



## Helping States Meet Their Goals for Pregnant Women, Infants, Toddlers and Families through Early Head Start

**Combining full-day care, home visiting, health services, and family support, Early Head Start (EHS) helps states meet important goals for pregnant women, infants, toddlers and their families. With only 1 in 10 income-eligible families able to access EHS, states play a key role in expanding access.**

Stronger families. Better early childhood health. Maternal support. Breaking of generational poverty. For 25 years, [Early Head Start](#) (EHS) has leveraged the proven Head Start model to achieve outcomes important to federal, state and local stakeholders. Recognizing the benefits to children and families, **dozens of states have taken steps to support EHS access by:**

- **Providing supplemental EHS funding.** At least [9 states directly invest in Early Head Start through state appropriations](#).
- **Offering an inclusive EHS state policy environment.** [Washington State's Early ECEAP program](#) standards are modeled on Early Head Start. Recently, multiple states, including Colorado, Connecticut and New Hampshire have invested American Recovery Plan funding in EHS.
- **Building partnerships with EHS programs.** Kansas has long-invested in [Early Head Start-Child Care Partnerships and home visiting](#).

We stand on the precipice of monumental change with the investments in child care and preschool envisioned in the Biden Administration's [Build Back Better framework](#). This brief presents options for how EHS can help states meet goals embedded in this new framework or likely to be a continued focus for states.

## 5 Common State Goals Met by Investment in Early Head Start

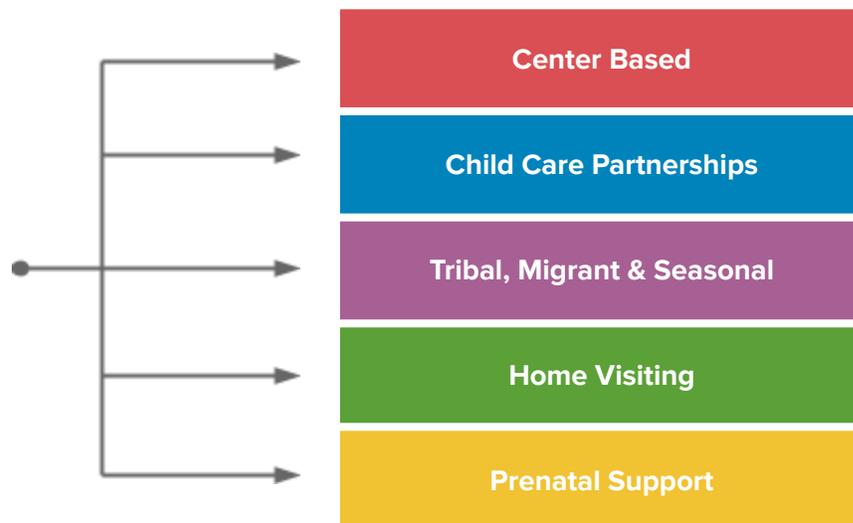
1. **Expanding access in child care deserts** to high-quality infant and toddler care
2. Strengthening the **overall quality of birth-to-three supports**
3. Supporting **infant, child and maternal health**, including improved birth outcomes, immunizations, nutrition and early identification of developmental
4. Advancing **family economic mobility** and **equity**
5. **Preventing child welfare involvement** and **supporting children in foster or kinship care**

## Early Head Start Offers Flexible Options to Meet States' Needs

- 57% of Early Head Start slots are center-based. The majority of these slots offer at least 10 hours of care.
- Early Head Start programs partner with 2,400 child care providers to integrate the model into child care.
- There are tailored, culturally competent programs for Tribal (4,569 EHS slots) and Migrant and Seasonal (29,252 prenatal-to-five slots) serving pregnant women and children under three.
- 34% of slots are home-visiting. The model includes a weekly home visit and 22 group socializations.
- Prenatal services are optional for EHS programs and 6.2% of beneficiaries are pregnant women.

[Explore more EHS facts and figures.](#)

### Program Options in Early Head Start



## Early Head Start + Head Start Closes Readiness Gaps

[As summarized by ZERO TO THREE](#), leading research has found that a continuum of services through kindergarten is especially key for children living in poverty and facing other risk factors:

“At age five, children who had Early Head Start followed by a formal preschool program at age four to five, such as Head Start, had the best outcomes. Families with multiple risk factors appear to particularly benefit from five continuous years of comprehensive services...”

