

Why Head Start Health Services Are Critical for School Readiness and Healthy Development

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The Head Start and Early Head Start programs provide comprehensive education, health, nutrition, and parent involvement services to low-income children and their families. Much of the research on these programs has reported on their cognitive benefits while giving less attention to other important services provided by these programs. This *Dialog Brief* helps to address this imbalance.

The two papers in this *Dialog Brief* examine Head Start and Early Head Start's health services and outcomes for the children and families served. George Askew and Kate Irish describe what health services Head Start provides, explain how its health services are critical for school readiness, and present data on its health outcomes. Using data from the Early Head Start Research and Evaluation project, Helen Raikes and Ellen Kisker explain how Early Head Start's health services meet the health needs of its children and families and report that the Early Head Start children and families are more likely to experience health benefits than similar children and families who did not receive Early Head Start services.

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George L. Askew, M.D. and Kate Irish

Head Start's Historical

Commitment to Health Services

Head Start was conceived as, and remains today, a comprehensive early education and child development program aimed at improving the social competence of low-income children. As such, health and developmental services for children and supports for their families have been a vital and central part of a comprehensive Head Start Program that strives to address the educational, social, emotional, physical, and nutritional needs of low-income children.

Health and Social-Emotional Development Are Critical to School Readiness

Research indicates that a young child's ability to learn and be prepared for school is linked to cognitive skills, physical and mental health, and social skills. An analysis of a nationally representative cohort of kindergartners showed that children who enter kindergarten healthy with cognitive, social, and emotional skills perform the best on math and reading assessments at the end of their first grade year, and their teachers more often reported that they "usually or always" performed at their best ability.

Access to quality health services, nutritious

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diets, and positive social and emotional foundations are critical to positive child development and later success; however, many low-income children lack these services and are at risk for poor health and developmental delays.

Poverty Increases Health and Development Risks

Children living in poverty have on average more physical health problems, worse nutrition, and lower average scores on measurements of cognitive development than more affluent children have. Low-income children are more likely than more affluent children to be without a usual source of health care, to have parents lacking confidence that family members can get needed medical care, and to be in fair or poor health. Therefore, many children enter Head Start with single or multiple health problems and are at an increased risk for developing developmental disabilities, behavior problems, under-nutrition, and impaired access to health care services. Since about 90% of Head Start children live in poverty, it is important that these children receive a comprehensive range of health services and supports.

Reducing the Risks and Improving Health and Developmental Outcomes

To specifically address the medical, dental, nutritional, and mental health needs of its children and families, Head Start has developed the Head Start Program Performance Standards that all Head Start and Early Head Start programs are required to meet. These standards provide the following health services and supports to the families they serve:

- A Medical Home – a source of continuous, accessible, coordinated care,
- Well-Child Care Visits – preventive and primary health care that includes medical, dental, and mental health care,

- Mental Health – programs must secure the services of mental health professionals for the timely and effective identification of and intervention in family and staff concerns about a child's mental health,
- Tracking of Health Progress – follow-up on the results of any examination and treatment plan, and any progress made in completing any necessary follow-up treatment,
- Nutrition – identification of nutrition needs and provision of meals,
- Screening – to identify any concerns about development, behavior, motor, language, social, cognitive, perceptual, and emotional skills,
- Parent Involvement – education programs that encourage parents to become active partners in their children's health care,
- Ongoing Collaborative Relationships – working to establish relationships with community organizations to promote access for Head Start children and families to community services, and
- Health Services Advisory Committee (HSAC) – a committee which includes Head Start parents, professionals, and volunteers from the community (the HSAC determines how to best meet the needs of children and families in its community).

This array of services and supports has resulted in improved health and development outcomes for Head Start children and families.

General Physical, Dental, and Developmental Health

Head Start helps to provide health and dental services to children and families who might otherwise not receive them. Head Start children are more likely to have health insurance than other poor children are. In 2003, 21% of all

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poor children were uninsured compared to 11% of Head Start children. Children in Head Start programs receive significantly more health care screenings than their non-Head Start peers. In addition, the number of dental examinations for Head Start children is consistently shown to be higher than the number of those given to non-Head Start children. In fact, low-income preschoolers in Head Start are nearly three times more likely to obtain a dental screening than other low-income children.

