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PRENATAL-TO-3 POLICY IMPACT CENTER

Research for Action and Outcomes

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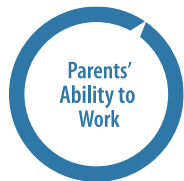


Eight Prenatal-to-3 Policy Goals



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

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.

Six Strategies

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.

State Profile

RESEARCH FOR ACTION AND OUTCOMES

TEXAS

0 out of 5

of effective POLICIES that Texas has adopted and fully implemented

2 out of 6

of effective STRATEGIES that Texas 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 state's 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

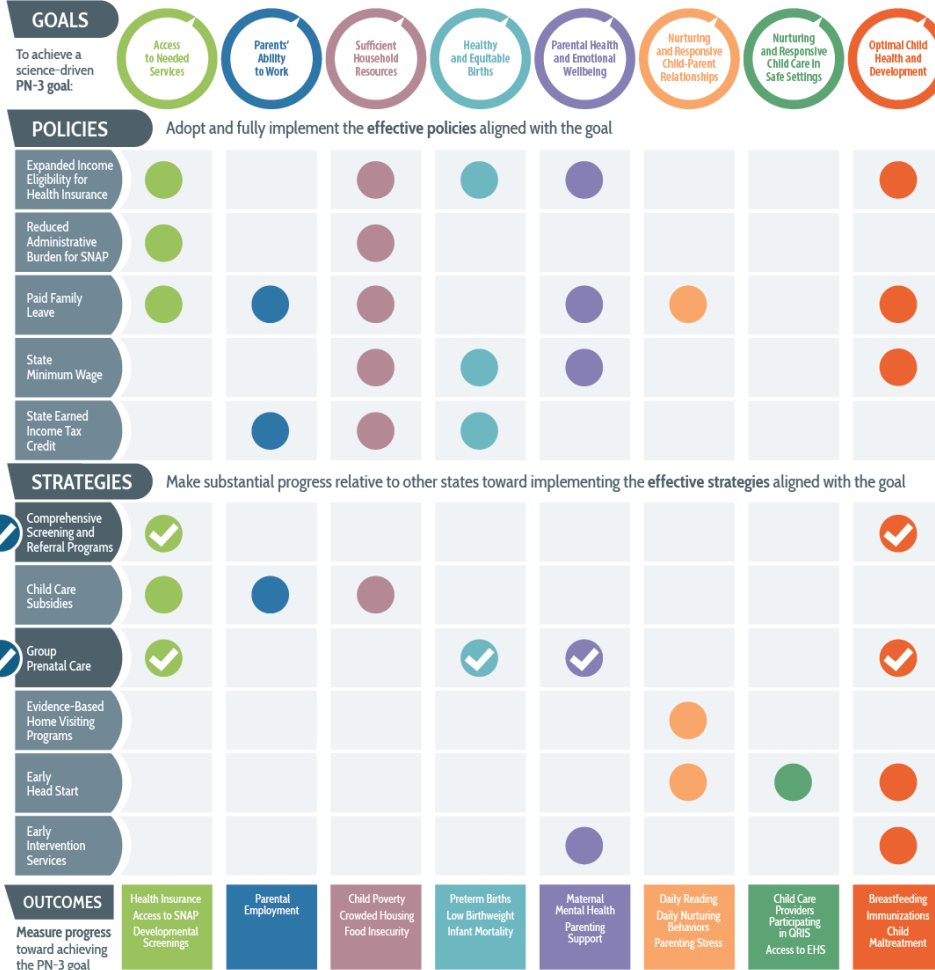
Effective solutions are not implemented similarly across all states, leaving children and families across the US with a patchwork of benefits and unequal outcomes. Monitor state progress toward adopting and implementing effective solutions that serve all eligible children and families.

