DOCUMENT RESUME

ED 354 999 PS 021 092

AUTHOR Sullivan, Candace
TITLE Education. Bridging the Gap: An Education Primer for Health Professionals. [and] Health: Bridging the Gap: Health Care Primer for Education Professionals.
INSTITUTION Institute for Educational Leadership, Washington, D.C.; National Commission To Prevent Infant Mortality, Washington, DC.; National Health/Education Consortium.
SPONS AGENCY Prudential Foundation, Newark, N.J.
PUB DATE [Jun 92]
NOTE 65p.; This is an updated version of a 1990 NASBE publication titled, "How Schools Work and How To Work with Schools," coauthored by Janice Earle, William Kane and Candace Sullivan.
PUB TYPE Guides - Non-Classroom Use (055)

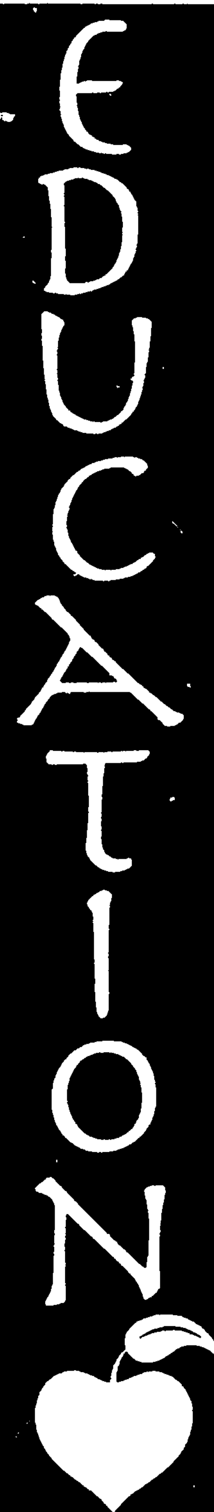
EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Child Health; Child Welfare; Cooperative Planning; Coordination; Early Childhood Education; *Educational Policy; Elementary Education; Federal Programs; *Health Education; *Health Promotion; Private Sector; *School Community Relationship; *School Health Services; School Involvement; School Organization; State Departments of Education; State Programs; Teacher Participation
IDENTIFIERS Department of Education; Health Educators; *Integrated Services

ABSTRACT

Designed to help members of the education and health systems work closely together at the community, state, and national levels, these two booklets present concrete steps to ensure the well-being of all children by educating and connecting the education and health sectors. The first booklet is aimed at education professionals. After discussing the ways in which the health care system works in the public and private sectors, the booklet provides concrete suggestions for working with the health care systems in the school, district, community, and policy arena. The second booklet, aimed at health professionals, explains the organization of the education system at the local, state, and federal levels. This booklet also gives suggestions for ways to work with schools, including ways to design activities and generate state support. Each booklet provides a list of resources for supporting collaborative health and education activities in the community. (MM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 354 999



BRIDGING THE GAP: AN EDUCATION PRIMER FOR HEALTH PROFESSIONALS

NATIONAL HEALTH/EDUCATION CONSORTIUM

SP 021092

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it
☑ Minor changes have been made to improve reproduction quality

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Sylvia Holschneider
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ERIC

TODAY'S CHILDREN ARE TOMORROW'S WORKFORCE, POLICYMAKERS, CARETAKERS, AND LEADERS.

NATIONAL COMMISSION TO PREVENT INFANT MORTALITY
Switzer Building • Room 2014
330 C Street SW
Washington DC 20201
202 205 8364

INSTITUTE FOR EDUCATIONAL LEADERSHIP
Suite 310
1001 Connecticut Avenue NW
Washington DC 20036
202 822 8405

Photos National Education Association – Photographer Joe Di Dio Health cover and page March of Dimes

Educators know that health influences learning. Children who are hungry, have trouble seeing or hearing, lack energy, are distracted, or use drugs need special attention and often do not learn as well as healthy children.

By the same token, health care practitioners know that education can promote children's health. If women learn not to smoke, drink, or use drugs while they are pregnant, if parents know how important it is to get their child immunized, and if children themselves realize the value of good nutrition and healthy lifestyles, it is likely that our nation's children will be healthier and better able to reach their full educational potential.

In promoting the optimum development of a child, health and education are intricately linked. Yet, these worlds remain far apart. Comprehensive school health programs are provided in far too few of our schools. Moreover, millions of our young people and their families do not receive needed health services because of lack of access or inability to pay for them. In turn, too many children have preventable childhood diseases, use alcohol or other drugs, or have babies. Too many of our nation's babies are born to young mothers who did not receive adequate prenatal care.

To prevent these outcomes, the NATIONAL HEALTH/EDUCATION CONSORTIUM believes that health and education professionals in this country need to work more closely together to effectively integrate services for children. If the health and education sectors engage in interdisciplinary training, and advocate for policy, financing, and program reforms, children will have a better chance at high-quality outcomes.

Education and health professionals need each other to be fully effective. However, all too often educators who want to work with the health system or health professionals who want to work with the education system end up puzzled and frustrated. How do these two systems work? How are they governed? Who is in charge of what? How are services paid for? If one wants to work with one of these systems as an outsider, how does one go about it?

This primer is aimed at those who want the education and health systems to work more closely together at the community, state, or even national level. By providing a brief overview of the health care and the education systems and presenting concrete action steps that can be taken to connect these sectors, we hope to help move this nation a step closer toward ensuring the health, well-being, and education of all children.

To build a country of healthy, educated citizens and allow children a future that they deserve, we must first make sure that every child enters the world healthy, and arrives at school healthy and ready to learn. Only then can children be given the tools and services necessary to reach their full educational potential. Today's children are tomorrow's workforce, policymakers, caretakers, and leaders. It is in all of our collective interests that our nation's children become productive citizens. Let us then, through learning about one another's professional worlds in these primers, work towards that end.

CONTENTS

INTRODUCTION 3

THE EDUCATION SYSTEM: HOW SCHOOLS WORK 5

The Local School District: Responsive to Community Needs 5

Why Work With Schools 5

The School: The Place to Reach Students 7

The State: Authority Tempered by Respect for Local Control 9

The Federal Government: A Limited But Influential Role 11

HOW TO WORK WITH SCHOOLS 13

Doing your Homework 13

Providing For The Health of Students 13

Education Under Siege 15

First Steps 17

Designing your Activities 17

Generating State Support 17

Factors Inhibiting Effective School Health Programs 17

TIPS ON ASSURING SUCCESS 19

ONWARD 19

Expanded Roles for Schools 21

A CHECKLIST 21

The National Health/Education Consortium and Members insert

References insert

Resources insert

The National Health/Education Consortium (NHEC) is a joint effort of the National Commission to Prevent Infant Mortality and the Institute for Educational Leadership.

NHEC acknowledges, with appreciation, Candace Sullivan of the National Association of State Boards of Education (NASBE) who prepared *Bridging the Gap: An Education Primer for Health Professionals*. *Bridging the Gap: An Education Primer for Health Professionals* is a publication of NASBE and is an updated version of a 1990 NASBE publication, titled *How Schools Work and How to Work with Schools*, co-authored by Janice Earle, William Kane and Candace Sullivan.

In addition, we would like to recognize the Prudential Foundation for its generous support in promoting health/education collaboration. By underwriting the creation of the Consortium and many of its publications, the Foundation has helped to further greater public understanding of the critical linkage that exists between the health of a child and his or her potential to learn.

INTRODUCTION

A growing number of you in the health professions view schools as critical partners in your efforts to improve young people's health, and are attempting to forge alliances with educators. We commend you for your efforts. Your success or failure in this endeavor will depend largely upon your ability to learn how schools work and how to work with schools.

This primer is aimed at those of you who are willing to contribute time and energy to working with schools, be it through providing direct clinical services for students or helping develop school/health programs or policies. The primer describes how the education system works and where there are leverage points for action. It also points out the obstacles to success. All too often, those of you in the health professions who try to work with schools report that you are thwarted by school policies, educator attitudes, and just plain inertia. You ask:

- ◆How can we in the health professions get schools to work with us in achieving public health objectives?
- ◆How do we gain access to students?
- ◆Why are our offers of assistance sometimes met with resistance?
- ◆Why are health issues considered so controversial?

These are some questions that this primer will help answer. It will also provide guidance on building positive working relationships with educators and helping them establish effective school health programs.

Your timing could not be better. Schools are increasingly being asked to address issues affecting student health – inadequate health care, poor nutrition, teen pregnancy, alcohol and drug abuse, prevention of AIDS and other sexually transmitted diseases, anti-social behavior, and suicide. Educators are called upon to assure students receive health status assessments and immunizations, and that children with special needs receive medication and other essential health care. They need your help.

Your timing is also good because educators increasingly realize that education and health are inextricably intertwined. Unhealthy young people – those who are alienated or depressed, who are drinking or using other drugs, who are sick or hungry or abused – are unlikely to attain the high levels of education achievement required for success in the 21st century. The troubled condition of children and families today have made schools more receptive than ever before to alliances with health professionals.

ERIC

THE EDUCATION SYSTEM: HOW SCHOOLS WORK

Public education is a massive, yet decentralized and diverse enterprise. It is a shared responsibility between local, state, and federal governments, with multiple actors at each level. Thus, schools must operate under three levels of rules and regulations as well as meet parent and community expectations. The result is an extremely complex structural and political web that is difficult for educators, much less health professionals, to negotiate.

THE LOCAL SCHOOL DISTRICT: RESPONSIVE TO COMMUNITY NEEDS

Local School Districts

A local school district is an area of a state that serves as the unit for administration of a public school system. School district boundaries do not always coincide with boundaries of other governmental jurisdictions. A school district may serve more than one municipality or county, or a section(s) thereof. There are over 15,000 local school districts in the United States.

Local School Boards

States and localities have charged local school boards with governing public education in local school districts. School boards were founded on the belief that local citizens should control the policies that determine how their children are educated. Local school boards operate in many jurisdictions with full fiscal independence, often with their own taxing power. Relations among local school boards and general city or county government can be strained.

In most school districts, local school boards hire the superintendent and make many of the policies that are implemented by the superintendent and local education agency. Increasingly, they are expanding their overall management role.

Local school board authority, however, is not complete. Constitutionally, education is a state responsibility. Therefore, local districts are subject to state policies that may direct, limit, or otherwise influence local policymaking and implementation.

Similarly, school boards that accept federal funds are required to adhere to federal policies and regulations. Furthermore, some local school boards are required to work with the Mayor and City Council when these bodies have budgetary authority.

Ninety-five percent of school board members are elected. The remainder are appointed, usually by elected officials such as mayors, county officials, and governors. School board members are strongly influenced by what they perceive to be constituent values and interests. The diversity of these constituencies, particularly in urban areas, sometimes makes it difficult for board members to pursue a common vision and strategy, particularly on controversial health issues. This enables organized special interest groups to assert significant influence on board policies and programs.

The relative independence of local school districts from general government agencies and community power structures poses challenges for collaborative activities among the health and education communities. Few communications systems and virtually no joint or linked operational systems are in place between school districts and health departments, child care and social service agencies, and protective and juvenile services. As a result there is both overlap and neglect in the provision of social and health services to children. In some localities, however, school districts and general government are beginning to promote inter-agency, inter-disciplinary collaboration as a way to provide more efficient and effective services for children and families.

ERIC

WHY WORK WITH SCHOOLS

STUDENTS NEED EFFECTIVE HEALTH EDUCATION:

- Your professional society wants young people to receive effective HIV/AIDS education and would like to arrange for health professional volunteers to talk with students about HIV/AIDS.
- Your professional journal reports research findings on the effectiveness of sustained, comprehensive health education. You want to make certain high quality health education is an integral element of your child's curriculum.
- You are encountering disturbing levels of sexually transmitted diseases, substance abuse, and poor eating habits in young patients. You are concerned that they are not being provided effective health education in these areas.
- You are a member of an organization or society concerned with a specific disease or risk behaviors that has health education materials it would like used in schools.

STUDENTS NEED HEALTH SERVICES:

- You are the physician for students who are receiving health services at school sites. You and the school staff need to share information on patients as appropriate.
- You have a patient with a chronic illness and want to arrange for management of the health problem during the school day.
- As a mental health professional, you know some young people pose particular challenges for teachers. You could assist these teachers in more effectively working with these students.
- There has been an outbreak of measles and the County Health Department needs to assure all children are immunized.
- The majority of children in your city do not have adequate health insurance coverage. Health officials want to explore the possibility of group health care arrangements.
- Teen pregnancy is a serious community problem. Provisions need to be made to assure pregnant teens obtain prenatal care and young parents receive support in raising healthy children.

THE SCHOOL IS A VALUABLE PHYSICAL FACILITY:

- Your hospital adolescent health clinic would operate more effectively at or near a school site.
- Your voluntary organization wants to use school facilities for after-school recreation and counseling programs.
- A day care center at the school would make it easier for young mothers to remain in school.

ERIC

Superintendent

The superintendent is the chief executive officer of the local school district and is responsible for implementing education policy. As discussed above, most superintendents are hired by their local school board. The main exception is in the south where a number of superintendents are elected.

There are a number of gray areas between a board's policymaking authority and a superintendent's administrative responsibilities. The tendency of some boards to become immersed in the day-to-day administration of their districts often results in tension between the superintendent and school board. Conflict between boards and superintendents is one reason that the average tenure for a superintendent in a big city is less than three years.

