# CITY CHARACTERISTICS AND HEAD START AVAILABILITY

By

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**DEDICATION**

This thesis is dedicated to Dr. Sally Caldwell, a fearless woman.

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**TABLE OF CONTENTS**

## LIST OF TABLES

**Table** **Page**

## I. INTRODUCTION

*City Characteristics and Head Start Availability*

In the United States, 15 million children live in poverty, which is 21% of the country's children (National Center for Children in Poverty 2018). Child poverty rates are even higher for children of color (Hero and Levy 2016). While existing resources for children in poverty are limited, there are some government subsidized services. One of the most notable programs is Head Start (Meni and Wiseman 2017; Ekono, Jiang, and Smith 2016). Head Start is the largest federally funded program targeting low-income women and children up to five years of age. Head Start provides free educational child care for all eligible low-income families (Gilliam and Ripple 2004). The goal of Head Start is to level the playing field for disadvantaged children, particularly low-income minority children. It is a popular program serving about a million pregnant women and children in 2017 (Office of Head Start 2017). Head Start has been proven to benefit the health and developmental growth of participating children (Office of Head Start 2017). Li and Coley (2006) state that Head Start ratings have the highest developmental quality of any type of care.

Head Start is a federal program but each state differs in how it regulates Head Start funds (Kim 2014). Because Head Start is federally funded but locally distributed, access to services is likely to vary from city to city. Head Start serves to reduce race/ethnic and class inequalities nationally, yet it is unclear if this occurs equally in different geographic areas or for certain subgroups. This study examines whether city

demographic characteristics, particularly the poverty rate and racial/ethnic composition of a city, relate to the availability of Head Start for children in need.

## II. LITERATURE REVIEW

*Subsidized Child Care in the United States*

Affordable child care and quality child care have an inverse relationship. The inequity in child care costs stems from the division between private and public-sector child care (Levy and Michel 2002). Nyland (2001) discusses the problematic split that occurred when child care centers and pre-school diverged into custodial and educational child care. This split occurred as a result of growing popularity of early childhood education. Early childhood education became a cornerstone of for-profit childcare facilities. However, the charity and church run child care centers remained stagnant because of a lack of funds to hire early childhood educators. (Levy and Michel 2002). This transformation affected public perceptions of child care and led to an increase in the cost of childcare (Nyland 2001).

Each year, the average American spends $9,589 on child care for children under 4, which is more than the average cost of in-state college tuition (CNN Money 2016). The median national income is $53,000; therefore, on average, parents are spending about 18% of their income on child care for one child. Minimum wage workers spend over 60% of their income on child care. The problem is aggravated by the fact that only 11% of all child care centers in the United States are accredited (CNN Money 2016).

Domestic labor in the household creates a duality of working conditions for those parents who must work to survive while also caring for a family (Estes 2011). A financial balance of work and children is often hard to strike due to the process of

working to only afford child care. The lack of educational, affordable, and available child care in the United States contributes to stress for working parents. There are child care subsidies offered by the government, such as Alternative Payment Programs, The Partnership, Head Start, Early Head Start, and Child Care and Development Fund (Child Care Resource Center 2018). Each state has 11 to 14 federally-funded subsidy programs that are allocated by the state (Benefits.gov 2018). However, Schumacher et al. (2001) report that there is simply not enough funding to make subsidized services available to all who need it, or to enhance the quality of subsidized programs to meet school readiness goals.

The Child Care and Development Fund (CCDF) is a leader in childcare subsidy funds. The CCDF spends about 5 billion on childcare subsidies to assist low-income families looking for work. The CCDF subsidies help many (Kim 2014). The CCDF varies funding by state, and higher levels of poverty are required for subsidy approval in many states. According to the CCDF policy overview in 2016:

- Twenty-seven states/territories require parents to work a minimum number of hours per week to be eligible for care based on work.
- Initial income eligibility thresholds for a family of three ranges from $1,423 to $5,040 per month. Thirty-two states use higher eligibility thresholds for families who are already receiving subsidies.
- Thirty states use higher-tiered or accredited provider payment rates in addition to their base rates for care provided in child care centers.

If governmental assistance program growth matched the growth in poverty rates, the quality of life of those living in poverty would improve significantly. A study done by the University of Michigan National Poverty Center (2018) shows that after the use of governmental assistance programs such as SNAP, the percent of the population living at 50% of the poverty level is cut in half.

*History of Funding*

With women's entrance into the workforce, there was an increased need for child care services outside of the home (Chang, Huston, Crosby, and Gennetian 2007; Levy and Michel 2002). Subsidized child care was seen as a way for single mothers to climb out of poverty. Working to pay for childcare is redundant, and subsidies create a greater sense of accomplishment for a working parent in poverty by enabling them to provide for their children (Fuller, Kagan, Caspary, and Gauthier 2002; Berns and Drake 1999).

Aid to Families with Dependent Children (AFDC) had been a useful resource to single mothers since 1930. However, studies demonstrate that the disbursement of AFDC had a history of racism. African American women were denied access to this federal funding until the 1950s because of stereotypes that they were "abusing" these federal funds. By the late 1950's, women of color had access to the federal funds for which they were eligible (Levy and Michel 2002). At the time, members of Congress argued that non-white women were using, or "abusing," subsidies, so a law was passed in many states requiring employment in order to receive child care subsidies (Levy and

Michel 2002). The role of government in family life produced tension in Washington D.C. Consequently, subsidy incentives, welfare program improvements, and federal funding increases were all tabled for much of the 1970's and 1980's.

After the 1970's and 1980s, child care subsidies stagnated while the lower class grew. In 1988, Ronald Reagan wanted to create a beneficial and productive work initiative program for parents living in poverty. The creation of the Family Support Act (FSA) and the Job Opportunity and Basic Skills program (JOBS) were offered additional opportunities for families who were receiving welfare income. The downside, once again, was the lack of accessible childcare facilities (Levy and Michel 2002).

Funding for child care differs in each state, and people choose which type of child care they will use based on quality, accessibility, affordability, and safety (Davis and Connelly 2015). Private day care options tend to be more expensive and paid out-of-pocket by the parents, whereas public sector day care centers are paid for either by parents or welfare subsidies that are accessed through the government. Welfare subsidies that have a low copayment rate and a high value create greater access to child care centers (Kim 2014).