The health benefits of Head Start are long-lasting. An evaluation of the effectiveness of the Head Start Transition Project in Lincoln, Nebraska, showed health effects for third graders previously enrolled in Head Start that included: fewer visits to the doctor for injury or illness, more satisfaction with health insurance, fewer chronic health problems among parents, and slightly better child health (teacher-rated) than third graders who did not attend Head Start.

Head Start works with the Individuals with Disabilities Education Act (IDEA) programs in each state to provide services to children with disabilities. In 2002, 13% of Head Start children were diagnosed with a disability, and 93% of those children received special services. The most common service provided was for speech and language impairments (64%).

Nutrition

Nutrition services are a required part of Head Start's comprehensive services. Head Start provides children with nutrition screenings, parent education on proper nutrition, and meals containing between one and two thirds of their daily nutritional needs depending on the length of their school day. It has been well established that nutrition is one of the primary factors affecting cognitive and social and

emotional well-being. Even mild under nutrition can dramatically affect a child's school performance, cognitive behavior, and adult productivity in later life. Undernourished children are less likely to establish relationships or explore and learn from their surroundings. Since undernourished children are more susceptible to illness, they are more likely to be absent from school. A recent review of nutrition services revealed that low-income children tend to have a less nutritional diet compared to children enrolled in Head Start. The benefits of food supplementation and nutrition education include higher performance on standardized tests, better school attendance, lowered incidence of anemia, and reduced need for special education.

Social and Emotional Development and Mental Health

As an integral part of its goal to prepare children for school, Head Start strongly supports social and emotional development and mental health. Head Start provides screenings for mental health and developmental concerns and access to mental health services for young children. The U.S. Surgeon General notes that less than 20% of the children under 18 who suffer from mental health illnesses or mental disorders receive treatment. In contrast, 74% of Head Start children who were identified as needing mental health services received treatment. The Head Start Child Outcomes Framework includes social and emotional development indicators alongside math, language, and literacy indicators as important measures of program success. This is significant because a child who is socially and emotionally school ready is physically healthy, confident in their abilities, curious, derives pleasure from learning new things, desires to have an impact on the environment and those around them, is self-controlled, able to socially engage others, com-

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municates well with others, and is able to cooperate in a group setting. Numerous studies and reports describe the importance of a solid social and emotional foundation as a prerequisite to school success and a precursor to success in life.

Conclusion

The Head Start program incorporates health services as an integral part of a comprehensive program to prepare low-income children for success in school and in life. Head Start's health and development benefits are clear. Any future policy considerations of Head Start should recognize these benefits and assure the continuation of a wide array of

comprehensive services and supports.

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References:

- Children's Dental Health Project. (July 2003). Keeping Health in Head Start: Lessons Learned from Dental Care. Washington, DC. <http://www.cdhp.org/downloads/head%20start%20brief%207-20-03.pdf>
- Child Trends, Research Brief: School Readiness: Helping Communities Get Children Ready for School and Schools Ready for Children, October 2001.
- Hair, E., Halle, T. Terry-Humen, E., & Calkins, J. (2003). *Naturally Occurring Patterns of School Readiness: How the Multiple Dimensions of School Readiness Fit Together*, presented at the 2003 meeting of the Society for Research in Child Development. <http://12.109.133.224/Files/HairSRCDPPT2.pdf>.
- Hart, K., & Schumacher, R. (2004). Moving Forward: Head Start Children, Families, and Programs in 2003. Washington, DC: Center for Law and Social Policy.
- Herman, A. (2003). Head Start Program Information Report, Health Services Report, Descriptive Analysis. Presented at the Anderson School at University of California, Los Angeles.
- Irish, K., Schumacher, R. & Lombardi, J. (2004). Head Start Comprehensive Services: A Key Support for Early Learning for Poor Children. Washington, DC: Center for Law and Social Policy (CLASP).
- Kenney, G., Dubay, L. & Haley, J., National Survey of America's Families, 1999 Snapshots of America's Families II. "Health Insurance, Access, and Health Status of Children," Urban Institute.
- Koppelman, J. (2003). Reauthorizing Head Start: The Future Federal Role in Preschool Programs for the Poor. Washington, DC: National Health Policy Forum.
- Meyers, A., & Chawla, N. (2000). Nutrition and the Social, Emotional, and Cognitive Development of Infants and Young Children, *Bulletin of Zero to Three*, 21(1): 5-11.
- Raikes, A., Phillips, M., & Raikes, H. (1999). "Health Status and Academic Achievement." Presented at the National Head Start Research Conference.
- RAND (2001). Mental Health Care for Youth: Who Gets It? How Much Does It Cost? Who Pays? Where Does the Money Go? Research Highlights Series. <http://www.rand.org/publications/RB/RB4541>.
- Tufts University (1998) Nutrition Cognition Initiative. Statement on the Link between Nutrition and Cognitive Development in Children, fourth edition.

