

# HEALTHY LEARNERS

---

A Whole Child Approach to  
Reducing Disparities in  
Early Education

---

Robert Crosnoe  
Claude Bonazzo  
Nina Wu



# Contents

## Acknowledgments

	v
<b>1. Promise and Peril in Early Childhood Education</b>	<b>1</b>
Voices	1
A Call for Action	1
The Expansion of Early Childhood Education	6
Shining the Light on Educationally Vulnerable Populations	11
The Importance of Health and Education	17
A Few More Words Before Moving On	24
<b>2. A Developmental Take on Early Education and Inequality</b>	<b>27</b>
Voices	27
Opportunities and Challenges	27
Linking Health to Education with an Eye to Inequality	29
A Spotlight on Preschool-Aged Mexican Immigrants	37
A Theoretical Blueprint	51
<b>3. A Portrait of the Early Childhood Population</b>	<b>55</b>
Voices	55
The Children in Question	55
Early Childhood Disparities in Health	60
Early Childhood Disparities in Education	66
Relations Between Early Disparities	70
<b>4. The Links Between Early Health and Learning</b>	<b>73</b>
Voices	73
Digging Into the Data	73

A First Look at Health and Education Across Diverse Groups of Children	74
Digging Deeper	78
<b>5. Mechanisms Linking Early Health and Learning</b>	<b>87</b>
Voices	87
The “Why?” Question	87
Family–School Disconnects	88
Teachers’ Frustrations	91
Mothers’ Perspectives	97
Family–School Miscommunication	100
Conclusion	104
<b>6. What Needs to Be Done, What Can Be Done</b>	<b>107</b>
Voices	107
Searching for Solutions	107
Health Promotion as a First Step	108
Integrating Systems	114
Investing in Teachers and Parents	117
Conclusion	121
<b>7. Looking Back and Moving Forward</b>	<b>123</b>
Voices	123
The Larger Context	123
An Overview of What Was Found	125
A Reflection on Remedies	130
A Blueprint Reconsidered	133
<b>Notes</b>	<b>137</b>
<b>References</b>	<b>141</b>
<b>About the Authors</b>	<b>152</b>

# Promise and Peril in Early Childhood Education

## VOICES

Well, there are, I would say there are scopes, right. For example, at home the most important function is to take care of his health and his physical and mental stability. But that's like one part of it, right, then comes the educative aspect, how am I going to shape him, how am I going to talk to him. So for me it is to take care of his physical and mental health. I mean it's the . . . the role that I'm doing, and now that he's in school, we'll continue to strengthen and supporting his formation, I mean academically.

—Ms. Rojo, mother of a 4-year-old attending public pre-K in the Southwestern Independent School District (SWISD, a pseudonym), discussing what she views as the complementary roles she and the teachers play in preparing her child for the future

I feel really frustrated for him. I feel like there is not much I can do to help. I think that when I first started teaching I would get more frustrated with the parents . . . and just from having worked with this particular population over the years I understand now the reasons and so I think it makes me more frustrated with our health care system in general and the position that it puts the parents in and then the students and coming to school feeling miserable.

—Ms. Mueller, a high-rated<sup>1</sup> bilingual teacher in the SWISD public pre-K program, discussing how she has struggled to prepare a young student who suffers from chronic health issues to enter kindergarten

## A CALL FOR ACTION

In his 2013 State of the Union address, President Obama made a call to arms for early childhood education (ECE). “Tonight, I propose working with states to make high-quality preschool available to every child in America.

Every dollar we invest in high-quality early education can save more than seven dollars later on.” These two sentences crystallized the argument that early education advocates have made for years: Investing in ECE is smart money.

ECE programs—formal and informal, public and private—are now widely viewed as an effective tool for supporting the long-term educational attainment of young people while also reducing socioeconomic, racial/ethnic, and other demographic achievement gaps in the process (Zigler, Gilliam, & Jones, 2006). As the President noted, these views are backed up by economic analyses that indicate that early educational interventions bring greater returns to investment over time, meaning that the money spent on these interventions generates more money in the future than the same amount of money spent on interventions on older children, adolescents, or adults. That future money could come from the higher earnings that young people eventually make when they grow up, which pays back into the system in the form of taxes or from the costs that are saved when young people stay out of the criminal justice system (Heckman, 2006; Ludwig & Sawhill, 2007). Even if these national-level economic incentives are not the reason why most parents put their children in ECE programs or why most teachers take jobs in such programs, they have carried the day with the politicians, policymakers, and education officials who make the big decisions and sign the big checks. As a result, public spending on ECE has increased almost exponentially across most states, especially for programs that, like Head Start, target children from socioeconomically disadvantaged backgrounds (Duncan & Magnuson, 2013).

In some ways, however, the ECE movement has reached a crossroads. Much of the effort has been put into expanding access, and it has paid off. Today, most U.S. children enroll in some program before entering kindergarten, with the most substantial increase among children from low-income families and other historically disadvantaged populations. The focus now seems to be shifting to improving the quality of the programs that so many children are accessing. In other words, boosting the numbers is one thing, but now we have to make sure that those children are being effectively served (Brooks-Gunn, 2003; Duncan & Magnuson, 2013; Magnuson & Shager, 2010). For many, ensuring such effectiveness means extending the increasingly intense standards-based accountability focus of secondary schooling—with outcome-oriented curricula, testing benchmarks, and performance sanctions—down into ECE (Adair, 2014; Genishi & Dyson, 2009; Graue, 2008; Ryan & Grieshaber, 2005).

