



January 24, 2024: Wisconsin Children's Caucus

State Policy Choices Affect Healthy Child Development

Prenatal-to-3 Policy Impact Center: Research for Action and Outcomes

CYNTHIA OSBORNE, PH.D.

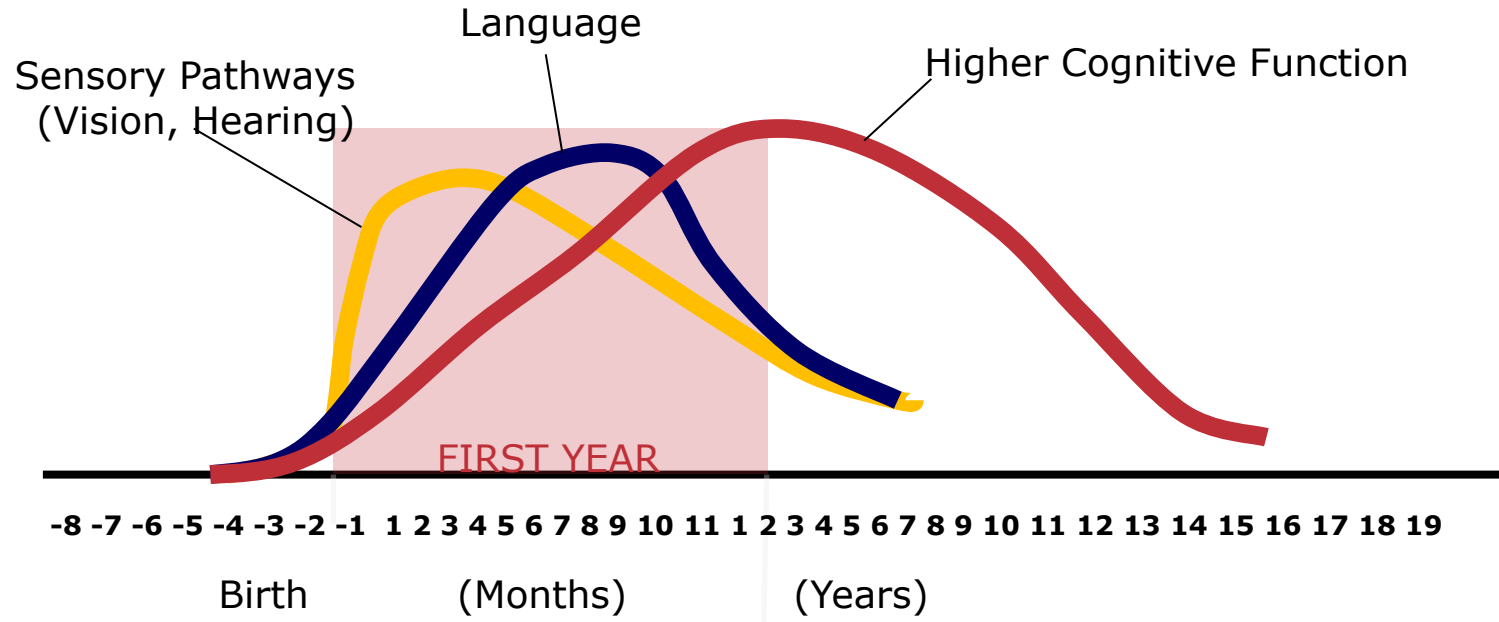
Executive Director, Prenatal-to-3 Policy Impact Center
Professor of Early Childhood Education and Policy
Vanderbilt University, Peabody College of Education and Human Development



Our Earliest Experiences Shape Our Lives

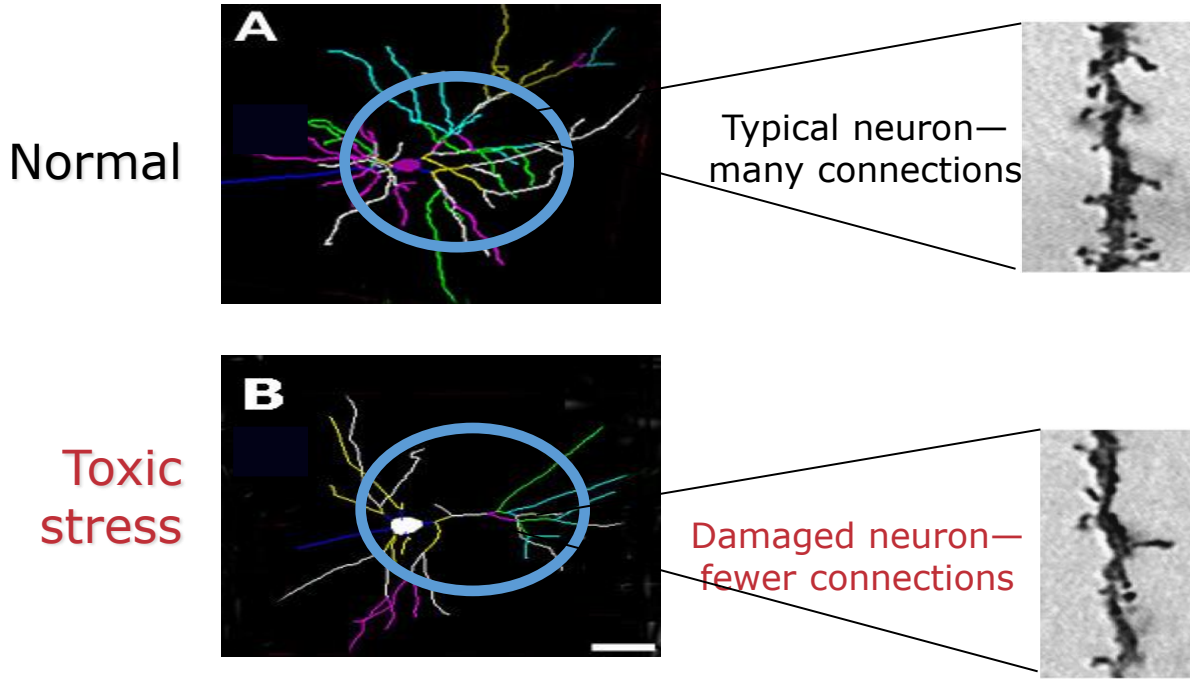
- All children deserve to be born healthy and raised in nurturing environments, with limited exposure to adversity.
- At birth, our brains are expecting input from their environments to shape development.
- Nurturing relationships in the earliest years lead to healthier brains and bodies, which influence health and wellbeing over the life course.
- Chronic adversity harms children's neurological, biological, and social development, and can have lifelong consequences.

Peak Plasticity Occurs at Specific Ages for Different Skills



Source: C. Nelson (2000)