Less transparent is that the private sector daycares are also receiving government funding as an incentive to employers who are involved with the private child care sector (Levy and Michel 2002). This funding lacks a direct resource, preventing data collection on the number of private day care facilities per capita. The sale of public sector day care facilities to private owners is the capitalism of socialism, also called

denationalization (Savas 2000). Day care costs are driven higher by denationalization and also strip the state provided resources. However, the action is believed to be beneficial for enhancing the quality of daycare facilities (Savas 2000).

*History of Head Start*

Throughout the 20th century many charitable early childhood educators sought a quality child care option for the working parents who were receiving welfare subsidies (Chang et al. 2007). They saw a lack of entrance into privatized "nice" nurseries and early childhood education because of the fees involved. The income inequality involved produced segregated child care accessibility. President Lyndon B. Johnson's attention focused on inequality in many of the reforms in his Great Society program. In 1965 a welfare-based quality early childhood education program became accessible to parents with low incomes: Head Start. This introduction to services for needy mothers and children was one of Johnson's greatest contributions during the War on Poverty (Chang et al. 2007).

Head Start is designed to break the cycle of poverty (OHS 2017). Head Start was created as a "two-generation" program to serve pregnant women, infants, and toddlers by supporting growth and development in an environment that is positive and enhances health and well-being. Head Start programs include center-based care and home-visits. Head Start programs go beyond early childhood education. They teach mothers about mental and physical health, medical and dental opportunities for themselves and their children, and how to access health insurance. With the assistance and knowledge

provided by Head Start, the program can "…change the stream of human capital investments that parents make in their children over the life course" (Ludwig and Miller 2007:1). Head Start also improves the immunization rates of children (Ludwig and Miller 2007).

There are 1,700 Head Start agencies across the U.S., and each agency controls the Head Start centers and home visits for each city or surrounding community (OHS 2018). Head Start is the largest federally-funded subsidized child care program (Administration for Children and Families 2014). Li and Coley (2006) state that Head Start ratings have the highest developmental quality of any type of care.

The U.S. Department of Health and Human Services provides grants to local public and private nonprofit and for-profit agencies through the Head Start and Early Head Start programs. Policy analysts and decision makers have debated whether funding should be switched from federal to state-wide for Head Start programs. On the one hand, the switch to state-wide funding can ensure more supervision and oversight of funds (Gilliam and Ripple 2004; Schumacher et. al 2001). On the other hand, some policy makers recommend that the funding stays the same in order to avoid confusion for the clients of Head Start. The switch from federal to state-wide funding for agencies in the past has been a smooth transition for some states, while other states struggled (Gilliam and Ripple 2004). A switch to state-wide funding might create greater inequalities in Head Start proportions due to different states getting more or less funding than usual. While Head Start is currently a federal rather than a state program, the Office of Head Start (OHS) clearly outlines the fact that Head Start programs differ

by state. And the states' discretion in how Head Start funding is allocated makes it difficult to assess program access and benefits. Kim argues that, "Increased state autonomy in child care policy makes it more difficult to examine policy effects on choices of care arrangements. Substantial variations in child care policy across states limit generalizability of findings made in previous studies on impacts of any particular child care policy" (Kim 2014:11). Kim (2014) revealed that child care subsidy policy and regulations differ widely between states. Regulation at the state level enhances each program by ensuring quality, accessibility, and affordability. State-wide decision making becomes the key determinant in availability of subsidized child care resources, creating either an abundance or an absence of available child care (Levy and Michel 2002; Kim 2014).

The National Head Start Association (2017) suggests increasing awareness and access to Head Start by involving both state and federal entities in the operation of each individual program. The Department of Health and Human Services (HHS) requires Head Start programs to establish partnerships with state and local agencies such as Medicaid, prenatal and postnatal support groups, and nutritional service providers to ensure families know about local access to such resources (HHS 2017).

*Head Start Eligibility*

The National Head Start Association states that eligibility for a Head Start program requires people to have an income at or below the poverty level, to be homeless, to live in foster care, or to receive public assistance (NHSA 2017). Children from birth to 3 years

of age can attend Early Head Start, and after the child turns 3, they enter Head Start. The 2017 National Head Start Profile states that 7% of eligible children under 3 had access to Early Head Start, and 31% of eligible children 3-5 years old had access to Head Start programs. Head Start does not require citizenship or immigration status records for eligibility (Matthews and Ewin 2006). Barriers to Head Start access include declining governmental help such as Temporary Aid for Needy Families (TANF) and a growing need for full-day services.

With governmental subsidies provided through TANF or other welfare programs, mothers can gain access to Head Start to enhance early childhood development for their children while they go to work. Of the people served by partially or fully subsidized day care in 2016, 37% were Hispanic/Latino, and 29% were African American/Black, as described in the fiscal year (FY) 2016 Report for Head Start Programs. African American children are more likely than white children to enroll in Head Start, but research shows that white mothers with children in Head Start are typically less educated than the African American mothers (Garces, Thomas, and Currie 2002). The total enrollment of children and pregnant women who were served in 2016 was 915,603 (Head Start Program Facts Fiscal Year 2016). Considering that 12.7% of the U.S. population lives in poverty, it is unclear whether all children and pregnant women in poverty attempt to enroll in Head Start (U.S. Census Bureau 2016). There are plenty of slots available in Head Start programs, however many of the slots are part-day and are insufficient for a parent's normal work schedule. In addition, states set their own eligibility requirements

for Head Start programs creating between-state variation in access (Matthews and Schmit 2014).

*Head Start Effects on Child Development*

Head Start is beneficial to both working and non-working mothers and is useful for the child as well. The earlier a child enters child care, the more developed the child is when he or she enters kindergarten (Connell, and Prinz. 2002; Chang 2007). The California Budget & Policy Center claims that their state has ethnic discrepancies in the use of their subsidized child care programs due to population growth, immigration and language related barriers, and low-wage employment. These barriers are complicated by the fact that there are simply not enough facilities to assist every child eligible for subsidized day care. According to Schumacher (2017:1), "In part, demographic groups experiencing rapid population growth are less likely to be enrolled in subsidized care because the number of child care and development "slots" has not kept up with this growth."

