

Head Start Health Managers Descriptive Study

Findings and Implications for Region XI

Attributions

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Health services area is a central component of Head Start

- Physical, mental, and oral health of children is a vital component of development
 - Underlying foundation for early learning and school readiness
 - Lifelong consequences of early health
- Head Start has emphasized comprehensive services including health since its inception
- Responsibility for health services area is vested in health manager position, but other staff may play a role in health
- Despite its importance, we know relatively little about health services area in HS/EHS and role of the health manager

Head Start health requirements

- Head Start Program Performance Standards* include several with a health focus, including the following:
 - Child health and developmental services (45 CFR 1304.20)
 - Education and early child development (45 CFR 1304.21)
 - Child health and safety (45 CFR 1304.22)
 - Child nutrition (45 CFR 1304.23)
 - Child mental health (45 CFR 1304.24)
 - Services for pregnant women (45 CFR 1304.40)
- Health services area must be supported by qualified staff or consultant; typically called health manager (45 CFR 1304.52)
- All HS/EHS grantees and delegate agencies must have a Health Services Advisory Committee (HSAC) (45 CFR 1304.41)

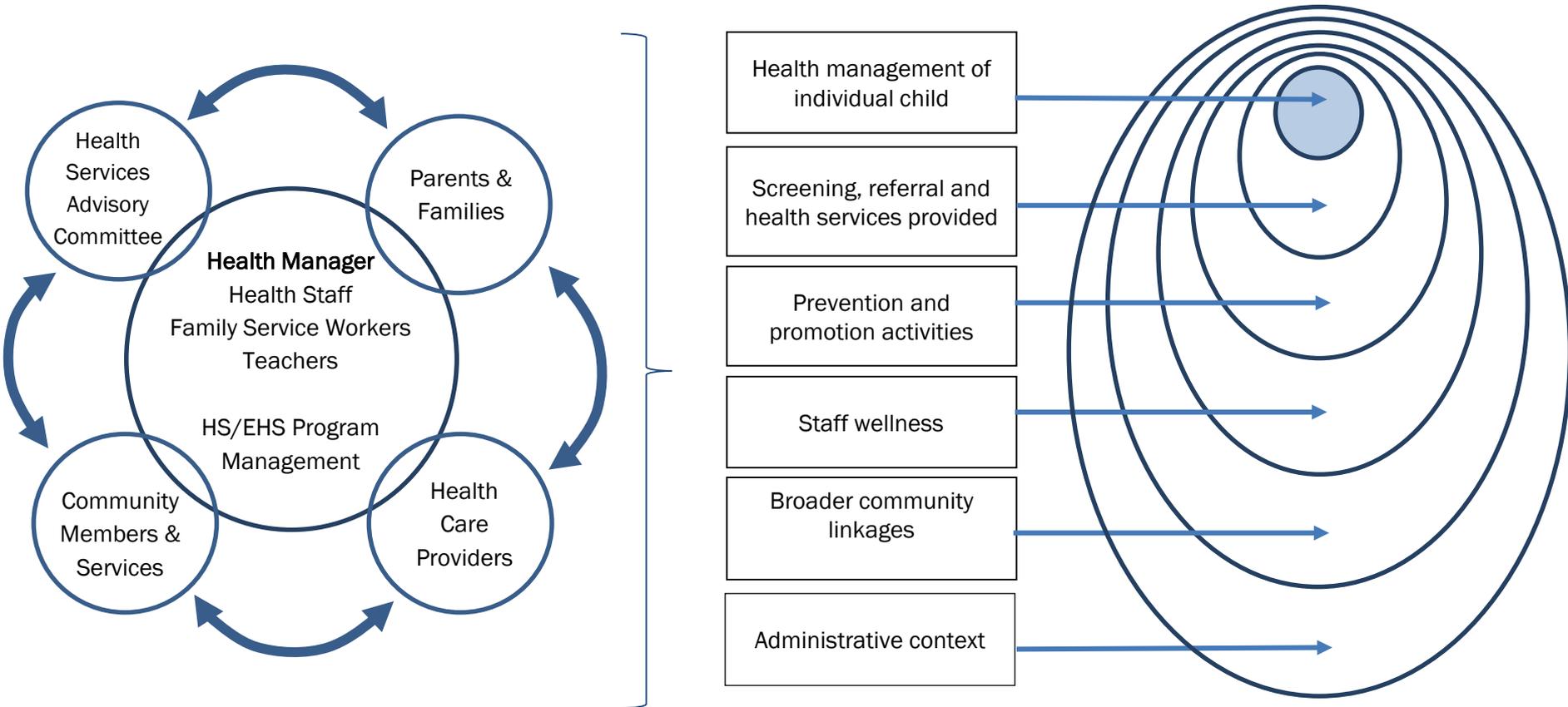
Specific goals of Head Start Health Manager Descriptive Study

- Describe the **characteristics of health managers** and related staff
- Identify the **current landscape of health programs and services** being offered to children and families
- Determine how **health initiatives are prioritized, implemented, and sustained**
- Identify the **programmatic features and policy levers** that exist to support health services including staffing, environment, and community collaboration

Today's session

- Study approach
- Key findings
 - Staffing and managing the health services area
 - Landscape of health programs and services
 - Prioritizing, implementing, and sustaining health services
 - Community partnerships and other resources
 - Cross-cutting issues
- What does this mean for Head Start health services area
- Dissemination

Study was guided by organizational framework showing stakeholders and health services area components



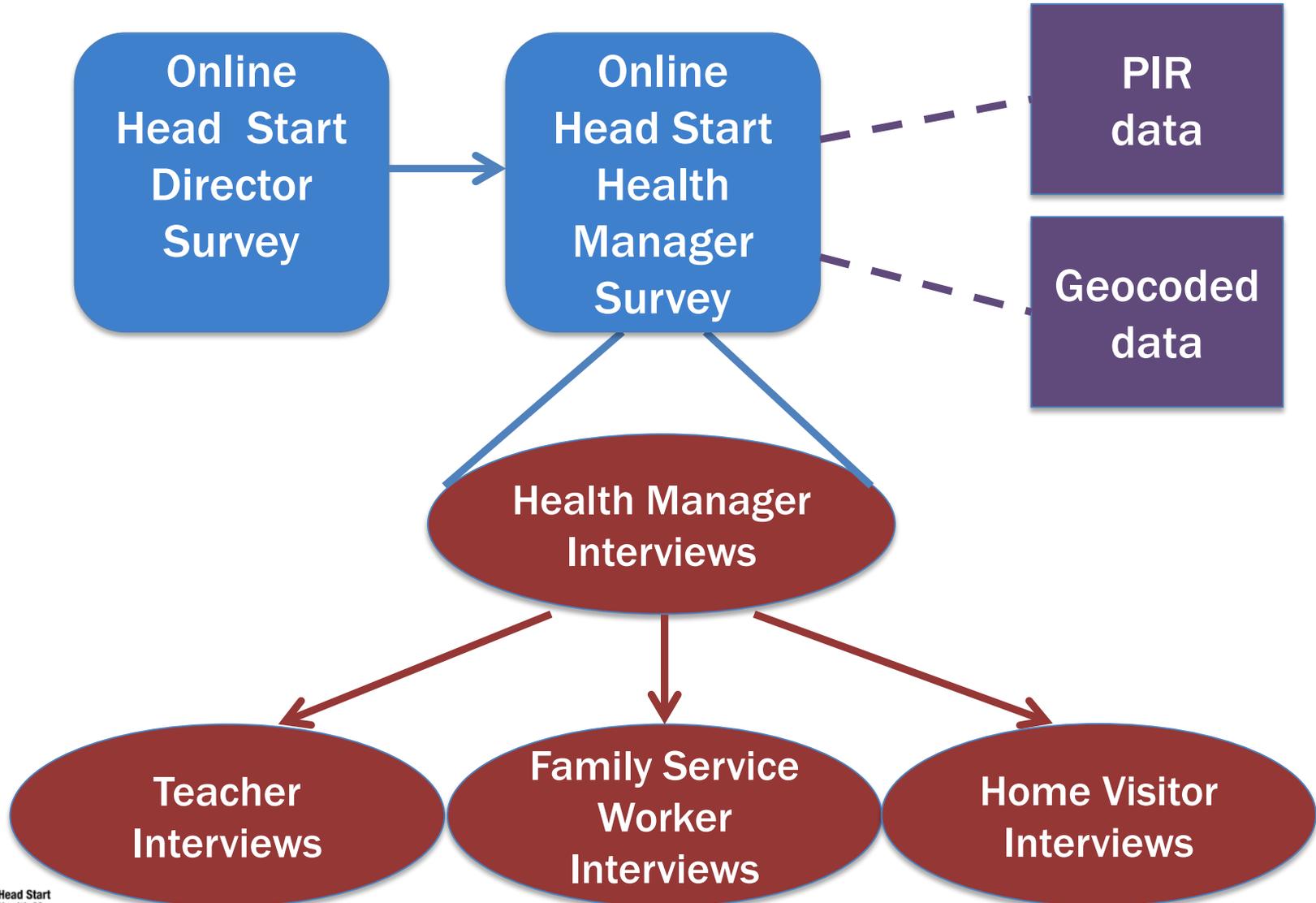
Data collection included all 12 Head Start regions

- All programs (grantee and delegate agencies) in 10 geographic regions plus
 - Region XI—American Indian and Alaska Native (AIAN) programs
 - Region XII—Migrant and Seasonal Head Start (MSHS) programs
- Inclusion of Region XI programs involved
 - Consultation with OHS, OCC, and IHS, and pilot interviews that included Region XI health managers
 - Human subjects review by IHS national Institutional Review Board (IRB), IHS regional IRBs, and independent tribal institutional and research review boards
 - Sending letter to all tribal chairpersons describing study
 - Working with a Region XI Expert Workgroup
 - Tribal IRB review of study reports

Region XI expert workgroup

Name	Organization
Myrna Dingman	San Felipe Pueblo Head Start
Ernie Garcia	Southern Ute Community Action Program
Sohail Khan	Cherokee Nation Institutional Review Board
Bobby Saunkeah	Chickasaw Nation Department of Health
Michelle Sarche	University of Colorado–Anschutz Medical Campus; Colorado School of Public Health; Centers for AIAN Health
Laura Waukechon	Upper Skagit Child Development Center and National Indian Head Start Directors Association

Data collection had multiple components



Data collection Region XI: Online surveys

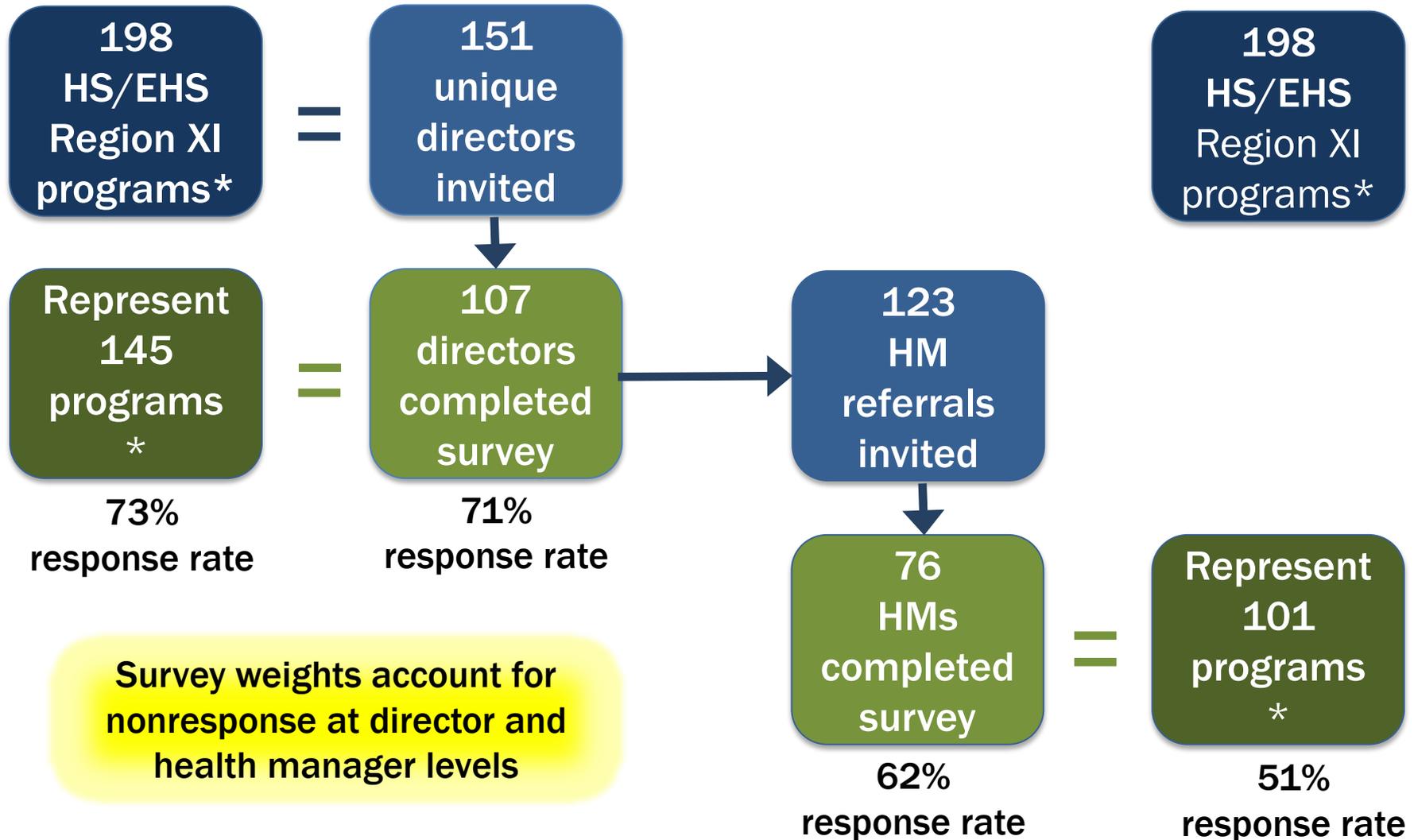
**HS Director
Online
Survey**
(Region XI N=107)

