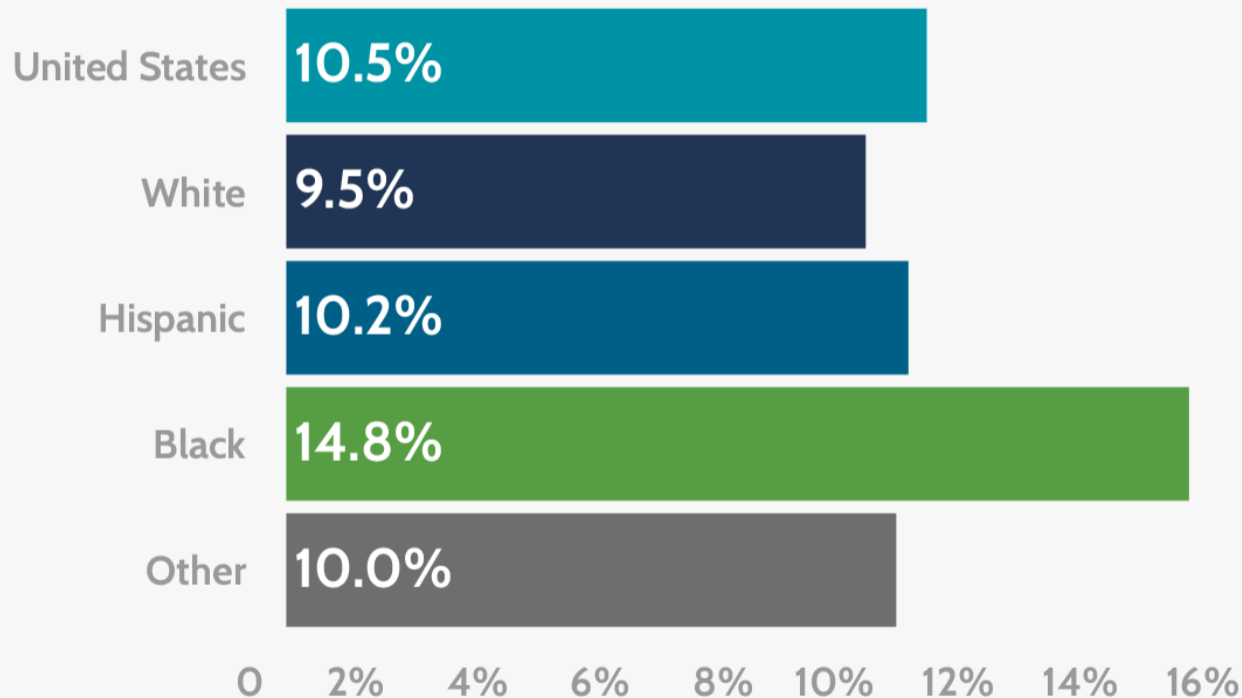
When children are not with their parents, they are in high-quality, nurturing, and safe environments.



Optimal Child
Health and
Development

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

% Babies Born Preterm (< 37 Weeks) by Race and Ethnicity



% Babies Born Preterm (< 37 Weeks)



