

Healthy Educators, Healthy Children: A Pathway to Lifelong Health Starts in Early Childhood

Michelle Kalicki¹, Sarah Irvine Belson², Robin McClave³ & Anastasia Snelling⁴

Abstract

Early childhood development is not only essential for school readiness, but sets the stage for lifelong success across many aspects of a student's life. The long-term impact and significance of quality early childhood education has become a national focus in the United States in recent decades. Numerous policies from the national to the local level have sought to ensure that all children are ready to learn, particularly relative to the value and importance of health. These policies lay a foundation for changes that work to normalize health programming in the preschool years and create the impetus for programs to accomplish the underlying goals so that all children are able to succeed in school. This paper presents some of the changes enacted nationally and locally in Washington, DC and gives a perspective on how to effectively implement staff wellness and nutrition education programming to create healthier early childhood center environments that will support the health and development of the next generation.

Keywords: early childhood, health, educators, nutrition

1. Introduction

Research consistently demonstrates that the care and learning that occurs in a child's first three years of life are essential to their development and wellbeing later in life (Garcia, Heckman, Leaf & Prados, 2016, p. 64-65). Early childhood education settings are unique environments where learning occurs in a much different way than in the K-12 environment (Copple & Bredekamp, 2009). As described in the principles outlined in the National Association for the Education of Young Children (NAEYC) position statement on developmentally appropriate practice, "development and learning result from a dynamic and continuous interaction of biological maturation and experience" (Bredekamp, 1997, p. 34-40). This means early childhood educators have to keep a particularly sharp focus on child health. As the NAEYC policy statement points out, "the physical, social and emotional, and cognitive domains are important and closely interrelated" (Bredekamp, 1997, p. 34-40), which is especially true in the toddler and preschool classroom. Early childhood educators have an opportunity and responsibility to support child development across these areas. While all teachers play an essential role in the lives of the young people they work with every day, early childhood educators have an exceptional opportunity to influence most aspects of a young child's life. From sleep habits to eating habits to emotional development, the influence of an early childhood educator can be transformational. Teachers are expected to provide children with a healthy, caring, developmentally appropriate environment, but do we provide our teachers the resources and education to not only support the children's health and wellbeing but their own, as well?

2. Setting the Stage for Change

Over the past several decades, there has been an increasing focus on the importance of development in early childhood and its lasting effects, but early childhood education is about more than school readiness.

¹ American University, 4400 Massachusetts Ave NW, Washington, DC 20016

² American University, 4400 Massachusetts Ave NW, Washington, DC 20016

³ American University, 4400 Massachusetts Ave NW, Washington, DC 20016

⁴ American University, 4400 Massachusetts Ave NW, Washington, DC 20016, stacey@american.edu, Phone: 202-885-6278

Positive experiences can shape a child's life in the same way that adverse experiences can. As the health of the nation as a whole has declined, more attention has been given to the role of health in early childhood. By building a foundation of health in early childhood, a child is more likely to experience lifelong physical and mental health (Shonkoff, Boyce, & McEwen, 2009), which could lead to lifelong success in many other ways. The National Head Start Association, the nation's revolutionary leader in early childhood development, provides evidence-based guidance for how to create an effective early childhood program. Head Start, which was first launched in 1965, is a comprehensive program providing health, nutrition, and education services to the most vulnerable populations, focusing on the "Whole Child" and the "Whole Family." The four pillars of Head Start are: education, health, parent involvement and social services. While these initiatives have been in place for more than half a century, the most recent emphasis stemmed from former President Obama's 2014 State of the Union address and his subsequent budget proposal where he called for increased access to high quality early education, launching a national commitment.

