The Medical Home and Head Start Working Together

The Opportunities for Health Professionals
Health professionals face a number of opportunities and challenges every day in meeting the many needs—both medical and social—of the children and families for whom they care. What resources exist for health professionals to best support families when challenges arise?

Partnering with Head Start Helps the Medical Home and Families
The whole community benefits when children and families are offered high-quality early education and comprehensive services through child care or home-based services. Children are supported to learn and be school ready. Parents pursue their own goals of education and employment, improving their family’s socioeconomic status and providing stronger contributions to society. Early Head Start and Head Start (EHS/HS) programs can support the medical home’s efforts to connect families to these and other supports, such as obtaining housing assistance, accessing mental health or substance use disorder treatment, or other benefits.

Steps for Health Professionals
Over 1 million children participate in EHS/HS programs—and they need the support of the medical home. Pediatricians and other health professionals can get involved in their local EHS/HS programs on different levels, depending on their interest and time available.

Start simple
• Find out where your local EHS/HS program is located, what services they offer, and the process for referring a family (http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices).
• Meet with the EHS/HS director, staff, and/or health service manager and offer to leave business cards for families in need of a medical home.
• Obtain materials that provide information on local EHS/HS programs and have them available for families.
• Write articles on health for HS publications.
• Provide consultation to agencies that offer technical assistance to EHS/HS programs.

Share expertise
• Offer to provide health education materials or sessions for program staff or families (e.g., immunizing, infectious disease, toxic stress, etc.), or have program staff present on EHS/HS to medical home staff.
• Participate on the EHS/HS health services advisory committee to provide guidance on the program’s health services.
• Take advantage of the expertise of the EHS/HS programs—including obtaining developmental screening results and supporting families to meet goals and engage health care providers.

Acknowledge the importance of and advocate for high-quality early childhood education
• Contact local media to promote quality early education and child care.
• Act as a legislative advocate.

Bring the health community to the Head Start program
• Teach pediatric residents about Head Start, and consider a rotation in a local HS program.
• Participate in continuing medical education on Head Start.
• Establish a more formal partnership between the EHS/HS program and the medical practice or the institution with which you are affiliated to provide on-site clinical care.
About Head Start

Head Start is a federal program that was established in 1965 to promote the school readiness of children ages birth to five from low-income families by enhancing their cognitive, physical, social, and emotional development. Head Start also provides services to pregnant women who are eligible.

EHS/HS programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social, and other services determined to be necessary by family needs assessments and developmental screenings, in addition to education and cognitive development services. Services are designed to be responsive to each child and family’s ethnic, cultural, and linguistic heritage. EHS/HS programs both provide education and health services during the early years when children’s brains are growing fastest and when they are most amenable to interventions that protect their development and optimize their health, learning capacity, social skills, and school readiness.

EHS/HS programs can be provided in a center setting or in home-based settings. There are also some programs designated as migrant and seasonal programs, while others are designed specifically to serve American Indian/Alaska Native families.

How Do Head Start Programs Support Health?

In addition to meeting the requirements of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) in their state, EHS/HS programs are required to meet 179 different Head Start Performance Standards related to Health, Nutrition, Mental Health, and Safety. The medical home and EHS/HS programs can work together to ensure a mutual understanding of how EPSDT impacts each entity, and resolve discrepancies when they exist between EPSDT and the recommended preventive care activities found in Bright Futures.

Who participates in Head Start programs?

At least 90 percent of children enrolled in each Head Start program must be from families with low incomes; the remaining 10 percent can be from families with incomes that exceed the low-income guidelines but who would still benefit from Head Start services. Children are automatically eligible, regardless of family income, if they are homeless or in foster care or if their families receive Temporary Assistance for Needy Families or Supplemental Security Income.

Need More Information?

The Head Start National Center on Health has dedicated staff who can assist health professionals wanting to learn more about Head Start and Early Head Start—and how to get involved. You can reach the National Center on Health by phone at 888-227-5125 (toll-free) or by e-mail at nchinfo@aap.org.

Get Started Today

Contact your state’s Head Start Collaboration Office to learn more about getting involved in Head Start programs in your area. Or better yet, find the local Head Start program closest to you:

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

School readiness begins with health!