8.0%

VERMONT

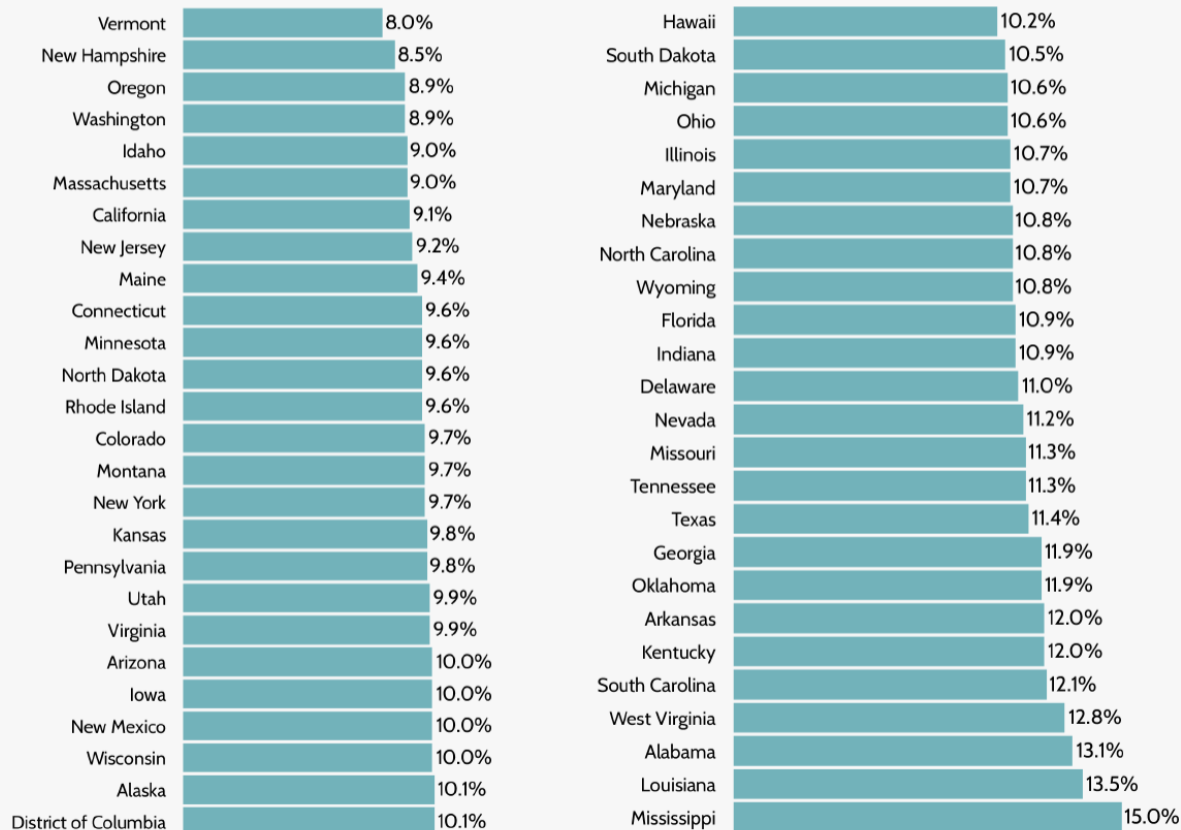
LEADING

LAGGING

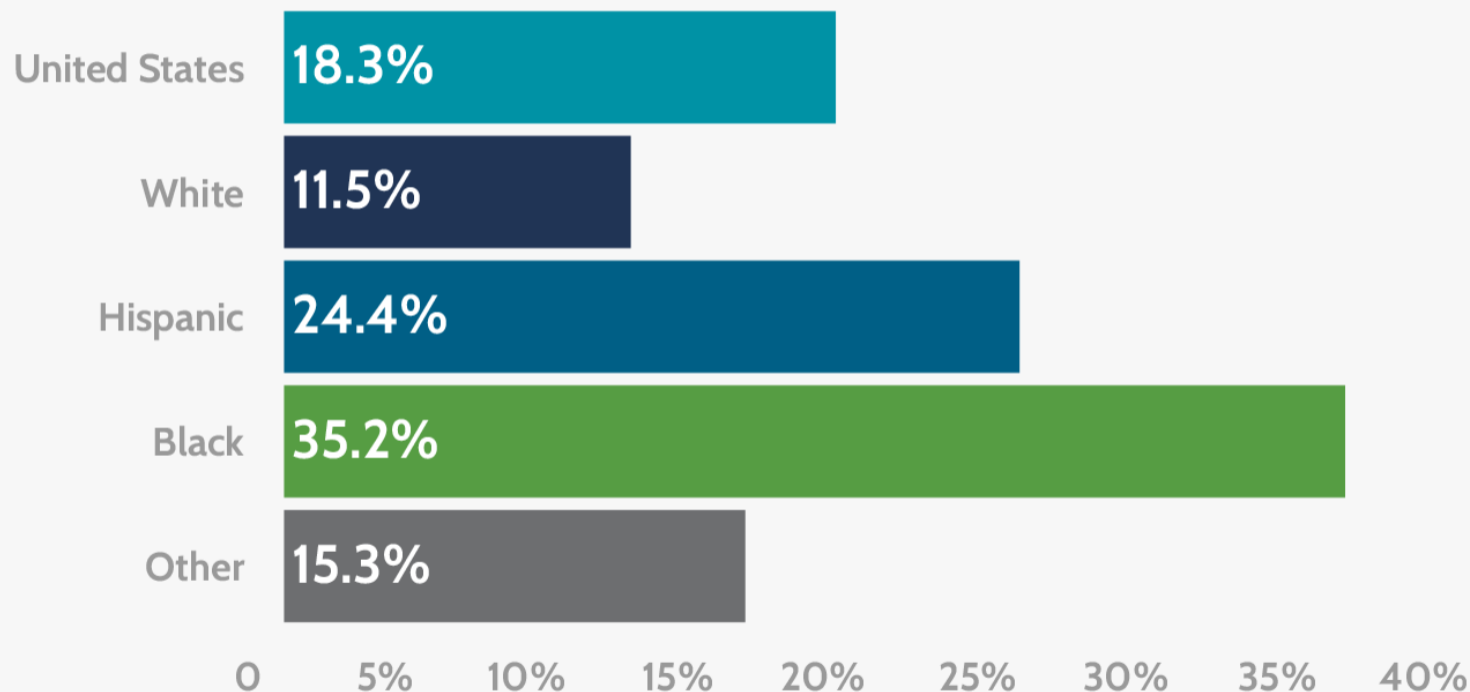


15.0%

MISSISSIPPI



% Children < 3 in Poverty by Race and Ethnicity



% Children < 3 in Poverty



6.1%

VERMONT

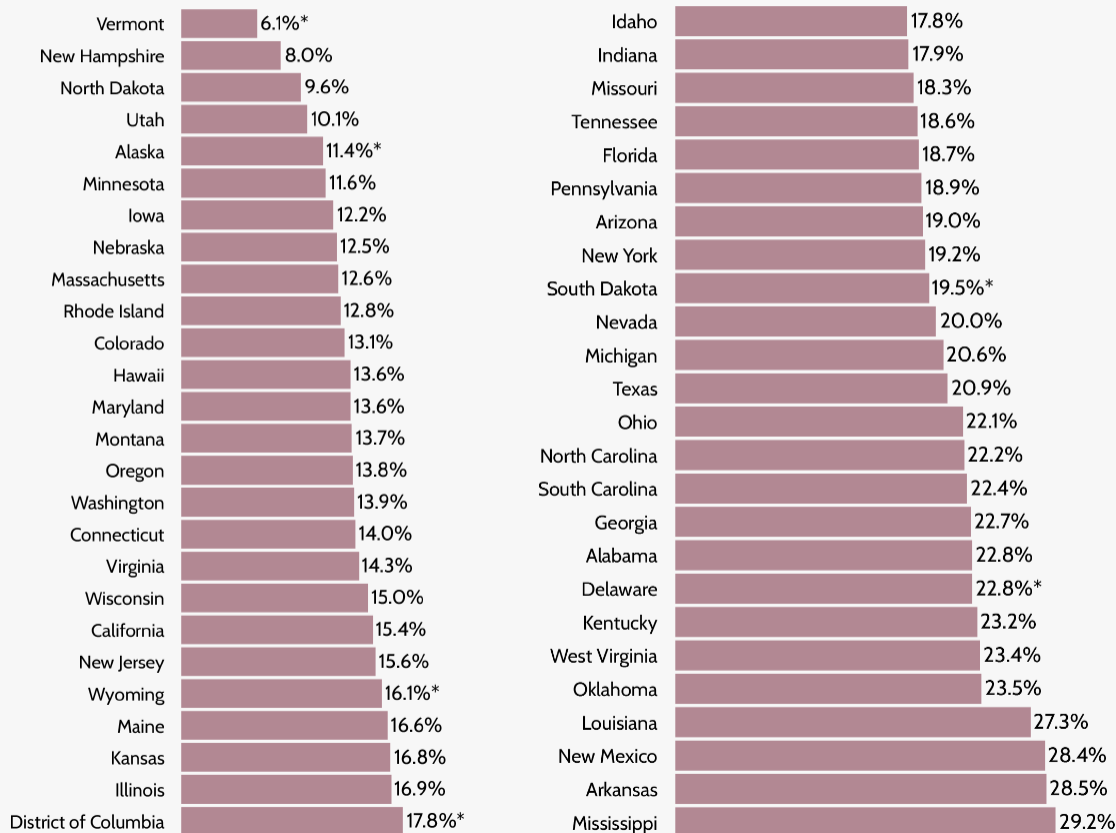
LEADING

LAGGING



29.2%

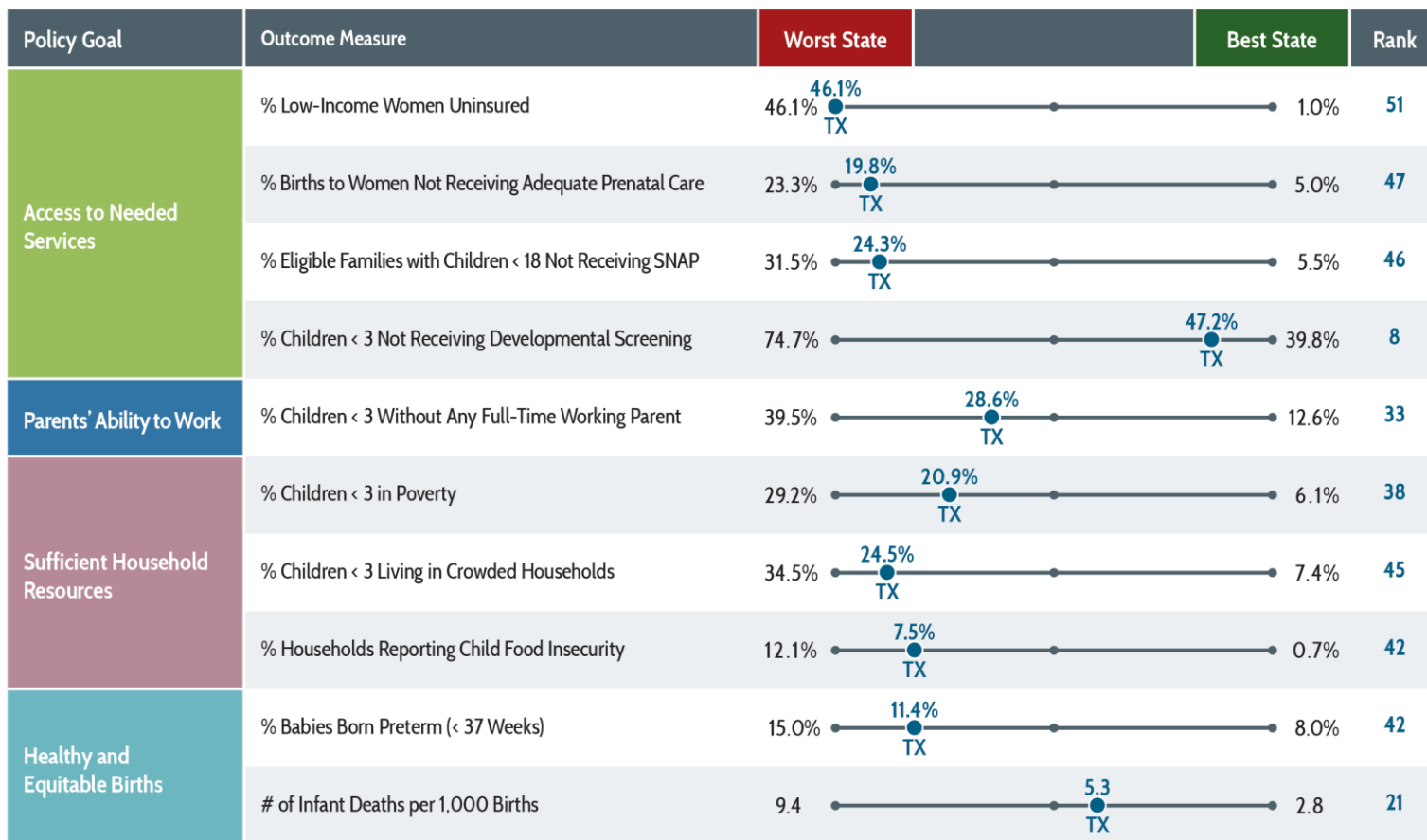
MISSISSIPPI





TEXAS

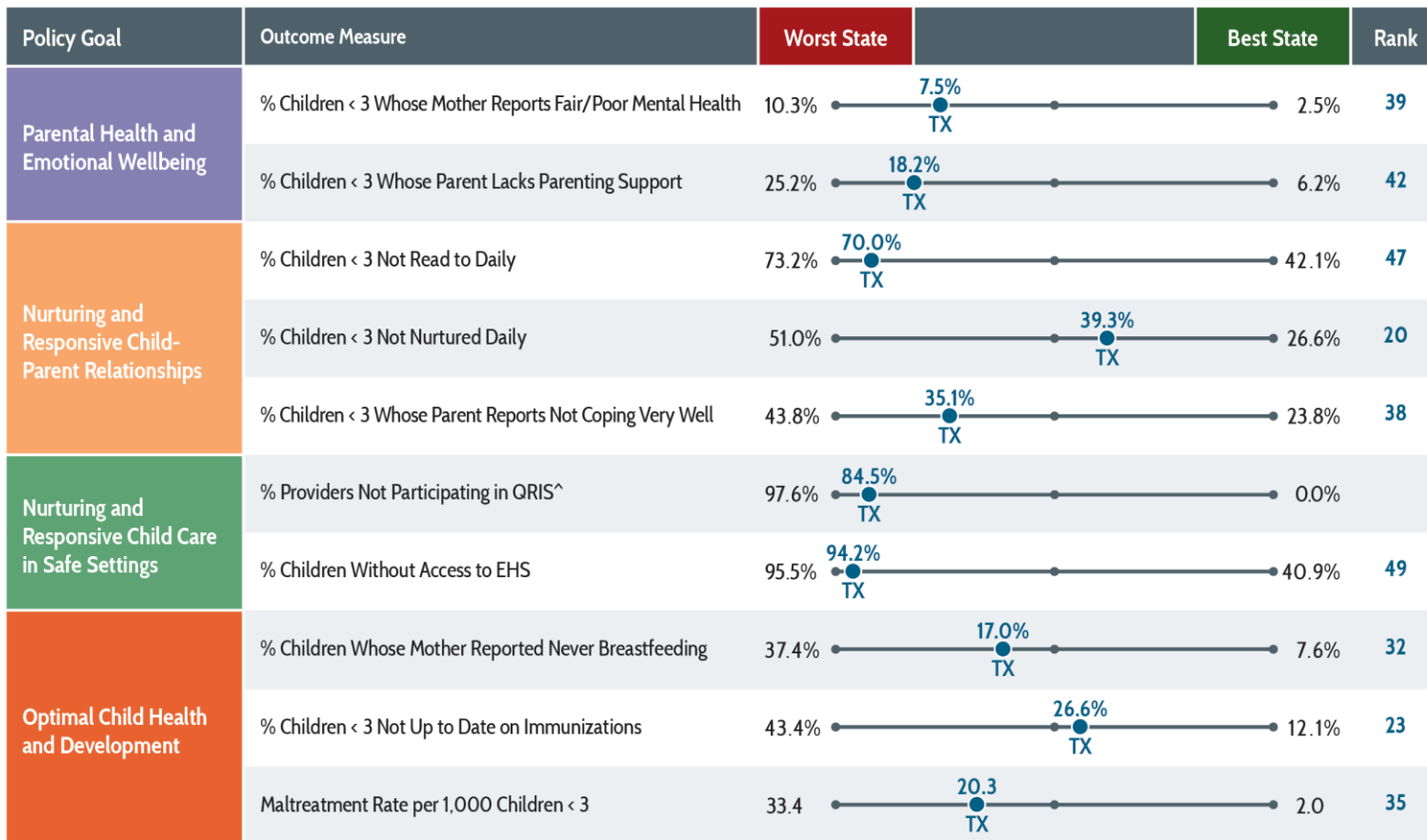
State
Prenatal-to-3
Outcome
Measures





TEXAS

State
Prenatal-to-3
Outcome
Measures





State
Summaries {

US-Level
Data {

Roadmap
Overview {

Policy
Profiles {

Strategy
Profiles {

Select a State's Summary ▾

UNITED STATES

Roadmap Summary

Demographic Characteristics

State-Level Outcomes

ROADMAP POLICIES AND STRATEGIES

Roadmap Policies and Strategies
Overview

EFFECTIVE POLICIES

Expanded Income Eligibility for
Health Insurance

Paid Family Leave

State Minimum Wage

State Earned Income Tax Credit

EFFECTIVE STRATEGIES

Reduced 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

Early Intervention Services

2023 Prenatal-to-3 State Policy Roadmap



pn3policy.org/roadmap/tx



TEXAS

The
Prenatal-to-3
System of
Care in
Texas

Effective Roadmap Policy		2023 Policy Snapshot
Expanded Income Eligibility for Health Insurance to 138%	▶ 16% of the FPL	Texas has not expanded Medicaid eligibility under the Affordable Care Act; thus, only parents earning up to 16% of the FPL are eligible for Medicaid coverage in TX.
Paid Family Leave Program of at Least 6 Weeks	▶ 0 weeks	Texas does not have a statewide paid family leave program, but it newly enacted a paid family leave program for eligible state employees in September 2023.
State Minimum Wage of \$10.00 or Greater	▶ \$7.25 per hour	The current state minimum wage in Texas is \$7.25, and it is set by state statute to the federal minimum.
Refundable State Earned Income Tax Credit of at Least 10%	▶ No EITC	Texas does not have a refundable 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.
<div> <div>✓ State has adopted and fully implemented the policy</div> <div>+1 State has newly adopted and fully implemented the policy since October 1, 2022</div> </div>		



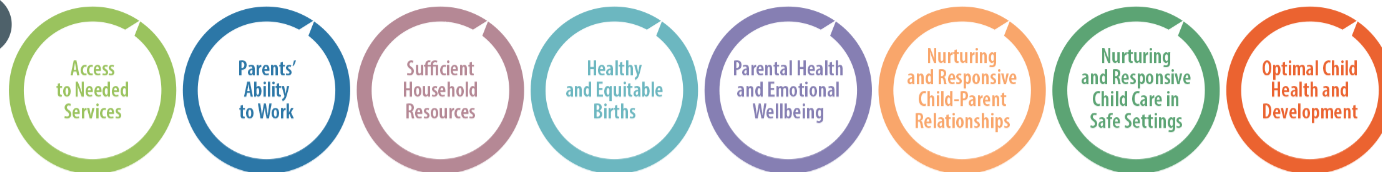
TEXAS

The
Prenatal-to-3
System of
Care in
Texas

Effective Roadmap Strategy		2023 Strategy Snapshot		
Reduced Administrative Burden for SNAP	▶	<input type="radio"/> 12-month Certification Period	<input type="radio"/> Simplified Income Reporting	<input checked="" type="radio"/> Online Case Management
Comprehensive Screening and Connection Programs	▶	<input type="radio"/> Statewide Goal	<input checked="" type="radio"/> Medicaid Funding	<input checked="" type="radio"/> State Funding
Child Care Subsidies	▶	<input checked="" type="radio"/> Income Eligibility (85% SMI)	<input type="radio"/> Limit Family Copayments	<input checked="" type="radio"/> Equitable Reimbursement Rates
★ Group Prenatal Care	▶	<input checked="" type="radio"/> Enhanced Medicaid Reimbursement Rate	<input checked="" type="radio"/> State Funding	
Community-Based Doulas	▶	<input type="radio"/> Medicaid Coverage	<input type="radio"/> Fund Training and Credentialing	
Evidence-Based Home Visiting Programs	▶	<input type="radio"/> Medicaid Funding		
Early Head Start	▶	<input type="radio"/> State Support		
Early Intervention Services	▶	<input checked="" type="radio"/> Very Low Birthweight Qualification	<input type="radio"/> At-Risk Qualification	<input type="radio"/> Eliminate Family Fees
★ State implemented all key policy levers <input checked="" type="radio"/> State has met the criteria for the key policy lever <input type="radio"/> State has not met the criteria for the key policy lever				

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



Paid Family Leave Program of at Least 6 weeks



NEW



State Minimum Wage of \$10.00 or Greater



Refundable State Earned Income Tax Credit of at Least 10%



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

7 States Implemented One or More New Policies in the Last Year

40

States

+1

Expanded
Income
Eligibility
for Health
Insurance

AK	AZ	AR	CA	CO
CT	DE	DC	HI	ID
IL	IN	IA	KY	LA
ME	MD	MA	MI	MN
MO	MT	NE	NV	NH
NJ	NM	NY	ND	OH
OK	OR	PA	RI	UT
VT	VA	WA	WV	SD

9

States

+2

Paid
Family
Leave

CA	CT	DC	MA	NJ
NY	WA	OR	RI	

29

States

+4

State
Minimum
Wage

AK	AZ	AR	CA	CO
CT	DE	DC	FL	HI
IL	ME	MD	MA	MN
MO	NV	NJ	NM	NY
OR	RI	VT	VA	WA
MI	NE	OH	SD	

22

States

+2

State
Earned
Income Tax
Credit

CA	CO	CT	DC	IL
IN	IA	KS	ME	MD
MA	NE	NJ	NM	NY
OR	RI	VT	VA	WA
HI	MI			

State has fully implemented the policy since October 1, 2022

of
Implemented
Policies

4 out of 4

CA	CT	DC	MA	NJ	NY	OR	RI	WA
----	----	----	----	----	----	----	----	----

9 States

3 out of 4

CO	HI	IL	ME	MD	MI	NE	NM	VT	VA
----	----	----	----	----	----	----	----	----	----

10 States

2 out of 4

AK	AZ	AR	DE	IN	IA	MN	MO	NV	OH	SD
----	----	----	----	----	----	----	----	----	----	----

11 States

1 out of 4

FL	ID	KS	KY	LA	MT	NH	ND	OK	PA	UT	WV
----	----	----	----	----	----	----	----	----	----	----	----

12 States

0 out of 4

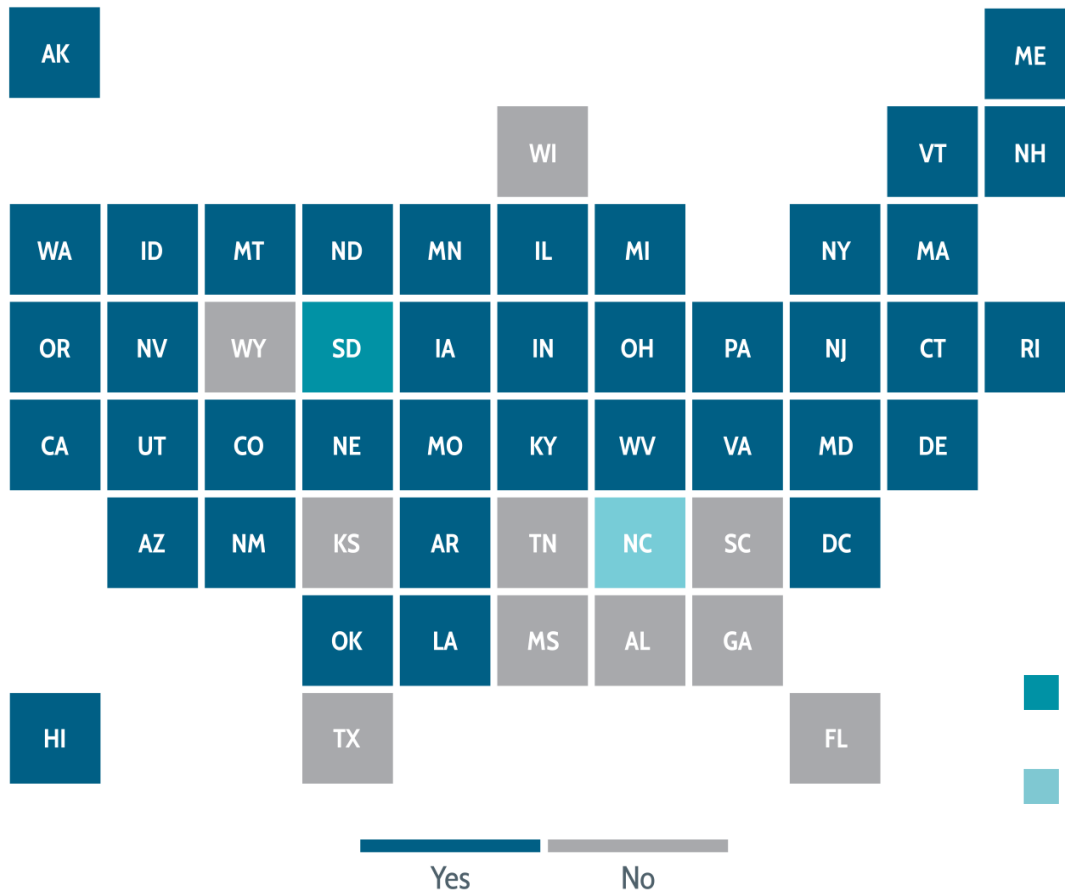
AL	GA	MS	NC	SC	TN	TX	WI	WY
----	----	----	----	----	----	----	----	----

9 States

State has newly implemented one or more effective policy since October 1, 2022

Medicaid Expansion

40
states have
fully
implemented
the Medicaid
expansion
under the
Affordable
Care Act.



16% of the FPL

Texas has not expanded Medicaid eligibility under the Affordable Care Act; thus, only parents earning up to 16% of the FPL are eligible for Medicaid coverage.

- State has newly implemented the policy since October 1, 2022
- State has enacted legislation and will implement the policy after October 1, 2023

Medicaid Expansion

How Does Medicaid Expansion Impact PN-3 Outcomes?



- An 8.6 percentage point increase in preconception Medicaid coverage (B)
- An increase of 0.9 months of Medicaid coverage postpartum (I)
- An increase in receiving adequate prenatal care by 3.6 percentage points for Hispanic women and 2.6 percentage points for non-Hispanic women (EE)



- A 4.7 percentage point decrease in the likelihood of experiencing a catastrophic financial burden (KK)
- A decrease in financial difficulty and health care avoidance because of cost (C, G, H, K, & II)
- A reduction in the poverty rate (Supplemental Poverty Measure) of up to 1.4 percentage points, corresponding to lifting more than 690,000 people out of poverty (CC)



- 0.53 fewer infant deaths per 1,000 live births among Hispanic infants (V)
- 16.3 fewer Black maternal deaths per 100,000 live births (7.0 per 100,000 live births in the overall population) (J)

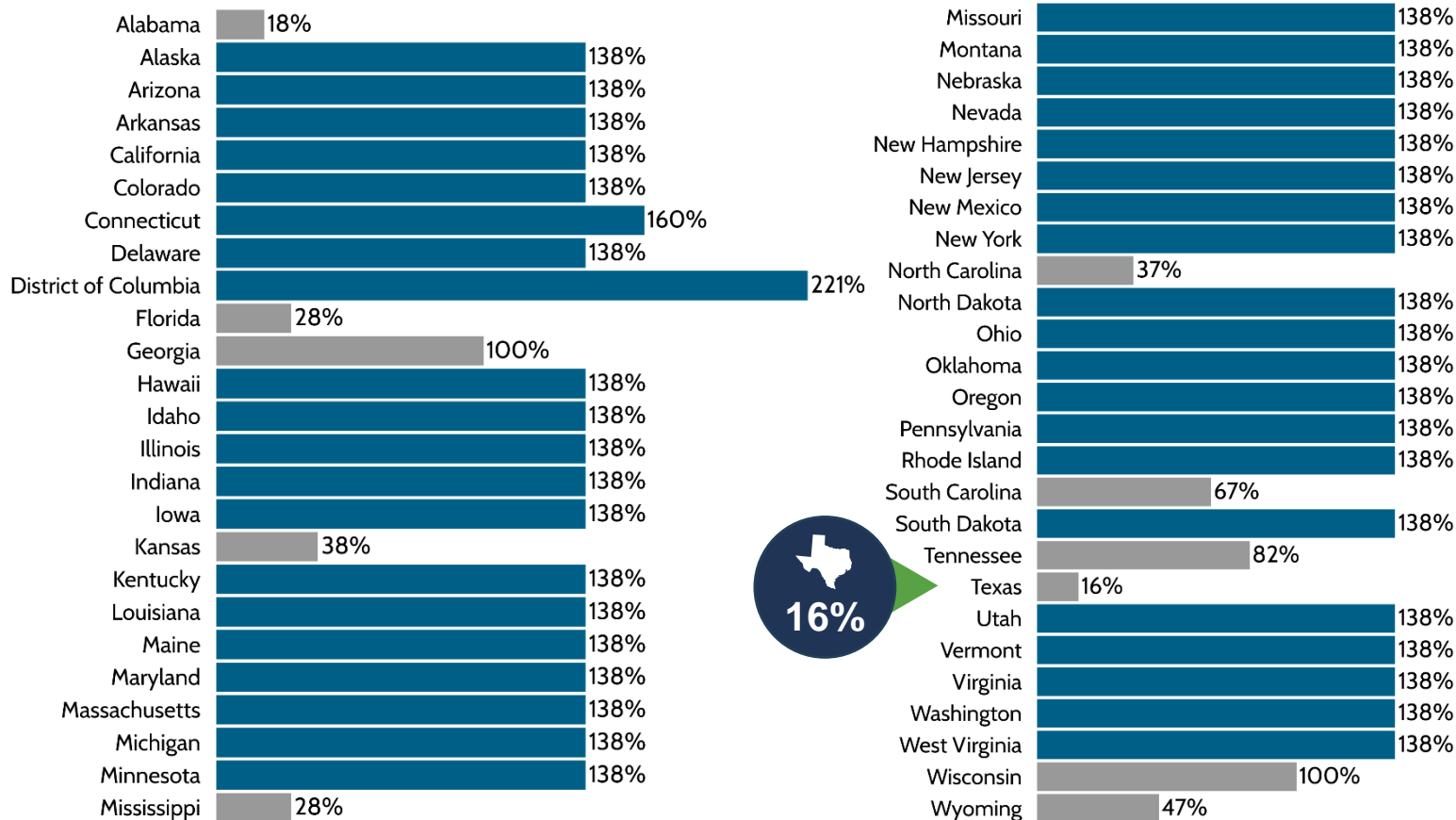


- 422 fewer cases of neglect per 100,000 children under age 6 (U)
- 17.3% reduction in first-time neglect reports for children under age 5 (NN)

