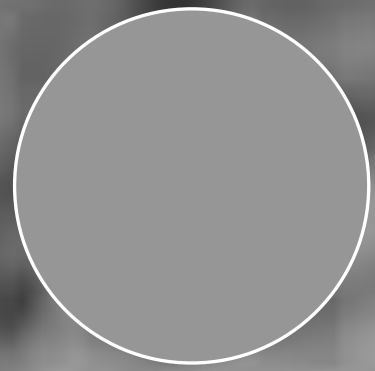




# Defining the Role of the Health System In Promoting Kindergarten Readiness

Center for Improvement of Child & Family Services

October 8, 2018



**Project Overview**



**Findings**



**Application**



Focus Groups

```
graph TD; A[Focus Groups] --> B[Technical Workgroup]; B --> C[CCO Metric Recommendation & Adoption];
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Technical Workgroup

CCO Metric Recommendation  
& Adoption

What was the  
**purpose**  
of the  
project?

The project goals are to:

- Ensure that **family voice** drives discussions about how to measure the health sector's role in kindergarten readiness.
- Collect a **range of family perspectives** to inform the development of a state-level early learning strategic plan.

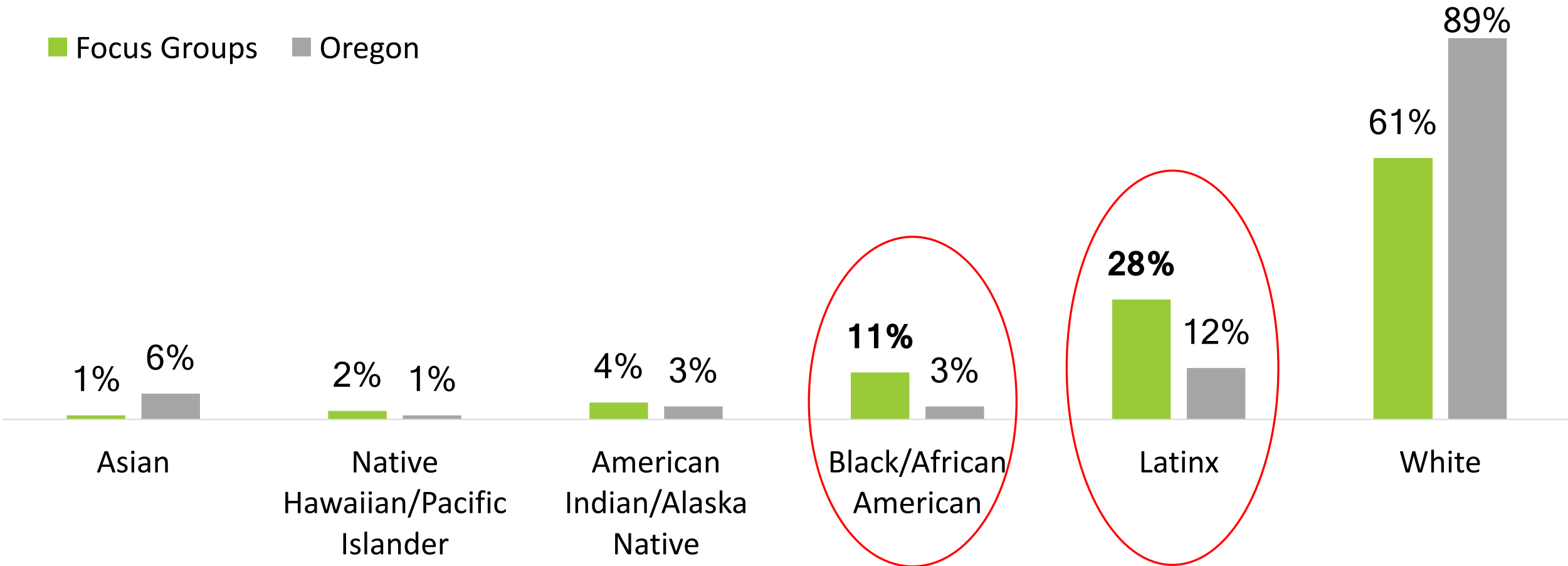
Who  
**participated**  
in the  
project?

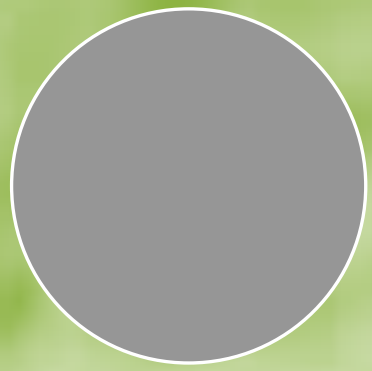
Communities and participants were  
identified with purpose



Although the majority of participants identified as White, the project actively sought participation of Black/African American and Latinx parents/caregivers

■ Focus Groups ■ Oregon





Project Overview



**Findings**



Application

What does  
school  
readiness  
mean to  
families?





# What does school readiness mean to families?

## Child

- Social emotional skills
- Executive functioning
- School familiarity
- Pre-academic skills

## Family

- Support learning at home
- Relationships with early learning providers/teachers
- Kindergarten transition/expectations



How do  
health services  
support school  
readiness?



How can  
Health Services  
continue to  
**improve**  
to support  
school readiness?



# Spend more time with families and develop trusting relationships

“

I feel that [health care providers] haven't necessarily made it a safe environment for parents to ask. If I don't feel I'm accepted that is not someone I would go to and ask [about parenting], because that takes a relationship.

”



# Share expertise, information, and guidance

“ In my experience with our doctors and dentists, they've empowered me in choice. They give me the information about immunizations or medications. They give me the information, 'You could do this or this,' then there's a personal connection and I can say, 'For my family this is what I would choose.' But they let you make that choice based on your cultural beliefs.

”



# Identify and communicate developmental concerns earlier

“ I would like them to be more upfront about what is developmentally appropriate. I feel that is the missing link, where I don't feel like my child is ready emotionally for school. But I would love if health care providers would either look at the situation and provide me the documentation to go [to Early Intervention], or let me know that I'm being overprotective. ”



## Connect parents to resources and follow-up on referrals

“ I got a really gentle referral to [Early Intervention], gentle enough that I ignored it for another 6 months. ”



