



STATE OF BABIES YEARBOOK 2019

EMBARGOED UNTIL FEB 26



Babies are born with unlimited potential.

Every parent knows this from the earliest moments of holding their child and looking into the child's eyes. The first three years are a time in human development that is unmatched by any other point later in life. There are 12 million infants and toddlers who live in the United States. The foundation we lay for them today is the most important investment we can make for our society tomorrow.

Yet the data are clear: What state a baby is born in makes a big difference in their chance for a strong start in life.





Make their potential our priority.

The *State of Babies Yearbook: 2019* is a collaborative effort between ZERO TO THREE and Child Trends, and was produced as part of ZERO TO THREE's *Think Babies*™ campaign. Funding partners for *Think Babies* include the Robert Wood Johnson Foundation, which supports the campaign's public education aspects, and the Perigee Fund, which supports the campaign's public education and advocacy aspects. Learn more at thinkbabies.org.

ZERO TO THREE works to ensure all infants and toddlers benefit from the family and community connections critical to their well-being and development. Since 1977, the organization has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools and responsive policies for millions of parents, professionals, and policymakers.

Child Trends is the nation's leading nonprofit research organization focused exclusively on improving the lives and prospects of children, youth, and their families. For 40 years, decision makers have relied on our rigorous research, unbiased analyses, and clear communications to improve public policies and interventions that serve children and families.

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ZERO TO THREE
Early connections last a lifetime

Child

TRENDS

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Executive Summary

For the 12 million infants and toddlers in the United States, the state where they are born and raised during their first three years makes a big difference in their chance for a strong start in life.

Each of these young children is born with unlimited potential. They are our society's next generation of parents, workers, and leaders. How they are faring today gives us clues to how strong our nation will be when they assume those roles. We cannot afford to squander the potential of a single child if our nation is to thrive. Today's young children are more diverse than at any other time in our nation's history. More than half (51 percent) of babies in the United States are children of color. We have to embrace the changing portrait of our nation's babies and their families and ensure our policies are responsive to their diverse needs.

Decades of research from numerous disciplines demonstrates that the first three years of a child's life are a period of incredible growth and opportunity that shape every year that follows.

- It is the time in life when we have the best chance to help children develop the capacities they need to weather adversity and take full advantage of future opportunities.
- From birth to age 3, infants and toddlers experience the most rapid physical, cognitive, and emotional development of their lives.
- By age 3, children acquire the abilities to speak, learn, and reason.
- During this uniquely sensitive time, young children's interactions and experiences combine with the influences of genes to shape the architecture of their brains; enduring in ways that lay the foundation for lifelong health, well-being, and success.

Young children can achieve this foundation for a healthy future when their needs are met, ranging from essentials like food and housing to safe, stable, and nurturing care. The social and economic returns to society of such investments are well-documented. Yet, infants and toddlers are seldom at the forefront of national and state policy agendas. **We need policymakers to “think babies” by making their potential our priority through policies and programs that support their healthy development.**

The State of Babies Yearbook: 2019 is a first-of-its-kind resource for stakeholders who recognize the critical importance of supporting the healthy development and well-being of America's babies and toddlers. It seeks to bridge the gap between science and policy with a state-by-state snapshot of how babies and their families are faring. The national and state profiles provide the building blocks for strong policies which support parents and caregivers in nurturing the youngest

children and placing them firmly on a path to success in school and in life. The data presented in the *Yearbook* will help to

- increase policymakers' awareness of the unique needs of infants, toddlers, and their families;
- garner greater support for child- and family-friendly policies and practices; and
- provide early childhood advocates and policymakers with the information they require to advance national and state policies responsive to these needs.

ZERO TO THREE's policy framework, grounded in the science of early childhood development, promotes supports for infants and toddlers' healthy development in three domains: Good Health, Strong Families, and Positive Early Learning Experiences. These domains form the basis for the indicators in the *State of Babies Yearbook: 2019*.



Good Health

Health Care Access/Affordability
Food Security
Nutrition
Maternal Health
Child Health
Infant and Early Childhood Mental Health



Strong Families

Basic Needs Support
Child Welfare
Home Visiting
Supportive Policies/Paid Leave



Positive Early Learning Experiences

Early Care and Education Opportunities
Early Intervention and Prevention Services

When babies and toddlers do not have the supports they need to thrive, their development can suffer, leading to lifelong consequences.

A range of experiences pose challenges for young children's development. They may live with chronic, unrelenting stress; they may know hunger or unstable housing; they may lack opportunities for positive interactions with caregivers. Consequently, these children may fall behind early, lag in later educational and earnings achievements, and experience health problems later in life or even have a shorter life span.

The national profile of our nation’s infants and toddlers signals significant shifts toward great diversity as well as some early warnings that we are not giving infants and toddlers the ingredients they need to thrive.

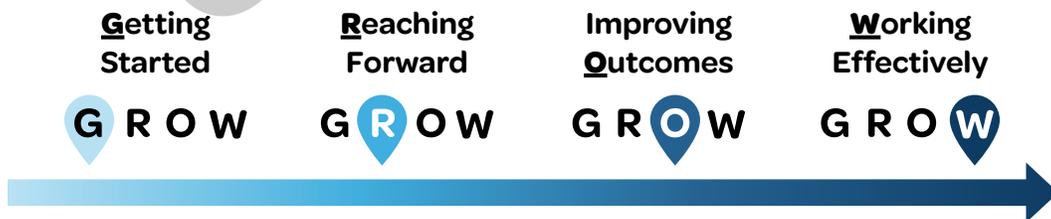
- 45 percent live in households with incomes less than twice the federal poverty level.
- 21 percent live with a single parent, 9 percent live in grandparent-headed households.
- 61 percent have mothers in the work force.

Science tells us that these indicators underscore the need to ensure that every baby has equitable opportunities to thrive. Research consistently finds negative effects of poverty and racial disparities among young children in low-income families and children of color, caused by differences in access to resources and services as well as contributing historical and social factors. The effects of disparities appear early and are critical—within their first two years infants from higher and lower socioeconomic status families already exhibit a 6-month gap in processing skills critical to language development.¹ These outcomes affect our international status. The United States lags behind other developed nations on several indicators of well-being, particularly in the health area, where the underlying story is told by looking at the wide disparities in infant mortality rates and birth outcomes for children of color.

Ensuring all babies have a strong foundation to GROW

The true picture of the state of America’s babies emerges from the range of conditions in the 50 states and the District of Columbia. **All states have room to grow in how they support parents in caring for their young children. Yet, some states are more advanced than others** in giving babies and their families the chance to overcome adversity and reach their full potential.

The *State of Babies Yearbook: 2019* uses a transparent ranking process to group states into one of four tiers to provide a quick snapshot of how states fare on the selected indicators and domains. These tiers represent four groupings of states that are approximately equal in size and ordered from highest to lowest performing. We use the following tiering symbols to designate a given state’s placement in one of the four tiers.



1 Cosse, Ruth, et al. (2018). *Building Strong Foundations: Racial inequity in policies that impact infants, toddlers, and families*. CLASP and ZERO TO THREE, Washington, DC. www.zerotothree.org/resources/2561-building-strong-foundations-racial-inequity-in-policies-that-impact-infants-toddlers-and-families

A state's lower overall rank should not obscure the fact that in an individual domain, the state may have promising indicators that may reflect initiatives to improve babies' outcomes. Individual state profiles provide stakeholders with a map of where their support for their babies is lagging behind or forging ahead of other states and the national average. **States with higher rankings should not be complacent and those at the lower end should not feel overwhelmed.** Rather, each should use this map to identify challenging areas that the state needs to work on and muster the will to give its babies the best start in life.

The State of Babies Yearbook 2019: Overall Rankings

Working Effectively

G R O W

Colorado
Connecticut
Delaware
Maine
Maryland

Massachusetts
Minnesota
Montana
New Hampshire
Rhode Island

Vermont
Washington

Improving Outcomes

G R O W

Alaska
District of Columbia
Hawaii
Iowa
Missouri

Nebraska
New Jersey
New Mexico
North Carolina
Ohio

Oregon
Pennsylvania
South Dakota

Reaching Forward

G R O W

California
Georgia
Idaho
Indiana
Kansas

Louisiana
Michigan
New York
North Dakota
South Carolina

Utah
Virginia
Wisconsin

Getting Started

G R O W

Alabama
Arizona
Arkansas
Florida
Illinois

Kentucky
Mississippi
Nevada
Oklahoma
Tennessee

Texas
West Virginia
Wyoming



The State of Babies Yearbook: 2019

The current state of infants and toddlers in the United States tells us an important story about what it is like to be a very young child in this country, and where we are headed as a nation. The littlest among us face big challenges. Far too many families have limited access to social and economic resources and face persistent hardships—such as food insecurity, unstable housing, unsafe neighborhoods and exposure to violence—creating unrelenting stress that hampers families’ ability to provide for their babies with the nurturing experiences they need to thrive.