Toxic Stress Changes Brain Architecture

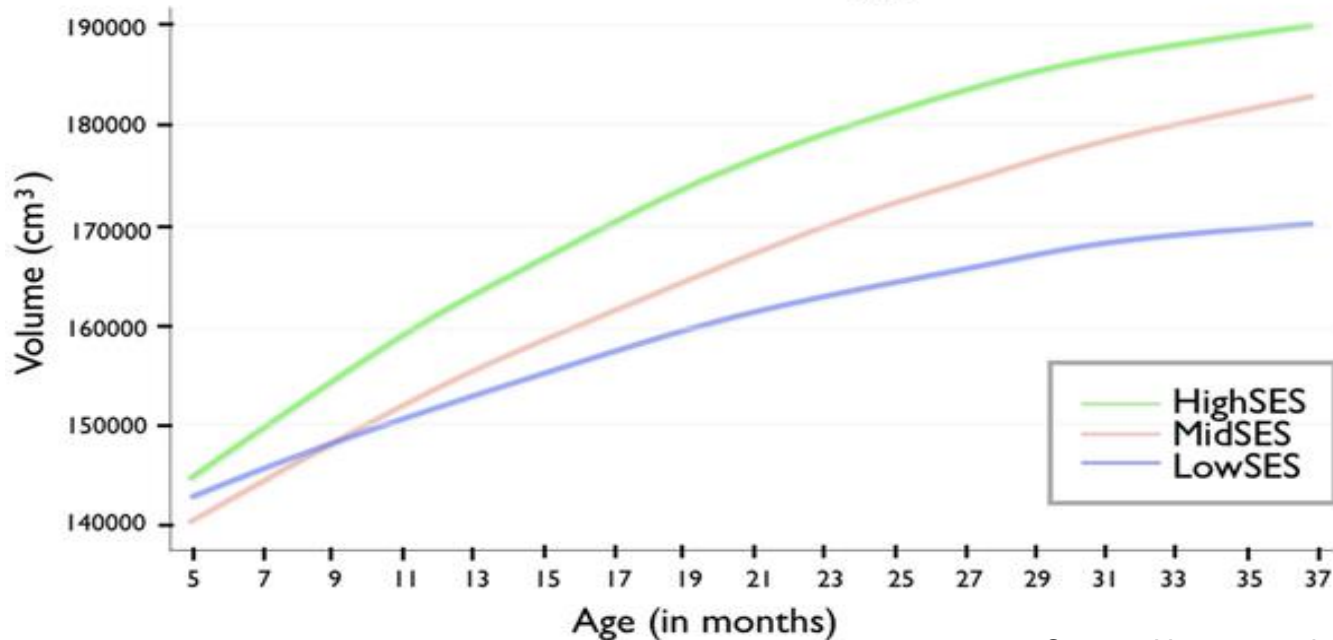


Prefrontal Cortex and Hippocampus

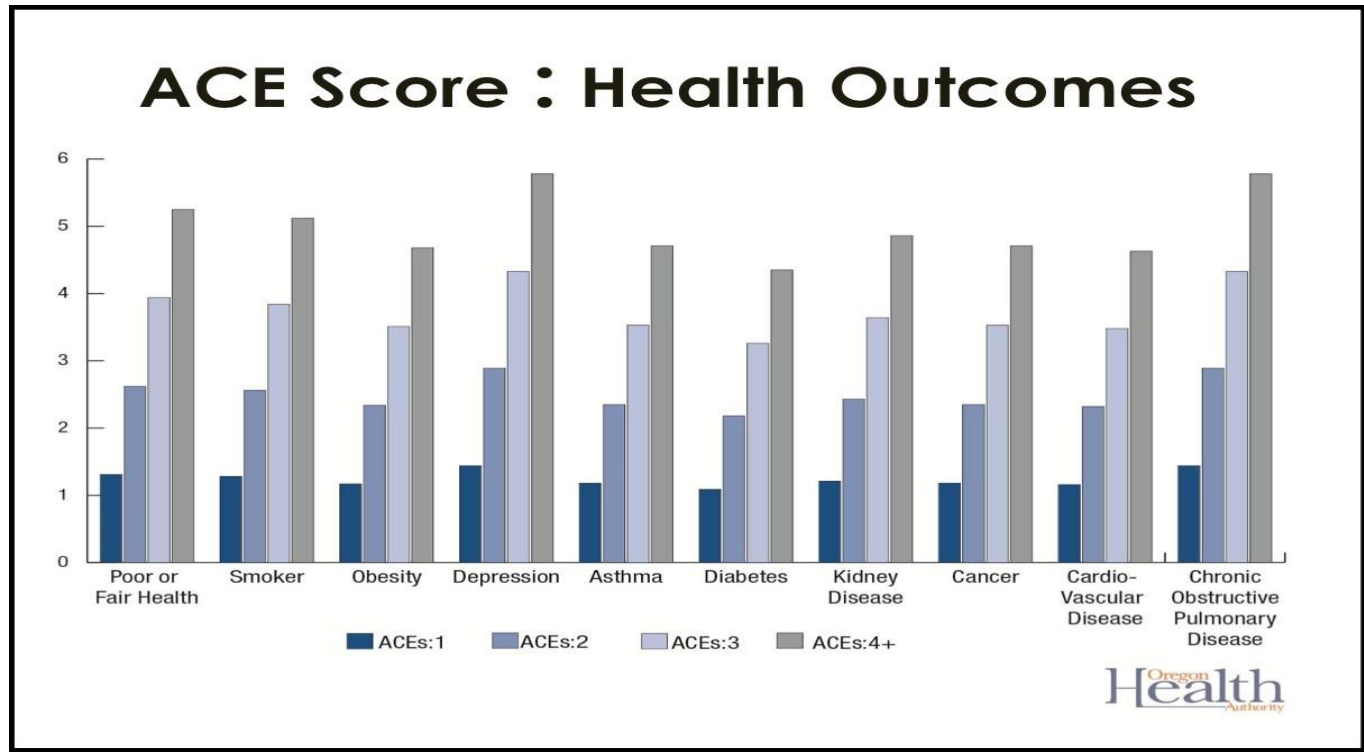
Sources: Radley et al. (2004)
Bock et al. (2005)

Brain Development is Correlated with Relationships and Resources

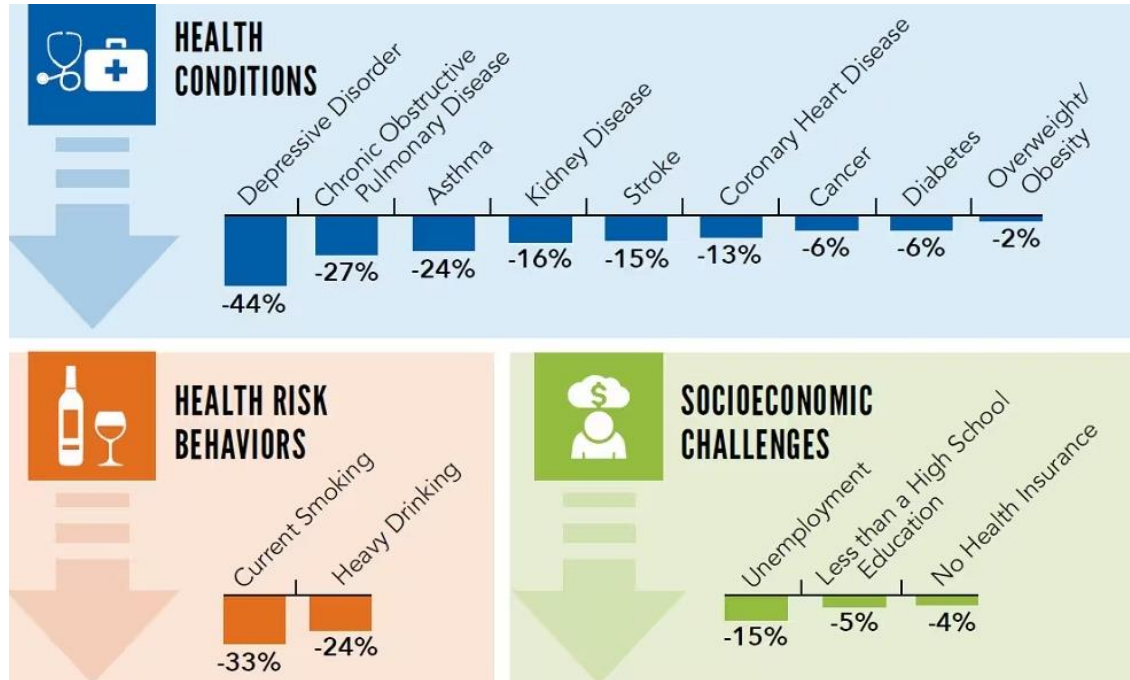
Frontal Gray Matter



Adverse Childhood Experiences Are Linked to Negative Outcomes Later in Life



Prevention of Adverse Childhood Experiences Leads to a Reduction in Harmful Outcomes



Source: CDC

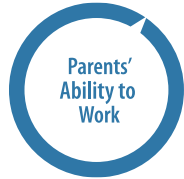
State Policy Choices Shape Opportunities

- 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



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



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



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



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



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



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



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



State
Prenatal-to-3
Outcome
Measures

Policy Goal	Outcome Measure	Worst State		Best State	Rank	
Access to Needed Services	% Low-Income Women Uninsured	46.1%	●	10.2% WI	1.0%	8
	% Births to Women Not Receiving Adequate Prenatal Care	23.3%	●	11.0% WI	5.0%	14
	% Eligible Families with Children < 18 Not Receiving SNAP	31.5%	●	12.2% WI	5.5%	25
	% Children < 3 Not Receiving Developmental Screening	74.7%	●	53.5% WI	39.8%	14
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.5%	●	23.5% WI	12.6%	12
Sufficient Household Resources	% Children < 3 in Poverty	29.2%	●	15.0% WI	6.1%	19
	% Children < 3 Living in Crowded Households	34.5%	●	15.4% WI	7.4%	31
	% Households Reporting Child Food Insecurity	12.1%	●	6.8% WI	0.7%	40
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	15.0%	●	10.0% WI	8.0%	21
	# of Infant Deaths per 1,000 Births	9.4	●	5.4 WI	2.8	23

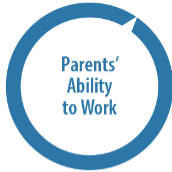


State Prenatal-to-3 Outcome Measures

Policy Goal	Outcome Measure	Worst State	WI	Best State	Rank
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	10.3%	4.9%	2.5%	17
	% Children < 3 Whose Parent Lacks Parenting Support	25.2%	8.9%	6.2%	4
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	73.2%	57.5%	42.1%	14
	% Children < 3 Not Nurtured Daily	51.0%	39.6%	26.6%	23
	% Children < 3 Whose Parent Reports Not Coping Very Well	43.8%	34.8%	23.8%	36
Nurturing and Responsive Child Care in Safe Settings	% Providers Not Participating in QRIS^	97.6%	27.2%	0.0%	
	% Children Without Access to EHS	95.5%	87.0%	40.9%	14
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	37.4%	16.4%	7.6%	28
	% Children < 3 Not Up to Date on Immunizations	43.4%	26.1%	12.1%	21
	Maltreatment Rate per 1,000 Children < 3	33.4	5.5	2.0	8

GOALS

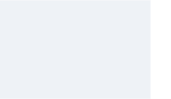
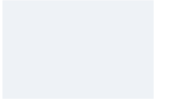
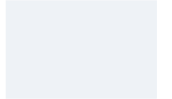
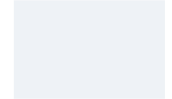
To achieve a science-driven PN-3 goal:



POLICIES

Adopt and fully implement the **effective** policies aligned with the goal

Expanded Income Eligibility for Health Insurance



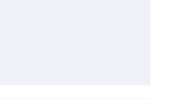
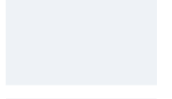
Paid Family Leave Program of at Least 6 weeks



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

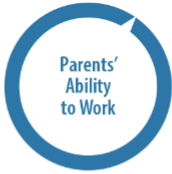
Daily Reading
Daily Nurturing Behaviors
Parenting Stress

Child Care Providers Participating in QRIS
Access to EHS

Breastfeeding
Immunizations
Child Maltreatment

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



NEW

Child Care Subsidies



Group Prenatal Care



OUTCOMES

Measure progress toward achieving the PN-3 goal.

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Adequate Prenatal Care
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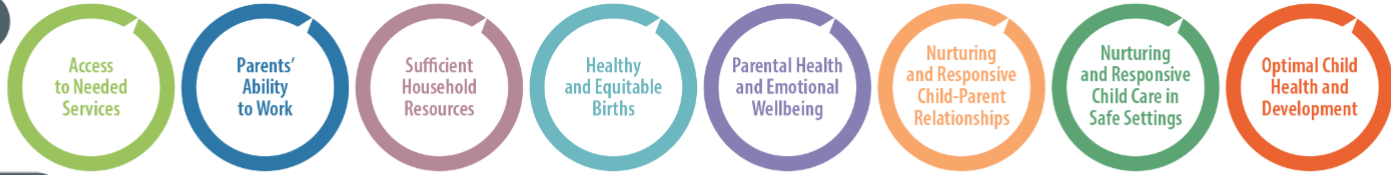
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Child Maltreatment

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
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Child Care Providers Participating in QRIS
Access to EHS

Breastfeeding Immunizations
Child Maltreatment



The
Prenatal-to-3
System of
Care in
Wisconsin

Policy and Strategy Snapshots for Wisconsin

Effective Roadmap Policy	2023 Policy Snapshot
<p>Expanded Income Eligibility for Health Insurance to 138%</p>	<p>100% of the FPL</p> <p>Wisconsin has not expanded Medicaid eligibility under the Affordable Care Act; but parents earning up to 100% of the FPL are eligible for Medicaid coverage in WI.</p>
<p>Paid Family Leave Program of at Least 6 Weeks</p>	<p>0 weeks</p> <p>Wisconsin does not have a statewide paid family leave program.</p>
<p>State Minimum Wage of \$10.00 or Greater</p>	<p>\$7.25 per hour</p> <p>The current state minimum wage in Wisconsin is \$7.25, as designated by state statute.</p>
<p>Refundable State Earned Income Tax Credit of at Least 10%</p>	<p>4% of the federal credit</p> <p>Wisconsin has a refundable state EITC equal to 4% of the federal credit for families with one qualifying child, 11% for families with two qualifying children, and 34% for families with three or more qualifying children.</p>
<p> State has adopted and fully implemented the policy</p>	<p> State has newly adopted and fully implemented the policy since October 1, 2022</p>



