

THE WHITE HOUSE  
OFFICE OF DOMESTIC POLICY

CAROL H. RASCO  
Assistant to the President for Domestic Policy

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AMERICAN SCHOOL FOOD SERVICE ASSOCIATION



July 1994

Carol Rasco  
Domestic Policy Advisor  
The White House  
Washington, DC 20500

Dear Ms. Rasco:

Enclosed you will find a copy of the Executive Summary and Proceedings from "Building Healthy Children: Ready to Learn - A Consensus Conference" held last winter in Washington, D.C. This report was released to the American School Food Service Association House of Delegates on July 24, 1994.

Your input throughout the discussions at the conference and during the review rounds helped us to narrow primary issues facing school foodservice and nutrition programs. This report will guide us as we plan a priority action agenda for the Association. We hope your organization will find ways to support this agenda.

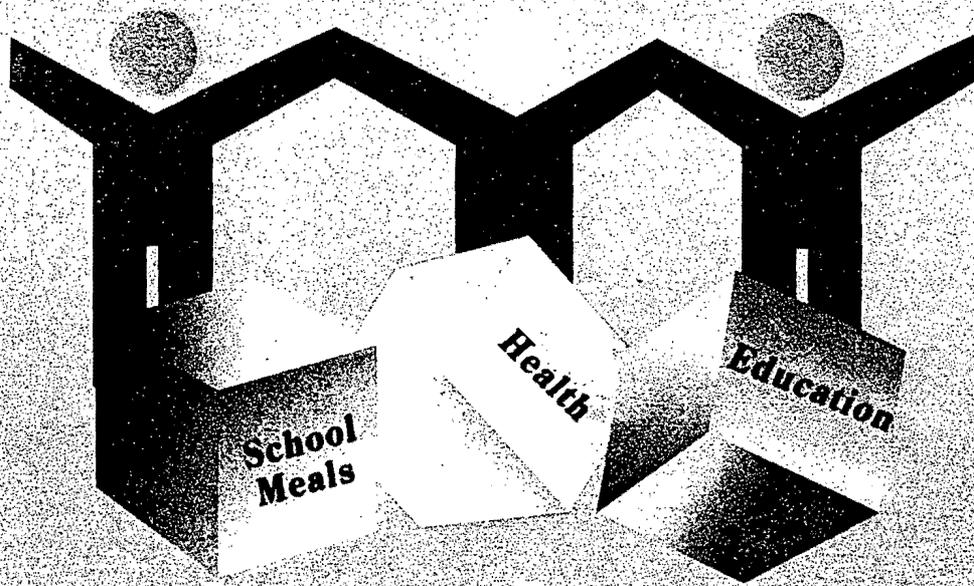
Again, thank you for your participation in the ASFSA Consensus Conference and your ongoing support of school foodservice and nutrition programs. We look forward to working with you and your organization in the future. A copy of ASFSA's '94 Annual Report is also enclosed for your information.

Sincerely,

  
Dorothy Caldwell, MS, RD  
1993-94 President ASFSA

Enclosures

Building  
**HEALTHY CHILDREN**  
Ready to Learn



**A Consensus Conference**

**Hosted by the American School Food Service Association**

**December 2-3, 1993**

**Grand Hotel**

**Washington, D.C.**

**Conference Proceedings**

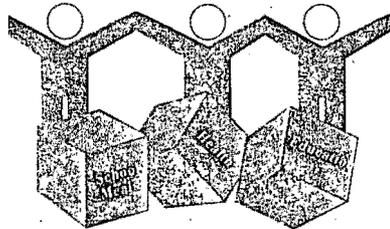
December 2 & 3, 1993

Washington, D.C.

# Consensus Conference

The American School Food Service Association

Building  
HEALTHY CHILDREN  
Ready to Learn



## Executive Summary

School meals make an important contribution to the health of America's children. Yet more than 40% of today's students do not eat school lunch, and only 58% of schools make school breakfast available.

There is a compelling need to define the major elements of an effective strategy to increase the consumption of healthful school meals. Building consensus on a priority action agenda that will enhance the effectiveness of school lunch and breakfast programs was the major goal of a conference hosted by the American School Food Service Association in Washington, D.C., December 2-3, 1993.

Forty representatives of health, education and medical professions, hunger and nutrition advocacy groups and government came together to develop recommendations. Identifying major issues preventing school foodservice and nutrition programs from providing meals consistent with dietary guidelines was essential as a first step in developing meaningful strategies.

*"Investing in children is no longer a luxury — or even a choice. It is a national imperative as compelling as an armed attack or a natural disaster."*

*Beyond Rhetoric*



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## J. Larry Brown, M.D.

*Director, Center on Hunger, Poverty and Nutrition  
Tufts University*

**E**arlier this week the nation's newspapers carried a tragic story: the death of a homeless woman on the bus stop bench where she slept each night—directly across the street from the federal agency [Housing and Urban Development (HUD)] responsible for meeting the housing needs of the nation. The irony is self-evident, and this tragic death needs no rhetorical commentary. What bears reflection is the telling insight of a HUD employee as she watched several police cars, fire engines and ambulances arrive. "It's just strange," she said, "to see how many resources a person gets after they die, but not a fraction of that beforehand."

Help to die, but not help to live. Somehow the observation strikes a chord in us, and for good reason. We are a great and decent nation, but we are not doing as well as we should. Our priorities often seem backward: we treat better than we prevent, we sometimes mobilize for death better than we do for life.

We can do better and, I believe, we will. For the first time in a long time we have a President who calls us not only to do better, but to chart a new course. He challenges us to lay aside shibboleths of ideology and the baggage of how things have been done in the past to address the future. We are called to make this nation secure; secure as it has never been before—secure for change!

This is why I have titled my address "Ending Public Policy As We Know It." For it is not only a play on President Clinton's intent to alter welfare as we know it, but the larger challenge of fashioning a new public policy framework for America. We have the opportunity to move beyond New Deal policies—which have been the hallmark of policy for half a century—and toward a policy framework that will carry us into the next millennium. But more about this in a few minutes, for I am going to tell you how hunger in America is a metaphor for the weaknesses of existing policy. I will explain why hunger is an economic issue as important any other facing the nation. And, finally, I will return to the subject of new policies for a new century.

Presently, we are not doing a very good job of insuring a better tomorrow. We have a lot of problems—preventable problems—and countries with whom we must compete at the high end of the international economy are knocking our socks off. They are doing a far better job of protecting their long-term competitiveness by investing in their families, their children and thus their future workforce.

We have an unusually high child poverty rate for an industrial democracy—one that has gone up 52 percent during the past twenty years. Children, as you know, experience the highest rate, and 14

million American children now live in poverty. If the trend of the past two decades continues for two more, we will be a nation with 20 million impoverished youngsters. For minority children, poverty will soon become the norm, not the exception. But poverty will grow fastest among white children.

Because we permit such a high degree of poverty, American citizens suffer from a high degree of hunger. The best estimates today are that 30 million Americans go hungry—meaning chronic underconsumption of adequate nutrients tied to lack of income. This figure comes from several sources as disparate as polling data conducted by Vincent Breglio, Republican pollster for NBC News/Wall Street Journal, and epidemiological analyses conducted by our center at Tufts University. Of that number, an estimated 12 million are hungry children up to age 18. Other analysis suggest that about half that number are children up to age 12.

No nation can maintain its moral or its economic strength by permitting direct damage to growing numbers of people, especially its young. But I am not here today to speak of the morality of the issues of hunger and poverty. We now have scientific evidence that child poverty and hunger are economic issues. When we speak of undernourished children, the evidence now shows that we are speaking to the economic vulnerability of the United States.

On the same day that Congress recently voted on NAFTA [North American Free Trade Agreement], I testified at a House subcommittee hearing on the link between nutrition and productivity. It was an irony, perhaps, but a very appropriate one. We now have the scientific evidence to back up the contention that whether children learn in school, even whether their minds develop normally, is directly linked to whether they get adequate nourishment. And this relationship between food intake and the development of young minds is vitally linked to the productivity of our workforce and the competitiveness of this nation. Better insuring the development of young minds, therefore, is as germane to national economic competitiveness as NAFTA.

An underlying goal of our nation's important child nutrition programs, you will recall, is to protect children from measurable harm. In fact, when the School Lunch Program was authorized through the Child Nutrition Act in 1946, it was explicitly stated that the program was established to "safeguard the health and well-being of children." While a wise act at the time, it was based more on common sense intuition and the experience of teachers than it was on hard scientific knowledge.

Science has now caught up to that wisdom. Scientific research has eliminated any doubt concerning the strong relationship between whether children eat and whether they can learn in school. Moreover, a body of relatively recent research shows that we produce cognitive impairments in our young by letting them go hungry. We now know more clearly than ever that programs like School Lunch and School Breakfast, Summer Feeding and WIC [Women, Infants and Children] do indeed "safeguard the health and well-being" of millions of poor children. Conversely, children incur damage when they do not receive adequate nutrition—damage that can last a lifetime. Fortunately

the research shows that adequate nutrient intake can offset some of the effects of prior damage and that eliminating hunger as a child risk factor also eliminates a substantial threat to a child's physical growth and cognitive development. In other words, some of the most serious threats to the development of our children can be prevented.

Much of the research on the link between nutritional intake and cognitive development in children has been conducted in developing countries where undernutrition is severe. It is now clear, however, that the milder forms of undernutrition more typically experienced by poor children in the United States pose a serious threat to children's wellbeing.

The type of malnutrition identified most often in the United States is mild-to-moderate undernutrition. It is caused primarily by inadequate nutrient intake associated with low income and typically results in conditions such as iron deficiency anemia. On a longer term basis it results in actual growth retardation, where the child's body stops growing as reflected in diminished weight or height for age.

Inadequate nutrition on even a short-term basis jeopardizes the behavioral and cognitive development of children through all stages of their development—beginning from the time of conception.

**Two compelling messages come from a body of new research findings:**

1. Children's brains and bodies are very susceptible to inadequate nutrition.

- Undernutrition associated with poverty can permanently retard physical growth, brain development and cognitive functioning.
- The longer a child's nutritional, emotional and educational needs go unmet, the greater the likelihood of cognitive impairment.
- Poor children who attend school hungry perform significantly below non-hungry low-income peers on standardized test scores.
- Iron deficiency anemia, affecting nearly 25 percent of poor children in the United States, is associated with impaired cognitive development.

2. Damage posed to children can be modified or even prevented.

- Improved nutrition and environmental conditions can modify the effects of early undernutrition.
- Supplemental feeding programs can help to offset threats posed to children's capacity to learn and perform in school, which result from inadequate nutrient intake.
- Iron repletion therapy can reduce some of the effects of anemia on learning, attention and memory.
- Once undernutrition occurs, its long-term effects may be reduced or eliminated by a combination of adequate food intake and support from the home and school.

It was once believed that undernutrition during critical periods of brain growth resulted in neurological trauma and permanent developmental abnormalities. Many researchers no longer emphasize that malnutrition alone causes irreversible damage to the brain. Rather, it is now believed that cognitive deficits are a result of complex interactions between environmental insults and undernutrition.

Here is how inadequate nutrition affects children's overall cognitive development: When limited food energy is available, the body of an undernourished child conserves and prioritizes its distribution. Energy is reserved first for maintenance of critical organ function. The second priority is the use of energy for growth of the organism. The last priority is social activity and cognitive development. This is nature's biological way of protecting the species—physical existence, even in a diminished capacity, comes first. For this reason the body of an undernourished child decreases its activity level, and the mind becomes more apathetic. Because she does not have energy to explore her surroundings, play with peers and develop social skills, she misses out on basic learning experiences that ultimately diminishes cognitive functioning.

Short-term hunger, resulting from missing even one meal, can affect a child's ability to concentrate and perform complex tasks. In controlled experimental settings, studies have shown that children who miss a meal and are in the fasting state perform more poorly on school-related tasks than they do after they have eaten. Similarly, research on the School Breakfast Program shows the importance of that meal to children. Several years ago research by my colleagues at Tufts University showed that low-income children who are able to participate in the School Breakfast Program have significantly higher standardized achievement test scores than eligible children who get no school breakfast.

Deficiencies in specific nutrients such as iron have immediate, concrete effects on children's ability to pay attention. Iron deficiency anemia is associated with poor performance in mental and motor development among babies and poor educational achievement among school children.

A month ago Dr. Ernesto Pollitt, probably the world's leading researcher on the link between nutrition and cognition in children, addressed a Capitol Hill luncheon sponsored by Senator Leahy and our center at Tufts University. Dr. Pollitt reported that new data from the Centers for Disease Control on the prevalence of anemia among low-income children reveals a "major public health problem." According to the Pediatric Nutrition Surveillance System, the prevalence of anemia for children under 2 years of age was up to 24 percent. The highest prevalence rates were among African-American and Hispanic children, the poorest children in the nation. This is further evidence of the insidious impact of the causal disease that we call "poverty."

Beyond its independent effect on cognitive development, the prevalence of iron deficiency anemia is problematic because it puts children at higher risk of lead poisoning. Scientific evidence shows that high lead levels result in neurodevelopmental disorders. Low-income children face a

double jeopardy—they are more likely to be anemic and more likely to live in an environment where the risk of lead poisoning is high. The good news is that iron deficiency anemia is preventable. Should it occur, its effects on children's cognitive performance may be reversible with treatment.

Because of the potential harm caused by inadequate nutrition, it is clear that child nutrition programs play an important role in protecting children during vulnerable periods of development. In addition to the School Breakfast Program research on children's better academic performance, GAO [Government Accounting Office] studies show that the School Lunch Program provides low-income children with one-third to one-half of their nutritional intake each day.

Scientific data now indicate that child nutrition programs play a highly important role in safeguarding a child's development—especially for a poor child. Most importantly, inherent in children's educational success are factors that reach beyond the schoolhouse door. While undernutrition alone causes cognitive deficiencies in children, its effects are made worse by other factors associated with poverty: health status, housing conditions and related factors. Research shows that the best way to protect children is to address their needs comprehensively. Such an approach includes ensuring that all children have adequate nutrition, proper health care and a supportive classroom environment. This is a role that schools can—and often do—play.

During this time of national concern about education and school reform, the fact is that we are producing cognitive deficits in poor children. We are impairing their ability to learn by letting them go hungry. Because we are delivering “damaged goods” to the schoolhouse door, the full value of our educational investment is lost and will never be recovered—neither for hungry children nor for this nation. The bill for this neglect comes in lower productivity of the workforce and the resulting diminished competitiveness of our country. This is the policy import of the most recent scientific knowledge.

In his book *Why Americans Hate Politics*, journalist E.J. Dionne observes that while Left and Right dominate political debate, Americans have little interest in the bickering. The people want to solve problems. Most of us care less about which side wins the rhetorical argument and more about solutions to address some of our most vexing problems.

Today, I believe we are in the midst of opening a new window on domestic policy in the nation. I think we will look back to this period as an historic time when new ideas and new solutions came to the fore—a turning point for America. I believe this is so for three reasons: First, we have an Administration willing to cut through the Left-Right stalemate to ask new questions and explore new policy ideas. Second, Americans are tired of politics as usual and want something better. And third, there are signs that traditional Left-Right debate is being modified.

Those frequently associated with so-called conservative economic positions are having to realize that “the public interest” is not a concept defined for the benefit of liberals or an idea designed to carry moralistic platitudes. The well-being of our families and children is a public interest, and it

speaks directly to the economic productivity of our workforce and the international competitiveness of the U.S. There will be no strong America, in the sense that conservatives mean, unless there is a strong America in the sense that liberals mean. It is all the same issue.

Those often associated with so-called Left positions are moving toward the realization that domestic policy needs a vision beyond the welfare state, traditionally defined. The goal must not be more people on food stamps, but no people on food stamps. The vision must not be more programs and more benefits, but more opportunity and greater security—combined.

For 50 years the New Deal has served as the hallmark for policies that have kept Americans alive—for the most part. But too often they have been used to sustain people in poverty, not to enable them to get out of poverty. Many existing policies that seem humane lock people into the jail of poverty, countering their own best efforts to gain independence. The welfare mother who sacrificed to save \$3,000 over the years for her daughter's college education is, to us, a model of virtue. But she was arrested because recipients are not allowed to have more than \$1,000 in cash assets. Sgt. Lloyd Doggett returned from the Gulf War to face unemployment. He packed his wife and kids into their van and looked for work in several states. Finally, swallowing his pride when they literally ran out of money and slept in the van, he applied for food stamps. This penniless family was not eligible because the van—their home and their means to employment—was worth \$4,800—more than the food stamp asset limit. Penniless, hungry, looking for work, yet not eligible for help.

We all know that economic self-sufficiency comes through developing assets. Yet existing domestic policy treats the poor differently from the rest of us. The poor are not allowed to save, to get ahead. We keep them alive—alive in the jail of poverty. For the rest of us federal policy recognizes the value of assets. The nation subsidizes asset accumulation for the middle class and wealthy to the tune of \$110 billion each year through tax deductions for home mortgages and pre-tax retirement accounts. These policies, along with the GI Bill and the Homestead Act, helped millions of Americans achieve a measure of financial security. But asset accumulation is a subsidy for the non-poor and a crime for the poor. We can do better.

We now have an Administration that is articulating a goal that can appeal to Left and Right—not the “crazies” to be sure, but to well-meaning people across the political spectrum. That goal is an America whose people have markedly greater opportunity and a greater measure of personal and family security. The hallmarks of this goal are the twin pillars of individual responsibility and governmental responsibility. It's a social contract: Americans have a responsibility to work and strive to be independent and productive, and government has a responsibility to see that there are jobs, decent pay to support families and security—both because it is right and because it will build a stronger America.

The issue we discuss today is one that is at the heart of the vision of a strong America. Every school meal served is a small investment not just in a child, but in America itself. We feed children

not only because it is right, but because it is effective. It prevents waste of the billions that we invest in public education. And we feed meals to school children not only because it's effective, but because it strengthens the productivity of America. Everyone benefits by the investment.

Yet, we don't do it very well. Many of the children who most need the protection of school meals—especially school breakfasts—do not receive them. Millions are left to sit blank-face in their classrooms missing out on the educational process as a result of chronic hunger. For those we do feed, we do it with seventeenth century Puritanism: we treat them like paupers.

Because we know education is so critical to individual growth and national strength, we provide universal books and universal public education. Yet when the lunch bell rings we turn education into a welfare program. We feed children according to the income of their parents: the poor, the near-poor and the non-poor. We waste large amounts of money on an elaborate local and federal bureaucracy to process paper to determine who is worthy, and on reimbursements based on that worthiness: family income. This builds stigma into the program, which embarrasses many of the children we purport to help. Moreover, we inadvertently teach children one of life's worst lessons about class distinctions.

Regardless of income, we ought to feed all of our children because they are "all of our children." We ought to be protecting children from this invidious discrimination, protecting our educational investment and promoting American workforce preparation by doing all we can to build strong and bright kids.

Now I know that many of you support universal free meals, but here is where the lesson comes in for those often associated with traditional liberal approaches: We should not be spending public money during difficult fiscal times to further subsidize the middle class. It's simply not the best way to achieve our goal.

