# The State of Massachusetts's Babies W



Where children are born can affect their chances for a strong start in life. Babies need good health, strong families, and positive early learning experiences to foster their healthy brain development and help them realize their full potential.

This state profile provides a snapshot of how infants, toddlers, and their families are faring in each of these three policy domains. Within each domain, view data for selected child, family, and policy indicators compared to national averages. The profile begins with a demographic description of the state's babies and families to offer the broadest context for exploring what may be very different experiences of the state's youngest children.

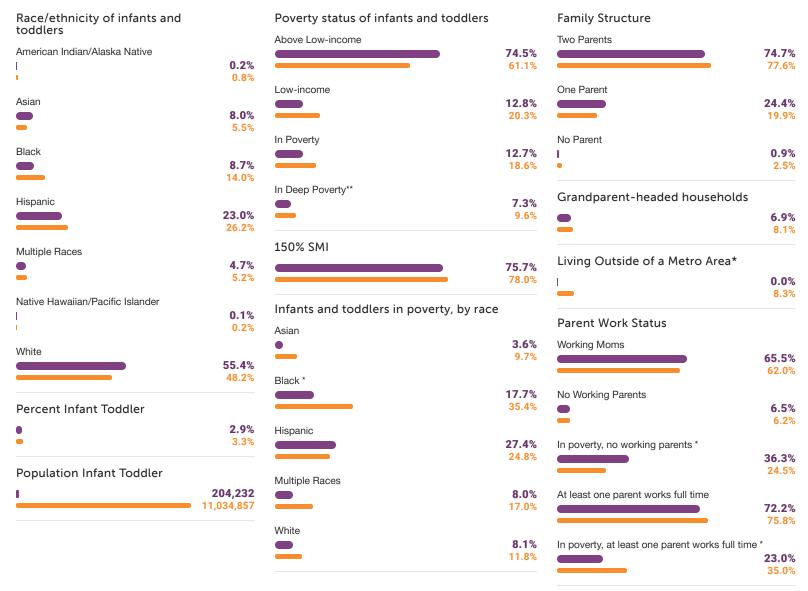
## **Demographics**

Massachusetts National Average

#### Infants and toddlers in Massachusetts

Massachusetts is home to 204,232 babies, representing 2.9 percent of the state's population. As many as 25.5 percent live in households with incomes less than twice the federal poverty line (in 2021, about \$55,000 for a family of four<sup>1</sup>), placing them at economic disadvantage. The state's youngest children are diverse and are raised in a variety of family contexts and household structures.

1. Source: U.S. Census Bureau, Population Division. Poverty Thresholds by Size of Family and Number of Children. https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html



<sup>\*</sup>Numbers are small; use caution in interpreting.

Note: N/A indicates Not Available

<sup>\*\*</sup>Subset of "In Poverty"

## **Good Health**

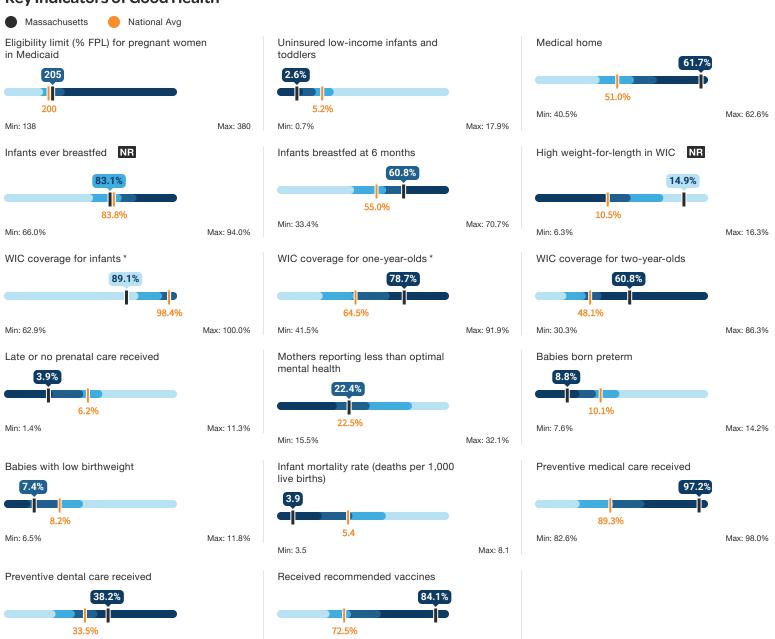


## How are Massachusetts's babies faring in Good Health?

Supporting babies' and mothers' physical and mental health provides the foundation for infants' lifelong physical, cognitive, emotional, and social well-being. Babies' brains grow rapidly in the first years of life, and, in these early years, the brain works with other organs and organ systems to set the stage for subsequent development and health outcomes. Equitable access to good nutrition during the prenatal period and first years of life is key to ensure that babies receive the nourishment and care they need for a strong start in life. Strengthening equitable access to integrated, affordable maternal, pediatric, and family health care is also essential to meeting babies' and families' health and developmental needs.