The Prenatal-to-3 System of Care in Wisconsin

Effective Roadmap Strategy		2023 Strategy Snapshot		
Reduced Administrative Burden for SNAP	▶	<input type="checkbox"/> 12-month Certification Period	<input checked="" type="checkbox"/> Simplified Income Reporting	<input checked="" type="checkbox"/> Online Case Management
Comprehensive Screening and Connection Programs	▶	<input type="checkbox"/> Statewide Goal	<input type="checkbox"/> Medicaid Funding	<input checked="" type="checkbox"/> State Funding
Child Care Subsidies	▶	<input type="checkbox"/> Income Eligibility (85% SMI)	<input type="checkbox"/> Limit Family Copayments	<input checked="" type="checkbox"/> Equitable Reimbursement Rates
Group Prenatal Care	▶	<input type="checkbox"/> Enhanced Medicaid Reimbursement Rate	<input type="checkbox"/> State Funding	
Community-Based Doulas	▶	<input type="checkbox"/> Medicaid Coverage	<input type="checkbox"/> Fund Training and Credentialing	
Evidence-Based Home Visiting Programs	▶	<input type="checkbox"/> Medicaid Funding		
<input checked="" type="checkbox"/> Early Head Start	▶	<input checked="" type="checkbox"/> State Support		
Early Intervention Services	▶	<input checked="" type="checkbox"/> Very Low Birthweight Qualification	<input type="checkbox"/> At-Risk Qualification	<input type="checkbox"/> Eliminate Family Fees

State implemented all key policy levers State has met the criteria for the key policy lever State has not met the criteria for the key policy lever

Policy Impact Calculator: Assumptions

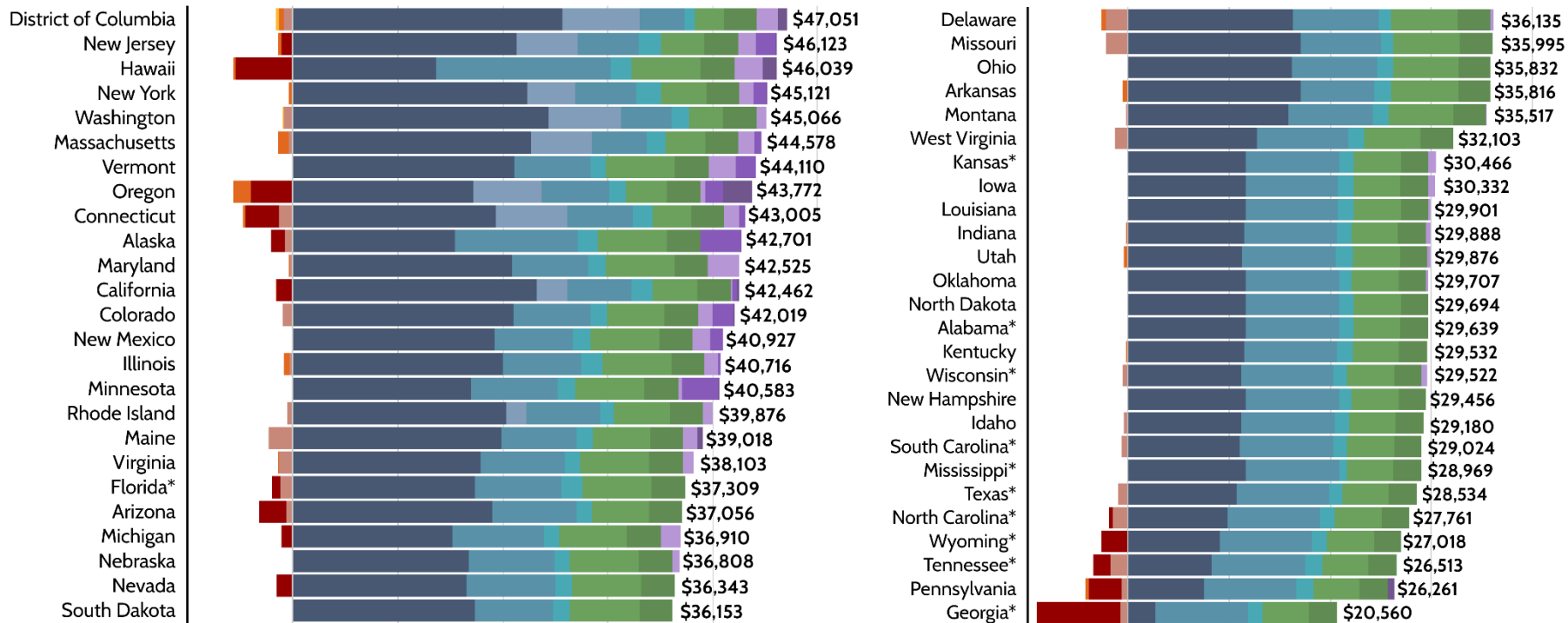


Lina

- ▶ Single mother with an infant and toddler
- ▶ She works full time all year, and earns the state's minimum wage
- ▶ She takes 12 weeks of leave following her infant's birth
- ▶ While she works, her children attend center-based care that charges the 75th percentile of the market rate

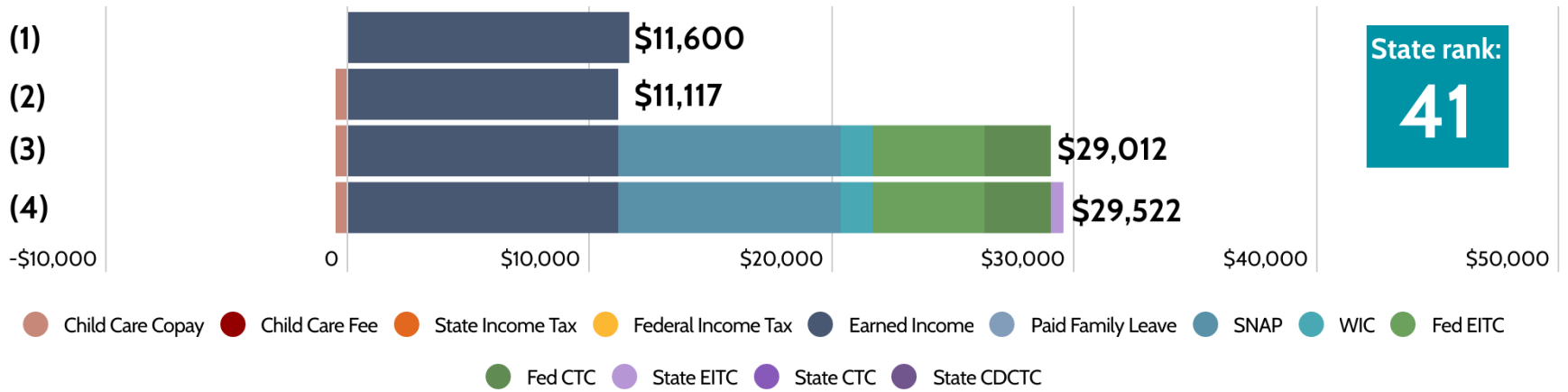
The Impact of State Policy Choices on Family Resources Across States

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 Wisconsin

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



STATE MINIMUM WAGE

Wisconsin

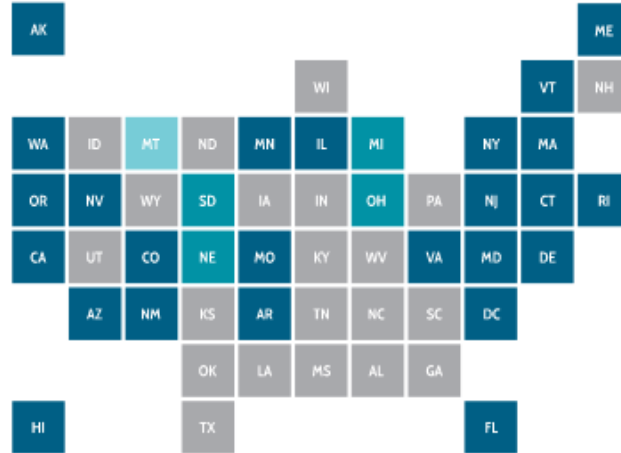
\$7.25

Current state minimum wage



17.0%

% children under age 3 with at least one parent working full-time living near poverty



