Training and Health Education

First Edition, 2006

California Childcare Health Program
Administered by the University of California, San Francisco School of Nursing,
Department of Family Health Care Nursing
(510) 839-1195 • (800) 333-3212 Healthline
www.ucsfchildcarehealth.org

Funded by First 5 California with additional support from the California Department of Education Child Development Division and Federal Maternal and Child Health Bureau.

This module is part of the California Training Institute's curriculum for Child Care Health Advocates.

Acknowledgements

The California Childcare Health Program is administered by the University of California,
San Francisco School of Nursing, Department of Family Health Care Nursing.

We wish to credit the following people for their contributions
of time and expertise to the development and review of this curriculum since 2000.
The names are listed in alphabetical order:

Main Contributors

Abbey Alkon, RN, PhD
Jane Bernzweig, PhD
Lynda Boyer-Chu, RN, MPH
Judy Calder, RN, MS
Lyn Dailey, RN, PHN
Joanna Farrer, BA, MPP
Robert Frank, MS
Lauren Heim Goldstein, PhD
Gail D. Gonzalez, RN
Jan Gross, BSN, RN
Susan Jensen, RN, MSN, PNP
Judith Kunitz, MA
Mardi Lucich, MA
Cheryl Oku, BA
Tina Paul, MPH, CHES
Pamm Shaw, MS, EdD
Marsha Sherman, MA, MFCC
Kim To, MHS
Eileen Walsh, RN, MPH
Sharon Douglass Ware, RN, EdD
Mimi Wolff, MSW
Rahman Zamani, MD, MPH

Editor

Catherine Cao, MFA

CCHP Staff

Ellen Bepp, Robin Calo, Sara Evinger, Krishna Gopalan, Maleya Joseph, Cathy Miller, Dara Nelson,
Bobbie Rose, Griselda Thomas

Graphic Designers

Edi Berton (2006)
Eva Guralnick (2001-2005)

California Childcare Health Program

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve.

Portions of this curriculum were adapted from the training modules of the National Training Institute for Child Care Health Consultants, North Carolina Department of Maternal and Child Health, The University of North Carolina at Chapel Hill; 2004-2005.

Funded by First 5 California with additional support from the California Department of Education Child Development Division and Federal Maternal and Child Health Bureau.

LEARNING OBJECTIVES

To describe the different learning styles and strategies of adult learners.

To create an environment conducive for training adults.

To plan an engaging and educational health and safety activity for early care and education (ECE) staff.

RATIONALE

Two important roles of the Child Care Health Advocate (CCHA) are training and health education. CCHAs are responsible for training ECE staff on health and safety topics to improve ECE staff knowledge and skills. In addition, the CCHA provides health and safety education for children, parents and staff in ECE programs. Successful health education will encourage healthy behaviors and development. To effectively educate both adults and children, it is important for CCHAs to understand how adults and children learn in real-life settings because this will make it easier to conduct formal and informal training sessions for ECE professionals, parents and other support staff in the ECE programs.

WHAT A CCHA NEEDS TO KNOW

In the ECE field, training can take place in structured classrooms, workshops or during on-the-job training. There are many chances for on-the-job training to take place. At first, it occurs at the job orientation and during the first 3 months of work. On-the-job training can also take place when a specific need comes up, such as the enrollment of a child who has a special health need, or when an employee needs coaching or correction to improve performance. Training content for ECE professionals is well described in the National standards, *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (CFOC) (American Academy of Pediatrics [AAP], American Public Health Association & National Resource Center for Health and Safety in Child Care, 2002). Orientation content is also described in CFOC (AAP et al., 2002, Standards 1.023, 1.024, 1.025). The director of any center or large family child care program should provide this orientation with assistance from a CCHA, mentor teacher or Child Care Health Consultant (CCHC). Written documentation of the orientation, along with documentation of any training received by or provided for staff, should be kept on file.

CCHAs should be aware that adult learning is different than children's learning. As people grow older, learning becomes more affected by individual learning strategies and learning styles. Children, especially young children, have not yet had the opportunity or experience to develop their own learning strategies, and thus, their styles might not be clearly defined yet. The CCHA needs to know how adults learn and what the CCHA can do to make this learning process an enjoyable and interesting experience.

