AN EXPLORATORY STUDY OF ONE PARTICIPANT’S PERSPECTIVE
ON HER EXPERIENCE IN THE HEAD START PROGRAM

A Thesis
Presented to
The Graduate Faculty of The University of Akron

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

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August, 2014
AN EXPLORATORY STUDY OF ONE PARTICIPANT’S PERSPECTIVE ON HER EXPERIENCE IN THE HEAD START PROGRAM

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Thesis

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ABSTRACT

This research project was an exploratory study of one participant’s perspective on her personal experience with the Head Start program. Through an open-ended interview, the participant provided a self-report regarding the long-term impact on the Head Start program on her lifelong development. More specifically, the participant believes that her childhood experiences in the Head Start program affected her to such an extent that as an adult she is now able to (1) maintain a source of continuous, accessible, coordinated health care; (2) acquire adequate knowledge for improving her nutritional habits; (3) acquire the skills, knowledge, and attitudes necessary for success in school, workplace, and life; and (4) overcome varied barriers to her success in personal and professional development.
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CHAPTER I
INTRODUCTION

The 36th President of the United States, Lyndon B. Johnson made his state of the union address on January 8, 1964, declaring a war on poverty in the United States. The anticipated outcome of the war would be to open the opportunity for all people to escape the clutches of poverty (Tzlihis, 2008). Johnson chose to address the causes of poverty rather than the consequences of poverty. He believed this approach would have a greater, lasting impact on the lives of the poor verses addressing the after effects of poverty. Addressing the causes of poverty such as illiteracy, hunger and poor health that goes untreated, offers people the foundational tools necessary to pull themselves out of poverty. Addressing the after effects of poverty only ensures temporary relief from a particular situation. When presenting the Civil Rights Bill to congress in 1965, Johnson argued that protecting the civil rights of the disadvantaged must include opportunities for education, quality health care, housing, and employment (Johnson, 1965). Johnson further introduced his vision for the development of “The Great Society.”

The Great Society, a set of domestic programs, encompassed President Johnson’s war on poverty. One of the main goals of the Great Society was to provide the opportunity for economically disadvantaged Americans to pull themselves out of poverty. The programs addressed issues surrounding education, medical care, urban problems and transportation, all of which are potential barriers to economic advancement and human
development (Lewis & Sharps, 2010). One of the few and most successful programs from the Great Society that still exist today is the Head Start Program.

The Head Start Program was developed by the President’s Commission on Head Start, a committee of sociologists, psychologists, and pediatricians who were appointed by President Johnson and Sargent Shriver (who Johnson appointed to oversee the Great Society programs). The program was designed to assist children in overcoming the obstacles and set backs in education which are caused by poverty such as poor health, nutrition and psychological instability (Bailey, Waxler & Washington, 2006). The naming of the Head Start program is reflective of the education achievement gap that existed for years between middle class and children living in poverty and the need for impoverished children to be provided a “head start” in school so they may begin their educational journey on a level playing field with middle class children (Kagan, 2002).

Head Start was launched during the summer of 1965 under the Office of Economic Opportunity and was first introduced as an eight-week summer program to prepare low income, four year old children for kindergarten. In the beginning, the program was only funded to serve 100,000 children across the nation, but as time progressed; the need grew to serve more impoverished families totaling 300,000 in 1972. Head Start continued to expand, and serve more impoverished children across the U.S. so they too could benefit from the program, eventually serving over one million children across the nation, operating year-round providing comprehensive services to children six weeks old to five years (Bailey, Waxler & Washington, 2006).

Throughout the 1990’s and early into 2000, there was bipartisan support for expanding the number of children with accessibility to Head Start and improving the
quality of the program. The funding provided for the program rose, along with the number of children being served. After 2002, the Head Start budget began to decrease. Programs served the same number of children with less money per child to operate. The year of 2008 was the sixth year in a row the program’s budget was cut 11 percent below the 2002 funding level (Parrott, 2008). The American Recovery and Reinvestment Act appropriated $2.1 billion for the Head Start program in 2009 to expand enrollment by 64,000 children. These funds were available for 2 years, until 2011 (Office of Head Start, 2010). In 2011, President Obama signed Public Law 112-10, the Department of Defense and Full-Year Continuing Appropriations Act, 2011. This act included an appropriation of $7.6 billion for programs under the Head Start Act. This allowed the expansion programs from 2009 to continue providing services to families and children (Office of Head Start, 2011).

The responsibility for the regulation of the Head Start program was transferred from the Office of Economic Opportunity to the Office of Child Development in the U.S. Department of Health, Education, and Welfare in 1969 under the Nixon administration. The Department of Education Organization Act was established in 1980, and made independent from the Department of Health and Human Services. Head Start is currently regulated by the Department of Health and Human Services. The Head Start approach provides enrolled families with comprehensive services which include health (physical and mental), nutrition, and education. Families also receive services deemed necessary to meet their individual needs such as; clothing referrals, assistance with utility bills, housing, and transportation. The learning environment supports each child’s language and literacy development, cognition and general knowledge, physical development and
health, social and emotional development, and approaches to learning (Office of Head Start, 2010).

The Bush Administration proposed that the Head Start program move from a comprehensive intervention model to a literacy program. The rationale was to better prepare children for school by providing them with literacy skills, as literacy is the key to succeeding in education. This proposal would have required that the laws governing the program be transferred from the Department of Health and Human Services to the Department of Education. Bush’s proposal would have transformed the Head Start program from a social service focus to an educational focus. Instead, the administration forced new stipulations on how the program should be run. This included a concentration on training teachers in literacy instruction. The Head Start National Reporting System, a federally created, standardized achievement test was imposed on preschoolers twice a year under the Bush Administration. The purpose of the 15 to 20 minute test was to assess the language, literacy, and math knowledge of all four year old children enrolled in the Head Start program. Program’s funding decisions were to be based on the outcomes of the tests (Zigler, Gilliam & Barnett, 2011).

Head Start recognizes the role of the parent as the child’s first and most important teacher and aims to build supportive, trusting relationships with families. The relationships encourage and support family well being and positive parent child relationships, families as life long learners and educators, family connections to peers and the community, and families as advocates and leaders (Office of Head Start, 2010). There are a variety of Head Start program models across the U.S. that base their structure and services on the specific needs of each community. Some programs offer part
day/part year services where the child attends three and one half hours, four days out of
the week for nine months out of the year. Full day/full year options offer services nine
hours per day, five days per week, all year long. There are also options that offer Head
Start services to children and families in the home.

In 2011, $7 billion dollars was spent to provide 1 million children across the
country Head Start services. The expenditure for the program has caused an on-going
political dispute about whether or not to continue to fund Head Start. The funding
dispute followed after an early program evaluation in 1969, deeming the program
ineffective. The political disputes of the program centered around the idea that Head
Start does not produce the results proving its effectiveness on children and families
(Klein, 2011). The political disputes over Head Start can be traced back to a study of the
benefit of Head Start by Westinghouse Learning Corporation and Ohio University in
1969 on the benefits of Head Start. The study was a sample of children who attended a
Head Start center between 1965 and 1968 and a matched study of children from the same
grades and schools who had not attended Head Start. The children were administered a
series of tests covering cognitive and affective development. The study concluded that
Head Start produced very few sustained effects on children and deemed the program as a
waste of government dollars. This study was criticized by Bracey and Stellar (2003)
because the comparison group in the study was significantly older than the third grade
Head Start group; therefore the comparison groups to the Head Start participants were not
fully representative of the cohorts of participation, which in turn produced biased results.
Citing the Westinghouse Study, opponents of Head Start continue to argue that Head
Start does not produce lasting effects on children’s educational attainment (Beatty & Zigler, 2012; Condry, 1983; Barnett & Husteedt, 2005).

Edward Ziegler, the first Director of the Office of Child Development and Chief of the U.S. Children’s Bureau, a strong advocate of Head Start argued that the Head Start program does indeed work and has been proven to improve the lives and development of children. Zigler defends the Head Start model’s holistic practices and the goals of each program component area, which have not changed since the program first launched in 1965. Zigler & Bishop (2006) point out that the Westinghouse study of 1969 solely focused on children’s IQ, ignoring the rich, comprehensive nature of Head Start which involves a health, nutrition, education and family partnership component (Zigler & Bishop, 2006). Zigler (2006) prompted research to encouraged broader evaluations of the Head Start program that would assess the everyday social competence.

The Office of Child Development funded the Measures Project of 1977, which was launched eight years after the Westinghouse study. It was a multi-site study developed to create a battery of measures of the factors to define social competence (Zigler & Bishop, 2006). The project assessed the functioning of children in Head Start with a focus on cognitive and social development as did the Westinghouse Study; however, this was the first attempt to assess the program without basing the outcomes on IQ scores. The Impact of Head Start on Children, Families, and Communities Study was completed in 1985. The results of this study showed immediate, positive effects on cognitive gains on Head Start children, but these gains were no longer apparent after the child reached second grade (Sylva, 1994). White and Casto conducted a study in 1985 and reported that cognitive and social gains faded over time (Barret, 2005). Gorey
conducted a study in 2001 and Nelson et al. conducted a study in 2003. The outcomes of both studies suggest effects of the program persist over time, but with some diminution of effects over the long term (Barnett, 2005).

The Head Start Synthesis Project of 1985 was an analysis of 210 reports of research on the effects of local Head Start programs (McKey et al, 1985). The project was the first study to evaluate all areas of the Head Start program, concluding that the program had an effect on lowering grade repetition and a lower number of children assigned to special education classes. High school graduation rates increased as did cognitive test scores, socio-emotional test scores and health status. Results also concluded that cognitive and socio-emotional gains did not remain superior to those of disadvantaged children who were not Head Start participants (Barnett, 1998).

Schweinhart & Weikart (1986) criticized McKey (1985) for the method of meta-analysis used in concluding outcomes which were based off of a compilation of various research designs. Schweinhart & Weikart (1986) argued that the meta-analysis method minimized the results found in specific studies and because it may have over aggregated results, the Head Start Synthesis Project of 1985 meta-analysis study may have concealed more distilled findings. Children may be doing better than the results suggested in the study.

There was a Head Start Impact Study completed in 2010 by the Department of Health and Human Services. The outcomes of the study concluded positive impacts in the areas of language and literacy, access to dental care, hyperactive behavior, parenting skills such as discipline and reading to children, and parent involvement. Children that enrolled into the program at age three had greater educational gains than children enrolled at age four (Department of Health and Human Services, 2010). Gains in
cognitive development by the end of the 1st grade were not significant. Teachers reported that children from the Head Start study were shyer than their counterparts, while parents of these same Head Start children reported their children being less withdrawn. The study showed great gains in the area of health, as more children were covered by insurance and health status in kindergarten. Again the gains were greater for children who had 2 years of Head Start than there were for those who only attended one year. This study left the question about the benefit of participating in the Head Start program for two years as opposed to one. Two years in the program may have longer lasting effects than one year of participation (Department of Health and Human Services, 2010).

