

PN-3 Quarterly Update

Year 2 Implementation, Quarter 4 | June 2022



Our PN-3 Collaborative just wrapped up our second year working on our comprehensive policy agenda for infants and toddlers, with many wins and some positive outlooks over the next year. The subgroups have been busy advocating for our legislative priorities, with state budget negotiations underway. The budget should be wrapped up by the end of June, and we will move into summer and fall, where the focus will be on the November election. The subgroups are preparing education materials on our PN-3 policy areas for our gubernatorial candidates and incoming legislators. With a new Administration guaranteed, it is a critical time to identify opportunities to engage and educate the gubernatorial candidates around our issues and our goals moving forward. Year three will be a busy year for us, with many recent changes!

For any questions about the newsletter or to be added to any of the subgroups in our PN-3 collaborative, please contact [Maggie Livelsberger](#).

Upcoming PN-3 Events:

November 16th 10am-12pm:
Full Collaborative Group Meeting

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Subgroup Updates

Child Care

The Start Strong PA campaign is currently deep in advocacy around the 2022-23 state budget, launching its [#RaiseChildCare](#) initiative to encourage the legislature to include sustainable child care funding in the state budget for a \$2/hour wage supplement to help address the current staffing crisis. Through feedback from a survey of child care providers across the state, the campaign learned that there are nearly 7,000 open child care positions and over 32,000 children sitting on waiting lists to be enrolled in a program.

OCDEL also recently [announced](#) a \$98 million investment of American Rescue Plan Act funds to support a one-time investment opportunity for certified child care providers to support workforce recruitment and retention. While the campaign applauds the Wolf Administration for recognizing the staffing crisis, we hope to secure permanent funding to support the workforce moving forward.

In addition, the campaign has been working to educate electoral candidates to ensure the incoming administration and new members of the General Assembly are champions of child care. Activities include candidate conversations and briefing papers on issues of importance as it pertains to our Early Learning PA work, which includes child care. The campaign also monitors opportunities federally for long-term significant investments in child care funding and increases through the annual appropriations process.

In April, Start Strong PA also launched a Statewide Provider Advisory Board made up of a diverse group of 40 providers to build in greater provider voice in our everyday work—from advice on our policy efforts to how best to communicate with providers.

Home Visiting

The Childhood Begins at Home campaign has been busy the last several months in its budget advocacy to ensure Governor Wolf's proposed \$15 million increase for evidence-based home visiting—which would serve an additional 3,800 pregnant women, young children, and their families—makes it into the final budget. The campaign also encourages increasing the Nurse-Family Partnership line item to \$1.2 million to serve 200 more families in the commonwealth.

[Statewide](#) and [county](#) fact sheets reinforce the proposed increases in the state budget, highlight each of the six evidence-based home visiting models within the campaign, and show unmet need, data disaggregated by race and ethnicity.

Additionally, the campaign refined messaging around the benefits of home visiting by highlighting the outcomes for models to emphasize how each model uniquely supports families. While all six home visiting models within the campaign are rated as evidence-based, we [identified](#) research that showed the strongest outcomes in at least two of the following areas: improving maternal and child health, developing school readiness, promoting economic self-sufficiency, reducing abuse and neglect, and addressing substance use disorders.



Perinatal Health

Over the past several months, the perinatal subgroup has worked with DHS on the submission of a state plan amendment to extend postpartum Medicaid coverage. This would extend coverage for pregnant and postpartum women receiving Medicaid to 12 months, up from 60 days. DHS did submit the state plan amendment in mid-May and is currently awaiting approval from the Centers for Medicare and Medicaid Services (CMS). If approved, the state plan amendment will be retroactive to April 1, 2022. In addition, DHS established a workgroup to develop and implement target communications strategies across key stakeholder groups to inform them of the extension and let women know about their coverage. Further, the subgroup will be monitoring the impact of the extension through data collection and analysis over the next year.