The data are clear: **What state a baby is born in makes a big difference in their chance for a strong start in life**, and babies in every state face a different set of circumstances that affects their development.

To do better for our babies and our nation’s future, we need federal and state policymakers to make babies a priority through policies built on the science of brain development, as well as budgets that put babies and families first. The future of our nation depends on how we treat babies and their families today, and we can’t afford to squander the unlimited potential of a single child.



ZERO TO THREE and Child Trends have created the *State of Babies Yearbook: 2019*, a first-of-its-kind resource that looks holistically at the well-being of babies in all 50 states and the District of Columbia. The national and state profiles provide clear insight into the bright spots that exist throughout the country and the places we have room to grow. The aim of this in-depth report is to increase policymakers' awareness of the unique needs of infants, toddlers, and their families; garner greater support for child- and family-friendly policies and practices; and provide early childhood advocates and policymakers with the information they require to advance national and state policies responsive to these needs.

The time to make every baby our national priority is now. Babies, families, and the nation as a whole are counting on us to get this right.

The early years matter most. The first three years of a child's life are a period of incredible growth and opportunity to support and nurture children in ways that will have significant and lasting impacts. From birth to age 3, infants and toddlers experience the most rapid physical, cognitive, and emotional development of their lives. By age 3, children acquire the abilities to speak, learn, and reason. During this uniquely sensitive time, young children's interactions and experiences combine with the influences of genes to shape the architecture of their brains in enduring ways that can potentially lay the foundation for lifelong health, well-being, and success.

Babies' brains grow at a faster rate during the first three years of life than at any later point in their lifetimes—creating more than 1 million neural connections per second.¹ These connections form the foundational brain architecture on which all later

*The time
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learning and development will rest. A baby's earliest experiences determine whether that foundation will be strong or fragile, and this brain development is dependent on multiple inputs. Relationships and social interactions, as well as nutrition, safety and protection, provision of basic needs, and regular medical care are all important to how a baby's brain grows.²

It is critical that every baby have equitable opportunities to thrive; however, significant disparities exist in opportunities and related outcomes. Research consistently finds negative effects of poverty and racial discrimination among young children, linked to differences in access to critical resources and services. These effects appear early; at age 2, children in the lowest socioeconomic group already lag behind their peers on measures of language, cognitive abilities, and attachment.³ The wide disparities in birth outcomes and infant mortality that are associated with race and ethnicity in the United States are largely responsible for our country's poor ranking, among other developed nations, on these indicators. In the State of the Nation's Babies, we provide an initial look at some of these disparities; more in-depth analyses and state-level perspectives on racial equity will be addressed in a future brief.

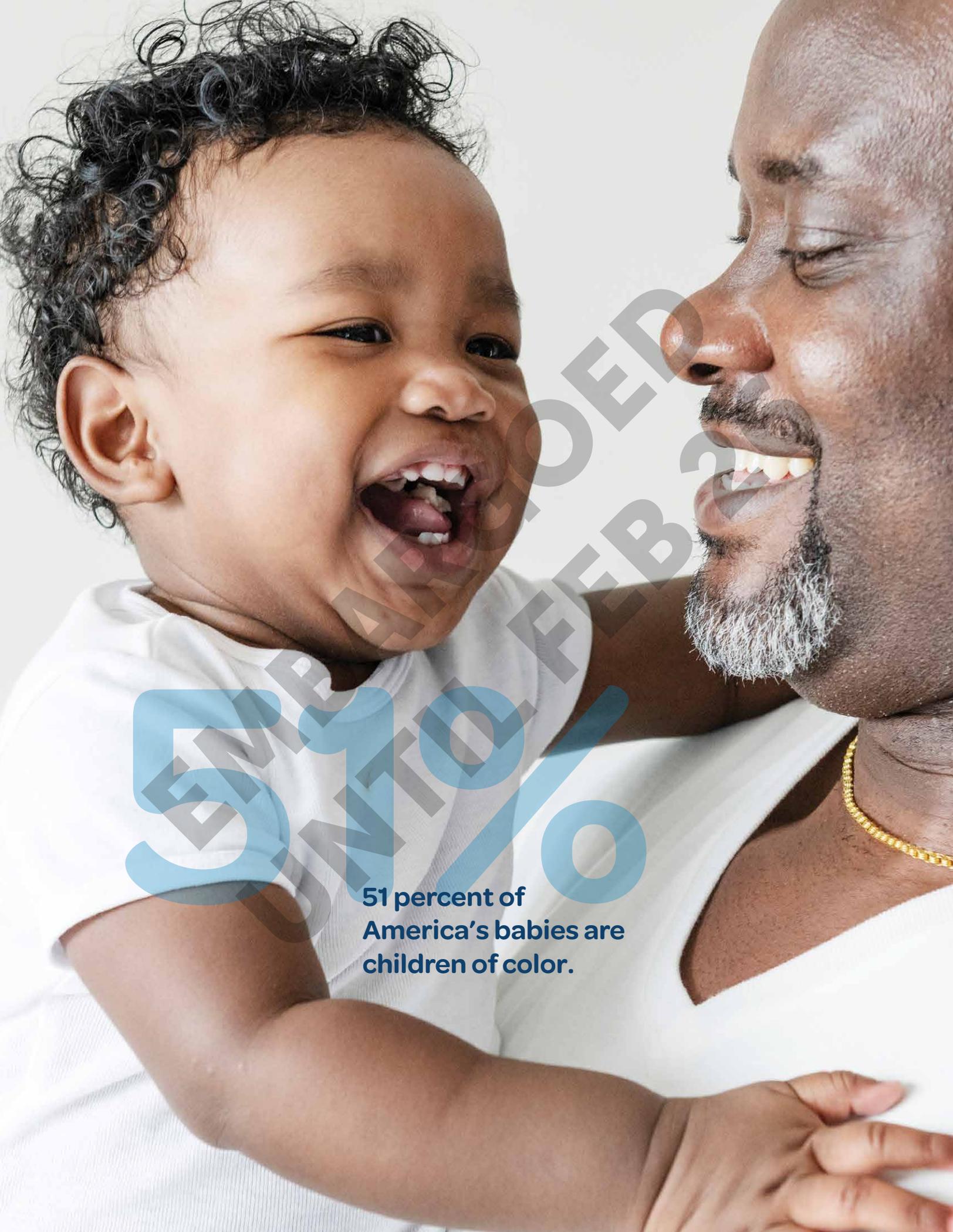
What state a baby is born in makes a big difference in their chance for a strong start in life.

Early experiences and early intervention matter. When babies and toddlers do not have the supports they need to thrive, their development can suffer, leading to lifelong consequences. Fortunately, the same rapid brain development that makes babies and toddlers so vulnerable to adversities also offers a window of opportunity. Early in life, the brain is most adaptable to a wide range of environments and interactions, and thus can be rewired in response to significant changes in children's circumstances.

This points to the importance of early intervention—it is easier and more effective to influence the architecture of a young child's developing brain than to rely upon remedial programs later in life.⁴

What research tells us about the building blocks of development

Good health, strong families, and positive early learning experiences are the building blocks for a strong start in life. All babies require healthy development in these three domains to reach their full potential. These fundamental areas are intertwined: Good physical and mental health are influenced by the child's environment and the stress their family may experience. Early learning opportunities are affected by a family's income and neighborhood. Family stability may be shaken due to a health crisis or inability to get mental health treatment.



51%

**51 percent of
America's babies are
children of color.**



Good Health

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. Access to good nutrition, support for mothers to breastfeed, and affordable maternal, pediatric, and family health care are essential to ensure all babies get a strong start.

