

May 23, 2023: Illuminate Colorado — ECCS Working Group

# PRENATAL-TO-3 POLICY IMPACT CENTER

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*Research for Action and Outcomes*

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# Our Earliest Experiences Shape Our Lives

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

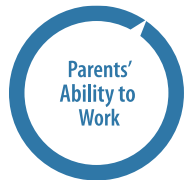
# State Policy Choices Shape Opportunities

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

# Eight Prenatal-to-3 Policy Goals



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.

COLORADO

State Prenatal-to-3 Outcome Measures

Policy Goal	Outcome Measure	Worst State		Best State	Rank
Access to Needed Services	% Low-Income Women Uninsured	47.8%	19.2% CO	3.8%	28
	% Births to Women Not Receiving Adequate Prenatal Care	23.3%	14.6% CO	5.1%	25
	% Eligible Families with Children < 18 Not Receiving SNAP	26.7%	17.1% CO	2.0%	47
	% Children < 3 Not Receiving Developmental Screening	73.9%	50.0% CO	40.2%	11
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.0%	20.5% CO	14.8%	12
Sufficient Household Resources	% Children < 3 in Poverty	33.1%	12.5% CO	8.6%	11
	% Children < 3 Living in Crowded Households	35.8%	16.6% CO	8.6%	32
	% Households Reporting Child Food Insecurity	16.7%	8.5%* CO	0.8%	41
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.2%	9.1% CO	7.6%	9
	# of Infant Deaths per 1,000 Births	8.3	4.7 CO	3.7	14

COLORADO

State Prenatal-to-3 Outcome Measures

Policy Goal	Outcome Measure	Worst State		Best State	Rank
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	12.6%	5.0% CO	2.3%	26
	% Children < 3 Whose Parent Lacks Parenting Support	23.5%	11.4% CO	5.4%	14
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	75.4%	56.3% CO	47.7%	9
	% Children < 3 Not Nurtured Daily	51.7%	43.0% CO	27.6%	30
	% Children < 3 Whose Parent Reports Not Coping Very Well	45.0%	34.8% CO	20.8%	40
Nurturing and Responsive Child Care in Safe Settings	% Providers Not Participating in QRIS <sup>^</sup>	97.6%	0.0% CO	0.0%	
	% Children Without Access to EHS	96.2%	91.9% CO	69.0%	33
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	34.0%	10.0% CO	6.0%	8
	% Children < 3 Not Up to Date on Immunizations	36.0%	29.1% CO	14.2%	37
	Maltreatment Rate per 1,000 Children < 3	34.7	17.0 CO	1.9	29

State Summaries

US-Level Data

Roadmap Overview

Policies

Strategies

FAQ

Select a State's Summary

## UNITED STATES

Roadmap Summary  
Demographic Characteristics  
State-Level Outcomes

## ROADMAP POLICIES AND STRATEGIES

Roadmap Policies and Strategies Overview

## EFFECTIVE POLICIES

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

## EFFECTIVE STRATEGIES

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

LEARN MORE

## 2022 Prenatal-to-3 State Policy Roadmap

The Prenatal-to-3 State Policy Roadmap provides guidance to state leaders on the most effective investments states can make to ensure all children thrive from the start. Grounded in the science of the developing child and based on comprehensive reviews of the most rigorous evidence available, the Roadmap provides detailed information on five effective policies and six effective strategies that foster the nurturing environments infants and toddlers need, and that reduce longstanding disparities in access and outcomes among racial and ethnic groups and socioeconomic statuses.

The Prenatal-to-3 State Policy Roadmap is an annual guide for each state to:

- Assess the wellbeing of its infants and toddlers and prioritize state PN-3 policy goals;
- Identify the evidence-based policy solutions proven to impact PN-3 policy goals;
- Monitor states' adoption and implementation of the 11 effective Roadmap policies and strategies;
- Track the impact that policy changes have on improving the wellbeing of children and families and reducing disparities between racial and ethnic groups.

In this Roadmap, we provide a **summary** of the progress that states have made over the last year toward full and equitable implementation of the 11 effective policies and strategies. The Roadmap also includes **demographic characteristics** of infants and toddlers across the U.S., and for each state, as well as a set of 20 **outcome** measures that illustrate how the wellbeing of children and families varies across states.

Additional details, including extensive information on the impact that each solution has on the eight PN-3 policy goals, the choices that states can make to effectively implement them, the progress states have made in the past year toward implementation, and how states compare to each other in their generosity and reach of the policies and strategies is provided in a profile for each policy and strategy.

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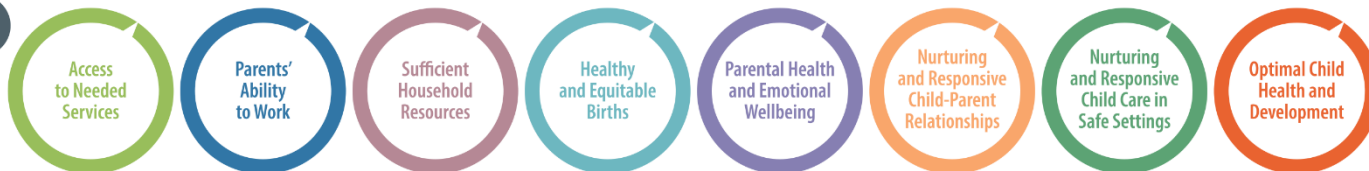
### Effective state policies

*Effective policies impact PN-3 goals and research supports clear state legislative or regulatory action. State progress toward implementing the five effective policies is measured based on the implementation of specific policy actions.*



## GOALS

To achieve a science-driven PN-3 goal:



## POLICIES

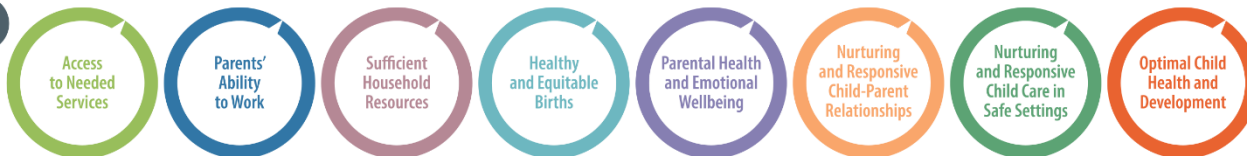
Adopt and fully implement the **effective policies** aligned with the goal

Expanded Income Eligibility for Health Insurance								
Reduced Administrative Burden for SNAP								
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%								
<b>OUTCOMES</b>	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
Measure progress toward achieving the PN-3 goal.								



## 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

Comprehensive Screening and Connection Programs	●						●	●
Child Care Subsidies	●	●	●					
Group Prenatal Care	●				●			●
Evidence-Based Home Visiting Programs						●		
Early Head Start					●	●	●	●
Early Intervention Services					●			●
<b>OUTCOMES</b>	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

We will be adding Community Based Doulas

Measure progress toward achieving the PN-3 goal.

# Changes in Policy Adoption and Implementation in 2022

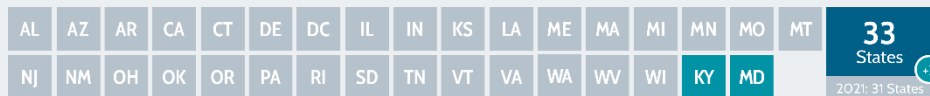
As of October 1, 2022, eight states newly implemented at least one effective policy

Other states adopted the policies and will implement them in subsequent years

## Expanded Income Eligibility for Health Insurance



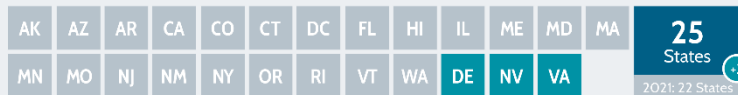
## Reduced Administrative Burden for SNAP



## Paid Family Leave of at Least 6 Weeks



## State Minimum Wage of \$10.00 or Greater

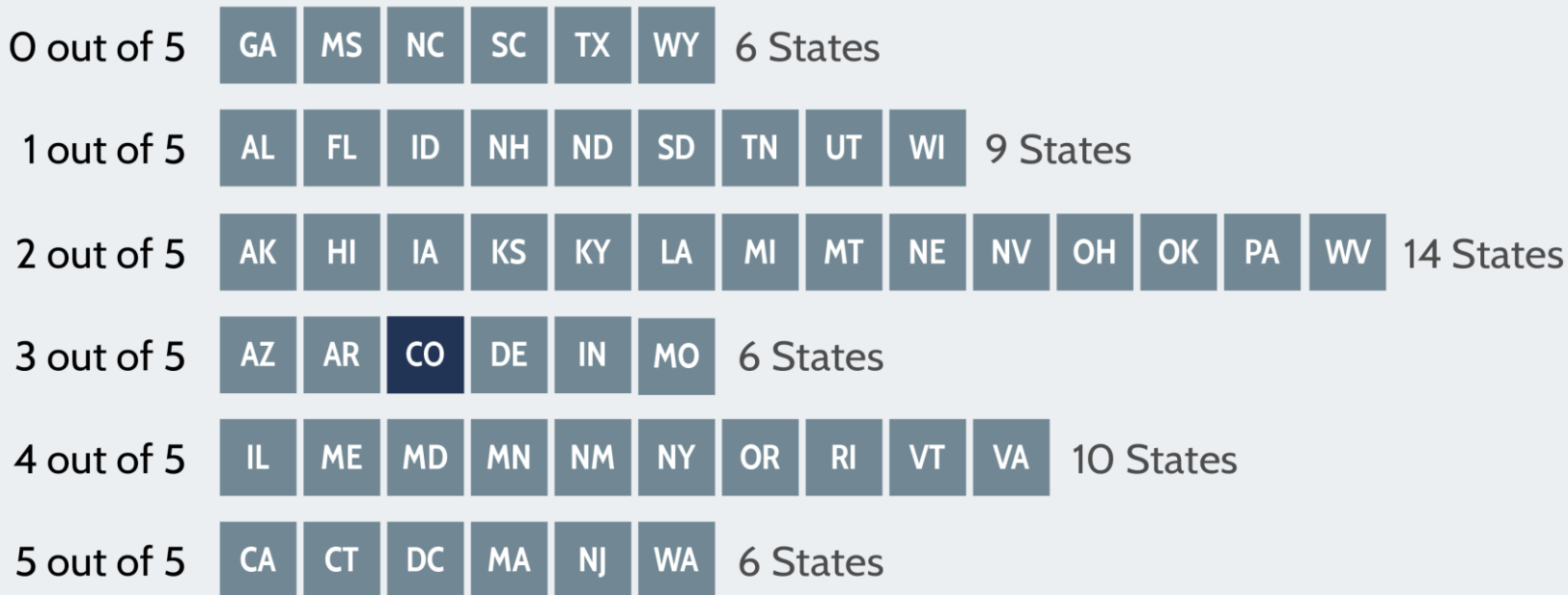


## Refundable State Earned Income Tax Credit of at Least 10%













State has newly adopted and fully implemented the policy since October 1, 2021

## Adopted and Implemented Policy Count by State











**As of October 1, 2022**

# THE PRENATAL-TO-3 SYSTEM OF CARE IN COLORADO

Effective Roadmap Policy	2022 Policy Snapshot
 <b>Expanded Income Eligibility for Health Insurance</b>	 <b>138%</b> Colorado is one of 39 states that has expanded Medicaid eligibility under the Affordable Care Act; thus, parents earning up to 138% of the FPL are eligible for Medicaid coverage in CO.
<b>Reduced Administrative Burden for SNAP</b>	 <b>6 months</b> Colorado offers two of the three policies to reduce administrative burden to most families. The state offers simplified reporting and an online application to most families, but only offers 6-month recertification intervals.
<b>Paid Family Leave Program of at Least 6 Weeks</b>	 <b>0 weeks</b> Colorado has not implemented their statewide paid family leave program enacted through a ballot initiative in 2020. Once fully implemented in 2024, Colorado's paid family leave program will provide eligible employees up to 12 weeks of benefits.
 <b>State Minimum Wage of \$10.00 or Greater</b>	 <b>\$12.56</b> The current state minimum wage in Colorado is \$12.56, which is adjusted annually for inflation.
 <b>Refundable State Earned Income Tax Credit of at Least 10%</b>	 <b>20%</b> Colorado increased the value of their refundable EITC from 10% to 20% of the federal credit this year, and it will increase to 25% for tax years 2023 to 2025.
 State has adopted and fully implemented the policy	 State has newly adopted and fully implemented the policy since October 1, 2021

