Head Start Starting Young Initiative
Phase 2

Results of Follow-Up Interviews with Participants
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Background

Starting Young in Maine

Starting Young in Maine was a pilot project conducted in 2006/07 with the generous help of Emily Rines, the Coastal Healthy Communities Coalition (Coastal HCC), and the York County Head Start/Early Head Start program. The project was participatory in nature and included adapting assessment tools originally used for a Boston-based project conducted by the Harvard School of Public Health. Once Harvard's assessment tools were adapted for Maine, data on staff and center nutrition and physical activity practices and opportunities were collected, analyzed, and presented back to staff in York County. The York County Head Start staff helped interpret the data, formed a staff wellness committee, and with the support of the Coastal HHC, turned the data into recommendations and plans for action. Plans included actions to address awareness, education, behavior change, and environmental and cultural change for Head Start staff, children, and families. This pilot project ended in early 2007.

Starting Young in Maine Phase 2

The Maine Center for Public Health (MCPH) and the Maine Health Prevention Research Center (MHPRC) received a grant award from Harvard Pilgrim Health Care Foundation to expand the pilot initiative. This expansion was called Starting Young in Maine Phase 2. Building on lessons learned from the pilot project in York County, eight Healthy Maine Partnerships (HMPs) were engaged to help further develop and refine this program within 32 Head Start sites/classrooms over one year. Starting Young also presented opportunities to work closely with the I Am Moving, I Am Learning (IMIL) initiative already universally adopted by Head Start in Maine, and for HMPs and Head Start to link up with pediatric and family practices participating in the Maine Youth Overweight Collaborative (MYOC), an innovative clinical collaborative designed to help both providers and their office systems address the issue of youth overweight.

Implementation of Starting Young in Maine Phase 2 began in September 2007. Adaptation of pilot York County surveys, development of new surveys and technical assistance to HMPs on how to use the surveys and enter data was complete by early November. Data collection was complete by the end of November, and initial results were presented to HMPs in January 2008. Results were used for strategic planning and action within local HMPs and a process evaluation was collaboratively designed and data was collected for the final evaluation in April and May of 2008. Due to unanticipated funding limitations, this marked the final stage of the Phase 2 initiative.

Goals for Starting Young

The following goals helped to structure the Starting Young effort:

1) Develop assessment tools (parent, staff, classroom) for use by Head Start Centers with their HMP to determine opportunities to enhance existing work, increase awareness, and improve physical activity and nutrition policies and programs for staff, children, and families.
2) Assist in baseline assessment data collection and analysis, providing HMPs their specific data and an aggregate data presentation template for use and modification by HMPs.
3) Assist HMPs to identify areas for improvement within Head Start Centers and for collaboration with local pediatricians and other clinicians to support Head Start efforts to improve physical activity and nutrition.
4) Work closely with the IMIL initiative already universally adopted and being promoted by Head Start in Maine; develop and distribute evidence-based strategies and appropriate resources/tools that Head Start Centers can use to address assessment findings.
5) Provide training and technical assistance to HMPs on implementation and analysis of the assessment tool and appropriate strategies.

Purpose of this Report

Follow-Up Interview Process

In the spring of 2009, informal telephone interviews were conducted with participants in phase 2 of the Starting Young initiative to assess progress and determine needs, following the unanticipated expiration of funds. Seven of the eight participants were interviewed[1]. The interviews were conducted between February 27th and March 13th of 2009. A standardized open-ended interview format was utilized. Interviewees were as follows:

Interviewees:
Bill Primmerman – Somerset County Association of Resource Providers (SCARP)
Dawn Joy Bryant – Waldo County Head Start (WCHS)
Dawn Littlefield – Healthy Living Sebasticook Valley Hospital (HLSVH)
Renee Page – Healthy Communities of the Capitol Area (HCCA)
Amanda Hopkins – Access Health (AH)
Marion Browning – Healthy Androscoggin (HA)
Robin Mayo – Piscataquis Public Health Council (PPHC)

This report provides key findings as well as a full summary of the responses from all seven interviews. Results are presented by goal area. Themes are noted and direct quotes are provided to support the findings. Results are meant to provide feedback and help determine progress and need. Due to the informal process for data collection, broad interpretation is not advised.

[1] *Note:* Jamie Comstock – Bangor Area Preventive Health Program (BAPHP) was on maternity leave and unavailable to participate in the interview process.