Expanding Early Head Start through existing Head Start programs is a critical strategy to support kindergarten readiness and position all children for success in school and in life. However, [there is a 500,000 slot gap between funded Early Head Start slots and Head Start slots](#). Much more investment from federal and state stakeholders is necessary to close this gap.

## 1. Expanding access in child care deserts to high-quality infant and toddler care.

Early Head Start is primarily targeted to families living in or near poverty. Nationwide, only 1 in 10 income-eligible families are able to access Early Head Start due to limited funding. States can play a critical role in expanding access, by directly funding slots through supplemental state funding, creating Early Head Start partnerships and supporting facilities and staff credentialing for programs. States have the know-how to target Early Head Start to [child care deserts](#) and other areas where families with young children face zero or very limited high-quality options. Critically, by expanding access to Early Head Start, states are expanding access to much needed health services embedded in the model, including free diapers, nutritious meals, developmental screenings, and connections to pediatricians.

### Top State Policy Option:

- [Create a state Early Head Start funding stream](#) to direct state funding to federal Early Head Start grantees in good standing or expand the use of contracts to fund or supplement EHS services and supports (see [NHSA partnership with the National Association for the Education of Young Children \(NAEYC\) on contracts as a means to quality and stability](#)).

### Other Policy Options:

- If their community needs assessments indicate the need, provide direct state support to federal Head Start grantees to [“convert” slots from Head Start to Early Head Start](#), including for facilities, classrooms, workforce training and credentialing, playgrounds and other common start-up costs.
- The Early Head Start home visiting model, called [“the home-based option,”](#) is an approved Maternal, Infant and Early Childhood Home Visiting (MIECHV) model, but it is up to states to support it. States can elect to support the model and provide a competitive funding opportunity to Early Head Start grantees.
- Partner with institutions of higher education eligible for the federal Child Care Access Means Parents in Schools grant program ([C-CAMPIS](#)) to expand access to Early Head Start for student parents.
- Support the competitiveness of interested, non-Early Head Start grantees for federal funding by working with State Head Start Associations and [Head Start State Collaboration Offices](#) to expand services in unserved or underserved geographies and compete for federal funding opportunities.

## For More Information:

- NHTSA's [Message Training](#) to support Early Head Start-focused education and advocacy with state and federal lawmakers, which also includes a walk-through of an [Early Head Start Toolkit](#).
- NHTSA's [Early Head Start Facts and Figures](#) piece offers the 101 on Early Head Start nationally.
- NHTSA's Early Head Start explainer shares a summary of research about the [positive impacts of Early Head Start on children and families](#).
- The Prenatal-to-Three Policy Impact Center offers extensive information on the [evidence-base for Early Head Start](#).
- ZERO TO THREE's State of Babies Yearbook 2021 offers extensive [state-by-state information](#) on child and family well-being prenatal to age three.
- The Center for American Progress has done pioneering work to define [child care deserts](#).

## Report Spotlight: "A Compass for Families: Head Start in Rural Areas"

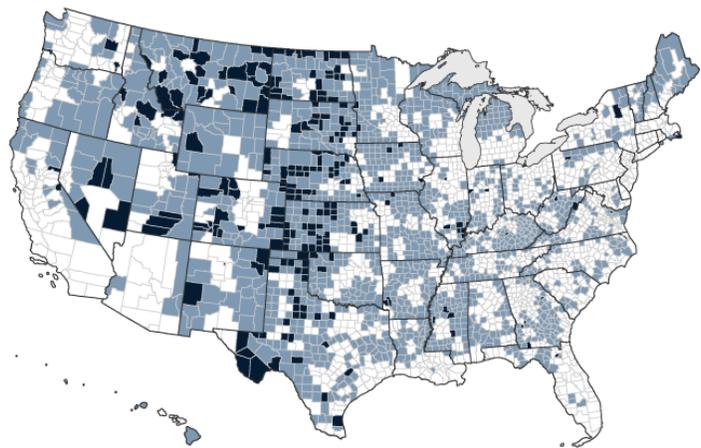
A 2018 report by the Center for American Progress (CAP) noted that: "Across the country, Head Start provides early education and medical, dental, and family services in areas where few other providers exist, bringing necessary resources to families where they live and work." The empirical analysis found:

- "Head Start has centers in 86 percent of America's 1,760 rural counties."
- "In the 2015-2016 program year, rural Head Start programs enrolled more than 175,000 children, employed nearly 50,000 staff, and delivered family services to more than 110,000 families."
- "Within a 10-state sample, this study finds that 1 out of every 3 rural child care centers is a Head Start program."
- "Across those 10 states, CAP identifies 48 counties that would have no child care centers if not for Head Start."

