

The Impact of COVID-19 on Head Start Programs and Families: Recommendations for Health Care Providers and Policymakers



GEEARS
GEORGIA EARLY EDUCATION
ALLIANCE FOR READY STUDENTS



Voices
for Georgia's Children

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EXECUTIVE SUMMARY

Head Start is a federal program that provides comprehensive services for children from families with lower incomes. These services include health, mental health, oral health, nutrition, early intervention and education, and family support. Families who meet the federal eligibility criteria are served through a variety of locally designed programs including child care centers, home visiting, and family child care.

Early Head Start supports pregnant women, infants, and toddlers up to age three, including an evidence-based home visiting component. Head Start provides child and health care services to children ages three to five and their families. Early Head Start and Head Start provide safe, nurturing environments that help children achieve developmental milestones, school readiness, and physical and social-emotional well-being. Since its inception, Head Start has recognized the impact family well-being has on child development and prioritized support for families, as well as children. Children's health and well-being is a major component of Head Start programs. Each Head Start grantee has a Health Advisory Committee, which includes health care professionals from the surrounding community. In addition to Health Advisory Committees, Head Start grantees employ Family Support Managers and Health Managers who help families:

- access medical and dental homes;
- enroll in public benefit programs (e.g., Medicaid, Supplemental Nutrition Assistance Program (SNAP));
- address social determinants of health (e.g., food and housing insecurity, unemployment); and
- collaborate with medical homes and specialty health care providers to develop and implement individual health care plans for children with special health care needs.

The COVID-19 pandemic has exacerbated many challenges for Head Start families – making the program's role even more important. To better understand the impact of the COVID-19 pandemic on Head Start families and identify opportunities to strengthen the relationship between Head Start programs, managers, and health care professionals, Georgia Early Education Alliance for Ready Students (GEEARS) and Voices for Georgia's Children (Voices), in collaboration with the Georgia chapter of the American Academy of Pediatrics and the Georgia Head Start Collaboration Office, conducted six focus groups—three with Family Support Managers and Health Managers and three with Head Start parents.

Focus group discussions revealed that:

- **Food insecurity** is a significant concern;
- **Employment and housing loss** will have a long-term impact on families;
- Families have experienced **gaps in, and challenges, with their public benefits**; and
- **Head Start has been a critical resource to families** throughout the pandemic by connecting them to necessary community, food, and health resources.

RECOMMENDATIONS

GEEARS and Voices offer the following recommendations—informed by focus group findings—for health professionals and policymakers to support Head Start programs in mitigating challenges exacerbated by the pandemic.

Health Care Professionals

- Screen patients for SNAP, TANF, and Medicaid eligibility/participation, and inquire if families need support with benefits applications or renewals.
- Develop or strengthen relationships with Head Start programs.
- Ask where children spend most of their day and talk to families about the benefit of early childhood education.
- Collaborate with Head Start to connect children and families to Babies Can't Wait, Preschool Special Education, and other early intervention services.
- Screen children in accordance with [Head Start requirements](#).
- Join a Head Start Health Advisory Committee.

Policymakers

- Increase the SNAP maximum allotment.
- Continue increases to and extensions of income supports, such as unemployment benefits and Pandemic SNAP.
- Expand and extend federal funding to support emergency rental assistance and U.S. Department of Housing and Urban Development housing providers.
- Improve access to public transportation by increasing funding for buses, rail, sidewalks and bike lanes.
- Implement [Express Lane Eligibility \(ELE\)](#) – use state SNAP, TANF and WIC application data to automatically enroll uninsured children who are eligible for Medicaid.
- Allow Head Start programs to conduct [presumptive eligibility](#) for Medicaid enrollment.
- Increase state funding for Head Start and Early Head Start.