> ...A GROWING MOVEMENT TOWARD SITE-BASED MANAGEMENT...HAS RESULTED IN A TRANSFER OF AUTHORITY FOR CERTAIN POLICIES AND PROGRAMS FROM THE CENTRAL OFFICE TO SCHOOL COUNCILS...

Central Office

Superintendents have administrative and support staff to assist in program development and implementation. The size of the superintendent's staff depends upon the size and the resources of the district. Current budgetary crises are pressuring local school boards and superintendents to reduce central office staff in order to maintain fully staffed school buildings.

Larger districts may have central office staff with responsibilities for health curriculum and instruction, physical education, HIV/AIDS education, drug education, tobacco education, health services, and special education (education for children with special needs). Many health-related staff positions and school health programs are paid for with state and federal categorical program funding. Categorical funding is restricted funding, that is, it can only be used for specific populations (e.g., bilingual children) or specific programs (e.g., drug abuse prevention programs). Staff and programs supported through federal and state categorical funds are generally protected from local budget cuts, but are among the first eliminated when federal and state funding ends.

ERIC

The Local Union

Many school districts have active teacher's and administrator's unions. The National Education Association (NEA) has the most affiliates. However, most teachers in large school districts are affiliated with the American Federation of Teachers (AFT). Unions represent front-line workers in education and can be key allies or formidable opponents to health-related programs in the schools.

THE SCHOOL: THE PLACE TO REACH STUDENTS

The best place to reach students is at school. The most effective schools have strong administrative leadership, a school climate conducive to learning, a school-wide emphasis on instruction, high teacher expectations for student achievement, and systematic monitoring of pupil performance.

While schools have much in common, they can vary greatly in quality and character, even within the same district. One reason for differences in schools is resources. Per pupil expenditure in some school districts is as much as six times higher than in others.

ERIC

Low income and minority students are particularly vulnerable to social, emotional, and physical health problems that can interfere with learning and lead to health-risking behaviors and unhealthy life styles. School districts or schools serving large numbers of such children greatly benefit from partnerships with health professionals.

Depending upon the district, individual schools may or may not have considerable autonomy. In recent years, there has been a growing movement towards site-based management. This has resulted in a transfer of authority for certain policies and programs from the central office to school councils. Typically, these councils are comprised of the principal, teacher and other staff representatives, and parent and community representatives.

The following descriptions are given to illustrate the different kinds of people working in school buildings.

The Principal and Other School Administrators

Depending upon the school and district size, each school has a principal (and, in secondary schools, up to five assistant principals) who supervises the school's instructional program, maintains order and discipline, evaluates teachers, represents the school to parents and the community, and represents the school at athletic and other special events.

The principal can either actively promote or unintentionally undermine student health. A principal with vision and leadership can inspire and guide the entire school staff towards achieving health objectives. Conversely, a weak principal can be a serious obstacle to progress.

ERIC

Instructional Personnel

Teachers and other instructional personnel have many important roles to play in improving student health. They can incorporate health education in their instruction, foster a healthy school environment, model healthy lifestyles through engaging in wellness activities, and play a key role in identifying and referring students with health problems.

Teachers are responsible for classroom instruction on a daily basis (within state and district curricular guidelines). Secondary school teachers typically teach five to seven classes each day. This means that they interact daily with approximately 150 students. Elementary school teachers generally teach approximately 25 students for a full day. The exception is when they are "team teaching," in which case they have joint responsibility for approximately 50 students. Teachers at all levels are certificated professionals. Most have graduate degrees.

Resource teachers are responsible for working with special populations (special education, learning disabled, disadvantaged, and other special-needs students). These teachers may work with students in self-contained classrooms (serving the special-needs children exclusively), in "resource settings" (requiring the special-needs student to leave the classroom to join the resource teacher for a short period of time), and in regular classrooms with a mix of students (working directly with special-needs individuals or small groups of special-needs students).

BEST COPY AVAILABLE

ERIC

Paraprofessionals and classroom aides are responsible for assisting the teacher in the routine conduct of class activities, sometimes working with small groups of students on particular projects or even performing very specialized medical procedures in special education settings Aides may be assigned to work in specific classrooms or with specific subject matter. The number of students they interact with daily is subject to local regulations.

Other Professionals

School-based curriculum specialists are responsible for providing extra support and guidance to teachers in specific subject areas, especially at the elementary and middle school levels.

Counselors are responsible for class scheduling, college counseling, career counseling, academic counseling, and personal counseling. At the secondary level, counselor/student ratios typically range from 300–500 students per counselor. Some counselors serve more than one school. Most counselors have little in-depth contact with students.

Librarians are responsible for coordinating learning centers with teachers, as well as working directly with students.

School nurses are responsible for conducting health screening, maintaining health records, and providing emergency services. Nurses sometimes provide one-on-one health education to students and serve as a health resource to teachers and other school personnel. They often have responsibilities for HIV/AIDS education and sexuality education. Some school nurses are employed by the school system and others by the local public health agency. It should be noted that school system nurses typically have different responsibilities and less training than public health nurses assigned to schools. About half of all schools have access to professionally trained school nurses, but many of these nurses work part-time at several schools. Similarly, nurses assigned to schools by public health agencies usually serve multiple schools.

Other specialized professionals may work in schools (particularly in metropolitan districts). These include social workers, drug counselors and school psychologists assigned by the district or by other services providers. Other schools are associated with health clinics either nearby or at the school site.

School-Related Personnel

Included here are secretaries, custodians, cafeteria workers, bus drivers, and crossing guards. Because these individuals have frequent, informal contacts with students, they often are very well acquainted with what is going on in students' lives and in the school.

Union Representatives

School staff who are union representatives often play an influential role in the development of school policies and procedures.

Parents

Parent involvement in schools varies considerably. Nearly all schools have parent-teacher organizations that provide a variety of services and support. For example, they will sponsor fund-raising projects such as bake sales and host events that connect teachers and parents such as monthly parent-teacher assemblies.

Educators have long recognized the importance of parents and other family members in fostering student achievement. Notwithstanding, few schools include parents substantively in the life of the school or go out of their way to involve hard-to-reach parents through home visits and other activities.

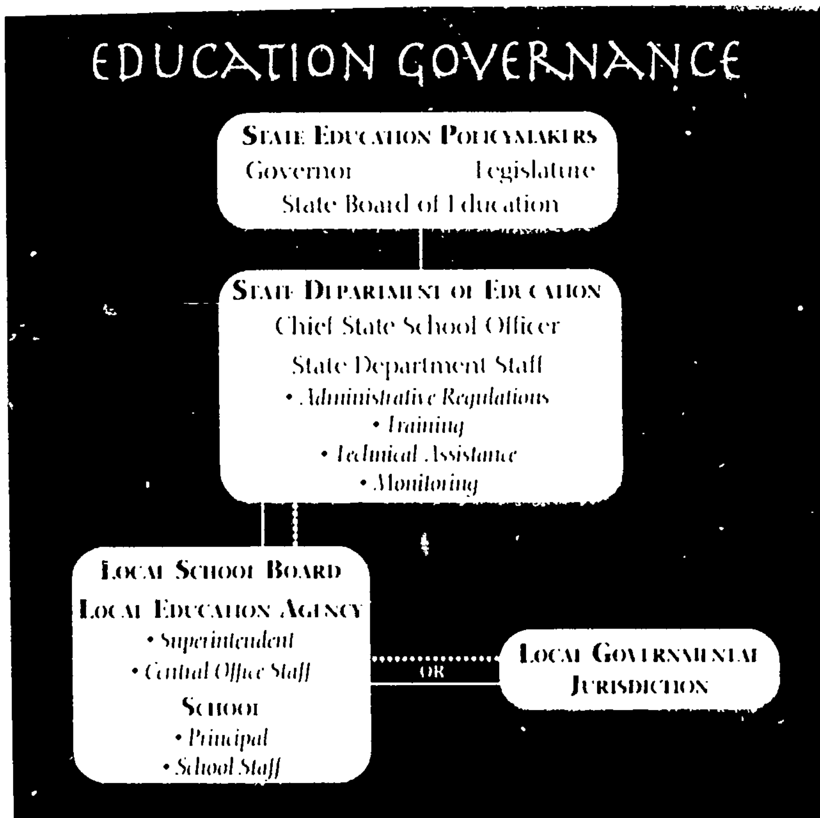
Fortunately, an increasing number of schools are seeing the value of parents as partners and first teachers, and are modifying their programs accordingly. In some schools, parents are encouraged to offer their opinions on various school policies and programs as members of various advisory boards and school improvement committees. Where school-based management exists, parents may actually participate in school decision-making through election or appointment to school governing bodies.

Parents are essential partners in school health programs and other activities to improve student health. They tend to be enthusiastic and supportive. Parents need to be consciously included in planning activities to design and implement such programs.

THE STATE: AUTHORITY TEMPERED BY RESPECT FOR LOCAL CONTROL

Constitutionally, states are responsible for public education. The percentage of state expenditures has increased in recent years as overall expenditures for education have increased. As a result, many states are asserting greater authority over local school districts. For example, in the past decade, states have sought to raise the academic performance of students by increasing graduation requirements and initiating statewide testing programs at various grade levels.

The state policy development process is complex, involving the state board of education, governor, and legislature. The chief state school officer and state education agency often play a significant role in proposing policies and programs for consideration by policymakers.



State Boards of Education

In most states, state boards of education have policy responsibility for elementary and secondary education. State boards typically set graduation standards, establish teacher certification requirements, adopt textbooks, and develop assessment programs to ensure that school districts and schools perform at acceptable levels. State boards set certain health-related policies. For example, they can require that all students receive sex education or have daily physical education. Most members of state boards of education are appointed by the governor, although in about one-third of states they are elected officials.

Governors and Legislators

Governors and legislators are asserting more direct leadership in education than used to be the case. Many governors and legislators have introduced and approved legislation mandating programs or otherwise imposing requirements on schools. The Governor proposes a budget; the legislature determines the level and distribution of state funds. The actions of governors and legislators increasingly govern state boards of education and chief state school officers.

Chief State School Officer and State Education Agency

The chief state school officer and the state education agency (SEA) are responsible for translating state policies set by the state board of education or state legislature into programs and regulations. Typically, state boards of education hire the chief state school officer. In some states, particularly in the south and west, "chiefs" are elected in statewide elections. The chief is the equivalent of a statewide school superintendent and may sometimes be called the superintendent of public instruction or the commissioner of education.

Under the guidance of the chief, SEA staff write and enforce regulations governing many federal and state programs, distribute state and federal funds to local school districts, offer technical assistance, develop curricular and other guidelines, measure results, and otherwise implement state policies. SEAs are often consulted by the Governor and legislature regarding possible legislative policies and programs. Increasingly, they are participating in inter-agency initiatives addressing the comprehensive needs of children and families.

Most SEAs have specialists in health education, HIV/AIDS education, substance abuse education, and health services (generally paid for from federal cat-

BEST COPY AVAILABLE

ERIC

egorical funds). Increasingly, SEAs are moving from a focus on enforcing state regulations to a focus on encouraging and assisting local change. Some SEAs have resources to promote school health programs, including staff who can provide training and technical assistance. SEAs can be extremely influential in rural districts that lack the resources to have their own specialists on staff.

State boards and departments of education have considerable influence on curriculum. They typically focus on setting minimum standards for school districts. These standards can be expressed in the form of "mandates" (to which all districts must adhere) or "guidelines" (where there is more local discretion).

For example, the board may set the broad curricular objective of requiring all students to take four years of high school English before graduation. It adopts general guidelines on subject matter content, for instance, specifying that English courses contain units related to reading, writing, listening, and speaking. Sometimes, boards even determine at what grade levels particular material should be introduced. State departments are then responsible for assuring that these policies are implemented by local school districts.

While state policies govern local school districts, the state officials who develop those policies tend to respect the principle of local control. Local school boards retain considerable flexibility in meeting state standards.

Furthermore, states are silent on many issues and allow local districts freedom to address these issues as

ERIC

they see fit. For example, many states do not require health education for graduation and allow local districts to determine what (if any) health education is to be required of all students. Finally, the extent to which local districts comply with state policies varies considerably, depending upon each state's ability to fund local school programs, provide assistance in meeting state standards, and monitor local district and school performance.

THE FEDERAL GOVERNMENT: A LIMITED BUT INFLUENTIAL ROLE

The federal government has a limited role in education. Most federal education money is given to states with instructions that it be targeted to economically disadvantaged children and children with special needs. Although the federal government provides only about six percent of all education dollars, acceptance of federal funding means that schools must adhere to a number of federal regulations and reporting requirements. The federal government also supports a limited amount of research and development in education and plays a very minor role in curriculum development.

Health education has not been a central concern of the Department of Education. The Department does fund drug prevention education, but has discouraged schools from using drug funds for more comprehensive health education.

Similarly, the Department of Education has tended to downplay the importance of the social, emotional, and physical health needs of children (except where required by law for children with special needs). Federal education officials have not taken significant action to support the U.S. Public Health Service's "Healthy People 2000: National Health Promotion and Disease Prevention Objectives" related to schools and

children. The primary federal program for disadvantaged children is Chapter I. Local education agencies, with federal encouragement, have used it almost exclusively to provide remedial education even though it could be used to address some of the social, emotional and physical health needs of children.