Infants and toddlers also need positive relationships to support their healthy social and emotional development, which is critical for positive cognitive development. They and their families may require access to infant and early childhood mental health (IECMH) services, such as maternal depression screening and interventions to support the parent-child relationship, detect mental health problems, or prevent them from taking root. When social and emotional development suffers significantly, infants and toddlers can experience mental health problems. Even babies can show signs of depression (e.g., inconsolable crying, slow growth, sleep problems).⁵ Maternal depression and anxiety disorders affect approximately 10 percent of mothers with young children.⁶ Mental health disorders in young children often reflect problems in the attachment relationships, which can be impaired if caregivers suffer from depression. Skilled providers can accurately screen for, diagnose, and treat mental health disorders before they affect other areas of development. However, nearly one-third of state Medicaid programs do not permit reimbursement for maternal depression screenings that are provided during pediatric visits.

Federal and state policymakers can strengthen these early foundations by improving the continuum of services that promote early childhood health and mental health, as well as targeted interventions for infants and toddlers who face barriers to receiving care.

Poor nutrition and recurrent exposure to infectious diseases in early childhood are linked to chronic cardiovascular, respiratory, and mental health problems in adulthood.⁷ Research finds that infants and toddlers with access to health coverage are more likely than their uninsured peers to see a doctor regularly and receive preventive health care and treatments. Routine checkups and other preventive care, such as recommended vaccinations and screening for early detection of harmful risk factors, help prevent more costly health issues as children get older. Nearly half of children under age 3 receive medical coverage through Medicaid, and those covered have better long-term health, educational, and employment outcomes than those who were uninsured. Healthy parents are more likely to have healthy children. Research confirms that access to health insurance is a family affair, as children are more likely to be covered if their parents have coverage as well. Medicaid expansion has improved parents' access to care, and it has been associated with lower rates of infant mortality in states that adopted that policy.



Strong Families

Young children develop in the context of their families, where stability and supportive relationships best nurture their growth. Babies need unhurried time with their parents to form healthy attachment. Nurturing and responsive relationships offer both immediate and long-term benefits, fostering trust, positive social-emotional development, and the capability to form strong relationships in the future. All families benefit from parenting supports, and many—particularly those challenged by economic instability—require access to additional resources that help them meet their children’s needs. Key supports include home visiting services and family-friendly employer policies that provide paid sick and family leave.

Adversities experienced early in life—such as hunger, abuse and neglect, or household instability and violence—can create stress that undermines lifelong development.⁸ Chronic, unrelenting stress experienced in early childhood, such as that caused by extreme poverty, repeated abuse or prolonged neglect, or severe maternal depression, for example, can

be toxic to the developing brain and may lead to problems with self-regulation, lags in cognitive and social-emotional development, and chronic health problems in adulthood. However, caring relationships with trusted caregivers can buffer babies’ exposure to adverse events and mitigate long-term negative effects.

Infants and toddlers are the age group most vulnerable to abuse and neglect, and they experience the highest rates of maltreatment.⁹ Too few families receive early supports that could prevent the circumstances that increase the risk for maltreatment, the most frequent form of which is neglect. Infants and toddlers who have experienced maltreatment frequently experience delays in their emotional, social, and cognitive development, making prevention and early intervention efforts especially important.¹⁰ Foster care practices not attuned to early development can compound these problems. Child welfare systems should be responsive to the needs of very young children in their policies and practices, but seldom are.¹¹



Positive Early Learning Experiences

Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. The quality of babies' early learning experiences has lasting impact on their preparedness for lifelong learning and success. Parents who require child care to work or attend school need access to affordable, high-quality care options that promote positive development. Low-income children particularly can benefit from high-quality early care and learning opportunities, but they are less likely to have access to these programs and care settings.¹²

Second only to the early learning experience within the immediate family, child care is the context in which early childhood development most frequently unfolds, starting in infancy.¹³ Parents of children under age 3 are more likely to use informal child care (provided by friends, family, or neighbors) than formal child care.¹⁴ The federal Early Head Start (EHS) program was created to help minimize the disparities caused by poverty by supporting the healthy development of expectant mothers and low-income infants and toddlers. However, only 7 percent of babies and toddlers who are eligible for Early Head Start are currently being served.



Ensuring all babies have a strong foundation to GROW

While research makes the case for investing in policies that support early development, infants and toddlers are seldom at the forefront of policy agendas.

Research from a variety of disciplines confirms the importance of the infant and toddler years, and the profound influences babies' early experiences have on their future development and capabilities. Those experiences, in turn, are affected by public policies and resources. Increased public awareness of the importance of the first three years has resulted in some increases in funding directed primarily at infants and toddlers, such as for home visiting and expansion of Early Head Start. Many states are implementing initiatives that could improve opportunities and outcomes for all babies but must garner the political will to bring them to scale. Yet a wide gap remains between the compelling science pointing to greater investment and the policies that could help all babies realize their potential.

ZERO TO THREE's policy framework, grounded in the science of early childhood development, incorporates the three domains of healthy development described above to identify and promote comprehensive policies to meet these needs: Good Health, Strong Families, and Positive Early Learning Experiences. Indicators in each of those policy domains describe child and family well-being, status and reach of programs and services, and the presence or absence of key policies that promote healthy development.

The *State of Babies Yearbook: 2019* uses a transparent ranking process to group states into one of four tiers to provide a quick snapshot of how states fare on the selected indicators and domains. These tiers represent four groupings of states that are approximately equal in size and ordered from highest to lowest performing. We use the tiering symbols throughout the *Yearbook* to designate a given state's placement in one of the four tiers.



The profiles and state rankings are intended to be a catalyst for action—to move babies to the top of policy agendas and mobilize the public will to make investments where they generate the greatest return over the lifetimes of today's 12 million infants and toddlers, and those who will follow. Improving the state of babies will require stakeholders at all levels to grasp the significance of the story the data tells, both at the national level and in individual states. These stakeholders must then take meaningful action to tackle challenges and make nurturing the full potential of America's babies a national priority.



Nearly half of children under the age of 3 receive medical coverage through Medicaid, and those covered have better long-term health, educational, and employment outcomes than those who were uninsured.

