**Health, Wellness and Retention in the Early Childhood Workforce**
*Guests: Walter Gilliam, Laura Lessard, Holly Hatton-Bowers, Kerri Schnake*

Narrator:

Welcome to Early Childhood Policy Matters, a podcast for early childhood professionals and strategic partners, hoping to use research, to inform policy and better serve children, families, and their communities. Today, host Denise Mauzy speaks with a panel of state and national experts about the early childhood workforce, and how health and wellness strategies can help to improve retention in early childhood settings. That's right now, on Early Childhood Policy Matters.

Denise Mauzy:

Hello and welcome to Early Childhood Policy Matters. I'm Denise Mauzy, the technical assistance lead with the PDG B-5 Technical Assistance Center with SRI Education.

In our first segment today I'm very happy to be joined by Walter Gilliam, professor of child psychiatry and psychology, and director of the Edward Zigler Center in Child Development and Social Policy with the Yale Child Study Center and the Yale School of Medicine. Thank you so much for joining us today, Walter.

Walter Gilliam:

Thank you, Denise.

Denise Mauzy:

And we're also speaking with Laura Lessard, associate professor in the Department of Behavioral Health and Nutrition at the University of Delaware, and program coordinator for the Delaware IDeA Network of Biomedical Research Excellence. It's wonderful to have you with us today, Laura.

Laura Lessard:

Thank you so much.

Denise Mauzy:

So Laura, I want to begin with you. Tell us a bit about your research and how it's evolved to focus on workforce wellness.

Laura Lessard:

Sure. I came to thinking about the wellbeing of the workforce actually from a very different place. I was focused on studying why child care settings have trouble implementing policy changes that are being made at the state or federal level related to nutrition and physical activity.

And finally, I mean, I would say almost embarrassingly came to the realization that the professionals working in these spaces did not have access to, do not have access to the kinds of health and wellbeing supports that you and I have as part of our employers to be able to be healthy role models for kids.

And so I really pivoted my research to focusing on understanding and supporting the workforce so that they can live their best healthy lives, so they stay in the workforce, so that they engage in quality

improvement and professional development, so that they're happy and healthy, and so that the kids and families that they work with can also be happy and healthy in those spaces.

Denise Mauzy:

I think this shift you're describing is very important as we think about how to build supports for the workforce to focus on professionals' needs to support their wellness.

Let's talk a bit about your recent publication in 2020 where you reviewed the published literature to identify all of the articles and interventions targeting the health status of our workforce. Can you share some of the components of wellness that were addressed and why you think they're so important to retention of the workforce?

Laura Lessard:

Sure. So our review focused on two components of health, physical health and mental health. So under physical health, we looked at nutrition, healthy eating, physical activity, sleep and smoking status. So we saw especially high rates of overweight and obesity, particularly among family child care educators. And we also saw that educators consistently reported higher than we would expect rates of chronic diseases like diabetes and hypertension or high blood pressure.

For mental health, depression and depressive symptoms were commonly reported. So several studies found that rates of depression were up to double what we would expect to see in a comparable sample of American adults. Several studies also showed high stress levels, both personal stress and workplace stress.

And stress in particular is something that we really want to pay attention to in this workforce because high stress is associated with poor quality interactions between educators and children and with an increased intent to leave the profession. So we really want to focus on reducing and managing stress in the workforce.

Denise Mauzy:

That's very interesting. Thank you so much. What were some of your overall conclusions about the status of the workforce and your thinking around some of their needs?

Laura Lessard:

Sure. Now first, let me just say that this work was before COVID, but what we concluded is pretty much that we need to know more and we need to do more. We need to design and implement more effective interventions and programs to support their health and wellbeing.

And the other thing that we focus on is the importance of wages and benefits. So we know that low wages and limited access to benefits, constrain choices for early childhood educators, and that makes it difficult or really even impossible for them to make healthy choices for themselves and their families.

And so anyone who cares about the health and wellbeing of this workforce should really be advocating for increases in wages and benefits as a starting point for addressing the health and wellbeing challenges.