**Survey weights
account for
nonresponse at
director and
health manager
levels**

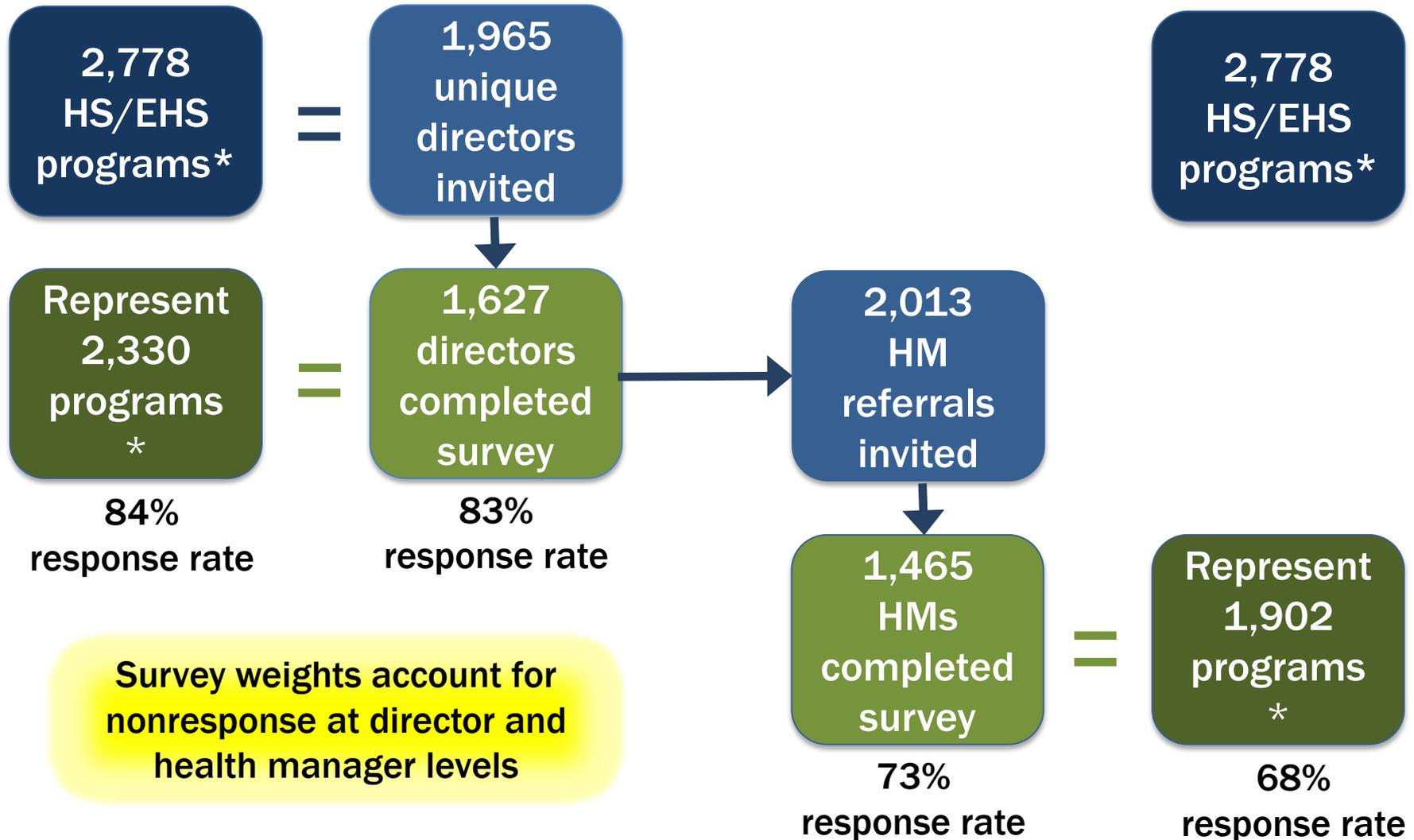
**HS Health
Manager
Online
Survey**
(Region XI N=76)

- Region XI grantee and delegate agency directors as of November 2012 were invited to complete an online survey (151 directors in 198 programs)
- Directors made a referral to their program health manager(s)
- Director survey fielded from June 2013 to October 2013, once tribal IRB process was completed
- 107 directors in 145 programs (out of 198 total) completed the survey (73% response rate)
- All health managers referred by the directors were invited to complete an online survey (123 health managers)
- Health managers made referrals to other staff for interviews
- Health manager survey fielded from June to November 2013
- 76 health managers in 101 programs (out of 198 total) completed the survey (51% response rate)

Response rates for online surveys: Region XI



Response rates for online surveys: All regions



Survey weights account for nonresponse at director and health manager levels

*Grantee and delegate agencies as of November 2012.

Health manager survey had core and supplemental questions

Module topics	Core	Supplement	
	N of questions	N of questions	Section
Health manager role, staffing model, management	9	3	A
Training and professional development	2	1	A
Health services advisory committee	7	4	A
Program policies	0	5	A
Health management of individual child	4	7	B
Screening, referral, and health services provided	14	18	C, D
Health prevention and promotion activities	5	12	D
Staff wellness	0	3	B
Broader community linkages	2	4	A
Health manager background	15	2	B

Data collection Region XI: Interviews

Interviews with
health
managers



Interviews with
other program
staff

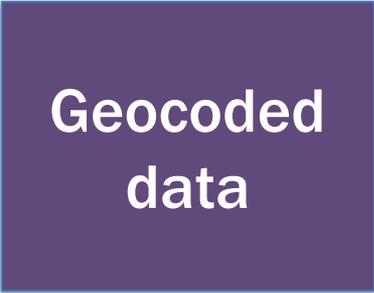
- Sample of health managers responding to online survey
- Respondents in all regions for HS and EHS programs
- Semi-structured interviews from May to October 2013
- Covered survey topics in more depth
- 38 interviews; 3 were Region XI

- Sample of teacher(s), family service worker(s), and home visitor(s) referred by health managers
- Respondents in all regions for HS and EHS programs
- Semi-structured interviews from July to November 2013
- Covered survey topics from their unique perspective
- 52 interviews; 3 were Region XI

Interviews probed survey topics in more depth

Health manager interviews	Other staff interviews
Planning and implementing health activities	Planning and implementing health activities
Roles and responsibilities of HSAC	Roles and responsibilities of HSAC
Serving the medically fragile/chronic condition population	Meeting health needs of students and families
Partnerships with community providers and other stakeholders	Partnerships with community providers and other stakeholders
Training/support needs for health staff	Training/support needs for health staff
Role of home visitors	
Monitoring and evaluation of health activities	

Geocoded data examines community context and resources



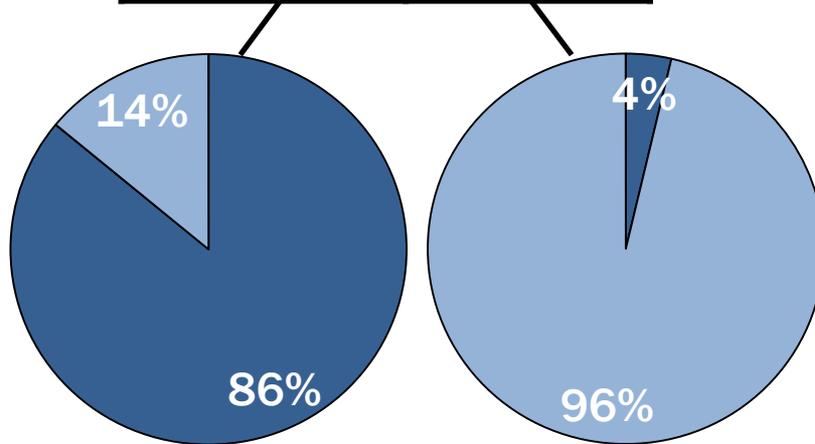
Geocoded
data

- Link survey data and location of HS/EHS programs (or centers) to geocoded data
- County-level characteristics
 - Population demographics
 - Income and poverty
 - Health insurance coverage
 - Health-related risks
 - Health-related behaviors
 - Health-related outcomes
- Geocoded (latitude/longitude) resources
 - Health care providers
 - Higher education institutions

Where AIAN populations are served in Head Start

Most children and pregnant women in Region XI are American Indians or Alaska Natives

Children and pregnant women	Region	
	Region XI	Regions I-X, XII
AIAN	19,637	21,573
Non AIAN	3,188	1,071,158



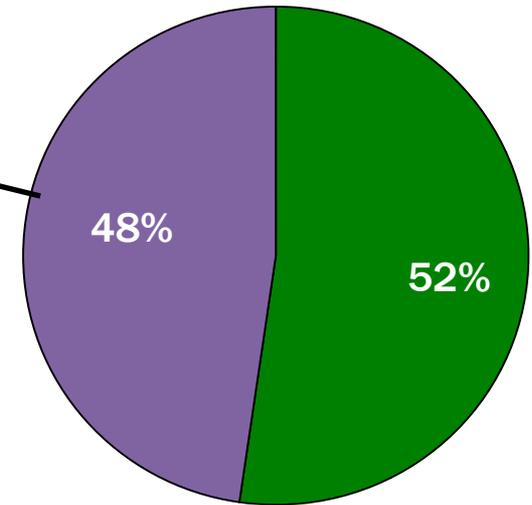
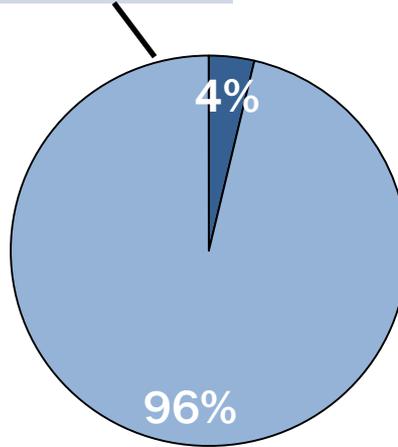
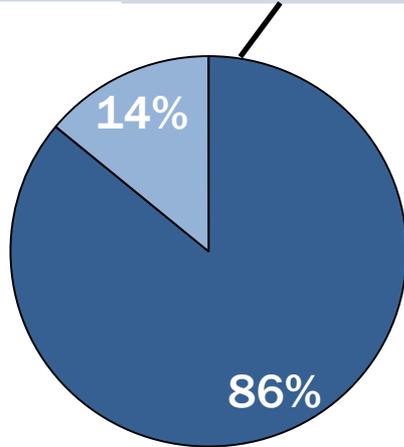
- AIAN children/pregnant women
- Non AIAN children/pregnant women

Where AIAN populations are served in Head Start

Most children and pregnant women in Region XI are American Indians or Alaska Natives

