



EXECUTIVE SUMMARY

Prenatal-to-3 State Policy Roadmap 2020

Building a Strong and
Equitable Prenatal-to-3
System of Care

EXECUTIVE SUMMARY

This Prenatal-to-3 State Policy Roadmap is a guide state leaders can use to develop and implement the most effective policies to strengthen their state's prenatal-to-3 (PN-3) system of care. The prenatal-to-3 period of development sets the foundation for all future health and wellbeing. The science of the developing child is clear: Infants and toddlers need loving, stimulating, stable, and secure care environments with limited exposure to adversity. However, to date states have lacked clear guidance on how to effectively promote the environments in which children thrive.

This inaugural Roadmap provides baseline information on the current status of each state's prenatal-to-3 system and will be updated annually to monitor:

- states' progress toward adopting and fully implementing the effective policies and strategies;
- changes in the generosity of state benefits;
- progress toward serving all children and families who are eligible for state benefits;
- changes in the overall wellbeing of children and families in each state; and
- efforts to reduce racial and ethnic disparities in outcomes.

Findings from the baseline analysis show that states need to strengthen their PN-3 systems of care. States vary considerably in the number of effective policies and strategies they implement, and families across the US have disparate access to a patchwork of benefits and services, despite having similar needs. The results also show that access to services varies substantially across racial and ethnic groups, exacerbating inequities in overall wellbeing between children of color and their White peers. These racial and ethnic disparities are the result of policy choices and long-standing racism, and eliminating the disparities should be a goal shared by every state.

11 STATE SOLUTIONS STRENGTHEN THE PRENATAL-TO-3 SYSTEM OF CARE

Through comprehensive reviews of the most rigorous evidence available, the Prenatal-to-3 Policy Impact Center at the University of Texas at Austin identified 11 effective solutions, including five effective policies and six effective strategies, that foster the nurturing environments infants and toddlers need and many of which, reduce long-standing disparities in outcomes among racial and ethnic groups and socioeconomic statuses. As the evidence base grows and more information becomes available, the list of effective policies and strategies will expand, and additional information on the return on investment of each effective solution will be provided. Currently, states should strive to fully implement the 11 PN-3 solutions with the strongest evidence of effectiveness to date.

Effective Solutions to Strengthen the Prenatal-to-3 System of Care

EFFECTIVE POLICIES:

impact PN-3 goals, and research provides clear legislative or regulatory action.

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:

have demonstrated impacts on PN-3 goals, but research provides no clear guidance for legislative action.

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.

The Prenatal-to-3 State Policy Roadmap provides states with the information they need to:



Prioritize 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 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 states, and reveal progress toward achieving the 8 PN-3 goals.



Explore your state's interactive data at pn3policy.org/interactive.

SCIENCE-DRIVEN PRENATAL-TO-3 POLICY GOALS PROMOTE OPTIMAL CHILD HEALTH AND DEVELOPMENT

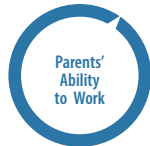
The science of the developing child points to eight prenatal-to-3 policy goals that all states should strive to achieve to ensure that children are born healthy to healthy parents, that parents have the skills and resources they need to be the parents their children deserve, and that when children are not with their parents, they are in high-quality, nurturing care environments. Detailed information on each of the PN-3 goals is available in the Goal Profiles section of this Roadmap, along with information on state progress toward meeting the goals.



