



Bipartisan Policy Center

Data and Funding Gaps in Tribal Early Care and Education

Creating equitable early childhood programs in the United States means ensuring that disenfranchised groups, such as American Indian and Alaska Native (AI/AN) children, have access to high quality, culturally appropriate early childhood opportunities. AI/AN communities live within the context of historical and ongoing injustices spanning the legacy of

colonization, genocide, disease, and forced resettlement that directly influence early childhood experiences. Preliminary evidence shows that increased federal funding tied to successful programs such as tribal Head Start, Tribal Home Visiting, and tribal child care can support the early education and development of AI/AN children.

KEY POINTS:

- **Programs aimed at supporting the early development of AI/AN children with a history of proven success require increased federal funding to maximize their impact and expand the scope of those they serve.**
- **The full impact of any program cannot be measured without more comprehensive data collection; a key piece that is missing in federal tribal programs. Federal programs should be revised to ensure proper data collection can occur.**

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**EARLY
CHILDHOOD
INITIATIVE**
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SNAPSHOT OF AI/AN CHILDREN AND FAMILIES IN THE UNITED STATES

The United States boasts 574 federally recognized tribal nations and Alaska Native villages and 326 federal Indian reservations, across which there are around 165,000 AI/AN children under 4 years old.¹ Despite the cultural differences distinguishing these tribes and reservations from one another, AI/AN people across the country face systemic hurdles to employment, physical and mental health care, and housing, resulting in disparities that begin at birth.

AI/AN children are at higher risk for adverse experiences in early care and learning environments, as they are overly excluded and mistreated.² Restraint and seclusion are disproportionately used against AI/AN children in these programs, among other harsh disciplinary tactics.³ In California, AI/AN boys are 2.5 times more likely and AI/AN girls are 3.7 times more likely to be suspended from an early childhood program than their peers, contributing to the pattern of lower educational attainment among AI/AN people.⁴

Furthermore, nearly one-third of AI/AN children live in households below the federal poverty line and nearly half live in single-parent households.⁵ AI/AN children live in households that are almost twice as food insecure as other households and face the highest rates of child abuse and neglect, manifested in their

overrepresentation in the foster care system —a rate that is 2.7 times greater than the national average.^{6,7}

Struggles with mental health are also rampant among the AI/AN community, as AI/AN adolescents have death rates two to five times higher than that of white adolescents of the same age, a result of higher levels of suicide and increased risk of other harmful behaviors like substance abuse. Suicide is the second leading cause of death, and 2.5 times greater than the national average, for AI/AN youth ages 10 to 24.⁸ These disparate outcomes are a culmination of many traumatic factors including widespread gang violence, domestic violence and sexual assault, poverty, high unemployment rates, racism, a lack of health insurance, minimal parental involvement, and lower levels of educational attainment.⁹ Table 1 provides data highlighting the systemic inequities that tribal nations continue to face.