The Department of Education is not the sole provider of federal funds to schools:

- ***The Department of Agriculture*** plays a major role through its school lunch program.
- ***The Department of Health and Human Services*** supports Head Start (a preschool program stressing health, nutrition, and family support as well as education) and other child care and development programs
- ***The Centers for Disease Control (CDC)*** provides funds for states and cities to develop HIV/AIDS prevention policies, plans, and programs. CDC staff promote comprehensive school health programs as a powerful way to improve children's health.

In recent years, some states and localities have been exploring use of Medicaid and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds to reimburse schools and school-linked health centers for certain health services. These states have paid particular attention to obtaining reimbursement for services provided to children, infants, and toddlers with special needs. Federal and state requirements make it extremely complicated for schools to obtain Medicaid reimbursement. However, some states have obtained federal and state waivers that make it easier to receive Medicaid reimbursement for services provided to eligible children.

HOW TO WORK WITH SCHOOLS

Now that you have some general sense of how schools work, you are ready to proceed. How you work with schools will depend, in part, on what you want to accomplish. Some of you want to help out in a classroom or clinic, or you may have a young patient in need of special support from school personnel. Others may want to make certain that your child receives high quality health education in a school setting that fosters healthy child development. As a parent you have special standing to make suggestions and urge changes. Some of you may see the schools as essential partners in achieving public health objectives. You will want to influence the school "system," that is, work with district policymakers and administrators to strengthen district health policies and programs so that all students will benefit.

Your influence with schools will depend on your personal prestige, your standing (e.g., as a parent, public official, civic leader, or expert), and your constituency. In some cases, you may want to enlist your medical society, public health department, or other health related association to bolster your cause.

DOING YOUR HOMEWORK:

Gathering Background Information

Your first step is to gather background information. The amount of information depends upon what you want to accomplish, i.e., the more ambitious your objectives, the more homework required. This section describes what is needed if you wish to influence the school system or make significant changes in individual school policies and operations. You can scale down accordingly.

You can proceed to design your activities once you know: 1) the health status of children and youth in your school or community, 2) the nature of school or district health policies and programs, and 3) the politics of your school or district, including who is influential and can help or hinder your cause.

Health Status of Children

It is important to ascertain the current health status of children and youth in your school or community. In some cases, the district may have health statistics. In other cases, it may be necessary to go to the public health department or child advocacy organizations. This information will be invaluable in helping policymakers and educators understand why schools should play a more central role in health promotion.

Status of School Health Policies and Programs

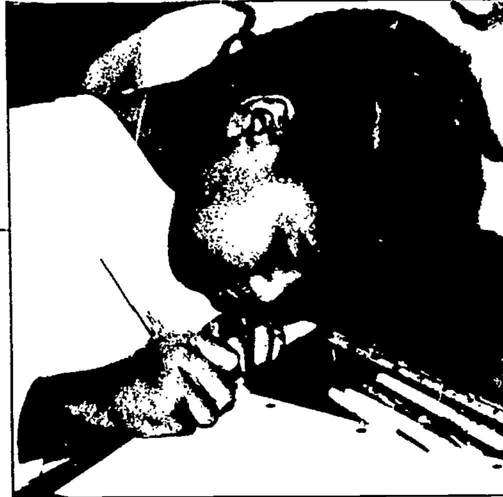
You also need to know the status of current health policies and programs in your school district. There should be written district policies and program descriptions. If not, there is usually someone in the central office with responsibilities for school health programs whom you can consult. For example:

- Is comprehensive health education required?
- Are there provisions to provide students with the health services that they need?
- Are students provided with healthy food service options?

In some cases, there may be a significant gap between official policies and programs and actual school practice. It may be useful to consult with school nurses, teachers, and administrators to find out the extent to which schools are implementing district policies and programs, and how effective they perceive these policies and programs to be in actually improving student health.

For example, state health requirements stipulating that schools provide HIV/AIDS or substance abuse education are often met through health days and assemblies. These approaches are not particularly effective in providing students with the information and skills they need to make responsible health decisions. Rather, research suggests that comprehensive health education (which covers multiple topics in an integrated way throughout multiple grades) provides far greater benefits.

ERIC



PROVIDING FOR THE HEALTH OF STUDENTS

The school's concern for the health of students has traditionally manifested itself in four different areas:

Health Education includes the curriculum and instruction related to good health knowledge, skills, and practice. In 1990, 42 states required that health education be provided in schools. Of these, 28 required a planned and sequential program of "comprehensive health education," addressing a range of categorical health programs and issues. Some health education occurs during special events (health fairs, career days) and in conjunction with other school programs (food service, library activities, physical education, and health services). Teacher preparation in health education varies from state to state and community to community.

Physical Education includes physical activity programs that foster lifelong exercise habits and constructive recreation opportunities.

Health Services include initial health screening and referral activities and record keeping to comply with state laws, e.g., maintaining immunization records. In some schools, staff also perform specialized medical procedures and otherwise minister to children with special health needs, administer first aid, and provide counseling and education related to individual health problems and needs of students and teachers. The availability of professionally trained school health personnel varies from state to state and community to community. A few schools have health clinics on campus or nearby.

Healthful School Environment includes the school facility itself and activities aimed at providing students with a healthy environment in which to learn and grow. This component includes a school climate that is emotionally and intellectually nurturing; wellness programs for school personnel; food services that reinforce healthy eating behaviors; good sanitation, heating, and lighting; and provisions for student safety (emergency procedures, crowd control and security, and building maintenance).

BEST COPY AVAILABLE

EDUCATION UNDER SIEGE: UNDERSTAND WHY YOU MAY BE MET WITH INDIFFERENCE

Many of you will find that educators warmly embrace your offers of assistance. Do not take it personally, however, if you are not immediately welcomed with open arms. It may be that these educators are preoccupied with the academic performance of their students and have not yet recognized the interrelationship between academic performance and student health.

Large numbers of today's educators are under heavy pressure to make major changes in school curriculum, instruction, and organization. They are under attack from members of the business community and others for graduating students who are semi-literate and ill-prepared for productive employment. They are concentrating on promoting better academic achievement and higher performance on standardized tests. Health is not high on many of their reform agendas.

For example, the six National Education goals for the Year 2000 only peripherally address health. These goals (established by the President and governors) challenge schools to significantly increase student performance in English, mathematics, science, history, and geography. Goals also call for preparing students for responsible citizenship, further learning, and productive employment. Two goals (assuring all children will start school ready to learn and assuring schools are free of drugs and violence) have strong health implications. However, health education and physical education are not explicitly included in any of the goals, and are, therefore, of lower priority to many educators.

This inattention to health issues is not surprising. Student health traditionally has not been a school responsibility. Many educators and education policymakers are not yet convinced that schools need to assume responsibilities for student health, although they acknowledge that good health is a prerequisite to academic success. The financial constraints on schools can also lessen their ability to assume new responsibilities.

Schools are under little state or federal pressure to provide health and physical education (PE). Along with arts and music, health and PE are among the first courses to be eliminated as a consequence of budget cuts or the need for additional classroom hours devoted to "core academic subjects."

Finally, school districts must continually address an overwhelming number of issues. These issues include shrinking resources, contract negotiations, personnel, school closure, redistricting, construction, maintenance, and security. School boards are reluctant to add school health programs to their already full agenda unless they perceive student health to be a particularly urgent problem.

You can play a key role in helping educators understand the value of comprehensive school health programs to successful schools and high student academic performance. You can also provide invaluable assistance to them in designing and implementing effective school health programs.

If you are interested in improving the quality of health-related programs in schools, conducting an assessment of them is a good first step. Answers to the following questions will be helpful:

- How many hours of classroom instruction in the health area are provided at each grade level?
- What textbooks or other materials are used?
- Is health a component of school improvement plans?
- What health services are provided at or near the school site?
- What provisions exist for referring students to health services?
- What kinds of changes would administrators, parents, and teachers like to promote?

Ideas for filling gaps, meeting needs, and making essential improvements will come from this kind of assessment.

If you have something specific you would like the school or district to do or you would like to do for the school or district, find out how your proposed activities fit in with the current program and policy. Also, assemble data that reinforces your argument that action is needed.

Politics of School Health Programs

Your third step is to become a student of school politics so that you will learn how to generate political support to improve school health programs. One good way to accomplish this is through asking "someone who knows." Most of you have at least one personal friend who can connect you with an insider who will give you candid information.

Ask about various school board factions (including their different positions on health issues) and the relationship between the board and the superintendent. Seek advice on how to approach individual board members or the board as a whole. Also, ascertain who should introduce issues to various board members and who should make policy recommendations. Similarly, learn who influences the superintendent. Ascertain who in the central office has power and influence over school policies and programs generally and school health programs specifically. Also, find out which principals and other district staff are particularly respected. Ask which unions and associations represent teachers, paraprofessionals, and other school-related personnel, and if they have taken a stand on school health issues.

Finally, depending on the nature of the project you will need to know:

- who is in charge of school operations,
- who is in charge of curriculum and instruction,
- who is in charge of teacher training,
- who is in charge of student services,
- how much leverage parent organizations, the teachers union, school councils, or other key bodies have in determining program direction, and
- what kinds of decisions are left to individual schools.

It is important to inquire about current school district concerns and priorities to see how your health agenda fits. Health, for example, is a key element in most school readiness initiatives, developmentally-oriented elementary schools, middle school reform, and inter-agency activities supporting comprehensive services for children.

It is important to anticipate who in your community is likely to be supportive and who will oppose your proposals and possibly question your motives and actions. In most communities, there is strong parental and community support for comprehensive health programs in schools. There may be, however, a vocal minority who oppose important elements of school health programs, such as helping students develop decision-making skills or mentioning condoms as a way to protect against HIV infection or unwanted pregnancy.

BEST COPY AVAILABLE

FIRST STEPS

Before you make a formal proposal to the schools, you are advised to seek feedback on your proposal's viability from any friends you may have who are school officials, teachers, parent organization activists, or otherwise connected to the school system or an individual school. Also, discuss who might be receptive to your proposal. Be prepared to discuss what you are able to do with some specificity. In most instances, one or more of them will be able to tell you what the likely reaction will be to your proposal (including how it might be strengthened), where you might be of particular service, whom you should contact, and how you should best proceed.

In some cases, you may be referred to a person with whom you could work, e.g., a teacher who needs assistance with health education or a school nurse who could use another pair of hands to provide student services. In most instances, this person can obtain permission from the appropriate parties for you to work with them.

If you are interested in changing school policies and procedures or influencing school health programs more generally, your activities may need higher level authorization from the principal, the superintendent, or other authorized official. You should outline what it is you want to accomplish in a letter, and request school or district cooperation.

If high-level authorization is required, you will be well advised to obtain political support prior to proceeding through bureaucratic ch. nnels.

DESIGNING YOUR ACTIVITIES

Once you receive approval for your general proposal from the appropriate authorities, you will need to develop a more specific plan. It is imperative that you develop this plan in collaboration with whomever would work with you or supervise your activities. In some cases you will need to work with multiple parties both inside and outside the school system. Keep in mind the importance of involving all key players in the planning process. Depending upon your proposal, these may include policymakers, administrators, teachers, union leaders, parent leaders, school professionals, the local health department, religious groups, other community-based and voluntary organizations, and the media.

You should come to the table with specific ideas about what you can offer, being as flexible as possible to allow the best possible match with school district or school needs. If you require school resources to accomplish your objectives, you need to be clear about this from the onset. Most school districts are in fiscal crises, and have limited ability to fund new activities. Similarly, you need to discuss what resources you can bring to the table and what resources you may be able to obtain.

After you reach agreement, put your plan in writing so that mutual objectives and obligations are clear to all. Arrange in advance for periodic meetings with appropriate parties to review progress and discuss how you can be more effective (including what actions the central office, school, or supervisor can take to enhance your effectiveness).

GENERATING STATE SUPPORT

Remember that state policies and programs are tremendous prods to districts to initiate and sustain activity. Successful local efforts may require a state strategy. Specifically, you may wish to work towards:

- ◆ enacting an enlightened state policy on one or more aspects of comprehensive school health programs;
- ◆ establishing state policies and programs supporting comprehensive services for children, youth, and families delivered in an inter-agency, inter-disciplinary collaborative manner;
- ◆ obtaining appropriations to fund such programs;
- ◆ developing accountability systems that provide information on the extent to which students have adequate knowledge about health-related issues and/or exhibit positive health behaviors;
- ◆ examining state certification and licensure requirements from the perspective of preparing professionals to be cognizant of the importance of student health and the professional's role in health promotion; and
- ◆ increasing state education agency, state health department, and other state agency capability to help local districts plan and implement effective school health programs.

FACTORS INHIBITING EFFECTIVE SCHOOL HEALTH PROGRAMS

Many educators are uncomfortable discussing health issues with students. The societal problems that create the need for health education and services – teenage pregnancy, alcohol and drug abuse, and AIDS – are linked to issues of values and morality. These traditionally are considered the prerogative of families, not schools.

In addition, there are a number of well-organized special interest groups that strongly oppose the idea that students should learn to make personal health decisions and that schools should address sexuality and other health issues. Schools that propose adolescent health clinics, require sex education, make provisions for condom distribution, or discuss homosexuality may sometimes find themselves embroiled in divisive controversy.

Even those schools willing to incorporate health in the curriculum and link students with health services face obstacles because schools have difficulty staffing comprehensive school health programs. Effective health education requires specially trained instructional staff. Most elementary teachers have not had professional preparation or continuing education on providing effective health instruction.

Similarly, secondary schools tend not to employ health education specialists and often assign health education responsibilities to teachers (particularly coaches and home economics teachers) with minimal or no professional preparation and competence in health education. Many of these teachers are uncomfortable dealing with such sensitive topics as human sexuality.