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



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



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



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



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



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



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



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

EFFECTIVE POLICIES AND STRATEGIES STRENGTHEN THE PRENATAL-TO-3 SYSTEM

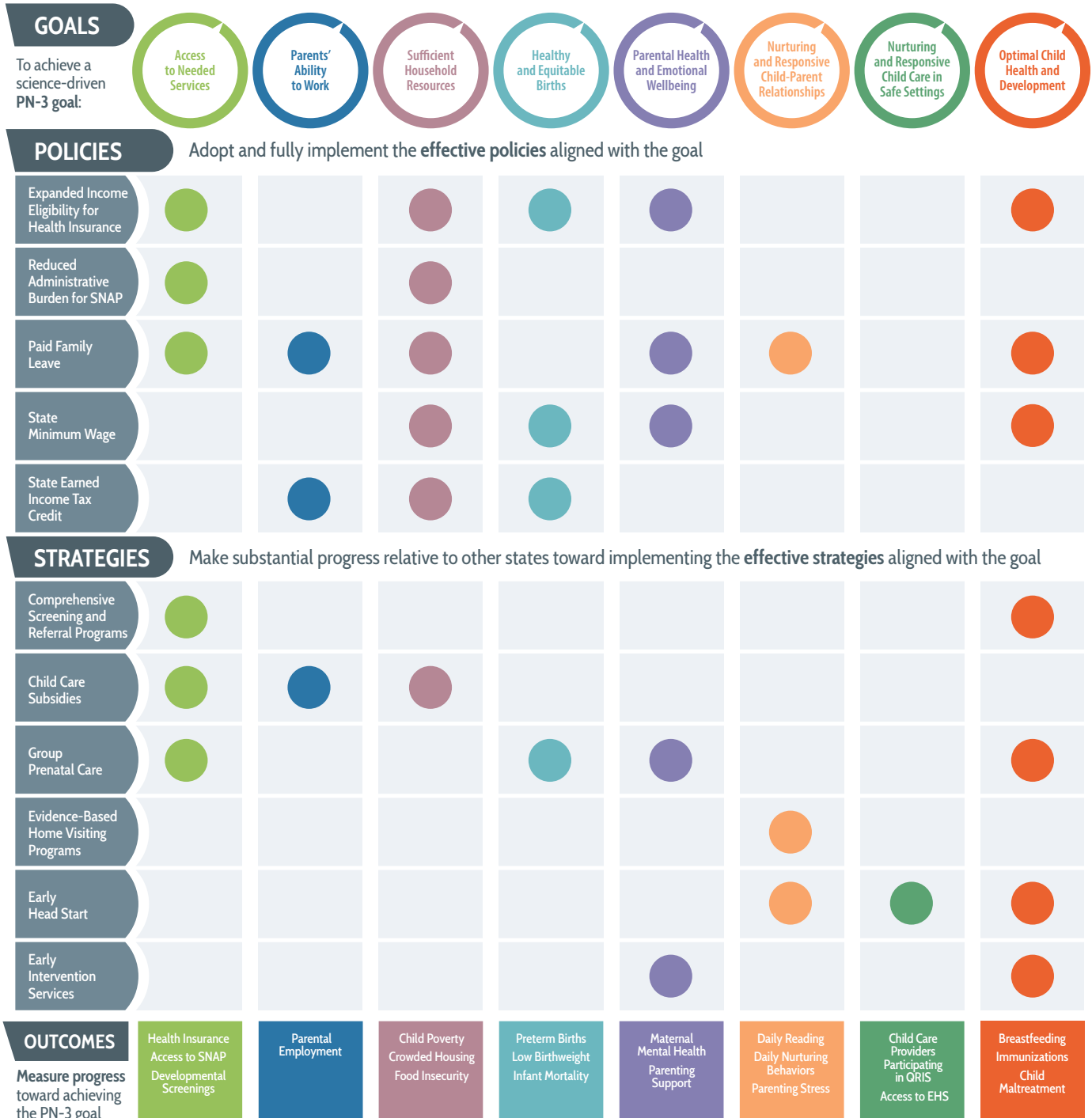
The following Roadmap chart identifies the effective policies and strategies that positively impact each PN-3 goal. Some policies and strategies impact multiple goals. For example, implementation of a state minimum wage can help a state work toward four different policy goals: sufficient household resources, healthy and equitable births, parental health and emotional wellbeing, and optimal child health and development. At the same time, a single goal may be impacted by several policies and strategies. For example, states that want to increase sufficient household resources can look to five policies (expanded income eligibility for health insurance, reduced administrative burden for SNAP, paid family leave, state minimum wage, and state EITC) and one strategy (child care subsidies) to help them achieve this goal.

In the Roadmap chart, each goal is represented in a column, and the circles in the columns align with the policies and strategies that impact the goals. This chart helps each state select the policies and strategies that directly impact the state's PN-3 Goals.

Prenatal-to-3 State Policy Roadmap

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
	Policy/strategy does not align with goal in column (intentionally blank)



Policies and Strategies Differ

In this Roadmap, we define policies as having clear legislative or regulatory action, based on research gleaned through comprehensive reviews of rigorous evidence. For example, evidence shows that a paid family leave program needs to provide a minimum of 6 weeks of paid time off to reap the impacts demonstrated in strong causal studies; therefore, the policy is defined accordingly. By contrast, the evidence on effective strategies does not provide clear legislative guidance on how to fund or implement the strategy to garner the impacts at a statewide level that were demonstrated in studies. For example, rigorous research shows that Early Intervention services positively impact children's outcomes, but the research does not provide guidance on what level of state investment is needed to ensure that all children who need the services receive them or that the outcomes are achieved. For strategies, progress toward implementation is measured relative to other states, rather than against an absolute standard.

Prenatal-to-3 Policies Have a Big Impact

The impact that some of the policies have on outcomes associated with the PN-3 goals is quite substantial and direct. For example, expanding income eligibility for health insurance to most adults with low incomes increases women's access to Medicaid prior to conception by 8.6 percentage points. Moreover, a 10% increase in a state's minimum wage reduces poverty for children under age 6 by 9.6%.

Some policies also have indirect effects that are substantial and somewhat surprising. For example, a policy aimed at increasing household resources—the state EITC—not only increases earnings, but is also more effective at reducing racial and ethnic disparities in adverse birth outcomes than is group prenatal care, a program directly designed to improve birth outcomes.

Most policies and strategies impact more than one PN-3 goal, but paid family leave and expanded income eligibility for health insurance are the most broadly effective, impacting six and five goals, respectively. These two policies not only provide children and families with access to services and greater resources within their households, but they also promote better parental health and child wellbeing.

More detailed information on each of the policies and strategies is available in the Policy Profile section of this Roadmap and at the Prenatal-to-3 Policy Clearinghouse at pn3policy.org.

We Still Need to Learn More, Especially About Quality Child Care

As more rigorous evaluations are conducted on the innovative approaches that states are taking to improve the wellbeing of infants and toddlers, the evidence base will expand, and we will identify additional policies and strategies that positively impact the PN-3 goals. Learning more about how to enhance nurturing and affordable child care for infants and toddlers should be a priority for the field. To date, most of the research conducted has focused on 3- and 4-year-old children in prekindergarten settings, rather than on infants and toddlers. Yet, even the existing research on preschoolers provides insufficient guidance to states on how to support high-quality, affordable child care that improves child outcomes.

