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ABSTRACT

This paper discusses major issues having to do with definition of terms and implementation strategies implicit in the first national education goal, which states: "By the year 2000, all children in America will start school ready to learn." The principles articulated in the paper by a collaboration of agencies and the private sector are meant to extend to all early education and care settings. Particular attention is devoted to consideration of three objectives relating to the first national education goal: (1) All disadvantaged and disabled children will have access to high quality and developmentally appropriate preschool programs that help prepare children for school; (2) Every parent in America will be a child's first teacher and devote time each day to helping his or her preschool child learn; parents will have access to the training and support they need; (3) Children will receive the nutrition and health care needed to arrive at school with healthy minds and bodies, and the number of low birthweight babies will be significantly reduced through enhanced prenatal systems. The role of federal programs in meeting the first goal is described. Contains 16 references. (LB)

PREPARING YOUNG CHILDREN FOR SUCCESS

GUIDEPOSTS FOR ACHIEVING OUR FIRST NATIONAL GOAL

An AMERICA 2000 Education Strategy

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August 1991

U.S. Department of Education

INTRODUCTION

In April 1991, the President announced AMERICA 2000, an education strategy designed to move all communities in America toward realization of the six national education goals. The goals represent an agreement between the President and the Nation's governors that sets national priorities for the nineties. The U.S. Department of Education has the principal Federal responsibility for the successful implementation of the national goals, and has made goal one, the cornerstone of the six goals, a top priority. The first goal states the following:

> **By the year 2000, all children in America will start school ready to learn.**
>
> - **All disadvantaged and disabled children will have access to high quality and developmentally appropriate preschool programs that help prepare children for school.**
>
> - **Every parent in America will be a child's first teacher and devote time each day helping his or her preschool child learn; parents will have access to the training and support they need.**
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> - **Children will receive the nutrition and health care needed to arrive at school with healthy minds and bodies, and the number of low birthweight babies will be significantly reduced through enhanced prenatal health systems.**

The Department's Office of Elementary and Secondary Education and Office of Planning, Budget and Evaluation developed *Preparing Young Children for Success* to provide guideposts that may be helpful in taking actions to achieve the first goal -- Readiness for School.

This paper discusses the major issues having to do with definition of terms and implementation strategies that are implicit in the goal statement, and proposes policies and practices related to these issues. The goals and the paper focus on children learning in the home, in preschool, and in early elementary school. Many different kinds of education and care settings serve young children, given the growing number of young children who receive care outside the home, and each contributes to children's development. The principles articulated in this paper are meant to extend to all early education and care settings. (The word "preschool" means family child care or center-based care.)

This paper represents collaboration across agencies, across disciplines, and with the private sector. While the Department of Education took the lead, the paper could not have been completed without the participation of the Department of Health and Human Services and the Department of Agriculture. Indeed, in preparing the paper, a partnership was forged between Department of Education staff and those concerned with the implementation of Healthy Children Ready to Learn, the Office of the Surgeon General's initiative on behalf of young children.

In addition, a panel of experts provided advice throughout the project. They represent the fields of health, including pediatrics and nutrition, and education; early childhood education, elementary education, compensatory education, special education, bilingual education, teacher training, education policy and parent involvement. The panel members included researchers, educators, physicians, and policy makers from universities, public and private agencies, and state and national associations.

Preparing Young Children for Success calls upon all Americans to change the way we think about learning and to translate our expectations into action. Children must be ready to learn and schools must be ready to teach. To do this will require sustained, collaborative action by a broad spectrum of people, from parents to policy makers, who are ready to act on behalf of young children. Together, we can live up to our responsibility to make homes, schools, and communities places where all young children have the opportunity to learn and to grow to the fullest extent of their capabilities.

John T. MacDonald
Assistant Secretary
Office of Elementary and Secondary Education

SCHOOL READINESS: MEETING THE CHALLENGE

Young children are eager to learn, yet not all children succeed in school. Children's first learning experiences should lay the foundation for success in school and in adult life. To do this, early childhood experiences must promote children's physical development, social maturity, emotional adjustment, and cognitive capacities. They should nurture children's motivation to learn, and give children a start in communicating and solving problems.

While the concept of school readiness focuses attention on those years just prior to formal schooling, it incorporates the critical periods of growth from birth to about age eight. During this time, children are primarily socialized and educated by their families and caregivers, and by the opportunities they have to explore the world.

