



The Role of Head Start in a Changing Health System: Health Disparities



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ADVISORY COMMITTEE ON HEAD START RESEARCH AND EVALUATION

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What I Will Cover



- Why is it important?
- **Setting the stage for examining Head Start's role in reducing health disparities**
- Racial and ethnic health disparities in children
- Final reflection on services in Head Start in the context of health disparities

Disparities



- **HRSA “population-specific differences in the presence of disease, health outcomes, or access to care”**
- Major component of HP 2010/2020
- **By 2040 it is estimated that “minority” children will make up ½ of the nation’s children (minority majority)**

Health and Head Start



FEBRUARY 19, 1965

**RECOMMENDATIONS FOR
A HEAD START PROGRAM**

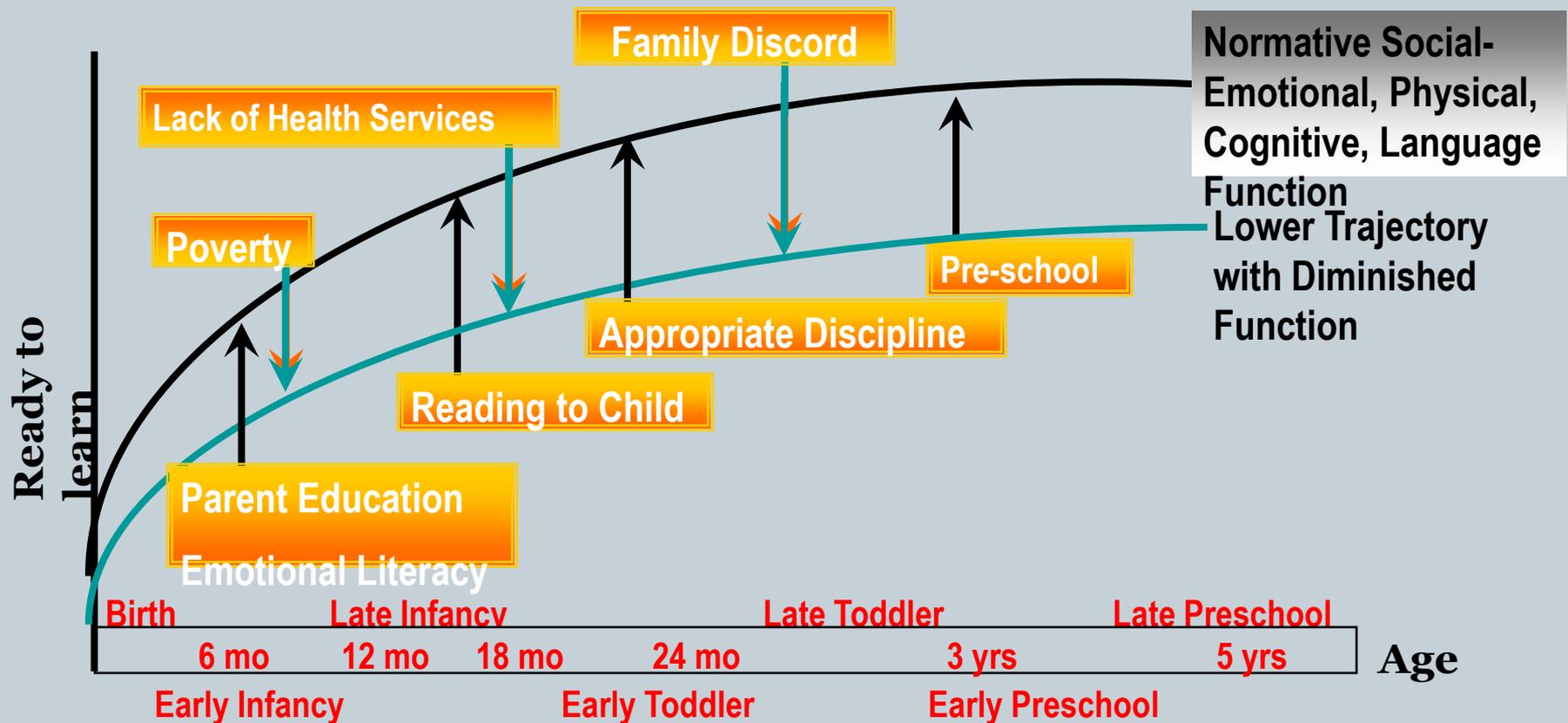
BY

PANEL OF EXPERTS

**CHAired BY DR. ROBERT COOKE
JOHNS-HOPKINS UNIVERSITY**

Why is this Important?

Selected Strategies to Improve School Readiness Trajectories



Head Start



- Serves three and four year olds and their families from low income populations to promote social competence
- Major program components of Head Start
 - Education
 - Parent Involvement
 - Social Services
 - Health
- Preventative health and early intervention services are provided in addition to assisting families with cultivating the skills, knowledge, and connections needed to continue health and developmental services after leaving the Head Start program

Head Start Program Performance Standards



- Child Health and Developmental Services (1304.20)
- Child Health and Safety (1304.22)
- Child Nutrition (1304.23)
- Child Mental Health (1304.24)
- Community Partnerships (1304.41 b)

Child Health and Developmental Services



- Medical Homes
- Well-Child Care Visits
- Screening
- Tracking Procedures
- Ongoing Care/Follow Up
- Parent Involvement

Child Health and Safety



- Responding to medical and dental health emergencies
- Short-term exclusion and admittance
- Administering medication
- Safety awareness and injury prevention
- Hygiene, sanitation, and disinfection
- First-aid kits