But the majority of AIAN children and pregnant women are served outside of Region XI

Children and pregnant women	Region	
	Region XI	Regions I-X, XII
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Non AIAN	3,188	1,071,158



- AIAN children/pregnant women
- Non AIAN children/pregnant women

- Region XI
- Regions I-X, XII

Today's session

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 - Landscape of health programs and services
 - Prioritizing, implementing, and sustaining health services
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- What does this mean for Head Start health services area
- Dissemination

Key findings: Staffing & managing the health services area

The health manager workforce is diverse in terms of personal characteristics and brings relevant health-related education, training, and professional experience to the job

Region XI health manager workforce has a diverse demographic profile

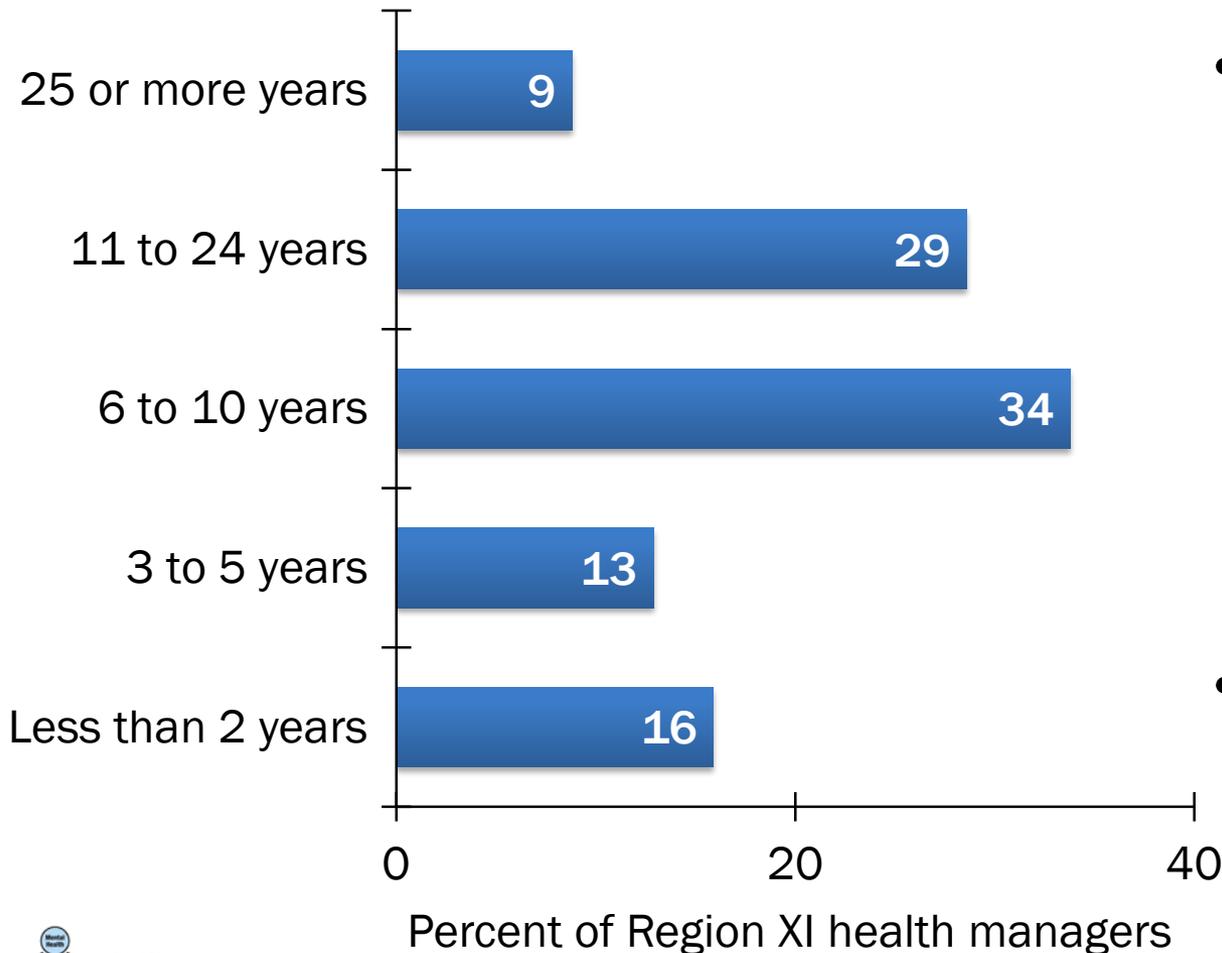
- Primarily female (94%)
- Primarily American Indian or Alaska Native (61%) and non-Hispanic (87%)
- Primarily English speaking at home (87%), and 96% speak English very well
- Modal age group is 45 to 54 (34%)

Region XI health managers bring relevant education and training

- Among all Region XI health managers
 - 54% has a bachelor's degree or higher
 - 9% has a master's degree or other postgraduate degree
- Common fields for degrees include child health and health education
- About 1 in 3 (36%) has a health-related license, certificate or credential (e.g., RN, LPN)
- Overall, 3 out of 4 has a health-related AA or BA or credentials

Region XI health managers have extensive HS/EHS experience

Years of experience with Region XI AIAN programs



- 75% had any prior experience with HS/EHS before current job such as:
 - Teacher (24%)
 - Family service worker/home visitor (24%)
 - Teacher's aid (19%)
- 59% has or had a child attend HS/EHS

Key findings: Staffing & managing the health services area

The health manager workforce is diverse in terms of personal characteristics and brings relevant health-related education, training, and professional experience to the job

The health manager position is a demanding job with many challenges, but health managers are dedicated to and find satisfaction in their work

Region XI health managers have a demanding job

- About half of HMs have oversight of multiple sites (mean of 3.7 sites per program; median 1)
- Most HM positions are full-time year-round
- Health managers in 8 in 10 programs report other roles for HM
 - 23% report one other role
 - 61% report two or more other roles
- Most common additional roles include
 - Nutrition manager/coordinator (45%)
 - Behavioral health manager/coordinator (25%)
 - Family service worker/home visitor (23%)
 - Disability manager/coordinator (22%)

Health managers have primary responsibility for an array of tasks (1)

Percent of all programs

Tasks related to health management of individual child	
Coordinating health screening activities	88%
Following-up on health services provided	72%
Establishing MOUs with providers	70%
Making or arranging referrals for health services	68%
Coordinating immunizations	61%
Medication management of individual children	58%
Developing IHPs	57%

Health managers report primary responsibility for an array of tasks (2)

Percent of all programs

Tasks related to health promotion and prevention

Collect and create resource materials	89%
Teacher and staff training on health issues	87%
Health curriculum planning	73%
Parent and guardian health education	72%
Classroom safety and injury prevention	65%

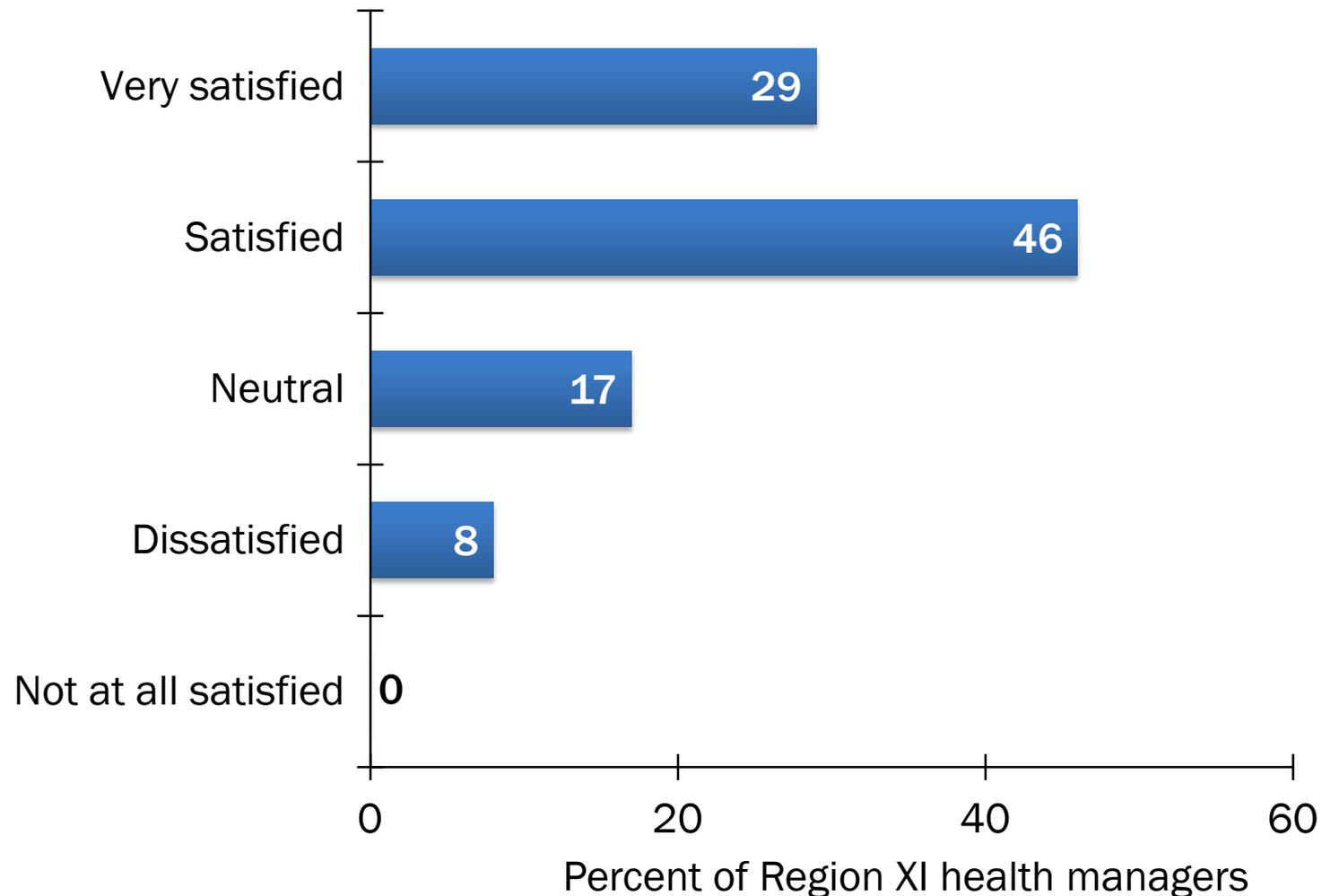
Tasks related to administering health services area

Administrative responsibilities	95%
Monitoring health services area to meet goals	94%
Completing PIR	81%
Ordering health-related supplies	79%

Region XI health managers identify specific challenges

- Two challenges selected by majority
 - Time constraints, e.g., not enough time to do all that is required of the health manager position
 - Parents/guardians not understanding importance of screening/treatment/follow-up
- Other challenges were less prevalent (25-40%)
 - Parents/guardians resistance to speak with staff about health issues
 - Not enough funds for supplies and activities to support health services area
 - Not enough training for me (the health manager)
 - Too little time with families or can't maintain contact

Overall job satisfaction is high for Region XI health managers



Key findings: Staffing & managing the health services area

The health manager workforce is diverse in terms of personal characteristics and brings relevant health-related education, training, and professional experience to the job

The health manager position is a demanding job with many challenges, but health managers are dedicated to and find satisfaction in their work

Many HS/EHS staff and consultants contribute directly or indirectly to the health services area

Other staff and external providers have role(s) in health services area

Staff	Most common tasks with primary responsibility
Nutrition manager/ coordinator	Menu planning; food purchasing; food preparation
Education manager/ coordinator	Determine daily child physical activity; monitor child physical activity
Behavioral health manager/coordinator	Provide/obtain counseling for children and families
Home visitors or FSWs	Assist with access to publicly funded insurance or nutrition services; arrange health services referrals and follow-up
Teaching staff	Daily health checks of children; monitor child physical activity; medication management of children
Outside health providers	Provide immunizations, acute care, and counseling/ therapeutic services; conduct screenings; develop IHPs

Health services area is supported by other specialists

Specialists as paid staff

Parent engagement specialists

Social workers

Nurses

Early intervention staff

Specialists as paid consultant

Nutritionists and dieticians

Psychologists and counselors

Nurses and dentists

Specialists as volunteer consultant

Dentist and dental hygienists

LEA special education staff

Health educators

SOURCE: Analysis of Head Start Health Manager Survey (supplement), all respondents.

