prenatal-to-3 policy IMPACT CENTER
RESEARCH FOR ACTION AND OUTCOMES

DISTRICT OF COLUMBIA

5 out of 5
# of effective POLICIES that District of Columbia has adopted and fully implemented

0 out of 6
# of effective STRATEGIES that District of Columbia 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.

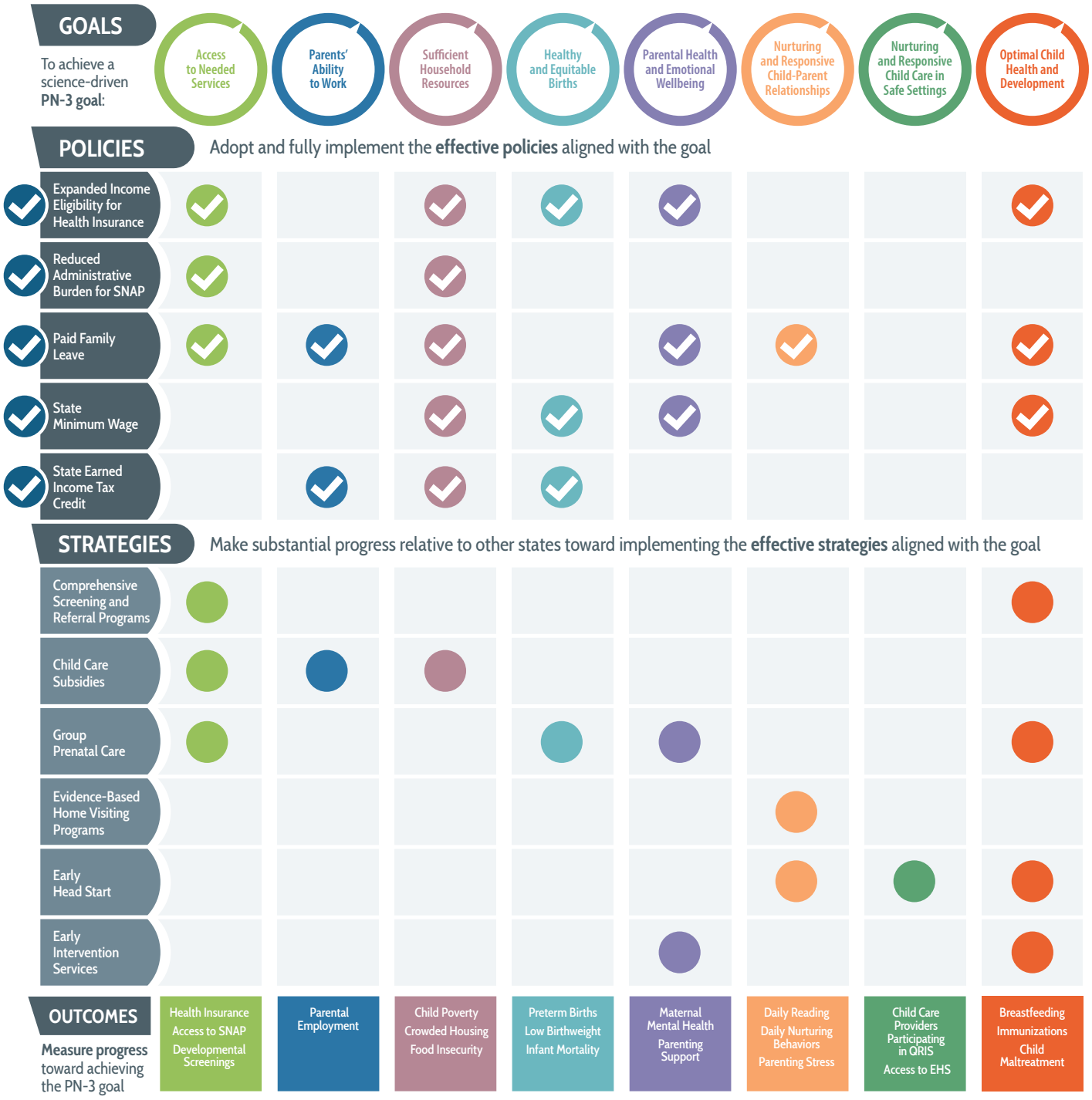
Learn more about the Prenatal-to-3 State Policy Roadmap at **pn3policy.org**.

