

**Written Testimony of
Ann Belleau, Director
Inter-Tribal Council of Michigan Inc. Head Start/Early Head Start**

**on Reauthorization of the Head Start Act
before the Senate Committee on Indian Affairs
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American Indian Early Head Start Funding Set-Aside

Chairman Campbell and Members of the Committee, thank you for the opportunity to submit testimony on behalf of the Inter-Tribal Council of Michigan Head Start and in full support of the National Indian Head Start Directors Association (NIHSDA) with regard to the reauthorization of the Head Start Act. I would like to focus my testimony on the importance of the Early Head Start program and on the need for establishing a separate set-aside for Indian Early Head Start, which would assure that American Indian-Alaskan Native programs have a fair opportunity to participate in this program and would have stability in their funding levels.

With the reauthorization of the Head Start Act in 1994, Congress established a new program -- Early Head Start -- to provide services to low-income families with children from birth to age three and to pregnant women. In creating this program, Congress acted upon evidence from research and practice which illustrates that early intervention through high quality programs enhances children's physical, social, emotional, and cognitive development; enables parents to be better caregivers and teachers to their children; and helps parents meet their own goals, including economic independence.

The Early Head Start Program (EHS) began in 1995 under the Head Start Program umbrella. Early Head Start Programs serve pregnant women and children from birth to age three. Early Head Start is primarily a child development program that adheres to the Head Start Performance Standards and provides the same services in the areas of education, health, family services, and parent involvement, something not offered by most other 0-3 programs.

In 1995, 68 Early Head Start Programs were funded. Of the initial 68 EHS programs that were funded, only two (2) of those programs were Native American (Tribal) Programs through the American Indian Programs Branch, known as Region XI of the Head Start Bureau.

Today there are a total of 43 Tribal Early Head Start Programs funded through the American Indian-Alaska Native Branch of the Head Start Bureau - that is only approximately 19% of the 222 Tribes that

currently participate in Head Start and Early Head Start Programs (155 grantees). Of the 575 federally recognized entities across the United States, 61% of those Tribes are not being served by either the Head Start or Early Head Start Program.

The Tribal pre-school Head Start Programs are funded from the Tribal set-aside funds for Tribal Head Start Programs through the American Indian-Alaska Native Program Branch. As a result, Tribal Head Start programs compete with each other for funds. This is not the case for Tribal Early Head Start programs. Since the Tribal Early Head Start Programs must compete at the national level for EHS funds, it greatly limits the amount of Tribal EHS programs that can achieve funding due to the already limited amount of money available nationwide.

It would stand to reason that there should be a specific set-aside for Early Head Start funding for the American Indian-Alaska Native Programs like there is for Head Start funding. This would create a more equitable funding environment in which AI-AN EHS applicants would only be competing with their counterparts in the American Indian-Alaska Native Program Branch, Region XI and the Tribal EHS application would be subject to an independent review process. A separate review process for Tribal/AI-AN EHS applications would be very beneficial in that the reviewer(s) would better understand the diverse needs and the unique dynamics that Tribal communities are faced with. A separate review process would also alleviate the current random fluctuation in the number of Tribal EHS applications that receive funding.

The need for a Tribal set-aside for American Indian-Alaska Native Programs has become even more evident recently as only four (4) of the Tribal EHS applications received for the EHS nationwide expansion opportunity could be awarded due to funding restrictions. Historically and from the inception of EHS, fewer and fewer Tribal EHS applicants have been funded during the competitive grant process. Not only are there considerably less Tribal applications funded, there has been no consistency in the amount of Tribal applications funded as compared to the number of non-Tribal applications funded. The only consistency is that the Tribal applicants have historically received less consideration and less funding.

Additionally, there is a greater need in Indian Country for Early Head Start services. Unfortunately, Tribal Communities are disadvantaged by a lack of resources both in services to tribal members and with regard to adequate funding for the operation of programs and services. Native American communities are plagued with many issues that Early Head Start services assist families with, including; parenting information (single and young parents), domestic violence, alcohol and drug addiction, common health problems (diabetes, heart disease, obesity), lack of child care, low income or low paying wages just above the poverty

guidelines, and rural locations. Every Native American child and family is in need of Head Start and Early Head Start.

