# APPENDIX B.1

# RESPONSE TO COMMENTS RECEIVED ON 60-DAY FEDERAL REGISTER NOTICE FOR BABY FACES 2018

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## Response to Comments Received on 60-Day Federal Register Notice

We received two comments to the 60-day Federal Register Notice for Baby FACES 2018: (1) a general letter of support from the New York City Department of Health and Mental Hygiene and (2) suggestions for survey questions from the Truth Initiative to include in the parent survey, staff survey, and program director survey. These questions are focused on assessing the prevalence of tobacco use among Early Head Start parents and pregnant women, the frequency/quantity of tobacco use, tobacco use behaviors, EHS program practices related to tobacco use, and data regarding changes in tobacco use among program participants.

We gave careful consideration to these important topics and found that many were outside the scope of Baby FACES 2018, which focuses on understanding the quality of caregiving relationships in EHS, or were suggested for program directors, who will likely not know about the prevalence of tobacco use among EHS families. We did however, incorporate several of the suggestions and made changes to the parent survey and the Staff Child Report-Home Visitor in response to the comments received.

- Specifically, in the parent survey, we added a question asking parents if they had used vaping products in the past 30 days and another question asking them if their EHS program had offered resources or support in reducing or quitting their use of tobacco or vaping.
- In the Staff Child Report-Home Visitor, we expanded an existing item about topics home visitors had addressed with families to ask about tobacco use, alcohol use, and drug use separately (originally asked as a single response category). We also asked home visitors about services to which they had referred families, and here we split alcohol and drug use into two separate response categories and added a new category for resources to help quit or reduce smoking or vaping.

Adding these questions will provide information at the family level for all EHS families and from both the family and staff perspective for those in the home-based option.

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# APPENDIX B.2

# COMMENTS RECEIVED FROM NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
*Commissioner*

**George L. Askew, MD**
**Deputy Commissioner**

**Division of Family and Child Health**
**42-09 28th Street**
**10th Floor – CN24**
**Queens, NY 11101-4132**

**347-396-5449 tel**
**347-396-4565 fax**

June 6, 2017

OPREinfocollection@acf.hhs.gov

Re: The Early Head Start Family and Child Experiences Survey 2018 (OMB No. 0970-0354)

Dear OPRE Reports Clearance Officer:

The New York City Department of Health and Mental Hygiene (DOHMH) is pleased to submit comments on the proposed Early Head Start Family and Child Experiences Survey 2018. The data collected through this survey will provide public health agencies such as our own with important insights into the experiences of families with young children, including those with low income, who participate in the Early Head Start program throughout the country. DOHMH strongly supports this survey, which will produce population-level data on Early Head Start programs (quality, services provided, interactions between families and program staff and child and family outcomes), which can directly inform our local programmatic and policy efforts to support high quality early care and education for children beginning at birth. More broadly, the data will provide valuable insights to early childhood programs, policy makers, researchers, and the federal government about the potential benefits of Early Head Start. The burden on programs to provide these data are well worth the time and effort as it will assist in better understanding and promoting optimal child and family outcomes.

Thank you for the opportunity to comment.

Sincerely,

George L. Askew, MD, FAAP
Deputy Commissioner
Division of Family and Child Health

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# APPENDIX B.3

# COMMENTS RECEIVED FROM TRUTH INITIATIVE

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truth initiative
INSPIRING TOBACCO-FREE LIVES

900 G Street, NW
Fourth Floor
Washington, DC 20001

truthinitiative.org
202 454 5555



June 9, 2017

Ms. Mary Jones
ACF/OPRE Certifying Officer
Administration for Children and Families
Office of Planning, Research and Evaluation
370 L'Enfant Promenade, SW
Washington, DC 20447

Attn: OPRE Reports Clearance Officer

**RE: Early Head Start Family and Child Experiences Survey 2018 (Baby FACES 2018) (OMB NO.: 0970-0354)**

Dear Ms. Jones:

On behalf of Truth Initiative, we thank you for the opportunity to provide comments in response to the Early Head Start Family and Child Experiences Survey 2018 (Baby FACES 2018) (OMB NO.: 0970-0354). We are submitting these comments to urge that the Baby FACES 2018 include survey questions designed to assess: (1) prevalence of smoking and/or tobacco use among Early Head Start (EHS) parents in general, as well as during pregnancy for women enrolled in EHS; (2) frequency/quantity of smoking and/or tobacco use among EHS parents; (3) tobacco use behaviors (e.g., usage in homes, cars, etc.) among EHS parents; (4) EHS program practices, including referral to cessation resources, for EHS parents identified as tobacco users; and (5) data regarding changes in tobacco use among EHS program participants following targeted interventions by EHS programs.

**Background.** Truth Initiative is committed to creating a generation of Americans for whom tobacco use is a thing of the past. As part of that mission, Truth Initiative addresses tobacco use among youth, young adults and vulnerable populations. 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, 15.1% of adults in the United States, about 36.5 million persons, still smoke.[1] Importantly, these smokers are not evenly spread across the population. Rather, the lower one's income and education level, the more likely they are to

smoke. Head Start parents are among the adults most likely to smoke. In 2013-2014, 29.9% of adults in the United States with an annual household income of less than $20,000 reported every day or some day use of combustible tobacco products and 23.2% of adults with an annual household income between $20,000 and $49,999 reported combustible tobacco product use every day or some days, compared to 15.3% of adults with an annual household income between $50,000 and $99,999 and 9.3% of adults with an annual household income of $100,000 or more.[2] The median annual household income for HS/EHS families was $22,714 in the fall of 2009 – putting these families squarely among the most likely smokers. Not only are Head Start parents most likely to smoke, their families are also most likely to be exposed to secondhand smoke since 43.2% of nonsmokers in the U.S. who live below the poverty level are 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.[4]

In response to these trends, for the past 13 years, Truth Initiative has worked with Head Start State Associations, agencies and programs across sixteen states and two territories, providing technical assistance in the development and implementation of the Head Start Tobacco Cessation Initiative (TCI). The Head Start TCI Framework enables participating Head Start agencies to: build partnerships with state and local tobacco control and prevention programs; effectively incorporate tobacco identification and cessation referral protocols into existing Head Start child development, health and family service infrastructures; and provide training and staff development around tobacco use, nicotine addiction, and techniques such as Motivational Interviewing so as to support productive, behavioral change among program participants.

**Goals of Baby FACES 2018 and HHS Request for Comment.** The stated goals of Baby FACES 2018, broadly stated in the Federal Register, are to collect data to guide program planning, technical assistance, and research and, specifically, to obtain information on EHS programs and understand better how program processes support staff-participant and parent-child relationships which are hypothesized to lead to improved child and family outcomes. We address here the importance of this information and how it can help influence policies and ultimately healthier children and families.

**Relevant Data on Smoking and/or Tobacco Use from Prior FACES Reports.** The goals of the prior study, Baby FACES 2009, as described by Administration for Children and Families / Office of Planning, Research and Evaluation (OPRE) were as follows:

- Provide descriptive information about Early Head Start services offered, their frequency and intensity;
- Identify key characteristics of families currently served in Early Head Start;
- Investigate how programs individualize services to meet family needs;
- Learn how Early Head Start children and families are faring over time; and
- Explore associations between the type and quality of Early Head Start services and child and family well-being.