Denise Mauzy:

Thank you so much for pointing out that all of this information was done pre COVID because we do realize that COVID has had such a significant impact on our early childhood workforce. I'm going to turn

to you, Walter, to talk a bit about the status of the workforce since COVID began. Can you talk to us a bit about your research and what you've found?

Walter Gilliam:

Sure. We began collecting this research about two months into the pandemic, and the research really started with a basic question of is it even safe for child care providers for children to be in child care? Remember at the very beginning of the pandemic, we didn't really know what to expect from COVID-19. And so we embarked on a large scale epidemiologic study of the early care and education workforce in order to be able to see who might be most susceptible to COVID-19 infection and long term complications due to COVID-19.

And so since at the time there was only a small proportion of the population that was testing positive for COVID-19, we knew that we needed to have a very large sample in order to be able to answer a question like this. At this point, we now have over 126,000 early care and education providers across the United States participating in these epidemiologic studies that includes all 50 states and about three quarters or more of all the nation's more than 3,000 counties.

Denise Mauzy:

Wow, that's really impressive. What have you found in terms of how the pandemic has exacerbated some of the workforce wellness issues that Laura was just referencing?

Walter Gilliam:

Well, first off, I couldn't possibly agree more with Dr. Lessard in what she's saying. We do need to care more about this workforce. For far too long in the United States, we have not cared enough about those who care for our babies. We just really haven't been doing well before the pandemic and certainly not very well during this pandemic.

In August of 2021, so about a year ago, and I'll preface this by saying we're getting ready to go back into the field and collect more data right now even as we speak, but as of a year ago, 21% of the workforce had tested positive for COVID-19. 3% of this early care and education workforce had been hospitalized for COVID-19 and about half of those have spent time in the ICU or intubated. 2% of our workforce has had a family member hospitalized. And just under 1%, close to 1%, had a family member who had died of COVID-19.

That's the impact of COVID-19 as a disease on our early care and education workforce, but we also collected information about their health condition because there were certain conditions that would predispose somebody to even greater complications from COVID-19.

And in addition to the things that Dr. Lessard mentioned as health concerns, I'll add this, asthma. We found that there was about a 20% increased rate of asthma among child care providers at the beginning of the pandemic than there was in the general population at the time, which has caused us to be very concerned about why that might be. Is it possible that it has to do with substandard housing or where their housing is located because of how poorly we pay them and compensate them? Or is it possibly due to workplace conditions?

In many cases, early care and education programs are not just figuratively in the basement, they are literally in the basement of another building and in some cases under conditions that really wouldn't be safe for them to be breathing or for the children in their care to be breathing.

In terms of mental health, I can say this, at the beginning of the pandemic, two months into the pandemic, 46% of our workforce nationwide was reporting clinically diagnosable levels of depression.

We used a measure called the Center for Epidemiologic Studies Depression Scale. That's a scale that many people use to estimate the rate of depression in a population.

So I'm not talking about 46% saying I'm sad every once in a while, I'm saying 46% with levels of depression that could potentially be diagnosable and treatable. 15 months later, one year ago, that 46% became 56%. And to have more than half of our workforce clinically depressed is an incredibly concerning statistic to look at.

In terms of moderate to severe stress levels, two months into the pandemic, 67%, 15 months later, a year ago, 68%. That's concerning too. And in many ways we know that when people have elevated stress levels, it predisposes them to health conditions on top of all of that.

And when you look at the relationship of those different levels of insecurity, insecurity of job versus insecurity of pay, it is a clear and stairstep relationship to increased levels of anxiety, increased levels of stress, and increasing depression.

Denise Mauzy:

Thank you so much for sharing these impacts of COVID on our workforce. I understand that your study also looked at the racial patterns related to aggression and the impact on wellness. Can you tell us more about your findings thus far, Walter?

Walter Gilliam:

We asked our early care and education providers who were participating in these research studies, whether or not they had ever been exposed to racialized aggression, either because they were the target of aggression that had a racial component to it, or because they had witnessed it, or because somebody very close to them had experienced this.