29
states

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

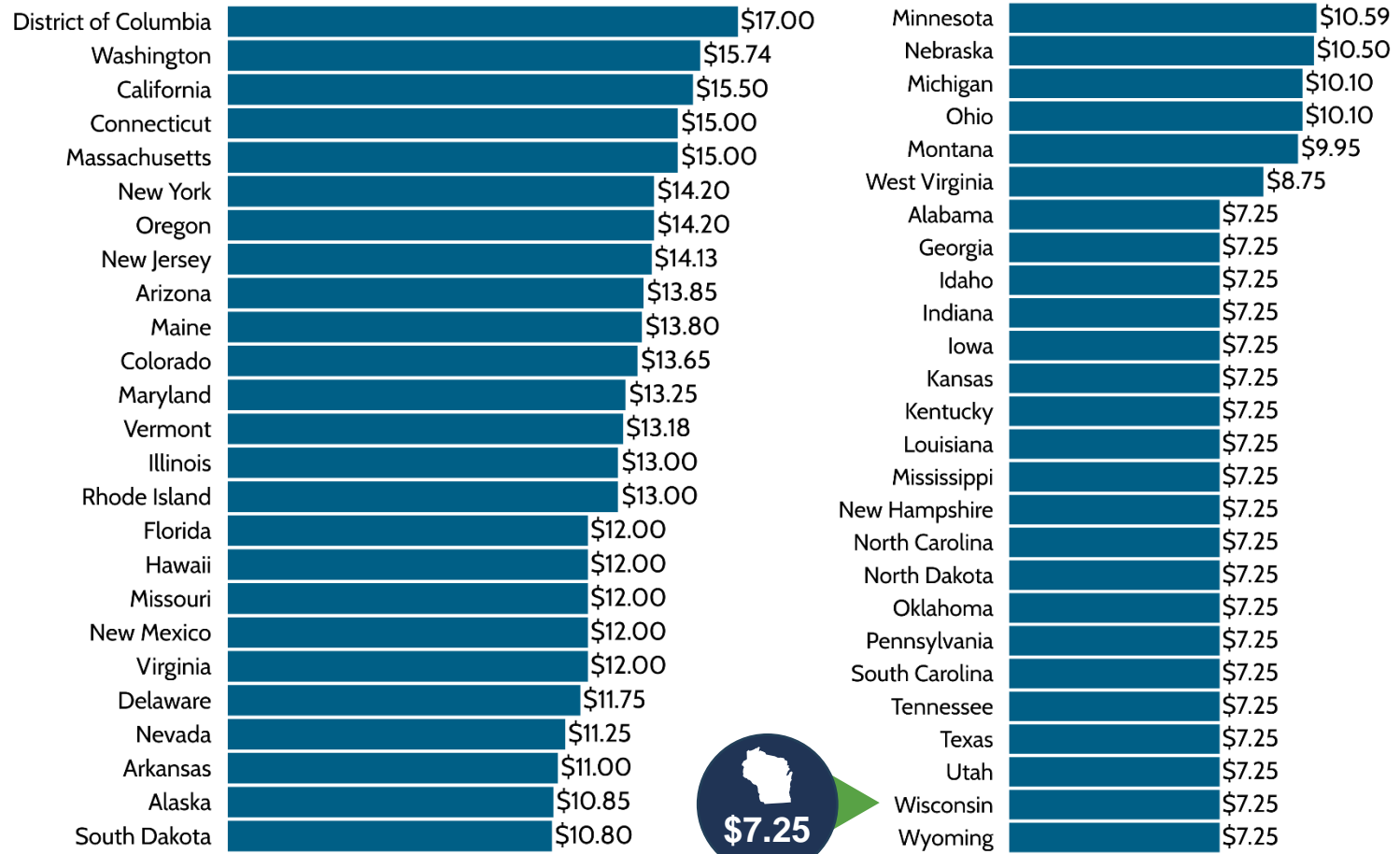
Yes No

- State has newly implemented the policy since October 1, 2022
- State has enacted legislation and will implement the policy in a future year

State Minimum Wage

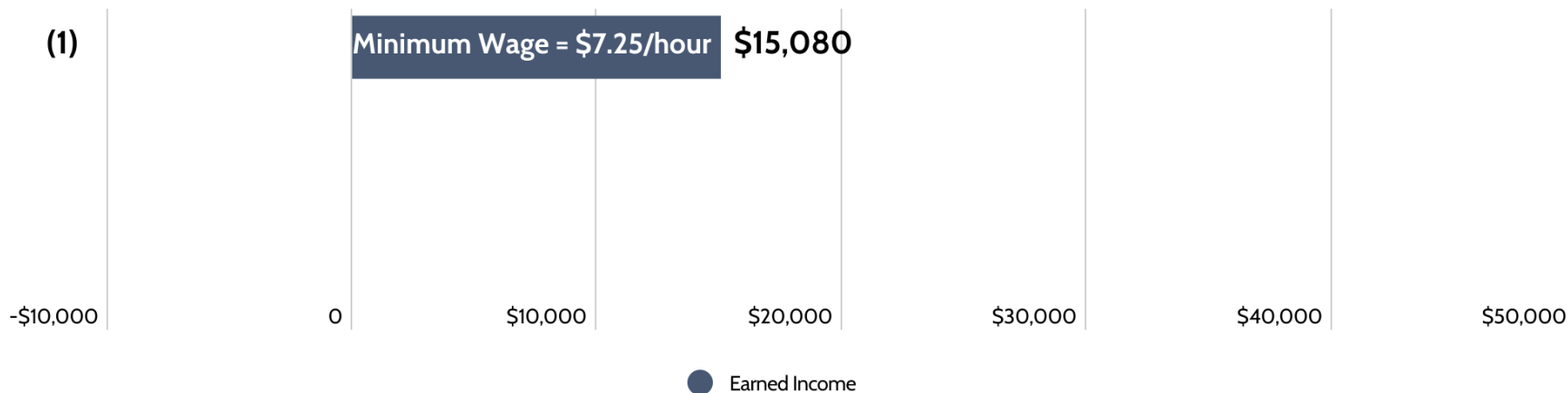
Current State Hourly Minimum Wages (Nominal)

As of October 2023



The Impact of State Policy Choices on Family Resources in Wisconsin

(1) Annual Minimum Wage Earnings (52 weeks)



✕ Wisconsin

Maximum number of weeks of paid leave

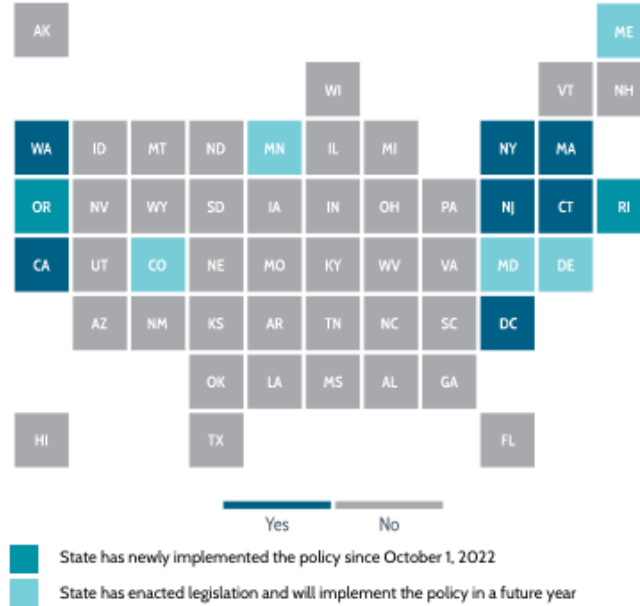
0

Maximum dollar value of weekly benefit

\$0

Who funds the PFL program: Employer, workers, or shared between employer and workers?

NA



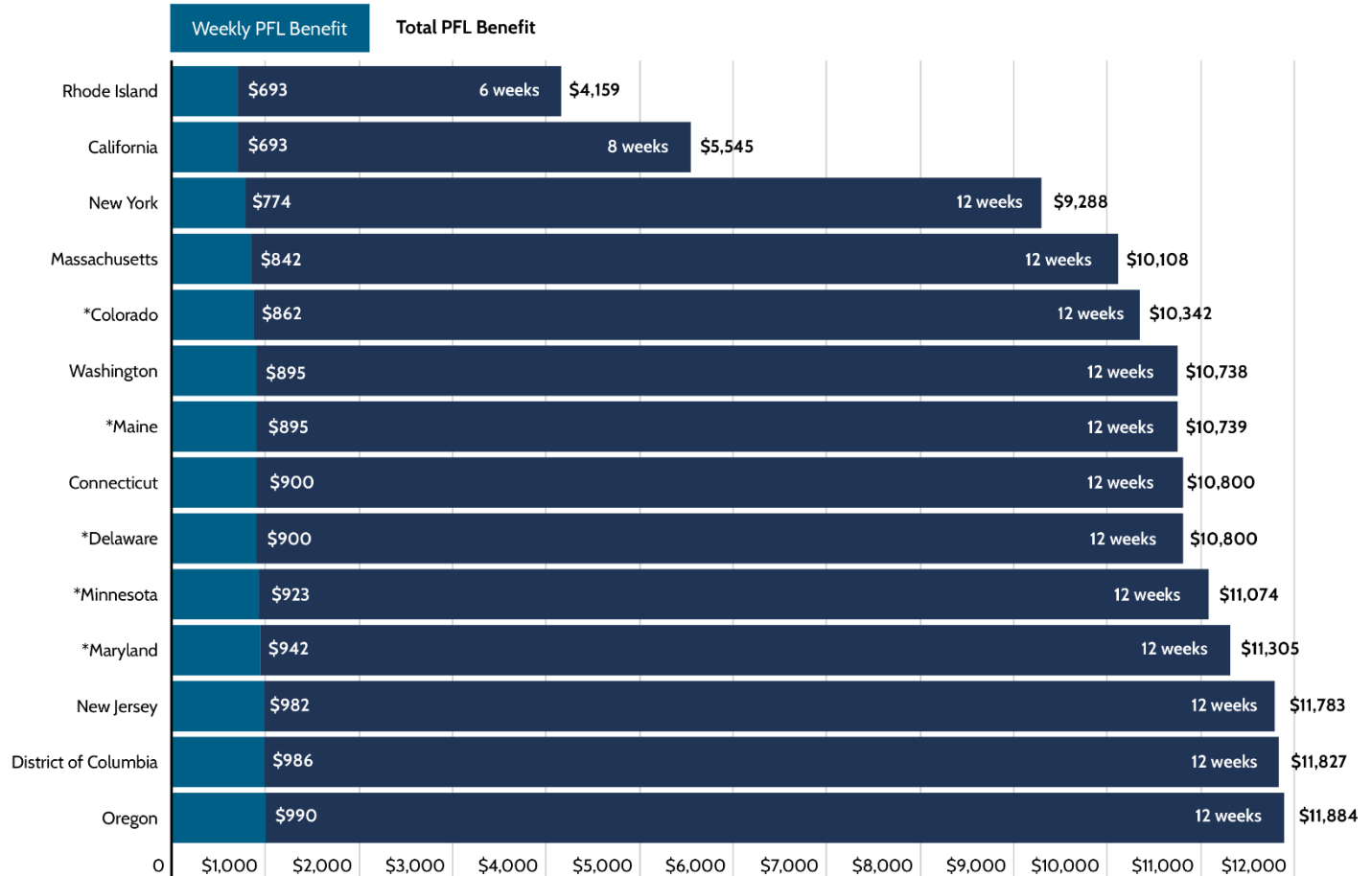
9 states have fully implemented a paid family leave program of a minimum of 6 weeks.