But this is only part of the perspective that frames our view of school readiness. Social conditions also contribute to the current context for readiness. Reports of our declining economic competitiveness have given rise to a movement to strengthen the academic demands of schooling and increase public accountability of schools. These pressures are extending down to the earliest grades. Young children are now confronting an increasingly demanding academic curriculum, earlier; increased kindergarten retention; delayed school entry; segregated transition classes; and widespread use of standardized testing in the early years. These developments have generated concern due to their mismatch with growing knowledge about how young children learn.

Moreover, the environment needed to develop the necessary knowledge, dispositions, and skills may be denied to children who are disadvantaged or who have disabilities. Indeed, the increasing numbers of young children in poverty, in single-parent households, and in families where English is not spoken require schools and communities to develop new ways of educating children and securing the support of their families. One response to this concern has been the growth of early childhood programs—often coupled with family education—in the belief that the prevention of problems is more humane and effective than remediation. It is in this context that our first national education goal was announced.

The first national education goal states: "By the year 2000, all children in America will start school ready to learn." It further states that

we will ensure "access to high-quality and developmentally appropriate preschool programs" for "disadvantaged and disabled children," that all parents will help their children learn, and that sufficient nutrition and health care will be available for pregnant women and young children. The goal makes it clear that American homes must be places of learning, and that federal and state governments must do their share to provide adequate maternal and child health coverage, as well as preventive services, and early identification and treatment of learning disorders.

Ideally, children who are ready to succeed in school are healthy, immunized against disease, well-nourished, and well-rested. Their early experiences have given them a start in learning to cooperate, exercise self-control, articulate their thoughts and feelings, and follow rules. They are trusting and have a feeling of self-worth. They explore their environment actively and approach tasks with enthusiasm. They are motivated to learn.

Our first national education goal is designed to move all children closer to these ideals. For some children, however, extra help is necessary. That is, children who have disabilities, or who suffer from the multiple problems associated with poverty, abuse, and neglect, need additional assistance. Parents, community members, and school personnel need to make a commitment to provide all children with the nurturance, stimulation, and opportunities for growth required for educational success.

The following sections of this paper outline the steps required to move forward on behalf of young children. Although the paper is organized in accordance with the three objectives delineated in the goal, the objectives are interrelated. Parents are critical to the development of young children and their educational success. At the same time, community members, public officials, and health, education, and social service professionals must do their utmost to help support young children and their families.

Objective 1:
All disadvantaged and disabled children will have access to high quality and developmentally appropriate preschool programs that help prepare children for school.

Serving the Most in Need

The children who are most ill-prepared for school and adult life are disproportionately those who live in poverty. Many of these children display deficiencies in their development and lack the family support so essential for success. Despite focused efforts to serve the special needs of the disadvantaged, the cycle of failure continues to repeat itself. To halt the cycle, preventive efforts must begin in the preschool years.

We know that the number of children in the U.S. who suffer from some form of disadvantage is substantial. The National Center for Children in Poverty (1990) reports that about five million children under the age of six live in families whose incomes are below the official poverty level. The National Center for Health Statistics (1990) reports that in the late 1980s, one out of every five births (800,000 per year) in the U.S. was to a mother who had not completed high school. The enormity of the problem is sobering; it is clear that even the most conservative estimates of the level of disadvantagement in this country would not fall much below 10-11 percent of the preschool-aged population (Zill and Wolpow, 1990). While proficiency in more than one language is a lifelong resource, children whose English proficiency is limited need special assistance as they prepare for school success.

Language minority children make up a growing proportion of U.S. youngsters. It is estimated that the number of such children aged birth to 4 years rose from 1.8 million in 1976 to 2.6 million in 1990 (Soto, 1991). The number of children with limited English proficiency is expected to continue to increase; many of these children also have parents whose educational level and income are low. For these children, the early childhood setting may offer their first contact with a culture and language that is different from the home. Developmentally appropriate, culturally sensitive programs should be available to these children so that their first exposure to early education and care is a positive one.