According to Klein (2011), the Head Start program does not work because any minimal gains made by participants vanished by the end of the first grade. Several pilot Head Start summer programs that operated in 1965 produced positive short term effects on program participants, enabling the program to expand. According to Klein the positive outcomes of these pilot programs were interpreted as progress in Johnson’s War on Poverty. From the early 1969 Westinghouse Study to the most recent 2010 Head Start Impact Study, researchers have not reached a consensus regarding the effectiveness of the Head Start program.

The Promising Practice Network (2010), states that the Head Start program is difficult to evaluate due to the varying program structures in different communities. Part of the original program philosophy encouraged Head Start programs to base their individual programs on the needs of their own communities such as; human population in terms of age and income, the best location for placement of child development centers, and the type of services such as hours of operation, and transportation that will best meet
the needs of the population to be served. This caused for programs to differ in characteristics such as: teacher education and training requirements, children’s age at the time of enrollment, and student-teacher ratios. A generalization of the program’s impact is difficult when the individual design of each Head Start center varies in the services they offer and community they serve. For this reason, the questions surrounding the past research on the Head Start program’s effectiveness is yet to be resolved (Promising Practice Network, 2010).

**Problem Statement**

The Head Start program which has been in place since 1965, is in jeopardy of being underfunded or dismantled completely due to the concerns following past research findings on the program’s level of effectiveness in improving the lives of the poor and society as a whole. Past Head Start research has been criticized by researchers such as Condry (1973) and Bissel (1973) on its limited approach of comparing program participants to non program participants, method of analysis of IQ scores, and biased outcomes, leaving stakeholders to question the program’s worth and necessity. An effective evaluation of the Head Start program would be best achieved through measuring program participants’ outcomes against the goals of each Head Start component area. The program was developed as an anti-poverty program to address illiteracy, hunger and poor health which in turn, will provide an opportunity for economically disadvantaged Americans to pull themselves out of poverty.

The Head Start approach in developing children and families is that of a comprehensive nature. It aims to improve the health and nutrition status, while at the same time addresses immediate family crisis situations and offers support to parents by
building family partnerships, all for the benefit of ensuring each child is prepared for school and provided an opportunity for success in life. Addressing and improving the needs of the poor increases the chances in improving the overall state of the nation (Lewis & Sharps, 2010). In a democratic society, it is expected that all children be provided adequate support in order to benefit society as a whole. The Head Start program provides that support.

Head Start’s comprehensive model requires a research method capable of providing an in-depth evaluation and analysis of how effective the program’s comprehensive component areas of health, nutrition, education, and family partnerships are on program participants in the long run.

Sociologist, political scientists and economists count and classify individuals by income, race, ethnicity, gender, household, geographical location, and family status. Studies on impoverished people in particular, tend to ignore the perspective of the poor themselves and instead offer a view “from the top”. This view tends to theorize outcomes based on statistical measures (Eitzen & Eitzen-Smith, 2009). An analysis of the Head Start Program is incomplete without the insight from which only a Head Start participant has the capability of offering. Thus, I undertake a case study of an adult who participated in the Head Start program as a child in order to gain an in-depth understanding of the impact of the Head Start program on the participants.

Bradshaw (2006) examines individual deficiencies theory and political-economic distortions theory and then relates them to the shaping of various anti-poverty programs. He suggests that anti-poverty strategies and programs are evaluated based on theoretical perspectives of poverty. The individualistic theory on poverty supports the
view that people or families are poor as a result of their own irresponsible actions; therefore the government should have limited involvement in addressing these issues. The structural theory views poverty as the result of societal structure. It places the responsibility on the government to address the issues surrounding poverty both politically and economically (Bradshaw, 2005).

President Johnson’s intentions in launching anti-poverty programs, including Head Start, were to change the mindset of the poor as a tool to pull them out of poverty. Johnson’s mission to change the mindset of the poor through anti-poverty programs requires programs, such as Head Start to be assessed both structurally and from an individualistic perspective. This approach will offer research a better understanding of how the Head Start program has achieved the goals of each component area as well as the level of impact on the participant’s mindset.

**Research Methodology**

Accurately assessing the program has been difficult for researchers due to the varying program structures in terms of months, days, and hours of operation, teacher-child ratios and teacher education levels. Such variation makes the studies difficult to properly interpret or generalize to all Head Start programs (Promising Practice Network, 2012).

The purpose of this research was to gain insight into the life of an individual who has participated in the Head Start Program. The focus was on the participant’s experience and how program participation impacted her health status, educational attainment, income level, and nutritional awareness. The participant’s responses in relation to each
component area were aligned with the goals of each Head Start component area as a way to show evidence that the goals of the program have been met.

Based on President Johnson’s anti-poverty mission, the research design was a case study of a former Head Start participant who declared that their enrollment as a child in the program provided them the opportunity to move from a disadvantaged life status to that of one which has reached a level of personal success. In defining personal success, I am referring to education attainment level, career status, and overall quality of life. In selecting the appropriate participant for this study I chose the person who met the following criteria: (1) A former Head Start participant who would be able to provide a detailed, personal insight into the Head Start experience. (2) Currently employed and earns income above the poverty guidelines. These criteria suggest a successful career and income status, which is the overall goal of the Head Start program according to President Johnson’s war on poverty. (3) The first person in their family to attend college and currently holds a college degree. This criterion suggests a cycle of low education achievement levels in the participant’s family has been broken. The criteria also informed me the researcher, that the participant has reached an educational level beyond high school. The three criterion listed best illustrate an individual who has escaped the clutches of poverty as a result of attaining educational and financial success. The purpose of the study was to explore the possibilities that a person with the above mentioned criterion reached a certain level in life as a result of Head Start.

According to Yin (2003), a case study should be considered the method of research when: (a) the focus of the study is to answer how and why questions; (b) you cannot manipulate the behavior of those involved in the study; (c) you want to cover
contextual conditions because you believe they are relevant to the phenomenon under study; or (d) the boundaries are not clear between the phenomenon and context. I, the researcher, have analyzed the participant’s responses about her Head Start experience and examined the factors that influenced her current life status.

The data collection method consisted of a series of two interviews that were recorded for accuracy of information. The interview sessions shed light on the participant’s family history, childhood, and experience in the Head Start program.

**Significance of the Study**

One local Head Start program operates twelve child development centers under the county’s Community Action Agency. The mission of the Community Action Agency is to reduce poverty and promote self sufficiency, therefore all of the programs, in particular Head Start, that operate under the Community Action Agency strive to positively impact the well being of the families served in the community.

I have been employed with the Head Start program for over ten years. In my role, I am responsible for ensuring that program staff such as; Teachers, Family Support Specialists, Cooks, and Health Specialist performs their job duties in alignment with the agency’s mission by effectively implementing Head Start program standards on a daily basis and provide high quality comprehensive services to enrolled families. Working in the program over the years has provided me the opportunity to connect with children and families. I have observed the progress of so many families from the time of enrollment into the Head Start program through the time the children transition into kindergarten. My direct observations have me convinced that the Head Start program model is an effective approach to preparing children for kindergarten as well as improving the lives
and well being of the poor; therefore should not be in jeopardy of being defunded or dismantled.

This study provided an insight into the true impact Head Start had on one individual who participated in the program in its early years. The participant was enrolled in a Head Start program in Ohio in the late 1960’s. By aligning the case study participant’s experience with the Head Start component area goals, the participant revealed that the program had a positive impact in her life that extended well beyond her transition into kindergarten. The program positively impacted the participant’s health status, nutrition awareness level, education attainment and overall well being.

This study also revealed that the existing research literature regarding the Head Start program did not completely capture program participants’ individual experiences with the program. This case study offers more personal, detailed information about a participant’s journey through the Head Start experience and the lasting effects the program had on her life.

The findings in this case study highlight the positive effects of the Head Start program model. The findings also reveal that another approach to analyzing the impact of Head Start is to do so by aligning actual program experiences of participants with the goals of each program component area. The importance of the findings in this case study show that more research is needed to properly assess the impact of the Head Start program before political decisions are made to cut the program. Past Head Start studies have focused on program impact in quantifying measures and less on the qualitative measures in determining the effectiveness of the program. This study used qualitative
measures to determine the outcome. With more informed research on the Head Start effect, the program’s need for continued funding will be justified.
CHAPTER II
REVIEW OF LITERATURE

In this chapter, I will first review literature that provides an understanding of the different theoretical perspectives on poverty in relation to developing anti-poverty programs such as Head Start and the effects of poverty on children and families. Next, I will review literature that provides a clear understanding of the whole child approach to teaching children. This whole child approach appears to be the most effective way to educate the poor. Drawing from the literature concerning the whole child approach, I undertake an in-depth inquiry into the structure of the Head Start program and its aim to develop the whole child. Finally, I will review past research relevant to measuring the long term effects of the Head Start program.

Theoretical Perspectives on Poverty

Poverty is persistent in America. It is defined by the statistical measure established by the federal government as the annual income needed for a family to survive. In its more general sense, poverty is the lack of necessities (Bradshaw, 2006). Social scientists have developed theories as to why the poor are poor. Bradshaw (2006) describes five theories of poverty of which anti-poverty programs are structured in community development. The first theory blames the individual for their circumstances, therefore look to the individual as the one responsible for making choices to better their
positions in life. Anti-poverty programs developed under this theory tend to use punitive measures as a response to the issues that surround poverty.

The second theory is the cultural beliefs systems that support subcultures of poverty. The blame of poverty is assigned to the set of beliefs, values, and skills that are socially generated, but individually held and have been passed down from generation to generation (Bradshaw, 2006). The Head Start program was originally designed based on this understanding of poverty; therefore its mission would then be to break this crippling cycle of thinking. The third theory looks to the economic, political, and social system as the cause for people to have limited opportunities and resources with which to achieve income and well being. This theory is the basis for President Johnson’s reasoning for implementing anti-poverty programs. The fourth theory of poverty is caused by geographical disparities theories brings attention to the fact that certain geographical areas lack the resources needed to produce income and increase well being. Head Start programs are expected to enhance the communities which they are housed by making the comprehensive services such as health, nutrition, education, and family partnerships accessible to enrolled families; therefore are placed in impoverished geographical areas.