District of Columbia's Prenatal-to-3 State Policy Roadmap

The chart illustrates how the 5 policies and 6 strategies impact the prenatal-to-3 policy goals. Each column represents a PN-3 goal. The filled circles within each column indicate the policies and strategies that impact that PN-3 goal. Filled circles with a check mark indicate that your state has implemented the effective policy or strategy. Your state should work to check all of the circles in the columns.

Effective policies impact PN-3 goals and research provides clear legislative or regulatory action. **Effective strategies** have demonstrated impacts on PN-3 goals, but research provides no clear guidance for legislative action.

- Policy/strategy is aligned with goal in column, and state **has** implemented it
- Policy/strategy is aligned with goal in column, but state **has not** implemented it
- Policy/strategy does not align with goal in column (intentionally blank)



District of Columbia Needs to Strengthen its Prenatal-to-3 System

5 out of 5

# of effective **POLICIES** that District of Columbia has adopted and fully implemented

0 out of 6

# of effective **STRATEGIES** that District of Columbia has made substantial progress toward implementing

POLICIES	Has District of Columbia Adopted and Fully Implemented the Policy?
Expanded Income Eligibility for Health Insurance	YES
Reduced Administrative Burden for SNAP	YES
Paid Family Leave	YES
State Minimum Wage	YES
State Earned Income Tax Credit	YES

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

Some states have adopted a policy, but they have not fully implemented it, or they do not provide the level of benefit indicated by the evidence reviews necessary to impact the PN-3 goal. Additionally, many states have implemented aspects of the effective strategies, but states are assessed relative to one another on making substantial progress.

4 Steps to Strengthen District of Columbia's Prenatal-to-3 System

Prioritize, Implement, Monitor, Measure: To build a system to ensure all children get off to a strong start and thrive, your state should follow these 4 steps:

STEP 1. PRIORITIZE your state's prenatal-to-3 policy goals based on the wellbeing of your state's infants, toddlers, and parents.

To develop a strong and equitable prenatal-to-3 (PN-3) system of care and ensure the infants and toddlers in your state thrive, your state will ultimately need to achieve all of the 8 science-driven policy goals. In the short term, states often need to prioritize policy goals based on the health and wellbeing of your state's children and families.

To help your state prioritize its policy goals:

1. Use your state's Roadmap chart on page 2 to identify the PN-3 goals for which your state is currently not implementing each of the effective policies or strategies that are aligned with that goal (the filled dot does not have a check mark), and
2. Use the outcome measures in step 4 to determine the areas in which infants, toddlers, and their parents are lagging in your state. Reducing racial and ethnic disparities in outcomes should be an overarching goal for your state. For more information on racial and ethnic disparities in outcomes, see the complete Prenatal-to-3 State Policy Roadmap at pn3policy.org.

STEP 2. ADOPT AND IMPLEMENT effective policies and strategies aligned with your state's policy goals.

5 effective state-level policies and 6 effective strategies positively impact the prenatal-to-3 policy goals. These effective solutions are not available in all states, leaving children and families with a patchwork of benefits and unequal outcomes. Ultimately, each state should implement all of the 11 effective solutions and evaluate additional policies to build the evidence base.

POLICIES

Adopted and Implemented Effective State-Level Policies

- Expanded Income Eligibility for Health Insurance ✓
- Reduced Administrative Burden for SNAP ✓
- Paid Family Leave ✓
- State Minimum Wage ✓
- State Earned Income Tax Credit ✓

District of Columbia

5 out of 5

STRATEGIES

Implemented Effective State-Level Strategies

- Comprehensive Screening and Referral Programs
- Child Care Subsidies
- Group Prenatal Care
- Evidence-Based Home Visiting Programs
- Early Head Start
- Early Intervention Services

District of Columbia

0 out of 6

POLICIES — Adopted and Implemented Policy Count by State

0 out of 5	FL GA MS NC SC TX WY	7 States
1 out of 5	AL ID MO NV NH ND OK SD TN UT WI	11 States
2 out of 5	AK AZ DE IN IA KS KY LA MI MT NE OH PA VA WV	15 States
3 out of 5	AR CO HI MD NM	5 States
4 out of 5	CT IL ME MA MN NY OR RI VT WA	10 States
5 out of 5	CA **DC** NJ	3 States