This is where reinventing government comes into play. The current debate over health care to prevent illness has shown the tremendous financial waste associated with third-party billings. This bureaucracy and the paperwork cost us billions—billions having nothing to do with health care per se. We have the same problem associated with nutrition care to prevent hunger. Universal access to school meals with no income guidelines would eliminate waste, eliminate stigma and save money. All kids would eat because they're our kids and they need it. But to insure that we don't spend several billion dollars providing free meals to middle class kids, we can use the tax system to recoup the benefits to participating non-needy households that choose to have their children fed at school. We achieve a national goal that strengthens the nation and saves money at the same time.

As a nation today, we have an opportunity to adopt a policy framework that truly promotes security. It will incorporate both individual responsibility and governmental responsibility. People are responsible for striving for self-sufficiency, and government is responsible to insure that work pays and that American families are secure.

To do this, we need to debate, reformulate and perhaps even dismantle many programs as we

know them. We can use the tax system, as in the school nutrition example I described, to provide help that is not stigmatizing and not bureaucratic and not so costly. This, after all, is the way most of the nations with whom we compete do it. And it works. Assistance but not as welfare. Help but not stigma. Policy that enables the poor to achieve our common dream of independence rather than the hopelessness of being kept alive but in poverty.

The status quo is intolerable. In a weakened America the old political equations are no longer tenable. We must remake ourselves into a national political community—a community that sees our common interests rather than our differences. A nation where economic security, job security and health security make us secure for the changes—the changes that are required for a new millennium and the new world.

# Lilian Cheung, D.Sc., R.D.

Director

Harvard Nutrition and Fitness Project

Harvard School of Public Health

Before I go on to describe a very challenging project that I am undertaking now, I want to briefly add some reinforcements to the statements that have been made this morning by experts in nutritional, science and nutrition policy.

This is from a very recent review article by Dr. Michael McGinnis at the Department of Health and Human Services. The report indicated that diet and activity patterns are the second most important

**TABLE 1**

***Actual Causes of Death***

	<b>Estimated Number</b>	<b>Percent of Total</b>
Tobacco	400,000	19
Diet/activity	300,000	14
Alcohol	100,000	5
Microbial agents	90,000	4
Toxic agents	60,000	3
Firearms	35,000	2
Sexual behavior	30,000	1
Motor vehicles	25,000	1
Illicit use of drugs	20,000	1
Total	1,060,000	50

*Source: JAMA, 1993*

modifiable contributors to mortality in the United States, just below cigarette smoking (Table 1).

Consequently, instilling healthful lifestyle behaviors—namely, healthful eating habits—and also active lifestyles in children can affect not only their growth and development, but also prevent major chronic diseases.

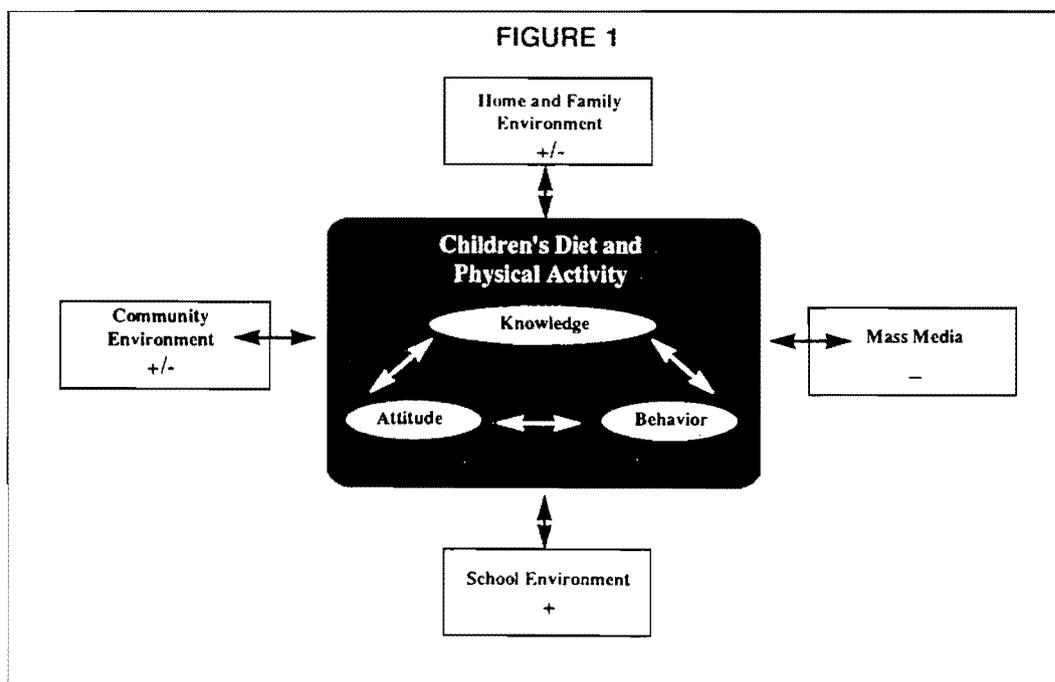
The question is: What can we, the public health community, do and what type of a program should we be involved in to get our children and youth to eat a healthier diet and to stay active? I would like to share with you today a public/private partnership initiative with the educational sector. The project is named “Eat Well and Keep Moving.” It is a school-based intervention to promote

nutrition and physical activity in elementary and middle schools. You might ask why school-based?

Before I go on to this public/private initiative, I would like to just briefly talk about the opportunities and barriers to promoting healthful eating to children in general and why school-based programs are especially important in the 1990s. Specifically, I would like to also address the need to integrate the classroom teaching to the school meals experience. Let's just first take a look at the typical day of a youngster.

A 10-year-old would be spending about five to six hours at school including having lunch at school. After school, a lot of children are watching television—according to the Nielson data, an average of 25 hours per week, or about three hours per day. Therefore, schools and the mass media are potential important sources of influence for children, if one uses the time analysis.

There are other very important macro-level social and environmental factors that help to shape



children's eating habits. Some of these factors are facilitators and some of them are barriers to good nutrition (Figure 1). Let's just start with the home.

Research demonstrates that the powerful effects of families seem to be mediated by both the social influences of the parents and the structural influences of family life. Parental modeling, positive reinforcement and exposure to food often significantly predict children's food preferences. Therefore, the home and the family environment can be a facilitator or a deterrent when it comes to healthful eating, and it all depends on the family's dietary habits, their nutrition knowledge and availability of healthful or less-healthful foods found at home.

The community environment can also facilitate or deter children from eating a healthful diet and staying active. And it depends on the types of restaurants, fast-food outlets, supermarkets or

convenience stores that are around the neighborhood. Can communities be changed to provide a healthful orientation? We need to recognize and acknowledge that it is primarily the business sector, not the public health sector, that determines the types of supermarkets or restaurants that will be in the community.

How about the media environment? I've been working for a number of years with the mass media, and we are constantly trying to imbed healthful messages in children's programming through collaborative efforts with writers and producers of entertainment programming. We haven't given up, but I have to honestly admit, weighing and looking at all the messages in the mass media, mass media remains a barrier and deterrent to healthful eating. Mixed nutrition messages currently exist in the mass media, primarily due to advertising of foods. These advertised foods are high in sodium, high in fat and high in sugars. And as you all know, sweetened breakfast cereals, snacks and fast foods are among the most heavily advertised products on Saturday morning children's programming.

Commercial messages are not necessarily designed to teach people how to purchase the best diet possible at the lowest cost. Because commercials are designed to sell products, they can create a distorted image of which products are desirable and cheap.

That leaves us with the schools as an extremely important environment from the public health viewpoint. Theoretically, schools should be facilitators when it comes to promoting healthful eating. However, to launch an effective program to promote nutrition and physical activity at schools, we need to integrate organizational changes with student learning strategies. Most importantly, we need to gain support from all levels—administrators, school boards, principals, teachers, foodservice directors and staff, students and parents—to bring about these changes.

According to Bandura's social learning theory, behavior change is best brought about by using all sources of influences simultaneously. Environmental variables such as changing the foodservice can allow opportunities for students to practice targeted healthful eating behavior so they can experience their reinforcing values. In addition, cognitive training on problem-solving or self-management skills can be offered in the classroom. Thus, students should not be getting mixed messages about healthful eating at schools. And it would be a waste of valuable class time to teach widespread choices in the classroom if healthful choices in the lunchrooms are not available. It is critical that foods served in the school cafeteria be consistent with the nutrition and health concepts taught in the classroom. The cafeteria has to serve as a learning laboratory where tasty, healthful foods can be introduced and the concept of a diet that meets the current dietary guidelines can be reinforced.

Let me quickly move on to describe our partnership with the Tesseract schools in Baltimore.

Tesseract schools are public schools that have entered a public/private partnership with Education Alternatives, Inc., a private company that manages public schools. The philosophy of the Tesseract way to learn is "Every child has gifts and talents. We accept the challenge to find and nurture these qualities in the child." The Tesseract way emphasizes parents being partners in

children's education. They have what they call Parent's Academy. They emphasize individual learning plans for students and stress that all areas of curricula are important.

Furthermore, students, teachers, staff, parents and the community all work together and learn together and share their experiences. Not only was I impressed with the school's philosophy, but also was extremely impressed with the physical environment of the school. There was no graffiti in the halls. In the middle schools, bathrooms are clean. Teachers and principals are enthusiastic and dedicated.

During my last visit to one of the middle schools, I saw the principal standing by the doorway as students were being let out in the afternoon. I was wondering what he was doing because he kept shouting out, "Where's your notebook, where's your notebook?" And he would not let a student walk through the door without them going back to the classroom to get their notebook. The whole idea behind this is that they want students to form the habit of carrying the notebook home so that they would establish a routine of homework.

The visit to the Tesseract school reinforced to me that it is a valuable opportunity to collaborate to improve students' health. We had the commitment from top management. One of the top priorities is to improve the foodservice and the school lunch. We were invited to be partners with the school to bring about these changes. And we told the administration that in order to bring about meaningful changes in the students, we needed to integrate the cafeteria and the classroom experience. We also needed to conduct a project as a scientific study so that we could use the results to convince other school administrators that it is feasible to improve children's dietary and activity habits through the school setting.

The primary goal of the Eat Well and Keep Moving project is to promote healthful eating and physical activity among children in grades 4 to 8. We consider our project comprehensive because the program contains multiple components. It is state of the art because we try to incorporate the most up-to-date programs, concepts and educational materials for nutrition and physical activity.

We also try to incorporate lessons learned from other previous health promotion initiatives. Physical education, school foodservice, nutrition and physical activity are the thematic units that serve as the primary component (Table 2).

**TABLE 2**

***Eat Well and Keep Moving Project Components***

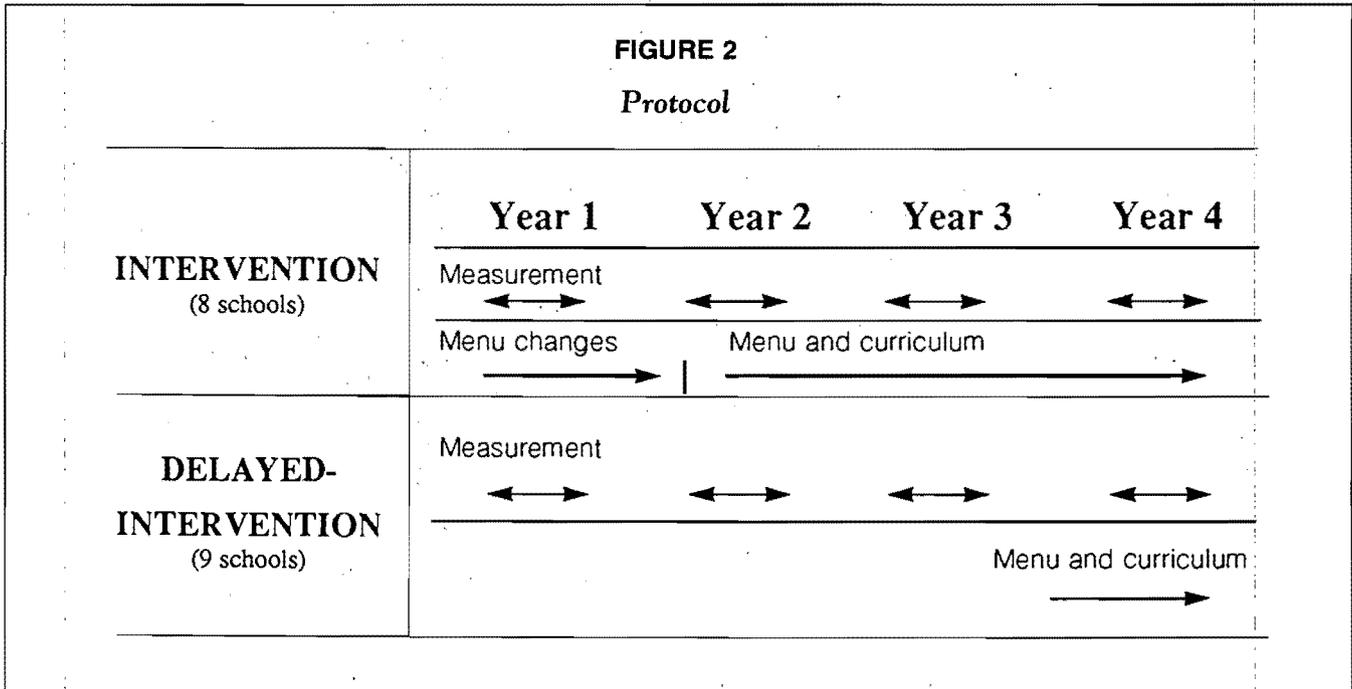
1. School foodservice
2. Thematic unit on nutrition and physical activity
3. Family involvement
4. Teacher and staff wellness program
5. School-wide campaign

The third and fourth component, which is family involvement and a teachers and staff wellness program, are there to lend support to promote nutrition and physical activity to students. We know that the family is extremely important, and we will be conducting focus groups with parents to find out how we can reach them and how we can tie into their food ways and habits so that we will get

support from the parents to have the children eating a better diet at home.

The teacher and staff wellness program is there as a way to empower teachers to get excited about prevention. In addition, it provides an opportunity for training teachers on the thematic units for nutrition and physical activity.

The types of things that we will be measuring include classroom surveys on knowledge, attitude, diet behavior, physical activity, 24-hour recall, plate waste, menu nutrient analysis and anthropometric measurements (including height, weight and tricep skin folds). There is a total of eight intervention Tesseract schools and nine delayed-intervention or comparison schools. And we will be making measurements yearly over a four-year span.



Foodservice changes will take place in year one, followed by curriculum enhancement from the second year onward. Schools (Figure 2) have been matched in terms of their reading scores, attendance rates and percentage of students participating in free and reduced lunches, which ranges from 74 to 96 percent.

The foodservice goals include reducing high-fat, high-sodium foods in school lunch menus, increasing fruits and vegetables and whole grains and utilizing the school lunchroom as a nutrition learning laboratory. The steps that we are undertaking to changing school lunch menus include nutrient analysis of existing menus, conducting focus groups of students and parents, forming an advisory group with students and parents and getting an expert consultant with a culinary arts background to help us develop menus because taste is so important to students. We will be having tasting sessions with students on new items that we will be introducing.

In terms of the nutrition thematic unit goals, basically, it reflects the dietary guidelines. The few areas that we especially like to emphasize are to maintain healthful weight, choose a diet that is low in fat and especially saturated fats and eating plenty of fruits, vegetables and whole grains.

What do we know about the impact of nutrition education so far? Is it really worth it to have nutrition education in schools? A 1992 review by Contento and Manning indicated that among published school-based nutrition education studies, most studies provided only 10 to 15 hours of nutrition education over a three- to 15-week period. These short studies did have a positive effect on nutrition knowledge, diet-related skills, behavior expectations and self-efficacy. However, the impact of these general nutrition education programs on behavior was minimal. More targeted behavior programs showed slightly more positive results, but they were still inconsistent.

Multiple component programs that are several years in duration, however, resulted in positive changes in dietary intake and physiological measurements such as lower blood cholesterol levels. Lessons learned from these studies are that short-term interventions do not seem to have much impact over behavior. These results do imply, however, that if nutrition education with targeted behavior objectives is launched through the lunchroom and classroom, and if nutrition education becomes an integral ongoing component of the school, the accumulated effect of sustained long-term education would increase the likelihood of success.

How about the physical activity thematic unit goal? The three goals are to try to increase the level of moderate activity on a daily basis, get students to engage in vigorous activity at least three times a week and—very important—to reduce that inactivity daily, such as television watching.

In terms of our education approach, we are developing a thematic unit which will reflect the educational approach of the Tesseract schools. One very important point is to integrate the nutrition and physical activity thematic unit with core allied subjects. You all know that the lack of time is a major barrier to implementation of nutrition curricula, and yet we need adequate time in order to have effective nutrition education. One of the solutions to the time dilemma is to integrate nutrition curricula into other subjects such as social science, mathematics, reading. Sequential multi-year thematic units are probably the most effective way for nutrition education (Table 3).

Other important elements are “hands-on” experiential learning, the need to foster critical thinking skills, the need to focus on concerns of pre-adolescence within the context of the everyday lives and to provide opportunities for cooperative learning.

What we are trying to do in the Eat Well and Keep Moving project is to get students to eat a more healthful diet. And, as you know, it is by no means an easy task. Why do children tell us they choose to eat certain foods? Based on a

**TABLE 3**

***Educational Approach***

1. Integrate nutrition and physical activity to core and allied subjects.
2. Emphasize hands-on, experiential learning.
3. Foster critical thinking skills.
4. Focus on concerns of preadolescents within the context of everyday real-life personal and social issues.
5. Provide opportunities for cooperative learning.

national survey of students conducted by Lou Harris for the American Cancer Society, the survey shows that, for students, taste is the predominant factor when it comes to choosing what foods to eat (Table 4).

Other aspects of food, such as how the food looks and how it was cooked, are also important factors. These data again reinforce the importance of the tie between nutrition education in the classroom and the immediate experiences in the lunchroom, and of providing students with more opportunities to sample more healthful choices.

Now, when students are asked why they would be more healthful food, we have hope (Table 5). They say that they want more energy, they want to be able to play better sports, they want to stay healthy, they want to lose weight, they want to improve their appearance and they want to feel better. We need to constantly keep these data in mind as we develop our intervention.

In conclusion, many barriers and challenges exist in promoting healthful eating in the 90s. However, schools remain a promising avenue to instill healthful eating habits in children and youth. We need to form effective partnerships with school systems to bring about changes and to be a part of a team working closely with principals, administrators, teachers, foodservice directors, students and parents to promote healthful lifestyles to children. The Eat Well and Keep Moving project is trying to do just that.

Cartoons often mirror the norms of our society. With the Eat Well and Keep Moving project, we hope we shall be able to change the script of these cartoons. Instead of saying having burgers and fries, we look forward to the day when these students in the cartoons will be choosing tuna salad, fruit plates, soup and sandwich for lunch instead of burgers and fries. Stay tuned as we navigate through the challenges to improve children's eating habits.

80%	Taste
38%	In the mood
34%	Habit
29%	How the food looks
26%	Way the food is cooked
26%	Convenience (the food is around)
23%	Whether the food gives you energy
23%	The desire to try something new

*Source: Lou Harris & Associates, 1989*

95%	To stay healthy
80%	To feel better
73%	To have more energy
65%	To improve appearance
52%	To lose weight

*Source: Lou Harris & Associates, 1989*

# William H. Dietz, M.D., Ph.D.

Director of Clinical Nutrition  
New England Medical Center Hospitals

I would like to discuss a few concrete issues having to do with nutritional status of children in our schools. While there can be little dispute about the importance of hunger and a strong case can be made that hunger affects learning, trying to demonstrate that hunger has an effect on nutritional status is a much more difficult problem.

