

Outside Witness Testimony of Yasmina Vinci

Executive Director,
National Head Start Association
1651 Prince Street
Alexandria, VA 22314
yvinci@nhsa.org
703-649-4222

Submitted to:

Subcommittee on Labor, Health & Human Services,
Education, and Related Agencies
Senate Appropriations Committee

Addressing:

Department of Health and Human Services
Administration for Children and Families,
Head Start and Early Head Start
FY 2018 Appropriation

June 2, 2017

Dear Chairman Blunt, Ranking Member Murray, and Members of the Subcommittee,

On behalf of the National Head Start Association (NHSA), thank you for the opportunity to submit written testimony regarding funding for Head Start and Early Head Start (collectively Head Start) in Fiscal Year 2018. For more than 50 years, Head Start has created opportunities for disadvantaged children and families to succeed by providing the highest quality early childhood care and education including health, nutrition, parent engagement, family support, and child development services. NHSA is grateful for the Subcommittee's tradition of strong bipartisan support for early childhood care and education in general and for Head Start specifically. NHSA and the Head Start community stand ready to work with Congress to continue to deliver great care and support to children and families. Head Start remains at the forefront of early childhood education innovation in rural, Native American, and urban communities, based on proven, data-driven solutions. As decisions are made on funding for FY18, the Head Start community respectfully requests that the Subcommittee allocate **\$9,818,643,596** for Head Start – an increase of **\$565,548,596** over FY17.

Understanding today's fiscal climate, we do not make this request lightly. Any increase for Head Start will be exceptionally difficult unless current budget caps for non-defense discretionary spending are raised and the Labor, Health and Human Services, Education Subcommittee receives a strong 302(b) allocation. We urge the full Committee, the Congress, and the Administration to adopt and support strong funding levels for domestic priorities in FY18.

We recommend **\$9,818,643,596** for Head Start in FY18 in order to enable Head Start programs to retain a highly effective workforce, better utilize existing data to ensure continuous

improvement, implement new program performance standards, and meet the changing needs of working families across the nation. Included in this testimony are details of what this increase would support and why it is a critical investment at this time.

The Head Start community is appreciative of being a funding priority for this Committee, and the whole of Congress. In FY17, Congress appropriated **\$9,253,095,000** for Head Start and Early Head Start – an increase of \$85,000,000 for a cost of living adjustment. This funding level built off a significant increase in FY16 to support Head Start programs seeking to better serve working families through extended duration of services, retain the Head Start workforce, and expand much-needed services for infants and toddlers. The extended duration funds (\$294,000,000) were met with overwhelming interest by programs across the nation – so much interest that many programs who were eligible for the funds were forced by the U.S. Department of Health & Human Services to reduce their extension plans by as much as a third. At the Friends of Children of Mississippi Inc. Head Start and Early Head Start program, these funds provided before & after care and extended hours for 700 children in Copiah, Clarke, Humphreys, Kemper, Madison, Newton, and Rankin Counties. According to the Director of the program, Dr. Marvin Hogan, this allowed the program “to elevate their operations to another level” by better meeting the needs of working families. Dr. Hogan has had remarkable success moving Head Start families into the workforce for area employers and the extended hours for the children enabled families to remain employed.

In May, President Trump released his administration’s full FY18 Budget Proposal and it included \$9,168,095,000 for Head Start and Early Head Start. NHSA is disappointed that the FY17 cost of living adjustment was not included in the President’s proposal. Head Start’s dedicated staff do a remarkable job and deserve more support. While the Budget Proposal did not take into consideration the final FY17 Omnibus Appropriations bill, we remain confident that Congress will ensure that these funds, as well as Head Start’s position as the premier early childhood care and education program in the United States, will extend into FY18 and beyond.

In addition to maintaining the FY17 increase in FY18, the Head Start community has two main priorities for the coming fiscal year: retaining highly-effective staff and better meeting the needs of children and families through the implementation of the new Program Performance Standards. They are each described below:

Supporting Quality Workforce Retention: Within the sum provided, NHSA recommends allocating \$193,789,995 (including \$13,440,000 for Early Head Start – Child Care Partnership grantees) in FY18 for Workforce Investments through a cost-of-living adjustment, per the Consumer Price Index-Urban. Because of non-competitive salaries, nearly every Head Start provider struggles to retain quality staff. Furthermore, high staff turnover rates directly impact quality of services to young children. Investing in workforce quality is the most important and pressing need for programs across the country. In Vermont, six different Head Start programs, in both rural and urban settings, all reported that they are “hemorrhaging direct service staff, especially qualified, licensed teachers.” They agreed that the biggest challenge in attracting new qualified staff is low pay; in their area, an employee can make significantly better wages getting a position in the K-12 system. The Head Start community strongly encourages

Congress to stand with our nation’s most vulnerable families by helping Head Start organizations recruit and retain quality early childhood educators.

Supporting A High Quality System: Within the overall sum, NHSA recommends that \$396,758,601 be allocated for Quality Improvement Funding (QIF) without restrictions in FY18.¹ As outlined in the 2007 Head Start Act, these funds may be used for increasing duration of services to better support working families, staff training, improving community-wide coordination, enhancing classroom environments, and strengthening transportation safety. These funds would allow programs to flexibly prioritize funding based on their needs and avoid cutting access as they implement the recently released Head Start Program Performance Standards. For example, at the Lummi Nation Head Start program in Bellingham, Washington, the program has two priorities – more facilities to accommodate growth/expansion of hours and mental health professionals to provide more direct support for struggling children in the classroom.

