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RESEARCH TO PRACTICE SUMMARY

Comparing Louisana and Pennsylvania Head Start Teachers' Physical and Mental Health

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Racial disparities have been found to exist within the health care setting; this paper investigates the existence of such differences among Head Start (HS) staff in terms of health and wellness. The purpose of the study was to compare physical health indicators from a Louisiana HS sample to a previously published data set of Pennsylvania HS staff (Whitaker et al., 2013). We surveyed a predominately Black (85.6%) group of HS teachers (N = 195) using a modified questionnaire developed by a Pennsylvania research team. The responses were analyzed against a national reference and Pennsylvania group of HS teachers (Whitaker et al., 2013). Results indicated that HS teachers have a higher prevalence of health-related problems than the national sample. However, our sample of Black teachers in HS start classrooms experienced worse physical health than White women with similar characteristics (age, marital status). These results have profound implications regarding health disparities and the physical well-being of HS teachers.

Keywords: Head Start; racial disparities; health outcomes; Louisiana

INTRODUCTION

Preschool Teacher Health and Wellness

While the benefits of early childhood education have been well documented, there is less clear research being done on the educators who deliver services to young children. There is a paucity of research in terms of preschool teacher well-being, both from a physical and emotional perspective. In fact, in a review of the literature pertaining to preschool teacher well-being, the field of published research was described as "deeply fragmented", "narrow", and "limited" (Hall-Kenyon et al., 2013). Therefore, it is important to understand the characteristics of the individuals educating this population.

Preschool teachers are fundamental in the developmental of young children, and their mental health can directly impact the children they work with. For example, previous research found that teachers who have struggled with depression were more likely to request that students be expelled from the preschool environment (Silver & Zinsser, 2020). When HS teachers do not have access to specific interventions such as institutional support or social-emotional support, they are more likely to report burnout (Sandilos et al., 2020). A lack of job control, poor relationships with co-workers, and teaching a higher number of children, perceived as challenging, have been found to negatively affect early childhood teachers' mental health (Schaack & Stedron, 2020). Additionally, teacher-related stress has negatively impacted the quality of the teacher-student relationship and classroom dynamics, namely the emotional climate within the classroom (Penttinen et. al, 2020).

These factors led researchers in Pennsylvania to investigate the health status of HS staff (Whitaker et al., 2013). Specifically, they sought to compare a group of women working in HS to a national sample of those with similar sociodemographic characteristics (e.g., age, education, race/ethnicity, and marital status). They were interested in determining if there was a higher prevalence of reportedly poor health, sick days, depression, and specific health-related variables such as obesity, asthma, hypertension, and diabetes. The results suggested that the HS sample had a significantly increased prevalence of overall health indicators compared to the national sample (Whiter et al., 2013). These findings suggest that higher levels of physical health problems would impair a teacher's ability to participate in classroom activities and their ability to model good health habits (Whitaker et al., 2013). Furthermore, a higher incidence of mental health problems (e.g., depression) could lower a teacher's sensitivity to the child-teacher relationship and interfere with promoting healthy emotional regulation in children (Harding et al., 2018). Moreover, these health and wellness indicators suggest undesirable effects on school readiness and overall child development.

The current study used the questionnaire designed by the Pennsylvania study (Whitaker et al., 2013) to compare a sample of predominately Black HS teachers to that of a predominately white HS sample. The study examined the two sample's current health status, number of physical health conditions, number of unhealthy days, number of work absences due to illness, and the presence of depressed mood. The questions in both the current study and the Pennsylvania comparison study were modeled on similar items using either the National Health Interview Survey (NHIS, 2011) or the Behavioral Risk Factor Surveillance System (BRFSS; Pickens et al., 2018). These two surveys were chosen for their capacity to compare findings between the current study results and those of the national surveys.

CURRENT STUDY

The purpose of our study was to explore HS teachers from Louisiana against a previous studied group of HS teachers from Pennsylvania, examining numerous health variables.

Study Design

As part of an agency-wide health and wellness program, Louisiana teachers were surveyed using a modified version of the survey created by Whitaker et al (2013) about their pre-existing health conditions and current physical health status (see full article for questionnaire). Comparisons were then made between the current Louisiana sample, and those reported in Whitaker et al (2013). Both groups contained a majority of female subjects; this was an expected finding as HS employs over 84% of women (Head Start, n.d.). The Pennsylvania and Louisiana samples were similar in composition, with the only difference being race. The Pennsylvania sample was predominately white, whereas our study was predominantly Black. The purpose of comparing these samples was to determine if the Louisiana sample experienced a higher prevalence of health-related problems when compared to the Pennsylvania sample as well as to the national comparison group. We also wanted to ascertain if Head Start teachers have different health conditions and access to health care based on their race.

