



Our mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education.

Head Start and Early Head Start

Health Benchmark and Trends Report

December 2021





Defining Equity of Access



Access is a shorthand term used for a broad set of concerns. It refers to the degree to which children and families are able to obtain needed services from the health care system. Access varies according to several measures of equity, including financial, structural, demographic, and cultural.

Note: This report uses the terms “access,” “accessibility,” and “accessible” interchangeably.

Executive Summary

From its earliest days in 1965, Head Start has maintained children’s health as a core component of its program model. Upon the introduction of Early Head Start in 1995, this care expanded to incorporate infants, toddlers and pregnant women. Today, Head Start programs* play a vital role in helping families navigate health care, immunizations, screenings, and developmental supports holistically and throughout their time with the program and beyond.

Poverty too often goes hand-in-hand with poor health and limited access to necessary medical services—a reality that has been prominently displayed throughout the COVID-19 pandemic. Without routine check-ups and specialists to identify and treat disabilities or delays, some children suffer for years during a critical period of development, ultimately undermining their full potential.

Head Start’s comprehensive approach to child development ensures children have access to health insurance, regular screenings, immunizations, well-child visits, dental and nutrition services, necessary medical attention, healthy meals, and connections to other social service programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). As the original two-generation model in early education, Head Start also provides services to the families it serves. However, access to health services varies enormously across the country. In some communities, care is available to families and children; in others, there are few, if any, providers and long waits for appointments.

*Throughout this report, we use “Head Start” to refer to all Head Start, Early Head Start, Early Head Start-Child Care Partnerships, Migrant/Seasonal, and American Indian/Alaska Native grantees.

In 2016, the National Head Start Association (NHSA) conducted its first nationwide survey focused on understanding access to and support of health services for children and families. This 2021 report is a five-year follow-up to that study, and again examines the intersection between equity and access.

The 2021 survey received 389 responses, representing approximately 20% of Head Start agencies nationwide. While participation was voluntary, the programs that responded generally reflect the national diversity of grantee auspices and sizes.

The central findings that emerged from this year’s survey are organized into five categories: **Providers; Screenings; Mental Health Care; Dental Care;** and **Social Determinants of Health.**

Each category has a dedicated page in this report. In addition, this report includes a special highlight of the particular health needs of pregnant women, infants, and toddlers in Early Head Start. At the end, you will find a series of recommendations for the federal Office of Head Start and other federal, state and local agencies, and private sector partners.

Most Important Health Issues

to 2021 Survey Respondents

- 1 **Dental Care**
- 2 **Mental/Behavioral Health**
- 3 **COVID-19**
- 4 **Access to care, in general**
- 5 **Obesity**
- 6 **Substance use or abuse**





A Special Look at Prenatal to Three Health

Early Head Start, Head Start’s prenatal to three program, serves 221,313 children and pregnant women, or 29% of the entire Head Start service population. By intervening as early as possible, these programs prevent and address childhood trauma, hunger, health issues, and other outcomes associated with growing up in poverty. The [American Academy of Pediatrics](#) recommends 10 well-child visits in the first two years of a child’s life. Early Head Start programs partner with local health providers to provide resources for these visits and ensure a comprehensive and coordinated array of health services for children under the age of three and their families.

Early Head Start also enrolled 11,763 pregnant women during the 2020-21 program year who received prenatal care to reduce complications for both parents and baby during pregnancy and birth. Among survey respondents who offer Early Head Start, 68% report most or all families can access prenatal or postpartum care providers who accept their insurance. Only 50% report the same for providers who are linguistically and culturally prepared to work with families.

Many Early Head Start programs maintain partnerships to facilitate, enhance, or provide health services for the pregnant women and their newborns and infants. Of the survey respondents, 94% report partnering with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which provides valuable nutrition resources to pregnant and postpartum women and children up to age five.

