

Quality Pre-Kindergarten is critical to **Healthy Development** and **School Readiness**



Investing in the Future of New York

“Quality pre-kindergarten is essential to the health and well being of New York’s children.”

— Dr. Joseph J. Abularrage, Flushing, NY.

Quality early education is critical to healthy development. Pre-kindergarten provides children with the cognitive, social, emotional, and physical development opportunities they need to enter school ready to learn. However, most young children are not in quality pre-kindergarten because it is difficult for families to find and afford. While New York has addressed this need by creating two state-funded programs—Universal Pre-kindergarten program (UPK) and Experimental Pre-kindergarten program (EPK)—funding for these programs is inadequate and many children are left out.

“Early childhood programs provide immediate and long-term benefits to children, stimulating their early growth and development and promoting their lifelong physical and mental health.”

— Dr. Judith Palfrey, Chief, Division of General Pediatrics, Children’s Hospital Boston, MA.

Pre-K has been proven to show immediate health benefits. Head Start, a pre-kindergarten program for 3- and 4-year-olds, has demonstrated immediate health benefits for children by requiring immunizations, linking families to health services, providing nutritious meals, and conducting vision, hearing, and developmental screenings.¹

Immediate Health Benefits for Children

- Required immunizations
- Links for families to health services
- Provision of nutritious meals
- Availability of vision, hearing, and developmental screenings

A 2005 study by Judith Palfrey et al found long-term health benefits of early education in health behaviors, health efficacy, and mental health. Urban children enrolled in high-quality early education were more likely at age 25 to have private health insurance, have a regular source of health care, visit a physician annually, visit a dentist annually, use condoms, report a health rating of very good/excellent, and have lower mental health rates of depressive symptoms.² Additionally, the HighScope/Perry Preschool study found that children participating in quality early education programs were less likely to use sedatives, marijuana, and heroin, or smoke cigarettes at age 40.³

Pre-kindergarten prepares children for school. In 2003, Richard Wertheimer et al gave a bleak report of our nation’s kindergarteners, showing that over half of kindergartners lagged behind in one or more areas of development: 31% had at least one health challenge, 31% lagged behind in social and emotional development, and 19% lagged behind

Long-Term Benefits to Quality Early Education Participants^{3*}

- More have private health insurance
- More have a regular source of health care
- More visit a physician annually
- More visit a dentist annually
- More use condoms
- More report a health rating of very good/excellent
- They have lower mental health rates of depressive symptoms

*Among urban children

in cognitive development.⁴ However, according to a 2004 poll by Fight Crime: Invest in Kids, children who attend quality pre-kindergarten are better prepared for school. Their poll found that 78-93% of kindergarten teachers said children who attended quality pre-kindergarten programs were more likely to get along with others, be sensitive to others’ feelings, know letters of the alphabet, have problem-solving skills, follow directions, and be less likely to disrupt class.⁵ Such learning, coping, and decision-making skills that are acquired during early childhood determine performance in school and set children onto life pathways that affect their health and well-being over time.⁶

Early education is particularly important for children living in low-income families because they are at an increased risk for delays. However, children from all economic backgrounds can benefit from pre-kindergarten. Nearly half of children who do not recognize letters of the alphabet when they enter kindergarten come from middle or higher income families.⁷

“Early education generates a tremendous return on investment. Healthy, well-developed minds are the community members, innovators and leaders of the future.”

— Dr. Glenn Flores, Director, Center for the Advancement of Underserved Children, Medical College of Wisconsin

Quality early education programs can benefit society economically by reducing the need for reparative expenditures. Long-term research studies link quality early education programs to lower rates of special education, grade retention, births out-of-wedlock, abortions, and smoking, all of which economically burden local, state, and federal government.⁸ According to an analysis of the Abecedarian preschool study, participants in the program were less likely to smoke by 16%, resulting in health benefits and longer lives, for an estimated benefit of \$164,000 per person. Another study found that children who participated in a pre-kindergarten program had 26% less births out-of-wedlock by age 27 and 19% less abortions by age 27.⁸ Pre-kindergarten is also linked to higher achievement test scores, higher graduation rates, and higher post-secondary enrollment rates which positively correlate with greater individual economic success. From an economic analysis of pre-kindergarten reported in Elisabeth Wright’s 2003 report, it is clear that the impacts of pre-kindergarten benefit society. For every dollar invested in quality early education, society saves between \$4 and \$8 in avoided costs associated with crime and delinquency, welfare participation, special education, and remedial education.⁹

Pre-Kindergarten is Linked to Lower Rates of ^{8, 10}

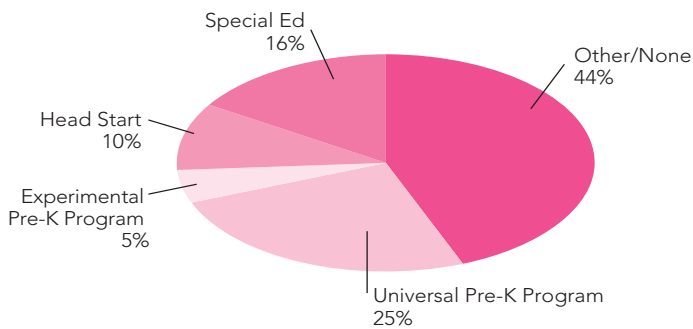
- Special education
- Grade retention
- Births out-of-wedlock
- Abortions
- Drug Abuse
- Smoking

The lack of access to quality Pre-K learning and care opportunities represents another example of how we, as a nation, are failing our youngest children.”