Paid Family Leave

Projected Paid Family Leave (PFL) Benefits

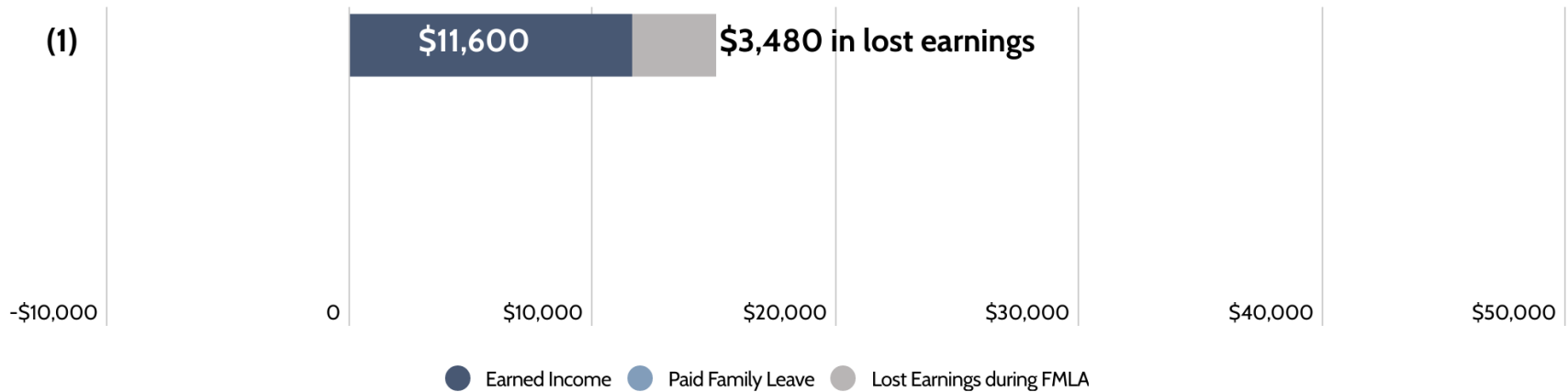
Based on National Median Earnings for Full-Time Workers

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.



The Impact of State Policy Choices on Family Resources in Wisconsin

(1) Annual Minimum Wage Earnings (40 weeks) + 12 weeks of Paid Family Leave (PFL)



1 out of 3 Key Policy Levers

Wisconsin

Is the **income eligibility** threshold at or above 85% of the state median income (SMI)?

Income eligibility in Wisconsin is set at 53% of the SMI, which is equivalent to 185% of the federal poverty level.

No

Does the state **limit copayments** to 7% of family income or less?

Families in Wisconsin pay copayments of up to approximately 11% of their income.

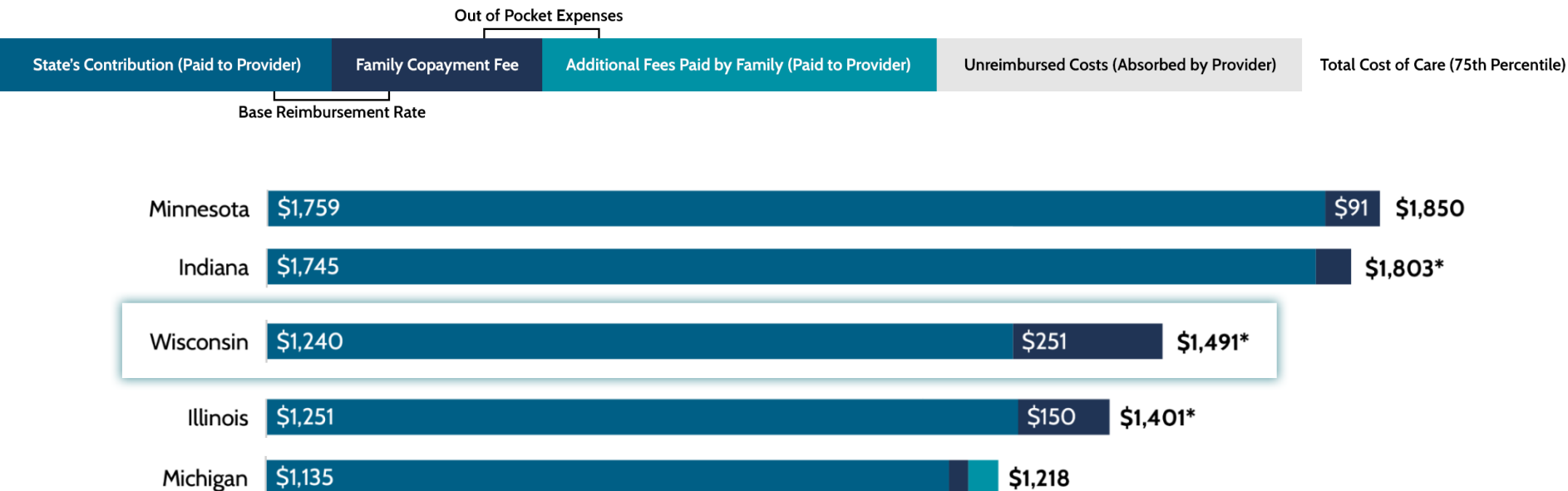
No

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

Wisconsin reimburses all providers above the 75th percentile of the most recent market rate survey.

 Yes

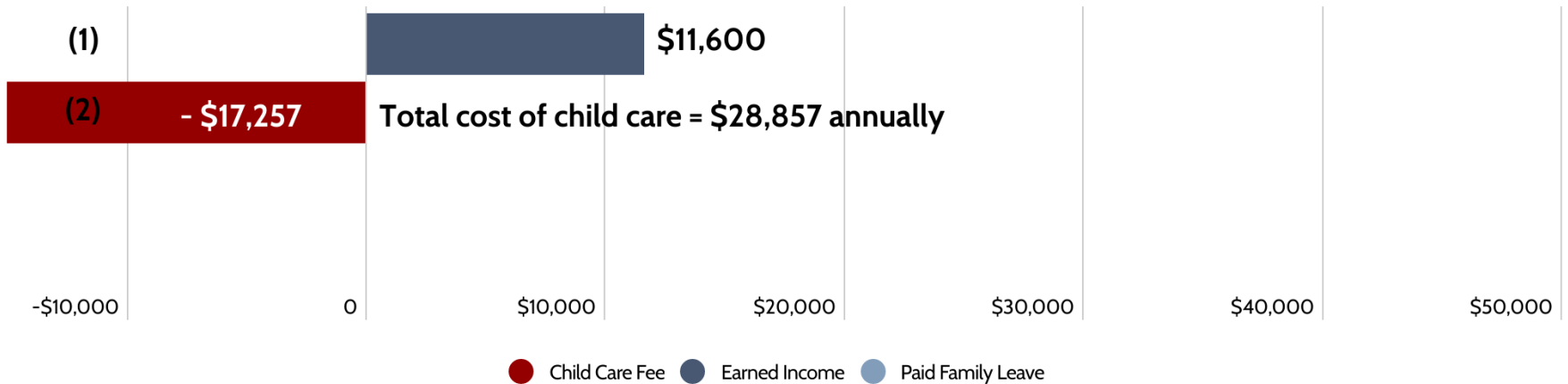
Variation Across Region in the Distribution of the Total Cost of Child Care



An "*" indicates this state's base reimbursement rate for an infant in center-based care exceeds the 75th percentile threshold; in these cases, the total cost of care is assumed to be the higher value of the base reimbursement rate.

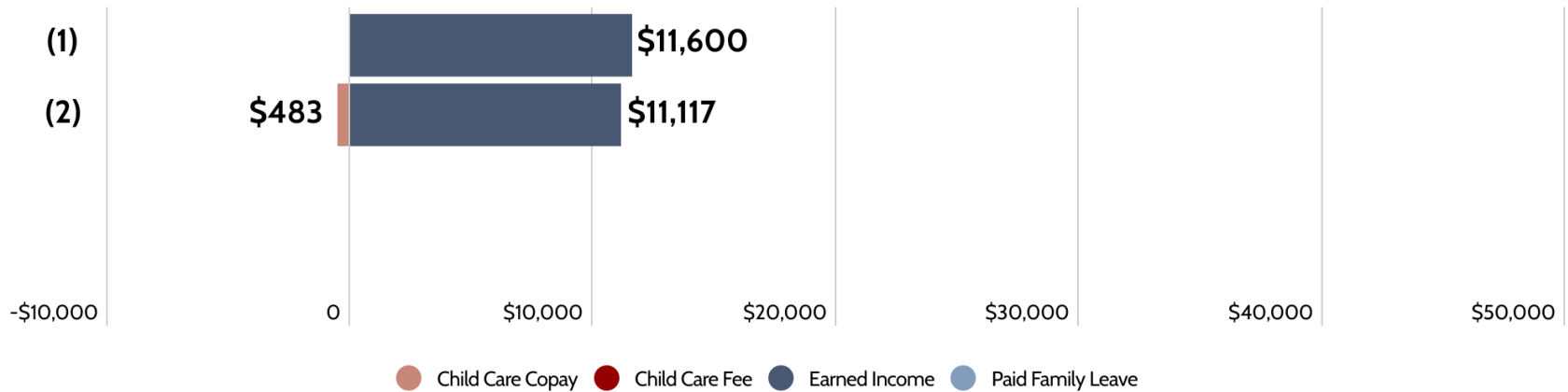
The Impact of State Policy Choices on Family Resources in Wisconsin

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



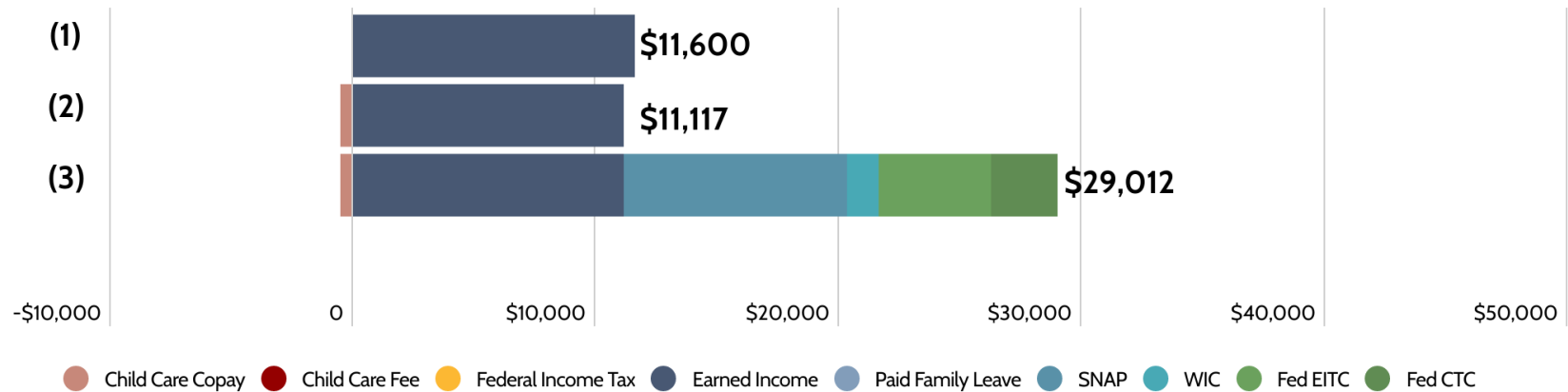
The Impact of State Policy Choices on Family Resources in Wisconsin

(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 Wisconsin

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



2 out of 3 Key Policy Levers

Wisconsin

Does the state offer a **12-month certification period** to all families with children?