Partnerships for breastfeeding and lactation support lag significantly behind WIC partnerships, with only 48% of respondents

who offer Early Head Start reporting any such partnerships. While programs that only serve three and four year olds do not enroll pregnant women, infants, and toddlers directly, most of them likely have parents of enrolled children who are or may become pregnant or who have other younger children at home. Yet, among these programs, only 23% report partnerships for breastfeeding and lactation support.

The benefits of partnership



Programs With Early Head Start

94%

partner with SNAP/WIC

48%

partner with breastfeeding/lactation support services

Programs With Head Start Only

82%

partner with SNAP/WIC

23%

partner with breastfeeding/lactation support services



Access to Medical Providers

“In general there is a high demand for medical services and not enough providers. It takes weeks and months to get appointments, paperwork filled out, copies of immunizations, physicals, TB results, etc.” —California Survey Respondent




There are several factors—and potential barriers—to accessing medical providers: availability of providers; availability of appointments; insurance; transportation; language spoken; cultural relevance; and more. Our survey asked about ten different types of providers and whether families could access providers who (a) accepted their insurance and (b) were culturally and linguistically prepared to serve them.

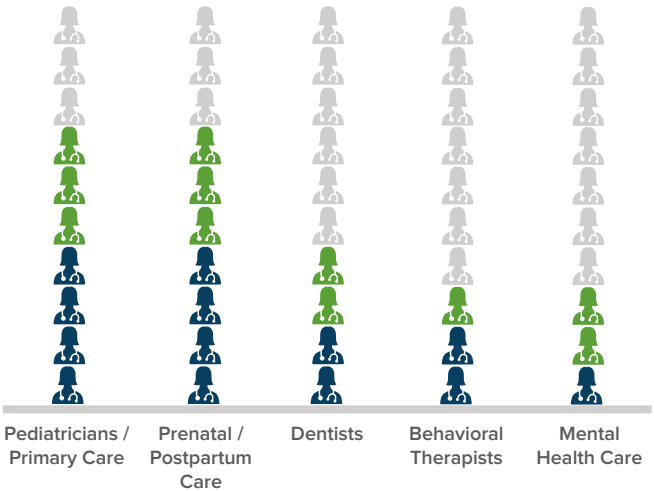
Accessibility varies by provider type. We found pediatricians and prenatal/postpartum care providers were the most available to Head Start families, with approximately 70% of respondents reporting that most or all families could access providers who accepted their insurance.

Similarly, 68% of respondents report partnering directly with individual pediatricians, though this is a decrease from 77% just five years ago.

By contrast, the least available providers were specialists in mental health, behavioral therapy, and dental care, with fewer than 40% of respondents reporting most or all families can access mental health providers.

Number of providers who accept Head Start families’ insurance for preventative or follow-up care

-  Families struggle to find providers or have long waits for appointments
-  Most families have access but certain communities lack providers
-  Most or all families have access to providers



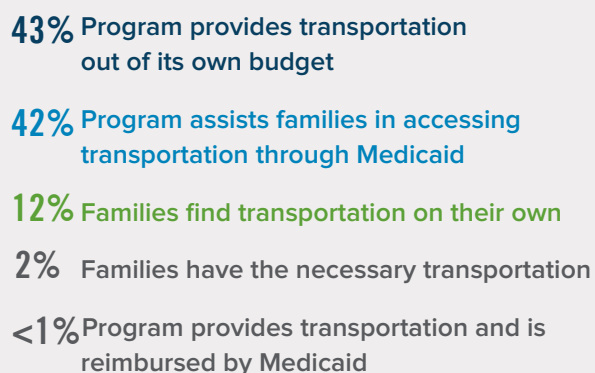
Accessibility also varies by community type. Respondents from programs in predominantly urban areas report higher rates of access than those in predominantly rural areas. The approximately 70% of families with access to pediatricians and prenatal/postpartum care increases to 85% in urban areas and decreases to 68% in rural areas. For mental health providers, the split is 34% for urban areas, while just 23% of programs in predominantly rural areas report most or all families could access mental health providers who accept their insurance.