# Some communities had additional suggestions to meet their needs

“

No hablamos inglés, por lo que tratamos de ir a la cita y no ofrecen un intérprete en español. No hablan español y en la clínica no ofrecen. Eso es algo que es difícil, porque no podemos obtener detalles, por lo que podemos entender lo que está sucediendo.

*[We don't speak English, so we try and go to the appointment, and they don't provide a Spanish interpreter. They don't speak Spanish, and at the clinic, they don't provide translators. That is something that is difficult, because we cannot get details, so we can understand what is going on.]*

”





What are  
**best practices**  
parents  
describe  
for the  
health sector  
to support  
school  
readiness?



# The health sector can strengthen practices to support school readiness



- Provide referral coordination
- Coordinate services across health, early learning, schools, and specialty care providers
- Promote early literacy
- Provide guidance on milestones
- Have up-to-date information about early learning and developmentally supportive activities
- Provide culturally relevant and responsive services



Project Overview



Findings



**Application**

How is the  
information  
being used?

## Health Aspects of Kindergarten Readiness Technical Workgroup



# Health Aspects of Kindergarten Readiness Conceptual Framework

Domains that Impact a Child's Kindergarten Readiness by Population of Focus for the Metric <sup>1</sup>	Domains of Specific Health Care Services and Experiences				CCO System- Level: Cross Sector Collaboration
	Promotion, Prevention & Screening/Early Detection	Follow-Up to Address Risks Identified	Care Coordination and Integration	Family-Centered Care Optimizing Interactions, Partnership, & Engagement	
<b>Children 0-6</b>					
Child Physical, Perceptual, Motor Development (Includes nutrition, vision, and dental) <sup>2</sup>					
Child Social-Emotional Well-Being <sup>2</sup>					
Child Cognitive, Language and Literacy Development <sup>2</sup>					
Family Function and Capacity <sup>3</sup>					
<b>Children with Special Health Needs:</b>					
Management and treatment of SHN(s)					
Family Capacity and Supports to Manage SHN					
<b>Parent/Caregiver:</b>					
Pre-Natal Health: Mother					
Health Shown to Impact a Child's Kindergarten Readiness: Parent/Caregiver					

## Health Aspects of Kindergarten Readiness Measure Criteria

How is the  
information  
being used?



# Unique Elements of the Project



## KINDERGARTEN READINESS FOCUS GROUP SLIDES

## KINDERGARTEN READINESS FOCUS GROUP REPORTS

- BAKER CITY
- ENTERPRISE
- GRANTS PASS
- GRESHAM-FAIRVIEW
- MEDFORD
- OCCYSHN
- PORTLAND
- YONCALLA
- CROSS-COMMUNITY REPORT

## HEALTH ASPECTS OF KINDERGARTEN READINESS TECHNICAL WORKGROUP

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## THE PSU RESEARCH TEAM



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Analyst



**Ron Joseph**  
Translator &  
Co-Facilitator



**Beth Green**  
Consultant