Wisconsin assigns 12-month certification periods to most, but not all, families. Families experiencing homelessness or including seasonal workers are certified for 6 months.

No

Does the state offer **simplified reporting** to all families with children?

 Yes

Does the state offer **online case management services**?

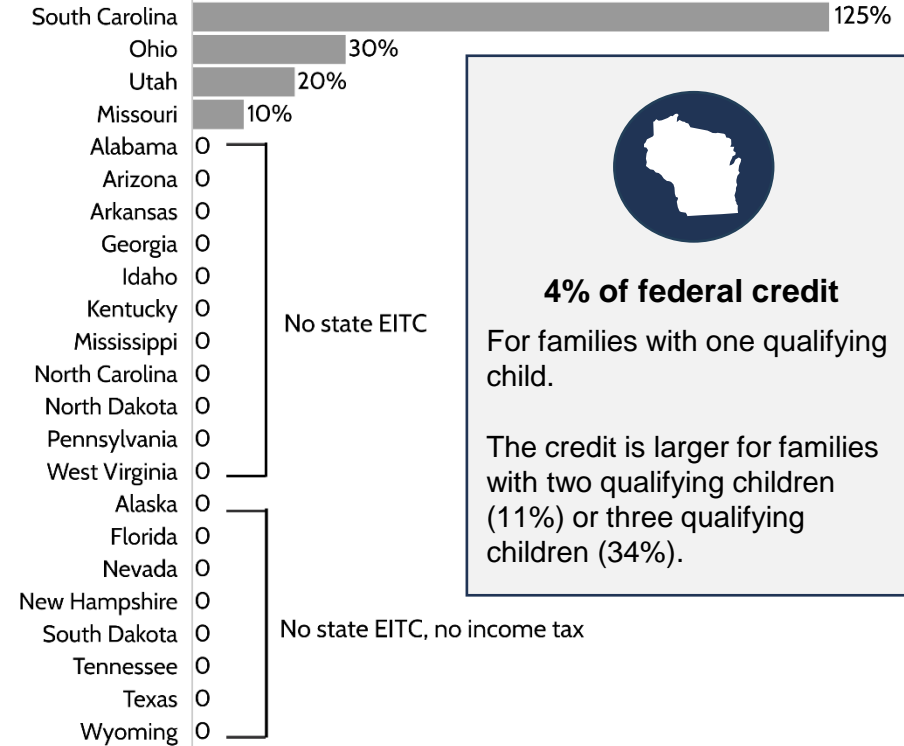
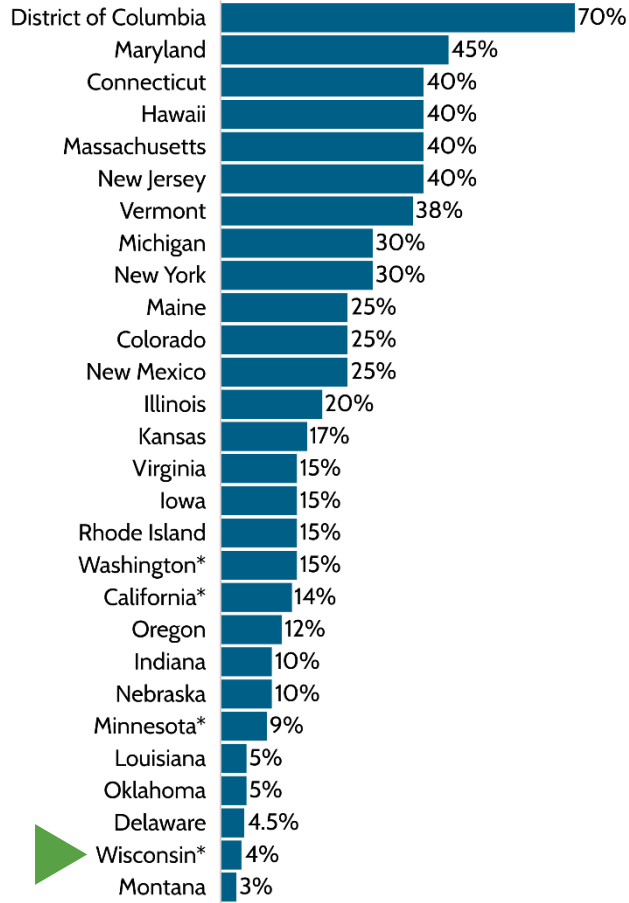

SNAP recipients in Wisconsin can apply for benefits, view determination letters, report changes, track the status of submitted forms, and more for state of Wisconsin programs and benefits on the ACCESS Wisconsin portal.

 Yes

State Earned Income Tax Credit

Variation Across States in EITC Generosity and Refundability

As of tax year 2023

4% of federal credit
For families with one qualifying child.

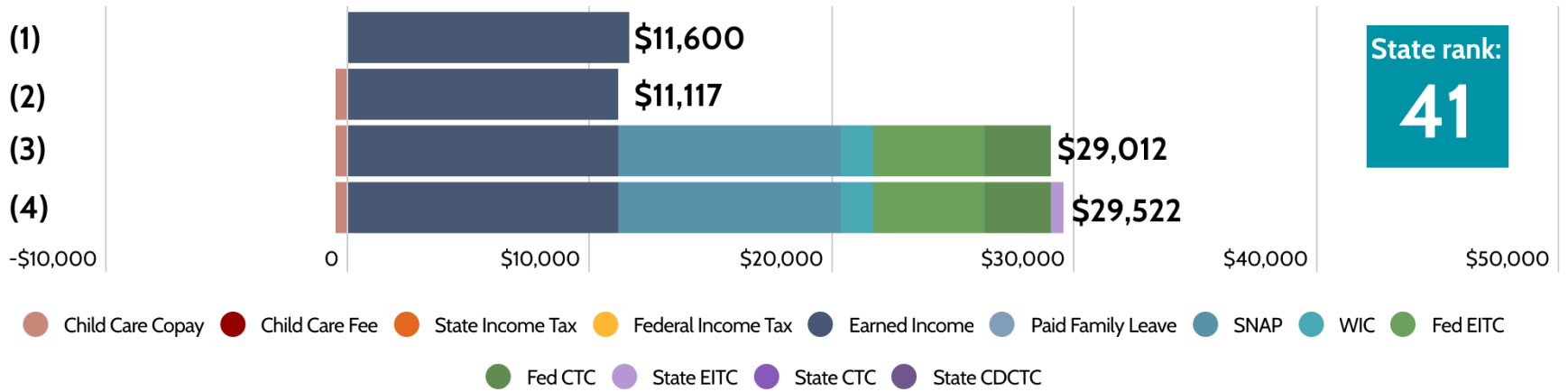
The credit is larger for families with two qualifying children (11%) or three qualifying children (34%).

 Refundable credit  Nonrefundable credit

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

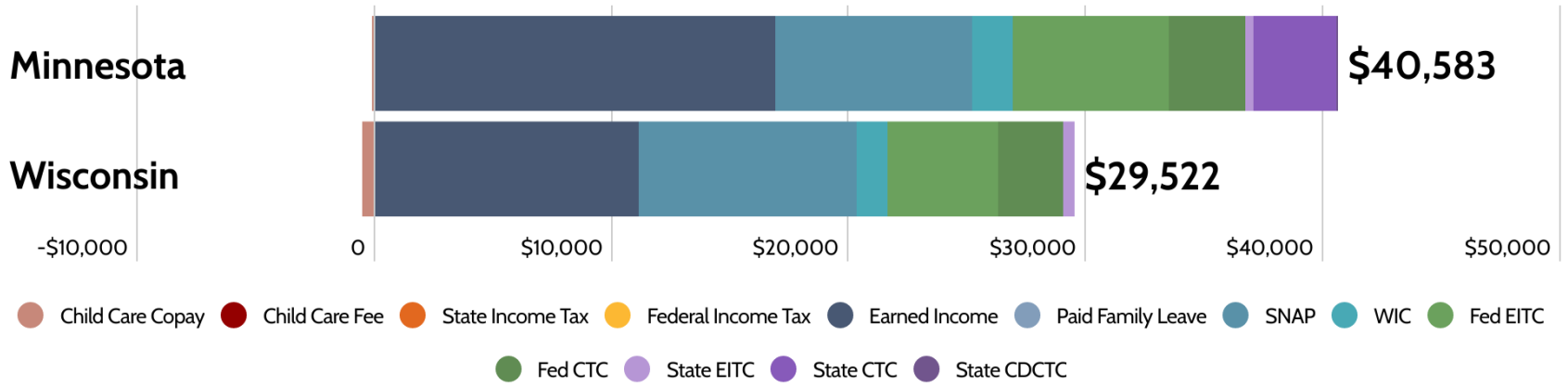
The Impact of State Policy Choices on Family Resources in Wisconsin

(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 Minnesota vs. Wisconsin

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



What other supports are available?

- During pregnancy
- Postpartum
- For parents and children over time

0 out of 2 Key Policy Levers

Wisconsin

Does the state offer an **enhanced Medicaid reimbursement rate** to incentivize group prenatal care?

No

Does the state invest **funding** to pilot or scale up group prenatal care in the state?

No

0 out of 2 Key Policy Levers

Wisconsin

Does the state cover and reimburse for community-doula services under **Medicaid**?

No

Does the state fund grants or scholarships to support doula **training and credentialing**?

No

MEDICAID EXPANSION

Wisconsin

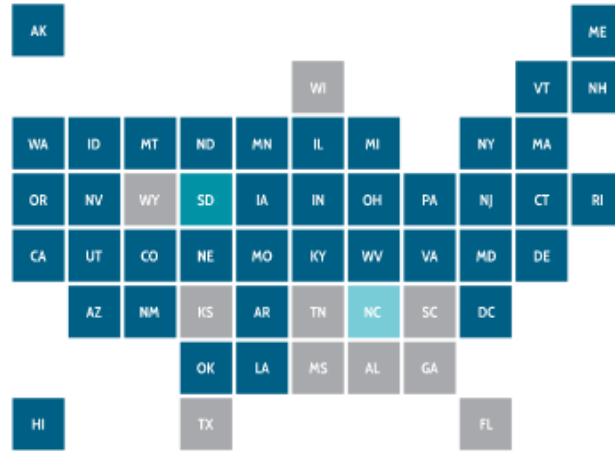
100%

Medicaid income eligibility for parents
(in a family of 3) as a % of the federal poverty level



10.2%



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



40 states

have fully implemented the **Medicaid expansion** under the Affordable Care Act.

