Factors Influencing Enrollment in Head Start Classes in Hawaii

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POSSIBLE differences in characteristics of families eligible for Head Start classes in Hawaii and the factors that influenced enrollment of their children in these classes were investigated in the spring of 1967. The study touched not only on the motivation of these families toward enrollment of their children but also posed the question of whether a selective factor was involved when professional workers informed and helped the families register for classes.

Eligibility standards in 1967 for enrollment in the Head Start classes were based primarily on the economic level of the family. A family of four must have had an annual income of $4,000 or less; for each additional child, families were allowed $600. The eligibility levels in Hawaii were based on a cost-of-living index 15 to 25 percent higher than the average in mainland United States.

Impetus for this investigation arose from discussions in the literature concerning the different levels of the lower class (*1*) and a more recent trend toward viewing the lower income class typologically (*2*). Pavenstedt (*3*) compared the child-rearing environment of the "upper" lower income class and of the "very low" lower income class families.

Certain terms including "stable," "strained," "copers," and "unstable" (*2*) or "stable versus unstable" have been used to designate different groups among the lower income population groups. Descriptions like multiproblem and hard core casualties of the welfare state (*4*) suggest possible differences among the groups.

In studies directly related to this investigation, the families participating in Head Start classes had a higher socioeconomic rating than those that did not among the qualified families (*5*). Loewenberg (*6*) asked a question similar to one that I have asked: Who are the nonattendees and why did their families not take advantage of Head Start? His sample consisted of only 22 nonattendees. He found that a third were not enrolled because of lack of motivation or apathy, a third because of "structural" problems such as lack of clothing or transportation, and a third because alternative arrangements had been made for the children.

The major null hypothesis tested in this study was that the same proportion of children eligible for Head Start was enrolled from the upper and the lower economic levels.

Method

The first intention was to sample all areas with waiting lists of children eligible for Head Start, but areas with waiting lists were difficult to find.

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Therefore, families from two areas, Kalihi Valley and Kuhio Park Terrace, where sufficient classes were not available, as well as an area with no waiting list, Palolo Valley housing, served as the sample. Families eligible for Head Start in these areas lived in low-income public housing projects, supervised by the Hawaii Housing Authority, in urban Honolulu.

A total of 213 families were interviewed including all families except four with 4-year-old children in the three areas. The four families were not interviewed because the parents could not be contacted at home after several tries.

The interview questions related to whether a sibling had been enrolled in Head Start classes the previous year; the occupation, education, and income of the parents; presence or absence of the father; communication media in the home, such as telephone, newspaper, and magazines; educational media, such as a library card owned by the parents or children; agency contacts; and medical supervision. Another series of questions concerned information given to families about the program and the types of workers who approached these families to inform them about the classes.

Results

Of the 213 families interviewed, 107 had enrolled their children in Head Start classes and 106 had not. Of the families not having children in Head Start classes, 61 were on waiting lists and 45 were not. Because children were enrolled on a first-come, first-served basis, the waiting list was composed of families who registered their children after Head Start classes had been filled. Four types of comparisons were made between (*a*) Head Start and non-Head Start family groups for all three areas, (*b*) Head Start and non-Head Start groups for the two areas with waiting lists, (*c*) Head Start, waiting list, and non-Head Start family groups, and (*d*) Head Start, waiting list and non-Head Start families receiving public welfare assistance and those not receiving such assistance.

Significant differences were noted in similar items for all analyses; thus only comparisons for all areas combined are shown.

In determining income levels of upper and lower groups within the eligible population, an arbitrary and highly restricted division was made by classifying as lower the group receiving total or partial Hawaii Department of Social Service (DSS) payments and all other groups as upper. Results showed the following percentage of families receiving DSS support, including Aid to Dependent Children: Head Start enrollees, 54 percent; waiting list, 56 percent; and non-Head Start, 62 percent. The chi-square test of significance was 2.13 $P<0.25$. The null hypothesis that the same percentage of children from eligible families in both upper and lower income groups would be enrolled in Head Start was tenable, using a two-tailed test.