Children with disabilities include those who have a sensory or motor impairment, a chronic illness, a learning disability, or another physical, mental, or emotional condition that interferes with their ability to attend

school or do regular school work at grade level (Zill, 1990). Data on the number of children receiving special education services give a rough indication of the numbers of children who may need these services. In 1988 there were about 4.1 million children aged 6 to 21 as well as nearly 400,000 preschoolers (birth through age 5) receiving special education services (U.S. Department of Education, 1989). However, many more preschool children are likely to have disabilities than receive services, given the difficulties of detecting learning problems in very young children and the recency of such services for infants and toddlers. Indeed, the proportion of birth to 5-year-olds identified with disabilities is well below the proportions identified among older age groups.

Offering High Quality Programs

By "high quality," we refer to the teaching practices, organizational structure, and institutional supports that facilitate active, nurturing, and productive learning experiences for young children. Such opportunities should reflect the way in which young children learn.

Learning occurs as children interact with people and respond to the world around them. It is an active, dynamic process in which children's new experiences continuously revise and expand their prior learning. High quality child care and preschool experiences encourage young children to explore their environment actively, interact with peers and adults, and extend their understanding through play. Rather than focusing solely on mastery of isolated facts and skills, adults who work with young children should provide them with a context for understanding what they are learning.

We must recognize that high quality education and care exist in a variety of settings — home, school, workplace, family day care, child care centers, churches and synagogues, libraries, and other community organizations — and in communities with diverse needs and resources. Our objective is to promote learning environments that are physically and emotionally safe, staffed by competent individuals, and intellectually stimulating.

Taking Action

In taking steps to improve children's readiness to benefit from schooling, we urge states and localities to consider the following:

Link Community Resources

- **Collaborative planning: Initiate collaborative, community-based planning to ensure that children who are disadvantaged or who have disabilities have equal access to quality early education and care.** Many organizations and individuals are involved in early intervention programs. By collaborating, they would ensure the best possible start for at-risk children, yet often programs work in isolation or at cross-purposes. Given limited resources, it is essential to break down bureaucratic boundaries and garner the wealth and spirit of local community members on behalf of young children.

  In planning to use funds available under the 1990 Child Care and Development Block Grant program, states and localities are urged to conduct comprehensive assessments of community resources and needs. This new legislation provides an opportunity to enhance existing resources and reduce unproductive competition, while addressing individual family preferences.

- **Financial resources: Take advantage of existing funding sources in augmenting efforts to improve the readiness of at-risk children.** To the extent possible, states should "frontload" schooling by focusing on early intervention rather than later remediation. For example, administrators can use federal funds such as Chapter 1 to improve preschool and kindergarten programs for children in need of supplemental services. Combining resources from Chapter 1 and Chapter 2 with those from Head Start and Even Start would provide a substantial increase in resources available for preschool and kindergarten programs. Coordination of early education within state and local agencies will enable officials to identify natural affinities among existing programs and services.

- **Family connections: Strengthen ties with families. The family is the primary stimulus for early learning.** Caregivers and teachers of young children should build on what children have learned at home, and help children share preschool experiences with their families. In addition, family education programs can help families develop a greater capacity to educate their children.

- **Transitions: Build connections among parents, preschools, and elementary schools to ensure smooth and coherent transitions.** Systematic transition activities will promote instruction that is

appropriate for the ages and personal characteristics of entering students, help parents and children understand and shape school expectations, and inform teachers about each child. Home visits and other contacts between school staff and families, transfer of records, joint training and curriculum development by preschool and primary school staff, and the coordinated delivery of support services are examples of transition activities.

Assess Needs and Progress

- **Early screening: Expand efforts to screen children, particularly the disadvantaged, early on to prevent developmental delays.** Identification of children who may not yet be enrolled in school is a difficult task. However, schools, public health, and social service agencies should develop standardized approaches for finding and serving such children. In doing so, states and local agencies could build on information networks developed under the Individuals with Disabilities Education Act (IDEA) that bring together personnel from hospitals, Medicaid programs, state and local social service agencies, as well as individual pediatricians to identify infants and toddlers in need of special education services.

  In conducting assessments, steps must be taken to ensure equitable and appropriate treatment:

  - Assessment should be made by multidisciplinary teams that include educational and medical specialists as well as parents.

  - To determine the need for such services as health care, nutrition, dentistry, counseling, and transportation, screening should cover the family, not just the individual child.

  - Assessment should be ongoing so as to reevaluate the changing status of children diagnosed as having special needs.

  - Determinations of educational and social need should not be based on social class, race, ethnicity, or gender.