STRATEGIES — Implemented Strategy Count by State

0 out of 6	AL AK AR **DC** FL HI ID MS NE NV ND SD TN VA WY	15 States
1 out of 6	AZ CO CT DE GA IN KS KY LA MD MA MI MT NH NM OH PA RI SC UT VT WA	22 States
2 out of 6	IL IA MN MO NJ NY NC TX WV WI	10 States
3 out of 6	CA ME OK OR	4 States
4 out of 6	No States	
5 out of 6	No States	
6 out of 6	No States	

See the complete Prenatal-to-3 State Policy Roadmap and Prenatal-to-3 Policy Clearinghouse for detailed information on the impact these policies and strategies can have on the policy goals.

STEP 3. MONITOR your state's progress toward policy adoption and implementation.

Policy adoption and implementation does not happen quickly. States often consider legislation for several sessions before adopting it, and states often delay implementing policies for longer still. This Roadmap identifies the progress your state has made toward adopting and fully implementing each of the 5 effective policies and illustrates the progress your state has made relative to other states toward implementing the 6 effective strategies that improve the prenatal-to-3 policy goals. Additional information is provided on the generosity of your state's policies relative to other states, and whether your state is serving all children and families who are eligible.

For your state, ask:

1. Has our state adopted and implemented the 5 effective policies and 6 effective strategies that positively impact the prenatal-to-3 policy goals?
2. If not, what progress has our state made toward adoption and implementation?
3. Are our state's benefits for the policy or strategy as generous as other states?
4. Are all eligible families in our state receiving the benefits they need?

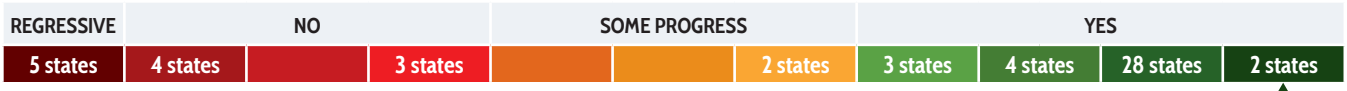
Has your state adopted and fully implemented these effective policies and strategies?

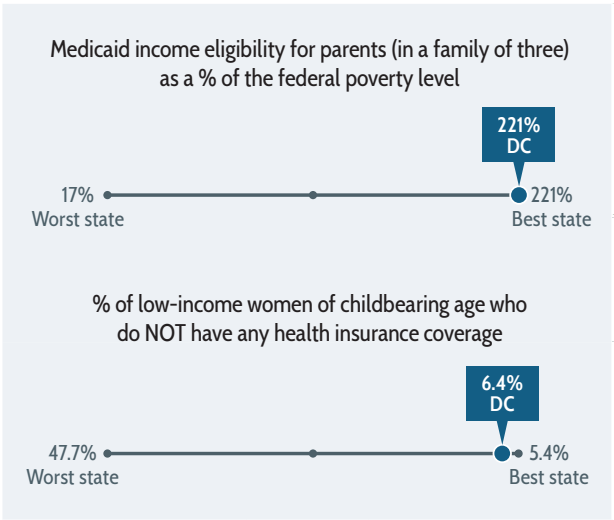
POLICIES

Expanded Income Eligibility for Health Insurance

YES

Has District of Columbia 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.





District of Columbia
Yes, and the state adopted and implemented Medicaid expansion to additional populations.

37 states have adopted and fully implemented

▶ See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

POLICIES

Reduced Administrative Burden for SNAP

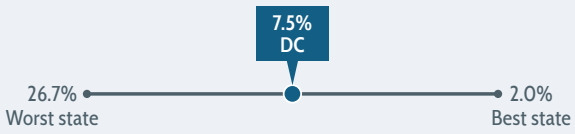
YES

Has District of Columbia 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.

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



District of Columbia

Yes, but the SNAP manual allows for recertification intervals that are less than 12 months.

32 states have adopted and fully implemented

POLICIES

Paid Family Leave

YES

Has District of Columbia 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.

Maximum number of weeks of paid family leave benefit

8

Maximum paid family leave benefit value

$1000

District of Columbia

Yes, and the state has adopted and fully implemented a paid family leave program that provides more than six weeks of benefits.

