Head Start Program Overview

The Head Start program at Volunteers of America Los Angeles strives to improve the lives of low-income children by providing quality comprehensive child development services that are family focused, including education, health, nutrition, and mental health. The program serves a total population of 1,708 children 3 to 5 years of age at 28 different centers located throughout Los Angeles County.

While all the components of the Head Start program are important, we want to give more emphasis to the nutrition services which include providing young children and families with health and nutrition education. At the same time, these services assist families in meeting each child's nutrition needs while promoting the development of good eating habits. Another important aspect of the program is the parent's involvement in the total operation and administration of the program, and supporting the growth of children and families through encouragement, nurturing, education and empowerment. This program does not focus solely on the child but it offers education, information and referral services to participating families, empowering them to raise their children in a healthier and more supportive environment.

The purpose of our project is to help the Head Start program to improve its nutritional services and to help the program to continue providing high quality services in order to accomplish its mission. More importantly, we want to provide the program with a strategic plan that will focus on solving the nutritional needs of the population to promote the health and well being of the participants. In order to do so, we have conducted a needs assessment that includes information collected from this particular Head Start program and data that have been gathered from other sources.

Community Needs Assessment

The Head Start program is required to complete health and nutrition screening/assessment procedures. After the first 90 days of enrollment in the program, the Registered Dietitian reviews each assessment to determine participants who are at nutritional risk. To determine risk, at a minimum, a current height, weight, and blood test for anemia must be obtained and evaluated. Furthermore, questionnaires in the form of dietary history or food frequency are sent to children's parents in order to identify inadequate dietary patterns. Once the screening is completed and children with any medical conditions or risks have been identified, the Head Start program is required to assure that participants are enrolled in a system of ongoing preventive healthcare.

The program's participants are families living at or below the poverty level which substantially increases their risk for poor nutritional status. Also, the majority of the participants are Hispanics with a low educational level and non-English speaking skills. Some of them do not have adequate transportation and health insurance. The vast majority are also participants of the WIC program which works in collaboration with the Head Start program to meet their participants' nutritional needs.

According to primary data gathered from our Head Start key informant, Debra Thomas, four major health and nutritional needs were identified. She explained that dental caries in Head Start's children are rampant and it is not uncommon that they have 6 to 18 dental cavities. As a result, they need crowns and other complicated procedures that could be prevented with just good dental care. Secondly, a large number of participants were reported as either overweight, obese, or at the borderline of becoming overweight. Thirdly, Head Start children have poor

dietary habits which include a low consumption of fruits, vegetables and whole grains. Finally, parents expressed their willingness to improve their knowledge about healthy eating habits and food safety and sanitation in a survey conducted by the program.

Once the nutritional needs of Head Start's children were identified by our key informant interview, we found it important to review the research in the area and discussed what researchers have said about these needs, particularly in respect to how they have assessed those problems in the community. This review would help us to find the right recommendations and actions to meet the need of Head Start's participants.

Dental Caries in Children

Early Childhood Caries (ECC) is a rampant dental disease that affects mostly young children. The prevalence of ECC has been shown to be overwhelmingly high in the United States among low income and minority populations such as Native Americans, Hispanics, and African Americans. Hispanics have the highest rate of ECC with an average prevalence of 13%-29%, second only to Native Americans. ECC is an alarming problem because the disease is so common and widespread among young children. In fact, "the prevalence of ECC in children, ages three to five years, in US Head Start programs is as high as 90%" (Chu, S. 2006).

Factors such as improper feeding practices, familial socioeconomic background, lack of parental education and dental knowledge, and lack of access to dental care can contribute to and explain why the prevalence of ECC is so great in these select populations. Current research has shown that parents have a huge impact on the success of preventative methods and the prevention of ECC altogether. Preventative methods include behavioral and educational programs that advocate individualistic changes so that parents can detect and avoid the reoccurrence of caries in their children (Chu, S. 2006).

Several interventions have been implemented to reduce and prevent dental caries in children including water fluoridation, fluoride varnish provided by dentists at children's dental visits, and parental education campaigns conducted by schools that stress the impact of diet in dental health and the importance of oral hygiene. Moreover, some of the Head Start programs have implemented "dental homes". A dental home means "that each child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist" (McEntire, N. 2009).

Overweight and Obesity

The United States is experiencing a corpulence of childhood obesity and the occurrence of an overweight condition in children is increasing. According to National Health and Nutrition Examination Survey, the survey shows that obesity in children 2-5 years old between 2003 -2006 increased from 5.0% to 12.4% (Centers for Disease Control and Prevention [CDC], 2009). Studies have also shown that the prevalence of obesity and overweight children are higher among certain populations such as Hispanic, African American and Native American (The Obesity Society, 2009). These studies point out that more children are becoming overweight and obese, therefore prevention and treatment should be initiated immediately. Awareness is a critical facet in this matter so that parents can act to prevent childhood obesity and promote healthier eating habits. Also, nutrition education can facilitate knowledge and improvement as to how parents can provide proper nutrition to their children.