Given Head Start's diverse population, linguistic and cultural preparedness is another critical component of health care access. However, respondents report lower rates of provider preparedness across the board. Pediatricians and prenatal/postpartum care providers remain the most accessible, but just 53% of respondents said most or all families could find providers who were linguistically and culturally prepared to work with families. For specialists, the rates only decrease from there, down to just 31% for mental health providers.

Head Start programs consistently work to make medical care more equitable for families, often through translation and transportation services. For many programs, the cost of these services comes out of the program budget despite the fact that most families are eligible for these services through Medicaid.

While linguistic preparedness is growing among health care providers—24% of respondents said providers have staff who speak the needed languages, up from 15% just five years ago—37% of respondents still report program staff provide translation services during medical appointments. When this happens, the burden is on the program to ensure they have enough staff to cover all linguistic needs and to cover the cost of the staff time spent at the appointment.

How Head Start helps families get to health appointments



“Transportation is an issue. If you live in the same town as the doctor, medical transport isn’t available. Unfortunately there is little public transportation and the office may be unsafe to walk to.” —Pennsylvania Survey Respondent

Programs also support families getting to and from their medical appointments: 43% of programs report providing transportation for families out of their program budget if they don’t have the necessary transportation themselves. More programs are providing transportation to families through Medicaid compared to five years ago—42%, up from 34%—but this is still a significant portion of programs providing this service using program funds.





Why Screen?

Hearing and vision screenings identify children who need further evaluation of their vision, hearing, and eye health. Left unidentified and unaddressed, these issues may inhibit learning.

Development and behavior screenings identify potential delays to allow for early treatment and support services.

Lead and hemoglobin screenings detect lead poisoning or iron deficiency, which can lead to serious, life-long health complications.

Screenings

Head Start programs are responsible for ensuring children receive vision, hearing, and developmental screenings within 45 days of enrollment. These and other screenings are critical to children’s physical health, as well as their readiness to learn. A three year old in need of glasses will miss valuable learning opportunities and fall behind. She may also get headaches or act out, leading to what may manifest as a behavioral issue instead of a true medical need with a simple solution.

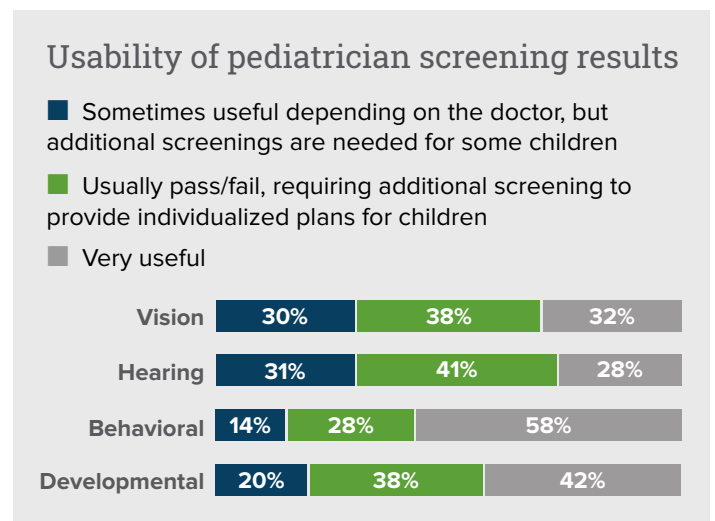
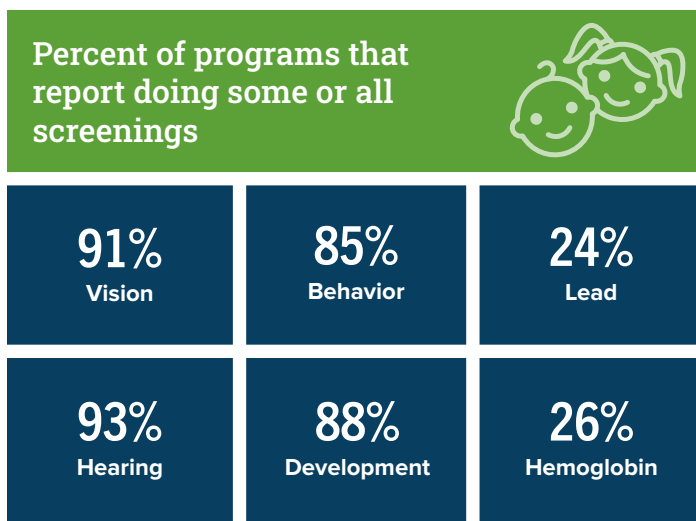
These screenings require a significant amount of staff time and can impact program budgets. Four of the six screenings—vision, hearing, development, and behavior—are most often conducted by programs themselves, meaning the cost of materials and staff time comes out of the program budget.

