

Prenatal & Childhood Healthcare: Overlooked Foundations of School Readiness

What's at stake

Preparing a kindergartener to succeed in school begins at least five years before enrollment day. Prenatal and preschool experiences have a direct impact on the likelihood a student will do well in the classroom.¹ At least half of the achievement gap that often exists between disadvantaged teens and their economically secure classmates was in place the first day of elementary school.² This gap tends to expand unless extraordinary efforts are taken to close it. Consider these sobering facts:³

- Children with health problems that result in limited cognitive, literacy and social skills performed the lowest on math and reading assessments at the end of first grade.
- Students who fall behind in first grade have one in eight chances of ever catching up with classmates.
- Third graders without moderate reading skills are unlikely to finish high school; as teens, they are at greater risk of becoming pregnant or engaging in juvenile crime.

Factors that influence a child's readiness to succeed go beyond money issues and include family structure, behavioral traits and an often overlooked foundation for school readiness—prenatal and childhood **healthcare**. One researcher has suggested that differences in family health conditions and

behaviors may account for as much as one-quarter of the racial gap in school readiness.⁴

The health connection

Children are better prepared to learn if they are not distracted by hunger, pain, discomfort or fatigue. The National Education Goals Panel, a group that monitors and measures progress toward the national goal that “all children in America will start school ready to learn,” notes several ways physical health relates to school readiness:⁵

- Low birthweight and pre-term infants are especially at risk for poor health and developmental outcomes.
- Children who are not immunized against common diseases, because of financial or other reasons, may be susceptible to preventable health problems that may lead to school absenteeism.
- Youth with physical conditions that limit activities may struggle with low self-esteem, may be absent from school more often and may require special classroom accommodations that set them apart from peers.

Other factors that may negatively impact a child's readiness to succeed in school include the mother's age when she delivered her infant, her access to prenatal care, and the availability of family health insurance.

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¹ *America's Children: Key National Indicators of Well-Being 2004*. Washington, DC: Federal Interagency Forum on Child and Family Statistics. www.childstats.gov; Lee, V. and Burkham, D. 2002. *Inequality at the Starting Gate: Social Background Differences in Achievement as Children Begin School*. Washington, DC: Economic Policy Institute. www.epinet.org; and Shonkoff, J. and Phillips, D., eds. 2002. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academies Press. www.nap.edu

² Lee, V. and Burkham, D. 2002.

³ Reading/Literacy Quick Facts, www.ecs.org/html/IssueSection.asp?issueid=97&cs=Quick+Facts

⁴ Currie, Janet 2005. “Health Disparities and Gaps in School Readiness.” *The Future of Children*, vol. 15, no. 1. www.futureofchildren.org

⁵ The National Education Goals Panel (1997). *Getting a Good Start in School*. Washington, D.C.: National Education Goals Panel.

How we stack up nationally

Compared to the rest of the nation, Indiana is doing well in some of the following health categories but not so well in others. For example:

INDICATOR	WHY IT MATTERS	COMPARISON WITH U.S.	INDIANA TREND
% babies born low birthweight	Infants weighing less than 5.5 pounds at birth have a higher probability of developmental delays and school failure. They are almost 50% more likely to require special education services.	Same	Getting Worse
% children without healthcare coverage	Children not covered by health insurance are less likely to have a regular source of healthcare. If health problems are not treated early, they can negatively affect cognitive, emotional, behavioral and physical development; and can affect school attendance and participation in school activities.	Better	Improving
% births to teenage mothers	Teen mothers are less likely to have adequate funds, social supports and parenting skills. Their children are more likely to be underweight at birth, attain lower cognitive and educational levels and are more likely to experience behavior problems.	Worse	Improving
% children in poverty	Poverty level is an indicator of child well-being because it is linked to poor outcomes in areas such as health, education and delinquency. Child poverty is a predictor of delayed cognitive development due to risk factors including lack of quality health and child care. Researchers agree that child poverty is consistently associated with “compromised child development.”	Better	Getting Worse
% mothers receiving late or no prenatal care	A lack of prenatal care within the first trimester decreases the likelihood a child will be born healthy; mothers who receive good prenatal care are less likely to deliver pre-term or low birthweight babies and are more likely to obtain regular pediatric care for their young children.	Better	Improving

Source: Annie E. Casey Foundation. 2005. Right Start for America’s Newborns Online 2005. Indiana Profile. <http://www.aecf.org/cgi-bin/rs.cgi?action=profile&area=Indiana>, and Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team, 2002 Indiana Natality Report.

Health-Related School Readiness Programs

INDIANA EARLY CHILDHOOD COMPREHENSIVE SYSTEM

The Indiana Early Childhood Comprehensive System Statewide Implementation Plan represents a comprehensive, collaborative, statewide effort to implement a strategic plan to improve the array of services available to children from birth through age five and their families.

