



Promoting
School
Readiness
Through
Healthy
Children

Making Kids Count

PURPOSE

Making Kids Count: Promoting School Readiness Through Healthy Children is part of a series of special reports by Kansas Action for Children (KAC). These reports, a supplement to the 2006 KIDS COUNT project, delineate efforts to ensure our children are prepared to succeed in school. Despite the fact that Kansas offers a foundation for child care and early education programs, many children still enter school ill equipped for educational success. Research shows that children who start behind, stay behind. Investing in quality early learning opportunities can help prepare children to do their best in school.

These reports are intended to provide legislators with key research findings as they develop policies to ensure access to essential supports for Kansas children and their families.

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INTRODUCTION

School readiness is no longer thought to be just an issue of knowing your letters and numbers, but rather a product of multiple components involving language development, cognitive and general knowledge, approaches to learning, and social and emotional development.¹ One of the most fundamental factors of school readiness, however, is the health of the child. Because children's health can impact their ability to attend to tasks, engage in activities, and socialize with others, it becomes a critical component of their overall readiness for school.



OVERALL FINDINGS OF THIS REPORT INCLUDE:

- Extensive research, and the opinions of professionals nationwide, point to the conclusion that health plays an important role in school readiness. Bottom line: Healthy children learn better.
- Children who go untreated for health problems or experience chronic health conditions may struggle to learn (e.g., pain interferes with ability to concentrate, or treatments get in the way of participation in activities necessary for skill development), resulting in a long-term impact on their development and school achievement.
- Children with chronic health problems miss twice as many days of school and perform more poorly on national achievement tests than do children without such problems.
- Minority and lower-income children are more likely to struggle with common chronic health problems, such as tooth decay and asthma, due to factors such as limited or no treatment.

THE RELATIONSHIP BETWEEN HEALTH AND SCHOOL READINESS

The importance of health for children's school readiness has been recognized by professionals throughout the country. In Kansas, professionals from the Early Learning Coordinating Council have included health as one of the guiding principals for school readiness.

- School readiness involves the whole child in the context of the family and community, including the child's health and development in the physical, social, emotional, intellectual, and language areas.²

On a national scale, representatives from health, education, and social service organizations indicated in the National Action Plan for Comprehensive School Health Education that there is a direct link between child health and education outcomes.³

The Effect of Poor Health on School Readiness

Although most children become ill from time to time, potentially having a short-term effect on school readiness and achievement, children who go untreated or have chronic health problems may struggle to learn, resulting in a long-term impact on their development and school achievement.⁴

Chronic poor health in children can affect their school readiness by:⁵

- Leaving a child feeling too poorly to participate
- Leaving a child stressed, fatigued, or with pain that interferes with concentration
- Interfering with a child's opportunity to participate in activities (e.g., time needed for treatment conflicts with activities)



- Limiting beneficial activities and changing the way the family treats a child (e.g., a family may see a child with chronic illness as frail or vulnerable and be overly protective, discouraging her/him from engaging in activities that could sharpen academic and social skills)
- Directly affecting ability to learn by altering body chemistry (e.g., a child is too groggy from medication to concentrate)
- Directly impairing cognition and behavior (e.g., the health results from lead poisoning)

Studies on children with chronic health problems have found negative effects on school attendance as well as achievement scores. For example, in one study:⁶

- Children with chronic illness missed more than twice as many days of school than did children from the general population (16 days for children with chronic problems compared to less than 7 days for the general population).
- Chronically ill sixth graders scored only at the 51st percentile on a national achievement test, whereas children who were not chronically ill scored at the 63rd percentile.
- Children with more serious health problems (e.g., spina bifida, sickle cell disease, epilepsy) were at particular risk for poor school achievement.
 - Children who had chronic conditions coupled with lower socioeconomic status, had an even greater risk for poor school achievement.

Poor dental health and asthma are the most common chronic childhood health problems interfering with language and other development.

DENTAL HEALTH

Tooth decay is the most common childhood chronic condition; 51 million school hours are lost per year due to dental-related illness.⁷ Although tooth decay may result in nothing more than a filling or two, if left untreated, chronic pain from dental disease can lead to problems of eating, sleeping, speaking, and learning.⁸

Negative effects from tooth decay may have a greater impact on minority and lower-income children than on Caucasian children, most likely due to the varied treatment.

- Compared to only 14.4% of Caucasian children in the U.S. 2-5 years of age, 25.1% of African-American and 34.9% of Hispanic children of the same ages have dental health problems that go untreated.⁹
- Lower-income children have almost 12 times more restricted-activity days because of dental problems than do higher-income children.¹⁰



ASTHMA

Aside from dental health problems, asthma is one of the most common chronic conditions in children. Similar to dental health problems, asthma can impact school readiness and achievement.