The point that I will try to make today is that the primary nutritional problems facing American children today are diseases of excess, not diseases of deficiency. Fortunately, however, the solution to the problem of hunger and its relationship to learning and the solution to the diseases of excess are compatible. The same solutions will benefit both problems. I would like to begin with an introduction to how we look at nutritional diseases before going on to some specifics about the problems in America's children.

The first word I would like to define is *malnutrition*. Malnutrition only means a state of impaired nutrition. To be more specific, I will talk about *undernutrition* as a disease of nutrient deficiency, and *overnutrition* or *obesity* as a disease of nutrient access.

Within the category of undernutrition, there are really two categories. *Acute undernutrition* is indicated by a weight-for-height deficit; that is, children fail to weigh what they should for a given height. That is distinct from *chronic undernutrition*, which is characterized by a low height for age; that is, children are not as tall as their biological potential would permit.

I will use the term *obesity* as a dichotomous definition, that is, somebody either is or is not obese. I do not use it as a pejorative term, nor will I use it to indicate very severe levels of *overweight*. Despite the fact that there probably is a category of overweight, I will use obesity and overweight interchangeably. Finally, I will use the word *prevalence*, which means frequency within the population, not *incidence*, which is the occurrence of cases on an annual basis.

There have been a number of studies done in the United States in the last two decades that allow us to look at national trends in the prevalence of undernutrition and overnutrition. I have defined acute undernutrition as a weight-for-height as less than the fifth percentile. It is a statistical definition in much the same way that abnormal liver function or elevated cholesterol are statistical definitions. Given this cut-off point at the fifth percentile for weight for height, a normal expectation would be that 5 percent of the population would be, by definition, acutely malnourished; that is, they would have a low weight for height.

The national surveys available to us have been conducted between 1963 and 1980. They begin

with the National Health Examination Survey, Cycle II, which studied children 6 to 11 years of age, and the National Health Examination Survey, Cycle III, which studied adolescents 12 to 17 years of age. The National Health Examination Surveys were done in the late 60s, followed by the National Health and Nutrition Examination Survey (NHANES) I, which was done in the early 70s, followed by NHANES II, which was done in the late 70s. NHANES III, the National Health and Nutrition Examination Survey, Cycle III, is currently underway. We do not yet have data from it.

Using the earliest points available to us, i.e., the prevalence of undernutrition in the National Health Examination Cycle II, we can see that the prevalence of acute undernutrition is considerably less than we would expect for the prevalence in the population. That is, we would expect 5 percent. It's considerably less than that, and there seems to be no trend upward in the prevalence of acute undernutrition, regardless of the surveys we examined.

Let's turn to chronic undernutrition, that is, a low height for age, again defined as less than the fifth percentile. Again, looking at these three national surveys representative of the U.S. population, we see no change in the prevalence of chronic undernutrition with time. That is not to say that NHANES III isn't going to show a shift, because there have been major social economic changes within the population in the last 10 years. But at least as late as 1980, the last year for which we had representative national data, there did not seem to be an increase in either acute or chronic undernutrition in the population.

That is in contrast to some of the findings in Massachusetts. In Massachusetts, we're fortunate to have a number of surveys of populations at risk for both over- and undernutrition that have been done over the last 20 years. These consist of populations derived from neighborhood health centers; a statewide survey of children coming to health clinics around the state; an emergency room survey in Boston City Hospital, which serves the largest poverty population in Massachusetts; a house-to-house survey in South Boston that should detect those individuals who are not coming to usual sources of care; a health center survey in that same statewide survey of children entering HeadStart, all of whom are children in poverty known as "nutrition counts"; and a survey of homeless children.

Over the 15 years encompassed by these surveys, no increase in prevalence of acute undernutrition occurred in Massachusetts, nor is there any evidence that a trend towards increasing acute undernutrition exists in these children. What this means, is that hunger and undernutrition are not synonymous. While hunger has an acute effect on learning, the assumption that chronic hunger leads to undernutrition is not supported by the data. The prevalence of chronic undernutrition, however, shows a considerably different pattern in Massachusetts.

In some of these surveys, there is clearly an increase. The Massachusetts Nutrition Survey showed an increase in prevalence of chronic undernutrition, as did the house-to-house survey in South Boston. It may be that chronic undernutrition affects populations that are less accessible to normal survey patterns. Particularly when you look at HeadStart and homeless children, there does seem to be a very distinct

increase in prevalence.

However, in Massachusetts, the far more significant problem in terms of prevalence is the prevalence of overnutrition defined here as a weight-for-height greater than the 95th percentile. Almost all of the surveys—except the neighborhood health center survey that was done in the late 70s—show an increased prevalence of obesity as indicated by a weight-for-height greater than the 95th percentile.

Now, let's go back to the national data on obesity and nutritional diseases of excess. If one looks at national estimates, the prevalence of obesity affects between 15 and 25 percent of all children in the United States. Hyperlipidemia, that is, elevated cholesterol or elevated triglycerides, is estimated to affect 20 to 40 percent of the population. Hypertension affects 0.5 to 2 percent of the population.

I would like to consider each of these diseases in turn because I think this is where alterations in the school lunch are likely to have their most significant impact. We showed a number of years ago that the prevalence of obesity, calculated from triceps skinfold data, between the National Health Examination Survey Cycle II and NHANES II in children six to 11 years of age, increased to about 50 percent.

Even more disconcerting was that the prevalence of superobesity, defined as a skinfold thickness greater than the 95 percentile, increased by almost 100 percent. These results indicated that the population of American children is getting fatter, but also that those who are the fattest have even more rapid increases in the prevalence of obesity.

Obesity now is probably the most prevalent morbid nutritional condition affecting children in the United States today. It is associated with a variety of consequences, some of which are not particularly adverse. For example growth tends to be increased. Children who are obese tend to be taller, and have more rapid maturation. Girls have early menarche. However, aside from these factors, there do not seem to be other adverse affects associated with growth.

The psychosocial consequences are particularly severe. We will come back to these in a few minutes. Orthopedic problems, respiratory difficulties and abnormal glucose metabolism affect small numbers. However hypertension occurs with an increased prevalence in obese children. Among those children with hypertension, obesity accounts for about 50 percent. One could argue that obesity is the most frequent cause of high blood pressure in children. In addition, obesity may account for a disproportionate share of elevated cholesterol. Abnormal glucose metabolism is present in children. Eventually, that leads to diabetes in adults, but that is quite a rare complication in children.

The biggest concern is that obesity, with its onset in childhood and adolescence, has a substantially increased risk of persistence into adulthood. If obesity persists into adulthood, it causes more severe obesity than you see in adults who have onset of obesity in adulthood. As a result, childhood onset obesity may account for a disproportionate share of adult disease because it accounts for disproportionate share of severe adult weight.

We examined these problems more carefully in a 55-year follow-up of adults who were studied in the Boston area, in a study known as the Harvard Growth Study Follow-up Survey. The Harvard Growth Survey studied all children entering schools in three towns north of Boston between 1921 and 1935. We were able to look at the effect of obesity present in adolescents on the adult risk of mortality.

The risk of death in those obese during adolescence was substantially higher than the risk of death in adults who were not obese during adolescence. All-cause mortality was about three times greater in obese males than it was in non-obese males. Coronary heart disease and systemic heart disease were also considerably increased. Systemic heart disease was seven times greater. Cerebral vascular accidents and colorectal cancer were also increased among those adults who were obese in adolescence.

This risk appeared to be independent of the effect of adolescent obesity on adult weight. That is, obesity present at adolescence appeared to have an effect on morbidity and mortality that was independent of its effect on adult weight. Something appears to happen during the onset of obesity in adolescence that has a life-long effect on risk that is independent of its effect on adult weight. Therefore the prevention of adolescent obesity will have a major impact on the reduction of adult risk of cardiovascular disease and some of these other diseases including cancer.

We've also recently shown, particularly among women who were obese young adults, that obesity has a major impact on a variety of psychosocial outcomes that are considerably greater than the effects of any other handicap that occurs during childhood or adolescence. Women who are obese during adolescence complete fewer years of school, marry about 20 percent of the time less, have an annual household income that is almost \$7,000 less than their non-obese counterparts and have an increased frequency of poverty.

When we control these results for baseline income, parental education, chronic health conditions, self esteem and a variety of other variables known to have an impact on all of these obesity was the most important predictor. This effect was attributable to obesity and nothing else that we could measure.

I think the case can be made that as a single disease within the population, obesity accounts for major economic and medical costs that have been estimated in adults at about \$40 billion per year. Maybe the successful treatment and prevention of childhood obesity will have a major impact on outcome in adulthood.

Now, the second most important problem to which obesity is a major contributor is hyperlipidemia. Elevated lipids occur in about 20 to 40 percent of the population. Although there are a number of nonreversible risk factors for arteriosclerosis that result from this hypercholesteremia, I would like to focus on the reversible factors. The four diseases that are influenced by diet—high blood pressure, obesity, hypercholesteremia and diabetes mellitus—are all inter-related with obesity. Furthermore, each of these variables alone is a risk factor for arteriosclerosis.

The dietary variables that affect serum cholesterol are numerous. Cholesterol intake is certainly one of them, but even almost more important than cholesterol intake is the intake of the saturated fat found in tropical oils and animal fats. Dietary fiber, that obtained from fruits, vegetables, whole grains and beans, has an effect on lowering cholesterol.

Fat in the diet not only promotes hypercholesteremia, it also promotes obesity. Fat in the diet is stored directly in the body without a significant caloric cost. It requires very little energy to absorb dietary fat, put it into a fat cell or actually into an artery.

Carbohydrates have a lower caloric content, about half of that of dietary fat. Carbohydrate is not metabolized readily to cholesterol. Therefore, reductions in dietary and total fat will reduce obesity and also will help to lower serum cholesterol, not only through the effect of reduced obesity but through the composition of dietary fat per se.

The final problem is hypertension. As I said, about half of all prediabetic hypertension is associated with childhood obesity. The effects of sodium on blood pressure in children are less explicit than they are in adults. There is clearly a subset of children, as there is of adults, who are sensitive to sodium in the diet and for whom long-term exposure to high sodium intakes may predispose to adult hypertension.

It is worth emphasizing, however, that calcium intake in childhood as well as in adults may have a significant impact to lower the risk of hypertension. This is an argument to which I will return when we talk about specific responses within the contents of the school lunch.

In my opinion, the school lunch and school feeding programs represent the single most effective step to prevent or treat hypercholesteremia and obesity and to reduce the risk of hypertension in children in the U.S. There is no other opportunity whereby the food intake for at least a third, and probably half, of the U.S. population can be significantly affected on a day-to-day basis. What is encouraging about this problem is that the steps necessary to reduce the prevalence of these problems are quite simple, and many are not costly.

I think that you are all familiar with the Dietary Guidelines. The Dietary Guidelines for Americans should apply across the population. Some are more applicable, obviously, to children or adolescents than they are to adults. But I would like to focus specifically on guidelines that relate to lower fat, lower saturated fat, lower cholesterol, increased vegetable and fruit consumption and the moderate use of sugar and salt.

The American Academy of Pediatrics as well as the National Cholesterol Education Program have come to a consensus that the intakes of fat should be maintained at less than 10 percent of calories for saturated fat. Current intakes for saturated fat are 14 percent of calories. Total fat should be reduced from its current average of 35 to 38 percent to approximately 30 percent. I should emphasize that all of these recommendations are not on a daily basis but over the course of one or two weeks. Cholesterol should be reduced to less than 300 milligrams per day, although some people would argue 100 milligrams per

thousand calories is a better target. In fact, the diets of children are already pretty close to this levels.

What concerns school foodservice directors in Massachusetts and nationwide are the potential risks associated with implementing these guidelines. However, there is no risk involved in substituting carbohydrate for fat. As long as the caloric content of a meal is maintained, the reduction of fat may well affect the predisposition to obesity.

It is also worth adding that the magnitude of the imbalance that leads to even the most severe obesity that I see clinically is in the neighborhood of 50 to 100 calories per day. Reductions of fat from 38 to 30 percent of fat or less, although it seems like a trivial alteration, may profoundly affect the fat balance of these individuals.

There is no known risk involved with reducing fat to 30 percent in the average child or adolescent. Substituting one fat for another within the range that has been recommended—that is, 10% of calories as saturated fat—carries with it no risk. Obviously, if we completely eliminate saturated fat, which nobody is recommending, there is a risk of essential fatty acid deficiency. However, within the range that has been discussed, there are no risks associated with substituting one fat for another. Increased fruit or vegetable consumption carries with it no risks. In fact, low consumption of fruits and vegetables constitutes a major problem among children and adolescents that poses not only a risk for obesity and hypercholesteremia but, over the long term, may be one of the predisposing factors to a variety of cancers that occur in our population.

The Dietary Guidelines for Americans recommend sodium content of less than 1 gram per meal. A low-sodium diet carries with it no risks.

I now would like to turn to how the Dietary Guidelines can be implemented in the school lunch and school breakfast. There are at least five additional targets for the modification of the school lunch. These include changing the school lunch pattern to include specific guidelines, changing the food that is served within the existing pattern, the alteration of commodity foods, changing the perception of the consumer and changing the a la carte foods available in the schools.

I think there is good reason not to change the existing pattern. But I think it is a low-cost solution to add to Dietary Guidelines to the existing pattern. That is, to hold saturated fat to 10 percent of calories, to hold fat to 30 percent of calories, to reduce sodium below 1 gram per day and to hold cholesterol under 100 milligrams per meal. These changes are associated with few risks.

What stands between the majority of school foodservice directors and the implementation of these recommendations is the mandate to do so. If nutrient guidelines were mandated, they would be instituted with very little complaint and with no adverse effect on the school lunch.

The second realization that has occurred to us in Massachusetts and on which we tried to focus, is changing the composition of the foods served for lunch. Several years ago we put together a survey of nutrient contents for two of the most frequently used products in the school lunch: chicken nuggets and pizza. We obtained the specifications of these foods from all the companies that supply these

products to the schools in Massachusetts. In these products, there was a two- to three-fold variation in the fat content of pizza and chicken nuggets. This implies that a careful foodservice director who makes the implementation of the Dietary Guidelines a high priority will be able to identify and implement the introduction of these products in the school lunch. Whether they are tasty or not will depend on how they are prepared. These findings emphasize that it's possible to implement the Dietary Guidelines without changing the foods that are actually served while changing the fat content significantly.

People often disassociate the school lunch from the type of information that we are trying to give our children on health and prevention. The most recent activity that we have embarked on in Massachusetts has been to try to link the school lunch with nutritional lessons in the classroom, by teaching children the use of the Food Guide Pyramid and the school lunch pattern. Our goal is to have the children in classrooms design a meal consistent with that pattern that is then served in the school lunchroom.

This approach represents a preliminary way of beginning to link the nutritional lessons in the classroom to what is served in the cafeteria. This approach addresses the most hazardous development that is happening in a number of states around the country: school districts contracting with fast food manufacturers to serve fast food in the school cafeteria. I can think of no more blatant contradiction of the kind of nutritional lessons that we are trying to teach our children. Changing consumer demand is the ultimate challenge we will have to address.

I hope I have shown you that diseases of overnutrition constitute a much more significant and prevalent problem in schools than do diseases of nutrient deficiency. I would not want to alter the school lunch pattern—that is, the food served, per se—and I am greatly in favor of maintaining or even expanding existing foodservices because of the impact of nutrition on learning.

But I would not want to continue to maintain school lunches in their current form because failure to regulate dietary cholesterol, dietary fat and saturated fat will promote the very diseases that that our healthcare system is now treating. These modifications can be made within the existing structure of the school lunch and school breakfast without compromising the needs of the children who depend on those meals for their intellectual growth.

# Michael F. Jacobson, Ph.D.

*Executive Director*

*Center for Science in the Public Interest*

C SPI has long been concerned about children's nutrition. We see childhood as the time when kids are developing eating habits that will certainly influence how they eat the rest of their lives. Although, as we all know, it is possible to make changes, we realize that maybe many people can't make those changes because eating habits are so deeply ingrained.

In recent decades, medical research has shown that what kids are eating—what adults are eating, for that matter—is not terribly good for their health. Diets high in fat, cholesterol, sugar and sodium contribute to diseases ranging from constipation, obesity and tooth decay, to hypertension, coronary heart disease and certain cancers.

Yet, despite the knowledge that's been ratified by the Surgeon General, by the National Academy of Sciences and by dozens of governments around the world, we, as a society, encourage kids to eat a diet that's actually bad for their health. And it starts from the moment when they're strong enough to turn on a television set and see the tremendous amount of junk food advertising. About the only good that I can think that advertising has ever done has been to give Joan Gussow grist for her Ed.D. thesis. Since then, things have gotten worse in the last 20 years.

You start with junk-food advertising on television, that clearly has an effect. Otherwise, the companies wouldn't invest, in the case of McDonald's, say \$500 million a year promoting their foods. Kellogg spends \$28 million a year just pushing Pop Tarts, \$33 million a year pushing Frosted Flakes. The amounts invested in advertising junk foods are obscene. The amounts invested in promoting healthy foods are not obscene. They are nonexistent—practically invisible.

I grew up in the 1950s and 60s, and we ate, generally, three square meals a day. We came home and got a little snack after school and had a snack before we went to bed. There were very few temptations out there. But when I was in high school, the fast food industry really started burgeoning. And since then, the food industry has sought to put food wherever we are, so we wouldn't have to walk to get it.

There are tens of thousands of fast food restaurants and probably millions of vending machines in this country. And if they serve good food, nobody would care. But for the most part, it is high in calories, high in fat, high in sugar, high in salt and low in fiber—exactly the kind of food that the Surgeon General says eat less of. You see a lot more temptations for kids.

Changes have occurred in the school foodservice program also. I recall in my school, there were no competitive foods. My sister got thrown out of school for eating a cookie in the hallway. Now, she

would be encouraged to eat cookies in the hallway to finance the school athletic program. The school foodservice programs are under increasing pressure. There's the financial pressure. The federal subsidies are much, much less than they were in the early days of the program if you adjust for inflation.

During the 1970s, there was managerial competition. The Marriotts and other companies started to move in to take over programs. Then, in the 1980s, the vending machine industry began moving in a much bigger way to tempt kids with candy and soda pop and draw kids away from school food programs. And now in the 1990s, the fast food industry is going to be an ever-increasing challenge to school foodservice directors and to people who care about children's diets.

This afternoon, I want to talk for a few minutes primarily about two kinds of competitive foods: classic competitive foods—vending machines and so on; and the new kinds of competitive foods—fast foods.

Competitive foods in schools have traditionally been seen as the snack bars and vending machines that offer little snacks. In 1970, the Congress expressed some interest in this and recognized that there were problems in terms of competing with the National School Lunch Program, which is designed to encourage healthful eating habits. Congress banned the sale of competitive foods during mealtimes in cafeterias. It is a rather limited ban, but many people got irate because their schools were becoming dependent upon the sale of competitive foods for extra cash to buy band uniforms or clarinets, whatever they wanted to do with the money.