See: https://www.acf.hhs.gov/opre/research/project/early-head-start-family-and-child-experiences-study-baby-faces

Consistent with the goals of the prior study, several reports associated with the study reflected data which shed light on the smoking behaviors of program participants. Specifically, in *Learning As We Go: A First Snapshot of Early Head Start Programs, Staff, Families, and Children (Baby FACES 2009 – first report*), from February 2011 (https://www.acf.hhs.gov/sites/default/files/opre/as_we_go.PDF), there is data around rates of smoking during pregnancy, smoking inside the home, and referral for smoking cessation services. Likewise, in *Toddlers in Early Head Start: A Portrait of 2-Year-Olds, Their Families, and the Programs Serving Them (Baby FACES 2009)* from February 2015 (https://www.acf.hhs.gov/sites/default/files/opre/baby_faces_age_2_report_final_clean_2_3_15.pdf), there is data around prevalence of parental smoking, smoking inside the home, and other relevant data. In our recommendations, below, we suggest the inclusion of questions tailored to solicit this same type of data, albeit with additional depth so as to understand the dynamics of the tobacco use of program participants and the type and efficacy of interventions by EHS programs.*

**Projected Survey Instruments.** A review of projected survey instruments for Baby FACES 2018 reflects a decreased emphasis on the smoking/tobacco use behaviors of program participants as compared with the Baby FACES 2009 study. In a review of projected survey instruments for Baby FACES 2018, only several references to smoking or tobacco use are referenced. In the Staff Child Report Home Visitor document, one questions asks, "During any of the face-to-face contacts you had with this family during the past 4 weeks, which of the following topics/activities were addressed? Mark all that apply." This is followed by a list of family health and social service issues, including item 12, "tobacco, alcohol, and other drug use." While this question references that the issue of tobacco may have been addressed, it fails to distinguish between tobacco, alcohol and other drugs, thus making uncertain which specific issue was presented and addressed. Similarly, the question does

* While the reports cited above provide data around smoking and/or tobacco use among EHS participants, the conclusions indicate that the prevalence of smoking among EHS parents is low, and that rates of smoking during pregnancy among women included in the study are considerably lower than the national rates among pregnant women. These conclusions don't align with what we know about the prevalence of smoking among low-income communities. We suggest questions in this comment which may help to better assess tobacco use among this population.

not get at the background as to nature or frequency of potential tobacco use, or what constitutes “addressing” the issue.

In the Parent Survey document, question M5 asks, “In the last 30 days, did you or anyone else in your household smoke tobacco such as cigarettes or cigars?” While this question may yield data as to whether the household contains a smoker or tobacco user, it fails to get at nature (in home, in car, etc.?) or frequency of use. Furthermore, unlike question M7 which inquires as to whether the EHS program helped the parent in getting treatment for drug or alcohol problems, the survey lacks any question as to program referrals or intervention around smoking or tobacco use.

**Suggested Changes to the Baby Faces Survey.** Below we provide suggested survey questions for Baby FACES 2018 designed to help ensure the proper performance of the functions of HHS and, specifically, the Early Head Start program. We feel that these questions will support and enhance the quality, utility, and clarity of the information to be collected. In particular, the recently revised and released version of the federal Head Start Program Performance Standards provide new or expanded requirements around program responsibilities for effective engagement with parents around the issues and consequences related to use of tobacco products. Our recommendations will help to inform the approach of HHS (specifically, Office of Head Start) and programs in terms of structuring appropriate data gathering, program planning and technical assistance necessary to meet and achieve the child and family outcomes targeted by the following, new regulations (emphasis added):

> *§1302.46 Family support services for health, nutrition, and mental health.*
>
> *(a) Parent collaboration. Programs must collaborate with parents to promote children’s health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.*
>
> *(b) Opportunities.*
>
> *(1) **Such collaboration must include opportunities for parents to**:*
>
> *(i) **Learn about** preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for **the** home including **health and developmental consequences of tobacco products use** and exposure to lead, and safe sleep;*
>
> *§1302.81 Prenatal and postpartum information, education, and services.*
>
> *(a) **A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate**, fetal development, the*

*importance of nutrition, **the risks of** alcohol, drugs, and **smoking**, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.*

**Recommendations.** Given the foregoing, we suggest that the following questions, or some variant of these questions, be included in various surveys, which we define broadly as:

- Parent survey(s)
- Director / Management / Administration survey(s), and
- Direct Service Staff survey(s)

| **Issue** | **Respondents / survey** | **Draft question(s)** |
|---|---|---|
| (1) prevalence of smoking and/or tobacco use among Early Head Start (EHS) parents in general, as well as during pregnancy for women enrolled in EHS; | Parent survey(s) | • Are you currently pregnant and enrolled in Early Head Start?<br>• During the past 30 days, have you or anyone else in your household smoked part or all of a cigarette, smoked part or all of a roll-your-own tobacco cigarette, smoked part or all of any type of cigar, or smoked tobacco in a pipe?<br>• During the past 30 days, have you or anyone else in your household used chewing tobacco, snuff, or snus? |
| | Director / Management / Administration survey(s | • How many smokers or tobacco users were identified by your EHS program during the most recently completed program year?<br>• What percentage of your enrollment for the most recently completed program year is comprised of smokers or tobacco users? |
| (2) frequency/quantity of smoking and/or tobacco use among EHS parents; | Parent survey(s) | • During the past 30 days, on how many days did you smoke cigarettes?<br>○ 1 to 9 days<br>○ 10 to 19 days<br>○ 20 to 29 days<br>○ All 30 days<br>• During the past 30 days, on how many days did you smoke cigars or pipes?<br>○ 1 to 9 days<br>○ 10 to 19 days<br>○ 20 to 29 days<br>○ All 30 days |

| | | |
|---|---|---|
| | | • During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?<br>  ○ 1 to 9 days<br>  ○ 10 to 19 days<br>  ○ 20 to 29 days<br>  ○ All 30 days<br>• On the days you smoked cigarettes during the past 30 days, how many cigarettes did you smoke per day, on average?<br>  ○ Less than one cigarette per day<br>  ○ 1 to 10 cigarettes per day<br>  ○ 11 to 20 cigarettes per day<br>  ○ More than 20 cigarettes per day |
| (3) tobacco use behaviors (e.g., usage in homes, cars, etc.) among EHS parents; | Parent survey(s) | • Do you use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?<br>• Do you allow smoking in your home? Yes/Sometimes/No<br>• Do you allow smoking in your vehicle with children present? Yes/Sometimes/No |
| (4) EHS program practices, including referral to cessation resources, for EHS parents identified as tobacco users; | Direct Service Staff survey(s) | • Have you discussed smoking or tobacco use with your EHS participants (parents)?<br>• If you've identified parents who are smokers or tobacco users, what sort of resources or support do you offer to help them in reducing, quitting or changing their use of tobacco? |
| | Parent survey(s) | • Have you discussed smoking or tobacco use with your EHS staff person?<br>• If you are a tobacco user, has your EHS staff person offered resources or support in reducing, quitting or changing your use of tobacco? |
| (5) data regarding changes in tobacco use among EHS program participants following targeted interventions by EHS programs. | Director / Management / Administration survey(s | • Have you developed working partnerships with your local health department around tobacco cessation resources and referrals?<br>• Do your data systems collect data regarding parents in your program who use tobacco products?<br>• Do you provide staff training specific to working with parents who are tobacco users?<br>• Do you have data around behavioral changes made by parents following resources, referrals or interventions provided by your program? |

**Conclusion.** Thank you for considering these comments and recommendations. These changes will improve the quality and utility of the Baby FACES 2018 study so that they can be used to enhance the overall effectiveness of Early Head Start programs in meeting regulatory requirements and supporting improved child and family outcomes for program participants. We look forward to working with HHS and the Early Head Start program to encourage healthier families. If you have questions or need more information, please contact Maham Akbar, Manager of Public Policy at Truth Initiative, at makbar@truthinitiative.org or 202-454-5932.

Sincerely,

M. David Dobbins
Chief Operating Officer

## References


1. Jamal A, King BA, Neff LJ, Whitmill J, Babb SD, Graffunder CM. Current Cigarette Smoking Among Adults - United States, 2005-2015. *MMWR. Morbidity and mortality weekly report.* 2016;65(44):1205-1211.
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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.