



**September 2013:
Head Start, Health, and the Affordable Care Act**

Background

This fall, Head Start and Early Head Start programs across the country will screen hundreds of thousands of children for vision, hearing, dental health, mental health, and other developmental needs. From the earliest days of Head Start, meeting children's health needs has been an important part of the program, knowing that healthy children are better prepared for school and for life. Over the years, science has also shown us how nurturing relationships in Head Start act as a sort of preventive health care, reducing children's stress and supporting adult health. (See [last month's research blast](#) for more!)

Yet while the vast majority of Head Start children have health homes by the end of the school year - and many are eligible for Medicaid or SCHIP due to family income - too often their parents and other family members lack care. The Patient Protection and Affordable Care Act (ACA), signed into law in 2010, is designed to improve access to health care for many Americans who have not been insured in the past and to give all Americans greater choice and control about their health care. Some components of the Act have already taken effect, but one of the biggest will be implemented this October: Health Care Marketplaces designed to expand access to insurance. Through the Marketplaces, low income adults will be eligible for Medicaid or other subsidies or will be able to find affordable health care.

Adults who work with children know just how much parents' health and mental health can affect their interactions with their children - not to mention how the financial stress of being uninsured can take its toll on families. As Marketplaces open this fall, the long-standing relationships Head Start programs have with low income families create opportunities to help parents access these new services. See the resource section below to find resources, training, and links to the Marketplaces and learn what it takes for your program to be a Champion for Coverage or a Certified Application Counselor Organization. When parents have access to health care, they too are better positioned for stability and success, and those are goals Head Start holds for every family.

Resources

The Administration for Children and Families: What the ACA Means for Children, Families, and Early Childhood Programs

ACF has prepared numerous resources for Head Start and child care programs to help them understand the new opportunities to help families access health care. Check out [an overview](#) on the ACF blog and [documents they prepared](#), including printable handouts for families, "Ten Ways for Head Start Providers to Promote New Health Insurance Opportunities," and what the ACA means for American Indian/Alaskan Native communities.

Centers for Medicare & Medicaid Services: Resources about the Affordable Care Act

- Learn more [about the ACA](#)
- Get training on [helping others access Marketplaces](#)
- Register your program as a "[Champion for Coverage](#)" and find additional resources
- If you're part of a non-profit social service agency, find out about becoming a [Certified application counselor organization](#)
- Help families access Marketplaces by visiting [HealthCare.gov](#) or [CuidadoDeSalud.gov](#) or calling the 24/7 Consumer Call Center at 1-800-318-2596
- Access resources for [small](#) and [large](#) employers to see how the ACA will affect your program (for 2014, a "small" employer is one with 50 or fewer employees)

Centers for Medicare & Medicaid Services: Webinar

The Health Resources and Services Administration is hosting a webcast on Wednesday, **September 18 at 12pm ET** about "*The Impact of the ACA on Safety Net Providers and their Patients: Opportunities for Outreach and Education.*" The session will include a brief overview of the two new opportunities for health care coverage and strategies that providers can take to educate their patients about the new insurance options available to them beginning on October 1, 2013. Information about the different types of consumer assistance available will be shared and there will be time for questions and answers as well. [Join the webcast here.](#)

[NHSA Dialog Brief: A Briefing Paper on Health Services](#)

Much of the research on Head Start and Early Head Start has reported on cognitive benefits while giving less attention to other important services provided by these programs. 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 the health services Head Start provides, explain how health services are critical for school readiness, and present data on 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 children and families and report that Early Head Start children and families are more likely to experience health benefits.

Research

[Empowering low-income parents with skills to reduce excess pediatric emergency room and clinic visits through a tailored low literacy training intervention](#)

by Ariella Herman and Portia Jackson for the Journal of Health Communication

For many low-income families with low health literacy, overuse of doctor office and emergency room visits for minor child health concerns can be a significant financial issue. In this study of scaling a health literacy intervention for Head Start and Early Head Start parents, Herman and Jackson trained Head Start staff, helped them prepare a Health Improvement Plan for their programs, and worked through programs to train more than 9,000 parents and conduct monthly home visits about children's health.

After training with the "[What To Do When Your Child Gets Sick](#)" book about how to appropriately respond to a child's health issues - for example, a low grade fever or an earache - parents were significantly more likely to turn to the book as a resource when first responding to a child's illness, rather than going directly to a doctor or the hospital. ER visits decreased by 58% and doctor visits by 41%; caregivers missed 42% fewer days of work and children 29% fewer days of school. Researchers estimate that each family saved \$554 per year, for a total benefit of more than \$5.1 million to the families in the study. In addition, follow up three years later with a subset of parents documented that unlike some other interventions, the benefits of this intervention were still significant years later.

These findings represent powerful impacts of the intervention, but the authors' comments also reflect on the importance of Head Start parent engagement efforts for creating the relationships that make the training accessible to parents.

To learn more, [download slides](#) from Dr. Herman's presentation to the Advisory Committee on Head Start Research and Evaluation or [watch a short video](#) about her work.

[The Health Returns of Education Policies from Preschool to High School and Beyond](#)

by Rucker Johnson for American Economic Review

Johnson examines the adult health outcomes for children who received different educational opportunities by comparing data from the Panel Study of Income Dynamics, which was gathered for children born in 1968 and tracked through 2007. He compares both children in communities that implemented Head Start (and desegregation) at different times and children who experienced these opportunities to their siblings who did not.

Head Start graduates were found to have poorer adult health than individuals who attended private preschool - likely due to demographic differences - but significantly better adult health than their siblings who did not attend Head Start.

School quality was found to be more strongly related to health outcomes over time; Johnson speculates that this may be because school quality influences other education and employment outcomes that also contribute to health. Ultimately it is clear that education policy changes, in the case of Head Start and desegregation, influenced long-term health outcomes for children. As he puts it, "education policy is health policy."

[Investing In Health: The Long-Term Impact of Head Start on Smoking](#)

by Kathryn Anderson, James Foster, and David Frisvold

The authors set out to examine a potential non-academic benefit of Head Start attendance: changes in smoking behaviors. They compared the adult smoking behaviors of individuals who attended Head Start in the 1970s with their siblings who did not attend. The study found that Head Start reduced the likelihood of smoking as an adult by 19.4%. Based on current costs for smoking in terms of health effects and lost productivity, savings from reductions in smoking alone pay back between 36-141% of the funds invested in each Head Start child.

The cause of the reduction in smoking is unclear, but the authors propose a few possible explanations. First, educational gains correlate with lower rates of smoking; when Head Start children achieve greater academic success, these may come with associated gains in health. Second, non-cognitive benefits of Head Start, such as increased self-esteem and the ability to resist peer pressure, may have enabled Head Start graduates to resist social pressures to engage in smoking. This research is further proof of the many ways Head Start attendance improves child outcomes, and is useful for rebutting the idea that academic fade out means that Head Start's lifetime benefits are gone.

Discussion Questions

1. How many of your parents would you estimate currently have a health home? How could you incorporate getting health coverage into goal setting with families?
2. More research on Head Start has focused on academic outcomes than health. When you talk with families and community partners, how do you quantify your health impact?
3. Herman and Jackson's work suggests that health interventions for families can have large financial benefits. What other interventions have been successful for your program in terms of raising health literacy? How could you build on them or share them with the rest of the Head Start community?

Do you know of other recent research that may be of interest to the Head Start field? Do you have other questions, comments or concerns? E-mail Emmalie Dropkin (edropkin@nhsa.org).