# THE PRENATAL-TO-3 SYSTEM OF CARE IN COLORADO

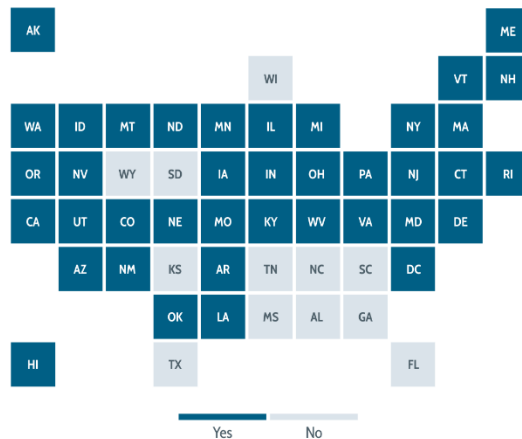
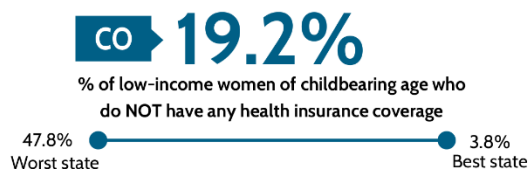
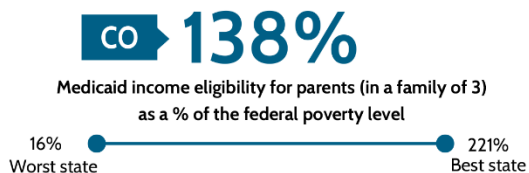
Effective Roadmap Strategy	2022 Strategy Snapshot	
 <b>Comprehensive Screening and Connection Programs</b>	 <b>1</b>	Families had access to 1 evidence-based comprehensive screening and connection program in Colorado in 2021.
<b>Child Care Subsidies</b>	 <b>96.5%</b>	Colorado's base reimbursement rates cover 96.5% of the true cost of providing base-quality care for infants in center-based care.
<b>Group Prenatal Care</b>	 <b>9</b>	Colorado served pregnant people in 9 group prenatal care sites across the state in 2021.
<b>Evidence-Based Home Visiting Programs</b>	 <b>12.8%</b>	Colorado served an estimated 12.8% of children under age 3 in families with incomes of less than 150% of the FPL in the state's home visiting programs in 2019.
<b>Early Head Start</b>	 <b>8.1%</b>	Approximately 8.1% of income-eligible infants and toddlers had access to Early Head Start programs in Colorado in 2019.
<b>Early Intervention Services</b>	 <b>6.7%</b>	Colorado served 6.7% of its birth-to-3 population in Early Intervention services (Part C) over the course of a year (2020-2021).

 Leading state on effective strategy

POLICY

# EXPANDED ELIGIBILITY FOR HEALTH INSURANCE

## ✓ Colorado



39

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

Colorado is one of 39 states that has expanded Medicaid eligibility under the Affordable Care Act. Then-Governor Hickenlooper signed legislation authorizing the expansion of coverage in 2013. Coverage became effective on January 1, 2014. In 2022, the legislature enacted H.B. 1289 expanding Medicaid and CHIP to children and pregnant people who were previously ineligible due to immigration status. This change will go into effect in 2025.

For additional information about how states compare to one another, see the detailed [profile](#) on Medicaid expansion.

## POLICY

### Medicaid Expansion

# How Does Medicaid Expansion Impact PN-3 Outcomes?



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



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



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



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

**POLICY**

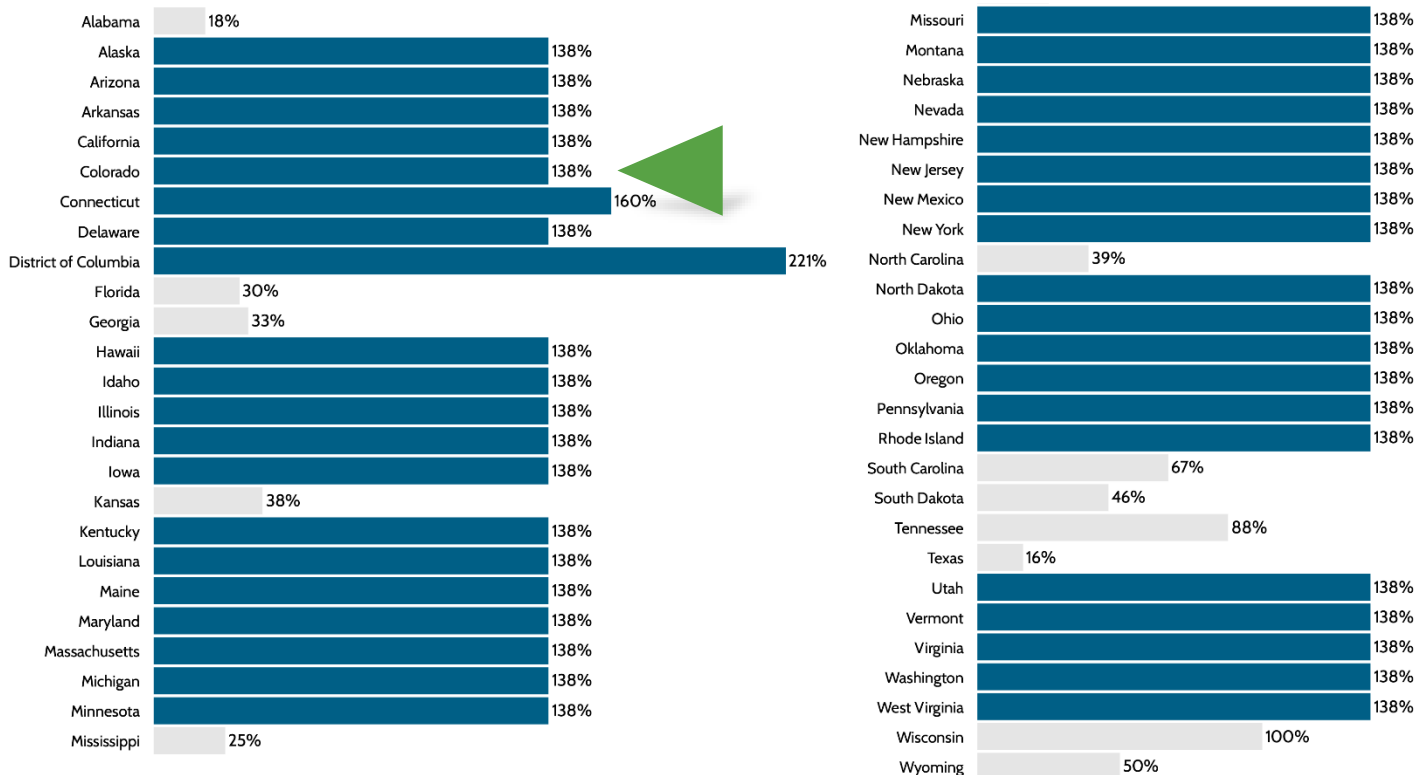
**Medicaid Expansion**



**COLORADO**

**138%**

## Variation Across States in Parents' Medicaid Income Eligibility Limits as a Percentage of the Federal Poverty Level





POLICY

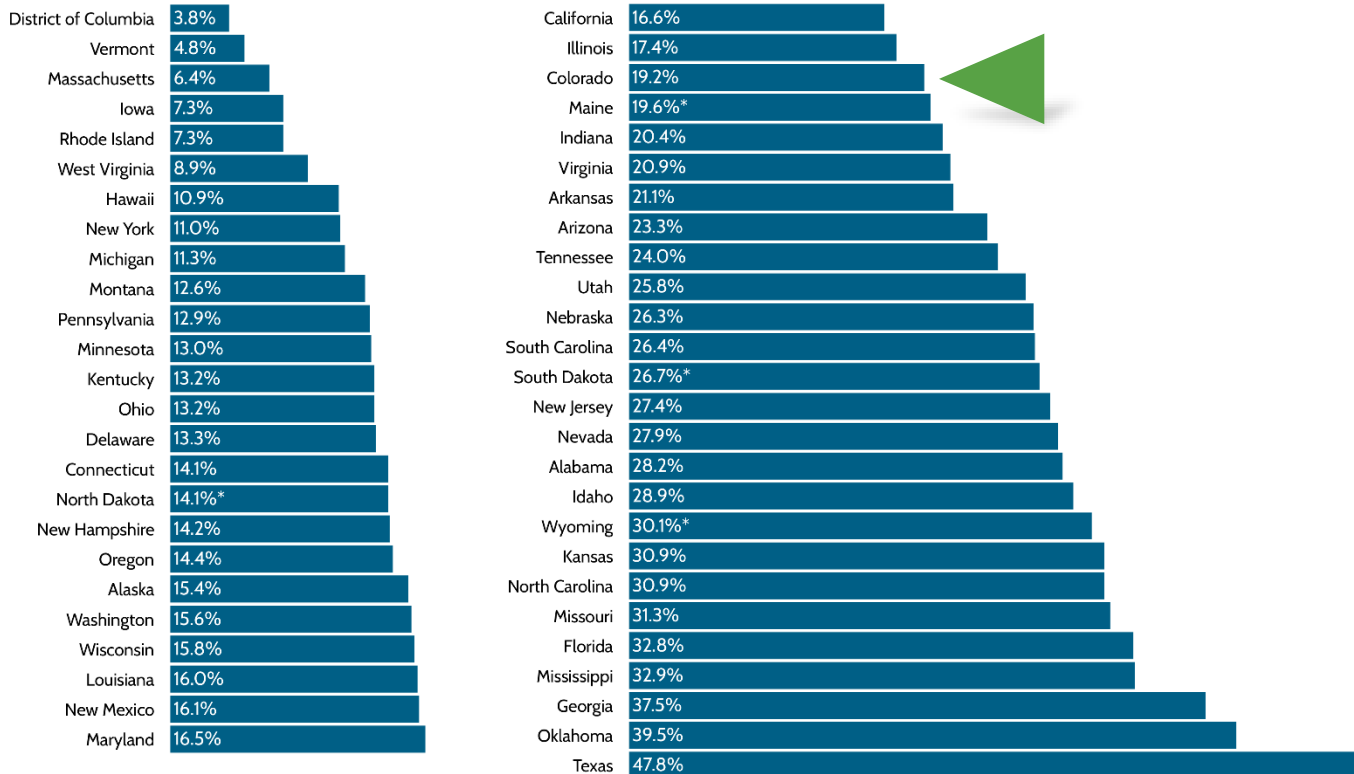
Medicaid  
Expansion



COLORADO

19.2%

## % Low-Income Women of Childbearing Age Without Health Insurance

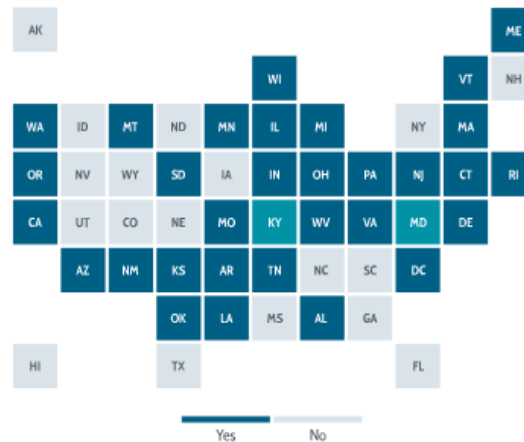


Source: 2019 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS).

POLICY

# REDUCED ADMINISTRATIVE BURDEN FOR SNAP

## Colorado



33

states have implemented a combination of policies to **reduce the administrative burden for SNAP.**

Colorado only assigns 6-month recertification intervals rather than 12-month intervals. The state does assign simplified reporting to all eligible families with children, however. Colorado offers all three online services (initial application, change reporting, and renewal). In the last year, legislators did not introduce any bills related to adjusting recertification intervals or income reporting for SNAP.

For additional information about how states compare to one another, see the detailed [profile](#) on reduced administrative burden for SNAP.