The final theory of poverty combines the previous theories. It states that the individual’s problems intertwined with the community problems creates cumulative and cyclical interdependencies to the point where the problems dominate the individual and close any opportunities to effective responses (Bradshaw, 2006). The literature points out that any anti-poverty program that expects to be effective in combating poverty needs to be developed under the framework of more than one theory. Community development practices that address the complex and overlapping sources of poverty are more effective
in reducing poverty because there is no one single theory that has the ability to explain all
the instances of poverty (Bradshaw, 2006). The Head Start program takes this approach
by offering comprehensive services to children and families.

The Human Development Index measures the well-being of human development
in the U.S. The three areas considered the foundation of human development are; the
capacity to live a long and healthy life, access to knowledge, and the capacity to maintain
a decent standard of living (Lewis & Sharps, 2010). President Johnson stated that in
order for the poor to enjoy the privileges of America, they must have access to
healthcare, education, and decent jobs (Johnson, 1965). In the late 1980’s, the human
development approach was developed at the United Nations in response to the conflicting
reports between economic progress and human progress. While economic production
expands, children overall are not healthy, they live shorter lives, and are failing in school
(Eitzen & Eitzen-Smith, 2009). The human development approach uses a wider
definition of human poverty that goes beyond economic measures. It is defined as the
denial of capabilities and opportunities for living a decent life (Lewis & Sharps, 2010).
According to the most recent reports, the U.S scores the worst out of seventeen high-
income countries due to factors such as early mortality rates, illiteracy rates, and long
term unemployment (Eitzen & Eitzen-Smith, 2009).

Anti-poverty programs have strived to combat the problems surrounding
poverty, in doing so, it is crucial to know whether poverty is a permanent condition for
individuals or a phenomenon possible to escape. Community development practices that
address the complex and overlapping sources of poverty are more effective in reducing
the issue in comparison to programs that address a single theory (Bradshaw, 2006).
Understanding poverty from the viewpoint of the poor is considered a bottom up perspective and is helpful in explaining how individuals’ troubles are linked to the structure of society (Eitzen & Eitzen-Smith, 2009). In what follows, I will review research literature regarding how people move out of poverty.

**Moving Out of Poverty: Success From the Bottom Up**

Moving out of Poverty is a study that explored how people around the world in various countries went from an impoverished life to success and how some people do not escape the clutches of poverty (Narayan, Prichett & Kapoor, 2009). Like Eitzen & Eitzen-Smith (2009), the study was conducted from a “bottoms up” approach, gathering insight into the life of individuals from their personal point of view. The study went beyond ideological divides and economic formulas to determine the outcomes of why some people fail in succeeding poverty and others prevail (Narayan, Prichett & Kapoor, 2009). The data collected for this study: 60,000 people: poor or formally poor women, men, and youths in over 500 communities across 21 study regions and 15 countries in Africa, South Asia, East Asia, and Latin America are narratives offering personal life experiences. The researchers engaged in thousands of discussions with the participants.

Narayan, Prichett & Kapoor (2009) began the discussions with questions, not theories. One life story after another, created a thread that tied these individuals together by their experiences of poverty. Both qualitative and quantitative methods were used to develop a conceptual framework that structured the basis of the literature. The study was guided on three principles: a) Each individual is an expert on her or his own life; b) Close attention is paid to local community regulations, informal norms and expectations that govern the social, economical, and political institutions in which poor people
interact; c) The interest is in the change over time in reference to the dynamics of poverty mobility and how people fall out of and into poverty. The results of each case study were not generalized, instead used to reveal relationships and processes that lead to poverty outcomes (Narayan, Prichett & Kapoor, 2009).

Data collection methods used in the study was open ended interviews and questionnaires, at times probing the same issue with the same people using different methods. The research revealed how the individuals felt their lives are ordered and how they should be ordered. The results of the study showed that development programs, such as Head Start, and anti-poverty strategies, need to be designed and carried out in ways to uphold people’s dignity and sense of self respect, generating a positive return to participants of these programs (Narayan, Prichett & Kapoor, 2009).

**Effects of Poverty**

Poverty affects the population in a variety of ways. Emotional and social challenges, acute and chronic stressors, cognitive lags, and health and safety issues are considered the primary risk factors afflicting families living in poverty (Jensen, 2009). Family income has been shown to correlate with academic success, in particular during the preschool, kindergarten and primary school years. Issues such as lack of transportation, poor health, and family crises impact tardiness and absenteeism rates. Attendance problems have also been linked to negative parent attitudes toward school (Jenson, 2009).

There is a sensitive period when the brain is most able to respond and grow from exposure to environmental stimulation. This window of optimal brain development is from the prenatal period to the first years of a child’s life. There are a number of risk
factors that impoverished children are exposed to that can impede this development. Factors such as inadequate nutrition, substance abuse, maternal depression, environmental toxins, trauma, and low quality of daily care can influence the brain in a number of ways. Poor nutrition is connected to social withdrawal, delayed motor skills, and physical development. Alcohol, drugs, environmental toxins, and nicotine stunt the neurons in the brain, causing serious neurological disorders. Maternal depression prevents children from receiving the stimulation needed during the early years of their lives due to the lack of interaction between the mother and infant (National Center for Children in Poverty, 1999).

Cognitive neuroscience has demonstrated the relationship between socioeconomic status and academic ability and performance. The complicated make up of the human brain enables students to pay attention, process information and think critically. Noble, Norman, and Farah (2005) conducted a study on cognitive performance between economically disadvantaged children and economically advantaged children. This was the first study that showed a brain difference between lower income and higher income children. Lower income children’s brains’ growth trajectory was less than their higher income counterparts. Jenson (2009) offers one suggestion for this disparity that involves an area of the brain that enables language processing. Once a child is born, this area of the brain undergoes an extended course of maturation which leaves the language system controlled by this part of the brain more susceptible to environmental influences. Prolonged periods in environments that are not stimulating or educationally rich, this is the case for many children living in poverty, affects the ability for the brain to develop adequately.
Cognitive Emphasis Versus Whole Child Approach

In response to the poor academic performance of American children in comparison to students from other nations, there has been a renewed emphasis on children’s cognitive and academic development from preschool to grade 12. Policies from the George W. Bush Administration ignited this focus in an effort to set higher ambitions for children served in the program. Accountability on the part of Head Start programs was also seen as a key factor in ensuring academic success. Programs’ continued funding would depend on their progress reports, measured during the federal triennial review of each program. Implementing a “back to the basics” of letters and numbers will slowly transform the Head Start program into an early literacy program, which in turn will give all children an opportunity to begin school with an equal chance at achievement. The narrow concentration on literacy, for example, was believed by the Bush Administration to be the sole answer to academic success (Zigler, Gilliam, & Barnett, 2011). The literature presented on the negative effects poverty has on brain development (Jenson, 2009; National Center for Children in Poverty, 1999) shows there is a need for a comprehensive approach to education for the poor, if they are to have a better chance succeeding academically.

In 2007, the Association for Supervision and Curriculum Development (ASCD) introduced the Whole Child concept to the nation. The initiative was based on the expertise and experience of educators, health care professionals, researchers, business people, community leaders and others. The Whole Child Initiative is based on the belief that to educate a child effectively, means paying attention to more than school buildings, curriculum, and resources (Reilly-Chammat, Fasano and Brito, 2011). The concept
requires an integration of efforts among schools, families and communities. In order for a child to be educated successfully, he/she must be healthy, safe, supported, challenged, and engaged. This approach to learning is a paradigm shift in the way we think about and organize schools and communities (Reilly-Chammat, et al., 2011).

In 2009, Rhode Island Association for Supervision and Curriculum Development (RIASCD) applied for and received a grant to launch a study on how, if possible to best integrate the Whole Child approach in their state. Despite the improvements in many school districts since the advent of No Child Left Behind, gaps continue to exist especially in urban districts at the high school level. Information about RIASCD and the initiative was provided to a broad range of education organizations as well as organizations that in some way impact, or are impacted by schools in Rhode Island. These organizations were then invited to participate in the initiative. A strengths and gaps analysis of programs and policies was developed by comparing the Whole Child tenets to the Rhode Island education reform agenda (Reilly-Chammat, et al., 2011).

The study confirmed that the Rhode Island education system has policies and regulations that create a viable infrastructure to support the whole child. The Rhode Island education reform policies support all of the tenets of the Whole Child approach. Many of the community businesses and organizations were eager to collaborate with the initiative. Students in urban, suburban, and rural communities had a deep understanding of the necessity of a whole child approach and what it looks likes in their schools. The students also reveal that they want to have a voice and choices in shaping school opportunities that support the whole child across the tenets. The study showed that
additional work is needed to link the Whole Child agenda with the Rhode Island Department of Education Strategic Plan (Reilly-Chammat, et al., 2011).

The founders of the Head Start program believed that preparing impoverished children for school would call for a different approach to learning. The whole child approach to learning entails meeting all of a child’s needs, not just academic. It is believed that a child is not able to learn if they are hungry, or suffering from a debilitating health issue. Parents play a major role in their child’s academic success; therefore their needs must be met as well so that they may properly provide for their child.

Supporters of the whole child approach agree that cognitive skills are valuable, but they also understand that cognitive development is only one aspect of human development that is tied in with physical, social and emotional domains (Zigler, et al., 2011). Fostering learning requires a focus on the whole child; therefore emphasizing only cognitive development ignores the needs of the rest of the child.

The Head Start Approach to Child Development

In a study conducted on the frequency of early childhood approaches cited in publications over a ten year span, it was found that Head Start is one of the largest and most popular approaches to early childhood education (Walsh & Petty, 2007). Under President Lyndon Johnson’s Administration, new research that revealed the effects poverty has on education, sparked an obligation the government had to help disadvantaged groups. Head Start was designed to help break the poverty cycle by providing low income preschool children a comprehensive program that would meet their emotional, social, health, nutritional and psychological needs (Office of Head Start, 2010).
The Head Start Child Development and Early Learning Framework provides Head Start programs with a description of the developmental building blocks needed that are considered most important for a child’s school and long term success. This framework is a revision from the 2000 version, then known as the Head Start Child Outcomes Framework. In the original framework, there were eight domains that represented the overarching areas of child development and early learning that were essential to academic and long term success. The original domains are: 1) Physical Development and Health 2) Social and Emotional Development 3) Approaches to Learning 4) Language Development 5) Literacy Knowledge and Skills 6) Mathematics Knowledge and Skills 7) Science Knowledge and Skills 8) Creative Arts Expression. The revised framework added the following domains: 1) Logic and Reasoning 2) Social Studies Knowledge and Skills 3) English Language Development (Office of Head Start, 2010). These eight domains are subcomponents, if you will, of the four main program component areas of Health, Nutrition, Education, and Family Partnerships.