- Asthma is the leading health-related cause of school absence.¹¹
- In addition to increased absenteeism, children with asthma are more likely to have a learning disability and to repeat a grade in school.¹²

Lower-income and minority children are more likely to experience problems with asthma than Caucasian children.

- Lower-income and minority children are slightly more likely to have asthma.¹³
- Minority children are more likely to have their activity limited due to asthma.¹⁴
 - Compared to 21.4% of Caucasian children, 32.7% of African-American children experienced a limitation in their activity due to asthma.¹⁵



Despite similar rates of asthma, African-American children seem to struggle more. Children whose asthma is adequately managed should have no acute attacks, so the differences in minority and lower-income status around asthma-related problems can be explained by the fact that these children are less likely to get adequate treatment for their problems.¹⁶

Although research is not conclusive, it is possible that the prevalence of chronic health problems – such as tooth decay and asthma – is directly linked to the demographic gaps so often observed in school performance and school readiness. If minority and lower-income children are less likely to receive treatment for their health problems, resulting in prolonged struggle with such problems, they may be more likely to show school readiness and academic difficulties as a result.

Aspects of Health Related to School Readiness

Given the role of health in school readiness, children will be best prepared for school when, among other things, they have access to the things needed for good health. The building blocks for optimal development related to health include efforts both before and after birth.

- Before birth, good health can be developed through early and regular prenatal care and high-quality maternal nutrition during pregnancy.
- After birth, it is important that the children have access to regular well child and acute healthcare, early recognition and remediation of problems, high-quality nutrition, and protection from safety hazards.¹⁸

“Children should receive the nutrition, physical activity, and healthcare they need to arrive at school with healthy minds and bodies and to maintain mental alertness.”¹⁷

BEFORE-BIRTH HEALTH: Prenatal Care and Its Importance

Much attention has been focused on the importance of prenatal care as a means of ensuring healthy development before and after birth. In 2003, 81.2% of live births in Kansas were to mothers who had received adequate or better prenatal care.¹⁹

Good prenatal care helps reduce the occurrence of low-weight births (infants weighing less than 5.5 pounds at birth), currently at 7.4% of live births in Kansas.²⁰ This, in turn, helps reduce the risk for later health and learning problems.



- Low birth weight is the leading cause of infant mortality.²¹
- Compared to infants born at a normal weight, those born at a low birth weight are at greater risk for long-term illness.²²
- Children born at a low weight are at risk for developmental disabilities.^{23,24}
- Low-birth-weight children are more likely to be enrolled in special education classes or to repeat a grade in school.²⁵
- Due to low birth weight, infants who are born early (pre-term) also have greater difficulty with long-term learning. In a study examining how pre-term and full-term children differ in education, children who were pre-term (compared to those who were not) had more difficulty completing tasks involving reading, spelling, and math. They also tended to have language difficulties related to grammar and abstract thinking.²⁶

Although risks are associated with all low-weight births, the lighter the child at birth, the greater the risk for long-term problems.²⁷ While most infants born at a moderately low weight thrive (suffering few or no problems), those who are more significantly underweight at birth are at greater risk of cognitive and physical disabilities.²⁸

Children in minority groups are more likely to be born at a low birth weight. For over 40 years, African-American women have been twice as likely as Caucasian women to give birth to babies of low weight.²⁹

- In 2000, 13% of babies born to African-American mothers were low weight, compared to 6.5% of those born to Caucasian mothers.³⁰
- This minority status gap exists regardless of maternal age has not been explained by multiple births, and has not been explained by socioeconomic status alone.³¹

Given the link between low birth weight and subsequent learning difficulties, this gap in the occurrence of low-weight births in minority groups (similar to the gaps in treatment for health problems based on minority status) may also help to account for the minority-Caucasian gap seen in school readiness.³²



AFTER-BIRTH HEALTH: Access To Healthcare

Access to health services is essential to ensure school readiness through healthy development. Realizing the role that available healthcare can play in school readiness, some states include indicators of school readiness such as the availability, quality, and affordability of healthcare.³³

The ability to obtain the immunizations, health assessments and screens (e.g., developmental, lead exposure, mental health), and treatment so necessary for healthy development³⁴ ultimately comes down to the ability to pay for it. Costs are typically aided by health

insurance, yet, 11% of all Kansans (294,000 people), and 6.4% of Kansas children (45,000 persons under age 18) are without coverage.³⁵ The result:³⁶

- Families without health insurance are less likely to get primary healthcare services (e.g., immunizations) that can prevent health problems.
- Families without health insurance are less likely to get treatment for existing chronic or acute health problems; if they do receive treatment it is likely to be delayed.
- Children without health insurance are more likely to miss school as a result of illness.

Considered altogether, unless attention to health-related school readiness is addressed:

- Children without health insurance are more likely to receive limited or no preventive care or treatment for existing health problems.
 - Children without preventive care and treatment are more likely to be unable to concentrate and engage in activities necessary for school readiness and achievement.
- Minority and lower-income children who are less likely to be insured and get treatment will continue to lag behind their peers in school readiness and achievement.
- Significant numbers of Kansas children will continue to be ill-equipped to learn.



