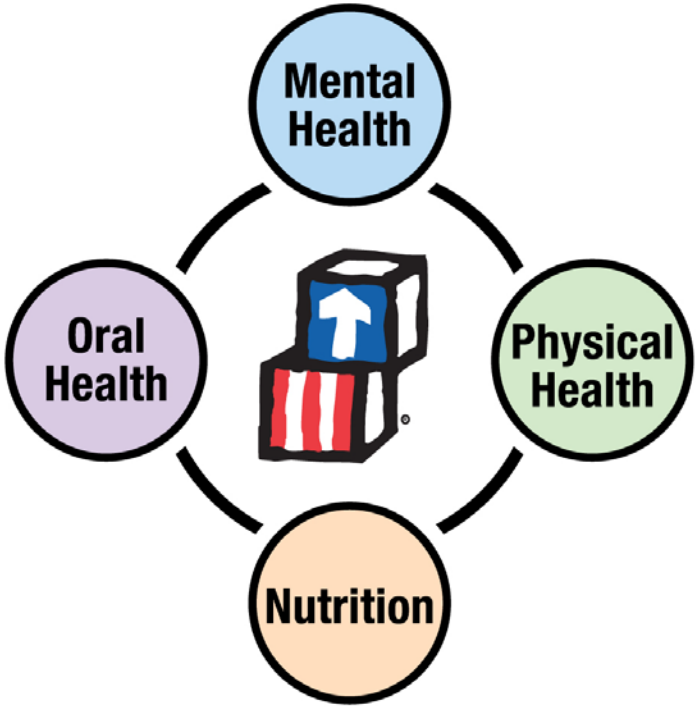

Head Start Health Managers Descriptive Study

Findings and Implications for Head Start and Early Head Start Programs

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)

*References are to Head Start Program Performance Standards (DHHS, 2014).

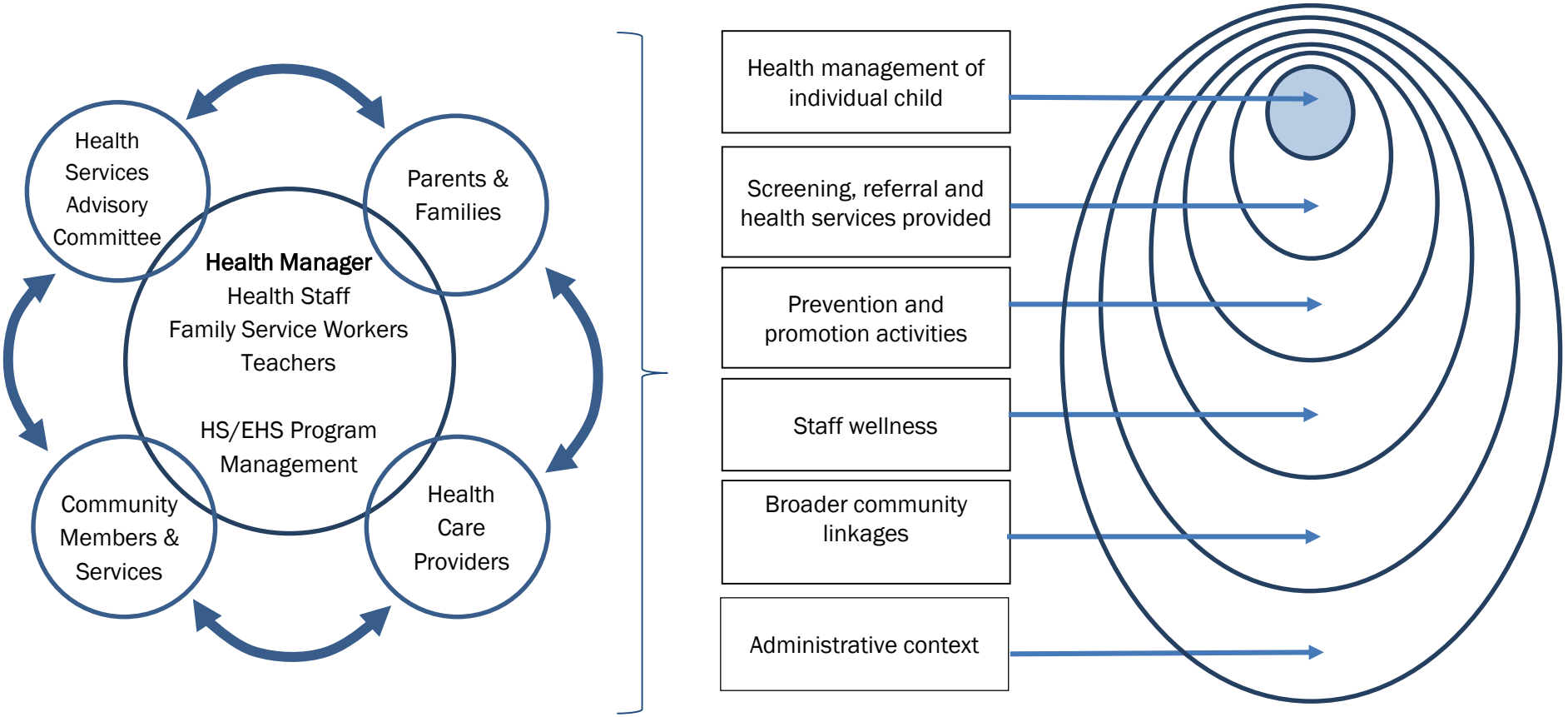
Specific goals of Head Start Health Manager Descriptive Study

- 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

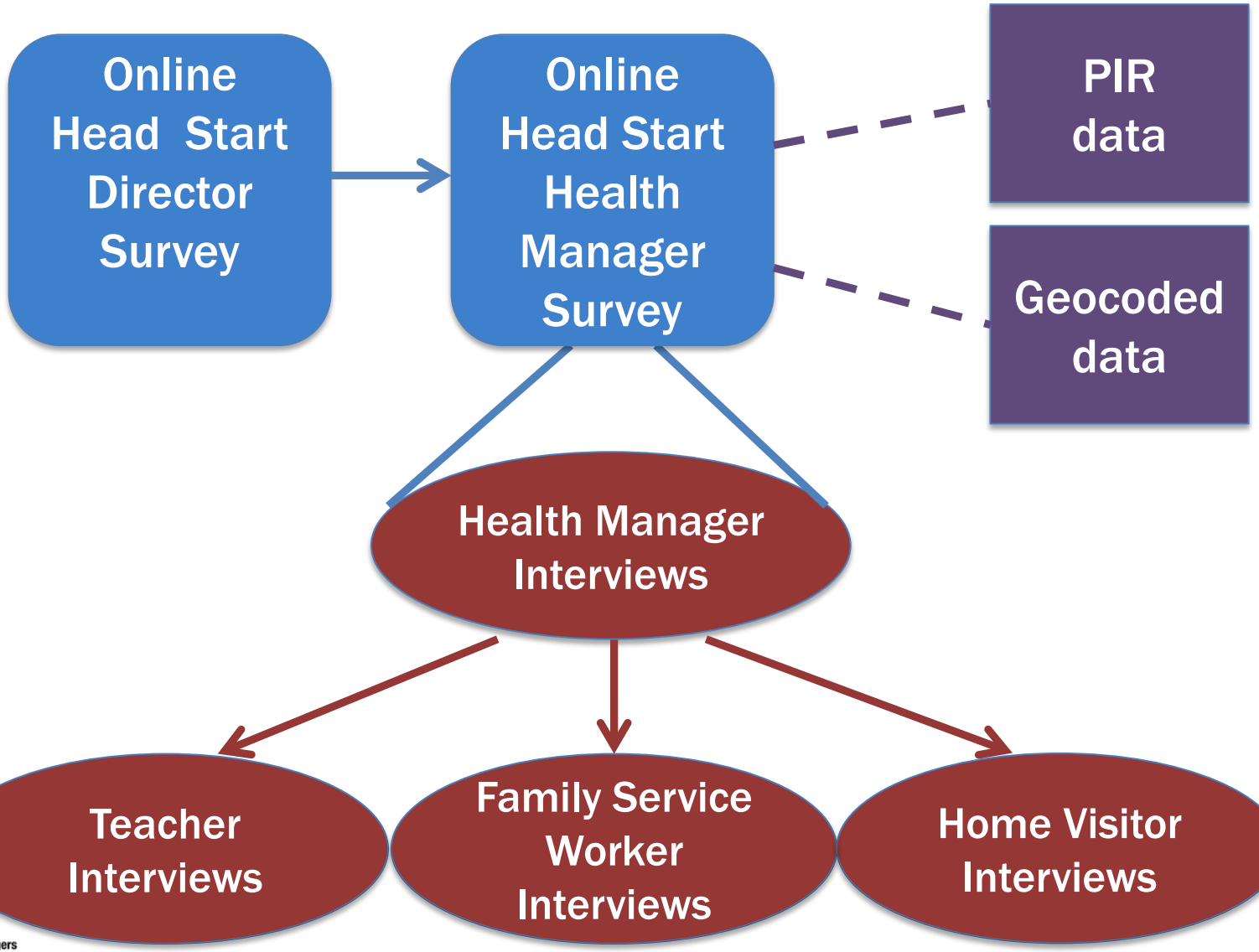
Study was guided by organizational framework showing stakeholders and health services area components



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

Data collection had multiple components



Data collection: Online surveys

HS Director Online Survey

(All regions N=1,627)