Twenty-nine percent of the workforce said, "Yes indeed. During the course of this pandemic, I have experienced racialized aggression." And 8% of the workforce reported that they were the direct target of racialized aggression. The highest rates were among African American early care and education providers, but not far behind were our Asian American early care and education providers reporting incredibly high rates of anti-Asian hate that they were experiencing in their everyday lives.

And when we looked at the relationship between exposure to this aggression and being the target of racialized aggression, there was a clear relationship between that and their depression.

At the very beginning of the pandemic, some racial groups were more likely to report being depressed than other groups, but race itself did not predict change in depression or further deterioration in mental health over the course of the pandemic until we put into the statistical model exposure to racialized aggression.

And when we did that, we found a very clear relationship. In other words, it wasn't the race that was causing the further deterioration of mental health during the pandemic, it was the exposure to racism.

Denise Mauzy:

Those are really powerful numbers and I think give us a lot to think about in terms of how to support all areas of our workforce.

When we think about the picture that's being painted both pre and post COVID, we can see that we have a workforce that's really struggling in so many areas, but it's always really important to

remember that these are the professionals that continue to support young children and families throughout the pandemic, and it was such an important role.

Walter Gilliam:

When the pandemic happened, we sent our teachers and our school-aged children home because we weren't sure that it was safe enough for them to be in a school, but many of our child care providers, they kept on trucking. They stayed open taking care of other people's children so that the economy could keep going and so that families could keep working.

Now, of course, many programs closed, but many of them stayed open and they stayed open at a time when those teachers had no idea what level of risk they were taking. They stayed open nonetheless.

And in many cases when these center based programs closed because of requirements that states might have had or municipalities might have had regarding gathering sizes, our home based child care providers, those who take care of other people's children in their homes, they in many cases stayed open.

And it was really on their backs that the American economy and the American workers were able to keep on going. They are the unsung essential workforce behind all other essential workforces.

Laura Lessard:

I would just add that over the past two years, I've had the incredible opportunity to work with a lot of researchers across the country and professionals who work in these settings who really care about this. And the momentum that I've seen at local, state, federal level around supporting this workforce has been really exciting and inspiring for me.

Workforce wellbeing was an allowable expense for a lot of child care programs, for a lot of the federal dollars, and a lot of efforts have gone to it. And I know later in this podcast you're going to be highlighting some of the incredible programs that are out there. And those and more have been developed, have been emphasized, have been spotlighted during the pandemic.

And I think that this is an opportunity to hopefully maintain that momentum and continue to support these programs, the wages and benefits that this workforce needs as we move to the next stage of the pandemic.

Denise Mauzy:

Well, I wish we had more time to talk, but unfortunately we'll have to leave it there for now. Walter Gilliam and Laura Lessard, thank you so much for sharing your time with us today. We look forward to learning more about your research in the future.

Laura Lessard:

Thank you.

Walter Gilliam:

Thank you.

Denise Mauzy:

And now we turn to the state perspective. And for that, I'm very happy to welcome in Holly Hatton-Bowers, associate professor and early childhood extension specialist with the University of Nebraska-at Lincoln College of Education and Human Services. Thanks so much for joining us, Holly.

Holly Hatton-Bowers:

Thank you for having me.

Denise Mauzy:

Also, we're speaking with Kerri Schnake, the CEO of the South Carolina Infant Mental Health Association. It's great to have you, Kerri.

Kerri Schnake:

Glad to be here.

Denise Mauzy:

All right, Kerri, let's start with the South Carolina example. Can you tell us about South Carolina's Be Well Care Well and how it supports workforce wellness?

Kerri Schnake:

Sure. In short, Be Well Care Well is about the wellbeing of early care and education providers. Attending to their wellness prepares them to be better equipped for the challenges of their daily work with our little ones.

