

# Overview of Health Services in Head Start

## History of Head Start

Established in 1965, Head Start was started as an 8-week summer program providing health, education, and social services to over 560,000 children and families in low-income populations. Intended to prepare disadvantaged children for school, Head Start was designed with the help of recommendations from a steering committee convened by Dr. Robert Cooke, a pediatrician with Johns Hopkins University and adviser to the Kennedy Foundation. Dr. Cooke along with other physicians, psychologists, and educators in the fields of early childhood, nursing, and social work stressed the importance of Head Start as more than an educational enrichment program, emphasizing the connection between children's health and their cognitive development. As a result, a component of the summer program was devoted to health, which included medical screenings and family-style meal service for children.

Currently, offered through the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS), Head Start has grown into a national program providing comprehensive medical, dental, nutrition, and mental health services. Head Start now offers full-day, full-year options, serving over 900,000 children and their families.

The core objectives of present-day Head Start programs have not changed since the [recommendations](#) of the steering committee, which are to:

- Improve children's physical health, social and emotional well-being, and cognitive development
- Encourage family participation at various program levels
- Individualize services to meet the needs of each child

## Additional Online Resources

For more information on the current Head Start Act, you can review the [Improving Head Start for School Readiness Act of 2007](#).

## Importance of Health Services

*"Having Head Start is like having an angel following you around...they're the next best thing to having another mom or dad for your kid."*

*- Frank Powell, Embracing Our Future*

The Head Start program was designed to meet the needs of low-income families, in terms of acquiring quality health services, proper nutrition, and future educational attainment. As a result, Head Start focuses on coordinating preventive and early intervention services for young children in the areas of medical, dental, nutrition, and mental health services. Children who are physically, socially, and emotionally healthy are better equipped for cognitive development and school readiness.

*Head Start Program Performance Standards*, the national regulations for Head Start grantees and delegate agencies, require that a comprehensive health program include:

- A determination of current health status
- Screening for developmental, sensory, and behavioral concerns
- Ongoing health care
- Communication between staff and parents
- Consideration of health and safety issues
- Provision of nutrition services
- Provision of individualized health services

*Head Start Program Performance Standards* allow grantees and delegate agencies the local flexibility to implement health services according to local staffing patterns, health trends, and community resources. As it is difficult for OHS to stay current on local health trends, this flexibility helps programs develop policies and procedures that immediately address the emerging health needs of its children, families, and staff.

As the health manager, you are responsible for facilitating the provision of health services for enrolled children. It is also your responsibility to ensure that staff have received an initial health examination.



[Physically Healthy and Ready to Learn](#), a Technical Assistance paper developed to offer guidance to programs on implementing the *Head Start Program Performance Standards* on child health and development, child health and safety, and child nutrition, is a key resource in providing a foundation on the health services you will coordinate for Head Start children.



[Embracing Our Future](#) also provides an overview of health services in Head Start. The video and guide illustrate the:

- Importance of health services for Head Start families
- Need for positive collaborations among Head Start staff and community providers
- Need for health education for parents

*Embracing Our Future* provides an opportunity for you, your HSAC, staff, and parents to consider the process your program uses to identify health conditions and to provide health services.



### **Health Services Milestones**

As the health manager, you will be tasked with coordinating health services that promote child development, health, safety, nutrition, and mental health. The [Health Services Milestones](#) is an important resource in your work as it outlines the core health tasks described in the *Head Start Program Performance Standards*. You can use these milestones to guide your major objectives of health service coordination. Each grantee and delegate agency is granted the flexibility in determining how to accomplish the health services milestones based on their program's staffing and resources. The milestones also demonstrate how the provision of health services relates to other Head Start components, such as education and early child development, program governance, management systems and procedures, human resources, and facilities.

