Head Start as a Lever to Improve Population Health

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Head Start:

- Serving pregnant women and children birth to Kindergarten entry at or below federal poverty guidelines
- Federal requirements to support the whole child and whole family

Head Start

- Health as a critical facotor in ECE/school readiness
- Primary prevention and health promotion

Partnerships between Parents, Health Care Providers, & ECE Professionals

- Screening
- Referral
- Follow-Up
- Individualization
- Integrated Health Education
- On-going observation and assessment

Supporting Health Equity

- Addressing family health literacy
  - Helping families be better consumers of health care services;

Supporting Health Equity

- Role of Family Advocates in supporting positive health outcomes
  - Maintaining insurance coverage
  - Overcoming barriers to access;
  - Keeping appointments;
  - Emphasizing health promotion & disease prevention;

Developing Relationships in the Health System

- Community Assessment – health issues in local communities
- Role of Health Services Advisory Committee
- Partnerships with FQHC, hospital systems, mental health providers, Community Health Departments, WIC, and others

Health Requirements

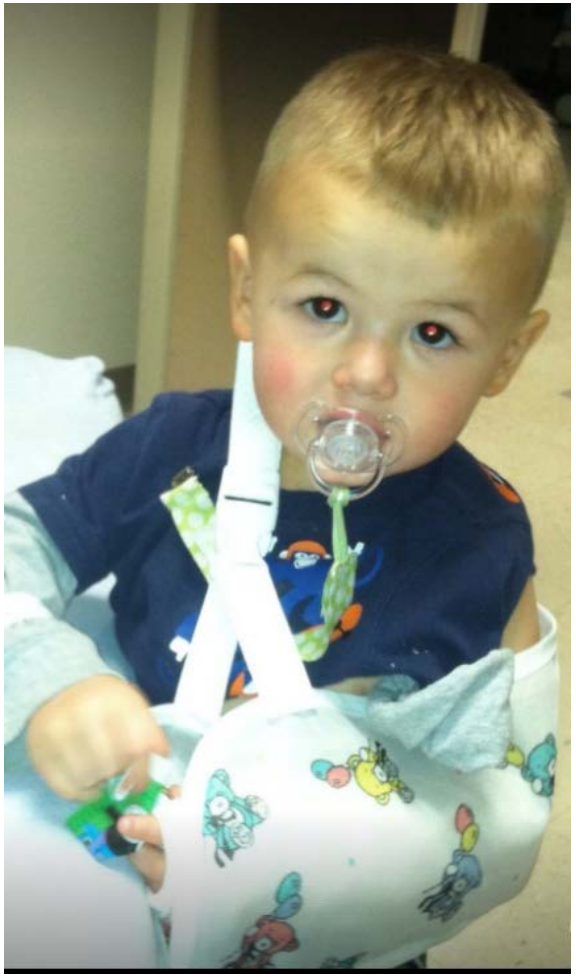
- Vision
  - Instrument-based & symbol sets
- Hearing
  - OAE
  - Tympanogram
  - Pure Tone Audiometry
- Dental

Health Requirements

- Developmental
  - Motor
  - Language
  - Social
  - Cognitive
  - Emotional

Health Requirements

- Sensory
- Behavioral/Mental Health
- Medical & Dental Home
- Nutrition Status
- Injury Prevention



Funding Streams

- Head Start as payor of last resort
- Accessing Medicaid & private insurance as reimbursement streams
  - Contract with a local physician who writes standing orders for screenings
  - Working through the transition from Medicaid fee-for-service model to a Managed Care system

Challenges

- Lack of coordinated, state-wide systems in many states
- Over-reliance on parent report in the health system for EPSDT requirements

Challenges

- Access to appropriate behavioral health supports for very young children including mental health professionals trained in Trauma Informed Care approach

Expulsion and Suspension in Early Education as Matters of Social Justice and

Health Equity

"A serious discussion about social justice and health equity in America **must start with reflection on the opportunities and access to resources** we offer, and do not offer, our youngest children, especially those from historically marginalized communities."

African American preschoolers are

3.6X

as likely to receive one or more suspensions as white preschoolers.

(Department of Education, 2016)

"Expulsions and suspensions are not child behaviors; **they are adult decisions.**"

$8.60

Return on investment for every dollar spent on early education initiatives

(White House Council of Economic Advisors, 2014)

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