Key findings: Staffing & managing the health services area

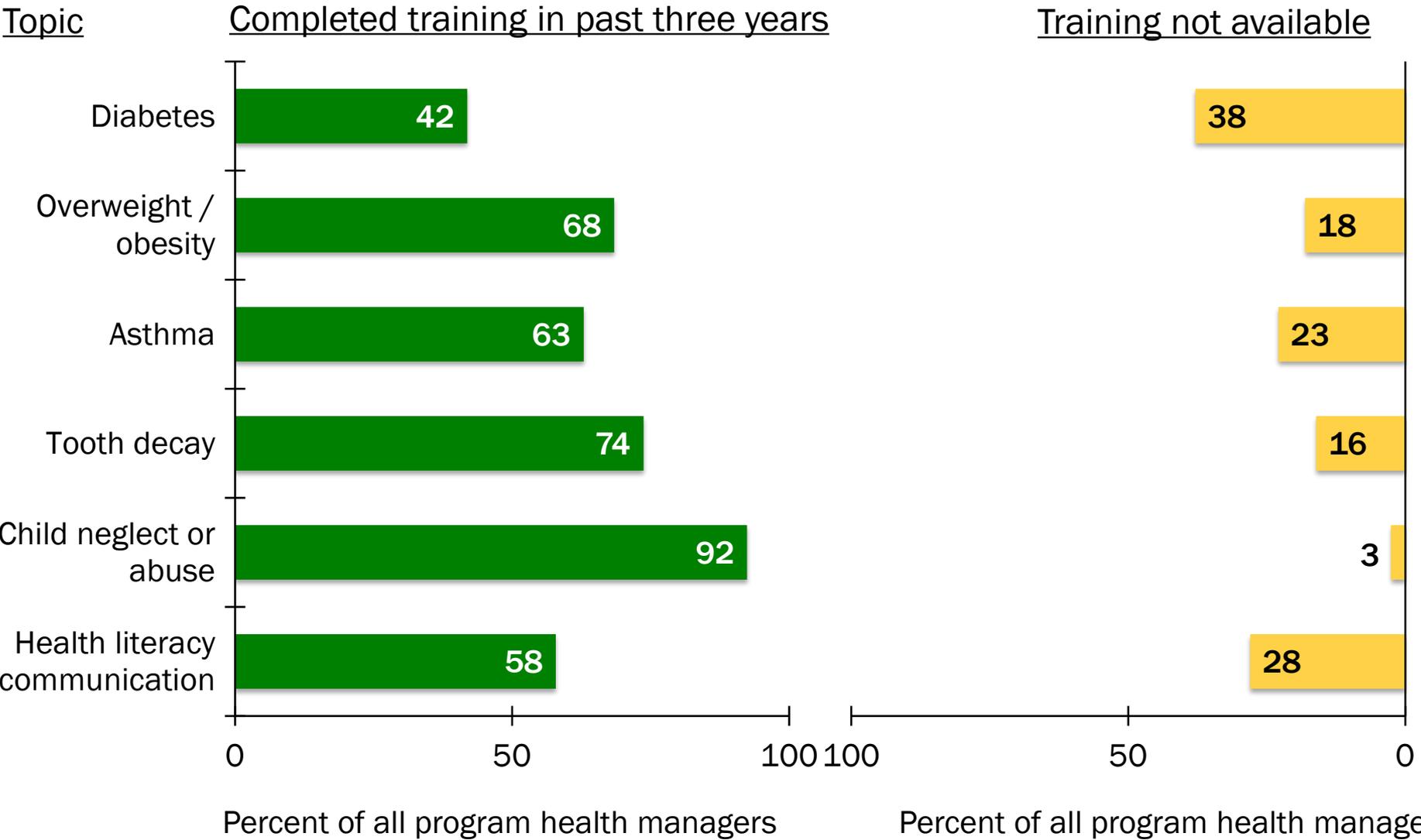
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HS/EHS programs recognize the need for ongoing training and professional development in the health services area for all staff, although some training could be made more applied

HM training covers a wide array of health-related topics but not all have access



SOURCE: Analysis of Head Start Health Manager Survey, all respondents.

Staff training also covers a wide array of health-related topics

Percent of all programs offering training in last 3 years

Child neglect and abuse	86%
CPR and other first aid	85%
Nutrition and healthy eating practices	76%
Food safety	71%
General child development	70%
Oral hygiene	69%
General health promotion and wellness	68%
Family violence	62%
Overweight and obesity	60%
Developmental delays	59%

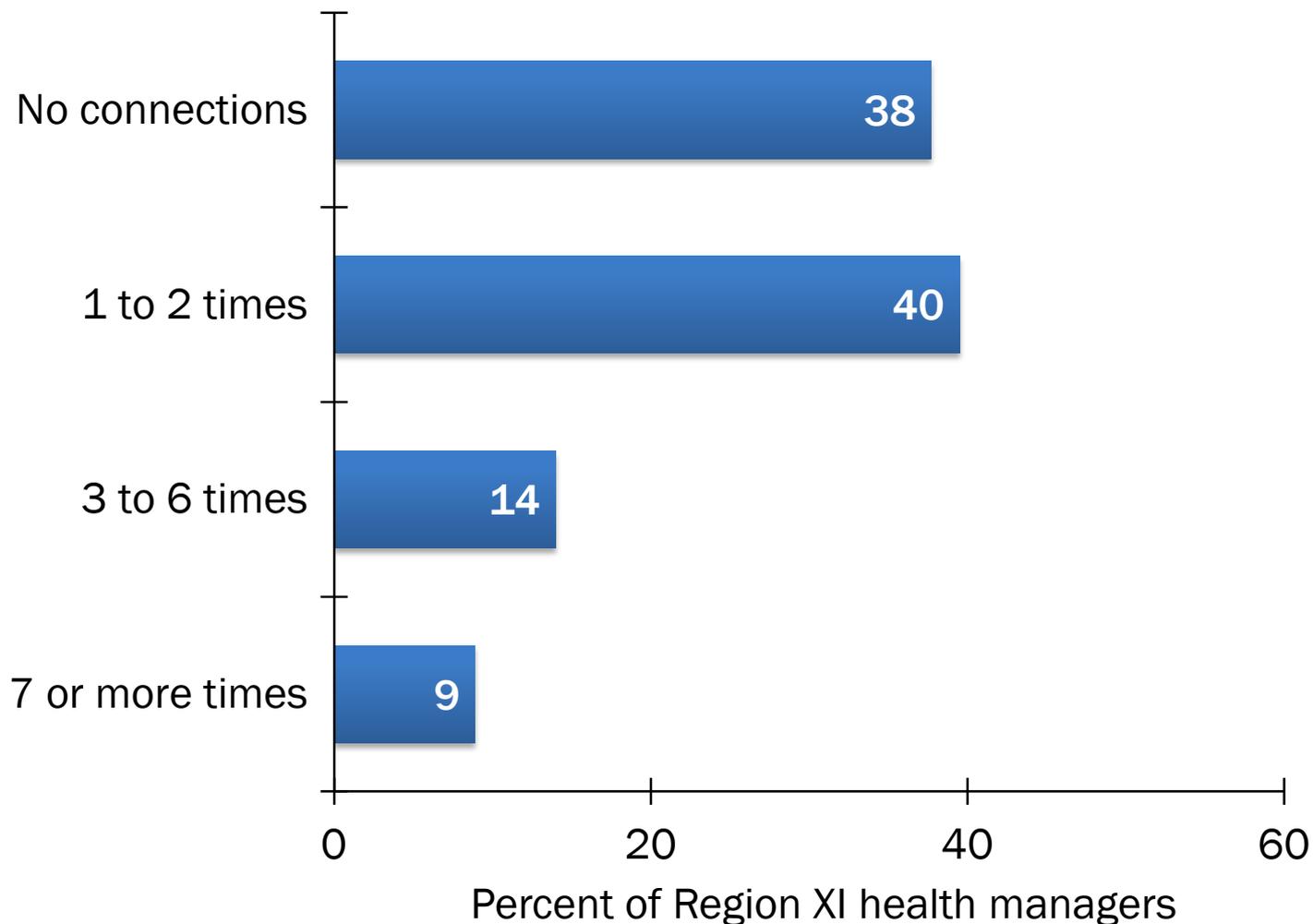
Health managers interviewed expressed an interest in more applied training

I am very new to this position. I am learning new things every day and want to learn as much as I can. I need help figuring out what is the best way to conduct the duties that are required and how to make them better. I would have loved a basic training course on this and found information for Head Start, but it is hard to find the answers to the questions I have about it. —Health manager

For me, health manager training would be very effective to go over the requirements, standards, what current Head Starts are doing, different strategies, stakeholders, and resources that are available. —Health manager

Many Region XI health managers do not connect with their peers

Number of connections with other HMs in past year



SOURCE: Analysis of Head Start Health Manager Survey, Region XI respondents.

Key findings: Staffing & managing the health services area

The health manager workforce is diverse in terms of personal characteristics and brings relevant health-related education, training, and professional experience to the job

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The HSAC serves an important function in linking programs to a diverse array of stakeholders and providing supportive resources for HS/EHS programs

Region XI HSACs

- Most Region XI programs (84%) manage 1 HSAC
- Most Region XI programs (89%) do not share their HSAC with another program
- Region XI HSACs had an average of 14 members (median is 10 members)
 - About 72% were considered active members
- Region XI HSACs typically meet every 2 to 5 months (42%) or twice a year (40%); some more frequently than that

Region XI HSACs contain varied expertise

Percent of Region XI programs with representation on HSAC

Medical care providers	92%
Oral health providers	87%
Program administrator(s)	86%
Indian health service	79%
Health educators	69%
Parents/guardians	68%
Mental health experts	68%

Percent of Region XI programs with representation on HSAC

Behavioral health providers	66%
Nutritionists	66%
Family service worker(s)	61%
WIC or other food/nutrition staff	62%
Public health dept. staff	42%



SOURCE: Analysis of Head Start Health Manager Survey, Region XI respondents.

HSACs make important contributions

- Majority of program HMs agree or strongly agree that HSAC
 - Helps to inform about current and emergent health issues, trends, and best practices
 - Helps to develop health policies and procedures
 - Supports parent/guardian in becoming advocates for their children's health
 - Helps to establish ongoing, collaborative partnerships with community organizations
 - Educates health care providers, other professionals, and community leaders or policy makers on the needs and issues of HS/EHS children and families

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Key findings: Landscape of health programs and services

Geocoded data demonstrate the HS/EHS programs are in diverse communities with, on average, high child poverty, and health care resources shortages compared with the U.S. average

County-level characteristics for Region XI AIAN programs

County-level characteristic	Average for all HS/EHS programs	Average for Region XI programs
Percent of population classified as AIAN	2%	17%
Percent of children under 5 in poverty	27%	29%
Percent of children under 6 without health insurance	6%	11%
Teen birth rate (per 1,000 births)	42	52
Percent of program centers in urban area or urban cluster	74%	19%
Percent of population with limited access to healthy foods	6%	11%
Percent of program centers in a county with one or more:		
Medically underserved areas	46%	68%
Primary care health professional shortage areas	50%	76%
Mental health professional shortage areas	53%	81%
Dental health professional shortage areas	44%	66%

Distances to health-related resources for Region XI AIAN programs

Average percent of program centers with at least one provider or facility within 10 miles	All HS/EHS programs	Region XI programs
Mental health professionals accepting Medicaid		
Outpatients only	79%	46%
Adult outpatients only	79%	45%
Child outpatients only	77%	55%
Hospitals	83%	46%
FQHC	70%	48%
Medical college	65%	32%
Dental schools	44%	11%
Mental health or social health school	42%	17%

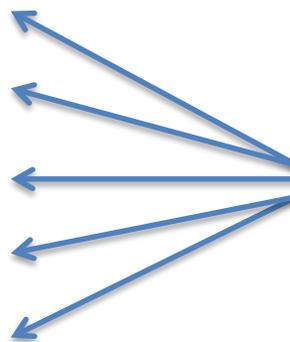
Key findings: Landscape of health programs and services

Geocoded data demonstrate the HS/EHS programs are in diverse communities with, on average, more minorities, high child poverty, and health care resources shortages compared with the U.S. average

Health managers identify an array of health concerns affecting children and families, although overweight and obesity, as well as tooth decay are consistently at the top of the list

Major health concerns facing children and families in Region XI programs

Children's physical and oral health	
Tooth decay or cavities	92%
Overweight and obesity	80%
Asthma or other lung disease	64%
Ear infection	54%
Vision conditions	33%



Percent of Region XI programs for which health manager reported health issue is a major concern in their program

Major health concerns facing Region XI children and families

Children's physical and oral health		Children's behavioral health and developmental delay	
Tooth decay or cavities	92%	Developmental delays	77%
Overweight and obesity	80%	Child abuse or neglect	58%
Asthma or other lung disease	64%	ADHD or ADD	47%
Ear infection	54%	Family violence	43%
Vision conditions	33%	Autism spectrum disorders	34%

Family/adult physical and behavioral health	
Overweight and obesity	88%
Alcohol	80%
Diabetes	74%
Smoking	73%
Illegal substance/drug depend.	63%



SOURCE: Analysis of Head Start Health Manager Survey, Region XI respondents.