## POLICY

### Reduced Administrative Burden for SNAP

### How Does Reduced Administrative Burden for SNAP Impact PN-3 Outcomes?



- Recertification intervals longer than 12 months led to an 11.4 percentage point increase in SNAP participation among households with children (E)
- The elimination of policies that added transaction costs and stigma to SNAP participation explained 14.2% of the SNAP caseload increase from 2000 to 2016 (A)
- Policies lengthening recertification intervals to longer than 3 months were associated with a 5.8% increase in SNAP participation from 2000 to 2009 (K)



- Participation in SNAP reduced household food insecurity by up to 36% in households with children (2)

POLICY

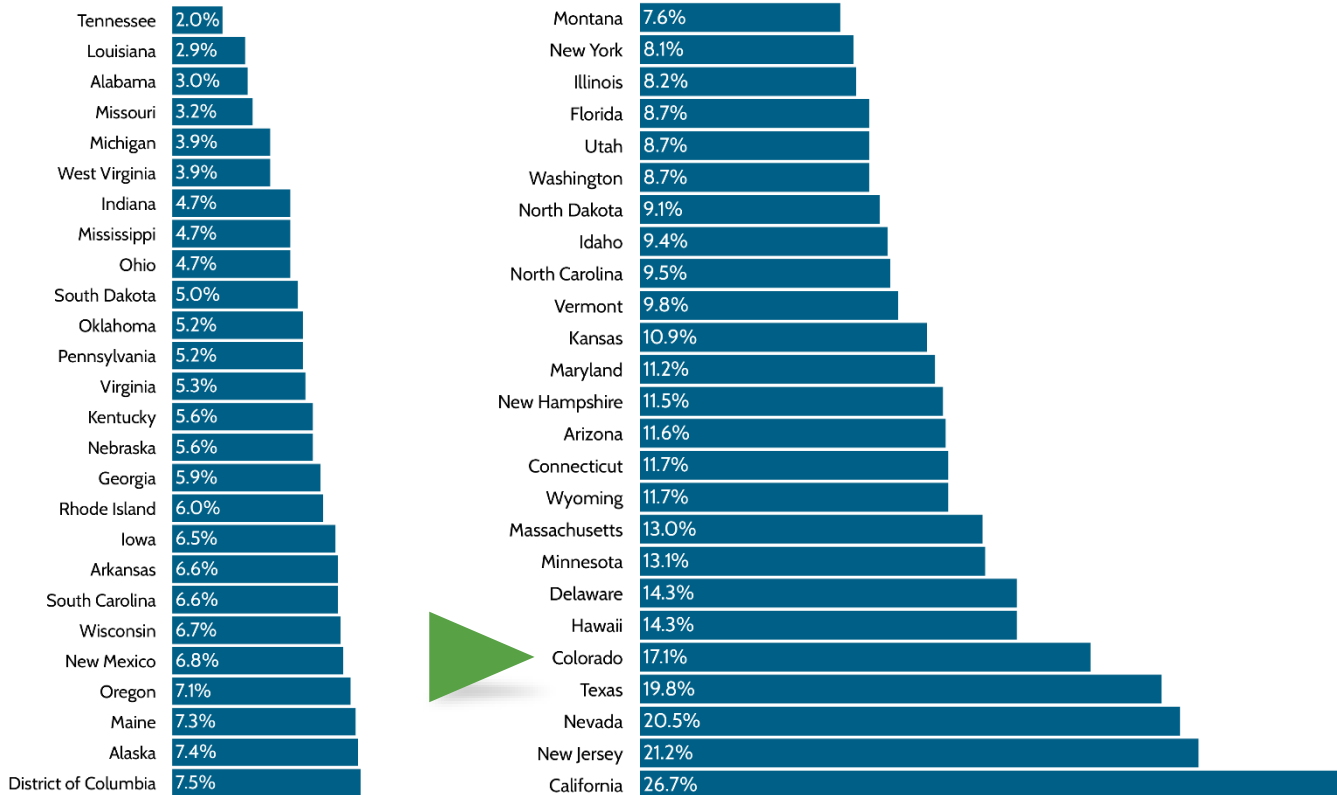
Reduced  
Administrative  
Burden for SNAP



COLORADO

17.1%

## % Eligible Families With Children Under Age 18 Not Receiving SNAP



POLICY

PAID FAMILY LEAVE

**X** Colorado

0

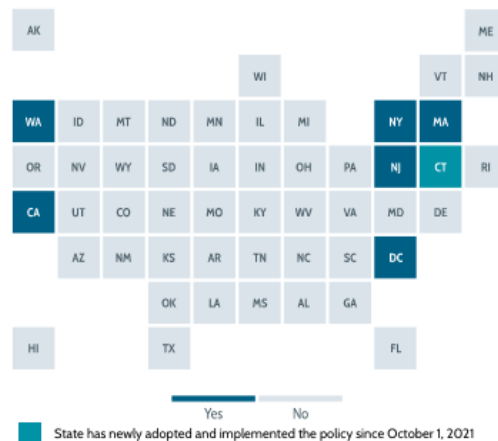
Maximum number of weeks of paid family leave benefit in CO

\$0.00

Current maximum dollar value of weekly benefit in CO

NA

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



7

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.

In 2024, 12 weeks of PFL benefits will be available to families in Colorado

Colorado passed their paid family leave program through a ballot initiative (Proposition 118) in November 2020, after failing to enact it through legislation during the 2020 legislative session. The new program will provide up to 12 weeks of benefits when fully implemented and is funded by a payroll tax shared evenly by employers and employees. The maximum weekly benefit is capped at \$1,100. Employers and employees will begin paying premiums on January 1, 2023, and benefits will become available on January 1, 2024. In the last year, legislatures enacted legislation to support initial funding of the program. Legislators also introduced legislation that would have reduced premiums paid by employers, but the bill did not pass.

For additional information about how states compare to one another, see the detailed [profile](#) on paid family leave.

## POLICY

### Paid Family Leave

# How Does Paid Family Leave Impact PN-3 Outcomes?



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



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



- An average increase of \$3,400 in household income among mothers of 1-year-olds (M)
- A 2 percentage point reduction in the poverty rate, with the greatest effects among single mothers with low levels of education and income (M)

## POLICY

### Paid Family Leave

# How Does Paid Family Leave Impact PN-3 Outcomes?



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



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



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

## POLICY

### Paid Family Leave

## Variation Across States in Paid Family Leave Benefits, Funding Mechanisms, and Eligibility

(based on 2022 Prenatal-to-3 State Policy Roadmap data)

#### Adopted a Statewide Paid Family Leave Program



#### Fully Implemented a Paid Family Leave Program of at least 6 Weeks



#### Number of Weeks of Benefit



#### Benefit as a Percentage of Worker's Average Weekly Wages



#### Maximum Dollar Value of Weekly Benefit



#### Funding Mechanism (Who Covers the Cost)



#### Eligibility



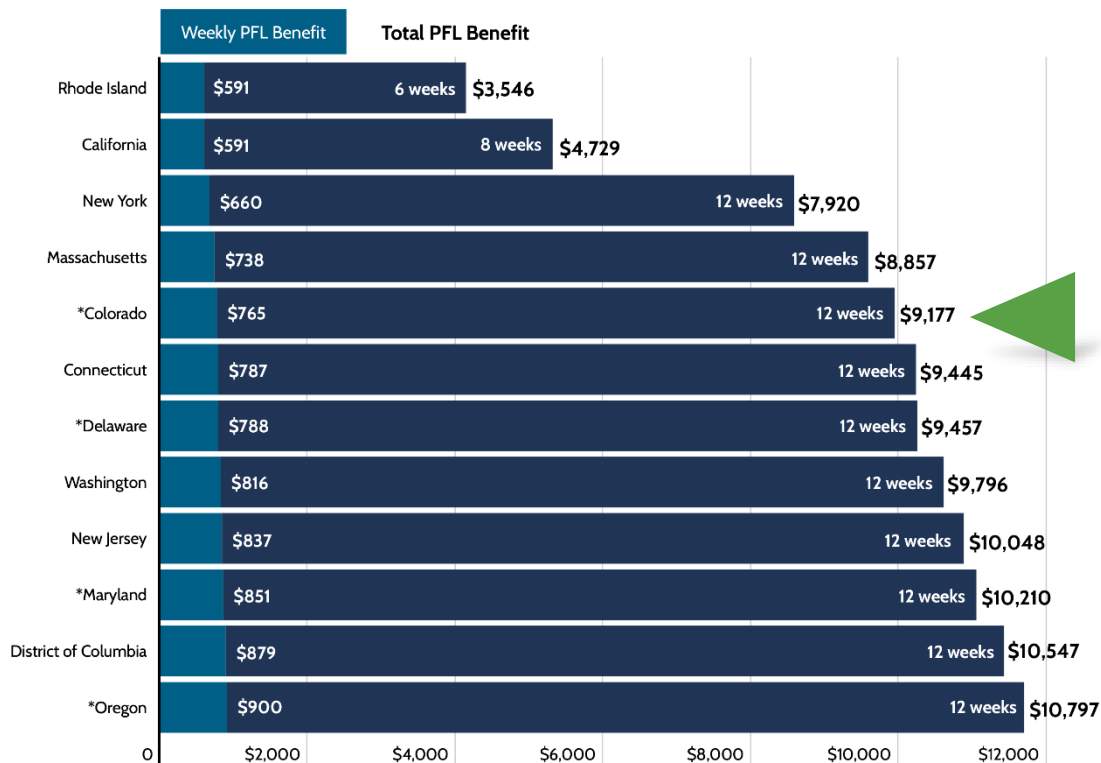


POLICY

Paid Family Leave

Variation Across States in Weekly and Total Paid Family Leave Benefits: 2023

Projected Paid Family Leave (PFL) Benefits Based on National Median Earnings for Female Full-Time Workers



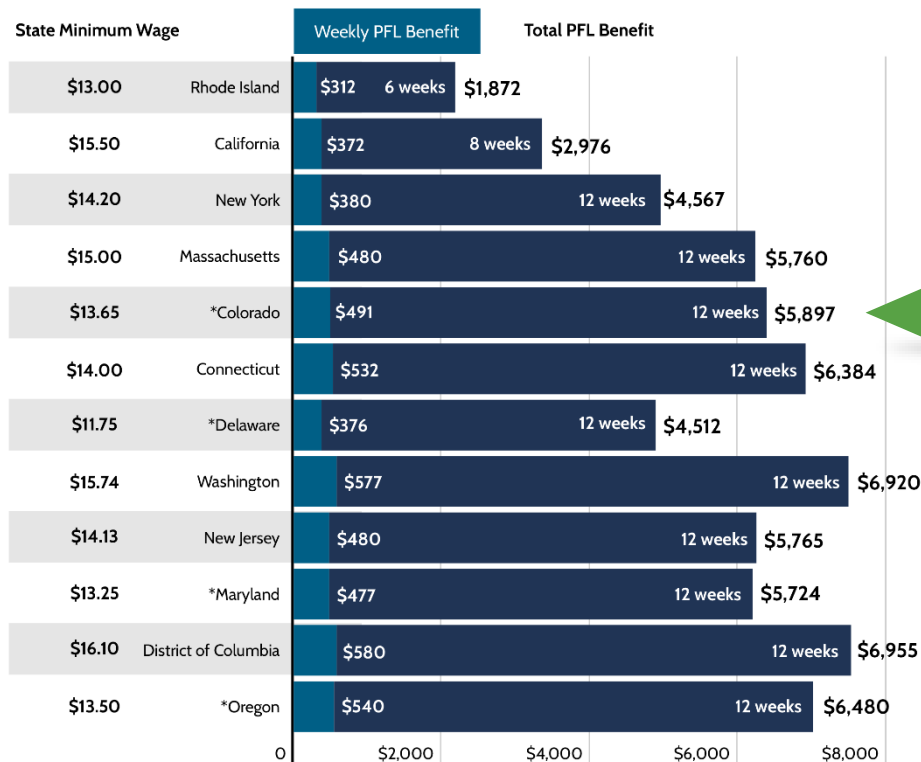
Notes: Estimates calculated using state parameters as of May 18, 2023. An "\*" indicates estimated benefits based on policy guidelines; paid family leave programs in these states were not yet been fully implemented and workers could not yet receive these benefits in 2023. Benefit estimates are pre-tax estimates based on median earnings for full-time female workers in the state, estimated at 2021 levels. Weekly totals may not precisely add to total benefits due to rounding.