In Head Start, health is everyone's business. All Head Start staff, from program directors to bus drivers should take an interest in the health of Head Start children. Staff should be knowledgeable about how to observe and recognize significant child health and behavior changes. Staff should also be familiar with the process of notifying appropriate staff and parents about health concerns. As the health coordinator, it will be your role along with the Health Services Advisory Committee to develop staff trainings on pertinent health conditions, protocol for notifying staff of health conditions, and procedures that facilitate staff participation in health services.

## **Key Members of the Health Services Team**

The *Head Start Program Performance Standards* Child Health and Developmental Services §1304.20 states "in collaboration with parents" a child's health can be determined. Head Start's need to collaborate with parents is intentionally included to emphasize the critical partnership required in order to provide health services.

Health managers do not work in isolation. The scope of work is far too exhaustive. Effective health service coordination depends on a health team composed of other management and front line staff, which includes but is not limited to:

- Parents
- Family Service Workers, Disability Coordinators, Nutrition staff/consultants, Mental Health staff/consultants, Teachers and Teacher's Aides, and other staff
- Health Services Advisory Committee Members

In your role, you will find that partnership between parents and staff are key to coordinating health services and providing a healthy and safe space for children and staff.

## The Role of Parents



### **Head Start Program Performance Standard 1304.20 (e)**

#### *Involving Parents.*

*In conducting the process, as described in CFR 1304.20 (a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:*

- (1) Consult with parents immediately when child health or development problems are suspected or identified;*
- (2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;*
- (3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;*
- (4) Assist parents in accordance with 45 CFR 1304.40 (f) (2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and*
- (5) If a parent or other legally responsible adult refuse to give authorization for health services, grantee and delegate agencies must maintain written document of the refusal.*

In Head Start, parents are the experts when it comes to their children. Parents know the norm in terms of their child's health, and are often the first to notice signs of behavior change.

Following Head Start's philosophy of parent involvement, it is important to engage parents early and often. By working with parents, you have the opportunity to empower families to:

- Expand their health knowledge
- Navigate through the health care system
- Advocate for better health of their children (and themselves)

Families unfamiliar with how to access health providers, obtain health insurance, and utilize community health resources will need help from staff on how to connect with state and local agencies. When assisting families with services, it is important for staff to remember to “meet the parent/families where they are” – to recognize each family as unique – trying to juggle priorities that may make it difficult to follow-up with health services.

As your workload may limit the amount of time you have to develop relationships with parents, you should talk with other front-line staff who work more closely with families. Determine which staff member(s) has the best relationship with the family – who the family is most comfortable in talking openly and honestly. Family service workers, home visitors, and teaching staff may have a better understanding of a family’s challenges. Staff may be able to identify a family’s lack of reliable transportation or child care, their inability to take paid time-off, or their need for translation services. By identifying these concerns early, you can work with your health team to coordinate services that support a parent’s ability to comply with Head Start standards.

In addition, the Head Start population is culturally and linguistically diverse. It is important to always consider cultural traditions that may promote healthy behaviors, such as strong family and community ties. You should also tailor health messages that are culturally relevant to Head Start’s many families.

## **The Role of Family Service Workers**

Head Start is unique in the level of parent involvement in decision-making, goal-setting, classroom interaction, and personal development. HSPPS state that Head Start grantees engage in collaborative partnership building with parents to establish mutual trust and to identify goals, strengths, and support services. Family service workers work with parents to develop a Family Partnership Agreement outlining goals to improve child, parent, and overall family development.

### **Family Partnership Agreement**

The Family Partnership Agreement process is ongoing and evolves as families and Head Start staff become more comfortable with one another. It is an individualized, family-driven process that focuses on the strengths of the family unit (whether single-parent, grandparents raising grandchildren, or same gender households). Family service workers meet formally and

informally with parents to develop goals and to outline responsibilities, timetables, and strategies to meet those goals.

Family service workers can assist parents seeking further education; connect families to mental health counseling; and assist families in emergency situations, such as applying for an energy assistance program.