5 states have adopted and fully implemented

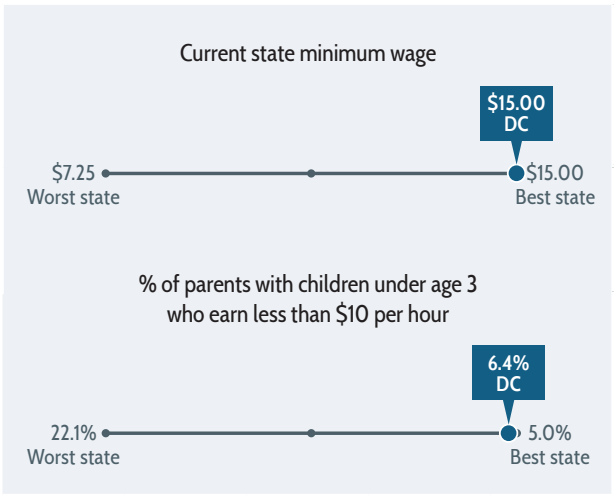
▶ See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

POLICIES

State Minimum Wage

YES

Has District of Columbia 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.



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

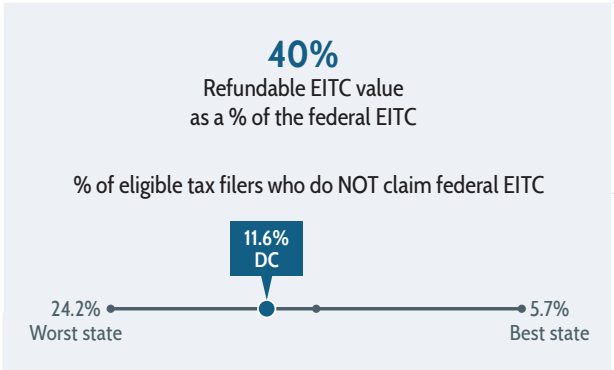
19 states have adopted and fully implemented

POLICIES

State Earned Income Tax Credit

YES

Has District of Columbia 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.



District of Columbia
Yes, and the state EITC has become more generous since it was originally enacted.

18 states have adopted and fully implemented

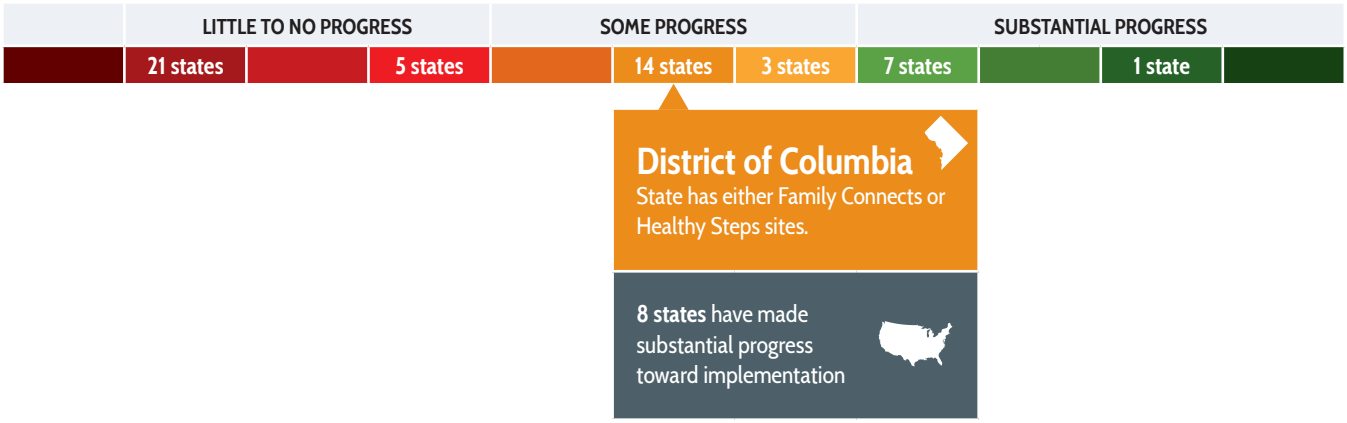
▶ See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

STRATEGIES

Comprehensive Screening and Referral Programs

SOME PROGRESS

Has District of Columbia 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.