In the nation's capital, the focus on health in childhood shifted significantly in 2010. In that year, the DC City Council passed the Healthy Schools Act (HSA), landmark legislation which mandated specific nutrition, physical education, and health education standards with the overall goal of reducing childhood obesity and creating a healthy school environment in the K-12 setting. This was followed shortly after with the national Healthy, Hunger Free Kids Act, which was signed into law later that year and paved the way for new standards to be created for school meals. Childhood health was becoming more of a focal point across the country, too. Although the HSA did not directly impact early childhood, the implementation of the HSA drew attention to early childhood health. In 2014, the DC City Council passed the Healthy Tots Act for early childhood. The act provides funding and resources for early childhood settings to implement their own wellness standards. To assist, the DC Office of the State Superintendent of Education created the Healthy Tots Wellness Guidelines which help steer centers in the right direction by highlighting pertinent areas such as: healthy, tasty meals; physical activity; nutrition education; environmental sustainability; engaging parents in wellness promotion; and ensuring staff receives wellness professional development.

Another local shift occurred in 2017 when Muriel Bowser, the mayor of DC, launched the "Thrive by Five" initiative. The mission is to "ensure that every family in the District is knowledgeable of and connected to programs and resources, ranging from maternal health to early childhood supports, needed not only to survive, but thrive." As a result of these policies and the change in the local and national conversation around childhood health, the environments of early childhood centers and schools are advancing the inclusion of health in the classroom, on the playground, and during mealtimes.

To facilitate the advancement of these policies and create healthier center environments, our team from American University received funding to collaborate with 12 Early Head Start centers in DC over the course of 18 months. Much of the attention in early childhood is on the child and families, which is needed and warranted. Having previous experience working with schools to create healthy environments though, our philosophy has been to focus on the care of teachers first. Supporting early childhood educators in "creating a caring community of learners" allows for the development of an environment where teachers and families work together to promote learning and development (Copple & Bredekamp, 2009). As the early childhood educators are the permanent residents of the early learning centers and may spend anywhere from eight to ten hours a day with the children, *their* health and wellbeing are paramount to creating a healthy atmosphere.

Building on this foundation, there are three major components we identified that should be addressed when considering wellness in early childhood: staff wellbeing; nutrition education in the classroom; and positive mealtime experiences. The purpose of this article is to describe these components and how they have been implemented.

3. Building the Foundation for Child Health

3.1 Focusing on Staff Wellbeing

As with most workplaces, the age, ability, motivation, and health status of the staff varies greatly; therefore, developing a staff wellness program that focuses on the whole person, is personalized, and is accessible to all employees is essential.

Moreover, the goal is not only to inspire changes in the health behaviors of individuals but to create physical and social environments that support the health and wellbeing of employees, which will in turn facilitate child development.

The health of the staff may influence their ability to excel in their roles and can affect the health of the students. Everyone has different priorities when it comes to changing health behaviors; some may want to add more steps to their day as a preventative measure while others are hoping to lower their blood sugar levels. To create an effective program with a focus on the educator as a whole person, just as developmentally appropriate practices focus on the whole child, each individuals' emotional, physical and social wellbeing have to be recognized.

One way to reach these goals is to implement monthly staff challenges to engage the educators and allow them the opportunity to consider their own health needs. These can also be, as one of the educators in our program put it, "a wonderful coworker activity." Each month, the staff could be tasked with focusing on a different aspect of wellness by participating in a related challenge. A "Rethink Your Drink" water challenge, which raises awareness on the importance of staying hydrated and challenges the educators to drink more water throughout the day, can be a simple way to start.

Each challenge should utilize different strategies to motivate the educators in different ways. The water challenge, or a pedometer challenge to increase physical activity, can be a competition among peers; each person that reaches their water goal or takes the most steps for the week could be recognized. Other months can be more educational with a self-care component, such as "Get Your Zzz's," which underscores the importance of a full night's sleep and provides the staff with tips to help them reach their sleep goals. Additional topics may include stress management, mindful eating practices, and how to incorporate more healthy habits into their daily routines. Using these strategies, this program showed promising results among the centers we worked with. There was increasing interest and participation each month on what the new focus would be and a noticeable shift in attitudes toward wellness in general. A survey conducted at the end of the program period showed that a majority of participants felt they had changed their corresponding behaviors as a result of the challenges introduced. Moreover, anecdotal accounts from the educators revealed the influence of the program on their attitudes and their appreciation for the focus on their own health and wellbeing.

