



## Evolution of Head Start Services

### *A Tradition of Robust Health Services Amid a Current Push for Strengthened Educational Services*

#### Overview

From its inception Head Start has recognized the interdependence of health and educational outcomes, the susceptibility of low-income children to health and nutritional problems, and the need to address these problems within early childhood education. This philosophy and set of associated services anchors the program's unique ability to serve and improve the outcomes of vulnerable children. While over time Head Start has become increasingly focused on educational goals (e.g., school readiness), its ability to serve low-income children is tied to its dual focus on health and education.

#### History

Although Head Start is best known for its educational components, it actually has a long history of emphasizing child health. Edward Zigler, (member of the founding Head Start planning committee, and former Director of Head Start's parent office, the U.S. Office of Child Development from 1970 to 1972) writes that "medical professionals dominated the [planning] committee." For the first decade of Head Start's existence "the education component never received the attention it deserved as the heart of an early childhood intervention program."<sup>1</sup> Good physical and mental health were deemed key issues because low-income children were known to face significant health risks. Addressing health was considered part of ensuring children's readiness and ability to learn, as well as breaking the cycle of poverty. Thus, initially, the formal educational components of the program were not strongly emphasized.

The Head Start Program Performance Standards (HSPPS) were developed and mandated in 1975, requiring programs to use some type of educational curricula for the first time.<sup>2</sup> However, the HSPPS did not provide specific guidance on what constituted an acceptable curriculum and its components. When the standards were revised in 1998 a definition of 'curriculum' was finally provided, along with an outline of general curriculum components and a requirement that it be formally written down on paper. Over the past two decades, increasing attention has been placed on quality and standards in Head Start's educational services. When evaluating the program's success, researchers and policymakers should not overlook Head Start's legacy and continuing impact on child health, despite the program's changing emphasis. Evaluations that over-emphasize cognitive outcomes may overlook important health impacts.

#### Current

Over the past 20 years, much attention has been directed at Head Start academic services.<sup>3</sup> Nevertheless, child health is still a major part of the program, as evidenced by the current HSPPS.<sup>4</sup> Four of the five program component areas direct relate to health: child health and developmental services, child health and safety, child nutrition, and child mental health.

In addition the guidelines for these health components are in some ways more standardized than the educational guidelines. For example, while Head Start dictates that programs use a written, research-based

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curriculum for their educational component, it does not require nor recommend any particular curriculum. On the other hand, many health guidelines are very specific. The HSPPS sets clear timelines by which programs must conduct developmental, sensory and behavioral screening procedures (45 days) and determine whether a child has a source of health care and is up-to-date on preventive and primary care (90 days). Nutritional services also have exact guidelines, requiring that programs follow “USDA meal pattern or nutrient standard menu planning requirements” and that the children and classroom staff eat together “family-style,” sharing the same menu as much as possible.

Despite the standardization of health guidelines, there is still variation across the program in who delivers health services, which health services are offered, and how they are delivered. In order to better understand this variation, the Office of Planning, Research and Evaluation is conducting a [study](#) to determine the characteristics of Head Start health staff, the health programs and services offered to children, and the prioritization, implementation, and sustainability of health initiatives.

Sources & notes:

<sup>1</sup> Zigler, E. & Styfco, S.J. (2010). *The hidden history of Head Start*. New York, NY: Oxford University Press (pp. 36 & 132).

<sup>2</sup> Program performance standards for the operation of Head Start programs by grantees and delegate agencies, 45 CFR § 1304 (2007). Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304>.

<sup>3</sup> Zigler & Styfco, op. cit.

<sup>4</sup> 45 CFR § 1304, op. cit.