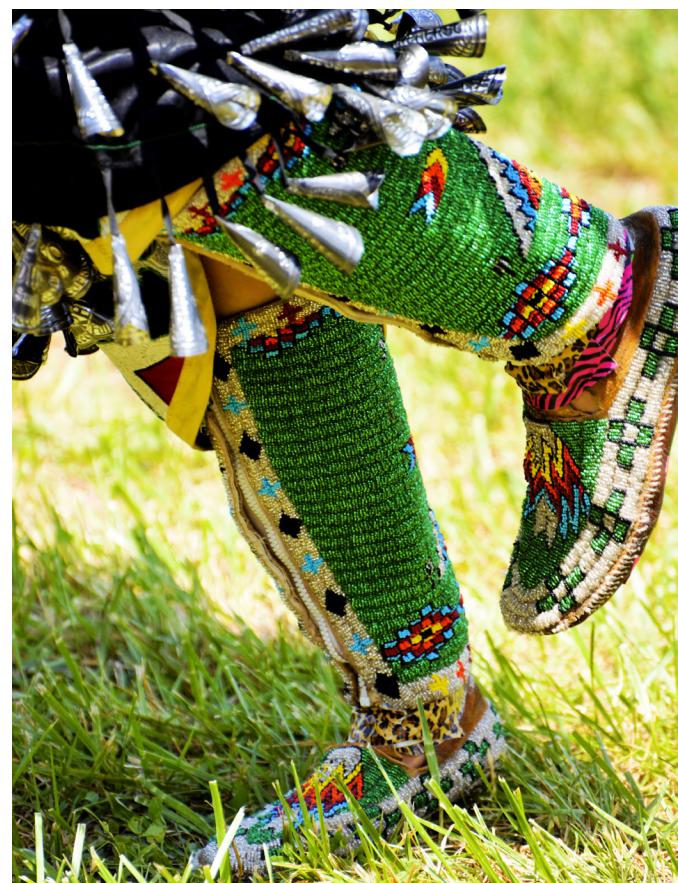


Table 1: Data on AI/AN Families Compared to the National Average

Metric	AI/AN Population	National Average
Poverty rate for children from birth to five, 2017 ¹⁰	36.2%	19.6%
Extreme poverty rate for youth under the age of 18, 2017 ¹¹	16.4%	8.0%
Unemployment rate, 2018 ¹²	6.6%	3.9%
Infant mortality rate, 2017 ¹³	9.2 deaths per 1,000 live births	5.8 deaths per 1,000 live births
Child abuse and neglect, 2018 ¹⁴	15.2 per 1,000 children	9.2 per 1,000 children
Food insecurity in households with children, 2008 ¹⁵	28%	16%
Children without health insurance, 2017 ¹⁶	14.1%	5%
High school graduation rate, 2018 ¹⁷	74%	85%
College enrollment rate, 2017 ¹⁸	20%	40%
Teenage birth rate, 2017 ¹⁹	3.3%	1.9%
Opioid death rate among women, 2010 ²⁰	7.3%	4.2%

FUNDING

Federally recognized tribes receive federal funding for their early care and education programs through a variety of streams, including the Child Care and Development Fund (CCDF), Head Start, Early Head Start, Temporary Assistance for Needy Families (TANF), and parts B and C of the Individuals with Disabilities Education Act (IDEA).

Unlike funding levels for states that are frequently determined by population size, federal law often sets funding levels for federally recognized tribes as a percentage of the total authorization level without regard to the population. The Department of Health and Human Services (HHS), for example, must allocate tribal grantees no less than 2% of discretionary CCDF funding and up to 2% of mandatory CCDF funding. However, by refraining from

using population size to determine funding levels, many tribes may have more children than they were funded to serve. The exception to this rule includes IDEA Part B Grants to States and IDEA Part C Early intervention, which use tribal count data to determine allocation sizes.²¹ However, tribal count data largely only reflects the number of AI/AN children living on reservations or other trust lands even though 78% of the AI/AN population lives outside of tribal statistical areas.²² Tribal count data also imposes a burden of cost upon the tribes which is frequently not offset by the allocated funds.

Despite the systematic limited funding for tribes, programs that have early evidence of beneficial impacts on children in tribal communities include tribal child care, tribal Head Start, and Tribal Home Visiting.



PROGRAMMATIC EVALUATION

Tribal Child Care

The Child Care and Development Fund (CCDF), authorized under the Child Care and Development Block Grant Act, provides child care assistance to AI/AN families. As mentioned above, HHS must allocate tribal grantees no less than 2% of discretionary CCDF funding and up to 2% of mandatory CCDF funding, amounting to \$58.3 million in mandatory spending and \$335 million in discretionary funding in FY2020. Consequently, because CCDF funding for tribes is subject to an arbitrary set aside, tribes may not receive adequate funding to comprehensively serve their AI/AN children and families. From 2011 to 2013, the most recent data available, only 6% of eligible AI/AN children received CCDBG subsidies.²³

In order to receive funding, tribes are required to submit CCDF plans as their applications. However, unlike state CCDF plans, tribal CCDF plans are not made public and ACF releases limited information about AI/AN children who benefit from CCDF. Because of this, it is very difficult to capture the full impact of CCDF for AI/AN children and

families.