The model includes three core elements. A wellbeing coach is assigned to each of the participating early care and education programs, and the coach is really a helper for the journey. They support the early care and education staff to achieve wellbeing goals that the team, the child care providers at the center or Head Start or family child care, wherever they're located, the goals that they have set for themselves to enhance their wellbeing.

There's also wellbeing committees that are part of the model and the wellbeing committee is made up of folks at the particular child care program, and it usually includes, if it's a center based program, it includes the director or an administrator and two or three teachers.

And then the third element is that we have a wellbeing activities guide and this lists activities that promote wellbeing, with the idea that when we're overwhelmed and stressed and know we need to take care of our wellbeing, but are having a hard time figuring out what to do first and what are some ways that I can take small steps into it rather than setting these big lofty goals that I might not ever achieve, we wanted to give folks a starting place.

And so we've captured activity ideas that they can embed together in their early care and education professional setting. And it's just a starting place. They can add or choose whichever ones they like and add others if there's some that they think of that aren't included. So those are some of the core elements of the program.

Denise Mauzy:

So you mentioned that the coach really supports the program in relation to their goals. Can you give us an example of a kind of goal that a program might have?

Kerri Schnake:

Sure. We break the goals into different categories that are commonly thought of wellbeing areas, physical health, nutrition, relaxation, stress reduction.

And then an element that we weave through all of the different categories and activities, almost all of them I'll say, is an opportunity to really build connections and that social network among peers at the program because that is such an important part of wellbeing is having connection. And then those peer relationships can also be really supportive and helping hold each other accountable and encourage each other to meet whatever the wellbeing goals are.

So an example of one might be to create a relaxation space at the program where staff can go on their breaks or if they just are feeling really activated and can get somebody to come into the classroom and cover for them for a minute so they can go to this calm space and take a breath and get recentered.

Denise Mauzy:

That's wonderful. Thank you. Can you also give us some information on when Be Well Care Well began and how many programs and professionals you've been able to serve to date?

Kerri Schnake:

Sure. I started the program with a grant from Kellogg in late 2017. At the time, I was serving as the director of South Carolina's Infant and Toddler Specialist Network. And in our regular staff meetings, our infant toddler specialists would often report that when they were having their one-on-one reflective meetings with the teachers they were serving in the classrooms.

And so our infant toddler specialists were saying, "We're trying to talk about diaper changes, but the teacher is in tears because she doesn't think she has enough money to feed her own family for the rest of the week," or the lights had been cut off in their home. And those are real examples and they were frequent.

So as the ITS so accurately I think felt, it was inappropriate to try and discuss the practicalities of engaging with children in the classroom when they're faced with this teacher who's in tears because of really significant stressors.

And so that was a recurring theme and as I'm seeing that and there's mounting research I was reading about and hearing about showing a connection between teacher wellbeing and pre-K expulsion, I really wanted to see what could be done to buffer early care and education teacher stress and support their overall wellbeing.

And that was the impetus for the creation of Be Well Care Well. And it was developed from that point with input from lots of different professionals, folks from public health, from psychology and our early care and education sphere. We had directors and teachers weighing in on what they would like in terms of support for wellbeing.

So that all led to it. We really got the program up and running and delivering services on a really small scale in 2018. And since that time we have served roughly 1,900 providers in South Carolina since we began with just a couple of coaches and we've expanded since then. We have some conversations brewing with Texas and other partners where we hope we can bring wellbeing to child care providers in other states as well.

Denise Mauzy:

Can I ask quickly, what role has your PDG B-5 grant played in your implementation of Be Well Care Well in South Carolina?

Kerri Schnake:

Well, we were fortunate after the initial Kellogg grant ran out, our CCDF funds in the state were put towards maintaining the small scale program that we had started, Be Well Care Well in the scale that it started. PDG allowed us to expand it. So we brought on two more Be Well Care Well coaches to serve in other parts of the state. And again, have a commitment from our CCDF administrator that those CCDBG funds will maintain the expansion that happened with PDG funds as well.

Denise Mauzy:

That's very exciting to hear. I think our listeners would love to hear, if you don't mind sharing, a few of your success stories because I think it really helps make it real.