## Projected Paid Family Leave (PFL) Benefits Based on Minimum Wage Earnings for Full-Time Workers

### POLICY

#### Paid Family Leave

#### Variation Across States in Weekly and Total Paid Family Leave Benefits: 2023



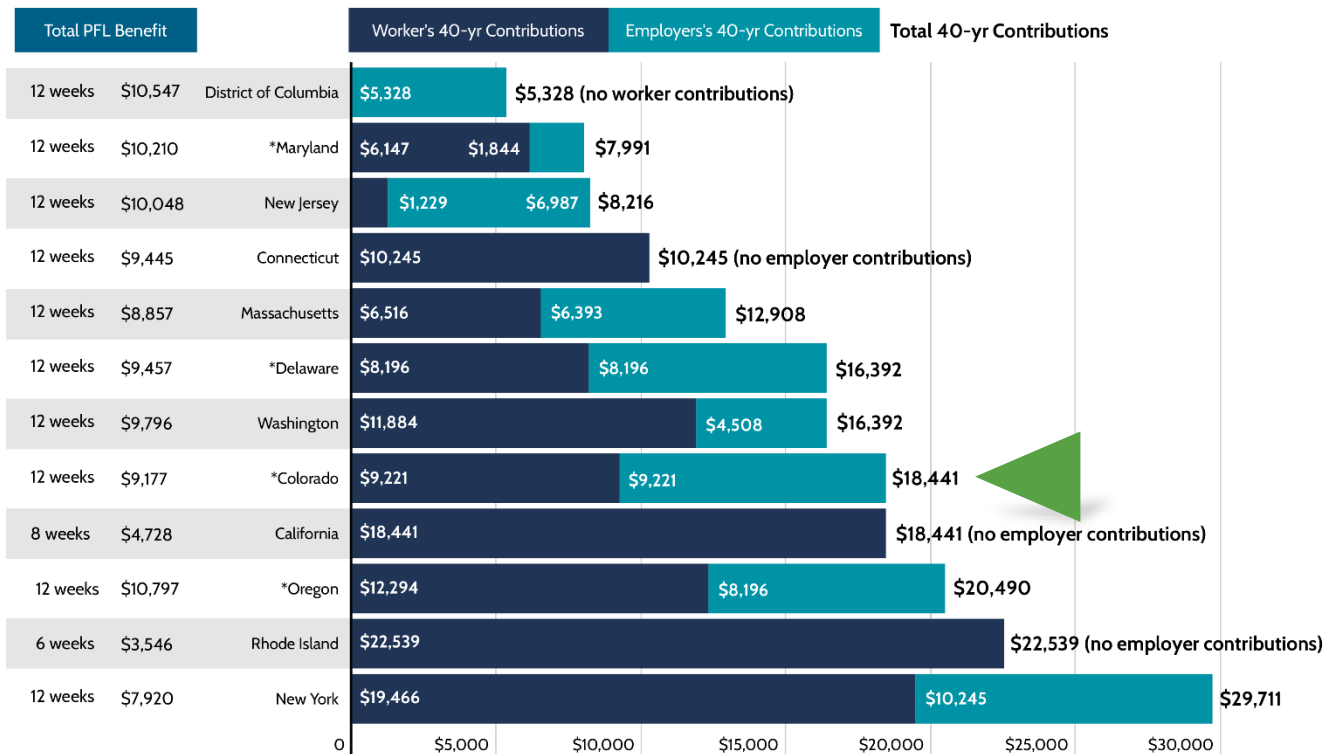
Notes: Estimates calculated using state parameters as of May 18, 2023. An \*\*\* indicates estimated benefits based on policy guidelines; paid family leave programs in these states were not yet been fully implemented and workers could not yet receive these benefits in 2023. Benefit estimates are pre-tax estimates based on minimum wage earnings. Weekly totals may not precisely add to total benefits due to rounding.

**POLICY**

**Paid Family Leave**

**Variation Across States in Total Paid Family Leave Benefits: 2023**

**Projected Contributions to State Leave Policies Over 40 Years of Employment, Based on National Median Earnings for Female Full-Time Workers**



Contributions reflect rates as of May 18, 2023. An "\*" indicates estimated contributions based on future policy guidelines; paid family leave programs in these states were not yet fully implemented. Contribution estimates are based on the national median earnings for full-time female workers, estimated at 2021 levels. Contributions include wages withheld to pay for leave programs other than family leave.

POLICY

# STATE MINIMUM WAGE

## Colorado

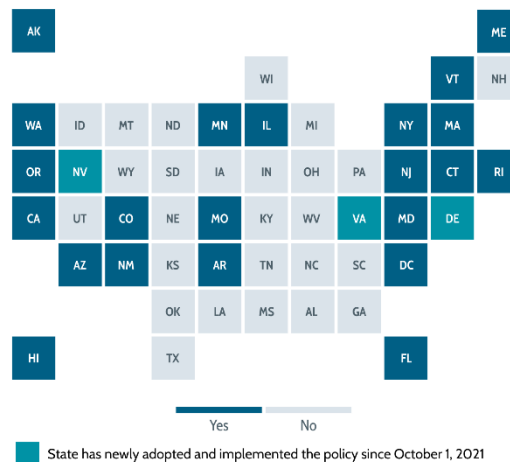
CO **\$12.56**

Current state minimum wage



CO **14.6%**

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



# 25

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

The current state minimum wage in Colorado is \$12.56, which is adjusted annually for inflation. The tipped minimum wage is \$9.54, set by state statute at a level no more than \$3.02 below the regular minimum wage. In 2021, legislators enacted a bill to phase out and fully eliminate the subminimum wage for workers with a disability by July 1, 2025. In the last year, legislators enacted a bill to require individuals who are incarcerated be paid the state minimum wage, rather than the federal minimum wage, beginning March 30, 2022.

For additional information about how states compare to one another, see the detailed [profile](#) on state minimum wage.

As of January 1, 2023, Colorado's state minimum wage is \$13.65

## POLICY

### State Minimum Wage

# How Does a Higher State Minimum Wage Impact PN-3 Outcomes?



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



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



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

POLICY

State Minimum Wage

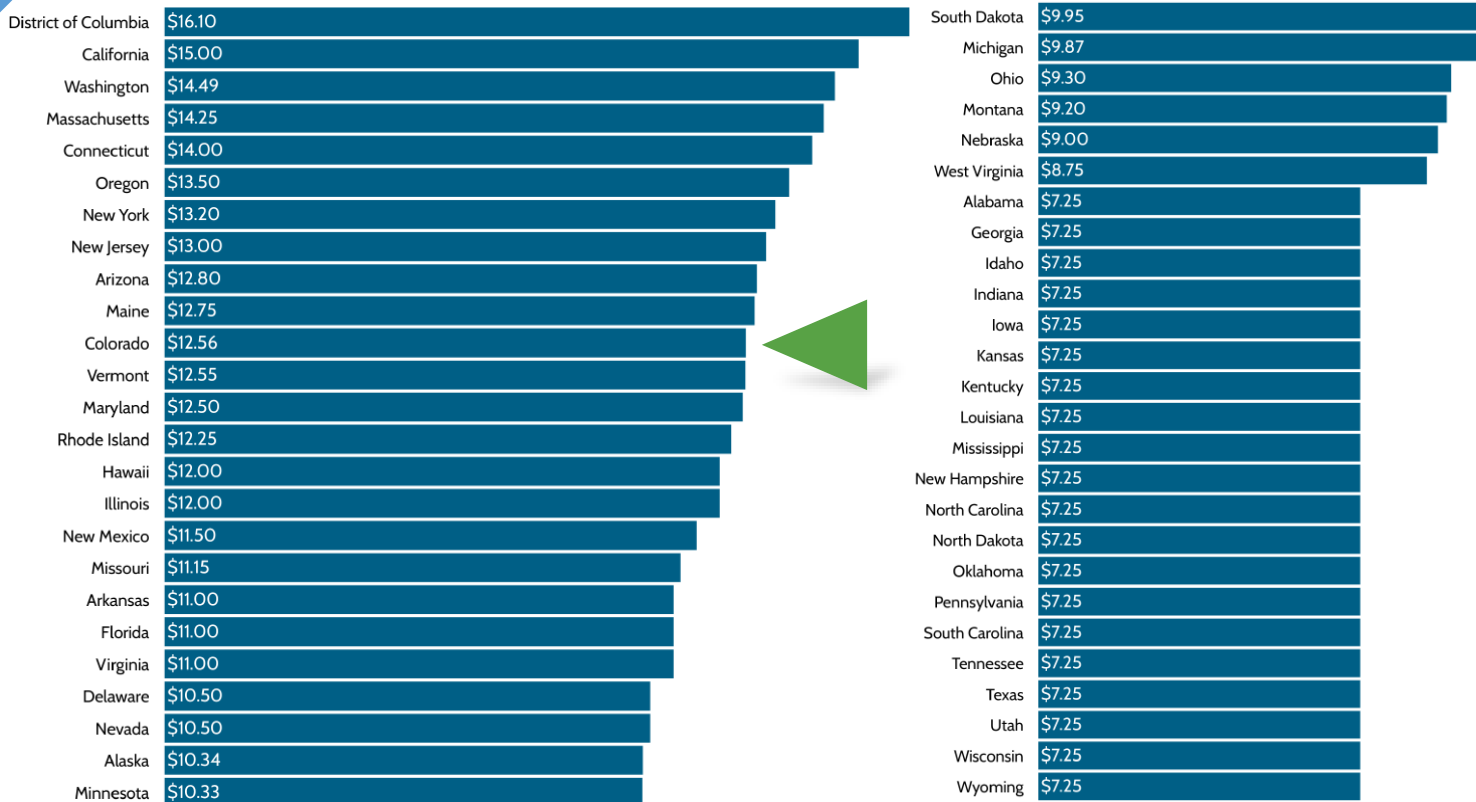


COLORADO

\$12.56

As of January 1, 2023, Colorado's state minimum wage is \$13.65

## Current State Hourly Minimum Wages (Nominal)



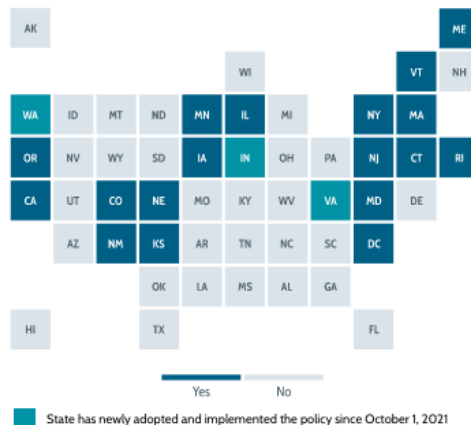
POLICY

# STATE EARNED INCOME TAX CREDIT

## Colorado

20%

Refundable EITC value as a % of the federal EITC in CO



21

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.

Colorado has a refundable state EITC equal to 20% of the federal credit. The value of the credit increased this year from 10% to 20% and will increase to 25% for tax years 2023 to 2025 due to legislation passed in 2021. After tax year 2025, the EITC will return to 20%. Colorado has also expanded EITC eligibility to include individuals with an ITIN and younger tax filers.

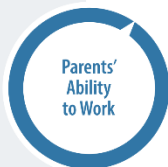
In the last year, legislators did not propose any bills to expand their state EITC. However, legislators passed a bill (S.B. 22-182) to allocate funds for an outreach and education initiative to raise awareness about the EITC with qualifying individuals and provide grants to local nonprofits and community-based organizations that provide tax assistance services to households with low-incomes.

For additional information about how states compare to one another, see the detailed [profile](#) on the state earned income tax credit.

## POLICY

### State Earned Income Tax Credit

## How Does a Higher State EITC Impact PN-3 Outcomes?



Parents'  
Ability  
to Work

- With each additional \$1,000 in average EITC benefits (federal plus state), unmarried mothers with children under age 3 were 9 percentage points more likely to work (C)
- A state EITC set at 10% of the federal credit increased employment among single mothers by 2.1 percentage points compared to single women with no children (GG)
- Living in a state with an EITC increased the likelihood of mothers' employment (for at least one week per year) by 19% (B)



Sufficient  
Household  
Resources

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



Healthy  
and Equitable  
Births

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



STRATEGY

# COMPREHENSIVE SCREENING AND CONNECTION PROGRAMS

Colorado began implementing Family Connects in late 2022 in Eagle and Boulder counties, with additional expansions planned

Evidence-based comprehensive screening and connection program:	Program offered in CO:	% of children/families served in CO:
DULCE	✗	0.0%
HealthySteps	✓	12.2%
Family Connects	✗	0.0%

## State Leaders

in comprehensive screening and connection programs:

- Have a high percentage of families who access the programs;
- Enact legislation to reach families across the state; and/or
- Invest deeply in evidence-based programs.