Health-Related Outcomes and Services in Early Head Start

Helen Raikes, Ph.D. and Ellen Kisker, Ph.D.

Early Head Start Research and Evaluation Project

Since the health of infants/toddlers and their parents is an important priority of Early Head Start, the Head Start Bureau funded several special sub-studies and topical papers within the Early Head Start Research and Evaluation project. Specifically, these special topics examined (1) children's health and health services, (2) services to children with disabilities and (3) parents' mental health (specifically, depression) to learn more about how children and parents are faring in these areas and about related programmatic efforts and challenges.¹

To learn about health, disability, and mental health services and access to these services, this project conducted the Early Head Start Impact Study which consisted of a rigorous, random-assignment study involving 3,001 families and 17 programs from a variety of localities in the United States, including urban and rural sites and those with different program options. Families in the research sample were from diverse racial/ethnic backgrounds. This study's findings provide valuable information regarding the impact of Early Head Start services on children's health. Half of the children in this study were randomly assigned to Early Head Start and the other half to a control group who could receive all services offered in a community, except for Early Head Start services. This experimental design allowed the researchers to conclude that differences between the two groups were due to Early Head Start services.

Health and Health Care among Early Head Start Children

Meeting the health care needs of Early Head Start infants and toddlers is challenging. In general, past studies have found that children in low-income families are more likely than other children to experience fair or poor health, less

likely to have insurance and access to quality health care, and more likely to experience exposure to environmental risks. For Hispanic children, language and cultural issues also pose barriers to health care.

The Early Head Start study found that the majority of children were in good health. The health status of program children was similar to the health status of low-income children in other national studies. Fifty-six percent were reported by their parents to have excellent or very good health as infants (at 14 months). This increased to 65% when children were 24 months old and rose to 71% at 36 months. However, parents of Hispanic children were more likely than parents of other ethnic backgrounds to report their children were in fair or poor health. These children were also less likely to have health insurance (73%) than African American/black children (92%) or white children (90%).

Early Head Start was found to have significant impacts on children's health or health services. Early Head Start had small but statistically significant favorable impacts on the percentage of children who visited a doctor for treatment of illness (83% vs. 80%), on receipt of immunizations (99% vs. 98%), and the likelihood of hospitalization for accident or injury (0.4% vs. 1.6%). Additionally, Early Head Start mothers were significantly more likely to breast-feed their infants than control group mothers (44% vs. 33%).

Children with Disabilities in Early Head Start

Programs must make 10% of their funded enrollment opportunities available for children with disabilities, whether these are previously diagnosed or occur during enrollment in Early Head Start. The process of identification includes a referral to a local Part C service provider and, if the child qualifies, development of an Individualized

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¹ This study's findings are in a recent report, *Health and Disabilities services in Early Head Start: Are Families Getting Needed Health Care Services?* (Administration for Children and Families [ACF], 2004). See also research briefs, *Health and Health Care Among Early Head Start Children*, ACF, December 2003; *Children with Disabilities in Early Head Start*, ACF, January 2003; *Depression in the Lives of Early Head Start Families*, ACF, June 2002; and *Early Head Start Benefits Children and Families*, ACF, June 2002 at www.acf.hhs.gov/programs/opre/ehs/ehys_resrch/index.html#reports.

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Family Service Plan (IFSP) as defined by Part C of the Individuals for Disabilities Education Act (IDEA). There are a number of challenges for Early Head Start programs working with children with disabilities. These include (1) parent needs for support during identification of child's special needs; (2) staff needs for training to guide and support parents through the identification process; (3) community needs for infrastructure to collaborate across health, Part C, and Early Head Start sectors; and (4) need for awareness about early development and the potential of Part C Early Intervention services among parents, Early Head Start staff, and community members. Because of the opportunities of the early years, it is useful for Early Head Start programs to be aware of progress in the area of Early Intervention and of gaps in service provision identified by the research.

The Early Head Start study reported significant effects on services to children with disabilities. Early Head Start children were significantly more likely to be identified as eligible for and to receive Part C services than the control group children were. These higher rates of identification and service receipt were attributed to program efforts to screen, refer, and coordinate with local Part C providers.