Key findings: Landscape of health programs and services

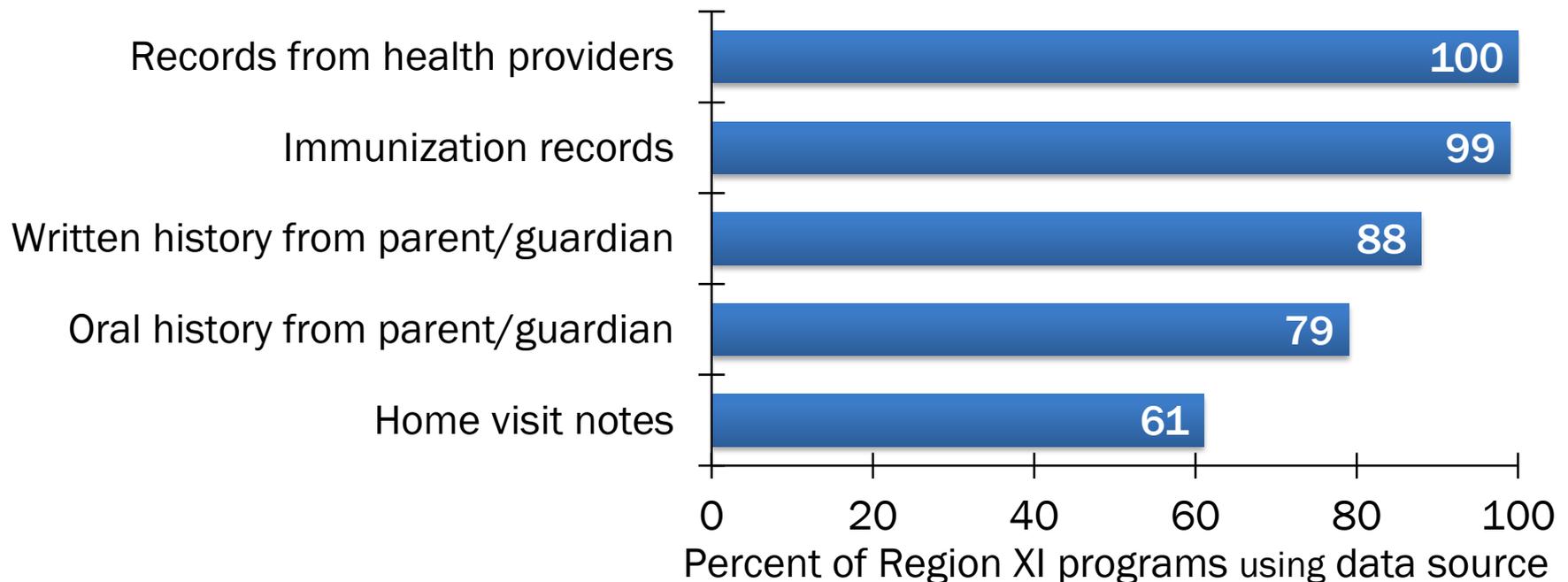
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Almost all HS/EHS programs track child health information using a formal (electronic) system, but the variety of sources involved and the frequency with which records must be updated are viewed as burdensome

All Region XI programs have a process for tracking health information

- Most use an electronic system (74%), one quarter use a paper system (26%)
- HMs use a variety of sources to populate the health record



Key findings: Landscape of health programs and services

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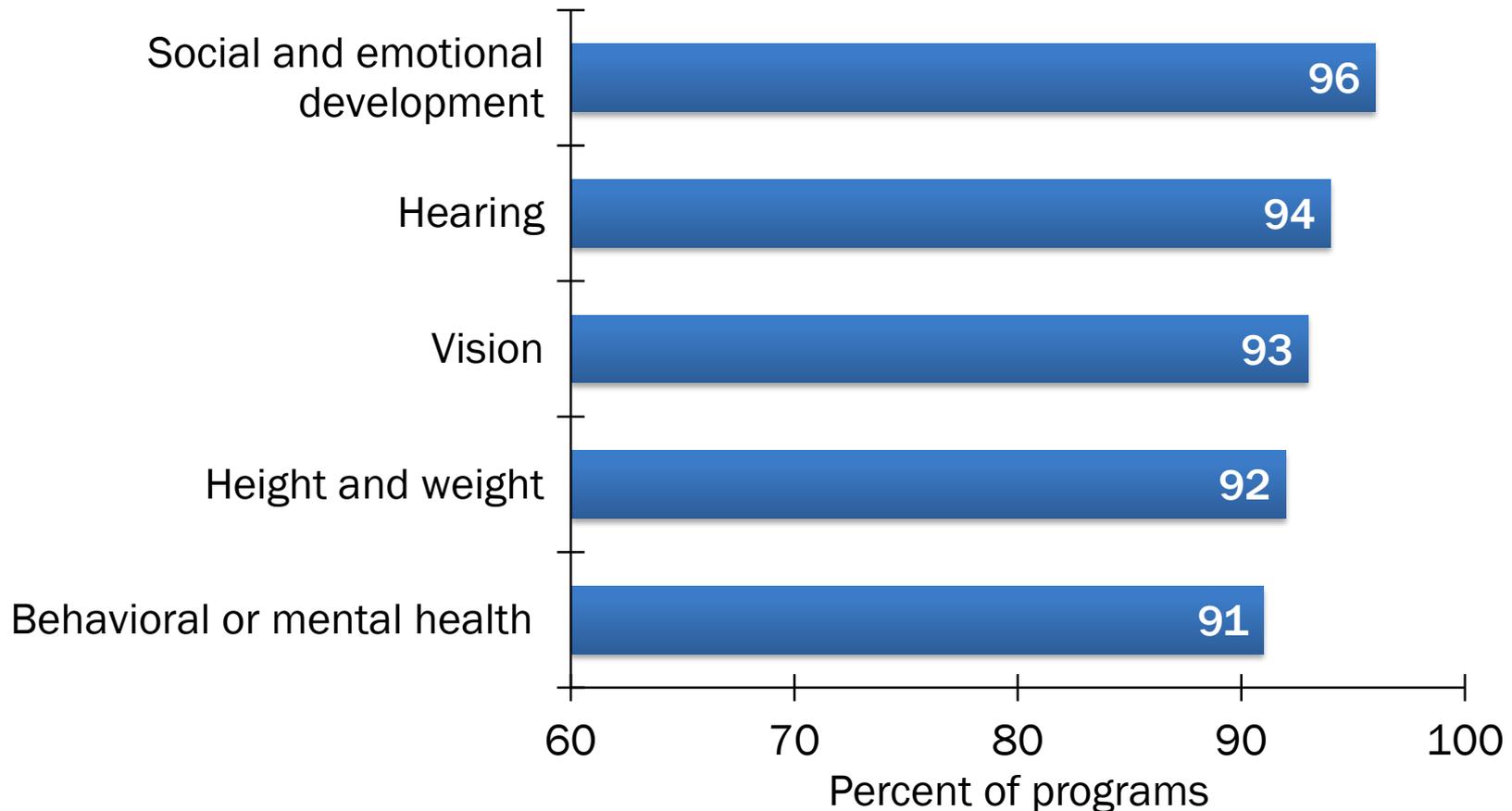
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Almost all programs report conducting required health screenings (e.g., developmental, sensory) using a variety of strategies to ensure that screenings are performed and that parents follow up

Programs provide many free health screenings

Programs offering free health screenings on-site



Programs use varied approaches to ensure screenings are conducted

Percent of programs using process to ensure child receives necessary screenings

Conducting a periodic review of child health files to ensure that screenings were received	92%
Following up with health care providers to obtain copy of health service record	85%
Following up with parents/guardians to ensure that screenings were completed	85%
Following up with classroom teachers	64%
Discussing with health staff at regular program meetings	63%

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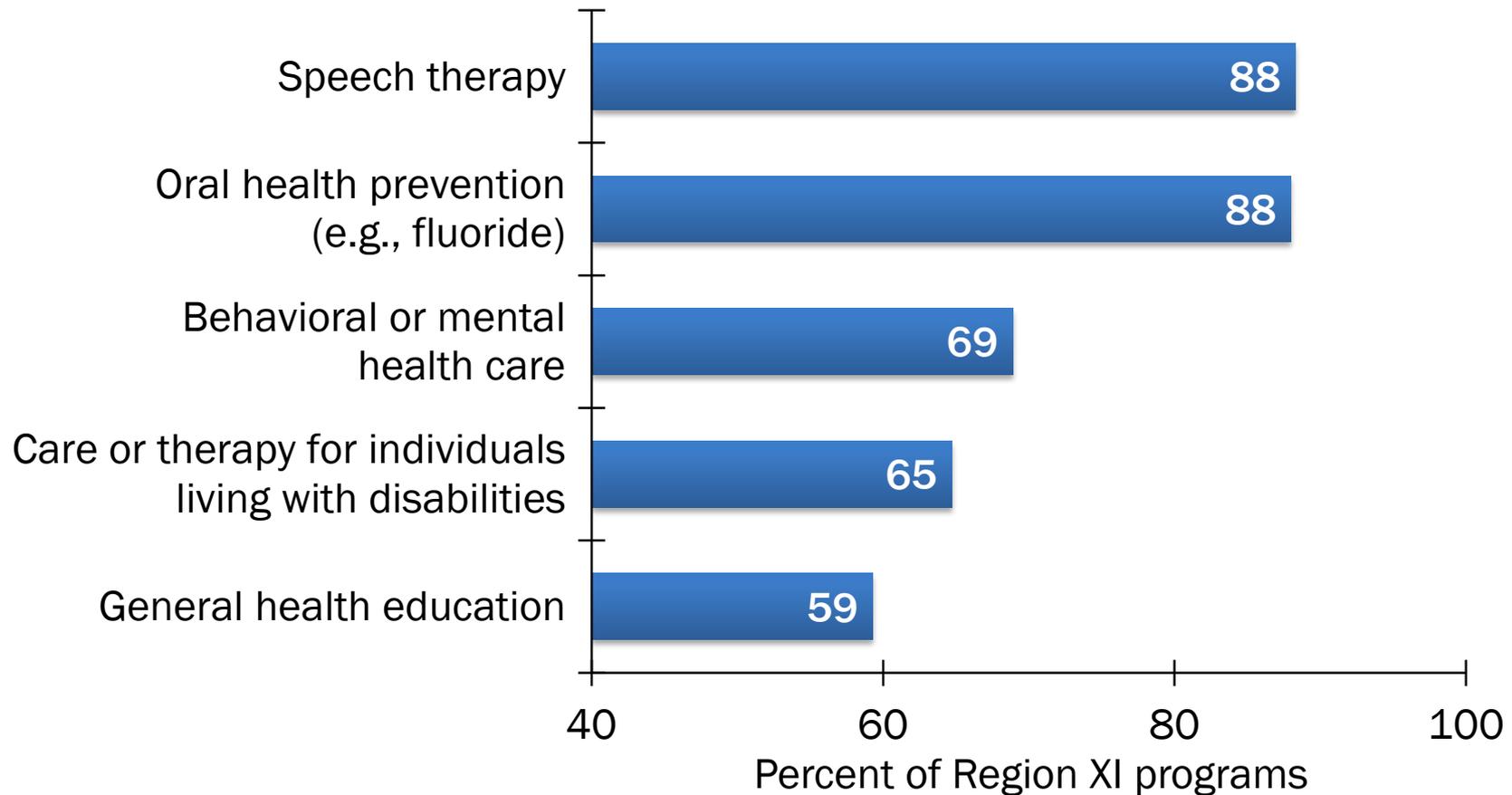
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A range of health services are offered onsite such as speech therapy, behavioral or mental health services, care or therapy for children living with disabilities, and oral disease prevention (e.g., fluoride) and most programs offer multiple services