1/2



State of the Nation's Babies

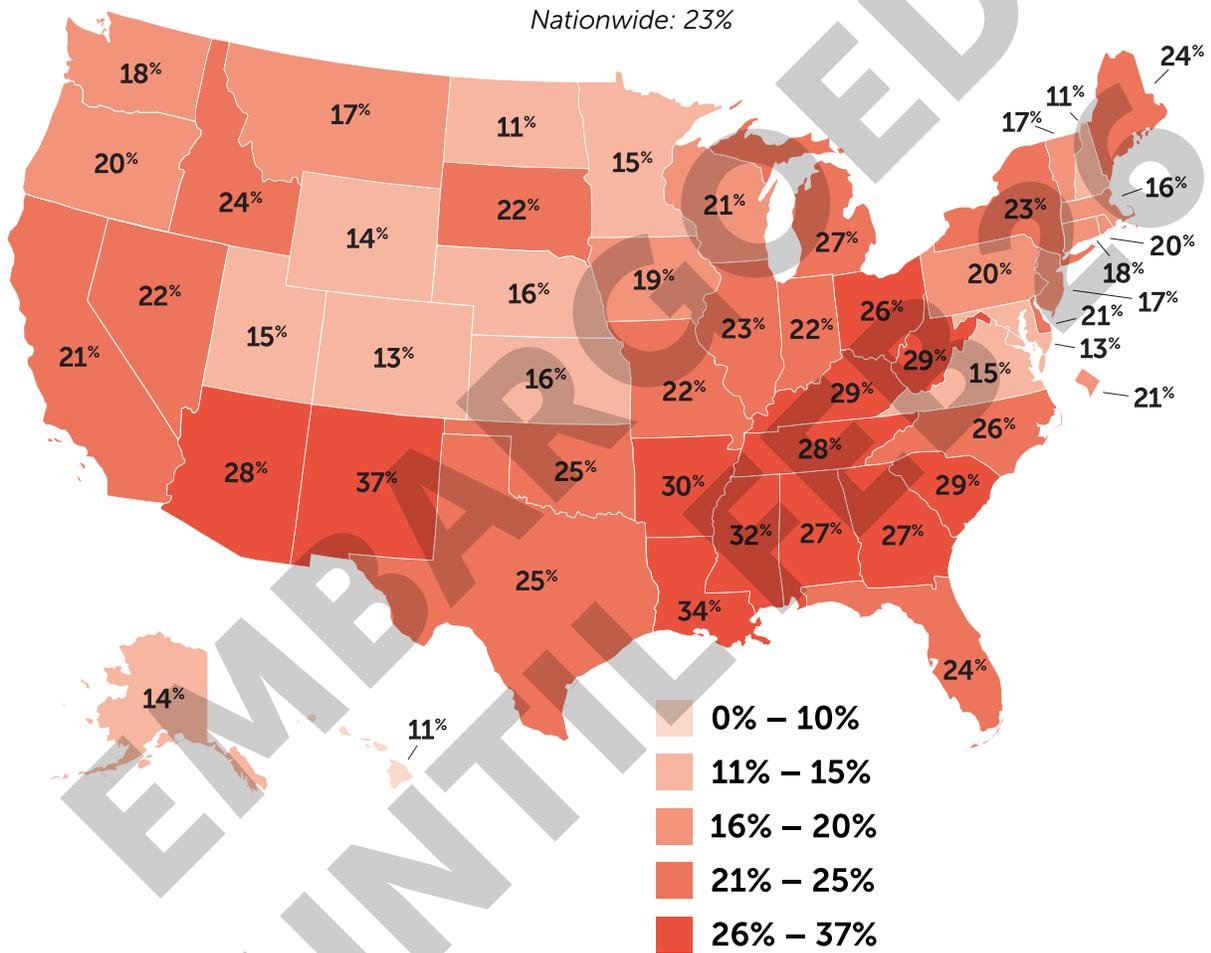
The nation's babies reflect the growing diversity of the United States. The current generation of parents, millennials, are the most diverse in our nation's history.¹⁵ In 2011, for the first time, more than half (50.4 percent) of our nation's population under age 1 were children of color, up from 49.5 percent the previous year. In 2017, 51 percent of babies were non-white. These changing demographics have substantial implications for planning policies and services that best meet the increasingly diverse familial, cultural, and language needs of our youngest children. Opportunities to grow and flourish are not shared equally by the nation's infants, toddlers, and families, reflecting past and present systemic barriers to critical resources, such as limited access to quality health care services, stable housing, reliable income and employment, and quality child care.¹⁶ Infants and toddlers of color (i.e., black, Hispanic, and Native American) are disproportionately at risk for poorer outcomes in the three domains of well-being. The negative immediate and long-term consequences of early inequities are well documented.

Infants and toddlers represent only 4 percent of the nation's population but 6 percent of those in poverty. As many as 45 percent of infants and toddlers live in households with incomes less than twice the federal poverty level (about \$50,000 a year for a family of four in 2017)—23 percent are below poverty level—challenging their ability to meet basic needs. Almost 17 percent of households with infants and toddlers experience low or very low food security, and as many as one in 12 babies (8.2 percent) is born at low birthweight, which can jeopardize their development. America's youngest children are raised in a variety of family contexts that reflect changing characteristics of the society overall. One in five babies (21 percent) lives with a single parent, 9 percent live in grandparent-headed households, and most (61 percent) have mothers in the workforce. The changing portrait of the nation's babies and their families requires policies and services that are responsive to their diverse needs.

Another powerful indicator of the status of babies in the United States can be found in our standing among other developed nations. Our country ranks 31st for relative child

poverty among 38 economically advanced countries.¹⁷ The youngest Americans live in disproportionately low-income and poor families. Research shows that poverty at an early age can be especially harmful, affecting later achievement and employment.¹⁸

1 in 4 American Babies is Living in Poverty





A Matter of Equity *Good Health*

Despite improvements in babies' health over time in the U.S., in aggregate, infants and toddlers of color experience significant disparities in key areas of maternal and child health. Notably, black and American Indian/Alaska Native (AI/AN; Native American) babies experience disproportionately higher rates of infant mortality and low birthweight than babies of other races.¹⁹ While the national infant mortality rate was 5.9 deaths per 1,000 births in 2016, the rates for black and American Indian or Alaska Native infants were 11.2 and 7.6, respectively. By comparison, rates were 5.0 for Hispanic, 4.9 for non-Hispanic white, and 4.0 for Asian or Pacific Islander infants. While the overall rate of low birthweight is 8.2 percent nationally, it is markedly higher (13.6 percent) among black babies—compared to 7 percent for white, 7.3 percent for Hispanic, and 8.2 percent for AI/AN babies.²⁰ Similar patterns exist in maternal health, with women of color more likely to receive late or no prenatal care. Nationally, 6.2 percent of all mothers receive late or no prenatal care. However, this differs widely by race, with the highest incidence of late or no care among Native Hawaiian/Pacific Islander (19.2 percent), Native American (12.5 percent), and black (10 percent) mothers, compared to 4.3 percent of white mothers.²¹

21%

**21 percent of
babies live with
a single parent.**





A Matter of Equity *Strong Families*

Infants and toddlers of color, in addition to living disproportionately in poor families, are more likely to live in neighborhoods their parents characterize as unsafe, to experience housing instability (i.e., crowded homes and frequent moves), and to have been exposed to one or more potentially traumatic experiences.²² Instability and hardship—particularly during the earliest years of life—are known to have negative long-term consequences for children’s well-being.²³ Despite their high rates of employment, parents of color are more likely to work in low-wage jobs with unstable schedules and few employer-sponsored benefits (such as paid time off, retirement plans, or health insurance). Low-wage work undermines parents’ ability to care for their young children during this critical period of development.

Young children of color, particularly black and Hispanic babies, are also disproportionately represented in the child welfare system, and their permanency outcomes differ from those of their white peers. Children of color are less likely to receive family preservation services and are more likely to be removed. While black infants and toddlers comprise 14 percent of the national population under age 3, they represent 23 percent of young children in the child welfare system. Once removed from their parents, black children are more likely to experience negative outcomes, including longer stays in foster care. Specifically, in normal child welfare practice, white children—despite their parents’ similar skills, receipt of services, and absence of substance problems—are more than twice as likely to be reunified with their parents as black children. Much of this difference is attributed to structural and institutional biases in decision-making within the child welfare system. Interventions to reduce these disparities, such as the Safe Babies Court Team™ approach, report marked differences in reunification of black children with their parents, successfully closing the reunification gap with white children.



A Matter of Equity

Positive Early Learning Experiences

A number of factors make access to positive early learning experiences particularly challenging for babies of color. Because they are two to three times more likely to be affected by poverty than their white counterparts, parents of color are, on average, less able to afford the high cost of infant and toddler child care, and they are more likely to live in economically disadvantaged communities that lack high-quality early care providers. Options for care are further limited by the fact that women of color make up more than half of mothers with very young children in low-wage jobs (i.e., jobs paying \$10.50 or less per hour) that have irregular, unpredictable work schedules and non-traditional hours.²⁴ Of mothers with infants and toddlers in low-wage jobs, 21 percent are black and 30 percent are Hispanic. As a result, they are more likely to use informal child care arrangements provided by relatives or friends²⁵ and are less likely to access formal child care arrangements that could provide an extra boost to support optimal cognitive and social-emotional development. The combined stressors of economic instability and unpredictable work schedules also undermine these parents' availability to engage in important early learning experiences at home,²⁶ such as daily reading and singing, that promote early literacy skills and language development.

While supports, such as Early Head Start and Child Care Development Block Grant (CCDBG) funding, are designed to decrease the gap in access to early learning opportunities, the reach of this assistance is limited and varies by race. Underfunding of Early Head Start is limiting its reach. In 2017, just 7 percent of eligible infants and toddlers accessed Early Head Start. Similarly, the share of state-eligible infants and toddlers (household income < 180 percent FPL) served in CCDBG varies widely by race, with Asian and Hispanic babies less likely to receive child care assistance—7 percent and 10 percent, respectively, compared to 42 percent of Native Hawaiian or Pacific Islander children, 25 percent of black children, 13 percent of white children, and 12 percent of Native American children.²⁷

Overall State Rankings

A state's lower overall rank should not obscure the fact that in an individual domain, the state may have promising indicators that may reflect initiatives to improve babies' outcomes. Individual state profiles provide stakeholders with a map of where their care for their babies is lagging behind or forging ahead of other states and the national average.

