Prenatal-to-Three in Allegheny County

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Introduction

For the past year, The Heinz Endowments has supported Child Trends, a national research organization focused on child and family well-being, to create Prenatal-to-Three (PN-3) resources and tools. These tools aim to contribute to a PN-3 system in Allegheny County, Pennsylvania that equitably supports all families with children from pregnancy to age three across multiple domains of well-being.

In addition to these activities, the project team at Child Trends interviewed over 30 stakeholders in the PN-3 field in Allegheny County to understand the challenges and successes in PN-3 in the County. The team also attended Trying Together roundtables of early care and education directors and an American Rescue Plan Act public forum for Allegheny County in which child care providers and parents were participating. Illustrative quotes from these interviews and roundtable discussions are provided throughout this brief.

As part of the partnership with the Heinz Endowments, the project team at Child Trends has:

- Reviewed existing literature to provide a **status update** on the PN-3 system and services in Allegheny County

- Synthesized a national review of PN-3 frameworks and lessons learned from our interviews into a draft **PN-3 framework** for Allegheny County

- Developed a **map of PN-3 services** in Allegheny County

- Reviewed Pennsylvania's **PN-3 policies** in comparison to federal standards and recommendations

- Laid out recommendations for Allegheny County to **equitably distribute funds** from the American Rescue Plan Act

- Crafted guidelines to support Allegheny County funders in **equitable grantmaking**

- Drafted plans for the **work ahead**

The results from each aspect of Child Trends' work are summarized in this document. To jump to specific sections of our work, use the links above.

Status update of PN-3 in Allegheny County

Maternal and child health

The city of Pittsburgh, as well as the greater Allegheny County region, have strengths in their maternal and child health programs and social supports. For example, Allegheny County has **five prenatal and postnatal home visiting programs** that serve around 1,700 children from birth to age 6 annually.[1] Between 2015 and 2019, **86.9 percent of women who gave birth in Allegheny County received a prenatal care visit in their first trimester**,[2] nearly 10 percentage points higher than the national average.[3] Encouragingly, rates of prenatal care utilization do not vary by race/ethnicity in Allegheny County.[4] As of 2021, **around 33 percent of Federally Qualified Health Centers in the county offer prenatal care**, only slightly lower than Philadelphia County.[5] However, Allegheny County still faces challenges, specifically regarding the disparately high rates of maternal and infant deaths among Black populations, which can be directly tied to systemic racism.[6,7,8,9]

- The infant mortality rate among Black infants is more than **four times higher** than among White infants.[10]

- The maternal mortality rate for Black mothers is higher in Pittsburgh than in **97 percent** of similar cities.[11]

- Despite having five evidence-based home visiting programs in the county, only **7 percent** of eligible low-income families with children under the age of 6 receive evidence-based home visiting services in Allegheny County.[12]

> " *Black mothers [and babies] have [the] worst outcomes. Naming that and addressing that is important. We have to talk about racism or you're never going to get to equity.* "
>
> **– ADVOCACY REPRESENTATIVE**

Figure 1. Infant Mortality Rate (3-year) in Allegheny County

Infant Mortality Rate (3-year) in Allegheny County

Black/ African American	14.3
White	3.1

Source: Allegheny County Health Department, 2018

Early learning

Pennsylvania is highly ranked in providing positive early learning experiences and high-quality early childhood care for infants and toddlers. Early intervention (EI), or services for children from birth through age 5 with developmental delays and disabilities, can be an important link between health and early learning.[13] In Pennsylvania, 57 percent of children from birth to age 3 covered by Medicaid received the developmental screening that would precede a referral to EI, compared to the national median of 33 percent.[14] Around **10 percent of infants and toddlers in the state receive Individuals with Disabilities Education Act (IDEA) Part C services**, which is higher than the national average.[15] Around **11 percent** of income-eligible **infants and toddlers have access to Early Head Start**, which is equal to the national average.[16] Elements of early learning systems in the county are also strong. For example, **43 percent** of the county's **child care capacity meets high-quality standards**,[17] aligning with the state's overall high-quality capacity.[18]

Although the county fares better than the state overall, there are still notable gaps in access to high-quality early education. In Allegheny County, over 4,000 children from birth to age 3 were receiving EI services in 2019, but the COVID-19 pandemic seems to be driving declines with 3,400 infants and toddlers receiving EI services in 2020 and thus far only 1,200 in 2021. EI evaluations are following a similar pattern.[19]

- Among the infants and toddlers in Allegheny County who are eligible for Child Care Works (CCW), Pennsylvania's child care subsidy program, **70 percent remain unserved**.[20]

- **Only 34 percent of children eligible for CCW** under the age of 5 are enrolled in **high-quality programs**.[21]

- In the city of Pittsburgh, around **35 percent of children who potentially need child care are unable to access it**. This is higher than the state's average child care accessibility gap of 29 percent.[22]

Family supports

The evident disparities in maternal and child health outcomes and access to high-quality early childhood care are compounded by other county- and state-level systems and supports for families, such as access to paid family and sick leave and affordable child care. Both paid leave and affordable child care are crucially important not only in helping families to care for their young children, but also in supporting their ability to participate in the workforce. Allegheny County is taking positive steps by offering **paid family leave** to county employees and recently requiring most businesses in the county to offer **paid sick leave** to their employees.[23,24]

> " *[Early intervention] is an area that is ripe for attention for funders to get into. [There] may be potential for Allegheny county to grow its capacity with regional partnerships.* "
>
> **– RESEARCH ORGANIZATION**

Nonetheless, challenges remain. Child care is considered affordable if it costs 7 percent or less of family income, by national standards.[25] In Pennsylvania, infant care is affordable for only about 10 percent of families.[26] For single parents earning minimum wage, infant care requires 79 percent of their income (Figure 2).

Figure 2. In Pennsylvania, a single parent earning the minimum wage spends an average of 79% of their income on infant care.

