



# Healthy

Assessing children's health status upon public school entry

# Ready

## Executive Summary

A child's early experiences and environments influence their development and readiness for school. Research indicates that "school readiness" is best measured by looking at the whole child, including physical, social, emotional, language, and cognitive skills and development. The first domain – children's health and physical development—is the focus of the Durham Kindergarten Health Assessment Report, *Healthy and Ready: Assessing Children's Health Status Upon Public School Entry*.



How healthy are young children when they begin kindergarten? This was the key question that Durham's Partnership for Children (the Partnership) and Durham Public Schools (DPS) sought to answer through the Kindergarten Health Assessment project. The health and physical wellness of incoming kindergarten students was assessed using the standardized Kindergarten Health Assessment (KHA) forms submitted by families at kindergarten entry.

A total of 1,937 KHA forms were collected from all 29 elementary schools and analyzed, representing 85% of all kindergarteners entering DPS. An advisory group was convened to review the compiled data, discuss findings and recommendations, review the final report and assist in the implementation of community engagement and identified strategies. For a copy of the full report, please visit: [dpfc.net/Reports.aspx](http://dpfc.net/Reports.aspx)



## KHA Project Findings:

**Missed opportunities for identifying health and developmental needs early**—The KHA project provides the first comprehensive set of health data for young children in Durham. Data presented in the report represents the information completed for that section of the KHA form. Consistent with other analyses, a large portion of forms (79%) had some incomplete information. This is likely due to a number of factors including health care providers not completing the forms adequately, parents failing to fill out the parent portion of the form completely, and school personnel not reviewing and following up on missing information. This represents a missed opportunity in the early identification and intervention of health needs.

**Nearly one in five children are considered overweight or obese**—Childhood obesity is a national epidemic that affects children's health and learning. The KHA reports for Durham confirm that this is a serious problem in the local community as well. Health care providers conducted a physical exam of each child and identified that 18% (281) of children were either overweight or obese.

**One in four children have a reported illness or health risk**—Children's health or developmental problems may adversely affect school performance. Twenty-seven percent of children (521) had a reported illness, health risk or developmental concern. Asthma (8.6%) and allergies (5.9%) were the most common concerns identified.

**One in 10 Durham children have some type of developmental concern**—Early identification of developmental concerns is critical in preparing children for successes in school and life. Results from developmental screenings identified 172 children with 248 developmental concerns, most often language and communication problems, followed by delays in fine motor skills and emotional or social development.

**Vision and hearing problems exist at an early age**—In Durham, 5% of kindergarten students entering DPS had some hearing issues that required further screenings or referral to an audiologist for further testing. One in 10 children were referred to an eye doctor or already had a diagnosed vision condition.

## Early Childhood Health Recommendations:

*Enhance and expand early childhood health efforts in order to provide comprehensive preventive care and address health concerns early.*

- *Ensure all primary care providers use standardized developmental screening tools for all young children during well-child visits and make referrals to early intervention services as needed. Implement models such as Assuring Better Child Health and Development (ABCD), to assist primary care physicians with developmental screenings and referrals.*
- *Identify model programs to reduce early childhood overweight and obesity. Expand existing best practices such as the Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC) model.*
- *Educate parents about the importance of annual well-child visits as critical preventive health care.*

*Increase early identification of health issues and appropriate follow up through use of the Kindergarten Health Assessment as a tool for parents, health care providers and schools.*

### Community strategies:

- *Conduct a community public awareness initiative on the importance of the KHA as a tool in identifying children's health and developmental status.*
- *Disseminate the KHA form and instructions in English and Spanish throughout the community through health partners.*

### School-based strategies:

- *Educate parents about completing all paperwork required for kindergarten entry including, the KHA form and immunization record.*
- *Provide clear and simple KHA instructions in the kindergarten registration packet for parents in languages reflective of the school population.*

### Provider-based strategies:

- *Incorporate the KHA in regular 4- and 5-year-old well-child visits to ensure health screenings are completed and families have opportunities to discuss health concerns with their child's physician.*
- *Encourage medical practices to implement processes to ensure the KHA form is complete and accurate for all health screenings.*