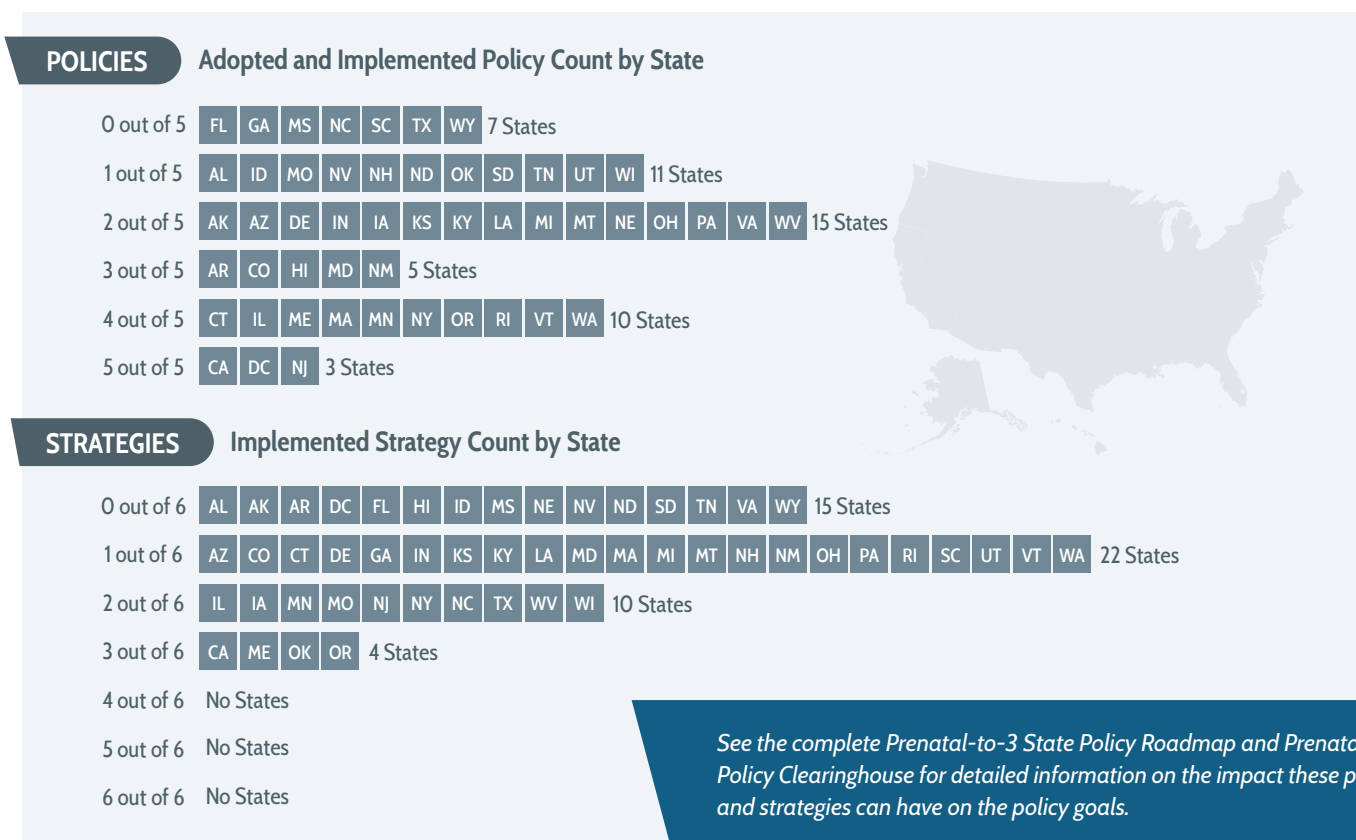
NO STATE IS DOING IT ALL, BUT MANY ARE MAKING PROGRESS

Currently, only three states—California, the District of Columbia, and New Jersey—are fully implementing all five effective policies, and no state is making substantial progress toward implementing all six effective strategies.

Seven states have not fully implemented any effective policies—Florida, Georgia, Mississippi, North Carolina, South Carolina, Texas, and Wyoming—and 15 states have not made substantial progress toward implementing any of the effective strategies.

Three states—Florida, Mississippi, and Wyoming—have not fully implemented any of the 11 effective solutions that strengthen the prenatal-to-3 system of care.

Over time, we will track every state's adoption and implementation of these policies and strategies, with the goal of each state implementing all 11. The figure below shows the distribution of policy implementation among states.



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.

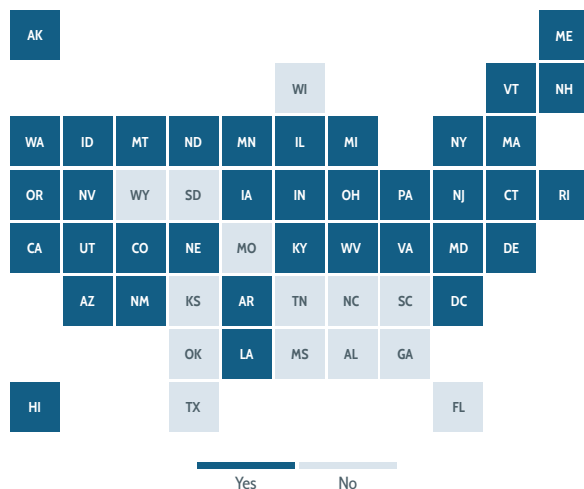
Policy Variation Across States

Have states adopted and fully implemented the effective policies?

EFFECTIVE POLICIES

Expanded Income Eligibility for Health Insurance

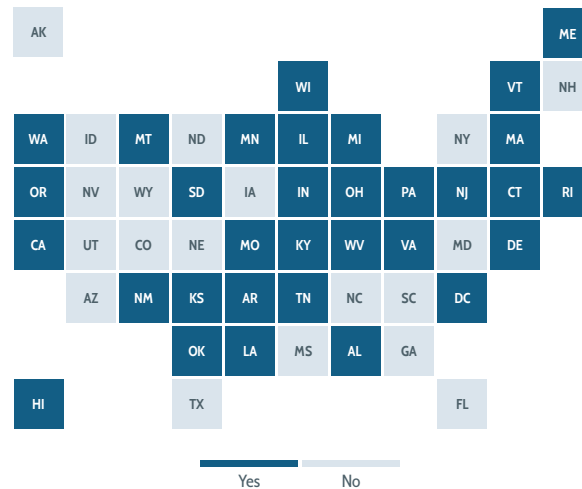
37 states have adopted and fully implemented the Medicaid expansion under the Affordable Care Act (ACA) that includes coverage for most adults with incomes up to 138% of the federal poverty level (FPL).