Our argument is that one way to support this goal of improving children’s futures in this accountability era is not to abandon the core developmentally oriented philosophies that made ECE unique within the educational system but instead to reinforce them. Specifically, instead of making ECE more like secondary school, we should reconsider the guiding

philosophies of the pioneering ECE programs that put this issue on the map. Head Start and the far-more-focused Perry Preschool and Abecedarian programs were all created to attend to the “whole child.” The idea was that supporting the physical, social, and emotional development of young children is important in its own right *and* also facilitates the acquisition of cognitive and academic skills that are more explicitly implicated in educational success (Ludwig & Phillips, 2007; Ramey & Campbell, 1984; Schweinhart et al., 2005). Indeed, the mission statement of the National Head Start Association is about “early childhood development and education,” not just early education ([www.nhsa.org/about\\_nhsa/mission\\_statement](http://www.nhsa.org/about_nhsa/mission_statement)). A legacy of these pioneering programs is the child-centered approach—generally referred to as developmentally appropriate practice (DAP)—that has organized ECE for decades (Graue, 2008; Ryan & Goffin, 2008).

**Developmentally Appropriate Practice**

**(DAP):** An educational approach that “involves teachers meeting young children where they are (by stage of development), both as individuals and as part of a group; and helping each child meet challenging and achievable learning goals.” (National Association for the Education of Young Children [NAEYC], 2014)

We argue that this integration of “early childhood development and education” needs to be reinforced because the contemporary policy context threatens to separate the two. If benchmarks and tests symbolize the No Child Left Behind–Race to the Top–Common Core era, then the traditional focus on general development within ECE is at risk of getting squeezed out. Attention to general development, however, does not subtract from the formal activities intended to cultivate the “hard skills” that young children eventually will be tested on in elementary school and then through secondary school. It *supports* these activities (Fuller, 2007).

This link between general development and academic learning is broad and covers many different dimensions of development and multiple strategies in and out of the classroom, but we focus on one part of this link, children’s health, for a variety of reasons. First, those same pioneering early childhood programs singled out good health as a key factor in academic progress; indeed, the Head Start mission highlights “healthier, empowered children” as an outcome. Second, most ECE programs in the public sector articulate a healthy child agenda. Third, the public K–12 system, in which many ECE programs are now embedded, has a long history of providing health services. Fourth, outside of education, child health is one of the major foci of policy intervention in the United States, and many programs already exist that could be leveraged in relation to ECE (Duncan & Magnuson, 2013; Thies, 1999; Waldfogel, 2006).

Thus, the basis of action is in place. The fact that so many people believe that good health is crucial to early education is not enough, however,

nor is the nominal presence of health services in educational settings. More mindfully integrating health into early education—in how children are served, what educators do, how school resources are spent, how parents are engaged—is a worthy goal, therefore, if the push to expand ECE is going to realize the lofty expectations that we have for it. We call this goal *healthy learning*. The timing could not be better for highlighting it, as the arguments about No Child Left Behind in the 2000s give way to battles over “Obamacare” in the 2010s. This book supports this goal by documenting how *not* attending to physical health can undermine our ability to support the school readiness of young children and then drawing on what is happening (or not) in ECE, health care, health and human services, and K–12 education to discuss ways to make health and learning more synergistic.

**Healthy Learning:**

Practices that attend to the physical health of children as a means of supporting their learning, skill development, and achievement in educational programs and schools.

A major point we want to make is that healthy learning—the payoff of attending to health in ECE—is not just relevant to the academic progress of children or the academic effectiveness of programs and schools, it is also about inequality. The twin goals of educational policy are to raise academic outcomes while reducing disparities in these outcomes. Indeed, this concern with inequality is why so many ECE programs target children from low-income and/or racial/ethnic minority backgrounds as well as English language learners (Duncan & Magnuson, 2013; Fuller, 2007). The average level of school readiness historically has been lower among such children, which is why they are viewed by researchers and policymakers as *educationally vulnerable populations*. Many do quite well, but their statistically lower odds of success overall necessitate special attention. ECE has long been thought of as a way of helping children in vulnerable populations catch up. Yet, general obstacles to capitalizing on early educational opportunities (i.e., *educational risk factors*, such as health problems) also may be greater for these children, and so they may need more support to overcome these risk factors once they have accessed ECE.

A growing number of children with Mexican immigrant parents live at the intersection of many of the educational disparities motivating educational policy and, as an educationally vulnerable population, have been the focus of early education outreach in many cities and states. The more Mexican immigrants are able to realize educational opportunities, the better off they and American society (and its economy) will be (Bean & Stevens, 2003; Hernandez, Denton, & Macartney, 2008; Suarez-Orozco & Suarez-Orozco, 2001). With this promise in mind, we take a special look at Mexican immigrant children when exploring the role of healthy learning in educational inequality.