

STRATEGY

EARLY HEAD START

Early Head Start is an effective state STRATEGY to impact:



Early Head Start:

- improves numerous aspects of childparent relationships;
- positively impacts participation in good-quality child care; and
- positively impacts language and vocabulary skills and problem behaviors.

7

states supplement federal funding and have an estimated percentage of income-eligible children with access to EHS that is at or above the median state value (8.9%).

WHAT IS EARLY HEAD START?

Early Head Start is a federally funded program serving low-income pregnant women, infants, toddlers, and their families.¹ Early Head Start promotes healthy social, emotional, cognitive, and physical development in young children, assists parents in developing positive parenting skills and moving toward self-sufficiency goals, and brings together community partners and resources to provide families with comprehensive services and support.²

WHY IS EARLY HEAD START IMPORTANT?

Early Head Start Is Delivered in Various Formats to Promote Child and Family Wellbeing

Early Head Start can be home-based, center-based, focused on family child care, or an alternative locally designed approach. Each format approaches the goal of child wellbeing and healthy development differently. By providing comprehensive services to the family, including mental and physical health services to children and a variety of supports to parents, EHS aims to bolster the child's social support through family members.³

Home-Based Early Head Start Supports Parents, Promoting Child Development Indirectly

Early Head Start provided in the home aims to improve child development indirectly through providing services and supports to parents. By improving parents' knowledge of child development, warm and responsive caregiving skills, social support, and coping and problem-solving skills, as well as connecting families to community and health resources during the prenatal and early childhood period, home-based Early Head Start can promote positive short-term child wellbeing outcomes⁴ and long-term developmental trajectories in children⁵ and buffer the long-term negative effects of childhood stress and adversity.⁶

Center-Based Early Head Start Impacts Children Directly Through Classroom Environments and Teacher-Child Interactions

Early Head Start early care and education (ECE) environments have the potential to impact children by providing highquality classroom environments that can lead to improved child outcomes (e.g., school readiness).⁷ Early Head Start ECE environments include direct support to children through their classroom context (e.g., evidence-based curricula, physical environment) and indirect supports through quality teacher-child interactions (fostered by small group sizes, low childto-adult ratios, and high teacher qualifications).^{8,9,10}

Policies Versus Strategies in This Roadmap

In this Roadmap, we define policies as having clear legislative or regulatory action, based on research gleaned through comprehensive reviews of rigorous evidence. By contrast, the evidence on effective strategies does not provide clear legislative guidance on how to fund or implement the strategy to garner the impacts at a statewide level that were demonstrated in studies. The evidence base will continue to expand to provide more direction to states. Please see pn3policy.org for additional information.



WHAT IMPACT DOES EARLY HEAD START HAVE?

Early Head Start improves numerous aspects of children's relationships with the adults in their lives, leaving children better off due to more nurturing and responsive relationships with parents and teachers in safe settings. Early Head Start also may improve child health and development.

Early Head Start May Benefit Black Families the Most

Although no strong causal evidence evaluates the effectiveness of EHS at reducing racial disparities, research demonstrates that the impact of EHS on child-parent relationships and optimal child health and development is stronger for Black families than for White and Hispanic families.¹¹

Strong Causal Studies Show That Early Head Start Impacts Three Prenatal-to-3 Policy Goals

Examples of Impact:

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



Nurturing

and Responsive Child-Parent

- The share of children participating in good-quality center-based care was three times greater among children in EHS (K)
- In center-based care, caregiver-child interactions were better among EHS participants than among nonparticipants (K)



- Children in EHS were more engaged during play (effect size 0.18) (J, S)
- Children in EHS had higher developmental functioning assessment scores (effect sizes 0.14) (I, S), particularly Black children in EHS (effect size 0.23) (N)

Note. Results are based on comprehensive reviews of the evidence, Letters in parentheses in the table above correspond to a strong causal study in the comprehensive evidence review of Early Head Start Each strong causal study reviewed has been assigned a letter. AA complete list of causal studies can be found in the Appendix. Comprehensive evidence reviews of each policy and strategy, as well as more details about our standards of evidence and review method, can be found at pn3policy.org.

WHAT DO WE STILL NEED TO LEARN ABOUT EARLY HEAD START?