Approximately 70% of programs report providing these screenings themselves, with another 15–25% reporting they do some screenings while pediatricians do others. Sixty percent of programs report paying for these screenings out of their own budget, a slight increase from our 2016 survey. This increase appears to be driven by fewer community partners providing screenings at no cost to programs, such as at a community health fair.

Pediatricians are more likely to conduct lead and hemato-crit/hemoglobin screenings, which are blood tests for lead exposure and anemia. Only about 10% of programs report doing all of these screenings themselves and another approximately 15% do some while pediatricians do others. About 70% of programs report pediatricians do all of the blood test screenings.

When health care providers conduct screenings, they can bill Medicaid or insurance for the cost. This is a significant benefit for families; however, it adds a layer of complication when it comes to getting the results back to programs. Approximately 30% of programs report, even when health providers perform hearing and vision screenings, they still have to do additional screenings because the results shared with them are often only pass/fail.

Another 40% of programs report only some of the results they get are useful, while others require additional screenings by the program. When children “fail” a hearing or vision report and no additional information is provided, the burden often falls on the program to investigate further and identify the issue in order to tailor support for the child.





Dental Care

When asked the open-ended question “What are the three most important health issues in your community?” the most common issue cited was dental care. Respondents noted many components, in particular: dentists not serving children under the age of two; dentists not accepting Medicaid; and parents who are unable to keep treatment appointments.

Less than 40% of respondents said most or all families they serve are able to access dentists who accept their insurance. Another nearly 40% said their communities lack providers and have long waits for appointments. These numbers are nearly identical when asking about the linguistic and cultural preparedness of dentists.

This is a slight decrease from five years ago, when 46% of respondents said most or all families could access dentists who accept families’ insurance. This downward trend is also seen in partnerships. This year, 78% of programs report partnering with individual dentists, down from 85% in our 2016 survey.

Tooth decay is the most common disease in children. Oral care should start between ages 6 to 10 months, before the infant’s first tooth comes into the mouth. As soon as the first tooth comes in, it can develop tooth decay. Poor oral health can lead to eating and speaking problems and pain. Oral pain can cause children to be fussy or withdrawn, make it hard for them to focus and learn, and contribute to missing days of school. Children who do not have oral pain learn more. Head Start helps families learn healthy oral health habits by providing nutritious meals, ensuring children brush their teeth throughout the day using fluoride, and working with caregivers to establish a dental home for regular visits.