— Dr. George L. Askew, Founder and Executive Director, Docs For Tots

Many of New York’s children are being left out of pre-kindergarten. In New York, only about 1% of 3-year-olds and 30% of 4-year-olds were enrolled in state-funded pre-kindergarten programs in the 2002-2003 school year.¹¹ Head Start, a federal program for low-income children and their families, only served 7% of 3-year-olds and 10% of 4-year-olds. Not only is there not enough availability of affordable quality pre-kindergarten in New York, but the alternatives are far too costly. While the average cost of New York public college tuition in 2003 was \$4,014, quality early education often costs twice that.¹²

Enrollment of 4-Year-Olds in New York



Source: NIEER

In addition to availability, the quality of early education varies widely. Most programs do not meet all of the recommended standards, such as low teacher-child ratios, small class sizes, and well-educated teachers.

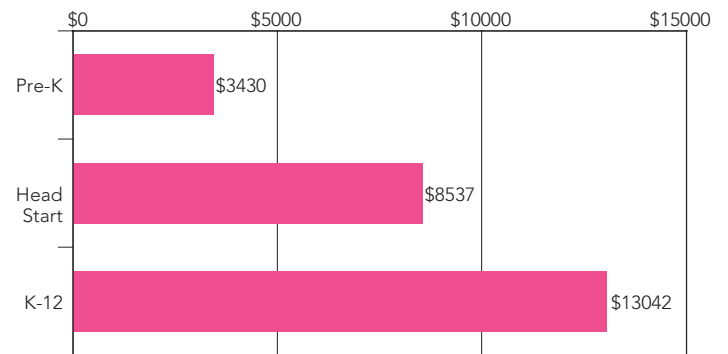
Although the quality of early education increases with higher levels of teacher education and training, most early education professionals are paid significantly less than kindergarten teachers. Subsequent high rates of staff turnover threaten the quality and effectiveness of early education.

“Investing in high-quality pre-kindergarten in New York is investing in the health of our children and our future.”

— Dr. Anthony Battista, Mineola, NY

State investments in education and development in the earliest learning years constitute a very small percentage of overall public expenditures, in many states less than 1%.¹¹ In New York, the funding per child enrolled in a state-funded pre-kindergarten is substantially less than is spent in the K-12 school system.¹²

Spending Per Child Enrolled in New York



Source: NIEER

New York should expand pre-kindergarten to:

- Serve all 3- and 4-year-olds.
- Improve the quality of pre-kindergarten settings by increasing teacher training and compensation.
- Integrate comprehensive health and support services for children and their families.

Endnotes

- ¹ Zigler, E., Piotrkowski, C.S., Collins, R. (1994). Health Services in Head Start. *Annual Review of Public Health*: 15:511-534.
- ² Palfrey, J.S., Hauser-Cram, P., Bronson, M.B., Erickson Warfield, M., Sirin, S., Chan, E. (2005). The Brookline Early Education Project: A 25-year follow-up study of a family-centered early health and developmental intervention. *Pediatrics*, 116(1): 144-152.
- ³ Schweinhart, L. (2004). *The High/Scope Perry Preschool Study Through Age 40*. Ypsilanti, MI:High/Scope Press.
- ⁴ Wertheimer, R., Croan, T., Moore, K., & Hair, E. (2003). *Attending Kindergarten and Already Behind: A Statistical Portrait of Vulnerable Young Children*. *Child Trends Research Brief, December 2003(20)*. Washington, DC: Child Trends.
- ⁵ Fight Crime: Invest in Kids. (2004). Key findings: Kindergarten teachers “poll fact sheet”. Available at <http://www.fightcrime.org>.
- ⁶ Brown, J. (2002). *The Link between Early Childhood Education and Health*, Seattle, Washington: Economic Opportunity Institute. <http://www.eoionline.org/ECE-LinktoHealth.pdf>.
- ⁷ Pre-K Now. (2005). Why all children benefit from Pre-K. Retrieved from website, April 2005, <http://www.preknow.org/factsheets/childneed.html>.
- ⁸ Barnett, S. A Benefit-Cost Analysis of the Abecedarian Early Childhood Intervention. New Jersey: NIEER.
- ⁹ Elisabeth Wright, (2003). *The Case For Quality Preschool: It Can Be Done*. NGA Center for Best Practices.
- ¹⁰ Schweinhart, L. (2004). *The High/Scope Perry Preschool Study Through Age 40*. Ypsilanti, MI:High/Scope Press.
- ¹¹ National Institute for Early Education Research (2004). *The State of Preschool: 2004 State Preschool Yearbook*. www.nieer.org.
- ¹² American Association of State Colleges and Universities, & National Association of State Universities and Land-Grant Colleges. (2003). *Student charges and financial aid: 2002-2003*. Washington, DC: American Association of State Colleges and Universities.
- ¹³ Voices for America’s Children and Child and Family Policy Center. (2004). *Early Learning Left Out: An Examination of Public Investments in Education and Development by Child Age*. www.voicesforamericaschildren.org

Docs For Tots is a non-profit organization whose mission is to develop, support, and grow a nationwide network of doctors who will participate in advocating for policies and practices that improve the well-being of our youngest children.