Working Effectively

Colorado
Connecticut
Delaware
Maine
Maryland

Massachusetts
Minnesota
Montana
New Hampshire
Rhode Island

Vermont
Washington

G R O W

Improving Outcomes

Alaska
District of Columbia
Hawaii
Iowa
Missouri

Nebraska
New Jersey
New Mexico
North Carolina
Ohio

Oregon
Pennsylvania
South Dakota

G R O W

Reaching Forward

California
Georgia
Idaho
Indiana
Kansas

Louisiana
Michigan
New York
North Dakota
South Carolina

Utah
Virginia
Wisconsin

G R O W

Getting Started

Alabama
Arizona
Arkansas
Florida
Illinois

Kentucky
Mississippi
Nevada
Oklahoma
Tennessee

Texas
West Virginia
Wyoming

G R O W

States in the Northeast and West were more likely to score in the top two tiers of states across all three domains, as compared to states in the Midwest and South.

For example, four states in the Northeast (Massachusetts, New Hampshire, Rhode Island, and Vermont) received scores in the highest tier across all three domains. A few states stand out because they received scores in the top tier in one domain, but their scores for the remaining two domains were in the bottom two tiers. For example, New Mexico ranked in the first or top tier (i.e., "GROW—Working Effectively") for Positive Early Learning Experiences, but in the lower two tiers for Good Health and Strong Families. Similarly, Delaware received scores in the highest tiers for positive early learning experiences and strong families but scored in the third tier for good health. Minnesota and Washington received scores in the highest tiers for good health and strong families but scored in the third tier for positive early learning experiences.

Good Health

Good physical and mental health provide the foundation for babies to develop physically, cognitively, emotionally, and socially. The rate of brain growth is faster in the first three years than at any later stage of life, and this growth sets the stage for subsequent development. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life.

There are several areas in which infants and toddlers are doing well, and several where the national picture is concerning. States also vary widely on indicators of good health, and there are several indicators for which national averages tell only part of the story. For example, noteworthy differences exist in the income eligibility limits states set for pregnant women to participate in Medicaid, with limits ranging from 138 percent to 380 percent of the federal poverty level (FPL).

Positive findings include, for example, the number of babies (90.7 percent) who have received regularly scheduled medical care in the past 12 months.

Indicators of serious concern include the proportion of infants and toddlers who are not insured, incidence of low birthweight, infant mortality, and maternal and infant and early childhood mental health.

- Despite coverage available through Medicaid and the Children's Health Insurance Program, 5.8 percent of low-income infants and toddlers lack health insurance.
- As many as one in 12 babies (8.2 percent) is born at low birthweight, which can jeopardize development.
- The national infant mortality rate is 5.9 deaths per 1,000 births (ranging from 3.7 per 1,000 births in New Hampshire to an alarming 9.1 per 1,000 births in Alabama).
- More than one in five mothers of infants and toddlers (22 percent) rate their mental health as worse than "excellent" or "very good." Responsive policies are evident in the Medicaid programs of a majority of states, with 36 states covering screening for maternal depression as part of Early and Periodic Screening, Diagnostic, and Treatment, and 41 states offering social-emotional screening of young children.



The State of Babies: Good Health

Getting Started

G

Alabama
Arkansas
Florida
Kentucky
Louisiana
Mississippi
Missouri
Nevada
Oklahoma
Tennessee
Texas
West Virginia
Wyoming

Reaching Forward

R

Alaska
Arizona
Delaware
Georgia
Illinois
Indiana
Kansas
Michigan
Nebraska
New Jersey
New Mexico
North Dakota
South Carolina

Improving Outcomes

O

District of Columbia
Idaho
Maine
Montana
New York
North Carolina
Ohio
Oregon
Pennsylvania
South Dakota
Utah
Virginia
Wisconsin

Working Effectively

W

California
Colorado
Connecticut
Hawaii
Iowa
Maryland
Massachusetts
Minnesota
New Hampshire
Rhode Island
Vermont
Washington

← States that are overall **below** the national median on the selected Good Health indicators



→ States that are overall **above** the national median on the selected Good Health indicators

Good Health		
<i>Subdomain</i>	<i>Indicator</i>	<i>National Average/ Policy Count</i>
Health Care Access/ Affordability	Income cutoff (percentage of the federal poverty line) for Medicaid eligibility for pregnant women in Medicaid	200%
	State adopted Medicaid expansion under the Affordable Care Act	34 States
	Percentage of low-income infants/toddlers who are uninsured	5.8%
Food Security	Percentage of households with infants/toddlers experiencing low or very low food security	16.5%
Nutrition	Percentage of infants ever breastfed	83.2%
	Percentage of infants breastfed at 6 months	57.6%
Maternal Health	State Medicaid policy requires, recommends, or allows maternal depression screenings during well-child visits	36 States
	Percentage of women receiving late/no prenatal care	6.2%
	Percentage of mothers of infants/toddlers who rate their mental health as worse than "excellent" or "very good"	22.0%
Child Health	Percentage of infants/toddlers who had a preventive medical visit in the past year	90.7%
	Percentage of infants/toddlers who had a preventive dental visit in the past year	30.0%
	Percentage of babies with low birthweight	8.2%
	Infant mortality rate (deaths per 1,000 live births)	5.9
	Percentage of infants/toddlers receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella and PCV vaccines by ages 19 through 35 months	70.7%
Infant/ Toddler Mental Health	State Medicaid plan covers social-emotional screening for young children (ages 0 through 6 years) with a tool specifically designed for this purpose	41 States
	State Medicaid plan covers Infant and Early Childhood Mental Health services in home settings	46 States
	State Medicaid plan covers Infant and Early Childhood Mental Health services in pediatric/ family medicine settings	45 States
	State Medicaid plan covers Infant and Early Childhood Mental Health services in early care and education program settings	34 States

1 in 12

As many as one in 12 babies (8.2 percent) is born at low birthweight, which can jeopardize development.



Strong Families

Young children develop in the context of their families, where stability and supportive relationships nurture their growth. All families of infants and toddlers benefit from support with parenting, and many—particularly those challenged by economic instability—need access to resources that help them meet their children’s daily and developmental needs. Important supports include home visiting services, child welfare systems that are responsive to young children’s needs, and family-friendly employer policies that provide paid sick and family leave.

While most indicators in this area address challenges, an encouraging four out of five families (82.6 percent nationally) with an infant or toddler report a favorable level of resilience, with results among states ranging from 63 percent to 94 percent. However, infants and toddlers are uniquely sensitive to challenges in their environments, such as housing instability (i.e., moving three or more times since birth) or crowded housing that jeopardize development.

- Nationally, 2.5 percent of babies experience housing instability (i.e., have moved three or more times since birth).
- A higher proportion, 15.6 percent, live in crowded housing.

Findings for several indicators in this domain vary across states, with the largest differences found in rates of maltreatment, exposure to adverse experiences, and participation in TANF.

- Infants and toddlers have the highest rates of abuse and neglect of any age group, at 16 per 1,000 for children ages 0 to 2. Wide differences were found in states’ maltreatment rates, which range from 1.6 per 1,000 infants and toddlers in Pennsylvania to 39.0 per 1,000 in Massachusetts.
- Nationally, on average, 8.3 percent of infants and toddlers have already been exposed to two or more adverse experiences. While state averages on this indicator range from as low as 2.0 percent in Massachusetts to 27.3 percent in Arizona, most states (31) report less than 10 percent of their babies have had two or more adverse experiences.
- At the policy level, the wide variation in the proportion of families in poverty with a child under age 3 that receive TANF benefits—which ranges from 2.6 percent in Wyoming to 69.7 percent in Maryland—suggests this is an area for further exploration.



The State of Babies: Strong Families

Getting Started

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Alabama
Alaska
Arizona
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Indiana
Louisiana
Michigan
Nevada
New Mexico
New York
Oklahoma
South Dakota
Wyoming

Reaching Forward

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Florida
Georgia
Kentucky
Maine
Mississippi
Montana
North Carolina
North Dakota
South Carolina
Tennessee
Texas
Utah
West Virginia

Improving Outcomes



California
Colorado
Hawaii
Idaho
Illinois
Iowa
Kansas
Nebraska
Ohio
Oregon
Pennsylvania
Virginia
Wisconsin
Wisconsin

Working Effectively



Connecticut
Delaware
District of Columbia
Maryland
Massachusetts
Minnesota
Missouri
New Hampshire
New Jersey
Rhode Island
Vermont
Washington

← States that are overall **below** the national median on the selected Strong Families indicators



→ States that are overall **above** the national median on the selected Strong Families indicators



61%

61 percent of babies have mothers in the workforce.