The MOM-D Initiative, which the subgroup has been monitoring for the goals around perinatal depression screenings, reports initial success for participating hospital partners. Eighty-one percent of participating hospitals have a process to screen people with a validated mental health screening tool during the prenatal period, and 88% have a process in place for screenings during the postpartum period. As this work continues to move forward, the subgroup will be looking at the initial findings from the work for insights and potential recommendations. The subgroup will also be working on a policy brief about barriers to maternal mental health over the next year.

In addition to this work, the perinatal health subgroup is also working with the PA Doula Commission to monitor state progress toward submitting a state plan amendment that would allow Doulas to be reimbursed by Medicaid for their services. DHS and the PA Doula Commission have been working collaboratively to establish a reimbursement rate for Doula services. As this work moves forward, the subgroup will focus on preparing legislative education and advocacy strategies around this policy.

The campaign is also continuing to monitor the Medicaid Maternal Home Visiting program within DHS and has requested data to understand how many participants are receiving home visiting services through that initiative.



Children's Health Insurance

The children's health insurance subgroup has pivoted to focus on what the public health emergency means for children's access to public health insurance through Medicaid and CHIP. The subgroup is monitoring efforts to unwind the continuous Medicaid coverage as the PHE ends, as early as October, to ensure the hundreds of thousands of Pennsylvania children at risk of losing their health insurance do not experience gaps in coverage. This includes ensuring a smooth transition for children determined to no longer be Medicaid-eligible to another option, such as CHIP. Governor Wolf's budget accounts for a 6-month unwinding period, which is much shorter than the federal recommendation, so our advocacy is critical to ensure DHS is carefully planning the potential impacts going into an unprecedented endeavor.

Further, the subgroup continues its goals of expanding health insurance to every child and pregnant individual living in Pennsylvania. The subgroup has been seeking opportunities legislatively and via a state plan amendment to allow for undocumented children and pregnant women to be eligible for health care coverage, either through Medicaid or CHIP. Expanding health insurance for those not currently eligible due to their immigration status is an investment in long-term health. The research shows us this is a good policy because it leads to better health outcomes and produces health care cost savings.

Nutrition (WIC)

The nutrition subgroup is working on exciting updates. This spring, the state hired a new PA State WIC Director, Sally Zubairu-Cofield, who comes to the state with many years of experience working directly with the WIC program in Virginia and Maryland. Sally is a great partner in the work with Thriving PA and the subgroup and is looking at how the Bureau of WIC can modernize the system to increase participation throughout the state. Recently, she commissioned a feasibility study to look at how the state can innovate its Smart Card and make it an online system so WIC clients do not need to go into WIC offices to have their benefits reloaded each month. In addition, the Bureau also recently announced its finalist for the WIC Advisory Committee, which will look at other modernization opportunities to innovate the system.

The subgroup is also working on county-level fact sheets specific to WIC that we anticipate will be ready this summer. These fact sheets will be updated annually and highlight specific data on the coverage rates of WIC across counties and participation numbers of both children and women. The fact sheets will inform policymakers and key stakeholders about the WIC program and improvements to increase participation.

Further, the subgroup is wrapping up statewide focus groups on the WIC program to hear directly from clients about the barriers they face in accessing the program and solutions they feel will make it easier to participate. Once those focus groups conclude, the subgroup will create a report with findings and recommendations for the Bureau.



Lead Screening and Abatement

The Lead-Free Promise Project announced the legislature is investing \$10 million in lead paint remediation through American Rescue Plan Act funds that Pennsylvania received during the pandemic. This funding will be used to remediate lead in homes across the commonwealth. This is a huge win for the campaign, as remediation funding has only been provided federally in the past.

In addition, LFPP launched a new legislative initiative to reach all policymakers in the state to educate them about the dangers of lead paint in homes and the detrimental impact it can have on young children. The goal is to get all legislators to commit to protecting children against lead paint poisoning. This also includes a push to have policymakers introduce and pass a package of legislation on universal lead screenings for children and permanent remediation funding.