The Physical Development and Health Domain refer to physical well-being, appropriate nutrition, exercise, and hygiene and safety practices. Building a foundation early in life of proper health and nutrition habits provide lifelong healthy living. This domain is a subcomponent of both the health and nutrition components. The Social and Emotional Domain refer to the skills necessary to maintain healthy relationships, regulate one’s behavior and emotions, develop a positive self identity, and foster secure attachments with adults. When children are able to stay focused, they increase their ability to demonstrate positive academic outcomes. Establishing this foundation provides children a better opportunity for lifelong development and learning by helping them
transition to new environments, develop new supportive relationships with peers and adults and participate in learning activities. This domain falls under the health component as it refers to mental health. The Approaches to Learning, Language Development, Literacy Knowledge and Skills, Mathematics Knowledge and Skills, Science Knowledge and Skills, Creative Arts Expression, Logic and Reasoning, Social Studies Knowledge and Skills, and English Language Development domains are all a part of the education component. The domains refer to ways in which behaviors observed indicate how children become engaged in learning experiences. A child’s approach to learning contributes to their success in school and influences their development and learning capabilities in all other areas of their lives. The family partnership component is intertwined in the entire implementation of the Head Start program, from enrollment into the program until the child transitions to kindergarten (Office of Head Start, 2010).

The Head Start program’s comprehensive approach deals with the whole child. A child can not learn if their basic needs of shelter, food, and health are not met. Parents are not able to prioritize their child’s education if they are in the midst of a crisis situation, such as homelessness, domestic violence, or no working utilities in the home. In turn, the lack of attention and support from parents negatively impacts the child’s academic performance. The Head Start model is comprised of social services, health, nutrition, and education components. These components are interconnected and reliant on one another to produce the most effective outcomes for children and families in poverty. Head Start’s comprehensive nature and approach to developing children in poverty is the reason why so many early childhood programs have decided to follow their lead.
Head Start Impact Research

The Head Start program provides comprehensive services to enrolled children and their families. The services include a health component, nutrition component, family partnerships component and an education component. Head Start programs are governed by what is known as The Head Start Performance Standards which are a set of rules and regulations that all Head Start programs are required to base their program structures on. Although Head Start programs offer a variety of service models which are based on the needs of the local community served, they must each meet the goals of all four component areas as these are the basis of the Head Start Performance Standards. The goals that must be met by every Head start program are:

- **Heath Component Goal:** To ensure that each child has a source of continuous, accessible, coordinated care that serves as a medical home;
- **Nutrition Component Goal:** To provide education in nutrition principles toward improved child development and improvement of adult habits;
- **Education Component Goal:** To ensure children possess the skills, knowledge, and attitudes necessary for success in school and for later in life;
- **Family Partnerships Goal:** To support families by working collaboratively with all participating parents to identify and continually access services and resources that are responsive to each families’ needs, interests, and goals.

Every Head Start center may take a different approach in obtaining the goals of each component area, as long as the program is structured to meet them (Office of Head Start, 2010).
The **Child Health and Developmental Services Component** is carried out by first determining a child’s health status at the time of entry into the program, or at least no more than ninety calendar days from the time the child starts the program. Throughout the duration of the program, each child is screened for developmental, sensory, and behavioral concerns. Children who are identified as having a health issue must receive extended follow-up and treatment. The program must accomplish this by providing assistance to parents to ensure they learn how to obtain any necessary prescribed medications, aids or equipment for medical and dental conditions. Programs must also implement procedures that ensure each child has a medical home and regularly scheduled doctor’s visits.

The **Child Nutrition Component** has a mission of first, identifying each individual child’s nutritional needs. This is accomplished by communication between Head Start staff and parents regarding family eating patterns and cultural preferences, special dietary requirements, and nutrition related assessment data (height and weight). Programs are required to serve a variety of nutritionally balanced meals which consider cultural and ethnic preferences of the families. Parent education activities must include opportunities to assist individual families with food preparation and nutrition skills.

The **Education and Early Childhood Development Component** aims to help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life. By building trust, fostering independence, encouraging self control and respect for others’ feelings and rights, and supporting the home language, culture and family composition of each child, this aim is met. Cognitive and language skills are developed when various learning
strategies such as; experimentation, inquiry, observation, play and exploration are implemented.

The **Family Partnerships Component** area is about programs building a collaborative partnership with parents to establish mutual trust and to identify family goals, strengths, needs, necessary services, and supports. Programs are required to assist families in identifying and accessing community services and resources that are responsive to each family’s interests, needs and goals. Parent involvement opportunities in the program’s policy making operations, child development, and education must be provided by all Head Start programs.

The Head Start Component Areas are designed to overlap one another in order to best meet every aspect of the child’s and family’s needs. Figure 1A is my illustration of the Head Start Program.

![Figure 1. The head start program’s comprehensive structure.](image)

The Head Start program is required to be evaluated periodically to determine its level of effectiveness on children and families. As stated above, the aim of the program is to have a long term, positive impact on children and families in each of the Head Start component areas. Several studies with strong research designs have demonstrated that Head Start has short term cognitive and social benefits for poor children (Lee & Loeb
2005). Some policy makers believe the benefits of Head start are well known and documented (Currie & Thomas, 1995). Past research, which will be discussed shortly, has focused solely on the education component outcomes of children enrolled in the program, without assessing the true impact of the program in accordance to meeting the Head Start component area goals. Information on the lasting benefits of the Head Start program is limited; therefore uncertainties continue to exist in the minds of those who want to know just how effective the program is long term.

The Westinghouse Study

Following the launch of the Head Start Program in 1965 an evaluation of the program was completed by the Westinghouse Learning Center in 1969. The purpose of the study was to determine the long term effects of the Head Start program. Samples of children who were program participants were compared academically to a controlled group of children who were not participants of the program, but lived in the same geographical area. Children from both groups, ranging from first to third grade were tested in cognitive and psychological development. The study concluded that the Head Start program was ineffective in improving cognitive gains and affective outcomes for program participants.

Besharov, Germanis, Higney and Call (2011) did an analysis of the 1969 Westinghouse study and found that although the purpose of the Head Start program extends beyond cognitive and psychological development, these were the only two factors considered in this study. In selecting Head Start program participants, variation of program designs and services were not taken into consideration. Programs were
selected based on addresses and whether the program operated full year or summer only (Besharov et al. 2011).

Besharov et al. (2011) assessment of the Westinghouse study concludes that the evaluation of the Head Start program was conducted well, but there were some criticisms on how the study was carried out. The Head Start program participants were found to be at a slight economical disadvantage than their counterparts, although they lived in the same neighborhoods. Data on health, behavior, crime/delinquency, early non-marital births, economic outcomes effects on parents and benefit-cost findings was neither collected nor reported on either group. These factors have the potential for creating misleading comparability of the two groups (Besharov et al. 2011). This data is significant in determining the effectiveness of Head Start. Another important factor to point out with the Westinghouse study is that many of the tools used to measure academic outcomes of participants as well as to select the population samples and programs lacked the ability to consider a variety of characteristics such as; teacher qualifications, teacher child ratios, variations in duration of full year programs, and recruiting practices (some programs recruited the most disadvantaged children, leaving the comparison group more advantaged) all of which could potentially impact the outcomes of the study.

Some of the considerations the Westinghouse study ignored were the diversity in program structures across the country and quality level of each program. Generalizations can not properly be made about the program when teacher qualifications, program structure, program services and family socioeconomic status vary from center to center.
A better way to measure any lasting benefits of the program according to Zigler (2010) is to follow the same children who participated in the program, over a period of time.

**The Head Start Impact Study of 2010**

As the Head Start program continued to grow and serve a more diverse population of children and families, the U.S General Accounting Office (GAO) concluded that there was insufficient research on the Head Start program to draw conclusions about the impact it has. The Federal Government’s plan to further increase the number of children served and to enhance the quality of the program in the 1990’s would have warranted definitive research studies (U.S. Department of Health and Human Services, 1998).

In 1998, Congress included in the reauthorization of Head Start, a mandate that the U.S. Department of Health and Human Services (HHS) determine the impact on the children it serves. The legislation also required HHS to establish an Advisory Committee on Head Start Research and Evaluation. The Head Start Impact Study of 2010 was to address two main research questions:

- What difference does Head Start make to key outcomes of development and learning (and in particular, the multiple domains of school readiness) for low income children? What difference does Head Start make to parental practices that contribute to children’s school readiness?

- Under what circumstances does Head Start achieve the greatest impact? What works for which children? What Head Start services are most related to impact?

The Head Start Impact Study Final Report addresses the above questions by reporting on the impacts of the program on children and families during the children’s preschool, kindergarten, and 1st grade years (U.S Department of Health and Human Services, 2010).
The short term findings of the study showed that The Head Start children out performed a control group comprised of children who were eligible for Head Start services, but did not utilize the program, in every domain measured. In the areas of cognitive, social-emotional, health, and parenting skills Head Start had a positive impact on the children and families at the beginning of the kindergarten year (U.S Department of Health and Human Services, 2012).

The study revealed that program participants, who outperformed their counterparts at the beginning of kindergarten, lost their advantage by the end of the first grade. A suggestion to improve the long term effects of the program, according to the report would be to improve the connections between Head Start’s comprehensive services and the supports offered to at-risk children once they enter kindergarten (National Head Start Association, 2010). This suggests that perhaps the public education system in its current structure somehow negatively affects the efforts gained by Head Start participants over a period of time. The U.S. public school system, between the times of the Westinghouse Study in 1965 through the Head Start Impact Study of 2010, did not reflect a whole child approach to learning as the Head Start program does. The lack of alignment of academic approaches between the Head Start program and the public school system could explain why program participants showed an advantage at the time they entered kindergarten, but slowly lost the advantage as they progressed on to higher grades.

The Head Start Impact Study of 2010 did not show the role of quality in the elementary schools the Head start children transitioned to after leaving preschool. Whether and how school experiences in kindergarten and first grade affect the likelihood
that the comparison group of children who did not receive Head Start services were able to catch up to the program participants is unknown. This study also does not include any data on how Head Start impacts school success in comparison to other state funded preschool programs.

Some long term impact studies such as the Long Term Effects of Head Start on Low Income Children Study (Ludwig & Phillips, 2008) and the Longer Term Effects of Head Start study (Garces, Thomas & Currie, 2000) have shown positive outcomes for Head Start children as they move through life. Both of the aforementioned studies show that program participants are less likely to need expensive special education services in their later school years, and they are less likely to repeat grades. They are more likely to graduate from high school, go to college and to get jobs. Head Start participants are less likely to commit crimes and less likely to go to jail. The health and nutrition services offered during the program, educate families in living healthier lifestyles, in turn lowering the death rates due to illness (Garces, Thomas & Currie, 2000; Ludwig & Phillips, 2008).