INTRODUCTION & METHODOLOGY

Head Start, established into law in 1965, is a federal program that provides comprehensive services for children from families with lower incomes. These services include health, mental health, oral health, nutrition, early intervention and education, and family support. Families who meet the federal eligibility criteria are served through a variety of locally designed programs including child care centers, home visiting, and family child care. Recognizing the importance of the first three years of a child's life, Head Start expanded in the early 1990s to include Early Head Start, which extended supports to pregnant women, infants, and toddlers up to age three, including an evidence-based home visiting component.¹

Early Head Start and Head Start serve as community-based hubs, connecting families to health services by helping locate medical and dental homes, maintaining health care appointments, managing developmental screenings, and providing trauma-informed mental health supports and parenting programs.² Each Head Start program is supported by a Health Advisory Committee, which includes health care professionals from the surrounding community. In addition to an advisory committee, Head Start grantees are funded to employ Family Support Managers and Health Managers (henceforth “managers”) who help families access health care, assist with benefits enrollment, and assess social determinants of health.

Early Head Start and Head Start are funded primarily through federal grants. In 2018, Head Start grantees in Georgia received more than \$236 million in federal Head Start allocations³ and served nearly 20,000 children.⁴ Early Head Start served approximately 4,500 pregnant women, infants, and toddlers.⁵ Due to limited funding and the selection criteria locally designed by the grantee, not all income-eligible families are guaranteed a slot. **In 2019, only 25 percent of Georgia's income-eligible 3-5-year-olds were enrolled in Head Start, and only 6% of eligible 0-3-year-olds were enrolled in Early Head Start.**⁶

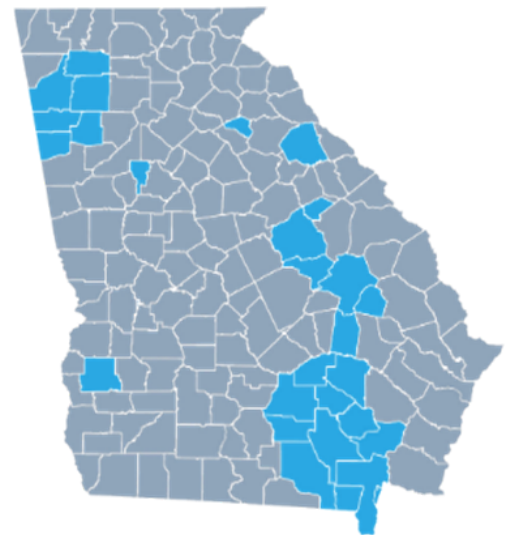


In response to limited funding, Head Start has federally mandated eligibility with the selection criteria developed locally to manage and prioritize funded slots. Priority categories for allocating slots include families experiencing housing insecurity, medically fragile children, and families receiving certain public benefits. Some populations are vastly underrepresented in Head Start. **For example, one-third of Georgia's children living in poverty are Hispanic,⁷ yet Hispanic children make up only six percent of the reported Early Head Start and Head Start population.⁸**

Project Background

Due to the COVID-19 pandemic, Head Start programs closed their physical facilities from March through May or June of 2020. Some remained closed beyond June. Throughout this time, however, the federal government continued to fund all services throughout the pandemic. This included virtual education services for children and the delivery of necessary food and resources for families.

In October 2020, Georgia Early Education Alliance for Ready Students (GEEARS) and Voices for Georgia's Children (Voices), in collaboration with the Georgia Chapter of the American Academy of Pediatrics and the Georgia Head Start Collaboration Office, conducted six focus groups: three with managers and three with parents of children attending Early Head Start or Head Start programs. The 21 focus group participants (15 managers and six parents) represented the following counties: Appling, Atkinson, Bacon, Bartow, Brantley, Candler, Charlton, Clarke, Clayton, Clinch, Coffee, Emanuel, Floyd, Glascock, Gordon, Haralson, Jeff Davis, Johnson, Paulding, Pierce, Polk, Randolph, Toombs, Ware, Washington, and Wilkes.



The purpose of these focus groups was to evaluate COVID-19's impact on Head Start families and programs and evaluate families' access to health care services, specifically pediatric services, before and during the pandemic. This brief details our findings and recommendations for health care providers and policymakers on ways to further support Head Start programs and families during the ongoing pandemic and long-term recovery that will follow.