79%

Source: Polson, D. (2019). Child care for minimum wage workers in PA costs 78.5% of annual earnings. *Keystone Research Center and PA Budget and Policy Center*. https://krc-pbpc.org/research_publication/child-care-for-minimum-wage-workers-in-pa-costs-78-5-of-annual-earnings/

> " *From our perspective, you can't have healthy birth outcomes and you can't have a nurturing relationship if you don't have paid family leave.* "
>
> **– ADVOCACY ORGANIZATION**

- In Pennsylvania, **less than half of adult residents are eligible for and can afford to take unpaid leave** under the Family and Medical Leave Act (FMLA).[27]

- A minimum-wage worker earning $7.25/hour in Pennsylvania would have to **work full time (40 hours a week) for nearly 10 months** to be able to afford the average cost of infant care for one child.[28]

- As many as **38 percent of infants in Pennsylvania live in families with low incomes** (i.e., households with annual incomes less than $51,500) **or in households in poverty** (i.e., households with annual incomes less than $25,700).

COVID-19 strained families and child care providers further

▶ More than one in three women were forced to stop or reduce work to take care of their children during the pandemic,[a] and early data show these rates are even higher among Black, Hispanic, and single mothers.[b]

▶ In Pennsylvania, 64 percent of families with average household incomes below $69K reported that they reduced their hours or left a job to take care of their children this past year.[b]

▶ 49 percent of child care providers nationwide reported having at least one form of material hardship during the pandemic.[a]

[a] HRSAtube. (2021, June 17). Findings from the rapid national pandemic survey of families with young children [Video]. YouTube. https://www.youtube.com/watch?app=desktop&v=Ui-DsO7nW-8
[b] Allies for Children. (2021). Community pulse report: Pulse report for children and families. http://allies-forchildren.org/wp-content/uploads/2021/03/Community-Pulse-Report_-February.pdf

Positive changes

These issues related to PN-3 have not gone unnoticed in Pennsylvania and Allegheny County. Legislators, policymakers, and advocates alike have acknowledged the need for a comprehensive and coordinated system of PN-3 supports and have advocated for increased funding to support equitable access to high-quality child care services, as well as evidence-based home visiting across the state.

- In fiscal year 2018, after Congress approved more than $2 billion in funding to support states in meeting Child Care and Development Block Grant (CCDBG) reauthorization requirements, Pennsylvania's **child care funding increased by $66.1 million**, allowing the opportunity for more affordable and high-quality child care options.[29]

- Recently, child care advocates persuaded the Pennsylvania legislature to **allocate $25 million in new state funding towards child care**.[30]

Allegheny County has also made increased efforts to support investments and initiatives related to maternal and child health, early childhood care, and evidence-based home visiting programs.[31]

- Allegheny County Department of Human Services created **Hello Baby** in 2019—a program that intends to serve all women and families of new babies, and specifically targets supports to the families most in need.

> ❝ *I've seen a huge shift in awareness of early childhood and development, especially around things like home visiting and the impact of health on home development. I think there's a lot more to be done in the child care space.* ❞
>
> **– ADVOCACY ORGANIZATION**

- The Allegheny County Department of Health created an Infant Mortality Collaborative (IMC) **to help address disparities in infant mortality rates in the region**, as well as to raise awareness and knowledge of local maternal and child health issues.[32]

- The **Pritzker Children's Initiative** awarded Allegheny County a 3-year grant to support community-based strategies for effectively and equitably improving opportunities and outcomes for infants and toddlers from families with low incomes.

- Allegheny County created a Department of Children's Initiatives in 2021 to **promote access to high-quality early learning**.[33]

PN-3 framework for Allegheny County

Framework development and alignment

To identify and organize the central elements of PN-3 in Allegheny County, our project team at Child Trends developed a holistic framework for understanding and improving PN-3 outcomes. The initial PN-3 framework was informed by input from experts in the early childhood field as well as previous PN-3 frameworks, including Hope Starts Here,[34] the National Collaborative for Infants and Toddlers Prenatal-to-Three Outcomes Framework,[35] Nurturing Care for Early Childhood Development,[36] and the North Carolina Early Childhood Action Plan.[37] Adopting an ecological approach, the framework's domains address components of PN-3 on the individual, family, community, and systems levels. For example, the domains contain components that are directly related to pregnancy and early childhood (e.g., access to comprehensive pre- and postnatal care; equitable access to affordable, high-quality, and age- and culturally appropriate learning environments; advocacy for greater public funding and resources to support PN-3

work) as well as community-level components that indirectly impact families' ability to care for their children and themselves (e.g., access to a robust transportation system, healthy and safe spaces that promote positive connections).

As systemic racism is pervasive in our society, it affects each domain through policies and practices that reduce opportunities for certain groups to thrive. Therefore, the framework presents each domain as a pathway along a journey to advancing racial equity in PN-3 outcomes. Our project team also infused the framework with the language and feedback that we heard from the more than 30 community stakeholders we interviewed. A second iteration of the framework was developed by Propulsion Squared, a consultant of The Heinz Endowments, who reformatted and distilled the framework to amplify key messages. The complete version of the framework can be found in **Appendix A**, and the distilled version is shown in **Figure 3**.

Using the framework

The PN-3 framework is intended to serve as a tool to inform The Heinz Endowments' grantmaking strategies. It also can serve as a partnership and collaboration tool to help The Heinz Endowments create shared goals and missions with other stakeholders interested in transforming the PN-3 system in Allegheny County.