Specific factors associated with greater tendency toward enrollment in Head Start classes included having another child in Head Start the previous year and possession of library cards by a larger percentage of parents and children as compared with non-Head Start families.

Only 18 percent of the waiting list and non-Head Start families had a sibling attending classes the previous year as compared with 40 percent of the Head Start families (table 1). The results were similar for children having library cards (table 2): Head Start, 58 percent, waiting list, 34 percent; and non-Head Start, 36 percent. The waiting list group had characteristics of the Head Start group, however, concerning parents with library cards; that is, 27 percent of parents in the Head Start group had library cards, 18 percent of the waiting list group, and 2 percent in the non-Head Start group.

In the second series of questions dealing with methods of informing families about Head Start classes, more families with enrolled children seemed to have been approached directly and apparently took advantage of this approach. The most effective enrollment worker, as observed in table 3, appeared to be from OEO, the Office of Economic Opportunity ($\chi^2=9.11$, $P<0.01$). This fact was dramatically indicated in the Palolo housing area, where more than enough classes were available for all the children (107 percent attendance, or three more children admitted than were eligible). In this area the OEO staff attempted through a house-

Table 1. Survey of 213 families with 4-year-old children eligible for Head Start classes

Family status	Head Start	Waiting list	Non-Head Start
4-year-old child in program	107	61	45
Another child in program last year:			
Yes	43	11	8
No	64	50	37
Number of people in family living at home:			
2	1	1	0
3	4	4	3
4	9	5	5
5	14	15	10
6	25	15	6
7	13	8	6
8	22	2	9
9	13	7	2
10	5	1	1
11	0	2	2
12	1	1	1
Number of children in family:			
1	1	1	0
2	8	4	6
3	14	14	5
4	25	15	11
5	11	11	7
6	25	4	10
7	16	8	1
8	6	1	2
9	0	2	2
10	1	1	1
Father of family:			
Present	71	35	29
Absent	36	26	16
Mother of family present	107	61	45
School grade completed by father:			
0	2	1	0
1	0	0	0
2	1	2	2
3	0	0	0
4	1	0	0
5	0	0	0
6	3	0	1
7	2	1	4
8	9	3	2
9	7	4	6
10	7	5	3
11	7	4	2
12	29	15	9
13	0	0	0
14	2	0	0
15	1	0	0
School grade completed by mother:			
4	1	0	0
5	0	0	0
6	0	1	1
7	1	2	2
8	5	1	6
9	16	11	8
10	21	7	8
11	23	12	7
12	38	26	12
13	0	1	0
14	2	0	1
Family income:			
Above $7,000	0	1	0
$6,500–$6,999	5	0	1
$6,000–$6,499	5	0	1
$5,500–$5,999	3	3	1
$5,000–$5,499	5	4	1
$4,500–$4,999	10	6	3
$4,000–$4,499	12	6	7
$3,500–$3,999	10	6	4
$3,000–$3,499	8	5	2
$2,500–$2,999	6	5	1
$2,000–$2,499	7	4	2
DSS payments	36	21	22
DSS payments including ADC	58	34	28
Number of bedrooms in home:			
2	26	16	11
3	46	31	21
4	31	12	12
5	4	2	1
Physical rating of home:			
Poor	4	2	2
Average	23	11	6
Good	80	48	37
Medical supervision of family:			
Physician	47	24	14
Outpatient department	64	40	33
None	0	1	0

to-house canvass by its workers to reach every family with a 4-year-old child who may have been eligible for a Head Start class.

Other informants included neighbors, 26 percent for Head Start and 30 percent for non-Head Start; public health nurses, 18 percent for Head Start and 22 percent for non-Head Start; and newspapers, 14 percent for Head Start and 16 percent for non-Head Start. Only three families in each of the two groups reportedly were approached by social workers, despite the fact that more than 50 percent of the eligible families were supported by public welfare. Results also indicate that most families in both the Head Start (91 percent) and waiting list (71 percent) groups were approached about the classes, in contrast to 44 percent of the non-Head Start group (table 3).