The Family Partnership Agreement process may include, but is not limited to:

- Identifying and reinforcing family strengths and supports;
- Exploring and supporting a family's growth and development;
- Complementing pre-existing family plans, including transition plans, health and nutrition plans, Individualized Family Service Plans (IFSPs), Individualized Education Programs (IEPs), and plans developed by other community agencies;
- Supporting families as they identify and work to achieve their goals;
- Providing needed emergency and/or crisis assistance;
- Offering opportunities for families to enhance their parenting, literacy, education, and job skills;
- Facilitating family access to services and resources in the community;
- Assisting parents in advocating for their children in schools and the community service system; or,
- Revisiting, reviewing, and revising Family Partnership Agreements.

*(Taken from the Family Partnerships: A Continuous Process Training Guide)*

Family service workers are important partners for health managers in meeting the health needs of children. Through ongoing relationships with parents, family service workers help health managers in identifying physical and mental health concerns, assisting in medical and dental follow-up, and collecting and entering health information. A positive working relationship with the family and community partnership specialist, who manages family service workers can strengthen your relationship with each family, as well as help with time management and workload.

To better coordinate efforts and collaborate with family service workers, you must become familiar with the processes family service workers use to assist families. Consider discussing the following questions with your program's family service workers:

- How often does the family service worker meet or talk with each family?
- Do family service workers provide trainings for families? If so, can you conduct a joint training on health?

- What information do family service workers collect from families? Can health questions be added to the survey?
- What stressors is a family facing that may impede progress on health-related Family Partnership Agreement goals?
- Is the family service worker or home visitor able to identify possible health concerns? Is there a process to inform you of these concerns?
- Are there cultural, linguistic, or religious traditions that should be considered in working with a particular family?
- Will a case management approach work within your program?
- How can the Policy Council help in efforts to engage individual families?

Most of parent involvement tasks are performed by family service workers. Family service workers can include health by encouraging parents to develop individual and family health goals, such as maintaining a smoke-free home or car, modeling healthy eating and physical activity, and following up with needed dental treatment. Family service workers provide copies of the agreement as a reminder to keep families on track and also to monitor each family's progress in accomplishing their goals.

### **Additional Online Resources**

[Family and Community Partnerships](#) on the ECLKC provides a wealth of information and additional resources on the Family Partnership Agreement process, creating a dialogue with families, and motivating positive behavior change at home.

[Head Start Program Performance Standards 1304.40 Family Partnerships](#) details regulations pertaining to family involvement. It provides an overview of the tasks charged to family service workers, home visitors, and Family and Community Partnership Specialists.

The Early Head Start National Resource Center provides sound tips on developing family partnerships and program examples in the [Early Head Start Program Strategies: The Family Partnership Agreement Process](#).

The [Parent Involvement Resource Guide](#) and [Fatherhood Initiative Resource Guide](#) are bibliographies of books, articles, videos, and other resources you may find helpful in encouraging families, in particular fathers. Materials are not directly health-related; however, the strategies may be used in health education.

The Head Start Bulletin [Father Involvement](#) includes articles on the role of fathers in Head Start.

## The Role of Health Services Advisory Committee



### **Head Start Program Performance Standard 1304.41 (b)**

*Advisory Committees.*

*Each grantee directly operating an Early Head Start or Head Start program, and each delegate agency, must establish and maintain a Health Services Advisory Committee which includes Head Start parents, professionals, and other volunteers from the community. Grantee and delegate agencies also must establish and maintain such other service advisory committees as they deem appropriate to address program service issues such as community partnerships and to help agencies respond to community needs.*

### **Using the Health Services Advisory Committee to Coordinate Services**

The HSAC is a critical component in meeting the health needs of Head Start children. The HSAC serves as:

- an advisory committee
- an advocacy body
- a resource for health education and training

The committee should reflect the cultures and languages of the community you serve. The HSAC can provide input to develop your health services plan and to evaluate how center-wide policies comply with HSPPS and accepted public health practices. The HSAC may:

- Make recommendations on how to implement the *Head Start Early Childhood Development and Health Services Program Performance Standards*
- Participate in the Community Assessment process to identify data on the health needs of potential children served
- Identify medical, dental, and mental health services within the community
- Establish ongoing collaborative partnerships with community organizations to improve access to health services
- Establish policies and procedures to respond to medical emergencies
- Assist in providing health-related training
- Participate in the annual self-assessment of your Head Start program



[Weaving Connections](#) will help to answer questions on how to use the HSAC as an aid in your work. This video and training guide illustrates five HSACs across the country that were able to build relationships, advocate change, and strengthen local communities. The training modules guide you through:

- Developing a mission statement for the HSAC
- Evaluating membership and recruitment
- Orienting new HSAC members
- Evaluating its effectiveness

### **Getting to Know Your Health Services Advisory Committee**

It is important to get to know your HSAC, its members, and their individual expertise. To familiarize yourself with your HSAC, you can read previous meeting notes and review past training materials. This will update you on previous discussion topics and emerging program concerns. You can also schedule an orientation conference call or a face-to-face meeting.

You may also take this opportunity to assess the effectiveness of the HSAC in adequately addressing your program's health needs and in representing the areas of expertise required. You may find these questions useful in that process.



### **How Healthy Is Your HSAC?**

#### **Mission and Goals**

1. Does your HSAC have a clear mission statement and goals?
  - Yes
  - No
2. Are the mission statement and goals understood by other Head Start staff and families?
  - Yes
  - No

3. Does your HSAC have a plan for recruiting partners to provide you with the expertise required to meet your goals?
- Yes
  - No
4. Does your HSAC work with community partnerships to help you meet your goals?
- Yes
  - No

### **Membership**

5. What partners or groups does your HSAC influence by providing input from your Head Start program?
- Medical care providers
  - Dental care providers
  - Health departments
  - Health educators
  - Nutrition experts
  - Child care agencies
  - Community representatives (ethnic or other group)
  - Advocacy groups
  - Other community partners (churches, schools, law enforcement, businesses)
  - Local government officials (city and county representatives)
  - Head Start Collaboration Directors
  - Other government agencies
  - Educational institutions
  - Other
6. Does your HSAC membership include representation from the following?
- Parents
  - Program director
  - Nutrition staff
  - Mental health staff
  - Family service staff
  - Medical care providers
  - Dental care providers
  - Health departments
  - Health educators
  - Nutrition experts
  - Community representatives (ethnic or other group)
  - Advocacy groups

- Other community partners (churches, schools, law enforcement, businesses)
- Local government officials (city and county representatives)
- Head Start Collaboration Office
- Other government agencies
- Educational institutions
- Other

7. How often does your HSAC meet?

- 1-2 times/year
- 3-4 times/year
- 5-6 times/year
- 8-12 times/year

## Health Issues

8. In what activities does your HSAC participate?

- Helps to develop health policies and procedures that support the health goals for Head Start children, families, and staff
- Links children to ongoing sources of continuous, accessible health care
- Integrates health within the Head Start program curriculum
- Responds to questions about strategies to address community health problems
- Ensures that the learning environments in the home and at your Head Start center support each child's social, emotional, cognitive, and physical development
- Engages parents in identifying and accessing health services and resources that are responsive to their interests and goals
- Helps to establish ongoing, collaborative partnerships with community organizations
- Develops long- and short-term goals and objectives for implementing services that meet the needs of the community
- Participates in the annual self-assessment of your Head Start program's effectiveness
- Participates in your Head Start program's Community Assessment
- Informs your Head Start program about current and emergent health issues, trends, and best practices
- Supports parents as advocates for their children's health
- Develops parents as leaders in efforts to improve the health of their community
- Develops comprehensive health promotion programs for Head Start children, families, and staff

- Educates health care providers, other professionals, and community leaders or policy makers on the needs and issues of Head Start children and families
- Advocates for community systems changes that support the health of Head Start children and families