2022 State Leaders:

CA CO CT NJ OR

Colorado is a leader in comprehensive screening and connection programs because the state is using funds from the American Rescue Plan Act to start a statewide Family Connects program in late 2022. Additionally, in 2021, Colorado was one of 25 states in which families could access the HealthySteps model. HealthySteps served more than 30,300 families, or 12.2% of children through age 3, across 18 sites—the second highest percentage of children served among all states that implement this model. HealthySteps uses a variety of funding streams, including Medicaid reimbursement, state appropriations, private philanthropy, and health system reinvestment.

For additional information about how states compare to one another, see the detailed [profile](#) on comprehensive screening and connection programs.

## STRATEGY

### Comprehensive Screening and Connection Programs

### How Do Comprehensive Screening and Connection Programs Impact PN-3 Outcomes?



- DULCE families received an average of 0.5 more community resources at the 6 and 12 month follow up (J)
- Family Connects families accessed between 0.7 (D) and 0.9 (B) more community resources
- HealthySteps families had 3.5 times higher odds of being informed about community resources (F)
- DULCE families had an 11 percentage point increase in the likelihood of attending at least 5 routine health care visits by 12 months (J) and HealthySteps families had 1.7 times greater odds of attending the 12 month well-child visit (F)



- Among those parents in Family Connects using nonparental care, out-of-home care quality was rated higher (0.66 points on a 5 point scale) compared to control families (B)



- By child age 12 months, Family Connects families reduced emergency department visits by 50% (B)
- DULCE families were 15 percentage points more likely to have received immunizations on time at child age 6 months (J)
- HealthySteps families were 3 percentage points less likely to put their infants in the wrong sleep position (E)

# GROUP PRENATAL CARE

## Colorado



### State Leaders

in group prenatal care:

- Provide financial support for group prenatal care
- Provide enhanced reimbursement rates for group prenatal care through Medicaid; and/or
- Serve pregnant people in a high number of group prenatal care sites across the state.

2022 State Leaders:

CA MD MT OH SC

In Colorado, pregnant people had access to group prenatal care at nine CenteringPregnancy sites in 2021. This is three times the median number of sites across states. Colorado has a state billing model that reimburses health providers through an alternative payment model that supports enhanced maternity care, but it does not explicitly mention group prenatal care. The state is currently piloting a two-year (November 1, 2020 to October 30, 2022) Maternity Bundled Payment Program, which will use a bundled payment model to cover maternity care episodes, but the payment model does not explicitly mention group prenatal care. Program leaders have considered extending the program beyond 2022, but no formal announcement has been made to date. Colorado also has an Accountable Care Coordination Model that bills for prenatal care using a bundled payment model, but excludes payments for Federally Qualified Health Centers or Rural Health Centers, which may leave vulnerable groups without access to needed services.

For additional information about how states compare to one another, see the detailed [profile](#) on group prenatal care.

## STRATEGY

### Group Prenatal Care

# How Does Group Prenatal Care Impact PN-3 Outcomes?



- A 6.4 percentage point decrease in the likelihood of receiving inadequate prenatal care compared to individual prenatal care participants(C)
- Approximately 2 more prenatal visits among participating Black women with high-risk pregnancies compared to women in individual care (H)



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



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

STRATEGY

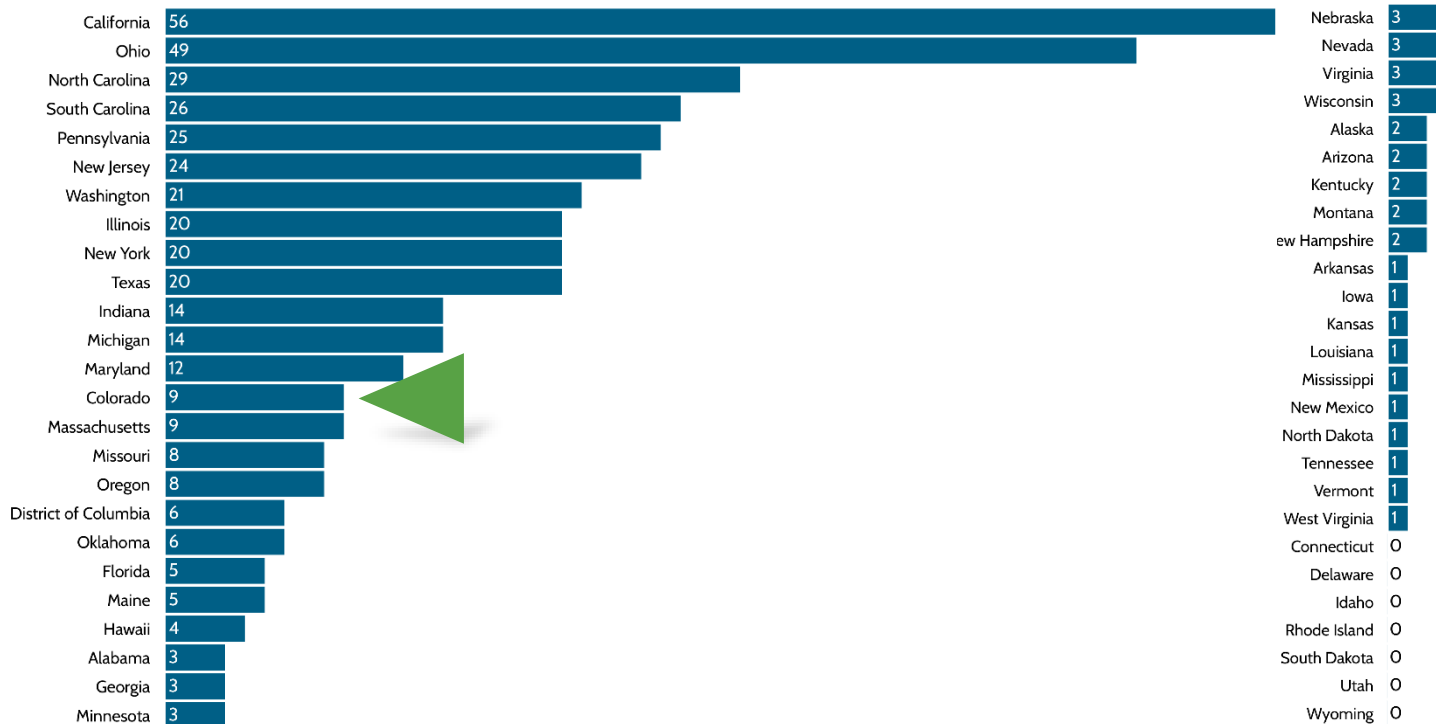
Group Prenatal  
Care



COLORADO

9

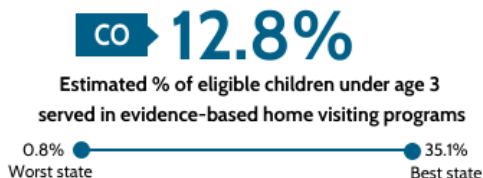
# Number of Centering Pregnancy Sites Across States



Source: As of 2021. Centering  
Healthcare Institute Inc

## EVIDENCE-BASED HOME VISITING

### Colorado



### ★ State Leaders

in evidence-based home visiting programs:

- Serve a substantial percentage of low-income families with young children; and/or
- Use state dollars or Medicaid to support home visiting services.

2022 State Leaders:

IL	IA	KS	ME	NY
----	----	----	----	----

In 2019, Colorado served an estimated 12.8% of children under age 3 in families with incomes of less than 150% of the FPL in the state's home visiting programs. Colorado is among the top 10 states on this indicator. The state is one of 24 states to use Medicaid dollars to finance aspects of their home visiting programs, and it does so through the targeted case management benefit. As of 2021, families in the state have access to four out of a possible seven evidence-based program models that have a demonstrated impact on parenting and are designed for families with young children.

For additional information about how states compare to one another, see the detailed [profile](#) on evidence-based home visiting programs.

## STRATEGY

### Evidence-Based Home Visiting

### How Does Evidence- Based Home Visiting Impact Parenting Outcomes?



- Home visiting led to small but significant effects for improving parenting behaviors (overall effect sizes on parenting outcomes from meta-analyses range from 0.09 to 0.37) (A, C, D, E)
- Significant effects emerge within the context of many more null findings (B, E)

STRATEGY

Evidence-Based  
Home Visiting

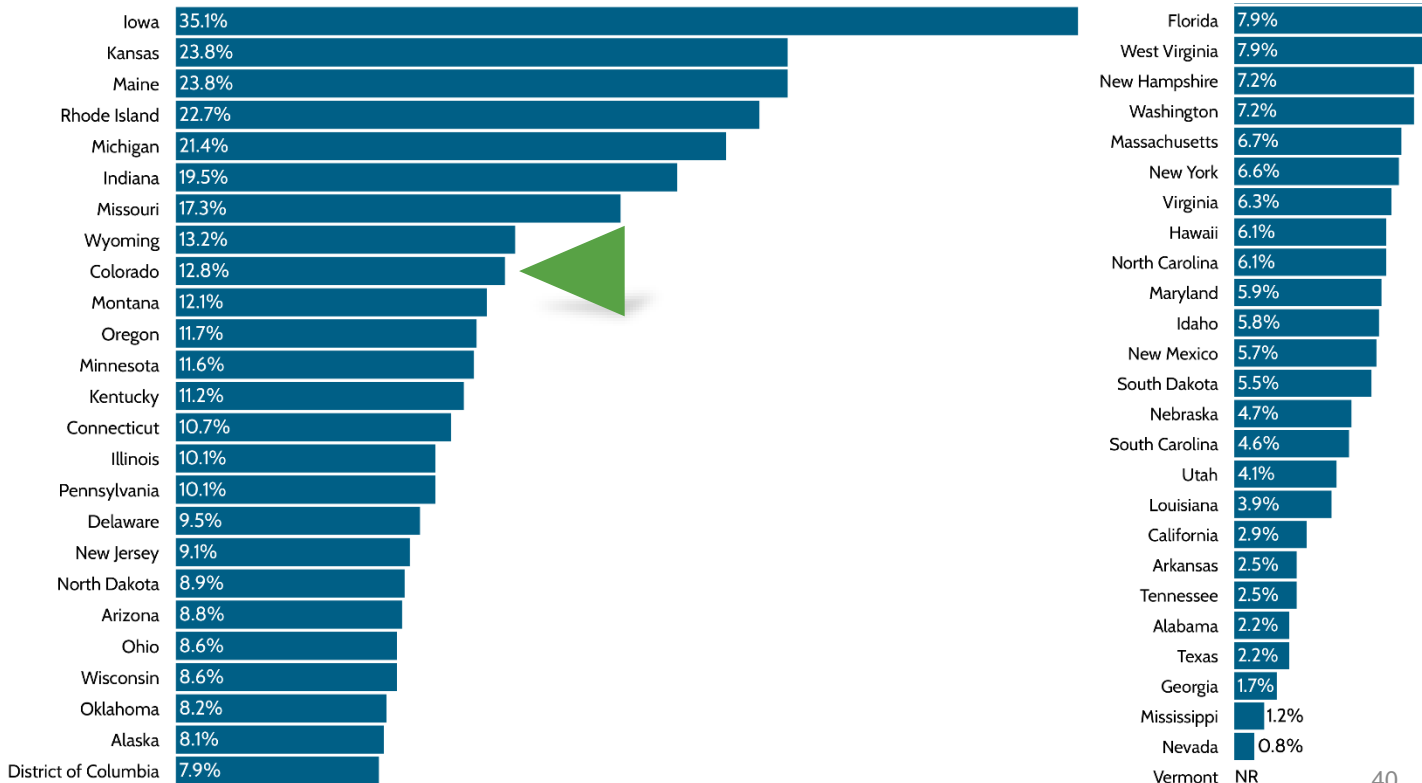


COLORADO

12.8%

Sources: 2020 National Home Visiting Resource Center Yearbook and 2018 & 2019 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS).