The subgroup also is working on an FAQ for primary care providers on blood lead screenings, and developing a continuing education credit or best practices webinar for providers on screening, home testing and remediation resources and techniques to increase referrals to Early Intervention services.

Community Engagement

Over the last couple of months, our community engagement work has focused on engaging WIC families on the barriers they face in accessing the program and solutions to improve the system. So far, four sessions across the state have taken place, including focus groups in Berks and Lancaster counties, Allegheny County, Centre County, and northwestern PA, including Lawrence and Mercer counties. Two more are planned in the next month in Philadelphia and Scranton. We hope to secure support to facilitate a statewide focus group exclusively for Spanish-speaking families. Of the focus groups that have taken place already, there have been quality conversations with suggestions on how the state can better support WIC families. Those focus groups will help inform recommendations for the nutrition subgroup on how the Bureau of WIC can improve the program.

In addition, applications are now being accepted for the third cohort of our Family Leadership Learning Community that will take place from September 2022 through May 2023. If you know any parents interested in advocating for children and families and learning how to be a leader in their community, please pass along the application and encourage them to apply. There is also an opportunity for the families to connect to the various PN-3 subgroups and help inform our policy.

Recent PN-3 Research and Reports

Clinical and Public Policy Interventions to Address Food Insecurity Among Children

February 2022

A recent report indicates that approximately 1 in 6 U.S. children are currently food insecure. Food insecurity has been associated with adverse health and developmental effects, including the risk of chronic illnesses, behavioral problems, and even premature death. While racial inequalities in food insecurity existed before COVID-19, Black and Latino households have continued to experience a disproportionately high food insecurity rate during the pandemic. In response to these increasing rates of food insecurity, policymakers have focused on establishing structures to prevent lapses in program enrollment in Food Stamps, SNAP, WIC, and School Lunch and Breakfast Programs. Some states have also expanded SNAP to ensure children receive year-round food support through their school meal programs regardless of school absences due to illness, holidays, vacations, and social distancing rules.

The Child Care Paradox: How Child Care Providers Balance Paid and Un-Paid Caregiving

May 2022

A new report outlines the challenging conditions child care providers regularly endure in the United States. Despite child care being an incredibly critical and widespread industry, workers in the field continue to be undervalued, underpaid, and subjected to inadequate workplace standards. Child care providers across the country commonly do not receive a living wage, health insurance, or paid leave, resulting in extremely high rates of poverty within the profession. Professional caregivers are not only undervalued by society but rarely recognized for the additional unpaid care they provide to their own families while off the clock.

The undervaluing of care work is rooted in a long history of exploiting the labor of racial and ethnic minorities, as the childcare workforce is also disproportionately comprised of Black, Latina, and immigrant women. Policymakers must compensate childcare providers fairly for their essential roles by increasing their pay, improving their working conditions, and enabling them to better balance their paid and unpaid caregiving responsibilities.

Addressing Suspension and Expulsion In Early Childhood Education Settings: An Infant and Early Childhood Mental Health-Informed Approach

A recent report highlights the importance of training the early care and education (ECE) workforce on infant and early childhood mental health (IECMH), especially in regard to reducing suspensions and expulsions among young children from ECE programs. IECMH is the developing capacity of a child from birth to age 5 to form close relationships, manage and express emotions, explore the environment, and learn. ECE providers who utilize an IECMH approach are better able to support young children's mental and relational health, as well as use disciplinary techniques that promote teaching rather than punishment. Exclusionary punishment, such as suspensions and expulsions, significantly influence a child's developmental, academic, and social outcomes. These forms of discipline have also been associated with increased rates of grade retention, school drop-out, involvement with juvenile justice, and poverty. These negative effects not only have a strong impact on a child's long-term trajectory, but have significant costs and social burdens on communities as well. Policymakers must create systems and policies that: ensure ECE providers have access IECMH training, prevent exclusionary practices within the ECE environment, and address the developmental needs of infants, toddlers, and young children.