9. Does your HSAC have active subcommittees or workgroups that meet regularly to carry out the work of your HSAC?

- Yes List: \_\_\_\_\_
- No

**Program and Community Collaboration**

10. How well integrated into your Head Start program is your HSAC?

Works only with the program health manager				Works with all levels of staff, programs, and governing entities
1	2	3	4	5

11. How well integrated into your community is your HSAC?

Influences only your Head Start program				Interacts at all levels of the community with coordinated partnership activities
1	2	3	4	5

12. How well is your HSAC able to work as a team to meet your program's goals?

Not at all				Very efficiently
1	2	3	4	5

(Adapted from *How Healthy Is Your Health Services Advisory Committee?* by Booz Allen Hamilton)

## **Your Role as the Health Coordinator**

In your role as the health coordinator you will facilitate the following HSAC activities:

### **RECRUIT AND RETAIN MEMBERS**

HSAC members may include:

- Head Start program staff and parents
- Pediatricians, nurses, nurse practitioners, dentists, nutritionists, mental health providers
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) staff, local Supplemental Nutrition Assistance Program (SNAP) staff
- State Medicaid office staff, Children's Health Insurance Program (CHIP) staff, state Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) staff

Local government and policy representatives can be a great asset to the HSAC and may be able to keep your Head Start program up-to-date on early childhood policies.

Members may be recruited through:

- Existing committee members' professional networks
- Informational mailers to community organizations and health care professionals about Head Start and the role of the HSAC
- Informational sessions at Policy Council or Policy Committee meetings

Members' participation may fluctuate. Incentives may be useful in retaining membership. Based on your program, incentives may include:

- Appreciation luncheon
- Plaque or certificate of appreciation
- Gift cards
- Head Start paraphernalia
- Refreshments during meetings

## **DEFINE THE ROLE AND FUNCTION**

Developing vision and mission statements and annual goals will help to:

- Define the role of the HSAC
- Focus the HSAC's efforts
- Assess the committee's progress

As the health needs of your program change, the goals of the committee may also change.

An orientation for new members on the vision and mission statements, the annual goals, and brief biographies of committee members help new members understand their role on the committee.

## **ARRANGE AND PARTICIPATE IN COMMITTEE MEETINGS**

Health managers arrange and coordinate meetings, often setting the meeting agenda. Committee meetings offer a unique opportunity for health managers and other Head Start staff to learn about and participate in the discussion of a range of health concerns, including specific health conditions, insurance and provider issues, and community partnerships that can leverage your program resources.

HSAC meetings can also be used for ongoing training and health education for Head Start staff.

## **MAINTAIN MEETING MINUTES**

Health coordinators record and maintain meeting minutes to be distributed to HSAC members. Copies of training materials used during committee meetings should be appended to the minutes. Meeting minutes may be reviewed during the onsite Federal reviews.

## **DEVELOP A REPORTING SYSTEM TO THE POLICY COUNCIL/COMMITTEE**

The Policy Council is a decision-making body at the grantee agency level. The Policy Committee is a similar body at the delegate agency level. Both groups review and approve Head Start plans, conduct annual program self-assessments, and oversee program operations. Policies from the HSAC should be shared with the Policy Council and Policy Committee. It is important to establish ongoing communication on the HSAC's progress in achieving its goals and in developing center-wide health policies.

## **DEVELOP GUIDELINES AND BYLAWS**

HSACs may develop guidelines or bylaws to help govern the committee. Bylaws are not required in the HSPPS; however, bylaws can clearly outline guidelines for HSAC membership, such as the number of required meetings or the number of members needed for a quorum.

### **Additional Online Resources**

The HSAC can advise you in the planning, operation, and evaluation of available health services. As a program resource, it assists in identifying quality health services and in [building community partnerships](#) with other organizations to improve the lives of vulnerable children and families.

### **The Role of the State-based TTA Network and Regional ACF Offices**

For information on the State-based TTA Network, contact your Regional ACF Office.