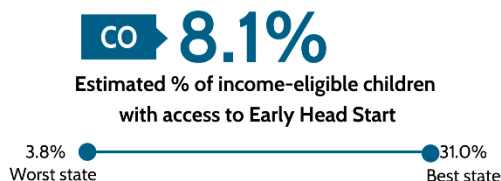
# Estimated % of Eligible Children Under Age 3 Served in Evidence-Based Home Visiting Programs





## EARLY HEAD START

### Colorado



### ★ State Leaders

in Early Head Start:

- Have a state-specific program;
- Provide state financial support for EHS, and/or
- Serve a substantial percentage of low-income children.

2022 State Leaders:

DC ME MA NE OR

Colorado does not provide state-level funding to supplement Early Head Start. According to data from 2019, approximately 8.1% of income-eligible infants and toddlers in Colorado have access to Early Head Start through local grantees, placing Colorado in the bottom half of states on this indicator.

For additional information about how states compare to one another, see the detailed [profile](#) on Early Head Start.

## STRATEGY

### Early Head Start

# How Does Early Head Start Impact PN-3 Outcomes?



Parental Health and Emotional Wellbeing

- Parents participating in EHS reported lower parenting distress as compared to the control group at child age 2 (I, S: effect size -0.11)



Nurturing and Responsive Child-Parent Relationships

- EHS participation led to more supportive home environments for language and literacy (I, S: effect size 0.12), particularly for Black families (N: effect size 0.19) and families with moderate-level risk factors (N: effect size 0.18)
- Fewer parents participating in EHS reported spanking their child at age 3 (J, S: effect size -0.13)
- Black parents participating in EHS were more involved in school at grade 5 (T: effect size 0.37)



Nurturing and Responsive Child Care in Safe Settings

- At age 2, the share of children participating in good-quality center-based care was 3 times greater among children participating in EHS as compared to the control group (K)
- In center-based care, caregiver-child interactions were better among EHS participants than among nonparticipants (K)



Optimal Child Health and Development

- Children in EHS were more engaged with their parent during play at age 3 (J, S: effect size 0.18)
- Children in EHS had higher developmental functioning assessment scores at age 2 (I, S: effect size 0.14), particularly Black children in EHS (N: effect size 0.23)
- Children in EHS had higher vocabulary skills at ages 2 and 3 (I, J and S: effect sizes 0.11)

## STRATEGY

### Early Head Start

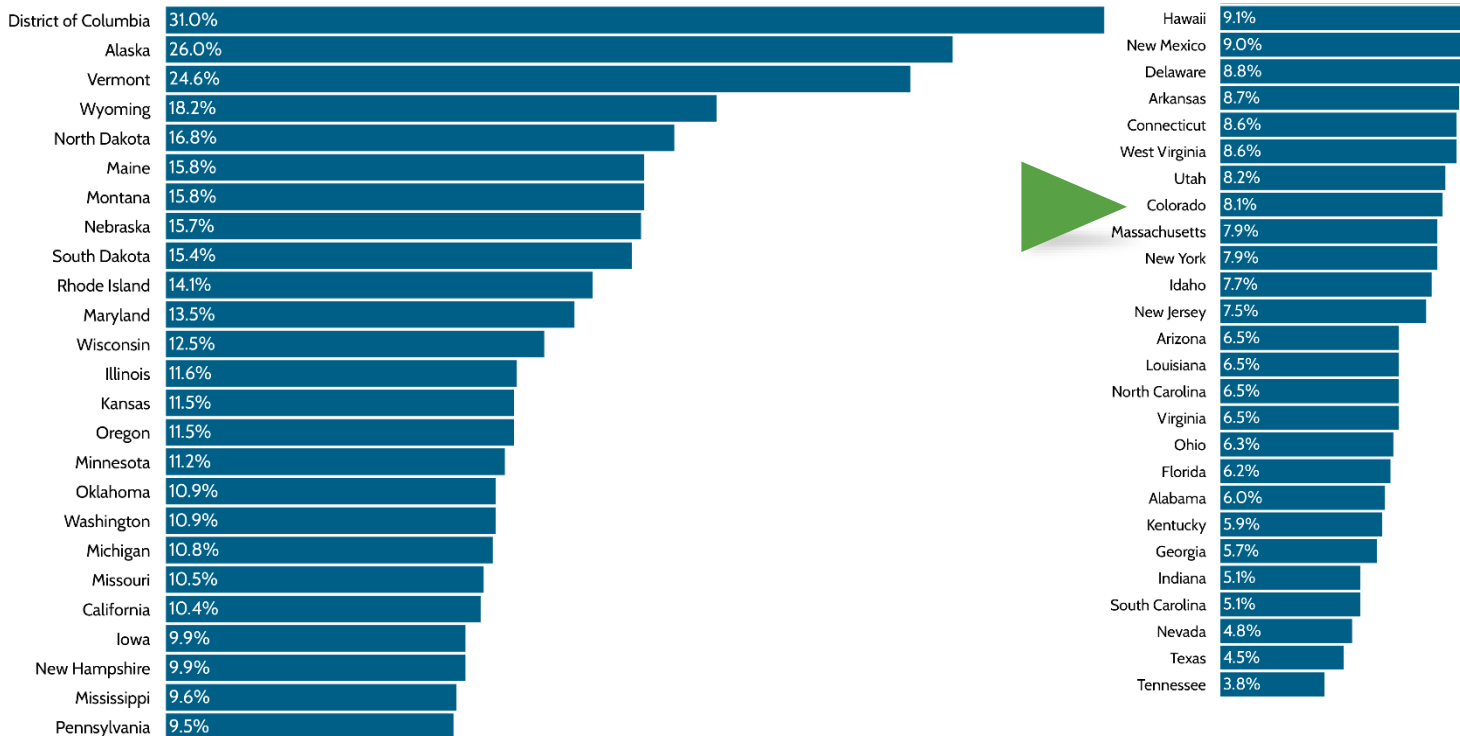


COLORADO

8.1%

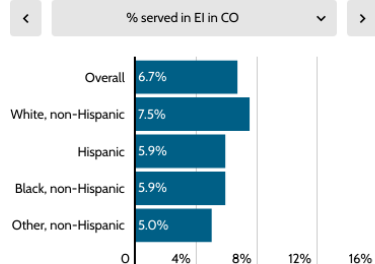
Sources: 2019 Early Head Start (EHS) Program Information Report (PIR) and 2018 & 2019 American Community Survey (ACS) Public-Use Microdata Sample (PUMS).

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



# EARLY INTERVENTION SERVICES

## Colorado



## ★ State Leaders

in Early Intervention:

- Serve a substantial percentage of children under age 3;
- Increase eligibility for children; and/or
- Maximize the use of Medicaid to pay for EI services.

2022 State Leaders:

CT IL MA NM RI

Colorado serves 6.7% of its birth-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. Colorado serves children born very low birthweight (defined by the state as 1,199 grams or less), and children who are determined to be "small for gestational age" at specific gram thresholds between 33 and 40 weeks, as part of its list of qualifying conditions for EI.

The state reports that it primarily uses state, rather than federal, funding for EI services, and it does not collect family fees. Colorado was one of the first states to leverage private insurance for EI services, and the state has been recognized by the Early Childhood Technical Assistance Center for creating an administrative insurance trust to better manage the reimbursement of EI services and ensure more services are covered by private plans (all services are covered other than respite and assistive technology). In addition, Colorado reported in a 2020 survey that it makes efforts to maximize federal Medicaid matching funds for its EI program by cross-referencing data from its Medicaid agency and Part C program.

The state is one of five that reported in the survey that they formally train their EI providers on infant mental health through collaborations with state infant mental health associations. In 2021, Colorado enacted legislation to transfer Child Find responsibilities to the Department of Human Services, where Part C services are housed, from the Department of Education. This step to streamline EI services became effective July 1, 2022.

## STRATEGY

### Early Intervention Services

### How Do Early Intervention Services Start Impact PN-3 Outcomes?



Parental Health  
and Emotional  
Wellbeing

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



Optimal Child  
Health and  
Development

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

## STRATEGY

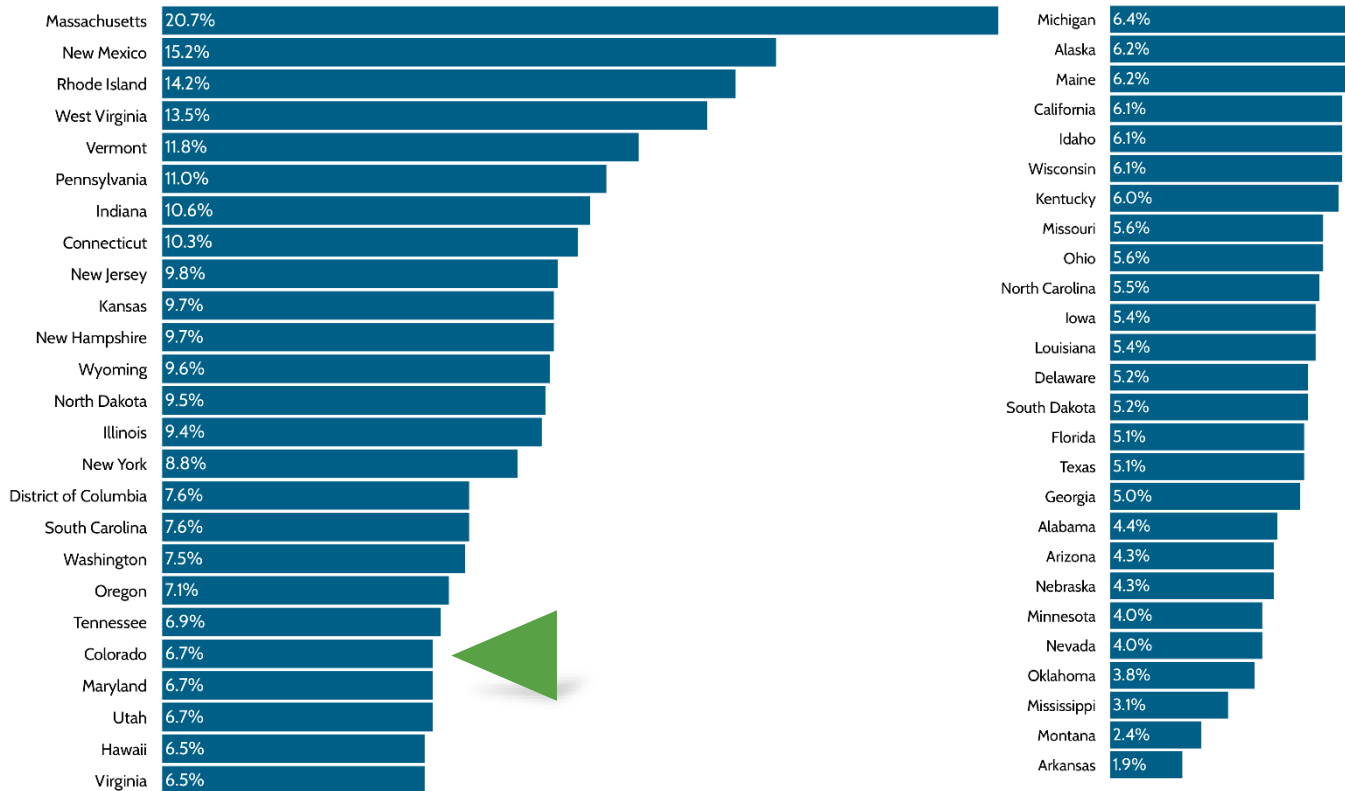
### Early Intervention Services



COLORADO

6.7%

# Cumulative % Children Under Age 3 Receiving EI Services



Sources: 2019 Early Head Start (EHS) Program Information Report (PIR) and 2018 & 2019 American Community Survey (ACS) Public-Use Microdata Sample (PUMS).

# CHILD CARE SUBSIDIES

## Colorado

CO → 61%

Household income eligibility for child care subsidies as a % of state median income (Federal maximum is 85%)  
40% Worst state ● ● 140% Best state

CO → 6.1%

Monthly copayment amount as a percentage of income for a family of 3 at 150% of the federal poverty level  
14.0% Worst state ● ● 0.0% Best state

CO → 9.3%

Share of child care costs for an infant in center-based care paid by a family of 3 at 150% of the federal poverty level  
54.8% Worst state ● ● 0.0% Best state

## ★ State Leaders

in child care subsidies:

- Increase reimbursement rates to meet or exceed the providers' true cost of care;
- Decrease or eliminate family copays;
- Reduce the family share of the total cost of child care; and/or
- Expand income eligibility thresholds.