So a couple of years later, Congress reversed itself, changed the limitation and said that these competitive foods are banned unless the profits inure to the benefit of the school or some of the programs related to the school—the newspaper clubs, that kind of thing. So that gave a green light to the candy industry. And yet, competitive foods became a much bigger threat.

In 1977, Congress changed its mind again and said, well, maybe things are getting out of hand a little bit. Kids walking around with bottles of pop and candy bars are not the greatest way to improve school lunches, so we'll let the Department of Agriculture set standards for the kinds of foods that could compete with school lunches. USDA looked at this and came up with a proposed regulation that barred the sale of certain foods—soft drinks, candy, chewing gum and frozen desserts. That was 1978, but the regulations didn't go into effect for six or eight years because of opposition, especially from the soft drink industry, candy industry and many others.

What ultimately resulted is what we have now: a very weak law that bans the sale of soft drinks, chewing gum, ice pops and hard candy. These are foods of so-called "minimal nutritional value." They don't even have 5 percent of the RDA of anything except sugar. But that's what's banned, and they're banned during lunch hour in the cafeteria.

So again, it's a very limited ban. Although states have the authority to expand upon that ban, some states have, some haven't. Competitive foods still pose an extra challenge to the National

School Lunch Program, and the American School Food Service Association has adopted very sensible positions on competitive foods. Let me highlight a couple of sentences.

“Foods available to students during the school day should, at a minimum, reflect the Dietary Guidelines for Americans.”

“All food available at schools shall make a significant contribution to the development of healthy eating habits and meet the nutritional needs of students.”

Well, we are clearly a long way from that, especially with competitive foods, and maybe it's time to try to do something about the situation.

Senator Leahy and Congressman Kildee are both sponsoring legislation related to the school lunch program. Senator Leahy's legislation makes it very explicit that states can set strict standards on what kind of foods may be sold and at what times in competition with the school lunch program. But it doesn't strengthen the federal authority whatsoever. Congressman Kildee's bill doesn't touch this at all. But those are areas that I think deserve attention from the organizations represented here in the coming months.

Ideally, Congress would set standards for the nutritional quality of competitive foods, and a proper standard might be to require every food that competes with school lunches to be at least as good as the foods served in school meals. Every food should meet nutritional standards, looking at sodium levels, fat levels and so on so that the foods are actually good and do not undermine the school lunch program. If the vending machines were filled with oranges and apples, I don't think people would be too concerned.

Let me go on to talk about another kind of competitive foods: fast foods. For many years, the fast food industry was putting up restaurants, maybe a block away from high schools, to tempt kids as they walked to or from schools. That wasn't good enough. They got bolder and they saw that they could actually set up their restaurants right in the schools. Sometimes they can take over management of the whole school lunch program. The pace of change is astonishing.

Two years ago Subway sandwich shops were delivering sandwiches to four schools. Now, they are delivering sandwiches to 400 schools.

Yesterday Subway told Jennifer Douglas, my colleague, that the sandwiches are identical to the sandwiches they serve at their shops except that they use fewer vegetables. Not that their sandwiches have that much in the way of vegetables anyhow, but apparently the taste of the vegetables permeates a little too much of the sandwich.

Pizza Hut two years ago was delivering pizzas to several hundred schools. Today, they are delivering pizzas to at least 4,500 schools—a 10-fold expansion. Taco Bell is in about 1,500 schools. Some schools have a McDonald's Day on Monday, Taco Bell on Tuesday, Pizza Hut on Wednesday, KFC on Thursday and so on. As you see, the rate of change in this area is absolutely breathtaking.

Fast food companies and each franchisee are going to local schools and saying, “Face it: Your kids

are throwing out that food. You're wasting money, just throwing it against the wall, or they're running out and buying drugs on their way to the Burger King. Why don't you make life simpler for yourselves. Kids love fast foods. Let us sell them in your school. You'll get much greater participation. Parents will like it, kids will like it and everybody will be happy." It's a win-win situation, as those public-private partnerships like to say.

Well, again, if they were selling apples and oranges, tofu on whole wheat, not too many people would be upset. The problem, though, is that these foods are not particularly healthy. They are too high in calories, too high in fat, too high in saturated fat in particular, and high in sodium—not the kind of foods that kids ought to be eating. So it's bad for their health. Some people see a bigger danger, mainly that it's also bad for the National School Lunch Program.

Some schools that will offer fast foods might find that so many kids move from the school lunch program to the fast foods, which are considered a la carte, that there won't be any point in maintaining the National School Lunch Program, which is devastating for poor kids who can't afford the \$2.50 or whatever the fast food meal is going to be.

That's happened in Boulder, Colorado. They have two high schools that have dropped out of the National School Lunch Program. Temporarily they're subsidizing some reduced and free lunches for low-income kids. But it goes farther than that. Fast foods are not just penetrating the lunchroom, they're penetrating the whole educational ethos.

In Boulder, kids in math classes are learning how to do inventories, how to do payroll using McDonald's as a model. In the business class they're looking at a McDonald's marketing plan. And, moreover, the school is giving its imprimatur to a brand of food. It's the perfect thing. You know, companies would die for that, to have the school—the educator of children—endorse their product. And that's what we're seeing in thousands of schools now. This is a tough opponent.

The fast food industry has roughly \$80 billion in sales a year—twice as big as the tobacco industry. It's an enormous industry with outlets in every one of your communities. So it's going to be hard to fight.

Neither Senator Leahy's bill nor Congressman Kildee's bill addresses the fast food problem. At the very least, they should be calling for a study to evaluate the impact of fast food penetration into public schools and see what the effect is now and what are the projected effects five or 10 years down the road. Might every school have a fast food logo on the outside? And again, Congress could treat these fast foods as competitive foods and set nutritional standards for them, saying that every single food offered has to meet certain guidelines with regard to fat, cholesterol, fiber—whatever the Congress, in its wisdom, sees fit to require.

So I see these as two major challenges which come on top of the basic challenge of providing a nutritious, tasty meal in a pleasant environment to tens of millions of children everyday. But I leave that issue to somebody else.

# Sara Clemon Parks, M.B.A., R.D.

*President, American Dietetic Association*

*Associate Dean*

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I'd like to begin my presentation today by sharing a recent experience I have had with school foodservice. *Food Management* magazine brings together the presidents of major foodservice organizations each year to discuss issues of common concern. This year, that President's Forum was held in Little Rock, Ark., and Dorothy Caldwell, the president of ASFSA, was one of the cosponsors of that program.

As part of the program, we had the opportunity to visit one of the most exceptional schools that I have visited in many years. I want to share with you my impressions of that visit because it relates directly to the topic of my discussion today.

We went to a magnet school in Little Rock that focuses on science and mathematics. We had the opportunity to talk to many people while at the school. We visited with the principal, with teachers, with nutrition educators and health educators. More importantly, we talked with students.

As the principal shared with us her philosophy of the important role that nutrition plays as an integral part of the child's day-to-day life, I became immensely excited. This principal shared with us the involvement that she has with students and their families. First and foremost, she reinforces a positive behavior with her students. She tries to help develop the self-esteem of a school population that is 60 or 65 percent from disadvantaged backgrounds.

This Arkansas principal selects teachers in that school system who also reflect her philosophy, not only of education, but of how you work with and teach young children. In addition, she works very closely with parents. Parents have to apply to have their children come to this school. Parents must agree to certain conditions when their children enter this school. They agree, for example, to feed their kids three meals a day, to certain dress codes and certain behavior codes. And they involve parents on an ongoing basis in their children's program and learning environment. Tremendous, tremendous opportunities exist in this school.

The health teachers and the science teachers are very involved very directly in the teaching of nutrition principles. As I sat down and visited with these young children, first through third grade, it was amazing to me to see what can happen when everyone works together to improve learning.

As we talked with the children we were amazed at their self-confidence and their responses to our questions. Most of the children had a keen interest in science, mathematics and the young astronaut

program. And, amazingly, nutrition and eating were major priorities. It was a very rewarding experience. Now, certainly, we all accused Dorothy of prompting the script a little bit, but because of the numbers of students that we worked with and the age groups, we knew that wasn't possible.

In deference to time today, I'm not going to spend anymore time discussing this particular school or outlining this example. However, I do want to share with you my belief that this Arkansas principal was very market-driven in her approach. Certainly she applied all of the principles of marketing that we would hope could be applied in every school, starting with the very basic family and their influence on the learning process. And no, the principal and the teachers were not "wimps," because we also saw them address some of the disciplinary issues when children tried to go beyond established behavioral boundaries.

With this background, I would like to begin my presentation today, which almost sounds like a summary of all of the great ideas that I heard in this room today. So forgive me if I've stolen some of your ideas but, believe me, some of those ideas were on paper before I came here.

First of all, marketing can be used as a strategy for behavior change, assuming we all understand that there is a major distinction between marketing, promotion and advertising.

My definition of marketing says that we address the basic needs of whatever client audience that we are serving and, at the same time, accomplish the goals that are important to the organization which we represent. This is particularly important when we are looking at nonprofit organizations such as the school feeding programs. Let me talk about some of the key audiences that I think the American School Food Service Association must develop partnerships with.

First, we have to address the public. We had many speakers today that talked about the changing role of the public, how their daily lives are changing, how their eating patterns are substantially different from as recent as a decade ago. I ate three meals a day, plus I had an after-school snack and a before-bedtime snack. Almost always a healthful one, even though it might have been a little high in fat.

Major eating patterns of our public are changing substantially. The 1950s, as we've heard earlier today, was a three-meal-a-day pattern. Today, family members feel that they have to fend for themselves, eat when they have time.

A second major need of consumers today, relative to food consumption, is food safety, nutrition and health. An FMI [Food Marketing Institute] study recently showed that 82 percent of consumers surveyed are concerned about the safety of the food that they are eating. I could give you some other data and statistics, but in deference to time I will limit my example to this one study.

The American Dietetic Association just this year completed a study of consumers and found that consumers are at a crossroads relative to nutrition and health. Consumers are increasingly more aware of the need for nutrition and health, but they are not doing very much about it. They are at a very, very low plateau relative to moving their knowledge into action and behavior change.

Two of the variables that came out of the ADA study as being extremely important were time and convenience. What they wanted, they wanted quickly and easy to obtain. Other changes in purchase patterns showed little brand or product loyalty.

What's happening in supermarkets is certainly a classic example of the lack of consumer brand loyalty. A typical mega supermarket has 30,000 food products alone. According to the supermarket industry, the turnover in the new products that are introduced into supermarket is about 300 percent. To respond to consumer needs for time and convenience, many supermarkets are increasing the number of already prepared foods.

Consumers also are not cooking at home. The growth of the "take-out" segment of the fast food industry is going to continue to grow. With 43 cents out of every food dollar spent on food either eaten or prepared away from home, our challenge becomes a really substantial one.

Trends in the changing American diet show that we may not be decreasing our fat consumption at the rate we want to, but we are changing type of fat we are consuming and we are changing the type of meat products that we are consuming. In addition, we are greatly influenced by global food trends. This trend toward a global society is bringing a new challenge for us in the food and nutrition profession. We must be aware of cultural patterns, and we must be able to address the impact of these changes.

Now, what are the consumer implications of all this? First, we must understand ourselves and the gap between increased nutrition knowledge and putting that knowledge into practice and behavior change.

Second, we must identify opportunities for nutrition education and nutrition intervention, to bridge that gap. We are already late in incorporating behavioral interventions into our practices. Because we have a small window of opportunity here, we must modify our strategies quickly.

Third, we need to show consumers that healthy eating can be fun, it can be easy and that they do not have to sacrifice all of their comfort foods in order to eat a balanced diet.

Finally, we must fit our nutrition messages into lifestyle needs so that consumers can make progress toward dietary improvement. Consumers need help in sorting through advertising and other mass communication cluttered with both good and bad nutrition information. We cannot approach our current consumer with the same strategies we have in the past.

Let's move on to a second ASFSA audience: government agencies. Government agencies also are a key target audience. For many of us in the room, they provide funding for our programs, they regulate what we are going to do and they help establish performance standards for certain aspects of our profession.

Government agencies have clear agendas that we may or may not be in agreement with. However, it becomes extremely important that we understand the needs of this critically important constituent group and learn ways to intervene in those systems. It may mean that we identify some

common area of agreement; that we can agree on and agree to disagree on those other areas.

A third key audience is legislators. I'm not certain the legislators are any different than consumers, especially when it comes to the nature of our product and our service. While legislators are aware of the complexity of our issue, they also are users of food and nutrition information. We've had an opportunity in many different arenas to visit with legislators, and I feel confident in saying that they agree we have a worthy cause. They are, however, aware of their constituent needs.

I was sitting next to one of the legislative aides earlier this afternoon, and this individual said to me, "We agree with you on some issues. We agree that nutrition is important to prevention, but we don't agree with you on your position for all of the health-related issues that you are taking."

Where we need to intervene is that area where we do have some agreement. Our challenge with legislators becomes one of recognizing legislators first as food consumers and then as public policymakers. The second thing that we have to do with legislators is to have a clearly focused agenda, an agenda that will help us to influence public policy. We must build partnerships with this very important target audience.

The fourth key audience is our professional and consumer organizations. I was pleased to see the number of representatives from other organizations that are identified on the participant's list today. I was also pleased to see that we have representation from consumer advocacy groups. I feel we must build stronger alliances and coalitions with organizations representing components of our profession and with organizations representing the end user of our programs and services. And we have to do it without sacrificing our personal integrity.

And now for business and industry: They can be a friend, they can be a competitor, or they can be neutral. The foodservice industry, in its early history, was driven by producers and food manufacturers. Now, the foodservice industry is clearly driven by consumer purchases. Thus, the basis of any successful marketing program must have an understanding of the relationship of industry in meeting consumer needs.

In addition, we know that there are some fundamental changes happening in the foodservice industry just as there are changes in healthcare and economic reform. We have an opportunity to help bridge a gap here if we can look at a new paradigm in our relationship with the food industry. Any marketing program we develop aimed at the foodservice industry must help to bridge the gap between what we see to be a significant lack of application of knowledge to product development, and in some cases, advertising that misrepresents nutrition knowledge. We need to identify opportunities for companies to promote food from their product line that more closely meets the dietary guidelines.

The sixth key audience that we need to study and get a better understanding of is the overall education system. This includes teachers, school boards, administrators, business managers and policymakers. Many principals see us as competitors. Some see us as friends, some see us as neutrals.

We must continually reinforce the relationship of healthful eating and learning, and we must

send that message clearly to people who are in educational leadership positions. We don't need to have many messages; we must keep them simple. We continually have to focus on the broader goals, and we need to integrate education into the daily lives of kids, parents and teachers and administrators who are also food consumers.

Finally, we need to address students. Earlier speakers have done a wonderful job of identifying children's needs. In deference to time, I'm going to move on the next part of my presentation.

As an association, as a profession, you need to begin to define strategies for working with each of these audiences that will take you from identifying the issues and the needs to strategic actions: You're going to have to pick and choose those battles that you want to win and those you are willing to lose as you are building partnerships. It is much easier to pick the ones you want to win than the ones that you are willing to compromise.

As we begin to talk about mobilizing any of these influence groups, we can generally categorize them into allies, opponents and neutrals. And in many cases, the same target audience can serve all three roles.

Allies are generally those groups that are supportive of our cause. If we use as an example the environmentalist, conservation groups are our allies, and ecologists, naturalists, business and industry, and some concerned legislators may also be allies. The same thing is true in the area of child nutrition.

We also can identify our opponents. These are the individuals who have something to lose if we meet our goals. In the environmental example that I just cited, manufacturing and mining companies and automobile manufacturers all might be in a position to lose.

Finally, we have the neutrals—those whose interests are not affected either positively or negatively but who we might be able to convert to supporters. That assumes we spend the time to identify those that have some interest.

What do we do and how do we mobilize supporters and neutrals?

First of all, we must have a very clearly targeted message and a very clearly targeted goal for what it is that we want to accomplish. We need to evaluate very carefully the goals and agendas of those organizations or individuals who are supporters, identify our opponents and determine who the neutrals are.

To influence the agendas of those individuals and organizations that are key to the success of our goals we must:

- First, identify those areas that are noncontroversial and establish a relationship on this basis.
- Second, move on to those organizations that are much more controversial and find areas where we agree.
- Third, build strong alliances and partnerships.
- And fourth, abandon old paradigms. This may mean cooperating with the competition on areas that might be of common interest to move our agendas forward in a more timely manner.

# Carol Rasco

*Domestic Policy Advisor  
The White House*

Looking at your agenda and knowing that my background and training is not in your specific field, I thought, "My goodness, what can I say to them that will add meaning to this consensus conference?" But certainly, as I looked through what you are trying to do here and some of the things that are at the top of our agenda in domestic policy at this point, I recognized very quickly that we are about the same thing and that each of us, in our own way, is working towards that program.

First, let me say that in domestic policy, when anyone asks me what is your overarching goal, it is without question a goal that the President and I talked about when I accepted this position. And that is—it is a very simple statement to say, one that you know full well how difficult it is to implement—that every child in America shall be empowered to develop to her or his full potential. That is what domestic policy is all about in the Clinton administration.

Now, I learned quickly in Arkansas as I worked along those lines, that there were times when I had to face some very difficult questioning from the older citizens, in particular. But they are part of that empowerment process. And if you do not have a very clearly focused goal in domestic policy, you can certainly become lost. And make no mistake about it: Our very focused goal is on children and the empowerment of them.

As I look at that, then, I come to you to both thank all of you as I thanked Dorothy for what you are doing to help develop that empowerment of each child. I come to you to offer our commitment to the area in which you are working toward that empowerment. And then I come to offer a challenge to you.

The first thing I want to do is talk a little bit about the healthcare plan because I think that is so much a part of what you are about and also the fact that as we move into the next congressional year, you are going to hear so much about it. And you can be such a help to all of us as we talk about it. And I want to do some relating there as to what I see as your role in that and what I would like to ask you to help us do.

It is very important that everyone hear us very sincerely when we say that in a debate this big, I'm certainly not here to ask you to go home and push the debate to focus only on the Clinton plan. We must all maintain a very open mind during the debate in the coming months to look at any plan before us.

But we do need a guiding set of principles, and yes, I do think there are six principles you should use in looking at it. But I know there are answers to those principles besides the ones we put forward.

And that's why we want a good healthy debate on this. We want everyone participating because each of us have a very personal stake in it.

So let's go through those principles briefly and, just coincidentally, the last one that I come to is one where I think you have so much to do with it. But the first one is the issue of security. We must each ask ourselves about any plan put forward, what kind of security it offers. We feel the most important question to ask about any healthcare reform plan is: Will it provide every American a guarantee of a comprehensive package of benefits? If they lose their job, move, get sick, have a preexisting condition, a handicapped child, an elderly person in the family that is stricken, are they covered? Because it is not true, today, that everyone is covered under those conditions.

Security: Will every American have the security of a comprehensive package of benefits that they will never lose?

The second area is savings. That is probably where you are going to hear some of the biggest debate. To control healthcare costs, we will have to spend smarter, and we will have to make health plans compete for your business and for my business. You are going to hear a lot of debate about how much we can actually afford to cut back in rates of increase.

But I tell you, when you see the disparity within given programs, even within one small locale, as to what is paid for a procedure, it tells us something has to change. We want to cap how fast your premiums go up. We want to eliminate wasteful spending and crack down on fraud and abuse—a very easy piece to say, a very easy thing for all of us to go after in words, but very difficult to carry out. But we believe it can be done.