Child Nutrition



- Identifying nutritional needs
- Providing nutritional services:
 - Nutrition programs
 - Developmentally appropriate meal plans
 - Dental hygiene
- Offering food preparation and nutrition lessons to families
- Ensuring food safety and sanitation

Child Mental Health



- Working with parents around mental health issues to secure services
- Sharing staff child observations
- Designing program practices that respond to **children's mental health needs**
- Providing staff and parents education on mental health issues

Community and Family Partnerships through Health Services Advisory Committees



- Help programs develop policies and procedures that support health goals as well as health emergency response
- Respond to questions about strategies to address community health problems
- Link children to ongoing sources of continuous, accessible health care
- Ensure that Head Start and home learning environments support social, emotional, cognitive, and physical development in children
- Help programs establish ongoing collaborative partnerships with community organizations to aid families in accessing targeted, responsive health care
- Engage parents in identifying and accessing health services and resources that are responsive to their interests and goals
- Develop overall short and long-term objectives for service implementation that meets community needs
- Participate in the annual assessment of a Head Start program effectiveness

Racial and Ethnic Disparities in Children's Health and Health Care



- **National Survey of Children's Health and Technical Report Review Article**
- Rational and Ethnic Disparities in the Health and Health Care of Children, Pediatrics 2010: 125:e979
- **“...racial and ethnic disparities in children's health and health care (that) are extensive, pervasive, and persistent, and occur across the spectrum of health and health care.”**

African American Children



- Mortality – the most profound outcome
 - Highest in AA kids consistently. And for children 1-4 is twice as high as whites
- Access to Care and Use of Services
 - Higher rates of unmet health care needs
 - Lower rates of access to Primary Care Providers
 - Higher likelihood of having no usual source of care
 - Lower physician visit rates and higher odds of going one-year without a visit
 - Higher rate of ER visits
 - Among those with Medicaid coverage, lower odds of well-child care and diagnosis and treatment for various pediatric conditions

African American Children



- Prevention and Population Health
 - Breast-feeding less likely
 - Lower rates for primary immunization series and greater delays
 - Substantially higher firearm injury rate
 - As young children: higher odds of living in a household without stair gates, cabinet safety latches/locks, or hot-water thermostat lowered settings
 - Higher rates of obesity and associated behaviors such as higher number of TV viewing hours and higher likelihood of consuming more calories as fat and saturated fat
- Health Status: higher odds of fair or poor health, lower odds of excellent or very good health, higher rates of teeth reported in fair or poor condition

African American Children



- Asthma, Mental Health Care, and Special Health Care Needs
 - Higher asthma prevalence; with high mortality, hospitalizations, ED visits, and office visits (and the disparities are “widening” over time), higher attack rates, lower rates of filled prescriptions
 - Lower use of mental health services
 - Received a diagnosis of autism 1.4 years later than white children
 - For children with SHCN higher odds of having no regular health care provider, fewer physician visits, and dissatisfaction with care
- Quality
 - Lower odds of having the recommended number of WCC visits
 - Lower odds of being diagnosed with any eye or vision condition

Asian / Pacific Islander Children



Mortality – Native Hawaiian children with higher crude mortality than Whites

- Access to Care and Use of Services
 - Higher likelihood of having no usual source of care
 - Lower physician visit rates and higher odds of going one-year without
- Prevention and Population Health - Higher odds of overweight among Pacific Islander, Filipino, and Asian children.
- Health Status - Higher odds of fair or poor health
- Mental Health Care - Lower odds of any mental health services use
- Quality
 - Lower odds of having the recommended number of WCC visits
 - Lower odds of being diagnosed with any eye or vision condition

Latino Children



- Mortality – Puerto Rican children 1-4 years old higher crude mortality rate than whites
- Access to Care and Use of Services
 - Higher odds of being uninsured
 - Higher likelihood of having no usual source of care or provider
- Prevention and Population Health
 - As young children higher odds of living in a household without stair gates
 - Highest odds of any group for obesity: higher number of TV viewing hours, higher likelihood of consuming more calories as saturated fat.
- Health Status
 - Higher odds of fair or poor health
 - Higher crude incidence of TB
 - Much higher rates of teeth reported in fair or poor condition.

Latino Children



- Asthma, Mental Health Care, and Special Health Care Needs
 - Higher asthma prevalence with increases over time (particularly high among Puerto Ricans); with higher odds for hospitalizations, ED visits, and activity limitations
 - Higher unmet need for mental health care
 - Higher odds of developmental delays
 - Higher odds of being read to less than every day, fewer books, eating together
 - For children with SHCN higher odds of having no insurance, usual source of care, having unmet need, not having seen a physician in the past year, and parental dissatisfaction with care
- Quality:
 - Have shorter WCC duration
 - Lower odds of receiving counseling during the visit

American Indian/Alaska Natives



- Mortality – higher crude mortality rate
- Access to Care and Use of Services - higher odds of going one-year without a visit
- Prevention and Population Health: higher odds of overweight
- Health Status: Higher odds of fair or poor health and higher rates of teeth reported in fair or poor condition and the highest prevalence of these suboptimal health ratings of any group
- Quality: lower odds of being diagnosed with any eye or vision condition

Review of Services in Context of Disparities



- Child Health and Development
- Child Health and Safety
- Child Nutrition
- Child Mental Health
- Community and Family Partnerships