2022 State Leaders:

CA LA MI NM OR

Over the past year, Colorado has increased its base reimbursement rate by 19.7% for infants in center-based care. For that same group, the state would need to increase its reimbursement rates by an additional \$485/month to meet the equal access target (75th percentile of MRS) and by \$50/month to meet the estimated true cost of providing base-quality care.

For families with incomes at 150% of the FPL, the required copayment has decreased by 4.9 percentage points and the family share of the cost of child care has decreased by 9.1 percentage points since August 2021. Colorado is in the top half of states in terms of limiting the share of child care costs paid by families. The state has indicated that updated reimbursement rates will go into effect in October 2022.

In the last year, the legislature enacted S.B. 213, which appropriates funding for a number of child care grant programs and creates the family, friend, and neighbor support programs to promote best practices in those settings through training and technical assistance.

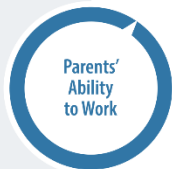
## STRATEGY

### Child Care Subsidies

## How Do Child Care Subsidies Start Impact PN-3 Outcomes?



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



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




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



STRATEGY

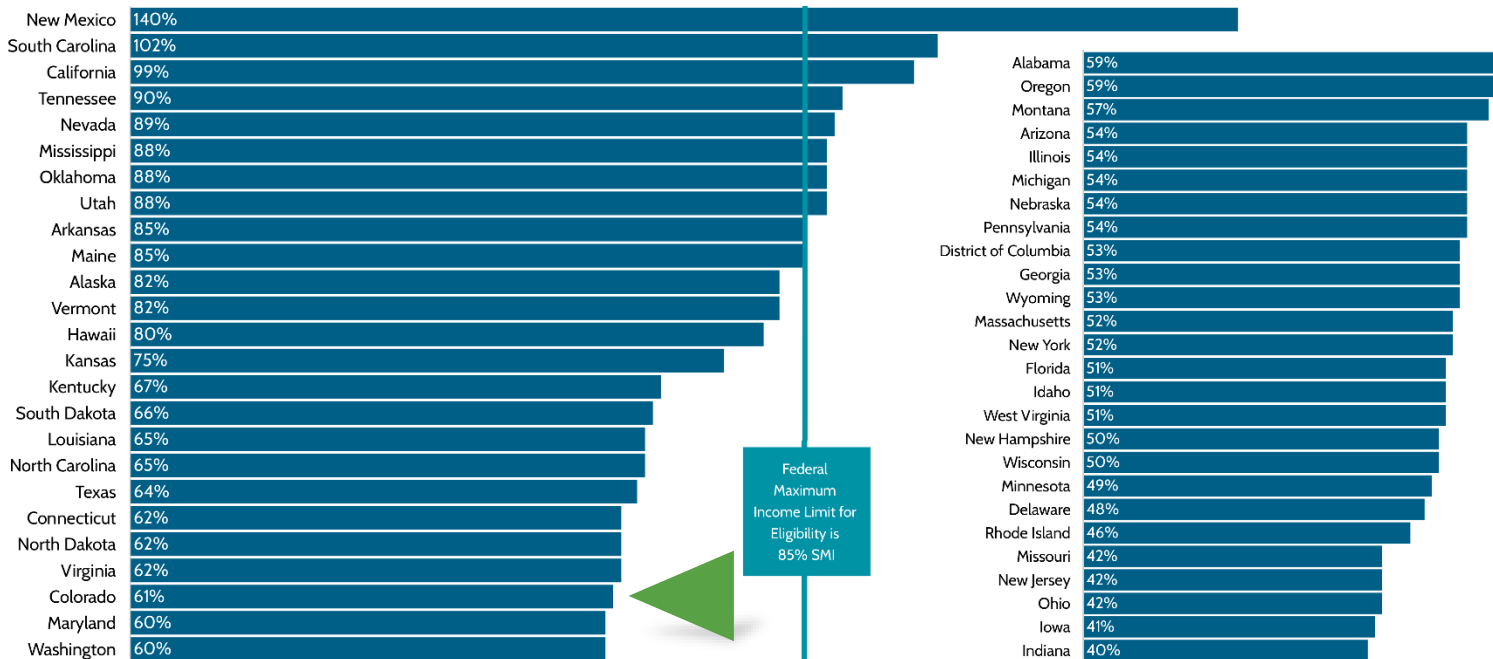
Child Care Subsidies



COLORADO  
61%

# Variation Across States in Household Income Eligibility for Child Care Subsidies as a Percentage of State Median Income

Federal Maximum Income Limit for Eligibility is 85% SMI

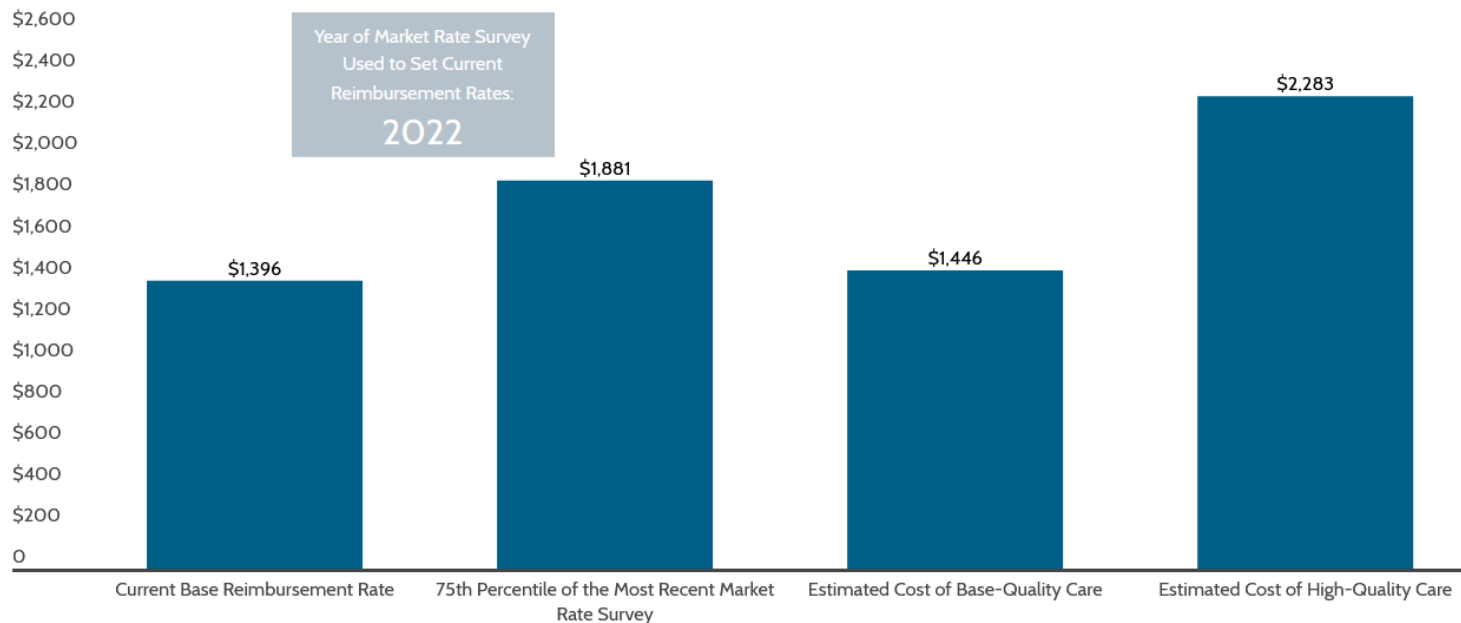


Source: As of 2021-2022. National Women's Law Center.

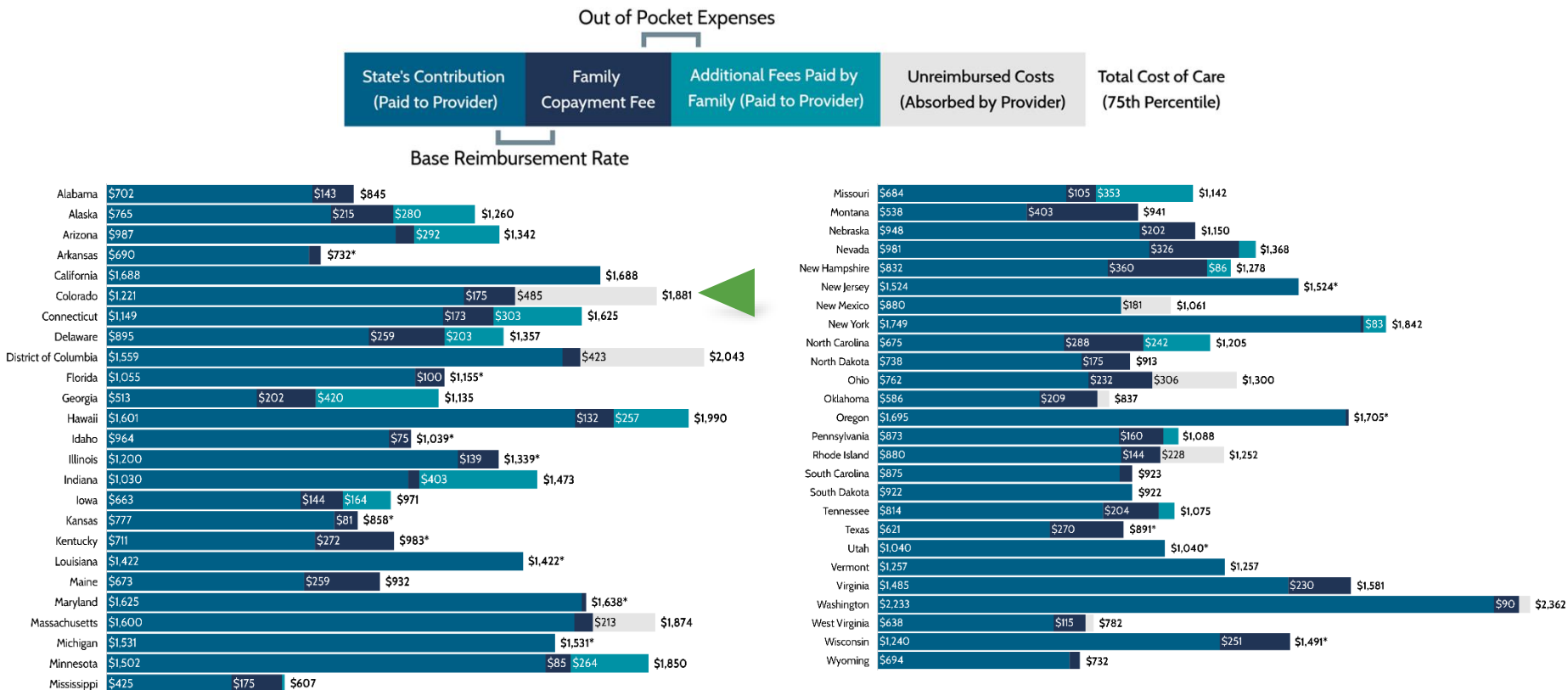
## STRATEGY

### Child Care Subsidies

# Child Care Subsidy Reimbursement Rates for Infants in Center-Based Care in Colorado (as of May 2023)



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



Sources: As of September 6, 2022. Personal communication with state CCDF administrators and other staff overseeing the state's child care subsidy programs, state agency websites, state CCDF plans, and state market rate surveys. When additional fee data could not be verified, data were pulled from the National Women's Law Center (as of February 2019).

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



Utah **\$1,040** **\$1,040\***

Colorado **\$1,221** **\$175** **\$485** **\$1,881**

Oregon **\$1,695** **\$1,705\***

# How do the effective policies interact to determine the level of household resources families have available to provide for their children?