FINDINGS: COVID-19'S IMPACT ON LOWER-INCOME FAMILIES

The pandemic created and magnified challenges for families living in poverty. Focus group participants reported food and housing insecurity and trouble maintaining jobs due to the economic downturn, illness, and child care challenges. While many families struggled, Head Start programs continued to support families, even with limited resources. One parent summed up the findings: “There are people that are drowning. People need help, and they need help fast.”

Food Access

Families and managers frequently brought up food insecurity in their households and communities, pointing to both the increased cost of food and the loss of income as a reason for such widespread difficulty in accessing food. Federal benefit programs, such as the Supplemental Nutritional Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),* and Temporary Assistance for Needy Families (TANF)** are not only critical for the immediate survival of low-income families, but also in lifting families out of poverty.^{12,13}

Georgia's Black and Latino households with children experience food insecurity at three times the rate of White families, both prior to and during the pandemic.¹¹

In interviews, families and managers emphasized the importance of nutrition and income supplement programs in meeting children's needs. Focus group participants also indicated that Early Head Start and Head Start programs played a role in keeping food on the table by distributing food directly to families.

“Some of the prices have been raised, so that makes things difficult. Even if we still get the same amount of our [food] stamps, the prices have gone up, so we come home with less food sometimes.”

-Parent, East Georgia



*SNAP and WIC provide nutrition benefits, and education, to supplement lower-income families' food budgets.

**TANF is a monthly cash assistance program for lower-income families with children.



“
I was just shocked at how many people...are food challenged.
”

-Head Start Staff, Southeast Georgia

“
The school system delivered food...if we had some extra food, we would let parents come pick it up. The school system did a great job as far as providing food for our families.
”

-Head Start Staff, West Georgia

Recommendation for Health Care Professionals

Screen patients for SNAP, TANF, and Medicaid eligibility/participation, and inquire if families need support with benefits application or renewal.

Why it works: Benefit assistance provides families with support maintaining benefits which help them access food and health care and ensures reimbursement for health care providers through the Medicaid program.

Recommendation for Federal Policymakers

Increase monthly SNAP allotments.

Why it works: Increasing benefits would immediately support the economy, as 80% of SNAP benefits are redeemed within two weeks of receipt and 97% within a month.⁹ Increases in SNAP allotments have also proven to help families afford food, decreasing food insecurity during previous economic downturns.¹⁰

Employment



Measures taken to slow the spread of COVID-19, particularly the strictest measures implemented in Spring 2020 (such as stay-at-home orders and temporarily closing businesses, schools, and child care programs), took a toll on low-income families' livelihoods.^{15,16} Parents and managers identified job loss as a significant challenge. In addition to widespread layoffs, lack of child care prohibited parents, especially mothers, from working. Parents reported feeling overwhelmed, scared, and helpless without additional support.

More than 4 million initial unemployment claims have been filed and processed in Georgia since March 21, 2020 – more than the last nine years combined. In one week in late February 2021, nearly 30,000 initial claims were filed, up nearly 3,000 from the week before.¹⁴

“ I think it may psychologically affect [parents] because...it's a pandemic, I'm not working, schools are closed. So it puts an added pressure in terms of 'How am I going to live? How am I going to survive? How long is this thing going to last?' ”

-Head Start Staff, Metro Atlanta

“ There were a lot of parents in our area that did lose jobs because of COVID-19, and they had to stay home and take care of their¹ children. What we saw...is that the families seemed to be getting anxious. ”

-Head Start Staff, Metro Atlanta

“ With the economy, there are people that are drowning. People need help...and fast. I'm one. I lost my job because of the pandemic. Now I can't go back to work because of the pandemic, my kids are suffering. They have to stay home. What is it for parents that can't go to work because of the pandemic? What happens to us? ”

-Parent, Northwest Georgia



Recommendation for State Policymakers

Continue increase to and extensions of income supports such as unemployment benefits and Pandemic SNAP.

Why it works: Increasing income benefits helps already at-risk families endure the economic downturns resulting from the pandemic.