TIPS ON ASSURING SUCCESS

If you want to influence curriculum and instruction:

- ◆ The policies and programs you propose must be consistent with local mores and sensitive to the racial, ethnic, and cultural diversity in today's schools.
- ◆ Health programs which fit into existing curriculum, school day, and school structure will be more readily adopted.
- ◆ To attain fundamental change in school curriculum, instruction, and organization, it is important to work with school personnel engaged in planning and implementing school reform, such as members of school improvement or school-based management teams.
- ◆ Adequate in-service education must be provided if teachers and administrators are to understand health issues, keep current with new scientific developments, and work effectively with health professionals.

If you want to increase or improve health services for students:

- ◆ As an individual volunteer, you need to reach an understanding with school officials regarding the level of services you can realistically provide.
- ◆ You may need to work with community organizations to establish a formal mechanism (e.g., interagency coordinating council, health coalition) whereby agencies can work together to develop and implement an overall community strategy supporting comprehensive, school-linked health services for children and youth.
- ◆ School staff needs to be trained to recognize student health problems and refer students to appropriate service providers.

If you want to assure district, parent, and community support:

- ◆ You will need to make education policymakers and stakeholders aware of the serious need to act through study sessions, public forums, and other means. One way to do this is to urge the formation of task forces or commissions to study the condition of children's health and recommend effective school health policies and programs.
- ◆ It is important that you inform and involve parents from the start of any initiative, remembering parent support is key to the success of health programs.
- ◆ In areas where there is no clear agreement, work towards consensus. Where community opinion is divided on some issues (e.g., providing contraceptives in teen clinics) and united on others (e.g., the need for teens to have basic health services), start where you have agreement (e.g., propose establishing a school health clinic that does not distribute contraceptives).
- ◆ Continuing school district and community support of school health programs requires that the public know whether programs are achieving their objectives. Thus, assessment, evaluation, and accountability systems should accompany health programs to measure the extent to which student knowledge and behavior is changing.

If you want to enjoy continuing school support:

- ◆ To be effective, you must learn how to work in the school milieu. This will require a long-term commitment on your part. School personnel are wary of the "project" that is here today and gone tomorrow.
- ◆ Remember, you and your colleagues always must obtain and retain the superintendent's approval of your activities. Keep the superintendent posted on your progress, and obtain prior permission to work with district students or staff. A similar principle holds for work in a school. Prior to entering a school, you must inform the principal of your activities and obtain his or her permission to enter and work in the building.

If you want your peers to be effective, keep the following points in mind:

- ◆ If you recruit other health professionals to work in the schools, you need to provide an orientation program for them on how schools work, how to work with schools, and what particular contributions health professionals can make to improving health programs.
- ◆ Remind health professionals that while they have the "content" expertise, teachers have the "instructional" expertise. Health professionals and teachers need to work together if information is to be effectively conveyed to students.
- ◆ Organize periodic follow-up meetings where health professionals and school personnel can share their experiences and discuss how each can be more effective.

BEST COPY AVAILABLE

ERIC

ONWARD

Health professionals can be a wonderful asset to improving the health of school children. Now that you have more knowledge about how schools work and how to work with schools, you can move ahead and build close working relationships between health professionals and the schools. Best of all, you can be confident that your efforts will yield positive results and result in improved health for young people and a better chance for them to reach their full learning potential.

EXPANDED ROLES FOR SCHOOLS

The National Commission on the Role of the School and the Community in Improving Adolescent Health urged that schools play a stronger role in improving student health. Formed by the National Association of State Boards of Education and the American Medical Association, the Commission's Call to Action *Code Blue: Uniting for Healthier Youth* challenges schools to:

1. Become far more personal institutions that better support students' physical, emotional, and social well-being.

2. Become far more positive learning environments that engage students' interest and motivate them to want to achieve their potential and lead healthy, productive lives.

3. Provide students with a new kind of health education – one that:

   a) provides honest, relevant information about disease and accident prevention, family life and sex education, drug and alcohol abuse, violence, mental health, and nutrition;

   b) teaches skills and strategies needed to make wise decisions, develop positive values, generate alternatives deal with group pressure, work cooperatively, and avoid fights – skills that are better learned through role playing and other small group participatory activities than through lectures;

   c) includes participation in physical activity programs that foster lifelong exercise habits; and

   d) begins in kindergarten before students are pressured to experiment with risky behaviors and continues in a planned sequential manner through adolescence.

4. Improve collaboration inside and outside of schools to assure that students receive help with physical, social, and emotional problems that are interfering with their learning.

ERIC

A CHECKLIST

STATE POLICIES AND PROGRAMS

- Have you apprised yourself of state policies and programs related to school health programs?
- Have you checked to see whether related health outcome objectives exist and, if so, how they are assessed?

LOCAL POLICIES AND PROGRAMS

- Have you apprised yourself of district policies and programs related to school health programs?
- Have you become familiar with what health curricula, textbooks, and materials are actually being used in the schools?
- Have you ascertained:
  - policies and programs that need strengthening?
  - serious gaps and deficits?
  - opportunities for health professionals to make a meaningful contribution?

INFLUENCING LOCAL POLICIES AND PROGRAMS

- Do you know how the local education system works? Who makes decisions? Who has authority? Who actually does the work?
- Do you know who supports and who is concerned with various aspects of school health programs and their arguments for doing so?
- Have you contacted appropriate officials about your ideas and obtained their support for working with schools?
- Have you refined your ideas in consultation with key parties – teachers, administrators, health professionals, public health professionals, school board members, parents?
- Have you oriented your colleagues on how schools work and how to work with schools?
- Have you provided for periodic progress reports and changes in direction or emphasis based on their results?

ERIC

Bridging the Gap: A Health Care Primer for Education Professionals

NATIONAL HEALTH/EDUCATION CONSORTIUM

ERIC Full Text Provided by ERIC

TODAY'S CHILDREN ARE TOMORROW'S WORKFORCE, POLICYMAKERS, CARETAKERS, AND LEADERS.

NATIONAL COMMISSION TO PREVENT INFANT MORTALITY
Switzer Building • Room 2014
330 C Street, SW
Washington DC 20201
202 205 8364

INSTITUTE FOR EDUCATIONAL LEADERSHIP
Suite 310
[illegible] Connecticut Avenue, NW.
Washington DC 20[illegible]
202-822-8405

[illegible]otos: National [illegible] [illegible]tion Association – Ph[illegible]grapher: Joe Di Dio [illegible] cover and page 2[illegible] [illegible]arch of Dimes

BEST COPY AVAILABLE

Educators know that health influences learning. Children who are hungry, have trouble seeing or hearing, lack energy, are distracted, or use drugs need special attention and often do not learn as well as healthy children.

By the same token, health care practitioners know that education can promote children's health. If women learn not to smoke, drink, or use drugs while they are pregnant, if parents know how important it is to get their child immunized, and if children themselves realize the value of good nutrition and healthy lifestyles, it is likely that our nation's children will be healthier and better able to reach their full educational potential.

In promoting the optimum development of a child, health and education are intricately linked. Yet, these worlds remain far apart. Comprehensive school health programs are provided in far too few of our schools. Moreover, millions of our young people and their families do not receive needed health services because of lack of access or inability to pay for them. In turn, too many children have preventable childhood diseases, use alcohol or other drugs, or have babies. Too many of our nation's babies are born to young mothers who did not receive adequate prenatal care.

To prevent these outcomes, the NATIONAL HEALTH/EDUCATION CONSORTIUM believes that health and education professionals in this country need to work more closely together to effectively integrate services for children. If the health and education sectors engage in interdisciplinary training, and advocate for policy, financing, and program reforms, children will have a better chance at high-quality outcomes.

Education and health professionals need each other to be fully effective. However, all too often educators who want to work with the health system or health professionals who want to work with the education system end up puzzled and frustrated. How do these two systems work? How are they governed? Who is in charge of what? How are services paid for? If one wants to work with one of these systems as an outsider, how does one go about it?

This primer is aimed at those who want the education and health systems to work more closely together at the community, state, or even national level. By providing a brief overview of the health care and the education systems and presenting concrete action steps that can be taken to connect these sectors, we hope to help move this nation a step closer toward ensuring the health, well-being, and education of all children.

To build a country of healthy, educated citizens and allow children a future that they deserve, we must first make sure that every child enters the world healthy, and arrives at school healthy and ready to learn. Only then can children be given the tools and services necessary to reach their full educational potential. Today's children are tomorrow's workforce, policymakers, caretakers, and leaders. It is in all of our collective interests that our nation's children become productive citizens. Let us then, through learning about one another's professional worlds in these primers, work towards that end.

CONTENTS

INTRODUCTION 3

WHY YOU NEED TO WORK WITH THE HEALTH CARE SYSTEM 5

HOW THE HEALTH CARE SYSTEM WORKS 5

The Health Care System: Public or Private? 5

The Public Sector 7

The Federal Level 7

The State Level 9

The Local Level 11

The Private Sector 11

HOW TO WORK WITH THE HEALTH CARE SYSTEM 13

Part 1: In Your School or District 13

Part 2: In Your Community 17

Part 3: In the Policy Arena 17

ONWARD 19

The National Health/Education Consortium and Members insert

References insert

Resources insert

The National Health/Education Consortium (NHEC) is a joint effort of the National Commission to Prevent Infant Mortality and the Institute for Educational Leadership.

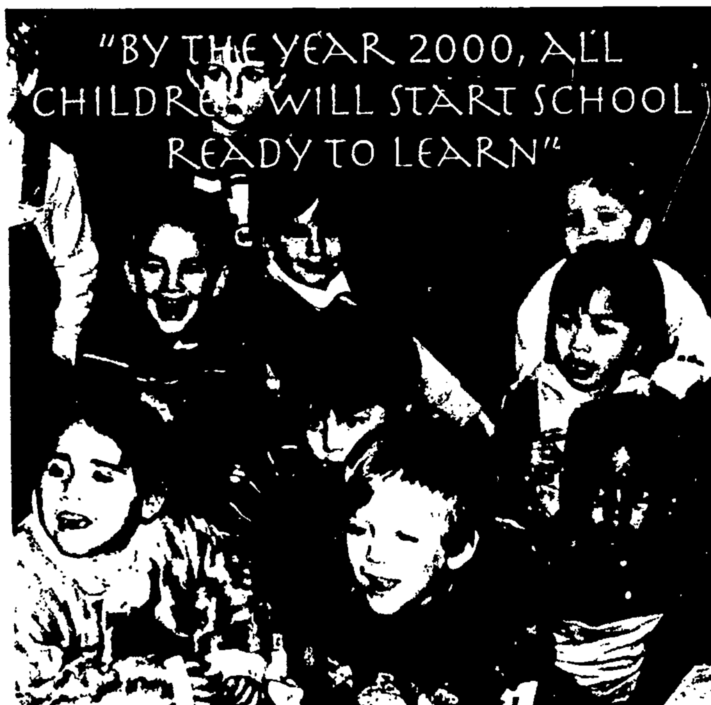
NHEC acknowledges with appreciation Silvia Holschneider, Lenore Greenberg, and Susan Givens who co-authored this piece.

In addition, we would like to recognize the Prudential Foundation for its generous support in promoting health/education collaboration. By underwriting the creation of the Consortium and many of its publications, the Foundation has helped to further greater public understanding of the critical linkage that exists between the health of a child and his or her potential to learn.

ERIC

INTRODUCTION

Good health is important for academic success. As an educator, you know that the heavy health and social burdens children carry through the classroom doors can undermine academic achievement. Poverty, homelessness, hunger, lack of preventive child health and prenatal care, teen pregnancy, lead poisoning, alcohol and other drug abuse, mental health problems, child abuse, and neglect all influence the ability of children to learn and grow. If each child is to fulfill his or her academic potential, health and social problems cannot be overlooked in the classroom.



In September of 1989, President Bush joined the nation's governors in setting education goals for the year 2000. Clearly, the first goal, "By the year 2000, all children will start school ready to learn," will be easier to meet if children's social and health needs receive proper attention. No single sector of society can or should be solely responsible for achieving this goal. Only if professionals in the education and health worlds work together can we ensure the best possible start for our nation's school children.

Of course, **starting** school ready to learn is only the first step. Both the health care system and education system must make every effort to help our nation's youth remain healthy and ready to learn throughout their school years and beyond.

This primer is designed to help you join forces with the health community to improve the system for our children, our teachers, and for our nation. By addressing the following questions, it will help you begin to link health and education needs in your school, community, state, and at the federal level:

- ◆ How is the health care system in this country structured? Who is responsible for providing health care to our children?
- ◆ What are the health services and programs that will help students arrive at the classroom door healthy and ready to learn?
- ◆ Why is it so difficult for many children and pregnant women to obtain needed health care services?
- ◆ How can I help children and their families find health care assistance?
- ◆ Who in the health care community can I call upon to help me in my work as an educator?
- ◆ Beyond finding help for specific children and families, how can I impact the policy-making process in order to work toward a better planned and coordinated health care system that can reach all children in need?