Sources: As of October 1, 2020. Medicaid state plan amendments (SPAs) and Section 1115 waivers.

Reduced Administrative Burden for SNAP

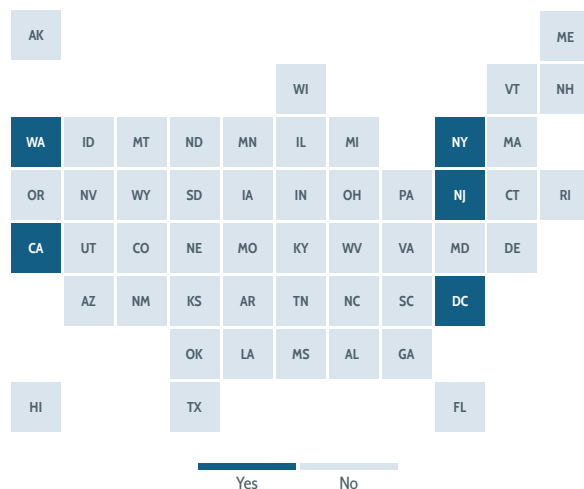
32 states have a median recertification interval that is 12 months or longer among households with SNAP-eligible children under age 18.



Sources: As of 2018. United States Department of Agriculture (USDA) Fiscal Year 2018 Supplemental Nutrition Assistance Program Quality Control Database and the QC Minimodel.

Paid Family Leave

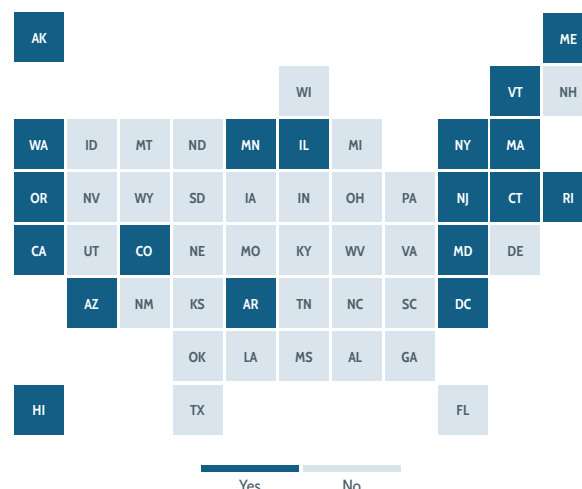
5 states have adopted and fully implemented a paid family leave program of a minimum of 6 weeks following the birth, adoption, or the placement of a child into foster care.



Sources: As of October 1, 2020. State statutes and legislation on paid family leave.

State Minimum Wage

19 states have adopted and fully implemented a minimum wage of \$10 or greater.



Sources: As of October 1, 2020. State labor statutes and state labor department websites.

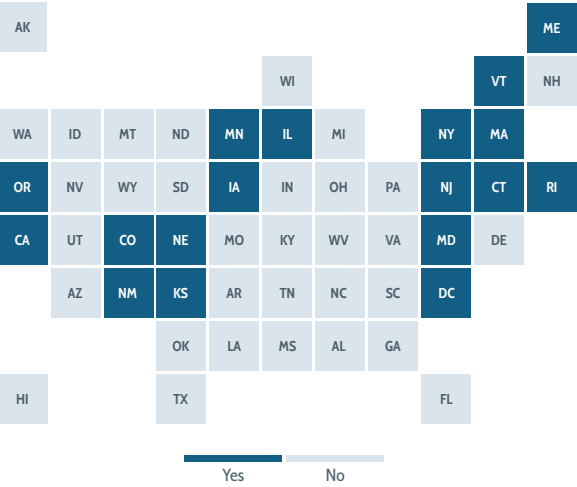
Policy Variation Across States *(continued)*

Have states adopted and fully implemented the effective policies?

EFFECTIVE POLICIES

State Earned Income Tax Credit

18 states have 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.



Note: Some states in the "no" category for Policy Variation Across 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. For additional information see pn3policy.org.

Sources: As of October 1, 2020. State income tax statutes.



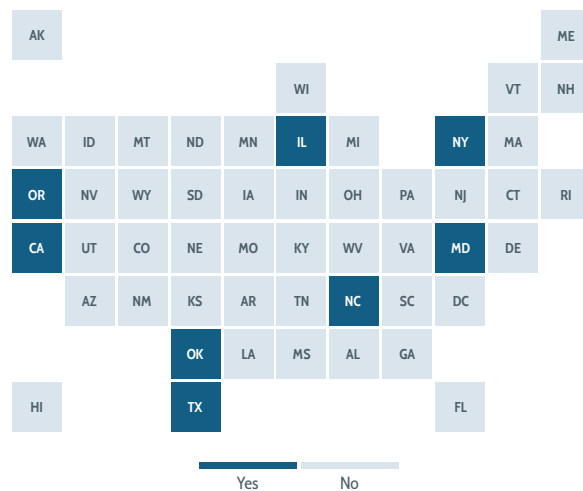
Strategy Variation Across States

Have states made substantial progress relative to other states toward implementing the effective strategies?