Access to Head Start is seen as a step forward for a child living in poverty, enabling education and interaction with trained teachers. Head Start programs enable greater child development than at-home care yet are typically less cost effective and convenient than having a family member come take care of a child (Votruba-Drzal, and Chase-Lansdale 2004). Studies show that Head Start may not be immediately beneficial to a child's first year in school, but the long-term effects consist of lower criminal

activity, higher retention rate in high school, and higher earnings in their first jobs (Garces, Thomas, and Currie 2002; Ludwig and Miller 2007).

Critics of the Head Start program see no true beneficial outcomes for children in Head Start programs (e.g., Lee and Loeb 1994). Herbst and Tekin (2010) state that the typical subsidized childcare in America is not beneficial to the child's development, at times causing behavioral problems by the time the children start public school. Research demonstrates that some children in Head Start experience higher cognitive development but also acquire negative social traits (Love, Kisker, Ellen, and Ross 2002). However, these behavioral problems could be due to exposure to other children, rather than a negative effect of the Head Start program specifically. Other criticisms of Head Start concern questions about the magnitude of the impact. However, research reveals that outcome variations have more to do with other unmet needs of poor children (e.g. food insecurity) than any particularly problematic aspects of Head Start services (Stuff 2009). While many of the criticisms of Head Start involve students that have methodological weaknesses (e.g., small sample sizes), politicians often cite these critiques in an attempt to cut funding for Head Start programs. In fact, President Trump has said that he sees Head Start as a way to capture immigrant parents who have children enrolled in the program (U.S. News 2018).

*Head Start and Parental Assistance*

Head Start was created to give children a level playing field when it comes to early childhood education. In addition to the benefit for the children, Head Start also

benefits parents in poverty (Schumacher, Greenberg, and Lombardi 2001). When welfare recipients are encouraged to gain employment, they are also encouraged and assisted to use Head Start programs (Chang 2007). Over 70% of families use available resources while the child is enrolled in Head Start (NHSA 2017). This life course enhancement plays a vital role in many families due to their low incomes.

With the child development information provided by Head Start, mothers can learn about opportunities to ensure their child is healthy and educated. Parents who use Head Start centers for their children showed great interest in their children's learning and development, and were emotionally supportive to their children, which in turn causes improvement in the child's well-being (Love et al. 2002; Henninger 2016).

Immigrant children experience unique benefits from Head Start enrollment. Immigrant children in Head Start are exposed to American culture and English-speaking children and adults (Matthews and Ewin 2006). As of 2000, immigrant children were the fastest growing population among children in the U.S.. Matthews and Ewin (2006) also discuss the immigration patterns of many immigrants as of 2000. Various states in the United States had a rise of 100 percent or more in their foreign-born population from 1990 to 2000. This demographic transformation was new to many states and they may have lacked the resources needed for assimilation to the United States. Head Start programs help to fill this need. However, it is unclear whether Head Start availability has increased in a way that is commensurate with the growth in the immigrant population. In addition, national data has consistently shown that Hispanic families use more relative care and more informal care for their children than either White or African

American families" (Kim 2014:6). The type of child care could be due to cultural preferences and extended family networks, or a lack of access to low-cost child care.

Despite the benefits of Head Start, many families have difficulty accessing Head Start services. Head Start does not typically offer full-day programs, which is a problem for many working families. In 2016 the NPRM for the Head Start Program Performance Standards passed and required a new goal of longer hours for Head Start programs to ensure more availability for all parents (OHS 2016). The new required hours, with the deadline for meeting this goal being August 2018, is 1,380 hours annually per Head Start center-based program. With this new requirement, more families will be able to use Head Start programs. Head Start is working to improve access, yet it is likely that gaps will remain between the need for and the availability of Head Start services.

## III. THEORETICAL FRAMEWORK

*Economic Inequality and the Urban Environment*

The analysis in this thesis is shaped by two main theoretical frameworks: Marxist theories of economic inequality and sociological theories on inequalities in urban areas. Karl Marx argued that the economic structure is the foundation of society (Macionis and Parillo 2016). Marxist theory states that there is a distinct division in society of two opposing classes, the bourgeois and the proletariat (Marx 1848). The bourgeois control the capital and the proletariat supply the labor. In Marxist theory the proletariat are the workers and the bourgeois are the owners of the means of production. In the current day, Marxist theory is often used to describe the division between the elite (the haves) and the masses (the have nots). Many aspects of society reflect the dominance of the elite and their efforts to maintain the unequal economic structure.

Marx and Engels believed that cities created individual freedom for those who lived within. Workers could explore aspects of citizenship to explore their existence in a civilization (Macionis and Parillo 2016). The newfound freedom enabled a new world of thoughts and beliefs. However, this freedom revealed human traits that would later prove to further increase inequality by segregating people into different classes, religions, and groups.

Urban Sociology provides a description of how cities grow and how populations are distributed geographically within them. Much of the literature on urban environments provides support for Marxist ideas about social and economic inequality.

For example, urban sociologists have documented how class and race/ethnicity influence residential patterns and resource availability. Race/ethnicity and poverty are strongly correlated, and states vary in their racial/ethnic composition. (Hero and Levy 2016). Research also reveals that racial/ethnic inequality is reinforced by state resources (Meni and Wiseman 2017). Poor minority groups experience multiple types of segregation. Racial/ethnic segregation further exacerbates poverty through a lack of jobs, schools, and safe environments (Macionis and Parrillo 2016).

Hispanics are the largest minority group in the United States (Macionis and Parrillo 2016). Massey (1992) determined that Hispanics who claim a white racial identity have differing residential patterns than Hispanics who claim another race. The spatial assimilation is unique to Hispanics due to their diverse racial makeup. Black Hispanics tend to concentrate an area while white Hispanics are more geographically dispersed. On a racial continuum, as Hispanic's skin color gets lighter, their income rises, and their neighborhoods are more affluent. Gandara (2010) suggests that Latinos experience triple segregation due to race/ethnicity, language barriers, and poverty. In a spatial context, these three factors create barriers to assimilation. Latinos are bound to neighborhoods with similar SES and ethnicity, which denies many the opportunity to attend a well-integrated school to practice English language and literacy. Outsiders avoid entering extremely segregated areas due to the threat of dangerous streets, which further isolates segregated groups (Macionis and Parrillo 2016).

Segregated areas create a trap for people in poverty. Concentrated poverty consists of the racial and ethnic minority "underclass" (Lichter, Parisi, and Taquino

2012). The “underclass” experiences difficult transitions out of poverty due to a lack of resources in their areas. Segregated areas known as the ghetto have low quality schools, limited medical care, violent crime, substance abuse, and high rates of infant mortality. Society has yet to overcome the structural causes of racial segregation (Macionis and Parrillo 2016).

