


Early Childhood Education: Head Start's Role in Addressing Disparities

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June 4, 2013

19th National Health Equity Research Webcast
University of North Carolina at Chapel Hill
www.minority.unc.edu/institute/2013/

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Early Childhood Programs^{1, 2}

- Early childhood programs vary
- Very few are designed to address the comprehensive needs of low-income families
- Growing evidence of the early onset of achievement disparities between economically disadvantaged children and their more advantaged peers


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Overview

- Early Childhood Education Disparities
- Health Disparities and Young Children
- Head Start
- What We Know About Head Start


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Early Disparities^{1, 2}

- Link to long-term negative educational and economic outcomes
- Young children from families with incomes at 200 percent of poverty and below are significantly behind their more advantaged peers in cognitive development at age 2
- By school entry children in low-income families are typically further behind their more advantaged peers


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Questions

- What does a high quality early childhood program look like?
- Does it look different for low-income children?

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Changing Demographics¹

- Changing demographic characteristics of families with young children in America
- Increasing numbers of children entering kindergarten today are from homes where English is not the primary language

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Health Disparities

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Health Disparities ³⁻⁷

- Income and racial disparities exist in the number of children up-to-date on **immunizations**
- Black and Hispanic children experience disparities in **asthma** outcomes

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Low-income Children²

- More likely to go without all immunizations
- Have less access to primary care
- Maintain higher rates of emergency care usage
- Miss school more often because of illness

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Head Start

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Health Disparities ³⁻⁷

- Uninsured**, highest among American Indian and Hispanic children
- Child poverty**, highest among Black, American Indian and Hispanic children
- Food insecurity**, higher among households with children, black households, Hispanic households, low-income households below 185% of the poverty threshold

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Head Start History



Project Head Start, launched as an eight-week summer program by the Office of Economic Opportunity in **1965**, was designed to help break the cycle of poverty by providing preschool-aged children in low-income families a comprehensive program to meet their emotional, social, health, nutritional, and psychological needs.

Source: <http://www.acf.hhs.gov/programs/hsb/about/history.htm>

1965 Dr. Robert Cooke Memo



- Defined a successful comprehensive program that included health
- It highlighted the importance of improving a child's physical health and physical abilities
- Embraced activities designed to assess need and provide services

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Head Start Programs are...



- Multi-generational and family centered, following the tenet that children develop in the context of their families and culture and that parents are respected as the primary educators and nurturers of their children.
- Head Start services are responsive and appropriate to the developmental, ethnic, cultural, and linguistic heritage and experience of individual children and their families.

Source: Introduction: Head Start Program Performance Standards and other Regulations

Purpose of Head Start and Early Head Start



To promote school readiness by enhancing the social and cognitive development of low-income children through the provision of health, educational, nutritional, social, and other services that are determined, based on family needs assessments, to be necessary.

Source: [HEAD START ACT](#) Sec. 636. [42 U.S.C. 9831]

Head Start serves...



- Children ages 3-5 years old
- Families with incomes below the poverty level or categorically eligible
- Communities all across the United States, American Indian and migrants/seasonal workers
- Children with disabilities*

* Represent at least 10% of all Head Start enrollees

Vision



- **Head Start will ensure that all children are healthy and ready for school**
- Children have an ongoing source of continuous, accessible, medical and dental care
- Parents are fully engaged
- Physical activity and daily health, hygiene and nutrition practices integrated in the classroom
- Systems and policies are in place

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Early Head Start serves...



- Children from birth to age 3 and pregnant women
- 1,015 programs nationwide
- 151,342 children enrolled in 2011-2012 program year
- 16,257 pregnant women enrolled during the same period



Source: 2011 – 2012 Head Start Program Information Report (PIR)

Migrant and Seasonal Head Start



- Families migrate due to agricultural work
- 32,800 + children
- Birth to age 5
- 38 states
- Full-day/part-year
- 5-7 days/week
- Transportation

Trauma and Head Start Children and Families

FACES 2000 Report:

- 13% of parents indicated that they had been victims of domestic violence
- 10% of children were reported to witness domestic violence

E-PIRC Project (128 HS high-risk children and families):

- 44% of the children reported by parents to be experiencing trauma symptoms

American Indians and Alaska Natives

- 152 federally recognized Tribal entities and Alaska Natives participate in Head Start
- 25,500 + children
- 26 states including Alaska



Child Development and Health

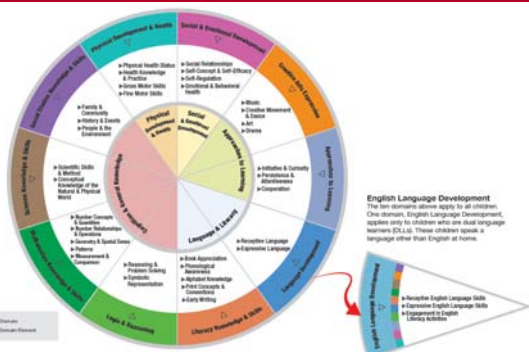


- Child health and development
- Education and early childhood development
- Child health and safety
- Nutrition
- Mental health
- Disabilities

Children with Disabilities

- At least 10 percent of Head Start enrollment opportunities will be for children with disabilities.
- Today, the Head Start Act and the IDEA call for close collaboration between Head Start programs and the state and local agencies.
- In 2011-2012, Head Start and Early Head Start provided services to over 136,700 young children with disabilities.