Tribal Head Start

Access to quality early care and learning programs such as Head Start can provide a strong foundation for any child to learn, grow, and heal. Nationally, about 44,000 AI/AN children and their families are served by Head Start programs.²⁴ Across 26 states, 25,000 of these AI/AN children and 500 pregnant women are served in one of the 150 Head Start or 58 Early Head Start programs that are operated by federally recognized tribes.²⁵ In FY2019, HHS allocated \$320 million to AI/AN tribal governments for Head Start and Early Head Start.²⁶

Enrollment in Head Start shows successes for AI/AN participants among many different facets of child development, culminating in improved school readiness. The AI/AN Head Start Family and Child Experiences Survey found that during the 2015-2016 school year, children who were enrolled in a tribal Head Start program saw gains in language, literacy, and math skills. They also showed improvements in social skills, approaches to learning skills, and executive functioning.²⁷

Despite this initial evidence of success, tribal leaders frequently reassert their need for more Head Start funding to finance facility renovations, sanitation infrastructure, and transportation. In addition to Head Start, tribes stand to benefit from increased federal investments in their other early care and education programs to increase capacity. According to the Administration for Children and Families (ACF), only 21% of AI/AN children attended a nursery or

preschool program within a three-month period.²⁸ Studies have found that AI/AN families are more likely to live in areas with an insufficient supply of licensed child care, reaffirming this deficit in quality early care and education.²⁹

Tribal Home Visiting

A second federal program, Tribal Home Visiting, is part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which provides grants to states, territories, and tribes to help families with children younger than 5 years old.

Like tribal CCDF funding, funding for Tribal Home Visiting is subject to an arbitrary set-aside. Of the \$400 million allocated to MIECHV in 2018 through FY2022, there is a 3% set aside for tribal communities, amounting to around \$12 million per year.^{30,31}

Tribal Home Visiting is a culturally responsive program serving AI/AN children and families that strengthens tribal communities by promoting family resiliency, creating positive developmental environments, improving maternal and child health, and reducing child abuse. According to a 2015 report to Congress, Tribal Home Visiting grantees saw a 77% improvement in measures of prenatal care; an 85% improvement in reduced child injuries, abuse, neglect, or emergency room visits; a 92% improvement on measures of parental emotional well-being or parental stress; an 85% increase in rates of children and families with health insurance; a 77% improvement in family economic self-sufficiency; a 77% improvement in reduction of crime or domestic violence;

and a 59% improvement in school readiness and achievement, among other indicators of progress.³²

Despite these benefits, in 2019, only an estimated 4,177 of the 339,400 eligible AI/AN families received home visiting services.³³ While all 50 states and the District of Columbia received MIECHV grants, limited funding allowed only 23 of the 574 federally recognized tribes to receive these grants, effectively limiting access for AI/AN children and families.³⁴

DATA GAPS

In addition to an ongoing lack of funding that leaves AI/AN children behind, there continues to be a lackluster effort to systemically collect and track data to best evaluate tribal programs. Consequently, there is a dearth of existing data on AI/AN children and families. Although initial studies show the efficacy of programs such as tribal Head Start and Tribal Home Visiting, it is difficult to gauge the full impact of these programs and others without comprehensive data collection, reporting, and analysis. In order to maintain updated figures on AI/AN communities and to begin to estimate the need for child care across tribal lands, ACF initiated the American Indian and Alaska Native Early Childhood Needs Assessment Design Project in 2016.³⁵ Making a commitment to ensuring access to quality, culturally appropriate early child care and education programs for AI/AN children begins with an effort to collect accurate data in order to understand the scope of the need.

The Takeaway

AI/AN children face the unique challenge of combatting cumulative disadvantages resulting from decades of historical harm and mistreatment. There should be a concentrated effort to ensure programs that yield notable benefits for participants, such as tribal Head Start, Tribal Home Visiting, and tribal child care receive a more equitable distribution of federal funding as they shape strong foundations for children and families alike. However, the U.S. also needs to focus on more intentional data collection both on these programs and into general tribal demographics to understand the full impact of these programs and to better understand the scale of the need for early childhood services within tribal communities. Without more comprehensive data collection, it is difficult to realize the full impact of these programs or how to reform them if necessary.

Endnotes

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