- **Appropriate assessment: Use ongoing observations by teachers and parents to assess children's progress in cognitive, social, emotional, and physical domains.** Systematic observa-

tions, portfolios of children's work, and reports from parents constitute appropriate assessment measures for young children. Training and time should be afforded teachers so that they can learn multiple assessment techniques and use the results to improve instruction.

Restrict use of standardized testing to identifying special needs and personalizing instruction. Given the rate at which young children grow, their inexperience with test taking, short attention spans, and the wide range of their early experiences, such tests should not be used to determine their school entry or retention. Further, the very traits we are most interested in measuring may bear only a moderate relationship to the skills that children will later develop.

- **School entry criteria: Base eligibility for school entry on chronological age; children should not be excluded from school on the basis of unfavorable cognitive, small motor, social, and/or emotional developmental assessments.** We urge a halt to the practice of using standardized testing to screen out young children who are not academically "ready" for school entry or to place them in differentiated kindergarten programs. Schools have a responsibility to adapt their curricula to the capacities of entering children, not to expect children to adapt to inappropriate school expectations and practices.

Improve Educational Practice

- **Learning environments: Early education and care must be congruent with learning patterns of young children.** Research in child development has laid the groundwork for teaching young children. A strong consensus among early childhood educators has emerged around the report *Developmentally Appropriate Practice*, issued by the National Association for the Education of Young Children (1987). This document presents a developmental approach to early childhood education and forms the basis for professional accreditation of early childhood programs. This and other documents form the foundation for the recommendations that follow:

    - The curriculum and structure of early childhood programs should reflect and support each child's innate curiosity, abilities, and interests.

- Activities should be multi-sensory, provide hands-on learning with concrete objects, and enable young children to experience the world around them. Children need to explore their environment through their senses before they are ready to engage in symbolic forms of learning, such as reading and writing.

- Play should be respected as a mode through which children learn, develop their abilities to communicate, explore, try out new ideas and experiences, expand their physical and social capabilities, and express themselves.

- Learning should be integrated, not divided into isolated subjects or focused on mastery of discrete skills. Themes and projects provide a way to expand knowledge and skills in a holistic manner. Learning should be understood as a creative process in which children transform external information based on their unique experiences and developmental levels.

- The child's day should be varied and balanced, with opportunities for whole group, small group, and individual activities. Similarly, a mix of child-initiated and teacher-directed activities should be offered. Teachers should carefully structure the classroom environment so that it provides rich opportunities for learning and encourages children to become self-directed learners.

- Language development and reasoning should be actively promoted through conversation, questioning, and ample opportunities for children to create stories. Adequate adult-child ratios will enhance opportunities for children to expand their vocabulary, their self-expression and their creative thought.

- Educators are urged to employ flexible grouping practices. Schools should consider establishing non-graded primary units for children up to age 8. In this way, children can work at their developmental levels, progress at their own rate, and benefit from interactions with children of different capabilities and experiences. Because children learn from interacting with their surroundings and peers, heterogenous grouping of children is crucial. Inclusion of children with disabilities in early education and care settings develops respect for individual differences among staff and children.

- **Cultural diversity: Respect the cultural, linguistic, and ethnic diversity of children and their families and reflect this respect in instructional practice and expanded efforts to recruit minority teachers and teacher aides.** Diversity should not be a barrier to effective teaching and learning. When the values which children bring to school are ignored or belittled, children's self-esteem — and their school performance — suffers.

- **Training: Provide training to caregivers, school administrators, teachers, and ancillary staff who work with young children.** Emphasize such topics as child development, language acquisition, and instructional and assessment techniques appropriate for young children. This training should include ways to involve parents from various cultural, racial, and socioeconomic backgrounds.

- **Program supports: Mobilize provider networks, resource and referral agencies, teacher training institutions, and other forms of self-help and technical assistance to improve the quality of early education and care and to offer support to existing providers, particularly those with limited resources.**

Objective 2:

Every parent in America will be a child's first teacher and devote time each day helping his or her preschool child learn; parents will have access to the training and support they need.

The Role of Parents

Parents are responsible for their children's well-being and development. Children's health, attitudes, values, self-image, and understandings are initially shaped by their families. Family life also forms the core of emotional and social development. The ways in which parents nurture, discipline, communicate with, and form expectations for their children are based in culture and experience. In addition, parents' repertoires of skills help shape their relationships with their children, even though parents may not precisely understand how their own beliefs and actions influence their children's growth.