To help answer these questions, the next three sections will discuss these topics:

- ◆ **Why You Need to Work With The Health Care System**
- ◆ **How The Health Care System Works**
- ◆ **How to Work With The Health Care System**

BEST COPY AVAILABLE

WHY YOU NEED TO WORK WITH THE HEALTH CARE SYSTEM

Although we have won the battle against many diseases and problems that used to take the lives of children and adults in years gone by, the health system today is strained by a "new morbidity" – social problems kindled by poverty, homelessness, teen pregnancy, drug abuse and other concerns of today's society. And the education system, also reeling from the consequences of this new morbidity, is under mounting pressure to provide our nation's children with the skills and knowledge needed to function in increasingly complex and competitive world markets.

Startling facts illustrate the social and health barriers to learning faced by America's children. Even more tragic is the fact that these problems are all preventable. For example:

- **One in five children lives in poverty;**
- **One-half million children are homeless;**
- **Nineteen percent of America's children have no health insurance and are, therefore, at risk for having untreated health problems that can impede learning;**
- **One in four infants is born to a woman who does not receive sufficient prenatal care. Such infants are at greater risk for problems such as chronic lung problems, cerebral palsy, mental retardation, visual, and learning disabilities;**
- **Nearly 20 percent of pregnant women annually use one or more illegal substances at some point during their pregnancy. Many drug-exposed babies are at higher risk for learning difficulties.**
- **12.8 percent of all births in the United States are to teenage mothers;**
- **One in five children between the ages of 3 and 17 suffers from developmental, learning, or emotional disabilities;**
- **The rates of preschool children being adequately immunized, one of the most important and cost-effective health interventions available to children, are markedly declining;**
- **and one in six children under the age of six has a dangerously high level of lead in his blood, putting him at risk for death, mental retardation, cognitive and behavioral problems, sensory and other disabilities.**

Lack of access to quality health care and inability to pay for it are increasingly jeopardizing the health of many American children. These are problems that cannot be helped through new machines or medical technology. Conditions can only be improved for our nation's children if all those who influence their lives step beyond their professional boundaries to improve our devastating statistics.

Traditionally, education's involvement in the health of students has centered on such areas as compliance with state immunization requirements, student health services, health education curricula, and creation of a healthful school environment. Many educators have had some experience in working with health care, be it working with providers such as school health nurses, or teaching health in their classrooms.

Helping to ensure the health of students, however, must go beyond incorporating health subjects into the class curriculum and referring sick students to the school nurse. The beginnings of educational success occur before children even start school, with good prenatal care and healthy early childhood physical and emotional development. And beyond that, academic success can be promoted throughout the school years as well by providing children with the supportive services they need.

You, as an education professional, have a tremendous opportunity to become a pivotal agent in improving our children's health. You can be a catalyst for change by ensuring that children are born healthy and remain healthy throughout their school years. You can link children and families with the services they need and bring the services to where most children are – in the schools. By being in frequent contact with children and families, you, more than many health professionals, are aware of their habits and needs. Your schools, often the center of community activity, are the ideal grounds for planting seeds of change.

HOW THE HEALTH CARE SYSTEM WORKS

In order for you to work with the health care system and help change it, you first need to have an overview of how it works. Unfortunately, total mastery of the system may seem overwhelming. There is no **one** health care system in the United States. Rather, American health care is like a patchwork quilt, consisting of a vast array of programs that may target one or many population groups, providers, or sites, and be governed by one or more levels of government, sets of regulations, and financing mechanisms. Health care in this country spans both the public and private sectors. In addition, the type and quality of services available to a family are largely dependent on income, insurance status, and geographic location.

THE HEALTH CARE SYSTEM: PUBLIC OR PRIVATE?

Our health care system, unlike our education system, is not primarily a public sector responsibility but involves the private sector as well. Thus, it is much more diverse and complex. What adds to the complexity is that the two sectors are not exclusive – people generally do not utilize services only from the private or only from the public sector. There are hundreds of different ways health services are delivered and financed. Often private and public agencies

ERIC

collaborate to provide services. For example, a child on Medicaid (the federal and state funded public health insurance program for the poor) may receive health care from a private physician, who in turn bills the Medicaid program.

The health care system differs from the education system in another way as well. While the education system has one focal point you can always count on – the local public school – the focal point of health care within a community is more elusive. If there is a health counterpart to the local school, it might be the local public health agency. However, the public health agency bears much broader responsibilities, ranging from direct delivery of health care to the community, to conducting programs such as water sanitation and disease surveillance.

THE PUBLIC SECTOR

Similar to public education, the public sector's role in health care is a shared responsibility among federal, state, and local governments. Like the U.S. Department of Education, there is a central federal governmental authority, the U.S. Department of Health and Human Services, which is responsible for resource development, planning, research and regulation. It, however, is a much larger organization than the Department of Education because it is also responsible for the huge Social Security, Medicare, and Medicaid programs. On state and local levels, health departments carry great autonomy in influencing the population's health care. As with education, legislators on all levels influence laws affecting health.

It is important to note that public health agencies are not the only public agencies that influence our health or health care. A whole world of other agencies are involved, such as the Department of Agriculture. In addition, the public sector's responsibility for health spans beyond providing and financing direct care. Other issues such as environmental and occupational safety, surveillance and control of diseases, and monitoring health indicators are also traditional public health concerns.

BEST COPY AVAILABLE

Although all public health services are important, some impact us more directly than others. For the purposes of this primer, we will focus on only some of these. We want you to know about the federal, state, and local level activities that directly affect the health care of our children and families so that you can influence policy, provide referrals, and help improve the delivery of services and programs.

THE FEDERAL LEVEL

The principal role of the federal government is the surveillance of the nation's health, policy formation, research, finance, and the design and management of health programs authorized and appropriated by Congress.

The Congress plays an important part in determining the quality of our health care. Not only is Congress responsible for creating laws and budgets, it also investigates health issues and gathers information. The four congressional committees most involved in health issues include the Senate Labor and Human Resources Committee, the Senate Finance Committee, the House Energy and Commerce Committee, and the House Ways and Means Committee.

The main agency of the federal government concerned with health affairs is the U.S. Department of Health and Human Services (DHHS). It is responsible for the nation's massive programs of social security and public assistance as well as most health care and public health programs. The 1992 DHHS appropriated fiscal budget of $236 billion dollars is larger than many other nations' entire budgets.

Three divisions within this vast organizational structure – the United States Public Health Service, the Administration for Children and Families, and the Health Care Financing Administration – administer programs that affect the health of children and families. Specific programs within these divisions are important for you to know about so that you can actively influence their current regulations and policies.

U.S. Public Health Service

The U.S. Public Health Service (PHS) operates the largest public health program in the world. It contains numerous agencies and bureaus, all involved in some aspect of protecting and advancing the health of American people.

ERIC

One important program that PHS operates is the **Maternal and Child Health (MCH) Block Grant** (Title V of the Social Security Act). The Block Grant, especially targeted to poor populations, funds the core of public health services for pregnant women and children. Although the Block Grant is a federal program, its financing is shared by the federal and state governments with states largely deciding where and how the money will be spent. More detail will be provided about this important block grant in the next section when we discuss state level public health care activities.

Another important program of the U.S. Public Health Service is the **Alcohol, Drug Abuse, and Mental Health Block Grant.** This block grant is important for you to know about because it funds a large portion of alcohol and drug abuse prevention, treatment, and rehabiliation projects. In a method similar to the one employed in the MCH block grant, the federal government funds states according to a formula and the states in turn largely determine how the monies should be allocated.

The U.S. Public Health Service is also responsible for the **Community and Migrant Health Centers Program.** Community Health and Migrant Health Centers provide preventive health care mainly for low income and uninsured people. By law they are located in urban or rural areas that are poor, have few if any other health care providers, and have sizable populations without health insurance. Medical services are not solely funded by the federal government, although they make up on average half of the total revenues. Health centers also receive local grants, donations, and health insurance payments. We will continue our discussion of community health centers later, when we discuss health care services to which you can refer children and families in your community.

Finally, the Centers for Disease Control, an agency of the Public Health Service, provides grants to state and local health agencies to help establish and operate **immunization programs** for the control of vaccine-preventable childhood diseases. The amount of assistance is based on need and availability.

Administration for Children and Families

The Administration for Children and Families is a newly established division within DHHS. It serves as the focal point for many DHHS efforts for children and families, although it is not responsible for any health care programs per se. Programs administered by the new agency that indirectly affect the health of children include the **Developmental Disabilities Program, Head Start, Aid to Families with Dependent Children (AFDC), Child Welfare Services, the Child Care and Development Block Grant, and Child Abuse Programs.**

ERIC

Health Care Financing Administration

The Health Care Financing Administration operates two multi-billion dollar programs – **Medicare and Medicaid.** Whereas Medicare pays for health care of the elderly and disabled, some of whom are children, Medicaid finances services for the poor, many of whom are children.

Medicaid is financed by the federal and state governments and primarily administered by the states. To become eligible, families or individuals must be eligible to receive cash assistance from Aid to Families with Dependent Children (AFDC), or the Supplementary Social Security Income (SSI) program for the disabled, blind, or elderly poor. In addition, recent legislative amendments allow many low-income pregnant women and children who do not meet welfare definitions of dependency to become eligible for Medicaid coverage.

We will discuss Medicaid in more detail in the state section.

In addition to the Department of Health and Human Services, many other federal departments are concerned with health care related activities. The Department of Agriculture, for example, has considerable influence over the health and well-being of poor children. It runs a number of nutrition programs including **Food Stamps, the School Breakfast Program, National School Lunch Program, Child Care Food Program, Special Milk Program for Children, and the Special Supplemental Food Program for Women, Infants and Children (WIC).**

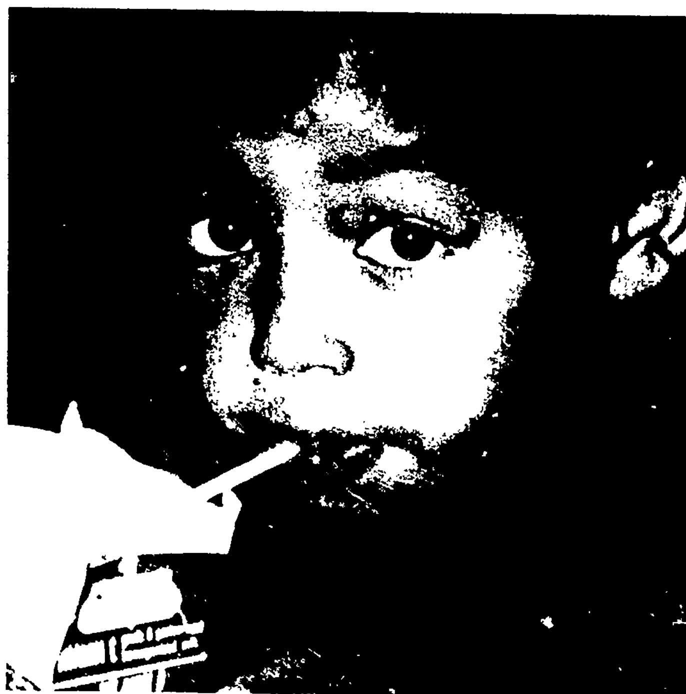
ERIC

THE STATE LEVEL

As with the education system, the states bear primary responsibility for the public sector's role in health care. State governments, public agencies, and private agencies work together in many different ways to create policy and provide and finance services.

With regard to policy development, the groups that often act as the principal public health policymakers in a state are state legislative committees, executive branch agencies, and the State Health Department. Their designation, involvement, and activity vary from state to state.

Each state has a major health agency whose responsibilities range from collecting and analyzing data to managing health services. The functions of the state health departments depend upon the way public health is organized in each state. In some states, for instance, the state health agency is also the lead mental health agency for the state. In other states, the health agency is combined with the social services agency to form a type of superagency of human services, much like the federal Department of Health and Human Services.



States' methods for carrying out their functions differ among state health departments as well. In most states, the state agency operates some local health agency programs completely and some only partially. In other states, operation and planning of local health agency programs is either completely independent or dependent upon the state health department.

However disparate states' organizational layouts may seem, it is still important for you to know about the basic programs administered by a state – whether by the health department or some other state entity. By working on the state level with policymakers and administrators, health policies and programs can be strengthened to benefit children.

BEST COPY AVAILABLE

Medicaid

An important function of state government is the administration of the Medicaid programs. While both federal and state governments finance Medicaid, the states decide on the amount and scope of services they will cover and, to a great extent, determine the populations that will be eligible for services. All states, for instance, are phasing in Medicaid coverage on a year-by-year basis for children up to age 19 with family incomes below the federal poverty level. However, some states have accelerated the pace at which they are phasing in coverage of these children.

Contrary to popular belief, all poor Americans are not eligible for Medicaid. Only about half of those with incomes below the federal poverty level are covered. In addition, even if a family or individual is eligible, they may not know that they are or they may find the application process daunting (forms can exceed 40 pages!) and decide not to apply.

Medicaid Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)

States also administer the EPSDT program, a tremendous resource for teachers to tap when they identify students who exhibit health problems, developmental delays and who are from low-income families.

All children eligible for Medicaid are also eligible for EPSDT. The program pays for primary and preventive health care and rehabilitative services. Eligible children can receive an array of services including vision and hearing screening, eyeglasses, hearing aids, health screening for disease and/or developmental problems, mental health care, speech therapy, physical therapy, and dental care.

Some states have encouraged the interface between EPSDT and the schools. Some schools actually become EPSDT providers, allowing them to be reimbursed for a broad range of services including vision and hearing screening, speech, physical, and occupational therapy. Budget shortfalls, however, often limit the services available to children.