Learning styles are inborn characteristics. People develop certain learning styles as children. We cannot change our learning styles as adults; we can only become aware of what learning styles we mostly use. Learning styles include auditory, visual, kinesthetic (an active hands-on approach) or tactile (dealing with touching or feeling) (see *Handout: Cherry's Seven Perceptual Styles*).

By comparison, *learning strategies* are methods by which people organize their learning. "Learning strategies are techniques or skills that an individual elects to use in order to accomplish a learning task" (Fellenz & Conti, 1989, p. 7). Learning strategies are how we obtain and process information. The following are the three major types of learning strategies:

- **Navigating.** Navigators chart a course for learning and follow it. These learners want presentations to be structured and well organized.
- **Problem solving.** Problem solvers love to create many alternatives. They enjoy participating in active discussions during presentations and telling stories.
- **Engaging.** Engagers are passionate learners. They need to first see value in the information before they become involved with the learning process. However, once "buy in" has occurred, engagers are active participants in learning.

Our learning strategies develop as we mature into adults. Although individual learning strategies are constant through an adult's life, adult learners can use strategies from a category other than their own to get through a particular task.

When preparing classes for the adult learner, both learning styles and learning strategies should be kept in mind. The goal of adult learning is to give the adult learner every chance to be successful.

Key Points for Helping Adults Learn

- Adult learners like to be included in the process of planning topics. Giving adult learners a chance to share their ideas about an upcoming learning activity will increase the rate of participation (Knowles, 1984).
- Adults usually want to know why they need to learn something. It is important to give adults a reason for learning new information and to explain how the new information will help them meet a personal goal or professional objective.
- Adult learners approach learning as a *problem-centered activity* more often than a *subject-driven activity*. They tend to focus on the process of learning rather than the end result. The process of learning gives adults time to incorporate their new knowledge into their life or real world situations.

- The role of the teacher is to help adult learners have access to knowledge, rather than to be an expert on a topic. The teacher provides resources and tools needed for adult learners to be successful.
- Experience plays an important role and is an important resource in adult learning. New information is filtered through the funnel of past experiences, which are the foundation and starting point for new knowledge to be incorporated into what the learner already knows.
- Adult learners learn more when the topic can be used or its value can be seen right away. Subjects that are practical and related to adult learners' jobs or personal lives will have a greater impact on the learners and are more likely to result in behavior changes.

WHAT A CCHA NEEDS TO DO

Provide Training

The CCHA can assess ECE staff training needs by interviewing the ECE director, conducting surveys with staff, observing staff to see if proper health and safety procedures are used and reviewing policies related to training at important points. The important times for training recommended by AAP et al. (2002) are at orientation, 3 months after orientation, annually and then routinely every 3 years.

Following are some of the health and safety topics at orientation:

- any adaptation required to care for children with disabilities and other special needs
- any health or nutritional needs of children assigned to the ECE provider
- acceptable methods of discipline
- nutrition, food service and food handling
- prevention of job-related health risks
- emergency health and safety procedures, including first aid and disaster preparedness
- illness prevention, including hand washing, diapering, toileting, reducing the spread of illness, recognizing illness and the need to exclude ill children, having measures in place to prevent being exposed to blood, and cleaning and sanitizing the environment
- teaching concepts to children that promote health
- reducing injury to children, including putting infants to sleep positioned on their back

CCHAs can make sure that staff have up-to-date training materials and resources on the above topics. Coaching staff to follow correct procedures can be practical for on-the-job training if that is part of the CCHA's role at the ECE program. Otherwise, it would be useful to write down concerns and suggestions for follow-up by the ECE director, especially if a resource such as the *California Childcare Health Program (CCHP) Health and Safety Checklist-Revised* (2005) is used.

