

Point/Counterpoint

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REPLY TO BARNETT AND CURRIE

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From its earliest days in the 1960s, Head Start has been engulfed in a debate about whether it “works.” To an extent, so has this exchange. But that obscures the real question: What is the most effective way to narrow the achievement gap between poor and more affluent children, and among African American, Latino, and white children?

Let’s start at the beginning. Most experts agree that parents and family are the most important factor in child development. If they provide the needed physical care, emotional nurturance, and cognitive stimulation, most children will do fine. Unfortunately, many parents (especially low-income parents) are unable to do so, and remedial programs designed to improve parenting skills have had only limited success. Hence, the interest in early education programs—like Head Start—that seek to “compensate” for what children do not get at home.

For many years, Head Start was the only large program that provided early education services, so it was natural to focus on the question: “Does Head Start work?” Now, however, there are two major alternatives that must be considered: (1) full-time,

subsidized child care; and (2) prekindergarten programs. As my essay indicates, both programs are attracting low-income children that might otherwise have gone into Head Start.

Hence, it seems reasonable to compare Head Start's impact to that of both pre-K programs and center-based child care. According to recent studies, Head Start's immediate or short-term impacts on a host of developmental indicators seem not nearly as large as those of either pre-K or center-based child care. In a study using data from the Early Childhood Longitudinal Study, Magnuson, Ruhm, and Waldfogel (2004) report: "Children who attended prekindergarten or preschool have the highest test scores, followed by those exclusively in parental care or receiving other types of nonparental care (for example, babysitters); Head Start enrollees have the lowest scores in math and reading."

This was not a randomized experiment, so there is an unresolved question of selection bias. But the finding is echoed in various other studies using other methods and other data sets, strongly bolstering its persuasiveness (see Loeb, Bridges, Bassok, Fuller, & Rumberger, 2005, pp. 10–11; see also Barnett, Lamy, & Jung, 2005, p. 14).

Policy makers need to consider Head Start's small impacts compared to those of child care and pre-K programs in the context of the relative costs of the three programs. For 2003–2004, Head Start reported an average per child cost of about \$7,222 per year (U.S. Department of Health and Human Services, 2005a). This figure, however, reflects the fact that Head Start is mostly a nine-month-long program, with half the children in care for less than four hours a day—and it does not take into account other Head Start expenditures.

According to our calculations, taking all identifiable Head Start costs into consideration, in 2003–2004, Head Start per child cost was about \$8.50 per hour, compared to about \$3.00 for center-based care and \$6.00 for pre-K programs. Multiplying those hourly costs to estimate the cost of full-time, full-year care and education (40 hours per week, 52 weeks per year) yields an average annual cost for Head Start of almost \$18,000 per child, compared to \$6,300 per child for center-based child care, and about \$11,500 per child for pre-K.

For those who think our Head Start estimate is too high, we note that it is about the same as one developed for the Ohio Department of Education and Ohio's Head Start State Collaboration Office by the Human Services Policy Center of the University of Washington (when adjusted to reflect the subsidy Head Start receives from the Child and Adult Care and Feeding Program and the local match of 20 percent required from Head Start grantees) (Li, Maher, Brandon, & Scarpa, 2005).

Of course, it is frequently argued that Head Start provides many other health and supportive social services. On closer examination, however, these services seem less impressive than claimed—especially given the vast cost differences among the programs. For example, according to the Head Start Impact Study, four-year-old children in Head Start are only about 28 percent more likely to have had dental care, about 73 percent compared to about 57 percent (U.S. Department of Health and Human Services, Administration for Children and Families, 2005b). But their overall health status is hardly different from non-Head Start children.

In the coming years, one hopes that Head Start gets the clear-eyed scrutiny that poor children and their families deserve—and that apparently superior alternates be considered, without ideological and political constraints.

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