Studies have shown that, although parents and their children spend

a good deal of time together in the same physical space, parents devote little time (approximately 15 minutes per day) to such activities as teaching, reading, listening to, or playing with their children (Powell, 1990). Despite this finding, we have equally strong evidence that parents care about their children and have the desire to do more for them. Notably, many parents would welcome an opportunity to expand their parenting skills through activities that build on their strengths and interests (Epstein 1984, 1985).

Family Supports

Over the past few decades, dramatic changes in family structure have eroded the traditional social networks through which parenting skills were passed from one generation to the next and were supported within families. In response, a number of public and private groups have initiated family support programs. These programs help parents understand more clearly the important role they play in educating their children, enhance their knowledge of child development, hone their child-rearing skills, and improve ties between schools and families. In addition, for low-income families, they may provide access to social and health services.

Taking Action

To achieve our readiness goal, parents, guardians, and community members should recommit themselves to working on behalf of young children. Institutional support should be provided, as needed, to help parents increase their confidence and skills so that they can support their children's education and growth. To implement this objective by the year 2000, parents and guardians should take the following actions:

Meet the Challenge of Parenting

- **Family activities: Read, converse, and play with their children each day.** Simple activities that occur in the home, such as preparing meals, repairing a toy, or planning the weekend, provide learning opportunities for families. Limitations on the amount of time spent watching television will increase the time available for family interaction. To the extent possible, parents should concentrate on inculcating in their children self-respect, enthusiasm for learning, and the ability to question and solve problems. The seeds for these attributes are planted at the earliest age.

- **Values: Become aware of the powerful influence that their everyday actions exert on children.** Parents should talk with

their children about the values they hold and the choices they make. Life experiences of family members and friends help shape children's values, self-image, and expectations.

- **School involvement: Become involved with their children's activities outside the home, particularly their schooling.** When parents spend time with caregivers and teachers, their children feel more secure, and parents become more effective advocates for their children. When there is continuity in learning between home and other early childhood settings, children benefit.

- **Healthy lifestyle: Ensure that their children are well-rested, receive their immunizations and regular check-ups, and have a balanced diet.** Parents bear primary responsibility for their children's health. They should learn what to expect of their children as they grow, and how best to support their physical and emotional development. Parents should also realize that many childhood injuries can be prevented, and do their utmost to make home environments safe for young children. Young children are keen observers of those around them; parents should attend to their own health, in addition to looking out for their children's well-being.

Provide Support to Families

Similarly, the public and private sectors have an obligation to help support families in the following ways:

- **Family education: Establish family education and support programs which are geared to the personal needs of participants.** Families are diverse. Culture and experience affect parenting practices. Psychological well-being, knowledge about child development, personal relationships, work status, and characteristics of their children also influence parenting (Powell, 1990). Family education programs must be sensitive to the needs of those they seek to serve, and respectful of parents' child-rearing views.

  Programs should respond to family differences through a flexible approach to program development.

  - Organizations providing programs for at-risk families, for example, should serve them within the surroundings where they feel comfortable (e.g., the workplace, neighborhood homes, the local church or synagogue).

- Methods of recruitment, scheduling, and services should match the needs of participating families and be designed to reduce barriers to participation. Home visits, group sessions, child care, transportation, parent/child activities, and access to comprehensive services should be provided, as appropriate.

- Strong efforts should be made to recruit and train staff from the local community.

- **Communications among families: Personal contacts are critical in conveying information about child-rearing practices.** Studies indicate that parents value information from people whom they know more than from mass media sources. Informal social networks of friends and relatives are particularly credible (Powell, 1990). Family education programs can help create such networks where they are lacking and benefit from those that already exist.

- **Partnerships with parents: Providers of early education and care should recognize that parents and teachers each make unique contributions to children's development.** Learning will be most successful when parents, caregivers, and teachers work to build reciprocal relationships based on their mutual concern for children. It is on this basis that productive home/school relationships are crafted.

- **Parent Involvement: Preschool and school administrators should make parent involvement a basic responsibility of all caregivers and teachers, providing training, time, and incentives for carrying out this function.** This includes ongoing, informal communication concerning children's progress as well as more formal parent involvement. Formal parent involvement activities frequently take one of three forms: empowerment, volunteering, and parents as educators. Schools and preschools should consider the circumstances under which each of these is successful. For example:

  - Some program administrators seek to empower parents as decision-makers in designing and implementing school policies, such as has been done by Head Start for many years. Some current experiments in school-site management are placing parents in an active policy role. Yet this model is unlikely to be sustained unless school personnel are convinced that such an approach will be

beneficial, and are willing to prepare parents for responsible and informed participation (Moore, 1990).