POLICY RECOMMENDATIONS

Health is fundamental to child well-being. When children do not receive necessary preventive services and proper nutrition, their overall health suffers, as does their ability to learn. Conditions such as hunger, illness, and emotional distress interfere with a child's development and learning. Quite simply, healthy kids learn better.

Three issues have emerged that present a clear opportunity to improve the health of Kansas children and to create a foundation for their success in school: access to healthcare, access to dental care and improved nutrition.

HEALTH INSURANCE

In Kansas, over 45,000 children do not have health insurance. Although health insurance does not guarantee access to quality healthcare, children who are uninsured are less likely to have a regular source of healthcare. Treatable health conditions that can affect a child's long-term development are much more likely to be addressed if the child is insured. Conditions such as asthma, iron-deficiency anemia and middle-ear infections, if left untreated, can adversely affect school performance, mental development, and hearing.³⁷

A crucial step to ensure that children have access to comprehensive healthcare services is to maximize participation in HealthWave and Medicaid for those eligible. In Kansas, however, children who are income-eligible comprise a vast majority of the uninsured children. In fact, approximately 70 percent of uninsured Kansas children are eligible for public health insurance.

One strategy for increasing the number of insured children is presumptive eligibility. Through presumptive eligibility, or streamlined eligibility, the state can make sure that children in other government programs are also enrolled in Medicaid or



HealthWave. For example, many uninsured children participate in other government assistance programs such as child care subsidies, the National School Lunch Program, Food Stamps, and the Women, Infants, and Children program.

ACCESS TO DENTAL CARE

Oral health is a critical but often overlooked component of overall health and well-being. When children's oral health suffers, so does their ability to learn. Pain from untreated dental disease can lead to eating, sleeping, speaking, and learning problems in children, which affect their social interactions, school achievement, general health, and quality of life. Children's oral health is a key component of school readiness.

Although health insurance is essential to meeting the healthcare needs of Kansas children, it is only part of the solution. Families also must have access to local healthcare providers who are willing to accept their insurance as payment.

In Kansas it is clear that workforce development issues, including the lack of dental professionals, requires public policy attention. Kansas not only needs to develop a plan for attracting and maintaining a quality oral health workforce, but it also needs to provide greater incentives for dental professionals to serve lower-income populations. Other states have successfully addressed this problem with programs to increase provider reimbursement rates, loan repayments for dentists and hygienists, and special incentives to serve underserved populations.



NUTRITION

There is a critical link between nutrition and learning. Inadequate nutrition during childhood can have detrimental effects on children's cognitive development and on productivity in adulthood. Nutritional deficiencies also negatively affect children's school performance, their ability to concentrate and to perform complex tasks, and their behavior.³⁸

Early childhood is a key time to teach children about food and nutrition. A child's day-to-day experiences with food and eating affect the way they think and feel about nutrition, and greatly impact the development of eating habits. It is also important to ensure the continuity of the healthy habits young children develop before entering school by controlling the school nutrition environment. Research shows that changes in the school food environment can positively impact food choices and improve the quality of children's diets while at school.

Given that proper nutrition has an immediate impact on children's ability to learn, as well as on children's oral health and obesity prevention, it is imperative to ensure that school food services and vending services offer nutritious selections. School officials – with input from parents, caregivers, and school health and nutrition consultants – have the flexibility to decide what is sold, where it is sold, and when it is made available to students.

By continually providing children of all ages with positive food experiences and options, Kansas children can begin to develop an awareness of good nutrition and to develop healthy eating habits for a lifetime.





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REFERENCES: Data sources cited in the text are available online at www.kac.org. You may also contact KAC at (785) 232-0550 or kac@kac.org for more information regarding the data sources used in this report.

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OUR MISSION

The mission of Kansas Action for Children (KAC) is to advocate for policies and programs that ensure and improve the physical, emotional, and educational well-being of all Kansas children and youth. KAC is an independent and nonpartisan voice on their behalf.

OUR WORK

Kansas Action for Children is an independent, nonpartisan, citizen-based corporation founded in 1979. We work on behalf of all children to ensure that their physical, emotional, and educational needs are met so they can become healthy and contributing adults.

- We paint the picture of Kansas children by gathering and publicizing data on child well-being through the the Kansas KIDS COUNT Data Book and other special reports.
- We advance alternatives by developing state policy that is child, youth, and family friendly. Over the years, programs related to early childhood development, teen pregnancy, preventive healthcare, citizen's review boards, services to children in troubled families, and the use of funds from the legal settlement with tobacco companies have stemmed from our work.
- We build the base of citizen advocacy for children and youth by working with citizens and organizations across the state. We believe that hundreds of citizens speaking out for children can help create communities that support families and children.