

# Early Education as a Means of Delivering Health Messages to Low-Income Families



**T**he nutrition education of preschoolers requires the involvement of the young child's primary role models: parents, caregivers and teachers. Nutrition education of parents and caregivers from low socioeconomic groups is particularly important. Socioeconomic status and cultural traditions strongly influence eating habits and, therefore, health, nutrition status and disease rates. In fact, it has been said that socioeconomic status is the single factor with the greatest influence on disease rates.<sup>1</sup> Socioeconomic and cultural diversity in this country dictate that health education programs need to be targeted toward particular populations and tailored to their needs.<sup>2</sup>

Assessment of parents' or caregivers' level of knowledge and needs can begin shortly after a child enrolls in preschool. Parents and caregivers who may not have received nutrition education in the past, who are of low socioeconomic status, or for whom English is a second language may require special attention. A food frequency questionnaire, to be filled out by the parents or caregivers when the child enrolls in preschool, can help educators tailor nutrition education to the parents' and caregivers' needs and level of knowledge. The questionnaire food list must include foods typically consumed in the home<sup>3</sup> and may need to be translated into the parents' or caregivers' native language. It may also be necessary to provide verbal instructions in a common language. Bilingual parents or community volunteers can be a valuable source of information on the foods and eating habits of the target population. This can assist parents and caregivers in describing the typical diet of the family.

Family members and caregivers need both knowledge and skills in order to change their eating and cooking behaviors.<sup>4</sup> A step-by-step demonstration of a new healthful behavior — for example, low-fat cooking — can help them develop new food skills. Parents, other family members and caregivers should be given the opportunity to practice and successfully master new skills, which can help build

self-confidence and self-efficacy, a feeling that can be critical in changing and maintaining a behavior.

Teachers also strongly influence the preschooler's eating behaviors. Providing teachers with materials helps ensure the accuracy and consistency of nutrition information provided to parents, caregivers and young children. The attitudes and behaviors of preschool caregivers during meals and the information that they teach children in the classroom can influence the development of a child's lifelong eating habits.<sup>5</sup> Optimal caregiver mealtime behaviors include eating the same foods as the children do, encouraging children to try new foods, encouraging conversation during the meal, and using mealtime as an opportunity to provide nutrition education.

Preschool children themselves can be taught healthful eating habits in the classroom. The preschool years are a time when children become aware of health-related behaviors. They do not yet understand the concept of health, but they will imitate health-related behaviors they see at home and school.<sup>6</sup> Children can understand the concept of wellness. A positive emphasis works best — for example, discussion of foods that are good to put in our bodies. Children of this age learn better by participating in activities than they do by sitting and listening.

The Project L.E.A.N. (Low-Fat Eating America Now) Nutrition campaign of Orange County (California) Head Start, Inc., reached preschoolers with its low-fat message by educating preschoolers, their teachers and their parents.

## PROJECT L.E.A.N. NUTRITION CAMPAIGN

The Project L.E.A.N. Nutrition Campaign of Orange County Head Start, Inc. (OCHS) was directed toward a target audience of over 3,500 low-income three- and four-year-old children and their families, who were enrolled at the 40 OCHS centers throughout



Orange County, California. Seventy-six percent of the target audience were members of the Hispanic community.

### GOALS AND OBJECTIVES

The Project L.E.A.N. Nutrition Campaign aimed to improve the quality of life and reduce the incidence of nutrition-related chronic diseases among Head Start children and families through low-fat eating and regular physical activity.

### METHODOLOGY

A preschool-level Project L.E.A.N. nutrition lesson plan (in English and Spanish) and food activity for the Head Start classroom were developed by OCHS nutrition specialists. The nutrition lesson emphasized low-fat food choices and physical activity. Teachers showed examples of low-fat foods using food models, picture flash cards, flannel boards, books and Food Guide Pyramid models and posters. Food activities included filling plastic straw “blood vessels” with butter to show how blood vessels can clog from a high-fat diet, and helping make low-fat tortilla chips. An obstacle course was developed to encourage physical activity; children felt their own heartbeat before and after playing on the obstacle course.

Additionally, nutrition specialists at the OCHS centers conducted Project L.E.A.N. workshops for parents. At a Low-Fat Fiesta education program, staff encouraged label reading, offered tastings of a low-fat tortilla casserole, and supplied healthful recipes. The staff at a Get Fit Breakfast supplied parent participants with a low-fat breakfast of fresh fruit, bagels and low-fat milk, discussed the importance of physical activity, and encouraged parents to participate in a warm-up stretch and morning walk.

### RESULTS

The nutrition lesson/food activity was conducted in at least 34 OCHS classrooms and reached over 700 children. Close to two-thirds of OCHS teachers who used the classroom nutrition lesson reported that children were able to name two to four low-fat and high-fat foods after the lesson. All students understood the importance of physical activity. The nutrition lesson and activities have been incorporated into the OCHS nutrition education curriculum for upcoming years.

A total of 207 OCHS parents and families participated in the nutrition workshops. Over 90 percent of the parents stated that they gained new knowledge and found the workshop they

attended to be worthwhile and easy to follow. The parents reported plans to use the nutrition information from the workshop to cook and eat more low-fat foods, read labels and increase exercise. Several parents started walking groups. The family workshops currently are offered to parents as an optional class.

### LESSONS LEARNED

“Students modeled their behavior to match their teachers. For example, at the tortilla chip tasting, teachers remarked that they preferred the baked chips, so students said the same. This is why it is so important for teachers to be positive about the foods they eat with their students.

“Factors such as limited income, lack of transportation, child care needs, work schedule, culture and language must be considered when offering services to the parents of a culturally diverse, low-income preschool population. Collaboration with other professionals can help consolidate nutrition education and other topics into fewer classes that are easier for parents to attend.”

— *Natalie Sarle, M.P.H.*  
*Program Director*  
*Orange County Head Start, Inc.*



### REFERENCES

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## QUESTIONS

1. **Which factor is said to have the greatest influence on disease rates?**
  - a. Nationality
  - b. Socioeconomic status
  - c. Genetics
  - d. Weight
  
2. **Which is not necessarily a consideration when developing a food frequency questionnaire for non-English speaking parents?**
  - a. Inclusion of traditional foods
  - b. Translation into another language
  - c. Length
  
3. **How do preschoolers learn best?**
  - a. By participating
  - b. By listening
  - c. By watching videos
  - d. By looking at picture books
  
4. **Which of the following demonstrates optimal caregiver mealtime behavior?**
  - a. Making sure that children finish their meal
  - b. Eating lunch in another room with the teachers
  - c. Eating the same foods as the children do
  - d. Talking about which foods don't taste good
  
5. **What was the goal of Orange County Head Start's Project L.E.A.N. Nutrition Campaign?**
  - a. To improve the quality of life and reduce the incidence of nutrition-related chronic diseases among Head Start children and their families
  - b. To increase physical activity among Head Start parents
  - c. To reduce overweight among Head Start children
  - d. To motivate Head Start teachers to eat healthfully
  
6. **Which was not an indication of the success of the Project L.E.A.N. Nutrition Campaign?**
  - a. Teachers reported that children were able to name low-fat and high-fat foods
  - b. Students understood the importance of physical activity
  - c. Parents stated that the workshops were worthwhile and easy to follow
  - d. Teachers changed their own eating habits
  
7. **Which is not a major barrier to participation in nutrition education programs for culturally diverse, low-income parents?**
  - a. Child care needs
  - b. Culture
  - c. Other priorities
  - d. Language

ANSWERS:  
1. b 2. c 3. a 4. c 5. a 6. d 7. c