Nutritional education should be aimed at both the child and the family, however it should include components of healthy eating and understanding the importance of making positive healthy choices. It is imperative for parents of school aged children to start early in life; and this should include preparing healthy and nutritious meals to prevent the incidence of childhood

obesity. Research has proven that a well balanced diet including plenty of fruits and vegetables, along with physical activity, makes a significant improvement in the treatment and prevention of childhood obesity (CDC, 2009).

Poor Dietary Habits

American children do not follow nutritional guidelines regarding their eating habits (Chelle, 2004). According to the statistics of the USDA (2000), "less than 15 percent of school children eat the recommended servings of fruits, less than 20 percent eat the recommended servings of vegetables, less than 25 percent eat the recommended servings of grains, and only 30 percent consume the recommended milk group servings on any given day". However, it has been shown that a well balanced diet, including plenty of fruits and vegetables along with physical activity, makes a significant improvement in the treatment and prevention of childhood obesity (CDC, 2009). Moreover, getting all the required nutrients in the era of childhood is also very important for achieving optimal growth and development.

Many eating behaviors are initiated in early childhood. If the child develops good eating habits at a young age, then there is a high possibility that they will lead a healthy life-style as an adult. One of the most influential solutions to improve fruit and vegetable intake among children is to educate the child and their family. Studies show that the most influential aspect of a young child's environment is likely the family and the food-related behaviors of parents, mothers in particular (Cooke, et al., 2003).

Food Safety and Sanitation

The results of unsafe food handling and preparation practices cause high incident rates of *Shigellosis, Campylobacter, Salmonella,* and *Escherichia coli* in children ages one to five years of age causing diarrheal illness or even death. The identified risks, which lead to food borne

illness, are undercooked hamburgers, children riding in shopping carts and coming in contact with raw poultry and meat, and eating contaminated fruits and vegetables at home (Marcus, 2008).

Research showed that low income consumers, especially infants and children under five years of age, are at a high risk of food borne illnesses. At home, food handlers do not understand the significance of safe food handling practices. The biggest areas of concerns were washing hands, cross-contamination, and food preparations. Many of the participants knew that it was important to sanitize cutting boards and utensils but did not know how to do that process. In addition, only 23.7% of the questioned used a thermometer to determine meat doneness while the rest used visual clues for doneness (Kwon, et al 2008).

This study on food safety practices of WIC participants indicated that the knowledge was the lowest in Hispanics and African-American, therefore special food safety education needs to be geared towards those specific demographic groups (Kwon, et al 2008). The staff of Head Start follows the USDA-FDA guidelines on food-borne illnesses. Head Start's mission is to educate parents in all aspects of their lives - which include health, nutrition, and food safety. Head Start is working tirelessly to provide the necessary information to parents or guardian (Devaney, 1997).

After reviewing the research we can conclude that needs identified at Head Start's participants are similar to the needs that other children have throughout the nation. We believe the best approach to meet these needs is parents' nutrition education. At the same time, our recommendation is in compliance with Head Start's regulations and services. This program is only as successful as parents help to make it, and it is with this thought in mind that parents and all family members are actively invited to participate in all aspects of the program, so developing

new educational materials for them will help children to improve their needs.

Plan of Action

In the interview with Head Start's registered dietitian, Debra Thomas, she expressed concerns about many factors regarding young children but we found she really felt that more parent education is needed. Her idea was to make posters and other materials to provide good educational material needed to educate the parents. Her hope was we would make eight or nine different posters but we decided to concentrate on the areas she was especially concerned about such as the dental caries, obesity, poor eating habits, and food safety. We all decided to make her idea at least a partial reality. Each of us would tackle one subject matter and create a poster and pamphlet in English and Spanish. After extensive research in the areas she is concerned about, we found good sources of information that we could use for our posters and pamphlets. With our contribution of posters and pamphlets we hope to contribute to educating parents and their families so they eventually can solve their nutritional needs.

Evaluation

Over all, in terms of team work, our project went very well. We experienced good cooperation and learned from each other about all of the steps of the project. It was an interesting opportunity to make pamphlets and posters for the participants in Head Start and their parents. However, it was not an easy job to do since some of us did not have previous experience of how to make educational pamphlets and posters for such a group. After committing to the project we realized that the printing of the posters was fairly expensive. In addition, our contact person with Head Start, despite being very nice and spending the time to talk with us, did not provide us sufficient or timely information about the needs assessment. It was merely ten days ago that she

provided a web address for Head Start so that we could research information from the site, which really did not have any of the data that we needed for our project primary need assessment.

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