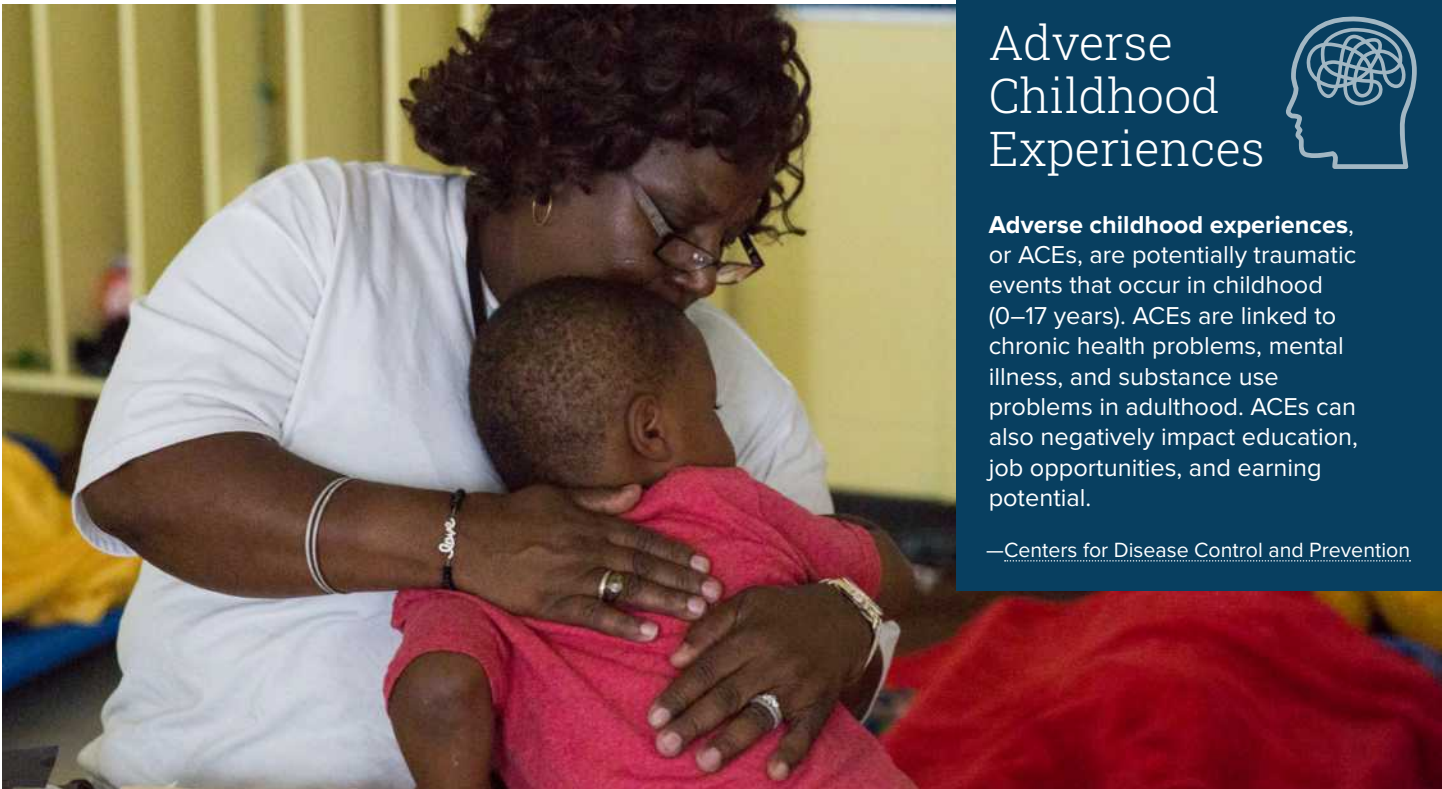
“Dentists in our area will not see children under the age of 3 and the wait for an appointment is extremely long.”

—Michigan Survey Respondent

Head Start Families Have Difficulty Finding Dental Providers

81% of respondents report families have some degree of difficulty





Adverse Childhood Experiences



Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0–17 years). ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential.

—Centers for Disease Control and Prevention

Mental Health

Throughout the past several years, mental health has become a common topic of the national conversation around health. We see this in everything from the increasing opioid epidemic to the effects of the COVID-19 pandemic. Adverse childhood experiences (ACEs) can have long-term effects on physical health.