The following are suggestions for improving training sessions for the adult learner:

- Since adult learners like to be included in the process of planning topics, ask the participants ahead of time to provide you with a list of the topics they consider the most important. You can send out a simple survey asking them to rank the topics based on their importance and relevance.
- Since adults need a reason for learning new information, review the reasons why the information is important at the beginning of the training session. For example, at the beginning of a lecture on immunizations, explain to the participants that an outbreak of a disease such as measles can cause several chronic conditions and even death. This will emphasize the need to prevent a measles outbreak in their centers.
- Adult learners prefer to approach learning as problems to be solved, rather than subjects to be learned. It is helpful to give participants case studies to read and resolve. Because adult learners like to work in groups that are similar to real life situations, organize your participants into small groups to work together on problems.
- Draw on participants' experiences. Find out at the beginning of the training who has dealt with situations related to the topic. There might be a wealth of knowledge and resources among the participants.
- Focus the trainings towards an ECE program's current problems and issues. For example, participants will pay more attention if you schedule a workshop on the spread of infections immediately

after several children and staff in the ECE program have been sent home with an infectious condition.

Create an Environment Which Fosters Learning

The ideal environment for adult learning is one that encourages group discussion and emphasizes interaction. Trainers should develop lively interactive exercises which promote knowledge and skill development. It is important to establish a cooperative learning environment. Keep in mind that many participants may have just finished a full workday and may come to the training session hungry and tired. Provide food and drinks, and give them a few moments to unwind. Be sure to include time for breaks (e.g., restroom breaks) in the training schedule. It is important to understand the timing of training sessions and how to break up the session with interactive exercises (see *Handout: 90/20/8 Rule*).

Acknowledge That Change Takes Time: Plan Accordingly

Adults do not change their behavior or practice quickly. Participants need time to digest what they have learned before they can put information into practice. It is important to present information through different methods of instruction. Participants also need time to plan for changes that must be made personally and professionally before what has been learned is translated into concrete results. The CCHA should work with the CCHC or ECE director to plan, put into practice and evaluate learning activities.

When training ECE program staff in best practices, plan for gradual change in behavior by presenting information in several ways over time. An example would be to plan on improving the hand washing habits in the ECE program over a period of 6 months. Begin by providing a training on infection control, then follow up with shorter in-service discussions on hand washing and posters placed over every sink. During circle time, a staff member could read a storybook on how washing hands prevents the spread of disease. Start a contest to see how many times staff members are found washing their hands properly. Meet regularly to evaluate activities.

Provide Health Education to Parents, Staff and Children in ECE Programs

Health education occurs formally and informally in ECE programs. The CCHA educates parents, ECE staff and children. Health education should include physical, oral, mental, nutritional and social health topics. Additionally, it is important for CCHAs to model healthy behaviors since both adults and children learn through observations. See *Handout: Tools for Effective Training in the Child Care Field*.

Parent education

Parent education occurs mainly through personal contacts among parents, ECE providers and CCHAs. This may involve consultation sessions, informal conversations, additional support or making referrals to community resources. The National standards (AAP et al., 2002) recommend that health departments and licensing/regulatory agencies support these parent education efforts by providing health education materials on specific health issues. In addition to personal contacts, CCHAs should offer regular health education programs to parents. Parent education topics should be tailored to meet families' specific needs. Topics which address routine developmental or seasonal issues are also relevant. Parents' attitudes, beliefs, and educational and socioeconomic levels are some of the factors a CCHA should consider when planning and implementing health education programs for families. It is helpful to have parents learn about the same topics that children and staff are learning about so that parents can reinforce healthy behavior in their children.

ECE staff education

ECE staff often act as role models for children and parents for healthy and safe behaviors and attitudes. To get the health and safety message across clearly, CCHAs can offer health education through many different ways, including the following: staff meetings, workshops, guest speakers, site visits, newsletter articles, posters, pamphlets, lending libraries and bulletin boards. CCHAs can plan a yearly training schedule based on the priorities and needs assessment of the staff. CCHAs should revise, update and change the schedule as new health and safety topics come up.

Educating young children

CCHAs have unique opportunities to use *teachable moments* to interest young children in learning healthy habits and safe behaviors in ECE programs. Health education does not need to take place inside a structured curriculum, but can be incorporated into the daily program while carrying out routine classroom activities (AAP et al., 2002, Standard 2.061). Health and safety messages can be a fun and natural part of interacting with children. For example, when a child comes to school with the sniffles, talk about taking good care of your body when sick (such as resting and drinking liquids). If a child is going to the hospital, set up a pretend hospital corner in the classroom and read hospital-related books. Spring is a natural time to talk about growing foods and which foods are good to eat (Aronson, 2002).

