

## **In Celebration of Head Start's 40th Anniversary 2005: Child Health & Disabilities**

E. Dollie Wolverton: We have a requirement that at least 10 percent of the children must be children with diagnosed disabilities. In this day and age, it's sort of more common practice but when Head Start broke the barrier on this it was very new, very dynamic. It helped the school systems move to where they ought to be in serving children with diagnosed disabilities. And it was instrumental in mainstreaming children into regular classrooms before they had been isolated.

Barbara Cleary: One of the special things about our program is the support we give to parents of children with special needs. When we have support group meetings, we have parents from all parts of the program who show up, whether or not their children have special needs, just to show support. And when you come into the classroom, you can't tell who are the children who need extra assistance and who aren't, because we're all Head Start children here and Head Start parents.

Cynthia Walker: A child who has cystic fibrosis, and the parents talked about the treatments, because they had -- physical, the therapy that had to be administered while the child was in school. And I spoke with the health service coordinator and she was in a class with the other children. They individualized for her, but they didn't, you know, like pull her out. They didn't make her different.

You know, she was treated as the other children but when it was time for her treatment, of course, she was given the treatment but there was no stigma associated with the health problem that she had. And she was blended in with all the other children. Had I not experienced the health coordinator giving her her physical therapy I would have never known that she had cystic fibrosis.

Mary Lewis: We were listening to a panel of parents and we had a mother of a Down Syndrome child with many talents but his communication skills were very low. And the mother couldn't believe that in the 3- to 5-year-old classrooms they taught the children sign language so that everybody in the class could talk to that child in sign and include him in all the activities.

Kathy Starr: I've seen children in many cases start out with special needs but because we were able to provide them with adaptations, they were actually able to move out of the special need categories because they either got surgery, or they got glasses, or got aids that assisted them. I saw children come into the program who had special needs that were so severe that they were not able to walk.

The fact that they couldn't walk meant that they couldn't use the bathroom and they didn't feel good about themselves with their other peers. But once we were able to get those children into physical therapy and O.T., and you see that child able to actually make steps and he's able to go to the bathroom and do things that you take so for granted, that is the greatest opportunity you will ever have.

"Biz" Steinberg: I remember a little boy named Tommy Triggs, who was four and who had never spoken a word outside of home. And I was kind of working one-on-one with him. So I kept working in the block area. We built roads. We built buildings. And one day, he just said, "Ms. Biz, I think I want to build a skyscraper over by the other side of my highway." He just broke into language. He always had it, but it just -- and we still don't know why this all happened.

He had had speech evaluations, which is wonderful that Head Start still does this to today. But with Tommy, you know how -- young children -- so much is built on relationships. He was from a large family. And my own gut tells me that when the next two babies came, Mom might not have just had enough time with Tommy, so was grateful that Head Start was there. And I was just incredibly blessed to be there when he spit out this whole long descriptive sentence.

Amanda Bryans: When I was a disabilities coordinator in Head Start, a mother called me and said that she had a little girl that she wanted to come -- she wanted to have participate in Head Start. And I said, "Well, you know, tell me

about her." And she said, "Well, she's in a special classroom at the state university for preschool kids with multiple disabilities." And I asked her to talk some more and she described some of what the child was diagnosed with.

And I said, "Well, it sounds like she's in a good program where she gets a lot of special help. Why do you want her to come to Head Start?" And she said, "Well, she acts different at home than she acts at school, and I really want her to go to school with the neighbor kids, with the kids she plays with at home." And so I went to the little girl's preschool and I observed her, and she seemed not to be toilet trained yet and she was flapping her hands quite a bit and she wasn't verbal at all.

It seemed like she really had a lot of needs. And so again I said to the mom, "You know, I'm not sure we can provide as much. There'll be 17 children and even if we get a one-to-one aide that's still, you know, a much larger group size. And, you know, children don't have to be toilet trained when they come to Head Start, but most of the kids are." But the mom said, "I really want her to go to Head Start."

So we had to have a committee on preschool special education meeting. There were lots of experts there, professionals. And they all said that this child needed to be in special education all the time. I said, "But we really respect what the parent believes. And we want to try to do this. We'll work with the committee to provide the services." So in the end, the little girl came to Head Start. And I didn't get into that center to see her in the first week.

And I finally went over there, and I met with her teacher. And I said, "How's the little girl doing?" And she said, "She's doing terrific. I don't know what you were talking about. She is toilet trained." I said, "But what about the speech?" She said, "Well, she's talking. She's fine." It turned out that she was a social sponge. And her mom was right. She was acting differently at home because the kids around her at home were acting differently.