Providers deliver varied health services onsite at Region XI programs

Types of medical care that providers deliver on-site at Region XI programs



Key findings: Landscape of health programs and services, *continued*

A majority of programs provide a number of other health-related services (e.g., assistance enrolling in insurance coverage, parent education and workshops) which extends the comprehensive nature of what is offered

Region XI programs offer other health-related services to families

Percent of Region XI programs offering other health-related services for families

Workshops or education on parenting	83%
Information about health insurance and assistance enrolling	83%
Health related events for the entire family including health services for other family members	69%
Health literacy	62%
Health or social services offered collaboratively by service agencies such as hospitals	57%
Weight management program or education	43%
Adult literacy or health program (including Adult Basic Education)	41%
Smoking cessation	29%

Key findings: Landscape of health programs and services, *continued*

A majority of programs provide a number of other health-related services (e.g., assistance enrolling in insurance coverage, parent education and workshops) which extends the comprehensive nature of what is offered

For all types of health services (screenings, physical health, behavioral and mental health, and oral health), health managers identified several common barriers to ensuring that children receive needed services

Reported barriers to children receiving health services

- Parent/guardian does not understand importance of screening/treatment or resistance to screening/treatment
- Families change their phone numbers or numbers are not current
- Lack of transportation to provider office
- Families move a lot/mailing addresses are not current
- Parent/guardian lack of time
- Insurance or out-of-pocket costs

Key findings: Landscape of health programs and services, *continued*

A majority of programs provide a number of other health-related services (e.g., assistance enrolling in insurance coverage, parent education and workshops) which extends the comprehensive nature of what is offered

For all types of health services (screenings, physical health, behavioral and mental health, and oral health), health managers identified several common barriers to ensuring that children receive needed services

HS/EHS programs address a wide array of health promotion topics in classrooms, with parents, and in the home, but programs do not always use evidence-based curricula

Health promotion activities with families cover a range of topics

Topics covered by 75% or more of programs	Topics covered by 51% to 74% of programs
Nutrition and/or healthy eating practices	Head lice
Oral hygiene	Education on asthma triggers or prevention
Physical activity and/or fitness	Tobacco use prevention or cessation
Hand washing or hand hygiene	CPR or first aid
Injury prevention and safety	Importance of sleep or rest for children
Importance of immunizations	Prenatal health
Behavioral or mental health	Sun safety and skin cancer prevention
Environmental health	Breastfeeding/lactation
	Postpartum health and care
	Violence prevention
	Caring for an infant

Few programs report using evidence-based curricula

- Most programs report using stand-alone health resources or education materials that have not been evaluated for effectiveness
- Little overlap in materials across programs
- Evidence base behind resources is not known
- Curricula used most often for
 - Oral health (Bright Smiles, Bright Futures; Cavity Free Kids)
 - Obesity prevention (Color Me Healthy, SPARK)
 - General health and wellness (Growing, Growing Strong; Partners for a Healthy Baby)

Key findings: Landscape of health programs and services, *continued*

A majority of programs provide a number of other health-related services (e.g., assistance enrolling in insurance coverage, parent education and workshops) which extends the comprehensive nature of what is offered

For all types of health services (screenings, physical health, behavioral and mental health, and oral health), health managers identified several common barriers to ensuring that children receive needed services

HS/EHS programs address a wide array of health promotion topics in classrooms, with parents, and in the home, but programs do not always use evidence-based curricula

Staff wellness activities are less common compared with the health promotion activities offered for families

Some programs also provide health promotion services to staff

Percent of programs offering staff health promotion services in last year

Injury prevention	62%
Stress management	60%
Physical activity	53%
Weight management	52%
Physical health screenings	43%
Tobacco cessation	23%
Asthma management	15%
Oral health screenings	12%
Cancer screenings	11%

Today's session

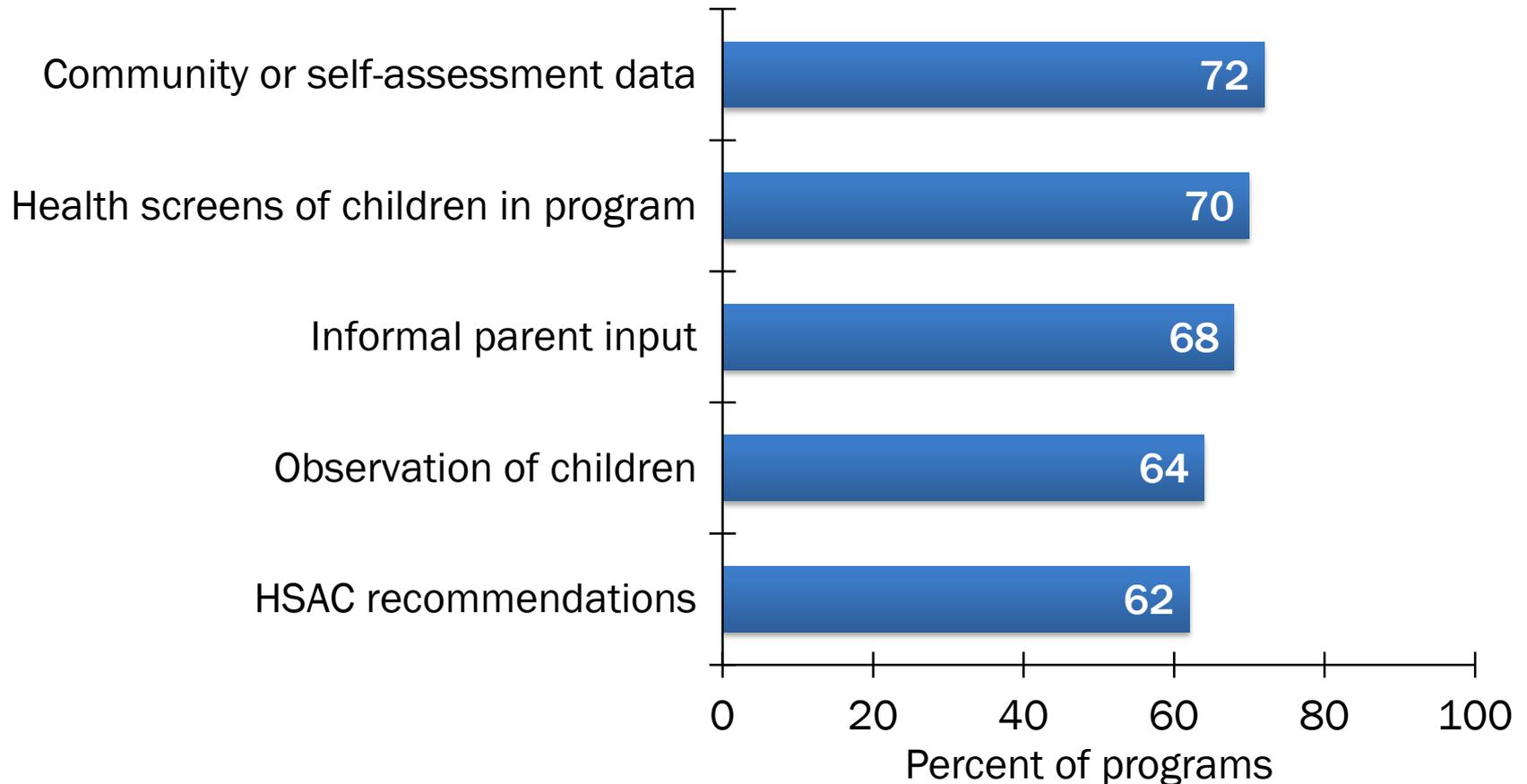
- Study approach
- Key findings
 - Staffing and managing the health services area
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 - Community partnerships and other resources
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- What does this mean for Head Start health services area
- Dissemination

Key findings: Prioritizing, implementing & sustaining health services

Health managers draw on a wide range of resources to inform their choice of health services and activities in the areas where they have the most discretion (e.g., staff training, health promotion)

Programs use many sources of information to pick which health topics to address

Information health managers use to prioritize health promotion activities



Prioritization of health promotion topics in parent meetings and in the home is largely family driven

During our monthly parents meetings, we ask the parents what they would like to learn for the month and we'll look for trends but we also map the topics we discuss with parents to health issues related to the season. Sometimes the health manager tells us what we have to do—pedestrian safety for example is required. But for the most part, it's family driven. —Family service worker

We have parents fill out parent interest sheet. We ask whether they want information about nutrition, meals, child height and weight, etc. —Home visitor

Key findings: Prioritizing, implementing & sustaining health services

Health managers draw on a wide range of resources to inform their choice of health services and activities in the areas where they have the most discretion (e.g., staff training, health promotion)

Health managers use varied approaches for prioritizing and implementing health activities, tailoring activities implemented with staff, in the classroom, with parents, or in the home

Region XI health managers rely on varied sources of information for program planning

Percent of Region XI programs where health manager uses information source

Sources of information	
Head Start website	75%
Recommendation from consulting provider or other partner	66%
Prior use/familiarity with the curriculum	66%
Recommendation from HSAC	64%
General internet search	63%
Child care health and safety resources	56%
Recommendation from state or local government	48%
Professional association websites or listservs	47%
Technical assistance networks for HS/EHS	46%
Recommendation of other HS/EHS programs	42%



SOURCE: Analysis of Head Start Health Manager Survey, Region XI respondents.

Key findings: Prioritizing, implementing & sustaining health services

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Programs use multiple strategies to engage families in the full range of health services and supports; obtaining buy-in from teachers and other staff is also important

Programs use multiple strategies to engage families in health services

- Three quarters (75%) of programs often or always selected or adapted materials to match the cultures and languages of families they served
- Programs used several methods to encourage parent/guardian participation
 - Serve food or snacks (78%)
 - Offer incentives such as door prizes or products (62%)
 - Provide child care (65%)
 - Provide interpreters (50%)
 - Provide transportation (44%)

Most common challenges to starting health promotion activities in Region XI

Percent of Region XI programs where health manager reports challenge

Challenges to starting health promotion activities	
Lack of parent or family interest/support in the topic	65%
Lack of parent or family time to engage in the activity or timing of activity	49%
Limited time to implement	47%
Not enough time to provide training to staff	41%
Lack of staff buy-in	30%
Competing program priorities	29%
Limited parent literacy	14%

Key findings: Prioritizing, implementing & sustaining health services

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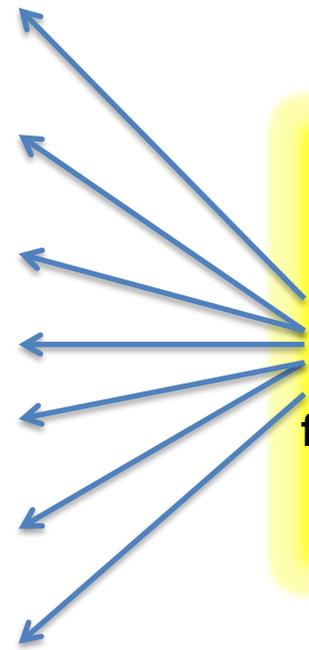
Programs use multiple strategies to engage families in the full range of health services and supports; obtaining buy-in from teachers and other staff is also important

Funding for health services comes primarily from program funds, public or private health insurance coverage, and in-kind contributions from providers

Programs rely on varied funding sources to support health promotion activities

Source of funding	Health promotion
HS/EHS program budget	69%
Medicaid/SCHIP, SCHIP, other publicly funded insurance for children	41%
County indigent funds	2%
Private insurance	24%
Family self-pay, out of pocket expense	9%
Grant funding from an external source	23%
In-kind contributions from providers	58%

Percent of programs reporting they use a given funding source for specific health services component



Programs rely on varied funding sources to support health promotion activities

Source of funding	Health promotion	Family health promotion	Staff health promotion
HS/EHS program budget	69%	71%	52%
Medicaid/SCHIP, SCHIP, other publicly funded insurance for children	41%	33%	4%
County indigent funds	2%	2%	0%
Private insurance	24%	17%	18%
Family self-pay, out of pocket expense	9%	9%	16%
Grant funding from an external source	23%	28%	14%
In-kind contributions from providers	58%	59%	34%



SOURCE: Analysis of Head Start Health Manager Survey, all respondents (first three columns) and Region XI respondents (final column).

