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August 12, 2019

Attn: OPRE Reports Clearance Officer  
Administration for Children and Families  
Office of Planning, Research, and Evaluation  
330 C Street, SW  
Washington, DC 20201

**Re: Head Start (HS) Connects: Individualizing and Connecting  
Families to Family Support Services (New Collection)**

To Whom It May Concern:

On behalf of Truth Initiative®, we thank you for the opportunity to provide comments in response to the proposed information collection activity, the Head Start (HS) Connects: Individualizing and Connecting Families to Family Support Services. We are submitting these comments to urge that, among the types of family support services covered in these interviews, tobacco cessation services are included as an example of “physical health services.”

Truth Initiative is committed to creating a generation of Americans for whom tobacco use is a thing of the past. Truth Initiative’s flagship program is the proven-effective and nationally recognized youth smoking prevention campaign, truth®. Other programs include EX®, an innovative smoking cessation program; research initiatives exploring the causes, consequences and approaches to reducing tobacco use; and programs to address the health effects of tobacco use – with a focus on priority populations disproportionately affected by the toll of tobacco.

In September 2016, the Office of Head Start released the final rules setting forth the newly revised Head Start Program Performance Standards. Included in these new regulations were new provisions which enhance the responsibility of Head Start agencies around their work with parents regarding tobacco and the risks of smoking. Specifically, § 1302.46(b)(1)(i) provides that 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. Such collaboration must include opportunities for parents to learn about critically important health and safety issues, including the health and developmental consequences of tobacco products use. Likewise, § 1302.81(a) provides that programs 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, risk factors for pregnancy including the risks of smoking. Accordingly, we recommend the survey instruments be revised in the following ways:

### ***Instruments 1 - 7***

#### ***Section 1. Introduction and Overview***

We recommend adding tobacco cessation services to the following sentence: When I say, “family well-being support services,” I mean services for parents and guardians, such as education, employment services, financial capability services, housing and food assistance, emergency or crisis intervention services, substance abuse treatment, **physical health services (such as tobacco cessation services, nutritional services or other services to maintain and promote physical health and well-being)**, and mental health services.

#### ***Instrument 2 – Family Support Staff Pre-Visit Call***

We recommend adding tobacco cessation services to the footnote: Family support services include: Help or assistance with obtaining a high school diploma, a training certificate or a degree; or English language classes (Education); Help or assistance with finding a job (Employment); Help or assistance in managing money and making financial decisions (Financial capability services); Help or assistance with finding an affordable house or apartment to live in (Housing); Help or assistance with finding food pantries or food banks in your community (Food assistance); Immediate help and support when you have an emergency or crisis with your family or living situation (Emergency or crisis intervention services); Help or assistance with getting substance abuse treatment (Substance abuse treatment); Help or assistance with accessing medical and dental services to make sure families are healthy (Physical health services **such as tobacco cessation services, nutritional services or other services to maintain and promote physical health and well-being**); and Help or assistance for depression or anxiety (Mental health services).

#### ***Instrument 3 – Head Start Administrator/Family and Community Partnerships Manager Interview***

##### ***Section 5. Family Needs and Types of Family Support Services***

We recommend adding tobacco cessation services as an example to Question 15:

15. What kinds of longer-term supports do parents/guardians seek or need for themselves?

- For example, counseling, substance abuse treatment, **physical health services (such as tobacco cessation services, nutritional services or other services to maintain and promote physical health and well-being)**, support groups around issues like domestic violence



- What do you or your program provide to meet this need/interest for parents/guardians?
- Under which circumstances does it involve referrals outside of your program?

#### ***Instrument 4 – Head Start Family Support Staff Interview***

We recommend adding tobacco cessation services to the footnote:

Family support services include: Help or assistance with obtaining a high school diploma, a training certificate or a degree; or English language classes (Education); Help or assistance with finding a job (Employment); Help or assistance in managing money and making financial decisions (Financial capability services); Help or assistance with finding an affordable house or apartment to live in (Housing); Help or assistance with finding food pantries or food banks in your community (Food assistance); Immediate help and support when you have an emergency or crisis with your family or living situation (Emergency or crisis intervention services); Help or assistance with getting substance abuse treatment (Substance abuse treatment); **Help or assistance with accessing medical and dental services to make sure families are healthy (Physical health services, such as tobacco cessation services, nutritional services or other services to maintain and promote physical health and well-being)**; and Help or assistance for depression or anxiety (Mental health services).