Medicaid Expansion

Parents' Medicaid Income Eligibility Limits as a Percentage of the Federal Poverty Level

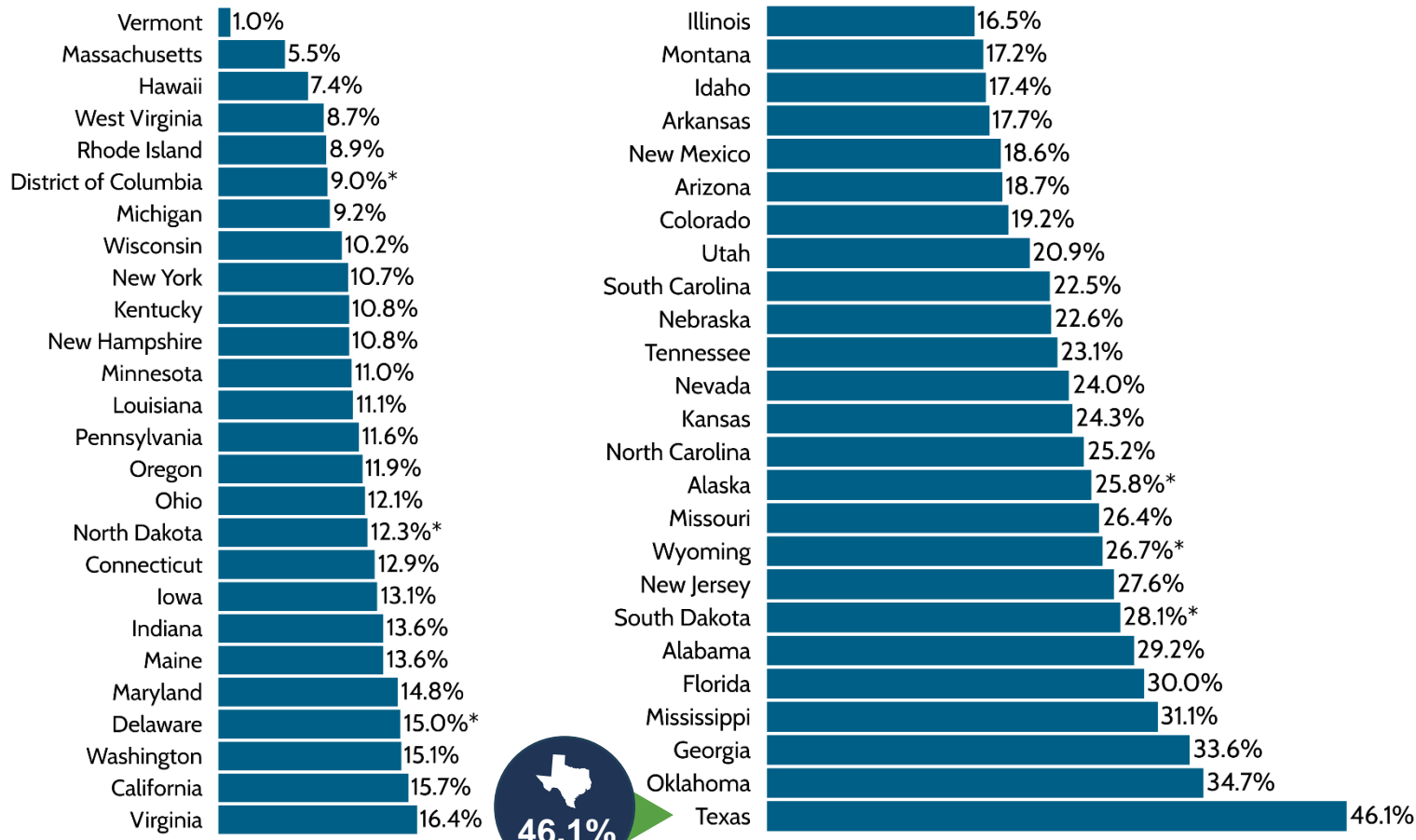
Source: Expansion status: As of October 1, 2023. Medicaid state plan amendments (SPAs) and Section 1115 waivers; Income eligibility limits: As of October 1, 2023, KFF, Georgetown University Center for Children and Families, Medicaid SPAs (South Dakota).



Medicaid Expansion

% Low-Income Women of Childbearing Age Without Health Insurance

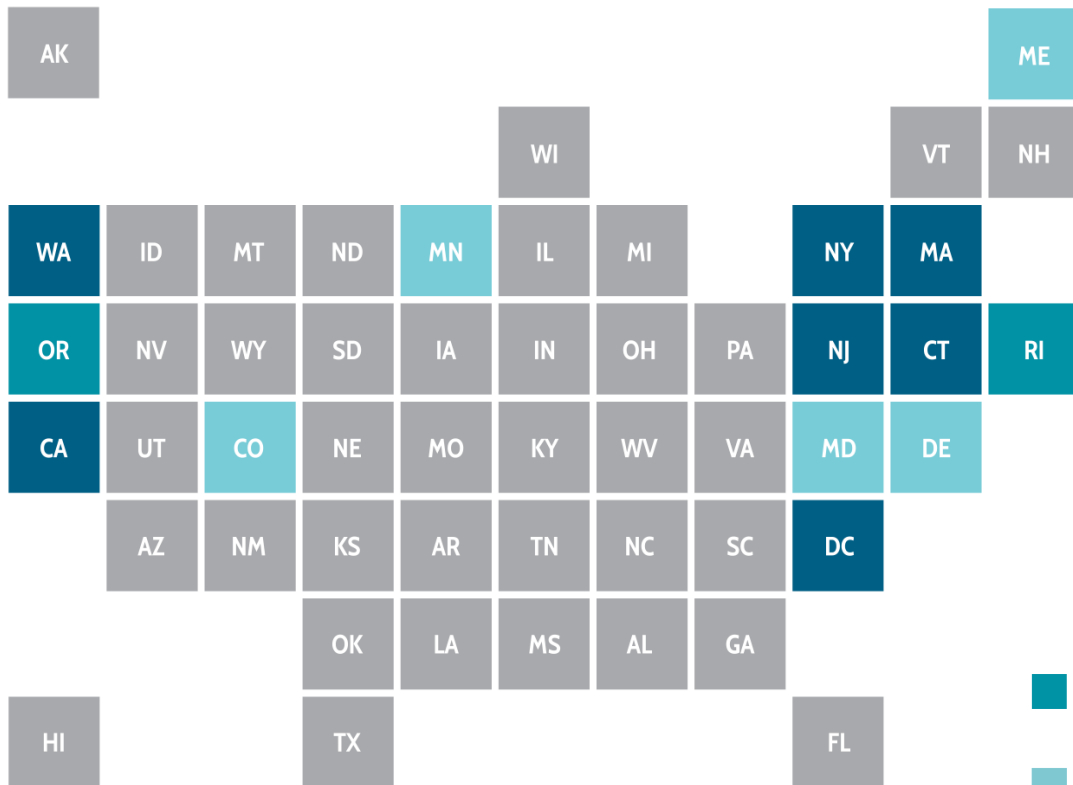
Low income <= 138% Federal Poverty Level



Paid Family Leave

9

states have fully implemented a paid family leave program of a minimum of 6 weeks.



Yes No



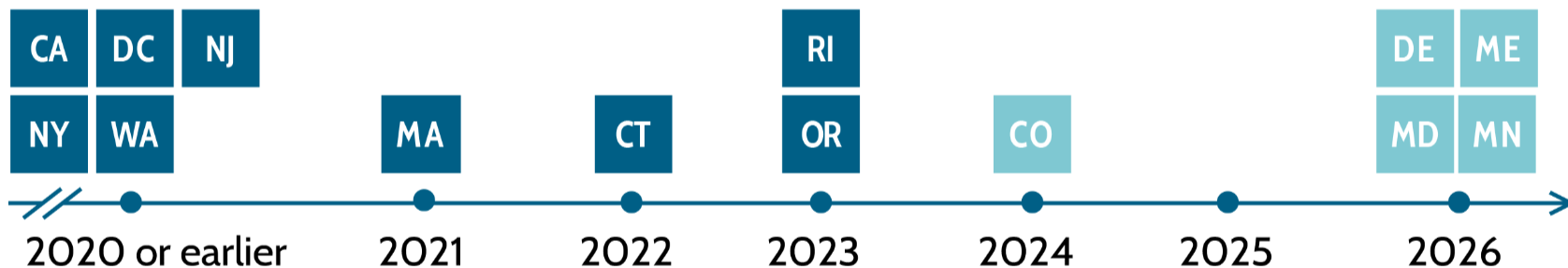
0 Weeks

Texas does not have a statewide paid family leave program, but it newly enacted a paid family leave program for eligible state employees in September 2023.

- State has newly implemented the policy since October 1, 2022
- State has enacted legislation and will implement the policy after October 1, 2023

Paid Family Leave Implementation Timeline

14 states have adopted a statewide paid family leave program of at least 6 weeks



- State has fully implemented a statewide paid family leave policy of at least 6 weeks by October 1 of a given year.
- State is expected to fully implement a statewide paid family leave policy of at least 6 weeks by October 1 of a given year.

Paid Family Leave

How Does Paid Family Leave Impact PN-3 Outcomes?



- An increase in family leave-taking in the first year after birth of 5 weeks for mothers and up to 3 days for fathers (B)
- An increase in family leave-taking of 14.4 percentage points among Black mothers and 6.4 percentage points among Hispanic mothers (no significant increase was found among White mothers) (N)
- An increase in the receipt of postpartum care of 1.5 percentage points for White women and 3.4 percentage points for women of other racial and ethnic groups (Z)



- Up to an 8 percentage point increase in maternal labor force participation in the months surrounding birth (D)
- An increase in time worked by mothers of 7.1 weeks in the second year of a child's life (B)
- A 13% increase in the likelihood of mothers returning to their prebirth employer in the year following birth (B)
- An 18.3 percentage point increase in the probability of mothers working 1 year following birth (B)



- A 2 percentage point reduction in the official poverty measure rate, with even greater effects among single mothers with low levels of education and income (M)
- A 2 percentage point decrease in food insecurity, with even greater effects among households with multiple children (Y)



- A 12% reduction in postneonatal infant mortality (S)

Paid Family Leave

How Does Paid Family Leave Impact PN-3 Outcomes?



- A 5.3 percentage point increase in the number of parents who reported coping well with the day-to-day demands of parenting (C)
- A 12 percentage point decrease in parental consumption of any alcohol (P)



- An increase in mothers' time spent with children, including reading to their children 2.1 more times per week, having breakfast with children 0.7 more times per week, and going on outings with children 1.8 more times per month (A)



- A 1.3 percentage point increase in exclusive breastfeeding at age 6 months (G)
- A 7.5 percentage point increase in the likelihood of breastfeeding initiation among Black mothers (K)
- Up to a 7 percentage point decrease in the likelihood of infants receiving late vaccinations among families with low incomes (E)
- A decrease in hospital admissions for pediatric abusive head trauma of 2.8 admissions per 100,000 children under age 2 and 5.1 admissions per 100,000 children under age 1 (I)

Paid Family Leave

Number of Weeks of Benefit

6
Weeks

RI

8
Weeks

CA

12
Weeks

CO	CT	DE	DC	ME	MD
MA	MN	NJ	NY	OR	WA

Benefit as a Percentage of a Low-Wage Earner's Weekly Wages

60% to 100%

Maximum Dollar Value of Weekly Benefit

\$900 to \$1,620

Funding Mechanism (Who Covers the Cost)

Workers

CA	CT	MA	NJ
NY	RI	WA	

**Shared between
Workers and Employers**

CO	DE	ME
MD	MN	OR

Employers

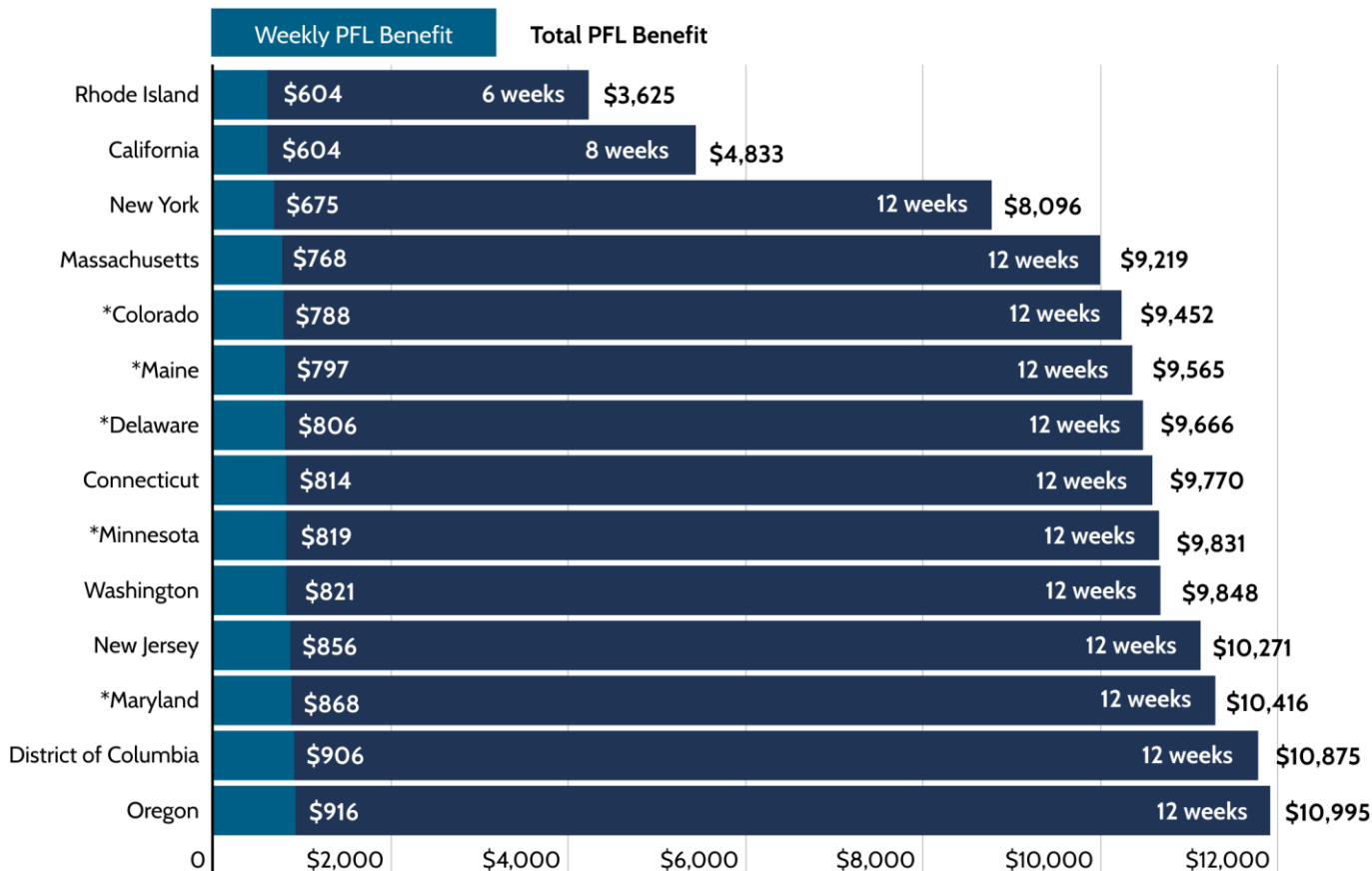
DC

Paid Family Leave

Projected Paid Family Leave (PFL) Benefits

Based on National Median Earnings for Female Full-Time Workers

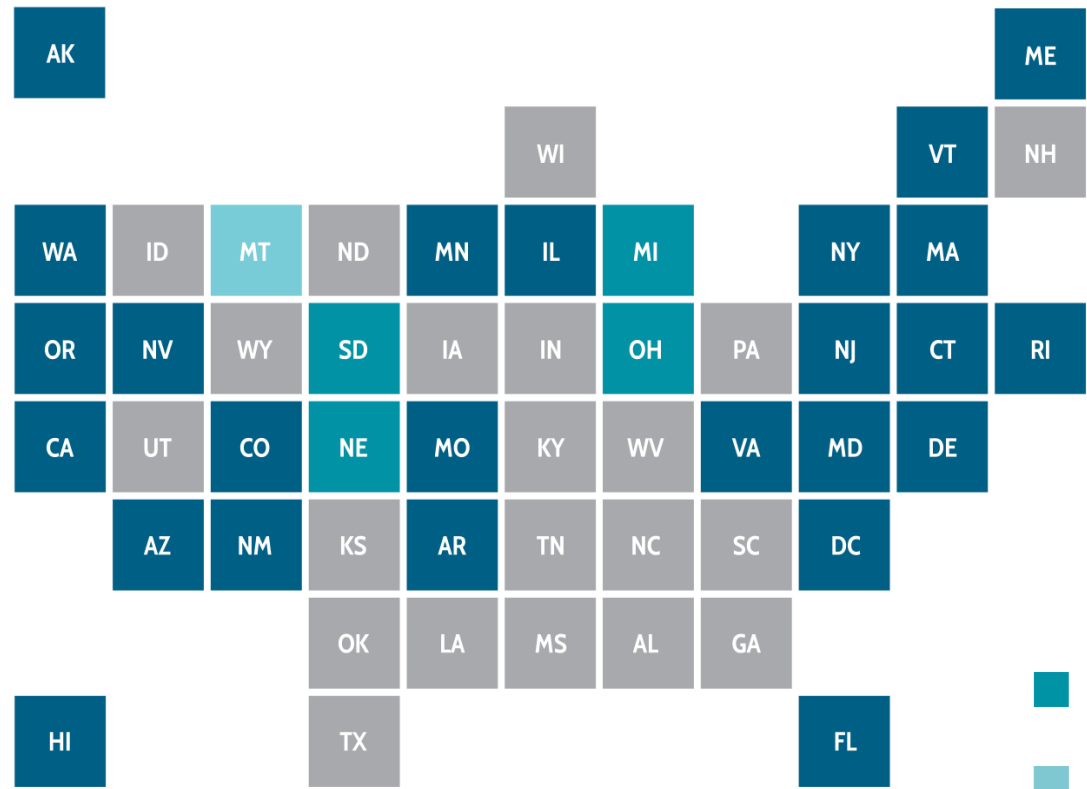
Notes: Estimates calculated using state parameters as of September 1, 2023. An *** indicates estimated benefits based on policy guidelines; paid family leave programs in these states were not yet fully implemented and workers could not yet receive these benefits in 2023. Benefit estimates are pre-tax estimates based on median earnings for full-time female workers in the state, estimated at 2022 levels. Weekly totals may not precisely add to total benefits because of rounding.