Kerri Schnake:

One of the recent, one of our coaches reported I thought was really heartening is there was a director she was working with and had the impression that maybe the director wasn't very bought into the program. It didn't feel like she was really prioritizing wellbeing, at least in making time to connect with the coach and talk about what was going on. And so she was feeling a little concerned about that.

But in having the conversation directly with the program administrator, the director, and saying, "What do you think you're already doing for your staff? You're certainly doing something." Well, she had offhanded said that she comes in early to make breakfast for her staff, not like Pop-Tarts, like shrimp and grits, real breakfast. And the coach said, "Oh my goodness, that is beautiful. What an amazing contribution you're making to your team and that is wellbeing."

And that really seemed to give the director a whole different perspective. I think she was seeing wellbeing as these big goals that we have to do and it felt rather distant. And so that was warming just to help her see what she was already doing.

Another example I can share is one of our staff, as they were doing a training on stress management, it was at the center in the evening, and as the coach and the teachers and the administrator were leaving the building in the parking lot, they were chatting and looked up and noticed the sun was starting to set.

And so the coach just observed that, "So the sun's setting there, that means in the morning it's going to rise over here. And look at those beautiful trees. I bet that's really quite a sight when it comes up."

And so then she went back a week later and was talking to the teachers and almost everybody she had stopped and talked to said, "I had never slowed down in the morning on my way in to notice that scene that you pointed out would be happening with the sun rising." And now they all intentionally do that, just take a breath, observe the sun and the trees, and they all say it helps them just get grounded and start their day in this really peaceful way.

Denise Mauzy:

Those are really powerful examples. Any family child care provider examples that you can think of that you can share?

Kerri Schnake:

Yeah, absolutely. One of the really extraordinary examples was a family child care provider told us that after engaging with Be Well Care Well and really thinking about her own personal health and wellbeing over the years, she said that she was moved to establish a primary care doctor, which she had never had, and that she went for her gynecology appointment for the first time in 10 years.

So that was a rippling effect of the investments of wellbeing that she was experiencing as part of a family child care group that she brought into her personal life.

Denise Mauzy:

I think sometimes members of our workforce get so caught up in taking care of others, they are clearly forgetting to take care of themselves.

Kerri Schnake:

Yeah, absolutely.

Denise Mauzy:

And then the other thing I wanted to ask you about is what are the connections between Be Well Care Well and your infant mental health consultation program?

Kerri Schnake:

Sure. So an infant and early childhood mental health consultant might be called in when there's a behavior challenge that the teachers feel unprepared to respond to. Part of the reason they might be unprepared to respond to that child's behavior is because they're carrying their own stress.

And so often the Be Well Care Well coaches and the infant and early childhood mental health consultants are cross referring programs to each other because those two together, a general broad focus on wellbeing across the program and then more targeted specific work to support a teacher in infant mental health consultation. They pair very nicely and sometimes they're working in programs together simultaneously.

Denise Mauzy:

It's really exciting to hear about those cross system connections. Thank you so much, Kerri. I'm going to turn to Holly so we can learn a bit more about Nebraska's Cultivating Healthy Intentional Mindful Educators or CHIME program. Holly, can you give us an overview of the CHIME program?

Holly Hatton-Bowers:

Yes. So CHIME is a Nebraska extension program that I had the great opportunity to co-create in 2017 with some child care providers as well as teachers and extension educators. And so we came together and really wanted to think about a professional development opportunity that would include concepts such as reflection, mindfulness, self-compassion, and thinking about how can caregivers have some strategies and tools to engage in mindfulness and reflective practice to support their own emotional wellbeing and then also support the young children that are in their care.

And so it's an eight week program and there's a trained facilitator who also practices mindfulness and has skills in facilitating reflective practice that then delivers it to a small group of educators or those working in the early care education setting. So we've had it delivered to kitchen staff, child care directors, family home providers. It's delivered online as well as in person.

