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COMMENTARY

We Need a New Start for Head Start

By Isabel V. Sawhill & Jon Baron

In January, we learned that the \$7 billion Head Start preschool program produces far fewer positive effects on participants' lives than its advocates have assumed. A rigorous study found that the program, after producing some initial gains during preschool, had almost no effect on children's cognitive, social-emotional, or health outcomes at the end of 1st grade, compared with a control group of children whose families had access only to the usual community services. ("Head Start Study Finds Brief Learning Gains," Jan. 14, 2010.)

It would be a mistake to jump to the conclusion that early-childhood education never works. Clearly some programs, including some individual Head Start centers, do. [However,] this is the 10th instance since 1990 in which an entire federal social program has been evaluated using the scientific "gold standard" method of randomly assigning individuals to a program or control group. Nine of those evaluations found weak or no positive effects, for efforts such as the \$300 million Upward Bound program (academic preparation for at-risk high school students), and the \$1.5 billion Job Corps program (job training for disadvantaged youths). Only one—Early Head Start, a sister program to Head Start for younger children—was found to produce meaningful but modest effects.

Meanwhile, the problems these programs are designed to address have not gone away. The nation's official poverty rate in 2008 was 13.2 percent—higher than in 1973. Similarly, the country has made very limited progress in raising K-12 reading, math, or science achievement over the past 35 years, according to the National Assessment of Educational Progress' long-term-trend reporting. Advances have been made in some areas of social policy, such as reducing rates of teenage pregnancy and violent crime, but in many key areas progress has been minimal.

A new approach is needed. One that has been suggested— defunding these programs— would amount to giving up the fight against major social problems such as educational failure and poverty that damage millions of American lives. A far better alternative is to use

rigorous evidence about "what works" to evolve Head Start and other federal efforts into truly effective programs over time, and to use sophisticated models to trace their longer-term effects on children's life prospects.

This approach draws on the insight that most of these programs are actually broad funding streams that finance multiple models and strategies ("interventions"). Although evaluations may show that the program as a whole has little or no positive effect, certain specific interventions within it may indeed be effective. An example of this in preschool education is Project Upgrade, a Miami-Dade County, Fla., initiative that trained teachers of low-income preschoolers in language and literacy instruction. Its interventions were shown in a large randomized evaluation to increase the development of children's vocabulary and early reading skills by four to nine months over the course of a single school year, compared with the control group.

Other, nonpreschool examples of research-proven interventions include career academies in low-income high schools (shown to produce a long-term increase in earnings averaging \$2,200 per year); the Success for All whole-school reform in grades K-2 (shown to increase schoolwide reading ability in 2nd grade by 25 percent to 30 percent of a grade level); the Nurse-Family Partnership, which provides nurse-visitation services to low-income first-time mothers (shown to produce sustained reductions of nearly 50 percent in child abuse and neglect); and the Carrera Adolescent Pregnancy Prevention Program (shown to produce 40 percent to 50 percent reductions in teenage girls' pregnancies and births).

Such instances of proven effectiveness are rare, in part because rigorous evaluations are still uncommon in most areas of social policy, including education. But their very existence suggests that evidence-based reforms in Head Start and other federal social programs could help them evolve to become much more effective.

One straightforward reform, which could be done within President Barack Obama's proposed spending freeze, would be for Congress to allocate a small portion of funds in these programs toward rigorous evaluations to grow the number of proven interventions, and then to provide strong incentives for recipients to adopt the proven interventions and put them into widespread use. The Obama administration has proposed such an approach in federal teen-pregnancy and home-visitation programs. It is clearly also needed in Head Start and other large federal programs that are not performing well.

In the field of medicine, an evidence-based approach based on randomized evaluations has produced amazing improvements in human health over the past 50 years. Such evaluations have, on the one hand, stunned the medical community by overturning widely accepted practices, such as hormone-replacement therapy for postmenopausal women (shown to increase the risk of heart disease and breast cancer) and stents to open clogged arteries (shown as no better than drugs for most heart patients).

But, on the other hand, the evaluations have provided the conclusive evidence of effectiveness for most of the major medical advances, including vaccines for polio, measles, and hepatitis B; effective treatments for hypertension and high cholesterol; and cancer treatments that have dramatically improved survival rates from leukemia, Hodgkin's disease, breast cancer, and many other cancers.

The American public is increasingly concerned about the way their tax dollars are being spent. A clear shift in direction, based on proven-effective strategies, could turn programs such as Head Start into potent, rather than ineffectual, forces against the major problems facing the nation.

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