State Minimum Wage

29

states have fully implemented a minimum wage of \$10.00 or greater.



Yes No



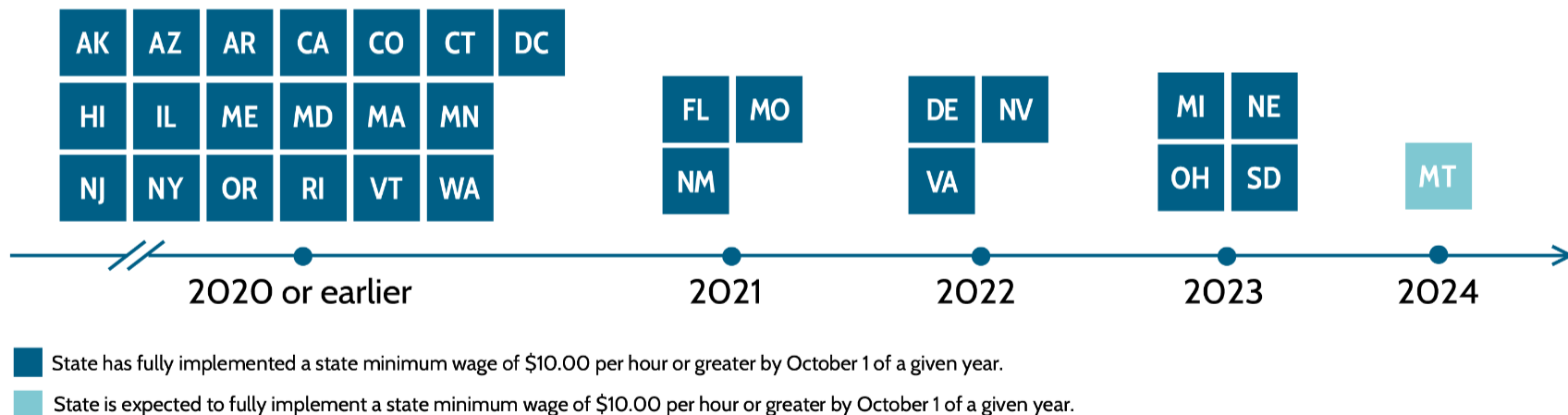
\$7.25 per hour

The current state minimum wage in Texas is \$7.25.

- State has newly implemented the policy since October 1, 2022
- State has enacted legislation and will implement the policy after October 1, 2023

State Minimum Wage Implementation Timeline

30 states have adopted a state minimum wage of \$10.00 per hour or greater



State Minimum Wage

How Does State Minimum Wage Impact PN-3 Outcomes?



- For mothers with no college degree with children under age 6, a 10% increase in the minimum wage reduced poverty by 9.7% (J)
- A 10% increase in the minimum wage led to a 3.5% increase in earnings for families with low incomes and produced a 4.9% reduction in poverty for children under age 18 (B)



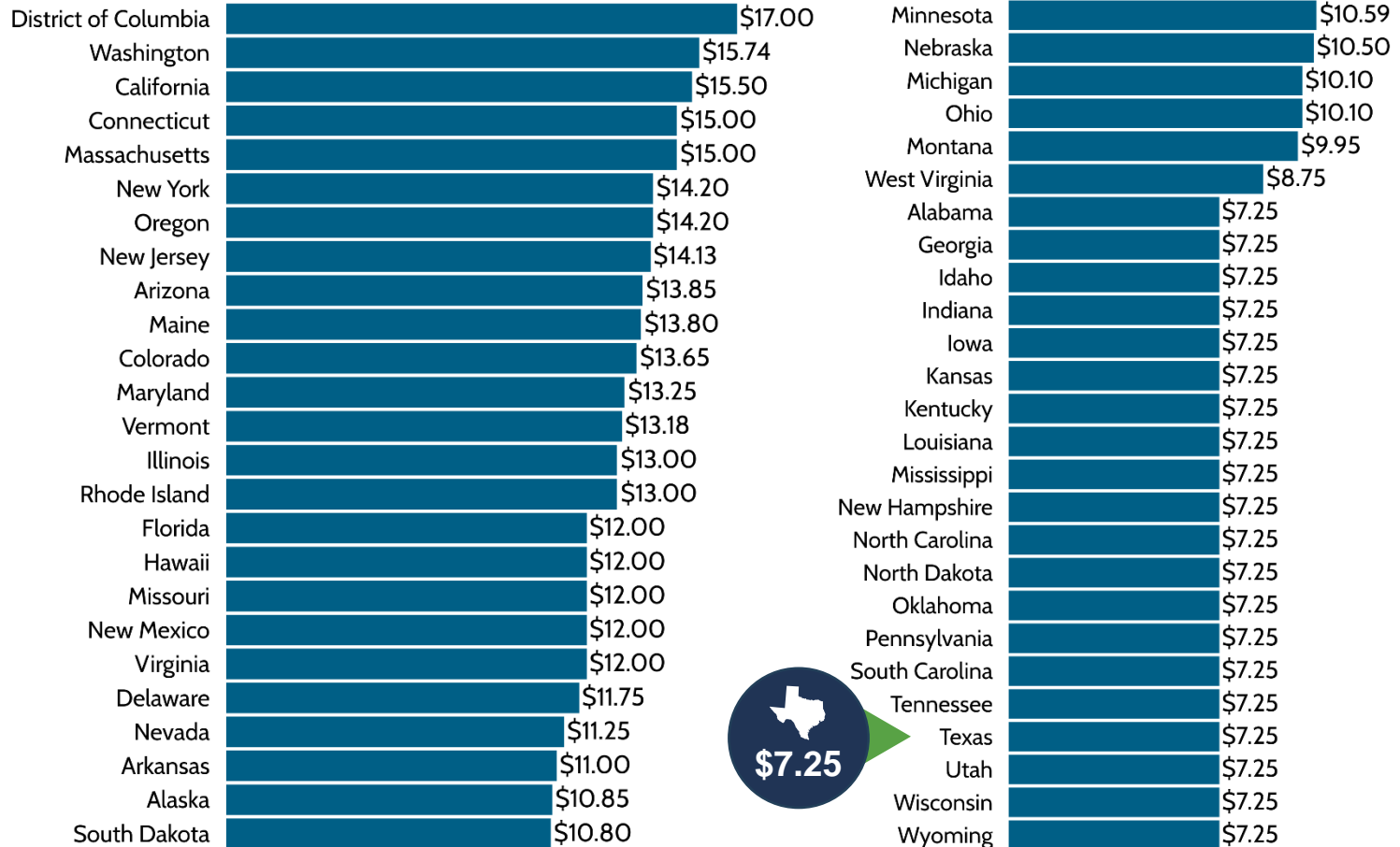
- A \$1.00 minimum wage increase above the federal level led to a 2% decrease in low birthweight and a 4% decrease in postneonatal mortality (E)
- For pregnant women, setting the tipped minimum wage at the full federal minimum wage level led to overall healthier birthweights (O)



- A \$1.00 increase in the minimum wage reduced child neglect reports by 9.6% overall and 10.8% for children ages 0 to 5 (G)
- Children affected by a \$1.00 increase in the minimum wage from birth through age 5 saw an 8.7% higher likelihood of excellent or very good health and missed 15.6% fewer school days due to illness or injury from ages 6 through 12 (I)

State Minimum Wage

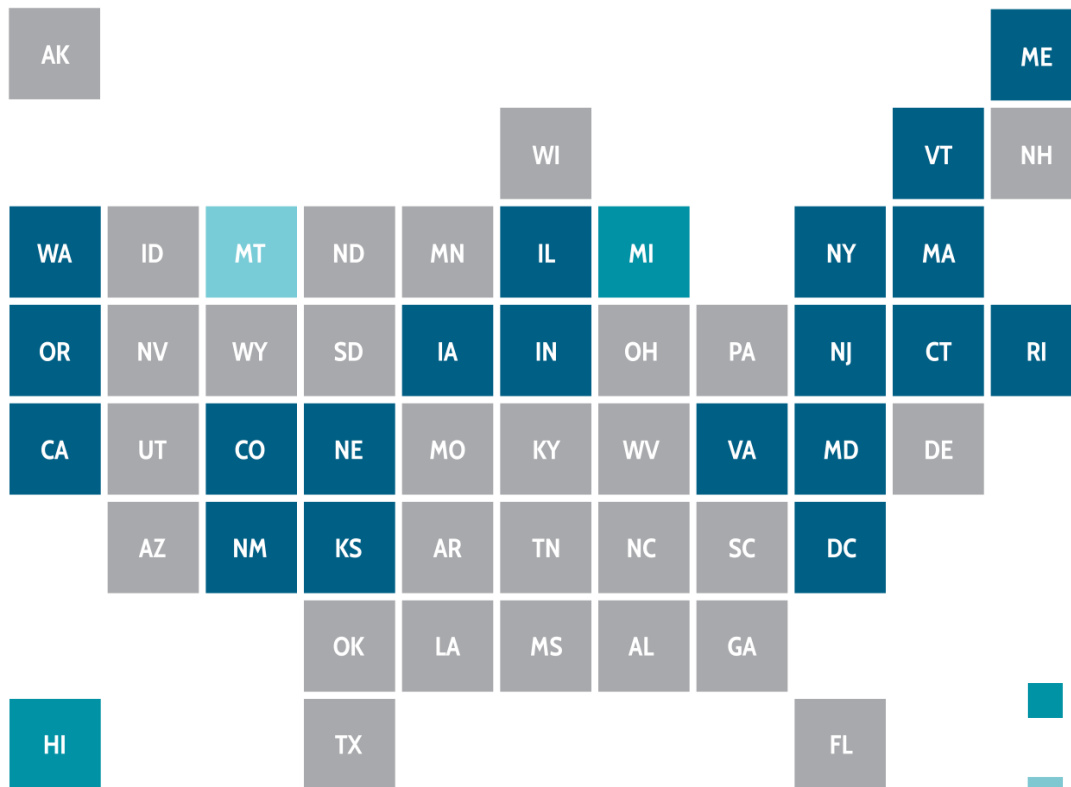
Current State Hourly Minimum Wages (Nominal)



State Earned Income Tax Credit

22

states have
fully
implemented
a refundable
EITC of at
least 10% of
the federal
EITC.



Yes No



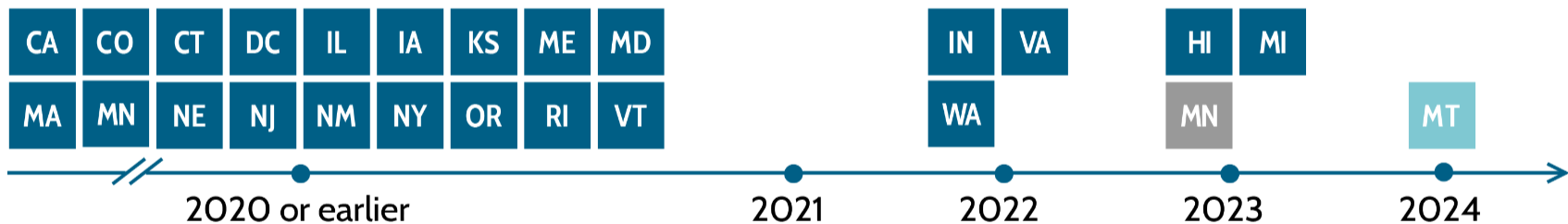
No EITC




Texas does not have a refundable 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 newly implemented the policy since October 1, 2022
- State has enacted legislation and will implement the policy after October 1, 2023

State Earned Income Tax Credit Implementation Timeline

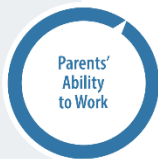
23 states have adopted a refundable state EITC of at least 10% of the federal credit



-  State has fully implemented a refundable state EITC of at least 10% of the federal credit by October 1 of a given year.
-  State is expected to fully implement a refundable state EITC of at least 10% of the federal credit by October 1 of a given year.
-  State no longer has an EITC of at least 10% of the federal credit for most families with children.

State Earned Income Tax Credit

How Does State Earned Income Tax Credit Impact PN-3 Outcomes?



- With each additional \$1,000 in average EITC benefits (federal plus state), unmarried mothers with children under age 3 were 9 percentage points more likely to work (C)
- A state EITC set at 10% of the federal credit 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 increased the likelihood of mothers' employment (for at least one week per year) by 19% (B)



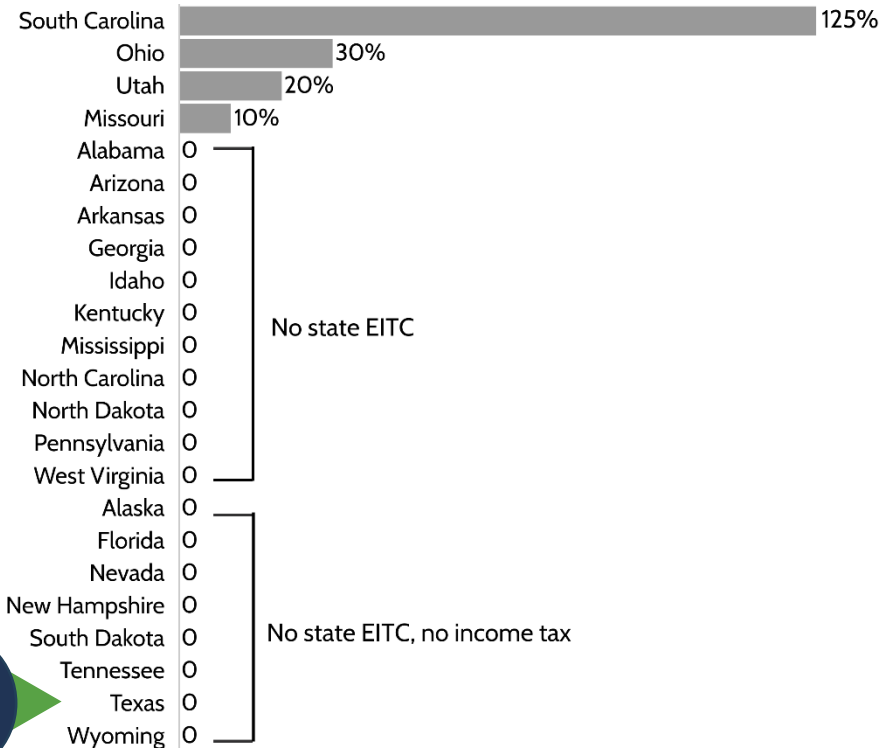
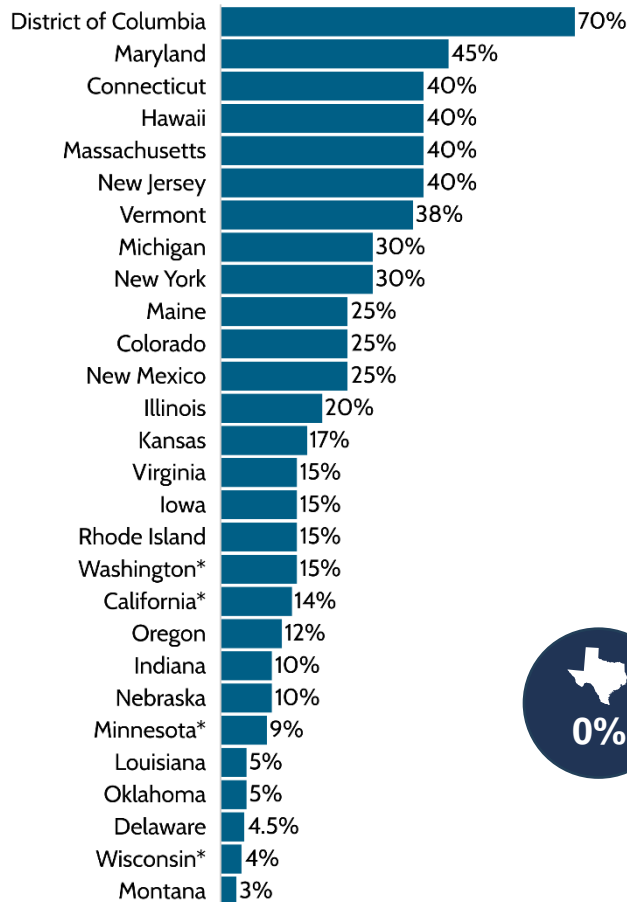
- State EITCs increased mothers' annual wages by 32% (B)
- A \$1,000 increase in average federal and state EITC benefits led to an increase of \$2,400 in the pre-tax earnings of households with infants and toddlers, and poverty was reduced by 5 percentage points (C)
- A rigorous simulation found that if all states adopted the policy of the most generous EITC state, then child poverty would be reduced by 1.2 percentage points (KK)



