

# The Potential Positive “Whole-Self” Impacts of Head Start

Literature Review by Grace Schroeder DH2

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Community Dental Health

Lane Community College Dental Hygiene Program

## **The Potential Positive “Whole-Self” Impacts of Head Start**

Head Start provides a safe learning environment for the children of families from lower economic classes/impoverished areas, but the benefits of enrolling children in such preschool programs just may go beyond education and elementary school readiness. Among these potential benefits are increased cognitive, behavioral and relationship skills; higher mental health scores; support for parental engagement with their children; and positive impacts on oral health for children participating in Head Start.

Two studies analyzing information from the Head Start Impact Study had similar findings suggesting an increase in cognitive, behavioral and relationship skills for those children who participated in Head Start versus those who did not. In a latent class analysis published in 2014, data from the Head Start Impact Study following a 3-year-old cohort of 2,449 children were analyzed for improvements in cognitive, behavioral and relationship skills over 2 years. Identified subgroups of children with different combinations of socio-demographic characteristics were defined by their 9 characteristics of their home environment including caregiver status (e.g. food stamps, single parent home, depression, parent with higher education, etc.), and were tested for whether the effects of Head Start on cognitive, and behavioral and relationship skills differed across subgroups. The results suggest that the effectiveness of Head Start varies considerably. For some children there appears to be little to no effect. However, for other subgroups, there is a significant, and even long-term, positive impact.

For the subgroup categorized by “Married, Lower Risk, HS,” effects we limited though there was a significant positive effect on vocabulary skills before beginning kindergarten. Children in the “Single, Food Stamps, Depression” subgroup and the “Single, Higher Education,

Full-Time” subgroup benefitted in behavioral and relationship outcomes when compared to control group children. These children were rated higher by teachers after Head Start and then also rated higher by parents during kindergarten and first grade (Cooper).

Another cohort study also published in 2014 analyzed data from the Head Start Impact Study. Using information regarding 3,790 children [with 2,119 in the 3-year-old cohort and 1,671 in the 4-year-old cohort] from 353 separate Head Start centers, comparisons were made with children in parental care and relative/nonrelative care. From this study it was found that Head Start participants generally had better cognitive and parent-reported behavioral development than their non-Head Start-attending counterparts. Similar to the first study mentioned, it was found that some of these benefits seem to persist through the first grade (Zhai). These studies support the idea that children from impoverished backgrounds benefit greatly from attending Head Start.

Considering mental health scores, a secondary data analysis published in 2014 compared three groups of children that were characterized by when they entered Head Start and how long they stayed. Children who entered Head Start at age 3 and stayed in Head Start both for 1 year and for 2 years had higher mental health scores when compared to those who entered at age 4 and stayed for 1 year. Based on this study, it was also found that boys, as well as children with special needs, that participated in Head Start for a full two school years had higher mental health scores than those who stayed for a shorter length of time or whom did not participate in the program at all (Kyunghee). Increased mental health scores should be considered an important potential benefit for any persons considering enrolling their children in a Head Start program.

Many people may not be aware of Head Start's goal to find ways to help parents and their children connect and create a healthy home-life. In 2015, a controlled study that two hundred and fifty-six parents participated in was published pertaining to one such effort. Approximately half of the participants received text messages for six weeks. These texts served as reminders for parents to engage and play with their children. At the end of 6 weeks, a questionnaire was completed by parents. Data collected from the questionnaire shows that parents who received the service engaged in more learning activities. This was especially true of fathers of young boys participating in the program. The service was met with high rates of satisfaction by parents (Hurwitz). This is just one of many progressive efforts put forth by Head Start, and its efficacy shows that potential benefits from Head Start programs include increases in quality of life outside of the classroom, for children and families alike.

Another goal of Head Start programs is to monitor and provide resources to increase the overall health and well-being of participating children. Well-Child checkups, vaccinations, and dental visits are often requirements for enrollment and maintenance of enrollment. In a controlled study families were randomly assigned to receive, or not receive services that enabled the families to have increased access to dental care for the children during their first year of Head Start. Although this study found no difference between the amounts of dental care either groups of children received, it was found that the in-class interventions provided by Head Start had a very positive impact on the oral health of Head Start aged children. This is effectively achieved by a "four-prong approach" that includes home care and brushing twice daily in the classroom while attending Head Start (Milgrom). Because the children who attend Head Start come from impoverished families, interventions such as this one that focuses on oral health may be the only interventions they receive for their health. It has been shown that children from high-[usually

impoverished] families are less likely to receive health interventions that are those from low-risk families—those whose families are not impoverished or who do not fall into the high-risk category due to a combination of factors (Milgrom). The value of these health interventions is undebatable, as the health of our children is invaluable.

Increased cognitive, behavioral and relationship skills; higher mental health scores; support for parental engagement with their children; and positive impacts on oral health for children participating in Head Start are only a small sample of the plethora of potential positive impacts that may be seen in our children. Preparing our children for success in school and life is a noble goal, and a goal that Head Start programs take to heart. It is the emphasis on providing a holistic program that does not just focus on the learning of the child, but instead on creating positive “whole-self” outcomes, that shows the true value of this educational program.

## Sources

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