



Early Childhood Investments in Health Have a Lasting Impact: Highlights from the Research

Education and health are inextricably linked. Healthy children learn better than those who are not physically or emotionally well. Children in families with limited educational backgrounds are at increased risk for a wide variety of negative health and developmental outcomes.

Research on comprehensive early childhood education programs, such as Head Start and Early Head Start, reveals that such programs can promote health and healthy lifestyles and enhance growth and development. Early integration of health and education can shape children's long-term health outcomes by providing direct access to preventative medical care and dental screenings, by promoting nutrition and physical activity that prevents childhood obesity, and by teaching the executive function skills that help avoid risky and unhealthy behaviors.

✓ Preventative Health Care

- National data indicate that fewer low-income children under age 5 visit a doctor's office or health maintenance organization for sick care than their more affluent counterparts—54 percent compared to 81 percent.¹
- Head Start and Early Head Start help close this access gap. Program staff must assist parents in accessing regular health care, immunizations, well child care, and screenings for health, vision, hearing, and behavioral problems. Head Start programs forge partnerships with community providers that expand access to care.
- The Head Start Program Information Report (PIR) data for 2007-2008 indicates that the number of children with an ongoing source of continuous medical care increased by nearly 75,000 from the beginning of the program year to the end of the program year. From the beginning of the program year to the end, the number of children determined to be up to date on immunizations rose by more than 70,000.
- Head Start also helps teach parents "health literacy," proper responses to common ailments. When parents know how to manage their children's health care needs, they're less likely to make unnecessary visits to the ER. One nationwide program, the UCLA/ Johnson & Johnson Health Care Institute, found that the reduction in unnecessary ER and clinic visits resulted in Medicaid savings of \$554 per family per year, for a total annual savings of \$5.1 million.²
- Health benefits can last into adulthood. A 25-year follow-up study of the Brookline Early Education Project, one of the precursors to Early Head Start, found that program participants were more likely to report good or excellent health, to have a regular source of medical care, and to have private health insurance.³

✓ Dental Care and Oral Health

- More than one in four preschool children have experienced tooth decay. Between 1994 and 2002, a 15.2 percent increase in disease was noted among the children ages 2 through 5, representing an additional 600,000 preschool-age children affected. Among the Head Start population, decay rates often range from 30 to 40 percent of 3-year-olds and 50 to 60 percent of 4-year-olds.⁴
- In 2008, the American Academy of Pediatric Dentistry launched its Head Start Dental Home Initiative, which will provide 1 million children with access to oral health services. The initiative launched in six states, will expand to an additional 12 this year, and will ultimately

serve all children enrolled in Head Start.

- Even before the advent of the Dental Home Initiative, enrollment in Head Start increased use of dental care by up to 17 percentage points: 73 percent of four-year-olds and 69 percent of three-year-olds saw a dentist, compared to 57 and 52 percent of children in the control group.⁵

✓ Childhood Obesity Prevention⁶

- In the past 30 years, childhood obesity has doubled among children ages 6 to 11 and tripled for children ages 12 to 17. Childhood obesity is a predictor of later negative health outcomes such as Type 2 diabetes, coronary heart disease, and hypertension.
- It is estimated that obesity-related disease is responsible for \$61 billion in direct health care costs, in addition to \$56 billion in lost productivity from illness and premature death.
- Head Start programs provide nutritious meals, help develop healthy food preferences, encourage parents to monitor children's weight, and provide parents with nutritional education.
- Studies have found that participation in Head Start significantly reduces the probability of being overweight later in childhood. The effect was strongest for African-American children, who were 33.2 percentage points less likely to be obese than their peers who weren't enrolled in Head Start. 2007-2008 PIR data shows that more than 50,000 Head Start children were treated for obesity during the program year.

✓ Executive Function and Social-Emotional Health

- Challenging behaviors during the preschool years constitute one of the strongest predictors of later, more serious problem behaviors, including delinquency, aggression, antisocial behavior, and substance abuse.⁷
- Early childhood education programs like Head Start and Early Head Start focus on eliminating challenging behaviors and encouraging skills that correlate with emotional health and positive social behavior. Acquiring skills such as taking initiative and exhibiting self-control—sometimes called “executive function” skills—in early childhood can serve as a long-term protective factor for at-risk children.
- According to 2007-2008 PIR data, approximately 88 percent of children enrolled in Head Start completed screenings for developmental, sensory and behavioral concerns.
- PIR report data also indicates that on average, a mental health professional spends 48 hours a month on site at a Head Start program.
- The benefits of this approach are revealed in short-term and long-term impacts. The evaluation of Early Head Start found significant favorable impacts on behavior problems and approaches to learning. Longitudinal studies of Perry Preschool found that individuals who had participated in the preschool program differed from those in the control group in decisions that can affect their health, including use of drugs and smoking. At age 40, 42 percent of the program group reported that they smoked or used other forms of tobacco, compared to 55 percent of the control group. Males in the program group were significantly less likely to report having used sedatives, sleeping pills, or tranquilizers in the previous 15 years compared to males in the control group (17 percent versus 43 percent).⁸

¹ Kay Johnson and Suzanne Theberge, “Reducing Disparities Beginning in Early Childhood,” National Center for Children in Poverty, 2007.

² A. Herman, *Empowering Parents, Benefiting Children: A Study of the Impact of Health Literacy Training on Head Start Parents and the Healthcare System*, 2007.

³ Judith S. Palfrey, Penny Hauser-Cram, Martha B. Bronson, Marji Erickson Warfield, Selcuk Sirin and Eugenia Chan, "The Brookline Early Education Project: A 25-Year Follow-up Study of a Family-Centered Early Health and Development Intervention," *Pediatrics*, 2005;116;144-152

⁴ American Academy of Pediatric Dentistry, "The Head Start Dental Home Initiative: Partnering to Provide Dental Homes and Optimal Oral Health for Head Start Children Throughout the U.S.," 2008.

⁵ Julia Isaacs & Emily Roessel, "Impacts of Early Childhood Programs: Head Start," *First Focus*, 2008.

⁶ David Frisvold, "Head Start Participation and Childhood Obesity," Working Paper No. 06-WG01, Department of Economics, Vanderbilt University.

⁷ Lisa A. McCabe and Ellen C. Frede, "Challenging Behaviors and the Role of Preschool Education," National Institute for Early Education Research.

⁸ Karen Schulman and W. Steven Barnett, "What Impacts Does Preschool Education Have on Personal Responsibility and Related Social Behavior," National Institute for Early Education Research, 2006.