And so this eight week program is really about fostering and cultivating community among those participating in the group and then also learning these mindfulness and self-compassion strategies.

One unique aspect to it is the educators or those going and participating in the program also have what we call put into practice activities. These are activities that the educators can also use with children to support their own socio-emotional learning. So that's the CHIME program in a nutshell. The purpose of it is really to strengthen employee retention, continuity of care by learning and practicing these strategies.

Denise Mauzy:

And do you mind giving us some examples of the put into practice activities?

Holly Hatton-Bowers:

Sure. So we have activities that could be done with infants, toddlers, or preschoolers. And so some may ask, "How can you do that with an infant? How are you supporting their socio-emotional learning or their socio-emotional development?" And so, one of the activities is how to be really intentional and how to be an educator who's co-regulating with a baby while they're having a bottle feeding, for example.

So it's really slowing down, noticing how the baby's breathing while they're eating, how are you breathing while you're holding the baby? So that would be an example with an infant, a baby, when you're doing the bottle feeding.

Denise Mauzy:

That's really helpful. And how many providers have you been able to serve?

Holly Hatton-Bowers:

So we have reached throughout the time that we've started in 2017, approximately 3,000 individuals. So I would say that's providers, educators, teachers, directors, kitchen staff. It's about 3,000 people that have participated.

Denise Mauzy:

Great. And can you share what role your PDG B-5 grant played in the development and implementation of CHIME?

Holly Hatton-Bowers:

So the PDG grant has been immensely helpful in supporting our expansion of the CHIME program that I was referring to earlier. So for example, we have now developed some family tip sheets and these are ways that the educator and the family can partner together in learning these mindfulness in socio-emotional learning strategies and then how to use them for themselves as the caregiver, as the parent, for example, and the educator and then how to support using these tools with their children. So that's one way we've expanded the CHIME program with these PDG funds.

We've also been able to have a greater reach within Nebraska to bring CHIME to, for example, Spanish speaking providers, those who would participate in the program, when we culturally adapted it into Spanish. And then we've also been able to reach more family home providers, particularly in using Zoom for example and some other online features. So that's been another opportunity through the PDG grant.

And I guess the last thing that I think has been a huge benefit is that we've been able to grow our facilitators, so those who can facilitate the program.

Denise Mauzy:

That's wonderful. And can you share some of your success stories?

Holly Hatton-Bowers:

Yeah. So I think one of the biggest successes I've seen through the participation of CHIME would be a child care center. And I just use them as one example because it started with leadership really endorsing this idea of supporting emotional wellbeing. So the organizational culture was we want wellbeing to be front and center here at our program.

And so they started with a couple people coming in, getting trained into the CHIME program to be facilitators. There was a lot of support from the director and other administrative staff to make it happen. And then they really carved out time for their staff to be able to participate during the work time, so they didn't have to participate after work hours. So it was really intentional about how they brought CHIME to the educator so that they were, again, not having to do something extra.

But they also started with, which was interesting, some of the kitchen staff were having some conflict and it was affecting the climate within the program. And so they started CHIME with that group and afterwards they said that there was such improvement among communication, among people assuming positive intent, people feeling more emotionally regulated in having these strategies.

And I think they even said that as they went from kitchen staff to educators, people would say, "I need to go CHIME, go CHIME or sit down and be CHIME myself," meaning just I need to figure out a strategy or a tool maybe to be emotionally regulated or have these conversations in a more supportive way.

Also with that program, they've created a room and a space. So we always say with the CHIME program, make sure there's space and a place to really think about your emotional wellbeing or wellness in general. And so they now have a wellness room that has a lot of different ways that the educators or anyone working in that program can come and support their wellness.

Denise Mauzy:

I love that the name of the program has almost become a code for I need to focus on my wellness for a moment. It's very exciting. And any examples from family child care that you can share?

Holly Hatton-Bowers:

So we have one family child care provider just last year, so participating during the pandemic in one of the online ... in its synchronous programs. And she got very teary eyed. She's been a family home provider for 20 years and she said it can be very isolating to be a family home child care provider.