MCH Block Grant Program

States are also responsible for administering and providing matching funds to the MCH Block Grant Program. As mentioned earlier, the core of public health services for pregnant women and children is funded under this program. Services include prenatal care; maternity nursing and nutrition; high-risk neonatal follow-up; basic child health services such as immunizations, well-child examinations and referral or treatment for minor illnesses; school health screening and education programs; and specialized health services for children with developmental disabilities or chronic illnesses. Although the Block Grant programs directly or indirectly provide all these services, inadequate funding is a major impediment to the Grant's ability to achieve its goals. State programs are finding it difficult to maintain existing – much less expanding – levels of activities and services or to plan new inititatives in the face of unpredictable and insufficient funding.

WIC

The Special Supplemental Food Program for Women, Infants, and Children (WIC), even though largely funded by the federal government, is administered by the states through local offices. WIC provides supplemental foods, nutrition education, and a potential entry point to health care services for pregnant and breastfeeding women and infants and children up to

ERIC

age five who are identified as nutritionally at risk and meet certain financial qualifications. It is important for you to know about WIC because it has been shown to reduce low birthweight – an important risk factor for learning problems. Coverage varies from state to state because of funding and because each state determines who is eligible on the basis of general federal guidelines.

Although there is strong bipartisan support for WIC, the program has never been funded adequately to cover all who are in need. Several states are taking steps to increase their ability to reach and serve those in need. Action steps include supplementing federal funds with state funds, reimbursing health care providers to care for WIC recipients who are ineligible for Medicaid, and developing automatic referral mechanisms between WIC and Medicaid to better serve the overall needs of these participants.

> OUR NATION'S CHILDREN, AS A GROUP, ARE DISPROPORTIONALLY UN- AND UNDERINSURED. NEARLY ONE AMERICAN CHILD IN FIVE DOES NOT HAVE COMPREHENSIVE COVERAGE.

THE LOCAL LEVEL

The health care system on the local level functions similarly to the state level in that government, local agencies, and private organizations all play a central role in ensuring and providing care. County supervisors, councils, aldermen, and mayors can direct health issues in the same manner as the state legislature. Local governments can convene task forces and meetings around important health issues as well.

Like state health departments, local health departments differ from state to state in their organization and autonomy. A local health department can, for example, be a district office of the state agency, be autonomous, or be responsible to both the local government and the state. Geographically, it may serve one county, groups of counties, a city, or a city-county combination.

Local health departments also design, develop, and implement health programs as do state health departments. Although the local public health department in your community will not be the sole provider of health care (and sometimes does not even provide direct care), it is a good place for you to find out about some of the public and community services available to children. Programs range from health care clinics to community-wide disease prevention. Many departments provide maternal and child health services, immunizations, counseling, and health education.

Depending on the structure of your local health department, it may also be the provider of social services in your community. Call your mayor's office to find out how your local level system is structured. Once you know the structure, you can easily find out more information about how programs such as Medicaid and WIC work in your community and how to enroll children. In addition, you can find out what your school can do to help get children and/or pregnant or parenting teens signed up for these programs.

Children and families can also receive services at Community and Migrant Health Centers. Community

Health Centers provide high quality preventive health care for those people most likely to lack access to health care because of geographic isolation, a lack of providers in their community, or a lack of financial resources to pay for health care. In general, Health Centers provide basic primary medical care such as physician and nurse midwifery services; preventive health services and dental care; and ancillary services such as laboratory tests, x-rays, and prescription drugs. Community Health Centers have been proven to be sound health care investments, however funding levels and difficulty in recruiting and retaining physicians and other health care providers has seriously affected many Centers' ability to provide adequate care for all those in need.

THE PRIVATE SECTOR

Now that we have briefly looked at how the public sector influences our nation's health care, let us review the role of the private sector.

The private sector has the main responsibility for delivering **direct** health care services in the United States. These services include everything from hospital care to physican, nurse, and dental care. While a few doctors, nurses, and dentists are employed by the public sector, the vast majority work for privately owned clinics, offices, or hospitals, or are self-employed.

Private sector delivery does not mean private sector payment. Services may be paid for by the patient, an insurance agency, a government agency, or some other source such as health maintenance organizations (HMOs). Only about half of our nation's health spending is financed through private insurance or

personal expenditures.

Our nation's children, as a group, are disproportionally un- and underinsured. Nearly one American child in five does not have comprehensive coverage. From our discussions above, you already know that not all poor children are receiving Medicaid. You probably also know that many children with working parents may not have insurance because their parents' jobs do not offer it, or if they do, the policy may not cover the children. Also, if a family without insurance wants to purchase a policy on its own, it can often be expensive or not cover the range of services a family may need. Unfortunately, all of these problems are on the rise throughout the country.

Even those children with health insurance may not be adequately covered for primary care services. Plans often limit the amount, scope, and duration of benefits, including important preventive care. Most private insurance policies, for example, do not cover immunizations. Many families must therefore pay as much as $300 out of their own pockets or use publicly funded vaccination programs that often experience vaccine shortages. In turn, many families often postpone getting their children immunized.

ERIC

HOW TO WORK WITH THE HEALTH CARE SYSTEM

Now that you have a basic understanding of the health care system and some of the services it does and does not offer, what is it that **you** specifically can do to help assure that children will begin school – and move through their school years – healthy and ready to learn?

No single person can make the social, economic, and political changes that are needed to improve our children's health. We need action by all those influencing a child's life – from the health care community itself, to parents, business leaders, organizations and officials. We all need to work together in partnership to develop nationwide improvement for children over the long term.

Suggestions on "how to work with the health care system" are divided into three parts. Part 1 is aimed at those of you who want to instigate direct change in your school or district. Part 2 suggests how you can influence change for the improvement of children's health in the community. And, Part 3 is directed at those who want to work in the policy arena to foster "systems" change.

COMMON BARRIERS TO HEALTH CARE

- Inability to pay for health care services and ineligibility for public assistance programs;
- Bureaucratic red tape and overwhelmingly complex application forms and processes for public programs;
- Insufficient health care providers or health programs in your community;
- Physicians who refuse to accept Medicaid and other low-income patients;
- Inconvenient health facility locations or hours of operation; and/or
- Weak or non-existent referral networks and information to help people find the health care services they need.

In addition to these system barriers, the clients themselves and their particular life situations may present barriers to obtaining needed health care. For example, some families:

- May not be aware of the importance of preventive or pediatric care, such as prenatal care and immunizations;
- May not know where and how to obtain care or how to become eligible for Medicaid or other public programs that provide services to low-income families;
- May have no way to travel to the clinic or doctor's office;
- May be limited by language and cultural barriers; or
- May feel health issues are a lower priority than survival issues on a day to day basis.

BEST COPY AVAILABLE

ERIC

PART 1: IN YOUR SCHOOL OR DISTRICT

To take action within your own school or district, you must first define the existing health problems and identify their consequences upon your students' abilities to learn. For example, has your pre-school program screened at-risk children before they enter school? Do children arrive at school hungry? Is teenage pregnancy of particular concern in your school? Talk to other educators, parents, local health and social service providers, and other community representatives to get a feel for community beliefs and standards and existing social and economic factors that may influence whether or not a child receives health care. Determine the extent of support for school health programs in your community.

Second, find out what is already being done to solve the problems you have identified. Have those who set the health agenda in the school or community identified your concern as a health priority? If not, help them understand how important this issue is to the population you serve. If you have suggestions about how to solve the problem, determine whether your ideas conform with current policy or whether change will be needed.

Third, if children in your school are not receiving the particular health care services they need to help them achieve their educational potential, find out why this is so. You could begin by talking with your school nurse. Other souces of information include the local public health director, the nursing or medical director of a local hospital or clinic, local pediatricians, members of the local board of health, or child health advocacy groups.

These individuals can help you identify a variety of barriers that stand between children and the services they need. Such roadblocks can limit children's access to services and ultimately impact their ability to perform in school. You might find, for example, that the reason your students have not had

IF YOU ARE A TEACHER, OR OTHER STAFF MEMBER...

enlist support within the school or school district for solving health problems. Consult with your principal. Share this Primer with him or her. Explain the problems as you see them, discuss your ideas for taking action and who can help you, and describe the potential payoff for your students.

IF YOU ARE THE PRINCIPAL...

talk with appropriate central office staff or the superintendent in a similar manner. Share your ideas with your peers. Consider generating interest in district-wide action.

IF YOU ARE A SUPERINTENDENT OR CENTRAL ADMINISTRATOR...

challenge the superintendent's cabinet, a committee of principals, or a district parent council to develop programs that will improve health care for your students. Brief the school board. Reach out to involve the community, including government officials, parents, civic groups, health professionals, industry, and business.

CASE STUDY:

Health Start: The St. Paul Story

In 1971, staff from Mechanic Arts, an inner-city high school in St. Paul, Minnesota, became increasingly aware of the growing number of teenage girls becoming pregnant and consequently dropping out of school. Seeking to establish an in-school day care center to help young mothers remain in school, the high school staff contacted neighboring St. Paul Ramsey Medical Center for help in finding day care for its students' children.

At the same time, staff from the Maternal and Infant Care Project (MIC) at the medical center (a project providing prenatal, post-partum and pediatric care for high-risk, low income women and teenagers), were becoming concerned with health, social and educational issues surrounding teen pregnancy.

The high school's contact led to a series of meetings involving MIC staff, parents and students, the St. Paul School Board, community members, and teachers and staff of Mechanic Arts. Two years later, an adolescent health center/child care facility was established as a three year demonstration project in the school.

The success of this demonstration project in improving birth outcomes and graduation rates for teenage parents, as well as lowering repeat births and fertility rates eventually lead to an increase in the variety of services and clinics. Five school-based health centers offering comprehensive health services to teens are now managed in St. Paul by Health Start, a non-profit organization.

MEET WITH SCHOOL AND OTHER HEALTH CARE PROFESSIONALS TO SHARE INFORMATION, DEVELOP JOINT STRATEGIES, AND ORGANIZE YOUR EFFORTS.

BEST COPY AVAILABLE

vision screening is because their families cannot afford it. They may not realize their children are eligible for the EPSDT program and, furthermore, they may not know how to access vision screening services.

Fourth, think about what you or your school can do to help health professionals eliminate some of the barriers to health care. Teachers and parents can work together to be sure a child gets all the health services to which he or she is entitled.

Fifth, enlist support within the education and health communities. Talk with others who might support you, from colleagues and friends to the parent teacher organization, school site council, and local businesses. Meet with school and other health care professionals to share information, develop joint strategies, and organize your efforts. Decide how services already present could be augmented. Could the school nurse, for example, provide health education in the classroom? Could he/she serve as a link to community health resources? Contact the leadership of professional health organizations and voluntary and advocacy organizations to enlist their participation and support. For instance, many universities, hospitals and health departments have training staff services available to train teachers in health education. Contact the National Health/Education Consortium for referrals to local affiliates of member organizations (listed in this primer). All of these organizations have state and local affiliates and all have voiced a commitment to bridging the gap between health and education.

Of course, your solutions will need to be tailored to the needs of your students. Here is a sampling of ideas to get you started:

- ◆Work with colleagues and health care agencies to set up special events that promote public education such as health fairs, symposia, and parent training programs.
- ◆Contact appropriate local health care providers and work with them to arrange and conduct in-school educational programs to inform the students – and through them their families – about vital topics, such as:
  - • Nutrition;
  - • Smoking, alcohol and drug abuse;
  - • Reproductive health;
  - • Prevention of communicable diseases, such as AIDS, tuberculosis, and measles;
  - • Pre- and postnatal care; and
  - • Other family life concerns

CASE STUDY:

New Vistas School

Four hundred and thirteen Minneapolis school girls became pregnant in 1989. Although some school based assistance programs were available, the waiting list exceeded the facilities. To assist in educating these young mothers and to help their children get a healthy start, the Honeywell corporation, in conjunction with the Minneapolis School System, implemented New Vistas School.

New Vistas School is a pilot program located in Honeywell's corporate headquarters. It offers not only individualized course work, but also special instruction on prenatal and baby care, parenting, health, and nutrition. Its goal is to assist the young mothers in learning to cope with both academic and family responsibilities that are part of being a teenage parent. While a young mother is in class, her child is in the daycare center right next door to the classroom. This encourages mothers to continue with their education after the birth of their child. Also available is one-on-one mentoring and vocational education with Honeywell volunteers who help them develop more long-term education and career goals.

New Vistas is a true community effort. Time and monetary assistance is given by diverse sources including health organizations such as the Minneapolis Children's Medical Center and the Minneapolis Health Department; the Minneapolis Public School System; public service groups including Big Brothers/Big Sisters and United Way; and businesses such as IBM and Computer Systems Research, Inc.

Although this is a pilot project, results could convince the community to give early-childhood development the higher priority status it deserves and help improve the odds for both the young mothers and their children's success.

BEST COPY AVAILABLE

- Help develop a school-based or school-linked clinic to coordinate health and social services in such a way that the services can be accessed easily by students and their families. About 162 centers are now operating in approximately 33 states. The services and the funding differ from site to site. Activities at school-based and school-linked clinics can vary. They might include primary health care and physical examinations, mental health and counseling services, management of acute and chronic illnesses, vision and hearing testing, immunizations, health and nutrition education, referrals to other community health care providers, and family planning services. In addition, other comprehensive services such as on-site WIC enrollment, day care, vocational education and a G.E.D. preparation program could be offered by the clinics as well.