Figure 3. PN-3 framework

Healthy births, pregnancies, and development
- Increase in pre- & post-natal care
- Healthy pregnancies & births
- Preventative/comprehensive health care
- Screening, referral, & early intervention services

Strong and secure families
- Improved economic security and mobility
- Coordinated supports
- Expanded home visiting
- Support for women re-entering the workforce

Achieve culturally responsive inclusive approaches in an equitable PN-3 system in Allegheny County

Coordinated PN-3 system infrastructure focused on reducing disparities
- Establishment of policy leadership workgroup
- PN-3 Community Advisory Group
- Coordinated PN-3 data system
- Coordinated planning & financing supports

High-quality, fiscally sound, and accessible early learning
- Equitable access to affordable, high-quality care
- Enhanced supports for ECE workforce
- Financially stable ECE programs
- Nurturing relationships between children & caregivers

Positive connections and supports for all communities
- Disaggregated data guides activities
- Services informed by & accessible to community
- Access to housing, food, transportation
- Community-based platforms for families

A PN-3 map for Allegheny County

When Child Trends interviewed community stakeholders from organizations working in PN-3 in Allegheny County, many stakeholders expressed a general desire to see the *PN-3 network of services*: in other words, the key organizations and their locations relative to the people who needed their services. In the interviews, our project team also heard frequent mention of transportation challenges in the county, so it seemed important to understand the geographic proximity of households with low incomes relative to the services they may need.

To address these needs, Child Trends created an interactive online map of PN-3 services in Allegheny County: https://public.tableau.com/profile/andra3889#!/vizhome/AlleghenyCounty_PN-3/Dashboard2 (screen shot in **Appendix B**).

The map currently shows four types of information:

1. **Median household income**: This is the background color on the map. Darker grey signals higher median household income ($86.7k-250k) and darker yellow signals lower median household income ($2.5k – 39.1k). These data are from the 2018 American Community Survey and are broken down by census tract.

2. **Organization type**: The different colors of the dots on the map show the types of PN-3 organizations, ranging from maternal and child health, to Family Centers, to WIC vendors and food pantries.

3. **Extra info**: This will restrict the number of organizations shown to only include those that fit in one or more of three categories: (1) a grantee of The Heinz Endowments; (2) offer home visiting; or (3) conduct policy advocacy. This information cuts across many different types of organizations.

4. **Services**: Hovering over a dot on the map (representing an organization), will produce a pop-up that details the services the organization provides. This is particularly helpful for the "Non-profit multi-services" organization category.

The map is designed to help organizations, policymakers, and advocates in several ways, including:

Organizations could use this map to quickly find groups conducting advocacy in Allegheny County.

Community organizations, policymakers, and advocates could use this map to help advocate for their community's needs, such as by identifying the areas with low median incomes that lack pediatricians who accept Medicaid.

In the course of our work, Child Trends learned that Trying Together had created the Allegheny County Family Resource Map to show the various family resources (e.g., employment, elder care) in the county. This is a terrific resource for families in Allegheny County and for organizations giving referrals to families, such as the Early Learning Resource Centers. Child Trends intends for our new map to be primarily useful for organizations, policymakers, and advocates. Child Trends and Trying Together have begun sharing data with each other to ensure both maps are as current and

complete as possible. As detailed on the map, Child Trends created the map using the following data sources: Head Start Program Information Report, Candid, Brown Mamas website, Trying Together, Allegheny County websites, Google, and interviews with more than 30 community stakeholders in Allegheny County.

The PN-3 policy landscape

To understand the PN-3 policy advocacy needs in Allegheny County, Child Trends compiled a list of recommended PN-3 policies from the national State of Babies Yearbook: 2021 and the PN-3 State Policy Roadmap.

Our project team at Child Trends grouped policies into three domains that align with our PN-3 framework: healthy births, pregnancies, and development; strong and secure families; and high-quality, fiscally sound, and accessible early learning. We then assessed the number of recommended policies that Pennsylvania has adopted. For comparison, our team also noted the progress of three neighboring states: **New Jersey, Ohio,** and **West Virginia**. We then compared the national policy recommendations to the advocacy goals of organizations in Allegheny County.

> *There is a whole set of barriers in the system, both racial and economic. Policy is only the real lever for change.*
> **– INTERNAL HEINZ STAFF**

Healthy births, pregnancies, and development

Pennsylvania has adopted 7 of 9 recommended policies in the healthy births, pregnancies, and development domain, including expanding eligibility for Medicaid, requiring maternal depression screenings during well-child visits, and reducing administrative burdens for the Supplemental Nutrition Assistance Program (SNAP). Pennsylvania is slightly ahead of its neighbors in this domain, who have all implemented six of nine of these policies (though the specific policies that states have implemented in this domain differ; see **Appendix C** for more details).

Healthy births, pregnancies, and development in Pennsylvania	
Expanded income eligibility for Medicaid	✅
Maternal depression screening required in well-child visits	✅
Medicaid plan covers social-emotional screening for young children	✅
Medicaid plan covers IECMH services at home	✅
Medicaid plan covers IECMH services at pediatric/family medicine practices	✅
Medicaid plan covers IECMH services in ECE settings	✅
Partial or full protection for pregnant workers	❌
Postpartum extension of Medicaid coverage	❌
Reduced administrative burden for SNAP	✅

ECE = Early childhood education; IECMH=Infant and early childhood mental health; **SNAP**=Supplemental Nutrition Assistance Program
Source: PN-3 State Policy Roadmap; State of Babies Yearbook: 2021

Pennsylvania has not enacted state laws that require employers to provide protections and accommodations to pregnant workers. Pennsylvania also has not extended Medicaid benefits beyond the nationally mandated 60 days postpartum. Adopting these policies would help protect workers' financial security during pregnancy and would support mothers' and newborns' health care needs during a time when many are particularly medically vulnerable.

A note on equity

Despite Pennsylvania's adoption of seven policies in the healthy births, pregnancies, and development domain, not all families are served equally well. In Allegheny County, Black mothers and infants often receive inadequate care, resulting in heightened maternal and infant mortality rates.* Adopting policies is a step in the right direction, but more work is needed to ensure that policies and programs— across all domains—are implemented equitably to support *all* families in need.