Strong Families		
<i>Subdomain</i>	<i>Indicator</i>	<i>National Average/ Policy Count</i>
Basic Needs Support	Housing instability: Percentage of infants/toddlers who have moved 3 or more times since birth	2.5%
	Percentage of infants/toddlers who live in crowded housing	15.6%
	Percentage of families with infants/toddlers living below 100 percent of the federal poverty line that receive TANF benefits	20.6%
Child Welfare	Percentage of infants/toddlers living in unsafe neighborhoods, as reported by parents	6.3%
	Percentage of families with infants/toddlers who report "family resilience"	82.6%
	Percentage of infants/toddlers who have experienced one adverse childhood experience	21.9%
	Percentage of infants/toddlers who have experienced two or more adverse childhood experiences	8.3%
	Maltreatment rate per 1,000 infants/toddlers	16.0
	Percentage of infants/toddlers exiting foster care who achieve permanency	98.4%
Home Visiting	Percentage of infants/toddlers who could benefit from evidence-based home visiting and are receiving those services	1.9%
Supportive Policies/ Paid Leave	State requires employers to provide paid sick days that cover care for child	11 States
	State has a paid family leave program	7 States

Positive Early Learning Experiences

Infants and toddlers learn through play, active exploration of their environment, and, most importantly, through interactions with the significant adults in their lives. Language and literacy skills begin developing at birth and are fostered through sharing books, telling stories, singing songs and talking to one another. The quality of babies' early learning experiences at home and in other care settings has a lasting impact on their preparedness for lifelong learning and success. Parents who require child care while they work or attend school need access to affordable, high-quality care options that promote positive development.

Despite the importance of the early learning that takes place at home, surprisingly few parents report engaging in daily reading or singing with their babies, interactions that are closely related to children's language development. These low rates of language interaction, particularly for reading, suggest that many parents and other caregivers may not understand that children begin acquiring language skills from birth and are not too young to enjoy books with those who nurture them.

- Nationally, only 38.2 percent of infants and toddlers are read to every day, with state averages ranging from a low of 26 percent to a high of 59 percent.
- Parents frequently talked and sang to their young children (56.4 percent), with averages ranging from 45 percent to 69 percent. Averages were more than 50 percent in 47 states.

The extent to which states support families in accessing and affording early care and learning opportunities varies significantly by state. Child care costs can take more than one-third of the paycheck of a single parent in some states. Despite the high cost of infant care, few families receive financial assistance for it.

- Only 12 states allow child care subsidies for families with incomes above 200 percent of the federal poverty level (FPL)—approximately \$50,000 for a family of four—and only 4.2 percent of infants and toddlers in low- or moderate-income families that feel the pinch of the high cost of care receive subsidies.
- Infants and toddlers in families with incomes below the FPL are eligible for Early Head Start, which provides comprehensive services that promote positive child development. However, as few as 7 percent of eligible infants and toddlers have access to these services. Access varies widely across states, ranging from a low of 3 percent in Tennessee to 21 percent in Vermont.

Early intervention efforts also differ across states, despite the rapid growth of babies in the first three years.

- Nationally, only 30 percent of infants and toddlers received a developmental screening in the past year. The percentage of infants and toddlers, ages 9 through 35 months, who received a developmental screening ranged from a low of 17.2 percent in Mississippi to as many as 58.8 percent in Oregon. Only 11 states had rates above 40 percent.
- Parents of approximately 1 percent of children reported their child had been identified with developmental delays, and 3.1 percent received early intervention services.



The State of Babies: Positive Early Learning Experiences

Getting Started

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Arkansas
Nevada
Arizona
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Texas
South Carolina
Utah
Illinois
Idaho
Virginia
Wisconsin
California

Reaching Forward

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Alabama
Wyoming
Michigan
New York
Mississippi
West Virginia
Georgia
Kansas
Oregon
Hawaii
Missouri
Minnesota
Washington

Improving Outcomes

O

Oklahoma
Alaska
Indiana
Kentucky
North Dakota
North Carolina
Ohio
Pennsylvania
Iowa
New Jersey
District of Columbia
Connecticut
Maryland

Working Effectively

W

Louisiana
New Mexico
South Dakota
Maine
Montana
Nebraska
Colorado
Delaware
Massachusetts
New Hampshire
Rhode Island
Vermont

← States that are overall **below** the national median on the selected Early Learning indicators



→ States that are overall **above** the national median on the selected Early Learning indicators

Positive Early Learning Experiences		
<i>Subdomain</i>	<i>Indicator</i>	<i>National Average/ Policy Count</i>
Early Care and Education Opportunities	Percentage of parents who report reading to their infants/toddlers every day	38.2%
	Percentage of parents who report singing songs or telling stories to their infants/toddlers every day	56.4%
	Percentage of infants/toddlers below 100 percent of the federal poverty line with access to Early Head Start	7.0%
	Average state cost of center-based infant care as a percentage of median income for married families	N/A
	Average state cost of center-based infant care as a percentage of median income for single parents	N/A
	Income eligibility level for child care subsidy above 200 percent of the federal poverty line	12 States
	Percentage of infants/toddlers with family incomes equal to or below 150 percent of the state median income who are receiving a child care subsidy	4.2%
Early Intervention and Prevention Services	Percentage of infants/toddlers, ages 9 through 35 months, who received a developmental screening using a parent-completed tool in the past year	30.4%
	Percentage of infants/toddlers with moderate/severe developmental delay	1.1%
	Percentage of infants/toddlers receiving the Individuals with Disabilities Education Act Part C services	3.1%



10%

Maternal depression and anxiety disorders affect approximately 10 percent of mothers with young children.

About the selected indicators

The selection process

The indicators used for the *State of Babies Yearbook: 2019* are objective measures of progress across three domains: Good Health, Strong Families, and Positive Early Learning Experiences. While there are many measures we might have included in each of these domains, we limited our selection to those indicators that meet three criteria:

- They draw from a reliable, ongoing source that yields data for all 50 states.
- They are of central importance to the domain, either because they directly measure a component of well-being or are policy choices strongly linked to well-being.
- They can be readily understood by a broad audience.

Examples of what the selected indicators can tell us about infant and toddler development in each domain

Good Health: *Low birthweight* (less than 5.5 pounds) is strongly associated with poor developmental outcomes, beginning in infancy but extending into adult life.²⁸ Factors that can contribute to the likelihood of low weight at birth include maternal smoking during pregnancy and maternal stress during pregnancy.²⁹

Strong Families: *Housing instability* and *crowded housing* can undermine the environmental quality infants and toddlers need to thrive. Frequent moves can disrupt many aspects of families' lives, including their connections with social support networks and formal services such as child care. When families are crowded, parents may be less responsive or use punitive discipline, and children are more likely to have health problems or food insecurity.

Positive Early Learning Experiences: Children who are read to, sung to, or talked to gain rich language experiences that influence how their brains develop. These experiences help them to better understand and use language, which affects their later language skills, cognitive abilities, and academic achievement.

Domain	Topics Covered by the Selected Indicators
Good Health 	Health Care Access/Affordability Food Security Nutrition Maternal Health Child Health Infant and Early Childhood Mental Health
Strong Families 	Basic Needs Support Child Welfare Home Visiting Supportive Policies/Paid Leave
Positive Early Learning Experiences 	Early Care and Education Opportunities Early Intervention and Prevention Services

To view individual state profiles and the data dictionary—including full list of indicators, definitions, and data sources—download the full *State of Babies Yearbook: 2019* at stateofbabies.org.

In making our final selection, ZERO TO THREE and Child Trends reviewed potential indicators and obtained input from a panel of experts in the field. Panelists also provided feedback on our approach to ranking states. We know some important topics are absent here, such as rates of overweight/obesity and measures of positive social-emotional development. In these cases, we reluctantly decided that the available data did not meet our criteria for this inaugural report. Other topics may have to wait until improvements are made in measures used to collect data about young children. We view the *State of Babies Yearbook: 2019* as a starting place and intend to continue to refine indicators in future editions and consider creative ways to measure state policies.