Follow-Up Interview Results

Key Findings

This section highlights key findings. A more detailed summary of interview findings by goal area is presented in the following section.

Starting Young Implementation and Overall Assessment

- All seven interviewees are still working with the Head Start sites they worked with during the funded stage of Starting Young.

- Three of the interviewees indicated that some aspects of the Starting Young initiative had expanded beyond the original sites; another noted that the policy was to initiate Starting Young in any new Head Start sites in their service area.

- Increased awareness in the community and relationship building with existing or new partners were noted as overall benefits of the initiative.

- Several interviewees expressed concern about what happens when families leave the Head Start system (move on to the public school system) and potentially lose the environmental supports addressing increased physical activity and healthy eating habits.

- Continued funding would have increased capacity to address the goals of the initiative within Head Start – maintaining the commitment to the target population – as well as to expand efforts into the childcare community as a whole.

Goal 1 - Assessment Tools and Policy Changes

- Several interviewees noted that they frequently reference the data collected via the Starting Young assessment tools to focus their efforts.

- A number of interviewees noted the difficulties in following parents for post assessments due to the lack of funding and technical support.

- None of the interviewees were aware of specific written policies that directly reflect results of the Starting Young data collection effort. Several mentioned that practice changes are more likely.

Goal 2 – Data Presentation Template

- Five out of the seven participants in the interview process had referred back to the assessment data and had used the modified presentation from the Starting Young initiative for a variety of purposes (education, planning, grant-writing, etc.).

- One participant had not used the presentation since the template was provided during the implementation year due to the expiration of funds and decreased focus on the initiative. Another had not use the template at all, but had used the data to create tables that worked better for their audience.

Goal 3 – Collaboration with Local Clinicians and other Stakeholders

- Most interviewees indicated that they primarily address collaborative connections with clinicians through the MYOC. Starting Young itself did not necessarily result in an expansion of these connections.

- Difficulties in gaining access to clinicians – and their limited availability – were noted as barriers to furthering collaborative efforts.

- It may be beneficial to have other clinicians and colleagues available who can endorse their physical activity and nutrition-related messages and approaches to demonstrate the widespread support for the interventions proposed.

- Toolkits were noted by one HMP as a good resource for communicating with providers.

- A few interviewees noted expanding their efforts into other areas (such as lead awareness/lead-poisoning prevention and worksite wellness) because of the strengthened partnerships with stakeholders that had evolved from their Starting Young work.

Goal 4 – Work with the Head Start Implementation of IMIL

- All seven interviewees reported that IMIL was implemented in some capacity in their service areas.

- Three felt the implementation was classroom-wide. The other four interviewees were uncertain to what degree the program existed throughout the Head Start classrooms.

Goal 5 – Training and Technical Assistance

- All interviewees were involved – or plan to be involved – in trainings. Most trainings occurred through Head Start or other collaborative partners.

- Several noted the involvement of other childcare providers (e.g., home-based) in training opportunities in their areas.

- Physical activity and nutrition as well as motivational interviewing were the most often-noted focus areas of the trainings.

- Motivational interviewing trainings were noted as a priority need for future trainings by several interviewees.

Resource Needs

Interviewees were asked about their needs related to the goals of the initiative and early childhood in general. Interviewees noted the following resource needs:

- Support to follow up on initial assessment data collection to further define their work as well as to evaluate progress;
- Incentives for parents to encourage participation in data collection;
- Classroom resources to support trainings and goals of the initiative;
- Staff resources such as talking point/topic sheets, sample policies and guidelines, and targeted messaging tools; and
- Trainings for parents and staff.

Summary of Findings

This section of the report provides a more detailed summary of interview findings by goal area.

Overview of Starting Young Participants and Implementation

Six of the seven interviewees are HMP representatives working in collaboration with Head Start in their HMP service areas to implement the Starting Young project. One interviewee is a Head Start representative working directly with the Head Start staff and population.

In general, all seven interviewees are still working with the Head Start sites they worked with during the funded stage of Starting Young. Six of the seven indicated that the work was still going on in some capacity. One interviewee noted that there is "still a connection," but not nearly as extensive. Three of the interviewees indicated that some aspects of the Starting Young initiative had expanded beyond the original sites. One HMP added a site because of an expansion within the Head Start in their service area and another noted that the policy was to initiate Starting Young in any new sites. None indicated losing sites.