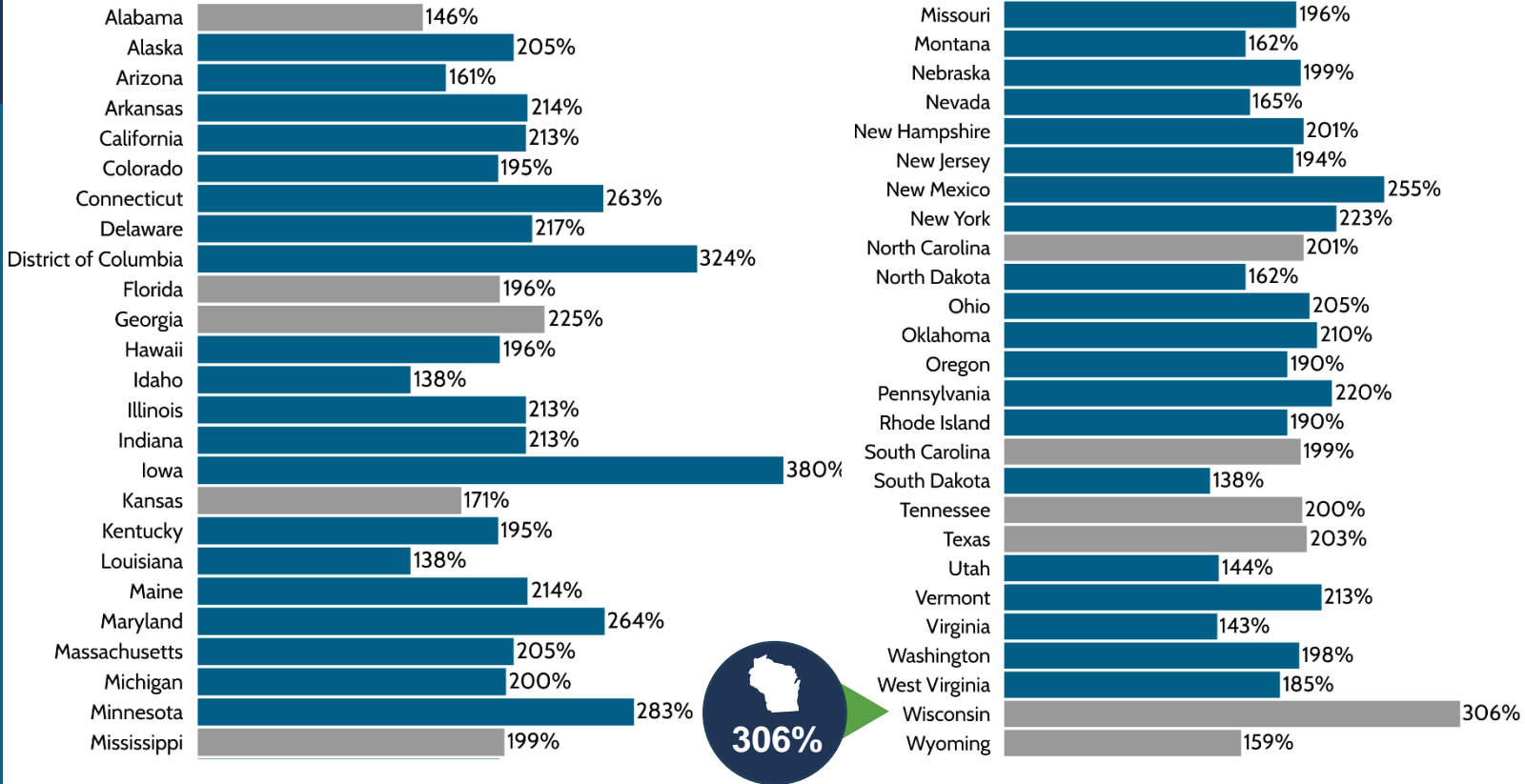


-  State has newly implemented the policy since October 1, 2022
-  State has enacted legislation and will implement the policy after October 1, 2023

Medicaid Expansion

Medicaid Income Eligibility Limits as a Percentage of the Federal Poverty Level for Pregnant Women

Only four states (Arkansas, Idaho, Iowa, and Wisconsin) have postpartum coverage periods less than 12 months.



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).

1 out of 3 Key Policy Levers

Wisconsin

Does the state have a **goal** to implement comprehensive screening and connection programs statewide?

No

Does the state use **Medicaid funding** to support comprehensive screening and connection programs?

No

Does the state use **direct state** funding to support comprehensive screening and connection programs?

 Yes

The Family Connects program in Wisconsin uses state public health funds, among other funding sources.

0 out of 1 Key Policy Lever

Wisconsin

Does the state use **Medicaid to fund** evidence-based home visiting programs that promote parenting?

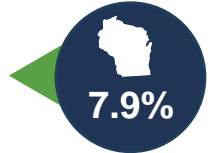
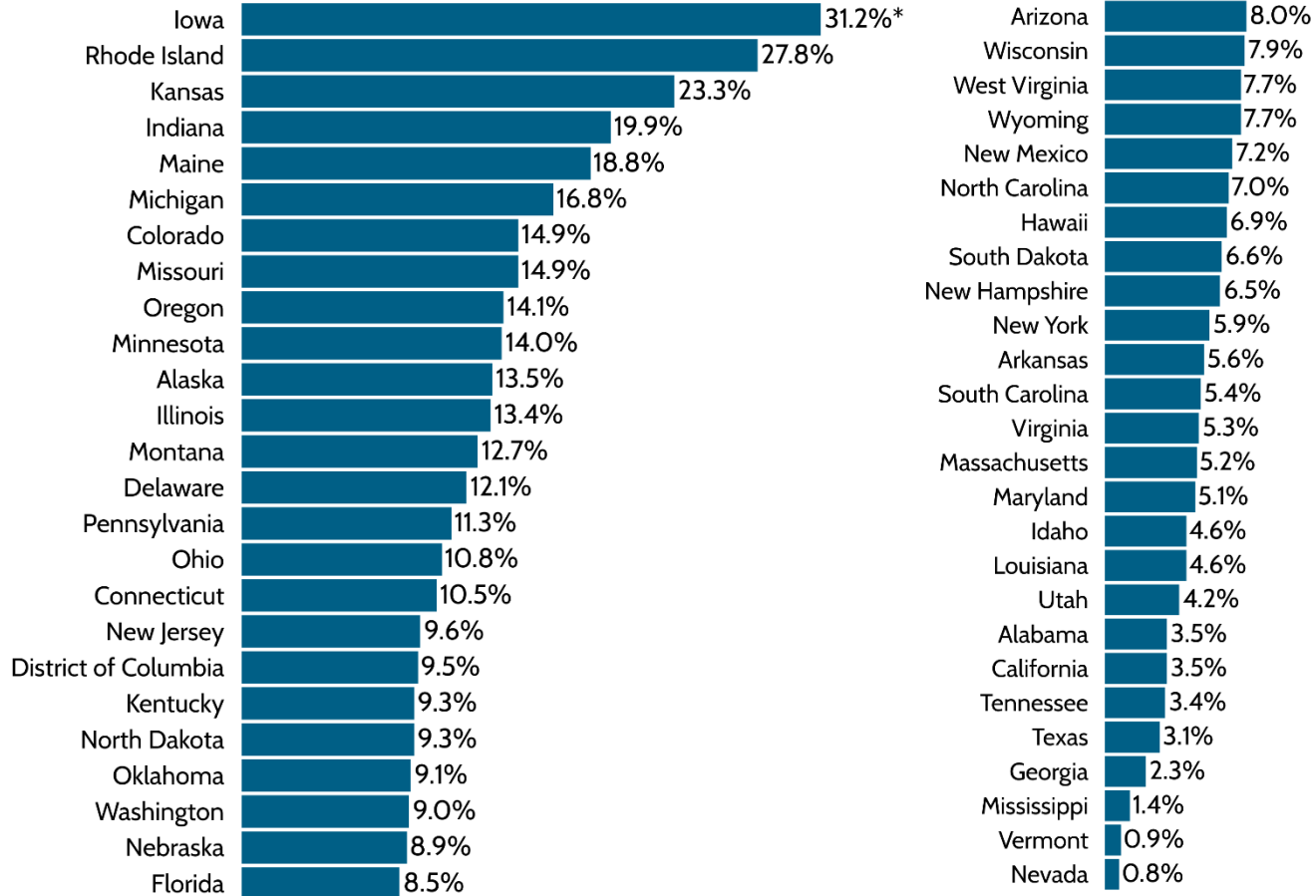
Wisconsin uses Medicaid dollars to fund home visiting, but does not specify the use of evidence-based programs with favorable impacts on parenting.

No

Evidence-Based Home Visiting Programs

Estimated % of Eligible Children Under Age 3 Served in Evidence-Based Home Visiting Programs

Sources: As of 2021, National Home Visiting Resource Center Yearbook. 2019 & 2021 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS)