Note that many of the indicators here are interrelated within and across the three domains of Good Health, Strong Families, and Positive Early Learning Experiences. We discourage users from focusing on any single indicator in isolation. For instance, when it comes to child care, access, affordability, and quality are three dynamically related legs of a stool. All states struggle with the trade-offs that come with policies that emphasize one or more of these at the expense of the others.

The state ranking process

We developed a transparent ranking process to facilitate users' understanding of how states fare on the selected indicators and policy domains. The ranking process follows three steps: rescaling the indicators, calculating domain scores, and calculating the state's overall ranking.

Rescaling the indicators

Because indicators vary in their units of measurement, as well as in the range of values observed across the states, their values are standardized—that is, mathematically transformed to facilitate comparisons across indicators and across states.

The performance of each state on a given indicator is compared with the highest and lowest values, to create a score ranging from 0 to 100¹:

$$\text{Score (Rescaled Value)} = \frac{(\text{Observed Value} - \text{Lowest Value})}{(\text{Highest Value} - \text{Lowest Value})} \times 100$$

For indicators (such as low birthweight or poverty) where higher scores mark less desirable outcomes, we adjust the directionality before calculating the score, so that higher scores consistently mark more desirable outcomes, while lower scores are less desirable. For example, the percentage of births with low birthweight was changed to percentage of births that are not low birthweight before computing the score. With this adjustment, higher values are more desirable for all indicators.

Policy indicators with “yes” or “no” values (e.g., whether the state has expanded Medicaid), are grouped within a domain, and we compute a composite index measuring the percentage of policies a state has enacted. For example, we counted the number of affirmative scores related to the states’ provision of mental health services at home, at pediatric/family practices, and at early care and education programs, and expressed the total as a percentage of the possible maximum (three, in this example). The one exception to this rule is the indicator “Medicaid allows maternal depression screening in well-child visits,” for which we created a scale from 1 to 4, with scores depending on whether such screening was “not covered,” “allowed,” “recommended,” or “required.” These values were then transformed to a 0 to 100 scale, as with the other indicators.

Calculating domain scores

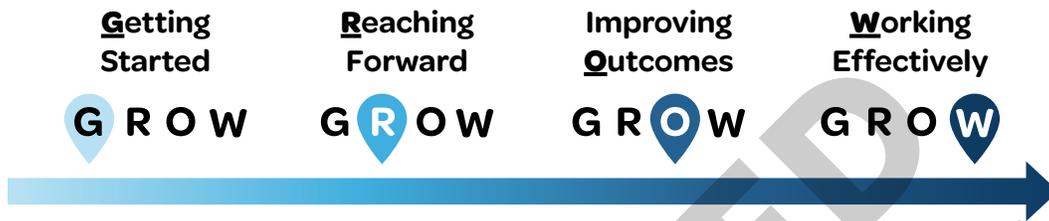
To create state-level composite scores for each of the three domains (Good Health, Strong Families, and Positive Early Learning Experiences), we simply used an unweighted average of the scores of the component indicators for that domain. Likewise, to compute overall state scores, we used an unweighted average of the domain-level scores.

Assigning states to tiers

Once the state-level data for each indicator were rescaled to scores ranging from 0 to 100, we divided the rescaled data into four tiers to show a state’s performance on each indicator relative to other states, overall, and by domain. These tiers, also referred to as quartiles, represent four roughly equal-size groupings of states, ordered from

¹ We used a “min-max” scaling procedure, based on the indicators’ maximum and minimum values. We chose this method over Z-scores (another standardization method), as its interpretation is more transparent.

lowest-performing, to next-to-lowest-, to next-to-highest-, to highest-performing. We use the tiering symbols throughout the *Yearbook* to designate a given state's placement in one of the four tiers.



In contrast to individualized state rankings (ranging from 1 to 51), this approach emphasizes that differences between any two states can be relatively minor and/or not statistically significant, and all states have room for improvement. Since most of the indicators are based on survey data, minor differences between states may be within the standard error intrinsic to sample designs. We experimented with different numbers of tiers and found that using four groups yielded statistically significant differences on most of the indicators among states' scores falling in the middle of each group.

Giving advocates the tools to connect data to policy

To take effective action, advocates, program administrators, and legislators require basic information about the infants and toddlers in their state, starting with the size of this population, where infants and toddlers are being cared for, and the economic circumstances of their families. Assessing current policies and practices is also important to inform new policy decisions. National and state profiles in the *Yearbook* present a snapshot of how the nation's babies—particularly those who begin life exposed to selective risk factors—are faring in the domains essential for a good start in life: Good Health, Strong Families, and Positive Early Learning Experiences. Key indicators at the child, family, and policy levels in each of these domains are reported for all states and the District of Columbia.

The *State of Babies Yearbook: 2019* is a tool to help advocates and policymakers:

1. "Tell the story" of infants and toddlers in their states and nationally.
2. Compare their state's progress for infants and toddlers with that of other states, using a common set of indicators.
3. Identify indicators on which babies and toddlers are lagging, so that states can work on responsive policy.
4. Use annual updates to monitor trends in the experiences of infants, toddlers, and their families, and track progress in the states' policies.

State policymakers and advocates can use the data to understand where their youngest children are doing well, and where they face challenges. Improving

outcomes for young children can be achieved by building on the strengths of existing practices and taking innovative steps where the data indicate challenges still exist, as shown below.

In the short-term:

- **Communicate:** Use indicator data and state rankings to communicate how a state compares to the nation and other states.
- **Identify challenges:** Use indicator data to identify opportunities where potentially easy interventions could produce measurable and compelling results.
- **Strengthen support for current initiatives:** Use state profile information to bolster the rationale for programmatic, policy, and legislative changes.

In the long-term:

- **Track progress:** Monitor changes to key indicators, and track policy wins with annual updates of the *State of Babies Yearbook*.
- **Improve data collection:** Identify missing indicators. We know that not all important measures of infant and toddler well-being are included in the *Yearbook*. In some cases, their absence reflects the fact that current data collection systems do not provide the consistent state-level information required for the *State of Babies Yearbook: 2019*; in other cases, valid measurement strategies have yet to be identified. Policymakers and advocates can work together to strengthen the country's data infrastructure concerning infants and toddlers.
- **Collaborate:** Use information about the progress being made in the states to foster sharing of information among states, create opportunities to learn from one another's experiences (challenges and successes), and develop ongoing connections. States are often incubators for innovative ideas. Their experiences can show others which policy strategies are effective, and which are not.

Resources such as [ZERO TO THREE Policy Center's brief, A Place to Get Started: Innovation in State Infant and Toddler Policies](#), describe strategies that policymakers can consider as they determine how to begin developing infant/toddler policies and include examples of states currently implementing each of the strategies.

For the early childhood field, this is an exciting time of policy innovation. The importance of children's earliest years of life has gained more attention than ever before. Across states, this new awareness is translating into creative policy strategies that seek to address the needs of children prenatally to age 3. The key to further success, especially for states where challenges across all the domains seem daunting, is to find a manageable place to begin, and to be thoughtful about how policy choices fit within a broader system of supports for infants, toddlers, and their families. One such example is provided in South Carolina's ongoing use of data to monitor progress toward improving infant health.

In this *Yearbook* we take an initial look at major areas of disparity at the national level. More in-depth analysis and state-level perspectives will be addressed in an upcoming special topic brief. In keeping with the Robert Wood Johnson Foundation's commitment to achieving a Culture of Health that reduces health disadvantages, the brief will focus on maternal health and birth outcome inequities.



Reaching Forward and Making Measurable Improvements in Infant Health

All states, regardless of their ranking, are engaged in efforts to improve the well-being of their youngest children. South Carolina offers an example of the many ways the State Profile data can be used to support this work. These include, but are not limited to, using indicator data and tier rankings to **communicate** how infants and toddlers in the state are faring, compared to the nation and individual states; **strengthen support for current initiatives**; and **track progress** over time using baseline data from the *State of Babies Yearbook: 2019* and subsequent annual updates. Examples of areas in which data from the *State of Babies Yearbook: 2019* can be applied include South Carolina's continuous quality improvement program and Birth Outcomes Initiative.