Housing Stability

Safe, affordable housing supports a child's physical, mental, and social-emotional development.¹⁸ Evictions and foreclosures can burden the economy, lead to an increased spread of COVID-19, and create more significant financial fallout for families, prolonging the economic recovery.^{19,20} Housing stability was a primary concern expressed by families in Head Start. The pandemic has uniquely impacted job status for parents and caregivers, thus increasing the number of families at risk of eviction.

During the pandemic, more than 1 in 5 Georgia homeowners and renters with children in the household missed the prior month's rent or mortgage payment.¹⁷

Though the eviction moratorium served as a buffer, keeping some families in their homes, other parents reported they had lost housing as a result of the pandemic. Head Start provides categorical eligibility for families who are experiencing housing insecurity. Programs intervene when families experience housing instability and, through community collaboration with entities such as the Department of Housing and Urban Development (HUD), help families find secure places to live.²¹

I have to move out of my place. I have always been on time with my rent. But now my unemployment stopped for 2.5 months. One month and I have to go. It's not my fault. They are not looking into things like that. Of course, there are jobs that are hiring, but I still have kids. I have kids that need their education.

-Parent, Northwest Georgia

We do have, and recruit, a large number of homeless parents, which seems to be the growing issue right now. I mean it's always been there, but it seems to be getting exposed due to the pandemic.

-Head Start Staff, Metro Atlanta

Recommendation for Federal Policymakers

Expand and extend federal funding to support emergency rental assistance and U.S. Department of Housing and Urban Development (HUD) housing providers

Why it works: Rental assistance supports Georgia's housing economy, while also protecting families from eviction.

BARRIERS TO HEALTH CARE

While routine well-child visits are essential to maintaining and monitoring child well-being, many focus group participants reported struggling with health care access. During well-child visits, physicians can screen children for hearing, vision, and environmental poisons (e.g., lead), track developmental progress, administer vaccines, and refer families to early intervention programs. The American Academy of Pediatrics' Bright Future Periodicity Schedule, a framework for pediatric visits, recommends that children see a pediatrician for a well-child visit 14 times before their fifth birthday.

Head Start serves as a protective factor, ensuring that children receive much-needed services and resources. Programs require certain screenings for participation. However, lack of provider availability or lack of health care coverage are barriers that can impede the ability of Head Start programs and county health departments to support families with their health care needs.

Lack of Health Care Access in Rural Georgia

Geographic location has a significant impact on families' access to health care, child care, employment opportunities, and public transportation. Managers and parents reported that in more suburban or urban areas, public transportation has improved access to health care in their community. However, in more rural areas, the lack of provider availability is a significant barrier to accessing health care, especially specialty care. Head Start programs were able to help enrolled children access health care services by bringing in dental vans or partnering with local nursing programs.



Nearly 40% of Georgia's counties (63 of 159) have no practicing pediatrician.^{22,23,24}

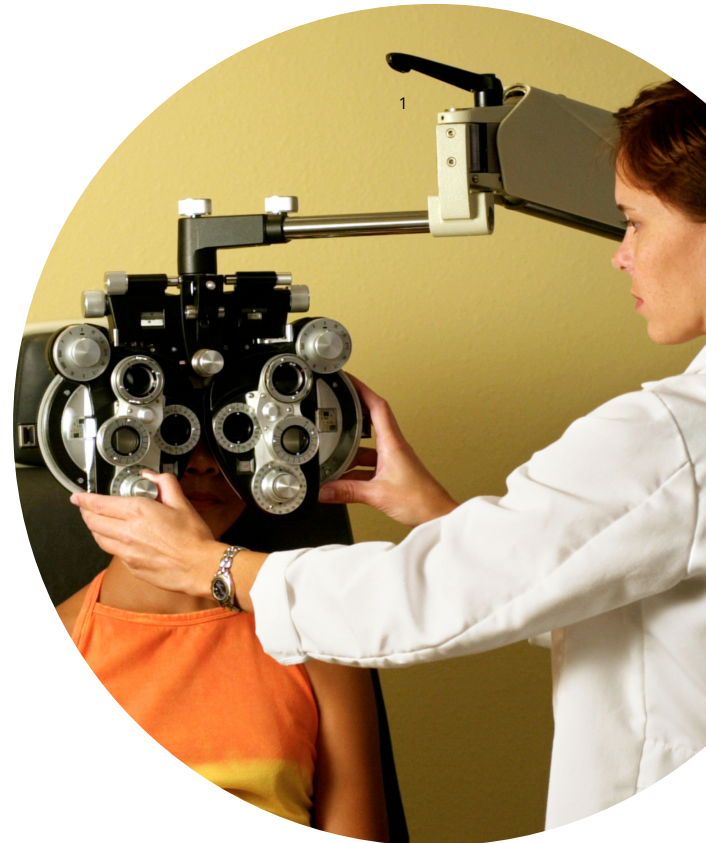
Georgia has 120 public transportation services and 100 small bus and van services, however, 19% of Georgia's counties (30 of 159) do not have a transit service.²⁵