Four of the interviewees noted that they had worked with other childcare centers in their service areas. One indicated working on tobacco issues with other childcare centers and another interviewee had surveyed centers to determine interest in policy development around physical activity, nutrition, tobacco, and sun safety. A third interviewee had worked on IMIL with home-based day care centers. A fourth interviewee had conducted trainings with home-based and licensed day cares in their areas of physical activity, nutrition, and tobacco.

Goal 1: *Develop assessment tools (parent, staff, classroom) for use by Head Start Centers with their HMP to determine opportunities to enhance existing work, increase awareness, and improve physical activity and nutrition policies and programs for staff, children, and families.*

None of the interviewees had repeated the full round of assessments (parent, staff, and classroom) provided through the Starting Young initiative to begin work this year (2008/09). Two interviewees planned to repeat some aspect of the surveys. One of these two interviewees was preparing to repeat the original surveys at the time of the interview and the other was modifying the surveys for kindergarten classrooms as well as attempting to follow parents through the early elementary school years. Children will be tracked over time to see if there is an impact on BMI. One interviewee indicated that although they were not repeating the assessment tools, they were conducting pre and post surveys with staff participating in any trainings.

All interviewees indicated that they were using the assessment data in some capacity to inform the current year's efforts. Several noted that they use the data frequently and reference results to focus their efforts. Only one interviewee had not gone back to the data, stating that the "issues are known to us" through this and other data collection efforts.

Most of the interviewees had no formal plans to do a post assessment this spring (2009). One HMP was working with an evaluator to determine how to conduct post assessments. A number of interviewees noted the difficulties in following parents for post assessments. One interviewee noted that they are "not always able to capture the same audience. Some – up to a third – are new families. It is hard to follow up. Kids are no longer in the program." Time and logistics were noted as barriers to conducting post assessments, although most indicated interest in collecting post-assessment data.

Comments on Post-Assessment Process

"Would like to do a post assessment – nice if there was something provided. A follow-up tool would be beneficial. Folks that were involved would be willing to participate. There is turnover with parents, so more important to assess the staff. Things that were purchased with the grant money were environmental changes and parent education activities. Surveying staff would be priority."

"It would be nice to do it every few years, but because there is no requirement for it at this time, based on the lack of funds it would be hard to do on our own. Would not be able to take this on with out the administrative support that was originally provided for the initiative. If the sites were to request this, would consider it. Liked the fact that the parent and staff components were part of the assessment process. Would like to update the data."

When asked about written policy changes based on the assessment process, none of the interviewees were aware of specific written policies that reflect results of the Starting Young data collection effort. One HMP noted that they were currently reviewing Head Start nutrition policies and planned to make recommendations. Several mentioned that practice changes are more likely, as Head Start organizations have numerous time and resource constraints and written policy changes do not always rise to the top of the priority list.

The following direct quotes highlight some of the many practice changes reported:

- *"They [the Head Starts] ask staff to write Starting Young principles and IMIL into daily curriculum – into actual classroom curriculum and submitted for each of the centers."*
- *"Using 5210 brochure that was designed for Head Start to do BMIs on children. [To use the brochure] is now a practice as a follow-up to doing BMIs on all of the children."*
- *"Decreasing milk fat content, decreasing juice (how often they make it available), increasing use of local foods."*
- *"Incorporating more PA into meetings - from board of directors, to parent advisory councils, to staff meetings. Looking at what they are serving for food – at these same types of events."*
- *"I would say that one thing that does go back to Starting Young is the assessment of both parents and the staff and making the connection that parents are looking for staff to have conversations with them. Looking at staff to be role models. Looking at them on how to be more active and make decisions about their food choices. Staff has embraced that. Raised awareness and taken action. No data to support results, but staff survey may have raised awareness."*
- *"On parents' side (also identified via assessment tools) there was less apprehension. The assessment tool data helped break down those types of barriers – allowing for easier conversation with parents and staff."*

Interviewees were also asked about work they are doing with Head Start in areas outside of physical activity and nutrition (the focus areas of the Starting Young initiative). Tobacco was the area most often mentioned. Healthy role modeling, staff wellness, sun safety, and dental health were all mentioned. A number of the interviewees noted working in these areas outside of the Head Start community as well.

