The Medical Home and Head Start Working Together
Everyone Benefits!

Over 1 million children participate in Early Head Start (EHS) and Head Start (HS) programs each year. At least 90 percent of children enrolled in each Head Start program are from families with low incomes; while another 10 percent of the program’s total enrollment must be from families whose children are eligible for services under the Individuals with Disabilities Education Act (IDEA). Children are also automatically eligible, regardless of family income, if they are homeless, in foster care, or if their families receive Temporary Assistance for Needy Families (TANF) or Supplemental Security Income. These children and families face a number of challenges in meeting their medical and social needs, and can benefit from the support of the Medical Home.

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.

Head Start and the Medical Home
The whole community benefits when children and families are offered high-quality early education and comprehensive services. Through Head Start, children are supported to learn and be school ready while 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 programs can assist the medical home’s efforts to connect families to other supports, such as obtaining housing assistance, accessing mental health or substance use disorder treatment, and other benefits.

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 the 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: Guidelines for Health Supervision of Infants, Children, and Adolescents.* (https://brightfutures.aap.org/Pages/default.aspx)
Health Professionals as Partners
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
● Locate an Early Head Start or Head Start Program (https://eclkc.ohs.acf.hhs.gov/center-locator) near you. Find out what services they offer and learn about the process for referring a family.
● 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.

Share expertise
● Write articles on health topics for Head Start newsletters
● 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.
● Take advantage of the expertise of the EHS/HS programs—including sharing developmental screening results and supporting referrals, treatment compliance, and follow up to care.
● Participate on the EHS/HS Health Services Advisory Committee (HSAC) to provide guidance on the program’s health services and address community health issues.

Bring the health community to the Head Start program
● Teach pediatric residents about Head Start and consider a rotation in a local HS program.
● 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.

Advocate for high-quality early childhood education
● Contact local media to promote quality early education and child care.
● Act as a legislative advocate.

Get Started Today
Contact your state’s Head Start Collaboration Office to learn more about getting involved in Head Start programs in your area. Find the local Head Start program closest to you by visiting: Head Start Center Locator | ECLKC (https://eclkc.ohs.acf.hhs.gov/center-locator)

Need More Information?
The National Center on Early Childhood Health and Wellness (NCECHW) is administered by the American Academy of Pediatrics and provides training and technical assistance to EHS/HS and child care programs in the area of health services.

The NCECHW 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 Early Childhood Health and Wellness by phone at 888-227-5125 (toll-free) or by e-mail at health@ecetta.info.

School readiness begins with health!