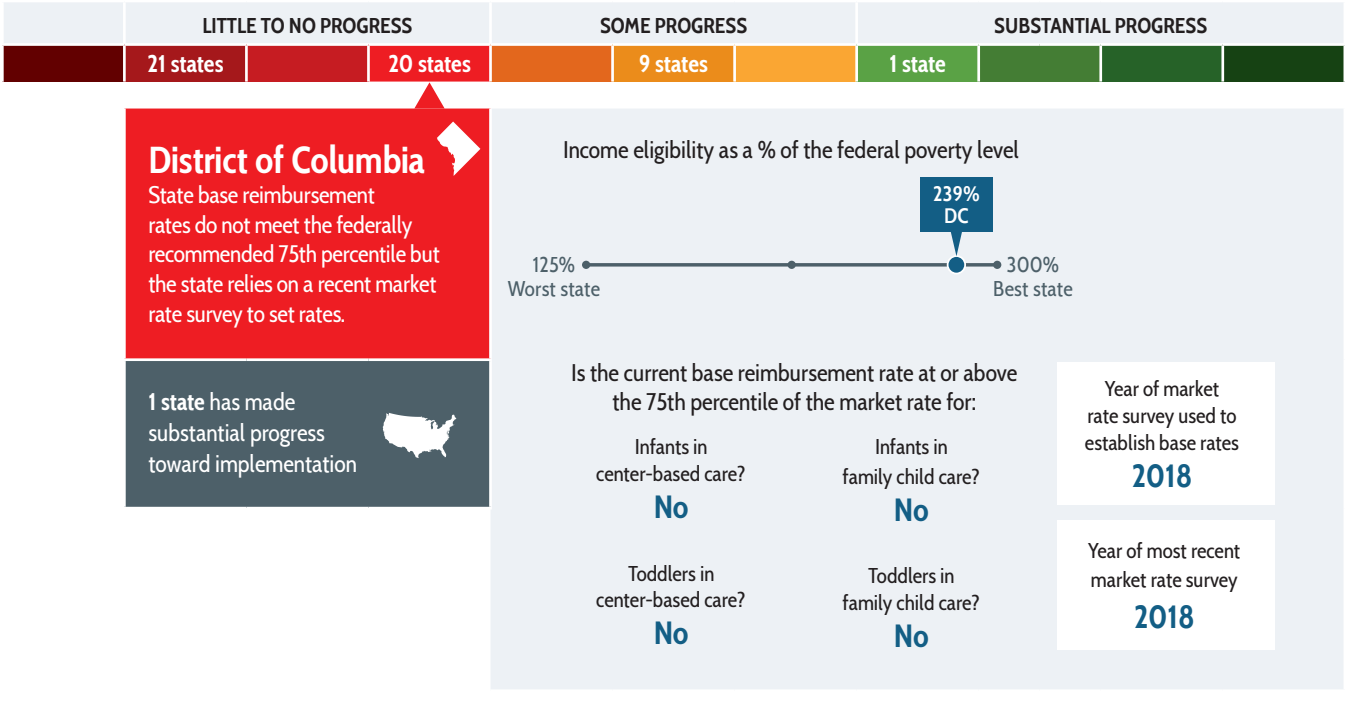


STRATEGIES

Child Care Subsidies

LITTLE TO NO PROGRESS

Has District of Columbia 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.