Survey weights account for nonresponse at director and health manager levels

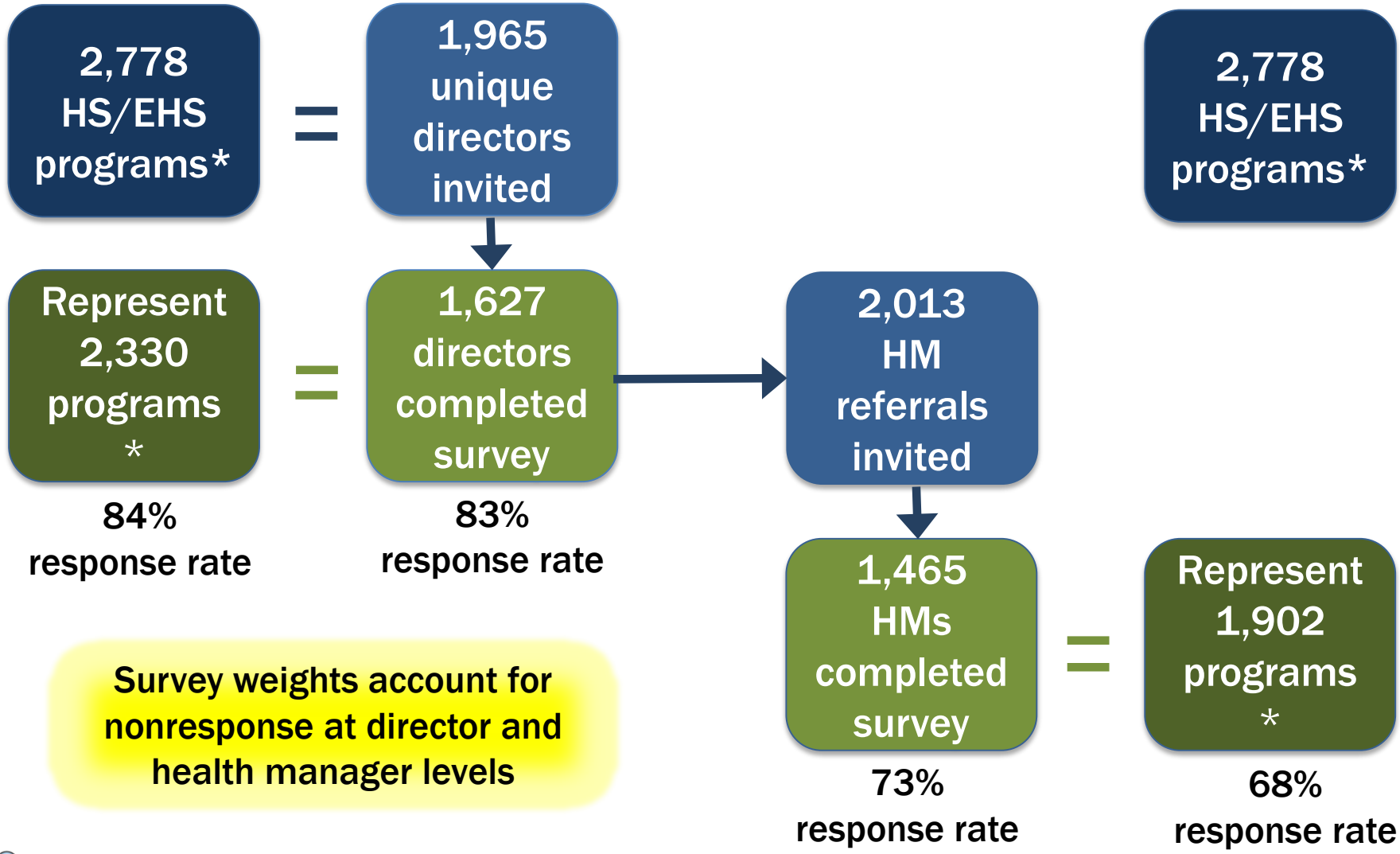
HS Health Manager Online Survey

((All regions N=1,465)

- All HS and EHS grantee and delegate agency directors as of November 2012 were invited to complete an online survey (1,965 directors in 2,778 programs)
- All regions included
- Directors made a referral to their program health manager(s)
- Director survey fielded from December 2012 to October 2013
- 1,627 directors in 2,330 programs completed the survey (83% response rate)

- All health managers referred by the directors were invited to complete an online survey (2,013 health managers)
- All regions included
- Health managers made referrals to other staff for interviews
- Health manager survey fielded from January to November 2013
- 1,465 health managers in 1,902 programs completed the survey (73% response rate)

Response rates for online surveys: All regions



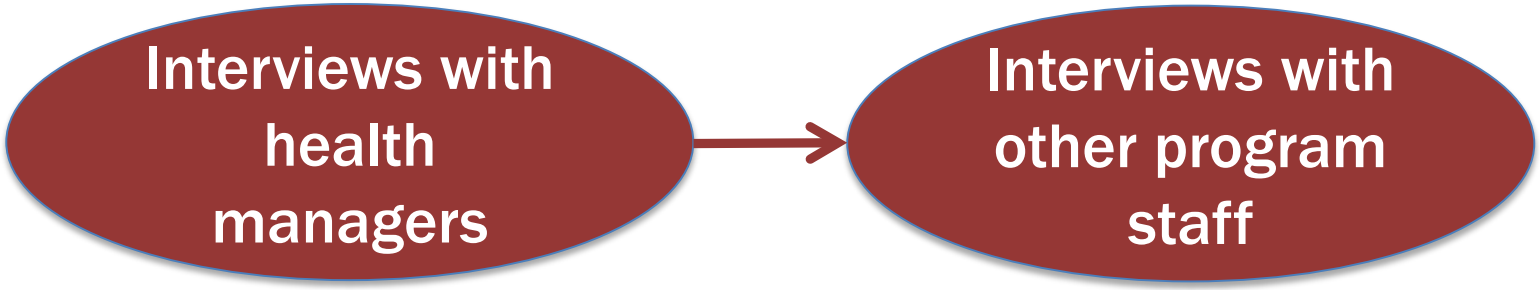
Head Start Health Managers Descriptive Study

*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: Interviews



- 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

- 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

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

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

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

HS/EHS health manager workforce has a diverse demographic profile

- Primarily female (96%)
- Primarily white (78%) and non-Hispanic (86%)
- Primarily English speaking (99%) and 95% speak English very well
- Spanish is most common other language (13%)
- Modal age group is 45 to 54 (31%)

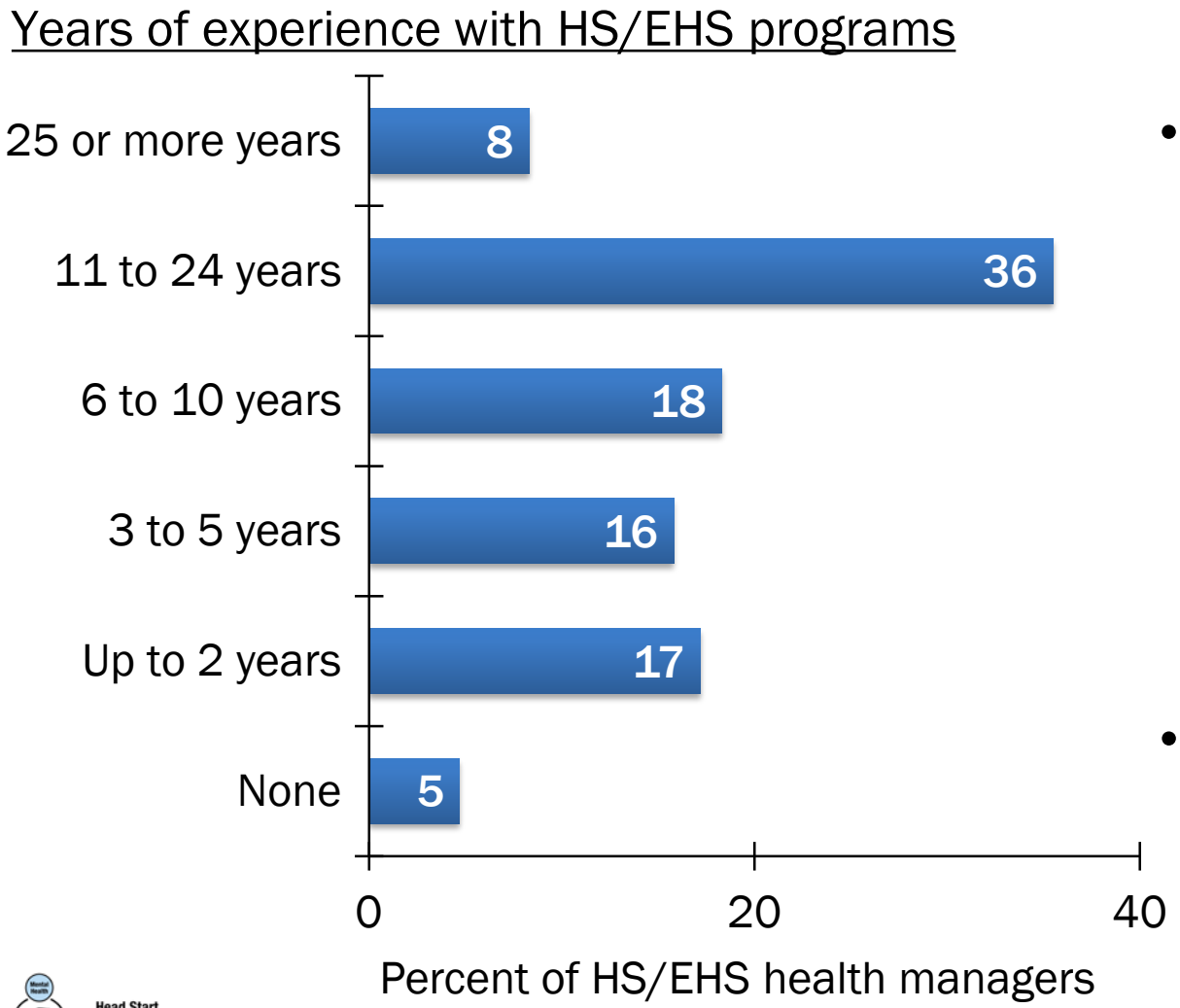
SOURCE: Analysis of Head Start Health Manager Survey, all HS/EHS respondents.