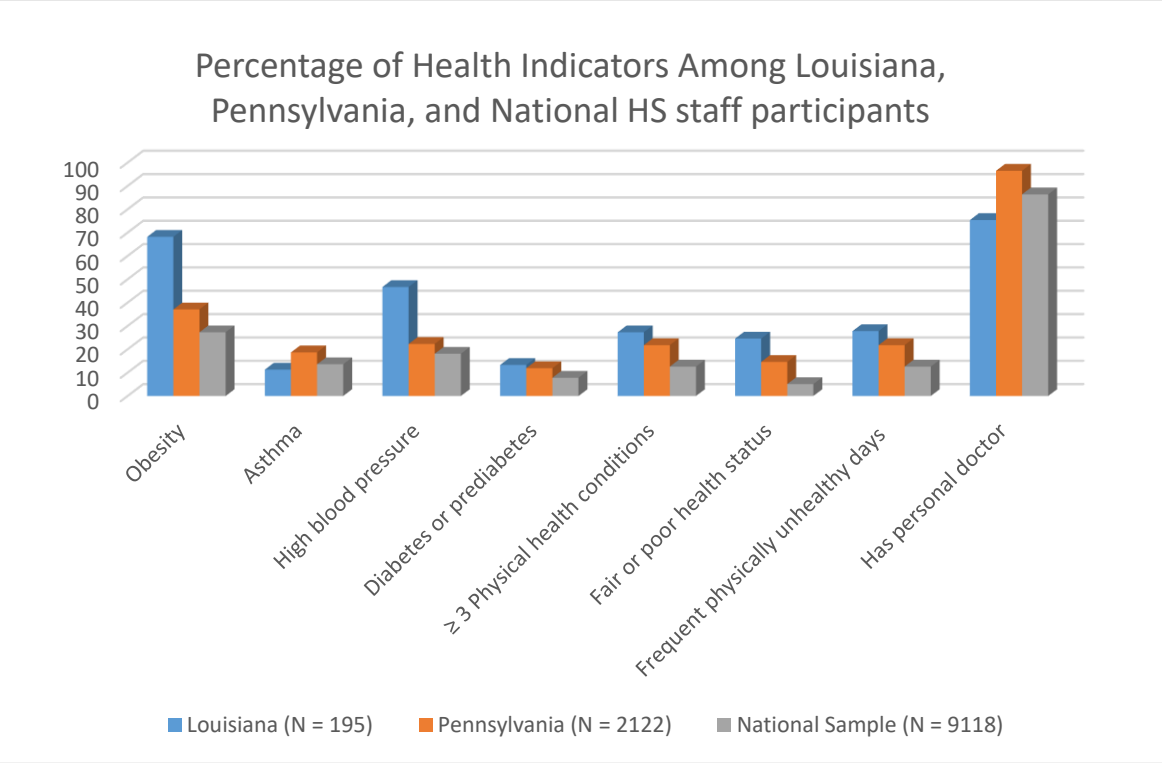
Participants

HS staff from 11 centers in a medium-sized city in Louisiana were surveyed. Paper and pencil surveys were used due to the lack of consistent access to the internet across centers. A total of 195 valid surveys were returned and utilized for analysis purposes. Completed surveys represented an 86.6% completion rate. The surveys were administered during a back-to-school orientation training for all 11 HS Centers. The survey was administered to the group as a whole, so individual Center response rates were not calculated.

Study Questionnaire

A modified version of the "Pennsylvania Head Start Staff Wellness Survey" was used in order to obtain information regarding the physical and mental health of HS teachers (Whitaker et al., 2013). The current survey included demographic variables and questions regarding physical and mental health, healthcare access, and how these factors affected work. The present sample was compared to the 2011 version of the NHIS (CDC, 2011) and the Pennsylvania study (Whitaker et al., 2013) sample.

KEY FINDINGS



Note. The national reference sample was surveyed in 2011; the Pennsylvania sample was surveyed in 2012; the Louisiana sample was surveyed in 2019.