- Parents who serve as volunteers to chaperone field trips, assist in the classroom, or assemble art supplies provide a traditional model of parent involvement. Given dramatic economic and social changes, however, increasingly fewer parents are available to serve as volunteers during the school day.

- The third model focuses on parents as the primary educators of their children. Parents learn how to become better educators, receive information about educationally enriching activities for their children, and learn about how to gain access to local health, education, and social service agencies. This model relies heavily on the enthusiasm and availability of the parent. To be successful, it must take into account class, racial, and cultural differences in child rearing practices (Moore, 1990).

- **Business and employer support: Develop policies that support families with young children.** For example, a number of employers have adopted job-sharing, flexible scheduling, and parental leave policies; on-site child care or resource and referral services that link parents with child care providers; and parent education luncheon seminars. These strategies are designed to relieve employee stress, enhance job performance, aid in employee recruitment and retention, and improve the lives of young children. In addition, some employers have encouraged their workers to mentor children who have few adult role models in their lives and to make their skills available to institutions that work with children. We support these efforts and urge employers to strive for a better balance between work and family life.

Finally, preschool and school staff, as well as parents, have a responsibility to prepare all children to meet the demands schools will make of them. For some children, there is little difference between the values and expectations of home and school. For other children, the gap between what they know and what schools want them to know is enormous. Children may adapt by blaming themselves, determining early on that they lack the abilities needed for school success. Achievement of school readiness, therefore, requires us to do the following:

- Help disadvantaged parents learn about school expectations, about how to become advocates for their children, and about how to support their children's education through experiences in the home.

- Respect family values including those that differ from mainstream culture. This means developing rapport with every parent, exchanging ideas about child-rearing and individual children, and explaining school practices where they differ from family norms.

- Work to reform schooling so that it becomes more appropriate for the developmental needs of young children, and more responsive to the heterogeneity of American children and families.

Objective 3:

Children will receive the nutrition and health care needed to arrive at school with healthy minds and bodies, and the number of low birthweight babies will be significantly reduced through enhanced prenatal health systems.

Identifying Health Issues

The third objective reflects our growing awareness that health and education are inextricably linked: a child must be physically and emotionally healthy in order to learn, and a child and the child's family must be educated in order to stay healthy. This is true for children of all ages, but is particularly acute in early childhood. The two critical systems of great importance to children—health and education—need each other to be effective and yet, historically, have often worked in isolation from one

another. However, health care providers are increasingly focusing on prevention as well as treatment of disease and disability, and on the developmental, as well as the physical, needs of their young patients. At the same time, educators are recognizing that many factors—for example, social and economic forces, or children's health status—affect students' ability to learn. Only if we forge a partnership between health care, social service, and education professionals and families will we achieve our readiness goal.

The National Health Promotion and Disease Prevention Objectives, also slated to be accomplished by the year 2000, are closely tied to school readiness issues. These objectives highlight preventable problems affecting the health of young children. More than half of the 300 objectives address important issues for young children's well-being such as maternal health and prenatal care; immunizations; access to preschool; nutrition; mental health; early, comprehensive assessment and screening; prevention of violence and child abuse; injury prevention; reduction of mental retardation; awareness of environmental problems such as lead poisoning; dental health; asthma; and the financing of preventive services. Achievement of these national health objectives will move us much closer to achieving school readiness.

Parental poverty and undereducation have been consistently correlated with lack of early and sufficient health care. Indeed, the percentage of children suffering from poor health in this country is twice as large among children from poor families as among children whose families are more affluent.

- Ten percent of school-aged children from poor families have a chronic health condition that restricts their daily schoolwork and play. This is nearly twice the proportion of wealthier school-aged children with limiting conditions (Zill, 1990).

- In general, children from economically disadvantaged families receive routine medical and dental care far less often, yet visit clinics and hospital emergency rooms far more frequently than their more advantaged counterparts.

- The diet of disadvantaged children includes more fat, cholesterol, and sodium, and less fiber, fruit, and vitamin supplements than that of children from families with higher income levels.