According to Zigler (2010), the results of the study were never meant to provide a definitive answer to the question of whether Head Start works. The research design which has been applauded and determined better than all past research, is in actuality confusing the understanding of the results. The Head Start Impact Study of 2010 is actually a comparative study to all other forms of child care, including parental care at home. This type of comparison yields very little information on the effectiveness of the program. The study was meant to assess whether Head Start has a greater value than a variety of other childcare options, not a measure of its effectiveness. To properly
measure the program’s value, it must be assessed against the goals set forth for the program (Zigler, 2010).

**Does Head Start Make a Difference?**

Currie and Duncan (1995) investigate the impact of Head Start participation using a national sample of children. The comparisons are made between siblings to control for selection. Policymakers and the general public believe that the benefits of Head Start are evident, however looking closer at the studies on the effects of the program reveal that the credible studies that demonstrate lasting effects of the program are limited. The purpose of this study is to re-examine the impact of Head Start on academic performance, cognitive attainment, preventative medical care and health, and nutritional status.

Children who were enrolled in the Head Start program were compared to siblings who were not enrolled into the program. The siblings who were not enrolled in the Head Start program were either enrolled in other preschools, or did not attend preschool at all. The results of the study were as follows: When the researchers controlled biases in the estimation due to child-specific determinants of participation, Head Start had a positive and persistent effect on the test scores and schooling attainment of White children, relative to participation in either other preschools or no preschool. The test scores of African–American children increased with participation in the Head Start program, however these gains were lost. There were no positive effects on schooling attainment. Relative to no preschool enrollment, participation in Head Start or preschool is associated with improved utilization of preventative medical care among Whites and African-Americans. There was no evidence however, that Head Start had any effect on child
height for age, which is considered a longer-run indicator of health and nutritional status (Currie & Duncan, 1995).

The literature points out that the key problem in properly analyzing the outcomes of this Head Start impact study is that the estimated effects do not take into account “unobserved characteristics.” Unobservable characteristics such as; parental basis for enrolling children in the program, household dynamics, and spill over effects from siblings who participated in Head Start have the ability to either underestimate or overestimate the effects of the program. When unobservable characteristics were controlled, participation in Head Start was associated with a six percent increase in academic scores relative to no preschool attendance, while participation in other preschools had no significant effects on test scores. While the study showed that overall, the effects of the program were more apparent for White participants in comparison to African-American participants, the fact that Head Start has stronger, positive effects on children in comparison to preschool suggests that this study’s estimates capture a genuine effect of the program rather than selection bias. The study suggests that an unobservable characteristic of program participants affects the long term outcomes, which could explain the gap in outcomes amongst Whites and African-Americans (Currie & Duncan, 1995).

This piece of literature informs the research by highlighting the possibilities that past research outcomes of the Head start program have limited credibility. The literature also suggests the importance of “unobservable characteristics” and the role they play in determining the true impact the Head Start program has on participants. This provides a sound argument for using the case study method to better assess the program. The case
study method has the ability to provide an in-depth look into matters that appear as unobservable characteristics in most Head Start impact research. For example; if a Head Start participant succeeds in kindergarten, but by second grade their progress begins to fade out, then assessing the impact of the program using an approach such as the Westinghouse Study would not measure the possibility that during the participant’s first grade years, there was trauma witnessed in the home, causing the participant to have an emotional setback, which in turn negatively impacted the child academically. The end result for this particular example according to the Westinghouse Study would be that the Head Start’s impact did not last.


This study examines the relationship between preschool and the quality of schools subsequently attended as young adolescence. The article provides evidence that the explanation for the diminution of Head Start effects relates to program participants’ educational experience once they graduate from the program. Although Head Start generally benefits the children who participate, they are still at a cognitive disadvantage to their counterparts, even compared to their economically disadvantaged peers. Because of their disadvantages, their future school experiences are more likely to take place in poor schools or in unchallenging programs within those schools. Poor children tend to be concentrated in low quality schools that impose unfavorable conditions that influence their learning (Lee & Loeb, 1995).

This study places its focus on identifying the types of schools Head Start graduates attend as eighth graders. The comparison groups are defined by children’s
preschool experience in relation to the quality of school attended in the eighth grade. The family background of the study group is taken into account due to Head Start’s mission is to service the poorest of the poor. Data was collected from student surveys, achievement tests, parent surveys and information from two teachers. The information about the schools came from principals, but students and parents were also asked to describe their schools. The measures of school quality were based on the following criteria: Social composition, academic excellence, perceived safety, human relations, and composite school quality factor (Lee & Loeb, 2005).

The results concluded that Head Start participants attended middle schools that were considered lower quality than those who attended other preschools or no preschool. Head Start students and parents reported that they attended schools that they considered less safe and where the academic climate is weaker. In teacher-student relations, other preschool participants reported that the relationships were less positive then former Head Start participants reported, but both were rated lower in comparison to no preschool students. The implications of this research point out that the most disadvantaged children in this country attend the lowest quality schools that lack academic stimulation. The children who need the best educational environment and experience to pull them out of poverty are actually enrolled in our nation’s lowest quality schools (Lee & Loeb, 2005).

The study by Lee & Loeb (2005) offers insight to this research by shedding light on what life is like, educationally speaking, after leaving the Head Start program. Lee & Loeb (2005) offers a slightly different argument from other Head Start impact studies. Lee & Loeb (2005) argue that the United States’ educational system is to blame for the
fade out phenomenon, short term cognitive affects, and diminishing social benefits of the poor as opposed to branding Head start as an ineffective program.

**Summary**

In this chapter the literature on the Head Start program informed the research by presenting an understanding of the approach taken by anti-poverty programs to service low income children and families and provide an education experience that will improve the success rate of the impoverished. Next, the literature on the Head Start program outlines the specific component areas and how they are comprehensive in nature. Finally, the review of the impact studies conducted in the past show there is need for further research of the program to determine its true impact on children and families’ nutrition and health awareness, education attainment, and economic stability and how these component areas work together to achieve an end result. This will be best accomplished by using the case study research method. The case study will provide an in-depth look at a Head Start participant’s experience in the program. Unlike the previous research on Head Start impact, the case study will measure the level of goal attainment of all four component areas reached by the participant as a result of enrollment in the program. The case study will also reveal some unobservable characteristics discussed in the Currie & Duncan (1995) study; such as family dynamics and teacher-child relationships, that have impacted the outcome of the participant’s involvement in Head Start.
CHAPTER III

METHODOLOGY

In this chapter, I will begin by briefly discussing the works of Stanley Eitzen and Kelly Eitzen Smith and its relevance to the research design chosen for this study. Next, I will explain the research design and participant. This chapter will also review the data collection method and the procedure used to analyze the data, followed by a summary of the chapter.

In *Experiencing Poverty: Voices from the Bottom*, Eitzen and Eitzen-Smith (2009) compile a collection of interviews and readings that give the reader an illustration of what it is like to be poor in this society. The readings are from the perspectives of numerous impoverished people and what their day to day lives consist of. The goals of the authors were to provide the reader with realities of the lives of the impoverished and to enhance their understanding of:

1. How the poor became poor
2. How the poor are treated by individuals and organizations in the community
3. What keeps the poor, poor
4. How the poor manage day to day
5. What theory of causation best explains poverty
6. The consequences of the welfare to work federal legislations
7. The best solutions for ending poverty
In light of the study by Eitzen & Eitzen-Smith (2009), this study adopts a case study approach in order to get a more in-depth understanding of the impact of Head Start on its participants. Case studies offer an opportunity for the researcher to prevent oversimplifying data and hone in on the rich details that characterize the true nature of the phenomenon (Hancock & Algozzine, 2006). Eitzen & Eitzen-Smith were able to capture the minor details during the interviews as the people told their stories. Other research methods do not fully capture the nuance that sheds light on individuals’ lived experience.

The interview style used in the Eitzen & Eitzen-Smith book will be the same approach used for this study. The interviewer asked participants questions that were short and open ended. This allowed the participants to respond in more detail. By choosing a case study as the design for this project, I as the researcher will be able to gain insight into how or if the Head Start component areas work comprehensively to produce an outcome for a Head Start participant.

**Research Design**

The research design is a case study of an individual who tells the story of her experience in the Head Start Program. The goal of the Head Start program when it was established in 1965 was to help communities meet the needs of disadvantaged preschool children. It was designed to help break the cycle of poverty. Head Start aims to meet the emotional, social, health, nutritional and psychological needs of impoverished children. This case study has provided an in-depth look at the actual Head Start program experience of an individual and the impact the program has had on the participant’s life.
An electronic invitation was sent out to members of a professional network website, requesting participation in a study on the Head Start Program. The request was for one participant who meets the following criteria: (1) A former Head Start participant (either a parent or student), (2) Currently employed, (3) Earns income above the poverty guidelines, (4) The first person in their family to attend college, (5) Currently holds a college degree. The criterion used to select the case study participant aligns with the goals of the Head Start program.

**The Participant**

The participant selected for this study was a former Head Start student from the northeastern side of the United States who entered the program at the age the late 1960’s, when the Head Start program was only three years old. The participant was born and raised in the Northeast along with four siblings living in a government housing unit. The participant’s mother for the most part was single, poor, and lacked the ability to properly nurture her children; therefore the participant was under the care of an aunt, or grandmother most of the time. The participant experienced a great deal of childhood trauma and heartache including extreme violence in the home, physical, sexual, and emotional abuse.

Currently, in the late 40’s stage of life, the participant reported that she is employed at a University and earns a salary in the high forty-thousand ranges. She was the first and only person in her family to attend college. She holds a Master’s degree and will be pursuing a Doctorate degree in the near future. The participant is married with two children who are middle school and high school age. Her husband is also employed and earns a considerably higher income.
The participant’s background as described above is characteristic of most Head Start participants. Her current life status represents the ideal outcome of expectations the Head Start component area goals strive to meet in every participant’s life long term.

**Data Collection**

After receiving IRB approval (see Appendix A), I designed a single case study to research the impact of the Head Start Program on the life of an individual. Information was gathered during two separate interviews with the participant in my office, per the participant’s request. Both interviews lasted approximately forty-five minutes and took place inside of a Head Start center meeting room, per the participant’s request. The first interview consisted of me, the interviewer asking very broad, open ended questions and allowing the participant to tell me her story. In reviewing the transcripts from the first interview more questions came to mind as I read the participant’s responses. For this reason, the second interview was a set of specifically directed questions which generated from the responses of first interview. The purpose of the second interview was to provide an opportunity for the participant to expand on some of the responses from the first interview that I; the researcher needed more clarity on.