Health and safety education can be presented in a number of ways. Group or circle times are the perfect opportunities to introduce health and safety topics. Education can be presented in field trips, songs, books, posters, videos, dramatic play, cooking projects, bulletin boards, flannel board stories, sensory experiences, literacy activities, circle time guests, finger plays, and arts and crafts projects.

The activity must be developmentally appropriate—that is, geared to the different abilities of infants, toddlers, preschoolers or school-aged children (Robertson, 2003). If information is presented through a variety of activities, there will be many chances to get the children interested, allow for children's different attention spans and address the diversity of the group. Ask yourself the following questions when designing health and safety education curriculum for the classroom setting:

- Is the activity developmentally appropriate for this age group?
- Does the activity provide for a holistic and integrated approach?
- Do the children have choices within the activity?
- Does the activity promote positive feelings?
- Is the activity flexible?
- Can the children explore and interact during the activity?
- Does the activity use a number of different methods and materials for presentation?
- Is the information presented in an unbiased way?

Choose Appropriate and Relevant Health and Safety Topics

Possible health education topics are listed below (AAP et al., 2002, Standard 2.061):

For children:

- emergencies, dialing 911
- environmental concerns
- families (including cultural heritage)
- feelings (including how to express them)
- fitness (including body movements and body awareness)
- hand washing (including books, baby doll washing, hand washing signs and hand washing songs)
- taking medications
- nutrition (including cooking projects and gardening)
- oral health (including toothbrushing, a visit from a local dentist and toothpaste tasting)
- personal hygiene
- personal/social skills
- physical health
- rest and sleep
- safety (including home, traffic, fire, car seats and belts, playground, and bicycle)
- self-esteem
- injury prevention (including poison prevention, choking prevention and playground safety)
- special needs
- sun protection (including sunscreen talk and sun hat making)
- asthma (including books, asthma awareness and flannel board stories)
- earthquake preparedness (including earthquake drills, books and dramatic play activities)
- toilet learning (including books and songs)

For parents (AAP et al., 2002, Standard 2.067):

- advocacy skills
- behavior of children (typical/atypical)
- child development
- emergencies—how to handle
- exercise
- first aid
- hand washing and diapering procedures
- prevention and management of infectious disease
- nutrition
- oral health promotion and disease prevention
- parental health (including pregnancy care, drugs and alcohol)
- safety (including home, vehicular and bicycle)
- special needs
- stress
- HIV/AIDS
- substance abuse prevention

For staff:

- child growth and development
- behavior/mental health
- inclusion/exclusion for illness
- first aid
- hand washing and diapering procedures
- prevention and management of infectious diseases
- nutrition
- oral health
- injury prevention
- children with special needs
- asthma and allergy awareness
- health and safety policies and procedures
- medication administration
- poisoning prevention
- child passenger safety
- health risks of secondhand smoke
- back care and good posture
- stress reduction and preventing burnout
- exposure to environmental risks
- immunization

Link Families and Staff with Resources

CCHAs need to link families and staff with health and safety resources at the national, state and local level. CCHAs should provide educational materials and resources to ECE staff and families by giving them handouts, brochures and posters, and by keeping bulletin boards up-to-date.

Cultural Implications

Participants' cultural and ethnic background, as well as their fluency in reading and understanding English, may influence their learning experiences. The CCHA should take every opportunity to include the participants and get feedback during the process to be sure that this learning experience is successful. In addition, people's attitudes about health and the medical community may vary by culture. CCHAs need to be sensitive to the different attitudes and opinions that may come up in the training and education sessions.

Implications for Children and Families

Health and safety education efforts for children, parents and ECE staff can focus on the same topics so that adults can reinforce the health and safety message the children are learning, while at the same time expanding their own health, safety and child development knowledge.

Implications for ECE Providers

ECE providers will appreciate having educational materials and resources available to them to help them improve the health and safety standards in their programs. Children and families have a great deal to learn from ECE providers and can be positively influenced by observing healthy attitudes and behaviors. Since children often spend a great deal of time in ECE programs, learning healthy behaviors can have a positive impact on their development and growth.

