

Head Start Health Services

Working for Healthy
Children and Families



Facts about Head Start . . .

- Head Start programs provide comprehensive child development services for low-income children from ages 3 to 5.
- Early Head Start, which began in 1994 with the reauthorization of the Head Start Act, provides services to low-income pregnant women and families with children from birth to age 3.



Facts about Head Start . . .

- Head Start also provides comprehensive services to children of seasonal farm worker families and Native American families as well as children with disabilities.
- The Department of Health and Human Services, Administration for Children and Families oversees Head Start and Early Head Start programs across the country.



Facts about Head Start . . .

- All Head Start and Early Head Start programs must adhere to the requirements of the Program Performance Standards.

These regulations ensure that the goals of Head Start and Early Head Start are implemented successfully and that all grantee and delegate agencies maintain high-quality services.



Program Statistics . . .

- Over 998,000 children were enrolled in Head Start and Early Head Start in the 2002 program year; 7,710 pregnant women were enrolled in Early Head Start
- 1,786 of these pregnant women were under 18 years of age



Program Statistics . . .

- EHS began in 1994 with 68 programs; in 2002 there were 700 programs
- There are 1,570 Head Start and Early Head Start grantees nationwide, with 49,800 classrooms in 18,865 centers
- The average cost per child is \$6,934



Program Statistics . . .

- 52% of children in Head Start are 4 years old
- 36% are 3 years old
- 7% are under the age of 3

- The racial/ethnic composition is:
 - 32.6 % Black
 - 29.8 % Hispanic
 - 28.4 % White
 - 2.9% American Indian



Program Statistics . . .

- The actual FY 2002 budget for Head Start and Early Head Start was

\$6,536,570,000



- **The Head Start program has enrolled 21,214,295 children since it began in 1965**

Key principles of Head Start

- **Comprehensive services**, including education, health, nutrition, social services, and parent involvement. Services are responsive to each child and family's unique developmental, ethnic, cultural, and linguistic experiences.

Key principles of Head Start

- **A parent involvement and family focus.**

Head Start is designed to foster a parent's role as the principal influence on their children's development. Parents are encouraged to become involved in all aspects of the Head Start program, including making program and policy decisions.



Key principles of Head Start

- **Community focus and community-based services.** Each Head Start program is designed to respond to the unique needs of the diverse community it serves.



Head Start and Health Services

Head Start's commitment to wellness embraces a comprehensive vision of health for children, families, and staff.

The Program Performance Standards have requirements around health services in the following areas:

- Child Health and Developmental Services
- Child Health and Safety
- Child Nutrition
- Child Mental Health
- Community Partnerships

Child Health and Developmental Services

- **A Medical Home** – Head Start staff work in partnership with parents to ensure that each child has a source of continuous, accessible health care that serves as a “medical home.”
- **Well-Child Care Visits** – Head Start staff educate parents about the importance of preventative and primary health care and making sure a child is up to date on a schedule of well child care.



Oral Health Requirements

- Dental follow-up and treatment must include fluoride supplements and fluoride treatments as recommended by dentists in the community
- Other necessary preventive measures and further dental treatment as recommended by the dental professional.



Child Health and Developmental Services

- **Screening** – In collaboration with each child’s parent, Head Start programs must perform or obtain screening to identify any concerns about a child’s developmental, sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills. This must take place within a child’s first 45 days in the program.
- **Tracking Procedures** – A Head Start program must have procedures in place to track the provision of health care services, including the results of any examination and treatment plan, and any progress made in completing any necessary follow-up treatment.



Child Health and Developmental Services

- **Ongoing care** – Grantees and delegate agencies must implement ongoing procedures to identify any new or recurring medical, dental, or developmental concerns.
- **Parent Involvement** – Head Start programs must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families. Staff convey information using expert guest speakers, handouts, and newsletters. Parents are encouraged to become active partners in all aspects of their child's health.

Child Health and Developmental Services

- **Individualization of the Program** – Head Start programs must use information from the screenings, ongoing observations, medical and dental evaluations, and insights from parents to determine how to best respond to each child's strengths and needs.
- **Ongoing Collaborative Relationships** – Head Start programs must work to establish relationships with community organizations to promote access to community services for Head Start children and families. These relationships also help ensure that the program is responsive to the needs of its children and families.

Community Partnerships

Each Head Start program must establish a **Health Services Advisory Committee (HSAC)** that includes Head Start parents, professionals, and volunteers from the community.

Each HSAC determines how to best meet the needs of children and families in its community. The following are some of the different ways HSACs are supporting the wellness of Head Start children and families:



Health Services Advisory Committee

- Helping programs establish ongoing collaborative partnerships with community organizations to make it easier for children and families to access health services that are responsive to their needs
- Engaging parents in identifying and accessing health services and resources that are responsive to their interests and goals
- Developing long- and short-term goals and objectives for implementing services that meet the needs of the community
- Participating in the annual self-assessment of a Head Start program's effectiveness

Health Services Advisory Committees

- Helping programs develop health policies and procedures that support the health goals of Head Start and respond to medical and dental health emergencies
- Responding to questions about strategies to address community health problems
- Linking children to ongoing sources of continuous, accessible health care
- Ensuring that the learning environments in the home and at the Head Start center supports each child's social, emotional, cognitive, and physical development

Program Information Report Data

- All programs must complete annual Program Information Report (PIR) data
- Oral Health questions for 2002 program year include the number of children with a dental home; number of children that completed examinations and the number of children that received preventive care
- The PIR also requires programs to report the number of children that are diagnosed as needing treatment and the number of those children that actually receive treatment

What the PIR Shows for Head Start Children

- About 74% have a “dental home”
- 78% completed a dental examination
- 60% received preventive care
- 22% were diagnosed as needing treatment
- Of those children, 76% received treatment



What the PIR Shows for Early Head Start

- 4% of children in Early Head Start received a dental screening during a well-baby exam
- Only about 2% received a professional dental examination
- 88% of pregnant women had some form of health insurance
- 32% of pregnant women received a dental examination or treatment



What does all of this mean?

- More children in Early Head Start need to receive a professional dental examination
- 3 out of 4 children in Head Start have a dental home
- 3 out of 4 children in Head Start that need dental treatment receive it.



The Impact of Not Receiving Care : On Families

- Costs associated with hiring a caretaker to tend to sick child
- Unexpected absence from work
- Lost wages
- Physical and emotional toll of caring for a sick child that is not receiving care

The Impact of Not Receiving Care : On Children

- Effect on physical and mental health
- Classroom behavior
- Ability to learn
- School Readiness



The Impact of Not Receiving Care : On Head Start Staff

- Classroom attendance
- Classroom management
- Program Budget
- Staff Morale



What would help?

- More pediatric dentists!!!!
- Oral health care for all pregnant women, infants and toddlers
- Clear guidelines of care
- Improved relationships between Head Start staff and oral health care providers
- Improved education for parents and Head Start staff
- Improved efforts to build partnerships with parents
- More dentists participating on local HSAC's

Last, but not Least...

- Stronger linkages with Professional Organizations, such as AAPD, and dental schools