The interview questions (see Appendix B) focused on the participant’s family background, Head Start program experience and current life status. In particular, there were questions about the participant’s educational background from preschool to present, nutrition and health history and life obstacles such as any traumatic life experiences. The interviews were audio taped and transcribed to text. A food diary form which tracks a person’s personal diet for a week was emailed to the participant one week prior to the interview. The participant was asked to track their food intake and bring the completed
form to the first interview. The participant was also asked to provide any verification of education level and achievements, income, and health status.

The participant provided a copy of their college degrees and transcripts, a completed week long food diary, and a current pay stub for me, the researcher, to review only. This information was not collected. The documents offered supported evidence to the findings that the goals of the program component areas were met. There was no official health documents provided, therefore, all of the data on the participant’s health status was based off of the participant’s responses to health questions during the interviews.

**Data Analysis Process**

The purpose in this case study was to address the research question: How has the Head Start program impacted participants of the program in terms of health, nutrition, education and family partnerships? The data was systematically organized into subject tables, before further categorizing data into tables relating the responses of the participant to the goals of each Head Start program component area. The goals of the Head Start component areas are: (1) Health- To ensure that each child has a source of continuous accessible coordinated care that serves as a medical home. (2) Nutrition- To provide education in nutrition principles toward improved child development and improvement of adult habits. (3) Education- To ensure children possesses the skills knowledge, and attitudes necessary for success in school and for later in life. (4) Family Partnerships- To support families by working collaboratively with all participating parents to identify and continually access services and resources that are responsive to each family’s needs, interests, and goals.
First, the interview transcripts were reviewed by me, the researcher, and then divided up into five categories: Health, Nutrition, Education, and Family Partnerships. I assigned data from the transcripts to the Head Start component area that best fit the nature of discussion. When the participant mentioned anything regarding medical and dental experiences, I assigned the data to the Health category. Any discussion on diet, food labels, or mealtime was assigned to the Nutrition category. Data reflecting the participants experience in school from preschool to college was assigned to the Education category. Family Partnerships responses are those that imply any assistance received by the participant and or the family from the program such as financial assistance with utilities and food vouchers. These responses were assigned to the Family Partnerships category.

Next, the categorized data was compared to the Head Start goals for health, nutrition, education and family partnerships. In the first round of data categorization, I was simply looking to organize the information according to topic areas of health, nutrition, education and family partnerships. The second round of data categorizing was to organize the data according to very specific indicators of each component area goal. Any responses from the participant that demonstrate an accomplishment of one of the Head Start goals was listed under the following program outcomes in this matter: Goals for Health, Goals for Nutrition, Goals for Education, and Goals for Family Partnerships. The responses under this table were then assumed to be evidence that a particular Head start goal was actualized. Each piece of evidence was then assigned a code. The codes were assigned as follows: **HE1-Health Evidence 1, NE1-Nutrition Evidence 1, EE1, Education Evidence 1, and FPE1-Family Partnership Evidence 1**. The categorized
responses then informed the researcher of what Head Start goals appeared to be actualized in the participant’s life as a result of program participation and further, what responses indicate a long term impact of the Head Start program.

**Summary**

In this chapter, I first explain the rational of using the case study as the method to undertake an in-depth inquiry into a former Head Start participant’s personal experience with the program. Next, I explain the selection of the participant and data collection processes and procedures.
CHAPTER IV

FINDINGS

In reviewing the responses to the interview questions, which are coded as units of evidence in each table, there were numerous indications that the goals of the Head Start program were actualized in the participant’s life. Tables 1 – 4 represent responses from the participant that are coded as evidence of the Head Start component area goals being met in the participant’s life. The program strives to meet specific goals in health, nutrition, education, and family partnerships. Meeting these goals would suggest that the program has been beneficial to the participant.

**Head Start Health Goal: To Ensure That Each Child Has a Source of Continuous Accessible Coordinated Care That Serves as a Medical Home**

In Table 1: Evidence of Health, shows 11 responses (HE1 – HE11) that indicate the participant had a source of continuous accessible care that serves as a medical home, received ongoing medical services, and was physically healthy as a child overall. There were 2 responses (HE3 and HE11) that suggest the health outcomes were a result of being a program participant. There were 2 responses (HE5 and HE9) that demonstrate a long term impact of the program on health.
## Table 1: Evidence of Health

<table>
<thead>
<tr>
<th>Code</th>
<th>Interview Transcript</th>
<th>Researcher’s Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>HE1</td>
<td>“I had a doctor, Dr. Coleman; I had a primary care doctor. I can remember going to him to get a checkup”</td>
<td>Participant had access to a medical home.</td>
</tr>
<tr>
<td>HE2</td>
<td>“My mother, with her crazy self, made sure we went to the doctor”</td>
<td>Received ongoing medical services</td>
</tr>
<tr>
<td>HE3</td>
<td>“It could have been because of Head Start”</td>
<td>Head Start requires all children to receive a physical and dental exam regularly while enrolled in the program</td>
</tr>
<tr>
<td>HE4</td>
<td>“We all remember eye exams, dental exams, you know, checkups”</td>
<td>Vision is a required medical screening</td>
</tr>
<tr>
<td>HE5</td>
<td>“I just celebrated 4 years Saturday April 20th” (Weight Loss)</td>
<td>Has maintained a healthy weight and works with her doctor to ensure safe health practices</td>
</tr>
<tr>
<td>HE6</td>
<td>“I didn’t have any medical nothing” (No medical issues growing up)</td>
<td>Was a healthy child. Head Start goal is to ensure child is healthy</td>
</tr>
<tr>
<td>HE7</td>
<td>“I didn’t have a cavity until I was grown”</td>
<td>Maintained healthy teeth. Head Start goal is to ensure children’s dental needs are met</td>
</tr>
<tr>
<td>HE8</td>
<td>“He was a dentist and he thought I had braces. I said, I never had braces”</td>
<td>Had ongoing dental care as a child and as an adult.</td>
</tr>
<tr>
<td>HE9</td>
<td>“I had my eyes checked all the time; I started wearing glasses in 7th grade. So I went to the eye doctor like I do now once a year”</td>
<td>Ongoing vision care as a child and as an adult</td>
</tr>
<tr>
<td>HE10</td>
<td>It was her benefits, we had good dental care; we went to the dentist twice a year, we went to the eye doctor, we had physicals, all that”</td>
<td>Secured health care and received ongoing health care</td>
</tr>
<tr>
<td>HE11</td>
<td>“I believe that many children would not go to the doctor before school-age requirements if it were not for Head Start requiring dental exams for preschoolers”</td>
<td>Head Start requires health care exams, participant believes this is the reason for parents ensuring health care is secured</td>
</tr>
</tbody>
</table>
The health component serves a specific role in the Head Start program. The program’s mission is to ensure that each child has a source of continuous accessible coordinated care that serves as a medical home. A child cannot reach their highest educational potential if they are ill, in pain, or in poor health, therefore it is necessary to assist families in securing a medical home where they are able to receive ongoing preventative and responsive care. This in turn encourages healthier lifestyles and health awareness.

In Table 1, there is evidence that the participant had access to medical care as a child. The participant remembers going to the doctor regularly. Medical appointments included trips to the dentist and eye doctor. Responses HE3 and HE11 in Table 1 credit the Head Start program requirements of annual physicals, health and dental screenings as the reason why the participant’s mother and guardian took her to the doctor regularly and overall ensured her health needs were met. Looking at responses HE6 and HE7, it shows that the participant’s health was well maintained by stating that she did not develop any medical or dental issues as a child. Long term impacts of the health component are evident in responses HE6 and HE9. The participant stated that she has been able to maintain a healthy weight for four years. This is evidence of proper health awareness. Annual medical visits are a part of the participant’s current health ritual.

Overall, Table 1 suggests that the participant benefitted from the program’s requirement to obtain an annual medical and dental exam. The goal of this component is met in the participant’s life as a child and continued into adulthood.
Head Start Nutrition Goal: To Provide Education in Nutrition Principles Toward Improved Child Development and Improvement of Adult Habits

In Table 2: Evidence of Nutrition, there were 10 responses (NE1 – NE10) that indicated the participant demonstrated an understanding of nutrition principles, improved child development, and adult habits. There were no responses that pinpoint program participation as the reason for positive nutrition outcomes. The participant stated that she remembered the mealtimes at Head Start and the cook, but did not make any statements that offered credit of nutrition knowledge to the program. Interestingly, there were 8 responses (NE1 – NE7 and NE10) that suggest the participant currently practices healthy nutrition principles and that these practices are positively impacting her health as well as her family’s nutrition awareness.

Similar to the health component, the nutrition component is essential to the program’s success. If a child is hungry, it would be difficult for them to focus on learning in the classroom. Proper nutrition contributes to good health and mental well being, therefore improves child development overall. The goal of the nutrition component is to provide education in nutrition principles toward improved child development and adult habits.
Table 2: Evidence of Nutrition

<table>
<thead>
<tr>
<th>Code</th>
<th>Interview Transcript</th>
<th>Researcher’s Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>NE1</td>
<td>“My grandmother died talking about how we buy too much processed food and I don’t now anymore cause I had the weight loss surgery; I don’t eat anything how I used to eat”</td>
<td>Grandparent aware of nutrition principals and informed family of them</td>
</tr>
<tr>
<td>NE2</td>
<td>“Like, I don’t eat red meat, my family will still get a burger, but I don’t buy red meat”</td>
<td>Participant practicing good eating habits as an adult</td>
</tr>
<tr>
<td>NE3</td>
<td>“If we are at a restaurant and Kevin and KJ wants to get a burger, that’s fine, just not all the time”</td>
<td>Awareness of nutrition principals</td>
</tr>
<tr>
<td>NE4</td>
<td>“My personal diet is one of seafood in terms of protein, I am a seafood person”</td>
<td>Practicing good nutrition habits as an adult</td>
</tr>
<tr>
<td>NE5</td>
<td>“Every now and then, Like a couple of weeks ago, I made a turkey meatloaf; we had pulled pork one Sunday; I put a pork roast in the crock pot, but I don’t eat a lot of it”</td>
<td>Improving adult habits and nutritional principals, practicing moderation in diet</td>
</tr>
<tr>
<td>NE6</td>
<td>“I’m a homemade girl, I cook all the time”</td>
<td>Good nutritional habits and principals</td>
</tr>
<tr>
<td>NE7</td>
<td>“I go to Defieos poultry store to get all my fresh meat, I don’t buy my meat in the grocery store”</td>
<td>Nutrition awareness (fresh meat) Improvement of adult habits</td>
</tr>
<tr>
<td>NE8</td>
<td>“I got crazy when I got to Kent (college), I gained 25 lbs as a freshman. At the University everything was starch..potatoes, rice, noodles…Fast food, cocktails, I knew it wasn’t healthy”</td>
<td>“I knew it wasn’t healthy” Understands nutrition principals</td>
</tr>
<tr>
<td>NE9</td>
<td>“Diabetes took over, then the surgery; I had to do a whole life change”</td>
<td>Improved adult habits</td>
</tr>
<tr>
<td>NE10</td>
<td>“I have a daughter who’s heavy; Kendal’s lost a lot of weight; she knows how to read labels and fat grams”</td>
<td>Nutrition principles, improved child development, nutrition education</td>
</tr>
</tbody>
</table>