HS/EHS health managers bring relevant education and training

- Among all HS/EHS health managers
  - 66% has a bachelor's degree or higher
  - 23% has a master's degree or other postgraduate degree
- Common fields for degrees include child health and health education
- About 1 in 2 (54%) has a health-related license, certificate or credential (e.g., RN, LPN)
- Overall, 86% have a health-related AA or BA or credentials

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

Health managers have extensive HS/EHS experience



- 66% had any prior experience with HS/EHS before current job such as:
  - Teacher (18%)
  - Family service worker/home visitor (19%)
  - Teacher's aid (9%)
- 30% has or had a child attend HS/EHS

Head Start Health Managers Descriptive Study

SOURCE: Analysis of Head Start Health Manager Survey, all HS/EHS 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

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

HS/EHS health managers have a demanding job

- Most health managers (82%) have oversight of multiple sites (mean of 10.7 sites per program; median 6 sites)
- Most health manager positions are full-time year-round
- Health managers in 7 in 10 programs report other roles
  - 33% report one other role
  - 38% report two or more other roles
- Most common additional roles include
  - Nutrition manager/coordinator (54%)
  - Behavioral health manager/coordinator (19%)
  - Family service worker/home visitor (10%)
  - Disability manager/coordinator (17%)

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

HS/EHS health managers have primary responsibility for an array of tasks (1)

Percent of all HS/EHS 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%

Head Start Health Managers Descriptive Study

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

HS/EHS health managers report primary responsibility for an array of tasks (2)

	Percent of all HS/EHS 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%

Head Start Health Managers Descriptive Study

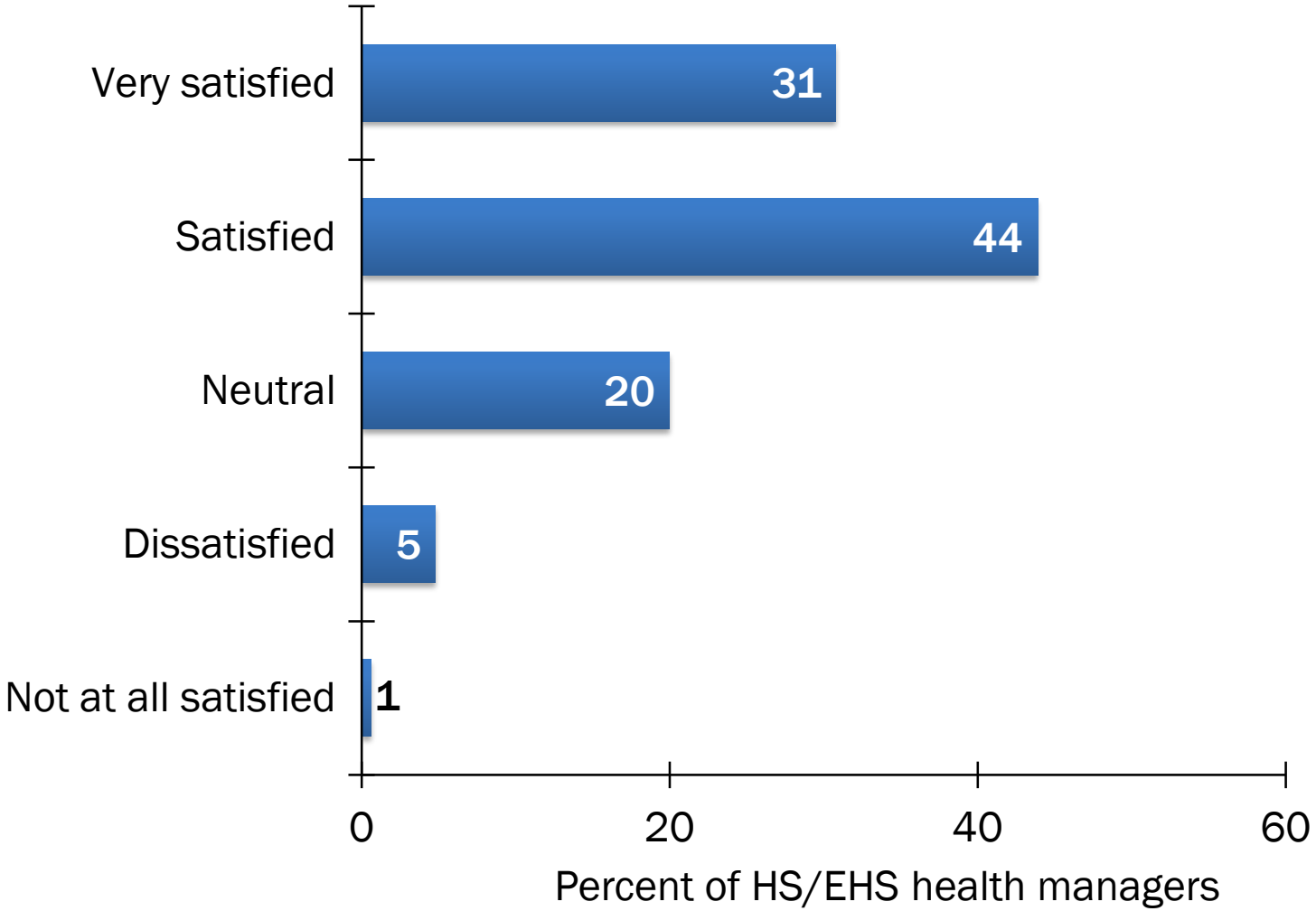
SOURCE: Analysis of Head Start Health Manager Survey (supplement), all HS/EHS respondents.

HS/EHS health managers identify specific challenges

- Two challenges selected by 62% to 64%
  - 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 (20% to 30%)
  - Parents/guardians resistance to speak with staff about health issues
  - Not enough funds for supplies and activities to support health services area
  - Lack of support staff
  - Too little time with families or can't maintain contact

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

Overall job satisfaction is high for HS/EHS health managers



Head Start Health Managers Descriptive Study

SOURCE: Analysis of Head Start Health Manager Survey, all HS/EHS 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
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

Head Start Health Managers Descriptive Study

SOURCE: Analysis of Head Start Health Managers Survey (supplement), all HS/EHS respondents.

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

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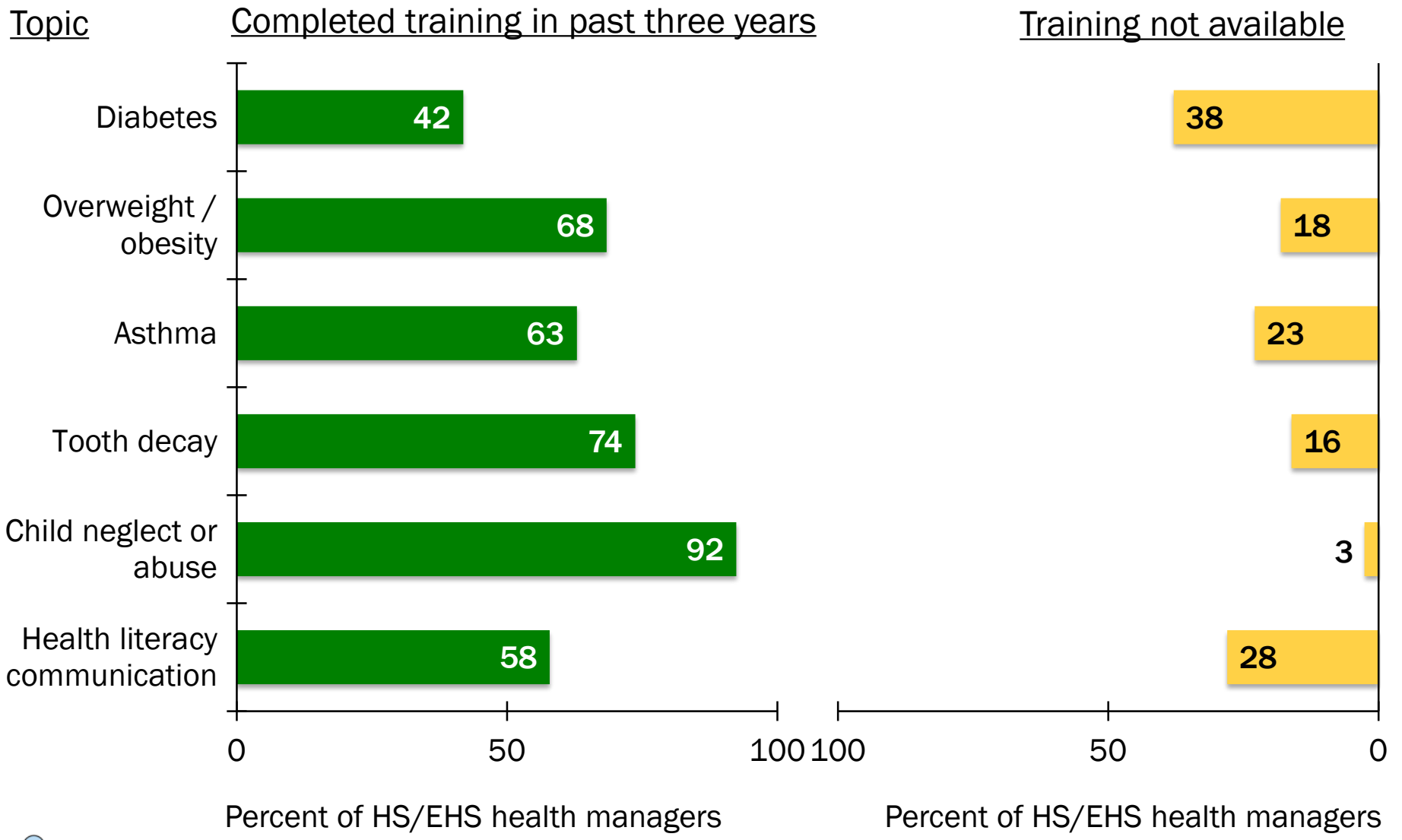
HS/EHS programs recognize the need for ongoing training and professional development in the health services area for all staff, although some training could be made more applied