And she was relaying her experience after participating in CHIME almost in tears because she said it's the first time that she acknowledged her own emotional wellbeing as a person, a professional, that she felt like she had a community that she could talk to and reach out to. And so that made her feel connected in those relationships.

And she said it was the best professional development experience she'd ever had for 20 years because she finally had some tools and acknowledgement of how important she herself was to be emotionally regulated, to be present for the children in her care.

And she also said it allowed her to slow down and see children in the ways that they interacted and the needs that they had to support their emotional regulation. So it was just a beautiful story how she said it was affecting her personally and professionally.

Denise Mauzy:

That's a really powerful story because isolation can be so impactful in terms of mental health for the workforce. And so it's great that you're able to provide this service that helps create that sense of connection.

So Kerri, I wonder if you can share with us how you've been able to support workforce wellness using your program during the pandemic, because we know it's had such a large impact?

Kerri Schnake:

Early on when there was fewer programs that were inviting anyone into the center obviously for health reasons it moved to all virtual, which was a strain for our coaches who were trying to start Be Well Care Well with new programs. For those who already had established relationships and the trust was built and the relationship was built, they had an easier time maintaining contact virtually with the team that they were already working with.

Those who were trying to start with new programs, it's a struggle to build a relationship and so much of the model and wellbeing in general is about that connectedness. And so that's harder to achieve when you're virtual, harder to achieve when you're virtual and responsible for operations during a pandemic at a child care program. So that was a lot of the barriers.

The coaches were pretty creative, they always are so creative in finding ways to still encourage the staff even from a distance. So sometimes it was phone calls and they said, particularly in that first year, a lot of the phone calls were simply to listen, that the providers were so stressed and so scared and so overwhelmed that they just needed to say that out loud to somebody.

So it's taken a lot of creativity to manage how to make those connections through the pandemic. We're at a point now where with the proper safety precautions, there are back to mostly in-person visits. And so that has eased some of the distance that came with the virtual setting.

Fortunately though, I will add too that our evaluation impact results showed that there was still the same outcome, same impacts, statistically significant changes in outcomes the year of the pandemic as there were the year prior. So that was encouraging.

Denise Mauzy:

That is encouraging and it's such a needed resource in terms of wellness during that really difficult time. And Holly, same question for you. How did workforce wellness supports differ during COVID in your state?

Holly Hatton-Bower:

So I think that was something that shifted in being more intentional about how can we deliver a program like CHIME, how can we still have these resources and support so that it doesn't, again, overwhelm an already overwhelmed ... the whole education workforce was overwhelmed. So how can we do this in a way that's actually going to be supportive?

So I think through that we made some improvements to CHIME because we really got some feedback about how can we deliver this in a way that's going to be accessible, that's going to be

meaningful and not cause more stress. And so we did that with some shifting of having things delivered virtually and having those small groups I think was also helpful.

And we also had similar results, so statistically decreased emotion dysregulation. We've also looked at physiology, so we also found that wearing Actihearts, they were still able to participate in some of these research aspects as well as participate in CHIME.

We just had to be more flexible and be more about coming to them and saying, "How can we provide this program and these resources to you in a way that's actually going to be helpful?"

Kerri Schnake:

A lot of the directors have been reporting to us that they're using the language of wellbeing in their job descriptions, that they're elevating that as a priority in their program to recruit new staff, and that they feel like it has helped retention, reduce turnover because they had that connectedness, they had that supportive environment. So that's been another way, in a good way I guess, that the pandemic has changed the way that our program is talked about, I guess, and utilized by the providers.

Denise Mauzy:

Well, unfortunately we've run out of time, but I want to thank you both, Holly and Kerri for joining us today on the podcast and also just for the great work that you're doing, not only in your respective states, but in supporting other states as well to help them really focus on early childhood workforce wellness. It's been a pleasure talking with you both.

Holly Hatton-Bowers:

Thank you so much for having me.

Kerri Schnake:

Thank you.

Narrator:

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