In general, teachers in Louisiana were at much higher risk for health-related problems than those in Pennsylvania and National samples and the primary difference between the groups was race. The National reference sample was 12.8% Black/African American, the Pennsylvania sample was 6% Black/African American, whereas the Louisiana sample was 85.6% Black. Regarding Health-Related Quality of Life indicators, the Louisiana sample had significantly higher rates of obesity (68.2%), and High Blood Pressure (46.7%) compared to the other samples. Additionally, 24.6% of the Louisiana sample reported fair to poor health status, whereas only 5.1% (National sample) and 14.6% (Pennsylvania sample) reported such health status. Finally, mirroring the results of the Pennsylvania Sample (96.5%), significantly fewer Louisiana teachers reported a personal doctor (75.4%) than the National Reference sample (86.4%).

Teacher Mental Health

In the present study, teachers were asked to describe their mental health regarding poor, fair, good, very good, and excellent. Of the 195 respondents, 9.8% reported poor to fair, 38.5% reported good, 32.8% reported very good, and 18.5% reported excellent. For comparison purposes, the Whitaker and colleagues (2013) sample had 23.5% of respondents endorse depression as diagnosed by a health professional.

SUMMARY AND RECOMMENDATIONS

Replicating the findings of the Pennsylvania study (Whitaker et al., 2013), the Louisiana HS teachers experienced higher levels of physical health conditions and poorer health-related quality of life indicators than the national reference sample. Furthermore, our findings suggest that when compared to HS staff from Pennsylvania with similar age, education, and job position, our sample had significantly higher rates of obesity and high blood pressure and reported higher rates of fair to poor health. Our sample generally had less access to a personal physician. It is important to note that both the national and HS Pennsylvania samples were majority white, while the HS Louisiana sample was majority black. These significant discrepancies highlight a racial disparity in health care among HS teachers. Racial disparities in health and health care arise from institutional discrimination, the unequal geographic distribution of medical resources, pathophysiology, economic status, insurance coverage, and differences in trust, knowledge, and familiarity with medical procedures (Smith, 1998). This racial health disparity can affect not only the teachers' well-being but also the children they serve. The Pennsylvania study suggested that the poor health status of preschool personnel may ultimately affect the healthy development of the students (Whitaker et al., 2013). Cutler & Lleras-Muney (2014) suggested that education and health are interconnected in that higher education levels create opportunities for better health (e.g., better jobs, higher pay) and improves social (e.g., increased social connectedness and conscientiousness) and emotional health (e.g., better stress management, higher self-esteem). The higher rate of health problems in our predominantly Black HS teacher sample places the children they serve, who are already considered disadvantaged, at even more risk for opportunity gaps and poor developmental (health and educational) outcomes.

The Pennsylvania study noted higher rates of depression compared to the rates seen in the national reference sample. Specifically, 23.5% of the Pennsylvania sample reported being diagnosed with depression by a healthcare professional, whereas the national reference sample only reported 17.6% (Whitaker et al., 2013). In comparison, only 9.8% of our sample reported poor to fair mental health, suggesting that 90% had at least good mental health. This finding was surprising because we expected our sample's problematic mental health status to be rated higher than the Pennsylvania sample. Future studies may wish to explore buffering factors, such as the role of community and religion in certain regions, such as in the south, that insulate individuals against negative mental health stressors.

Conclusions and Future Directions

This study provides additional evidence for the need to address HS teachers' health. Our predominantly black sample is at risk for multiple health-related problems that could potentially impact the already disadvantaged children they educate. Continued efforts are needed at the local, state, and national levels to improve access and education regarding the importance of health and a healthy lifestyle. However, the research is still quite limited on the effects of interventions targeted to improve teachers' health. In addition, more research must be conducted to uncover what specific teacher health behaviors (i.e., exercise, healthy diets) have the greatest impact on children's development. Since both groups of HS teachers report more unhealthy days in comparison to the national sample, effort should be made into understanding the stress associated

with being a preschool teacher and perhaps, specifically a HS teacher. All HS centers should make health and wellness a priority. Centers could appointment a 'Wellness Coach', discussion health and wellness at weekly staff meeting, and invite staff to think of ways to help create a culture of wellness within their center. Our results indicate the HS teachers are an 'at risk' group and great effort needs to be made in terms of institutional health and wellness programing. Based on the results of this study, future programing should target both mental health as well as physical health.

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