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



Head Start Health Managers Descriptive Study

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

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

Percent of all HS/EHS 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%

Head Start Health Managers Descriptive Study

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

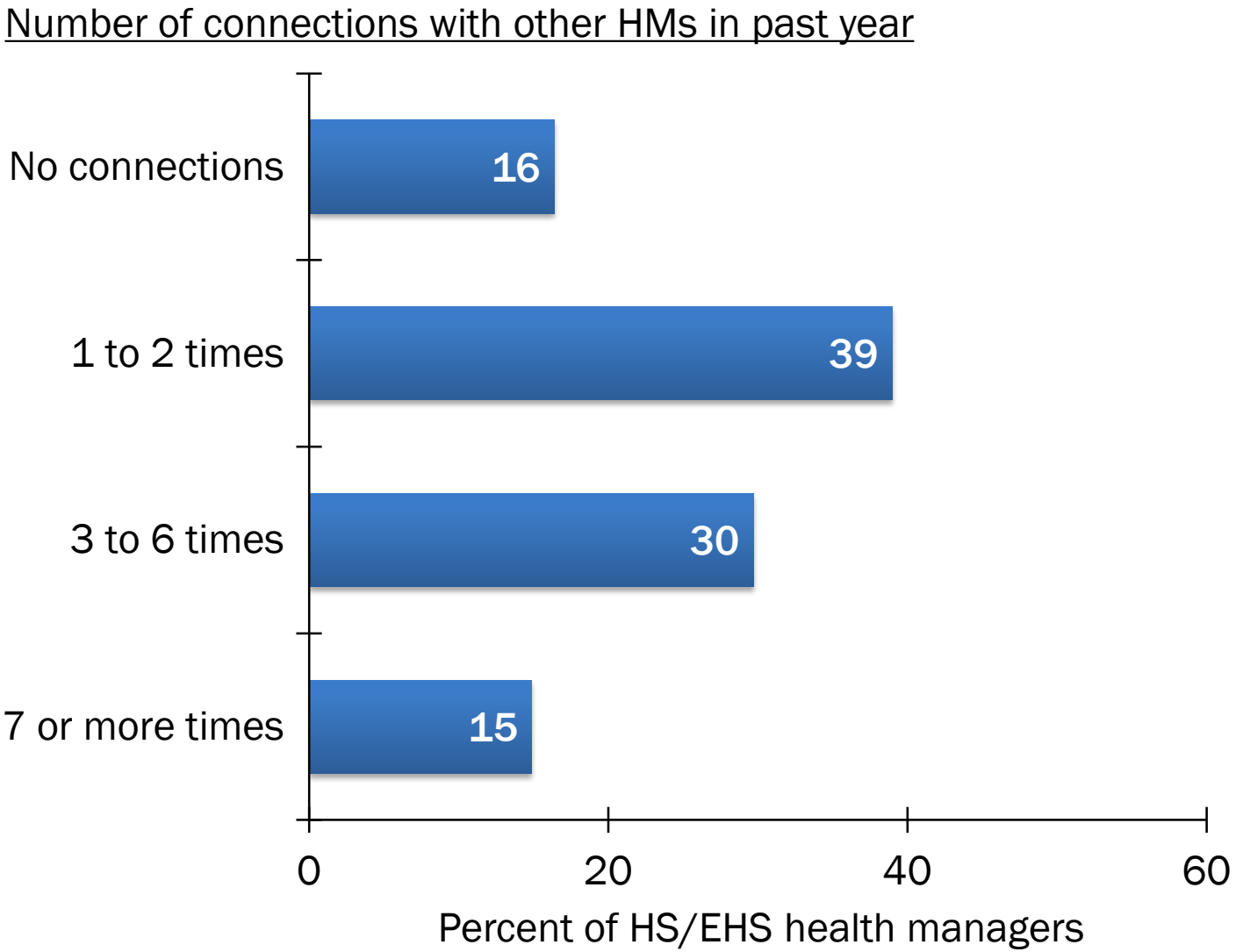
Health managers interviewed expressed an interest in more applied training

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

SOURCE: Analysis of Head Start Health Manager Descriptive Study staff interviews.

Many HS/EHS health managers do not connect with their peers



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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

Structure of HS/EHS HSACs

- Most programs (73%) manage 1 HSAC
- Most programs (84%) do not share their HSAC with another program
- HSACs had an average of 20 members (median is 15 members)
  - About 70% were considered active members
- HSACs typically meet twice a year (57%) or every 2 to 5 months (32%); a few more frequently than that

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

HS/EHS HSACs contain varied expertise

	Percent of programs with representation on HSAC
Medical care providers	90%
Parents/guardians	88%
Program administrator(s)	87%
Oral health providers	83%
Nutritionists	81%
Public health dept. staff	76%
Mental health experts	74%

	Percent of programs with representation on HSAC
WIC or other food/nutrition staff	71%
Health educators	68%
Behavioral health providers	60%
Family service worker(s)	61%
Disability specialists	50%

Head Start Health Managers Descriptive Study

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

HS/EHS 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

Head Start Health Managers Descriptive Study

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

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

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 all HS/EHS programs

County-level characteristic	Average for all HS/EHS programs
Percent of population classified as Hispanic	16%
Percent of children under 5 in poverty	27%
Percent of children under 6 without health insurance	6%
Teen birth rate (per 1,000 births)	42
Percent of program centers in urban area or urban cluster	74%
Percent of population with limited access to healthy foods	6%
Percent of program centers in a county with one or more:	
Medically underserved areas	46%
Primary care health professional shortage areas	50%
Mental health professional shortage areas	53%
Dental health professional shortage areas	44%

Head Start Health Managers Descriptive Study

SOURCE: Analysis of Head Start Health Manager geocoded data.

Distances to health-related resources for HS/EHS programs

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

Head Start Health Managers Descriptive Study

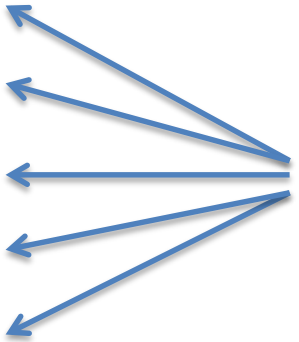
SOURCE: Analysis of Head Start Health Manager geocoded data.

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 HS/EHS programs

Children's physical and oral health	
Overweight and obesity	86%
Tooth decay or cavities	84%
Asthma or other lung disease	83%
Vision conditions	30%
Ear infections	30%



Percent of HS/EHS programs for which health manager reported health issue is a major concern in their program

Head Start Health Managers Descriptive Study

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

Major health concerns facing HS/EHS children and families

Children's physical and oral health		Children's behavioral health and developmental delay	
Overweight and obesity	86%	Developmental delays	80%
Tooth decay or cavities	84%	ADHS or ADD	47%
Asthma or other lung disease	83%	Autism spectrum disorders	43%
Vision conditions	30%	Child abuse or neglect	41%
Ear infections	30%	Family violence	36%

Family/adult physical and behavioral health	
Overweight and obesity	82%
Smoking	68%
Low health literacy	64%
Alcohol	51%
Depression	50%

Head Start Health Managers Descriptive Study

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

Key findings: Landscape of health programs and services

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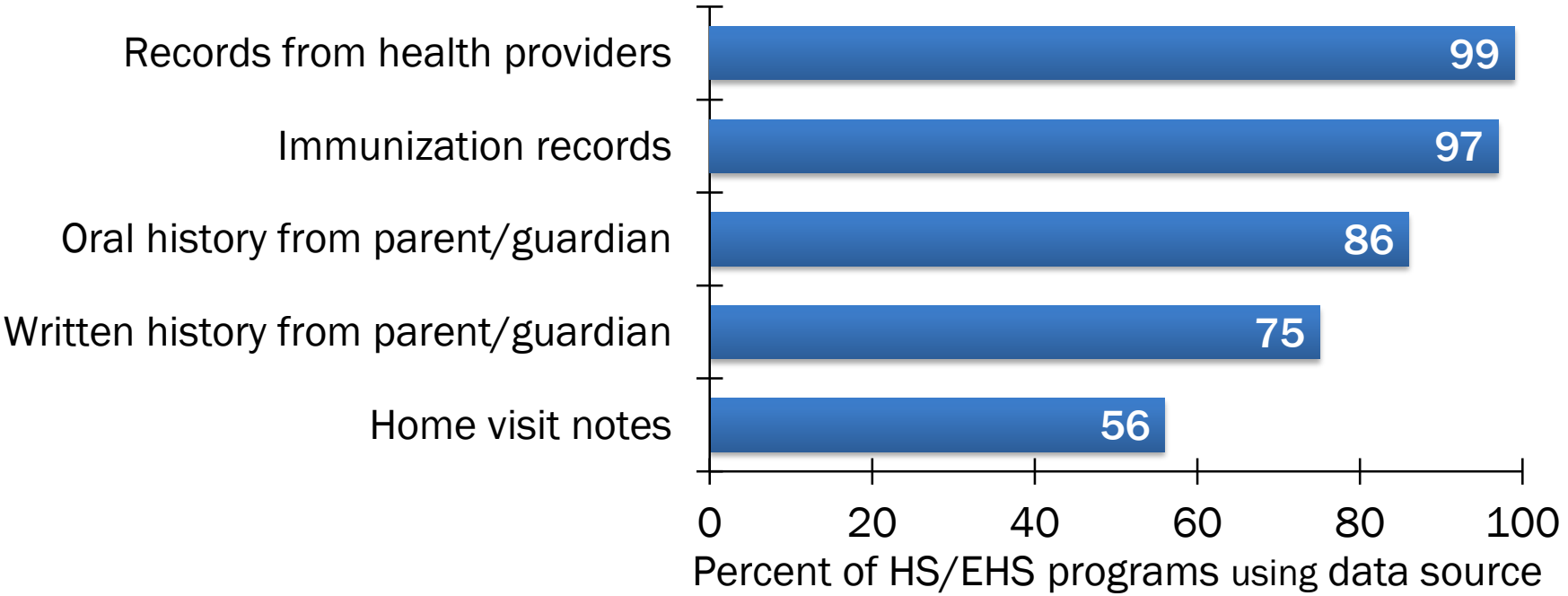
Almost all HS/EHS programs track child health information using a formal (electronic) system, but the variety of sources involved and the frequency with which records must be updated are viewed as burdensome