Quality through Technology and Innovation in Pediatrics (QTIP)

South Carolina's statewide continuous quality improvement program, **Quality through Technology and Innovation in Pediatrics** (QTIP), has transformed its Medicaid program to promote the wellness of infants and toddlers through quality services. Initially funded in 2010, QTIP is focused on applying best practices, eliminating duplication of services, and successfully linking babies to qualified providers through completed referral pathways. South Carolina's goals for families with children from birth to age 3 are addressed through a variety of state- and federally funded initiatives (e.g., SC Birth Outcomes Initiative and SC Behavioral Health Quality Matrix) that are improving babies' health. The state reported multiple areas of success in 2017, including many for which data are presented in the *State of Babies Yearbook: 2019* indicators. These areas include breastfeeding, postpartum depression screening, social-emotional risk screening, and developmental screenings. The following *State of Babies Yearbook: 2019* indicators align with the state's reported successes:

- Uninsured low-income infants and toddlers: Lower percentage of babies uninsured than national average—5.0 percent compared to 5.8 percent
- Well-child visits: Higher percentage of babies up-to-date on visits than national average—91.4 percent vs. 90.7 percent



- State Medicaid policies supporting infant and early childhood mental health (IECMH) include reimbursement requirements for:
 - Maternal depression screening
 - Infant and early childhood mental health services delivered at home, at pediatric/family medicine practices, and at early care and education programs

South Carolina's priorities going forward include preventive medical and oral health, immunizations, and behavioral health. Their progress in all of these areas can be tracked in annual *State of Babies Yearbook* updates.

South Carolina Birth Outcomes Initiative—Reducing Infant Mortality

At first glance, South Carolina's infant mortality rate is troubling, at 7 deaths per 1,000 live births (higher than the national rate of 5.9). But taking the state's progress on this indicator into consideration, it is evident that South Carolina has set itself on a course to successfully address the crisis of infant deaths. In 2005, South Carolina's infant mortality rate of 9.7 was the nation's second highest. From 2005 to 2014, the state reduced its infant mortality rate by nearly 21 percent to 6.5, the fourth largest decline in the nation. The marked drop was attributed to South Carolina's implementation of prenatal care initiatives and related Medicaid payment reforms aimed at reducing early elective deliveries, a practice associated with increased risk of maternal and neonatal morbidity. In fact, South Carolina was the first state Medicaid program in the nation to partner with a commercial insurer to adopt a non-payment policy to improve birth outcomes.

In 2011, through the South Carolina Birth Outcomes Initiative and South Carolina Hospital Association (SCHA), the state's 43 birthing hospitals signed a pledge to stop early elective deliveries. By summer 2012, these inductions were reduced by 50 percent. In 2013, the state implemented a policy of non-payment (i.e., denying providers' claims for reimbursement for these services) to improve birth outcomes, which further reduced early elective deliveries and NICU stays. The state's efforts continue. As of 2016, the state experienced a moderate uptick in infant mortality to 7.0; the increase was attributed to both birth defects and sleep-related accidents. In response, the state's health department increased its recommendation of multivitamins during pregnancy and expanded education on safe sleep strategies for parents of newborns—efforts that the state hopes will result in a renewed downward trend in future *State of Babies Yearbook* updates.

Endnotes

- 1 Thompson, R. A. (2001). Development in the first years of life. *The Future of Children*, 11(1), 20-33.
- 2 Ibid.
- 3 Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). *Disparities in early learning and development: Lessons from the Early Childhood Longitudinal Study–Birth Cohort (ECLS-B)*. Washington, DC: Child Trends. Retrieved from www.childtrends.org/wp-content/uploads/2013/05/2009-52DisparitiesELExecSumm.pdf
- 4 Ibid.
- 5 Luby, J. (2000). Depression. In C. Zeanah (Ed.), *Handbook of infant mental health* (pp. 296–382). New York: Guilford Press.
- 6 O'Hara, M.W. (1994). *Postpartum depression: Causes and consequences*. New York: Springer-Verlag.
- 7 Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). *Disparities in early learning and development: Lessons from the Early Childhood Longitudinal Study–Birth Cohort (ECLS-B)*. Washington, DC: Child Trends. Retrieved from www.childtrends.org/wp-content/uploads/2013/05/2009-52DisparitiesELExecSumm.pdf
- 8 Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, J., Wood, D.L. ... & The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.
- 9 For more information see, www.childtrends.org/indicators/child-maltreatment
- 10 Font, S. A., & Berger, L. M. (2014). Child maltreatment and children's developmental trajectories in early to middle childhood. *Child Development*, 86(2), 536-56.
- 11 ZERO TO THREE & Child Trends. (2013). *Changing the course for infants and toddlers: A survey of state child welfare policies and initiatives*. Retrieved from www.zerotothree.org/resources/218-changing-the-course-for-infants-and-toddlers#downloads
- 12 Ibid.
- 13 Ibid.
- 14 Helburn, S. (1995). Cost, quality, and child outcomes in child care centers: Key findings and recommendations. *Young Children*, 50(4), 40-44.
- 15 Frey, William H. (2018). The millennial generation: A demographic bridge to America's diverse future. [Presentation]. Washington, DC: Brookings Institution.
- 16 Cosse, R., Schmit, S., Ullrich, R., Cole, P. Colvard, J., & Keating, K. (2018). *Building strong foundations: Racial inequity in policies that impact infants, toddlers, and families*. Washington, DC: Center for Law and Social Policy and ZERO TO THREE. Retrieved from www.clasp.org/sites/default/files/publications/2018/11/Building%20Strong%20Foundations%20Racial%20Equity%20Brief.pdf
- 17 Organisation for Economic Cooperation and Development. (2017). (Poverty rate indicator). *OECD Social and Welfare Statistics: Income distribution*. Retrieved from <https://data.oecd.org/inequality/poverty-rate.htm>
- 18 Black, M.M., Hess, C. & Berenson-Howard, J. (2000). Toddlers from low-income families have below normal mental, motor, and behavior scores on the revised Bayley scales. *Journal of Applied Developmental Psychology*, 21, 655–666.
- 19 Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2018). Births: Final data for 2017. *National Vital Statistics Reports* 67(8). Retrieved from www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf
- 20 Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2018). Births: Final Data for 2016. Supplemental table I–34. Very preterm and preterm and very low birthweight and low birthweight births, by bridged race and Hispanic origin of mother: United States, 2010–2016. *National Vital Statistics Report* 67(1). Retrieved from www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01_tables.pdf

- 21 Bryant, A. S., Worjolah, A., Caughey, A. B., & Washington, A. E. (2010). Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants. *American Journal of Obstetrics and Gynecology*, 202(4), 335-343.
- 22 Gary, W.E. (2004). The environment of childhood poverty. *The American Psychologist*, 59(2) 77-92.
- 23 Cosse, R., Schmit, S., Ullrich, R., Cole, P. Colvard, J., & Keating, K. (2018). *Building strong foundations: Racial inequity in policies that impact infants, toddlers, and families*. Washington, DC: Center for Law and Social Policy and ZERO TO THREE. Retrieved from www.clasp.org/sites/default/files/publications/2018/11/Building%20Strong%20Foundations%20Racial%20Equity%20Brief.pdf
- 24 Vogtman, J. (2017). *Nearly one in five working mothers of very young children work in low-wage jobs*. Washington, DC: National Women's Law Center. Retrieved from <https://nwlc.org/blog/nearly-one-in-five-working-mothers-of-very-young-children-work-in-low-wage-jobs/>
- 25 Ibid.
- 26 Vogtman, J & Schulman, K. (2016). *Set up to fail: When low-wage work jeopardizes parents' and children's success*. Washington, DC: National Women's Law Center. Retrieved from <https://nwlc.org/wp-content/uploads/2016/01/FINAL-Set-Up-To-Fail-When-Low-Wage-Work-Jeopardizes-Parents%e2%80%99-and-Children%e2%80%99s-Success.pdf>
- 27 Cosse, R., Schmit, S., Ullrich, R., Cole, P. Colvard, J., & Keating, K. (2018). *Building strong foundations: Racial inequity in policies that impact infants, toddlers, and families*. Washington, DC: Center for Law and Social Policy and ZERO TO THREE. Retrieved from www.clasp.org/sites/default/files/publications/2018/11/Building%20Strong%20Foundations%20Racial%20Equity%20Brief.pdf
- 28 Reichman, N. (2005). Low birth weight and school readiness. *The Future of Children*, 15(1), 91-116.
- 29 Ricketts, S. A., Murray, E. K., & Schwalberg, R. (2005). Reducing low birthweight by resolving risks: Results from Colorado's Prenatal Plus Program. *American Journal Public Health*, 57(11), 1952-1957.

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