A third principle: quality. Certainly, the premise all along in working on healthcare reform has been that there is a whole lot right about the healthcare system, and we want to maintain what is right but fix what is broken.

In the area of quality, we want to make it much easier to get preventative care. That's why you will see a heavy emphasis on prevention in the benefit package that we have put forward, and that's why you will find no copays on preventative care. We need to shift the emphasis in the healthcare system from the acute side back to prevention. Something that you know a whole lot about quite frankly.

We need to invest in training more family doctors and begin to tilt our reimbursement scales from the incentive given to more and more specialists to having more and more family physicians and the use of more and more allied health professionals.

A fourth principle: choice. Choice on both sides of the equation, choice for the patient, client, consumer, whatever word you want to use and choice on the part of the provider as well. Each of us wants to be able to choose our own doctor and our own provider, and we want that in this plan. We have written it into this plan.

We also have written in that healthcare providers can join more than one plan. Certainly there

will be people that need to do a mix and match of physicians and other practitioners and so we want that opportunity for providers to join as many plans as possible. In those choices, we also want to have a traditional fee-for-service plan. You will have to pay a little more for it; you do so now depending on your insurance plan.

A fifth principle: simplicity. You feel paperwork choking you, and it's certain there in our healthcare system. You know it is choking the system when you check with hospital administrators and they are having to hire four paper pushers for each health professional that they bring into their institution.

I learned about that on a very small scale in my small hometown in Arkansas. I think it was right at 1,500 people when I was living there. My sister, Becki, told me the other day it is now up to 3,000. My father was one of two town pharmacists. And certainly one of the first things I ever remembered hearing about the word "Medicaid" was when they decided in Arkansas they were going to make everybody take some responsibility and charge a 50-cent copay on any prescription. They figured everyone could pay that within the state.

Well, what some people didn't think about on that was how much paperwork and administrative costs that would add to both the state system as well as the local pharmacies. Now, my father came up with what he thought was a great solution and my mother went to work, initially, for a half day a week in the drugstore simply to cover the paperwork in a county that was a county where incomes were the second highest per capita in the state, which means that we did not have an enormously high percentage of Medicaid patients within that community. And yet eventually it took her two and a half days of a five-day work week to process the paper for a 50-cent copay per prescription. Most people, like my father, decided eventually this is a bunch of hooey and just kind of decided to eat that part of it because it became simpler. But we don't give enough thought to those kinds of things.

When you look today at 1,500, literally there are 1,500 different reimbursement forms used by healthcare providers when most people who look at it realistically say there is no reason there can't be one reimbursement form, one set of coding and that it can go to electronic billing. Simplifying forms and cutting back on regulations also will do something very key to the healthcare system. It will allow professionals to spend more time caring for patients and making plans for them rather than spend their time on paperwork—something you also know about.

Finally, the sixth principle by which you need to be ready to gauge any plan is responsibility. Everyone should contribute to healthcare. That doesn't mean just financially. That means that we all need to think very hard about our own lifestyles and what we are doing. If we are truly going to have healthcare reform in this country, we are going to have to revise how we think as individuals about healthcare. It's going to mean a very new mindset if this is going to work. And that's where you play a key role.

One of my favorite stories in responsibility has been that there is a fairly well-known healthcare

professional that started paying a number of visits to me in the Arkansas Governor's office when Governor Clinton became the colead for national health reform through the National Governor's Association. I found it very interesting that a health professional who is well respected among his peers would come to the office, and, until I asked him one day to stop, he chain smoked unfiltered Camels.

Now, it is very difficult, especially, for an allergy sufferer like me to sit there and understand how someone like that wants to talk to me about the need for massive health reform. He never brings up personal responsibility, and in that first meeting—again, until I asked him to stop—he is puffing in my face. I have seen him in other situations chain-smoking unfiltered Camels. It is stunning to me that people think we are truly going to reform a healthcare system without changing our personal habits. And we all have things we need to do along those lines. You play a key role there.

While our first education goal was passed at the conference hosted by President Bush and then Governor Clinton and continuing Governor Campbell as the coleads from the Democratic and Republican parties, I will never forget the biggest battle we had with the administration during that time was to include goal one, which had to do with looking at bringing children to school ready to learn. And it was of great satisfaction to me that at the end of that summit, we had gotten that goal to be a part of the listings. Also, with the way it was worded, I can conveniently leave off the first phrase and turn it into something bigger that you certainly live every day.

The goal itself says by the year 2,000 all children in America will start school ready to learn. And under it, we were able to negotiate three objectives: One having to do with disadvantaged and disabled children having access to high-quality and developmentally appropriate preschool programs. Second, that every parent in America will be a child's first teacher. And third, having to do with children receiving the nutrition and healthcare needed to arrive at school with healthy minds and bodies.

Now, what I liked was the way we ended up negotiating it. Although we never breathed this while we were negotiating it, you can leave off that, "By the year 2,000" and just say, "all children in America will start school ready to learn." And I kind of insert sometimes, "Will start school every morning ready to learn." And that's where you are so key, and I'm so pleased to see the growth of the breakfast program across the country.

I had heard Dorothy tell this story before. It is one that goes around in pretty much education and health circles in Arkansas, but I noticed in something you sent me that she had recently brought it up in a speech again. And I remember how much it hurt when we all heard it the first time. A superintendent is said to have called the Department of Education and he did not have a school breakfast program and wanted to know if for the one week of standardized testing alone, he could be reimbursed for that program. What that says is something that I have read in your literature that you all know and that I read in a lot of the literature. We really have made great strides in all knowing more about nutrition and knowing more about those needs, but we have a long way to go in

implementing it. How sad that he was only worried about that one week when the children were taking the test and not the many weeks before when they were learning the things that would show up on that test.

But I do think that particular goal points out something that meshes very well with this issue of responsibility in the healthcare reform piece. And that is, not only having all children ready to learn as we bring them through those developmental preschool years, but all children ready every morning to learn.

Under this area of responsibility, let me say that one of the challenges, I think, before you as we go through healthcare reform—and particularly in the implementation phase—is that as healthcare plans are certified by a region or alliance within a state, whatever terminology we end up with, those plans are going to have to build in a lot of incentives to keep people well in order to meet the kind of budget that we as a country can afford. And so, quite frankly, I can see people like school health and school food officials like yourself going to health plans that serve your area and saying, what can we work out to be able to work together? And I urge you to be very creative as you think about that because, again, I think it's going to take new mindsets about the way we look at healthcare and healthcare delivery.

It's also very important in this area of responsibility that we continue to do what you are doing so well, and that is to see that we have these continuing and improving nutrition programs within the classroom curriculum, built in an appropriate way.

You know, I had tried and tried everything I knew and everything my home economics mother knew to try to get my children to be interested in better nutrition through and through. But oh, my goodness, when a couple of particular programs in the schools in Arkansas came my daughter's way, it was just stunning to me that that program in the way it was carried out made such a difference in her life. I always had to be very careful to wipe the smirk off my face when she would come home and open the refrigerator and say, "Well, you failed again; there aren't carrot sticks here for me." I mean, that was such a change from when she would come in and say, "Where are the Hostess cupcakes today?"

But because of the way that program had been developed to really grab kids and because of the enthusiasm that the teacher and the others within the school presented this program, it really became the "in" thing with children her age and it has stuck with her.

Of course, now, I later taught her to peel her own carrots and have her own carrot sticks ready. But that's okay. You laid the groundwork through programs that you are doing in your schools. And I have heard a number of parents talk about some of those great programs. And thank goodness they have improved since we were in school. I always dreaded the unit where you had to learn those food groups and cut out your little pictures in the magazine. I mean, nobody wanted to think about eating that stuff they put in front of us.

But somehow, you have finally grasped what excites kids, and I hear more and more parents

talking about this real effort in schools to make that a part of their overall learning and not just the once-a-year, two-week unit on learning your basic food groups.

I think it has taken hold the way that I remember learning the most about nutrition that really stuck with me, and that was through my scout troop. The Girl Scouts of America had designed badge work that hooked my excitement the way my daughter's and my son's have been hooked in school. And, again, I think it is because they made it a part of our overall lives and not just a tiny little unit for two to four weeks.

So I encourage you as you think about building the consensus you are talking about here and looking into programs that will help you continue to achieve the goals you have set out for yourselves, that you think about this area of personal responsibility, prevention and how that's going to fit with the health plans that will be set up under the new healthcare reform.

That's a little ways down the road, but I think you can play a key role there because, certainly in our minds, we see healthcare plans competing for people's business by offering classes, offering incentives to people to get their children involved in classes. And again, because I think making it a part of people's overall lives is so key, particularly with children, that you can play a role there. And I ask to you let the sky be the limit as you think about that.

To touch briefly on a couple of other things that many of you face daily in the programs you work with—welfare reform. We are working very, very, hard on that. President Clinton as a governor was the lead governor for the National Governor's Association on that topic as well. And let me tell you, back in the mid and late 80s, as we worked on that, it is very clear we spent at least 75 percent of our time on that particular topic looking at healthcare and what we were to do about healthcare within the field of welfare reform.

So if we can get a health reform plan coupled with the earned income tax credit that has been put in place, we believe that will go a long way toward helping us make the genuine next steps in reforming welfare. The one thing we really have to think about there is that relationship of welfare reform and trying to strengthen families which we hear a lot of talk about now. And the key to all of that is jobs—having people work to give meaning to their lives and structure to their lives, and bringing about a mindset that looks at the welfare client as someone that needs to be put into a job and receive training and not just be someone that is outcast for life.

It is amazing when we are talking about simplicity at how many different programs get created state by state for people who are looking for work. Perhaps one place we can begin to again reinvent or streamline is in bringing a number of these programs together and in beginning to look at human beings as people that are potential workers if they are not now working, and try to lift some of that stigma that I read about in so many of your publications and periodicals about your program. We are facing that very same thing in the welfare program.

We know of so many people and when you look at the surveys, they want to work. The stories

about the welfare moms that want to sit around are few and far between compared to the numbers of people who want to work. For many of them, they are desperate not to go on welfare because climbing back out of what is a big black hole for many of them is just more than they can bear.

I think that as you move through your program of building a consensus on how you can best implement your program and how you can bring about a greater consensus among people of the value of that program, you will be working in parallel with us as we work on this healthcare reform plan, a plan that has much in common with what you want to do. Along those lines, I mention to you that there will be a great deal of debate for the next year.

We certainly hope by the end of this next congressional session that we will have a signed bill. But as we go through that close to year-long debate, I hope you will know that we are here to help you answer questions, to help you understand what is going on and you should never hesitate to call us. I know you heard horror stories about the phone system over there, but we are getting a new one, and we learned to work pretty well with the old one. So do not hesitate to be in touch with us to help you educate people on the necessity of this plan and on the ways they might take the principles and become a part of the debate using those principles as a guideline.

I stated that I wanted to issue you a renewed call to action or challenge to each of you here today. What I want to ask you to do is that when you go home from this meeting, take your name tag or maybe some piece of paper you wrote notes on or maybe you take the cover out of this nice notebook, and I ask to you put it in your tickler file two to three months ahead of now. And I ask you to ask yourselves the following questions when you come to that piece of paper or whatever you put in the tickler file:

What am I doing to further take responsibility for my own personal wellness? I think we all have a long way to go. I certainly know that I should exercise more, not just walk up and down the steps of my place of employment. So what are you doing for yourself, which we all also know speaks very loudly in terms of the example you are setting, not only for those with whom you live, but those with whom you work.

What have I done recently to promote the package of comprehensive benefits in some healthcare reform plan?

What have I done to help push a new healthcare plan along for our country?

We will work together with you. We won't always succeed as an administration on every point, and we won't be able to do everything that you or we would want to do. But I can promise you this: We will not relent in our effort to give every American a chance to succeed and, in particular, we will not relent in our effort to seek empowerment for every child to develop to her or his fullest.

When I leave this job, as I look into the eyes of two very important people, my children, I want to be able to look at them and say, with a clear conscience and a full heart, that I did my best. And I ask you to commit with me that you, too, want to be able down the road to look into the eyes of every child that receives the services for which you work and say, we seized the moment and we did our very best.

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# Ellyn Satter, M.S., R.D., I.C.S.W., B.C.D.

*Satter Associates*

School nutrition programs couldn't be more important, not only in nourishing our children, but in nurturing them as well. School nutrition is not a *product*, it is a *mission*. You have a wonderful long tradition of attending to the nutritional welfare of children. I certainly encourage you to continue to keep the heart in the program. Our children depend on you to help them grow up with their eating.

I come out of the context of a clinical and consultant role. I work with individual families in my clinical practice and with groups of families across the country in my speaking and consultation. Growing out of that context, I have major concerns about the way today's children and families manage their eating. In my view, children need your help more than they ever have before in growing up with eating.

Today's parents have a hard time with their own eating and a hard time feeding their children. Adults are incompetent with their own eating, and they aren't teaching their children eating competence. We are in an economically and socially stressed culture dominated by distorted eating attitudes and behaviors. Almost everybody controls weight and monitors food selection to prevent chronic disease. Family meals are eroding as parents struggle to make ends meet and family time and energy get used up.

We who work with school nutrition programs can't be swept away by these same distortions. To make programs work, we have to maintain firmness and clarity.

At the same time that you need to offer children a variety of appealing food that they can manage, you must not cater to their preferences. Children are a fickle lot, especially when it comes to eating. If you stake your hopes on getting them to eat, you could be sorely disappointed. You could also be out of a job. If, on the other hand, your goal is to teach children eating *competency*, you have a goal you can accomplish. It's also a goal that only you can achieve.

There are other people who are more successful at getting food into children. Fast food franchises, with their totally familiar and highly palatable food, can get children to eat. But all they care about is selling their product. You care about helping children grow up with healthful eating habits.

The child 6 to 12 years old, if all has gone well for them at home and continues to go well, is going to have basic skills with eating and positive attitudes about eating and food.

**The child 6 to 12 years old who is competent with eating will show these characteristics:**

- Is interested in food and eating.
- Can eat in unfamiliar surroundings with unfamiliar people.

- Is calm when offered new or disliked food.
- Can refuse food politely.
- Can “make do” with less-favorite foods.
- Is accommodating with feeding limits: times, behavior.
- Can taste new foods repeatedly, master most.
- Can eat variety and amount to maintain nutritional adequacy.
- Shows reasonably civilized table manners.
- Can experience and express pleasure in eating.
- Can eat when hungry, stop when full.
- Can maintain consistent growth.
- Can incorporate knowledge, planning into food selection.
- Is comfortable with and accepting of body.

These are all attitudes and skills that are realistic to expect from children 6 to 12 years of age in the school nutrition setting. However, they are attitudes and skills that are beyond the reach of many children with whom we work in that setting.

Who are the children we are seeing today in school nutrition programs and how do they operate with eating? Let me share with you a few vignettes.

Katie would only cheerfully accept peanut butter and jelly sandwiches. When she came to the school nutrition program as a first grader, she did manage, with a good bit of persuasion, to accept a tray and take it to her table. There she sat very quietly at the corner of the table, looking considerably worried and not saying or doing anything. During the course of her meal, she would drink a half carton of milk or so. That was it. It was clear Katie was overwhelmed by the school lunchroom and by the food there.

Katie didn't know how to tackle new food or even how to eat meals because she didn't get meals at home. Both busy professionals, her parents had never resolved their disagreement about who was responsible for family meals. As a consequence, Katie most often had a peanut butter and jelly sandwich for dinner sitting at the kitchen table while her mother leaned against the counter and drank a cup of coffee.

Katie couldn't eat in unfamiliar surroundings with unfamiliar people, she didn't know how to taste new foods and learn to like them. She had a very limited number of foods that she was comfortable with, and eating was certainly not a pleasure for her.

Katie's mother was upset because Katie didn't eat at school. She wanted me to observe the lunchroom to see what could be changed so Katie would eat her lunch.

Mark, with his eating, was seemingly at the opposite extreme from Katie. He was ferocious. A second grader, Mark eagerly accepted anything and everything that the lunch ladies gave him. He ate it all. He wheedled food out of his friends and sometimes he didn't even bother to wheedle. He just

took it. Mark seemingly was a bottomless pit, with no ability to regulate his food intake. He was gaining too much weight. His parents, teacher and school nurse were all worried about his eating and his weight.

Mark's parents called him a compulsive eater. They saw he was getting fatter, so they restricted him to three meals a day and tried to limit him to just one helping of everything at mealtime. They tried not to let him have any snacks. Mark's reaction was to be afraid he was going to have to go hungry, and to go to some trouble to not let that happen. An aggressive child, he pestered and hounded his parents until he got food. Once he wore them down, he ate everything he could get his hands on because he could never be sure when he would be able to wear them down again. Mark, then, wasn't able to regulate his food intake, certainly wasn't calm in the presence of food and wasn't able to maintain consistent growth.

Mark's parents felt the school nutrition program was remiss in not limiting him to lower fat, lower calorie foods. They felt the lunchroom supervisors should keep an eye on him when he ate and insist that he only have one helping.

Akim, a third grader, was frightened by the whole business of school nutrition programs. He lived in a welfare hotel and was eligible for free school breakfast and school lunch. But Akim couldn't handle the milk and the cereal and the breakfast bread. He could drink a little bit of the juice, but that was really all. Everything else was so strange to him that he was absolutely overwhelmed. In Akim's life, if so mething was strange it wasn't going to do him any good. Akim was anxious, and he didn't know how to experiment with the food. No one really knew how to help him. His mother was too overwhelmed to get involved. The social worker was angry at the school nutrition program for not providing him with the kind of food that he could readily accept.

Kenny, a fifth grader, had trouble the first time he saw broccoli on his tray. He managed to get it down, but he just about threw up. He didn't know what it was, and to him it tasted unfamiliar and awful. When he got tacos, he was dumbfounded. He couldn't understand how to eat them and he was ashamed to pick them up with his fingers. To him, they didn't even look like food. It seemed that it was just more than Kenny could do to say, "I don't want to eat that." He felt like he had to eat it and he was caught in a bind.

At home, Kenny's mother did a nice job feeding him. She saw to it that he got regular meals. Kenny could really count on being fed. He wasn't one of those children who never knew where the next meal was coming from.

Kenny's mother's menus were nutritious but monotonous. She prepared fried meats, mashed potatoes and gravy and milk. Her vegetables were peas, beans and corn. The rule in Kenny's house was that if he took it on his plate he had to eat it all. Kenny didn't have any trouble with that because everything was familiar to him and was doused with fat so it was very tasty.

Kenny was a competent eater at home. But when he was offered a variety of food in the school

nutrition setting, he assumed the rule was the same as at home: He had to eat it. He was terrified he would throw up and embarrass himself. He pitched a fit, and that got him out of there.

Kenny's mother found out about it when the principal called her in. She managed to get to the bottom of what was happening with Kenny. Then she was angry with the school nutrition program for preparing such strange food. Why didn't they just do good home cooking like she did so the children could eat it?

Margaret, a sixth grader, was rigid in another way. Her family was very concerned about heart disease and followed an extremely lowfat diet. They emphasized to Margaret again and again the importance of keeping her fat intake low. Margaret became very preoccupied with eating lowfat. The first few times she went through the lunch line, she quizzed the servers about the fat content of the food. When she didn't get answers about a food that were satisfactory to her she eliminated it from her diet. Margaret had eliminated so much that all she was eating was fruit salad and skim milk. Margaret, like the other children, was having difficulty being positive about food and making do with what she was offered. She certainly couldn't take pleasure in her food.