All HS/EHS programs have a process for tracking health information

- Most use an electronic system (89%); far fewer use a paper system (11%)
- HMs use a variety of sources to populate the health record



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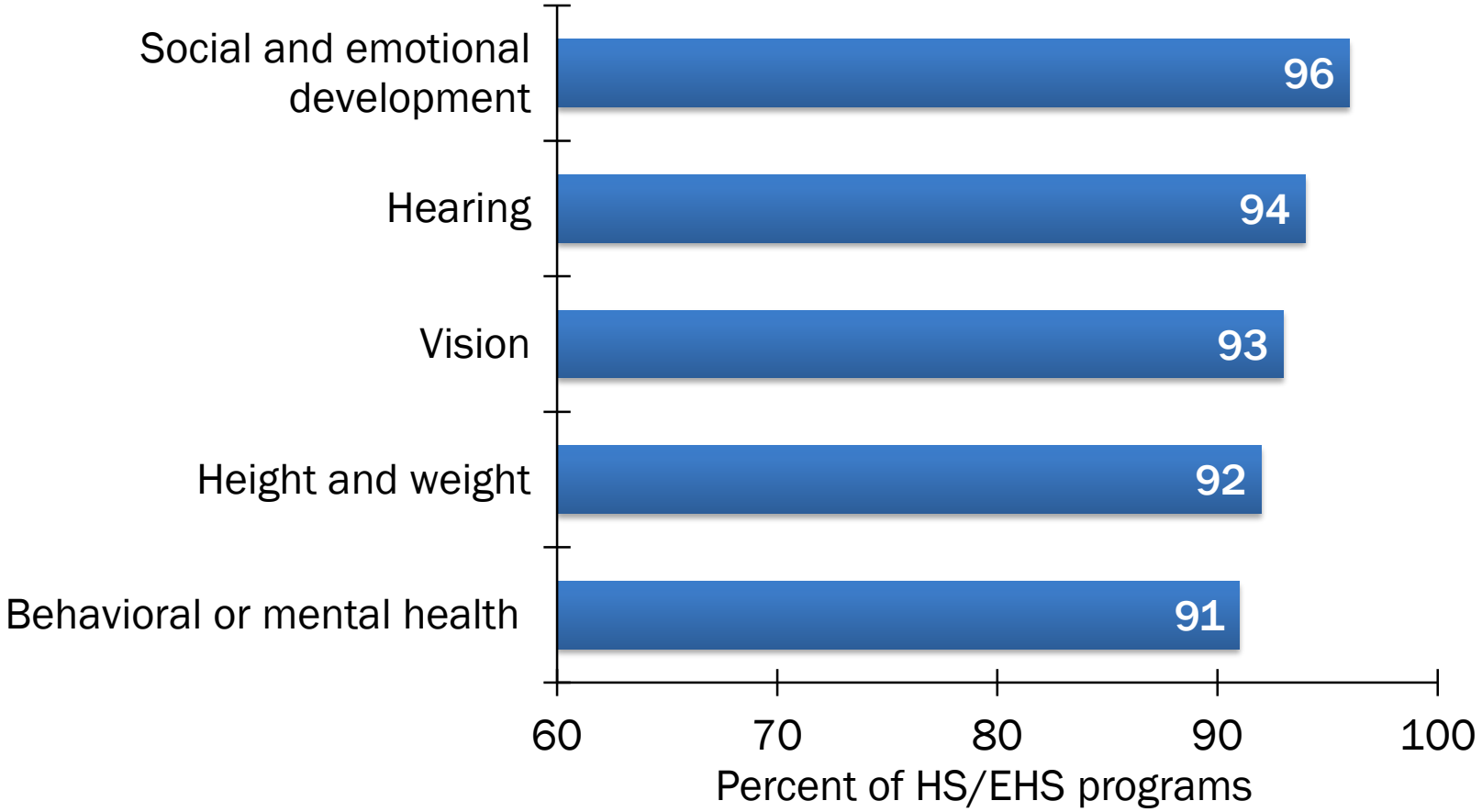
Almost all programs report conducting required health screenings (e.g., developmental, sensory) using a variety of strategies to ensure that screenings are performed and that parents follow up

HS/EHS programs provide many free health screenings

HS/EHS programs offering free health screenings on-site



Head Start Health Managers Descriptive Study

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

HS/EHS programs use varied approaches to ensure screenings are conducted

	Percent of HS/EHS 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%

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

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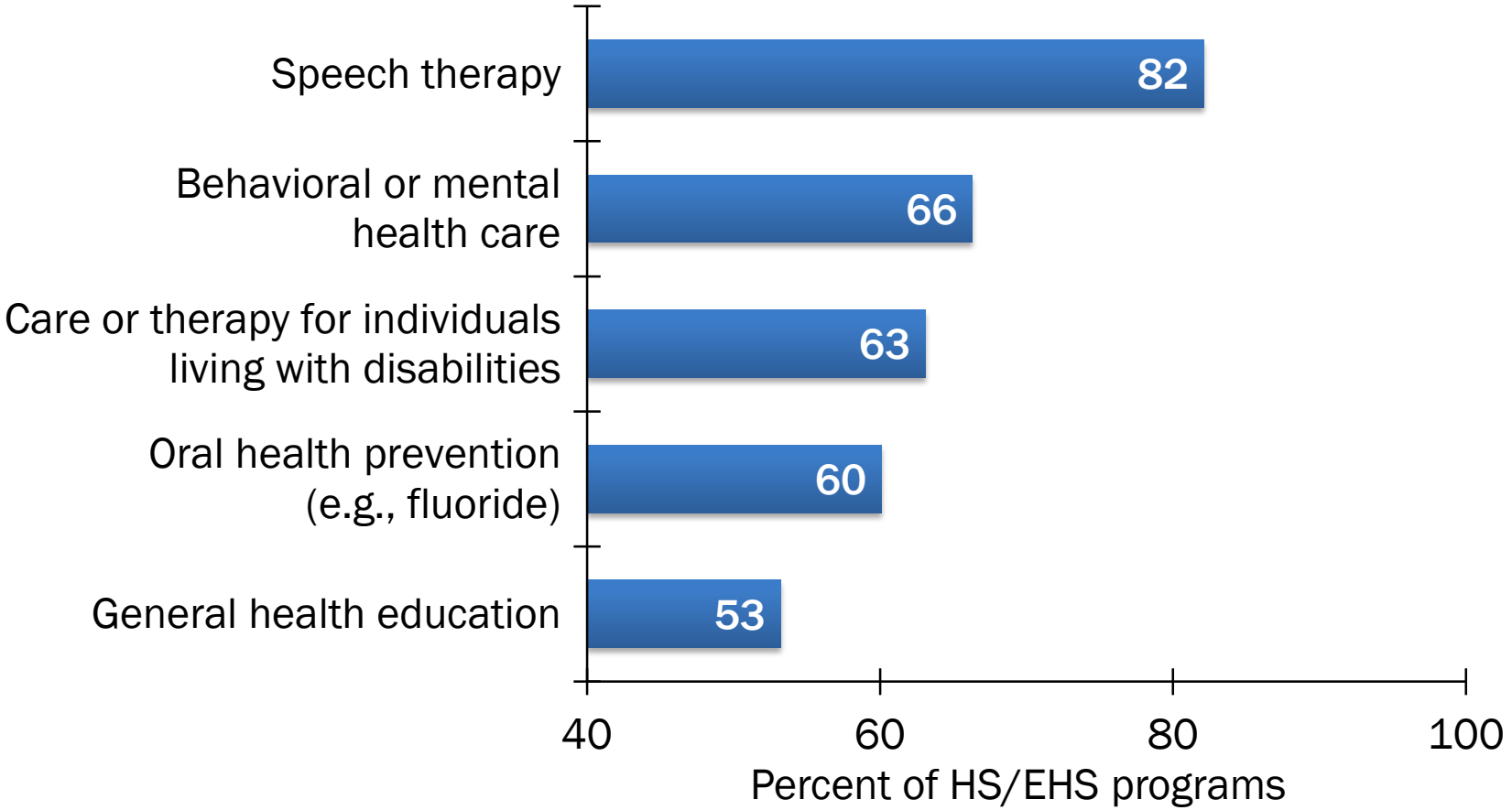
Almost all HS/EHS programs track child health information using a formal (electronic) system, but the variety of sources involved and the frequency with which records must be updated are viewed as burdensome
Almost all programs report conducting required health screenings (e.g., developmental, sensory) using a variety of strategies to ensure that screenings are performed and that parents follow up
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 HS/EHS programs

Types of medical care that providers deliver on-site at HS/EHS programs



Head Start Health Managers Descriptive Study

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

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

Most HS/EHS programs offer specific health promotion services for families

Percent of HS/EHS programs offering health promotion services for families

Information about health insurance and assistance enrolling	91%
Workshops or education on parenting	87%
Health related events for the entire family including health services for other family members	68%
Health or social services offered collaboratively by service agencies such as hospitals	67%
Health literacy	65%
Weight management program or education	54%
Adult literacy or health program (including Adult Basic Education)	53%
Smoking cessation	36%

Head Start Health Managers Descriptive Study

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

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

Head Start Health Managers Descriptive Study

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

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

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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 HS/EHS programs	Topics covered by 51% to 74% of HS/EHS 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

Head Start Health Managers Descriptive Study

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

Few HS/EHS 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)

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

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
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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 HS/EHS programs also provide health promotion services to staff