EFFECTIVE STRATEGIES

Comprehensive Screening and Referral Programs

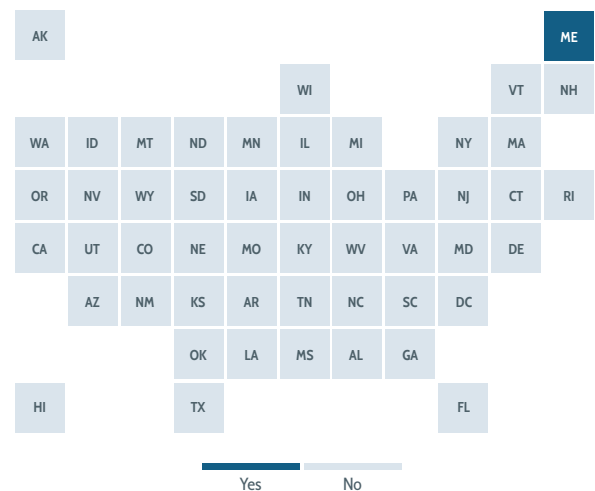
8 states have both evidence-based comprehensive screening and referral programs: Family Connects and Healthy Steps.



Sources: As of June 12, 2020. Family Connects and Healthy Steps national websites.

Child Care Subsidies

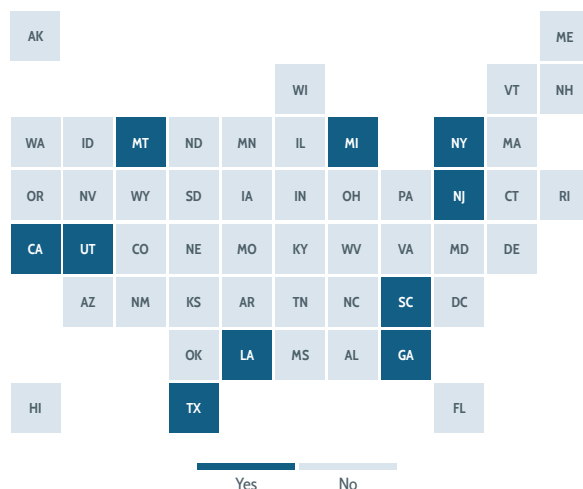
1 state's base reimbursement rates (for infants and toddlers in center-based care and family child care) meet the federally recommended 75th percentile using a recent market rate survey.



Sources: As of July, 1 2020. State children and families' department websites and state market rate surveys.

Group Prenatal Care

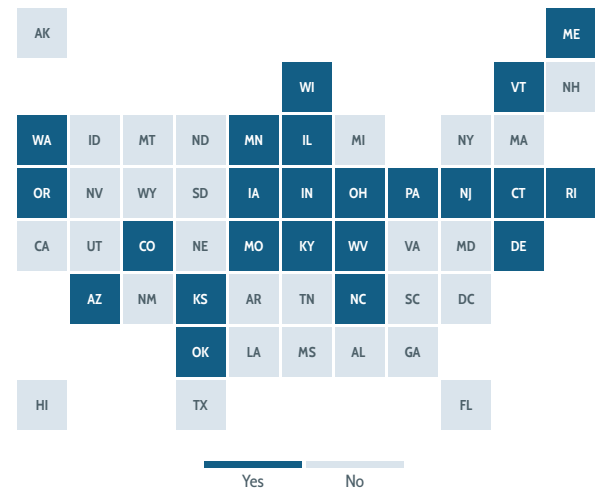
10 states support the implementation of group prenatal care financially through enhanced reimbursements for group prenatal care providers.



Sources: As of June 8, 2020. State health department websites and proposed and passed state legislation.

Evidence-Based Home Visiting Programs

23 states have supplemented federal funding, and the estimated percentage of eligible children served by home visiting is at or above the median state value (7.3%).



Sources: As of June 11, 2020. National Home Visiting Resource Center. Home Visiting Evidence of Effectiveness. National Conferences of State Legislatures (NCSL) FY19 state budget survey. State statutes and adopted FY19 budgets. 2018 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS).

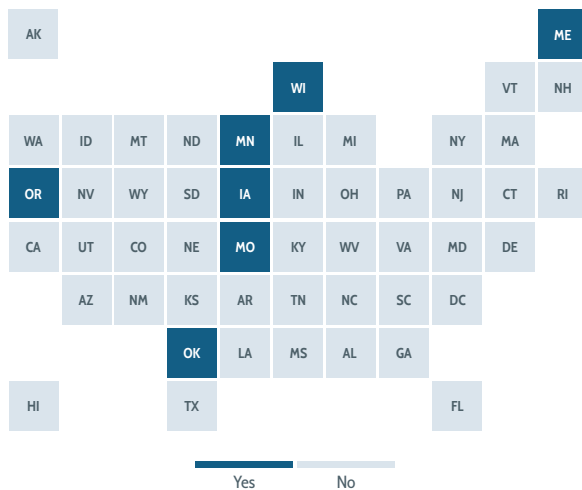
Strategy Variation Across States *(continued)*

Have states made substantial progress relative to other states toward implementing the effective strategies?

EFFECTIVE STRATEGIES

Early Head Start

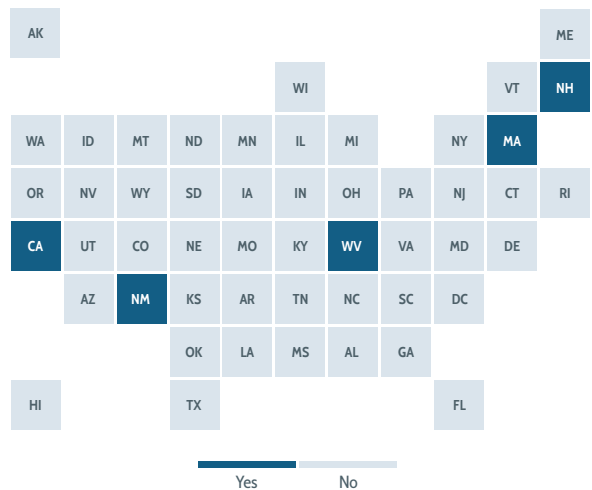
7 states supplement federal funding, and the estimated percentage of income-eligible children with access to EHS is at or above the median state value (8.9%).