CHILD CARE HEALTH CONSULTANTS

The purpose of the Child Care Health Consultant Program is to increase the level of health and safety in child care settings across Indiana. These consultants offer free services, including on-site, phone and/or e-mail consultations, training, and education, to any child care provider in Indiana. Through partnerships with other programs and sponsorship by the Indiana State Department of Health, these consultants connect child care providers with services and agencies around the state that help meet the health and safety needs of Indiana children.

LEARNING WELL, INC.

Learning Well is a nonprofit organization that provides preventive and primary healthcare services to students in school-based clinics in Indianapolis Public Schools. Learning Well has brokered partnerships between schools and healthcare systems to offer free medical care and health education services to students. The overarching aim: improve student health, well-being and performance in school.

School-based clinics play an important role in the healthcare system – they reduce emergency room visits for basic medical care, reduce student absenteeism and help educate families about healthy lifestyle choices.

HEALTHY FAMILIES INDIANA

Healthy Families Indiana is a locally-supported family servicing agency. This program seeks to prevent child abuse, neglect, nutritional problems, and juvenile delinquency by providing at-risk families with assistance as early as possible.

COVERING KIDS AND FAMILIES

This program focuses on making parents and families aware of the healthcare opportunities available to them through Medicaid and State Health Insurance Programs, such as Hoosier Healthwise.

HOOSIER HEALTHWISE

Hoosier HealthWise provides low-cost or free healthcare services to children, pregnant women, and low-income working families.

REACH OUT AND READ

Reach Out and Read (ROR) is a program that promotes early literacy by providing parents of young children with books and advice from pediatricians about the importance of reading.

The ROR program model is based on research that shows a connection between the frequency of sharing books with babies, toddlers and young children and enhanced language development.

How we stack up within the state

Parents, educators and policymakers should consider health at the earliest stages of life as a key factor when devising strategies to improve academic achievement.

Five important risk factors are:

1. The percent of births to mothers under age 20
2. The percent of babies born at low birthweight
3. The percent of babies born to mothers who received late or no prenatal care
4. The percent of children living in poverty
5. The percent of children without health insurance from any source (2000 estimate)

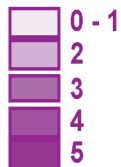
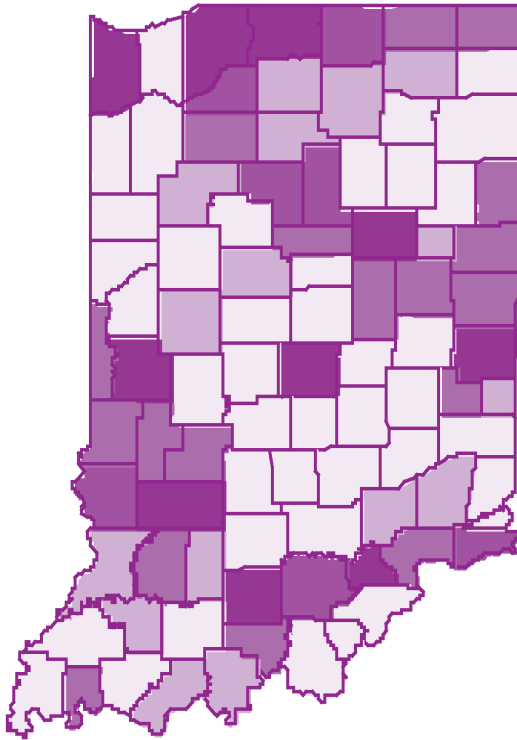
In the first map, Indiana's 92 counties are shaded according to how their cumulative number of five health-related risk factors compare with 2002 state averages.

The second map shows the percentage of third-grade students who passed the ISTEP+ test during the 2003-2004 school year.

Comparing the map of school readiness indicators with the percent of third graders passing ISTEP+ might suggest a possible relationship between higher rates of risk factors and lower rates of academic performance in third grade. The maps are not intended to be the definitive answer as to why some counties may have lower academic performance. However, they may be used as a foundation for discussions in your county regarding ways to enhance existing supports for families and the reduction of risk factors.

CUMULATIVE HEALTH-RISK FACTORS

In order to better understand school readiness, it is helpful to look at indicators thought to play a role in school readiness. The following map presents information on certain risk factors that are above the state averages. Counties are shaded according to the cumulative number of indicators that are above and below the state averages.



