

# EARLY HEAD START TIP SHEET

No. 28

## Secondhand Smoke & Early Head Start

**What is the ‘Care for Their Air’ campaign? Does it apply to Early Head Start?**

### **Response:**

**What is the ‘Care for Their Air’ campaign?**

The intention of the **Care for Their Air** campaign (*created in partnership by The Indoor Environments Division of the U.S. Environmental Protection Agency (EPA) and the Office of Head Start*) is to protect children’s health by reducing their exposure to environmental tobacco smoke (secondhand smoke) in cars and homes.

**Care for Their Air** is not a smoking cessation program. Rather, it is intended to educate parents and staff so that they can make informed choices about where they will or won’t smoke.

A **Care for Their Air: Promoting Smoke-Free Homes and Cars for Head Start Families** toolkit with more specific information on the campaign is available online and appears in the resource list at the end of this document.

**Does it apply to Early Head Start?**

Yes, Early Head Start’s commitment to wellness embraces the **Care for Their Air** vision of improving the overall health and well-being of children by reducing exposure to secondhand smoke. Exposure to secondhand smoke is related to significant health concerns for infants and toddlers such as middle ear infections, asthma, bronchitis/pneumonia, and Sudden Infant Death Syndrome (SIDS). Also, smoke exposure can impact fetal development causing premature birth, low-birth weight, and impaired lung development.

The Family and Child Experiences Survey (FACES) study shows that 45% of Head Start families smoke and 56% of Early Head Start families smoke. Knowing the negative impacts that cigarette smoke can have on children’s health, the high number of Early Head Start children exposed to smoke is alarming. Early Head Start programs can increase awareness of the effects of tobacco smoke exposure on young children and help families take action to protect their children.

### *Additional concerns with infants and toddlers*

Infants and toddlers have little control over their indoor environments. They are not capable of requesting adults ‘not to smoke’ in their presence. In addition, most infants and toddlers need and want to be close to and held by their caring adults.

There is also concern that cigarette fumes may contaminate dust that settles on the floor, toys, clothes, and furniture. “Because babies spend a lot of time crawling on the floor and put toys in their mouths, they are especially at risk to ingest this contaminated dust” (Chudler 2004, Household Contamination by Secondhand Smoke section ¶ 2). Also, infants and toddlers may

inhale this dust as they snuggle into parent's (or staff's) shoulders or cruise along furniture and bang on seat cushions.

### **Considerations:**

- How are parents and staff educated on the health impacts of secondhand smoke?
- How does the program partner with pediatricians and other health professionals to provide information and education on the health risks of secondhand smoke? What is the role of the Health Services Advisory Committee?
- How are parents supported during the process of altering their smoking patterns? How are these efforts part of the family partnership agreement process?
- How do the staff and families identify a location to smoke that is away from and safe for children?
- How are parents and staff made aware of any state or local laws which ban smoking in a car with young passengers?
- How do programs ensure that babies are protected from exposure of the clothing of staff who smoke?

### **Performance Standards, Title 45, Code of Federal Regulations:**

- 1304.40(a)(1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.
- 1304.53(a)(8) Grantee and delegate agencies must provide a center-based environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants. Agencies must ensure that no child is present during the spraying of pesticides or herbicides. Children must not return to the affected area until it is safe to do so.
- 1304.40(c)(2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including the risks from smoking and alcohol), labor and delivery, and post-partum recovery (including maternal depression).
- 1304.40(f)(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.
- 1304.41(a)(2)(i) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs, including health care providers, such as clinics, physicians, dentists, and other health professionals.

## Resources:

**Care for Their Air: Promoting Smoke-free Homes and Cars for Head Start Families.** DHHS/ACF/HSB and EPA.

[http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Childhood%20Diseases%20Prevention%20and%20Health%20Promotion/Chronic%20Diseases/health\\_too\\_12408\\_040607.html](http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Childhood%20Diseases%20Prevention%20and%20Health%20Promotion/Chronic%20Diseases/health_too_12408_040607.html) (accessed November 21, 2007).

**Care for Their Air: Promoting smoke-free homes for Head Start families.** EPA.

<http://www.epa.gov/iaq/headstart> (accessed November 21, 2007).

Chudler, E. “**Nicotine, Secondhand Smoke and Infants: Smoking outside the home still exposes infants to nicotine.**” Neuroscience For Kids. 2004, March 4.

<http://faculty.washington.edu/chudler/shs.html> (accessed November 28, 2007).

**Establishing a Smoke-Free Environment in Head Start Programs: Final Program Instruction ACYF-PI-95-04.** DHHS/ACF/HSB. 1995.

[http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/PIs/1995/resour\\_pri\\_01000\\_022306.html](http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/PIs/1995/resour_pri_01000_022306.html).

**Health Effects of Exposure to Secondhand Smoke.** EPA.

<http://www.epa.gov/smokefree/healtheffects.html#What%20is%20Secondhand%20Smoke> (accessed November 21, 2007).

**Head Start Family and Child Experiences Survey (FACES).** DHHS/ACF/OPRE. 2006.

<http://www.acf.hhs.gov/programs/opre/hs/faces/index.html>.

**Memorandum of Understanding (MOU) to Reduce Health Risks.** EPA and

DHHS/ACF/HSB. 2007. [http://www.epa.gov/iaq/headstart/headstart\\_mou.html](http://www.epa.gov/iaq/headstart/headstart_mou.html)

**Secondhand Smoke puts Children at Risk.** Office of the Surgeon General. 2006, June

26. [www.surgeongeneral.gov/library/secondhandsmoke](http://www.surgeongeneral.gov/library/secondhandsmoke) (accessed November 21, 2007).

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*This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.*