We don't have a pediatrician here. Our community should have one, but I don't think that will ever happen... our hospitals are closing down. So, we don't have a choice but to drive out of town to see a doctor.

-Parent, South Georgia

“
My children have a pediatrician [and dentist] that they see regularly, but I have to drive about an hour because where I stay they don't have a pediatrician. My child wears glasses, and I have to drive about 45 minutes for the eye doctor.
”

-Parent, South Georgia



Recommendation for Health Care Professionals

Develop/strengthen relationships with Head Start programs.

Why it works: Relationships between health professionals and Head Start can strengthen child and family well-being, create training opportunities for health professionals and Head Start staff, and increase access to care through joint community clinics and health fairs.

Recommendation for State Policymakers

Improve access to public transportation by increasing funding for buses, rail, sidewalks, and bike lanes.

Why it works: Improved transportation systems support economic opportunity for caregivers of young children and increase access to health care providers, early education programs, and food banks.

Challenges Enrolling in & Renewing Public Benefits

Public benefit programs provide health care, nutrition, and income support to families struggling with poverty. Managers and families expressed difficulty applying for and maintaining Medicaid, SNAP, WIC, and TANF benefits. Families reported experiencing unexpected denials or termination of benefits, resulting in children missing well-child appointments and increased food insecurity. Early in the pandemic, renewals for Medicaid and SNAP were postponed during the course of the public health emergency, and this was recognized as helpful by parents and managers alike.

197,000 children in Georgia lacked health insurance coverage prior to the pandemic, and more than half of these children were eligible for Medicaid or PeachCare.²⁶



“*Parents will say, 'Well, I didn't get my renewal notice. I didn't know that it was time, or I sent my documentation in, but now they're saying that I didn't send it in, apparently it got lost.' We've had issues before where kids did get behind on their health checks because their insurance got cut off. [Their] mom would take them to appointments, they get there, and they find out they don't have insurance. Well then it takes so long for it to get reinstated.*”

-Head Start Staff, East Georgia

Recommendations for State Policymakers

- *Implement Express Lane Eligibility (ELE) – use state SNAP, TANF, and WIC application data to automatically enroll and renew children who are eligible for Medicaid.*
Why it works: As an example, SNAP covers families up to 130% of the Federal Poverty Level (FPL); therefore, most children on SNAP qualify for low-income Medicaid (FPL requirements of 138-210% FPL, depending on the child's age).***
- *Allow Head Start programs to conduct presumptive eligibility for Medicaid enrollment.*
Why it works: As Head Start is an income-based program, allowing programs to make increases the state's partners to screen for and enroll eligible children and families into Medicaid.

***A bill introduced in 2021 would create Express Lane Eligibility using information from SNAP applications. As of publication the bill passed the Georgia House and Georgia Senate, but has not yet been signed by the Governor.