ACTIVITY: DEVELOPING A TRAINING SESSION

Each participant has been given a sticker with a different color image on it. Look for the other participants who have the same color sticker. That will be your work group.

Your Group Task:

1. Each group will decide on a relevant health and safety message and develop a training session to deliver it.
2. For the purpose of this activity, we will assume you are training a group, and the audience consists of ECE providers.
3. You will plan your presentation on the worksheets provided.
4. When the time is up, you will all participate in explaining your plan.
5. The other groups will give feedback on your plan.

What is your topic?

How much time do you have?

Who is your audience?

What are your learning objectives for the audience?	What materials will you need?	What activities will you use?

NATIONAL STANDARDS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*

1.009, 1.023, 1.024, 1.025, 1.027, 1.029, 1.031, 1.033, 1.034, 1.060, 2.061, 2.064, 2.066, 2.067, 4.070, 8.042, 9.028, Appendix BB.

CALIFORNIA REGULATIONS

From *Manual of Policies and Procedures for Community Care Licensing Division*

Title 22, Division 12, Chapters 1, Article 101216.

RESOURCES

Publications

Aronson, S. (2002). *Healthy young children: A manual for programs* (4th ed.). Washington, DC: National Association for the Education of Young Children.

Buzan, T. (1996). *The mind map book: how to use radiant thinking to maximize your brain's untapped potential.* New York: Plume Publications.

Brown, D., Pryzwansky, W.B., & Schulte, A.C. (1995). *Psychological consultation: introduction to theory and practice* (3rd ed.). Needham Heights, MA: Simon & Schuster.

California Child Care Health Program. (2002). *Tools for effective training in the child care field: A handbook for trainers of child care providers,* Second edition. Oakland, CA: Author.

Chan, S.G. (1990). Early intervention with culturally diverse families of infants and toddlers with disabilities. *Infants and Young Children, 3*(2), 78-87.

Conoley, J.C., & Conoley, C.W. (1992). *School consultation, practice and training* (2nd ed.). Boston, MA: Allyn and Bacon.

DeBono, E. (1967). *New think: The use of lateral thinking in the generation of new ideas.* New York: Basic Books.

DeBono, E. (1971A). *Lateral thinking for management.* New York: McGraw-Hill.

DeBono, E. (1971B). *The dog exercising machine.* London: Penguin Books.

DeBono, E. (1992). *Serious creativity.* New York: Harper Business.

Dettmer, P., Thurston, L.P., & Dyck, N. (1993). *Consultation, collaboration, and teamwork for students with special needs.* Boston, MA: Allyn and Bacon.

Edelman, L., Greenland, B., & Mills, B. (1993). *Building parent/professional collaboration: facilitator's guide.* St. Paul, MN: Pathfinder Resources.

Hecht, M.L., Anderson, P.A., & Ribeau, S.A. (1989). The cultural dimensions of nonverbal communication. In M.K. Asante, W.B. Gudykunst, (Eds.), *Handbook of international and intercultural communication* (pp.374-391). Newbury Park, CA: Sage Publications.

Kurpius, D.J., & Lewis, J.E. (1988). Assumptions and operating principles for preparing professionals to function as consultants. In: J.F. West (Ed.) *School consultation: Interdisciplinary perspectives on theory, research, training, and practice* (pp.143-154). Austin, TX: The Association of Educational and Psychological Consultants.

Lynch, E.W., & Hanson, M. (Eds.). (1992). *Developing cross-cultural competence: a guide for working with young children and their families.* Baltimore, MD: Paul H. Brookes Publishing Company.

Meyers, J., Parsons, R.D., & Martin, R. (1979). *Mental health consultation in the schools: a comprehensive guide for psychologists, social workers, psychiatrists, counselors, educators, and other human services professionals.* San Francisco, CA: Jossey-Bass Publishers.

Nelkin, V.S., & Malach, R.S. (1996). *Achieving healthy outcomes for children and families of diverse cultural backgrounds: A monograph for health and human service providers.* Bernalillo, NM: Southwest Communication Resources.