Using Massey and Denton’s (1989) five dimensions of segregation (evenness, exposure, clustering, centralization, and concentration), we understand that segregation results in isolation. First, evenness only occurs if a city’s population is comprised equally of minority and majority members. Second, exposure is when different racial/ethnic groups interact with each other. Third, clustering is defined as many minority groups living near each other. Fourth, centralization in the past was a minority group living in the urban centers of a city, yet today this is more commonly seen in the declining parts of an urban center. Finally, concentration is measured by the amount of residential space a minority group uses, a small space with a large minority group creates higher concentration. Isolation intensifies as the five dimensions grow, which results in hyper segregation, or extreme segregation in multiple ways. Massey and Denton also describe the segregation of African Americans in urban societies results in profound disadvantages, even more so than Hispanics. A quarter of African Americans in their 1989 study lived in hyper segregated urban communities. African Americans are the most segregated race in the U.S. (Macionis and Parrillo 2016). Segregation decreases as socioeconomic status increases.

Racial/ethnic segregation reduces access to resources, and this structure of inequality reinforces the lower class. Hero and Levy (2016) conclude that racial inequalities have risen with income inequalities in most states. People living in poverty are typically stuck in areas that have barriers to moving out of poverty, even with the governmental subsidies. Racially isolated, poor, crime-ridden neighborhoods are typically difficult for people in poverty to leave. Poverty migration is difficult for those who have been living in poverty for many years, and even when opportunity arises it is shown that they continue this cycle (Darrah and DeLuca 2014).

In addition, child poverty is stratified by race/ethnicity, thus poor minority children are those most likely to experience the negative consequences of racial/ethnic segregation and inequality (Bratter and Kimbro 2013). Poor minority children are less likely than poor white children to have access to necessary resources to enhance their health and education (Acevedo-Garcia, Osypuk, McArdle, and Williams 2008). The racial disparities result from a combination of socioeconomic factors that reinforce segregation such as SES, discrimination, and residential patterns (Acevedo-Garcia et al. 2008). The neighborhoods experiencing the segregation are overwhelmingly less likely to have the necessary resources to thrive. Food deserts, low quality schools, and high crime rates are disadvantages often seen in segregated communities. These negative factors delay socioeconomic advancement for minority groups (Acevedo-Garcia et al. 2008).

## IV.GAP IN THE LITERATURE

The literature identifies some of the problems with access to Head Start services. As discussed, Head Start has limitations (e.g. lack of full-day services). However, the literature on Head Start access is sparse. Additional research is needed on Head Start availability and barriers to access. Previous research has not explored the extent to which Head Start access varies from city to city and how city characteristics affect the availability of Head Start programs. Discovering which characteristics of a city are associated with the number of available Head Start programs can help a person looking for social assistance with their child by giving guidelines of what to look for demographically in a city. The social implications of this study are to provide a nationwide map of Head Start availability for low-income parents who have young children or desire to have children.

By looking at city-wide factors in comparison to the amount of Head Start programs, the data will show what characteristics of a city are associated with Head Start availability. In particular, this study investigates how the socioeconomic and racial/ethnic profile of a city relate to Head Start availability. Head Start was created to level the playing field for children experiencing social and economic inequalities. Thus, it is particularly important to understand if children living in cities with the highest concentrations of inequality are adequately served by this important program. I apply systematically-collected data on the two most populated cities in each of the 50 states in the United States of America to answer the following research questions:

RQ1: What is the per capita rate of children in poverty per Head Start center and does this vary substantially from city to city?

RQ2: Does the number of children in poverty per Head Start center vary by the city's population size?

RQ3: Does the number of children in poverty per Head Start center vary by the city's poverty rate?

RQ4: Does the number of children in poverty per Head Start center vary by the racial/ethnic composition of the city?

RQ5: Does the number of children in poverty per Head Start center vary by the city's Nativity rate?

## V. METHODS

The focus of this study will be on the center-based Head Start programs. Home visits are typical of Head Start programs, yet the variable nature of these visits would require qualitative interviews and observations. Using the center-based Head Start model, we see that enrollment remains very high in Head Start and Early Head Start programs. In a study where 76% of children were enrolled in a program for the 26-month study period, one third of these children remained in the programs when the study was terminated. This is a high retention rate after controlling for aging out of the program (Love et. al 2002). The retention rate stated here is not universal, but this study exemplifies the use of the opportunity for low-income families.

I compiled city data using census data from the 2016 American Community Survey. I had to use county-level data for: Honolulu County, Hawaii, Augusta-Richmond County, Georgia, Lexington-Fayette County, Kentucky, and Lewisville-Jefferson County, Kentucky, due to a lack of census data. I gathered data on the two most populated cities in each state, with the exception of South Burlington, Vermont and Pearl City, Hawaii due to inaccessible information. City data were obtained through Factfinder on the U.S. Census Bureau website. This site provided information that allowed me to create a data set that captured city characteristics including those related to city size, age, gender, education, race/ethnicity, nativity and naturalization, and poverty. Poverty was measured as the past 12 Months and the 2016 ACS 5-year estimate. Poverty thresholds were measured before any use of governmental program assistance. Poverty rates were available for various age groups (e.g. percent of children five and younger in poverty).

Some of the data on city characteristics comes from the Census and some from the American Community Survey. The initial sample size for the American Community Survey in 2016 was composed of 3,527,047 Households and 206,415 Group Quarters People including those residing in correctional institutions, juvenile detention facilities, nursing homes, other long-term care facilities, college dormitories, military facilities, and other non-institutional facilities. The U.S. Census Bureau American Community Survey (ACS) interviewed 2,229,872 households and 160,572 Group Quarters to get a final sample size of 2,390,444 (U.S. Census Bureau 2017). The analysis is composed of 99 ACS cities.

This study focuses on Head Start availability. The number of Head Start centers per city was measured using the Head Start Locator on the Health and Human Services web site. The number of Head Start programs per city is an interval measure of the number of Head Start centers within 10 miles of each city (U.S. Department of Health and Human Services 2018). The Head Start Program Locator provided online by the Department of Health and Human Services provided the data for the Head Start Center count in each city. The count of Head Start Program Centers included Head Start, Early Head Start, Migrant and Seasonal Head Start, and American Indian and Alaskan Native centers. The latter two entities will not be described in depth due to their lack of occurrence and demographic specificity.