Early Childhood Screening & Early Intervention

Regular childhood screenings help to identify conditions such as lead poisoning, vision or hearing loss, and developmental delays. Head Start has a federal requirement that vision, hearing, developmental, and lead screenings occur within 30 - 45 calendar days of enrollment,²⁷ however, the Bright Futures periodicity schedule indicates that screenings of younger children can be performed at the *discretion of the pediatrician*.²⁸

The number of children referred to and eligible for Babies Can't Wait increases each year.²⁹

Managers reported that these conflicting timelines make it difficult for parents to obtain required documentation for Head Start enrollment. In addition to initial screenings Head Start is funded to provide ongoing child assessment and developmental monitoring to inform and support families at home.³⁰ Further, both managers and parents often struggle to begin recommended services for developmental and/or behavioral delays in accordance with the suggested timeline due to limited provider availability in their areas. Early intervention services were described by Head Start managers and parents as helpful but sometimes not robust enough for the needs of children, pointing specifically to the limitation on the number of therapy visits as a concern.

**“
With our kids, because they're three and under, a lot of times I'll get back [hearing and vision screening] paperwork that says they aren't old enough for hearing and vision. Well it's a requirement for our program and we have to have that information.
”**

-Head Start Staff, Northwest Georgia

**“
I have worked with Babies Can't Wait, and we received in-home speech therapy. Then [my child] aged out of the program and I was really sad because I really loved their speech therapist... [now] speech therapy, once a month, just isn't enough.
”**

-Parent, Southeast Georgia





“
Our children's shot records are expiring so we're having to go to the local health departments to get them updated if they're open. Sometimes we can't even get into those. And they're backed up...health departments are just really overloaded.”

-Head Start Staff, Northwest Georgia

Recommendations for Health Care Professionals

- *Ask where children spend most of their day and talk to families about the benefits of early childhood education.*

Why it works: Child care programs, including Head Start, protect children and foster their development. If families indicate they attend a Head Start program, health care professionals know to complete certain required screenings.

- *Conduct all discretionary screenings for Head Start families in accordance with federal Head Start requirements. Ensure that completed forms are shared with program leadership (e.g., faxed, provided through parent).*

Why it works: Federal Head Start requirements recognize that children in their programs may be at greater risk for certain childhood illnesses like lead poisoning. Completing all screenings in the Bright Future periodicity schedule for children in Head Start, whether they are required or at the discretion of the pediatrician, helps families comply with the program's requirements and may lead to earlier identification.

- *Collaborate with Head Start to connect children and families with Babies Can't Wait and other early intervention services.*

Why it works: Collaboration leverages Head Start staff's knowledge of a child's daily routine and development, making diagnoses and referrals more accurate.

Head Start is a Protective Factor



Head Start programs provide physical, dental, and mental health services to young children and their families. One program interviewed during the focus groups increased the number of children up-to-date on the Bright Futures periodicity schedule of age-appropriate preventive and primary health care from 41% to 89% over the course of a year. Additionally, programs provide trauma-informed mental health supports and parenting programs.

13% of children enrolled in Head Start have a disability as defined by the Individuals with Disabilities Education Act (IDEA) and 22% of pregnant women served through Early Head Start had pregnancies considered medically high risk.³¹

Head Start can serve as a hub for connecting families to health services, especially in rural areas with limited access to health care. Programs reported bringing in dental vans or working with the local health department to host immunization drives. Head Start Programs have Health Advisory Committees that help guide them on improving the well-being of children in their care. Managers indicated they had difficulty in finding pediatricians to serve on their committees.

Because of their emphasis on health, Head Start programs were successful in mitigating the spread of COVID-19 in their classrooms. The CDC recognized Georgia Head Start programs as effective implementers of strategies that allowed for safe in-person learning. Strategies included universal masking of teachers and staff, small class sizes, and access to personal protective equipment.³²



The Early Head Start was a godsend...from March to July the Early Head Start would make little lunches and breakfasts for the boys... and, oh god, that helped a lot.

-Parent, Southeast Georgia

Throughout the pandemic, programs continued to provide services and facilitated food and diaper distribution for families. The parents interviewed during the focus groups brought up Head Start as a benefit to themselves and their children during the worst of the public health crisis.

“

We had a parent that was in one of our counties call in and she didn't have a car, and so what we did is we went to local churches and packed our cars down with what we could get...we took the food to them because, it's just, it's hard to see somebody...a great grandmother and she was raising three of her great grandchildren, and they had no food.