With limited time and resources, as are common barriers in early childhood, the monthly staff challenges can be simple to implement and have a positive impact on the overall morale of the early childhood center staff. The investment to care for educators can have multiple rewards, especially for the children who we entrust with their care. Early childhood educators' wellbeing cannot be forgotten among the other demands that are placed upon them; for their sake or for the sake of the children they teach and nurture. By assisting teachers in reaching their own wellbeing goals, this may lead to a higher likelihood that they will feel empowered to focus on the health and wellbeing of the children in their care, as well.

3.2 Demystifying Nutrition Education in the Classroom

According to Sharma et al. (2013, p. 561), one of the biggest deterrents to early childhood educators teaching nutrition in the classroom is a lack of training and/or knowledge on the subject of nutrition education; however, teachers do have a responsibility to ensure that children create healthy habits related to children's physical health, including the food they consume. This is not an innate skill, though. Professional development for early childhood educators should include aspects of how to incorporate nutrition topics into the classroom in a developmentally appropriate way. The main purpose of this initiative is to change the way nutrition education is thought about; to help demystify the idea of what nutrition education means for the zero to three age group. After just one professional development session, the educators we worked with were excited about the new knowledge they gained and felt more confident in their ability to incorporate nutrition into daily activities. In addition, our team visited every center and showed the educators simple activities to engage the children in talking about healthy eating. Modeling these activities in each center also helped to break down the previously acknowledged barriers. Educators began to talk more on a daily basis about nutrition concepts at mealtime and beyond. The objective of nutrition education is to foster a healthy relationship with food.

The traditional efforts of reading food-related books and providing opportunities for dramatic play with toy food contribute to this development. Exploration and play are key components of the early childhood learning environment and allow children to learn about the world in different ways (Copple & Bredekamp, 2009). Providing developmentally appropriate resources to early childhood centers to help meet this objective is one step; but incorporating nutrition-based, teacher- and student-lead activities into the classroom, such as interactive songs, scavenger hunts, and other standards-based games, must be part of the shift as well.

3.3 Positive Mealtime Experiences

The most important aspect of creating a healthy relationship with food comes during mealtime. Along with nutrition education, this is another topic that should be discussed in continuing education trainings particularly because as adults, educators often have their own biases towards foods. It's important to help them understand how this can influence the children in their classrooms. As has been established (Schwartz, Scholtens, Lalanne, Weenen & Nicklaus, 2011, p. 796), many habits are formed in early childhood that remain with children throughout their lifetime. To exemplify this point during trainings, educators might be asked to think of a food experience from their childhood that still affects them. Inevitably, there may be some who talk about not eating a specific food to this day after they were forced to eat it so much of it as a child or it was served in an unappetizing way. Many years later, these experiences from childhood still influence the educators' nutrition habits. These are teachable moments and provide the impetus to start a discussion of best practices during mealtimes with the children. Establishing the important role the educators play and the knowledge they bring to the table is critical; there are standard best practices, such as repeated exposure to foods children are resistant to, but they are the experts on the children they work with every day. Asking how often they utilize each strategy and having fruitful discussions about ways to overcome the barriers they face is a more impactful approach.

One approach we used was an "I Tried My Vegetable Today" poster. In our observations, vegetables were typically the least appetizing item to a child during lunch, and this helped to motivate the child with a small incentive. Every time the child tried their vegetable, they were able to place a sticker next to their name on the chart. We instructed the educators, however, to simply nudge the child. By requiring them to clear their plate, it would likely have an adverse effect but by celebrating a simple bite or two, as promoted by the United State Department of Agriculture's "Two-Bite Club," this could invigorate more exploration of foods in the future.