Sources: As of 2020. National Head Start Association report, confirmation emails and phone calls from state EHS experts, 2019 Early Head Start (EHS) Program Information Report (PIR), and 2018 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS).

Early Intervention Services

5 states have moderate or broad criteria to determine eligibility and serve children who are at risk for later delays or disabilities.



Sources: As of June 2020. IDEA Infant and Toddler Coordinators Association 2018, state regulations retrieved from state legal statutes, health department regulations, and Early Intervention program websites.

Note: Many states in the "no" category for Strategy Variation Across States have implemented aspects of the effective strategies, but states are assessed relative to one another on making substantial progress. For additional information see pn3policy.org.

Policy Adoption and Implementation Take Time

Policy adoption does not typically happen quickly. States may introduce legislation several times before adopting a policy and take even more time to fully implement it. We tracked states' progress toward fully implementing each of the five effective policies and making substantial progress relative to other states toward implementing the six effective strategies. This information shows states where they stand relative to other states with regard to building an effective and equitable PN-3 system of care, and over time, this information also will demonstrate the progress states have made. The figures below show the progress states have made to date toward adopting and fully implementing each effective policy and toward making substantial progress relative to other states in implementing the effective strategies.

More detailed information on each of the policies and strategies is available in the Policy Profile section of this Roadmap and in the Prenatal-to-3 Policy Clearinghouse at pn3policy.org.

Have states adopted and fully implemented the effective policies?

	NO				SOME PROGRESS			YES			
Policies	0	1	2	3	4	5	6	7	8	9	10
Expanded Income Eligibility for Health Insurance	5 states	4 states		3 states			2 states	3 states	4 states	28 states	2 states
Reduced Administrative Burden for SNAP	12 states					7 states		1 state	10 states	21 states	
Paid Family Leave		29 states		1 state	12 states	1 state	3 states				5 states
State Minimum Wage	9 states	2 states		10 states	3 states	4 states	4 states		1 state		18 states
State Earned Income Tax Credit	9 states	8 states		2 states	3 states	6 states	5 states	1 state	5 states		12 states

Have states made substantial progress relative to other states toward implementing the effective strategies?

	LITTLE TO NO PROGRESS			SOME PROGRESS			SUBSTANTIAL PROGRESS			
Strategies	1	2	3	4	5	6	7	8	9	10
Comprehensive Screening and Referral Programs	21 states		5 states		14 states	3 states	7 states		1 state	
Child Care Subsidies	21 states		20 states		9 states		1 state			
Group Prenatal Care	16 states		11 states	1 state	9 states	4 states	2 states		8 states	
Evidence-Based Home Visiting	10 states		3 states		15 states		18 states		5 states	
Early Head Start	23 states		15 states	4 states	2 states		7 states			
Early Intervention Services	16 states			14 states		16 states	4 states		1 state	

Benefits and Services Vary Considerably Across States

The Policy Profile section of this Roadmap provides additional information on the variation across states in the generosity of the benefit levels associated with each policy and strategy, as well as variation in the percentage of eligible families who are served. Generosity and the percentage of eligible families served vary considerably, such that families with similar needs may receive substantially different services based on where they live.

For example, in Texas, parents must have annual incomes that are at or below 17% of the federal poverty level (FPL) to be eligible for Medicaid, whereas in the District of Columbia, parents with incomes up to 221% of the FPL qualify for Medicaid. This difference in generosity is linked to a large disparity in the percentage of low-income women of childbearing age who have access to health care; in Texas, nearly half (47.7%) of low-income women lack health insurance, compared to only 6.4% of low-income women who lack health insurance in the District of Columbia.

Early Intervention (EI) services provide another example of large variation in benefits and services across states. States differ considerably in the criteria they use to determine whether an infant or toddler is eligible for these important services that are designed to address developmental delays and disabilities. The percentage of children under age 3 who receive EI services also varies widely across states, from a low of 0.9% in Arkansas to a high of 10.1% in Massachusetts.

OUTCOMES VARY FOR INFANTS AND TODDLERS ACROSS STATES

The purpose of states' implementing effective PN-3 solutions is to improve the wellbeing of infants, toddlers, and their parents, and to reduce long-standing disparities in outcomes by race and ethnicity. This Roadmap provides information on how children and families are faring on 20 outcome measures that depict states' progress toward achieving each PN-3 goal. Each of the outcome measures is intentionally calculated in the negative direction to demonstrate where states have room for improvement and to help states prioritize PN-3 policy goals for which progress is lagging.

The results show that there is wide variation across states in the wellbeing of children and families. For example, 14.2% of babies are born preterm (prior to 37 weeks of gestation) in Mississippi (the lowest ranked state), compared to 7.8% of babies in Oregon (the highest ranked state). Similarly, the proportion of children under age 3 who live in poverty in Mississippi (the worst state on this outcome) is 30.8% compared to 10.4% in Utah (the best state on this outcome); but even in the best state, 1 in 10 children lives in poverty. Maternal mental health varies as well, with 10.2% of children under age 3 in Vermont (the worst state) living with a mother who has poor mental health compared to only 1.2% in New Jersey (the best state).