Goal 2: *Assist in baseline assessment data collection and analysis, providing HMPs their specific data and an aggregate data presentation template for use and modification by HMPs.*

Five of those interviewed noted that they had used the presentation template in a variety of ways to share data with staff, boards, partners, parents and community members. Five out of the seven participants in the interview process had referred back to the data and used the modified presentation from the Starting Young initiative for a variety of purposes. One had not used the presentation since the template was provided during the implementation year and one did not use the template at all, but had used the data to create tables that worked better for their audience.

Comments on Data Presentation Template

"Used it to get the New Balance grant and used it to get money to get more nutrition education. We also modified presentation and used particular slides to present the information to parents."

"That's where we got our information to try to implement some of the changes. Where we came up with the idea that we are low in this area, what can we do?...Used the presentation (had a meeting) and went over the data with staff and parents – huge group of people. Compared individual center with the rest of the state to come up with ideas on areas to focus."

"Use parts of it. Use it to inform Head Start staff and parents who may not have been part of the process to help with goal setting for Health Advisory Committee and a nutrition subcommittee. Go back to refer to the original data at times. Sometimes use it to compare with the rest of the state."

Goal 3: *Assist HMPs to identify areas for improvement within Head Start Centers and for collaboration with local pediatricians and other clinicians to support Head Start efforts to improve physical activity and nutrition.*

When asked about their work with local pediatricians and other clinicians, most interviewees indicated that if they are working with clinicians, they primarily address this through their connections with the MYOC. Starting Young itself did not necessarily result in an expansion of these connections. Several of the HMPs noted that they see the connection between the two initiatives and they make an effort to link the work when possible.

In terms of the types of supports they might need to further collaborative efforts with clinical partners, interviewees noted it might help to have individuals available who they can contact to make presentations to their local clinicians on the areas of interest (physical activity, nutrition, etc.) and to share local data from the Head Start assessments. Although experts in their fields themselves, the interviewees noted it might be beneficial to have other clinicians and colleagues who can endorse their messages and approaches to demonstrate the widespread support for the interventions proposed. Toolkits were noted by one HMP as a good resource for communicating with providers.

Interviewees also shared that it is useful to let clinicians know about the efforts occurring within the Head Start community to help make connections and to ensure shared messaging from all environments within which the Head Start families live. The difficulties in gaining access to clinicians – and their limited availability – were noted as barriers to furthering collaborative efforts.

Comments on Collaboration with Local Clinicians

"Working with a Rural Health Clinic in a MYOC project. Had an established relationship with that provider prior to this effort. Feels like a natural progression of the coalition relating with the community."

"Been involved over the last four years with MYOC – [clinical collaboration] more closely fits with that element of our work than with Starting Young. Actively involved in that. Doing a presentation at the Mayo Hospital on 'Let's Go, Eat Right, Be Active, Be Healthy' – with childhood obesity toolkits for health professionals. Training on March 16th. Starting Young works simultaneously with MYOC. So they complement each other. Research from MYOC informed some of the Starting Young. 5210 messaging incorporated in Starting Young. They work hand in hand."

"It is part of our work anyway. We are always moving ahead in this area. One thing with clinical practice sites – Starting Young is another set of tools in our tools box with clinical practice sites. Helps change the idea that HS does not support this type of messaging. We are working with HS – can show that great things are happening with HS – now we have examples."

When asked about other stakeholders with whom they have formed relationships as a result of the Starting Young effort, most interviewees noted they already had extensive stakeholder involvement in their communities. Most of those interviewed felt these relationships were strengthened by their work related to Starting Young. A few interviewees noted expanding their work into other areas (such as lead awareness/lead-poisoning prevention and worksite wellness) because of the strengthened partnerships that had evolved from the Starting Young initiative.

Goal 4: *Work closely with the IMIL initiative already universally adopted and being promoted by Head Start in Maine; develop and distribute evidence-based strategies and appropriate resources/tools that Head Start Centers can use to address assessment findings.*

When asked it the IMIL initiative was fully implemented and successful, all seven interviewees said that is was implemented in some capacity. Three of the interviewees felt the implementation was classroom-wide and successful in their service areas. The other four were uncertain to what degree the program existed in the Head Start classrooms in their areas.

Comments on Implementation of I am Moving, I am Learning

"It is still going in all of the sites. IMIL is also connecting with the kindergarten teachers…to help make a continuation of the support to provide continuity for the kids who already have familiarity with the materials (i.e., deck of cards with yoga, etc.) – making sure they have those cards at the kindergarten level helps maintain the connections over time. Have not lost a beat. Keep it continuing."