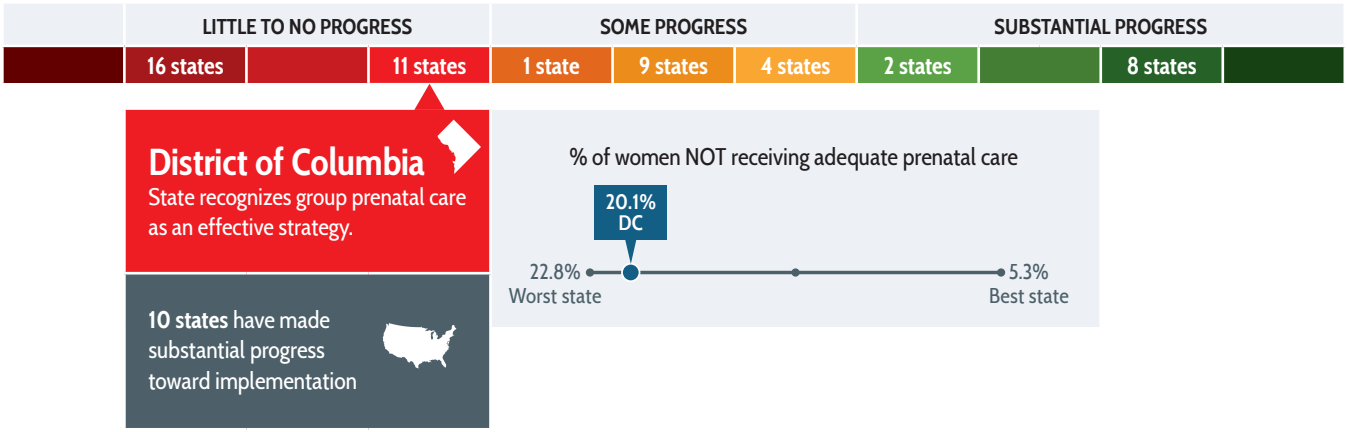
Several states are experimenting with alternative methods to establish base reimbursements, because it is widely accepted that the federal recommendations are insufficient to meet the actual cost of quality care. Currently, states' progress toward meeting the federal recommendations is the only information available nationally. For more information on strategies to improve child care quality, see the complete Prenatal-to-3 State Policy Roadmap at pn3policy.org.

STRATEGIES

Group Prenatal Care

LITTLE TO NO PROGRESS

Has District of Columbia 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.

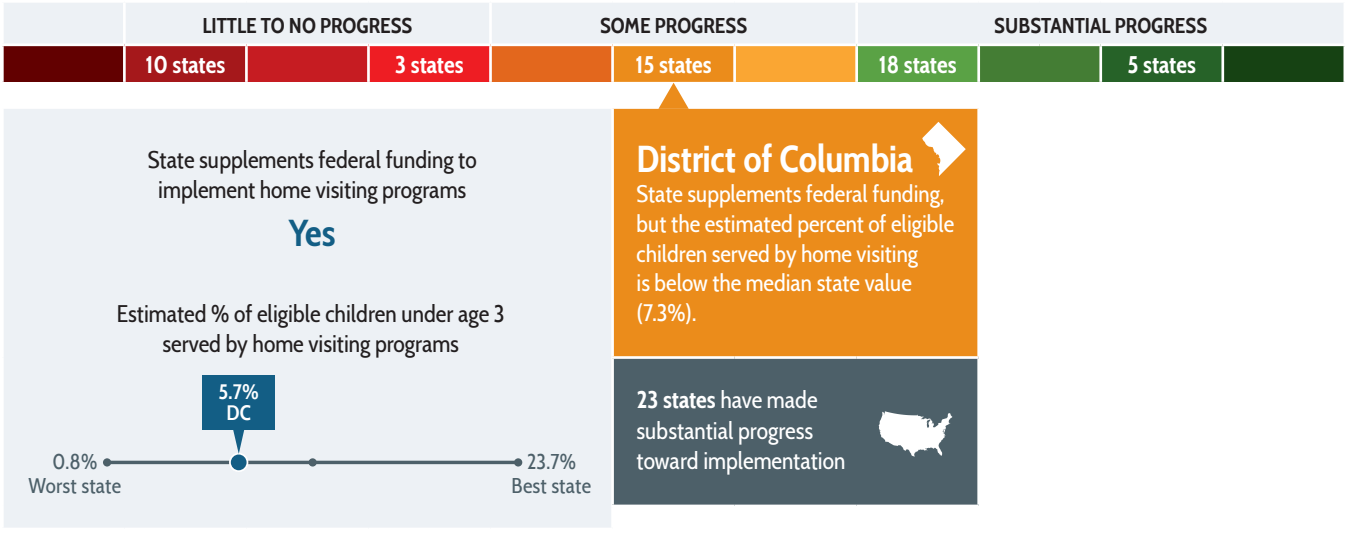


STRATEGIES

Evidence-Based Home Visiting Programs

SOME PROGRESS

Has District of Columbia 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.



▶ See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

STRATEGIES

Early Head Start

SOME PROGRESS

Has District of Columbia 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.

District of Columbia
State does not supplement federal funding, but the estimated percent of income-eligible children with access to EHS is more than twice the median state value (17.8%).