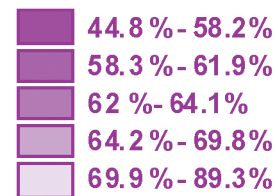
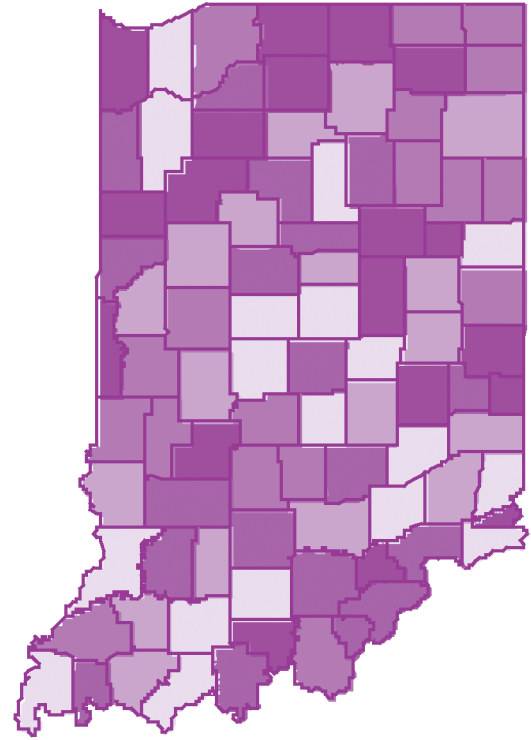
Indicators:

- The percent of births to mothers under age 20 above state average, 2002
- The percent of babies born at low birthweight above state average, 2002
- The percent of babies born to mothers who received late or no prenatal care above state average, 2002
- The percent of children living in poverty above state average, 2002
- The percent of children without health insurance from any source above state average, 2000 estimate

PERCENT OF THIRD GRADERS PASSING ISTEP+

By comparing the percent of third graders passing ISTEP+ with the map of school readiness indicators, you may discover your county has higher rates of risk factors and lower rates of academic performance by students in third grade.

State Average: 63.1% passing



Recommendations

For all Hoosiers:

- Strongly consider physical, mental and emotional health when addressing school readiness through families, communities and effective public policies.

For policymakers and government officials:

- Find common ground in the difficult but necessary debate about the best policies for increasing the number of families and children with access to healthcare.
- Assure that the resources and assistance provided by public healthcare programs are delivered effectively where children live – in neighborhoods and communities.
- Disseminate information about public and private healthcare resources through grassroots organizations such as community centers, religious congregations, schools and libraries.
- Facilitate relationships and collaborations among healthcare providers to strengthen the network of services available to children and youth.

For healthcare providers:

- Offer pregnancy tests and educational programs about the negative effects of drug use, sexually transmitted infections, alcohol, smoking, diabetes and other conditions harmful to fetuses.
- Schedule prenatal care, childbirth and child development classes as a part of routine care.
- Develop partnerships with public transportation systems and community-based organizations that can help parents travel to medical appointments with their children.

For communities:

- Provide supports including adult literacy programs and child development information; encourage parents to take active roles as their children's earliest educators.
- Establish networks among service providers to ensure all pregnant women receive prenatal care during their first trimester.
- Encourage collaborations among community and faith-based organizations best suited to disseminate information and serve at-risk women.

Resources

- The National School Readiness Indicators Initiative, <http://www.gettingready.org>
- Maternal and Child Health (MCH) block grant awarded to the Indiana State Department of Health (ISDH), <http://www.in.gov/isdh/programs/mch/FY2005StateNarrativePDF.pdf>
- First Steps Indiana, http://www.state.in.us/fssa/first_step/
- Healthy Families, <http://www.state.in.us/fssa/families/protection/dfchealthy.html>
- Indiana Head Start and Early Head Start, <http://www.in.gov/fssa/children/headstart/>
- Hoosier Healthwise, http://www.in.gov/fssa/hoosier_healthwise/index.html
- Women, Infants and Children (WIC) Program (Nutrition Program for Women, Infants, and Children), <http://www.in.gov/isdh/programs/wic/wicone.htm>
- Born Learning, <http://www.bornlearning.org/default.aspx?id=33>

Indiana Youth Institute Resources

- IYI's web site, www.iyi.org, a growing source of reliable information to youth workers, policymakers and the media. The site contains new reports and studies on children, Indiana county data that can be downloaded and manipulated into reports and graphs, and information on IYI's services.
- Virginia Beall Ball Library, an outstanding collection of materials on healthy youth development, youth service delivery, nonprofit management and fundraising. All materials can be borrowed easily by youth workers throughout the state, either online, on-site, or through our toll-free main number.
- Custom data research, provided by qualified IYI staff at no charge to youth workers, policymakers, funders, program planners and the media.
- Regional trainings at substantial discounts, taught by outstanding instructors on topics most requested by youth workers, including fundraising, working with children, and parent involvement.
- Professional Development Grants, mini-grants of up to \$750 for qualified youth workers to attend their choice of courses, seminars, workshops, and conferences.
- Youth Service Help Line, 877-IYI-TIPS, a free telephone assistance service that provides quick answers from professional mentors about fund development, legal questions, and working with children and parents.
- IYI consulting services provide low cost professional consultation on fundraising, evaluation, nonprofit management, technology, board development, strategic planning, marketing, volunteer recruitment and more.
- IYI Evaluation Associates, for organizations requiring comprehensive, long-term professional evaluation, billed at low contract rates.

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