The more ACEs a child experiences, the more likely they are to suffer from chronic health conditions like heart disease and diabetes.

Mental health is consistently a significant concern of Head Start programs in terms of supporting the health and wellness of children and families. Mental health and behavior problems were the second most important health issue facing communities according to respondents of our survey. This is separate from concerns about substance misuse, which ranked as the sixth highest health issue.

Despite the critical need, access to mental health providers and behavioral therapists remains low nationwide. Nearly half (45%) of survey respondents say there are few providers and long wait times for mental health providers that accept families' insurance. This number increases to 52% for respondents from predominantly rural areas, compared to 32% among those from predominantly urban areas. Rates are relatively similar for behavioral therapists.

In order to address the mental health and behavioral needs of Head Start children and families, most Head Start programs use the principle of trauma-informed care in their services: 87% of respondents report implementing trauma-informed care for children and 78% for families. Many programs also screen for depression among parents: 17% of programs screen all parents; 30% screen those who express an interest or need; and 61% would screen all parents if they had additional resources.

“Families in our community are in dire need of mental health and support services.”

—Texas Survey Respondent

Partnerships are another way programs respond to the mental health and behavioral needs of children and families. Out of all respondents, 61% report partnering with individual mental health practices and 45% report partnering with individual behavioral therapy practices.

One positive change in our findings from 2016 to 2021 is an increase in pediatricians conducting behavioral screenings on children. Just 4% of programs in the 2016 survey said pediatricians conducted behavioral screening compared to 13% today. We see a parallel increase in the usefulness of the reports programs are getting back in this area. More than half of respondents said the results they receive are very useful and have specific information about each child.



Social Determinants of Health

62% agree

Many families we serve are food insecure

54% agree

Many families we serve have unsafe or unstable housing

53% agree

Many families we serve are exposed to community violence

45% agree

Many families we serve experience race-related health inequities

Social Determinants of Health

As defined by the CDC, social determinants of health (SDOH) are the “conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” The main categories of SDOH include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. Head Start programs work tirelessly to support families in all SDOH areas.

In order to understand the broader context of health among Head Start families, our survey asked programs about the

various SDOH their families might face. Unsurprisingly, we found the majority of families face environmental conditions that negatively affect their health and wellbeing.

For some, these are the most important health issues in their community. Of all survey respondents, 8% report homelessness and unsafe housing as one of the top three most important health issues in their community. Six percent highlight nutrition and 3% cite racial inequality. While they do not come up consistently, neighborhood violence, domestic violence, and child abuse are also mentioned several times by survey respondents.

A Closer Look: Head Start Programs During the COVID-19 Pandemic



Nutrition assistance

66% provided food for pick-up

62% sent food home with children

59% partnered with community outreach programs

58% partnered with local food banks

56% delivered food to homes

31% provided USDA waivers

Housing assistance

83% partnered with community outreach programs

56% partnered with local homeless shelters

39% partnered with faith-based organizations

27% provided eviction support

9% provided direct financial support





Recommendations for Policymakers and Partners of Head Start

Based on these results, NHSA has developed recommendations for federal, state, and local agencies and partners. These recommendations focus on facilitating and leveraging the family connections and trust within Head Start agencies.

Recommendations for the Office of Head Start

1 Expand Health Training and Technical Assistance to Early Childhood Programs

Early childhood-focused training and technical assistance centers, such as the [National Center on Health, Behavioral Health and Safety](#), funded by the Office of Head Start, should specifically address key areas of concern brought up in this survey, including how programs can: 1) draw on Medicaid to expand transportation options; 2) identify multilingual support organizations; 3) educate parents and qualified providers about the full range of checks required in a well-child visit, including [infant well-child checks](#); and, 4) offer information on exemplar Head Start program practices around health and model community partnerships.