When she was in the special ed setting she thought that was the expected behavior. She'd been in it since she was very little. She'd had some nutrition problems that got her identified to start with so she just thought that's what you do in that setting. And it's not to say that lots of kids don't have disabilities that need a lot of intensive assistance, but it is to say this parent really knew her little girl.

And even though other professionals didn't agree Head Start's ability to do what the mom wanted will have a profound influence on that child's life because she started kindergarten as a typical kid and instead of in a special education track which would have been hard for her to get out of.

John M. Chavez: There was a pediatrician. They asked me to help him because there was a family that came in with a sick child. It turns out the man looked like he was in construction. He was very dirty and everything else. And he says, "Could you tell the doctor that my child is sick and I need him to care of him?" And I told the doctor. The doctor says "I have examined the child and tell him there's nothing to worry about. Have him take a little Children's Tylenol and some water. Watch him over, and he'll be fine."

I told the parent that. The parent says "You tell him that, no. My child is sick and he needs to have some medication." And then the pediatrician says, "You tell him I'm the expert, I'm the one who knows about medicine, not to worry about it. He's gonna to be fine." I told the parent. The other parent says to me "You tell him, I'm the parent and I know what I'm talking about because I'm also a pediatrician."

"And I can tell you exactly what he needs to prescribe to my child. "And the only reason why I can't practice medicine is because in this country I cannot practice without a license and I don't have a license." And he wrote down the prescription, the name of the prescription. I gave it to the pediatrician and the pediatrician looked at me. He didn't say a word. He wrote the prescription and gave it back to the parent.

Jerry Gribble: I will tell you that in a lot of the kids I have seen in Head Start that had what we call bombed-out mouth in dentistry, were shy, and they couldn't eat, and they were malnourished. And when you get the dental work done for them, they changed completely. They acted differently. They looked differently. They came out of their little shells and they were eating good and they became outgoing little citizens.

John Rossetti: I started working with Head Start programs on the Apache Indian Reservation in New Mexico. When I was there, I was part of the Indian Health Service. They were probably 60, 70, 80 Head Start children with numerous cavities. Maybe five to maybe 10 cavities in each child. And to say the least, it was a challenge for me the first year.

I said, What did I get into? It took me an entire year to treat the entire population. And you have to remember this is back in the early seventies. So there was so much disease there that I knew I couldn't address it. But the Head Start program was so enthusiastic and so willing to work with me that we put together an entire program.

Sara Pricleau: I remember one little kid that was brought to my attention in one of the Head Start programs there in Harrisburg who would not eat. And we found out that he didn't eat because it hurt. He had baby bottle tooth decay. And we were able to get a pediatrician to see him and improved. He just blossomed. All because he was having a toothache and he couldn't chew. It's not that he didn't want to eat, or he didn't want to play with the kids, he was hurting.

James J. Crall: Through our educational program essentially became the dental home for about 1,100 or 1,200 Head Start kids in Hartford. And the beauty of it was that once the people in the centers understood what it was that they were supposed to do, they had the kids doing these positive health behaviors on a daily basis, so actually learning about things that they could carry through their lives.

And the other thing that I'm always impressed with, was that in a few short years, we went from discovering kids who at age three or four literally had 10, 12, or more decayed teeth when we'd go in and do the assessments in the Head Start program to essentially not finding those kids. It was a real rarity. And the reason for that was because Head Start was doing its part to educate the parents. Head Start was doing its part to make sure that the kids had positive health behaviors on a day-in and day-out basis.

Reginald Louie: What we did was we focused on the fluoride tablets that we were giving to children on a daily basis. "Chew, swish, swallow." This was in the early nineties. And so I went in to a Head Start center that we had involved in this program, sat down in those little bitty chairs, tried not to hurt myself going down, and then began to speak with children.

To a little girl, I said, "Hi. How are you?" And she says, "Yes." "Are you taking fluoride tablets?" And she would look up from her play and look at me sort of incredulously. "Of course I'm taking these tablets." "Why do you take fluoride tablets?" Her eyes come up to me. Contact. "So no more puka teeth." And puka, as some of us know in Hawaiian, is "hole."

"So therefore I won't have any more holes in my teeth." And what better way to sort of underscore that these children not only understood what was happening but why they were getting it. And that, to me, really made all the difference in the world in terms of a public health context.

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