7 states have made substantial progress toward implementation

State supplements federal funding for EHS programs

No

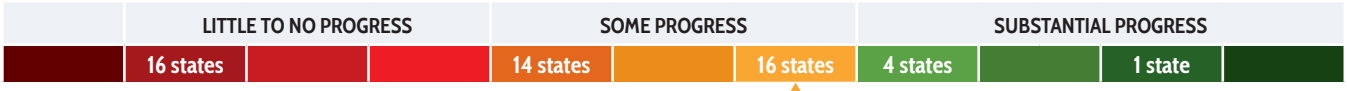
Estimated % of income-eligible children with access to EHS

STRATEGIES

Early Intervention Services

SOME PROGRESS

Has District of Columbia 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.



Categorical assessment of state's eligibility criteria

BROAD

% of all children under age 3 receiving EI services

District of Columbia
State uses broad 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

▶ See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

STEP 4. MEASURE outcomes to determine the health and wellbeing of your state's children and families.

Tracking progress on the following key prenatal-to-3 (PN-3) outcomes allows your state to determine the health and wellbeing of children and families in your state and to identify which PN-3 goals are lagging and should be prioritized.

Policy Goal	Outcome Measure	Worst State		Best State	Rank
Access to Needed Services	% Low-Income Women Uninsured	47.7%	DC 6.4%	5.4%	3
	% Eligible Families with Children < 18 Not Receiving SNAP	26.7%	DC 7.5%	2.0%	26
	% Children < 3 Not Receiving Developmental Screening	76.1%	DC 63.5%	38.8%	32
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	37.0%	DC 35.5%	16.8%	50
Sufficient Household Resources	% Children < 3 in Poverty	30.8%	DC 20.2%	10.4%	32
	% Crowded Housing	38.1%	DC 25.3%	9.0%	44
	% Food Insecure	13.1%	DC 5.8%	0.9%	17
Healthy and Equitable Births	% Preterm	14.2%	DC 10.1%	7.8%	30
	% Low Birthweight	12.1%	DC 10.0%	5.9%	47
	# of Infant Deaths per 1,000 Births	8.3	DC 6.9	3.6	41
Parental Health and Emotional Wellbeing	% Poor Maternal Mental Health	10.2%	DC 3.6%	1.2%	17
	% Low Parenting Support	26.0%	DC 14.4%	4.5%	25
Nurturing and Responsive Child-Parent Relationships	% Not Read to Daily	72.9%	DC 49.6%	42.2%	3
	% Not Nurtured Daily	52.4%	DC 34.1%	27.7%	6
	% Parents Not Coping Very Well	44.0%	DC 33.0%	17.8%	42
Nurturing and Responsive Child Care in Safe Settings	% Providers Not in QRIS*	98.5%	DC 51.6%	0.0%	
	% Children Without Access to EHS	96.5%	DC 74.0%	74.0%	1
Optimal Child Health and Development	% Never Breastfed	35.3%	DC 19.1%	7.1%	38
	% Not Fully Immunized by Age 3	38.4%	DC 27.5%	16.3%	26
	Maltreatment Rate per 1,000 Children < 3	41.4	DC 13.6	1.9	21

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

▶ For more information on the outcome measures, the ranking process, and data quality see Methods and Sources at pn3policy.org. Differences by race and ethnicity are not available due to small sample sizes at the state level.

The Prenatal-to-3 Policy Impact Center

Research for Action and Outcomes

Health, maternal care, family life, economic security, and early care and learning—the first three years shape the future of every child's life. The Prenatal-to-3 Policy Impact Center at The University of Texas at Austin LBJ School of Public Affairs translates research on the best public investments into state policy actions that produce results for young children and society. Our team of researchers and nonpartisan policy experts works with policymakers, practitioners, and advocates to navigate the evidence of what works, set priorities, act with confidence, and analyze results for continuous improvement. We help connect the complex social, economic, and health needs of families that support effective child development in the earliest years—seeking effective policies for each and looking at how all can work together for the greatest impact.

Prenatal-to-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

Prenatal-To-3 State Policy Roadmap

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

Prenatal-to-3 Research Exchange

An opportunity for early childhood stakeholders to exchange ideas and experiences to advance scholarship and evidence informed policymaking

Building the Evidence Base

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

prenatal-to-3 policy IMPACT CENTER

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