- More than 14 million women of reproductive age have no insurance to cover maternity care. Recent mandates expanding Medicaid have resulted in more women being eligible for

prenatal and postpartum care, but persistent problems remain, including a growing shortage of obstetrical providers, as well as language and cultural barriers, that hamper the process of getting care to eligible women.

Between 1970 and 1980 there was a significant trend toward increasing early entry into prenatal care for the groups with the lowest levels of care. Since 1980, however, the proportion of women who begin prenatal care in the first trimester of pregnancy has reached a plateau. According to 1987 data, nearly 40 percent of pregnant black women and 39 percent of pregnant Hispanic women failed to receive early prenatal care (U.S. Public Health Service, 1990).

While not all babies with normal birth weights are automatically healthy, and not all low birthweight babies are automatically troubled, the evidence is convincing that being born at low birthweight puts a baby at greater risk. Compared to babies of normal birthweight, low and very low birthweight babies have seven to ten times the risk of severe developmental problems (e.g., severe cerebral palsy, blindness, deafness, retardation) and two to three times the risk for school problems. In addition, low birthweight babies are more likely to have chronic health problems necessitating absence from school. When low birthweight is combined with poverty, the child faces what can be referred to as "double jeopardy" (National Health/Education Consortium, 1990).

Emerging problems brought about by maternal use of cocaine and other drugs during pregnancy must be addressed from the prevention, treatment, and education perspectives. While reliable data on the prevalence of substance abuse by pregnant women is difficult to obtain, extrapolations of local studies suggest that mothers of as many as 10 percent of babies born each year have used one or more illicit substances during their pregnancy (Healthy People 2000, 1991). Current literature indicates that prenatal cocaine exposure affects the developing child's learning and memory. As these children reach school age, schools will increasingly need to address their special learning and behavioral problems (National Health/Education Consortium, 1991).

Traditionally, infant health care has tended to emphasize the prevention and control of infectious diseases. The current measles epidemic provides an indication, however, that we must reexamine the efficacy with which we are providing this basic preventive service. In 1990, more than 25,000 cases of measles were reported, nearly half of these in unvaccinated preschool children, mostly among minorities (National Vaccine Advisory Committee, 1991). This is a warning that we are failing to deliver our most cost-effective health delivery service—immunization. We must take immediate steps to improve our immuni-

zation services for young children, particularly the disadvantaged.

As we bolster our traditional health care services, we should also pay more attention to the healthy emotional and mental development of infants and young children. Factors such as poverty, abuse or neglect, and disturbed family relationships increase the risk of emotional dysfunction and mental disorders in infants and young children. Yet the consequences of these situations are generally not documented until children's learning or behavior problems are noticed in preschool or school, even though they are often obvious to a trained observer (National Center for Clinical Infant Programs, 1986). The emotional and mental disorders of early childhood need to be addressed before they lead to school failure and behavioral problems.

In attempting to address the issues reflected in objective 3 of our school readiness goal, we should expand our efforts to ensure that all children receive the proper health and nutritional care they need to become active, alert, and productive students. To achieve school readiness, then, will require close collaboration between the health and education sectors. At the federal level, we endorse the national health goals and objectives, and related readiness initiatives. Further, we recommend the adoption of the following actions to help reach this important goal:

Linking Health and Education Efforts

- **Support health goals: Work to achieve the National Health Promotion and Disease Prevention Objectives, and the Surgeon General's Healthy Children Ready to Learn Initiative.** Activities related to both of these will support achievement of all aspects of the national education goals and move us closer to recognizing the interrelated nature of health and education.

- **Form partnerships: Forge lasting partnerships between health and education.** No longer can these sectors operate in isolation. To break down the barriers that separate them, we should develop forums for learning about the interdependence of education and health, create multi-disciplinary assessment and services-delivery teams, and carry out joint funding and evaluation. Efforts should build on the successes of on-going activities, such as Head Start, Even Start, and early intervention services for young children with disabilities.

Setting Priorities

- **Provide a continuum of care: Envision health care as a continuum that begins before birth and continues throughout a lifetime, involving parents and other caregivers as well as individual children.** Children's health is related to the health of their parents, and children should be evaluated within their family context.

- **Meet comprehensive needs: Give equal priority to the emotional and mental development of young children as well as to their physical health and nutrition.** While it is critical to improve the efficacy of traditional services, such as immunization, we should also move toward comprehensive, coordinated health care.

