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New Report Shows Only 13 of 40 Large American Cities Meet Quality Benchmarks for Pre-K, 15 Have Low Enrollment

Pre-K Programs Growing, but Cities Missing Opportunities to Create Lasting Benefits for their Youngest Learners

WASHINGTON, D.C. – A new report finds a growing number of a cities are creating new, local funding streams to establish and sustain Pre-Kindergarten (Pre-K) programs, but many programs fail to meet minimum quality benchmarks that extensive research has shown deliver lasting benefits, while other cities do provide high-quality programs but reach too few children.

“Pre-K is a proven policy every city should employ to ensure all children get a strong and healthy start,” said Shelley Hearne, DrPH, President of CityHealth. “The good news is that most of the large U.S. cities we studied have a Pre-K program in place, but there is still work to do. In order to fully reap the benefits of Pre-K, city leaders need to design high quality programs that children and families can readily access.”

“High-quality Pre-K provides benefits that go beyond the early years and lays a stronger foundation for later social and economic success and even improved physical health,” said Ellen Frede, Senior Co-Director of NIEER. “Forward-thinking city leaders realize that dedicating local funds for Pre-K access and quality improvements can improve the health of their cities.”

To see how your city performs in the report, [click here.](#)

The report was written in partnership between CityHealth and the National Institute for Early Education Research (NIEER) at the Rutgers University Graduate School of Education. CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente, works to advance evidence-based policy solutions with the potential to help millions of people live longer, better lives in vibrant, prosperous communities. One of these policy solutions is access to high-quality Pre-K, which can have significant health benefits for all children, regardless of family income or zip code, when the program’s design adheres to proven practices.

CityHealth awards gold, silver, or bronze medals to the nation’s largest 40 cities in each nine key areas, based on the quantity and quality of their policies and programs. For the

past two years, CityHealth, in partnership with NIEER, has assessed access to high-quality Pre-K programs and reported on the overall medal status for city Pre-K programs. The report analyzes city Pre-K programs on these key measures, ranging from class size to accessibility.

CityHealth awarded 5 gold, 8 silver, and 20 bronze medals to cities for Pre-K.

A bronze medal signals that a city meets the criteria for access, a silver represents a city program that mandates quality but provides low accessibility, and a gold medal means that a city earned points for both quality and accessibility in its Pre-K program.

Key findings:

I. Access is Too Low

Access to Pre-K programs is limited in most cities. Only 24 of the 40 largest U.S. cities (60%) offer a Pre-K program that reaches more than 30% of the 4-year-old population.

II. Class Size and Teacher-Student Ratio are Uneven

Just over half of the largest U.S. cities (23 of 40 or 58%) meet quality benchmarks for Pre-K class size, which is one teacher and one teacher assistant for every 20 students.

III. Teacher Preparation is Solid, but Professional Development and Salary Requirements Are Lacking

Almost two thirds of city programs (25 of 40 or 63%) require Pre-K teachers to have a bachelor's degree with specialized training in teaching young children, and most programs (34 of 40 or 80%) require at least some specialized training. Only a small fraction of city programs (6 of 40 or 15%) require that all teaching staff receive ongoing professional development. Only 15 (38%) of the rated city programs require that all teachers be paid comparably to those in the K-12 system.

IV. Too Few Cities Conduct Health Screenings

Few cities ensure that children are receiving critical health screenings. Fewer than a quarter of cities (9 of 40) ensure that children receive vision, hearing, health, and developmental screenings and referrals.

High-quality, accessible Pre-K improves school readiness and success: children enter school better prepared and are less likely to repeat a grade or be referred to special education. Long-term benefits include lower rates of crime and teen pregnancy, higher lifetime earnings, and better health outcomes. Pre-K participants are also more likely to go to a doctor, receive immunizations and screenings, and, in programs that facilitate it, get dental care. The cognitive and social emotional gains children make in Pre-K are associated with improved health in adulthood. These benefits are widely recognized by the U.S. Centers for Disease Control and Prevention (CDC), the Institute of Medicine, and the American Academy of Pediatrics.

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CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente, works to advance a package of evidence-based policy solutions that will help millions of people live longer, better lives in vibrant, prosperous communities. CityHealth will regularly evaluate cities on the number and strength of their policies. <http://www.cityhealth.org/>

The National Institute for Early Education Research at the Graduate School of Education, Rutgers University, New Brunswick, NJ, supports early childhood education policy and practice through independent, objective research. <http://nieer.org/>