Margaret's parents thought it was absolutely terrible that the school nutrition program at their school hadn't managed to get the fat content of the menu down to 30 percent. They would rather have had 20 percent, but they realized that this might be hard to achieve. They were thinking about bringing a suit against the school district to force the kind of menu planning that they did at home.

Each of these children was lacking in basic competency with eating and each set of parents had a different, conflicting agenda for the school nutrition programs. Each of the sets of parents had not been able to give their children the fundamental skills they needed in order to do well with the school nutrition programs.

To help raise this generation of children to be nutritionally sound, school nutrition programs are going to have to help make up the difference. School nutrition programs are going to have to help teach children eating competency, and to take the lead with parents, teachers and administrators in collaborating on behalf of children's eating competency. Teaching children eating competency isn't as hard as it sounds, because children have within them the ability to be competent with eating. They strive to grow up with eating, the same as with every other task in their lives. All we have to do is provide them with support and reasonable expectations. How we support children and provide reasonable expectations grows out of an understanding of children and how they operate with eating.

Children need to know they will be fed. This is the bottom line. Everything else comes after. Children absolutely require adults in their world who see to it that they will be offered enough food to get filled up on. They need to know where the next meal is coming from. All else comes after that.

Children challenge themselves to eat. If all is going well in a child's world they work toward mastery with their eating the same as they work toward mastery with learning to ride a bike or learning to write their name. It's natural for children to see new food and to experiment with new

food. When children are unwilling to try out new food and learn to be comfortable in the school lunchroom, something is going wrong for them. They are perhaps being pressured by someone to eat. Alternatively, they may not be getting the support they need.

Children will take the easy way out if it's offered. Leanne Birch, in her work at the University of Illinois, found that children are naturally neophobic—they don't like new food. They will learn to like new food with time and repeated neutral exposure. They need to see the food again and again in a positive environment, to approach it under their own steam, to taste it and to take it back out of their mouth again if they don't like it. (Now there's a skill they can learn in the classroom—how to do that without being disgusting.) I call these “food attack” skills.

Unless someone in their world is being too pushy or unsupportive of them, children will learn to like new food and they will have developed these “food attack” skills on their own.

But even the ones who have ways of learning to like new food will take the easy way out if it is too readily available. It takes 15 or 20 trials for a child to learn to like a new vegetable. It takes one trial to learn to like a new candy bar. The repetitious, only-give-them-what-they'll-eat approach to school menu planning and the high-fat, high-sugar food from fast food franchises are foods that children master easily. If those foods are too readily available, especially in the 6- to 12-year-old age group, children are simply not going to learn. Limiting the menu to the foods children readily accept is like limiting the curriculum to topics that they already understand.

Children need moral support to do a good job with their eating. Children eat better when there's someone with them whom they trust while they're eating. The teacher, of course, is the best. But we know in today's school politics that very few teachers eat with their children. Next best is school personnel who know the children. Josephine Martin has pointed out so well that children eat best when school nutrition workers know them, greet them pleasantly, call them by name, talk with them a bit, accept what they have to say and don't try to push food on them. The best approach to serving children is to help them get served and to set them up so that they can do a good job with eating.

Giving children moral support with eating depends on school lunchroom monitors who are as interested in talking with the children and enjoying them as they are in blowing their whistles.

Children need to feel in control of their eating. Children are a captive audience. If you and I miss a meal or we don't like what is on the table, we can take some money and go out and buy something else. Children can't do that. They depend on adults to deliver food for them that they can manage. It's important that menus be planned to include familiar, popular foods like bread, pasta and rice along with other foods that are more challenging. That way, children know they always have something to fall back on if they can't eat part of what's on the menu.

Offer-versus-serve lets children be in control of what they do and what they don't eat right from the start. It is very important to them. Paradoxically, children are more experimental if they know they have an out. If the menu gives something familiar and favorite, they are more likely to take a

chance on something that's not so easy to like.

So children do need to feel in control of their eating and to feel that they have an out if they need it. Children need to be able to turn down food on the line, and they need to be able to take food onto their plate and not eat it.

Children are capable eaters. If children eat too much—or too little—something is the matter. Research tells us that children who become fat eat no more high-calorie food than children who stay slim. If foods are high in caloric density, children eat less of them and still grow appropriately. They are keenly tuned in to their feelings of hunger and fullness. A child will stop in the middle of a bowl of ice cream if they get full. But other factors in a child's life can make a child overeat and gain too much weight. I talked about Mark, whose parents fed him in a restrained fashion. Mark was so afraid he wasn't going to get enough to eat that he overate whenever he got the chance.

The same thing happens with children who are exposed to periodic food insufficiency. Children who never know when they're going to have to go hungry eat as much as they can when they can get it whether they are hungry or not. Children who fear they'll have to go without only stop being so desperate about food when they feel absolutely confident that they'll get enough to eat. School nutrition programs need to reassure children that they're going to be fed.

Kids waste food. Household food consumption surveys say that the level of food waste goes up when a child moves into the house. You can't expect children to do the kind of experimentation that they need to do with food and not have waste. Children need to have access to food. They need to taste a little of it and let the rest of it go back. Simply because there's waste does not mean that something is wrong with the feeding program, because there *will* be waste. If children take the food and sample it and eventually learn to like it, the program is successful.

Children won't eat food that's unappealing to them. We adults eat food because it's good for us, because we paid for it or because we know we are supposed to eat something from each food group. But children won't do that. Kids only eat what tastes good to them. Kids benefit from nutrition lessons in school, but they only apply that learning to the lunchroom if they've worked with the actual food and tasted it, again and again. Children don't learn about food with their heads. They learn about it with their bodies.

Children are erratic about their eating. Children eat a lot one day and not much the next. They may only eat one or two food items from a balanced menu. What they eat one day they don't want the next. They tire of even favorite foods. While all of these behaviors are frustrating for adults who try to feed children, as far as children's nutritional status is concerned, these behaviors are very positive. Children's erratic behavior with food means that they automatically eat a variety, and that variety increases their chances of having a nutritionally adequate diet. I often analyze children's food intakes in the course of solving feeding problems. I like to have a full week's food intake to evaluate before I draw any conclusions about how well a child is eating. I'm continually surprised that even

though on a given day a child's diet may look alarmingly inadequate, when I average the food intake over a week's time, most children do very well nutritionally.

Children need limits. Children must not be allowed to say "Yuk," to the school lunch ladies. It hurts their feelings. Children also need us to limit the size of their world to foods and settings that they can manage. In planning menus, we're limiting the size of a child's world to what they can manage. Six to 12 year olds who are working toward mastery need to be provided with limited variety and limited accessibility to easier, more appealing alternatives. It's not so serious for high school aged children to be offered competitive foods because the developmental task of teenagers is achieving *autonomy*. Adolescents take chances with their food the same as they take chances with everything else in their world. They need to make their own choices if they are going to mature. School nutrition programs could be one of the choices, and, we hope, an attractive one. But even the best programs won't compete all of the time with the other possibilities. Experimentation and rebellion are the name of the game in high school, even when adolescents have to give up something wonderful to rebel.

But during the grade school years when children are developing food habits, we need to take a firm stand about limiting competitive foods. Adults know better than children do at that age what is good for them. Adults get to plan the menus and children get to pick and choose from what adults have made available.

Keeping in mind, then, the competencies we want children to develop and the way children operate with food, what do I recommend for school nutrition programs? I recommend that school nutrition programs be positioned to help children become competent with eating. School nutrition programs are a vital part of any school program day. In school nutrition programs, children can learn and grow the same as they do the rest of the day. A goal of eating competency is one teachers can help to work toward. School administrators can talk with school boards about eating competency to relieve themselves of the pressure of bean counting and examining garbage cans.

As I have said so often, to help children develop eating competency, you need to maintain a division of responsibility in feeding. Adults need to be responsible for the what, when and where, and for making mealtimes pleasant. Children get to be responsible for how much and whether they eat.

Given a supportive environment, and given reassurance that they won't have to eat anything they don't want to eat, most of the children I talked about can take the initiative in achieving eating competency. Katie and Kenny won't have to be afraid of the lunch room because they know people will be nice there and that they don't have to eat if they don't want to. Mark can stop swiping food if he knows there will be enough today, tomorrow and the next week. Akim will need someone he trusts sitting with him and something familiar to eat every day, but he'll get so he can eat his breakfast bread and cereal. Margaret and her family, however, would benefit from individual nutrition counseling so they won't have to be so rigid about their fat intake. Margaret is too entrenched to be able to learn

from school lunch. The others can benefit.

I encourage you strongly to be willing to take on a parental role on the issue of school meals for children. School nutrition people—people like yourselves—are the ones who know the most about nutrition, know the most about children's nutritional needs and know the most about feeding and eating. You're the ones who are in a position to know and do what's best when feeding children.

Take a stand and hold it. Don't try to please everybody. Give children what they need. Being in a parental role, as you always are when you feed people, you are going to be unpopular at times. Certainly you need to listen to the reactions and the advice of others and make your stand as moderate as can be. But you can't expect to please all comers. There's a leadership role inherent in providing for children and eating. It's an extremely important role. You have much to offer, not only to children, but to their families and their teachers as well.

A M E R I C A N

# *Annual Report 1993-94*

S C H O O L F O O D

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THE WHITE HOUSE

WASHINGTON

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**Comprehensive Strategies for Children and Families:  
The Role of Schools and Community-Based Organizations**

**Report of the July 15, 1994  
White House Meeting**

**September 1994**

## **Acknowledgments**

We are grateful to many people for their help in planning the July 14-15 meeting and producing this report. The Annie E. Casey Foundation and the Danforth Foundation provided essential funding for both activities; Tony Cipollone of the Casey Foundation and Janet Levy of the Danforth Foundation had instrumental roles in planning the discussion and reviewing this document.

Bill Galston, Deputy Assistant to the President for Domestic Policy, conceived the idea for the meeting and was an observant and diplomatic facilitator. Carol Rasco, Assistant to the President for Domestic Policy, offered a heartfelt and insightful luncheon address. Peter Edelman, Counselor to the Secretary of Health and Human Services, and Tom Payzant, Assistant Secretary for Elementary and Secondary Education, gave perceptive and informative presentations on legislative and policy matters.

Gaynor McCown, White House Fellow, took the lead role in planning and organizing the meeting. Other planners included Terry Peterson and Judy Wurtzel, Department of Education; Margaret Dunkle, Institute for Educational Leadership; Sheldon Bilchik and Reggie Robinson, Department of Justice; and Ellen Haas, Department of Agriculture.

A special thanks to Policy Studies Associates' Leila Fiester, who documented the meeting and wrote the final report, and Elizabeth Reisner, who provided editorial guidance.

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Andre was 16 when he met Urban Family Institute president Kent Amos. Andre's father had been killed by Andre's mother eight years earlier. A self-described gangster, Andre carried a gun, dealt drugs, and had witnessed a murder. But under Amos' guidance, Andre learned to read and to enjoy simpler pleasures, like trimming a Christmas tree. Andre flourished; he became animated and alive--until a drug dealer from his past gunned him down.

"We have to understand these children run a gauntlet every day, a gauntlet of fear and terror," Amos says. "Our children are crying out to us in the only way they can. We have an obligation and a responsibility to give them more than platitudes."

## Summary

Andre's compelling story was one of many shared by participants in a discussion about comprehensive strategies for helping children and families and the role of schools and community-based organizations in developing and implementing these strategies. The working meeting, held July 15, 1994, in Washington, DC under the direction of President Clinton's Domestic Policy Council, convened a diverse group of 56 people with practical insights and policy experience concerning comprehensive strategies. The group included experts on education, social services, and policy development from foundations, universities, and non-profit organizations. Participants were local practitioners; public and private funders; representatives from federal and state governments; policy analysts; academicians and researchers; consultants; and journalists.

The purpose of the meeting was to spark a broad inquiry into "going to scale" with promising programs that already exist, in response to President Clinton's premise that every problem in the United States has already been solved by someone somewhere in the nation--and that the real problem is not inventing solutions, but disseminating and replicating them. "We are drawn here by a shared understanding that most of our children and young people need more opportunities to develop and to thrive than they now enjoy....[Yet] the fragmented ways that we typically try to help them are part of the problem," said meeting moderator William Galston, deputy assistant to the President.

The meeting acknowledged the fact that in communities around the country, schools, human service agencies, and community-based organizations are collaborating to develop comprehensive strategies for helping children and families. Schools and community-based organizations are staying open in the afternoon, evenings, and on weekends to allow students, families, and community members access to recreational and educational activities; coordinating with other agencies to provide social and health services; opening their doors to parents and other community members for adult

education programs; and forging partnerships with businesses to provide on-the-job training, paid apprenticeships, and training in entrepreneurial skills. Although this meeting focused on school-based and school-linked programs, participants recognized that these efforts are only part of a larger set of issues involving comprehensive services—and that these strategies are part of a broader agenda of reform in education, health, and human services.

Domestic Policy Council staff asked participants to address the following questions:

- What are the key issues regarding the development, sustainability, and effectiveness of comprehensive strategies for helping children and families?
- What are some of the federal strategies to promote comprehensive strategies?
- What are some of the specific federal, state, and local barriers to developing school-linked or school-based comprehensive strategies?
- How might the federal government play a role in reducing these barriers?

The resulting discussion included reports from participants about activities in local communities—the "front lines" of education and social service reform, a similar assessment of state-level efforts, and an update on proposed federal legislation that will affect efforts at all levels. Although participants in the diverse group advocated differing approaches, for all participants the objective was the same: building strong children, families, and communities. As participants shared their experiences with each other and with the Administration representatives, the following themes emerged as central to current efforts and expected needs:

***Effective support for children and families requires changes in philosophy and focus.*** Educators and funders should shift their efforts as much as possible from fragmented, piecemeal, and often inadequate supports and services to comprehensive strategies that emphasize development, opportunities, and prevention, viewing children and young people as assets rather than bundles of problems. Moreover, children and youth are best served in the context of families, and families are best served in the context of communities.

***Both schools and community-based organizations have a role in "community partnerships" that are essential to meeting the comprehensive needs of children and families.*** Leadership may vary among communities or even neighborhoods, and a variety of effective models exist. Regardless of who leads the effort, true collaboration requires shared planning, implementation, and assessment.

***Community-building efforts should be an important component of comprehensive strategies.*** These efforts involve not only services but the active and meaningful engagement of all stakeholders.

***Effective, comprehensive strategies require new funding structures that are more flexible and reliable than current arrangements.*** Possible approaches include consolidation and decategorization of federal programs, improved waiver options, and more options allowing units of local government and community-based organizations to deal directly with federal grant programs. Participants did not unanimously endorse any of these changes, however.

***Comprehensive strategies must be held accountable to outcomes. Implementing this priority will require the improvement of current evaluation methods for monitoring and assessing the impact of these programs.***

***Certain policies, practices, and realities are barriers to comprehensive strategies.*** These barriers include: hostility or contradictory philosophies within entities necessary to successful collaboration; lack of trust or participation by parents or communities; an overly competitive, inflexible, or categorical funding process; differing eligibility rules for funding; lack of funding; cultural misunderstanding or insensitivity; community violence; and turf battles.

This report highlights these themes and summarizes the discussion by participants in the meeting. Enclosed as appendices to the report are a list of participants and a summary of pending legislation.

This report is intended to be a jumping-off point for further action. Domestic Policy Council staff will next determine key areas that must be addressed at the federal level and will ask federal agencies or interagency teams to develop additional plans for addressing these issues and identify existing initiatives that are relevant to comprehensive strategies for children and families. The agency plans may include:

- Recommendations, such as improved mechanisms for federal interagency coordination (e.g., consultation on policy guidance, development of agreed-upon principles, or procedures for funding comprehensive strategies)
- Possible regulatory or statutory changes
- Changes in policy guidance
- Improved or coordinated technical assistance
- Coordinated research
- Evaluation strategies

After the plans are developed, the White House will work with the agencies to develop a strategy for further efforts.

## **What's Happening on the Front Lines**

Participants laid the groundwork for discussion by describing comprehensive efforts in selected local communities. These projects included Intermediate School (I.S.) 218 in New York City; the Beacon Schools in New York City; the Austin Project in Austin, Texas; two initiatives in Chicago sponsored by the Chicago Community Trust and the MacArthur Foundation; New Beginnings in San Diego, California; the Vaughn Family Center initiative in Los Angeles; Caring Communities in St. Louis, Missouri; Birmingham, Alabama's Community Schools; the Healthy Learners program in Miami; Kentucky's Family Resources Youth Service Center initiative; and the Youth Futures Authority in Savannah, Georgia. Participants described their projects' goals, philosophies, structure, activities, partners or collaborators, resources, and accomplishments.

### **Goals and Philosophies**

The inspiration for most of these programs arose from community concerns. "Most successful programs have deep roots in the community. They are not 'parachuted' into communities, but carefully integrated with specific local community needs and strengths, so that local communities share a genuine sense of ownership," noted participant Lisbeth Schorr. The Beacons, for example, began as a drug reduction and prevention effort that would simply extend the school day, but a wave of crime and violence stirred interest in funding broader youth programs and led to priorities on crime prevention and community building. The inspiration also came from successful efforts already being conducted by community-based organizations within schools--and a recognition that these organizations have strengths that schools can build on, including organizational flexibility and the ability to link with communities.

Participants listed active community involvement as both a goal of comprehensive strategies and a crucial element of program success. With this orientation, the school becomes "a presence of change" in the community and students are empowered by making a positive contribution to their environment. The Urban Family Institute in Washington, DC, tries to create a "village" mentality--in which community members have clear expectations of positive behavior and achievement--by providing intervention, guidance, and support to at-risk children and youth. A Beacon School in Central Harlem built community support by asking residents to clear their cars from the school block every weekday morning so children could play in the street. Young people established connections with the community by going from door to door asking residents to agree to the plan, and residents had to make a conscious commitment to support the effort and create a safe place for children. Slowly, the relationship grew; now students help keep the street clean and have raised money to plant trees on the block. Beyond the block, students help register voters and hold hunger drives to feed

homeless people. "We're trying to give people a sense that Central Harlem is a place on the rise," explained Geoffrey Canada, president of Rheedlen Centers for Children and Families. "We wanted to instill a desire to become part of that change."

Community and neighborhood involvement is closely related to building family strength and individual empowerment. "Successful programs do not work with one generation alone, but with two and often three," Lisbeth Schorr observed. "Successful schools, Head Start programs, and family support centers make special efforts to nurture parents so they can nurture their children." The Beacons, for example, focus on the "upbeat factors" associated with healthy development and create opportunities to cultivate those elements:

- Caring adults are available for interaction with young people consistently and during extended hours. "Programs alone are not enough," said one Beacons representative; the school offers "somewhere to go, something to do, someone to be with."
- Beacon schools use high expectations and clear standards to establish respect and motivate achievement for the neighborhood and school.
- Participating students have opportunities to engage in the same high-quality after-school and weekend activities as more economically advantaged students.