### Head Start serves nearly every rural county in America

Rural counties with and without Head Start locations

□ Metropolitan counties   ■ Rural counties with Head Start   ■ Rural counties without Head Start



Note: For a definition of rural counties, see Methodology.

Source: Authors' analysis of 2017 Head Start location data. See U.S. Department of Health and Human Services, "Head Start Center Locator," available at <https://eclkc.ohs.acf.hhs.gov/center-locator> (last accessed March 2018).



Graphic Source: Center for American Progress, "[A Compass for Families: Head Start in Rural Areas](#)" (2018)

## 2. Strengthening the overall quality of birth-to-three supports.

Early Head Start has been implemented and studied for over 25 years, with [proven results](#). Early Head Start's high standards are driven by adherence to a set of program standards and early learning standards, but locally-designed and centered on parent, family and community engagement. Expanding access to the Early Head Start model through application of the Early Head Start standards and cross-setting partnerships, such as [Early Head Start-Child Care Partnerships](#) (EHS-CCP) is a proven pathway for states seeking to raise overall quality for infants and toddlers and improve access to high-quality care for diverse families.

### Top State Policy Option:

- Adjust child care rules and regulations to facilitate EHS-CCP growth, especially for underserved populations and through family child care settings.

### Other Policy Options:

- Require qualifying for your state's highest QRIS tier for birth-to-three services to include adherence to the full federal [Program Performance Standards](#) for infants and toddlers, which would encompass EHS ratios (1:4), group sizes, staff qualifications, comprehensive services and other features.
- Provide state funding via CCDBG, TANF or other state appropriations to support EHS-CCP, ideally through stable direct contracts.
- Integrate family needs assessments into your early childhood system and fund "[comprehensive services](#)" for infants and toddlers as defined by the Program Performance Standards.

### For More Information:

- From NHTSA, [States Can Strengthen Equity through Head Start and Early Head Start Support and Partnership](#)
- From Start Early, lessons learned and best practices for strengthening Early Head Start and child care partnership, see [Expanding High-Quality Child Care for Infants and Toddlers](#).
- From ChildTrends, providing comprehensive services through Early Head Start-CCP partnerships, see [Approaches to Providing Comprehensive Services in Early Head Start-Child Care Partnerships](#).
- From Home Grown, providing Early Head Start comprehensive services through family child care, see [Providing Comprehensive Services in Home-Based Child Care Networks](#).

### 3. Supporting early childhood health, including improved birth outcomes, immunizations, well-child visits and early identification of developmental delays

Early Head Start's comprehensive services start early, with some programs offering prenatal care and connection to postpartum support. A recent study found that "[mother's access to Head Start increases average birth weight and reduces fraction low birth weight](#) for both white and black infants..." and "that maternal early childhood education is associated with the probability that a new mother is more educated, reduces number of births, reduces smoking and drinking during pregnancy." EHS also connects children to health insurance, helps families find a medical home, connects families to regular immunizations, offer critical early dental care, attend to nutrition and address developmental delays. [Children in Early Head Start are more likely to: have greater access to health care; receive timely immunization; and have improved behavior](#). More recently, EHS has expanded its work to address the impacts of childhood trauma, such as home and community violence, housing instability and hunger. EHS participating children are [less likely to be hospitalized for accident or injury; display aggression; evidence behavioral problems](#).

#### Top State Policy Option:

- Expand support for EHS home visiting. As mentioned, 34% of current Early Head Start enrollment is serviced through home visiting and it acts as a critical outreach and engagement model.

#### Other Policy Options:

- Support integration of prenatal services into existing Early Head Start programs. Many Early Head Start programs do not currently provide prenatal services, since they are not required.
- Work with Early Head Start programs to expand access to early intervention services through the Individuals with Disabilities Act (IDEA) Part C in Early Head Start settings.
- Expand on-site medical support for children with significant special needs in Early Head Start programs through [Medicaid partnerships](#) and specialized certifications for early childhood educators.
- Include Early Head Start programs as partners in [Infant and Early Childhood Mental Health Consultation](#) networks.

#### For More Information:

- Learn about the [positive physical health impacts of Head Start](#) in this NHTSA research brief.
- Read "[A Head Start on Treating Our Nation's Opioid Epidemic](#)" (NHTSA, 2018).
- The Office of Head Start's [Head Start Heals](#) campaign supports increased awareness about how programs can help prevent and address childhood trauma.