1 out of 1 Key Policy Lever

Wisconsin

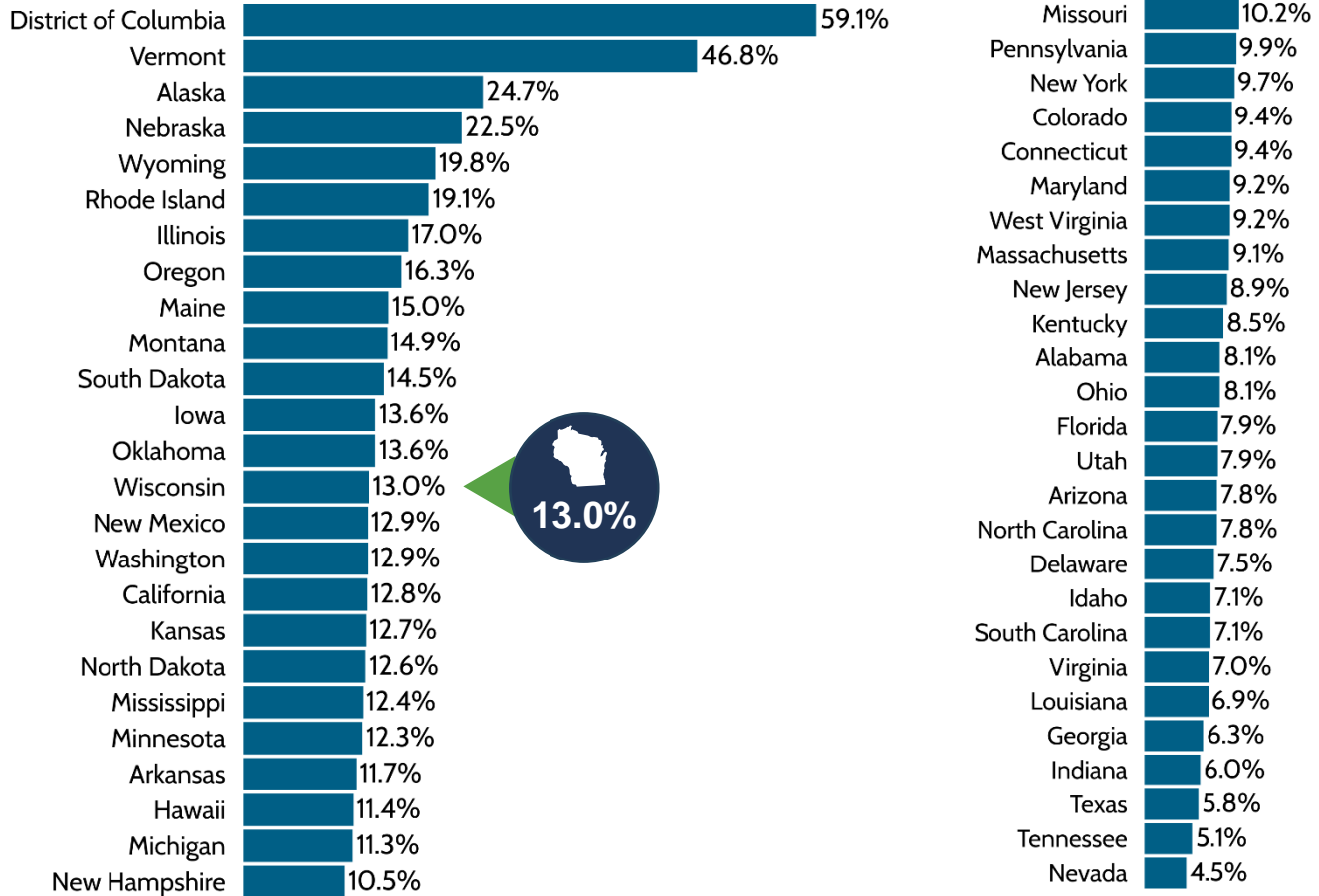
Does the state **support** Early Head Start by becoming an EHS-CCP grantee, providing direct funding to programs, and/or creating a state-specific program similar to EHS?

The state allocated approximately \$6.3 million for fiscal year 2024 from the state general fund for Head Start and EHS programs to support expanded enrollment and quality improvement efforts.



Early Head Start

**Estimated %
of Income-
Eligible
Children
With Access
to Early
Head Start**



Sources: 2021 Office of Head Start, Early Head Start Notice of Award data and 2019-2021 American Community Survey (ACS) Public-Use Microdata Sample (PUMS).

1 out of 3 Key Policy Levers

Wisconsin

Does the state allow **very low birthweight** (defined as <1,500 grams) as a diagnosable or at-risk qualification for early intervention services?

 Yes

Does the state allow **at-risk** for delay as a qualifier for EI services?

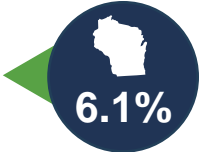
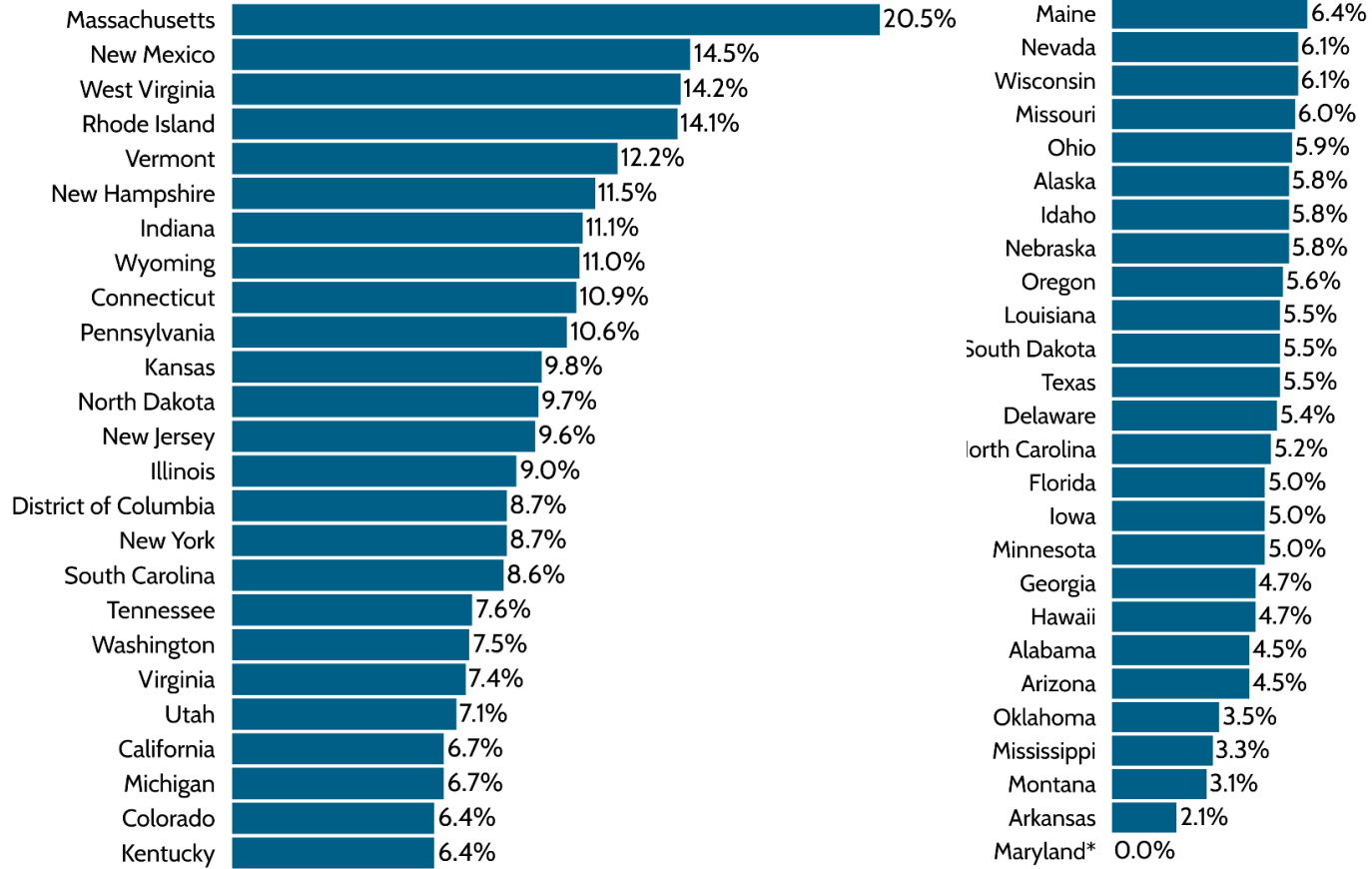
No

Has the state **eliminated family fees** for children receiving EI services ?

No

**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, EDData 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.

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 for children and families in Wisconsin.

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2023 Roadmap
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State Policy Lever Checklist

September 2023

Community-Based Doulas

Community-based doulas are trained social service professionals who provide non-clinical emotional, physical, and informational support to birthing people, starting during pregnancy and continuing during the postpartum period. The length of postpartum care varies anywhere from 6 weeks to 1 year. Community-based doulas specialize in culturally competent perinatal care that reflects the values and lived experiences of their clients; this approach makes them distinct from lay doulas or other certified birth doulas. Support from community-based doulas can include connection to community resources, client empowerment, and peer lactation education.

State support of community-based doulas varies with regard to centering doula input in policymaking, public and private insurance coverage, workforce supports, steps taken to expand access to care, and funding. Below is a list of policy considerations for state leaders to help maximize the reach and effectiveness of doula care services. States should consider the implications of these policy choices and their collective impact on equitable access to doula care services for their state.

We use the following symbol to highlight where policy choices can promote greater equity. 🌍

Research finds that community-based doula services are an effective strategy to improve healthy birth outcomes such as reduced rates of preterm birth, low birthweight, and NICU admissions; increase attendance at health appointments; foster nurturing and responsive parenting behaviors; and increase breastfeeding initiation.

This checklist covers the following components of state support for community-based doula services:

PAGE 2	PAGES 3-6	PAGE 7	PAGE 8	PAGE 9
PARTNERSHIP WITH DOULAS	INSURANCE COVERAGE	EXPANDING ACCESS	WORKFORCE SUPPORTS	FUNDING
<ul style="list-style-type: none"> • Statewide workgroups 	<ul style="list-style-type: none"> • Medicaid coverage • Credential requirements • Reimbursement policies • Policy guidance • Private insurance 	<ul style="list-style-type: none"> • Doula registries 	<ul style="list-style-type: none"> • Financial supports 	<ul style="list-style-type: none"> • Sources

State Policy
Lever Checklist

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STATE POLICIES AND STRATEGIES

Policy Clearinghouse

Science-Based Policy Goals +

Evidence Reviews to Date +

Roadmap Policies and Strategies +

Community-Based Doulas

Evidence Review Findings: Effective Review Method

Review Reviews to Date

Community-Based Doulas positively impact these strategy goals:

- Access to Needed Services
- Health and Equitable Births
- Nurturing and Responsive Child-Parent Relationships
- Optimal Child Health and Development

SUMMARY

Community-based doulas are an effective state strategy to impact:

Community-based doulas are an effective strategy to increase attendance of health appointments; improve healthy birth outcomes such as preterm birth rate, low birthweight, and NICU admissions; foster nurturing and responsive parenting behaviors; and increase breastfeeding initiation. Community-based doulas are unique in their ability to empower and support birthing people, especially birthing people of color who are more likely to experience discrimination in traditional health care settings. The current evidence base does not provide clear guidance for state policy levers, but local-level community-based doula programs have been rigorously studied and proven to be effective.

Community-based doulas provide families with support and knowledge throughout the entire perinatal period. These doulas specialize in culturally competent perinatal care that reflects the values and lived experiences of their clients. Community-based doulas

Evidence Review

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pn3policy.org



pn3center@vanderbilt.edu



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