- The state EITC led to increases in birthweight of between 16 and 104 grams, depending on the credit's generosity level (B, CC)
- In states with refundable EITCs of at least 10% of the federal credit, Black mothers with a high school education or less saw greater reductions in low birthweight rates for their infants (1.4 percentage points) compared to White mothers with a high school education or less (0.7 percentage points) (II)

State Earned Income Tax Credit

Variation Across States in EITC Generosity and Refundability



Refundable credit



Nonrefundable credit

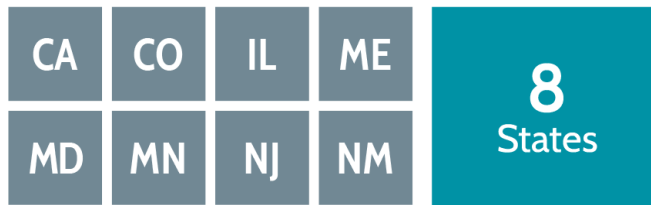
% = value of the state EITC as a percentage of federal EITC

**State Earned
Income Tax Credit**

**Variation in
Expanded
EITC
Eligibility
Across
States**

Tax Year 2023,
As of May 15, 2023

Younger Tax Filers



ITIN Holders

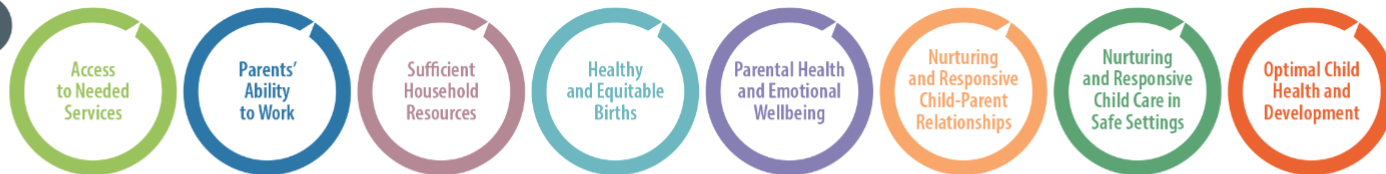


Other Groups



GOALS

To achieve a science-driven PN-3 goal:



STRATEGIES

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

Reduced Administrative Burden for SNAP



Comprehensive Screening and Connection Programs



Child Care Subsidies



Group Prenatal Care



NEW

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

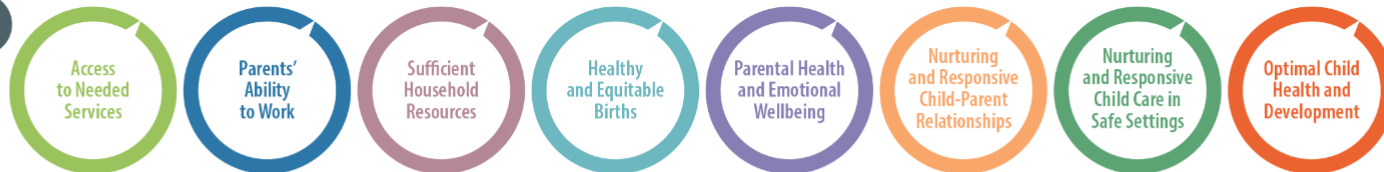
Daily Reading
Daily Nurturing Behaviors
Parenting Stress

Child Care Providers Participating in QRIS
Access to EHS

Breastfeeding Immunizations
Child Maltreatment

GOALS

To achieve a science-driven PN-3 goal:



STRATEGIES

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

NEW

Community-Based Doulas

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

STRATEGY

GROUP PRENATAL CARE

8 states offer an **enhanced Medicaid reimbursement rate** to incentivize group prenatal care



11 states invest **funding** to pilot or scale up group prenatal care in the state



5 states have implemented both key policy levers for group prenatal care



Group Prenatal Care

How Does Group Prenatal Care Impact PN-3 Outcomes?



- A 6.4 percentage point decrease in the likelihood of receiving inadequate prenatal care compared to individual prenatal care participants (C)
- Approximately two more prenatal visits among participating Black women with high-risk pregnancies compared to women in individual care (H)



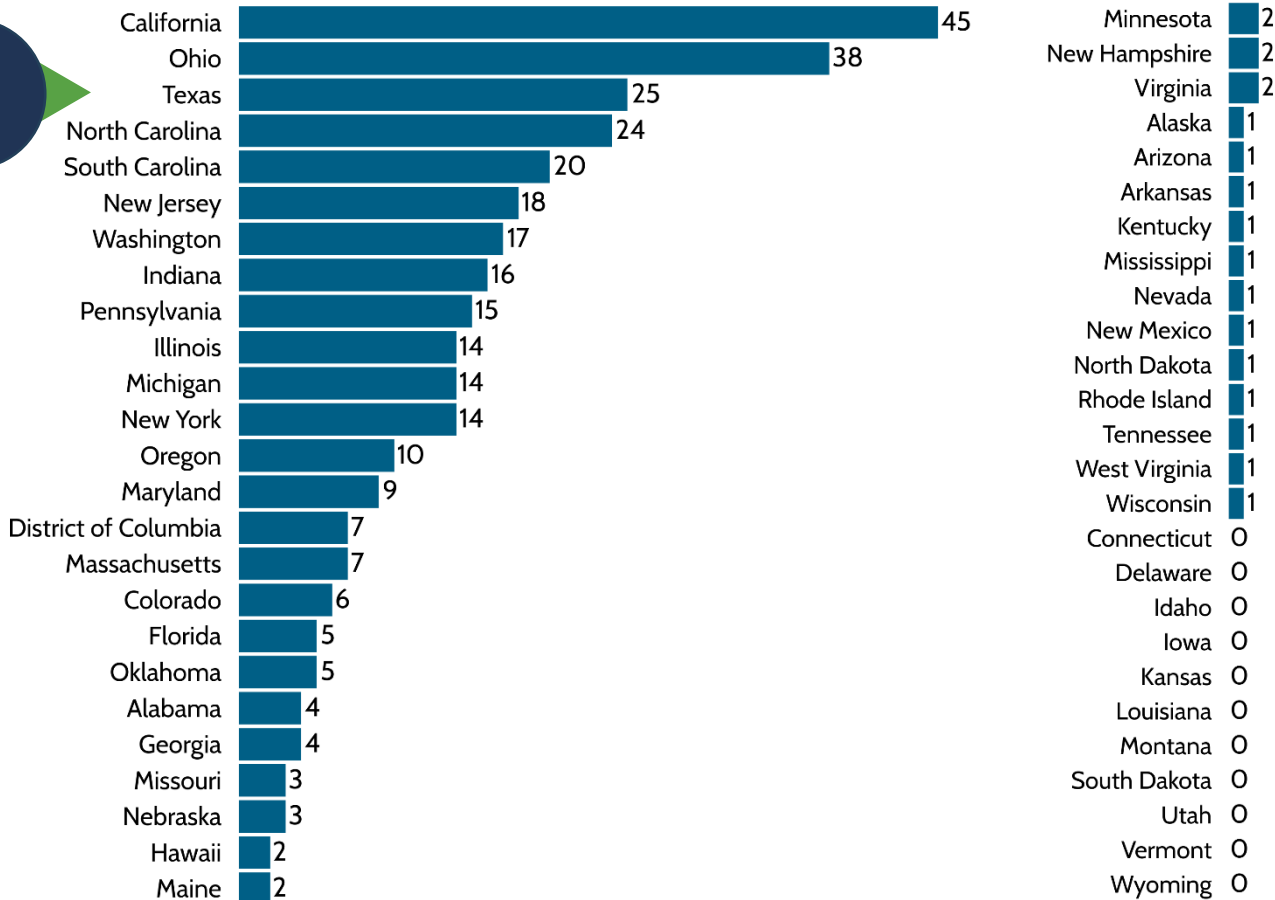
- Cases of probable depression decreased by 31% for women in group prenatal care compared to a 15% decrease for women in individual prenatal care from the second trimester to 1 year postpartum (A)
- High-stress women in group prenatal care were more likely than women in individual prenatal care to experience a decrease in depressive symptoms postpartum (D)



- The rate of breastfeeding initiation increased by approximately 12 percentage points for women in group prenatal care compared to women in individual prenatal care (C)

Group Prenatal Care

Number of Centering Pregnancy Sites Across States



Source: As of 2023, Centering Healthcare Institute Inc.

STRATEGY

EARLY INTERVENTION SERVICES

17 states allow **very low birthweight** as a diagnosable or at-risk qualification for early intervention services

CA	CT	ID	IN	IA	LA
MI	MN	MS	MO	NH	NM
OH	TX	RI	WV	WI	

6 states allow **at-risk** for delay as a qualifier for early intervention services

CA	FL	MA	NH	NM	WV
----	----	----	----	----	----

34 states have **eliminated family fees** for children receiving EI services

AL	AZ	AR	CO	DE	DC
FL	HI	ID	IA	KS	ME
MD	MA	MI	MN	MS	MT
NE	NV	NH	NM	NY	ND
OK	OR	PA	RI	SC	SD
TN	VT	WV	WY		



3

states have implemented all key policy levers for early intervention services

NH	NM	WV
----	----	----

Early Intervention Services

How Does Early Intervention Services Impact PN-3 Outcomes?



- Mothers of low birthweight, premature infants who received EI services scored significantly higher on scales of maternal self-confidence (B, D) and maternal role satisfaction than control groups (D)

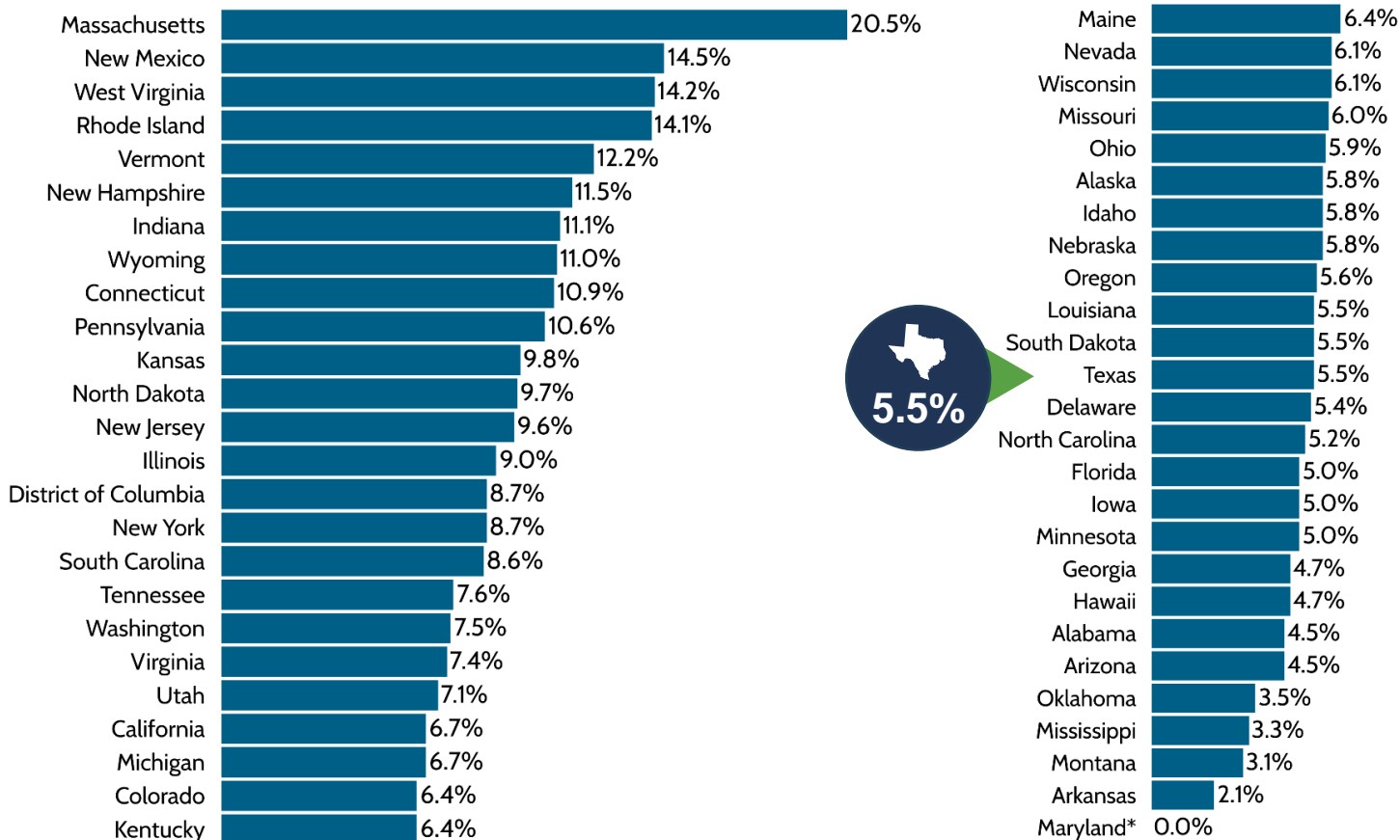


- A meta-analysis of 31 studies found that EI services had an average effect size of 0.62 on children's cognitive skills and 0.43 on motor skills (F)
- Low birthweight, premature infants who were assigned to EI services saw better cognitive (C, D) and behavioral outcomes (C) at age 3 than infants in control groups
- EI services improved toddlers' receptive language skills relative to a control group (0.35 effect size) (E)

Early Intervention Services

Cumulative % Children Under Age 3 Receiving EI Services

Sources: Cumulative % served in EI & Point-in-Time % served: As of 2021-2022. US Department of Education, EDFacts Metadata and Process System (EMAPS) and US Census Population Estimates; % babies born low birthweight: Vital Statistics from CDC WONDER 2021 Natality



*Maryland does not have a value for the cumulative percent served under age 3 because data were flagged due to questionable quality. 0.0% is displayed for the purpose of graphics.

STRATEGY

CHILD CARE SUBSIDIES

16 states set **income eligibility** thresholds at or above 85% of the state median income (SMI)

AR	CA	LA	ME	NV	NH	NM
NY	ND	OK	SC	TN	TX	UT
VT	VA					

24 states **limit copayments** to 7% of family income or less for all families

AZ	AR	CA	GA	ID	IL	IN
KS	LA	MD	MS	NE	NV	NJ
NM	NY	OK	OR	RI	SC	SD
UT	VA	WA				

26 states set **equitable** infant and toddler **reimbursement rates** at or above the 75th percentile of the market rate survey or set rates based on a cost estimation model

AL	AR	DE	DC	ID	IL	IA
KS	KY	LA	MD	MN	MS	MT
NH	NM	NY	ND	SC	SD	TX
UT	VT	VA	WA	WI		



7 states have implemented all key policy levers for child care subsidies

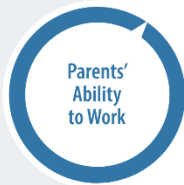
AR	LA	NM
NY	SC	UT
VA		

Child Care Subsidies

How Does Child Care Subsidies Impact PN-3 Outcomes?