	Percent of HS/EHS 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%

Head Start Health Managers Descriptive Study

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

Today's session

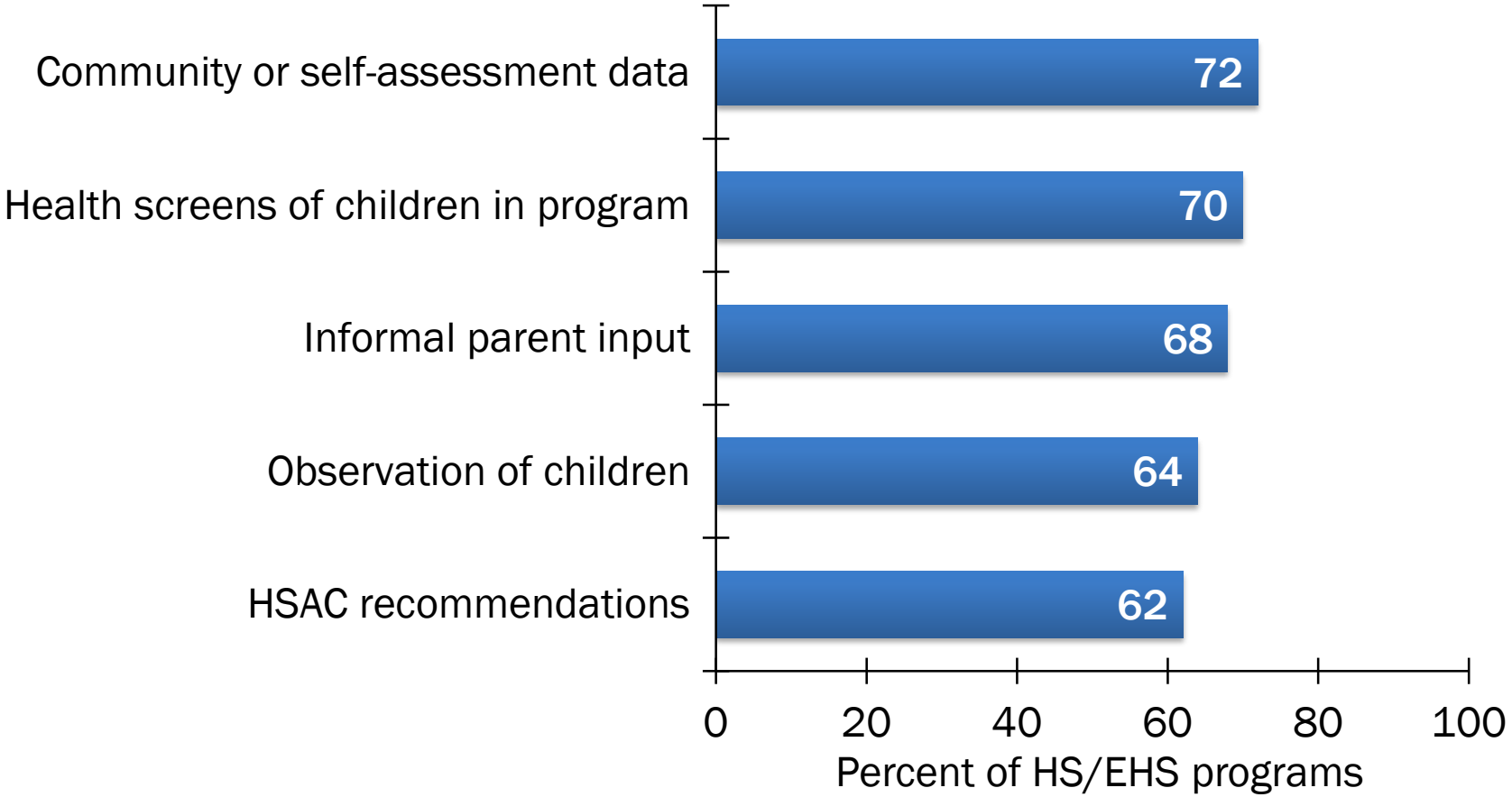
- Study approach
- Key findings
  - Staffing and managing the health services area
  - Landscape of health programs and services
  - Prioritizing, implementing, and sustaining health services
  - Community partnerships and other resources
  - Cross-cutting issues
- What does this mean for Head Start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

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 HS/EHS health managers use to prioritize health promotion activities



Head Start Health Managers Descriptive Study

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

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

SOURCE: Analysis of Head Start Health Manager Descriptive Study staff interviews.

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

HS/EHS health managers rely on varied sources of information for program planning

Percent of HS/EHS programs where health manager uses information source

Sources of information	
Head Start website	83%
Recommendation from consulting provider or other partner	73%
Recommendation from HSAC	70%
Prior use/familiarity with the curriculum	69%
General internet search	64%
Child care health and safety resources	63%
Professional association websites or listservs	60%
Recommendation from state or local government	57%
Technical assistance networks for HS/EHS	51%
Recommendation of other HS/EHS programs	51%

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

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

HS/EHS 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%)

Head Start Health Managers Descriptive Study

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

Most common challenges to starting health promotion activities

Challenges to starting health promotion activities	Percent of HS/EHS programs where health manager reports challenge
Lack of parent or family interest/support in the topic	58%
Lack of parent or family time to engage in the activity or timing of activity	49%
Limited time to implement	48%
Not enough time to provide training to staff	42%
Competing program priorities	37%
Lack of staff buy-in	36%
Limited parent literacy	19%

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

Key findings: Prioritizing, implementing & sustaining health services

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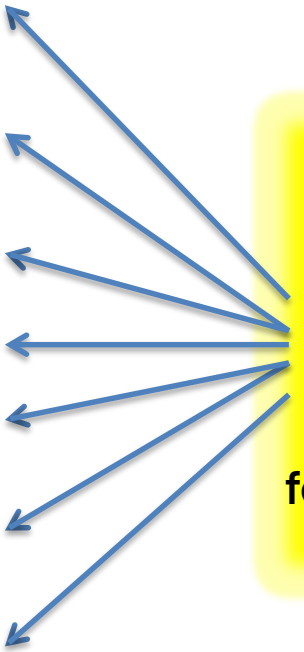
Programs use multiple strategies to engage families in the full range of health services and supports; obtaining buy-in from teachers and other staff is also important
Funding for health services comes primarily from program funds, public or private health insurance coverage, and inkind contributions from providers

HS/EHS 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 HS/EHS programs reporting they use a given funding source for specific health services component

Head Start Health Managers Descriptive Study

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

HS/EHS 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%**

Head Start Health Managers Descriptive Study

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

HS/EHS programs are more likely to tap insurance sources for treatment services

Source of funding	Health promotion	Family health promotion	Staff health promotion	Treatment services
HS/EHS program budget	**69%**	**71%**	**52%**	56%
Medicaid/SCHIP, SCHIP, other publicly funded insurance for children	**41%**	**33%**	4%	**74%**
County indigent funds	2%	2%	0%	7%
Private insurance	24%	17%	**18%**	**61%**
Family self-pay, out of pocket expense	9%	9%	16%	28%
Grant funding from an external source	23%	28%	14%	13%
In-kind contributions from providers	**58%**	**59%**	**34%**	40%

Head Start Health Managers Descriptive Study

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

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)
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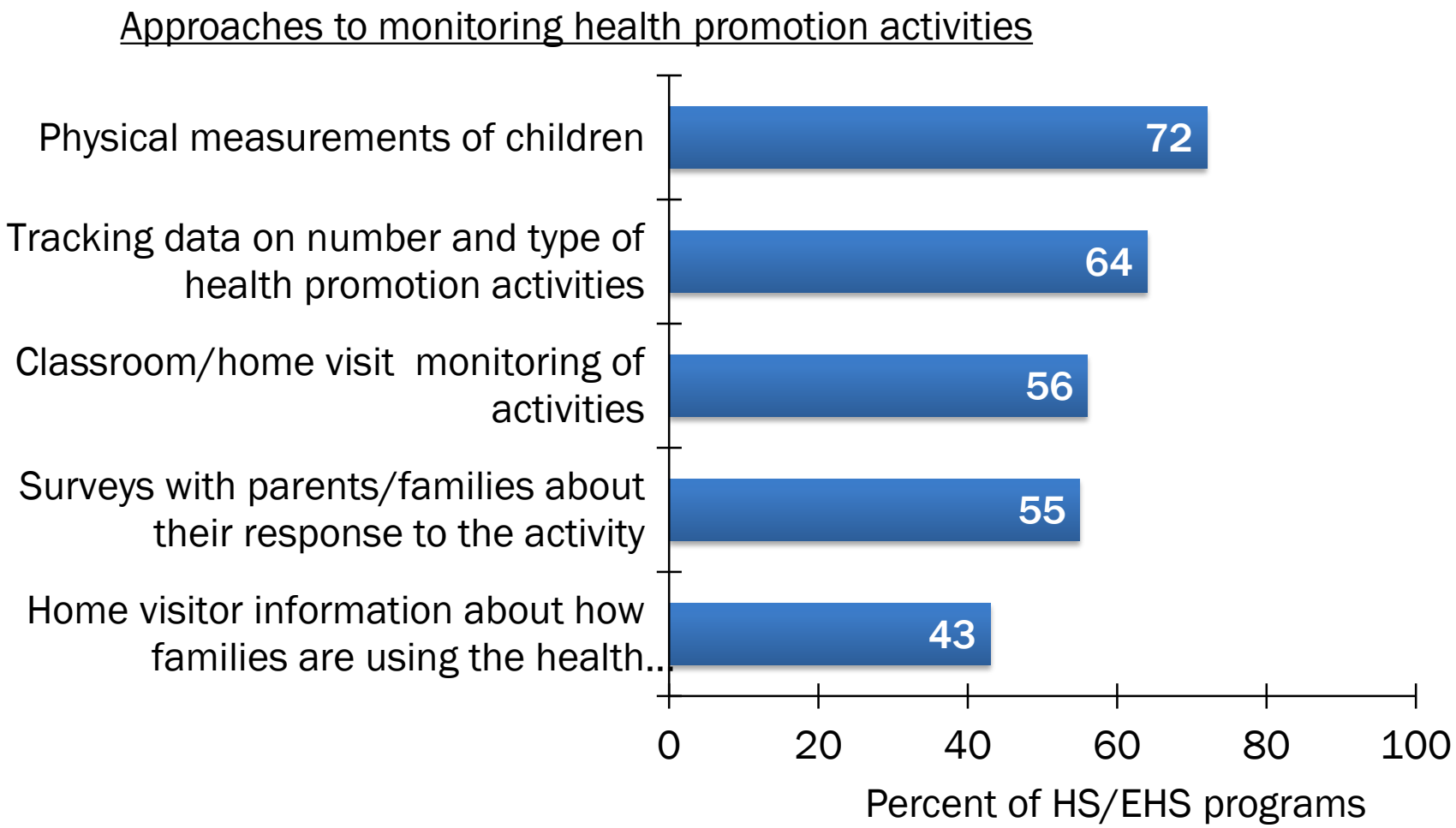
Programs use multiple strategies to engage families in the full range of health services and supports; obtaining buy-in from teachers and other staff is also important
Funding for health services comes primarily from program funds, public or private health insurance coverage, and inkind contributions 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