4. Lessons Learned from Implementation

Through the implementation of these components in the centers in DC, we have learned many important lessons. First of all, if a program is being implemented externally by a community partner, relationship building is key. We approached this program understanding that we needed to gain the trust of the educators with whom we collaborated with and genuinely listen to their everyday experiences. The insight the educators shared helped us provide them with a more meaningful program. In accordance with getting to know our educators, it became very clear that a cookie-cutter program would not work; there is no single strategy that works with every child, every educator, or every center. For a program to be effective, it must be adaptive. Each center is unique in terms of size, location, and personnel, among other characteristics. For any wellness challenge that may be restrictive for some, an alternate option should be provided; for instance, giving participants different options for how to track their steps during the pedometer challenge. Finally, for true change to occur, sustainability of a program must be thought of from the onset. For a program to thrive, there must be support from the leadership. If the leadership of a school or organization is not in full support of a program, it is difficult to garner full participation from the staff. Another essential part of sustainability is simplicity. Early childhood educators have a lot to worry about every day; nurturing and educating children is a difficult task. We designed this program in a way so that any additional trainings can be incorporated into their regularly scheduled professional development. From our experience, these trainings have been a welcome addition for the educators to learn something new. Our goal is for this model to be used by others to break down the barriers of nutrition and wellness in the early learning setting and help improve health outcomes for all involved.

5. Conclusion

The importance of early childhood learning and experiences is not a new concept. The non-profit organization Zero to Three, an organization aimed at advancing the science and policy surrounding a child's first three years of life, ranks each of the US states with strong state-level policies providing quality care and education as "healthier" than those that do not (Keating et al., 2019). Washington, DC, where this work is focused, was rated among the top states for Strong Families, but ranked as "Improving Outcomes" (the third tier) for health and early learning experiences. Although DC is in a good position, there is opportunity to improve health. Unlike in K-12 education, though, there is less standardization in what early childhood education looks like. Through our work, one thing is clear: taking care of the educators should always be a priority.

For eight to ten hours a day, they are the primary caregivers for the children. To ensure the health of the infants and toddlers in their care, and to truly support the "whole child," it is essential that we take care of the "whole educator" as well.

References

- Bredenkamp, S. (1997). NAEYC issues revised position statement on developmentally appropriate practice in early childhood programs. *Young Children*, 52(2), 34-40.
- Copple, C., & Bredekamp, S. (2009). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8*. National Association for the Education of Young Children. 1313 L Street NW Suite 500, Washington, DC 22205-4101.
- García, J. L., Heckman, J. J., Leaf, D. E., & Prados, M. J. (2016). *The life-cycle benefits of an influential early childhood program* (No. w22993). National Bureau of Economic Research.
- Healthy, Hunger-Free Kids Act of 2010. Pub L No. 111-296. [Online]. Available: <https://www.fns.usda.gov/school-meals/healthy-hunger-free-kids-act>
- Keating, K, et al. (2019). *State of Babies Yearbook 2019*. Washington, DC: ZERO TO THREE. [Online] Available: https://stateofbabies.org/wp-content/uploads/2019/03/State_of_Babies_Yearbook_full_digital_download_2.28.19.pdf
- Schwartz, C., Scholtens, P. A., Lalanne, A., Weenen, H., & Nicklaus, S. (2011). Development of healthy eating habits early in life. Review of recent evidence and selected guidelines. *Appetite*, 57(3), 796-807.
- Sharma, S., Dortch, K. S., Byrd-Williams, C., Truxillio, J. B., Rahman, G. A., Bonsu, P., & Hoelscher, D. (2013). Nutrition-related knowledge, attitudes, and dietary behaviors among head start teachers in Texas: a cross-sectional study. *Journal of the Academy of Nutrition and Dietetics*, 113(4), 558-562.
- Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA*, 301, 2252-2259.