
EXECUTIVE SUMMARY

Health and School Readiness Literature Review

Selected Programs,
Components, and Findings
in the United States, Excluding California

Funded by First 5 California



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June 2006



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Citation: Emel, BL, Alkon, A. 2006. Health and School Readiness Literature Review: Selected Programs, Components, and Findings in the United States, Excluding California. California Childcare Health Program. Oakland, CA. Access at www.ucsfchildcarehealth.org.

The purpose of this literature review is to summarize the health components, initiatives, and outcomes of key School Readiness (SR) Programs in the United States, not including California. The intent of this review is to provide relevant information for county First 5 staff renewing their School Readiness Programs and developing health interventions and/ or outcomes to address the required 'health and social services' element of their programs. This literature review summarizes key findings of program components and outcomes related to health and SR.

The literature review is divided into four sections: introduction, key/selected School Readiness Programs, key findings and lessons learned, and tables and references.

Since many health and social disparities originate in early childhood, early screening and identification of problems is important before children start kindergarten. Studies have shown that children learn better when they are physically and emotionally healthy. The National Education Goals Panel, National School Readiness Indicators Initiative, and National Governors' Association all developed comprehensive goals or initiatives that included health as a key component in their plans to help children be ready for kindergarten. The Ready Child Equation (developed by the National School Readiness Indicator Initiative) is presently providing a national framework for School Readiness Programs. It includes Ready Families, Ready Communities, Ready Service, Ready Schools.

There are several key early childhood programs and research projects that provided a foundation for current SR programs. These programs are summarized and their health components are highlighted. The Head Start Program, Chicago Parent-Child Centers, Syracuse Family Development Research Program, Brookline Early Education Project, The Carolina Abecedarian Project, Elmira Prenatal/Early Infancy Project, and Infant Health and Development Project.

All of those listed above included some health components in their programs. Some programs focused on general health, immunizations, nutrition, oral health, lead, anemia and other programs included home visits, health screening, promoting regular health care, and parent participation. Outcomes of these experimental or quasi-experimental studies showed the following changes in health: higher immunization rates, more children with regular health care, fewer behavior problems, lower rates of child abuse and neglect, and fewer emergency room visits. Long term effects included fewer pregnancies, arrests, smoking, alcohol consumed, convictions, and lifetime sex partners than children not enrolled in these intervention programs.

Present-day state and regional initiatives are summarized that incorporate health-related components in their programs. This includes the following:

- National School Readiness Indicators Initiative
- Arizona's School Readiness Action Plan
- Smart Start – North Carolina
- First Steps – South Carolina
- Early to Rise: Improving the school readiness of Philadelphia's young children
- Kids Matter – Washington State
- Achieving School Readiness: A 5-Year Action Agenda for Maryland

These programs vary in size and scope, yet the successful programs include a comprehensive approach to SR. For example, in many cases, a health professional, such as a child care health consultant is part of the SR team. Child care health consultants provide on-site and telephone consultation to early childhood care and education programs in North Carolina, Arizona, and Washington. Positive health outcomes across

the programs include high immunization rates, increased access to health insurance, increased numbers of children with regular health providers or medical homes, increased number of children screened for health problems, and increased health education provided for intervention sites compared to other sites.

The key findings of this literature review follow:

1. School readiness programs are effective in many ways.
2. States are showing promising efforts in school readiness.
3. The Ready Child Equation shows potential in providing guidelines for SR initiatives.
4. More outcome data is needed on the effects of health components included in school readiness programs.

The specific recommendations for community SR programs are:

1. Children need to be healthy in these areas:

- a. Medical/physical, specifically:
 - i. immunizations
 - ii. lead poisoning
 - iii. asthma
 - iv. nutrition/obesity prevention
 - v. safety from injuries
 - vi. safety from child abuse/neglect
- b. Vision
- c. Oral health
- d. Social and emotional development
- e. Mental health

2. In order to address these issues, programs should provide or facilitate easier access to:

- a. Screenings for medical oral, vision, and mental health issues
- b. A medical home or regular place of medical care
- c. A Child Care Health Consultant
- d. Access to health insurance for children and mothers
- e. Nutrition assistance such as WIC and Food Stamps
- f. An integrated approach that serves both children and parents/caregivers
- g. Parent education regarding children's health issues and developmental milestones
- h. Health education for early care and education professionals

3. Programs may want to also address these issues:

- a. Maternal health
- b. Educating pediatricians, dentists, and other child health care providers about the importance of health to school readiness
- c. Collaborating with other agencies to achieve the above recommendations

The program components which worked for the programs reviewed in this literature to address health and school readiness are:

1. Comprehensive services
2. Collaboration
3. Two-generation format
4. Parent education
5. Home visiting
6. Child Care Health Consultation
7. Medical home/regular place of care
8. Access to health insurance
9. Access to available services
10. Health screenings
11. Mental health
12. Immunizations
13. Nutrition
14. Lead poisoning
15. Oral health

The tables in the literature review support the information summarized above. Table 1 lists the SR program topics by what worked and what didn't work so well for the programs summarized in this literature review. Table 2 summarizes the key/selected programs, their study design, sample, health components, health outcomes, and relevant findings. Table 3 shows the health indicators for 19 state programs and Table 4 provides state program website addresses.

The conclusion of this health and SR literature review is that there is a strong basis for including health as a component of SR programs based on historical and recent programs' experiences and outcomes. Children must be physically and emotionally healthy before they can learn in kindergarten. Successful SR programs should meet the local community and family needs and include as many of the components listed above as possible. To meet the goals of the National Governors' Association and the National School Readiness Indicators Initiative, health must be one of the essential components of SR programs.