Head Start Health Managers Descriptive Study

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

Today's session

- Study approach
- Key findings
  - Staffing and managing the health services area
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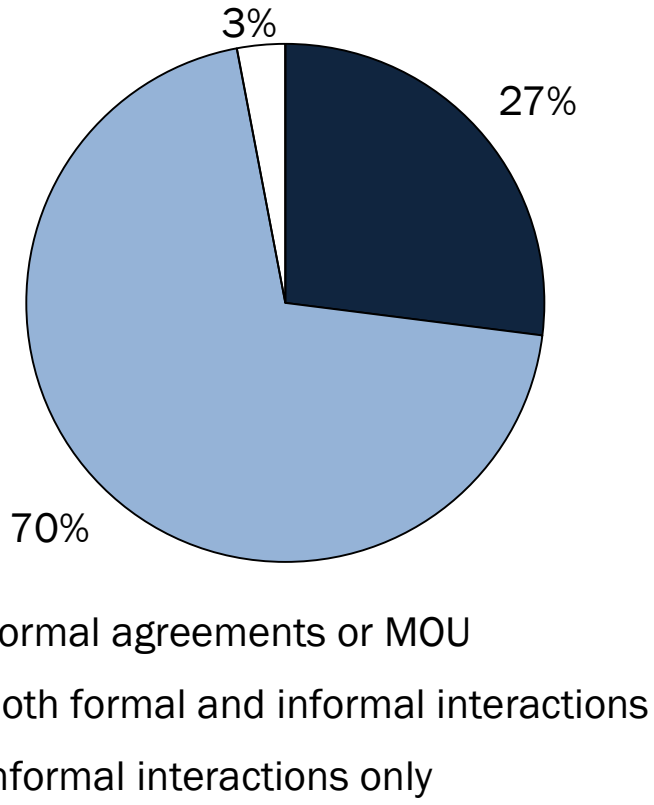
- Dissemination

Key findings: Community partnerships and other resources

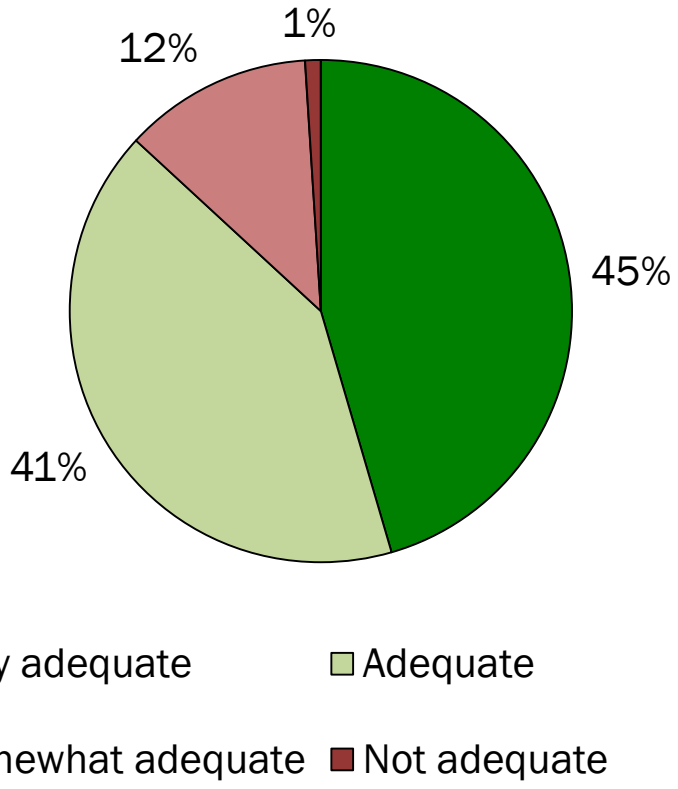
To coordinate physical health services, most programs rely on formal mechanisms with providers (e.g., MOUs) and most programs view their partnerships as adequate or very adequate

HS/EHS partnerships for physical health services are reported to be adequate

Partnerships include formal and informal interactions



86% of HS/EHS programs view partnerships as very adequate or adequate



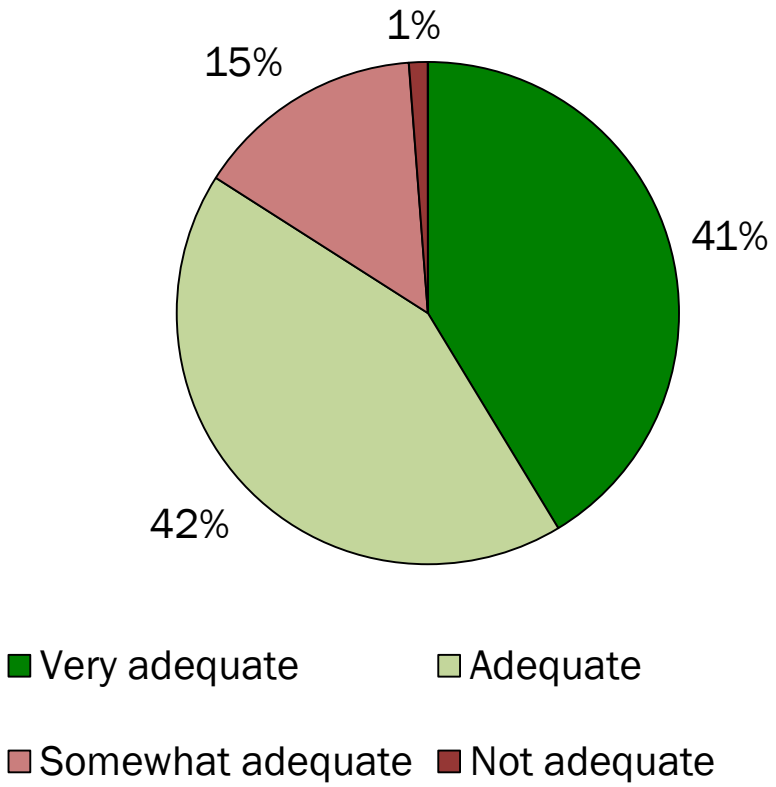
Head Start Health Managers Descriptive Study

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

HS/EHS partnerships to address the physical needs of children living with disabilities are viewed less favorably

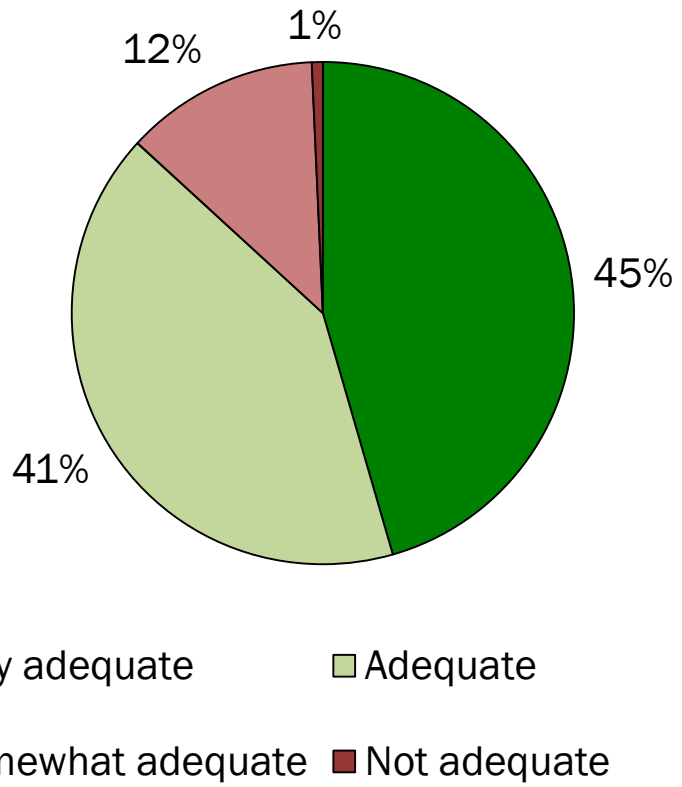
FOR CHILDREN LIVING WITH DISABILITIES

73% of HS/EHS programs view partnerships as very adequate or adequate



FOR ALL CHILDREN IN PROGRAM

86% of HS/EHS programs view partnerships as very adequate or adequate



Head Start Health Managers Descriptive Study

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

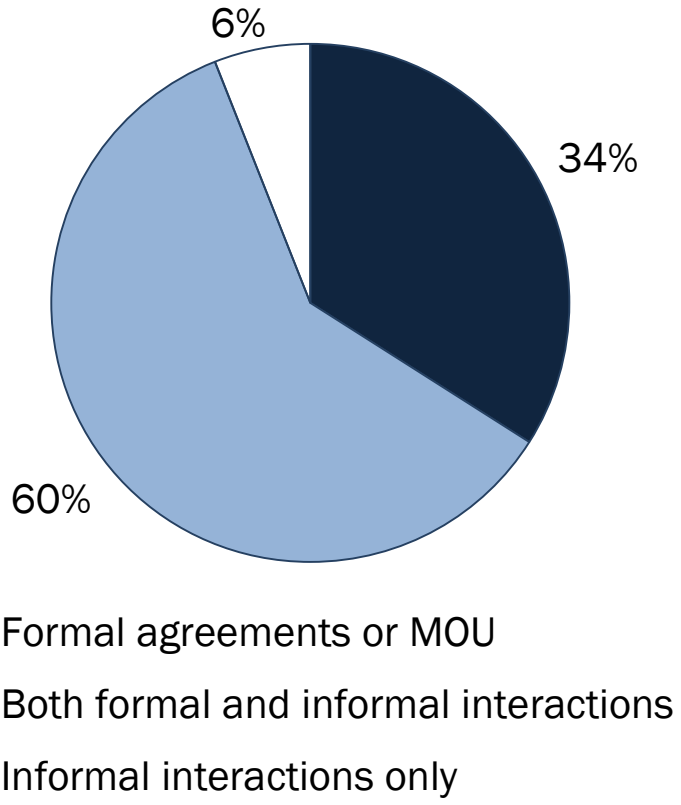
Key findings: Community partnerships and other resources