## Early Head Start Helps States Address a Range of Federal Mandates

Numerous federal mandates can be fulfilled by investment, support, and partnership with Early Head Start:

- **The federal Build Back Better Bill** (pending final passage) emphasizes expanding access to families with low-incomes and otherwise at risk, includes a requirement that all families be able to access high-quality infant and toddler care, and requires that the highest tier of state quality and rating systems align with the early learning standards of Early Head Start.
- **The current Child Care Development Block Grant** requires that states spend 12% of their funding on Quality Set-Asides, including expanding the supply and quality of infant and toddler care (3%), access for underserved populations and support for children with disabilities.
- Early Head Start's home-based option is an approved **Maternal, Infant and Early Childhood Home Visiting** model in the federal Home Visiting Evidence of Effectiveness ([HomVEE database](#)). As mentioned, 34% of current Early Head Start enrollment is serviced through home visiting.
- Part C of the federal **Individuals with Disabilities Early Education** supports early intervention for very young children. Early Head Start programs are required to have partnerships with Part C agencies and at least 10% of a program's enrollment must be children with disabilities.
- Families enrolled in **Temporary Assistance for Needy Families** are automatically-eligible for Early Head Start. A majority of Early Head Start center-based programs provide at least 10 hours of care/day, economic support (e.g. free diapers) and many provide connections to robust job training and adult education.
- Nearly all Early Head Start families are income-eligible for and most will be served by **Medicaid**. Medicaid provides the medical home, and the broad Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mandate. Early Head Start programs serve as critical conduits to EPSDT services.

### Supports for Families & Pregnant Women



**114,376**

Parenting Education



**17,050**

Job Training



**96,768**

Health Education



**10,671**

Substance Abuse Prevention



**23,090**

Adult Education



**6,404**

Domestic Violence Services



**20,337**

Housing Assistance



**44,091**

Emergency or Crisis Intervention

### Health Supports Provided to Children



**Health insurance to 218,345 children**



**Medical home to 215,794 children**



**Dental home to 206,922 children**



**206,922 children up-to-date on immunizations**

The majority of this data was collected from the [2018-19 Program Information Report \(PIR\)](#). For additional citations, visit [nhsa.org/EHS-Sources](https://nhsa.org/EHS-Sources).

## 4. Advancing family economic mobility and equity.

In service of equity, Early Head Start is designed to support children and families with low-incomes and prioritizes services to children from at-risk backgrounds. Many families served are New Americans, including immigrants and refugees. Children in child welfare or kinship care and children in families experiencing homelessness are automatically-eligible for enrollment and prioritized. In addition, children with disabilities must make up 10% of enrollment. [Early Head Start has a strong track record of reaching rural communities](#) and there are dedicated programs for American Indian Alaskan Native and Migrant and Seasonal farmworker families. State funding and support can play a critical role in tailoring and targeting Early Head Start to a state's unique demographics and removing barriers to access.

### Top State Policy Option:

- Provide state funding for [“quality improvement” services](#) as defined in the Head Start Act, flexible funds programs can be used to address barriers to accessing and maintaining enrollment in EHS, such as a lack of transportation, lagging facility quality, a lack of bilingual staff and staffing needed to provide trauma-informed care.

### Other Policy Options:

- Develop and invest in Early Head Start partnerships between Early Head Start programs and rural schools, child care providers, workforce development agencies, major employers and others, including facility partnerships.
- Fund the expansion of Early Head Start home visiting in rural communities.
- Working with Child Care Resource and Referral agencies, Help Me Grow and other statewide networks that support parent choice, expand outreach to eligible parents in their home language and stress the cultural competence of Early Head Start.

### For More Information:

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- The [BUILD Initiative](#), the [Children's Equity Project](#) and the [Equity Research Action Coalition](#) each offer numerous resources on embedding equity within state early childhood systems.
- The [National Black Child Development Institute](#) has a mission to “improve and advance the quality of life for Black children and families through education and advocacy.”
- [UnidosUS](#) plays a critical role in informing and advocating around early childhood issues that impact Hispanic children and families, including workforce diversity and bilingual education.

## Free Diapers—Good for Child Health, Good for Family Budgets

Unique among early childhood programs, **Early Head Start supports families with free diapers**. Young children need clean, dry diapers to stay healthy and millions of families struggle to afford them in all [50 states](#). The economic value of free diapers is a positive multiplier for families. According to [a study in Connecticut](#), every \$1 spent on diaper aid resulted in an \$11 rise in family income.