In Table 2, responses NE1 through NE10 clearly reflect the participant’s knowledge of nutrition and healthy habits. She states that she cooks her food homemade.
and limits the amount of red meats and pork her family eats. In Table 1, the participant’s response in HE5 connects with the responses in Table 2 in the discussion about maintaining a healthy weight through proper diet. In response NE8, the participant was discussing her poor eating habits while she was in college. It’s not that she didn’t know the food she was eating was not good for her, as she clearly states in this response that she knew it was unhealthy. Her reasoning for eating the way she did was associated with the fact that as a child, she and her siblings never had the opportunity to eat fast food and junk foods, so she saw it as an opportunity to indulge in a new experience of ordering pizza, eating starchy foods, and drinking alcohol.

I found that although the participant had her nutrition needs met as a child and through her responses it is evident that she is very knowledgeable about proper nutrition and exercises good eating habits, I did not get a definite conclusion that her nutrition awareness was either a direct or indirect result of the Head Start program. Nevertheless, the nutrition component’s goal is quite evident in the participant’s lifestyle.

**Head Start Education Goal: To Ensure Children Possess the Skills, Knowledge, and Attitudes Necessary for Success in School and for Later in Life**

Table 3: Evidence of Education shows 10 responses (EE1 – EE10) that indicate the participant possesses the skills, knowledge, and attitude necessary for success in school and for later in life. In 5 responses (EE1, EE2, EE4, EE9, and EE10) the participant clearly gives credit for attaining positive educational outcomes to the Head Start program. There are 4 responses (EE5 – EE8) that prove the participant’s attitude about educational success is imposed on her children and still apparent in her own life.
Table 3: Evidence of Education

<table>
<thead>
<tr>
<th>Code</th>
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<th>Researcher’s Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE1</td>
<td>“I am referring to my educational success; Head Start for me was the beginning of an amazing academic journey”</td>
<td>Attitude is feeling of academic success</td>
</tr>
<tr>
<td>EE2</td>
<td>“I can remember circle time, learning shapes, colors and letters”</td>
<td>Provided skills and knowledge as a Head Start child</td>
</tr>
<tr>
<td>EE3</td>
<td>“As I transitioned into elementary school, I was told that I was gifted and talented”</td>
<td>Provided support to feed into self image which affects attitude</td>
</tr>
<tr>
<td>EE4</td>
<td>“Because I was not getting much school preparation at home, I contribute all my academic success to Head Start”</td>
<td>Head Start provided support needed to develop skills, knowledge and positive attitude toward education</td>
</tr>
<tr>
<td>EE5</td>
<td>“If it were not for her (grandmother) walking me to school, proving that my education for her was a priority, I would not have the drive that I have for my own children’s education”</td>
<td>Values education, an attitude that now impacts participant as a parent</td>
</tr>
<tr>
<td>EE6</td>
<td>“There are times when I’m at the school every day” (child’s school)</td>
<td>Parent participation is valued in Head Start; Learned behavior from grandmother’s participation</td>
</tr>
<tr>
<td>EE7</td>
<td>“I have made it clear to my children that that successful education, aside from their Christian faith, is my highest expectation for them”</td>
<td>Sharing education values with children; Instilling necessary attitudes about education into her children</td>
</tr>
<tr>
<td>EE8</td>
<td>“I am a chaperone, volunteer, donator, booster club officer, among other things at both my children’s schools”</td>
<td>Parent participation, supporting children’s academic activities</td>
</tr>
<tr>
<td>EE9</td>
<td>“I know that the Head Start staff, environment and overall philosophy was the saving grace for my life”</td>
<td>Academic attitude instilled into participant; participant gives Head Start credit for successful academic foundation</td>
</tr>
<tr>
<td>EE10</td>
<td>“When I look at how different I am from my siblings, the one difference is my academic and social preparation from Head Start” “I’m so thankful for Head Start”; if it had not been for my beginning, my middle and anticipated ending would not be successful”</td>
<td>Received skills and necessary attitudes for academic success, where as participants siblings did not. Siblings were not successful in academics or life.</td>
</tr>
</tbody>
</table>
today. During the interview, the participant also states that she has a Master’s degree and will be pursuing a Doctorate in the near future.

The education component is the heart of the Head Start program. This is the main area of concentration in past research concerning the effectiveness of Head Start. The education component strives to ensure children possess the skills, knowledge, and attitudes necessary for success in school and later in life. According to Head Start’s whole child educational approach, succeeding academically requires a child to be in good health and nutritionally sound.

In Table 3, the participant’s responses reflect a strong sense of academic success to the Head Start program. In three responses, EE1, EE4, EE9, and EE10, the participant is direct in her acknowledgement of the positive role the program has played in her life. Responses EE5 – EE8 show evidence of long term impact in the attitude the participant has about education, being active in her child’s school regularly, just as her grandmother stayed active in her preschool classroom. The participant stated in the interview that she was going to pursue a Doctorate degree in the near future. From the participant’s Head Start experience to present day, education has been a top priority in her life and has made it a high expectation for her children. Table 3 displays overwhelming evidence that the education component goal has been met in the participant’s life.
Head Start Family Partnerships Goal: To Support Families by Working Collaboratively With All Participating Parents to Identify and Continually Access Services and Resources That Are Responsive to Each Families’ Needs, Interests, and Goals

Finally, Table 4: Evidence of Family Partnerships illustrates 5 responses (FPE1 – FPE5) that informs the research that the participant and or the participant’s family received some form of support from the Head Start program by way of referrals made by the program to community resources. The referrals made for the family, were responsive to the need of the participant and/or the family. In 2 responses (FPE2 and FPE5) it is evident that the program is credited for the supportive services offered to the family during specific times of need for assistance. There was no evidence of long term effects indicated family partnerships area, but looking at the purpose of crisis intervention (which was the nature of support documented in this interview) the goal is to meet immediate needs. By meeting immediate needs, families are able to reach longer term goals.

The aim of family partnerships component is to ensure families develop the tools necessary to overcome life obstacles that could potentially interfere with their child’s academic success. Families work with program staff to develop goals and establish plans to achieve the goals while they are in the program. The goals could be anything from a parent wanting to obtain a high school diploma, to preparing for future home ownership. This component area also strives to link families with community resources that assist families in stabilizing crisis situations, and on-going support.
Table 4: Evidence of Family Partnerships

<table>
<thead>
<tr>
<th>Code</th>
<th>Interview Transcript</th>
<th>Researcher’s Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPE1</td>
<td>“My grandmother benefitted from every low income, anti-poverty program there was”</td>
<td>Program provided support to family on different occasions</td>
</tr>
<tr>
<td>FPE2</td>
<td>“I remember someone telling her (grandmother) to go see if they (EOPA) can help you; not only did they pay her rent”</td>
<td>Assistance with family crisis</td>
</tr>
<tr>
<td>FPE3</td>
<td>“She got several times, the HEAP program; my grandmother was on HEAP until the day she died”</td>
<td>Program responsive to grandmother’s needs</td>
</tr>
<tr>
<td>FPE4</td>
<td>“I am so blessed to have benefitted from so many social programs for low-income families in our community”</td>
<td>Continuously had access to services in the community</td>
</tr>
<tr>
<td>FPE5</td>
<td>“The adults in and out of the Head Start classroom / center enhances through the many services afforded to each family”</td>
<td>Family’s needs and interests were met by the program</td>
</tr>
</tbody>
</table>

Table 4 shows that there was a partnership developed between the participant’s family and the program. Responses FPE1 – FPE3 reveal the component area goal was met in that the program assisted the family in identifying and accessing services needed to help them overcome some of there life obstacles. Responses FPE4 and FPE5 give credit to the Head Start program and other social programs for providing low income families an opportunity to benefit and make it through negative life circumstances.

The participant often contributed her success to the Head Start program. In attempting to analyze the responses in each program component area individually, the comprehensive nature of the program became more apparent. When a child is in good health (health component), not focused on hunger (nutrition component), and parents have the proper tools and support to deal with life obstacles (family partnerships), and
children are exposed to a learning environment that equips them with skills, positive attitudes and knowledge (education component) then a child has the best opportunity to succeed in life. During the interview, the participant reflected on the attitudes of impoverished people in the late 1960’s as that of a “time when programs such as Head Start were considered a “blessing” to participate in where as now, people do not appreciate the holistic approach of a program that cares about your health, your eating, the family and the babies learning”. This statement by the participant suggests that she, for one, understands the effectiveness of the comprehensive approach of Head Start and secondly, that this is the reason for her success in life.
CHAPTER V

DISCUSSION AND CONCLUSION

The major findings of this case study of a program participant who was enrolled in the Head Start program at age three in 1968, three years following the launch of the program are: (a) the positive impact of the Head Start program on the participant’s attitude toward education and life as a child and continued as an adult, supporting the argument that Head Start produces long term effects; (b) the positive impact of Head Start on the participant’s health, nutrition, and education; (c) the participant attributing her success (success meaning her educational attainment, career and income level, and family dynamics) to the Head Start program’s comprehensive structure.

The participant informed me that she always loved going to school from the time she was in Head Start all the way through graduating high school. She continued to pursue her education well past her high school years. The participant’s responses during the interview revealed her active involvement with her children’s education and their involvement in extracurricular activities such as sports, music, and academic events. The participant reflected on her experiences going to the doctor and dentist on a regular basis. Although the participant has experienced some health related issues during her adult years, she believes that her ability to overcome the health issues was due to her decision to alter her lifestyle and diet for the sake of her health and wellbeing. She has maintained access to a primary care doctor and dentist her entire life.
From the participant’s perspective, if it had not been for Head Start, she does not
know where she would be to this day. She believes that the program has had a positive,
lasting effect on her attitude about education, nutrition, health, and the ability to
overcome hindering life obstacles.