Programs are more likely to tap insurance sources for treatment services

Source of funding	Health promotion	Family health promotion	Staff health promotion	Treatment services (Region XI)
HS/EHS program budget	69%	71%	52%	26%
Medicaid/SCHIP, SCHIP, other publicly funded insurance for children	41%	33%	4%	59%
County indigent funds	2%	2%	0%	4%
Private insurance	24%	17%	18%	50%
Family self-pay, out of pocket expense	9%	9%	16%	16%
Grant funding from an external source	23%	28%	14%	7%
In-kind contributions from providers	58%	59%	34%	27%



SOURCE: Analysis of Head Start Health Manager Survey, all respondents (first three columns) and Region XI respondents (final column).

Key findings: Prioritizing, implementing & sustaining health services

Health managers draw on a wide range of resources to inform their choice of health services and activities in the areas where they have the most discretion (e.g., staff training, health promotion)

Health managers use varied approaches for prioritizing and implementing health activities, tailoring activities implemented with staff, in the classroom, with parents, or in the home

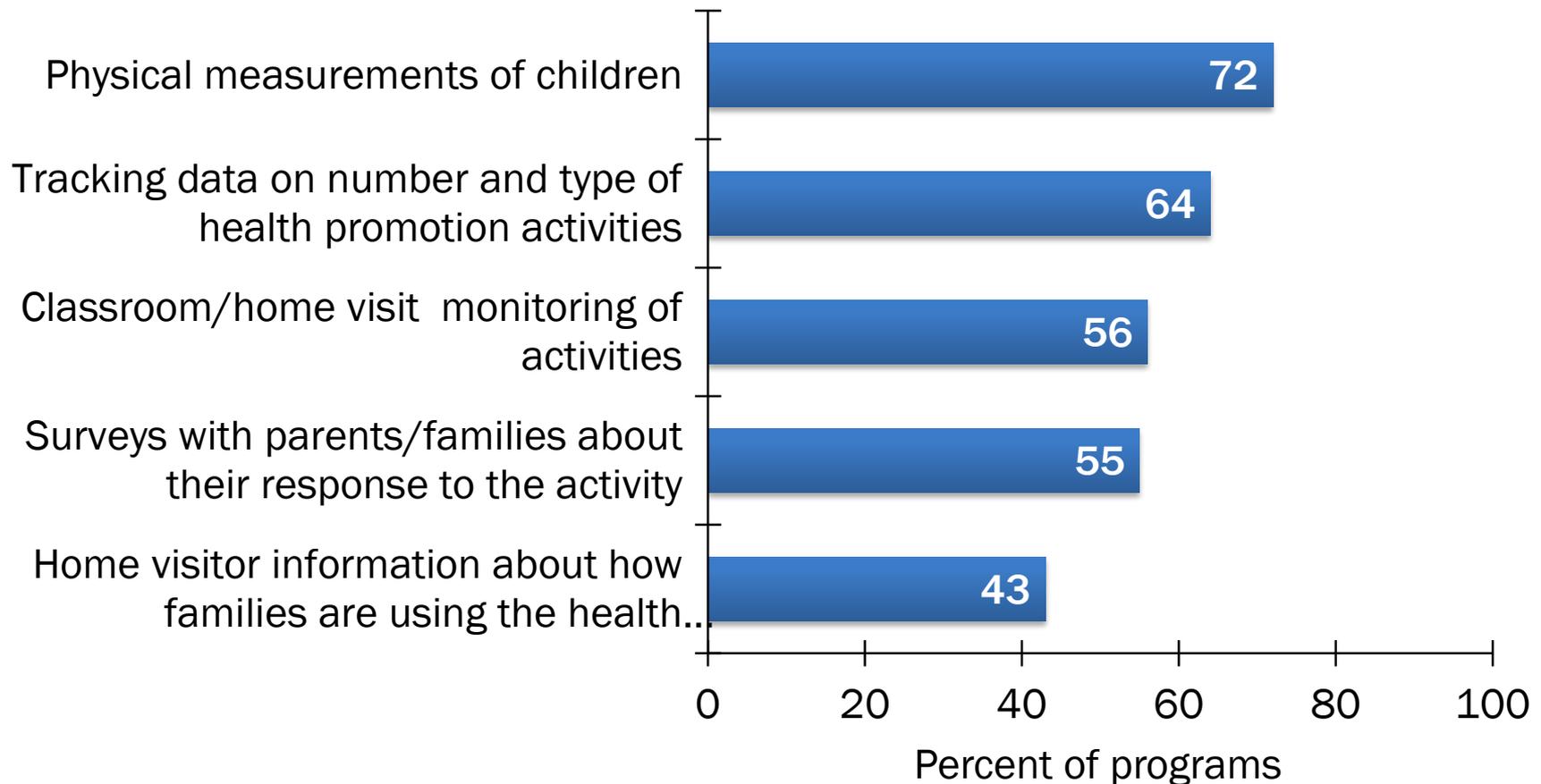
Programs use multiple strategies to engage families in the full range of health services and supports; obtaining buy-in from teachers and other staff is also important

Funding for health services comes primarily from program funds, public or private health insurance coverage, and in-kind contributions from providers

Health managers state monitoring efforts focus on process rather than outcomes, with health managers lacking time or expertise to undertake more rigorous evaluation

Monitoring of health promotion activities focuses on process more than outcomes

Approaches to monitoring health promotion activities



Today's session

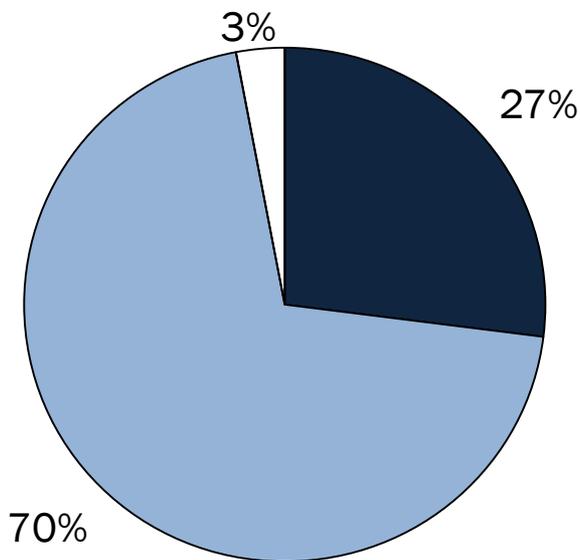
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Key findings: Community partnerships and other resources

To coordinate physical health services, most programs rely on formal mechanisms with providers (e.g., MOUs) and most programs view their partnerships as adequate or very adequate

Partnerships in Region XI for physical health services are reported to be adequate

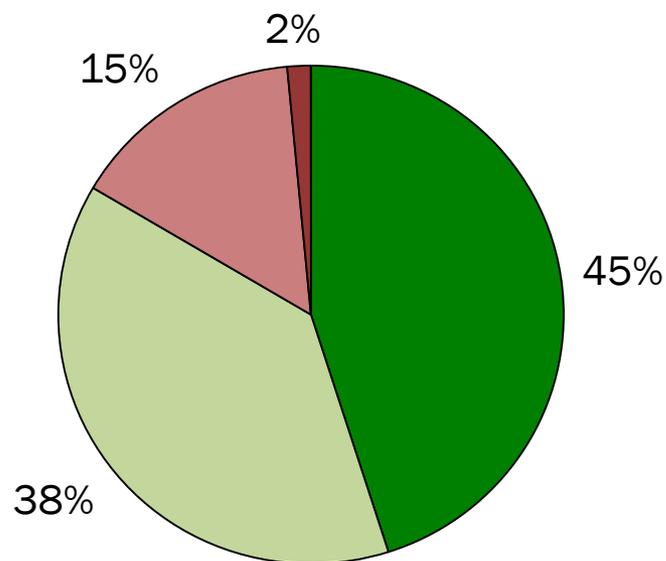
Partnerships include formal and informal interactions*



- Formal agreements or MOU
- Both formal and informal interactions
- Informal interactions only

* All respondents (supplement question).

83% of Region XI programs view partnerships as very adequate or adequate

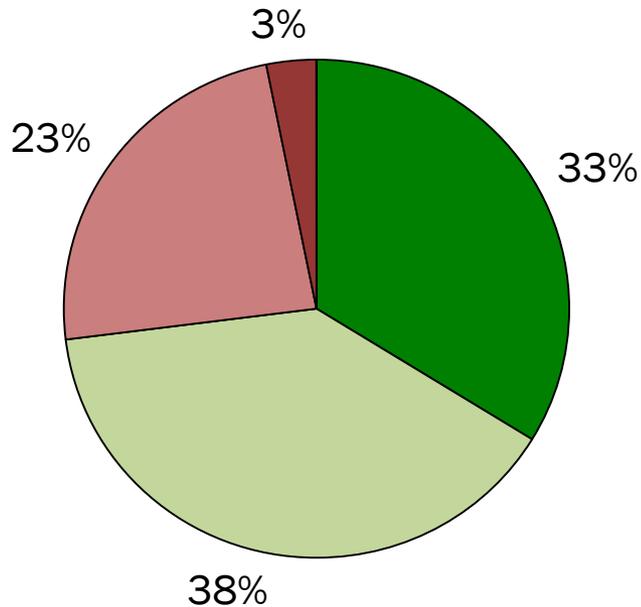


- Very adequate
- Adequate
- Somewhat adequate
- Not adequate

Partnerships in Region XI to address the physical needs of children living with disabilities are viewed less favorably

FOR CHILDREN LIVING WITH DISABILITIES

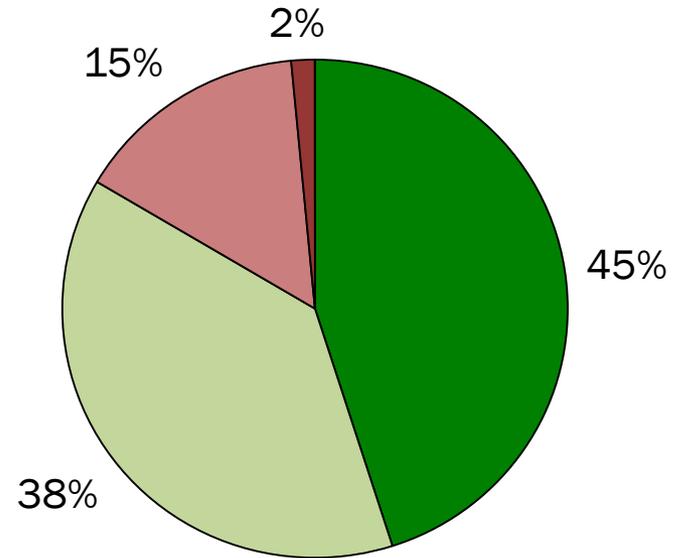
71% of Region XI programs view partnerships as very adequate or adequate



■ Very adequate ■ Adequate
■ Somewhat adequate ■ Not adequate

FOR ALL CHILDREN IN PROGRAM

83% of Region XI programs view partnerships as very adequate or adequate



■ Very adequate ■ Adequate
■ Somewhat adequate ■ Not adequate

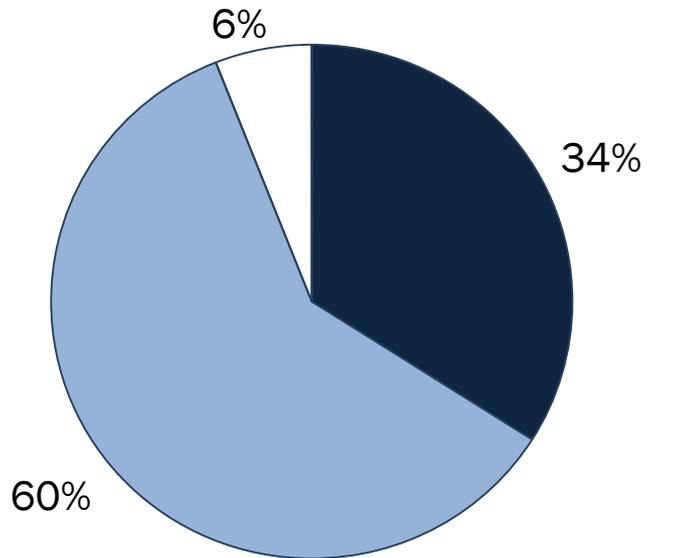
Key findings: Community partnerships and other resources

To coordinate physical health services, most programs rely on formal mechanisms with providers (e.g., MOUs) and most programs view their partnerships as adequate or very adequate

Formal mechanisms also predominate in relationships with behavioral and mental health providers, but they are less likely to be viewed as adequate or very adequate

Two thirds of partnerships for behavioral/mental health services in Region XI are viewed as adequate

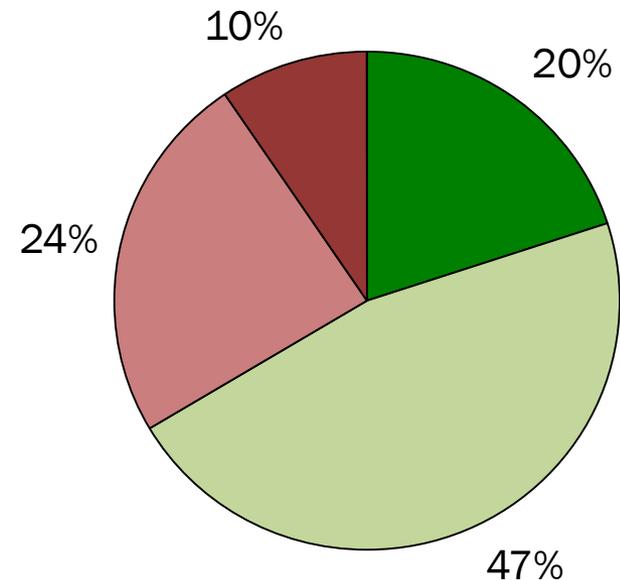
Partnerships include formal and informal interactions*



- Formal agreements or MOU
- Both formal and informal interactions
- Informal interactions only

* All respondents (supplement question).