Massachusetts falls in the Working Efficiently (W) tier for the Good Health domain. A state's ranking is based on indicators of maternal and child health, including health care coverage, prenatal care, birth outcomes, and receipt of recommended preventive care as well as nutrition and mental health. Massachusetts performs better than national averages on key indicators, such as the infant mortality rate and the percentage of women receiving late or no prenatal care. The state is performing close to or better than the national averages for the Good Health indicators used in the ranking.

## **Key Indicators of Good Health**



Max: 85.8%

Max: 52.5%

Min: 64.0%

Min: 16.8%

<sup>\*</sup>Numbers are small; use caution in interpreting.

Good Health Policy in Massachusetts Medicaid expansion state			Yes ✔		
CHIP maternal coverage for unborn child option NR		Yes ✓			
Postpartum extension of Medicaid coverage		Law covering all pregnant peopl	le for 1 year post-partum		
Pregnant workers protection		Limited coverage: State employees and private employees with exceptions			
State Medicaid policy for maternal depression screening in well-child visits  Medicaid plan covers social-emotional screening for young children  Medicaid plan covers IECMH services at home			Recommended		
		Yes ✓			
					Medicaid plan covers IECMH services at pediatric/family medicine pract
Medicaid plan covers IECMH services in early childhood education setting	ngs				
Note: N/A indicates Not Available					
All Good Health Indicators for Massachusetts		State Indicator	National Avg		
Health Care Coverage and Affordability					
R Eligibility limit (% FPL) for pregnant women in Medicaid	<b>205.0</b> 200.0	W Uninsured low-income infants and toddlers	<b>2.6%</b> 5.2%		
W Medical home	<b>61.7%</b> 51.0%				
Nutrition					
Infants ever breastfed NR	<b>83.1%</b> 83.8%	Infants breastfed at 6 months	<b>60.8%</b> 55.0%		
High weight-for-length in WIC NR	14.9% NA	<b>G</b> WIC coverage for infants	<b>89.1%</b> 98.4%		
WIC coverage for one-year-olds	<b>78.7%</b> 64.5%	WIC coverage for two-year-olds	<b>60.8%</b> 48.1%		
Maternal Health					
Late or no prenatal care received	<b>4.5%</b> 6.4%	Maternal mortality rate (deaths per 100,000 live births)	NR NA 23.8		
Mothers reporting less than optimal mental health	<b>21.3%</b> 21.9%				
Children's Health					
W Babies born preterm	8.8% 10.1%	Babies with low birthweight	<b>7.4%</b> 8.2%		

3.9

97.2%

89.3%

W Preventive dental care received

W Received recommended vaccines

8.2%

38.2% 33.5%

84.1%

72.5%

W Infant mortality rate (deaths per 1,000 live births)

W Preventive medical care received

Note: N/A indicates Not Available.

## **Strong Families**



## How are Massachusetts's babies faring in Strong Families?

Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. All families may benefit from parenting supports, but families with low income and in historically marginalized communities of color face additional challenges that impact their babies' immediate and future well-being. Many policies can be designed to address these disparities by race, ethnicity, and income, including the provision of safe and stable housing, home visiting services, family-friendly employer policies, economic support for families with low income, and tax credits that benefit families with young children.

Massachusetts falls in the Working Efficiently (W) tier of states when it comes to indicators of Strong Families. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentage of babies experiencing food insecurity and babies experiencing housing instability (moved 3 or more times). Massachusetts is doing worse than the national average on indicators such as the percentage of babies who could benefit from home visiting receiving those services.

#### **Key Indicators of Strong Families** Massachusetts National Avg TANF benefits receipt among families in Housing instability Crowded housing poverty 0.5% 15.2% 19.0% Min: 0.5% Max: 8.9% Min: 7.8% Max: 27.6% Max: 75.3% Min: 2.1% Unsafe neighborhoods Low or very low food security Family resilience 85.6% Min: 1.0% Max: 11.0% Min: 3.1% Max: 30.2% Min: 80.3% Max: 90.9% 1 adverse childhood experience 2 or more adverse childhood Infant/toddler maltreatment rate NR experiences (per 1,000 children ages 0-2) 26.3 18.6% 7.2% 15.5 Min: 12 2% Max: 26.3% Min: 2.1% Max: 13.7% Min: 2.0 Max: 34.5 Removed from home Time in out-of-home placement NR Permanency: Adopted 25.0% 34.2% 33.9% 6.6 Min: 2.4 Max: 26.6 Min: 11.5% Max: 63.0% Min: 15.2% Max: 58.5% Permanency: Guardian Permanency: Relative Permanency: Reunified 1.9% 7.0% 49.8% Min: 26.6% Min: 1.9% Max: 23.8% Min: 0.5% Max: 39.5% Max: 72.2% Potential home visiting beneficiaries served

Max: 6.2%

1.0%

Min: 0.1%

2.1%

<sup>\*</sup>Numbers are small; use caution in interpreting.