To best answer the question of how many Head Start programs there are for people living in poverty, I reconstructed the Head Start variable. By taking the population of children who are ages 5 and below and who are in poverty and dividing it

by the number of Head Start programs, I created the key dependent variable. The number of children in poverty per Head Start program provides a standard measure of how many children in poverty are present in the city for each Head Start Center available in that city. This variable is not an actual measure of whether poor children have access; however, it is a reasonable proxy for the need for relative to the supply of Head Start centers. National data reveal that in 2017, there were about 899,374 children enrolled in Head Start in 1,608 Head Start centers and 1,398 Early Head Start Programs (NHSA 2017). This produces an average of 299 children per center. The present study will offer a proxy for Head Start availability by examining the number of children in need relative to the number of centers and how this varies by city characteristics.

The key independent variables are: total population of a city (Total Population), Percent Black, the percent of the population that claim Hispanic heritage (Percent Any Race- Hispanic), Percent Female, households that are female headed (Percent Female House), the city poverty rate (Poverty rate), the percent of the population who has a college degree or higher (Percent College), the majority vote of each city in the 2016 presidential elections (Political Standing for Trump versus Clinton), the percent of the population that was born outside of the United States (Percent Foreignborn), and the percent of the population born outside of the United States and naturalized as an American citizen (Percent Naturalized). The unit of analysis for the study is the city, which represents aggregate rather than individual level data.

This study will first provide a descriptive analysis of Head Start availability for large cities in the U.S. Univariate statistics will reveal the number of Head Start centers relative to the need (children in poverty) and whether there is significant variation in Head Start capacity by city. Second, bivariate and multivariate analyses will examine whether the city's demographic profile is associated with Head Start availability and in what way. Cities with high rates of poverty, racial/ethnic minorities, and immigrant populations are those where programs like Head Start are most needed to assist vulnerable families and bridge educational gaps. The present study will explore whether cities with the most need are those where services are most likely to be found.

## VI. LIMITATIONS OF THE STUDY

This study has four main limitations. First, the Census data for Kentucky was only formatted to the county encompassing each of the largest cities using American Factfinder. South Burlington, Vermont and Pearl City Hawaii data were inaccessible due to a small number of sample cases that are not sufficient enough for the 2016 American Community Survey Estimates.

Second, the Nativity variable may not have reliability and/or validity due to social desirability bias. People who are not native born may be afraid to reveal their non-native status in an interview.

Third, the dependent variable of Head Start availability is not a direct measure of whether all children who seek to go to a Head Start center have access. It is merely an indication of whether there may be a larger demand for Head Start slots than what is available.

Finally, the sample and unit of analysis present limitations. The study only examined the largest cities in the US and thus may not represent Head Start access in smaller cities or rural areas. In addition, the unit of analysis is the city. With aggregate data I can only draw conclusions about cities, but not the individuals that reside within them.

## VII. ANALYSIS

Table 1 provides descriptive statistics for the study variables.

**Table 1. Descriptive Statistics for Study Variables**

**Descriptive Statistics**

| | N | Range | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|---|
| Total Population | 99 | 8292958 | 32901 | 8325859 | 507349.39 | 969362.223 |
| Child Pov rate | 99 | 10.94% | 0.42% | 11.36% | 2.46% | 1.33% |
| Child per Head Start | 100 | 2229.91 | 18.72 | 2248.64 | 382.37 | 350.98 |
| Percent Male | 99 | 6.89% | 45.70% | 52.59% | 48.72% | 1.15% |
| Percent Female | 99 | 6.89% | 47.41% | 54.30% | 51.2792% | 1.15% |
| Percent Any Race- Hispanic | 99 | 70.32% | 1.26% | 71.59% | 15.5059% | 15.00552% |
| Percent Non-Hisp White | 99 | 80.87% | 9.24% | 90.11% | 54.17% | 21.69% |
| Percent Black | 99 | 80.99% | 0.45% | 81.45% | 21.79% | 20.49% |
| TotalOtherPercent | 99 | 53.04 | .96 | 54.00 | 10.90 | 8.96 |
| Percent married House | 99 | 38.29% | 27.48% | 65.77% | 48.10% | 9.16% |
| Percent Female House | 99 | 32.44% | 9.70% | 42.14% | 21.1303% | 7.24857% |
| Percent Other House | 99 | 38.23% | 7.80% | 46.03% | 24.02% | 6.28% |
| Percent less HighSchool | 99 | 16.61% | 2.25% | 18.86% | 8.31% | 3.39% |
| Percent High School | 99 | 18.27% | 7.78% | 26.05% | 16.35% | 3.54% |
| Percent Some College | 99 | 15.06% | 12.10% | 27.15% | 19.33% | 3.22% |
| Percent College | 99 | 37.88% | 7.73% | 45.61% | 22.72% | 7.19% |
| Percent native | 99 | 56.59% | 41.98% | 98.57% | 87.44% | 9.60% |
| Percent Foriegnborn | 99 | 56.59% | 1.43% | 58.02% | 12.56% | 9.60% |

**Table 1. Continued. Descriptive Statistics for Study Variables**

| | | | | | | |
|---|---|---|---|---|---|---|
| Percent Naturalized | 99 | 26.66% | 0.41% | 27.07% | 5.29% | 4.45% |
| Valid N (listwise) | 99 | | | | | |

The two largest cities in each state were selected. However, these cities vary dramatically in size, with a mean population of 507,349 and a range spanning from 32,901 to 8,325,859. The gender makeup of the cities in this data set are approximately 49% male and 51% female. Slightly over half of the cities' populations identify as White (54.2%), followed by 21.79% identifying as Black, and 15.51% identifying as Hispanic. The majority of city residents are native born (87.4%). The average child to Head Start ratio is 382. The minimum is 18.7, meaning that there are only 18 to 19 children in each Head Start program in that city. The maximum is 2,248.64, meaning that over two thousand children could need the resources provided by a single Head Start program. The largest ranges in this table are: Population, Child per Head Start, Percent Any Race-Hispanic, Percent Non-Hispanic White, Percent Native born, Percent Foreign Born. These ranges mean that there is great variation between the lowest and highest percentages of each reported variable.