Racial and Ethnic Disparities in Outcomes Persist

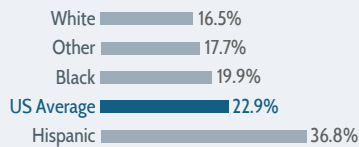
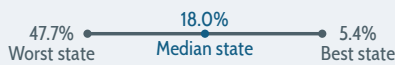
In addition to PN-3 outcomes varying across states, the outcomes also differ substantially by race and ethnicity. The sample sizes are too small in most national data sets to measure racial and ethnic differences on each outcome within a state, but state-level variation in outcomes mirrors the racial and ethnic disparities revealed at the US level. On measure after measure, children of color are exposed to greater adversity and experience poorer wellbeing than their White counterparts. These gaps reflect state policy choices and long-standing discrimination, and states should strive to eradicate these differences.

PN-3 Outcomes to Measure Impact

Goal: Access to Needed Services

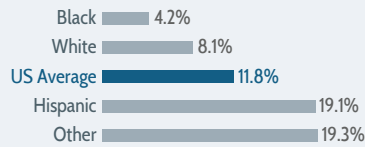
Lack of Health Insurance

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



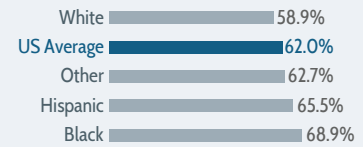
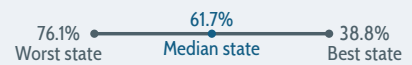
Lack of Access to SNAP

% eligible families with children <18 NOT receiving SNAP



Lack of Developmental Screenings

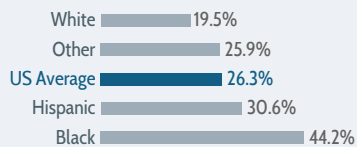
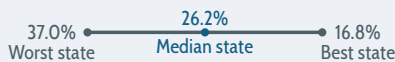
% children <3 NOT receiving developmental screenings



Goal: Parents' Ability to Work

Insecure Parental Employment

% children <3 in families in which NO parent has regular, full-time employment



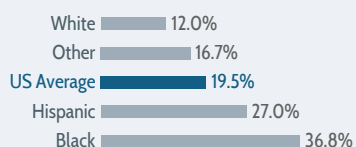
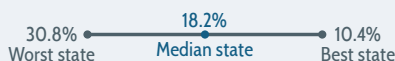
A Note on Data Quality:

For the majority of measures, it is not possible to present differences by race and ethnicity at the state level due to small sample sizes and subsequent poor data accuracy and quality. For additional information regarding state-level variation in outcomes, calculation details, data quality, and source data please refer to the Methods and Sources section of pn3policy.org.

Goal: Sufficient Household Resources

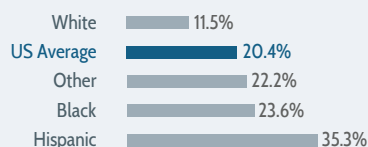
Child Poverty

% children <3 living in poverty



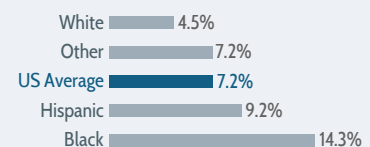
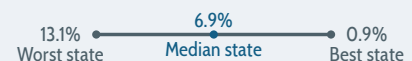
Crowded Housing

% children <3 living in crowded households



Food Insecurity

% households with at least one child <3 reporting low/very low child food security

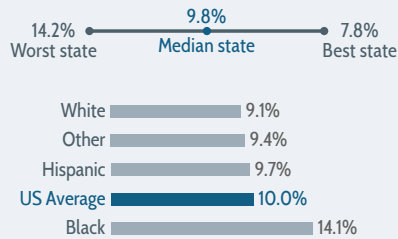


EXECUTIVE SUMMARY

Goal: Healthy and Equitable Births

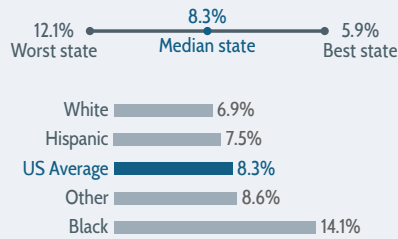
Preterm Births

% babies born preterm (<37 weeks)



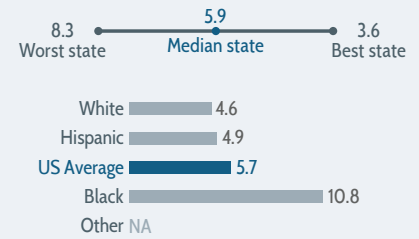
Low Birthweight

% babies born low birthweight (<5.5 pounds)



Infant Mortality Rate

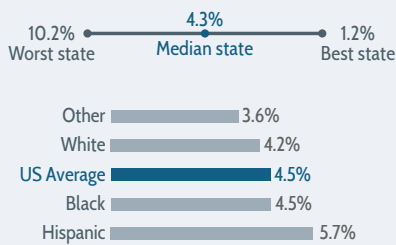
of infant deaths per 1,000 births



Goal: Parental Health and Emotional Wellbeing

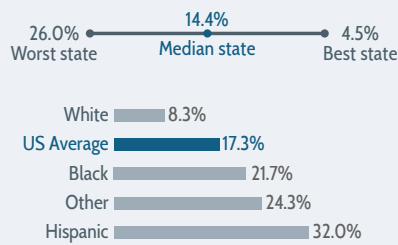
Poor Maternal Mental Health

% children <3 whose mother reports fair or poor mental/emotional health



Low Parenting Support

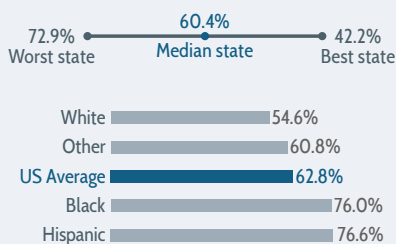
% children <3 whose parent lacks emotional parenting support