”

-Manager, Northwest Georgia

Recommendation for Health Care Professionals

Join a Head Start Health Advisory Committee.

Why it works: Head Start programs rely on their Health Advisory Committees to support the well-being of the children they serve. Pediatricians who serve on these committees can help programs better access pediatric services, support a referral system, and implement innovative solutions such as community clinics and immunization drives.

Recommendation for State Policymakers

Increase state funding to Head Start and Early Head Start.

Why it works: Head Start has a proven record of increasing families' access to food, health care, employment, and other services. Investing state dollars to supplement federal funding will increase slots available to eligible children.

CONCLUSION

The findings from these focus groups were resounding: while families struggled during the pandemic, Head Start served as a lifeline. Head Start can serve as a crucial partner for health care professionals who work with young children and to policymakers who care about bettering Georgia for our next generation.

Health care professionals have an opportunity to work with Head Start programs to better serve children in their communities. From asking families about where a child spends most of the day, to partnering with a Head Start program for an immunization drive, there is a spectrum of options to better support children's access to high-impact early education and family supports through programs like Head Start and to critical pediatric services through well-child visits and early intervention services.

Policymakers can look to Head Start programs in their districts when considering policies that affect low-income families. These programs understand the needs of the families they serve and offer insight on how to better serve them.

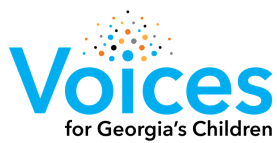
Through collaboration, Head Start programs, health care professionals, and policymakers can ease the crisis created by the COVID-19 pandemic and better serve Georgia's youngest children and their families.