*See "The Status of PN-3 in Allegheny County" above.

There are a number of regional **policy advocacy efforts** underway in this domain:

- **Allies for Children**, **PA Partnerships for Children**,[38] and **Thriving PA**[39] have the shared goal of increasing the number of children who are insured.

- Thriving PA and PA Partnerships for Children are advocating for improving prenatal and postpartum Medicaid support and identifying and preventing lead exposure.

- Thriving PA has the goals of extending access to postpartum coverage for mothers enrolled in Medicaid, advancing behavioral health prenatal and postpartum screenings, and advancing doula service reimbursement in Medicaid.

- PA Partnerships for Children is advocating for improved use of

pediatric dental care, well-child visits, immunizations, and screenings; and increasing access to healthy nutrition.

- **Childhood Begins at Home**, **Trying Together**, **PA Partnerships for children** are advocating for increased family access to evidence-based home visiting.[40,41,42]

Strong and secure families

Pennsylvania has adopted 1 of 6 recommended policies in the strong and secure families domain. Temporary Assistance for Needy Families (TANF) provides cash assistance to families with children, but adults are required to meet certain work requirements. Pennsylvania has adopted a work exemption, meaning that single parents caring for an infant do not need to work to be eligible for TANF assistance. Of the six identified policies in this domain, New Jersey has implemented four, Ohio has implemented two, and West Virginia has implemented none.

Strong and secure families in Pennsylvania	
Paid family leave	✗
Paid sick time that covers time to care for a child who is sick	✗
State EITC	✗
State child tax credit	✗
TANF work exemption	✓
State minimum wage of $10 or higher	✗

EITC=Earned Income Tax Credit; **FPL**=Federal Poverty Level; **TANF**=Temporary Assistance for Needy Families
Source:PN-3 State Policy Roadmap; State of Babies Yearbook: 2021

Pennsylvania has not implemented several other policies known to support families'

> *We give child care providers responsibility of taking care of our youngest, [most] vulnerable population and we pay them minimum wage. You can't live on that.*
> **– COUNTY OFFICIALS**

> *… If we really want to care for our children, we need to care for our workers. [We need to] fight for living wage and help them make it a valuable career path.*
> **– HEINZ GRANTEE**

economic security, including paid family leave, paid sick leave that covers time to care for a child who is sick, and a state minimum hourly wage of $10 or higher. This means that parents making the Pennsylvania minimum wage ($7.25 per hour) often live at or near poverty. For example, a single parent working full time and earning the minimum wage makes $15,080 per year, which is below the federal poverty level (FPL) for a family of two ($17,420 per year).[43] A household with two children and two parents who both work full time and earn the minimum wage live just $3,660 above the poverty line.[44,45]

Adopting paid family leave and sick time that covers time to care for sick children would help support parents and caregivers to provide needed care for their children and could keep them in the labor force at times when many must exit. Adopting additional policies in this domain, such as a higher minimum wage and state tax credits, would boost many families' financial stability and help families to meet children's material and emotional needs. Because Black families are over-represented among workers with low wages,[45] adopting and implementing more policies in the strong and secure families domain could help to begin addressing racial and ethnic inequities in Pennsylvania.

Some regional **policy advocacy efforts** are underway in this domain, for example:

- **The Women & Girls Foundation** is currently advocating for paid family leave and paid sick leave in Pennsylvania.

High-quality, fiscally sound, and accessible early learning

Pennsylvania has adopted 1 of 5 recommended policies in the high-quality, fiscally sound, and accessible early learning domain. Specifically, Pennsylvania has allocated CCDBG funds to increase the number of child care slots for infants and toddlers. Compared to its neighbors, Pennsylvania has implemented fewer policies in this domain. Of the five identified policies in this domain, West Virginia has implemented three, New Jersey has implemented two, and Ohio has implemented none.

High-quality, fiscally sound, and accessible early learning in Pennsylvania	
Families above 200% FPL eligible for child care subsidy	✗
Allocated CCDBG funds to increase the number of child care slots for infants and toddlers	✓
State reimburses center-based child care at/above 75th percentile of market rates	✗
State includes children at risk of having substantial developmental delays as eligible for IDEA Part C services or reports that they serve these children	✗
State has adopted a professional credential for infant/toddler teachers	✗

CCDBG=Child Care & Development Block Grant; **FPL**=Federal Poverty Level; **IDEA**=Individuals with Disabilities Education Act
Source: PN-3 State Policy Roadmap; State of Babies Yearbook: 2021

Pennsylvania has not adopted the other four policies in this domain, but doing so could increase families' access to child care subsidies and allow child care providers to provide higher-quality care, recruit more qualified staff, and better serve children at risk of developmental delays. Mirroring national trends, Pennsylvanian Black and Hispanic children are more likely to live in poverty than White and Asian children[46] and are more likely to receive child care subsidies.[47] Implementing these additional policies in the high-quality, fiscally sound, and accessible early learning domain could therefore be an important step towards addressing racial and ethnic inequities in access to early childhood services in the state.

Multiple regional organizations are engaged in **policy advocacy efforts** in this domain.[48,49,50] **PA Partnerships for children** and **Start Strong PA** are advocating for increased enrollment of infants and toddlers in high-quality care. **Trying Together**, PA Partnerships for Children, and Start Strong PA are advocating for improved provider wages and professional development opportunities for child care providers.

Trying Together also has the following additional advocacy goals:

- Increase the number of infants and toddlers with access to child care subsidies.

- Increase subsidy reimbursement rates to support quality care.

- Expand data maintenance and availability to inform access, affordability, equity, and quality.