Table 2 provides the frequency distribution for the political standing of the cities, examining whether Trump or Clinton won the city in the 2016 presidential election.

**Table 2. Frequency Distribution for Political Standing**

**Frequencies**

| Political Standings | N | Percentages |
|---|---|---|
| Clinton | 65 | 67% |
| Trump | 32 | 33% |

This table shows that in the 2016 presidential election, 32 cities voted for Donald Trump and 65 cities voted for Hillary Clinton.

Bivariate analyses were run to examine associations between the key dependent variable (child to Head Start Ratio) and the independent variables (city characteristics). The bivariate results for the ordinal/interval/ratio variables (correlations) are presented in Table 3.

**Table 3. Correlation Table for Study Variables**

**Correlations**

Child Per Head Start

| | Pearson Correlation | Sig. (2-tailed) | N |
|---|---|---|---|
| Total Population | .227* | .0.024 | 99 |
| Poverty Rate | 0.07 | 0.47 | 99 |
| Percent Female | 0.16 | 0.12 | 99 |
| Percent Male | -0.16 | 0.12 | 99 |
| Percent Any Race-Hispanic | -0.02 | 0.87 | 99 |
| Percent Non-Hisp White | -0.15 | 0.15 | 99 |
| Percent Other Race | -0.01 | 0.96 | 99 |
| Percent married House | -0.01 | 0.93 | 99 |
| Percent Female House | 0.16 | 0.10 | 99 |

**Table 3. Continued. Correlation Table for Study Variables**

| | | | |
|---|---|---|---|
| Percent Other House | -0.19 | 0.05 | 99 |
| Percent less HighSchool | 0.11 | 0.29 | 99 |
| Percent High School | 0.03 | 0.08 | 99 |
| Percent Some College | 0.05 | 0.64 | 99 |
| Percent College | -0.17 | 0.1 | 99 |
| Percent native | 0.05 | 0.65 | 99 |
| Percent Foriegnborn | -0.05 | 0.65 | 99 |
| Percent Naturalized | -0.10 | 0.35 | 99 |

Looking at bivariate correlations between the Child per Head Start variable and the independent variables, only Total Population is significant. Total Population is positively correlated with the number of children per Head Start center. This positive correlation means that as population size increases in a city, the average number of poor children per Head Start program also increases.

**Table 4. Independent Samples T-Test for Political Standing and Child per Head Start**

| | Political Standings | N | Mean | Std. Deviation | Sig. |
|---|---|---|---|---|---|
| Child per Head Start | Clinton | 65 | 390.27 | 385.64 | 0.532 |
| | Trump | 32 | 373.93 | 291.05 | |

Table 4 shows the mean number of children per Head Start center based on the candidate the city voted for. This test is not significant at 0.532.

A multivariate regression analysis was run to examine how race/ethnicity and nativity relate to the Head Start variable when controlling for other demographic characteristics of the city. Table 5 provides the results of this regression.

**Table 5. Multivariate Regression Table for Study Variables**

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | | |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | t | Sig. |
| 1 | (Constant) | -257.36 | 2787.65 | | -.092 | .93 |
| | Total Population | .000 | .000 | .37 | 3.24 | .002 |
| | Percent Black | 6.81 | 6.32 | .39 | 1.08 | .28 |
| | Percent Any Race-Hispanic | -2.48 | 4.74 | -.11 | -.52 | .60 |
| | Percent Female | 25.84 | 57.19 | .08 | .45 | .65 |
| | Percent Female House | -17.69 | 23.16 | -.36 | -.76 | .45 |
| | Poverty Rate | -7.86 | 9.57 | -.14 | -.82 | .41 |
| | Percent College | -14.35 | 7.42 | -.29 | -1.94 | .06 |
| | Political Standings | -32.14 | 87.10 | -.04 | -.37 | .71 |
| | Percent Foriegnborn | 35.78 | 17.77 | .97 | 2.01 | .05 |
| | Percent Naturalized | -84.41 | 34.47 | -1.06 | -2.45 | .02 |

In the multivariate regression analysis above, the significant relationships are between the dependent variable Child per Head Start, and: Total Population, Percent Foreign Born, and Percent Naturalized.

For population and percent foreign born, an increase in these variables results in an increase in number of children in poverty per Head Start program. So as the city population goes up, there is less availability to Head Start programs. When there are

more foreign-born people making up a city, there is also a higher number of children in poverty relative to the Head Start programs available to serve them. The percent naturalized has a negative relationship with the number of children per Head Start Center, showing that as the size of the naturalized community increases, the number of children per Head Start Center decreases (suggesting more access).

## VIII. CONCLUSION

The goal of this study is to better understand the types of cities where children are most and least likely to have access to Head Start services. I examine the two largest cities in each state regarding the number of poor children per Head Start Center and whether this relates to city characteristics. While not a perfect measure, the child to Head Start ratio is a reasonable proxy for Head Start access.

The data reveal that large cities have greater numbers of children per Head Start program. Larger cities may offer a broader array of employment opportunities and public services. However, the lack in Head Start programs may diminish the idea that the best opportunities reside within big cities. Many Head Start programs do not provide resources for a full 9-5 work shift (OHS 2016). The current lobbying and reform of Head Start to have greater hours per day shows that there is a need for more hours per day (OHS 2016).

In real life, a single mother could move to a big city for a low wage job, hoping to save those wages to provide for her child. Then as the mother arrives in the big city, she finds that there are no affordable childcare programs. She then must decide which way she wants to reside in poverty: working to pay for child care or not working and taking care of her child. This cycle of poverty reinforces the inequalities in poverty. As a buffer for the parents in poverty, Head Start provides the resources needed for a working parent in poverty. Head Start is designed to help break the cycle of poverty. However, the results of this study suggest that might be less likely to occur in larger cities.

Urban areas are often highly segregated with regard to income and race/ethnicity (Massey and Denton 1989). In turn, segregated low-income minority communities have fewer resources such as access to healthy food, quality education, and safe public spaces (Acevedo-Garcia et al. 2008). Macionis and Parillo (2016) discuss the long-term disadvantages of the segregation experienced by poor minorities. Although there may be a lot of wealth in the cities, many inner-city residents in poverty cannot attain necessary resources to move out of poverty and/or their resource poor environments. Thus, a key research question in the present study was whether cities with large minority populations were able to provide sufficient Head Start access. The results suggest that access may be equal for minority populations, but not if those minorities are immigrants.