"Is has been implemented – not sure about 'fully' implemented. Would like to see it used more. Being used to a degree in all sites, but a 'work in progress.' Not necessarily fully implemented."

"Not sure IMIL was fully implemented and successful – don't think training was complete or timely. Timing of how it rolled out was too quick to get everyone fully engaged."

Goal 5: *Provide training and technical assistance to HMPs on implementation and analysis of the assessment tool and appropriate strategies.*

All interviewees were involved – or plan to be involved – in trainings. Most trainings occurred through Head Start or other collaborative partners. Several noted the involvement of other childcare providers (home-based and other) in training opportunities in their areas. Physical activity and nutrition as well as motivational interviewing were the most often-noted focus areas of the trainings. Several of the interviewees noted that motivational interviewing was determined as an area of interest – and concern – for Head Start staff members, so these types of trainings were considered a priority for a number of sites.

In terms of resources and assistance needed for training, the following direct quotes reflect interviewee feedback[2]:

- *"One thing we struggle with is teachers and staff feeling like they have to do additional stuff when they really don't. Not sure what this would be – something along those lines – a training related to taking something that you are already doing and kicking it up a notch - to moderate or vigorous, for example. Take a nutrition topic and look at how you can do it differently to address the objectives."*
- *"Any help would be great. Pre-packaged things are really helpful. Talking point topic sheets for staff would be really helpful. Need facts and ways to initiate a conversation...These would be helpful for the motivational training."*
- *"If we had more sample policies that would be helpful –especially for home-based childcare providers. They have fewer federal regulations, so they need more examples for the home-based, smaller settings vs. the big center. Something with checkboxes of different guidelines that you could have would be great. List of things…like a menu of things that could be included in a policy. Check off the things, sign it, and put in their policy binder. For the smaller places it is really daunting to try address policy development."*

- *Provide an opportunity to have experts share information with parents and staff. Provide a forum for sharing data and hear experts talk about the problems associated with obesity, etc. - share solutions and communicate why these things are important (better learners, lower risk, etc.). Make connections with movement and brain activity and brain development of children in this age group.*

Resource Needs

Interviewees were asked a series of general questions about their needs related to goals of the Starting Young initiative as well as their overall need for resources related to early childhood in their service area. Had the funding for Starting Young continued for the current implementation year, most interviewees would have used the money to follow up on assessment data collection using all or some of the assessment tools. Using assessment data to further define their work as well as to evaluate progress was noted most frequently. Had there been ongoing funding, several interviewees also mentioned their interest in providing more incentives to encourage parent participation in the assessment process.

[2] *Note:* As a result of their work on the Starting Young project, the Maine Nutrition Network developed nutrition and physical activity handouts for Head Start agencies and their partners who work with parents. The documents were distributed on March 3, 2009. Some of the follow-up interviews in this report pre-date the distribution of these documents to Starting Young participants.

In terms of their overall needs, classroom resources and trainings for parents and staff were mentioned by many of the interviewees. Follow-up assessment and the need for ongoing evaluation are also priority concerns. Tool-kits and targeted messaging were noted resource ideas that would be helpful in furthering their work and supporting their training efforts.

Comments on How Starting Young Funds Would Have Been Spent this Year

"Nice to be able to bi-annually do the assessment survey and continue to incentivize it. Do comparison tables. No other source for these data. Need to continue collecting the data."

"Conduct follow-up assessments. All assessment tools were relevant."

"Bottom line – would want to do another survey."

"Incentives were helpful to get parents to fill things out. Now they need to find ways to get incentives – like asking businesses for donations."

Comments on Priority Needs to Address the Early Childhood Population Overall

"Tools – such as equipment or the funding to help purchase items to support healthy choice options (for example, blenders to do smoothies). Things we can't do with our regular program budget."

"If someone could provide the targeted nutrition messages to parents and staff, it would help. Sometimes it is easy if it is 'nutrition month' or a holiday or a timely research article, etc. Provide nutrition messages that connect with the data – take the time to review data and focus on need. Things like the Maine Nutrition Network did are helpful."