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

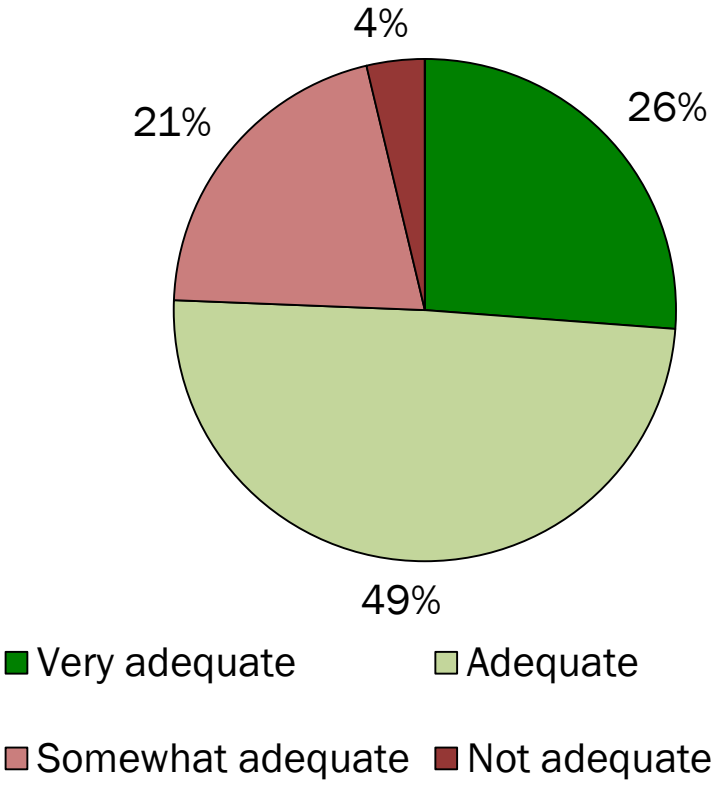
Formal mechanisms also predominate in relationships with behavioral and mental health providers, but they are less likely to be viewed as adequate or very adequate

Two thirds of HS/EHS partnerships for behavioral/mental health services are viewed as adequate

Partnerships include formal and informal interactions



75% of HS/EHS programs view partnerships as very adequate or adequate



Head Start Health Managers Descriptive Study

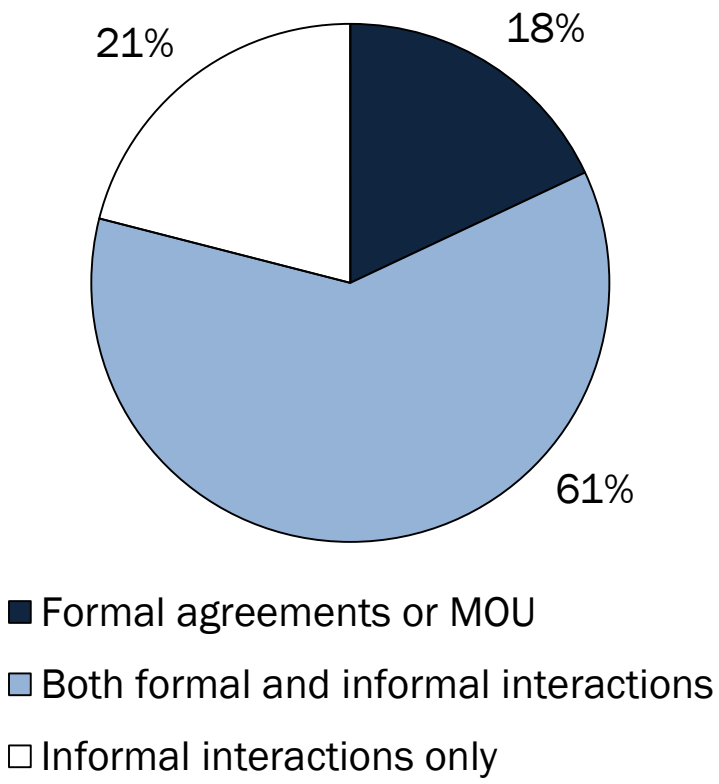
SOURCE: Analysis of Head Start Health Manager Survey, all HS/EHS respondents.

Key findings: Community partnerships and other resources

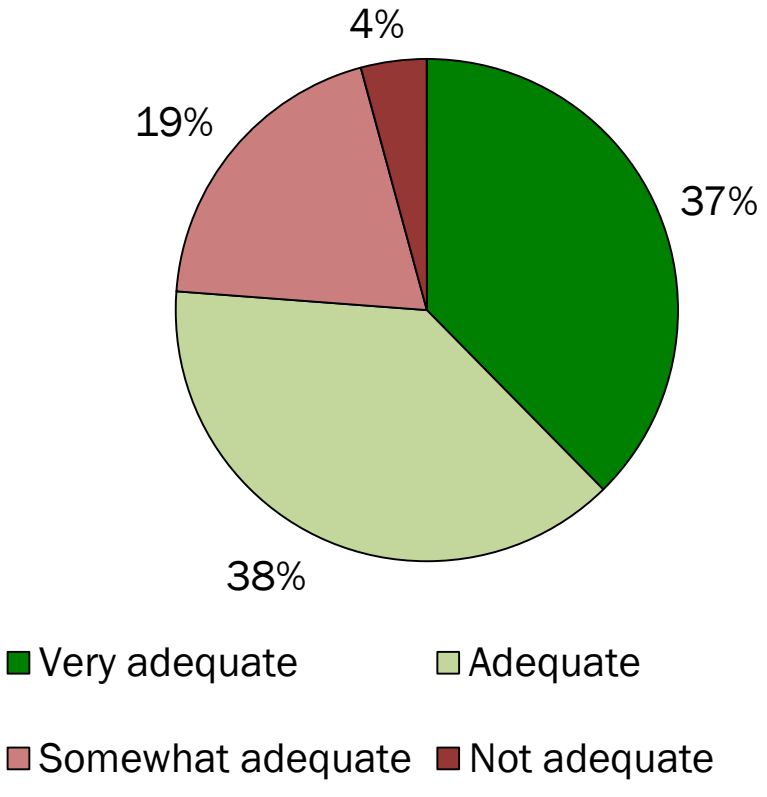
To coordinate physical health services, most programs rely on formal mechanisms with providers (e.g., MOUs) and most programs view their partnerships as adequate or very adequate
Formal mechanisms also predominate in relationships with behavioral and mental health providers, but they are less likely 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 HS/EHS partnerships for oral health services in are viewed as adequate

Partnerships include formal and informal interactions



75% of HS/EHS programs view partnerships as very adequate or adequate



Head Start Health Managers Descriptive Study

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

HS/EHS 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%

Head Start Health Managers Descriptive Study

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

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

HS/EHS programs work with a wide array of organizations in the community

	Percent of HS/EHS 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%

Head Start Health Managers Descriptive Study

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

Minority of HS/EHS programs say some health needs are not met by existing relationships

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

Services for weight control	44%
Programs for smoking cessation	35%
Treatment for alcohol or substance use	30%
Environmental health concerns	29%
Oral health care	29%
Behavioral health care	28%

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

Today's session

- Study approach
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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

SOURCE: Analysis of Head Start Health Manager Descriptive Study staff interviews.

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

SOURCE: Analysis of Head Start Health Manager Descriptive Study staff interviews.

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

SOURCE: Analysis of Head Start Health Manager Descriptive Study staff interviews.

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

SOURCE: Analysis of Head Start Health Manager Descriptive Study staff interviews.

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

SOURCE: Analysis of Head Start Health Manager Descriptive Study staff interviews.

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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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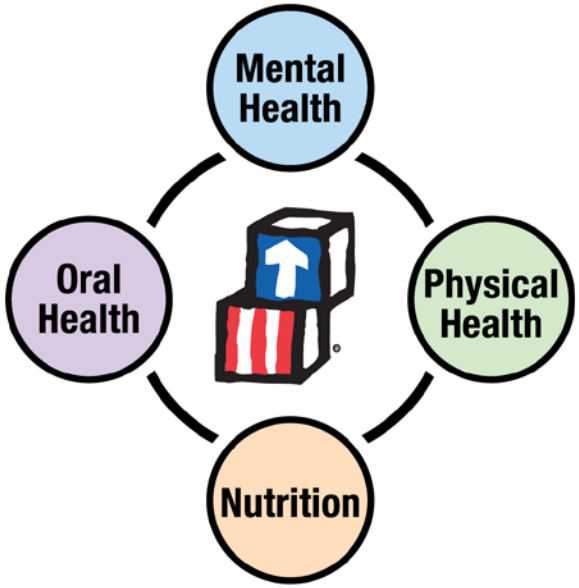
HSHM study dissemination

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