2 Expand Parent Education to Address Gaps in Underservice for Young Children

Many gaps in children's health services are due to inadequate parent education about the importance of such care and how to access it. Community partners can play an expanded role in offering parent education and engagement on these topics. The Office of Head Start should continue to play a leadership role, expanding availability of culturally- and linguistically-appropriate resources around [oral health](#) and other underserved areas identified in this survey.

3 Develop More Holistic Monitoring from the Office of Head Start

Hard deadlines around health screenings can come at the expense of the relationship-building work programs do to partner with families around their children's health. This relational work is as important as meeting deadlines for screenings. The Office of Head Start should adapt monitoring protocols to reflect the ultimate goal: meeting children's health needs. The Office of Head Start should identify a metric that accounts for screening deadlines, actions undertaken, and parent preference in determining if a program is meeting health requirements.

4 Elevate Field Training on Racism as a Public Health Crisis

As noted in the survey, 45% of respondents said "many families" experience race-related health inequities. The Centers for Disease Control (CDC) recently said "[racism is a serious public health threat](#) that directly affects the well-being of millions of Americans." The CDC went on to say "over generations, these structural inequities have resulted in stark racial and ethnic health disparities that are severe, far-reaching and unacceptable." The Office of Head Start should partner with the CDC's [Racism and Health](#) campaign to learn more about this finding and to offer relevant training.



Other Recommendations

5 Expand Federal and State Funding for Mental Health Supports for Young Children

More federal and state funding is necessary to expand supportive mental health prevention and intervention services to young children and their families, including [Infant and Early Childhood Mental Health Consultation](#). Historically, due to limited funding and less empirical focus on young children, public funding has been skewed towards adults with identified mental health diagnoses. In federal fiscal year 2019, Congress invested \$250 million in quality improvement funds for Head Start agencies with the expressed goal of helping programs address childhood trauma. These funds were a welcome first step, but sustained and expanded funding is still needed, especially in light of the COVID-19 pandemic. Congress, state legislatures, and relevant federal, state, and local agencies should invest in building [systems of care](#) for young children with a broad range of prevention and intervention services.



6 Deepen Health Records Partnerships with Families

State Medicaid agencies and leading state early childhood agencies should develop policies and protocols that allow trusted community agencies like Head Start to work in close partnership with Medicaid-enrolled families to navigate and obtain medical records. This would require bidirectional sharing between programs and qualified health care providers to coordinate care. Such partnerships are one recommendation from leading health organizations to [move Medicaid prevention services “upstream” to programs that serve young children](#), reducing service duplication, promoting cost effectiveness, and optimizing child health outcomes.



7 Expand Telehealth Partnerships

Telehealth, [accelerated by COVID-19 and new Medicaid/CHIP options](#), is only likely to expand. Telehealth removes key barriers, including lack of transportation, wait times, and language barriers. Telehealth is critical for expanding access to specialists, such as mental health providers. Federal agencies, including the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA), and [states should prioritize telehealth](#) services to young children enrolled in Head Start, offer clarifying guidance and technical assistance, and study the impact on enrolled children and families.

8 Adopt Postpartum Care Expansion in Medicaid

The 2021 American Rescue Plan [offers states the option to expand postpartum care within Medicaid from 60 days to one year](#). This expanded option recognizes that the health needs and risks to new mothers extend well-beyond 60 days and the imperative to address the racial disparities in postpartum health outcomes. Every state should take up this option and partner with Early Head Start programs to coordinate services and support to enrolled families through this critical period for maternal and child health.



NATIONAL HEAD START ASSOCIATION

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The National Head Start Association’s mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education. NHSA is committed to the belief that every child, regardless of circumstances at birth, has the ability to succeed in life. We are the voice for more than 1 million children, 275,000 staff, and 1,600 grant recipients in the United States. Since 1974, NHSA has worked for policy changes that ensure all income-eligible children have access to the Head Start model.

For further information about this publication, contact NHSA’s media team (media@nhsa.org) or visit [nhsa.org](https://www.nhsa.org).

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