

EXECUTIVE SUMMARY

OBJECTIVE

To assess the type and level of service that Head Start grantees provide to children with asthma.

BACKGROUND

The Head Start program offers comprehensive early childhood education, nutrition, and health and social services to low-income children from birth to age 5. The program serves approximately 900,000 children through approximately 1,545 grantees. In Fiscal Year (FY) 2001, the budget for Head Start totaled nearly \$6.2 billion. Within the Department of Health and Human Services, the Head Start Bureau (the Bureau), which is part of the Administration for Children, Youth and Families, oversees the program.

Since the creation of Head Start in 1965, comprehensive health services have been an integral part of the program, which aims to improve children's "social competence" by providing a broad range of both cognitive and social services. Head Start grantees are subject to extensive requirements, or performance standards, in the area of health. The Head Start Bureau reviews compliance once every 3 years.

Asthma is a growing problem for Head Start as well as the nation as a whole. It is the most common chronic disease of childhood and places a disproportionate burden on minority groups and the poor, the populations that Head Start serves.¹

We determined how Head Start serves children with asthma and their families by reviewing a random sample of children's health records, interviewing Head Start staff and the parents of children with asthma, and conducting a mail survey of a random sample of Head Start grantees. We reviewed 245 records and visited a total of 42 grantees, and we mailed surveys to health coordinators at 300 grantees.

The findings discussed in this report reflect information gathered from record reviews, on-site interviews, and mail surveys. We also analyzed grantees' medication administration policies.

¹Department of Health and Human Services, Office of Science Policy, "Action Against Asthma: A Strategic Plan for the Department of Health and Human Services," May 2000, page 3.

FINDINGS

Head Start grantees use a multifaceted approach to address the needs of children with asthma. Approximately 50 percent of grantees develop asthma plans for all children with asthma in their program. In addition, 84 percent of grantees provide education and/or training to parents of children with asthma while 55 percent provide education to the children themselves. Some grantees make special efforts to address the needs of children with asthma by developing community partnerships to enhance their program and services.

The Head Start Bureau has taken steps to address asthma, but its initiatives could be strengthened. Although the Bureau has responded to the increased prevalence of asthma by issuing training guides, grantees do not use them. Furthermore, grantees are not always aware of and rarely rely on the resources that the Bureau provides.

National Head Start data concerning the prevalence of asthma among Head Start children are unreliable. The Bureau collects data on a range of health conditions, including asthma, but the data are unreliable because grantees are unsure how to report the health status of children they serve. Although children have been reported as having asthma, we could not find documentation to support reporting for 13 percent of the children.

Asthma is one of many health conditions affecting Head Start children and their families. Most grantees reported that asthma is no more difficult to manage than other health conditions that children have, such as dental problems, obesity, and anemia.

CONCLUSION AND OPPORTUNITIES FOR IMPROVEMENT

Although asthma affects an increasing number of Head Start children, grantees can meet their needs at school by developing management plans, administering medication, and educating children with and without asthma, parents, and staff. According to the grantees that we interviewed, asthma is no more difficult to manage than other health conditions that Head Start children face. The Administration for Children, Youth and Families, which administers Head Start, has tried to address asthma, but it could improve the support it provides to grantees.

The Head Start Bureau could consider:

- determining how available resources could better meet the needs of grantees and
- improving data collection by outlining specific reporting requirements for health statistics.