Child Health in Child Care: A Multi-state Survey of Head Start and Non–Head Start Child Care Directors

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ABSTRACT

Introduction: Directors of Head Start (HS) and non–Head Start (non-HS) child care centers were surveyed to compare health consultation and screening for and prevalence of health risks among enrolled children.

Methods: Directors of licensed centers from five states were surveyed from 2004 to 2005. Data were analyzed using cross-tabulation and logistic regression techniques.

Results: A total of 2753 surveys were completed. HS centers were more likely than non-HS centers to consult health professionals ($P < .0001$). More than 90% of HS centers screened for health problems compared with 64.9% of non-HS centers ($P < .0001$). Almost all HS centers provided parents with child health information. Children at HS centers were at high risk for dental problems. Less than 3% of HS center directors, versus 11.3% of non-HS directors ($P < .0002$), reported TV viewing for more than an hour a day.

Discussion: Children in HS centers were more likely to receive health consultations and screenings, were at higher risk for dental problems, and watched less TV compared with children in non-HS centers. HS centers promoted health significantly more frequently than did non-HS centers. J Pediatr Health Care. (2009) *23*, 143-149.

Key words: Head Start, child care, health screening, health consultant, health education

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Approximately 56% of preschool-aged children (ages 3-5 years) in the United States attend some form of center-based child care program (U.S. National Center for Education Statistics, 2006). With recent changes in welfare reform, child care needs are increasing for low-income families (Ananat & Phinney, 2004; Bainbridge, Meyers, & Waldfogel, 2003).

Incorporating health promotion in child care centers has been thought to improve health behaviors by parents, child care directors, and health professionals (Gupta,

Shuman, Taveras, Kulldorff, & Finkelstein, 2005). The importance of health professionals' collaboration with child care professionals to improve health also has been described (Alkon, Farrer, & Bernzweig, 2004; Crowley, 1988 & 2000). Health interventions in child care centers have been reported to be useful by child care professionals, and, in some cases, have been associated with improved health knowledge and behavior (Berg, Rachelefsky, Jones, Tichacek, & Morphew, 2004; Dayie, Aronson, Jansen-McWilliams, & Kelleher, 2001; Honig, 1991; Moon & Oden, 2003 & 2004; Niffenegger, 1997).

Head Start has had a focus on health since its inception in 1965. The original leaders of Head Start included several pediatricians and a professor of nursing, and "improving children's physical health" was placed first in a list of the seven program objectives (Zigler, Piotrkowski, & Collins, 1994). Health services continue to be included in Head Start Performance Standards and may be found on the Head Start Web site (Administration for Children and Families, 2007). Federally mandated services in Head Start centers include screening of children for medical, dental, and developmental concerns, with the required support of licensed/certified health consultants (Public Welfare, 1996).

In an effort to draw a bright-line—an unambiguous criterion or guideline—for non–Head Start child care providers, the American Public Health Association and the American Academy of Pediatrics (AAP) jointly issued federal performance standards in 1992. Current recommendations may be found in the second edition of *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (AAP, American Public Health Association, & The National Resource Center for Health and Safety in Child Care, 2002). Though similar to Head Start federal regulations, adoption and enforcement of *Caring for Our Children* performance standards remains solely in the hands of individual child care centers.

As incentive for all child care programs to improve the health and safety of children in their facilities, the Child Care Bureau, the Maternal and Child Health Bureau, and the AAP launched the Healthy Child Care America (HCCA) initiative, which provided grants to states to promote health in child care through 2005. One main goal of Healthy Child Care America was to link health care professionals to the child care community and to increase their involvement as consultants (AAP, 2007). Currently, the Maternal and Child Health Bureau provides grants to states through the State Early Childhood Comprehensive Systems initiative to help promote the health and well-being of children from ages 0 to 5 years (State Early Childhood Comprehensive Systems, 2007).

In the absence of federal regulations, implementation and enforcement of child care regulations in non–Head Start child care centers is at the discretion of the state and, accordingly, varies considerably across the United States. For example, while some states require health consultation by licensed professionals (Gupta et al., 2005), it is not a requirement for the licensure of center-based care facilities in the states surveyed in this study. In fact, only Florida makes any stipulation regarding health consultation, mandating the services of licensed health professionals in facilities approved for the care of "mildly-ill children" (Specialized Child Care Facilities for the Care of Mildly-Ill Children, 2007). This stipulation applies only to centers specially licensed for the care of children with short-term illness or disability (provided either as an exclusive service or as a component of a regularly licensed child care facility). A further deviation from federal Head Start requirements is that while the states in our study have regulations on reporting of health issues and cursory stipulations on the care of sick children, none mandates regular health screening or consultation for healthy children.

With the ongoing emphasis on children's health services in child care through Head Start mandates and federal performance standards and initiatives, our goal was to determine and compare current health consultation, screening prevalence, and childhood health risk of Head Start and non–Head Start Centers.

METHODS

Study Sample

The Social Science Research Center at Mississippi State University, in collaboration with the Health, Early Care, and Education Consortium of the Center for Child Health Research of the AAP, conducted a randomized, multi-state telephone survey of early education and child care directors of licensed centers. From February 2004 to January 2005, the data were collected by the Social Science Research Center Survey Research Unit from child care directors in Florida, Mississippi, New Mexico, Ohio, and Vermont. Early education child care directors were selected for participation in the survey based on a random sample of licensed early education and child care centers in each state. The sampling frame for this study came from lists of state licensed centers provided by state licensing agencies. The margin of error for our multi-state survey was less than or equal to ±1.87 (95% confidence interval based on a 50/50 binomial distribution). The state-specific refusal rates for our survey ranged from 2.2% in Mississippi to 23.75% in New Mexico (Table 1). Prior to the collection of data, the survey instrument was approved by the Mississippi State University Institutional Review