- Higher state subsidy spending per child (of \$1,000) led to 86% higher odds of enrollment in a single center-based care arrangement, rather than multiple care arrangements (B)



- A 10% increase in Child Care Development Fund subsidy expenditures led to a 0.7% increase in mothers' employment rate (A)
- \$1,000 higher annual state subsidy spending per child led to a 3.5 percentage point increase in the likelihood of maternal employment (D)

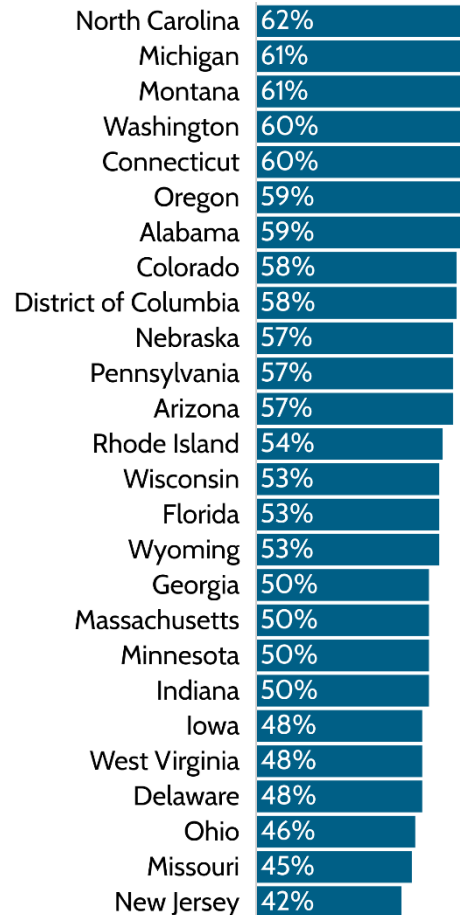
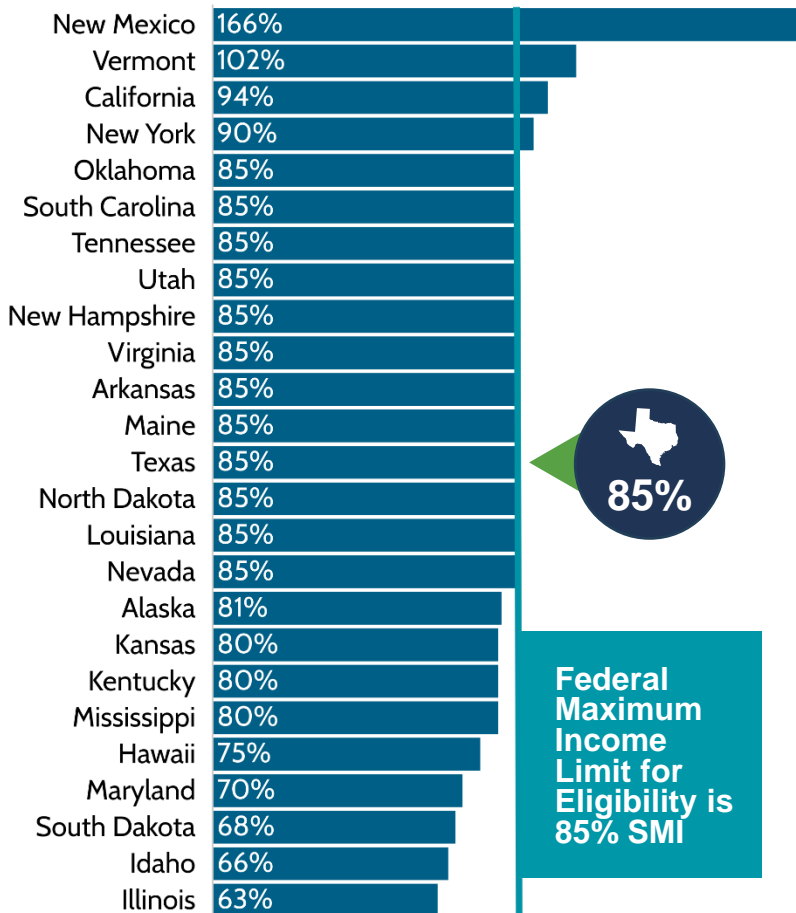


- Subsidy receipt led to an increase in monthly earnings by 250% (E)

Child Care Subsidies

Income Eligibility as a % of State Median Income (SMI)

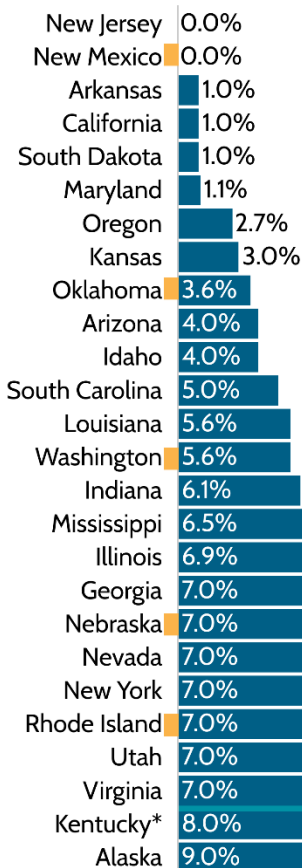
Source: As of September 1,
2023. State child care
website, CCDF plans, and
CCDF program staff.



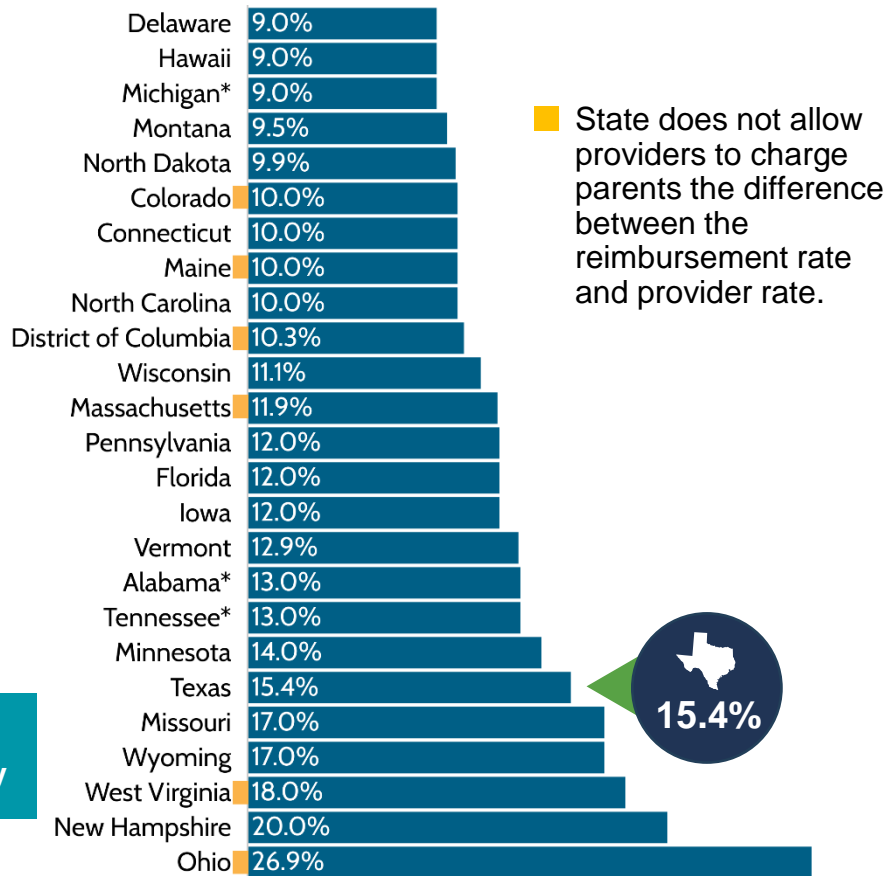
Child Care Subsidies

Monthly Copayment Amount as a % of Family Income

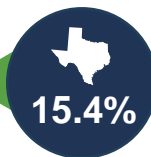
Sources: As of September 1, 2023. Personal communication with state CCDF Administrators and other staff overseeing the state's child care subsidy programs; state children and families department websites; state CCDF plans; and state copayment schedules.



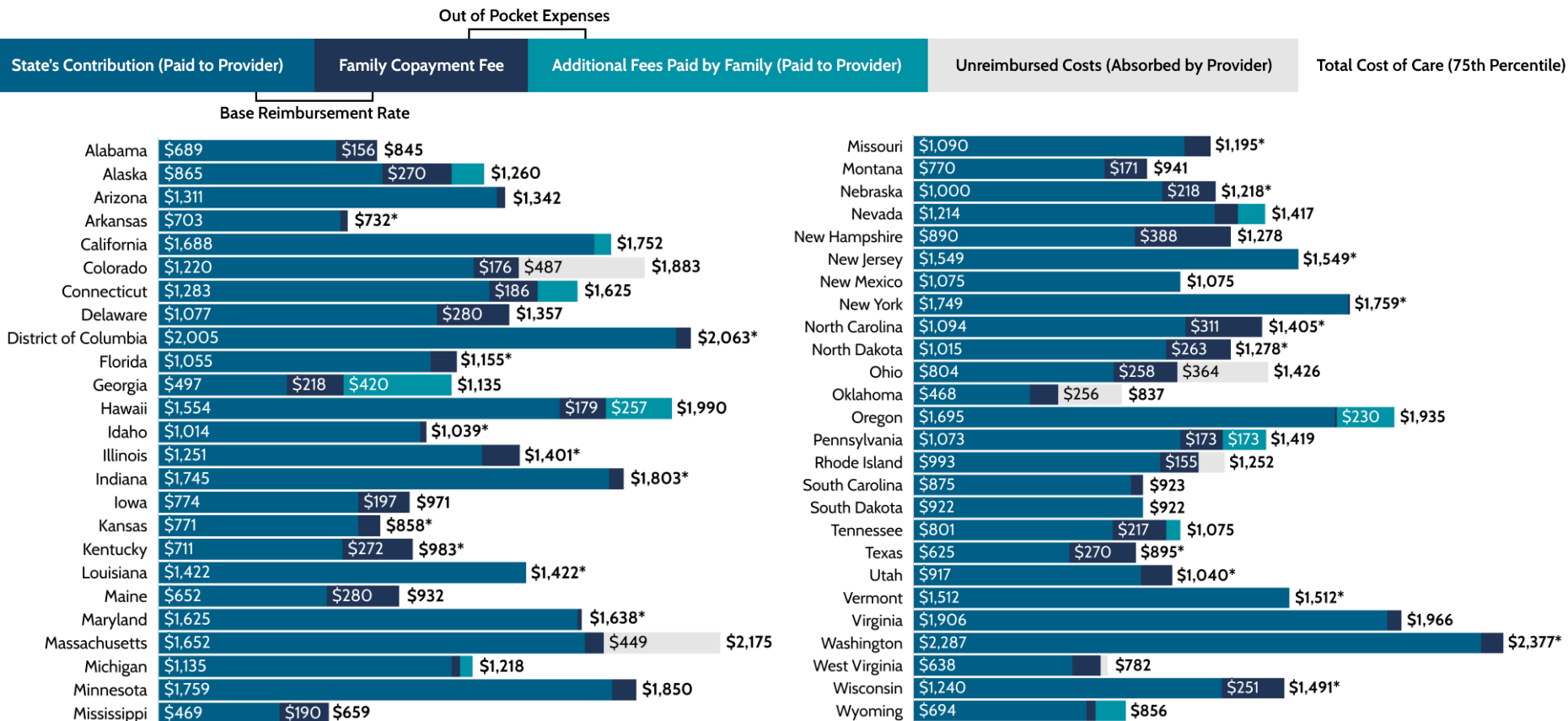
**7% Threshold
for Affordability**



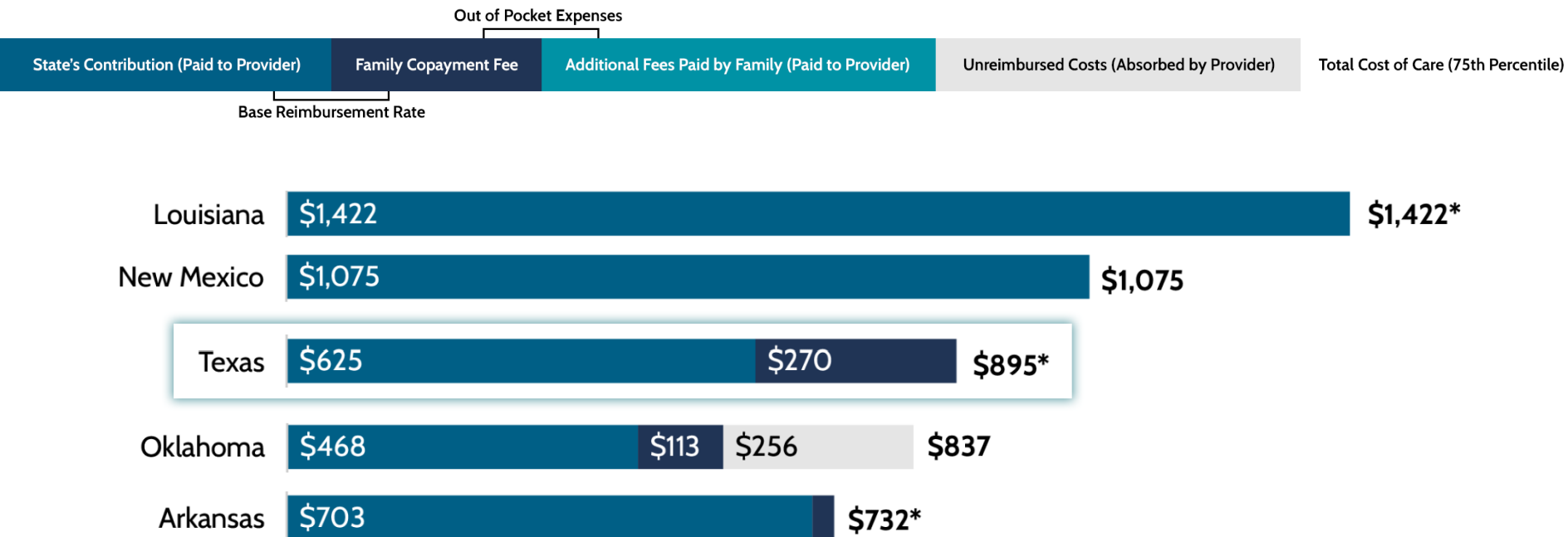
■ State does not allow providers to charge parents the difference between the reimbursement rate and provider rate.



Variation Across States in the Distribution of the Total Cost of Child Care



Variation Across Region in the Distribution of the Total Cost of Child Care



Sources: As of October 1, 2023. Personal communication with state CCDF administrators and other staff overseeing the state's child care subsidy programs, state agency websites, state CCDF plans, and state market rate surveys. When additional fee data could not be verified, data were pulled from the 2022 Roadmap.