Equitable distribution of ARPA funding

The American Rescue Plan Act (ARPA) of 2021 addresses early childhood services for infants and toddlers through the allocation of funding to child care providers (Child Care and Development Fund; $15 billion;

child care relief and stabilization fund, $24 billion), the Maternal Infant and Early Childhood Home Visiting (MIECHV) program ($150 million), Early Head Start/Head Start ($1 billion), and Early Intervention Services ($250 million for IDEA Part C services), among other provisions. ARPA also provides $350 billion in funding to states, counties, and cities to mitigate the economic damage of the pandemic that can be leveraged to support early childhood services. For families, ARPA made the Child Tax Credit refundable and increased the credit for children under age 6 to $3,600 each year/$300 per month. The Child Tax Credit offers a significant boost to families with infants and toddlers by working as a cash transfer paid in monthly installments.[51] The purpose of this section is to outline considerations for equitable distribution of these new funds, focusing primarily on Child Care and Development Fund (CCDF)/ child care relief and stabilization funding, but also noting ideas for MIECHV and state, county, and city ARPA dollars. These considerations are not meant to provide comprehensive coverage of the opportunities available in ARPA to support infants and toddlers, but instead to offer guidelines for directing funds to early care and education programs and families with the most urgent needs. Below is an overview of the ARPA funding relevant to Allegheny County.[52]

> " I sit in the room when [state officials] are talking about how to expand early childhood programs. When I raise the issue about early intervention, ELLs (English language learners), equity, inclusion, they say they will get to them...There needs to be more support for that voice in that space. "
>
> **– POLICY ADVOCATE**

ARPA allocations relevant to Allegheny County

- **Child Care and Development Fund – Flexible Funds, PA**: $454,791,980

- **Child Care Stabilization Funds, PA**: $728,863,896

- **Pennsylvania:** $7,291,328,098

- **Allegheny County:** $380,998,452

- **Pittsburgh:** $335,070,222

Key considerations for ARPA child care stabilization funding

With significant time pressures on states and localities to distribute funding, it is critical to develop a set of principles and priorities that support decision making about child care stabilization grants. The following list offers considerations that prioritize equity and supports for infants and toddlers.

- **Commit to an equitable process**. Prioritize a focus on racial equity. Such focus means that decision makers will work not only to identify disparities in need for relief funding and access to resources, but also to actively dismantle the structures of systemic racism that upholds these inequities.

- **Listen to the voices of providers, families, and the workforce and prioritize their stated needs.** Engage child care providers, families with infants and toddlers, and the infant and toddler workforce to learn about their specific needs and concerns. Ensure this engagement occurs across different communities and among providers, families, and workforce members representing different program types and diverse racial and ethnic backgrounds.

- **Use data to inform decisions.** Analyze existing data from state and local administrative sources as well as from **national** data sources such as the Census Bureau and the Centers

for Disease Control and Prevention (CDC). These data can be used at two levels: 1) to target and prioritize certain geographical areas (e.g., rural counties or census tracts with high scores on the Social Vulnerability Index, a metric developed by the CDC to help identify areas in which to target support during disasters), and 2) to understand the needs of child care providers, families, and the infant and toddler workforce within those areas.

- **Prioritize direct payments for the early care and education workforce.**[53] The workforce serving infants, toddlers, and preschoolers receive low wages and nearly half receive public income supports including Supplemental Nutrition Program and the Earned Income Tax Credit.[54] Supporting compensation of the workforce is a necessary step towards addressing staff shortages and, more importantly, staff health and well-being. Child care stabilization funds can be used for personnel costs, employee benefits, premium pay, or costs for employee recruitment and retention. They can also be used to provide mental health supports for the workforce.

- **Identify indicators at multiple levels of the system that can be used to track and monitor progress**. Acknowledge the interconnections among the needs of child care providers, families, and the infant and toddler workforce in communities and across the state. Examining only one or two of these levels will not provide a clear picture. For example, looking only at changes in the availability of slots in center-based programs without understanding workforce turnover and work schedules and affordability for families with infants and toddlers is insufficient for understanding the complexity of the issue. Include the perspectives of providers and families in the indicators that are tracked.

- **Work closely with intermediaries who maintain strong community ties.**[55] Engage with community organizations that have built relationships with providers and workforce members. They can provide advice and leverage their community connections to strengthen the impact of funding.

- **Build training and technical assistance to support the application and implementation processes.** Offer support in multiple modalities. Providers will benefit from options to receive individualized technical support via video calls, text messages, and/or phone calls in addition to options for group trainings that provide time for questions.

- **Communicate decisions with key stakeholders.** Create clear protocols for funding decisions that can be communicated transparently with child care providers, families, the infant and toddler workforce, legislators, and other stakeholders.

Key considerations for ARPA MIECHV funding

During the COVID-19 pandemic, home visiting is both critical for supporting pregnant people, children and families and further strained by largely being unable to enter homes. Home visitors can help families connect to needed services, manage stress and social isolation, and remain informed about public health recommendations, in addition to their existing duties supporting parents and children. Yet, enrollment has declined during the pandemic. Two installments of ARPA funds are intended to support home visiting programs in supporting the most vulnerable families.[56]

MIECHV funding is provided to address emergency needs of home visiting programs.[57]

- **Fund recruitment efforts.** Pandemic-related declines in enrollment are a concern for home visiting programs. Start Early recommends that recruitment efforts use family-centered approaches that seek to understand how family needs have changed during the pandemic and build on options for **virtual** recruitment. They also suggest that funds be used to provide in-person diaper drives and emergency supplies and pre-paid grocery cards at in-person recruitment events.

- **Provide necessary supplies.** Personal protective equipment is a critical need for staff and MIECHV participants. Families may also need technology to support virtual home visits.

- **Support the home visiting workforce.** To the extent possible with limited dollars, funds can be used to support the **costs** of hiring and onboarding new home visiting staff, including incentives and bonuses for hiring.

Key considerations for flexible state, county, and city ARPA funding

The money allocated for states, counties, cities and other areas is an additional potential source of funding for PN-3 systems (while recognizing that these funds can be used to address a wide array of needs). The final rules for ARPA build in significant flexibility in the possible ways to support households, small businesses, and essential workers. Because funding for infants and toddlers is not an explicit priority, it is important for advocates to identify opportunities for coordination across the multiple sources of funding, including the child care stabilization funds.