On the other hand, Early Head Start children were significantly less likely than the control group children to have delays in cognitive and language functioning that might have qualified them for Part C services. When children were 36 months of age, 27% of Early Head Start children had Bayley Mental Development Index scores below 85 (the national average is 100), compared to 32% of the control group. Similar effects were found for language delays.

Depression in the Lives of Early Head Start Families

In addition to these health challenges, a portion of mothers served by programs such as Early Head Start encounter

depression in the early years of parenting, seriously undermining their ability to respond fully to the child in ways that support emotional as well as physical health.

According to the Early Head Start Impact Study, Early Head Start families had a fairly high rate of depression. Eight study sites measured depression at baseline and provide a unique window on the prevalence of depression when parents enter the program. In these sites, about half of mothers reported enough depressive symptoms to be considered depressed. Later, during a follow up investigation across all 17 research sites, one-third of the mothers of 1-year-olds and one-third of the mothers of 3-year-olds were depressed. For some of the women (12%), depression was chronic, in that mothers were depressed when their children were both 1 and 3 years old.

Early Head Start had mixed effects regarding the prevalence of depression in families and on the use of mental health services. While Early Head Start had no effect on maternal or paternal depression or on family use of mental health services, the program did help parents in their relationships with their children. Children in Early Head Start were less aggressive and had more positive parent-child interactions than their peers who did not receive Early Head Start. Early Head Start parents (both mothers and fathers) were also less likely to use harsh discipline strategies; they had a wider array of positive strategies to cope with parent-child conflict. Early Head Start parents were observed to be more emotionally supportive and less detached than control group parents, to offer more stimulation of language and literacy, and to provide more supportive and stimulating home environments. Primary caregivers who were enrolled in programs that fully implemented key elements of the Head Start Program Performance Standards early were significantly less depressed than their counterparts by child age 3.² Furthermore, in eight sites where

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² For more details on how implementation was assessed, see Pathways to Quality, ACYF, 2002b.

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depression was measured at baseline, there was a trend for mothers who were depressed when they enrolled in the program to be less depressed than their control group counterparts when children were 3 years of age.

Conclusion

Altogether, the Early Head Start Research and Evaluation Project draws attention to the important area of child and parent health. The health focus of this project's substudies is consistent with one of the fundamental purposes of Head Start and is consistent with the National Education Goals Panel for early childhood. This project's health findings show that Early Head Start made progress in a number of areas related to health needs but also that there are challenges for more intensive services in some areas and for some groups for the future.

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References

- Administration for Children and Families. (2004). *Health and Disabilities Services in Early Head Start: Are Families Getting Needed Health Care Services*. Washington, DC: U.S. Department of Health and Human Services.
- Administration for Children and Families. (December 2003). *Health and Health Care Among Early Head Start Children*. Washington, DC: U.S. Department of Health and Human Services.
- Administration for Children and Families. (January 2003). *Children with Disabilities in Early Head Start*. Washington, DC: U.S. Department of Health and Human Services.
- Administration for Children and Families. (2002a). *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. Washington, DC: U.S. Department of Health and Human Services.
- Administration for Children and Families. (2002b). *Pathways to Quality and Full Implementation of Early Head Start*. Washington, DC: U.S. Department of Health and Human Services.
- Administration for Children and Families. (June 2002). *Depression in the Lives of Early Head Start Families*. Washington, DC: U.S. Department of Health and Human Services.
- Administration for Children and Families. (June 2002). *Early Head Start Benefits Children and Families*. Washington, DC: U.S. Department of Health and Human Services.
- Bayley, N. (1993). *Bayley Scales of Infant Development, Second Edition: Manual*. New York: The Psychological Corporation, Harcourt Brace & Company.
- Flores, G., Fuentes-Afflick, E., Barbot, O., Carter-Pokras, O., Claudio, L., Lara, M., et al. (2002). The health of Latino children: Urgent priorities, unanswered questions, and a research agenda. *JAMA*, 288 (1), 82-90.
- National Education Goals Panel. (1999). *National Education Goals Report: Building a Nation of Learners 1999*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services, Centers for Disease Control and National Center for Health Statistics. (2002). *Summary health statistics for U.S. children: National Health Interview Survey, 1998*. (Vital and Health Statistics, Series 10, Number 208).



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