More Research Is Needed to Identify a State Policy Lever to Implement Early Head Start

The current evidence base draws primarily from the Early Head Start Research and Evaluation Project, but it does not provide clear guidance to states on the necessary level of resources to make EHS an effective statewide policy—such as the best funding methods, the optimal program dosage, and the most effective components of EHS. States currently support EHS through various funding strategies including, supplemental funding, leveraging federal funding, or through other mechanisms within early childhood systems. Existing research on EHS does not measure program dosage (e.g., number of home visits, weeks in center-based care, amount of comprehensive services received) well, which could mask important variation in what services families receive. Current research also does not identify which specific components of EHS lead to better outcomes or if certain delivery formats are more beneficial than others. Learning more about the variation in funding, dosage, delivery, and program components will help states determine the best way to implement EHS.

More Needs to Be Studied About the Impacts of Early Head Start on People of Color

The bulk of EHS evidence does not include diverse samples, and often, between-group differences based on race and ethnicity are not provided. Thus, drawing conclusions about how EHS can reduce racial and ethnic disparities is not yet possible. Some research suggests that Black families benefit the most from EHS, in absolute terms, relative to their nonparticipant counterparts. Future research should seek to explore differential impacts even more.

Additional Studies Will Be Helpful to Further Understand the Effects of Early Head Start on Other Policies

More research is necessary to understand how EHS programs interact with other policies that impact the prenatal-to-3 population, such as comprehensive screening and referral programs, which are a common referral source into EHS programs. Additional studies on how EHS and other ECE policies impact one another also will be critical. Unfortunately, policies that may positively impact families financially, such as a state minimum wage and state EITC can increase the income of some families who use EHS services, putting them over the income eligibility threshold for EHS. More research is necessary to understand whether the additional income offsets the loss of access to programs like EHS. States should continue to explore avenues to implement policies that support the family financially while also allowing continued eligibility in programs that benefit the family in other ways.

The Return on Investment for Early Head Start Needs to Be Studied More

Data on the cost of EHS are limited: In 2014-15, the national average federal funding per child in EHS was \$12,575 (adjusted for cost of living).¹² Cost figures vary widely by state and do not include grantee cost-sharing spending. No additional studies identified in our evidence review examined the return on investment for EHS.

Tracking and Evaluating How States Have Responded to COVID-19 Will Be Essential

As part of the CARES Act, \$750 million is allocated for Head Start services to support preventative, preparedness, and responsive activities to the coronavirus. Awarded on a non-competitive basis, \$500 million is available for programs to operate supplemental summer programs, and \$250 million is available for one-time activities as a response to the coronavirus.¹³ The Office of Head Start also has provided updates around Head Start Activities in response to COVID-19 and has created the Virtual Early Education Center, which is an online tool that is designed to look and feel like an early care and education center.¹⁴ The impact of virtual Head Start activities and related policies remains to be determined.

HOW DO STATES VARY IN THEIR IMPLEMENTATION OF EARLY HEAD START?

In the absence of a clear state policy lever to assess variation across the states, we describe instead how states compare in their progress toward implementing Early Head Start.

A Minority of States Supplement Federal Funding With State Funding to Implement Early Head Start Programs

Only nine states supplement federal funding with state dollars to implement EHS, and seven of these nine states both supplement EHS with state funds and serve at least 8.9% (the median state value) of income-eligible children.

Early Head Start Is Primarily a Federally Funded Program

Early Head Start is primarily a federal-to-local program, meaning that the federal government provides grants for operating Early Head Start programs directly to local-level organizations such as community agencies (nonprofit and for-profit), local governments, and existing Head Start grantees; however, states and territories are also eligible to be Early Head Start grantees and may apply and receive funding directly from the federal government to operate Early Head Start programs.¹⁵ As of Program Year 2019, Early Head Start programs exist in every state, and one state, Pennsylvania, is an Early Head Start state grantee.¹⁶

All States Have Center-Based and Home-Based Early Head Start Programs, and Some States Have Additional Delivery Formats

Center- and home-based EHS programs are available in all 51 states.¹⁷ Home-based EHS provides weekly home visits to families to promote parents' skills to support healthy child development, as well as group activities for enrolled families. Center-based services operate in a classroom setting within a child care center, Early Head Start center, or school and generally provide at least 1,380 hours of care, education, and child development services annually. Thirty-two states provide family child care, which includes services similar to center-based EHS programs, but in a home or family-care setting.^{18,19} To date, 24 states have grantees offering locally designed options, which combine aspects of various program approaches. For example, families may receive both home- and center-based services as part of a locally designed Early Head Start program.²⁰

How Do We Determine States' Progress Toward Implementing Effective Policies and Strategies?