References

1. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (2019). *History of Head Start*. Retrieved from <https://www.acf.hhs.gov/ohs/about/history-head-start>
2. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (2019). *Head Start Services*. Retrieved from <https://www.acf.hhs.gov/ohs/about/head-start>
3. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (2019). *Head Start Program Facts: Fiscal Year 2018*. Retrieved from <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2018>
4. Georgia's Cross-Agency Child Data System. (2020). *Head Start and Early Head Start*. Retrieved from <http://www.gacacds.com>
5. Georgia's Cross-Agency Child Data System. (2020). *Head Start and Early Head Start*. Retrieved from <http://www.gacacds.com>
6. National Head Start Association. *2020 Georgia Head Start Profile*. Retrieved from <https://nhsa.app.box.com/s/ln2yxypq1ux2v5hw8bpn6l7austzrmir/file/604105730017>
7. Kids count
8. Georgia's Cross-Agency Child Data System. (2020). *Head Start and Early Head Start*. Available at: <http://www.gacacds.com>
9. USDA, "Benefit Redemption Patterns in the Supplemental Nutrition Assistance Program," February 2011, <https://fnsp.prod.azureedge.net/sites/default/files/ARRASpendingPatterns.pdf>.
10. Mark Nord and Mark Prell, "Food Security of SNAP Recipients Improved Following the 2009 Stimulus Package," USDA, Economic Research Service, June 2011, <https://www.ers.usda.gov/amber-waves/2011/june/food-security-of-snap/>.
11. United States Census Bureau. (2020). *Week 15 household pulse survey. Food sufficiency and food security tables: Table 3a, 3b*. Retrieved from <https://www.census.gov/programs-surveys/household-pulse-survey/data.html>
12. Center on Budget and Policy Priorities. (2016). *Economic Security Programs Cut Poverty Nearly in Half Over Last 50 Years*. Retrieved from <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-cut-poverty-nearly-in-half-over-last-50#:~:text=Census%20data%20show%20that%20economic,23.3%20percent%20to%2013.7%20percent>.
13. Center on Budget and Policy Priorities. (2016). *Various Supports for Low-Income Families Reduce Poverty and Have Long-Term Positive Effects On Families and Children*. Retrieved from <https://www.cbpp.org/research/various-supports-for-low-income-families-reduce-poverty-and-have-long-term-positive>
14. Georgia Department of Labor. (2021). Press release, March 4, 2021. Retrieved from <https://dol.georgia.gov/press-releases/2021-03-04/georgians-returning-work-and-failing-report-wages-are-committing-fraud>
15. Pew Research Center. (2020). *Financial and health impacts of COVID-19 vary widely by race and ethnicity*. Retrieved from <https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/>
16. United States Bureau of Labor Statistics. (2020). *Table A-2: Employment status of civilian population by race, sex, and age*. Retrieved from <https://www.bls.gov/news.release/empst.t02.htm>
17. US Census Household Pulse Survey, Week 17. *Housing Table 1a. Last Month's Payment Status for Owner-Occupied Housing Units, by Select Characteristics: Georgia; Housing Table 1b. Last Month's Payment Status for Renter-Occupied Housing Units, by Select Characteristics: Georgia*. Retrieved on November 6, 2020 from <https://www.census.gov/data/tables/2020/demo/hhp/hhp17.html>.
18. U.S. Department of Housing and Urban Development, Office of Policy Development and Research. (2014). *Housing's and Neighborhoods' Role in Shaping Children's Future*. Retrieved from <https://www.huduser.gov/portal/periodicals/em/fall14/highlight1.html>
19. National Low Income Housing Coalition. (2020). *The COVID-19 eviction crisis: an estimated 30-40 million people in America are at risk*. Retrieved from https://nlihc.org/sites/default/files/The_Eviction_Crisis_080720.pdf
20. Benfer, E.A., Vlahov, D., Long, M.Y. et al. Eviction, Health Inequity, and the Spread of COVID-19: Housing Policy as a Primary Pandemic Mitigation Strategy. *J Urban Health* 98, 1–12 (2021). <https://doi.org/10.1007/s11524-020-00502-1>
21. Head Start Early Childhood Learning and Knowledge Center. *Children and Families Experiencing Homelessness*. Retrieved on March 24, 2021 from <https://eclkc.ohs.acf.hhs.gov/family-support-well-being/article/children-families-experiencing-homelessness>
22. Georgia Board of Health Care Workforce. (2017). *2017 Counties Without Primary Care Practitioners Report*. Retrieved on August 17, 2020 from <https://healthcareworkforce.georgia.gov/document/counties-without-primary-care-practitioners/download>
23. Georgia Board of Health Care Workforce. *Physician Workforce Data*. 2017-2018 License Renewal Survey data. Retrieved on August 18, 2020 from <https://healthcareworkforce.georgia.gov/physician-workforce-data>
24. US Department of Agriculture Economic Research Service. (2018). *Percent of total population in poverty*. Retrieved on August 18, 2020 from <https://www.census.gov/quickfacts/fact/map/GA/PST045219>
25. Georgia Transit Association. *Transit Near Me*. Retrieved from <https://www.gatransit.org/page/TransitNearMe>
26. Georgetown University Health Policy Institute, Center for Children and Families. (2019). *Children's uninsured rate rises by largest annual jump in more than a decade*. https://ccf.georgetown.edu/wp-content/uploads/2020/10/ACS-Uninsured-Kids-2020_10-06-edit-3.pdf
27. Head Start, Early Childhood Learning and Knowledge Center. 1302.33 Child screenings and assessments. Retrieved from <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-33-child-screenings-assessments>
28. American Academy of Pediatrics. *Bright Futures: Prevention and health promotion for infants, children, and adolescent, and their families*. Retrieved from <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Developmental-Behavioral-Psychosocial-Screening-and-Assessment-Forms.aspx>
29. Georgia Department of Public Health. (Feb 2018.) *Babies Can't Wait: Early Intervention, Ages 0-36 months*. Retrieved on November 2, 2020 from <https://dph.georgia.gov/document/publication/bcw-program-brochure-engand-spa/download>
30. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (2019). *Head Start Program Facts: Fiscal Year 2018*. Available at: <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2018>
31. Head Start, Early Childhood Learning and Knowledge Center. *Child Screenings Assessments*. <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-33-child-screenings-assessments>
32. Coronado, F., et al. Implementing Mitigation Strategies in Early Care and Education Settings for Prevention of SARS-CoV-2 Transmission — Eight States, September–October 2020. Retrieved from <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6949e3-H.pdf>



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