Analysis of the data related to occupation and education of fathers did not reveal significant

differences; 51 percent of fathers of Head Start children and 41 percent of the fathers of the non-Head Start group graduated from high school. There was no difference between the two groups in education of the mothers (table 1).

More Head Start families (42 percent) than non-Head Start families (34 percent) were under the care of a private physician.

In contrast to the study by Loewenberg (*6*), who found that 52.3 percent of Head Start compared with 36.4 percent of non-Head Start children came from two-parent families, the present sample showed no differences between these groups. In two-thirds of the families of both groups, both father and mother were present.

No difference in agency contacts was indicated between Head Start and non-Head Start families. Not one family reported that it used the services of the division of mental health. The results suggest that those interviewed either did not comprehend the question or did not wish to admit receiving services from the division.

Of the 45 eligible families who were asked to state reasons why their children were not in Head Start and why they were not on the waiting list, 46 percent indicated that they did not wish to enroll their child, 38 percent indicated that they did not know anything about the classes, 7 percent forgot to register, and 9 percent reported that their child was enrolled but had to drop out because of illness, lack of clothing, the child's refusal to attend, or moving out of the district. No differences were noted in the physical rating of the home for the respective groups (table 1).

Table 3. Family knowledge about Head Start

Head Start information	Head Start	Waiting list	Non-Head Start
Was your family approached for Head Start?			
Yes	97	43	20
No	10	18	25
If yes, by whom?			
Public health nurse	17	11	6
Social worker	3	2	1
OEO worker	33	4	4
OEO volunteer	3	2	1
Neighbor	26	16	4
Other	14	6	4
Don't remember	1	2	0

While not directly related to the comparisons in this study, for interest purposes a separate analysis was made comparing DSS families with non-DSS families.

As expected, more DSS than non-DSS fathers were unemployed ($\chi^2=92.01$, $P<0.0001$). Education of parents of non-DSS families was at a higher level (fathers, $\chi^2=4.08$, $P<0.05$ and mothers $\chi^2=13.77$, $P<0.01$). More private physicians provided services ($\chi^2=36.31$, $P<0.001$) and medical supervision ratings of homes were better ($\chi^2=9.11$, $P<0.05$) for the non-DSS families. Further, there was no difference in the comparison of Head Start and non-Head Start groups in absence or presence of fathers, but

Table 2. Families affected by factors influencing enrollment in Head Start classes

Factor	Yes	No	Chi-square	Probability
Siblings' attendance in previous year:				
Head Start	43	64	12.79	<0.01
Non-Head Start	19	87		
Parents' ownership of library card:				
Head Start	25	82	5.38	<.05
Non-Head Start	12	94		
Child's ownership of library card:				
Head Start	62	45	11.36	<.01
Non-Head Start	37	69		
Communication to families:				
Head Start	97	10	27.77	<.001
Non-Head Start	63	43		
Families approached by OEO worker or others:				
Head Start	[1] 33	[2] 64	9.11	<.01
Non-Head Start	[1] 8	[2] 55		

[1] Number of families approached by OEO worker.
[2] Number of families approached by others.

NOTE: 53 families not approached.

more fathers were absent among DSS families ($\chi^2=31.52$, $P<0.001$) than among the non-DSS families.

Discussion

The results suggest that income levels do not significantly affect efforts by families to use resources in the community; however, the trend is for those in the higher brackets to use them more than those in the lower brackets. The results also suggest that professionals may make less-than-optimum attempts to inform lower income families about the use of community resources.

Evidence of the need for additional Head Start classes and for aggressive attempts to help eligible families enroll their children in the classes appears overwhelming. Through random sampling methods, we probably would have found families who did not try, when the opportunity arose, to register for Head Start classes. Forty-six percent of mothers in areas with waiting lists who gave "disinterest" as their reason for not enrolling their children suggests such a possibility. The results show, however, that 38 percent of the families with children not in Head Start said they did not know anything about these classes. While the reliability of the reporting may be questioned to some degree, such findings bring into sharp focus the need for improved communication between the providers and the recipients of services.