- Assumptions for the simulation
  - Single mother family, with an infant and toddler
  - She works full time, full year at the state's minimum wage
  - She leaves her children in center-based child care, that charges the 75<sup>th</sup> percentile of the market rate

# Total Resources Based on State Policy Choices

## Minimum Wage Earnings

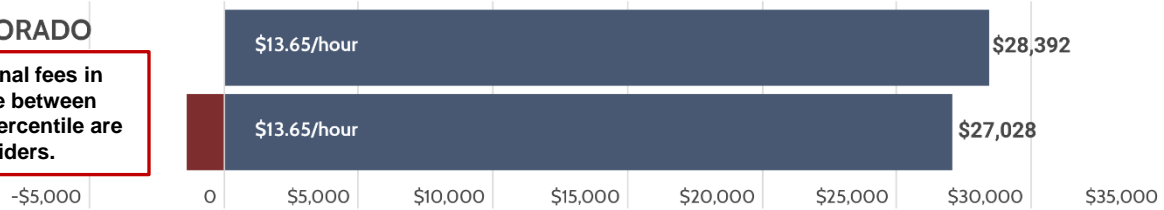


# Total Resources Based on State Policy Choices

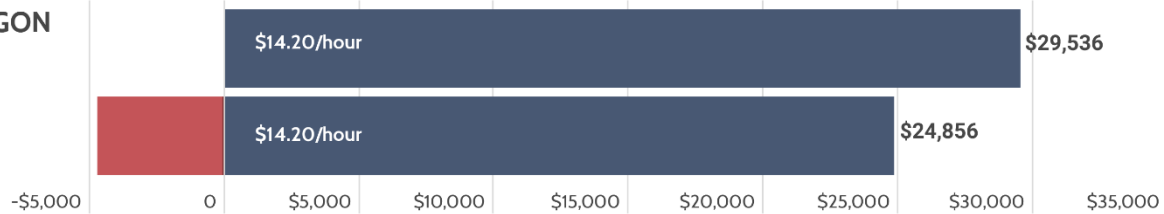
## Minimum Wage Earnings (Less Out of Pocket Child Care Expenses)

### COLORADO

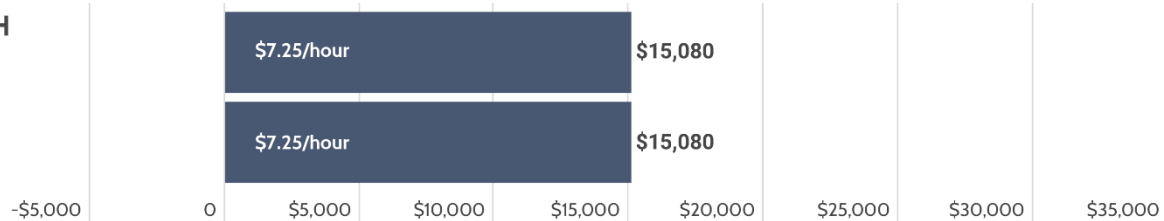
Providers may not charge additional fees in Colorado, meaning the difference between reimbursement rates and the 75<sup>th</sup> percentile are unreimbursed costs for providers.



### OREGON



### UTAH



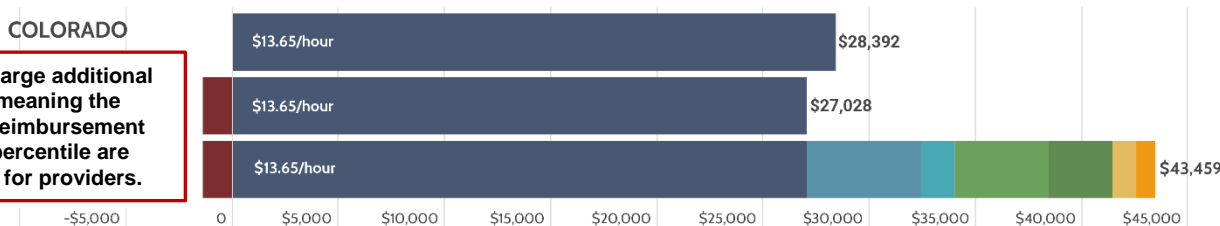
● Child Care Cost (Annual Copay) ● Child Care Cost (Annual Addl Fee) ● Earned Income

# Total Resources Based on State Policy Choices

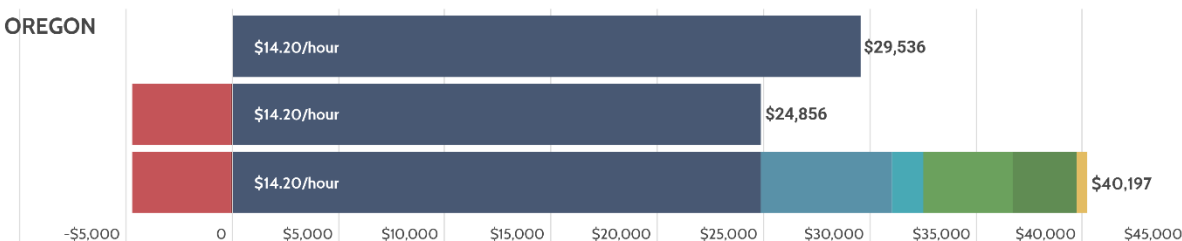
Minimum Wage Earnings (Less Out of Pocket Child Care Expenses) Plus Federal and State Benefits

## COLORADO

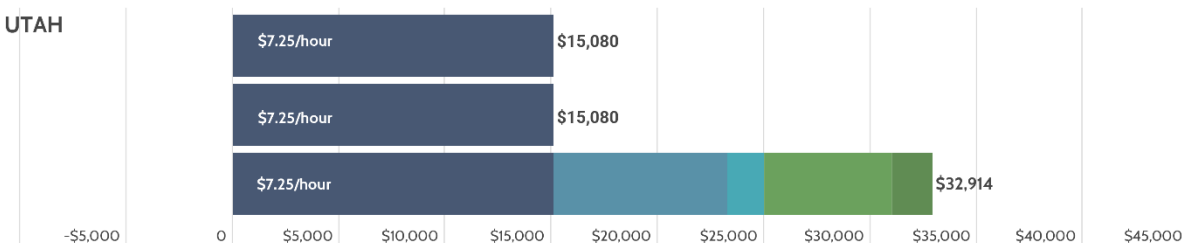
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## OREGON



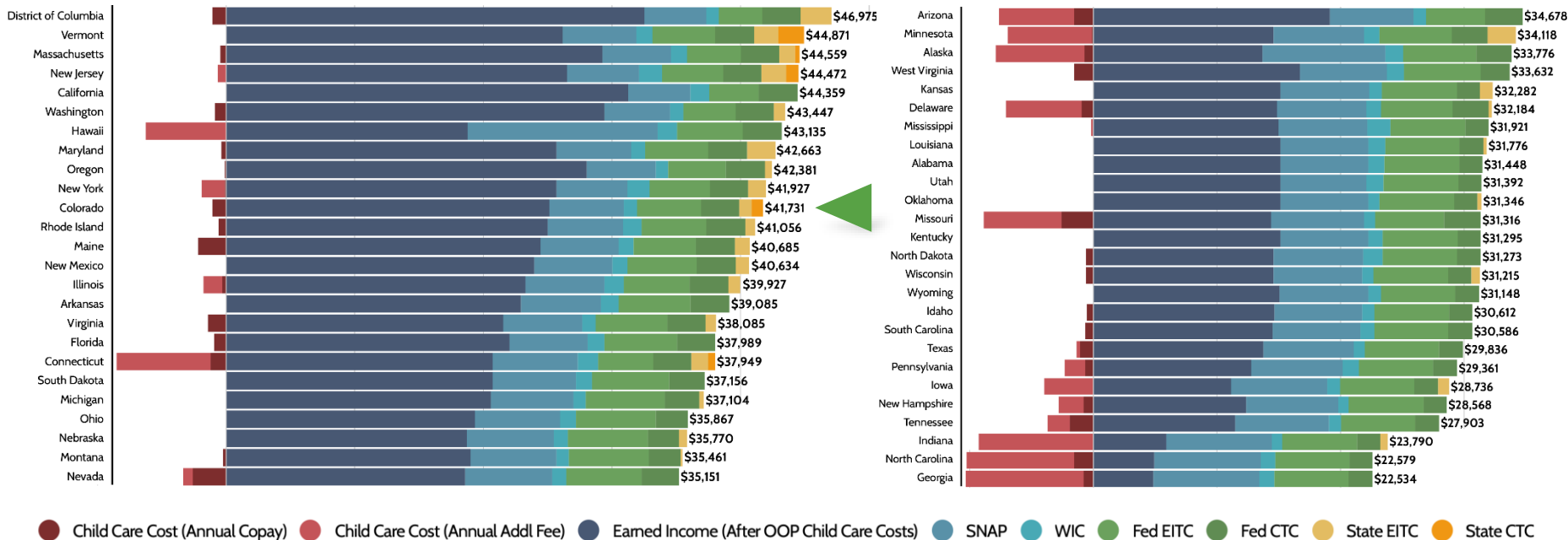
## UTAH





# The Impact of State Policy Choices on Family Resources Across States

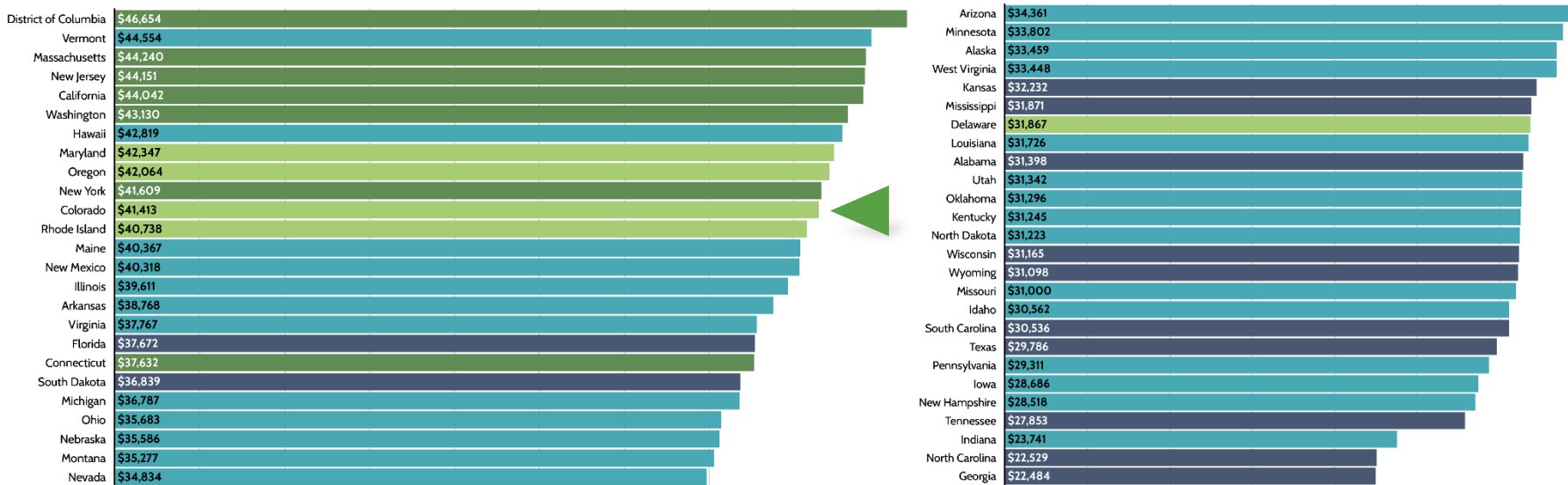
Annual Minimum Wage Earnings (Minus Out of Pocket Child Care Expenses) Plus Federal and State Benefits



To the extent possible, data reflect state policies as of October 1, 2022. All earnings, benefits (both federal and state), and child care costs are based on a family of three comprised of a single parent working a full-time, minimum wage job with two children in full-time, center-based child care (an infant and a toddler)

## Total Annual Resources

(Based on Minimum Wage Earnings (Minus Out of Pocket Child Care Expenses) Plus Federal and State Benefits) and State Choices to Expand Medicaid and Adopt a Paid Family Leave Program of a Minimum of 6 weeks



- State has expanded Medicaid and implemented a 6-week+ paid family leave (PFL) program
- State has expanded Medicaid and adopted, but not fully implemented a 6-week+ PFL program
- State has expanded Medicaid, but not adopted 6-week+ PFL program
- Nonexpansion state + no 6-week+ PFL program

To the extent possible, data reflect state policies as of October 1, 2022. All earnings, benefits (both federal and state), and child care costs are based on a family of three comprised of a single parent working a full-time, minimum wage job with two children in full-time, center-based child care (an infant and a toddler).

# 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

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



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