Much has changed in Head Start world over the last year. Most significantly, on September 1st, 2016, the Head Start Program Performance Standards were updated for the first time in decades. The new Standards were notably streamlined, going from eleven to four sections, and strengthened by increasing the focus on data, continuous improvement, and local flexibility. The Head Start community has met the new Standards with appreciation for the long-awaited and much-needed changes.

Three independent research reports have also come out documenting the Head Start advantage. These reports detail that Head Start not only gives students better outcomes at the end of their time in the program, but that these results persist through life. The advantages last through high school, college, and even into parenthood for certain groups of students.^{2,3,4} These outcomes include higher test scores, less chronic absenteeism,⁵ higher graduation rates, and better parenting skills.⁶ The groups that particularly benefited from Head Start were Hispanic and African-American children, children who qualify for free lunch, and children whose mothers did not finish high school.⁷ Unique program features—such as paying teachers on a scale comparable to the public schools, offering full-day services, and using data to inform continuous quality improvement—can also be tied to better outcomes for children.⁸ These new studies reinforce Head Start’s extensive body of prior research that has proven that when disadvantaged

¹ Per the Head Start Act, funds appropriated to Head Start should include no less than 4.5 percent set aside for Migrant and Seasonal programs, and no less than 3 percent for American Indian/Alaska Native programs.

² Bauer, L. and D. W. Schanzenbach, (2016) The Long-Term Impact of the Head Start Program. The Hamilton Project, the Brookings Institution. Retrieved from:

http://www.hamiltonproject.org/assets/files/long_term_impact_of_head_start_program.pdf

³ Phillips, D., W. Gormley, & S. Anderson. (2016). The Effects of Tulsa’s CAP Head Start Program on Middle-School Academic Outcomes and Progress. *Developmental Psychology*, 52, 1247-1261. Retrieved from: <https://georgetown.app.box.com/s/q43pgptmzmm6h3zjcosk93ucnh1k4o9e>

⁴ Montialoux, C. (2016) Revisiting the impact of Head Start. Institute for Research on Labor and Employment, University of California Berkeley. Retrieved from:

<http://irle.berkeley.edu/files/2016/IRLE-Revisiting-the-impact-of-Head-Start.pdf>

⁵ Phillips, Gormley, and Anderson (2016)

⁶ Bauer and Schanzenbach (2016)

⁷ Ibid.

⁸ Phillips, Gormley, and Anderson (2016)

children receive high-quality birth-to-five education, such as the combination of Early Head Start and Head Start, the return on investment can be as high as 13% annually, or \$7.30 for every dollar spent.⁹ These savings are generated through increased earnings, employment, and family stability;¹⁰ as well as decreased welfare dependency,¹¹ health care costs,¹² crime costs,¹³ grade retention,¹⁴ and special education.¹⁵ Head Start ensures children from the most disadvantaged communities receive the nurturing, engaging, and healthy education necessary for an equal opportunity to succeed in life.

In closing, the Head Start community does understand the pressures the Subcommittee faces in FY18, and we are grateful for the commitment shown by Congress to keep early learning, and Head Start in particular, a priority. We urge the Subcommittee to strengthen Head Start and Early Head Start in FY18 through investments that will improve workforce retention, support continuous quality improvement and the implementation of new Standards, and better support working families across the nation.

⁹ Garcia, J.L., J.J. Heckman, D.E. Leaf, and M.J. Prados (2016). The Life-cycle Benefits of an Influential Early Childhood Program. Human Capital and Economic Opportunity Global Working Group, University of Chicago. Chicago, IL. (2016-035). Retrieved from: https://econresearch.uchicago.edu/sites/econresearch.uchicago.edu/files/Garcia_Heckman_Leaf_etal_2016_life-cycle-benefits-ecp_r1.pdf

¹⁰ Benefits and Costs of Head Start. *Social Policy Report*. 21 (3: 4); Deming, D. (2009). Early childhood intervention and life-cycle skill development: Evidence from Head Start. *American Economic Journal: Applied Economics*, 1(3): 111-134; Meier, J. (2003, June 20). Interim Report. Kindergarten Readiness Study: Head Start Success. Preschool Service Department, San Bernardino County, California; Deming, D. (2009, July). Early childhood intervention and life-cycle skill development: Evidence from Head Start, p. 112.

¹¹ Meier, J. (2003, June 20). Kindergarten Readiness Study: Head Start Success. Interim Report. Preschool Services Department of San Bernardino County.

¹² Frisvold, D. (2006, February). Head Start participation and childhood obesity. Vanderbilt University Working Paper No. 06-WG01; Currie, J. and Thomas, D. (1995, June). Does Head Start Make a Difference? *The American Economic Review*, 85 (3): 360; Anderson, K.H., Foster, J.E., & Frisvold, D.E. (2009). Investing in health: The long-term impact of Head Start on smoking. *Economic Inquiry*, 48 (3), 587-602.

¹³ Americans too high: Pew study; Garces, E., Thomas, D. and Currie, J. (2002, September). Longer-term effects of Head Start. *American Economic Review*, 92 (4): 999-1012.

¹⁴ Over Head Start: What the Research Shows.; Garces, E., Thomas, D. and Currie, J. (2002, September). Longer-Term Effects of Head Start. *American Economic Review*, 92 (4): 999-1012.

¹⁵ NHSA Public Policy and Research Department analysis of data from a Montgomery County Public Schools evaluation. See Zhao, H. & Modarresi, S. (2010, April). *Evaluating lasting effects of full-day prekindergarten program on school readiness, academic performance, and special education services*. Office of Shared Accountability, Montgomery County Public Schools.