While attitudes toward the unreachable or untreatable probably are changing, as suggested by such phrases as "hard to reach" and "resistive" (*7*), the results of this study suggest that the soft-sell slogan or "we try harder," must continue to be applied. Much of the literature (*8*, *9*) as well as this study have demonstrated that the majority of the poor are interested in education. A few, however, appear to be disinterested and are not reached. Concentrated efforts must be made to reach this group to break the generational cycle of poverty and cultural deprivation (*6*).

Summary

Characteristics of families in Hawaii eligible for Head Start classes and the factors that influenced enrollment of their children in the classes were investigated in 1967. In three public housing areas, each of 213 families with 4-year-old children was interviewed by one person. Of these families, 107 had children in Head Start classes and 106 did not. In the non-Head Start group, 61 were on waiting lists and 45 were not.

The major null hypothesis that equal proportions of children eligible for Head Start are enrolled from upper and lower economic levels was tenable. Significant differences were found, however, in a number of other characteristics: (*a*) having a sibling in Head Start the previous year, (*b*) both parent and child owning library cards, (*c*) having been informed directly about Head Start classes through visits by professional workers, and (*d*) having been informed about Head Start by a representative from the Office of Economic Opportunity.

No significant differences were found in responses to interview questions relating to occupation and education of parents, presence or absence of fathers, and source of medical supervision. However, a higher proportion of employed fathers, high school graduates, and private physician care was found among the families with children in Head Start.

The results suggest that although there were no significant differences between Head Start and non-Head Start families in Hawaii in relation to economic levels, certain characteristics in the Head Start group may have influenced enrollment. Aggressive intervention by workers of the Office of Economic Opportunity also had a major impact on enrollment.

That the majority of the poor are interested in education is demonstrated in this study. That a small group of the poor are disinterested and are not reached is also true. Results suggest that concentrated efforts must be made to break the generational cycle of poverty and cultural deprivation.

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Tearsheet Requests

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Increase in Medicare Deductible

Medicare beneficiaries entering the hospital January 1, 1970, or after will be responsible for an additional $8 of their hospital bills, a mandatory increase required by law.

The increase of the deductible to $52 results from a provision in the law requiring an annual review of hospital costs under Medicare, and an adjustment of the portion of the bill for which a Medicare beneficiary is responsible if these costs have risen substantially.

The hospital bill for an average stay by a Medicare beneficiary previously ran about $700. Medicare formerly paid all but the first $44 of his hospital bill in each spell of illness.

The $8 increase is due to the long-term trend toward increasing hospital costs, and in part to the general inflation that has been taking place. Also, it is intended to make the Medicare beneficiary responsible for expenses equivalent to the average cost of one day of hospital care.

The law states that if an annual review shows that hospital costs have changed significantly, the hospital deductible must be adjusted for the following year, with any necessary adjustments made in $4 steps—to avoid small annual changes.

When the hospital deductible amount changes, the law requires comparable changes in the dollar amounts that a Medicare beneficiary pays toward a hospital stay of more than 60 days or a post hospital extended care stay of more than 20 days. These amounts also went up on January 1, 1970.

When a Medicare beneficiary has a hospital stay of more than 60 days he will pay $13 a day for the 61st through the 90th day, up from $11 per day. If he has a post hospital stay of more than 20 days in an extended care facility, he will pay $6.50 per day toward the cost of the 21st through the 100th day, up from $5.50 per day.

If he needs to draw on his lifetime reserve, the reserve account a beneficiary can draw upon if he ever needs more than 90 days of hospital care in the same benefit period, he will now pay $26 for each day used, instead of $22 per day. For Medicare beneficiaries who entered a hospital before the end of 1969, the hospital deductible amount will be $44 rather than $52. The dollar amount they pay toward the cost of a hospital stay of more than 60 days or for post hospital extended care of more than 20 days will be payable at the 1969 rate—even though the services may be provided in 1970.