

Head Start

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Discussion Moderator: Barry Marx, MD, FAAP

Head Start is a national program that promotes school readiness in economically disadvantaged children by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.

Many view Head Start as primarily focused on early education. However, Head Start has a strong commitment to wellness, and embraces a comprehensive vision of health for children, families, and staff. Their objective is to ensure that, through collaboration among families, staff, and health professionals, all child health and developmental concerns are identified, and children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs. To that end, the Head Start Program has a number of performance standards related to health, including:

- Assist parents in accessing a source of care if the child does not have an ongoing source of continuous, accessible health care;
- Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age-appropriate preventive and primary health care;
- Assist the parents in making the necessary arrangements to bring the child up-to-date if the child is not;
- Obtain or arrange further diagnostic testing, examination and treatment for each child with an observable, known, or suspected health or developmental problem;
- Develop and implement a follow-up plan for any condition identified so that any needed treatment has begun;
- Perform or obtain linguistically and age-appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills;
- Provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families;
- Provide parents with the opportunity to learn the principles of preventive medical and dental health. Information specific to the health needs of individual children must also be made available to the extent possible.

Another performance standard is that every Head Start program form and maintain a Health Services Advisory Committee (HSAC) to advise in the planning, operation, and evaluation of health services in Head Start and Early Head Start programs. The HSAC plays an important role in ensuring that Head Start children have medical and dental homes that will remain in place after they leave the program. The HSAC also plays an integral part in the development of health policies and procedures for Head Start programs.

Many communities have local Head Start programs that serve the same AI/AN children that IH-SIG members serve. Given this overlap, as well as the overlapping interests related to health

and wellness, collaboration between Head Start programs and child health providers seems to have obvious benefits.

1. Do you have experience with your local Health Start program? If so, describe this experience.
2. Are you or a colleague involved in a local Head Start program's Health Service Advisory Committee? What have been the benefits of this participation?
3. What are your suggestions for strengthening the Head Start program at the local or national level?
4. How can Head Start programs better address the needs specific to AI/AN children?

Links to relevant material:

Office of Head Start

<http://www.acf.hhs.gov/programs/hsb>

Early Childhood Learning and Knowledge Center (ECLKC)

<http://eclkc.ohs.acf.hhs.gov/hslc>

“Physically Healthy and Ready To Learn” – National Head Start Training and Technical Assistance Resource Center

http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/PDFs/CE4F0E377CB31FEB6CE76B74BB27B16B.pdf

Child Health Services

<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Child%20Health%20Services>

Childhood Disease Prevention and Health Promotion

<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Childhood%20Diseases%20Prevention%20and%20Health%20Promotion>

Partnerships and Collaboration

<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Partnerships%20&%20Collaboration>

Mental Health

<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Mental%20Health%20&%20Wellness>

Oral Health

<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Mental%20Health%20&%20Wellness>

Planning and Managing

<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Planning%20&%20Managing>

Keeping Up – Tracking Health Services

http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Planning%20&%20Managing/Managing/health_lea_00304a_080305.html

Head Start Locator

<http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>

Several discussants raised the issue that each Head Start program asks for different tests or studies. They asked if there were national standards and room for local adjustments. Head Start is required to meet the standards put out by the Center for Medicaid Services. These standards are implemented by each state in their EPSDT guidelines. At present required lab work will include a blood lead level and a hematocrit for all Head Start students. These cannot be waived by the local Health Services Advisory Committee. There is no national requirement for urinalysis or PPD. Vision and hearing screening are required but a full eye exam is not.

To insure that all children get appropriate screening and follow-up local Head Start groups may wish to develop a standardized form. It was acknowledged that if boxes are listed physicians are more likely to fill them out. An example of the Arizona Health Care Cost Containment System EPSDT Tracking Forms can be found at this link:

(http://www.ahcccs.state.az.us/Regulations/OSPPolicy/Appendicies/appx_b.asp). This form includes developmental and behavioral health screens, blood lead test at 12 and 24 months (and older if not previously performed), and fields for referral to Early Head Start or Head Start programs.

Lastly, it may help to have a section on the exam form for needed follow-up. An explicit notation of what services Head Start must provide would be helpful. This could include speech or occupational therapy; medical follow-up (such as for a seizure disorder) or dental work if needed.