- **Elevate the urgency of supporting the child care workforce.** Child care programs in Allegheny County are facing critical shortages of staff that limit programs' ability to return to previous levels of service. Staff have left the workforce to care for their own children or to take jobs in higher-paying industries. As noted, addressing compensation and benefits along with recruitment and retention bonuses are critical activities for recovering the child care industry and supporting the well-being of the workforce, particularly those serving infants and toddlers.

- **Strengthen opportunities to support parents with newborns.** Hello Baby offers an essential support for parents. ARPA funding could be used to address gaps in coverage or to support any infrastructure needs that have been identified.

- **Enhance data capacity.** The pandemic revealed both the power of data in supporting decision making as well as the dearth of data on key issues including child care enrollment and attendance and families' need for child care. Recovery funds could be used to build data capacity across agencies to facilitate new data collection and data sharing.

Equity in Grantmaking

In 2019, Pittsburgh made national news as one of the worst places to live for Black women due to racial and gender inequities and disparities in education, employment, income, and health due to systemic racism.[58] As equity is both an outcome and a process, how organizations in Allegheny County distribute funds through grantmaking can be a tool to promote equity.

In recent years, there have been increasing efforts across organizations and sectors to center racial equity. Once an organization commits to a racial equity perspective, they often begin examining their policies affecting internal affairs, such as programming and operations, as well as external affairs, such as grantmaking. If an organization starts their commitment by defining a racially equitable society—one in which the distribution of resources, access to opportunities, and the burdens people carry are not determined or predicted by race—the organization would come to realize that a focus on diversity or inclusiveness does not go far enough to drive change and achieve an equitable society. When grantmakers begin measuring racial and ethnic data, requiring researchers to address root causes in their questions, and shaping guidelines and criteria for funding, they are using their platform to not only advance racial equity within their institution, but also to lead social change. A racial equity lens involves many components, including:

- **Analyzing data** and information about race and ethnicity;

- **Understanding disparities** and learning about the **root causes** behind them;

- Looking at both problems and their root causes from a **structural standpoint**; and

- **Naming racism**, not just race, explicitly when talking about problems and solutions.

While no single solution will fit all organizations, below are a few approaches to embed racial equity into grantmaking. And, although these approaches were developed with a particular focus on foundation grantmaking in Allegheny County, many strategies may be applicable to public and nonprofit grantmaking as well as other geographic contexts.

Make a commitment

Racial equity does not happen without intentionality. In other words, racial equity requires deliberate choices that challenge traditional approaches; only then can different outcomes be expected. Whether a foundation has a dedicated program on racial equity or infuses racial equity across all its programs, what is most important is that leadership decides to commit. A foundation's leader could establish discretionary funds dedicated to racial equity and require every program area to address race and equity in their work. Alternatively, a foundation may decide to start this focus on one portfolio, realize its limitations, and proceed to build toward integration across the organization after lessons are learned. This commitment must be internal as well. A work culture that is inclusive and culturally diverse brings a diversity of racial, linguistic, economic, gendered, and lived experiences that only enhance decision making, drive more effective solutions, and ultimately direct strategic planning.

Assess current grantees and grantmaking patterns

Foundations should conduct an audit of their past and current grantmaking. Understanding the racial composition of grantees and the percentage of grants focused on people of-color-led organizations provides a baseline from which to measure progress. Obtaining this data is not necessarily straightforward or easy. Some foundations have had success asking grantees about the racial demographics and diversity of their boards, staff, or the populations they serve. To be clear, an organization that provides strong numbers on diversity does not indicate that they will challenge racial disparities in a community, but gathering this data is an important first step as grantmakers reflect on their grantmaking practices. If the grantmaking audit shows that the foundation is already funding many people-of-color-led organizations, grantmakers should still reflect upon whether these organizations are primarily providing services or if they are advocating for policy changes to address inequities. Another critical examination after an audit can assess the organizations that receive multiyear funding or the size of grants that go to people of-color-led organizations versus predominantly White-led organizations.

Revise processes for writing grant applications and reviewing proposals

When a foundation has defined what racial equity looks like in their areas of interest, they also need to adjust their grantmaking approach to ensure that funding supports work in pursuit of achieving racial equity. When foundations make grants to commission a study or support an organization, they have an opportunity to direct how that research will be conducted or how programs use funds to serve communities and advance racial equity. Developing grant applications with a goal of advancing racial equity requires grantmakers to rethink and adjust their funding guidelines and criteria.

For **research studies**, grantmakers should:

- Include **time and budget for involving community members with lived experience** to advise on all elements of the project, including the planning phase. For example, community members could be included as part of core project teams or on a project advisory board. Foundations can make this expectation clear in the RFP by building in a fixed planning period prior to the study implementation period.

- Require **an examination of disparities**. For example, to ensure that research illuminates all disparities impacting the community, ask that data be disaggregated by race and ethnicity.

- Call out the need for grantees to **allocate time and expenses for translation** and **data interpretation,** with additional input from community members and other stakeholders.

- Allow **time for community members** and people with lived experience to help **translate research findings into implications** for practice and policy.

- Require a **sustainability plan** where the grantee explains how evaluation findings can be integrated into their organization's day-to-day quality assurance and performance monitoring systems.

- Expand where RFPs are published and shared. One way to promote equity is to **diversify the applicant pool** and increase opportunities for researchers or evaluators of color to access funding.

For **supporting programming and advocacy organizations,** grantmakers should:

- Include a required chart asking the grantee to supply **information on the race or ethnicity of people to be served by the proposed project**, people served by the organization, and the organization's staff and board. These charts can be tailored to include relevant factors for each project and can be assessed when applications are reviewed.