"Would be useful to have some sort of tool-kit. I have a lot of different projects going on - would like to be creative and think of things as you go, but there is a lot going on and it is hard to find the time. With limited time, it is nice to have a tool-kit where you can just open up an accordion-style box maybe divided by month with different handouts (e.g., for parent newsletters, bulletin boards, power points on topics, talking point sheets, etc.)."

"Classroom types of resources and resources to support training and things that help the staff make behavior changes themselves to be more effective role models."

Closing Comments

In closing, interviewees shared their general thoughts on Starting Young. Increased awareness in the community and relationship building with existing or new partners were noted as benefits of the initiative. Comments about Starting Young were positive, overall. Several interviewees expressed concern about what happens when families leave the Head Start system and potentially lose the environmental supports addressing increased physical activity and healthy eating habits. There was also acknowledgement that continued funding would have increased capacity to address the goals of the initiative within Head Start – maintaining the commitment to the target population – as well as to expand efforts into the childcare community as a whole.

Overall Comments on Starting Young

"A good initiative. Not just for awareness but to get awareness out there to a larger community. Spreads out beyond HMP and HS to other folks in the community. Helps address the issue. Broadening awareness has been important."

"Fun project. Great. Enjoyed it. The staff felt empowered. They filled out the surveys, got feedback on results, and were included in the process. We went back to them and said: 'Here is what you said, collectively. Here are some things you can work on. What are your priorities?' This had more impact because they had ownership."

"Starting Young helped to strengthen the relationship with Head Start. Head Start does great work. Helps challenge any misconception about the community regarding Head Start."

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"Need current data to keep the effort relevant. No follow-up at the elementary level. Any effort to follow up at the elementary level? What happens when they leave the Head Start setting? Any initiatives to follow up?"

"Work to do…It might help to have a better connection with the school system. Parents have talked about how in the Head Start system and then the school system the rules are different - how you interact, how you don't interact – from both child and family perspective. [At Head Start] Figured this out – good messages, on the right track – then different messages and different environment when they get into the schools…In pre-school arena people in community acknowledge that Head Start is doing lots of things. Head Start is willing to be a resource for the community. This may link things even more."

Recommendations

Based on the interviewee feedback, the following recommendations are provided by goal area:

Goal 1 - Assessment Tools and Policy Changes

- Provide technical assistance to support post-assessment data collection using the initial or modified assessment tools designed for Starting Young.
- Support incentives to encourage parent participation in data collection.
- Provide guidance on overall evaluation methodology to track progress and inform future efforts.
- Consider methods for following parents and children after they exit the Head Start system or provide guidance on alternative means for evaluating distal impact.
- Provide policy development tools that include guidance on how to adapt sample policies to reflect individual needs. Consider providing sample policies with 'check-box' menu of detailed policy approaches.

Goal 2 – Data Presentation Template

- Continue the provision of participant-specific data and aggregated data in presentation format. Provide technical assistance if template requires modification to better meet participants' needs.

Goal 3 – Collaboration with Local Clinicians and other Stakeholders

- Encourage further collaborative connections with clinicians through increased awareness of existing partnerships between Head Start staff and local providers (i.e., link Starting Young work with existing Head Start referral process). Provide assistance on how to build on these existing networks.
- Provide guidance and support on ways to link with other childcare providers to broaden impact beyond the Head Start population.
- Provide guidance and support to expand messaging beyond pre-school population to ensure shared messaging in Kindergarten and successive school years.

Goal 4 – Work with the Head Start Implementation of IMIL

- Continue to encourage awareness of and support of IMIL implementation in participant service areas. Assist in the distribution of tools that support the IMIL initiative.

Goal 5 – Training and Technical Assistance

- Provide resources and assistance related to motivational interviewing, a priority issues for several interviewees. Consider the provision of trainings and tools specific to this area.
- Continue to develop tools such as the Maine Nutrition Network tips sheets. Pre-packaged materials and toolkits with a schedule of ideas and ready-made fact sheets to provide on a regular basis are noted as helpful.

For more specific evaluative feedback on implementation of the Starting Young project, it would be useful to conduct interviews or collect data from the Head Start organizations directly. Responses from the HMP participants in Starting Young may have been limited, as they are not necessarily fully aware of the day-to-day and most current operations of their Head Start partners. Direct feedback from the Head Start programs may expand upon data related to policy implementation, practice changes, clinical collaborations through existing referral processes, trainings, and other areas of interest to the Starting Young initiative.