The Chicago Community Trust Initiative, described by University of Chicago professor Harold Richman, also builds on the notions of investment and community building—not merely services to children—to serve children and families. Richman and others make a distinction between asset-oriented services that promote youth development, and deficit-oriented efforts that focus on treatment. "We'll succeed when it's as easy to enroll a kid in Little League and to buy a uniform as it is to buy an hour of counseling," Richman said. The community trust's strategy was to "broaden and deepen the sense of what it means to deal with a child," Richman said: Broaden by including activities such as Little League or library visits as much as traditional services, and deepen by involving all levels of government. The resulting \$30 million project in seven Chicago communities revolves around collaborations that are representative of each community.

**The Barrier:** Institutions that deal with only a small part of people's lives  
**The Solution:** Expand the range of services in response to community needs to include literacy, sports, and community efforts that benefit children and families

In one racially mixed community in Chicago, a very traditional library used the Community Trust collaboration to create a Little League team. When the team wins, each player receives a book instead of the traditional T-shirt. When the team loses, players get a story hour. Players' parents also meet at the library. In another community a library holds a "lock-in" sleepover for neighborhood children, who read together and tell ghost stories.

New Beginnings in San Diego, which placed integrated social and health services at a school-based center, began as a partnership among public agencies with the goal of making the service delivery system more holistic and responsive to clients. New Beginnings focuses on serving families rather than individual children, with a prevention-oriented approach that uses public funding where possible.

A foundation representative noted that local program administrators have to be trusted—and allowed—to make their own decisions regarding program operations. Administrators at all levels must face some tough issues, including what services should be offered, who should have access to them, how the quality of services can be improved, how continued funding can be obtained, what structures are needed to operate the program, and who should be responsible for decision making.

Several programs, including New Beginnings and the Vaughn Family Center initiative in Los Angeles, turned to parents to help establish goals and make decisions. The Vaughn Family Care Center program—a collaboration between the Los Angeles Educational Partnership and the United Way—devoted an entire year to planning, with the mission of eliminating educational barriers in a community of high crime, single-digit test scores, and families so poor that some lived in chicken coops or cars. Parents identified a need to focus on health services and child care. "My job is not to set the agenda...but to hold up mirrors in front of this community and say, 'See how brilliant you are? See how much you know?' and to turn up the light," said program director Yolanda Trevino. The result? "Nobody asked for parenting classes...[or] financial help," Trevino said wryly. "They were asking for opportunities to do for themselves." Through a partnership with Head Start and a local child care resource center, the program began to address the community's child care needs; now, 20 homes provide licensed care. A partnership between a local hospital and the UCLA Medical

Center provides education and prenatal support services to expectant families, using trained mothers in the community as mentors:

Similarly, based on needs identified by a parent group, a collaboration in Miami established a bilingual information center in the school, staffed by trained parent volunteers. The center has served more than 500 families that are more comfortable with the volunteers than with traditional counselors or social workers, giving the professional counselors more time to perform other work. The program also negotiated with the school to open its library in the evenings for monitored homework sessions. These after-school sessions now serve about 200 students a day, with aides provided by the parents' group or paid by the local Boys and Girls Clubs.

The student-operated CARES Program in Birmingham allows participants to set their own agenda. This initiative brings social service agencies into the school on a weekly basis to address student needs. Activities include AIDS awareness and testing; special classes in schools, churches, and community centers; paid employment; community service credit, and free training for youth as tutors for younger students; counseling; a dropout prevention program funded by the Job Training Partnership Act; nutrition education; GED classes; and computer instruction.

In some cases, such as Caring Communities in St. Louis, inspiration for a comprehensive program came from a combination of efforts by state agencies (i.e., Health, Mental Health, Social Services, and Elementary and Secondary Education) and private concerns (i.e., the Danforth Foundation). In these cases, participants noted the importance of uniting multiple providers under one vision with a strong director. Caring Communities, which provides school-based comprehensive services, focused on addressing the fragmentation of available services, lack of access to services, and the challenge faced by schools in dealing with children's multiple problems. Like other programs described in the meeting, Caring Communities' goals included promoting school success for all children, increasing safety for children and families, and building a moral and ethical foundation in the community to increase family support and improve opportunities for education, housing, and employment. "Communities are to families what families are to children," said Director Khatib Waheed. "To focus on one without focusing on the other would be a serious mistake."

Caring Communities' activities include an early-morning latch-key program for school-age children with working parents; co-dependency counseling intervention, behavior therapy, periodic "respite nights" for parents in which students participate in a sleepover at the school, and drug marches and rallies in the community. These activities, which reaffirm the program's commitment to the community, often have dramatic results.

**The Barrier:** Violence that hinders access to services

**The Solution:** Using programs to establish a community support system, not just to provide services to individuals

In 1993, the father of a student at a Caring Communities school tried to organize his neighbors to push drug dealers out of the community. Under threats from the dealers, however, he stopped--until Caring Communities began anti-drug marches on his block. After 20 community members attended a meeting in the man's home, his house was fire-bombed. Caring Communities responded by holding a support rally with 100 participants, and Caring Communities members stayed in the man's gutted house every night for two weeks to protect his home. The drug dealing decreased.

"This was a support system we felt we had to provide," said Director Khatib Waheed.

"These are the kinds of challenges many of us need to face if we're really going to deal with the problems children face...in order for families to feel a sense of hope."

Finally, participants noted that it is not enough simply to add new services; comprehensive strategies must focus on clear and specific outcomes, addressing what comes out of a program as well as what goes into it.

### Location and Structure

Participants agreed that comprehensive programs can be located at a variety of sites and controlled by a variety of stakeholders, as long as the program is accessible, versatile, and family-oriented. For example, after conducting an extensive feasibility study of parents and front-line workers in education and social services, New Beginnings' planners realized that parents viewed schools as a place that they trusted--but didn't think that schools had a system for providing services. Thus the school became the site for New Beginnings services, but the program added extensive partnerships to form a structure that reached far beyond the site.

Educators in Kentucky based comprehensive services at Family Resource and Youth Service Centers within schools because they viewed schools as the institutions that were most accessible to all community members, said Charles Terrett, superintendent of schools in rural Fulton County, Kentucky. Operating under a formal agreement among the schools, social service agencies, and business community, the Centers focus on building community pride, involvement, and program ownership.

Locating comprehensive services at school sites can help solve a "disconnect" between schools and communities and clarify the relationship between the two, said an organizer of the Beacon Schools in New York. Geoffrey Canada said the group chose an old, run-down elementary school in Central Harlem as one of the first Beacon sites because "it was extremely important to us to face the same challenges that children and communities face in making collaborations work." This was not a hollow choice; the day before the school re-opened under the Beacon plan, a man was fatally shot in front of the school. But with its year-round schedule, open seven days a week from 8 a.m. to at least 11 p.m., this Beacon School now offers a safe zone where children can learn and play.

I.S. 218 in New York City demonstrates the power of a school site working in collaboration with a community-based organization, in this case the Children's Aid Society. The school is open six days a week, from 7 a.m. to 10 p.m., for before- and after-school programs, teen and job-related programs, and adult education. More than 1,300 students and 1,000 parents use the school weekly; services include a health and dental clinic and an in-school store, and assemblies draw standing-room-only crowds. Success came from developing "real, organic" partnerships between the entities instead of a host-and-guest arrangement, said Children's Aid Executive Director Philip Coltoff. The impact: "Before, the community was isolated from the schools," said I.S. 218 principal Mark Kavarsky. The effort also has had an "internal" impact on families who now view the school more positively and have become involved in designing new programs.

The question of location is not simple; sometimes, programs occur at a combination of sites. New Beginnings, for example, found it most effective to work with families of preschoolers in the place where parents are most comfortable—their homes. In conjunction with home visits, however, a Women, Infants, and Children (WIC) program clinic is available three times a month at the New Beginnings school, providing a nonthreatening way to help families make connections with other services. Clients don't come to New Beginnings in convenient, class-sized groups, noted San Diego Schools Administrator Jeanne Jehl; staff must try to reach clients individually and as families.

Location needs also vary depending on activities. The Caring Communities program in St. Louis found that adults participating in evening education activities at the school felt threatened by the presence of youth participating in after-school programs at the same site. Although this situation was not a defining issue for the program, it did raise complications that leaders had to address.

The Austin Project emphasizes neighborhoods, not schools, in order to promote full employment, strong communities, and healthy children and families. The project, which serves 50,000 Hispanic and African American residents with incomes below the poverty level, has no eligibility requirements other than residence in the targeted neighborhood. The project's support

structure relies on tax abatements, waivers, and money from private capital markets. However, the project began with the backing of the "white, upper-middle class and upperclass power structure" in Austin—not with a structure that solicited involvement by the targeted community. In an attempt to rectify this gap, the project established five neighborhood development committees, whose locally elected members form part of a larger advisory council; at least half of the project's \$100 million budget will be controlled by these committees. In addition, project leaders decided to rehire the social workers who will be displaced by the planned system reforms, in part so that they will not become barriers to the project.

Although the structure and leadership of comprehensive strategies varies, all successful programs share a view that people who are to be "served"—children, families, and community members—must have a significant role in identifying their own needs as well as designing and operating programs. The Vaughn Family Center in Los Angeles, for example, uses an advisory committee of whom half are parents and half are service providers, public agency representatives, and public officials, in order to "equalize" the relationship between service providers and recipients. Approximately 25 parents volunteer daily to help teachers at the family center.

#### Partnerships and Collaborations

Successful partnerships require preparation and true collaboration, participants said. "We only wanted [the I.S. 218 program] if it was going to be a partnership...and we were not going to be invited out once we started to cause trouble," said Children's Aid's Coltoff—a statement echoed by others. In the case of I.S. 218 and Children's Aid, the agency insisted on a legal resolution ratified by local boards of education that invited the organization into the school. "That was very important in terms of the structure and our ability to participate from the beginning of the project," Coltoff said. Now, "we're accomplishing as a social service agency what we believe in...and we're finding educators aren't too tough to deal with."

Partnerships also require flexibility. Although the Beacon Schools program provides guidelines for each participating site, the structure and activities of each site are individually tailored by local community advisory councils that consider each site's cultural, size, and demographic differences. The Chicago Community Trust collaborations are dominated by "citizen collaborators," not professionals, according to Harold Richman. As a result, commitment is strong—but progress is slow. "When you're trying to work with a community from the bottom up, ability is variable and it takes time," Richman advised.

All collaborations require attention to leadership, noted Edward Tetelman, director of legal and regulatory affairs for the New Jersey Department of Human Services. New Jersey's School-Based Youth Services program has learned the following lessons about leadership:

- Strong state leadership can keep programs politically viable at state and local levels
- Local collaborators need plans that address both core services and optional service needs
- States should be flexible and avoid establishing extensive hierarchies when they create state and local collaborations
- Collaborative programs that are spread across all areas of the state reinforce statewide investment--programmatically and politically
- State technical assistance to local collaborations is crucial to success

It isn't always easy for foundations and government agencies to form partnerships with communities, but it is essential for foundations to try, several participants said. One problem is that many collaborations involve subordinate-superordinate relationships rather than equal partnerships. "The pain of watching foundations ask communities to be partners...and then [showing] their own inability to model that behavior is very corrosive" to efforts, explained Richman. The same problem exists in some partnerships between public agencies and local communities. "We have not clearly articulated what the terms of such partnerships might be," Richman warned--and until those terms are clear, local communities are likely to view public agencies with distrust. Finally, if programs are to become self-sufficient, collaborators must learn to trust local administrators to make their own decisions.

### **Resources**

Many projects draw from a variety of funding sources and find that funding must constantly be considered. The Beacons, for example, receive direct funding from New York City but also help sites draw child welfare funding from city agencies and blend these sources to form a basis for programs. The politics of funding can have an impact on programs beyond material support, however. In the first round of Beacon funding, political issues prevented the local board of education from participating in Beacon site planning; now that those issues have been resolved, a joint decision-making process allows principals from the schools targeted for change to become more involved.

Some programs encountered unexpected funding dilemmas. When the Vaughn Family Center in Los Angeles gained charter school status and the new school found it could save \$1 million through more effective practices, auditors wanted the school to return the saved money. "What incentives are there to be accountable?" asked Yolanda Trevino. "If you're making a difference, they punish you."

Participants also described cultivating human resources to build support for comprehensive strategies. Beacon Schools are organized around membership rather than a client-provider relationship; participants have identification cards and are asked to contribute their time to the program. "Everybody who comes is seen as a resource instead of someone who wants something," said Michele Cahill, a Beacon funder. Tania Alameda, director of Miami's Bureau of Children's Affairs, agreed:

We have got to rely on our families as resources. They may be dysfunctional in some ways, but they are very functional in others. We have to learn how to identify those strengths in families....If we rely more on their expertise, we're going to feel a lot more satisfaction and have a lot more help in what we're trying to accomplish.

**The Barrier:** Health needs that affect education

**The Solution:** Cultivating parent and community involvement; focusing efforts on families and communities as well as children

When Tania Alameda realized that many children in Miami were missing significant amounts of school--as many as 60 days a year--because of head lice, she organized parents to solve the problem. The parent group formed a "Lice Busters" patrol; armed with a small vacuum cleaner, detergent, and donated treatment supplies, parents visited the homes of children with the most severe cases. One parent even gave haircuts.

The Lice Busters' success increased parent involvement at school in other ways, as educators began asking parents for advice on improving attendance. When parents offered to visit the homes of absent students to help address the extenuating circumstances--health needs, lack of clothing, or parents' scheduling problems--contributing to truancy, the principal agreed to help. She gave parents access to normally confidential home addresses--and then watched the attendance rate shoot from last to first place in the district.

### Accomplishments

In addition to the stories of individual lives saved, participants described the development of program infrastructure, improvements in academic achievement, and positive impacts on communities

as major accomplishments. Building on its infrastructure, the Beacon project has noted decreased crime rates and increased reading skills. Caring Communities focuses on mental health and removing other barriers to education so that teachers can focus on academic improvement.

Urban Family Institute founder Kent Amos had many success stories from his experience of "adopting" 87 urban youth into his own home. Seventy-three of these youth attended college, 49 graduated from college, and 7 obtained advanced degrees. The Vaughn Family Center's Trevino was also able to provide hard outcomes. Test scores for students in this program rose 48 percent, the high transiency rate among students fell, and the attendance rate improved from "horrific" to 99 percent. Trevino also described her program's success in eliminating the "us versus them" mentality that fosters gang rivalry. When Trevino noticed one self-described gangster urinating outside the school, she learned that he felt unwelcome inside the building—so she invited him to join her "gang." That youth is now the center's program coordinator. "If we create this kind of opportunity for youth, the money you provide for gang diversion will not be necessary," she told meeting participants.

Accomplishments can be difficult to assess, however; program evaluation is an important aspect—and predicament—that most participants noted. Furthermore, services, programs, goals, and structures alone do not guarantee success. One participant likened the situation to a game of musical chairs in which 12 players compete for eight chairs:

We tend to blame the participants because they don't get a chair. We want them to move quicker, position themselves better, try harder. We should really look at the game: Four people are always going to be left out.... We can only do so much with support services and counseling, and then people have to find a way to live.

## What Needs to Be Changed?

Participants discussed many barriers that they have experienced or anticipate. In some cases, participants suggested needed policy changes; in other cases, they simply warned colleagues about situations that can be avoided or ameliorated.

### What Are the Barriers and Where Do They Come From?

Participants identified the following challenges to developing and implementing comprehensive strategies for children and families:

***Philosophical barriers.*** Community-based activities require providers and planners to have a philosophical "investment" in providing adequate services, supports, and opportunities for children and families. "Every day, the normal world...is fighting this philosophy," said one participant. For example, the parents of students not targeted by comprehensive strategies often have trouble understanding the need for the services within schools and may oppose them. Such "hostility" makes it important to regularly reiterate the underlying vision of the initiative, focusing on positive development rather than punishment and control.

Effective programs take nothing for granted; goals, issues, and services must be revisited and addressed continuously. In particular, effective community participation is "a hard-won treasure"; the goal of participation and development of the capacity to participate are not givens and must be addressed early in a program's evolution, participants said. Programs may have to cultivate participation skills in community members. One participant described holding three informal meetings for every one formally scheduled by her program—one meeting to explain to parents what they would be expected to discuss, one to hold the actual discussion, and one to evaluate the discussion and formulate responses.

Effective programs also must solicit feedback from clients at least as much as from experts, several participants said. In Miami, an attempt to create a full-service school—combining education and access to multiple social services under one roof—failed at first because it provided services selected by experts, not families, a participant said. After realizing their mistake, planners successfully redesigned the school with only eight agencies providing services—but chose the services most wanted and used by families.

**Funding barriers.** In addition to the funding issues discussed earlier, the nature of funding for comprehensive programs can present barriers. The bidding process for state and federal grants creates competition rather than collaboration, many participants said, leading programs to "cannibalize" each other. Even after funds are awarded, different providers may retain a competitive orientation. Programs need to find ways to erase the distinctions between providers and focus on common goals, participants said. "We've learned that cooperation is easy, but collaboration hurts a little bit," said one participant.

In some cases, state and federal funding is so inflexible that programs are unable to address certain issues that affect school attendance, participants said. Many called for fewer federal restrictions linked to funding, which would allow programs greater flexibility to address needs that affect students' ability to attend school—say, to purchase eyeglasses. Leaders of the Lice Busters group, for example, had to turn to donations to pay for lice detergent because Medicaid would not cover it. Other programs find it difficult to use federal funding to pay for staff development, transportation, and evaluation. "Maybe all we need from the federal government is a little help and empowerment to make our own decisions," said a participant from a rural area.

The categorical nature of federal programs "forces us to squeeze people into boxes and then go around trying to find ways around the boxes," agreed a participant from an urban area. Chapter 1, the Job Training Partnership Act, and Medicaid are among the programs that should allow schools and agencies to provide services to all members of communities in which a high percentage of members meet program guidelines, several participants said. Categorization "labels the poor as special, needy people, which they are not," said one, adding that the problems addressed by these categorical programs are not limited to poor people. But decategorization is not a simple solution, nor is categorization the only barrier, other participants warned; it is naive to think that simply decategorizing funding will solve these complex issues.

The multiple eligibilities required for various similar but separate federal programs also produce funding barriers, participants said; the differences among requirements create inefficiencies and make it difficult for children and families to qualify for the services they need. Eligibility requirements such as the assets tests used by AFDC, the food stamp program, and in some states Medicaid, are particularly troubling because they pose access barriers to major federal programs that meet basic family needs, said consultant Sarah Shuptrine. "The asset test for the family automobile should be eliminated if we want families to be able to get to work, training [opportunities], and health care," Shuptrine said.

Health care financing presents another barrier to comprehensive strategies, by making it difficult for schools to be access points for health services. Recent trends in health care, including managed care, pose significant barriers to financing school health by restricting access to providers or failing to cover basic preventive and primary care. Under many plans, schools will not be reimbursed for all the health services they provide to students--making a comprehensive approach to student well-being less feasible. In addition, schools find it extremely difficult to obtain Medicaid reimbursement for health services because of the heavy paperwork burden and because they are unable to bill Medicaid until they have first billed families; in poor communities, billing families generates overwhelming paperwork but little revenue.

***Cultural and contextual barriers.*** Cultural issues present additional barriers; these are solved only by extensive community outreach and a willingness to adapt to local context. For example, the Vaughn Family Center in Los Angeles discovered that pregnant Latino women in the community were not using existing health services because doctors and nurses treated them impersonally. "[Latinos are] not going to tell you anything about ourselves unless we have established a relationship with you," said center director Trevino.