#### ***Instrument 5 – Head Start Other Staff Interview***

##### ***Section 4. Family Needs and Types of Family Support Services***

We recommend adding tobacco cessation services as an example to Question 16:

16. What kinds of longer-term supports do parents/guardians seek or need for themselves?

- For example, counseling, substance abuse treatment, **physical health services (such as tobacco cessation services, nutritional services or other services to maintain and promote physical health and well-being)**, support groups around issues like domestic violence
- What are some specific ways you are involved in coordinating or providing services to meet this need/interest for parents/guardians – if at all?

#### ***Instrument 6: Parent/Guardian Interview***

##### ***Section 7. Parent/Guardian Goals/Needs and Service Receipt – Long-Term Support***

We recommend adding tobacco cessation services as an example for this section:

Next, let's talk about other types of support you may need. Some families need longer-term support, like counseling, substance abuse treatment, **physical health services (such as tobacco cessation services, nutritional services or other services to maintain and promote physical health and well-being)**, and support groups around issues like domestic violence. Does this apply to your family? What kind of longer-term support do you need or have you needed in the past?



The inclusion of tobacco cessation services is important as the majority of adults served by 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, 14.0 percent of adults in the United States, about 34.3 million persons, still smoke cigarettes.<sup>1</sup> 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 cigarette smoking rates.<sup>1</sup> In 2017, 21.4 percent of adults in the United States with an annual household income below \$35,000 smoked, compared to 15.3 percent of those with an annual household income of \$35,000 to \$74,999, 11.8 percent of those with an annual household income of \$75,000 to \$99,999, and 7.6 percent of those with an annual household income of \$100,000 or more.<sup>1</sup> 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.<sup>2</sup>

Not only do Head Start parents have higher smoking rates, their families also have among the highest rates of secondhand smoke exposure. In 2013-2014, 47.9% of nonsmokers in the U.S. who lived below the poverty level were exposed to secondhand smoke.<sup>3</sup> 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.<sup>3,4</sup> Reducing the secondhand smoke exposure of children enrolled in Head Start programs will improve their health outcomes, thus improving their school readiness. Thus, it is important to include tobacco cessation services when interviewing Head Start administrators, staff, and parents/guardians when asking about family support services provided.

Thank you for considering these comments and recommendations. These changes will improve the quality and utility of the Head Start (HS) Connects: Individualizing and Connecting Families to Family Support Services so that they can be used to enhance the overall effectiveness of generating knowledge about the processes through which Head Start programs coordinate the provision of family support services that are responsive to families' specific needs. The inclusion of 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. We look



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forward to working with the Administration for Children and Families 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](mailto:makbar@truthinitiative.org) or 202-454-5932.

Sincerely,

A handwritten signature in black ink, appearing to read "M. David Dobbins". The signature is fluid and cursive, with a long horizontal stroke at the end.

M. David Dobbins  
Chief Operating Officer



## References

1. Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults - United States, 2017. *MMWR Morbidity and mortality weekly report*. 2018;67(44):1225-1232.
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.  
[https://www.acf.hhs.gov/sites/default/files/opre/faces\\_2014\\_2015\\_spring\\_child\\_family\\_data\\_tables\\_final\\_clean\\_toacf.pdf](https://www.acf.hhs.gov/sites/default/files/opre/faces_2014_2015_spring_child_family_data_tables_final_clean_toacf.pdf). Published 2017. Accessed.
3. Tsai J, Homa DM, Gentzke AS, et al. Exposure to Secondhand Smoke Among Nonsmokers - United States, 1988-2014. *MMWR Morbidity and mortality weekly report*. 2018;67(48):1342-1346.
4. Centers for Disease Control and Prevention. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. In. Atlanta, GA 2006.