My Research Paper

Laura E. Nagel

Clark College
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Literature Review

The Head Start program began in 1965 as an 8 week program as part of Lyndon Johnson’s War on Poverty (Head Start, 2016). The Head Start program was designed to provide an advantage for low-income families to prepare for school early. Children from low-income families often lack basic needs such as housing and nutrition. Moreover, they tend to lack basic social, emotional and mental development. Because low-income children are often lacking in these areas, they often begin school far behind more privileged students who are more emotionally and mentally advanced. Head Start does its part to ensure that every child has the platform to succeed: “The National Head Start Association is a non-partisan, not-for-profit organization committed to the belief that every child, regardless of circumstances at birth, has the ability to succeed in life” (NHSA, 2016). The National Head Start Association’s mission is to “coalesce, inspire and support the Head Start field as a leader in early childhood development and education” (NHSA, 2016). Head Start is also helpful for families who cannot afford daycare via the Early Head Start program. “Early Head Start serves pregnant women, infants, and toddlers” until they “turn 3 years old and are ready to transition into Head Start,” where they can continue until they are five years old (Head Start, 2016). Since its inception, the Head Start program has developed and become a permanent establishment in all states. Under the Clinton and Obama administrations the budget for Head Start has grown, with new grants allowing the program to encompass a broader scope of early childhood development (Head Start, 2016).

Dental hygiene is a fundamental part of early childhood development. Children lacking basic dental care miss more school days and tend to do more poorly academically. Children of low socioeconomic status show an increased rate in early childhood caries. A significant portion of
preschool age children of the lower socioeconomic population exhibit a high percentage of the disease. Although there are many different factors in the development of early childhood caries, people of the low socioeconomic class are more susceptible (Ramamurthy, Swamy, Bennete, Rohini, and Nagarathnamma, 2014). This may be due to the lack of awareness, accessibility, and the high cost of dental care.

A study was done in Bengaluru city, Karnataka State, India, to find out the relationship between salivary MS and Lb and severe early childhood caries. Fifty children belonging to low socioeconomic status, between the ages of 3 and 5 participated in this study. Out of the 50 children, half were caries free, and half had severe early childhood caries, s-ecc. Each child had their saliva tested for the presence of mutans streptococci and Lactobacilli, caries causing bacteria. Of the children, 80% with s-ecc tested positive for salivary MS and LB compared to 50% of the caries free children. “The results of the present study hold importance as it has been done on children from low economic background, who do not have awareness of access for dental care. The presence of severe untreated caries indicates a very high unmet treatment need among them” (Ramamurthy et al., 2014).

Children from low income families may also experience many caries due to lack of knowledge, preventive resources and a diet high in fermentable carbohydrates (sugars). Prevalence in decay for preschoolers has increased in recent years. The Head Start program can improve their methods and resources on preventing caries occurrence in young children. “With a high sugar or carbohydrate diet, the bacteria that cause decay out-compete normal oral bacteria and overrun the ability of bodily defenses – antibodies and naturally occurring antibacterials in the saliva, the acid buffering and dilution and repair processes of saliva – to protect against the infection” (Milgrom, Weinstein, Huebner, Graves, and Tut, 2011). By the time some children enroll in the Head Start
program, the decay may be extended beyond repair. “Relatively few children receive care early on” (Milgrom et al., 2011).
References


Biostatistics

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Goals and Objectives

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Activity Timeline


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**Executive Summary**

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**Final Project Evaluation**