- Initiate an immunization drive through your school to target preschoolers who need or are behind in their immunizations.
- Develop training programs for peer health outreach workers who can provide home visiting support to pregnant students.
- Work with health care providers and nutritionists to ensure that healthful diets are available in the schools and that children and parents are informed about the importance of good nutrition and exercise.
- Don't overlook the importance of interdisciplinary communication. Organize events at which members of the health and education professions can interact and share information and ideas. For example, set up brown bag lunch meetings or discussion forums. The invitation lists should be inter-disciplinary and should include teachers, administrators and school psychologists, nurses, counselors and social workers, in addition to professionals from private and public health agencies.
- Work to assure that someone in your school or district is designated to keep informed about the physical, social, and mental health services, as well as other human services – such as family support – available in your community. This person should then be available to help teachers, students, and parents or care givers access the system quickly when needed.

ERIC Full Text Provided by ERIC

PART 2:
IN YOUR COMMUNITY

Perhaps you have decided that you would prefer to work through the community. Talk with friends and acquaintances to enlist their help and to get their ideas. Remember, they may know additional people to bring on board.

Approach health care workers, agencies, and programs and ask them to collaborate in planning and implementing projects with you. Join with them to talk to your mayor and other appropriate officials. Determine whether current ordinances and policies will need to be changed. Together, plan to involve civic and service organizations, as well as local industries, professionals and businesses in projects such as these:

- ◆Organize a town meeting on maternal, infant, and child health in order to emphasize the relationship between health and a child's ability to learn.
- ◆Look for a guide to local health care facilities. If no such inventory is available, work with the health department and community officials to develop one. Make certain that the guide is written at a level that is understandable and that it meets any multi-cultural needs of your community. Distribute it to educators, community organizations, and the clergy as well as to medical and health care facilities and professionals.
- ◆Work with parents, other educators, and health professionals to identify the barriers to health care in your community. For example, if you find that parents do not know about or cannot get to clinics to have children immunized, set up a plan to publicize information about the need to immunizations and then provide the service right in the schools.
- ◆ Work with your local medical board to ensure that your community screens all infants, toddlers, and preschoolers and even pregnant women for high levels of lead in their blood.
- ◆ Work with your community to develop Home Visitors or Resource Mothers Programs that are designed to help high-risk children and families access needed health, developmental, and social services. These programs can be publicly and/or privately sponsored. Some may be able to obtain Medicaid or other direct pay-

ment for their services.

- Work with others to develop programs that will enable young mothers to continue their education, graduate and be prepared to provide for their children. Pitch in as an individual, too, by helping young mothers with their school work.
- Help pregnant women and young mothers assure that they and their babies get needed health care by arranging a volunteer program to drive them to medical appointments or to provide child care while the mother is out on a prenatal visit herself.
- If you are fluent in a second language, set up a program and/or volunteer as a translator at clinics or emergency rooms.

PART 3: IN THE POLICY ARENA

To seek systems change, you must first determine whether you want to seek lasting change through the local, state, or national policy arena. Do your homework. Consult with health care professionals to research the current laws, policies, and facts before you develop a position. Decide at which level action is needed. Enlist the help of educators and health care workers, as well as other individuals and groups. Use techniques that will affect public opinion and convey your concerns to policy makers, such as letters, telephone calls, petitions and delegations to appropriate officials; an inter-disciplinary speakers bureau to inform and involve various organizations and institutions; and position papers, news releases, op-ed articles, and press conferences to keep the media informed.

Following are sample activities to help reform local, state, or national policy:

- Consult with parents and social and health care providers to determine what services may be lacking in your community. If your community offers no mental health or family counseling services, for example, mobilize educators, health professionals, parents, social service providers and

citizens to seek action from community, county, state and federal officials.

- ◆Offer to set up briefings by local health professionals about children's health needs for your principals, superintendent of schools, and school board. Then ask these professionals to get involved in meeting the needs you have identified by developing and adopting policies and collaborating with health professionals, agencies, and community leaders.
- ◆Work for the establishment of a comprehensive school health program in your local schools, making certain to include three major areas: health education, health services, and a healthy school environment. Begin by ensuring that your school board has specific policies concerning comprehensive school health programs.
- ◆Contact your elected state and federal officials. Teachers are highly respected professionals; your elected representatives will value your thoughts and observations. Encourage them to promote policies and programs for healthy mothers and children. Hold them accountable to their election promises.
- ◆Write or call your state and federal elected officials to urge increased funding to meet children's social, physical, and emotional needs.
- ◆Support policies and legislation that emphasize interagency collaboration and coordination among health, education and social programs.
- ◆Help to inform all American citizens about the plight of America's children. Write letters to the editor and organize an interdisciplinary speakers bureau to reach out in your community. (Remember, some 75% of Americans do not have school-age children and may be unaware of the serious hazards facing today's child.)
- ◆Work directly through the public policy arena by actively supporting specific reforms to current laws, regulations and policies. For instance you could:
  - support efforts to reform the health care system, including initiatives to improve the availability and affordability of health insurance for children.
  - encourage coordination and "one-stop shopping" for services children, especially those who are poor or chronically ill, need.
  - encourage full funding for the Head Start Program. Currently, only 30% of eligible youngsters participate in this important health/education collaboration.
  - seek more equitable and consistent eligibility regulations, services, and funding levels throughout the nation for federal/state health and related programs, including Medicaid, the federal Childhood Immunization Program, the Maternal and Child Health Block Grant, Community and Migrant Health Centers, and WIC.
  - address the problem of lead exposure. Although the federal government is responsible for regulatory action to reduce exposure to lead for pregnant women and children and state and local agencies conduct screenings, increased action is needed on all levels. For instance, federal legislation could be enacted to ensure removal of lead-based paint in housing. Locally, educators could work with health care professionals to inform families and to improve the availability and accessibility of screening and lead removal.

HELP TO INFORM ALL AMERICAN CITIZENS ABOUT THE PLIGHT OF AMERICA'S CHILDREN.

ERIC

ONWARD

Now that you have more knowledge about the health care system, let us all work together to break down the barriers to learning and assure that our children are physically, socially, and emotionally ready to learn as they walk through the classroom doors. Only then can educators concentrate fully and with confidence on their main mission – helping every American child succeed to the best of his or her ability.

A SUMMARY OF BASIC STEPS FOR SEEKING IMPROVED HEALTH FOR STUDENTS AND FAMILIES

- Identify your issue. Decide whether you'll need to address that issue through your school, district, community, or at the policy level.
- Do your homework. Identify needs. Reach out through friends and colleagues to meet and communicate with health professionals. Always use a positive, productive tone. Collaborate with health professionals to develop and implement strategies and programs.
- Build on existing programs and be sure to involve all key players – medical, nursing, and other health professionals, educators, parents, social service providers, professional and civic organizations, and public officials.
- Be realistic. Urge support for reform activities and policies, but educate yourself in advance about the challenges and costs involved. Be prepared to suggest practical, realistic approaches and even alternative resources, such as partnerships and volunteer programs.
- For long-lasting results, build effective communications, accountability, and evaluation into your plans.

THE NATIONAL HEALTH/ EDUCATION CONSORTIUM

Good health is a significant determinant of a child's ability to learn and succeed in school. The health and education sectors, however, have historically approached programs and services for children from different perspectives. Recognizing the need for better integration of health and education programs for children, the National Commission to Prevent Infant Mortality and the Institute for Educational Leadership organized the NATIONAL HEALTH/EDUCATION CONSORTIUM in May 1990.

The project is unique in that it has brought together leaders from 55 national health and education organizations, representing nearly 11 million constituents, to bridge the gap between the worlds of health and education and to generate unified action for children. Promoting the full potential of children and providing them with the best opportunities for success will require dramatic changes in the systems which currently provide health and education services. Reforms are needed to develop more collaborative and cohesive policies and programs, unify agencies and funding streams, and provide a more comprehensive approach to children's problems.

Toward this end, the NATIONAL HEALTH/ EDUCATION CONSORTIUM'S activities focus on three major goals: to improve public policy in addressing the need for a better coordinated health and education delivery system; to strengthen communication and dissemination of information between health and education practitioners and policymakers; and to identify exemplary program models and practices which more effectively integrate health and education services. The Consortium involves educators, health professionals, policymakers, administrators, civic leaders, advocates, and parents in its efforts to bring together the health and education communities in a more integrated fashion.

The Consortium is able to attract high profile business, political, health and education leaders to give visibility and implement its mission at the federal, state, and local levels. It does not represent any particular special interest group, but can bring to bear the weight of national association consortium members on behalf of its mission. In addition, the Consortium creates state and local networks across the country that will plant the seeds for similar collaborative efforts at those levels.

The foundation of the Consortium's efforts can be found in the report, *Crossing the Boundaries Between Health and Education,* which documents research and programs that exemplify the relationship between children's health and their learning potential. To complement this report, the Consortium is releasing a series of papers which focus on various topics relating to health and education.

The NATIONAL HEALTH/EDUCATION CONSORTIUM is supported by The Prudential Foundation, Honeywell, the AT&T Foundation, and the Metropolitan Life Insurance Company. Additional support has been provided by the U.S. Department of Health and Human Services, and the U.S. Department of Education.

BEST COPY AVAILABLE

NATIONAL HEALTH/EDUCATION CONSORTIUM MEMBERS

American Academy of Family Physicians. Washington, DC. (202) 232-9033.

American Academy of Pediatrics. Washington, DC. (202) 662-7460

American Association of Colleges for Teacher Education. Washington, DC. (202) 293-2450.

American Association of School Administrators. Arlington, VA. (703) 875-0719.

American College of Nurse-Midwives. Washington, DC. (202) 289-0171.

American College of Obstetricians and Gynecologists. Washington, DC. (202) 638-5577.

American Dental Association. Chicago, IL. (312) 440-2500.

American Federation of Teachers. Washington, DC. (202) 879-4463.

American Hospital Association. Washington, DC. (202) 638-1100.

American Indian Health Care Association. St. Paul, MN. (612) 293-0233.

American Medical Association. Chicago, IL. (312) 464-4532.

American Nurses Association. Washington, DC. (202) 789-1800.

American Public Health Association. Washington, DC. (202) 789-5621.

American School Health Association. Kent, OH. (216) 678-1601.

Association for the Care of Children's Health. Bethesda, MD. (301) 654-6549.

Association for Supervision and Curriculum Development. Alexandria, VA. (703) 549-9110.

Association of American Medical Colleges. Washington, DC. (202) 828-0400.

Association of Maternal and Child Health Programs. Washington, DC. (202) 775-0436.

Association of Schools of Public Health. Washington, DC. (202) 842-4668.

Association of State and Territorial Dental Directors. (912) 324-2230.

Association of State and Territorial Health Officials. Washington, DC. (202) 546-5400.

Council of Chief State School Officers. Washington, DC. (202) 408-5505.

The Council of Great City Schools. Washington, DC. (202) 371-0163.

The Elementary School Center. New York, NY. (212) 289-5929.

Healthy Mothers, Healthy Babies Coalition. Washington, DC. (202) 863-2458.

NAACOG (The Organization for Obstetric, Gynecologic, and Neonatal Nurses). Washington, DC. (202) 638-5577.

National Alliance of Black School Teachers. Washington, DC. (202) 483-1549.

National Association for Asian and Pacific American Education. Norman, OK. (405) 325-1731.

National Association for the Education of Young Children. Washington, DC. (202) 232-8777.

National Association for Partners in Education. Alexandria, VA. (703) 836-4880.

National Association of Children's Hospitals and Related Institutions. Alexandria, VA (703) 684-1355.

National Association of Community Health Centers. Washington, DC. (202) 659-8008.

National Association of Elementary School Principals. Alexandria, VA (703) 684-3345.

National Association of Hispanic Nurses. San Antonio, TX. (512) 520-8026.

National Association of Pediatric Nurse Associates and Practitioners. Washington, DC. (202) 544-1880.

National Association of School Nurses. Scarborough, ME. (207) 883-2117.

National Association of Secondary School Principals. Reston, VA. (703) 860-0200.

National Association of Social Workers, Inc. Washington, DC. (202) 408-8600.

National Association of State Boards of Education. Alexandria, VA. (703) 684-4000.

National Black Nurses Association. Washington, DC. (202) 393-6870.

National Center for Clinical Infant Programs. Arlington, VA. (703) 528-4300.

National Coalition of Hispanic Health and Human Services Organizations. Washington, DC. (202) 387-5000.

National Community Education Association. Alexandria, VA. (703) 683-6232.

The National Congress of Parents and Teachers. Washington, DC. (202) 331-1380.

National Education Association. Washington, DC. (202) 822-7370.

National Head Start Association. Alexandria, VA. (703) 739-0875.

National Medical Association. Washington, DC. (202) 347-1895.

National Mental Health Association. Alexandria, VA. (703) 684-7722.

National Perinatal Association. Tampa, FL. (813) 971-1008.

National Rural Health Association. Arnold, MD. (301) 974-4775.

National School Boards Association. Alexandria, VA. (703) 838-6736.

National School Public Relations Associations. Arlington, VA. (703) 528-5840.

Society for Neuroscience. Washington, DC. (202) 462-6688.

BEST COPY AVAILABLE

REFERENCES

Ahuluwalia, J.S., "Health Care in the United States: Our Dynamic Jigsaw Puzzle," *Archives of Internal Medicine*, 150 (2), 256–258, 1990.

Alan Guttmacher Institute, *Blessed Events and the Bottom Line: Financing Maternity Care in the United States*, Washington, D.C., 1987.