Improving Service Delivery

- **Use existing knowledge: Expand the use of existing knowledge and technology through heightened awareness and more effective service delivery.** We know how to prevent infectious diseases and avoid many childhood injuries (the leading cause of death in children). Yet we are failing to immunize all our children on schedule and all too often accept unsafe environments for children. We must find better ways to get information and services to families with young children, and continue to develop more effective preventive and diagnostic measures. More systematic linkages between early childhood and health programs would help improve service delivery.

- **Match services delivery to family needs: Improve the match between family needs and the provision of services.** Health, education, and social service providers should offer coordinated care that is personalized, family-centered, culturally sensitive, and accessible to community members. Disadvantaged populations, for example, should not have to go from agency to agency in search of services, nor should they be served by a variety of individuals who do not communicate with each other. Instead, services should be integrated to the extent possible and offered in such places as the home, mobile vans, or schools.
  When multiple services are located at a single site, both young children and their families can be assessed and receive the services that they need. In addition, multi-disciplinary teams can assume on-going responsibility for working with needy families. Both self-care and use of hospital emergency rooms are

insufficient for maintaining the health of young children. A routine source of professional care must be available to all families.

- **Interagency collaboration: To serve multiple family needs, government agencies at all levels need to remove statutory and regulatory impediments, and agency officials need to develop new, collaborative working relationships.** Part H of the Individuals with Disabilities Education Act provides a model of interagency collaboration. The legislation provides assistance to states to develop and operate comprehensive, coordinated, multidisciplinary, interagency programs of early intervention services to infants and toddlers with disabilities and their families. Unique features of Part H are its focus on families as the center for service delivery and its requirements that a State Interagency Coordinating Council be established, its membership be appointed by the Governor, and that interagency agreements be developed to ensure the coordination of all resources at federal, state, and local levels.

The Federal Role

Much of this paper has focused on actions that take place within the family, community, or state context. This is appropriate, given that these sectors have direct responsibilities for the welfare of young children. Yet, the federal government has a unique role to play in helping to achieve the readiness goal.

Federal programs offer support for preschool education, child care, prenatal care, and health services, as well as tax credits to families with young children. Among the most important sources of assistance for improving children's readiness are: Head Start, Chapter 1, Even Start, Individuals with Disabilities Education Act, the Family Support Act, Medicaid, the School Lunch program, the Maternal and Child Health Block Grant, the Child Care and Development Block Grant, Title IV-A of the Social Security Act, and the Special Supplemental Food Program for Women, Infants, and Children (WIC). To help achieve the readiness goal, federal agencies must sharpen their efforts to serve young children and their families, and support interagency collaboration in planning, development, research, and evaluation.

Public officials provide leadership, technical assistance, and support for program services, research, and evaluation. Working together,

officials from education, health, and social services agencies can advance knowledge and practice. Federal officials should remove impediments to collaboration across program boundaries and provide incentives for integrating services. In addition, to ensure that the services are appropriate and effective, families must be empowered to define and direct the selection of those services. Given the need to provide comprehensive services to many young children and their families, family empowerment and services integration are imperative.

Moreover, federal agencies must be held accountable for focusing their efforts on achievement of the national education goals. At the same time, federal support should be given to assessment of overall progress toward the readiness goal. We need to know whether schools and other institutions, as well as parents, are providing young children with more and better opportunities for early development. And we need to know whether these services are making a positive difference: are our children in early elementary school healthier, are they more secure, are they improving their ability to read and think? Federal agencies should take the lead to plan for national accountability in meeting our readiness goal.

Moving Ahead

This document has outlined some of the major tasks that lie ahead as we work to achieve our national education goal of preparing all children to succeed. Its accomplishment depends on developing a vision for young children that is shared by parents, educators, health and social service professionals, public officials, and persons from the private sector. It further depends on simultaneous activity at the local, state, and national levels. For unless the national education goals become a priority for action within each local community, they will not move beyond rhetoric.

The intent of this position paper is to help set priorities and stimulate action. In order to improve children's readiness, we must expand opportunities that foster their development both at home and in the schools and wider community.

We pledge ourselves to improving opportunities for our children. Through the strategies of AMERICA 2000 we will work with individuals and agencies at the national, state, and local levels on behalf of all young children and their families.

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