### CLEAN DIAPERS HELP PREVENT MEDICAL EXPENSES

Providing diapers to families eliminates **\$4.3 million** in medical costs due to reductions in both incidences and days of diaper rash

**Graphic Source:** [Better Health for Children and Increased Opportunities for Families: The Social and Economic Impacts of the Diaper Bank of Connecticut](#) (Connecticut Center for Economic Analysis, Fred Cartstensen, Director; Peter Gunther, Senior Research Fellow)



### CLEAN DIAPERS HELP PREVENT MEDICAL EXPENSES

- More than half (**56%**) of parents using child care to go to work have missed work because of an inadequate supply of diapers.
- Parents unable to access child care because of lack of diapers missed work or school on average **4 days** per month.

## Parent with Autism Thrives with Early Head Start Support



Seattle mother of two Galena White, who is autistic, signed up for Early Head Start when she was pregnant with her first daughter.

Galena says Early Head Start has changed both her children's lives and her own. Her daughter's speech delay has disappeared, and Galena has had an opportunity to care for herself and family in an entirely different way.

"I have been able to leave the children at school and complete medical treatments I needed. I've been encouraged to broaden the activities our little family does together. My husband and I are spending more time together," Galena says. "I'm also starting a business that may someday pull our little family out of poverty! All of that was helped along by Early Head Start."

Read Galena's [full story](#).

## 5. Preventing child welfare involvement and supporting children involved in foster or kinship care.

States invest hundreds of millions of dollars each year to fund child welfare systems to protect children and strengthen families. Children in foster and kinship care are automatically eligible for services and in the 2019 program year, [35,788 children involved with foster care were served by Early Head Start and Head Start](#).

Two key studies showcase the positive role Early Head Start's two-generation model plays in reducing child welfare involvement and keeping families together.

A 2017 study from a Michigan State University researcher found that, "Kids up to age 5 in the federal government's preschool program were [93 percent less likely to end up in foster care](#) than kids in the child welfare system who had no type of early care and education."

A 2018 study by ChildTrends found that, "EHS can effectively reduce child abuse and neglect after services end. Specifically, EHS led to positive short-term outcomes among participating families that, in turn, led to [reduced chances of child welfare involvement](#)."

### Top State Policy Option:

- Establish a state entitlement to Early Head Start for [children in foster care](#) to build on automatic federal eligibility. Fund federal Early Head Start grantees to address unmet needs. If Early Head Start capacity is too limited, fund Early Head Start grantees to establish supportive child care partnerships.

### Other Policy Options:

- Fund a dedicated staff person(s) within state child welfare agencies to connect families to available Early Head Start programs and/or set incentive-based goals within contracts with local child welfare agencies.
- Develop a formal memorandum of understanding between the state child welfare agency and Head Start State Collaboration Office to align goals, definitions, policies and practices across systems.
- Support transportation services to children in foster care to improve access to high-quality programs.

### For More Information:

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- Learn more about the [protective power of EHS against child abuse and positive impacts on emotional regulation](#) in this 2019 study.
  - Children and Youth Services Review, "[The effect of Early Head Start on child welfare system involvement: A first look at longitudinal child maltreatment outcomes.](#)" (2014)
  - Learn more about [Head Start's impact on child welfare](#) in this research brief from NHSA.



## Early Head Start is Rising! Join Us.

Millions of infants and toddlers who qualify for Early Head Start cannot access it due to limited resources. They are counting on us to act. We hope you will join us in 2021 and beyond to help Early Head Start rise in communities all across this nation!

For more information, read more about our [Early Head Start Rising! campaign](#) or contact [advocacy@nhsa.org](mailto:advocacy@nhsa.org).

## Early Head Start Rising! State Policy Development Worksheet

Please consider using this worksheet to develop your state Early Head Start state policy agenda.

**Which of the 5 state-level goals are we most interested in working with Early Head Start to meet? Why?**

**Of the 5 goals, which fit best with family/community needs that existing Early Head Start programs see?**

**Are there federal mandates or requirements identified in this brief we are seeking to meet?**

**What families or communities are we hoping to support with EHS? Why? What do they need/want?**

**Which program options of EHS would best help us meet these family and community needs?**

**What specific policies in this report would we most want to pursue?**

**What supportive data, research, findings or messaging in this report (or elsewhere) can support our efforts?**