

Women working in Head Start programs report poor physical and mental health

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Women working in Head Start, the nation's largest federally funded early childhood education program which serves nearly one million low-income children, report higher than expected levels of physical and mental health problems, according to researchers at Temple University. Their findings are reported in the first-ever survey conducted on the health of Head Start staff.

In a paper published October 31 in the journal *Preventing Chronic Disease*, the Temple researchers, led by Robert Whitaker, professor of public [health](#) and pediatrics, reported that:

- Six physical health conditions—obesity, asthma, high blood pressure, diabetes or prediabetes, severe headache or migraine, and lower back pain—were each between 19-35 percent more common in Head Start staff than in the comparable U.S. population;
- 24 percent of the staff suffered from significant depressive symptoms—enough to be diagnosed with depression;
- 28 percent reported that their physical or [mental health](#) was "not good" on half or more of the 30 days prior to the survey;
- 15 percent rated their overall health as either "fair or poor;" and
- 9 percent were absent from work 10 or more days in the last year due to illness.

The work of Head Start staff can be very emotionally demanding as they help children and families living in poverty who face multiple social

risks, noted the researchers. Staff members also work for low pay, with teachers' salaries well below those of public school kindergarten teachers. One teacher who participated in the survey summarized her situation by writing, "My job is why I'm stressed all the time and my personal health suffers. I chose a demanding job, but the pay is bare minimum and isn't enough to get by."

The Temple researchers conducted an anonymous, online survey of staff working in 66 Pennsylvania Head Start programs. Of those who participated in the survey, the researchers focused on 2,122 female respondents, which included managers and classroom teachers of three and four year olds, as well as those making home visits to families of infants and toddlers participating in Early Head Start. The survey results were compared with previous national health surveys involving a large number of women whose social and demographic characteristics matched those in the Head Start [survey](#).

"In the 50 years that the Head Start program has been in existence, many studies have reported on the health of the children and families," said Whitaker. "However, no study has ever examined the health of the staff, which is the group on which the program relies to achieve its goals. The staff must be well to do well by the children and their families."

The researchers noted several potential approaches to address the health of the staff, including:

- Making staff wellness part of professional development activities;
- Using available Head Start mental health resources for families and children to also address the mental health needs of the staff;
- Adopting mindfulness-based stress-reduction techniques, now used in other emotionally demanding occupations like health care, to prevent and treat psychological distress in the staff;

- Changing the workplace culture to increase co-worker support and monitor and adjust the demands placed on the staff;
- Incorporating more movement into activities that are designed to promote children's cognitive and social development; and
- Improving the quality of food served to staff and children.

"Those working in Head Start have been entrusted with the development and education of some of the nation's most vulnerable and disadvantaged children," said Whitaker. "The adults providing these services deserve a compassionate response to their [health problems](#), which may be due in part to the stressful nature of their important jobs. Addressing the health of the [staff](#) may improve outcomes for [children](#) in Head Start."

Provided by Temple University

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