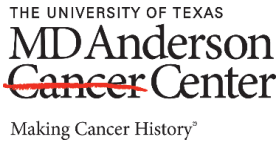

April 5, 2018

Fran Majestic
Division Director of Program Operations Division
Office of Head Start
330 C Street, SW
4th Floor, Mary E. Switzer Building
Washington, DC 20201

Re: Head Start Program Information Report
Docket No. ACF-2018-0005-0001

Dear Ms. Majestic:

On behalf of the undersigned organizations, we applaud the Office of Head Start for including health education around tobacco use and facilitating access to tobacco cessation services when making changes to the 2019-2020 Head Start Program Information Report (PIR) to better align with the revised Head Start Program Performance Standards.

The Head Start PIR is intended to provide comprehensive data on the services, staff, children, and families served by Head Start and Early Head Start programs nationwide. The information collected is important in helping influence policies and supporting better health outcomes for children and families. The inclusion of health education about tobacco use and facilitating access to tobacco cessation services will support and enhance the quality, utility, and clarity of the information to be collected. These inclusions also align with the revised Head Start Program Performance Standards which provide new or expanded requirements around program responsibilities for effective engagement with parents around the issues and consequences related to use of tobacco products.

The inclusion of these measures is important as the majority of adults served by Head Start and Early Head Start programs – typically pregnant women or parents of enrolled children – are individuals from families with limited financial resources. Data confirms that adults in low income families smoke at disproportionately high rates and that they and their children disproportionately suffer the serious, adverse health consequences that inevitably follow. While great strides have been made over the past four decades in reducing the prevalence of tobacco use, 15.5% of adults in the United States, about 37.8 million persons, still smoke.[1] Importantly, these smokers are not evenly spread across the population.

In particular, adults in the U.S. with lower incomes and lower education levels have higher smoking rates. In 2016, 25.3% of adults in the United States with an annual household income below the poverty level smoked, compared to 14.3% of adults with an annual household income at or above the poverty level.[1] In the fall of 2014, 31.1% of Head Start families had a household income below 50% of the federal poverty threshold and 36.2% of Head Start families had a household income between 50% to 100% of the federal poverty threshold. For context, the federal poverty threshold for a family of four in 2013 was $23,834. This puts these families squarely among the most likely smokers.[2]

Not only do Head Start parents have higher smoking rates, their families also have among the highest rates of secondhand smoke exposure. In 2011-2012, 43.2% of nonsmokers in the U.S. who lived below the poverty level were exposed to secondhand smoke.[3] The high prevalence of smoking in low-income families has a devastating impact on the health of their children through exposure to secondhand smoke. Children exposed to secondhand smoke are at an increased risk of sudden infant death syndrome (SIDS), lower respiratory illnesses, middle ear disease, asthma and more severe forms of asthma, slowed lung growth, and at increased risk for respiratory symptoms including cough, phlegm, wheeze, and breathlessness.[3,4] Reducing the secondhand smoke exposure of children enrolled in Head Start and Early Head Start programs will improve their health outcomes, thus improving their school readiness. Thus, it is important to include tobacco use health education and access to tobacco cessation services in the Head Start PIR.

Again, we are very pleased the Office of Head Start added measures about health education around tobacco use and facilitating access to tobacco cessation services in the 2019-2020 Head Start PIR. This aligns with the new Head Start Program Performance Standards on tobacco, serves as a prompt to programs to collect data on this issue, and serves as a basis for engagement and collaboration with parents on tobacco use. We look forward to working with the Office of Head Start to encourage healthier families in Head Start and Early Head Start programs.

Sincerely,

American Academy of Family Physicians
American Association for Respiratory Care
American College of Obstetricians and Gynecologists
American Heart Association
American Lung Association
Brattleboro Town School District's Early Education Services
Campaign for Tobacco-Free Kids
March of Dimes
National African American Tobacco Prevention Network
National Center for Health Research
National Head Start Association
Public Health Law Center
Smoke-Free Red Bay
Smoke-Free Shoals
South Carolina Tobacco-Free Collaborative
Tobacco-Free Coalition of Weld County
Truth Initiative
University of Texas MD Anderson Cancer Center
Vermont Head Start Association
Vermont Head Start State Collaboration Office
Washington State Department of Health

References

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2. N. Aikens, A. Kopack Klein, E. Knas JH, et al. Child and Family Outcomes During the Head Start Year: FACES 2014-2015 Data Tables and Study Design. OPRE Report 2017-100. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. 2017; https://www.acf.hhs.gov/sites/default/files/opre/faces_2014_2015_spring_child_family_data_tables_final_clean_toacf.pdf.
3. Homa DM, Neff LJ, King BA, et al. Vital signs: disparities in nonsmokers' exposure to secondhand smoke--United States, 1999-2012. *MMWR Morbidity and mortality weekly report.* 2015;64(4):103-108.
4. Centers for Disease Control and Prevention. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta GA2006.