Bradshaw (2006) states that for anti-poverty programs to be most effective, they
must address complex, overlapping sources of poverty. President Johnson’s approach to
combating poverty through programs such as Head Start meant that for the program to be
effective, the minds and attitudes of the program participants needed to be transformed.
The transformation of the mind set on personal health, nutrition awareness, educational
attainment, and awareness of the community and its resources would lead the way for
individuals to break the cycle of poverty and succeed in life. President Johnson’s
approach in addressing illiteracy, hunger, and poor health, which he deemed the causes of
poverty, through the structure of the Head Start program was effective in having a lasting
impact on the program participant in this study.

The Whole-Child approach, which has caused a paradigm shift in effectively
educating the poor, mirrors President Johnson’s in the development of the Head Start
program. The participant’s affirmation of the Whole-Child approach suggests that
President Johnson’s approach to fighting poverty through the Head Start program proves
to be effective in that the participant went from an impoverished childhood coupled with
trauma to achieving a quality of life defined by her academic, family, and life successes.
The participant regarded Head Start participation as the reason why her life turned out on
a positive note. With the assistance of the program, the participant was able to overcome
many of the risk factors stated by Jenson (2009) that are considered barriers to success in
life. The participant was able to develop the mindset to embrace education, maintain a healthy lifestyle, and to overcome life obstacles, which lead her out of poverty and secured her positive attitude about education, health, nutrition and family values.

As Zigler (2010) stated in his brief on the Head Start Impact Study of 2010, the Head Start impact is best measured by the goals set forth by the program. The case study revealed that the participant’s responses surrounding her experience in the Head Start program suggested that the goals of all four component areas in health, nutrition, education and family partnerships were met. The study also revealed that the whole child approach of Head Start to education is indeed effective when structured and implemented according to the goals of the program component areas of; health, nutrition, education and family partnerships.

A proper analysis of the impact of a comprehensive program such as Head Start requires and in-depth look into a participant’s experience in the program. The case study method offers researchers an opportunity to not only examine the end result of Head Start program participation, but it also sheds light on the characteristics of the individual, family dynamics, teacher-child relationships and educational environments of which the participant was exposed that impacted the outcomes of the research. The case study provided the research a detailed description of the avenue that led to the end result. The participant’s responses revealed the progression made from her childhood family dynamics, to her participation in the Head Start program, to the long term impact of the program in her life. Early research such as the Westinghouse Study of 1969 through the period of the Head Start Impact Study of 2010 has fallen short of providing stakeholders with a true understanding of the long-term effects of the program as a whole. Just as
Narayon, Prichett & Kapoor (2009) discovered in their approach to researching successes of the poor from the bottom up perspective provided results that revealed relationships and processes that lead to poverty outcomes; this case study approach also offered insight into the necessary tools of health, nutrition, education and community resources needed to actualize President Johnson’s approach to overcoming poverty.

**Limitations of the Study**

While this case study research shows that the Head Start program has the ability to impact the lives of impoverished individuals, long term, it is merely one case study from one individual’s perspective. This was a self-report from the participant’s perspective. The study suggests that the effectiveness of the program is determined by participants’ individual experiences, which all may all have varying outcomes. Because each Head Start program’s difference in structure in terms of teacher qualifications, hours of service, and process how program participants are selected, the findings of this case study may not be generalizable to other Head Start programs.

**Implications for Further Research**

A recommendation for future research would be to expand on analyzing Head Start impact through the case study method. Using multiple case studies on participants who attended the same Head Start program and compare their program experience to the Head Start program component areas of Health, Nutrition, Education, and Family Partnerships would provide a more in-depth look into determining if the program yields successful results such as the participant in this case study.

In conclusion, this case study suggests that based on the positive impact of the Head Start program on one program participant’s life, the program’s comprehensive
model which addresses the health, nutritional, educational needs of impoverished children and supports families in times of immediate crisis is indeed an effective approach to addressing and overcoming the causes of poverty. Past impact research studies on the Head Start program have not produced adequate results in determining the program to be written off as ineffective. This case study provided an effective approach in highlighting how the goals of each Head Start component area were met in the participant’s life. Future Head Start impact research would benefit from being assessed both structurally, looking at the effectiveness of the program’s model and individualistically, from the perspective of program participants to best determine the true effectiveness of Head Start. Only then will policy makers be able to make an informed decision on the cost benefits and fate of the Head Start program.
REFERENCES


APPENDICES
APPENDIX A

IRB APPROVAL

Office of Research Services and Sponsored Programs
Amherst, OH 44202-3102
(330) 972-7605 Office

NOTICE OF APPROVAL

January 2, 2013

Kathleen Brown
1135 Beardsley Street
Amherst, OH 44201

From: Sharon McWhorter, IRB Administrator
Re: IRB Number 2012-1115 "Life after Head Start"

Thank you for submitting your IRB Application for Review of Research Involving Human Subjects for the referenced project. Your application was approved on January 2, 2013. Your protocol represents minimal risk to subjects and matches the following federal category for exemptions:

☐ Exemption 1 - Research conducted in established or commonly accepted educational settings, involving normal educational practices.
☐ Exemption 2 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.
☐ Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.
☐ Exemption 4 - Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.
☐ Exemption 5 - Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.
☐ Exemption 6 - Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study's design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact me to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exemption application for a period of three years from the approval date. If you wish to continue this protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

Cc: Huey Lui - Advisor
Cc: Valerie Cilmane - IRB Chair

☑ Approved consent form's enclosed

The University of Akron is an equal education and employment institution.
Title of Study: Life after Head Start

Introduction: You are invited to participate in a research project being conducted by Agila Brown, a Masters student in the Department of Education Foundations and Leadership, College of Education at The University of Akron.

Purpose: The purpose of this study will be to gain insight into the level of long term impact the Head Start program has on Head Start participants in regards to health, nutrition, education and crisis intervention. There will only be one person participating in the study.

Procedures: The participant in this study will be interviewed by the researcher, Agila Brown. There will be a total of two interviews each lasting no more than 45 minutes per interview. The interviews will be conducted on 2 separate occasions within a two week period. The following documents may be requested by the researcher to verify health status, nutrition awareness, education level and household income:

1. Current medical and dental records
2. Completion of a food diary chart (provided by the researcher)
3. Education verification (i.e. diplomas, degrees, certifications)
4. Income verification (i.e. recent pay stub, most recent income tax return)

Risks and Discomforts: There may be some discomfort in discussing personal life experiences and sharing confidential documents with the researcher, otherwise there is no known risk that would result in participation in the study.

Benefits: You will receive no direct benefit from your participation in this study, but your participation may help us better understand the long term effects the Head Start program has on families from a participant’s point of view.

Payments to Participants: For participation in this study, the participant will receive a $25.00 gift card at the conclusion of each interview. Gift cards will only be awarded once the researcher has determined the interview session is complete.

Right to refuse or withdraw: Participation in this study is voluntary.

Department of Educational Foundations and Leadership
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Akron, OH 44325-4008
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APPROVED
IRB 12/15

Date

The University of Akron
Anonymous and Confidential Data Collection: Any identifying information collected will be kept in a secure location and only the researcher will have access to the data. Participants will not be individually identified in any publication or presentation of the research results. Your signed consent form will be kept separate from your data, and nobody will be able to link your responses to you.

Confidentiality of records: Data collected from all documents will be kept confidential and in the possession of the participant. Audio recordings of the interview will be kept in a secured location of which only the researcher has access. Once the study has been completed, the audio tape will be erased.

Who to contact with questions: If you have any questions about this study, you may call Agila Brown at (330) 572-8559 or Dr. Huey Li at (330) 972-5220. This project has been approved and reviewed by The University of Akron Institutional Review Board. If you have any questions about your rights as a research participant, you may call the IRB at (330) 972-7666.

Acceptance and signature: I have read the information provided above and all of my questions have been answered. I voluntarily agree to participate in this study. I will receive a copy of this consent form for my information.

Participant Signature Date

APPROVED
IRB 1/24/02
Date
The University of Akron
APPENDIX B

INTERVIEW QUESTIONS

An Exploratory Study of One Participant’s Perspective on Her Experience in the Head Start Program
Interview Questions
Aqila Brown

There were two interview sessions. The first interview session was an informal conversation about the participant’s family history, Head Start experience and current life status in terms of family structure, health status, and knowledge about nutrition, education achievement level, and overall well being. The second interview focused on clarifying responses from Interview 1.

The interviews took place on two separate occasions. The duration of the interviews were approximately 25 minutes to 45 minutes in length. Interview 1 was more of an open ended conversation about the participant’s family background and experience in the Head Start program. The participant also discussed her current life status in terms of health nutrition, education, current family structure and overall quality of life.

The first interview is labeled “Interview Session 1”. The second interview is labeled “Interview session 2”.

Interview Session 1 was an open ended conversation guided by 3 topics of discussion: The participant’s life before their involvement in the Head Start program, the participant’s personal experience in the program, and what life was like for the participant after completion of the program. The interview questions were asked in response to the participant’s conversation about the 3 topic areas.

Interview Session 2 focused strictly on verifying responses from Interview 1 on the outcomes of health status, nutrition awareness, education attainment, and income. The questions during this interview were more intentional.

In the first interview session, the conversation was guided by the questions below. Some of the questions were answered as the participant told her story, therefore were not directly asked by the researcher.
Interview Session 1 Topic 1: Life before the Head Start Program

1. Tell me about your family background as a child and how it has influenced who you are today.

Interview Session 1 Topic 2: Head Start Program Experience

1. Tell me the story of your Head Start program experience.

2. Talk about what services you received while in the program and how these services impacted your life during your involvement in the program.

Interview Session 1 Topic 3: Life after the Head Start Program

1. Talk about your life in terms of health status, nutrition awareness, education attainment and life obstacles once you completed the Head Start program.

2. How has the Head Start program impacted your life?

In the second interview, the questions asked by the researcher were more intentional and asked for the purpose of clarifying responses from Interview 1.

Interview Session 2: Continuing Discussion of the Head Start Effect.

1. In the first interview, you contributed your success to the Head Start program. Specifically, what success were you referring to?

2. You mentioned several times that your grandmother was a regular presence at your school and with the Community Action Program in Toledo. How has her involvement, if at all influenced your involvement as a parent with your children’s educational experience so far? Give some examples of your involvement in their education.

3. It sounds like you are an advocate for the poor and very appreciative of the support your grandmother gave you in school. Is this the case?

4. You mentioned in the first interview that Head Start was your “Saving Grace”. Explain why you feel this way.
5. Elaborate further on your discussion from the first interview when you stated that Head Start is a program that “looks at the whole picture”.