67% of Region XI programs view partnerships as very adequate or adequate



- Very adequate
- Adequate
- Somewhat adequate
- Not adequate

Key findings: Community partnerships and other resources

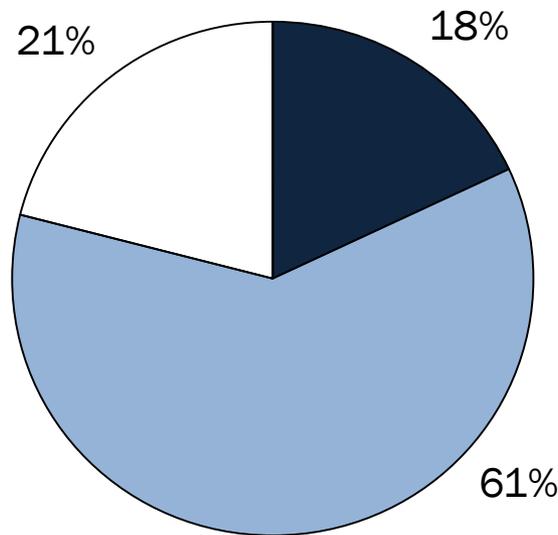
To coordinate physical health services, most programs rely on formal mechanisms with providers (e.g., MOUs) and most programs view their partnerships as adequate or very adequate

Formal mechanisms also predominate in relationships with behavioral and mental health providers, but they are less likely to be viewed as adequate or very adequate

Compared with physical health services, partnerships with oral health providers are less likely to be formalized or viewed as adequate or very adequate

Three quarters of partnerships for oral health services in Region XI are viewed as adequate

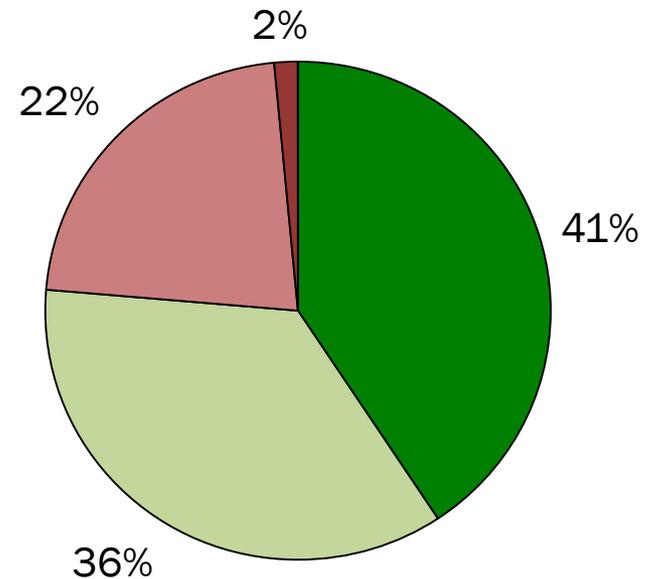
Partnerships include formal and informal interactions*



- Formal agreements or MOU
- Both formal and informal interactions
- Informal interactions only

* All respondents (supplement question).

77% of Region XI programs view partnerships as very adequate or adequate



- Very adequate
- Adequate
- Somewhat adequate
- Not adequate

SOURCE: Analysis of Head Start Health Manager Survey, all respondents (left chart) and Region XI respondents (right chart).

Partnership agreements have varied provisions to support health services area

Content of partnership agreements	Percent of programs		
	Physical health services	Behavioral health services	Oral health services
Resources or payments to providers	45%	49%	49%
Training for HS/EHS staff	59%	80%	43%
Services provided at HS/EHS sites	52%	83%	57%
Services provided at other sites/locations	54%	62%	51%
Provisions to pregnant women	28%	47%	35%
Joint planning	35%	47%	18%
Consultation	62%	79%	40%
Outreach	39%	37%	27%

Key findings: Community partnerships and other resources

To coordinate physical health services, most programs rely on formal mechanisms with providers (e.g., MOUs) and most programs view their partnerships as adequate or very adequate

Formal mechanisms also predominate in relationships with behavioral and mental health providers, but they are less likely to be viewed as adequate or very adequate

Compared with physical health services, partnerships with oral health providers are less likely to be formalized or viewed as adequate or very adequate

Programs work with a wide range of other community partners and, while viewed as valuable, they also require a significant investment of time to develop and maintain and some gaps exist

Programs work with a wide array of organizations in the community

Percent of programs reporting normally work with agency

Food/nutrition agency	83%
Local health department/department of public health	82%
Community health centers and/or local hospitals	75%
Public schools / LEA	66%
Community behavioral or mental health center	63%
Social service agency	63%
Safety net dental clinics	59%
Part C/Part B IDEA partners	48%

Minority of Region XI programs say some health needs are not met by existing relationships

Percent of Region XI programs reporting health need is not met or met well by agencies/organizations working with now

Programs for smoking cessation	38%
Treatment for alcohol or substance use	36%
Services for weight control	35%
Behavioral health care	35%
Environmental health concerns	34%
Oral health care	22%

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Key findings: Cross-cutting issues

There are too many requirements and not enough time

There are too many requirements and not enough time

- Health managers were frustrated by the number of requirements and noted that it takes time away from prevention and health promotion activities that they consider more important

I have been here seven years. Compliance with paperwork, and creating reports and data tracking, and ensuring new staff are trained takes 97 percent of my time. —Health manager

Key findings: Cross-cutting issues

There are too many requirements and not enough time

There is a lack of clarity around some of the health-related Head Start Program Performance Standards

There is a lack of clarity around Head Start standards

I suggest that HS/EHS provide health managers with very specific training about program requirements, expectations, and implementation. At national trainings, there is a trend for the presenters to clarify that they cannot provide specific guidance or answers about HS/EHS regulations. This is very difficult for health managers to be specific and effective at their site. —Health manager

I think the federal HS/EHS program staff need to remember that often times, parents are hired as staff who need much education to become knowledgeable and efficient in their positions. For this reason, I would encourage those who write standards and policies to do so using wording that is well explained and easily understood. —Health manager

Key findings: Cross-cutting issues

There are too many requirements and not enough time

There is a lack of clarity around some of the health-related Head Start Program Performance Standards

Providers do not always offer health screens and services required for Head Start

Providers do not always offer health screens and services required for Head Start

- Places added burden on health manager
- Concern about undermining trust clinician has built with family

A lot of times, parents are totally on board but the doctor is not on board. We see this with lead screening, so when mom asked for lead screening the doctor said they didn't need it and this is a problem because the parent is getting two separate pieces of information from two trusted sources.

—Health manager

Key findings: Cross-cutting issues

There are too many requirements and not enough time

There is a lack of clarity around some of the health-related Head Start Program Performance Standards

Providers do not always offer health screens and services required for Head Start

Programs are being held accountable for parent and provider behavior

Programs are being held accountable for parent and provider behavior

- Health managers and their programs are considered out of compliance for others' actions

It would be very helpful if programs could create policies/procedures that carried consequences for all areas of health requirements, not just certain ones. For example, the percentage of children with up to date immunizations are 100% because there is a policy or consequence that states that a child is not able to attend class when an immunization is 30 days past due. However, programs are not allowed to exclude children who have not met other health requirements. This sends a mixed message to families that immunizations are important and other requirements are not. —Health manager

Ensuring provider compliance may require OHS involvement

- Health managers encouraged dialogue between OHS and medical community to address Head Start standards and take burden off local programs

Head Start needs to take a role in providing advocacy to the medical community to hold doctors/clinics accountable for providing EPSDT requirements if we are then required by OHS to uphold these mandates. We are having to provide more and more clinics at the school to ensure that children are up-to-date and in compliance for EPSDT requirements. Is this really the role of Head Start? —Health manager

Key findings: Cross-cutting issues

There are too many requirements and not enough time

There is a lack of clarity around some of the health-related Head Start Program Performance Standards

Providers do not always offer health screens and services required for Head Start

Programs are being held accountable for parent and provider behavior

Health services area is perceived by some health managers as a lower priority for Head Start program leadership and OHS

Health services area is perceived as a lower priority by some health managers

- Health managers have noticed cuts in staff and budget
- Current emphasis on school readiness may be contributing to decision to allocate resources to more academic outcomes

I believe in this program with my whole heart and have many success stories with my children. However IHS and Head Start in my opinion have slowly faded out health. Everything is about education. We seem to have lost sight that if the child is not healthy he/she cannot learn. I am very disappointed with the direction Head Start is going. Even the trainings all deal with education; very rarely are they health related. —Health manager

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Considerations for the future

For health services area workforce: Consider core training for HM role; staffing models with more administrative support

For professional development, training & TA: Consider more online training with actionable information; opportunities for networking/mentoring for HMs

For health management of children: Consider training for non-health staff to discuss sensitive health needs with parents

For health promotion: Consider identifying evidence-based curriculum that can be implemented with low cost

For community linkages: Consider innovative strategies to deepen relationships with community providers

For health services requirements: Consider reexamining requirements and opportunities to streamline

For future information gathering: Consider strategic additions to the PIR and greater use of geocoded data

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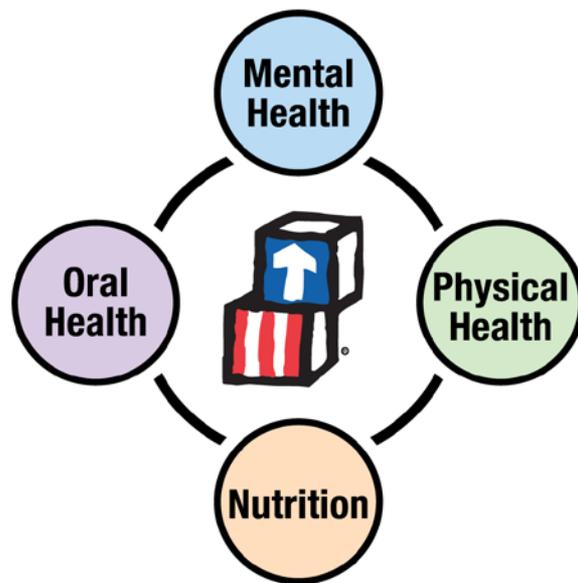
HSHM study dissemination

Full study report and associated documents are available online

- Main study report
- Tabulations by Head Start region
- Topical briefs on overweight and obesity, oral health, mental and behavioral health, and parent engagement
- Briefing charts for all regions, Region XI, and Region XII

www.acf.hhs.gov/programs/opre/research/project/head-start-health-managers-descriptive-study

<http://www.rand.org/health/projects/head-start.html>



Head Start Health Managers Descriptive Study