Without state statute or law to review for progress toward a defined legislative or regulatory action, we leveraged available data assessing state variation in each of the strategies to demonstrate how states are making progress implementing the six strategies relative to one another. Indicators of variation included factors such as the percentage of children or families that states serve through the strategy, states' eligibility criteria for the strategy, whether states invest state funds in the strategy, and whether states meet the federal recommendations for implementing the strategy.

Based on information from the National Head Start Association 2019 report, confirmation emails and phone calls with state EHS experts, 2019 Early Head Start (EHS) Program Information Report (PIR), and data estimating the percent of income-eligible children with access to EHS relative to other states, we determined whether a state supplemented federal funding for Early Head Start and if the estimated percent of income-eligible children with access to EHS relative to EHS is at or above the median state value (8.9%).

The figure on the following page shows the progress states have made to date toward implementing Early Head Start. For additional information, please refer to the Methods and Sources section of <u>pn3policy.org</u>.

Progress		Detail	# of States
Substantial Progress	10		
	9	State supplements federal funding, and the estimated percent of income-eligible children with access to EHS is more than twice the median state value (17.8%).	0
	8		
	7	State supplements federal funding, and the estimated percent of income-eligible children with access to EHS is between the median state value (8.9%) and twice the median state value (17.8%).	7
Some Progress	6		
	5	State supplements federal funding, but the estimated percent of income-eligible children with access to EHS is below the median state value (8.9%).	2
	4	State does not supplement federal funding, but the estimated percent of income-eligible children with access to EHS is more than twice the median state value (17.8%).	4
Little to No Progress	3	State does not supplement federal funding, but the estimated percent of income-eligible children with access to EHS is between the median state value (8.9%) and twice the median state value (17.8%).	15
	2		
	1	State does not supplement federal funding, and the estimated percent of income-eligible children with access to EHS is below the median state value (8.9%).	23
	0		

Have States Made Substantial Progress Toward Implementing Early Head Start?



ME 7

AK 4

					WI 7				VT 4	NH 1
WA 3	ID 1	MT 4	ND 3	MN 7	IL 3	MI 3		NY 1	MA 5	
OR 7	NV 1	WY 3	SD 3	IA 7	IN 1	ОН 1	PA 3	NJ 1	CT 5	RI 3
CA 3	UT 1	CO 1	NE 3	МО 7	КҮ 1	WV 1	VA 1	MD 3	DE 3	
	AZ 1	NM 3	KS 3	AR 1	TN 1	NC 1	SC 1	DC 4		
			ОК 7	LA 1	MS 3	AL 1	GA 1			
HI 1			ТХ 1					FL 1		

State Investments in Early Head Start Are Limited

Only nine states invest state funds in Early Head Start. These states facilitated the additional infusion of EHS funding through state statute—as is the case in Connecticut—and through line-item or department-specific budget allocations. In five of the nine states, funding is allocated to both Head Start and Early Head Start programs in a single statute or budgetary line item, which makes delineating the exact impact on EHS programs challenging. Whereas some states dedicate funds to serve a larger number of eligible children, other states set aside funds to increase pay for Early Head Start staff, to extend the hours that Early Head Start is available throughout the day, to improve program quality, or to aid local programs so they can meet the non-federal share-matching requirement of 20%.

Relatively Few Income-Eligible Children Have Access to Early Head Start in Most States

States vary in the share of income-eligible children with access to Early Head Start in each state, ranging from 3.5% in Tennessee to 26.0% in the District of Columbia, the highest in the nation. The percentages refer to children with access to funded slots for Early Head Start. More children may actually be served by Early Head Start, but state funding influences the slots available.

Children With Access to EHS

Estimated % of income-eligible children under age 3 with access to Early Head Start



States with a "Yes" have made substantial progress toward funding and providing access to EHS.

Source: As of 2020. National Head Start Association report, confirmation emails and phone calls from state EHS experts, 2019 Early Head Start (EHS) Program Information Report (PIR) and 2018 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS). For additional information, please refer to the Methods and Sources section of pn3policy.org.

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¹⁷ Office of Head Start (n.d.) *The Head Start Enterprise System*. https://hses.ohs.acf.hhs.gov/. State level program indicator report for Early Head Start for all states and territories included in the Head Start Enterprise System. Note: Includes program approaches with funded enrollment slots offered under EHS and EHS-CCP in regions 1 - 10 (including interim grants) in program year 2019. Does not include American Indian and Alaska Native (AIAN) or Migrant and Seasonal Head Start (MSHS) EHS or EHS-CCP grants

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Complete 2020 Prenatal-to-3 State Policy Roadmap, state profiles, and data interactives are available at pn3policy.org/roadmap.



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