The results of this study reveal that cities with large foreign-born populations have a large unmet need for Head Start centers. However, access improves when the foreign-born population is naturalized. This shows that anyone who has access to citizenship has more access to governmental resources. This ideology started during the War on Poverty, when disregard grew for the immigrants who were not seen as permanent. American aid became focused on the permanent immigrants, leaving the other immigrants with fewer resources (Heeren 2011). Studies on governmental programs such as SNAP, TANF, and CHIP show that eligibility requirements for immigrants are based on their citizenship status. These programs require documents showing immigration status, citizenship, or length of residence in the United States (Perreira et al. 2012). While Head Start does not require proof of citizenship, immigrants

may not be aware of this, which may deter use of the available services. If the demand is lower in immigrant communities, the number of Head Start Centers may decline.

Hispanics are the largest minority group in the United States (Macionis and Parrillo 2014). A majority of foreign born populations today consist of immigrants from Asia and Latin America (U.S. Census 2018). The foreign-born populations can be legal or illegal residents. Cities which have more foreign-born residents have less access to Head Start and possibly other governmental subsidies. The inequality in nativity is less studied than racial inequality. With an in-depth analysis of foreign-born residents, we find that they do not use governmental assistance as much as other groups (Matthews and Ewin 2006). Many reasons contribute to immigrants not using governmental services. Immigrants are less proficient in English so their accessibility to resources is dampened by not knowing what is available. Immigrants tend to work less traditional jobs that require shifts at night and on weekends. The non-traditional shifts are not regular daycare center hours. Non-citizen parents feel uncomfortable getting help from the federal government, even if their child is a citizen (Matthews and Ewin 2006).

Using the triple segregation theory of Gandara (2010), we find quadruple segregation when adding in unnaturalized citizens. Along with racial discrimination, language barriers, and poverty, some Hispanics also experience segregation in terms of not being a citizen. This additional type of segregation provokes fear, especially in today's anti-immigrant climate. Immigrants today are afraid to leave their houses to do essential tasks such as go to the doctor or take their children to school (BBC 2017). Immigrant parents experience challenges moving to a new country. The lack of access to

Head Start programs appears to be an additional disadvantage. Head Start programs do assist immigrant residents and children of migrant workers (NHSA 2017). However, cities with high immigrant populations will altogether have fewer Head Start slots available.

There are no significant variations in Head Start availability relative to the size of the African-American community or Hispanic community. This means that the racial makeup of a city does not interfere with the availability of Head Start programs. Head Start was created to help all children in need, especially minorities (OHS 2016). Holding true to their values, Head Start appears to offer equal access to services regardless of the racial/ethnic composition of the city.

This study has a few limitations. First, it does not capture the number of Head Start slots available for children in poverty. A more thorough study should attempt to measure whether the Head Start programs are full to capacity and not able to meet the needs of the community. In addition, if the programs are not full, it will be important to explore why eligible families, particularly foreign-born families, are not accessing this important resource. The study could also be strengthened by increasing the sample size of large cities, as well as including small and medium sized cities for comparison.

While this study has several limitations, it makes a contribution to the sparse sociological literature on Head Start access. Current literature on Head Start consists of case studies of individual Head Start programs, developmental outcomes of the Head Start children, or political stances on Head Start. There is very little, if any, research on

Head Start access and how that might vary across cities. This study provides preliminary data on how city characteristics relate to Head Start availability.

The present study suggests that Head Start availability is not impacted by race/ethnicity. However, it also revealed that some groups, particularly those living in large cities or those who are foreign-born, may have less access. Using this research, I hope to influence policy makers to become more aware of the needs of children in poverty and whether programs designed to help them are accessible to all eligible subgroups. Children living in poverty can benefit from Head Start. Thus more research and discussion is needed about how to ensure that all poor children are receiving the services designed for them.

## APPENDIX

**Table 1. Descriptive Statistics for Study Variables**

**Descriptive Statistics**

| | N | Range | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|---|
| Total Population | 99 | 8292958 | 32901 | 8325859 | 507349.39 | 969362.223 |
| Child Pov rate | 99 | 10.94% | 0.42% | 11.36% | 2.46% | 1.33% |
| Child per Head Start | 100 | 2229.91 | 18.72 | 2248.64 | 382.37 | 350.98 |
| Percent Male | 99 | 6.89% | 45.70% | 52.59% | 48.72% | 1.15% |
| Percent Female | 99 | 6.89% | 47.41% | 54.30% | 51.2792% | 1.15% |
| Percent Any Race- Hispanic | 99 | 70.32% | 1.26% | 71.59% | 15.5059% | 15.00552% |
| Percent Non-Hisp White | 99 | 80.87% | 9.24% | 90.11% | 54.17% | 21.69% |
| Percent Black | 99 | 80.99% | 0.45% | 81.45% | 21.79% | 20.49% |
| TotalOtherPercent | 99 | 53.04 | .96 | 54.00 | 10.90 | 8.96 |
| Percent married House | 99 | 38.29% | 27.48% | 65.77% | 48.10% | 9.16% |
| Percent Female House | 99 | 32.44% | 9.70% | 42.14% | 21.1303% | 7.24857% |
| Percent Other House | 99 | 38.23% | 7.80% | 46.03% | 24.02% | 6.28% |
| Percent less HighSchool | 99 | 16.61% | 2.25% | 18.86% | 8.31% | 3.39% |
| Percent High School | 99 | 18.27% | 7.78% | 26.05% | 16.35% | 3.54% |
| Percent Some College | 99 | 15.06% | 12.10% | 27.15% | 19.33% | 3.22% |
| Percent College | 99 | 37.88% | 7.73% | 45.61% | 22.72% | 7.19% |
| Percent native | 99 | 56.59% | 41.98% | 98.57% | 87.44% | 9.60% |
| Percent Foriegnborn | 99 | 56.59% | 1.43% | 58.02% | 12.56% | 9.60% |
| Percent Naturalized | 99 | 26.66% | 0.41% | 27.07% | 5.29% | 4.45% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Valid N (listwise) | 99 | | | | | |

**Table 2. Frequency Distribution for Political Standing**

**Group Statistics**

| | Political Standings | N | Mean | Std. Deviation |
|---|---|---|---|---|
| Child per Head Start | Clinton | 65 | 390.27 | 385.64 |
| | Trump | 32 | 373.93 | 291.05 |