Goal: Nurturing and Responsive Child-Parent Relationships

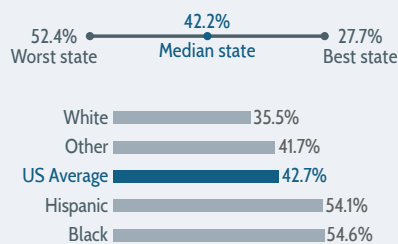
Lack of Daily Reading

% children <3 not read to daily



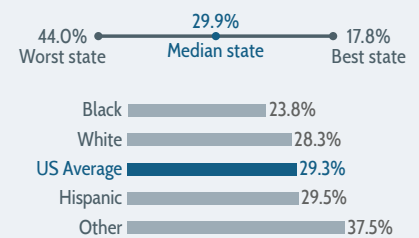
Lack of Daily Nurturing Behaviors

% children <3 not nurtured daily



Parenting Stress

% children <3 whose parent reports they are not coping very well with parenting demands

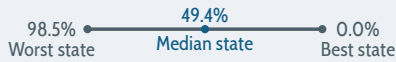


EXECUTIVE SUMMARY

Goal: Nurturing and Responsive Child Care in Safe Settings

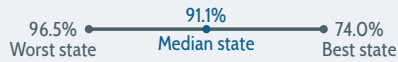
Child Care Providers Not Participating in QRIS

% child care providers NOT participating in state QRIS



Percent of Children Without Access to EHS

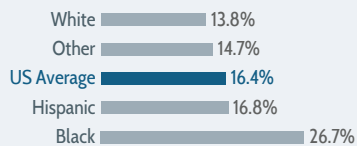
% income-eligible children <3 without access to Early Head Start



Goal: Optimal Child Health and Development

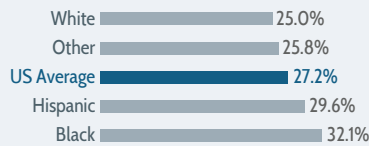
Never Breastfed

% children 19-35 months of age whose mother reported NEVER breastfeeding



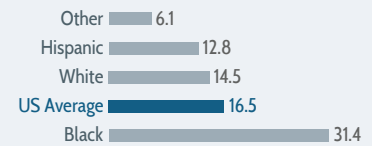
Not Fully Immunized

% children 19-35 months who are NOT up-to-date on immunizations



Child Maltreatment Rate

of unique maltreatment victims per 1,000 children <3



Use This Roadmap to Know Where You Are and Where You Need to Go

The outcome measures help states prioritize which PN-3 goal state leaders should target first and, therefore, which effective policy or strategy they should implement to improve the corresponding outcomes. The outcome measures may be lagging even within states that have adopted or implemented the effective solutions, because the level of benefits the state offers is less generous than other states or a large portion of families who are eligible for the benefit are not receiving it.

If your state is lagging on a particular outcome or PN-3 goal, answering the following questions will help to build a stronger and more equitable prenatal-to-3 system of care in your state:

- Has my state adopted and fully implemented the effective policies and effective strategies that positively impact the PN-3 goal?
- If not, what progress has my state made toward adoption and implementation?
- Are my state's benefits for the policy or strategy as generous as those in other states?
- Are all eligible families in my state receiving the benefits they need?

The Prenatal-to-3 State Policy Roadmap helps your state answer these questions and more. For additional information, see pn3policy.org.

MOVING FORWARD

This Roadmap provides baseline information to states to help state leaders understand not only how they are doing, but how they can do better. The Prenatal-to-3 Policy Impact Center at the University of Texas at Austin will update this Roadmap annually to track state progress on policy adoption, generosity, and implementation. We also will measure improvements in the overall wellbeing of infants, toddlers, and parents in each state, in addition to whether states are closing racial and ethnic gaps in wellbeing. In the wake of the COVID-19 pandemic, national data that measure the health and wellbeing of children and families is extremely important, but unfortunately, due to time lags in data collection and availability, we will not have a clear picture of the impact of the pandemic on babies and parents for years to come. What can be measured in the short term is states' policy reactions to the crisis, and how they implement effective policies to help build strong and equitable prenatal-to-3 systems of care.

The next Roadmap also will dive deeper into understanding the return on investment of each policy and strategy. Lawmakers not only want to know if a policy works, but also how much it costs and how to pay for it. Some of this information is provided in this Roadmap, and more is provided in the Prenatal-to-3 Policy Clearinghouse at pn3policy.org, but we plan to conduct more rigorous analyses of the costs and measurable benefits associated with each effective solution, to answer these questions more fully.

As stated previously, the science is clear with regard to the conditions necessary to help children thrive. Previously, states lacked clear guidance on which effective policies foster those conditions, and they didn't know where to start. Although the evidence base will continue to expand over time, the solutions are clearer, and states can use this Prenatal-to-3 State Policy Roadmap to get to work building a solid prenatal-to-3 system of care.



Sign up for news and updates
at pn3policy.org/subscribe



Find the complete 2020 Prenatal-to-3 State Policy Roadmap, state profiles, and data interactives at pn3policy.org/roadmap.

Prenatal-to-3 Policy Impact Center

The University of Texas at Austin
LBJ School of Public Affairs

2315 Red River Street
Austin, Texas 78712

pn3policy.org

pn3policy@austin.utexas.edu
855-471-2377

Twitter: @pn3policy #pn3policy