Palsha, S., Wesley, P., Fenson, C., & Dennis, B. (1997). *Improving early childhood environments through on-site consultation: A manual for consultants.* Chapel Hill, NC: The University of North Carolina, Frank Porter Graham Child Development Center.

Schulte, A., & Wesley, P. (1992). 13 Ways to fail as a consultant. Collaborative consultation in early intervention. (Presentation given at the International Division of Early Childhood Conference, Washington, D.C.). In: S. Palsha, P. Wesley, C. Fenson, B. Dennis, *Improving early childhood environments through on-site consultation: A manual for consultants.* Chapel Hill, NC: The University of North Carolina, Frank Porter Graham Child Development Center.

Young, R., Downs, M., & Krams, D. (1993). *Resource foster parent training manual.* Chapel Hill, NC: University of North Carolina, Family Support Network of North Carolina.

REFERENCES

American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition.* Elk Grove, IL: American Academy of Pediatrics.

Aronson, S. (2002). *Healthy young children: A manual for programs* (Fourth Edition). Washington, DC: National Association for the Education of Young Children.

California Childcare Health Program. (2005). *CCHP Health and Safety Checklist - Revised.* Oakland, CA: Author.

Cherry, C. E. (1997). *Perceptual modality preferences survey.* Maryville, TN: Institute for Learning Styles Research. Retrieved August 31, 2005, from http://www.brevard.edu/fyc/resources/Learningstyles.htm#Bibliography.

Fellenz, R. A., & Conti, G. J. (1989). *Learning and reality: reflections on trends in adult learning.* Columbus, OH: ERIC Clearinghouse on Career, and Vocational Education.

Knowles, M. S. (1984). *The Adult Learner. A Neglected Species.* Houston, TX: Gulf Publishing Company.

Pike, R.W. (1994). *Creative training techniques handbook: Tips, tactics and how-to's for delivering effective training.* Minneapolis, MN: Lakewood Books.

Robertson, C. (2003). *Safety, Nutrition and Health in Early Education. Second Edition.* Florence, KY: Thomas Delmar Learning, Inc.

HANDOUTS FOR THE TRAINING AND HEALTH EDUCATION MODULE

Handouts from California Childcare Health Program (CCHP), Oakland, CA

Handouts from Other Sources

90/20/8 RULE

90 Minutes

Theory: Average length of time an adult can listen with understanding.

Practice: Each module should run approximately 90 minutes.

20 Minutes

Theory: Average length of time an adult can listen with retention.

Practice: Change the pace of the instruction every 20 minutes (e.g., lecture, small group activity, overhead transparency, video).

8 Minutes

Theory: Learners will remember more information if interactive techniques are used.

Practice: Try to involve people in the training material every 8 minutes (e.g., filling in a worksheet, answering questions, reviewing notes).

Adapted from Pike (1994)

CHERRY'S SEVEN PERCEPTUAL STYLES

(Cherry, 1997; http://www.learningstyles.org)

A Print-Oriented Learner

- Often takes notes.
- Remembers quickly and easily what is read.
- Learns better after seeing or writing something.
- Understands important concepts on first reading of material.

An Aural (Auditory) Learner

- Tends to remember and repeat ideas that are verbally presented.
- Learns well through lectures.
- Is an excellent listener.
- Can learn concepts by listening to tapes.

A Visual Learner

- Learns by seeing or watching demonstrations.
- Likes visual stimuli, such as pictures, slides, graphs and demonstrations.
- Needs something to watch.
- Becomes impatient and drifts away when a lot of listening is required.

A Haptic (Tactile) Learner

- Involves the sense of touch in learning.
- Likes to piece things together.
- Is successful with tasks requiring the use of hands.

An Interactive Learner

- Learns best through talking about things.
- Likes to bounce ideas off of other people.
- Finds small group discussions stimulating and informative.
- Prefers to discuss things with others.

A Kinesthetic Learner

- Learns by doing – direct involvement.
- Tries things out.
- Likes to manipulate objects.
- Learns better when able to move during learning.

An Olfactory Learner

- Learns best through the sense of smell and taste.
- Associates a particular smell with a particular past memory.
- Finds that smells add to learning.