American School Health Association, "Healthy People 2000: National Health Promotion and Disease Prevention Objectives and Healthy Schools," *Journal of School Health*, 61 (7), 298–328.

Boyer, Ernest L., *Ready to Learn – A Mandate for the Nation*, The Carnegie Foundation for the Advancement of Teaching, Princeton, N.J., 1991.

Center for Population Options, *The Facts: School-Based and School-Linked Clinics*, Washington, D.C., October 1991.

Ford, M., *CRS Issue Brief, Medicaid: FY 1992 Budget*, Congressional Research Service, Washington, D.C., May 29, 1991.

Franco, C.M., *CRS Issue Brief, Medicare: FY 1992 Budget*, Congressional Research Service, Washington, D.C., July 17, 1991.

King, K.M., Rimkunas, R.V., *CRS Report for Congress, National Health Expenditures: Trends From 1960-1989*, Congressional Research Service, Washington, D.C., July 29, 1991.

Institute of Medicine, *The Future of Public Health, National Academy Press*, Washington, D.C., 1988.

Jonas, S., *Health Care Delivery in the United States*, Springer Publishing Company, New York, 1986.

Madison, D., *A Selective Primer of Medical Care Organization*, Department of Social Medicine, University of North Carolina at Chapel Hill School of Medicine, 1980.

National Commission on Children, *Beyond Rhetoric – A New American Agenda for Children and Families*, Washington, D.C. 1991.

National Commission to Prevent Infant Mortality, *Death Before Life: The Tragedy of Infant Mortality*, Appendix, Washington, D.C., 1988.

National Commission to Prevent Infant Mortality, *Home Visiting: Opening Doors for America's Pregnant Women and Children*, Washington, D.C., 1989.

National Commission to Prevent Infant Mortality and Institute for Educational Leadership, *National Health/Education Consortium – Crossing the Boundaries Between Health and Education*, Washington, D.C., 1990.

National Commission to Prevent Infant Mortality, *Troubling Trends Persist: Shortchanging America's Next Generation*, Washington, D.C., 1992.

National School Boards Association, *School Health: Helping Children Learn*, Alexandria, V.A., 1991.

Raffel, M., Raffel, N., *The U.S. Health Care System – Origins and Functions*, John Wiley & Sons, Inc., New York, N.Y., 1989.

Roemer, M.I., *An Introduction to the U.S. Health Care System*, Springer Publishing Company, New York, N.Y., 1982.

Roemer, M.I., "United States of America" in *The International Handbook of Health-Care Systems*, Greenwood Press, Westport, C.T., 1988.

BEST COPY AVAILABLE

ERIC

RESOURCES

The following list of resources may be useful as references or guides for supporting health/education collaborative activities in your community. The list is not all inclusive and does not necessarily imply endorsement by NHEC.

LITERATURE

An Assessment of Six School-Based Clinics: Services, Impact and Potential. (1989).

Center for Population Options
1025 Vermont Ave., NW
Suite 210
Washington, DC 20005
(202) 347-5700

◆ Details the findings of CPO's five-year study of school-based health centers concerning such issues as medical care, pregnancy prevention and risk-taking behaviors.

Bringing Health to School: Policy Implications for Southern States – Issue Brief. (1991).

Southern Center on Adolescent Pregnancy Prevention
444 North Capitol Street, NW
Suite 200
Washington, DC 20001
(202) 624-5897

◆ Provides an overview of school health programs and at-risk youth. Policy implications for program development and implementation are delineated.

Caring Communities: Supporting Young Children and Families.

National Association of State Boards of Education
1012 Cameron Street, VA 22314
(703) 684-4000

◆ A report of the National Task Force on School Readiness. Calls for comprehensive services for young children and families to assure that children will be ready to be successful when they enter school.

Creating Sound Minds and Bodies. (1992).

National Health/Education Consortium
Switzer Building, Room 2014
330 C Street, SW
Washington, DC 20201
(202) 205-8364

◆ Provides an overview of health and education programs and policies as well as an annotated bibliography of research in this area.

First Teachers: Parental Involvement in the Public Schools. (1988).

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703) 838-6736

◆ Cites research that proves parental involvement is more important in improving student achievement than reducing class size or promoting student responsibility.

Goal One Resource Directory. (1991).

National Association for the Education of Young Children
1834 Connecticut Avenue, NW
Washington, DC 20009
(202) 232-8777

◆ A resource directory of selected community-based. collaborative efforts to improve comprehensive delivery to young children and their families.

Health and Physical Education Programs that Work: A Collection of Proven Exemplary Educational Programs and Practices in the National Diffusion Network. (1992).

Sopris West, Inc.
PO Box 1809
Longmont, CO 80502-1809
(303) 651-2829

◆ A review of exemplary health and education programs.

Healthy People 2000: National Health Promotion and Disease Prevention Objectives and Healthy Schools. (1990).

American Association of School Administrators
1801 North Moore Street
Arlington, VA 22209-0700
(703)528-0700

◆ A 12-step action plan for developing a comprehensive health education program. The appendices include a checklist for school administrators who are starting or finetuning an existing program.

BEST COPY AVAILABLE

ERIC

"HIV Infection: Educational Programs and Policies for School Personnel." Journal of School Health. (1988, Vol. 58, No. 8, pp. 382–388).

American School Health Association
7263 State Route 43
Kent, OH 44240
(216) 678-1601

◆ A review of programs and policies for school personnel.

Improving Access to Comprehensive Health Care Through School-Based Programs. (1992).

Fox Health Policy Consultants, Inc.
1140 Connecticut Ave., NW
Suite 1205
Washington, DC 20036
(202) 223-1500

◆ Provides useful information for schools, community health agencies, and others interested in addressing the health care access problems of children and adolescents.

Improving Health Problems for Low-Income Youth. (1990).

Childrens Defense Fund
25 E Street, NW
Washington, DC 20001
(202) 628-8787

◆ A report that updates and expands guidance on adolescent health for state Medicaid Early and Periodic Screening, Diagnosis, and Treatment programs issued in the 1980 Health Care Financing Administration report.

Joining Forces: A Report for the First Year. (1989).

National Association of State Boards of Education
1012 Cameron Street
Alexandria, VA 22314
(703)684-4000

◆ A report of the activities of the first year of the Joining Forces initiative and the issues raised during the course of the project. Joining Forces is a project designed to increase collaboration among education, social service providers. and health care providers.

One Stop Shopping: The Road to Healthy Mothers and Children. (1991).

National Commission to Prevent Infant Mortality
Switzer Building, Room 2014
330 C Street, SW
Washington, DC 20201
(202) 205-8364

◆ Promotes one-stop shopping as a strategy to increase access to care for pregnant women and children. One-stop shopping coordinates and integrates comprehensive health and social services to create a user-friendly system of service delivery. The report includes several examples of model one-stop shopping approaches.

Promoting Adolescent Health and Well-Being Through School-Linked, Multi-service, Family-Friendly Programs. (1991).

American Assoc. for Marriage and Family Therapy
Research and Education Foundation
1100 17th Street, NW • Suite 901
Washington, DC 20036
(202) 467-5114

◆ Examines the many interrelated health problems of adolescents and reviews research related to adolescent health status and changing family trends.

School-Based Clinics: A Guide for Advocates. (1988).

Center for Population Options
1025 Vermont Ave., NW • Suite 210
Washington, DC 20005
(202) 347-5700

◆ Addresses the obstacles to siting clinics at schools.

School-Based Health Clinics: A Guide to Implementing Programs. (1986).

The Center for Population Options
1025 Vermont Avenue, NW
Suite 210
Washington, DC 20005
(202)347-5700

◆ A guidebook for schools to assist them in establishing school-based health clinics.

School Health – A Guide for Health Professionals. (1987).

American Academy of Pediatrics
1331 Pennsylvania Ave., NW
Suite 721
Washington, DC 20004
(202) 232-9033

◆ Outlines the role of school health professionals in the overall school structure.

BEST COPY AVAILABLE

ERIC

School Health: Helping Children Learn. (1991).

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703) 838-6736

◆ A school leader's guide to establishing comprehensive school health programs. Includes examples of model programs.

Service Integration for Families and Children in Crisis. (1991).

U.S. Department of Health and Human Services
Office of the Inspector General
PO Box 17303
Baltimore, MD 21203-7303
(800) 368-5779

◆ Case studies of 13 private and public collaboration efforts and related findings.

The Facts: School-Based Clinics. (1990).

Center for Population Options
1025 Vermont Avenue, NW
Suite 210
Washington, DC 20005
(202) 347-2263

◆ A review of the issue of health clinics at schools.

The Lessons of Multi-Site Initiatives Serving High-Risk Youths. (1989).

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
(202) 628-8787

◆ A review of programs involving multiple sites aimed at reducing teen pregnancy.

Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services. (1991).

Education and Human Services Consortium
1001 Connecticut Ave., NW
Suite 310
Washington, DC 20036
(202) 822-8405

◆ Addresses the barriers to integrated service delivery for fragile families and provides strategies for policy makers to overcome those barriers.

What it Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services. (1991).

Education and Human Services Consortium
1001 Connecticut Ave., NW
Suite 310
Washington, DC 20036
(202) 822-8405

◆ A report that looks at why and how local schools, health and welfare agencies, youth services agencies, community-based organizations, and others must join forces on behalf of children and families.

ORGANIZATIONS

Healthy Mothers, Healthy Babies Coalition (HMHB)

409 12th Street, S.W.
Washington, D.C. 20024
(202) 638-2458

◆ An informal association of professional, voluntary, and government organizations that fosters public education efforts for pregnant women. Publishes a directory of educational materials and lists HMHB contact people in all the states.

National Center for Education in Maternal and Child Health National Maternal and Child Health Clearinghouse

2000 15th Street North • Suite 701
Arlington, VA 22201-2617
Center: (703) 524-7802
Clearinghouse: (703) 821-8955

◆ Sister organizations that provide education and information services in maternal and child health. The Center responds to information requests, maintains a resource center, develops publications on maternal and child health topics, and provides technical assistance. The Clearinghouse provides current information through the collection and dissemination of free publications on maternal and child health topics.

National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345
Rockville, MD 20852
(301) 462-2600

◆ Collects and disseminates information for professionals and consumers on alcohol and other drug use, including drug use during pregnancy.

BEST COPY AVAILABLE

ERIC

National Education Association Health Information Network

1590 Adamson Parkway
Suite 260
Morrow, Georgia 30260
(404) 960-1325

◆ Created to provide teachers and other school employees with the facts they need to help themselves, their students and their communities understand and modify those behaviors that place them at risk for disease.

CURRICULA/ PROGRAMS

Center for Population Options

1025 Vermont Avenue, NW
Suite 210
Washington, DC 20005
(202) 347-5700

(Life Planning Education)

◆ Integrates sexuality education and employment planning to help teens develop decision-making skills for now and in the future. Includes information about HIV/ AIDS, other sexually transmitted diseases and contraceptives.

(Teens for AIDS Prevention Peer Education Program)

◆ A curriculum that offers a step-by-step guide to developing and implementing a peer education program on HIV/AIDS prevention in schools, community-based organizations and religious settings.

(When I'm Grown)

◆ A three-volume curriculum for children and preadolescents in grades K-6 that offers an innovative approach to "life skills." It includes information on health and sexuality education.

Comprehensive Health Education Foundation

CHEF
22323 Pacific Highway South
Seattle, WA 98198
(800) 323-CHEF

(Here's Looking at You, 2000)

◆ "Here's Looking at You, 2000" is an empirically based, multi-media K-12 drug prevention curriculum that focuses on information, social skills, and bonding.

Education Development Center

Education Development Center, Inc.
55 Chapel Street
Newton, MA 02160
(800) 225-4276
(617) 969-7100

(Teenage Health Teaching Modules)

◆ "Teenage Health Teaching Modules" is a comprehensive 7-12 program focusing on preventing violence, strengthening relationships with family and friends and protecting oneself and others.

Health Skills for Life

Jim Terhune
Health Skills for Life, Inc.
466 W. 23rd Avenue
Eugene, OR 97405
(503) 484-2805

◆ Health Skills for Life is a K-12 coordinated comprehensive health skills based program that includes 122 teaching modules, program management, teacher training, parent components, and other resources.

Lions-Quest Skills for Growing and Skills for Adolescence

Julie Fox
Quest International
537 Jones Road
Granville, OH 43023
(800) 288-6401

◆ Provides essential life and drug prevention skills to young people, K-12, through the home-school-community partnership.

Michigan Model for Comprehensive School Health Education

Don Sweeney
Michigan Department of Public Health
School Health Division
PO Box 30195
Lansing, MI 48909
(517) 335-8390

◆ The program is a K-8 curriculum sponsored by seven state coalitions covering basic health education including knowledge, attitude, and behavior to promote health and wellness.

BEST COPY AVAILABLE

ERIC

National Center for Health Education

Linda S. Campbell
National Center for Health Education
72 Spring Street, Suite 208
New York, NY 10012
(212) 334-9470

(Growing Healthy)

◆ Growing Healthy is a comprehensive K–6 health curriculum that covers 10 content areas including growth and development, nutrition, disease prevention and control, and substance use and abuse.

Healthy Children

Philip J. Porter, M.D., Director
Healthy Children Program
Division of Health Policy
Howard University
68 Harvard Street
Brookline, MA 02146
(617) 732-1826

◆ Healthy Children is a nationwide program to encourage the development of community-based children's services.

BEST COPY AVAILABLE

ERIC