Physical Development and Health



Head Start Program Performance Standards

- Includes standards for services for children from birth to age five, pregnant women, and their families.
- There are eleven sections of the HSPPS, divided among three subparts:
 - 1) Early Childhood Development and Health Services;
 - 2) Family and Community Partnerships; and
 - 3) Program Design and Management.

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FY 2012 Program Statistics

- Head Start Grantees: 1,615
- Head Start Classrooms: 57,480
- Head Start Enrollment: 1,146,468 (total cumulative enrollment)
- Paid Staff: 245,303
- Volunteers: 1,315,733

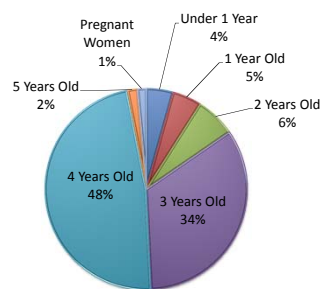


Minimum Health Requirements

- Determine a child's ongoing source of continuous, accessible health care
- Determine if a child is up-to-date
- Track and case-manage health care services
- Obtain further diagnostic testing, examinations, and treatment

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Enrollment by Age in 2012



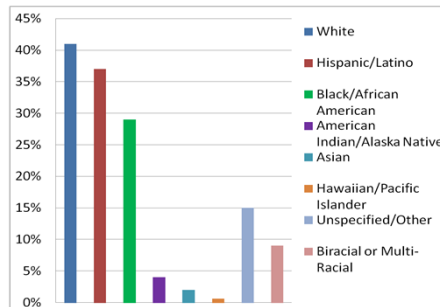
Source: 2011 – 2012 Head Start Program Information Report (PIR)

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What We Know About Head Start

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Head Start Demographics



Source: 2011 – 2012 Head Start Program Information Report (PIR)

Primary Languages Spoken*



- English **70.3%**
- Spanish **25.1%**
- Native C. American/S. American **0.28%**
- Caribbean **0.31%**
- Middle Eastern and South Asian Language **0.83%**
- East Asian Languages **.97%**
- Native N. American or Alaska Native Languages **0.08%**
- Pacific Island Languages **0.28%**
- European & Slavic Languages **0.60%**
- African Languages **0.57%**
- Other **0.14%**
- Unspecified **0.47%**

* Includes children and pregnant women

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Head Start Impact Study



- Parent reported information; 3 and 4 year olds.
- Largest impact for both age cohorts: children's receipt of dental care.
- Significant impact on children's health insurance coverage for 4 year old cohort which continues through end of 1st grade; moderate for 3 year old cohort.
- Suggestive evidence that providing access to Head Start at age 4 improves child's health status in kindergarten; 3 year olds at end of school year only.

Health Services



Preventive and primary health care	90.15%
Children receiving medical treatment	94.08%
Children with health insurance	96.40%
Children with a medical home	97.03%
Children with a dental home	91.04%
Preschool children completing professional dental exams	87.35%
Preschool children needing dental treatment	20.13%
Preschool children receiving dental treatment	80.96%

Source: 2011 – 2012 Head Start Program Information Report (PIR)

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Programs Still Struggle



- Programs have to continuously individualize for each child/family
- Engaging parents
- Securing treatment
- Arranging and/or paying for treatment
- Establishing and maintaining community partnerships
- Staffing and professional development

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Head Start Health Services Research



- 1984 study - Head Start children were **more likely to receive a medical exam (86% compared to 68%)** and **preventive health services** such as lead screening (**15% compared to 8%**) than their non-Head Start peers
- 1995 study – Both white and African-American children were **8 to 11% more likely to be immunized** if they participated in Head Start or another preschool program, as compared to no preschool program

Notes



1. Advisory Committee on Head Start Research and Evaluation, Final Report. ACF, 2012. http://www.acf.hhs.gov/sites/default/files/opro/eval_final.pdf
2. Providing Care for Immigrant, Migrant, and Border Children, COUNCIL ON COMMUNITY PEDIATRICS. Pediatrics; originally published online May 6, 2013; DOI: 10.1542/peds.2013-1099. <http://pediatrics.aappublications.org/content/early/2013/04/30/peds.2013-1099>
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4. National Kids Count Program, The Annie E. Casey Foundation, KIDS COUNT Data Center. datacenter.kidscount.org. 2011.
5. Coleman-Jensen, Alisha, Mark Nord, Margaret Andrews, and Steven Carlson. Household Food Security in the United States in 2010. ERR-125, U.S. Dept. of Agriculture, Econ. Res. Serv. September 2011.
6. National Healthcare Disparities Report, 2011. April 2012. Agency for Healthcare Research and Quality.
7. The Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities, President's Task Force on Environmental Health Risks and Safety Risks to Children, 2012, CDC 2012. National Health Interview Survey Data 2010. Table 4-1. CDC, 2012. Health United States, 2011. Table 75. <http://www.cdc.gov/nchs/data/hus/hus11.pdf>

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