Rampant violence in some communities also complicates comprehensive programs because it requires them to focus on providing safe havens and transportation to children and families, in addition to actual services. Transportation, affordable housing, personal safety, and other basic human needs were recurrent issues that many participants identified as major barriers to program implementation.

Additional barriers identified by participants include:

- Lack of time allowed by funding cycles to develop collaborations
- Squabbles over turf and terminology
- Parents' lack of trust in agencies, government entities, and schools
- Differing confidentiality requirements of schools, medical providers, Aid to Families with Dependent Children (AFDC), the school lunch program, and other providers, which sharply limit information sharing and make it difficult to reduce duplicative paperwork for families and providers
- The political risks required to cause change--"We're talking about changing a bureaucratic system in which a lot of people have financial investment," cautioned one participant. "When you go into the structure...and start empowering those at the bottom of the food chain, that is not going to go over well."

- The "squeeze effect" that occurs in top-down, bottom-up reforms when the players in the middle--often local bureaucrats and service providers--no longer have a role to play or are asked to change substantially, and therefore resist the reform. Collaborations that may displace workers or need union support require strong communication among stakeholders to avoid resistance that can undermine progressive change.
- The difficulty of finding funding for capital budgets or infrastructure for community-based organizations. For example, state-of-the-art technology is a much-needed tool for documenting and implementing programs

### What Are the Solutions? State and Local Responses

Participants proposed many solutions, some of which were hotly debated. Some solutions are transitional, while others require long-term commitment. The following menu of ideas represents the breadth of suggestions made by participants and is not an integrated plan; inclusion in this list does not indicate that consensus was reached on a particular solution:

#### *Funding changes.*

##### Funding streams:

- Re-examine the sources of revenues used for funding comprehensive efforts--whether through new or old taxation systems, new financing, or creative strategies for leveraging private funding. Examine the costs, effects, and political feasibility of each to find the most effective approach. Apply the same rigorous standard of return on investment that the private sector uses.
- Change federal eligibility rules to reduce barriers to federal programs. Eliminate the asset tests for family automobiles for recipients of AFDC, food stamps, and Medicaid.
- Promote funding linkages by establishing a new fund for investment in children, families, and communities that requires health, housing, transportation, and education systems to collaborate.
- Direct the federal government to take responsibility for negotiating state matching agreements. Allow states to negotiate rates for different programs; this would likely result in more funding that targets prevention and early intervention programs.
- Consider allowing units of local government and community-based organizations to bypass state governments and negotiate funding directly with the federal government if the state is uncooperative. However, some participants cautioned that cities and counties may need that requirement to enforce collaboration with the state, and others noted that bypassing states would not be a simple or productive solution.

#### Availability:

- Ensure that funding is permanent, stable, and reliable--not just allocated through demonstration grants--so programs can concentrate on maintenance of effort. "Some of you people are doing heroic things, but you're spending half your time on grant applications," noted one participant. "When we fix these kinds of systems, we cannot stop the fix when they cost too much money," said another. State and local governments and other organizations sometimes cannot match demonstration funding after it expires.
- Streamline the federal funding system by providing multi-year funding on a basis other than entitlement. Year-to-year funding is wasteful, inefficient, and encourages funding fads.

#### Competition and collaboration:

- Reduce the competition created by the federal discretionary grant process, which sets up "isolated islands" of change but excludes many other needy sites. Instead, concentrate on building links among all types of comprehensive efforts.
- Encourage state funding reforms, because fragmented state funding streams contribute to turf issues at the local level.
- Recognize that funding cuts for programs with large, single sources of funding, while not desirable, can motivate the program to build a stronger base by collaborating with private funders and diverse agencies.

#### Focus:

- Fund prevention efforts, not just crisis programs. Prevention programs have the additional advantage of being less stigmatizing for participants.
- Grant federal waivers to local programs where needed so they are able to implement comprehensive, radical improvements; consider statewide research and demonstration waivers.
- Retain arts and sports programs as legitimate funding recipients: "Everywhere you go, it's the first thing that's dropped...and then [communities] are concerned about young people and gangs," noted a project funder.

#### Accountability and evaluation:

- Improve accountability measures to gain a better understanding of who receives services, why, and with what results. Accountability works two ways, noted some participants: programs must answer to service recipients as well as politicians. One participant urged policy makers to link accountability for desired outcomes to the budget process.

- Evaluate program cost-effectiveness as well as achievements.
- Link funding to success rather than failure. "Getting money depends on the failure of programs, the failure of education," said one participant. As a result, programs aim for "studied mediocrity: You try to make things better but not so much better that you lose your job."

*Philosophical changes.*

*Collaboration and community building:*

- Have the federal government model collaboration in the ways that departments work together.
- Look at school, health, and education reforms not as separate reforms but as complementary components of "positive development."
- Market collaboration more aggressively among relevant service systems--both from the top down and from the bottom up--to build investment. Continue marketing efforts after collaboration begins.
- Emphasize community building when considering incentives and program evaluation, and consider how new interventions will affect communities. Comprehensive strategies and community building are not the same thing; for example, centers that offer one-stop shopping for a wide service area may force recipients to leave their local communities.
- Focus on empowering site-based professionals, neighborhood organizations, and families. Parent and community involvement is crucial.

*Focus and approach:*

- Don't focus on existing or potential barriers; be patient and remain optimistic. Don't let concerns about funding, facilities, or staffing prevent the establishment of effective programs or services, one participant advised: "If we are going to get stuck on barriers we have not confronted yet, we're never going to do anything." Maintain an evolutionary, long-term perspective on serving families and children; don't expect quick solutions.
- Require new projects to be built on best practice and research, not failed but familiar programs.
- Build backward from desired outcomes to design your efforts. Focus on outcome-driven projects based on a vision of a continuum of care and support that addresses children's various developmental stages. Focus on issues, not programs, that affect access and capacity for education--such as violence.

- Resist the urge to view school-based services as an innovation that will fix flaws in the education system. Comprehensive services do not let schools off the hook regarding other needed education reforms.
- Don't try to make all changes in all places at once. Concentrate resources in areas where you can demonstrate the applicability of the effort on a large scale.
- Focus on learning as development and schools as operating in concert with a "whole continuum of learning, in and out of school."
- Be realistic. Do not oversell programs; realize that they must operate within a broader social context that is affected by many contradictory forces.

*Evaluation:*

- Reduce the "hostility barrier" between program and evaluation components.
- Use evaluation data—regarding services, clients, families, and assessment processes—as a planning tool as well as a measurement of program success.

*Program and service changes.*

*Collaboration and community building:*

- In addition to formal programs, establish informal networks of supplemental services to address needs that don't fit into clear categories or that fall through the cracks. Remove the barriers between these and more formal education programs.
- Be certain that current reform efforts in education, welfare, and health care support rather than inhibit comprehensiveness and collaboration.
- Provide a continuum of care to children, families, and communities, with new elements added at each developmental stage; make transitions between programs smoother.
- Recognizing that community building is a difficult task, allocate more funding to prepare and sustain community-building efforts. Broaden the type of community involvement activities that programs can use federal funding to support.
- Find more innovative uses and better management systems for public spaces.

*Focus and approach:*

- Pay more attention to providing mental health services and find a better way to fund these services.
- Be serious about outreach. "We have a come-and-get-it system, [but] we need to be in homes, helping people access services," one participant said.

- Be aware of cultural differences and complexities. The Austin Project is one of several in which the complex politics and relationships between client groups--in this case the indigenous Mexican American, immigrant Mexican, and African American populations--can have an impact on the effectiveness of the program. "Errors have been avoided just by trying to understand that these are different groups of people," said one project director.
- Find better ways to institutionalize the effort to connect individual children and families with the services they need, in particular by improving training for program staff responsible for matching clients with services.

***Structural changes.***

- Recognize the difference between social services, which build dependence, and social support, which assists families and communities in rearing children effectively. Instead of only doing things to or for clients, include clients as full partners in planning and discussions.
- Improve the methods used to evaluate comprehensive efforts. Develop and use evaluation tools that measure empowerment and community building; emphasize knowledge development strategies and build co-learning models. "We need evaluations that take family empowerment seriously...and involve families in constructing at least some part of the evaluation," urged a research director. "The strategies we come up with have to be diverse enough and accommodating enough to deal with the community folks, the organizations, the families, and at the same time [outside evaluators]."
- Teach service recipients how to use the political process to bring about change. Increase political savvy at all levels. "We are insufficiently political in marketing our approach. It's not enough to be able to do the right thing," said one participant.
- To resolve turf issues and break the tendency of some agencies to deal only with their own constituencies, the federal government could consider requiring that states determine the allocation of federal funding that flows through them by using a collaborative process involving major state service providers and agencies.

***Administrative changes.***

- Promote state and local leadership. State leadership at the governor's level is crucial to sustainable, systemic change because it gives state departments clear goals to focus on and permission to collaborate on meeting the needs of families and communities. Although direct funding connections between local communities and the federal government are useful, state leadership must cooperate in order to make longterm change occur.
- To build support for state and local efforts, involve prominent government leaders in articulating the emerging vision of the changes that are required to better serve children and families. Consider convening federal auditors and inspectors-general to

discuss their roles and determine how they could reward high quality and vision, rather than taking punitive positions.

- Make federal regulations easier to understand. "The language is so tough...it's onerous to people in small districts [who] are not specialists," one participant explained.
- Use the information highway to administer programs more effectively. Use electronic databases to enroll program applicants, verify their eligibility, and coordinate services and benefits at one time. Establish a single client identification number, such as the social security number, that will facilitate this process.

No matter what reforms they advocated, all participants urged the federal government to take strong, immediate action to address the barriers outlined earlier. There was an overwhelming consensus that experts and those on the front lines know well what needs to be done. Now they want support in doing it. "I don't think you ought to wait three years," said a state legislator. "You ought to do it next week, or maybe next month."

## **The Administration Response**

Carol Rasco, Assistant to the President for Domestic Policy, emphasized the importance of taking action--of finding "that fine line" that federal, state, and local players all can walk to improve collaboration. "Often, we aren't there to help [communities] build their dreams," conceded Rasco, a former teacher, counselor, state policy maker, and community activist. Rasco advocated efforts that bring together groups of people in local communities and help them realize what they can do through a problem-identification, problem-solving process. She reiterated the view expressed by many participants that families and communities must be an integral part of designing comprehensive strategies; solutions must be built from the bottom up, not imposed from the top down.

Rasco assured participants that the federal government is trying to build flexibility into its policies to allow communities to conduct their own strategic planning and create environments that foster collaboration among communities, foundations, and state or local agencies. Although she said it is too early to define a national youth policy, Rasco and William Galston have targeted late 1994 for action on developing such a policy, probably with an interagency group including Domestic Policy Council members.

Asked to address the problem of political pressures that result in resources spread too thinly to be effective in some communities, Rasco said the Administration's Empowerment Zones are a

movement toward concentrating resources. "We are also leaving room for foundations and other organizations to make themselves available to new projects," she noted. Collaborative relationships are key to success, Rasco added: "It would be wonderful if foundations would cultivate collaboration between groups," not necessarily with extra funding but by building collaboration requirements into grants. The Empowerment Zone planners also have discussed better ways to build rigorous evaluation components into the funding process, Rasco said in response to a participant who called the current state of evaluation "a crisis."

Thomas Payzant, U.S. Department of Education assistant secretary for elementary and secondary education, told participants that his department is committed to dealing with the changes within schools caused by changes in communities and society at large. Schools will continue to be logical sites for comprehensive program centers because they are closest to families and because schools are facing dramatic changes in the services (ranging from prenatal care to adult literacy) they are expected to provide to meet demographic changes, Payzant said. Payzant acknowledged the challenge of stimulating collaboration both across all levels of government and through relationships between communities and local, state, and federal governments, and he urged participants to find a nexus between the two types of collaboration. The real challenge, he added, lies in bringing solutions to scale.

Peter Edelman, counselor to the Secretary of Health and Human Services, echoed the theme of many participants in urging the experts to focus on "rebuilding, recapturing, rediscovering the idea of community" and creating a "specific, visible, identifiable place" in the community for children and families. Edelman also advocated a philosophical shift toward viewing young people as assets to be developed and toward providing incentives rather than punishment. He also emphasized the importance of focusing on outcomes. However, he recognized the difficulty communities face in assembling an effective balance of professionals, community representatives, and parents to implement change.

Clinton Administration officials already are responding to some of the needs identified by participants, Edelman said after the participants' discussion ended. These responses include: (1) discussions with developers of the Benchmarks approach in Oregon, which may have wider applications for outcomes-based initiatives; (2) discussions with officials in West Virginia and Indiana regarding negotiated decategorization in order to make funding more flexible; and (3) strong support for proposed federal legislation that provides a waiver option and negotiated local flexibility. In addition, the Administration is watching activities in several states to determine whether the federal government can play "a catalytic role" beyond funding to encourage collaborative approaches to violence prevention. Policy makers are also examining possibilities for providing technical assistance

to communities that submitted applications but are not designated as Empowerment Zones or Enterprise Communities. Other changes that may affect comprehensive strategies for children and families are embodied in the prevention portions of the crime bill, while still others, such as health and welfare reform, are still "very much open," Edelman acknowledged. The Administration's proposals include universal health coverage, which would give all children access to health care, and the establishment of more than 1,000 service centers nationally that would connect schools with communities.

Administration representatives assured participants that discussions between federal policy makers and experts in the field will continue—and that the federal government is not only sympathetic to local and state needs but is ready to act to improve policies. "We aren't always going to be able to do everything we want to do, but we'll die trying," Rasco said.

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## Summary of Legislation

*"Let's give our children a future. Let us take away their guns and give them books. Let us overcome their despair and replace it with hope. Let us, by our example, teach them to obey the law, respect our neighbors, and cherish our values. Let us weave these sturdy threads into a new American community that can once more stand strong against the forces of despair and evil because everyone has a chance to walk into a better tomorrow."*

President William Jefferson Clinton  
State of the Union Address  
January 25, 1994

Congress is well aware that policies and programs affecting children and their families must support and encourage the cooperation of existing organizations such as schools and community organizations. Several major pieces of recent or pending legislation present tremendous opportunities and challenges for schools and community-based organizations as they devise comprehensive strategies to serve children and families. The following list is not meant to be comprehensive, but it provides insight into the type of initiatives that promote comprehensive strategies.

Newly enacted or implemented legislation includes:

- **The Empowerment Zone/Enterprise Community Initiative**, administered by the Departments of Housing and Urban Development and Agriculture, is one of the Clinton Administration's most ambitious projects to promote community development and provide jobs and economic opportunities. Through this initiative, the federal government offers to create compacts with communities and state and local governments. More than 800 communities have submitted applications under this initiative; each application contains a comprehensive and strategic plan for change, with performance-based benchmarks. By participating in this initiative, community residents, businesses, financial institutions, service providers, neighborhood associations, and state and local governments can form or strengthen partnerships to support revitalization.
- **Goals 2000: Educate America Act**—the centerpiece of President Clinton's education agenda—recognizes and supports the need for a more comprehensive approach by providing resources to states and communities to develop and implement comprehensive education reforms aimed at helping all students reach challenging academic and occupational-skill standards. The law—which addresses school readiness; school completion; competency in challenging subject matter; science and mathematics achievement; literacy; safe, disciplined, and drug-free schools; and parental participation—asks states and local education agencies (LEAs) to create broad-

based planning groups that include educators; parents; business leaders; and representatives of health agencies, social service agencies, and community organizations that work with children and youth.

- **The School to Work Opportunities Act**, jointly administered by the Departments of Education and Labor and signed into law in May 1994, provides seed money for states and districts to develop programs that integrate challenging standards and workplace skills so that students graduate from high school with the knowledge and skills they need enter their chosen professions or continue their education. These opportunities can enable this group—70 percent of American youth—to find employment with career potential.
- **The Violent Crime Control and Law Enforcement Act of 1994** contains significant funding for efforts to prevent crime and violence among children and youth and in communities. The Ounce of Prevention Council, with \$1.5 million available for 1995, will coordinate new and existing crime prevention programs, including many oriented toward youth; \$88.5 million will be available for competitive grants between 1996 and 2000. The Community Schools provision, administered by the Department of Health and Human Services, will provide funding for supervised after-school, weekend, and summer programs. This provision will receive \$37 million in 1995 and \$530 million for 1996 through 2000. The Family and Communities Endeavor Schools (FACES) program, administered by the Department of Education, will provide \$243 million in funding for in-school and after-school activities.
- **PACT (Pulling America's Cities Together)**, administered by the Department of Justice, recognizes that the needs of children, youth, and families vary dramatically from community to community. PACT, a pilot program located in five cities, is a locally planned and operated initiative that brings together the strengths and resources of these communities to meet the needs of each locality.
- **The Family Preservation and Support Program**, authorized as part of the 1993 budget agreement, includes almost \$1 billion over five years for states to improve the well-being of vulnerable children and their families, particularly those experiencing or at risk of abuse and neglect. Because the multiple needs of these children and families cannot be addressed adequately through categorical programs and fragmented service delivery systems, states are encouraged to use the new program as a catalyst for establishing a continuum of coordinated, integrated, culturally relevant, and family focused services. Services range from preventive efforts to strengthen families by providing crucial support to services for families in serious crisis or at risk of having children removed from the home.
- **Youthbuild**, administered by the Department of Housing and Urban Development, was authorized as "Youthbuild (Hope for Youth)" under the Housing and Community Development Act of 1992. With \$40 million available for program implementation and development in fiscal year 1993, Youthbuild's goal is to provide economically disadvantaged youth with education, employment, and leadership skills through opportunities for meaningful work with their communities. Training includes on-site construction work and off-site academic and job skills development.

- **Head Start**, administered by the Department of Health and Human Services, has an impact on child development and day care services, the expansion of state and local activities for children, the range and quality of services for young children and their families, and the design of training for staff involved in such programs. Head Start has served more than 13.8 million children and their families since 1965; grants are awarded to local public or private non-profit agencies.

Proposed or prospective legislation includes:

- **The reauthorization of the Elementary and Secondary Education Act (ESEA)**, currently in conference, strongly encourages states and LEAs to coordinate services. ESEA's priority is high standards for all children, with the different elements needed for a high-quality education well aligned so that the education process works smoothly to help all students reach those standards. The proposal requires LEAs to identify in their Title I plans (distributed on a formula basis) exactly how they will coordinate education, health, and social services. The House and Senate versions of the bill both contain strong provisions addressing the need for collaboration.
- **The Welfare Reform Bill** would support teen pregnancy prevention programs at 1,000 middle and high schools. The programs would emphasize counseling and a skills-based approach while providing opportunities to develop sustained relationships with adults. National Service volunteers would play an important role in staffing programs.

Several other ongoing initiatives support the role of schools and community-based organizations in developing comprehensive strategies for children and families:

- **Safe and Drug-Free Schools and Communities**, administered by the Department of Education, supports comprehensive strategies that include drug prevention curricula and programs linking schools and communities; the version proposed for reauthorization has an increased focus on communities.
- **Youth Fair Chance**, administered by the Department of Labor, is designed to provide comprehensive employment and training services to youth (14-21 years old) and young adults (22-30 years old) in high-poverty areas of urban and rural communities.
- **Even Start**, administered by the Department of Education, is a family-focused program providing participating families with an integrated combination of early childhood education, adult literacy, basic skills instruction, and parenting education.