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

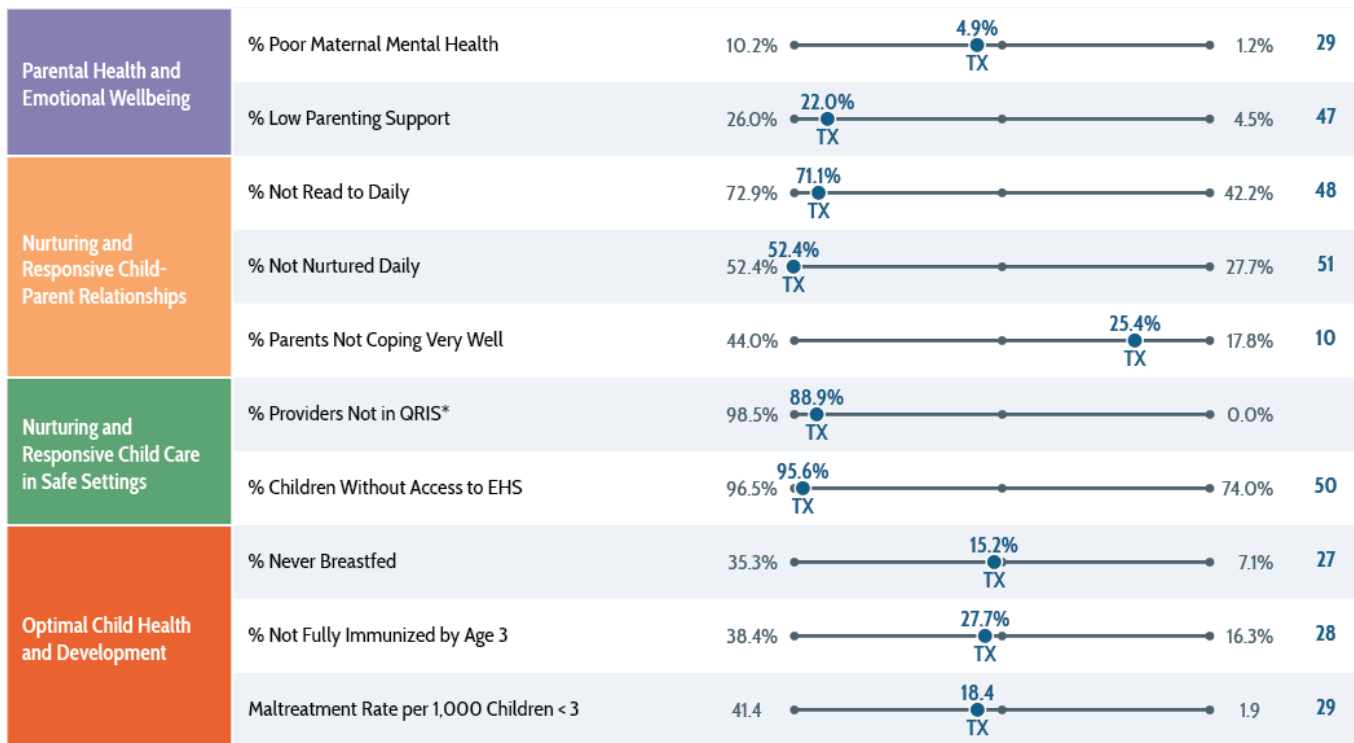
Texas' Roadmap



Texas' Prenatal-to-3 Outcome Measures

Policy Goal	Outcome Measure	Worst State	Best State	Rank	
Access to Needed Services	% Low-Income Women Uninsured	47.7% TX	5.4%	51	
	% Eligible Families with Children < 18 Not Receiving SNAP	26.7% TX	2.0%	48	
	% Children < 3 Not Receiving Developmental Screening	76.1%	58.9% TX	21	
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	37.0%	27.5% TX	16.8%	31
Sufficient Household Resources	% Children < 3 in Poverty	30.8%	22.3% TX	10.4%	38
	% Crowded Housing	38.1% TX	25.5%	9.0%	45
	% Food Insecure	13.1%	6.9% TX	0.9%	25
Healthy and Equitable Births	% Preterm	14.2% TX	10.8%	7.8%	41
	% Low Birthweight	12.1%	8.5% TX	5.9%	29
	# of Infant Deaths per 1,000 Births	8.3	5.5 TX	3.6	17

Texas' Prenatal-to-3 Outcome Measures



* Thirteen states either do not report these data in the QRIS Compendium or have no statewide QRIS. This outcome is not ranked.

Summary of Policies and Strategies Implemented in Texas

0 out of 5

of effective POLICIES that Texas has adopted and fully implemented

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

2 out of 6

of effective STRATEGIES that Texas has made substantial progress toward implementing

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

Medicaid Expansion in Texas

POLICIES

Expanded Income Eligibility for Health Insurance

NO

Has Texas 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

Texas

No, and there has been little initiative to adopt and implement Medicaid expansion.

37 states have adopted and fully implemented



Medicaid income eligibility for parents (in a family of three) as a % of the federal poverty level



% of low-income women of childbearing age who do NOT have any health insurance coverage



Reduced Administrative Burden for SNAP in Texas

POLICIES

Reduced Administrative Burden for SNAP

REGRESSIVE

Has Texas 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.



Texas

No, and the SNAP manual does not allow for a recertification interval of at least 12 months.

32 states have adopted and fully implemented



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

6 Months

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



Child Care Subsidies in Texas

STRATEGIES

Child Care Subsidies

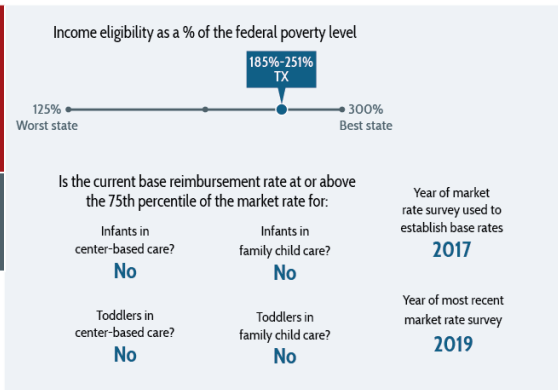
LITTLE TO NO PROGRESS

Has Texas 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.



Texas
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



Several states are experimenting with alternative methods to establish base reimbursements, because it is widely accepted that the federal recommendations are insufficient to meet the actual cost of quality care. Currently, states' progress toward meeting the federal recommendations is the only information available nationally. For more information on strategies to improve child care quality, see the complete Prenatal-to-3 State Policy Roadmap at 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 Texas

STRATEGIES

Group Prenatal Care

SUBSTANTIAL PROGRESS

Has Texas 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

% of women NOT receiving adequate prenatal care



Texas

State has either 1 or more MCO or a state billing model that reimburses providers for group prenatal care at a higher rate than traditional individual prenatal care.

10 states have made substantial progress toward implementation

Evidence-Based Home Visiting in Texas

STRATEGIES

Evidence-Based Home Visiting Programs

SOME PROGRESS

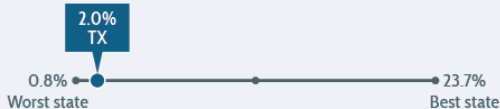
Has Texas made substantial progress implementing evidence-based home visiting programs by supplementing federal funding and by serving eligible children at or above the median state value (7.3%)? Evidence-based home visiting programs improve parenting skills, but have less consistent impacts on other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



State supplements federal funding to implement home visiting programs

Yes

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



Texas

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

23 states have made substantial progress toward implementation

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