Family Asset Simulation: Assumptions

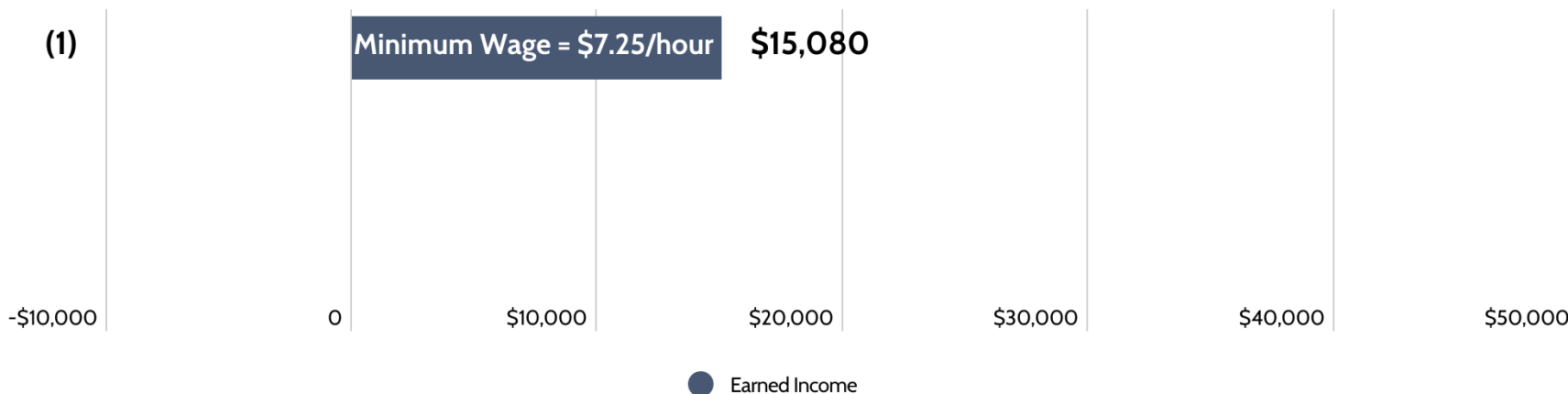


Lina

- ▶ Single mother with an infant and toddler
- ▶ She works full time all year, and earns the state's minimum wage
- ▶ She sends her children to center-based care that charges the 75th percentile of the market rate

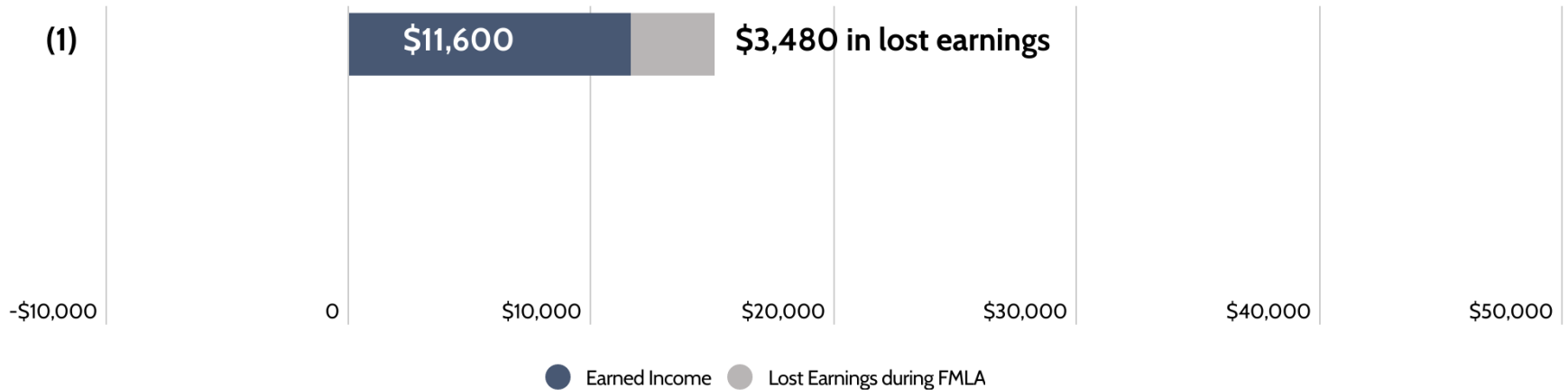
The Impact of State Policy Choices on Family Resources in Texas

(1) Annual Minimum Wage Earnings (52 weeks)



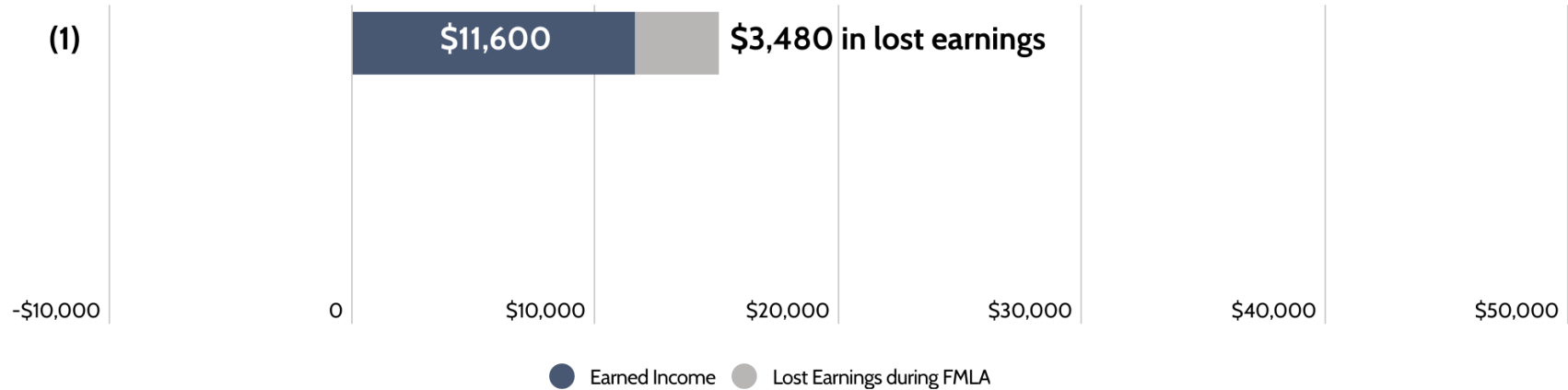
The Impact of State Policy Choices on Family Resources in Texas

(1) Annual Minimum Wage Earnings (40 weeks) + 12 weeks of FMLA leave



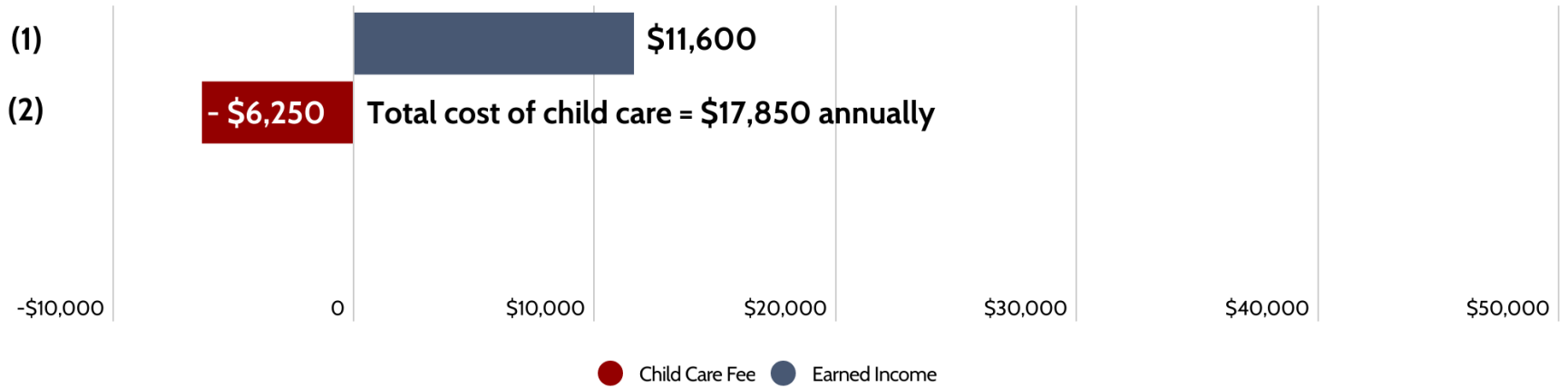
The Impact of State Policy Choices on Family Resources in Texas

(1) Annual Minimum Wage Earnings (40 weeks) + Paid Family Leave (PFL)



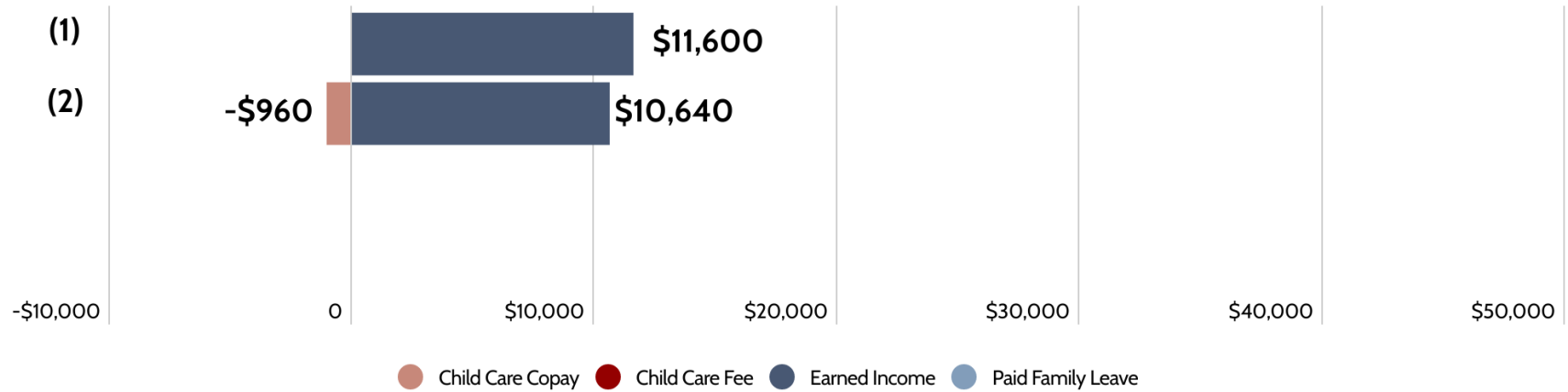
The Impact of State Policy Choices on Family Resources in Texas

(1) Annual Minimum Wage Earnings (40 weeks) + PFL, (2) Minus Out-of-Pocket Child Care Expenses



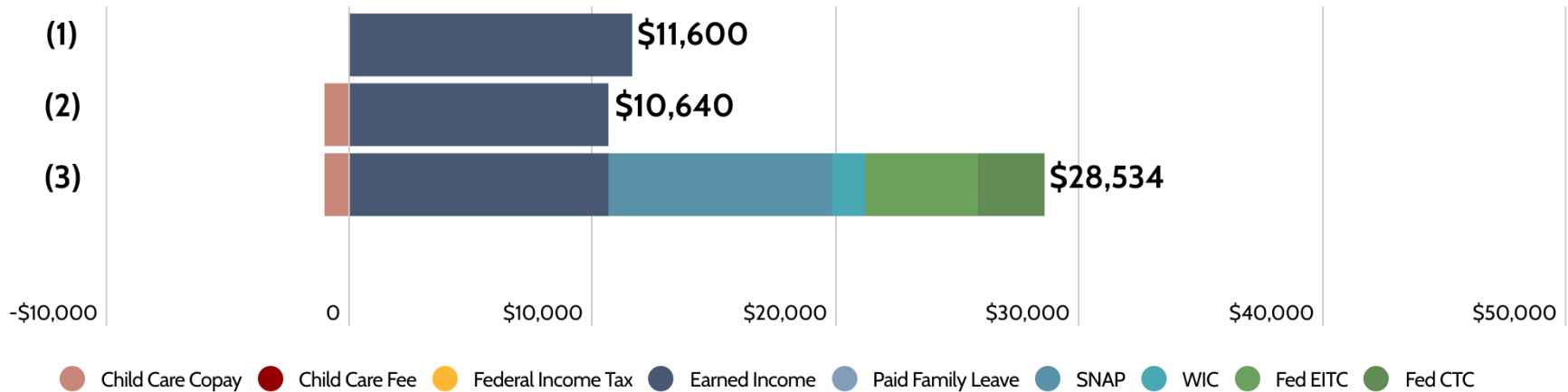
The Impact of State Policy Choices on Family Resources in Texas

(1) Annual Minimum Wage Earnings (40 weeks) + PFL, (2) Minus Out-of-Pocket Child Care Expenses w/ Subsidy



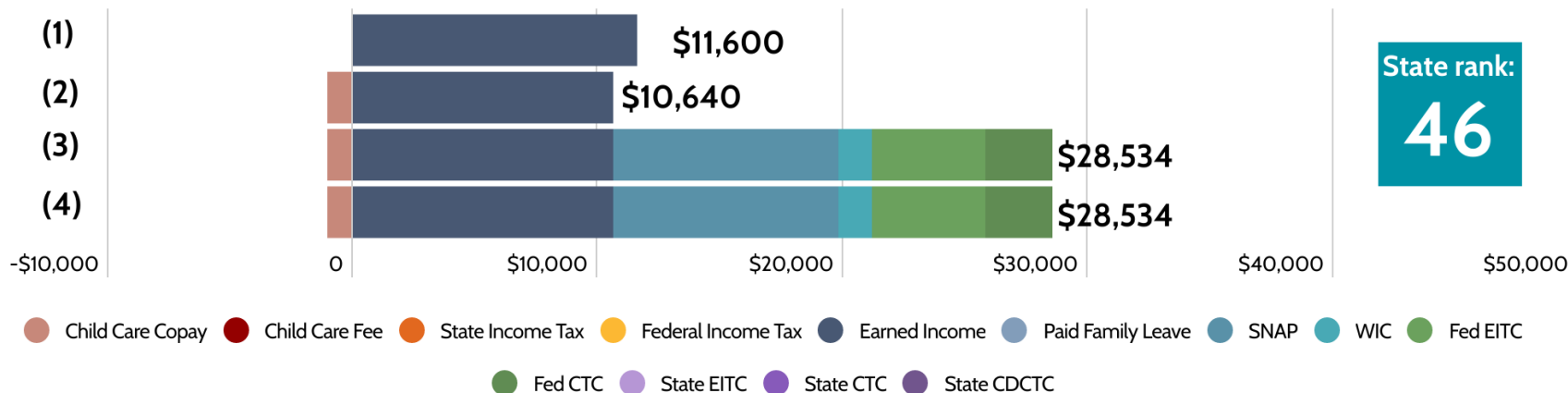
The Impact of State Policy Choices on Family Resources in Texas

(1) Annual Minimum Wage Earnings (40 weeks) + PFL, (2) Minus Out-of-Pocket Child Care Expenses, (3) Plus Net Federal Benefits



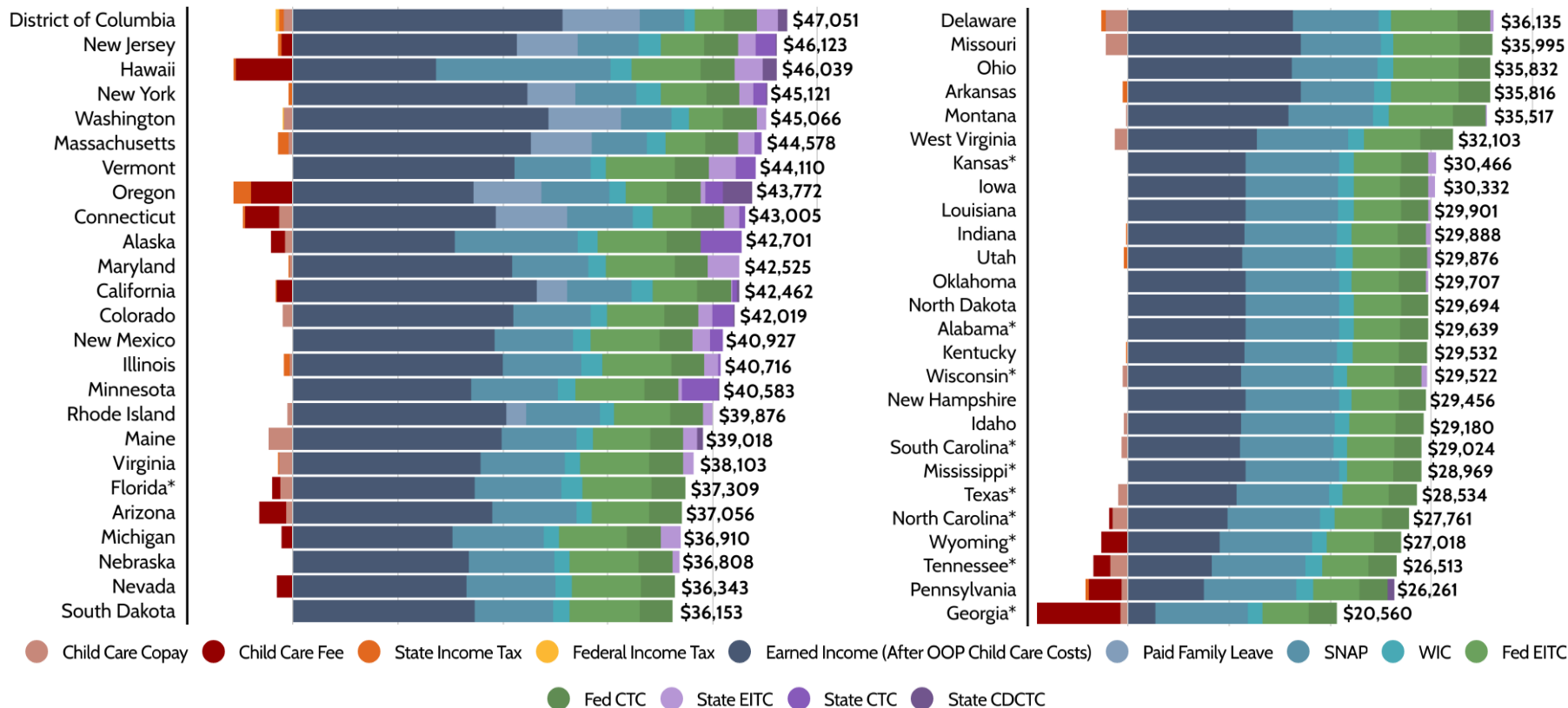
The Impact of State Policy Choices on Family Resources in Texas

(1) Annual Minimum Wage Earnings + PFL, (2) Minus OOP Child Care Expenses, Plus Net (3) Federal & (4) State Benefits