- Require that grantees draw upon **diverse perspectives in the community or field** that the proposed project will serve.

- Offer general operating support, capacity-building support, multiyear funding, and clear and specific application guidelines.

- Remove **labor-intensive reporting requirements** and **be creative about other ways to measure progress.** For example, consider written testimonials or portfolios of performance as a demonstration of work that could also serve as a marketing or fund development product for grantees.

- **Acknowledge uncertainty** in the field and explicitly **convey flexibility** to shift funding as grantee needs change. Many nonprofits are highly dependent on government payments and grants. When political environments or current events threaten these funding sources, foundations should ask how

they can help. In addition to flexibility in how dollars are spent, foundations can proactively support grantees by **advocating for grantees** and **offering funding for cash reserves or capacity building**.

When **reviewing proposals**, grantmakers should:

- **Build racial equity into their scoring rubrics.** For example, foundations could require applicants to demonstrate how their work is actively anti-racist or how their analysis plan explicitly introduces contextual and structural factors. Foundations can start small by asking about the diversity of the team but also take steps to be bolder by asking organizations to describe how racial equity informs how they develop and implement programs.

- **Refrain from automatically deducting points based on organizational size and budget.** Consider all applications, including those from smaller, grassroots organizations and those led by people of color.

Take a holistic view to funding

Foundations are often attracted to issue-based efforts because they can track outcomes and have internal expertise in a topic. However, to actually advance racial equity, foundations need to move beyond funding an *issue* to funding a *strategy*. When grantmakers take a holistic view, they realize that the people they want most to benefit are impacted by a complex set of systems and structures. When the funding approach expands beyond supporting the program that directly serves families and reaches the policy and advocacy organizations and intermediaries, then grantmakers are using their power to create greater system change and disrupt structural inequities. For example, funders need to tackle complex questions such as: how is the organization working toward policy change that enables equitable access to high-quality jobs

and compensates workers with pay that reflects the importance and difficulty of their work as well as the field's increasing qualifications?

The Work Ahead

Through our partnership with The Heinz Endowments, Child Trends will work on the following activities over the next 6 months:

- Review the existing PN-3 data available in Allegheny County, assess how it aligns with the PN-3 framework, and explore which data can be dissagregated by race/ethnicity;

- Be available to support the Department of Health, the Department of Human Services, and the new Department of Children's Initiatives in their research needs and how their work can continue to advance equity;

- Compile information on other PN-3 initiatives, best practices, and lessons learned, with a focus on those that promote equity, for the Department of Children's Initiatives;

- Facilitate connections between The Heinz Endowments' PN-3 Initiative and the Pritzker Children's Initiative, as well as other relevant initiatives; and

- Begin drafting plans for capturing the ongoing developments and lessons learned in the PN-3 Initiative.

For questions about the material in this document please contact Dr. Andra Wilkinson at AWilkinson@childtrends.org.

Appendices

Appendix A: Path to PN-3 equity in Pittsburgh

PATH TO PRENATAL-TO-THREE EQUITY IN PITTSBURGH

TO ACHIEVE CULTURALLY RESPONSIVE & INCLUSIVE APPROACHES IN AN EQUITABLE PN-3 SYSTEM...

- *Regional understanding of PN-3 services and funding*
- Central entity to coordinate overlapping services or identify service gaps
- Ongoing system monitoring and evaluation
- Integrated and disaggregated data systems to inform PN-3 programming, goals, and funding
- Process to identify and scale innovative practices
- Awareness of and advocacy for relevant local, state, and national policies
- Advocacy for greater public funding and resources to support PN-3

DEVELOP A COORDINATED PN-3 SYSTEM INFRASTRUCTURE FOCUSED ON REDUCING DISPARITIES

- *Community support systems and advocacy for PN-3 services*
- *Community-based platforms for nurturing care and positive environments for families (e.g., faith or parent groups)*
- Healthy environments (e.g., clean air, water) and access to safe and healthy spaces that promote play
- *ECE workforce development, career pathways (e.g., apprenticeships), retention, and equitable compensation*
- Economic development and employment opportunities
- Access to and affordability of healthy food
- Access to a robust transportation system

AND

CREATE POSITIVE CONNECTIONS & SUPPORTS FOR ALL COMMUNITIES

TO PROMOTE...

- Nurturing, culturally responsive, and individualized caregiver-child relationships
- *Equitable access to affordable, high-quality, and age- and culturally appropriate learning environments*
- Enhanced supports for workforce: compensation, education pathways, retention strategies

HIGH-QUALITY, FISCALLY SOUND & ACCESSIBLE EARLY LEARNING

- *Access to comprehensive maternal and pediatric care*
- *Healthy pregnancies and births across diverse subgroups (race/ethnicity)*
- Access to midwives/doulas
- Breastfeeding education and support for mothers and spouses/partners
- Access to mental health resources for parents and infants
- Fatherhood engagement promotion and education

- Access to safe, secure, and affordable housing for all families
- Economic security for all families
- *Nurturing, responsive, and stable parent-child relationships*
- Culturally responsive home visiting services

STRONG & SECURE FAMILIES

HEALTHY BIRTHS, PREGNANCIES & DEVELOPMENT

Note: ***Italicized and bolded*** strategies were identified as current strategies or priority areas The Heinz Endowments is investing in.

Appendix B: PN-3 map for Allegheny County

Prenatal-to-Three Resources in Allegheny County, PA

This map includes the location of the different health, family support, and early care and education resources related to prenatal-to-three in Allegheny County, as well as the types of services they provide.

• The "Work Type" drop-down menu filters resources by the categories describing different service types.
• The "Extra Info" drop-down menu filters resources by whether they are Heinz grantees, engage in advocacy work, and/or provide home visiting services.