**Table 3. Correlation Table for Study Variables**

**Correlations**

Child Per Head Start

| | Pearson Correlation | Sig. (2-tailed) | N |
|---|---|---|---|
| Total Population | .227* | .0.024 | 99 |
| Poverty Rate | 0.07 | 0.47 | 99 |
| Percent Female | 0.16 | 0.12 | 99 |
| Percent Male | -0.16 | 0.12 | 99 |
| Percent Any Race- Hispanic | -0.02 | 0.87 | 99 |

| | | | |
|---|---|---|---|
| Percent Non-Hisp White | -0.15 | 0.15 | 99 |
| Percent Other Race | -0.01 | 0.96 | 99 |
| Percent married House | -0.01 | 0.93 | 99 |
| Percent Female House | 0.16 | 0.10 | 99 |
| Percent Other House | -0.19 | 0.05 | 99 |
| Percent less HighSchool | 0.11 | 0.29 | 99 |
| Percent High School | 0.03 | 0.08 | 99 |
| Percent Some College | 0.05 | 0.64 | 99 |
| Percent College | -0.17 | 0.1 | 99 |
| Percent native | 0.05 | 0.65 | 99 |
| Percent Foriegnborn | -0.05 | 0.65 | 99 |
| Percent Naturalized | -0.10 | 0.35 | 99 |

Child Per Head Start

| | Pearson Correlation | Sig. (2-tailed) | N |
|---|---|---|---|
| Total Population | .227* | .0.024 | 99 |
| Poverty Rate | 0.074 | 0.468 | 99 |
| Percent Female | 0.159 | 0.117 | 99 |
| Percent Male | -0.159 | 0.117 | 99 |

| | | | |
|---|---|---|---|
| Percent Any Race-Hispanic | -0.017 | 0.868 | 99 |
| Percent Non-Hisp White | -0.148 | 0.145 | 99 |
| Percent Other Race | -0.005 | 0.963 | 99 |
| Percent married House | -0.009 | 0.932 | 99 |
| Percent Female House | 0.164 | 0.104 | 99 |
| Percent Other House | -0.194 | 0.054 | 99 |
| Percent less HighSchool | 0.108 | 0.285 | 99 |
| Percent High School | 0.032 | 0.0756 | 99 |
| Percent Some College | 0.048 | 0.64 | 99 |
| Percent College | -0.168 | 0.097 | 99 |
| Percent native | 0.046 | 0.651 | 99 |
| Percent Foriegnborn | -0.046 | 0.651 | 99 |
| Percent Naturalized | -0.096 | 0.346 | 99 |

**Descriptive Statistics**

| | N | Range | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|---|
| Total Population | 99 | 8292958 | 32901 | 8325859 | 507349.39 | 969362.223 |
| Child Pov rate | 99 | 10.94% | 0.42% | 11.36% | 2.4561% | 1.33329% |
| Child per Head Start | 100 | 2229.914141414141300 | 18.722222222222220 | 2248.636363636363500 | 382.37408165747 2400 | 350.983331134146200 |
| Percent Male | 99 | 6.89% | 45.70% | 52.59% | 48.7208% | 1.14735% |
| Percent Female | 99 | 6.89% | 47.41% | 54.30% | 51.2792% | 1.14735% |
| Percent Any Race- Hispanic | 99 | 70.32% | 1.26% | 71.59% | 15.5059% | 15.00552% |
| Percent Non-Hisp White | 99 | 80.87% | 9.24% | 90.11% | 54.1665% | 21.69374% |
| Percent Black | 99 | 80.99% | 0.45% | 81.45% | 21.7881% | 20.48693% |
| TotalOtherPercent | 99 | 53.04 | .96 | 54.00 | 10.9049 | 8.95600 |
| Percent married House | 99 | 38.29% | 27.48% | 65.77% | 48.1013% | 9.15878% |
| Percent Female House | 99 | 32.44% | 9.70% | 42.14% | 21.1303% | 7.24857% |
| Percent Other House | 99 | 38.23% | 7.80% | 46.03% | 24.0173% | 6.27569% |
| Percent less HighSchool | 99 | 16.61% | 2.25% | 18.86% | 8.3126% | 3.38540% |
| Percent High School | 99 | 18.27% | 7.78% | 26.05% | 16.3509% | 3.53773% |
| Percent Some College | 99 | 15.06% | 12.10% | 27.15% | 19.3299% | 3.21676% |
| Percent College | 99 | 37.88% | 7.73% | 45.61% | 22.7212% | 7.18727% |
| Percent native | 99 | 56.59% | 41.98% | 98.57% | 87.4444% | 9.59962% |
| Percent Foriegnborn | 99 | 56.59% | 1.43% | 58.02% | 12.5556% | 9.59962% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Percent Naturalized | 99 | 26.66% | 0.41% | 27.07% | 5.2871% | 4.44523% |
| Valid N (listwise) | 99 | | | | | |

**Table 4. Independent Samples T-Test for Political Standing and Child per Head Start**

| | Political Standings | N | Mean | Std. Deviation | Sig. |
|---|---|---|---|---|---|
| Child per Head Start | Clinton | 65 | 390.27 | 385.64 | 0.532 |
| | Trump | 32 | 373.93 | 291.05 | |

**Table 5. Multivariate Regression Table for Study Variables**

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | | |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | t | Sig. |
| 1 | (Constant) | -257.36 | 2787.65 | | -.092 | .93 |
| | Total Population | .000 | .000 | .37 | 3.24 | .002 |
| | Percent Black | 6.81 | 6.32 | .39 | 1.08 | .28 |
| | Percent Any Race-Hispanic | -2.48 | 4.74 | -.11 | -.52 | .60 |
| | Percent Female | 25.84 | 57.19 | .08 | .45 | .65 |
| | Percent Female House | -17.69 | 23.16 | -.36 | -.76 | .45 |
| | Poverty Rate | -7.86 | 9.57 | -.14 | -.82 | .41 |
| | Percent College | -14.35 | 7.42 | -.29 | -1.94 | .06 |
| | Political Standings | -32.14 | 87.10 | -.04 | -.37 | .71 |
| | Percent Foriegnborn | 35.78 | 17.77 | .97 | 2.01 | .05 |
| | Percent Naturalized | -84.41 | 34.47 | -1.06 | -2.45 | .02 |

a. Dependent Variable: Child per Head Start

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