<b>Strong Families Policy in Massachusetts</b> Paid family leave			Yes 🗸	
Paid sick time that covers care for child			Yes 🗸	
TANF work exemption			Yes 🗸	
State child tax credit				
State Earned Income Tax Credit			Yes 🗸	
Note: N/A indicates Not Available				
All Strong Families Indicators for Massac	husetts	State Indicator	National Avo	
Basic Needs				
TANF benefits receipt among families in poverty	<b>47.3%</b> 19.0%	W Housing instability	<b>0.5%</b> 2.9%	
R Crowded housing	<b>11.0%</b> 15.2%	Unsafe neighborhoods	<b>3.5%</b> 5.0%	
W Low or very low food security	<b>8.7%</b> 14.2%			
Child Well-being and Resilience				
W Family resilience	<b>89.1%</b> 85.6%	1 adverse childhood experience NR	<b>13.1%</b> 18.6%	
2 or more adverse childhood experiences	<b>2.1%</b> 7.2%	Infant/toddler maltreatment rate (per 1,000 children ages 0-2)	NR 26.3	
Removed from home NR	<b>6.6</b> 6.6	Time in out-of-home placement NR	<b>33.7%</b> 33.9%	
Permanency: Adopted NR	<b>25.0%</b> 34.2%	Permanency: Guardian NR	1.9% 7.9%	
Permanency: Relative NR	<b>NA</b> 7.0%	Permanency: Reunified NR	<b>72.2%</b> 49.8%	

1.0% 2.1%

Note: N/A indicates Not Available.

**G** Potential home visiting beneficiaries served

## **Positive Early Learning Experiences**



#### How are Massachusetts's babies faring in Positive Early Learning?

Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. The quality of babies' early learning experiences at home and in other care settings can impact their cognitive and social-emotional development as well as early literacy. High-quality early childhood care can strengthen parents' interactions with their children in the home learning environment and support parents' ability to go to work or attend school. Equitable access to high-quality care across factors like race, ethnicity, and income ensures all infants and toddlers have the opportunity for optimal development. However, disparities in access to high-quality care remain across many states and communities in the United States.

Massachusetts scores in the Working Efficiently (W) tier for Positive Early Learning Experiences. The state's ranking in this domain reflects indicators on which it is performing better than the national average, such as the percentage of infants and toddlers who received Individuals with Disabilities Education Act (IDEA) Part C services. Massachusetts is doing worse than the national average on indicators such as the percentage of babies in families below 100 percent of the federal poverty line with access to Early Head Start. Beginning with the 2022 profile, infant care costs as a percentage of the state's median income for single and married parents are not factored into the ranking.

#### **Key Indicators of Positive Early Learning Experiences**



<sup>\*</sup>Numbers are small; use caution in interpreting.

Positive Early Learning Experiences Policy in Massachusetts  Adult/child ratio  EHS standards met for 3						
Leve	el of teacher qualification required by the state beyond a high scho	No credential beyond a hig	No credential beyond a high school diploma			
Grou	up size		EHS standards met for 1 of 3 age groups			
Infa	nt/toddler professional credential NR			Yes 🗸		
Fam	ilies above 200% of FPL eligible for child care subsidy			Yes 🗸		
Stat	e reimburses center-based child care			No 🗙		
At-ri	sk children included in Part C eligibility definition NR			Yes 🗸		
Not	e: N/A indicates Not Available					
_	Positive Early Learning Experiences Indic	ators for Mas	State Indicator	National Avg		
0	Parent reads to baby every day	<b>41.9%</b> 37.4%	Parent sings to baby every day	<b>59.8%</b> 58.1%		
Acc	cess to Early Learning Programs					
G	% Income-eligible infants/toddlers with Early Head Start access	9.0% 11.0%	O Low/moderate income infants/toddlers in CCDF-funded care	<b>4.7%</b> 4.7%		
	Cost of care, as % of income married families NR	16.2% NA	Cost of care, as % of income single parents	<b>69.2%</b> NA		
Ear	·ly Intervention					
W	Developmental screening received	<b>44.8%</b> 34.2%	Percentage of infants/toddlers receiving IDEA Part C services	<b>20.2%</b> 6.8%		

34.2%

99.9% NA 6.8%

Note: N/A indicates Not Available.

Timeliness of Part C services NR