The background of the map includes overlayed data from the American Community Survey that shows the median household income by census tract of people living in Allegheny County (the dark yellow means a lower level of income). The map provides an overview of prenatal-to-three resources available in Allegheny County and where they are relative to populations of different income levels.
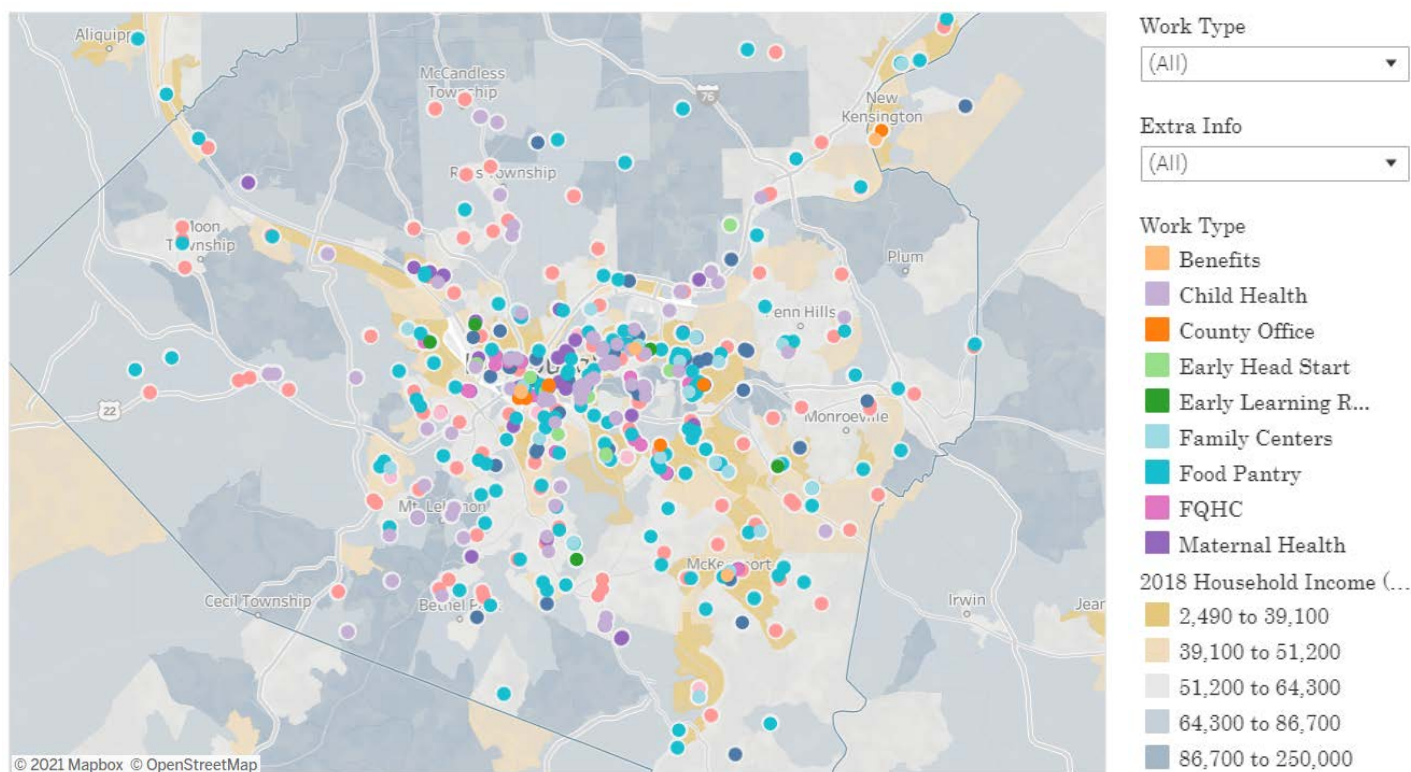
These resources were compiled by Child Trends using Head Start Program Information Report (PIR) data, Foundation Maps by Candid, Brown Mamas website, Trying Together, county websites, Google, as well as internal interviews with staff of The Heinz Endowments and their stakeholders. If you think a resource is missing, please contact us at AWilkinson@childtrends.org

Non-profit multi-services include diaper banks, formula banks, food pantries, child welfare services, fatherhood groups, and community empowerment.

Appendix C: State comparisons of PN-3 policies

	PA	NJ	OH	WV
Healthy births, pregnancies, and development	**7**	**6**	**6**	**6**
Expanded income eligibility for Medicaid	✓	✓	✓	✓
Maternal depression screening required in well-child visits	✓	✗	✗	✗
Medicaid plan covers social-emotional screening for young children	✓	✗	✓	✓
Medicaid plan covers IECMH services at home	✓	✓	✓	✓
Medicaid plan covers IECMH services at pediatric/family medicine practices	✓	✓	✓	✓
Medicaid plan covers IECMH services in early childhood education settings	✓	✗	✓	✗
Partial or full protection for pregnant workers	✗	✓	✗	✓
Postpartum extension of Medicaid coverage	✗	✓	✗	✗
Reduced administrative burden for SNAP	✓	✓	✓	✓
Strong and secure families	**1**	**4**	**2**	**0**
Paid family leave	✗	✓	✗	✗
Paid sick time that covers time for child	✗	✓	✗	✗
State EITC	✗	✓	✓	✗
State Child Tax Credit	✗	✗	✗	✗
TANF work exemption	✓	✗	✓	✗
State hourly minimum wage of $10 or higher	✗	✓	✗	✗
High-quality, fiscally sound, and accessible early learning	**1**	**2**	**0**	**3**
Families above 200% FPL eligible for child care subsidy	✗	✗	✗	✗
CCDBG funds allocated to increase the number of child care slots for infants and toddlers	✓	✓	✗	✓
State reimburses center-based child care at/above 75th percentile of market rates	✗	✗	✗	✗
Children at risk for substantial developmental delays are eligible for IDEA Part C services	✗	✗	✗	✓
Professional credentials adopted for infant/toddler teachers	✗	✓	✗	✓

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