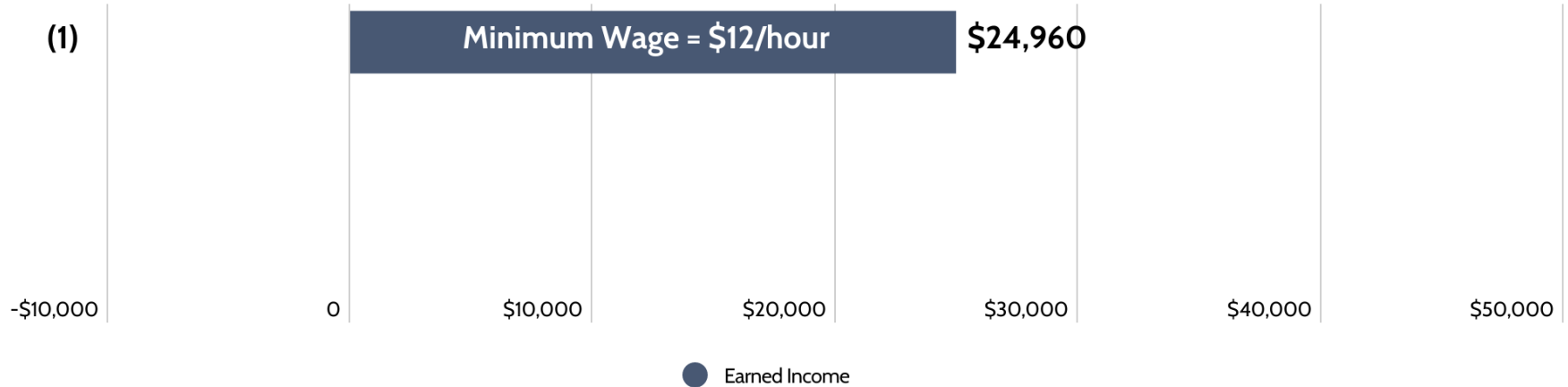
The Impact of State Policy Choices on Family Resources Across States

Total Annual Resources = Annual Minimum Wage Earnings + PFL + Net Federal and State Benefits - Out-of-Pocket Child Care Expenses



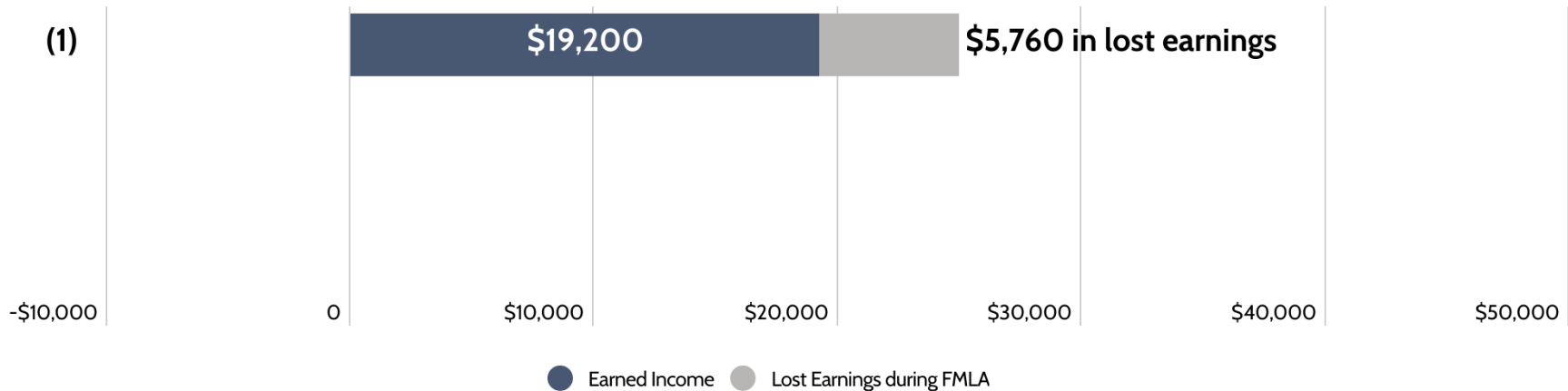
The Impact of State Policy Choices on Family Resources in New Mexico

(1) Annual Minimum Wage Earnings (52 weeks)



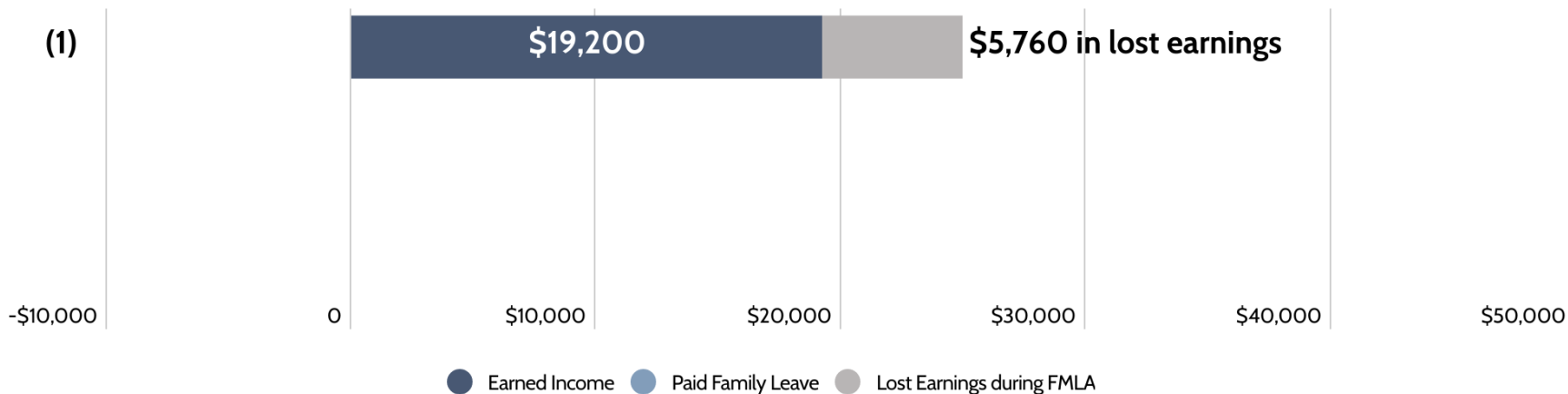
The Impact of State Policy Choices on Family Resources in New Mexico

(1) Annual Minimum Wage Earnings (40 weeks) + 12 weeks of FMLA leave



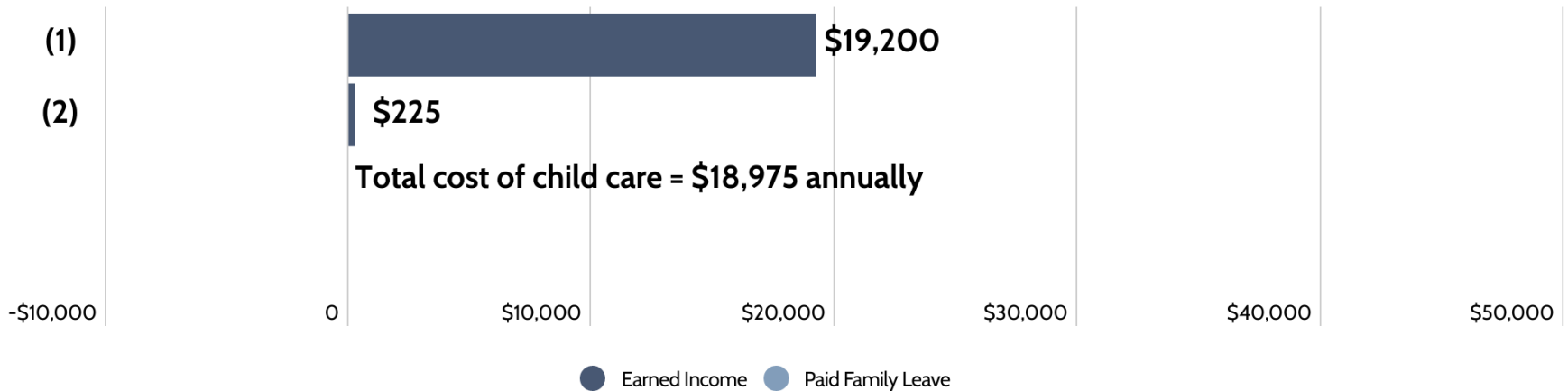
The Impact of State Policy Choices on Family Resources in New Mexico

(1) Annual Minimum Wage Earnings (40 weeks) + Paid Family Leave (PFL)



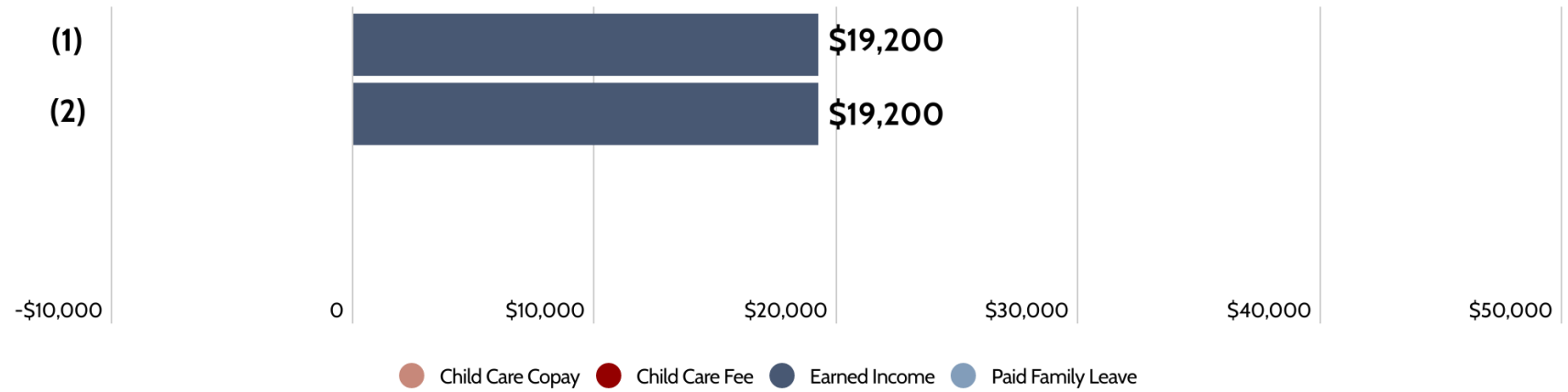
The Impact of State Policy Choices on Family Resources in New Mexico

(1) Annual Minimum Wage Earnings (40 weeks) + PFL, (2) Minus Out-of-Pocket Child Care Expenses



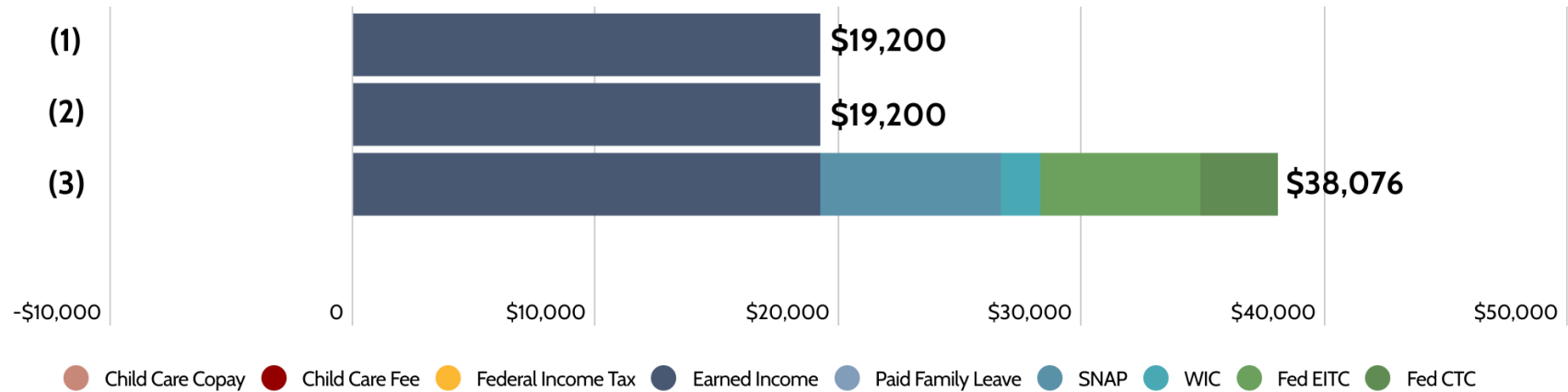
The Impact of State Policy Choices on Family Resources in New Mexico

(1) Annual Minimum Wage Earnings (40 weeks) + PFL, (2) Minus Out-of-Pocket Child Care Expenses w/ Subsidy



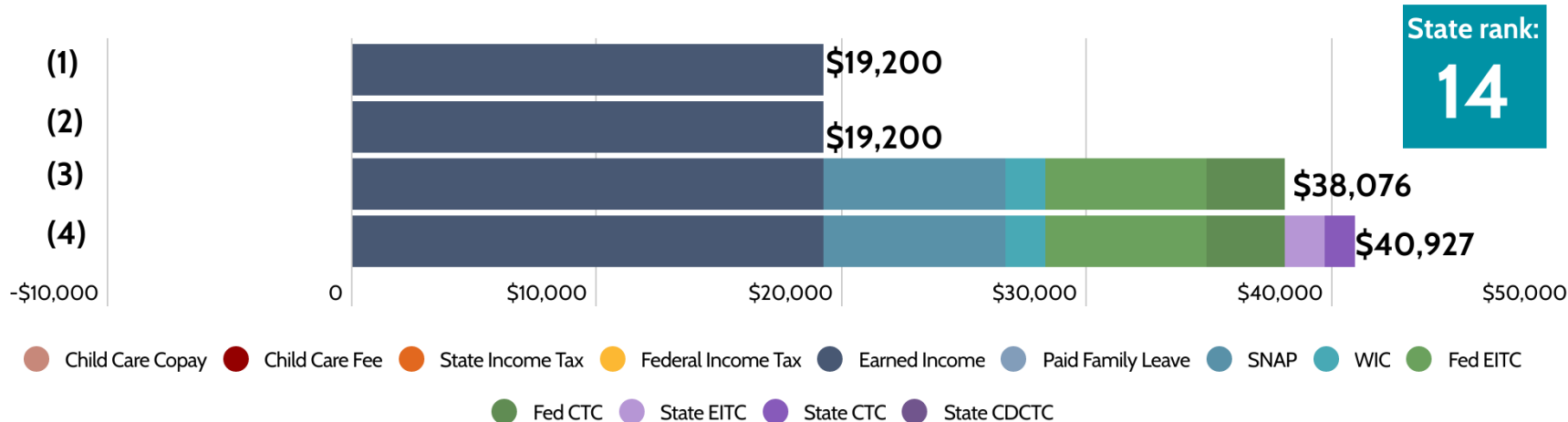
The Impact of State Policy Choices on Family Resources in New Mexico

(1) Annual Minimum Wage Earnings (40 weeks) + PFL, (2) Minus Out-of-Pocket Child Care Expenses, (3) Plus Net Federal Benefits



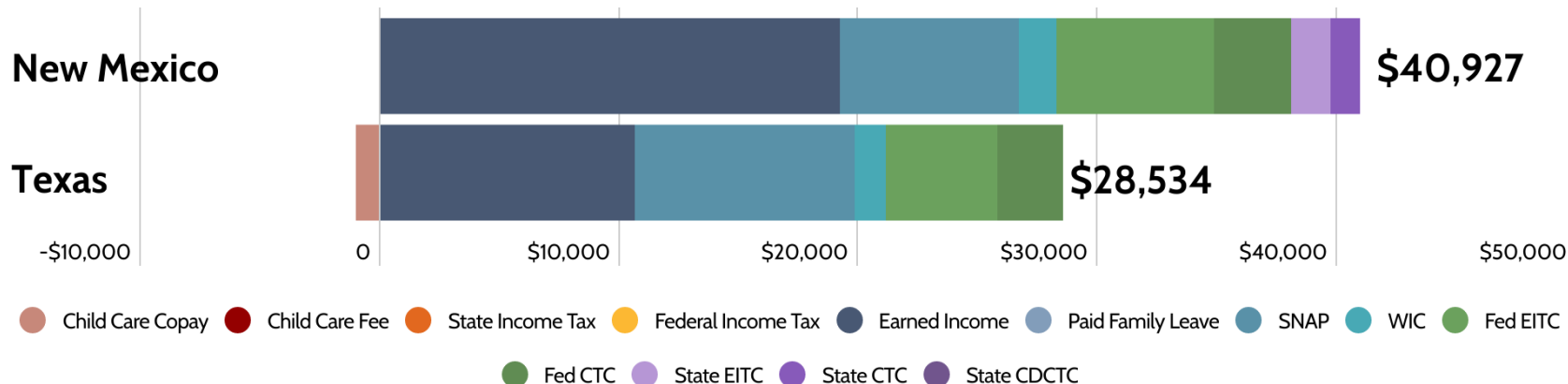
The Impact of State Policy Choices on Family Resources in New Mexico

(1) Annual Minimum Wage Earnings + PFL, (2) Minus OOP Child Care Expenses, Plus Net (3) Federal & (4) State Benefits



The Impact of State Policy Choices on Family Resources in Texas vs. New Mexico

Annual Minimum Wage Earnings + PFL, Minus Out-of-Pocket Child Care Expenses, Plus Net Federal and State Benefits



Summary

- The prenatal-to-3 period of development sets the stage for lifelong health and wellbeing.
- Many children lack the opportunities and rights they deserve for a healthy start, and these children are disproportionately children of color.
- State policy choices can reduce family stressors and increase capacities, which have substantial impacts on health and wellbeing over the life course.



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RESEARCH FOR ACTION AND OUTCOMES



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