Over the past several years, a great deal of research in the area of Brain Development has become available to clearly demonstrate the critical need for services for pregnant women, infants and toddlers since it is evident that the development of the brain occurs during pregnancy and the early years of child development. There are many factors that contribute to brain development such as adequate nutrition and thoughtful stimulation. The Early Head Start Program provides both nutrition and stimulation that is very comprehensive through structured activities that are specific to the age and stage of development for individual children, as well as for pregnant women.

Early Head Start services are very beneficial to the American Indian-Alaska Native population in that the services otherwise available for this specific population of pregnant women, infants and toddlers are generally extremely limited. Some Tribal communities offer services from the Healthy Start Program, whose mission is to reduce infant mortality. The Healthy Start Program provides services mainly to pregnant woman while the Early Head Start Program focuses on both the pregnant woman (when available collaborates with Healthy Start to provide services to pregnant women) and the child during his development from birth to age 3.

For many tribal families, Early Head Start doubles as child care that they could not otherwise afford, allowing the parents increased opportunities to attend school or work while their child is attending Early Head Start. Early Head Start research (2002 Research and Evaluation Project) has concluded that parents involved in EHS were found to have a greater warmth and supportiveness toward their children, showed less detachment, reported more time spent in play with their child, provided more stimulating home environments, and provided more support for language and learning. In addition, EHS parents were more likely to read daily to their children, showed higher levels of positive parenting and lower levels of negative aspects of parenting, were less likely to spank their children, and reported a greater repertoire of discipline strategies. The end result of all of these gains is happier, healthier, and more secure children.

EHS enhances the strengths of children and their developmental potential. EHS children that move onto Head Start (ages 3-5) are prepared socially, developmentally, and individually for their next educational experience. These children are familiar with routines, have been nurtured to be secure and confident, and are developmentally and cognitively ready for continued learning.

Justification for American Indian EHS Set-aside Funding

(A Separate Set-aside from the current Pre-School Head Start allocation)

Tribal applicants must compete nationwide with ten federal regions, and not just against other tribes, for expansion funding to implement EHS services.

Tribal (Indian) Pre-School Head Start funding already has a set-aside allocation, which has effectively ensured fair participation by Tribal Head Start programs.

The Indian set-aside requirement for Head Start has provided the foundation for stable AI-AN pre-school Head Start programs.

Currently, there are over 20 applications from Tribal entities competing for Early Head Start Programs that have not been funded, according to the American Indian-Alaska Native Program Branch, Head Start Bureau.

A set-aside would ensure more than equitable distribution of the grant funds to Tribal governments to meet the universal early childhood developmental needs for the birth to five populations.

Only 43 of the 708 current EHS Programs are American Indian-Alaska Native programs. This is approximately 5% as compared to Regional Programs that consist of 45% of the current EHS grantees.

According to the 2002 Head Start Program Information Report (PIR) data, of the total enrollment nationwide, only 4.6% are American Indian or Alaska Native children, and some of those children and families are being served by Regional EHS programs.

Only 2.9% of the national Head Start Bureau budget is allocated for American Indian-Alaska Native Head Start Programs.

EHS is the only comprehensive early childhood development program available to Tribes.

Tribal programming/services must be culturally unique to every Tribe.

There is a need to serve all children from birth to five within Indian communities.

Increased funding is needed for expanding Head Start and Early Head Start for full-day, full-year services.

Sources: Head Start Research ACF, OPRE, CORE - Overall Findings and Implications for Programs from Early Head Start 2002. Zero to Three Brain Wonders online. National Indian Head Start Directors Association, American Indian and Alaska Native Head Start 2002-2003 Advocacy Agenda, August 2001. Program Information Report Ellsworth 2002.